



Gainwell Technologies

**Health Care Eligibility/Benefit Inquiry and
Information Response (270/271)
Standard Companion Guide**

**Refers to the Implementation Guide
Based on ASC X12N version:
005010X279A1**

CORE v5010 Master Companion Guide

August 11, 2023

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Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Gainwell Technologies. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

EDITOR'S NOTE

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1. INTRODUCTION

The Gainwell Technologies/Louisiana Medicaid Management Information System (LMMIS) provides access to Medicaid recipient eligibility information, via software and equipment provided by commercial network vendors, for Medicaid service providers to verify eligibility information in a real time environment.

Scope

The Medicaid Eligibility Verification System (MEVS) is available in conjunction with plastic Medicaid eligibility cards. The plastic Medicaid eligibility cards do not contain a readily visible expiration date thus making it necessary to verify eligibility at the time of service. The Medicaid recipient through periods of ineligibility will retain the plastic Medicaid eligibility cards. It is expected that should the Medicaid recipient again become eligible for Medicaid services the same Medicaid eligibility card will be used to verify eligibility. The Louisiana Department of Health (LDH) will replace the card only in the event that it is lost, stolen, or damaged beyond reasonable usefulness.

Network vendors are provided specifications for the communications interface protocol and transaction formats. Network vendor software will allow a provider to make an eligibility inquiry and receive an eligibility response using the ANSI ASC X.12 EDI Health Care Eligibility/Benefit Inquiry transaction set 270 for eligibility inquiries and transaction set 271 for the responses to the eligibility inquiries.

Network vendors are expected to provide a variety of interface devices from which the Medicaid provider can choose. These interfaces are expected to include PC based software access, POS devices, magnetic card reader devices and terminals.

The MEVS system will support eligibility information including basic eligibility, service limits, provider lock-in information and Third Party Liability (TPL) information. TPL information will include carrier name, address, policy and group numbers, scope of coverage code and insurance number.

The MEVS system augments an automated voice response system and a web based system to provide rapid, up-to-date eligibility information to the Medicaid provider thereby enabling the provider to file claims accurately and quickly.

Overview

The MEVS system is designed to be a multi-faceted product that provides: convenient retrieval of eligibility information, a more complete medical perspective of the recipient and payor information that will allow more effective billing. The verification process expedites reimbursement, reduces claim denials and restricts the occurrence of fraud. A significant advantage to providers is the availability of MEVS: 24 hours a day, seven days a week, except the time needed for file updates and system maintenance.

In order to assist the provider community with eligibility verification responsibility, a principle objective of MEVS is to provide a system that is quick, easy to understand and use and one that can be easily integrated into a variety of office environments. A joint effort between Gainwell Technologies and commercial network vendors is required to accomplish this goal. Gainwell Technologies provides technical, operational and professional services to establish the environment required to process eligibility verification inquiries from vendors who market their services to individual providers. Network vendors are provided with interface protocol and transaction format specifications supported by MEVS. Vendor software must allow a provider to submit inquiry transactions and receive transaction response information through a personal computer, Web application or special point-of-service (POS) devices. The information may be presented as a formatted screen (PC or web) or a paper printout (similar to an adding machine tape) on point-of-service devices. Commercial network vendors must obtain authorization from Gainwell Technologies and LDH allowing them to provide MEVS services to the provider community. It is the responsibility of the provider to choose and establish an agreement with an authorized commercial network vendor for MEVS services. Gainwell Technologies provides a list of authorized vendors to the provider community.

The Medicaid Eligibility Verification System, through an interface to MMIS managed care, third -party liability, service limitations, recipient and provider components, provides a more complete medical perspective of the recipient and payor information that will allow more effective billing. The following outline summarizes the eligibility verification information available.

- Recipient Eligibility Verification
 - ◆ Recipient Demographic Information
 - ◆ Provider Authorization Information
 - ◆ Recipient Program Coverage
 - Pregnancy/Emergency Services
 - Illegal Aliens
 - Outpatient Tuberculosis
 - Etc.
- Restricted Services Information
 - ◆ Waiver Participation
 - ◆ Service limits
 - ◆ Lock-In information (physician and pharmacy)
 - ◆ Hospice
 - ◆ Case Management
 - ◆ Office of Juvenile Justice
- Managed Care information
 - ◆ HMO (Health Maintenance Organization information)
 - ◆ Bayou Health Plan/Coordinated System of Care
- Payor Information
 - ◆ Medicaid
 - ◆ TPL (Third Party Liability information)
 - ◆ Medicare Eligibility
 - ◆ Spenddown

References

Refer to the Health Care Eligibility Benefit Inquiry and Response (270/271) ASC X12 N/005010X279A1 Implementation Guide, the ASC X12 standards for electronic data interchange, technical report type 3, for additional information.

Additional information

N/A

2. GETTING STARTED

Working with Gainwell Technologies

Each telecommunications network vendor must meet the following specifications and criteria prior to being granted authorization to provide Eligibility Verification services:

1. Prospective vendor must obtain a Vendor ID from Gainwell Technologies.
2. After LDH approval, prospective vendor must sign a telecommunications contract with Gainwell Technologies.
3. Vendor must comply with communications specifications.

Trading Partner Registration

REGISTRATION FORM INFORMATION

The vendor registration form notifies Gainwell Technologies that a vendor wants to become an authorized Louisiana MEVS vendor and offer MEVS services to the provider community. A business contact is requested for contract negotiations, etc. A project contact is requested for the dissemination of information regarding new options, changing requirements, scheduled downtime, vendor conferences, etc. A technical contact may also be listed. The Technical Specifications Information section requests the following information to enable appropriate scheduling:

- Whether a new or existing telecommunications line to Unisys North American Enterprise Computing (NAEC) Help Desk is to be used for the Louisiana project
- Whether an existing telecommunications line upgrade is planned.

It should be noted that submittal of the vendor registration form is not a guarantee that the submitting vendor shall be accepted by the state authority and/or Gainwell Technologies. This is not a commitment to contract with the vendor for the requested services. Submittal of the vendor registration form in no way obligates the state or Gainwell Technologies regarding the submittal of transactions through the LDH MEVS program.

Please mail the Vendor Registration form to:

Gainwell Technologies
8591 United Plaza Blvd Suite 300
Baton Rouge, LA 70809

Attn: Gloria Gardner

VENDOR REGISTRATION FORM

VENDOR REGISTRATION FORM					
Name of Vendor				Vendor Proc. ID	
Mailing Address of Vendor					
City				State	Zip
Phone Number				FAX Number	
LIST OF CONTACTS					
Name (Business Contact)				Phone/FAX	
Address		City/State/ZIP			
Name (Project Manager)				Phone/FAX	
Address		City/State/ZIP			
Name (Technical Contact)				Phone/FAX	
Address		City/State/ZIP			
TECHNICAL SPECIFICATIONS INFORMATION					
Marketing & Research Provider Information Requested:			Yes:		No:
Signature (Project Manager)					

TELECOMMUNICATIONS VENDOR CONTRACT

The Louisiana telecommunications contract is being revised to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Direct questions concerning Vendor Contract status to:

Gainwell Technologies

Andrew Spencer-Lee:

E-Mail Address: aspencerlee@gainwelltechnologies.com

Certification and Testing Overview

The network vendor must complete test cases and send hardcopies or E-mail of the responses to Gainwell Technologies. This is necessary in order to demonstrate that the appropriate responses to the inquiries are returned to the POS device or the PC screen. The test cases will demonstrate editing procedures and error handling, as well as the return of valid data. Maximum tolerance and stress testing will be conducted after the initial test cases are correctly processed.

3. TESTING WITH THE PAYER

Application testing of the network vendors must be scheduled one at a time, due to the complexity of potential network or application problems. Vendors should contact the Gainwell Technologies MEVS Team if there are any questions regarding the data in the MEVS response. The Gainwell Technologies MEVS Team will supply the network vendor with valid test cases and data as a supplement to their own testing.

Testing Objectives

The following is a list of objectives for the MEVS application level testing:

- * Validate syntax edits for data elements of input transaction.
- * Validate business rule edits for data elements of input transaction.
- * Validate that data in the transaction response reflects inquiry specifications.
- * Validate that data in the transaction response correctly reflects data values from the database.
- * Test that all business and syntax edits have been correctly applied to data elements in the transaction response.
- * Test all access methods
- * Test all optional segments of information for accuracy and volume

A test will also be designed to validate that network connectivity processes are functioning properly.

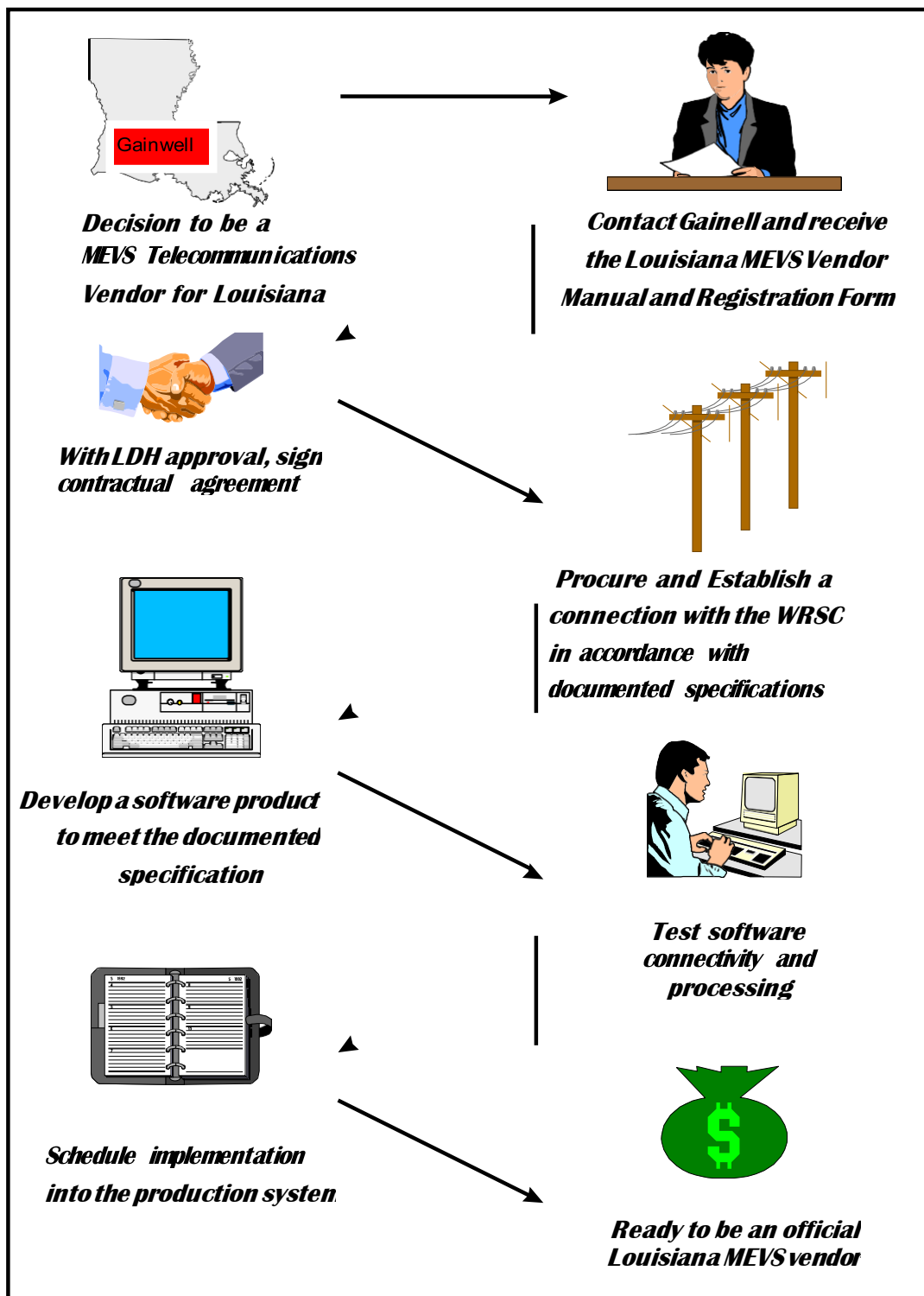
Confidentiality During Application Testing

Regulations concerning confidentiality are addressed in the telecommunications contract between the vendor and Gainwell Technologies.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Process flows

The process for becoming a Louisiana MEVS vendor is depicted in the following graphic:



Transmission Administrative Procedures

The first section addresses the establishment of a connection to Gainwell Technologies and the transmission of transactions.

The second section addresses the formatting requirements for the transactions and responses.

TRANSACTION PROCESSING

Once a connection is established, it is normally left connected and transactions are processed when sent. The connection should only be disconnected under error conditions. Each connection can handle multiple simultaneous transactions. The responses will be returned when processing is completed.

Once transmission of a transaction has been initiated, all TCP packets for those transactions must be transmitted before sending segments from any other transaction. Likewise, Gainwell will send all packets for a response together. Packets from different responses will not be intermingled.

All Gainwell processing is performed in stream mode. Segments are constructed for convenience in transmission only. The envelope described in the following section provides an End of Transmission (EOT) flag to identify the end of each transaction and response.

Because of the nature of streams processing, responses will not always be contained in separate segments. The size of the response segment is such that the start of the following response may be in the same segment as the termination of the preceding response. The EOT flag must be scanned to properly locate the end of the responses.

Gainwell supports two types of connections: single-threaded and multi-threaded. These are also called half duplex and full duplex mode, respectively.

In a single-threaded connection, once a transaction is received, Gainwell will not accept any additional transactions on that connection until the response has been returned. All transactions in the single-threaded connections have a timeout response. If for some reason we are unable to process a transaction within the timeout period, a timeout response is returned at the end of the timeout period.

In a multi-threaded connection, transactions can be submitted at any time. You do not need to wait until the previous response is returned. However, the order of the responses received may be different than the order of the transactions that were sent. The returned envelope can be used to associate the response with the transaction. Timeouts for processing are similar to those for single-threaded except that not all timeouts may result in system unavailable responses. There are conditions where no response will be provided.

Timeouts for MEVS transactions are 12 seconds.

If you decide to timeout the line earlier than our timeout response and reestablish the connection, you may encounter a situation where we will not startup another connection until the first connection has completely dropped. As a result, there may be periods where you will not be able to immediately establish the connection. We recommend that you wait until the timeout message has been received, or set your timeout to beyond 12 seconds for MEVS requests. Also note, that when a multi-thread connection is dropped, any transactions that have been received, but not responded to will be effectively lost since there is no longer any way to return the response, even though these transactions may have been processed on the Gainwell system.

Network vendors can contact Unisys NAEC to have their lines reset. Situations can occur where a connection will come down hard between the network vendor and the Gainwell system, but the Gainwell system keeps the connection open. In these situations when the network vendor tries to establish a connection, they will receive a message indicating that they cannot open a new connection because the Gainwell system believes the network vendor already has the maximum number of connections open. Having the Unisys NAEC operators restart a vendor's connection usually takes a second to perform and can be done at the request of the network vendor.

REQUEST/RESPONSE FORMATTING

All MEVS transactions and responses must be placed in envelopes. Transactions submitted by network switches to Gainwell must be in the following envelope.

