

Molina Medicaid Solutions

**Louisiana Medicaid
Management Information Systems
(LA MMIS)
Vendor Specifications Document
for the
Medicaid Eligibility Verification System
(MEVS)**

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**Version 2.5
EDI-VSD-LA-MEVS**

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1.0 INTRODUCTION

The Molina Medicaid Solutions/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. 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 Department of Health and Hospitals (DHH) 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 chose. 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 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.

2.0 ELIGIBILITY VERIFICATION 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 Molina Medicaid Solutions and commercial network vendors is required to accomplish this goal. Molina Medicaid Solutions 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 Molina Medicaid Solutions and DHH 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. Molina Medicaid Solutions 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)
 - ◆ CC (Community Care information)
- Payor Information
 - ◆ Medicaid
 - ◆ TPL (Third Party Liability information)
 - ◆ Medicare Eligibility
 - ◆ Spenddown

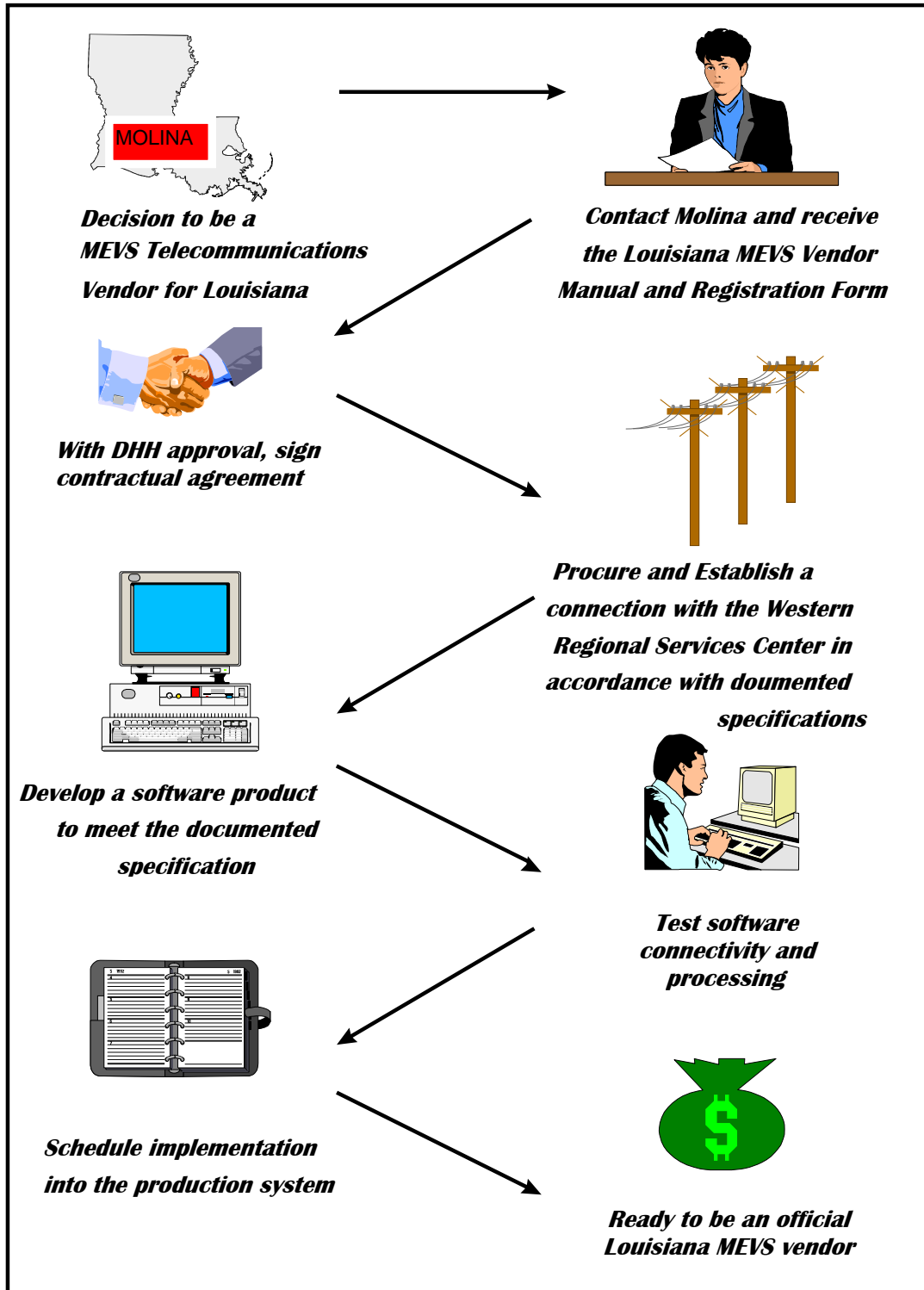
3.0 MEVS VENDOR QUALIFICATION REQUIREMENTS

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 Molina Medicaid Solutions.
2. After DHH approval, prospective vendor must sign a telecommunications contract with Molina Medicaid Solutions.
3. Vendor must comply with communications specifications (section 5).

4.0 MEVS OPERATIONS SERVICES AND PROCEDURES

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



4.1 Registration Form Information

The vendor registration form notifies Molina Medicaid Solutions 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 Molina Medicaid Solutions. 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 Molina Medicaid Solutions regarding the submittal of transactions through the DHH MEVS program.

Please mail the Vendor Registration form to:

Molina Medicaid Solutions
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)				

4.2 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:

Molina Medicaid Solutions

Kermit Patty:

Phone: (225) 216-6241

Fax Number: (225) 216-6373

E-Mail Address: Kermit.PattyJr@Molinahealthcare.com

5.0 MEVS VENDOR COMMUNICATIONS SPECIFICATIONS

The following paragraphs describe the Vendor Communications Specifications.

5.1 Requirements for Network Communications

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

Telecommunications coordination can begin prior to the execution of a Trading Partner agreement with approval from MMS 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 Molina Medicaid Solutions 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.

The third section addresses the establishment of a connection to Molina Medicaid Solutions and the transmission of transactions.

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

5.2 Dedicated Lines

Network vendors are required to provide telecommunications connectivity from their sending facilities to the Unisys NAEC in Salt Lake City, 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 MMS 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 MMS. Standard phone wiring will be used unless special arrangements are established prior to installation.

5.3 WAN Protocols for TCP Connections

MMS 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 MMS side of the router. The vendor and MMS 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 MMS is limited to ensure that all networks are provided equitable service. Normally, network vendors are limited to four (4) connections to each MMS 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 MMS. The specific port number for a network vendor will be assigned by MMS. No other TCP service port should be used.

5.4 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, MMS will send all packets for a response together. Packets from different responses will not be intermingled.

All MMS 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.

MMS 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, MMS 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 MMS 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 MMS system, but the MMS 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 MMS 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.

5.5 Request/Response Formatting

All MEVS transactions and responses must be placed in envelopes. Transactions submitted by network switches to MMS 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 MMS.
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 MMS prior to installation.

5.6 Default Response Formats

There are situations where Molina Medicaid Solutions 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 Molina Medicaid Solutions 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.

5.7 Coordination with Molina Medicaid Solutions

The contact point for coordination of the line parameters and connections is John Dempsey or Kermit Patty:

Molina Medicaid Solutions

John Dempsey:

Phone: (805) 389-1778

E-Mail Address: john.dempsey@Molinahealthcare.com

Molina Medicaid Solutions

Kermit Patty:

Phone: (225) 216-6241

E-Mail Address: kermit.pattyjr@Molinahealthcare.com

The contact point for line installation is Scott Totman, (801) 386-4822.

6.0 MEVS ANSI ELIGIBILITY TRANSACTION SPECIFICATIONS

6.1 270 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 in Table 6-1.1, *Eligibility Inquiry (270) Data Elements*.

Table 6-1.1. Eligibility Inquiry (270) Data Elements

HIPAA –270 Data Element	SIZE MIN/MAX	MAND/OPT.	NOTES
INTERCHANGE CONTROL HEADER			
Authorization Info Qualifier ISA01 DED I01	2/2 ID	M	Constant of “00”
Authorization Information ISA02 DED I02	10/10 AN	M	Not meaningful, spaces or zeroes
Security Info Qualifier ISA03 DED I03	2/2 ID	M	Constant of “00”
Security Information ISA04 DED I04	10/10 AN	M	To identify the security information about the interchange sender or the data in the interchange Not meaningful, spaces or zeroes
Interchange ID Qualifier ISA05 DED I05	2/2 ID	M	Constant of ZZ
Interchange Sender ID ISA06 DED I06	15/15 AN	M	Variable – Vendor ID
Interchange ID Qualifier ISA07 DED I05	2/2 ID	M	Constant of ZZ

HIPAA –270 Data Element	SIZE MIN/MAX	MAND/OPT.	NOTES
Interchange Receiver ID ISA08 DED I07	15/15 AN	M	610551 (BIN Number)
Interchange Date ISA09 DED I08	6/6 DT	M	YYMMDD format
Interchange Time ISA10 DED I09	4/4 TM	M	HHMM format
Repetition Separator ISA11 DED I65	1/1	M	This field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator and the segment terminator. Value is ASCII character 94.
Interchange Control Version Number ISA12 DED I11	5/5 ID	M	Constant of “00501”
Interchange Control Number ISA13 DED I12	9/9 N0	M	Must match IEA02
Acknowledgment Requested ISA14 DED I13	1/1 ID	M	0 – No Acknowledgment Requested
Interchange Usage Indicator ISA15 DED I14	1/1	M	P - Production Data T – Test Data
Component Element Separator ISA16 DED I15	1/1 ID	M	This field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator. Value is ASCII character <us>.

HIPAA –270 Data Element	SIZE MIN/MAX	MAND/OPT.	NOTES
FUNCTIONAL GROUP HEADER		M	
Functional Identifier code GS01 DED 479	2/2 ID	M	Constant of “HS” - 270
Application Sender’s Code GS02 DED 142	2/15 AN	M	Code identifying party sending transmission Vendor ID, minimum first three characters of current transaction submissions
Application Receiver’s Code GS03 DED 124	2/15 AN	M	Code identifying party receiving transmission ‘610551’
Date GS04 DED 373	8/8 DT	M	CCYYMMDD format
Time GS05 DED 337	4/8 TM	M	HHMM format
Group Control Number GS06 DED 28	1/9 N0	M	Must match GE02. Assigned number originated and maintained by the sender
Responsible Agency Code GS07 DED 455	1/2 ID	M	Constant of “X” – Accredited Standards Committee X12
Version/Release/Industry Identifier Code GS08 DED 480	1/12 AN	M	Constant of “005010X279A1”
TRANSACTION SET HEADER		M	*****
Transaction Set Identifier Code ST01 DED 143	3/3 ID	M	Constant of “270” - Eligibility, Coverage or Benefit inquiry