A 16 byte header must be prefixed to each transaction defined by:

1. The first three (3) bytes of the header must be a network switch identifier. The value of the identifier will be assigned by Gainwell.
2. The next six (6) bytes should contain a transaction identifier containing any combination of the characters 0-9, A-Z and a-z, or they must contain all zeros. This transaction identifier is used by the network switch to match the response with the corresponding request. This is necessary since in multi-threaded mode multiple transactions may be processed and the responses are not necessarily returned in the same order the requests were received. If a network switch does not use this transaction identifier, then the network switch will have to wait for the response to a transaction before sending the next transaction.
3. The next seven (7) bytes must be spaces.
4. Each transaction must be terminated by an EOT flag consisting of a single byte with the binary value 100, which is decimal 04.

The response to a transaction will be returned in the same envelope. The response will be prefixed with the header that was received with the transaction. If a network switch requires variations in the response header, they must be negotiated with Gainwell prior to installation.

DEFAULT RESPONSE FORMATS

There are situations where Gainwell Technologies will not be able to process the transaction. In those situations, a default response will be returned in the received envelope. The format of this response is as follows:

ERRORMMISnnnnneeeeeee 9

Where nnnn is a four-digit message identifier that identifies the reason the transaction was not processed; eeeeeee is a seven-digit sequence number that identifies the transaction within the Gainwell Technologies 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.

Re-Transmission Procedure

MEVS transactions may be resubmitted at any time.

Communication Protocol Specifications

This section describes the requirements for network vendors to be able to send Louisiana Medicaid transactions for Medicaid Eligibility and Verification System (MEVS) to Gainwell Technologies (Gainwell).

Telecommunications coordination can begin prior to the execution of a Trading Partner agreement with approval from Gainwell or State Provider Services/Relations. However, no telecommunication equipment or services will be installed or connected without a signed agreement.

The first section addresses the physical connection into the Gainwell Technologies systems.

The second section addresses the network parameters that must be established to enable communications. A preferred set of parameters is described along with the possible variations that can be accommodated.

DEDICATED LINES

Network vendors are required to provide telecommunications connectivity from their sending facilities to the Unisys NAEC in West Jordan, Utah.

To set up dedicated lines, network vendors must provide:

- A terminating CSU/DSU modem and Ethernet routers as appropriate to the line service being provided.

- A transceiver and/or cable from the router to the patch panels. The cables must terminate in an RJ45 (CAT 5 UTP recommended). The length of the cable will need to be coordinated with Gainwell prior to installation.

- CSU/DSUs and Ethernet router must include rack-mounting hardware for a standard 19" electronics rack.

Note, that the telecommunications DEMARC is located in a separate room approximately 600 feet from the rack housing the CSU/DSU. The connection between the DEMARC and the rack will be provided by Gainwell. Standard phone wiring will be used unless special arrangements are established prior to installation.

WAN PROTOCOLS FOR TCP CONNECTIONS

Gainwell uses TCP/IP protocols only. The network vendor is responsible for all IP addressing space up to, but not including the Ethernet interface on the Gainwell side of the router. The vendor and Gainwell will provide public routable Ethernet IP addresses unless otherwise negotiated. The vendor's interface will be connected to a non-secure Ethernet DMZ. Routing protocols such as RIP will not be enabled. Static routes will only be used. Testing with a temporary IP address can be accommodated.

The number of connections to Gainwell is limited to ensure that all networks are provided equitable service. Normally, network vendors are limited to four (4) connections to each Gainwell system. A single connection can process transactions for the MEVS application. We do not designate connections for any specific application. If additional connections would be beneficial, contact Gainwell. The specific port number for a network vendor will be assigned by Gainwell. No other TCP service port should be used.

Passwords

N/A.

5. CONTACT INFORMATION

EDI Customer Service

Coordination with Gainwell Technologies

The contact point for coordination of the line parameters and connections is Larry Meskimen or Andrew Spencer-Lee:

Gainwell Technologies
Larry Meskimen:
E-Mail Address: larry.meskimen2@gainwelltechnologies.com

Gainwell Technologies
Andrew Spencer-Lee:
E-Mail Address: aspencerlee@gainwelltechnologies.com

Registration

Gloria Gardner	ggardner9@gainwelltechnologies.com
Fax	(225) 216-6373

Contract Status

Andrew Spencer-Lee	aspencerlee@gainwelltechnologies.com
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Marketing Materials

Gloria Gardner	ggardner9@gainwelltechnologies.com
Fax	(225) 216-6373

EDI Technical Assistance

Gainwell Technologies MEVS POC

Andrew Spencer-Lee	aspencerlee@gainwelltechnologies.com
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Testing Procedures/Validation

Andrew Spencer-Lee	aspencerlee@gainwelltechnologies.com
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Establishing Communication

Unisys NAEC Help Desk

(800) 428-6411 Mountain Time Zone

(800) 642-4230 Mountain Time Zone

Larry Meskimen

larry.meskimen2@gainwelltechnologies.com

Problem Resolution

Unisys NAEC Help Desk

(800) 428-6411 Mountain Time Zone

(800) 642-4230 Mountain Time Zone

Provider Service Number

Gainwell Technologies Provider Services

8:00 AM – 5:00 PM

(800) 473-2783 Central Time Zone

Applicable Websites/e-mail

LA MMIS website

www.lamedicaid.com

Andrew Spencer-Lee

aspencerlee@gainwelltechnologies.com

6. CONTROL SEGMENTS/ENVELOPES

ISA-IEA

See Section 10.

GS-GE

See Section 10.

ST-SE

See Section 10.

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Display of MEVS Information

MEVS information will be presented to providers through vendor Personal computer (PC) or Point of Service (POS) applications. A prototype of typical PC displays and POS printed format for MEVS applications are provided; however the actual presentation formats will be dependent on each vendor company.

Personal computer (PC) software screens

Louisiana MEVS vendors may offer a PC eligibility verification solution to the provider community. All MEVS PC applications should meet the following requirements:

- Menu screens will enable intuitive, rapid navigation through the system's functions. These menus will enable access to recipient eligibility by the access methods defined in the vendor specification document. Since a third-party vendor is developing these screens, the navigation will be displayed on the screen, but may not conform to MMIS standards.
- Screens will allow users to enter the information needed to initiate MEVS transactions. These screens will contain data entry fields needed to support recipient eligibility transactions.
- Display screens will enable users to view the information contained in MEVS response transactions. These screens will contain the fields needed to display recipient eligibility transaction data and reflect the processing status of the transaction.
- A 'Setup' option on the PC screens may be provided to allow the users to adjust the Com port and assign the User ID.
- Help screens will provide additional information.

The following **prototypes** of MEVS PC screens are intended to show how screens may be designed.

MEVS Main Menu Screen

Welcome to the

Louisiana Recipient Eligibility Verification System

MAIN MENU

0) Exit

1) Recipient Eligibility Information

2) Setup

F1-Help

F2-Exit

Recipient Eligibility Information Request

LOUISIANA MEDICAID

RECIPIENT ELIGIBILITY INFORMATION REQUEST

NPI/Provider Number: 0000000000

Taxonomy/ Zip Code/ Provider Number: 0000000000

Plan Date: 00/00/0000

CHOOSE **ONE** OF THE FOLLOWING VERIFICATION OPTIONS

Card Control Number: 777-000000000000-00 **AND**

Recipient's Date of Birth: 00/00/0000 **OR**

Recipient's Social Security Number: 000-00-0000

Recipient's Medicaid Number: 00000000000000 **AND**

Recipient's Date of Birth: 00/00/0000 **OR**

Recipient's Social Security Number: 000-00-0000

Recipient's Name (first and last): xxxxxxx, xxxxxxxxxxxx **AND**

Recipient's Date of Birth: 00/00/0000 **OR**

Recipient's Social Security Number: 000-00-0000

Recipient's Social Security Number: 000-00-0000 **Date of Birth:** 00/00/0000

F1-Help

F2-Exit

F3-Main Menu

F6-Send

Recipient Eligibility Information Response

LOUISIANA MEDICAID

RECIPIENT ELIGIBILITY INFORMATION RESPONSE

00/00/0000

Tracking Number: XXXXXXXXXXXXXXXXXXMessage

XXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENT INFORMATION

XXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

Last Name: XXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

First Name: XXXXXXXX X

XXXXXXXXXXXXXXXXXXXXXXXXXX

Street Address: XXXXXXXXXXXXX

City, State, Zip: XXXXXXXXXXXX, XX 99999-9999

Recipient on File: XXX

Recipient ID: 0000000000000

Recipient Date of Birth 00/00/0000

Recipient Sex XXXXXXXX

Recipient Date of Death 00/00/0000

Preferred Language: English

PATIENT INSURANCE DATA**Eligibility Status:** XXXXXXXXXXXX Insurance Type: XXXXXXXXXXXXXXXXXXXXXXXX

Plan Begin Date: 00/00/0000

XXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

EPSDT Elig. Ind: XXXXXXXXXXXX

Managed Care: XXXXXXXXXXXX

Benefit Begin Date: 00/00/0000

Lock-In: XXX

Benefit Begin Date: 00/00/0000

Service Limits Apply : XXX

Press ENTER to Continue

F2-Exit

F3-Main Menu

F5-Print

F6-TPL

F7-Lock-in

F8-Bayou Health

F9-HMO

F10-SRV_LIM

Insurance Type values are:**Associated Message**

* Medicaid	Medicaid
* Presumptive Eligibility	Limitations - Outpatient Prenatal Care Only
* Tuberculosis Outpatient	Limitations - Outpatient TB Related Services Only
* Spenddown	Spenddown Recip, File Form 110MNP
* Illegal Aliens	Limitations – Emergency Services
* Long Term Care	Long Term Care
* QMB (Qualified Medicare Beneficiary)	Elig Pay of DED/CO-INS Coved by MCARE Medicare Specified Low Income Beneficiary Medicare QI1 Premium Payments Only Medicare QI2 Premium Payments Only Medicare QDWI Premium Payments Only
* Waiver	Recip entitled to waiver services
* Private (TPL)	Private insurance
* Medicare	Medicare Part A Medicare Part B Medicare Part D
* EPSDT	EPSDT
* Preferred Language	Preferred Language: English

Eligibility Status values are:

- * Eligible
- * Not Eligible

EPSDT Eligibility Status values are:

- * Eligible
- * Not Eligible

Lock-In values are:

- * Yes
- * No

Managed Care values are:

- * Eligible
- * Not Eligible

Tracking Number format is YYYYMMDDXXXXXX

where

YYYY= Year

MM = Month

DD = Day

XXXXXXX = Extended Sequential Number (ESN)

Service Limits Apply:

- * Yes
- * No

Recipient Eligibility Information Response (continued)

LOUISIANA MEDICAID

RECIPIENT ELIGIBILITY INFORMATION RESPONSE

00/00/0000

SUBMITTING PROVIDER:

NPI/Provider Number: 0000000000

Taxonomy/ Zip Code/ Provider Number: 0000000000

Plan Begin Date: 00/00/0000

Provider on File? XXX

Provider Authorized: XXX

PROVIDER REQUEST INFORMATION:

Card Control Number: XXX-XXXXXXXXXX-XX

Recipient Number: 000000000000

Recipient DOB: 00/00/0000

Recipient SSN: 000-00-0000

Recipient Name: XXXXXX , XXXXXXXXXXXX

End of Report

F2-Exit F3-Main Menu F5-Print F6-TPL F7-Lock-in F8-Bayou Health F9-HMO F10-SRV_LIM

Recipient Eligibility Information Response – TPL Optional Display

LOUISIANA MEDICAID

RECIPIENT ELIGIBILITY INFORMATION TPL RESPONSE

00/00/0000

Recipient ID: 000000000000

[Message](#)

of TPL Policies: 00

XXXXXXXXXXXXXXXXXXXX

THIRD PARTY COVERAGE

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

Insurance Num/Name: XXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address: XXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX XX XXXXXXXX

POL Holder Name: XXXXXX X XXXXXXXXXXXX

POLICY INFORMATION:

Policy ID: XXXXXXXXXXXX Group ID/Name: XXXXXXXXXXXXXXXX

Scope of Coverage Code: XX

Benefit Begin Date: 00/00/0000

Press ENTER to Continue

F2-Exit F3-Main Menu F5-Print F6-Elig F7-Lock-in F8-Bayou Health F9-HMO F10-SRV_LIM

A total of four (4) segments of policy information will repeat as necessary.

Recipient Eligibility Information Response – TPL Optional Display (continued)

LOUISIANA MEDICAID

RECIPIENT ELIGIBILITY INFORMATION TPLRESPONSE

00/00/0000

Insurance Num/Name: XXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXX

POL Holder Name: XXXXXXXX X XXXXXXXXXXXXX

POLICY INFORMATION:

Policy ID: XXXXXXXXXXXXX Group ID/Name: XXXXXXXXXXXXXXXX

Scope of Coverage Code: XX

Benefit Begin Date: 00/00/0000

End of Report

F2-Exit F3-Main Menu F5-Print F6-Elig F7-Lock-in F8-Bayou Health F9-HMO F10-SRV_LIM

This page only appears if there is more than one TPL occurrence.

Recipient Eligibility Information Response – Lock-In Optional Display

LOUISIANA MEDICAID

RECIPIENT ELIGIBILITY INFORMATION LOCK-IN RESPONSE

00/00/0000

Recipient ID: 0000000000000 Message

Number of LOCK-IN: 00 XXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

LOCK-IN INFORMATION XXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

1. Name: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX

Provider Phone #: (999) 999-9999

Provider Type: XXXXXXXXXX

Benefit Begin Date: 00/00/0000

2. Name: XXXXXX X XXXXXXXXXXXXXXX

Provider Phone #: (999) 999-9999

Provider Type: XXXXXXXXXX

Benefit Begin Date: 00/00/0000

End of Report

A maximum of four (4) physician Lock-In segments may be reported.

A maximum of two (2) pharmacy Lock-In segments may be reported.

Second, and subsequent, listings of Lock-In segments occur only if there is more than one Lock-In.