HIPAA –270 Data Element	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Transaction Set Control Number ST02 DED 329	4/9 AN	M	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. Must match SE02.
Implementation Convention Reference ST03 DED 1705	1/35 AN	M	Reference assigned to identify Implementation Convention. Contains the same value as GS08 – 005010X279A1.
BEGINNING OF HIERARCHICAL TRANSACTION		M	*****
Hierarchical Structure Code BHT01 DED 1005	4/4 ID	M	Constant of “0022” – Information Source, Information Receiver, Subscriber, Dependent
Transaction Set Purpose Code BHT02 DED 353	2/2 ID	M	Constant of “13” - Request
Reference Identification BHT03 DED 127	1/50 AN	O	Number assigned by the originator to identify the transaction within the originator’s business application system
Date BHT04 DED 373	8/8 DT	M	Transaction Set Creation Date in format CCYYMMDD
Time BHT05 DED 337	4/8 TM	M	Transaction Set Creation Time in format HHMM
INFORMATION SOURCE LEVEL		M	*****
Hierarchical ID Number Loop 2000A HL01 DED 628	1/12 AN	M	Constant of “1” - Hierarchical ID Number

HIPAA –270 Data Element	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Hierarchical Level Code HL03 DED 735	1/2 ID	M	Constant “20” – Information Source
Hierarchical Child Code HL04 DED 736	1/1 ID	M	Constant “1” – Additional Subordinate HL Data Segment in this Hierarchical structure
INFORMATION SOURCE NAME		M	*****
Entity Identifier Code Loop 2100A NM101 DED 98	2/3 ID	M	Constant of “PR” Payer
Entity Type Qualifier Loop 2100A NM102 DED 1065	1/1 ID	M	Constant of “2” Non-Person Entity
Name Last or Organization Name Loop 2100A NM103 DED 1035	1/60 AN	M	Constant of “MOLINA LAMMIS”
Identification Code Qualifier Loop 2100A NM108 DED 66	1/2 ID	M	Constant of “PI” Payor identification
Identification Code Loop 2100A NM109 DED 67	2/80 AN	M	Constant of ‘610551’ (BIN number)
INFORMATION RECEIVER LEVEL		M	*****

HIPAA –270 Data Element	SIZE MIN/MAX	MAND/OPT.	NOTES
Hierarchical ID Number Loop 2000B HL01 DED 628	1/12 AN	M	Constant of “2” - Hierarchical ID Number
Hierarchical Parent ID Number Loop 2000B HL02 DED 734	1/12 AN	M	Identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. Constant “1”.
Hierarchical Level Code Loop 2000B HL03 DED 735	1/2 ID	M	Constant “21” – Information Receiver
Hierarchical Child Code Loop 2000B HL04 DED 736	1/1 ID	M	Constant “1” – Additional Subordinate HL Data Segment in this Hierarchical structure
INFORMATION RECEIVER NAME (PROVIDER)		M	*****
Entity Identifier Code Loop 2100B NM101 DED 98	2/3 ID	M	Constant of “1P” Provider
Entity Type Qualifier Loop 2100B NM102 DED 1065	1/1 ID	M	“1” Person “2” Non-person entity
Name Last or Organization Name Loop 2100B NM103 DED 1035	1/60 AN	M	Last name, if person Organization name if non-person entity

HIPAA –270 Data Element	SIZE MIN/MAX	MAND/OPT.	NOTES
Name First Loop 2100B NM104 DED 1036	1/35 AN	O	First name, if NM102 is “1”
Name Middle Loop 2100B NM105 DED 1037	1/25 AN	O	Middle name, if NM102 is “1”
Name Suffix Loop 2100B NM107 DED 1039	1/10 AN	O	Use only if NM102 is “1”; example “SR”, “JR” or “III”
Identification Code Qualifier Loop 2100B NM108 DED 66	1/2 ID	M	“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)
Identification Code Loop 2100B NM109 DED 67	2/80 AN	M	Identification Code - NPI or Provider Number
INFORMATION RECEIVER ADDITIONAL INFORMATION (PROVIDER)		O	*****
Reference Identification Qualifier Loop 2100B REF01 DED 128	2/3 ID	M	“1D” – Medicaid Provider Number
Reference Identification Loop 2100B REF02 DED 127	1/50 AN	M	Seven digit Medicaid ID (to be used when NPI + Taxonomy Code or NPI + Zip Code do not point to a unique Medicaid ID)

HIPAA –270 Data Element	SIZE MIN/ MAX	MAND/ OPT.	NOTES
INFORMATION RECEIVER CITY/STATE/ZIP CODE (PROVIDER)		O	*****
City Name Loop 2100B N401 DED 19	2/30 AN	M	City Name
State or Province Code Loop 2100B N402 DED 156	2/2 ID	M	Two character State Code
Postal Code Loop 2100B N403 DED 116	3/15 ID	M	Nine digit Zip Code – to be used if registered with NPI plus zip code
INFORMATION RECEIVER PROVIDER INFORMATION		O	*****
Provider Code Loop 2100B PRV01 DED 1221	1/3 ID	M	“SB” Submitting
Reference Identification Qualifier Loop 2100B PRV02 DED 128	2/3 ID	M	“PXC” Health Care Provider Taxonomy Code
Reference Identification Loop 2100B PRV03 DED 127	1/50 AN	M	Provider Taxonomy Code – to be used if registered with NPI plus taxonomy code

HIPAA –270 Data Element	SIZE MIN/ MAX	MAND/ OPT.	NOTES
SUBSCRIBER LEVEL		M	*****
Hierarchical ID Number Loop 2000C HL01 DED 628	1/12 AN	M	Constant of “3”
Hierarchical Parent ID Number Loop 2000C HL02 DED 734	1/12 AN	M	Identifies the Hierarchical ID number of the HL segment to which the current HL segment is subordinate. Constant of “2”
Hierarchical Level Code Loop 2000C HL03 DED 735	1/2 ID	M	Constant “22” – Subscriber
Hierarchical Child Code Loop 2000C HL04 DED 736	1/1 ID	M	“0” – No Subordinate HL Segment in this Hierarchical structure
SUBSCRIBER TRACE NUMBER		M	*****
Trace Type Code Loop 2000C TRN01 DED 481	1/2 ID	M	Constant “1” Current Transaction Trace Numbers
Reference Identification Loop 2000C TRN02 DED 127	1/50 AN	M	Vendor trace number is currently submitted in the transaction envelope. If it is present in the 270, it must be returned in the 271. The current format is a three-character vendor ID followed by a 6 digit tracking number.
Originating Company Identifier Loop 2000C TRN03 DED 509	10/10 AN	M	Identifies an organization.