Recipient Eligibility Information Response – HMO Optional Display

LOUISIANA MEDICAID

RECIPIENT ELIGIBILITY INFORMATION HMO RESPONSE

00/00/0000

Recipient ID: 0000000000000

[Message](#)

Number of HMO: 00

XXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

HMO INFORMATION

XXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

1. HMO Plan Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Primary Care Phy: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PCP Phone #: (999) 999-9999

Benefit Begin Date: 00/00/0000

F2-Exit

F3-Main Menu

F5-Print

F6-TPL

F7-Lock-in

F8-Bayou Health

F9-Elig

F10-SRV_LIM

Recipient Eligibility Information Response – Bayou Health Optional Display

LOUISIANA MEDICAID

RECIPIENT ELIGIBILITY INFORMATION BAYOU HEALTH RESPONSE

00/00/0000

Recipient ID: 0000000000000

[Message](#)

Number of Bayou Health: 00

XXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

BAYOU HEALTH INFORMATION

XXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

1. Primary Care Physician: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Phone Number: (999) 999-9999

Benefit Begin Date: 00/00/0000

End of Report

F2-Exit

F3-Main Menu

F5-Print

F6-TPL

F7-Lock-in

F8-Elig

F9-HMO

F10-SRV_LIM

Recipient Eligibility Information Response – Service Limit Optional Display

LOUISIANA MEDICAID

RECIPIENT ELIGIBILITY INFORMATION SRV_LIM RESPONSE

00/00/0000

Recipient ID: 000000000000

Message

XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXX

SERVICE LIMITS INFORMATION:

XXXXXXXXXXXXXXXXXXXXXXX

<u>Type of Units</u>	<u>Units Remaining</u>
----------------------	------------------------

Physician office visits	000
-------------------------	-----

Home Health	000
-------------	-----

Emergency Outpatient	000
----------------------	-----

Benefit Begin Date: 00/00/0000

F2-Exit

F3-Main Menu

F5-Print

F6-TPL

F7-Lock-in

F8-Bayou Health

F9-HMO

F10-Elig

POS DEVICE SCREENS

As a result of the unique architecture of Point of Service (POS) devices, key designations and overlay templates may be used in lieu of menus. The MEVS POS device objectives are:

- Key designations will enable access to recipient eligibility by manually entering information on the POS device keypad. POS devices will provide ID card access to recipient eligibility by interpreting data, encoded on the magnetic strip of the card, captured in a card swipe process.
- Input screens are required to enable users to enter the information needed to initiate MEVS transactions. The POS displays will contain prompts allowing the provider to enter the provider Medicaid ID or NPI (along with Taxonomy or Zip Code, and in rare cases, Medicaid ID), the Plan Date of the request and the entry option. The entry option will indicate whether the provider will manually enter additional information or swipe the Recipient's ID card.
- POS transaction responses will not be displayed on screens; instead, they will be printed out by the device.
- The tape format may be altered, but it must maintain all the required data.

Below is an enlarged sample of the 36-character hardcopy output of a POS device.

LOUISIANA MEDICAID	
RECIPIENT ELIGIBILITY INFORMATION RESPONSE	
TRACKING NUMBER:	199602271234567
<u>PROVIDER INFORMATION</u>	
PROVIDER TYPE:	PHYSICIAN
PROVIDER NUMBER/NPI:	1234567000
TAXONOMY/ZIP CODE/PROVIDER NUMBER AB12345678	
PROVIDER ON FILE IND:	Y
PROVIDER AUTHORIZED:	Y
INQUIRY PLAN DATE:	19960201
<u>RECIPIENT INFORMATION</u>	
RECIPIENT ID:	1234567890123
RECIPIENT STREET ADDRESS:	1600 FAIRYTALE DR
RECIPIENT CITY, STATE, ZIP:	EDEN, LA 12345-9876
RECIPIENT ON FILE INDICATOR:	Y
ELIGIBLE FOR DATE:	Y
INSURANCE TYPE/MSG:	TB OUTPATIENT
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
RECIPIENT NAME:	TEST , IMA
DATE OF BIRTH:	1950/05/05
RECIPIENT SEX:	FEMALE
RECIPIENT DATE OF DEATH:	00/00/0000
*RECIPIENT SOC. SEC. NUMBER:	000-00-0000
*CARD CONTROL NUMBER:	777- 000000000001-01
EPSDT ELIGIBILITY IND:	Y
SERVICE LIMITS APPLY	YES

Fields preceded with an asterisk are displayed only if entered in the request.

LOCK-IN ELIGIBILITY IND:	Y
MEDICARE ELIGIBILITY IND:	PART A & B & D
BAYOU HEALTH IND:	Y
HMO IND:	Y
NUM TPL:	1
NUM LOCK-IN:	1
BAYOU HEALTH PRI CARE PHY :	JULIAN DAY MD
BAYOU HEALTH PRI CARE PHY PHONE:	000-000-0000
BAYOU HEALTH MESSAGE	: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
HMO PLAN NAME :	TAKE CARE OF NOW
HMO PRI CARE PHY :	SANDY BEACH MD
HMO PRI CARE PHY PHONE:	000-000-0000
TPL INSURANCE NUM:	123456
TPL INSURANCE NAME:	BEST INSURANCE
TPL ADDRESS:	PO BOX 999 SMALLVILE UU 12345-1234
TPL NUM OF POLICIES:	01
TPL GROUP NUMBER:	123456789012345
TPL POLICY NUMBER:	1234567890123
TPL SCOPE OF COVERAGE CODE:	01
TPL HOLDER NAME:	MORGAN MALACHIL
LOCK-IN NAME:	WILLIAM J SMITH MD
LOCK-IN PROVIDER PHONE:	123-123-1234
LOCK-IN TYPE :	PHYSICIAN

8. ACKNOWLEDGEMENTS AND/OR REPORTS

N/A

9. TRADING PARTNER AGREEMENTS

For providers, please refer to the Basic Enrollment packets available from the www.lamedicaid.com Provider Enrollment page. Network vendors must comply with the requirements set forth in this document.

Trading Partners

All Trading Partners must comply with rules set forth in this document and on the www.lamedicaid.com website.

10. TRANSACTION SPECIFIC INFORMATION

MEVS ANSI ELIGIBILITY TRANSACTION SPECIFICATIONS – 270 MAPPING

The primary input to the LA MMIS MEVS application is the ANSI 270 transaction in X12 version 5010A1 (with errata) format, for Eligibility request. A description of the format is provided below.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
INTERCHANGE CONTROL HEADER				Mandatory		
C.4		ISA01	Authorization Info Qualifier	Constant of "00"	2/2 ID	Mandatory. DED I01.
C.4		ISA02	Authorization Information	Not meaningful, spaces or zeroes	10/10 AN	Mandatory. DED I02.
C.4		ISA03	Security Info Qualifier	Constant of "00"	2/2 ID	Mandatory. DED I03.
C.4		ISA04	Security Information	Not meaningful, spaces or zeroes	10/10 AN	Mandatory. DED I04. To identify the security information about the interchange sender or the data in the interchange.
C.4		ISA05	Interchange ID Qualifier	Constant of ZZ.	2/2 ID	Mandatory. DED I05.
C.4		ISA06	Interchange Sender ID	Variable – Vendor ID	15/15 AN	Mandatory. DED I06.
C.5		ISA07	Interchange ID Qualifier	Constant of ZZ.	2/2 ID	Mandatory. DED I05.
C.5		ISA08	Interchange Receiver ID	610551 (BIN Number)	15/15 AN	Mandatory. DED I07.
C.5		ISA09	Interchange Date	YYMMDD format	6/6 DT	Mandatory. DED I08.
C.5		ISA10	Interchange Time	HHMM format	4/4 TM	Mandatory. DED I09.
C.5		ISA11	Repetition Separator	ASCII character 94	1/1	Mandatory. DED I65. This field provides the delimiter used to separate repeated occurrences of a simple data element or composite data structure; this value must be different than the data element separator, component element separator and the segment terminator.
C.5		ISA12	Interchange Control Version Number	Constant of "00501"	5/5 ID	Mandatory. DED I11.
C.5		ISA13	Interchange Control Number	Must match IEA02	9/9 N0	Mandatory. DED I12.
C.6		ISA14	Acknowledgment Requested	0 – No Acknowledgement Requested	1/1 ID	Mandatory. DED I13.
C.6		ISA15	Interchange Usage Indicator	P – Production Data T – Test Data	1/1 ID	Mandatory. DED I14.
C.6		ISA16	Component Element Separator	ASCII character <us>	1/1	Mandatory. DED I15. 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, repetition separator and the segment terminator.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
FUNCTIONAL GROUP HEADER				Mandatory		
C.7		GS01	Functional Identifier code	Constant of "HS" – 270	2/2 ID	Mandatory. DED 479.
C.7		GS02	Application Sender's Code	Vendor ID, minimum first three characters of current transaction submissions	2/15 AN	Mandatory. DED 142. Code identifying party sending transmission.
C.7		GS03	Application Receiver's Code	'610551'	2/15 AN	Mandatory. DED 124. Code identifying party receiving transmission.
C.7		GS04	Date	CCYYMMDD format	8/8 DT	Mandatory. DED 373.
C.8		GS05	Time	HHMM format	4/8 TM	Mandatory. DED 337.
C.8		GS06	Group Control Number	Must match GE02	1/9 N0	Mandatory. DED 28. Assigned number originated and maintained by the sender.
C.8		GS07	Responsible Agency Code	Constant of "X" – Accredited Standards Committee X12	1/2 ID	Mandatory. DED 455.
C.8		GS08	Version/Release/Industry Identifier Code	Constant of "005010X279A1"	1/12 AN	Mandatory. DED 480.
TRANSACTION SET HEADER				Mandatory		*****
61		ST01	Transaction Set Identifier Code	Constant of "270" – Eligibility, Coverage or Benefit inquiry	3/3 ID	Mandatory. DED 143.
61		ST02	Transaction Set Control Number	Must match SE02	4/9 AN	Mandatory. DED 329. Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.
62		ST03	Implementation Convention Reference	Contains the same value as GS08 – 005010X279A1	1/35 AN	Mandatory. DED 1705. Reference assigned to identify implementation Convention.
BEGINNING OF HIERARCHICAL TRANSACTION				Mandatory		*****
63		BHT01	Hierarchical Structure Code	Constant of "0022" – Information Source, Information Receiver, Subscriber, Dependent	4/4 ID	Mandatory. DED 1005.
64		BHT02	Transaction Set Purpose Code	Constant of "13" – Request	2/2 ID	Mandatory. DED 353.
64		BHT03	Reference Identification	Number assigned by the originator to identify the transaction within the originator's business application system	1/50 AN	Optional. DED 127.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
64		BHT04	Date	Transaction Set Creation Date in format CCYYMMDD	8/8 DT	Mandatory. DED 373.
65		BHT05	Time	Transaction Set Creation Time in format HHMM	4/8 TM	Mandatory. DED 337.
INFORMATION SOURCE LEVEL				Mandatory	*****	
67	2000A	HL01	Hierarchical ID Number	Constant of "1" – Hierarchical ID Number	1/12 AN	Mandatory. DED 628.
67	2000A	HL03	Hierarchical Level Code	Constant "20" – Information Source	1/2 ID	Mandatory. DED 735.
68	2000A	HL04	Hierarchical Child Code	Constant "1" – Additional Subordinate HL Data Segment in this Hierarchical structure	1/1 ID	Mandatory. DED 736.
INFORMATION SOURCE NAME				Mandatory	*****	
69	2100A	NM101	Entity Identifier Code	Constant of "PR" Payer	2/3 ID	Mandatory. DED 98.
70	2100A	NM102	Entity Type Qualifier	Constant of "2" Non-Person Entity	1/1 ID	Mandatory. DED 1065.
70	2100A	NM103	Name Last or Organization Name	Constant of "LOUISIANA MMIS"	1/60 AN	Mandatory. DED 1035.
71	2100A	NM108	Identification Code Qualifier	Constant of "PI" Payor identification	1/2 ID	Mandatory. DED 66.
71	2100A	NM109	Identification Code	Constant of '610551' (BIN number)	2/80 AN	Mandatory. DED 67.
INFORMATION RECEIVER LEVEL				Mandatory	*****	
73	2000B	HL01	Hierarchical ID Number	Constant of "2" – Hierarchical ID Number	1/12 AN	Mandatory. DED 628.
73	2000B	HL02	Hierarchical Parent ID Number	Constant "1"	1/12 AN	Mandatory. DED 734. Identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
74	2000B	HL03	Hierarchical Level Code	Constant "21" – Information Receiver	1/2 ID	Mandatory. DED 735.
74	2000B	HL04	Hierarchical Child Code	Constant "1" – Additional Subordinate HL Data Segment in this Hierarchical structure	1/1 ID	Mandatory. DED 736.
INFORMATION RECEIVER NAME (PROVIDER)				Mandatory	*****	
75	2100B	NM101	Entity Identifier Code	Constant of "1P" Provider	2/3 ID	Mandatory. DED 98.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
76	2100B	NM102	Entity Type Qualifier	"1" Person "2" Non-person entity	1/1 ID	Mandatory. DED 1065.
76	2100B	NM103	Name Last or Organization Name	Last name, if person. Organization name if non-person entity.	1/60 AN	Mandatory. DED 1035.
76	2100B	NM104	Name First	First name, if NM102 is "1"	1/35 AN	Optional. DED 1036.
76	2100B	NM105	Name Middle	Middle name, if NM102 is "1"	1/25 AN	Optional. DED 1037.
77	2100B	NM107	Name Suffix	Use only if NM102 is "1"; example, "SR", "JR" or "III"	1/10 AN	Optional. DED 1039.
77	2100B	NM108	Identification Code Qualifier	"XX" National Provider ID (NPI) "SV" Service Provider Number (for atypical providers, starting with '1' or '2'.) "PI" Payor Identification (for Other Health Plans - batch or eMEVS only)	1/2 ID	Mandatory. DED 66.
78	2100B	NM109	Identification Code	Identification Code – NPI or Provider Number	2/80 AN	Mandatory. DED 67.
INFORMATION RECEIVER ADDITIONAL INFORMATION (PROVIDER)				Optional	*****	
79	2100B	REF01	Reference Identification Qualifier	"1D"- Medicaid Provider Number	2/3 ID	Mandatory. DED 128.
80	2100B	REF02	Reference Identification	Seven digit Medicaid ID (to be used when NPI + Taxonomy Code or NPI + Zip Code do not point to a unique Medicaid ID)	1/50 AN	Mandatory. DED 127.
INFORMATION RECEIVER CITY/STATE/ZIP CODE (PROVIDER)				Optional	*****	
82	2100B	N401	City Name	City Name	2/30 AN	Mandatory. DED 19
83	2100B	N402	State or Province Code	Two character State Code	2/2 ID	Mandatory. DED 156.
83	2100B	N403	Postal Code	Nine digit Zip Code – to be used if registered with NPI plus zip code	3/15 ID	Mandatory. DED 116.
INFORMATION RECEIVER PROVIDER INFORMATION				Optional	*****	
84	2100B	PRV01	Provider Code	"SB" Submitting	1/3 ID	Mandatory. DED 1221.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
85	2100B	PRV02	Reference Identification Qualifier	"PXC" Health Care Provider Taxonomy Code	2/3 ID	Mandatory. DED 128.
85	2100B	PRV03	Reference Identification	Provider Taxonomy Code – to be used if registered with NPI plus taxonomy code	1/50 AN	Mandatory. DED 127.
SUBSCRIBER LEVEL				Mandatory	*****	
88	2000C	HL01	Hierarchical ID Number	Constant of "3"	1/12 AN	Mandatory. DED 628.
88	2000C	HL02	Hierarchical Parent ID Number	Constant of "2"	1/12 AN	Mandatory. DED 734. Identifies the Hierarchical ID number of the HL segment to which the current HL segment is subordinate.
89	2000C	HL03	Hierarchical Level Code	Constant "22" – Subscriber	1/2 ID	Mandatory. DED 735.
89	2000C	HL04	Hierarchical Child Code	"0" – No Subordinate HL Segment in this Hierarchical structure	1/1 ID	Mandatory. DED 736.
SUBSCRIBER TRACE NUMBER				Mandatory	*****	
90	2000C	TRN01	Trace Type Code	Constant "1" Current Transaction Trace Numbers	1/2 ID	Mandatory. DED 481.
91	2000C	TRN02	Reference Identification	The current format is a three-character vendor ID followed by a 6 digit tracking number.	1/50 AN	Mandatory. DED 127. Vendor trace number is currently submitted in the transaction envelope. If it is present in the 270, it must be returned in the 271.
91	2000C	TRN03	Originating Company Identifier	Identifies an organization	10/10 AN	Mandatory. DED 509.
91	2000C	TRN04	Reference Identification	Use if needed to further identify a specific division or group within that organization that was responsible for assigning the trace or reference number.	1/50 AN	Optional. DED 127.
SUBSCRIBER NAME				Mandatory	*****	
92	2100C	NM101	Entity Identifier Code	Constant "IL" Insured or Subscriber	2/13 ID	Mandatory. DED 98.
93	2100C	NM102	Entity Type Qualifier	Constant "1" Person	1/1 ID	Mandatory. 1065.
93	2100C	NM103	Name Last or Organization Name	Last name required if access method includes recipient name	1/60 AN	Optional. DED 1035.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
93	2100C	NM104	Name First	First name required if access method includes recipient name	1/35 AN	Optional. DED 1036.
94	2100C	NM105	Name Middle	Middle name, if NM102 is "1"	1/25 AN	Optional. DED 1037.
94	2100C	NM107	Name Suffix	Use only if NM102 is "1"; example, "SR", "JR" or "III"	1/10 AN	Optional. DED 1039.
95	2100C	NM108	Identification Code Qualifier	Constant "MI" Member Identification Number	1/2 ID	Optional. DED 66. When access method includes recipient ID.
96	2100C	NM109	Identification Code	Recipient ID	2/80 AN	Optional. DED 67.
SUBSCRIBER ADDITIONAL IDENTIFICATION – SSN				Optional		*****
98	2100C	REF01	Reference Identification Qualifier	Constant "SY" Social Security Number	2/3 ID	Mandatory. DED 128. When access method includes SSN.
99	2100C	REF02	Reference Identification	Recipient SSN	1/50 AN	Mandatory. DED 127.
SUBSCRIBER ADDITIONAL IDENTIFICATION – Card Control Number				Optional		*****
98	2100C	REF01	Reference Identification Qualifier	Constant "HJ" – Identity Card Number	2/3 ID	Mandatory. DED 128. When access method includes Card Control Number.
99	2100C	REF02	Reference Identification	Card Control Number	1/50 AN	Mandatory. DED 127.
SUBSCRIBER DEMOGRAPHIC INFORMATION – DOB				Optional		*****
108	2100C	DMG01	Date Time Period Format Qualifier	Constant "D8" date format CCYYMMDD	2/3 ID	Mandatory. DED 1250. When access method includes Date of Birth.
108	2100C	DMG02	Date Time Period	Recipient Date of Birth CCYYMMDD format	1/35 AN	Mandatory. DED 1251.
SUBSCRIBER DATE – Plan Date				Optional		***** The current date of the processing system will be used as the subscriber Plan Date 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 provider.
123	2100C	DTP01	Date/Time Qualifier	Constant "291" Plan	3/3 ID	Mandatory. DED 374. Plan Date is specified for all access methods (eligibility inquiries).
123	2100C	DTP02	Date Time Period Format Qualifier	Constant "D8"	2/3 ID	Mandatory. DED 1250.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
123	2100C	DTP03	Date Time Period	Plan Date expressed in format CCYYMMDD	1/35 AN	Mandatory. DED 1251.
SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY				Mandatory		*****
125	2110C	EQ01	Service Type Code	'30' – Health Benefit Plan Coverage	1/2 ID	Mandatory. DED 1365. For explicit requests: 1 – Medical Care 2 – Surgical 4 – Diagnostic X-Ray 5 – Diagnostic Lab 6 – Radiation Therapy 7 – Anesthesia 8 – Surgical Assistance 12 – Durable Medical Equipment Purchase 13 – Facility 18 – Durable Medical Equipment Rental 20 – Second Surgical Opinion 33 – Chiropractic 35 – Dental Care 40 – Oral Surgery 42 – Home Health Care 45 – Hospice 47 – Hospital 48 – Hospital – Inpatient 50 – Hospital – Outpatient 51 – Hospital – Emergency Accident 52 – Hospital – Emergency Medical 53 – Hospital – Ambulatory Surgical 62 – MRI/CAT Scan 65 – Newborn Care 68 – Well Baby Care 73 – Diagnostic Medical 76 – Dialysis 78 – Chemotherapy 80 – Immunizations 81 – Routine Physical 82 – Family Planning 86 – Emergency Services 88 – Pharmacy 93 – Podiatry 98 – Professional (Physician) Visit – Office 99 – Professional (Physician) Visit – Inpatient A0 – Professional (Physician) Visit – Outpatient A3 – Professional (Physician) Visit – Home A6 – Psychotherapy A7 – Psychiatric Inpatient A8 – Psychiatric Outpatient AD – Occupational Therapy AE – Physical Medicine AF – Speech Therapy AG – Skilled Nursing Care AI – Substance Abuse AL – Vision (Optometry) BG – Cardiac Rehabilitation BH – Pediatric