HIPAA –270 Data Element	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Reference Identification Loop 2000C TRN04 DED 127	1/50 AN	O	Use if needed to further identify a specific division or group within that organization that was responsible for assigning the trace or reference number.
SUBSCRIBER NAME		M	*****
Entity Identifier Code Loop 2100C NM101 DED 98	2/3 ID	M	Constant “IL” Insured or Subscriber
Entity Type Qualifier Loop 2100C NM102 1065	1/1 ID	M	Constant “1” Person
Name Last or Organization Name Loop 2100C NM103 DED 1035	1/60 AN	O	Last name required if access method includes recipient name
Name First Loop 2100C NM104 DED 1036	1/35 AN	O	First name required if access method includes recipient name
Name Middle Loop 2100C NM105 DED 1037	1/25 AN	O	Middle name, if NM102 is “1”
Name Suffix Loop 2100C NM107 DED 1039	1/10 AN	O	Use only if NM102 is “1”; example “SR”, “JR” or “III”
Identification Code Qualifier Loop 2100C NM108 DED 66	1/2 ID	O	When access method includes recipient ID Constant ‘MI’ Member Identification Number

HIPAA –270 Data Element	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Identification Code Loop 2100C NM109 DED 67	2/80 AN	O	Recipient ID
SUBSCRIBER ADDITIONAL IDENTIFICATION – SSN		O	*****
Reference Identification Qualifier Loop 2100C REF01 DED 128	2/3 ID	M	When access method includes SSN Constant “SY“ Social Security Number
Reference Identification Loop 2100C REF02 DED 127	1/50 AN	M	Recipient SSN
SUBSCRIBER ADDITIONAL IDENTIFICATION – Card Control Number		O	*****
Reference Identification Qualifier Loop 2100C REF01 DED 128	2/3 ID	M	When access method includes Card Control Number Constant “HJ” – Identity Card Number
Reference Identification Loop 2100C REF02 DED 127	1/50 AN	M	Card Control Number

HIPAA –270 Data Element	SIZE MIN/ MAX	MAND/ OPT.	NOTES
SUBSCRIBER DEMOGRAPHIC INFORMATION - DOB		O	*****
Date Time Period Format Qualifier Loop 2100C DMG01 DED 1250	2/3 ID	M	When access method includes Date of Birth Constant “D8” date format CCYYMMDD
Date Time Period Loop 2100C DMG02 DED 1251	1/35	M	Recipient Date of Birth CCYYMMDD format
SUBSCRIBER DATE – Plan Date		O	***** 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.
Date/Time Qualifier Loop 2100C DTP01 DED 374	3/3 ID	M	Plan Date is specified for all access methods (eligibility inquiries). Constant “291” Plan
Date Time Period Format Qualifier Loop 2100C DTP02 DED 1250	2/3 ID	M	Constant “D8”
Date Time Period Loop 2100C DTP03 DED 1251	1/35 AN	M	Plan Date expressed in format CCYYMMDD
SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY		O	*****

HIPAA –270 Data Element	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Service Type Code Loop 2110C EQ01 DED 1365	1/2 ID	M	Constant ‘30’ - Health Benefit Plan Coverage
TRANSACTION SET TRAILER		M	*****
Number of Included Segments SE01 DED 96	1/10 N0	M	Total number of segments included in a transaction set including the ST and SE segments
Transaction Set Control Number SE02 DED 329	4/9 AN	M	Must match ST02
FUNCTIONAL GROUP TRAILER		M	*****
Number of Transaction Sets Included GE01 DED 97	1/6 N0	M	Total number of transaction sets in the functional group or interchange group terminated by the trailer containing this data element
Group Control Number GE02 DED 28	1/9 N0	M	Assigned number originated and maintained by the sender. Must match GS06.
INTERCHANGE CONTROL TRAILER		M	*****
Number of Included Functional Groups IEA01 DED I16	1/5 N0	M	Constant of “1”

HIPAA –270 Data Element	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Interchange Control Number IEA02 DED I12	9/9 N0	M	A control number assigned by the interchange sender

6.2 271 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 in Table 6.2-1, *Eligibility Output (271) Data Elements*.

Table 6.2-1. Eligibility Output (271) Data Elements

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
INTERCHANGE CONTROL HEADER		M	*****
Authorization Info Qualifier ISA01 DED I01	2/2 ID	M	Constant of “00”
Authorization Information ISA02 DED I02	10/10 AN	M	Not meaningful, zeroes or spaces
Security Info Qualifier ISA03 DED I03	2/2 ID	M	Constant of “00”
Security Information ISA04 DED I04	10/10 AN	M	To identify the security information about the interchange sender or the data in the interchange Not meaningful, zeroes or spaces
Interchange ID Qualifier ISA05 DED I05	2/2 ID	M	Constant of ZZ
Interchange Sender ID ISA06 DED I06	15/15 AN	M	610551 BIN Number
Interchange ID Qualifier ISA07 DED I05	2/2 ID	M	Constant of ZZ
Interchange Receiver ID ISA08 DED I07	15/15 AN	M	Variable - Vendor ID