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						MH – Mental Health UC – Urgent Care
TRANSACTION SET TRAILER				Mandatory		*****
200		SE01	Number of included Segments	Total number of segments included in a transaction set including the ST and SE segments	1/10 N0	Mandatory. DED 96.
200		SE02	Transaction Set Control Number	Must match ST02	4/9 AN	Mandatory. DED 329.
FUNCTIONAL GROUP TRAILER				Mandatory		*****
C.9		GE01	Number of Transaction Sets Included	Total number of transaction sets in the functional group or interchange group terminated by the trailer containing this data element	1/6 N0	Mandatory. DED 97.
C.9		GE02	Group Control Number	Assigned number originated and maintained by the sender. Must match GS06.	1/9 N0	Mandatory. DED 28.
INTERCHANGE CONTROL TRAILER				Mandatory		*****
C.10		IEA01	Number of Included Functional Groups	Constant of "1"	1/5 N0	Mandatory. DED I16.
C.10		IEA02	Interchange Control Number	A control number assigned by the interchange sender	9/9 N0	Mandatory. DED I12.

MEVS ANSI ELIGIBILITY TRANSACTION SPECIFICATIONS - 271 MAPPING

The primary output of the LA MMIS MEVS application is an ANSI X12 version 5010 (with errata) 271 transaction. A description of the format is provided below.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
INTERCHANGE CONTROL HEADER				Mandatory		*****
C.4		ISA01	Authorization Info Qualifier	Constant of "00"	2/2 ID	Mandatory. DED I01.
C.4		ISA02	Authorization Information	Not meaningful, spaces or zeroes	10/10 AN	Mandatory. DED I02.
C.4		ISA03	Security Info Qualifier	Constant of "00"	2/2 ID	Mandatory. DED I03.
C.4		ISA04	Security Information	Not meaningful, spaces or zeroes	10/10 AN	Mandatory. DED I04. To identify the security information about the interchange sender or the data in the interchange.
C.4		ISA05	Interchange ID Qualifier	Constant of ZZ.	2/2 ID	Mandatory. DED I05.
C.4		ISA06	Interchange Sender ID	610551 BIN Number	15/15 AN	Mandatory. DED I06.
C.5		ISA07	Interchange ID Qualifier	Constant of ZZ.	2/2 ID	Mandatory. DED I05.
C.5		ISA08	Interchange Receiver ID	Variable – Vendor ID	15/15 AN	Mandatory. DED I07.
C.5		ISA09	Interchange Date	YYMMDD format	6/6 DT	Mandatory. DED I08.
C.5		ISA10	Interchange Time	HHMM format	4/4 TM	Mandatory. DED I09.
C.5		ISA11	Repetition Separator	ASCII character 94	1/1	Mandatory. DED I65. This field provides the delimiter used to separate repeated occurrences of a simple data element or composite data structure; this value must be different than the data element separator, component element separator and the segment terminator.
C.5		ISA12	Interchange Control Version Number	Constant of "00501"	5/5 ID	Mandatory. DED I11.
C.5		ISA13	Interchange Control Number	Must match IEA02	9/9 N0	Mandatory. DED I12.
C.6		ISA14	Acknowledgment Requested	0 – No Acknowledgement Requested	1/1 ID	Mandatory. DED I13.
C.6		ISA15	Interchange Usage Indicator	P – Production Data T – Test Data	1/1 ID	Mandatory. DED I14.
C.6		ISA16	Component Element Separator	ASCII character <us>	1/1	Mandatory. DED I15.
FUNCTIONAL GROUP HEADER				Mandatory		*****
C.7		GS01	Functional Identifier code	Constant of "HB" – 271	2/2 ID	Mandatory. DED 479.
C.7		GS02	Application Sender's Code	610551 BIN Number	2/15 AN	Mandatory. DED 142. Code identifying party sending transmission.
C.7		GS03	Application Receiver's Code	Vendor ID	2/15 AN	Mandatory. DED 124. Code identifying party receiving transmission.
C.7		GS04	Date	CCYYMMDD format	8/8 DT	Mandatory. DED 373.
C.8		GS05	Time	HHMM format	4/8 TM	Mandatory. DED 337.
C.8		GS06	Group Control Number	Must match GE02	1/9 N0	Mandatory. DED 28. Assigned number originated and maintained by the sender.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.8		GS07	Responsible Agency Code	Constant of "X" – Accredited Standards Committee X12	1/2 ID	Mandatory. DED 455.
C.8		GS08	Version/Release/Industry Identifier Code	Constant of "005010X279A1"	1/12 AN	Mandatory. DED 480.
TRANSACTION SET HEADER				Mandatory		*****
209		ST01	Transaction Set Identifier Code	Constant of "271" – Eligibility, Coverage or Benefit inquiry	3/3 ID	Mandatory. DED 143.
209		ST02	Transaction Set Control Number	Must match SE02	4/9 AN	Mandatory. DED 329. Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.
210		ST03	Implementation Convention Reference	Contains the same value as GS08 – 005010X279A1	1/35 AN	Mandatory. DED 1705. Reference assigned to identify implementation Convention.
BEGINNING OF HEIRARCHICAL TRANSACTION				Mandatory		*****
211		BHT01	Hierarchical Structure Code	Constant of "0022" – Information Source, Information Receiver, Subscriber, Dependent	4/4 ID	Mandatory. DED 1005.
211		BHT02	Transaction Set Purpose Code	Constant of "11" – Response	2/2 ID	Mandatory. DED 353.
212		BHT03	Reference Identification	Must match BHT03 in the 270.	1/50 AN	Required for Real-Time. DED 127. Number assigned by the originator to identify the transaction within the originator's business application system
212		BHT04	Date	Transaction Set Creation Date in CCYYMMDD format	8/8 DT	Mandatory. DED 373.
212		BHT05	Time	Transaction Set Creation Time, in HHMM format	4/8 TM	Mandatory. DED 337.
INFORMATION SOURCE LEVEL				Mandatory		*****
214	2000A	HL01	Hierarchical ID Number	Constant of "1" – Hierarchical ID Number	1/12 AN	Mandatory. DED 628.
214	2000A	HL03	Hierarchical Level Code	Constant "20" – Information Source	1/2 ID	Mandatory. DED 735.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
214	2000A	HL04	Hierarchical Child Code	Constant "1" – Additional Subordinate HL Data Segment in this Hierarchical structure	1/1 ID	Mandatory. DED 736.
REQUEST VALIDATION				Optional	*****	
215	2000A	AAA01	Yes/No Condition or Response Code	Constant "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. Constant "Y" Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	1/1 ID	Mandatory. DED 1073. This segment will be returned when the system or application is not able to process the transaction.
215	2000A	AAA03	Reject Reason Code	"42" Unable to Respond at Current Time	2/2 ID	Mandatory. DED 901.
216	2000A	AAA04	Follow-up Action Code	"N" – Resubmission Not Allowed "C" – Please Correct and Resubmit "P" – Please Resubmit Original Transaction	1/1 ID	Mandatory. DED 889. 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).
INFORMATION SOURCE NAME				Mandatory	*****	
218	2100A	NM101	Entity Identifier Code	Constant of "PR" Payer	2/3 ID	Mandatory. DED 98.
219	2100A	NM102	Entity Type Qualifier	Constant of "2" Non-Person Entity	1/1 ID	Mandatory. DED 1065.
219	2100A	NM103	Name Last or Organization Name	Constant of "LOUISIANA MMIS"	1/60 AN	Mandatory. DED 1035.
220	2100A	NM108	Identification Code Qualifier	Constant of "PI" Payor identification	1/2 ID	Mandatory. DED 66.
220	2100A	NM109	Identification Code	Constant of '610551' (BIN number)	2/80 AN	Mandatory. DED 67.

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
REQUEST VALIDATION				Optional		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.
226	2100A	AAA01	Yes/No Condition or Response Code	Constant "Y" - Yes	1/1 ID	Mandatory. DED 1073. Information will be sent in this section when a transaction is received from an unauthorized vendor.
227	2100A	AAA03	Reject Reason Code	Constant "79" Invalid Participant Identification: Error in GS02	2/2 ID	Mandatory. DED 901.
228	2100A	AAA04	Follow-up Action Code	"N" – Resubmission Not Allowed "C" – Please Correct and Resubmit	1/1 ID	Mandatory. DED 889.
INQUIRING PROVIDER INFORMATION						
INFORMATION RECEIVER LEVEL				Mandatory		*****
230	2000B	HL01	Hierarchical ID Number	Constant of "2"	1/12 AN	Mandatory. DED 628.
230	2000B	HL02	Hierarchical Parent ID Number	Constant of "1"	1/12 AN	Mandatory. DED 734.
231	2000B	HL03	Hierarchical Level Code	Constant "21" – Information Source	1/2 ID	Mandatory. DED 735.
231	2000B	HL04	Hierarchical Child Code	Constant "1" – Additional Subordinate HL Data Segment in this Hierarchical structure	1/1 ID	Mandatory. DED 736.
INFORMATION RECEIVER NAME				Mandatory.		*****
232	2100B	NM101	Entity Identifier Code	Constant "1P" Provider	2/3 ID	Mandatory. DED 98.
233	2100B	NM102	Entity Type Qualifier	"1" Person "2" Non-Person Entity	1/1 ID	Mandatory. DED 1065.
233	2100B	NM103	Name Last or Organization Name	Provider's Last Name or Organization Name	1/60 AN	Optional. DED 1035.
233	2100B	NM104	Name First	Use if NM102 is "1"	1/35 AN	Optional. DED 1036.
234	2100B	NM105	Name Middle	Middle name, if NM102 is "1"	1/25 AN	Optional. DED 1037.
234	2100B	NM107	Name Suffix	Use if NM102 is "1"	1/10 AN	Optional. DED 1039.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
234	2100B	NM108	Identification Code Qualifier	"XX" - NPI "SV" - Service Provider Number (for atypical providers) "PI" - Payor Identification	1/2 ID	Mandatory. DED 66.
235	2100B	NM109	Identification Code	LA MMIS Provider ID = NPI or Provider Number	2/80 AN	Mandatory. DED 67.
INFORMATION RECEIVER ADDITIONAL IDENTIFICATION – PROVIDER PHONE NUMBER				Optional	*****	
236	2100B	REF01	Reference Identification Qualifier	Constant "EO" – Submitter Identification Number	2/3 ID	Mandatory. DED 128. Used to return the provider phone number.
237	2100B	REF02	Reference Identification	Provider Phone Number	1/50 AN	Mandatory. DED 127.
INFORMATION RECEIVER ADDITIONAL IDENTIFICATION – PROVIDER MEDICAID ID				Optional	*****	
236	2100B	REF01	Reference Identification Qualifier	"1D" – Medicaid Provider Number	2/3 ID	Mandatory. DED 128.
237	2100B	REF02	Reference Identification	Medicaid Provider ID	1/50 AN	Mandatory. DED 127.
INFORMATION RECEIVER CITY, STATE, ZIP CODE				Optional	*****	
	2100B	N401	City Name	Provider City Name	2/30 AN	Mandatory. DED 19
	2100B	N402	State or Province Code	Provider State	2/2 ID	Mandatory. DED 156.
	2100B	N403	Postal Code	Provider Zip Code	3/15 ID	Mandatory. DED 116.
INFORMATION RECEIVER PROVIDER INFORMATION				Optional	*****	
241	2100B	PRV01	Provider Code	Constant "SB" – Submitting	1/3 ID	Mandatory. DED 1221.
242	2100B	PRV02	Reference ID Qualifier	Constant "PXC" – Health Care Provider Taxonomy Code	2/3 ID	Mandatory. DED 128.
242	2100B	PRV03	Reference Identification	Provider Taxonomy Code	1/50 AN	Mandatory. DED 127.