HIPAA – 271 DATA ELEMENT	SIZE MIN/MAX	MAND/OPT.	NOTES
Interchange Date ISA09 DED I08	6/6 DT	M	YYMMDD format
Interchange Time ISA10 DED I09	4/4 TM	M	HHMM format
Repetition Separator ISA11 DED I65	1/1	M	This field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator and the segment terminator. Value is ASCII character 94.
Interchange Control Version Number ISA12 DED I11	5/5 ID	M	Constant of “00501”
Interchange Control Number ISA13 DED I12	9/9 N0	M	Must match IEA02
Acknowledgment Requested ISA14 DED I13	1/1 ID	M	0 – No Acknowledgment Requested
Interchange Usage Indicator ISA15 DED I14	1/1 ID	M	P - Production Data T – Test Data
Component Element Separator ISA16 DED I15	1/1	M	ASCII character <us>
FUNCTIONAL GROUP HEADER		M	*****
Functional Identifier code GS01 DED 479	2/2 ID	M	Constant of “HB” – 271

HIPAA – 271 DATA ELEMENT	SIZE MIN/MAX	MAND/OPT.	NOTES
Application Sender's Code GS02 DED 142	2/15 AN	M	Code identifying party sending transmission 610551 BIN Number
Application Receiver's Code GS03 DED 124	2/15 AN	M	Code identifying party receiving transmission Vendor ID
Date GS04 DED 373	8/8 DT	M	CCYYMMDD format
Time GS05 DED 337	4/8 TM	M	HHMM format
Group Control Number GS06 DED 28	1/9 N0	M	Must match GE02. Assigned number originated and maintained by the sender
Responsible Agency Code GS07 DED 455	1/2 ID	M	Constant of "X" – Accredited Standards Committee X12
Version/Release/ Industry Identifier Code GS08 DED 480	1/12 AN	M	Constant of "005010X279A1"
TRANSACTION SET HEADER		M	*****

HIPAA – 271 DATA ELEMENT	SIZE MIN/MAX	MAND/OPT.	NOTES
Transaction Set Identifier Code ST01 DED 143	3/3 ID	M	Constant of “271“ Eligibility, Coverage or Benefit information
Transaction Set Control Number ST02 DED 329	4/9 AN	M	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. Must match SE02.
Implementation Convention Reference ST03 DED 1705	1/35 AN	M	Reference assigned to identify Implementation Convention. Contains the same value as GS08 – 005010X279A1.
BEGINNING OF HIERARCHICAL TRANSACTION		M	*****
Hierarchical Structure Code BHT01 DED 1005	4/4 ID	M	Constant of “0022” – Information Source, Information Receiver, Subscriber, Dependent
Transaction Set Purpose Code BHT02 DED 353	2/2 ID	M	Constant of “11” – Response
Reference Identification BHT03 DED 127	1/50 AN	O	Number assigned by the originator to identify the transaction within the originator’s business application system. Must match BHT03 in the 270.
Date BHT04 DED 373	8/8 DT	M	Transaction Set Creation Date, in CCYYMMDD format

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Time BHT05 DED 337	4/8 TM	M	Transaction Set Creation Time, in HHMM format
INFORMATION SOURCE LEVEL – HIERARCHICAL LEVEL		M	*****
Hierarchical Identification Number Loop 2000A HL01 DED 628	1/12 AN	M	Constant of “1” - Hierarchical ID Number
Hierarchical Level Code HL03 Loop 2000A DED 735	1/2 ID	M	Constant “20” – Information Source
Hierarchical Child Code HL04 Loop 2000A DED 736	1/1 ID	M	Constant “1” – Additional Subordinate HL Data Segment in this Hierarchical structure
REQUEST VALIDATION		O	*****
Yes/No Condition or Response Code Loop 2000A AAA01	1/1 ID	M	This segment will be returned when the system or application is not able to process the transaction. Constant “N” Use this code to indicate that the

HIPAA – 271 DATA ELEMENT	SIZE MIN/MAX	MAND/OPT.	NOTES
DED 1073			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.
Reject Reason Code Loop 2000A AAA03 DED 901	2/2 ID	M	“42” Unable to Respond at Current Time
Follow-up Action Code Loop 2000A AAA04 DED 889	1/1 ID	M	Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable). “N” - Resubmission Not Allowed “C” – Please Correct and Resubmit “P” – Please Resubmit Original Transaction
INFORMATION SOURCE NAME		M	*****
Entity Identifier Code Loop 2100A NM101 DED 98	2/3 ID	M	Constant “PR“ Payer
Entity Type Qualifier Loop 2100A NM102 DED 1065	1/1 ID	M	Constant “2” Non-Person Entity
Name Last or	1/60	M	Constant “MOLINA LAMMIS”

HIPAA – 271 DATA ELEMENT	SIZE MIN/MAX	MAND/OPT.	NOTES
Organization Name Loop 2100A NM103 DED 1035	AN		
Identification Code Qualifier Loop 2100A NM108 DED 66	1/2 ID	M	Constant “PI “ Payor Identification
Identification Code Loop 2100A NM109 DED 67	2/80 AN	M	Constant of ‘610551’ BIN number
REQUEST VALIDATION		O	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.
Yes/No Condition or Response Code Loop 2100A AAA01 DED 1073	1/1 ID	M	Information will be sent in this section when a transaction is received from an unauthorized vendor. Constant “Y“ - Yes
Reject Reason Code Loop 2100A AAA03 DED 901	2/2 ID	M	Constant “79” Invalid Participant Identification: Error in GS02

HIPAA – 271 DATA ELEMENT	SIZE MIN/MAX	MAND/OPT.	NOTES
Follow-up Action Code Loop 2100A AAA04 DED 889	1/1 ID	M	“N “ - Resubmission Not Allowed “C” – Please correct and resubmit
INQUIRING PROVIDER INFORMATION			
INFORMATION RECEIVER LEVEL		M	*****
Hierarchical ID Number Loop 2000B HL01 DED 628	1/12 AN	M	Constant of “2”
Hierarchical Parent ID Number Loop 2000B HL02 DED 734	1/12 AN	M	Constant “1”
Hierarchical Level Code HL03 Loop 2000B DED 735	1/2 ID	M	Constant “21” – Information Source
Hierarchical Child Code HL04 Loop 2000B DED 736	1/1 ID	M	Constant “1” – Additional Subordinate HL Data Segment in this Hierarchical structure