PROVIDER VALIDATION

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
INFORMATION RECEIVER REQUEST VALIDATION				Optional		*****
238	2100B	AAA01	Yes/No Condition or Response Code	Values of "N" No Or "Y" yes	1/1 ID	Mandatory. DED 1073.
239	2100B	AAA03	Reject Reason Code	"43" – Invalid/missing Provider ID "50 " Provider Ineligible for Inquiries "51" provider Not on File	2/2 ID	Mandatory. DED 901.
239	2100B	AAA04	Follow-up Action Code	Constant "C" Please Correct and Resubmit	1/1 ID	Mandatory. DED 889.
SUBSCRIBER LEVEL				Optional		*****
244	2000C	HL01	Hierarchical ID Number	Constant "3"	1/12 AN	Mandatory. DED 628.
244	2000C	HL02	Hierarchical Parent ID	Constant "2"	1/12 AN	Mandatory. DED 734.
245	2000C	HL03	Hierarchical Level Code	Constant "22"	1/2 ID	Mandatory. DED 735.
245	2000C	HL04	Hierarchical Child Code	"0" – No subordinate HL segment in this hierarchical structure	1/1 ID	Mandatory. DED 736.
SUBSCRIBER TRACE NUMBER				Optional		*****
247	2000C	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.	1/2 ID	Mandatory. DED 481.
248	2000C	TRN02	Reference Identification	Trace number from 270 transaction. (LA MEVS envelope Trace Number)	1/50 AN	Mandatory. DED 127.
248	2000C	TRN03	Originating Company Identifier	The value received in the original 270 transaction	10/10 AN	Mandatory. DED 509.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
SUBSCRIBER TRACE NUMBER – TRACKING NBR				Optional		*****
247	2000C	TRN01	Trace Type Code	Payor assigned trace numbers are designated with a value of "1" Current Transaction Trace Numbers	1/2 ID	Mandatory. DED 481.
248	2000C	TRN02	Reference Identification	Trace Number	1/50 AN	Mandatory. DED 127.
248	2000C	TRN03	Originating Company Identifier	The 10 digit-number will begin with a "9" indicating a user assigned identifier is used.	10/10 AN	Mandatory. DED 509. Use this information to identify the organization that assigned this trace number.

RECIPIENT DEMOGRAPHIC INFORMATION

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
RECIPIENT DEMOGRAPHIC INFORMATION – SUBSCRIBER NAME				Mandatory		*****
249	2100C	NM101	Entity Identifier Code	Constant "IL" Insured or Subscriber	2/3 ID	Mandatory. DED 98.
250	2100C	NM102	Entity Type Qualifier	Constant of "1" Person	1/1 ID	Mandatory. DED 1065.
250	2100C	NM103	Name Last or Organization Name	Required unless a rejection response is generated and this element was not valued in the request.	1/60 AN	Mandatory. DED 1035.
250	2100C	NM104	Name First	Required unless a rejection response is generated and this element was not valued in the request.	1/35 AN	Mandatory. DED 1036.
250	2100C	NM105	Name Middle	Recipient's Middle initial, if available, unless a rejection response is generated and this element was not valued in the request	1/25 AN	Optional. DED 1037.
251	2100C	NM107	Name Suffix		1/10 AN	Optional. DED 1039.
251	2100C	NM108	Identification Code Qualifier	Constant "MI" Member Identification Number	1/2 ID	Mandatory. DED 66.
252	2100C	NM109	Identification Code	Current Recipient ID	2/80 AN	Mandatory. DED 67. Corrected or new Identification Number is returned in NM109.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
SUBSCRIBER ADDITIONAL IDENTIFICATION – SSN/Card Control Number/Original Recipient ID				Optional		*****
254	2100C	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	2/3 ID	Mandatory. DED 128. 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.
256	2100C	REF02	Reference Identification	SSN, Card Control Number, or originally submitted Identification Number, if the submitted ID was not the current	1/50 AN	Mandatory. DED 127. Subscriber Supplemental Identifier.
SUBSCRIBER ADDRESS				Optional		*****
257	2100C	N301	Address Information	Subscriber Address	1/55 AN	Mandatory. DED 166.
SUBSCRIBER CITY, STATE, ZIP CODE				Optional		*****
260	2100C	N401	City Name	Subscriber City Name	2/30 AN	Mandatory. DED 19
260	2100C	N402	State or Province Code	Subscriber State	2/2 ID	Mandatory. DED 156.
260	2100C	N403	Postal Code	Subscriber Zip Code	3/15 ID	Mandatory. DED 116.

SUBSCRIBER RESPONSE RETURN CODES

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
SUBSCRIBER REQUEST VALIDATION				Optional		**** RESPONSE RETURN CODES ****
262	2100C	AAA01	Yes/No Condition or Response Code	Valid values are 'N' or 'Y'	1/1 ID	Mandatory. DED 1073.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
263	2100C	AAA03	Reject Reason Code	"58" – Invalid/Missing Date of Birth; "57" – Invalid/missing DOS; "61" – Date of Death precedes DOS; "62" – DOS not within allowable inquiry period "75" – Subscriber/Insured Not Found ; "73" – Invalid/Missing Subscriber/Insured Name; "72" – Invalid/Missing Subscriber/Insured ID; "15" – Required application data missing – SSN missing/invalid; "56" – Inappropriate Date (Date Format Qualifier)	2/2 ID	Mandatory. DED 901.
264	2100C	AAA04	Follow-up Action Code	Constant 'C' Please Correct and Resubmit	1/1 ID	Mandatory. DED 889.
SUBSCRIBER DEMOGRAPHIC INFORMATION – DOB				Optional	*****	
269	2100C	DMG01	Date Time Period Format Qualifier	"D8" Date Expressed in Format CCYYMMDD	2/3 ID	Optional. DED 1250.
269	2100C	DMG02	Date Time Period	Recipient Date of Birth	1/35 AN	Optional. DED 1251.
269	2100C	DMG03	Gender Code	"F" Female "M" Male	1/1 ID	Optional. DED 1068.
SUBSCRIBER RELATIONSHIP – INSURED BENEFIT				Optional	Use when REF01 = "Q4" – Sending back current recipient ID when original or a prior recipient ID was submitted	
271	2100C	INS01	Yes/No Condition or Response Code	"Y" = Yes	1/1 ID	Mandatory. DED 1073.
272	2100C	INS02	Individual Relationship Code	"18" = Self	2/2 ID	Mandatory. DED 1069.
272	2100C	INS03	Maintenance Type Code	"001" = Change	3/3 ID	Optional. DED 875.
272	2100C	INS04	Maintenance Reason Code	"25" = Change in Identifying Data Elements	2/3 ID	Optional. DED 1203.

RESPONSE DATES

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
SUBSCRIBER DATE – PLAN BEGIN DATE				Optional		*****
283	2100C	DTP01	Date/Time Qualifier	Constant "346" Plan Begin	3/3 ID	Mandatory. DED 374.
284	2100C	DTP02	Date Time Period Format Qualifier	Constant "D8" Date Expressed in Format CCYYMMDD	2/3 ID	Mandatory. DED 1250.
284	2100C	DTP03	Date Time Period	Plan Begin Date	1/35 AN	Mandatory. DED 1251.
SUBSCRIBER DATE – DATE OF DEATH				Optional		*****
283	2100C	DTP01	Date/Time Qualifier	Constant "442" – Date of Death	3/3 ID	Mandatory. DED 374.
284	2100C	DTP02	Date Time Period Format Qualifier	Constant "D8" Date Expressed in Format CCYYMMDD	2/3 ID	Mandatory. DED 1250.
284	2100C	DTP03	Date Time Period	Date of Death in Format CCYYMMDD	1/35 AN	Mandatory. DED 1251.

MEDICAID ELIGIBILITY – SPECIAL PROGRAM MESSAGES

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
ELIGIBILITY OR BENEFIT INFORMATION				Mandatory		*****
291	2110C	EB01	Eligibility or Benefit Information	"1" – Active Coverage (Recipient is eligible) "3" – Active – Services Capitated "6" – Inactive (Recipient not eligible) "D" – Benefit Description "F" – Limitations "I" – Non-covered "U" – Contact Following Entity for Eligibility or Benefit Information "V" – Cannot process (Dual eligibility)	1/2 ID	Mandatory. DED 1390.
292	2110C	EB02	Coverage Level Code	"IND" = Individual	3/3 ID	Optional. DED 1207.
293	2110C	EB03	Service Type Code	"1" – Medical Care "30" – Health Benefit Plan Coverage "35" – Dental Care "42" – Home Health Care "45" – Hospice "48" – Hospital - Inpatient "54" – Long Term Care "69" – Maternity "82" – Family Planning "86" – Emergency Services "A7" – Psychiatric - Inpatient "AI" – Substance Abuse "CH" – Mental Health Facility – Outpatient "CQ" – Case Management	1/2 ID	Optional. DED 1365.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
298	2110C	EB04	Insurance Type Code	"HM" - HMO "HS" = Special Low Income Medicare Beneficiary "MA" – Medicare Part A "MB" – Medicare Part B "MC" – Medicaid "OT" - Other "QM" = Qualified Medicare Beneficiary	1/3 ID	Optional. DED 1336.
299	2110C	EB05	Plan Coverage Description	Plan Name	1/50 AN	Optional. DED 1204. MEDICAID RESIDENTIAL OPTIONS WAIVER TAKE CHARGE TAKE CHARGE PLUS SERVICES WAIVER SVS GN0CHC MEDICARE QI1 PREMIUM PAYMENTS ONLY MEDICARE QI2 PREMIUM PAYMENTS ONLY MEDICARE QDWI PREMIUM PAYMENTS ONLY MEDICARE PART D DEVELOPMENTALLY DELAYED WAIVER PCA WAIVER EDA WAIVER NOW WAIVER ADHC WAIVER COMMUNITY CHOICES WAIVER LA CHILDRENS CHOICE EPSDT WAIVER PGM PACE BEHAVIORAL HEALTH
302	2110C	EB11	Yes/No Condition or Response Code	Set to "Y" if Prior Authorization is required	1/1 ID	Optional. DED 1073.
SUBSCRIBER DATE – BENEFIT BEGIN DATE				Optional	*****	
144	2110C	DTP01	Date/Time Qualifier	Constant "348" Benefit Begin	3/3 ID	Mandatory. DED 374.
145	2110C	DTP02	Date Time Period Format Qualifier	Constant "D8" Date Expressed in Format CCYYMMDD	2/3 ID	Mandatory. DED 1250.
145	2110C	DTP03	Date Time Period	Benefit Begin Date	1/35 AN	Mandatory. DED 1251.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
323	2110C	MSG01	Free-form Message Text		1/264 AN	<p>Optional. DED 933. PREGNANCY/DELIVERY SVS ONLY REFER TO www.lamedicaid.com - BILLING INFORMATION FOR BILLABLE CODES (Take Charge, Take Charge Plus Services) OUTPATIENT PRENATAL CARE ONLY OUTPATIENT TB RELATED SERVICES ONLY SPENDDOWN RECIP, FILE FORM 110MNP SEXUALLY TRANS DIS CLNC SVS TUBERCULOSIS CLINICS SVS ELIG PAY OF DED/CO-INS COVD BY MCARE CONTACT PROVR SVS FOR ADD'L TPL INFO FOSTER CHILD-ADULT SERVICE LIMITS APPLY PREFERRED LANGUAGE: XXXXXXXXXX GO TO www.lamedicaid.com PROVIDER MANUALS FOR MORE PROGRAM INFO (EDA, ADHC and CCW Waivers) ELIGIBILITY RESPONSES ARE SUBJECT TO MEVS DISCLAIMER ON lamedicaid.com (Bayou Health) RESTRICTED TO LIMITED BEHAVIORAL HEALTH SERVICES BY THE LBHP SMO LIMITED COVERAGE APPLIES ELIGIBLE FOR INPATIENT HOSPITAL SERVICES ONLY MEDICAID SERVICES SUSPENDED. RECIPIENT SHOULD CALL 888-342- 6207 ADDRESS REQUIRED. MEMBER MUST CALL 1-888-342-6207 AND UPDATE ADDRESS OR COVERAGE MAY END</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION						
340	2120C	PER01	Contact Function Code	Constant 'IC' Information Contact	2/2 ID	Mandatory. DED 366.
341	2120C	PER03	Communication Number Qualifier	Constant 'TE' Telephone	2/2 ID	Optional. DED 365.
341	2120C	PER04	Communication Number	Blue Cross/Blue Shield Telephone Number - 8003924089; or First LA Medicaid Provider Relations Telephone Number - 8004732783	1/256 AN	Mandatory. DED 364.
342	2120C	PER05	Communication Number Qualifier	Constant 'TE' Telephone	2/2 ID	Optional. DED 365.
342	2120C	PER06	Communication Number	Second LA Medicaid Provider Relations Telephone Number - 2259245040	1/256 AN	Optional. DED 364.
346	2110C	LE01	LE Loop Trailer	Constant of "2120"	1/4 AN	Mandatory. DED 447.

LONG TERM CARE ELIGIBILITY

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
ELIGIBILITY OR BENEFIT INFORMATION				*****		
291	2110C	EB01	Eligibility or Benefit Information	"D" – Benefit Description "U" – Contact Following Entity for Eligibility or Benefit Information	1/2 ID	Mandatory. DED 1390.
292	2110C	EB02	Coverage Level Code	"IND" = Individual	3/3 ID	Optional. DED 1207. Benefit Coverage Level Code.
294	2110C	EB03	Service Type Code	"54" – Long Term Care	1/2 ID	Optional. DED 1365.
298	2110C	EB04	Insurance Type Code	"MC" - Medicaid	1/3 ID	Optional. DED 1336.
SUBSCRIBER DATE – BENEFIT BEGIN DATE				Optional *****		
317	2110C	DTP01	Date/Time Qualifier	Constant "348" Benefit Begin	3/3 ID	Mandatory. DED 374.
318	2110C	DTP02	Date Time Period Format Qualifier	Constant "D8" Date Expressed in Format	2/3 ID	Mandatory. DED 1250.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
				CCYYMMDD		
318	2110C	DTP03	Date Time Period	Long Term Care Benefit Begin Date	1/35 AN	Mandatory. DED 1251.
SUBSCRIBER DATE – ADMISSION DATE				Optional		*****
317	2110C	DTP01	Date/Time Qualifier	Constant “345” Admission Date	3/3 ID	Mandatory. DED 374.
318	2110C	DTP02	Date Time Period Format	Constant “D8” Date	2/3 ID	Mandatory. DED 1250.
318	2110C	DTP03	Date Time Period	Long Term Care Facility Admission Date	1/35 AN	Mandatory. DED 1251.
LS-LOOP HEADER				Optional		*****
328	2110C	LS01	Loop Identification Code	Constant “2120”	1/4 AN	Mandatory. DED 447.
SUBSCRIBER BENEFIT RELATED ENTITY NAME – LONG TERM CARE FACILITY NAME				Optional		*****
330	2120C	NM101	Entity Identifier Code	Constant of “PR” – Payer	2/3 ID	Mandatory. DED 98.
331	2120C	NM102	Entity Type Qualifier	‘2’ – Non-person entity	1/1 ID	Mandatory. DED 1065.
331	2120C	NM103	Name Last or Organization Name	Long Term Care Facility Name	1/60 AN	Mandatory. DED 1035.
SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS – LONG TERM CARE FACILITY ADDRESS				Optional		*****
335	2120C	N301	Address Information	Facility Street Address	1/55 AN	Mandatory. DED 166.
336	2120C	N401	City Name	Facility City	2/30 AN	Mandatory. DED 19
337	2120C	N402	State or Province Code	Facility State	2/2 ID	Mandatory. DED 156.
338	2120C	N403	Postal Code	Facility Zip Code	3/15 ID	Optional. DED 116.
LE – LOOP TRAILER				Optional		*****
211	LE01	Loop	2110C	LE01	Loop	2110C

LOCK IN ELIGIBILITY

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
ELIGIBILITY OR BENEFIT INFORMATION						*****

291	2110C	EB01	Eligibility or Benefit Information	"N" – Services restricted to following Provider "D" – Benefit Description "U" – Contact Following Entity for Eligibility or Benefit Information	1/2 ID	Mandatory. DED 1390.
292	2110C	EB02	Coverage Level Code	"IND" = Individual	3/3 ID	Optional. DED 1207. Benefit Coverage Level Code.
293	2110C	EB03	Service Type Code	"96" – Physician "88" – Pharmacy "45" - Hospice	1/2 ID	Optional. DED 1365.
298	2110C	EB04	Insurance Type Code	Constant "OT" - Other	1/3 ID	Optional. DED 1336.
SUBSCRIBER DATE – BENEFIT BEGIN DATE				Optional	*****	
317	2110C	DTP01	Date/Time Qualifier	Constant "348" Benefit Begin	3/3 ID	Mandatory. DED 374.
318	2110C	DTP02	Date Time Period Format Qualifier	Constant "D8" Date Expressed in Format	2/3 ID	Mandatory. DED 1250.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
				CCYYMMDD		
318	2110C	DTP03	Date Time Period	Lock-in Benefit Begin Date	1/35 AN	Mandatory. DED 1251.
323	2110C	MSG01	Free-form Message Text	"SERVICES MUST BE PROVIDED, COORDINATED & AUTHORIZED BY HOSPICE PROVIDER"	1/264 AN	Optional. DED 933. For Hospice Services.
LS-LOOP HEADER				Optional		
328	2110C	LS01	Loop Identification Code	Constant "2120"	1/4 AN	Mandatory. DED 447.
330	2120C	NM101	Entity Identifier Code	Constant of "PR" – Payer	2/3 ID	Mandatory. DED 98.
331	2120C	NM102	Entity Type Qualifier	'1' – Person '2' – Non-person entity	1/1 ID	Mandatory. DED 1065.
331	2120C	NM103	Name Last or Organization Name	Provider's last name or Organization Name, Or "GAINWELL TECHNOLOGIES PROVIDER RELATIONS"	1/60 AN	Mandatory. DED 1035.
331	2120C	NM104	Name First	Provider First name, if NM101 = "1"	1/35 AN	Optional. DED 1036.
331	2120C	NM105	Name Middle	Provider Middle Name, if NM101 = "1"	1/25 AN	Optional. DED 1037.
332	2120C	NM107	Name Suffix		1/10 AN	Optional. DED 1039.
SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION						
340	2120C	PER01	Contact Function Code	Constant 'IC' Information Contact	2/2 ID	Mandatory. DED 366.
341	2120C	PER03	Communication Number Qualifier	Constant 'TE' Telephone	2/2 ID	Optional. DED 365.
341	2120C	PER04	Communication Number	Lock-in Provider Telephone Number, Or LA Medicaid Provider Relations Telephone	1/256 AN	Mandatory. DED 364.
346	2110C	LE01	LE Loop Trailer	Constant of "2120"	1/4 AN	Mandatory. DED 447.

HMO/BAYOU HEALTH/DENTAL BENEFITS PLAN ELIGIBILITY

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
ELIGIBILITY OR BENEFIT INFORMATION				*****		
291	2110C	EB01	Eligibility or Benefit Information	"MC" – Managed Care Coordinator "U" – Contact Following Entity for Eligibility or Benefit (if Provider Not Found) "1" – Active Coverage	1/2 ID	Mandatory. DED 1390.
292	2110C	EB02	Coverage Level Code	"IND" = Individual	3/3 ID	Optional. DED 1207. Benefit Coverage Level Code.
293	2110C	EB03	Service Type Code	"1" – Medical Care "35" – Dental Care "MH" – Mental Health	1/2 ID	Optional. DED 1365.
298	2110C	EB04	Insurance Type Code	"HM" = Health Maintenance Organization (HMO) "MC" = Medicaid	1/3 ID	Optional. DED 1336.
299	2110C	EB05	Plan Coverage Description	HMO Plan Name – PACE Managed Care Coordinator Name – BAYOU HEALTH PLAN; - COORDINATED SYSTEM OF CARE CONTRACTOR Dental Benefits Plan Name - DENTAL BENEFITS PLAN MANAGER	1/50 AN	Optional. DED 1204.
SUBSCRIBER DATE – BENEFIT BEGIN DATE				*****		
317	2110C	DTP01	Date/Time Qualifier	Constant "348" Benefit Begin	3/3 ID	Mandatory. DED 374.
318	2110C	DTP02	Date Time Period Format Qualifier	Constant "D8" Date Expressed in Format CCYYMMDD	2/3 ID	Mandatory. DED 1250.
318	2110C	DTP03	Date Time Period	Benefit Begin Date	1/35 AN	Mandatory. DED 1251.
323	2110C	MSG01	Free-form Message Text	"SERVICES MUST BE AUTHORIZED PAID BY THE PACE	1/264 AN	Optional. DED 933.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
				PROVIDER"		
LS – LOOP HEADER				Optional		
328	2110C	LS01	Loop Identification Code	Constant "2120"	1/ 4 AN	Mandatory. DED 447.
330	2120C	NM101	Entity Identifier Code	"PR" – Payor "Y2" – Managed Care Organization (Bayou Health)	2/3 ID	Mandatory. DED 98.
331	2120C	NM102	Entity Type Qualifier	'1' – Person '2' – Non-person entity	1/1 ID	Mandatory. DED 1065.
331	2120C	NM103	Name Last or Organization Name	Provider's Last Name or Organization Name Or, if EB01 is set to a "U": LA MEDICAID PROVIDER RELATIONS	1/60 AN	Optional. DED 1035.
331	2120C	NM104	Name First	Provider First Name, if NM101 = "1"	1/35 AN	Optional. DED 1036.
331	2120C	NM105	Name Middle	Provider Middle Name, if NM101 = "1"	1/25 AN	Optional. DED 1037.
332	2120C	NM107	Name Suffix		1/10 AN	Optional. DED 1039.
SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION						
340	2120C	PER01	Contact Function Code	Constant 'IC' Information Contact	2/2 ID	Mandatory. DED 366.
341	2120C	PER03	Communication Number Qualifier	Constant 'TE' Telephone	2/2 ID	Optional. DED 365.
341	2120C	PER04	Communication Number	HMO Provider, MCNA, or Managed Care Coordinator Organization's Telephone Number or LA Medicaid Provider Relations Telephone	1/256 AN	Mandatory. DED 364.
342	2120C	PER05	Communication Number Qualifier	'UR' URL	2/2 ID	Optional. DED 365.
342	2120C	PER06	Communication Number	Dental Benefits Plan URL	1/256 AN	Optional. DED 364.

346	2110C	LE01	LE Loop Trailer	Constant of "2120"	1/4 AN	Mandatory. DED 447.
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CASE MANAGEMENT ELIGIBILITY

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
ELIGIBILITY OR BENEFIT INFORMATION				*****		
291	2110C	EB01	Eligibility or Benefit Information	"D" – Benefit Description; "U" – Contact Following Entity for Eligibility or Benefit (if Provider Not Found)	1/2 ID	Mandatory. DED 1390.
292	2110C	EB02	Coverage Level Code	"IND" = Individual	3/3 ID	Optional. DED 1207. Benefit Coverage Level Code.
293	2110C	EB03	Service Type Code	Constant "CQ" – Case Management	1/2 ID	Optional. DED 1365.
298	2110C	EB04	Insurance Type Code	Constant "MC" – Medicaid	1/3 ID	Optional. DED 1336.
SUBSCRIBER DATE – BENEFIT BEGIN DATE				*****		
317	2110C	DTP01	Date/Time Qualifier	Constant "348" Benefit Begin	3/3 ID	Mandatory. DED 374.
318	2110C	DTP02	Date Time Period Format Qualifier	Constant "D8" Date Expressed in Format CCYMMDD	2/3 ID	Mandatory. DED 1250.
318	2110C	DTP03	Date Time Period	Case Management Benefit Begin Date	1/35 AN	Mandatory. DED 1251.
LS – LOOP HEADER				*****		
328	2110C	LS01	Loop Identification Code	Constant "2120"	1/4 AN	Mandatory. DED 447.
330	2120C	NM101	Entity Identifier Code	Constant "1P" - Provider	2/3 ID	Mandatory. DED 98.
331	2120C	NM102	Entity Type Qualifier	'1' – Person '2' – Non-person entity	1/1 ID	Mandatory. DED 1065.
331	2120C	NM103	Name Last or Organization Name	Case Manager's Last Name or Organization Name; Or, if EB01 is set to a "U": LA MEDICAID PROVIDER RELATIONS	1/60 AN	Mandatory. DED 1035.
331	2120C	NM104	Name First	Case Manager's First Name, if NM101 = "1"	1/35 AN	Optional. DED 1036.

331	2120C	NM105	Name Middle	Case Manager's Middle Name, if NM101 = "1"	1/25 AN	Optional. DED 1037.
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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
332	2120C	NM107	Name Suffix		1/10 AN	Optional. DED 1039.
SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION				SIZE MIN/MAX	MAND/ OPT.	*****
340	2120C	PER01	Contact Function Code	Constant 'IC' Information Contact	2/2 ID	Mandatory. DED 366.
341	2120C	PER03	Communication Number Qualifier	Constant 'TE' Telephone	2/2 ID	Optional. DED 365.
341	2120C	PER04	Communication Number	Case Manager's Telephone Number or LA Medicaid Provider Relations Telephone	1/256 AN	Mandatory. DED 364.
LE – LOOP TRAILER				Optional.		*****
346	2110C	LE01	LE Loop Trailer	Constant of "2120"	1/4 AN	Mandatory. DED 447.

SERVICE LIMITS REMAINING

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
ELIGIBILITY OR BENEFIT INFORMATION						*****
291	2110C	EB01	Eligibility or Benefit Information	Constant "F" -- Limitations	1/2 ID	Mandatory. DED 1390.
292	2110C	EB02	Coverage Level Code	"IND" = Individual	3/3 ID	Optional. DED 1207. Benefit Coverage Level Code.
293	2110C	EB03	Service Type Code	"98" – Physician Office Visits "44" – Home Health Visits "86" – Emergency Outpatient	1/2 ID	Optional. DED 1365.
298	2110C	EB04	Insurance Type Code	"MC" – Medicaid	1/3 ID	Optional. DED 1336.
HEALTH CARE SERVICES DELIVERY				Optional		*****
310	2110C	HSD01	Quantity Qualifier	Constant "FL" – Units	2/2 ID	Mandatory. DED 673.
310	2110C	HSD02	Quantity	Number of Service Limits Remaining	1/15 R	Mandatory. DED 380.
310	2110C	HSD03	Unit or Basis for Measurement Code	Constant "VS" – Visits	2/2 ID	Optional. DED 355.
311	2110C	HSD05	Time Period Qualifier	Constant "29" -- Remaining	1/2 ID	Optional. DED 615.
SUBSCRIBER DATE – BENEFIT BEGIN DATE				Optional		*****
317	2110C	DTP01	Date/Time Qualifier	Constant "348" Benefit Begin	3/3 ID	Mandatory. DED 374.
318	2110C	DTP02	Date Time Period Format Qualifier	Constant "D8" Date Expressed in Format CCYYMMDD	2/3 ID	Mandatory. DED 1250.
318	2110C	DTP03	Date Time Period	Service Limits Benefit Begin Date	1/35 AN	Mandatory. DED 1251.