HIPAA – 271 DATA ELEMENT	SIZE MIN/MAX	MAND/OPT.	NOTES
INFORMATION RECEIVER NAME		M	*****
Entity Identifier Code Loop 2100B NM101 DED 98	2/3 ID	M	Constant “1P” Provider
Entity Type Qualifier Loop 2100B NM102 DED 1065	1/1 ID	M	“1” Person “2” Non-Person Entity
Name Last or Organization Name Loop 2100B NM103 DED 1035	1/60 AN	O	Provider’s Last Name or Organization Name
Name First Loop 2100B NM104 DED 1036	1/35 AN	O	Use if NM102 is “1”
Name Middle Loop 2100B NM105 DED 1037	1/25 AN	O	Use if NM102 is “1”
Name Suffix Loop 2100B NM107 DED 1039	1/10 AN	O	Use if NM102 is “1”

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Identification Code Qualifier Loop 2100B NM108 DED 66	1/2 ID	M	“XX” – NPI “SV” - Service Provider Number (for atypical providers) “PI” – Payor Identification
Identification Code Loop 2100B NM109 DED 67	2/80 AN	M	LA MMIS Provider ID = NPI or Provider Number
INFORMATION RECEIVER ADDITIONAL IDENTIFICATION – PROVIDER PHONE NUMBER		O	*****
Reference Identification Qualifier Loop 2100B REF01 DED 128	2/3 ID	M	Used to return the provider phone number Constant “EO” – Submitter Identification Number
Reference Identification Loop 2100B REF02 DED 127	1/50 AN	M	Provider Phone Number

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
INFORMATION RECEIVER ADDITIONAL IDENTIFICATION – PROVIDER MEDICAID ID		O	*****
Reference Identification Qualifier Loop 2100B REF01 DED 128	2/3 ID	M	“ID” – Medicaid Provider Number
Reference Identification Loop 2100B REF02 DED 127	1/50 AN	M	Medicaid Provider ID
INFORMATION RECEIVER CITY, STATE, ZIP CODE		O	*****
City Name Loop 2100B N401 DED 19	2/30 AN	M	Provider City Name
State or Province Code Loop 2100B N402 DED 156	2/2 ID	M	Provider State

HIPAA – 271 DATA ELEMENT	SIZE MIN/MAX	MAND/OPT.	NOTES
Postal Code Loop 2100B N403 DED 116	3/15 ID	M	Provider Zip Code
INFORMATION RECEIVER PROVIDER INFORMATION		O	*****
Provider Code Loop 2100B PRV01 DED 1221	1/3 ID	M	Constant “SB” - Submitting
Reference ID Qualifier Loop 2100B PRV02 DED 128	2/3 ID	M	Constant “PXC” – Health Care Provider Taxonomy Code
Reference ID Loop 2100B PRV03 DED 127	1/50 AN	M	Provider Taxonomy Code

PROVIDER VALIDATION

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
INFORMATION RECEIVER REQUEST VALIDATION		O	*****
Yes/No Condition or Response Code Loop 2100B AAA01 DED 1073	1/1 ID	M	Values of “N” No Or “Y” yes
Reject Reason Code Loop 2100B AAA03 DED 901	2/2 ID	M	“43” – Invalid/missing Provider ID “50” Provider Ineligible for Inquiries “51” provider Not on File
Follow-up Action Code Loop 2100B AAA04 DED 889	1/1 ID	M	Constant “C “ Please Correct and Resubmit
SUBSCRIBER LEVEL		O	*****
Hierarchical ID Number Loop 2000C HL01 DED 628	1/12 AN	M	Constant “3”
Hierarchical Parent ID Number Loop 2000C HL02 DED 734	1/12 AN	M	Constant “2”
Hierarchical Level Code Loop 2000C HL03 DED 735	1/2 ID	M	Constant “22”

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Hierarchical Child Code Loop 2000C HL04 DED 736	1/1 ID	M	“0” –No subordinate HL segment in this hierarchical structure
SUBSCRIBER TRACE NUMBER		O	*****
Trace Type Code Loop 2000C TRN01 DED 481	1/2 ID	M	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.
Reference Identification Loop 2000C TRN02 DED 127	1/50 AN	M	Trace number from 270 transaction. (LA MEVS envelope Trace Number)
Originating Company Identifier Loop 2000C TRN03 DED 509	10/10 AN	M	The value received in the original 270 transaction.
SUBSCRIBER TRACE NUMBER – TRACKING NBR		O	*****
Trace Type Code Loop 2000C TRN01 DED 481	1/2 ID	M	Payor assigned trace numbers are designated with a value of “1” Current Transaction Trace Numbers
Reference Identification Loop 2000C TRN02 DED 127	1/50 AN	M	Trace Number

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Originating Company Identifier Loop 2000C TRN03 DED 509	10/10 AN	M	Use this information to identify the organization that assigned this trace number. The 10 digit-number will begin with a “9” indicating a user assigned identifier is used.

RECIPIENT DEMOGRAPHIC INFORMATION

HIPAA - 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT	NOTES
RECIPIENT DEMOGRAPHIC INFORMATION – SUBSCRIBER NAME		M	*****
Entity Identifier Code Loop 2100C NM101 DED 98	2/3 ID	M	Constant "IL" Insured or Subscriber
Entity Type Qualifier Loop 2100C NM102 DED 1065	1/1 ID	M	Constant '1' Person
Name Last or Organization Name Loop 2100C NM103 DED 1035	1/60 AN	M	Required unless a rejection response is generated and this element was not valued in the request.
Name First Loop 2100C NM104 DED 1036	1/35 AN	M	Required unless a rejection response is generated and this element was not valued in the request.