PRIVATE INSURANCE

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
ELIGIBILITY OR BENEFIT INFORMATION						*****
291	2110C	EB01	Eligibility or Benefit Information	Constant "R" – Other or additional Payor	1/2 ID	Mandatory. DED 1390.
292	2110C	EB02	Coverage Level Code	"IND" = Individual	3/3 ID	Optional. DED 1207. Benefit Coverage Level Code.
293	2110C	EB03	Service Type Code	"1" = Medical Care	1/2 ID	Optional. DED 1365.
298	2110C	EB04	Insurance Type Code	"C1" = Commercial	1/3 ID	Optional. DED 1336.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
SUBSCRIBER ADDITIONAL IDENTIFICATION – INSURANCE NUMBER				Optional		*****
315	2110C	REF01	Reference Identification Qualifier	Constant “N6” – Plan Network Identification Number	2/3 ID	Mandatory. DED 128.
316	2110C	REF02	Reference Identification	Insurance Number	1/50 AN	Mandatory. DED 127.
SUBSCRIBER DATE – BENEFIT BEGIN DATE				Optional		*****
317	2110C	DTP01	Date/Time Qualifier	Constant “348” Benefit Begin	3/3 ID	Mandatory. DED 374.
318	2110C	DTP02	Date Time Period Format Qualifier	Constant “D8” Date Expressed in Format CCYYMMDD	2/3 ID	Mandatory. DED 1250.
318	2110C	DTP03	Date Time Period	TPL Benefit Begin Date	1/35 AN	Mandatory. DED 1251.
LS – LOOP HEADER				Optional		
328	2110C	LS01	Loop Identification Code	Constant “2120”	1/4 AN	Mandatory. DED 447.
SUBSCRIBER BENEFIT RELATED ENTITY NAME – INSURANCE COMPANY NAME				Optional		*****
330	2120C	NM101	Entity Identifier Code	Constant “PR” - Payer	2/3 ID	Mandatory. DED 98.
331	2120C	NM102	Entity Type Qualifier	Constant ‘2’ – Non-person entity	1/1 ID	Mandatory. DED 1065.
331	2120C	NM103	Name Last	Insurance Company Name	1/60 AN	Optional. DED 1035.
SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS – INSURANCE CO. ADDRESS				Optional		*****
335	2120C	N301	Address Information	Insurance Company Street Address	1/55 AN	Mandatory. DED 166.
SUBSCRIBER BENEFIT RELATED CITY/STATE/ZIP CODE – INSURANCE CO. ADDRESS				Optional		*****
336	2120C	N401	City Name	Insurance Company City Name	2/30 AN	Mandatory. DED 19
337	2120C	N402	State or Province Code	Insurance Company State Name	2/2 ID	Mandatory. DED 156.
338	2120C	N403	Postal Code	Insurance Company Zip Code	3/15 ID	Optional. DED 116.
LE – LOOP TRAILER				Optional.		*****
346	2110C	LE01	Loop Identifier Code	Constant of “2120”	1/4 AN	Mandatory. DED 447.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
ELIGIBILITY OR BENEFIT INFORMATION				*****		
291	2110C	EB01	Eligibility or Benefit Information	Constant "R" – Other or additional Payor	1/2 ID	Mandatory. DED 1390.
292	2110C	EB02	Coverage Level Code	"IND" = Individual	3/3 ID	Optional. DED 1207. Benefit Coverage Level Code.
293	2110C	EB03	Service Type Code	"1" = Medical Care	1/2 ID	Optional. DED 1365.
298	2110C	EB04	Insurance Type Code	"1P" = Individual Policy	1/3 ID	Optional. DED 1336.
299	2110C	EB05	Plan Coverage Description	Scope of coverage code(s)	1/50 AN	Optional. DED 1204. Refer to http://www.lamedicaid.com/provweb1/TPL_Coverage/TPL_Coverage.htm for code descriptions
SUBSCRIBER ADDITIONAL IDENTIFICATION – POLICY INFO				Optional *****		
315	2110C	REF01	Reference Identification Qualifier	"IG" – Insurance Policy Number "6P" – Group Number	2/3 ID	Mandatory. DED 128.
316	2110C	REF02	Reference Identification	Insurance Policy number, if REF01 = "IG"; Group Number, if REF01 = "6P"	1/50 AN	Mandatory. DED 127.
LS – LOOP HEADER				Optional		
328	2110C	LS01	Loop Identification Code	Constant "2120"	1/4 AN	Mandatory. DED 447.
SUBSCRIBER BENEFIT RELATED ENTITY NAME – POLICY HOLDER NAME				Optional *****		
330	2120C	NM101	Entity Identifier Code	Constant "IL" - Insured or Subscriber	2/3 ID	Mandatory. DED 98.
331	2120C	NM102	Entity Type Qualifier	Constant "1" – Person`	1/1 ID	Mandatory. DED 1065.
331	2120C	NM103	Name Last	Policy Holder Last Name	1/60 AN	Optional. DED 1035.
331	2120C	NM104	Name First	Policy Holder First Name	1/35 AN	Optional. DED 1036.
331	2120C	NM105	Name Middle	Policy Holder Middle Initial	1/25 AN	Optional. DED 1037.
LE – LOOP TRAILER				Optional *****		
346	2110C	LE01	Loop Identifier Code	Constant of "2120"	1/4 AN	Mandatory. DED 447.

MEDICAID ELIGIBILITY – ADDITIONAL BENEFIT COVERAGE

ELIGIBILITY OR BENEFIT INFORMATION				Mandatory		*****
291	2110C	EB01	Eligibility or Benefit Information	"1" – Active Coverage (Recipient is eligible) "1" – Non-Covered	1/2 ID	Mandatory. DED 1390.

				(for explicit requests)		
292	2110C	EB02	Coverage Level Code	"IND" = Individual	3/3 ID	Optional. DED 1207. Benefit Coverage Level Code.
293	2110C	EB03	Service Type Code	"1" – Medical Care "33" - Chiropractic "35" – Dental Care "47" – Hospital "48" – Hospital – Inpatient "50" – Hospital - Outpatient "86" – Emergency Services "88" - Pharmacy "98" – Professional (Physician) Visit - Office "AL" – Vision (Optometry) "MH" – Mental Health "UC" – Urgent Care	1/2 ID	Optional. DED 1365.
298	2110C	EB04	Insurance Type Code	"MC" – Medicaid	1/2 ID	Optional. DED 1336.
299	2110C	EB05	Plan Coverage Description	Plan Name	1/50 AN	Optional. DED 1204. MEDICAID TAKE CHARGE TAKE CHARGE PLUS SERVICES GNOCHC

MEDICAID ELIGIBILITY – PATIENT FINANCIAL RESPONSIBILITY

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
ELIGIBILITY OR BENEFIT INFORMATION				Mandatory		*****
291	2110C	EB01	Eligibility or Benefit Information	"A" – Co-Insurance "B" – Co-Payment "C" – Deductible	1/2 ID	Mandatory. DED 1390.
292	2110C	EB02	Coverage Level Code	"IND" = Individual	3/3 ID	Optional. DED 1207.
293	2110C	EB03	Service Type Code	"30" - Health Benefit Plan Coverage "33" - Chiropractic "47" – Hospital "48" – Hospital – Inpatient "50" – Hospital - Outpatient "86" – Emergency Services "98" – Professional (Physician) Visit - Office "UC" – Urgent Care	1/2 ID	Optional. DED 1365.
298	2110C	EB04	Insurance Type Code		1/3 ID	Optional. DED 1336.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
299	2110C	EB05	Plan Coverage Description	Plan Name	1/50 AN	Optional. DED 1204. MEDICAID TAKE CHARGE PLUS SERVICES GNOCHC
299	2110C	EB06	Time Period Qualifier	"25" – Contract "29" - Remaining	1/2 ID	Optional. DED 615.
300	2110C	EB07	Monetary Amount	0 (zero)	1/18 R	Required when EB01 = B or C. DED 782.
301	2110C	EB08	Percentage As Decimal	0 (zero)	1/10 R	Required when EB01 = A. DED 954.
303	2110C	EB12	Yes/No Condition or Response Code	"W" – Not Applicable. Used when benefits are the same for In Plan-Network and Out of Plan-Network	1/1 ID	Optional. DED 1073.

TRANSACTION TRAILERS

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
TRANSACTION SET TRAILER				Mandatory		*****
450		SE01	Number of Included Segments	Total number of segments included in a transaction set including the ST and SE segments	1/10 N0	Mandatory. DED 96.
450		SE02	Transaction Set Control Number	Must match ST02	4/9 AN	Mandatory. DED 329.
FUNCTIONAL GROUP TRAILER				Mandatory		*****
C.9		GE01	Number of Transaction Sets Included	Total number of transaction sets in the functional group or interchange group terminated by the trailer containing this data element	1/6 N0	Mandatory.
C.9		GE02	Group Control Number	Assigned number originated and maintained by the sender. Must match GS06.	1/9 N0	Mandatory.
INTERCHANGE CONTROL TRAILER				Mandatory		
C.10		IEA01	Number of Included Functional Groups	Constant of "1"	1/5 N0	Mandatory. DED I16.
C.10		IEA02	Interchange Control Number	A control number assigned by the interchange sender	9/9 N0	Mandatory. DED I12.

11. APPENDICES

1. Data Elements Crosswalk

The data elements crosswalk for the 270 transaction set is shown below in *MEVS Input Data Structure* and the data elements crosswalk for the 271 transaction set is shown below *MEVS Output Data Structure*.

MEVS Input Data Structure (270 Transaction)

Field Name	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
Vendor ID	ISA06/GS02	A/N	15	M	
BIN Number	ISA08/GS03	A/N	15	M	610551
Control Number	BHT03	A/N	50	O	
Information Source Name	2100A NM103 2100A NM109	A/N A/N	60 80	O M	LOUISIANA MMIS 610551
Provider ID/NPI	2100B NM109 2100B NM108	A/N A/N	80 2	M M	NPI or Medicaid ID XX=NPI SV=Service Provider Number (for atypical providers) PI=Payor Identification
Provider Medicaid ID	2100B REF02 2100B REF01	A/N ID	50 3	O C	Medicaid ID 1D=Medicaid ID Number
Provider Zip Code	2100B N403 2100B N402 2100B N401	A/N ID A/N	15 2 30	O C C	Zip Code State City Name
Provider Taxonomy Code	2100B PRV03 2100B PRV02 2100B PRV01	A/N ID ID	50 3 3	O C C	Taxonomy Code PXC=Taxonomy Code SB=Submitting
Recipient Last Name	2100C NM103	A/N	60	C	
Recipient First Name	2100C NM104	A/N	35	C	

Field Name	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
Recipient Name Initial	2100C NM105	A/N	25	O	
Recipient Name Suffix	2100C-NM107	A/N	7	O	SR", "JR" or "III, etc
Recipient ID	2100C NM109 2100C NM108 2100C NM101	A/N A/N A/N	80 2 3	C C C	MI=Member Identification Nr IL=Insured or Subscriber
Recipient SSN	2100C REF02 2100C REF01	A/N A/N	50 3	C C	SY=SSN
Card Control Number	2100C REF02 2100C REF01	A/N A/N	50 3	C C	HJ=Identity Card Number
Recipient DOB	2100C DMG02 2100C DMG01	A/N	35 3	C C	CCYYMMDD D8=Format CCYYMMDD
Plan Date	2100C DTP03 2100C DTP01 2100C DTP02	A/N A/N A/N	35 3 3	M M M	CCYYMMDD 346=Plan D8=Format CCYYMMDD

MEVS Output Data Structure (271 Transaction)

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
Control Number	BHT03	A/N	50	O	
Source Information Name	2100A NM103 2100A NM101 2100A NM102 2100A NM109	A/N A/N A/N A/N	60 3 1 80	M M M M	610551
Error Indicator	2000A AAA01 2100A AAA01 2100B AAA01	A/N	1	M/O	Y or N

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
	2100C AAA01				
Error Code	2000A AAA03 2100A AAA03 2100B AAA03 2100C AAA03	A/N A/N	2 2	O O	Two Character X12 value
Tracking Nbr	2000C TRN02 2000C TRN03	A/N A/N	50 10	M M	Date + ESN 9000610551
Provider ID/NPI	2100B NM109 2100B NM108	A/N A/N	80 2	M M	NPI or Medicaid ID XX=NPI SV=Service Provider Number (for atypical providers) PI=Payor Identification
Provider Last Name	2100B NM103	A/N	60	M	
Provider First Name	2100B NM104	A/N	35	O	
Provider Middle Initial	2100B NM105	A/N	25	O	
Provider Title	2100B NM107	A/N	10	O	
Provider Phone Number	2100B REF02 2100B REF01	A/N ID	50 3	M M	EO=Submitter ID Number
Provider Taxonomy	2100B PRV03 2100B PRV02 2100B PRV01	A/N ID ID	50 3 3	O O O	Taxonomy Code PXC=Taxonomy Code SB=Submitting
Provider Medicaid ID	2100B REF02 2100B REF01	A/N ID	50 3	O O	Medicaid ID 1D=Medicaid Provider Number
Provider Zip Code	2100B N403 2100B N402 2100B N401	A/N ID A/N	15 2 30	O O O	Zip Code State City
Subscriber Trace Number (Optional)	2000C TRN02 2000C TRN01	A/N ID	50 2	M M	Unique ID for transaction 1=Current Trans Trace Number

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
	2000C TRN03	A/N	10	M	User assigned Number, beginning with '9' to ID the originating
Recipient Last Name	2100C NM103	A/N	60	M	
Recipient First Name	2100C NM104	A/N	35	M	
Recipient Middle Initial	2100C NM105	A/N	25	O	
Recipient Name Suffix	2100C-NM107	A/N	10	O	SR", "JR" or "III, etc
Recipient ID	2100C NM109 2100C NM108	A/N ID	80 2	M M	Current ID MI=Member ID Number
Original (entered) Recipient ID	2100C REF02 2100C REF01	A/N ID	50 3	O O	Original (entered) ID. Send back if different than current Q4=Prior Identification Number
Recipient SSN	2100C REF02	A/N	50	C	
Card Control Number	2100C REF02 2100C REF01	A/N	16	C	HJ=Identity Card Number
Recipient DOB	2100C DMG02	A/N	8	C	CCYYMMDD
Recipient Gender Code	2100C DMG03	A/N	1	M	F, M
Insured Benefit	2100C INS01 2100C INS02 2100C INS03 2100C INS04	ID ID ID ID	1 2 3 3	O O O O	Y=Yes 18=Self 001=Change 25=Change in identifying data elements
Plan Begin Date	2100C DTP03	A/N	35	M	CCYYMMDD
Recipient DOD	2100C DTP03	A/N	35	O	CCYYMMDD

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
Special Program Eligibility	2110C EB01	ID	2	M	1=Active 6=Inactive D=Benefit Description F=Limitations I=Non-Covered U=Contact Entity V=Cannot Process IND=Individual
	2110C EB02	ID	3	O	30=Health Benefit Plan Coverage
	2110C EB03	ID	2	O	MC=Medicaid
	2110C EB04	ID	3	O	HS=Special Low Income Medicare Beneficiary QM=Qualified Medicare Beneficiary
Plan Name	2110C EB05	A/N	50	O	
Benefit Begin Date	2110C DTP03	A/N	35	O	CCYYMMDD
Message	2110C MSG01	A/N	264	O	72 character limitation
Patient Financial Responsibility	2110C EB01	ID	2	M	A=Co-Insurance B=Co-Payment C=Deductible IND=Individual
	2110C EB02	ID	3	O	"30" - Health Benefit Plan Coverage
	2110C EB03	ID	2	O	"33" - Chiropractic "47" - Hospital "48" - Hospital - Inpatient "50" - Hospital - Outpatient "86" - Emergency Services "98" - Professional (Physician) Visit - Office "UC" - Urgent Care
Plan Name	2110C EB05	A/N	50	O	Medicaid, Take Charge, Take Charge Plus Services, GNOCHC
Time Period Qualifier	2100C EB06	ID	2	O	25=Contract
Monetary Amount	2100C EB07	R	1	O	0 (zero) when EB01 = B