HIPAA - 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT	NOTES
Name Middle Loop 2100C NM105 DED 1037	1/25 AN	O	Recipient's Middle Initial, if available, unless a rejection response is generated and this element was not valued in the request
Name Suffix Loop 2100C NM107 DED 1039	1/10 AN	O	
Identification Code Qualifier Loop 2100C NM108 DED 66	1/2 ID	M	Constant "MI" Member Identification Number
Identification Code Loop 2100C NM109 DED 67	2/80 AN	M	Current Recipient ID Corrected or new Identification Number is returned in NM109.
SUBSCRIBER ADDITIONAL IDENTIFICATION SSN/Card Control Number/Original Recipient ID		O	*****
Reference Identification Qualifier Loop 2100C REF01 DED 128	2/3 ID	M	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. "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.

HIPAA - 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT	NOTES
			"SY" Social Security Number, if entered in the 270 "HJ" – Identity Card Number for Card Control Number, if entered in the 270
Reference Identification Loop 2100C REF02 DED 127	1/50 AN	M	Subscriber Supplemental Identifier SSN, Card Control Number, or originally submitted Identification Number, if the submitted ID was not the current
SUBSCRIBER ADDRESS		O	*****
Address Information Loop 2100C N301 DED 166	1/55 AN	M	Subscriber Address
SUBSCRIBER CITY, STATE, ZIP CODE		O	*****
City Name Loop 2100C N401 DED 19	2/30 AN	M	Subscriber City Name
State or Province Code Loop 2100C N402 DED 156	2/2 ID	M	Subscriber State

HIPAA - 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT	NOTES
Postal Code Loop 2100C N403 DED 116	3/15 ID	M	Subscriber Zip Code

SUBSCRIBER RESPONSE RETURN CODES

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
SUBSCRIBER REQUEST VALIDATION		O	**** RESPONSE RETURN CODES ****
Yes/No Condition or Response Code Loop 2100C AAA01 DED 1073	1/1 ID	M	Valid values are 'N' or 'Y'
Reject Reason Code Loop 2100C AAA03 DED 901	2/2 ID	M	"58" – Invalid/Missing Date of Birth; "57" – Invalid/missing DOS; "61" – Date of Death precedes DOS; "63" – Date of Service in Future – Plan Date may not exceed last day of current month; "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)

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Follow-up Action Code Loop 2100C AAA04 DED 889	1/1 ID	M	Constant 'C' Please Correct and Resubmit
SUBSCRIBER DEMOGRAPHIC INFORMATION		O	*****
Date Time Period Format Qualifier Loop 2100C DMG01 DED 1250	2/3 ID	O	"D8" Date Expressed in Format CCYYMMDD
Date Time Period Loop 2100C DMG02 DED 1251	1/35 AN	O	Recipient Date of Birth
Gender Code Loop 2100C DMG03 DED 1068	1/1 ID	O	"F" Female "M" Male
SUBSCRIBER RELATIONSHIP – INSURED BENEFIT		O	Use when REF01 = "Q4" – Sending back current recipient ID when original or a prior recipient ID was submitted

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Yes/No Condition or Response Code Loop 2100C INS01 DED 1073	1/1 ID	M	“Y” = Yes
Individual Relationship Code Loop 2100C INS02 DED 1069	2/2 ID	M	“18” = Self
Maintenance Type Code Loop 2100C INS03 DED 875	3/3 ID	O	“001” = Change
Maintenance Reason Code Loop 2100C INS04 DED 1203	2/3 ID	O	“25” = Change in Identifying Data Elements

RESPONSE DATES

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
SUBSCRIBER DATE – PLAN BEGIN DATE		O	*****
Date/Time Qualifier Loop 2100C DTP01 DED 374	3/3 ID	M	Constant “346” Plan Begin

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Date Time Period Format Qualifier Loop 2100C DTP02 DED 1250	2/3 ID	M	Constant “D8” Date Expressed in Format CCYYMMDD
Date Time Period Loop 2100C DTP03 DED 1251	1/35 AN	M	Plan Begin Date
SUBSCRIBER DATE – DATE OF DEATH		O	*****
Date/Time Qualifier Loop 2100C DTP01 DED 374	3/3 ID	M	Constant “442” – Date of Death
Date Time Period Format Qualifier Loop 2100C DTP02 DED 1250	2/3 ID	M	Constant “D8” Date Expressed in Format CCYYMMDD
Date Time Period Loop 2100C DTP03 DED 1251	1/35 AN	M	Date of Death in Format CCYYMMDD

MEDICAID ELIGIBILITY - SPECIAL PROGRAM MESSAGES

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
ELIGIBILITY OR BENEFIT INFORMATION		M	*****
Eligibility or Benefit Information Loop 2110C EB01 DED 1390	1/2 ID	M	“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)
Coverage Level Code Loop 2110C EB02 DED 1207	3/3 ID	O	“IND” = Individual
Service Type Code Loop 2110C EB03 DED 1365	1/2 ID	O	“1” – Medical Care “30” - Health Benefit Plan Coverage “35” – Dental Care “42” – Home Health Care “45” – Hospice “54” – Long Term Care “69” – Maternity “82” – Family Planning “86” – Emergency Services “A7” – Psychiatric - Inpatient