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
					or C
Percentage as Decimal	2100C EB08	R	1	0	0 (zero) when EB01 = A
Yes/No condition	2100C EB012	ID	1	0	W=Not Applicable. Used for In Plan and Out of Plan Networks
Lock In Eligibility	2110C EB04	ID	3	M	OT
	2110C EB03	ID	2	M	96=Physician (up to 4) 88=Pharmacy (up to 2) 45= Hospice
	2110C EB01	ID	2	M	N=Services Restricted to Following Provider D=Benefit Description U=Contact Entity
Lock-In Benefit Begin Date	2100C DTP03	A/N	35	0	CCYYMMDD
Hospice Message	2110C MGS01	A/N	264	0	"SERVICES MUST BE PROVIDED, COORDINATED & AUTHORIZED BY HOSPICE PROVIDER"
Lock In Last Name	2120C NM103	A/N	60	M	
Lock In First Name	2120C NM104	A/N	35	0	
Lock In Middle Initial	2120C NM105	A/N	25	0	
Lock In Title	2120C NM107	A/N	10	0	
Lock In Phone Number	2120C PER04	A/N	256	M	
	2120C PER01	ID	2	M	IC=Information Contact
HMO/Bayou Health/Dental Benefits Plan Eligibility	2110C EB04	ID	3	M	HM=HMO
	2110C EB03	ID	2	M	MC=Medicaid 1=Medical Care 35=Dental Care MH=Mental Health
	2110C EB05	A/N	50	M	PACE, BAYOU HEALTH PLAN, CSOC or DENTAL BENEFITS PLAN MANAGER

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
	2110C EB01	ID	2	M	MC=Managed Care Coordinator 1=Active Coverage
Benefit Begin Date	2100C DTP03	A/N	35	O	CCYYMMDD
HMO Message	2110C MSG01	A/N	264	O	"SERVICES MUST BE AUTHORIZED/PAID BY THE PACE PROVIDER" or "ELIGIBILITY RESPONSES ARE SUBJECT TO MEVS DISCLAIMER ON lamedicaid.com "
Primary Care Phys. Last Name	2120C NM103	A/N	60	M	
PCP First Name	2120C NM104	A/N	35	O	
PCP Middle Initial	2120C NM105	A/N	25	O	
PCP Title	2120C NM107	A/N	10	O	
PCP Phone Nbr	2120C PER04 2120C PER01	A/N ID	256 2	M M	IC=Information Contact
Dental Plan URL	2120 PER05 2120 PER06	ID AN	2 256	O O	UR=URL https://portal.MCNA.net
Case Manager	2110C EB04 2110C EB03 2110C EB01	ID ID ID	2 2 2	M O O	MC-Medicaid CQ-Case Management D- Benefit Description U-
Case Manager Benefit Begin Date	2100C DTP03	A/N	35	O	CCYYMMDD
Case Manager's Last Name	2120C NM103	A/N	60	M	
Case Manager's First Name	2120C NM104	A/N	35	O	
Case Manager's	2120C NM105	A/N	25	O	

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
Middle Initial					
Case Manager's Title	2120C NM107	A/N	10	O	
Case Manager's Phone Number	2120C PER04 2120C PER01	A/N ID	256 2	M M	IC=Information Contact
Service Limits – Physician Office Visits	2110C EB03 2110C EB04 2110C EB01	ID ID ID	2 3 2	M O M	98 MC - Medicaid "F"-Limitations
Service Limits – Home Health	2110C EB03 2110C EB04 2110C EB01	ID ID ID	2 3 2	M O M	44 MC-Medicaid F-Limitations
Service Limits – Emergency	2110C EB03 2110C EB04 2110C EB01	ID ID ID	2 3 2	M O M	86 MC-Medicaid F-Limitations
Quantity for each Above Services	2110C HSD02 2110C HSD01 2110C HSD03 2110C HSD05	R ID ID ID	15 2 2 2	M M O O	Number remaining FL=Units VS=Visits 29=Remaining
Service Limits Benefit Begin Date	2100C DTP03	A/N	35	O	CCYYMMDD
Private Insurance (Company Information)	2110C EB04 2110C EB01	ID ID	3 2	O M	C1=Commercial R=Other or Additional Payor
Insurance Number	2110C REF02 2110C REF01	A/N ID	50 3	M M	N6=Secondary Health Insurance Identification Number
Private Insurance Benefit Begin Date	2100C DTP03	A/N	35	O	CCYYMMDD
Insurance Company Name	2120C NM103 2120C NM101	A/N ID	65 3	M M	PR=Payor
Insurance Co. Street	2120C N301	A/N	55	M	

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
Insurance Co. City	2120C N401	A/N	30	M	
Insurance Co. State	2120C N402	ID	2	M	
Insurance Co. Zip Code	2120C N403	ID	15	M	
Occurs up to 4 times after each TPL loop above:					
Private Insurance (Policy Information)	2110C EB01	ID	2	M	R=Other or Add'l Payor
	2110C EB04	ID	3	M	IP=Individual Policy
	2110C EB05	A/N	50	O	Scope of Coverage Code
Policy Number	2110C REF02	A/N	50	M	IG=Insurance Policy Number
	2110C REF01	ID	3	M	
Policy Group Number	2110C REF02	A/N	50	M	6P=Group Number
	2110C REF01	ID	3	M	
Policy Holder Last Name	2120C NM103	A/N	65	M	IL=Insured or Subscriber
	2120C NM101	ID	3	M	
Policy Holder First Name	2120C NM104	A/N	35	O	
Policy Holder Middle Initial	2120C NM105	A/N	25	O	

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
Benefit Coverage	2110C EB01	ID	2	M	1-Active IND=Individual 1 – Medical Care 33 - Chiropractic 35 – Dental Care 47 – Hospital 48 – Hospital – Inpatient 50 – Hospital - Outpatient 86 – Emergency Services 88 - Pharmacy 98 – Professional (Physician) Visit - Office AL – Vision (Optometry) MH – Mental Health UC – Urgent Care MC=Medicaid
	2110C EB02	ID	3	O	
	2110C EB03	ID	2	O	
	2110C EB04	ID	3	O	

2. MEVS Edit (Reject) Crosswalk

The MEVS Edit (reject) codes crosswalk is shown below in *MEVS Edit (Reject) Codes Crosswalk*.

MEVS Edit (Reject) Codes Crosswalk

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
Any X12 error	2000A	N	42	C
System not up processing	2000A	Y	42	R
SQL Error	2100C	Y	42	R

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
Card Control Number entered, but no Date of Birth or Social Security Number	2100C	N	58	C
	2100C	N	72	C
Recipient ID entered, but no Date of Birth, Social Security Number or Last Name Entered	2100C	N	58	C
	2100C	N	72	C
	2100C	N	73	C
Last Name entered, but no Date of Birth or Social Security Number entered.	2100C	N	58	C
	2100C	N	72	C
No Card Control Number, Recipient ID, Last Name or Social Security Number Entered	2100C	N	72	C
	2100C	N	73	C

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
Social Security Number entered, but no Date of Birth.	2100C	N	58	C
No unique match on name.	2100C	N	73	C
Query returns more than one record.	2100C	N	72	C
Query returned no records	2100C	Y	42	R
Vendor ID is invalid	2100A	N	79	C
Provider number missing or not numeric	2100B	N	43	C
Provider ID invalidly	2100B	N	43	C

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
formatted				
NPI not correct length	2100B	N	43	C
Zip code not correct length	2100B	N	43	C
NPI/NPI + Taxonomy/NPI + Zip Code/ NPI + Medicaid ID not on file	2100B	N	43	C
Provider/ Attending Provider not on file	2100B	Y	51	C
Provider not eligible on dates of service	2100B	Y	50	C
Card Control Number	2100C	N	72	C

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
missing/invalid				
Recipient Number invalidly formatted	2100C	N	72	C
Recipient Name missing Last or First Name	2100C	N	73	C
Social Security Number missing/invalid	2100C	N	15	C
Date of Birth missing or invalid	2100C	N	58	C
Service date missing/invalid	2100C	N	57	C
Service Date not within allowable inquiry period	2100C	N	62	C

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
Service date may not exceed last day of current month	2100C	N	62	C
Inappropriate Date (Date Format Qualifier)	2100C	Y	56	C
Recipient not on file	2100C	Y	75	C
Recipient ineligible/deceased (when DOD < Plan Date)	2100C	Y	61	C
Recipient not eligible on Plan Date		No edit code to be returned. Instead, EB01 will be set to '6' - Inactive (Loop 2110C)		
Dual Eligibility message in clarification message		No edit code to be returned. Instead, EB01 will be set to 'V' – Cannot Process (Loop		

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
		2110C)		
Lock In Provider not on file in clarification message		No edit code to be returned. Instead, EB01 will be set to 'V' – Cannot Process (Loop 2110C)		
PCP Provider not on file		No edit code to be returned. Instead, EB01 will be set to 'V' – Cannot Process (Loop 2110C)		
Insurance Errors	2110C	Y	15	N

3. Marketing

Provider Information Available To Vendors

Information regarding Louisiana Medicaid providers will be available to vendors on a “one time” basis. A signed contract for Louisiana MEVS is required in order to receive provider information. Vendors may indicate their desire for this information on the registration form provided in this document. The provider information will include:

- Provider Name

- Provider Address
- Provider Telephone Number
- Provider Type.

Provider information selection will be based on claim volume within the last twelve months.

Vendor Marketing Material Approval

The following procedures are suggested for Vendor marketing material approval to ensure a timely and consistent response.

- Prerequisite -
 - ▮ Signed contract for LA MEVS between the Vendor and Gainwell Technologies
 - ▮ Communications link to WRSC must be established or in process
- ♦ Vendor must demonstrate ability to provide MEVS information to the Provider community, through completion of testing process, or reasonable progress in the test phase.
- Materials must be submitted thirty (30) days prior to the Vendor production implementation date.
- Materials must be submitted to Gainwell Technologies Louisiana staff and a designated person from LDH, and may be in electronic or “hard copy” form.
- The vendor must designate a contact and the preferred method of obtaining the decision on materials (i.e., e-mail, letter).
- Gainwell Technologies and LDH staff will have two (2) weeks from the receipt of the materials to review the documents.
- If changes to the materials are necessary, Gainwell Technologies and LDH reserve the option to review the materials after recommended changes have been made.
- No marketing materials may be released to the provider community without LDH approval.

4. Problem Resolution

MEVS Availability

The availability of MEVS is 24 hours a day, seven days a week, except the time needed for file updates and system maintenance.

Problem Escalation Procedures

In the event of problems involving the MEVS application, a problem resolution procedure will be followed to ensure that the problem is resolved as quickly and effectively as possible.

Gainwell Technologies WRSC personnel are available 7 X 24 and are familiar with various MEVS applications. The WRSC operations telephone number will be published to Vendors. Certain details are helpful when notifying WRSC of a problem:

When reporting the problem, please specify:

- 1) application by state and type
- 2) vendor ID
- 3) time the problem began and ended or ongoing
- 4) effect the problem is having on other applications, if any
- 5) any data related problem, if any (a particular provider is experiencing a problem).

5. Glossary

ANSI	American National Standards Institute
ASC	Accredited Standards Committee
BIN	Banking Identification number
CCN	Coordinated Care Network (Bayou Health)
CSOC	Coordinated System of Care
LDH	Louisiana Department of Health
DOB	Date of Birth
DOS	Date of Service
EPSDT	Early Periodic Screening and Diagnostic Treatment
HIPAA	Health Insurance Portability and Accountability Act of 1996
HMO	Health Maintenance Organization
MC	Managed Care
LMMIS	Louisiana Medicaid Management Information System
MEVS	Medicaid Eligibility Verification System
MMIS	Medicaid Management Information System
NAEC	North American Enterprise Computing
NPI	National Provider Identification
PACE	Program of All-Inclusive Care for the Elderly
PC	Personal Computer
PCP	Primary Care Physician
POS	Point of Service
SSN	Social Security Number
TPL	Third Party Liability

6. Change SummaryCONTROLLED COPIES ISSUED BY:EDI Solutions Group

<u>Revision</u>	<u>Revision Description</u>	<u>Approval</u>	<u>Date</u>
1.0	Initial Release	N. Alford	04/11/2003
1.1	Updates made for work associated with PR2902.	N. Alford	08/06/2004
1.2	Updates made for work associated with PRs 2915 and 2916	N. Alford	08/31/2004
1.3	Updates made for work associated with CRs 2957 and 2958	N. Alford	03/29/2006
1.4	Updates made for NPI (CR2974)	N. Alford	04/17/2007
1.4	Updates related to LDH Core Team Comments for NPI.	C. Daniel	05/08/2007
1.4	Deleted references to version 3040.	N. Alford, K. Olson	05/18/2007
1.5	Updated Sections 1.0, 11.2 and 13.0 per LDH Core Team request.	C. Daniel	5/28/2007
1.6	Updates to program messages (kao)	N. Alford, C. Daniel	11/18/2008
1.7	Updates to Medicare messages (kao)	N. Alford	01/28/2009
1.8	Updates made for work associated with CRs 3053 and 3057 – Information Receiver (kao)	N. Alford	04/06/2009
1.9	Add ROW message, Molina Branding (kao)	N. Alford	08/24/2010
1.10	Add Co-Care Network messages (kao)	N. Alford	09/23/2010
1.11	Replace code specific Molina branding references; remove Co-Care references – CR0118 (kao)	N. Alford	12/14/2010
1.11	Add GN0CHC messages – CR121 (kao)	N. Alford	12/14/2010
2.0	ANSI ASC X12 version 5010A1 updates – CR131 (kao)	M. Luettel	05/24/2011

2.1	Backfit maintenance LIFTS 7474, 7500, 7562 and 6666 – CR131 (kao)	M. Luettel	08/12/2011
2.2	Back out LIFTS 7500 and 7562, per Anita Mosley – CR131 (kao)	M. Luettel	08/24/2011
2.3	Bayou Health Provider Qualifier changed to Y2, per UAT of LIFT 6666 – CR131 (kao)	M. Luettel	09/26/2011
2.4	LACHIP Dental; Bayou Health name change (kao)	M. Luettel	01/30/2012
2.5	Disclaimer for Bayou Health future eligibility – CR148 (kao)	M. Luettel	02/27/2012
2.5	Behavioral Health – CR149 (kao)	M. Luettel	02/29/2012
2.6	Modified line install contact info (kao)	M. Luettel	12/13/2012
2.7	Re-formatted in accordance with LIFT 8734 (CAQH) and incorporated substantive changes made by Karen Olson.	R. Sheehan	01/29/2013
2.8	Remove Community Care references per Pam Rosette; add CAQH Core new fields.	K. Olson	03/26/2013
2.9	Scope of coverage codes added to EB05 – LIFT 8965, CR178	K. Olson	12/12/2013
3.0	Incarcerated DOC messages – LIFT 9562, CR193	K. Olson	07/01/2014
3.1	Take Charge Plus Services – LIFT 9533, CR195	K. Olson	08/28/2014
3.2	Remove LAHIPP – LIFT 9877, CR208	K. Olson	02/02/2015
3.3	Bayou Health transition – LIFT 10032, CR226	K. Olson	11/17/2015
3.4	Add Invalid Address in MEVS msg – Closure code 141 LIFT10560 (dpc)	K. Olson	08/22/2016
3.4	Rebranded Molina → DXC – LIFT 11467	R. Sheehan	12/3/18
3.5	Put Karen Olson in place of John Dempsey	K. Grimes	06/14/2019
3.5	Rebranded DXC to Gainwell – LIFT 12081	K. Woudenberg	01/07/2021
3.6	Long Term Care Facility Info – ECHO 5388	K. Woudenberg	08/11/2023