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
			“AI” – Substance Abuse “CH” – Mental Health Facility – Outpatient “CQ” – Case Management
Insurance Type Code Loop 2110C EB04 DED 1336	1/3 ID	O	”HM” - HMO “HS” = Special Low Income Medicare Beneficiary “MA” – Medicare Part A “MB” – Medicare Part B “MC” – Medicaid “OT” - Other “QM” = Qualified Medicare Beneficiary
Plan Coverage Description Loop 2110C EB05 DED 1204	1/50 AN	O	Plan Name: MEDICAID RESIDENTIAL OPTIONS WAIVER TAKE CHARGE WAIVER SVS GNOCHC 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 LACHIP AFFORDABLE PLAN

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
			LAHIPP EPSDT WAIVER PGM PACE BEHAVIORAL HEALTH
Yes/No Condition or Response Code Loop 2110C EB11 DED 1073	1/1 ID	O	Set to “Y” if Prior Authorization is required
SUBSCRIBER DATE – BENEFIT BEGIN DATE		O	*****
Date/Time Qualifier Loop 2110C DTP01 DED 374	3/3 ID	M	Constant “348” Benefit Begin
Date Time Period Format Qualifier Loop 2110C DTP02 DED 1250	2/3 ID	M	Constant “D8” Date Expressed in Format CCYYMMDD
Date Time Period Loop 2110C DTP03 DED 1251	1/35 AN	M	Benefit Begin Date

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Free-form Message Text Loop 2110C MSG01 DED 933	1/264 AN	O	<p>PREGNANCY/DELIVERY SVS ONLY</p> <p>REFER TO www.lamedicaid.com - BILLING INFORMATION FOR BILLABLE CODES (Take Charge)</p> <p>OUTPATIENT PRENATAL CARE ONLY</p> <p>OUTPATIENT TB RELATED SERVICES ONLY</p> <p>SPENDDOWN RECIP, FILE FORM 110MNP</p> <p>SEXUALLY TRANS DIS CLNC SVS</p> <p>TUBERCULOSIS CLINICS SVS</p> <p>ELIG PAY OF DED/CO-INS COVD BY MCARE</p> <p>CONTACT PROVR SVS FOR ADD'L TPL INFO</p> <p>FOSTER CHILD-ADULT SERVICE LIMITS APPLY</p> <p>PREFERRED LANGUAGE: XXXXXXXXXX</p> <p>GO TO www.lamedicaid.com PROVIDER MANUALS FOR MORE PROGRAM INFO (EDA, ADHC and CCW Waivers)</p> <p>ELIGIBILITY RESPONSES ARE SUBJECT TO MEVS DISCLAIMER ON lamedicaid.com (Bayou Health)</p> <p>RESTRICTED TO LIMITED BEHAVIORAL HEALTH SERVICES BY THE LBHP SMO</p>
LS – LOOP HEADER		O	If recipient is in LACHIP, this loop is sent.
Loop Identification Code Loop 2110C LS01 DED 447	1/4 AN	M	Constant “2120”

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Entity Identifier Code Loop 2120C NM101 DED 98	2/3 ID	M	“1P” – Provider (LA Office of Group Benefits); or “PR” - Payer (Molina Provider Relations)
Entity Type Qualifier Loop 2120C NM102 DED 1065	1/1 ID	M	‘2’ – Non-person entity
Name Last or Organization Name Loop 2120C NM103 DED 1035	1/60 AN	M	LA OFFICE OF GROUP BENEFITS - MEDICAL BILLING; or MOLINA PROVIDER RELATIONS - DENTAL BILLING
SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION			
Contact Function Code Loop 2120C PER01 DED 366	2/2 ID	M	Constant ‘IC’ Information Contact
Communication Number Qualifier Loop 2120C PER03	2/2 ID	O	Constant ‘TE’ Telephone

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
DED 365			
Communication Number Loop 2120C PER04 DED 364	1/256 AN	M	First LA Office of Group Benefits Telephone Number - 8002151093; or First Molina Provider Relations Telephone Number - 8004732783
Communication Number Qualifier Loop 2120C PER05 DED 365	2/2 ID	O	Constant 'TE' Telephone
Communication Number Loop 2120C PER06 DED 364	1/256 AN	O	Second LA Office of Group Benefits Telephone Number - 2252166955; or Second Molina Provider Relations Telephone Number - 2259245040
LE Loop Trailer Loop 2110C LE01 DED 447	1/4 AN	M	Constant of "2120"

LOCK IN ELIGIBILITY

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
ELIGIBILITY OR BENEFIT INFORMATION			*****

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Eligibility or Benefit Information Loop 2110C EB01 DED 1390	1/2 ID	M	“N” – Services restricted to following Provider “D” – Benefit Description ”U” – Contact Following Entity for Eligibility or Benefit Information
Coverage Level Code Loop 2110C EB02 DED 1207	3/3 ID	O	Benefit Coverage Level Code: “IND” = Individual
Service Type Code Loop 2110C EB03 DED 1365	1/2 ID	O	“96” – Physician “88” – Pharmacy “45” - Hospice
Insurance Type Code Loop 2110C EB04 DED 1336	1/3 ID	O	Constant “OT” - Other
SUBSCRIBER DATE – BENEFIT BEGIN DATE		O	*****
Date/Time Qualifier Loop 2110C DTP01 DED 374	3/3 ID	M	Constant “348” Benefit Begin

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Date Time Period Format Qualifier Loop 2110C DTP02 DED 1250	2/3 ID	M	Constant “D8” Date Expressed in Format CCYYMMDD
Date Time Period Loop 2110C DTP03 DED 1251	1/35 AN	M	Lock-in Benefit Begin Date
Free-form Message Text Loop 2110C MSG01 DED 933	1/264 AN	O	For Hospice Services: “SERVICES MUST BE PROVIDED, COORDINATED & AUTHORIZED BY HOSPICE PROVIDER”
LS – LOOP HEADER		O	
Loop Identification Code Loop 2110C LS01 DED 447	1/4 AN	M	Constant “2120”
Entity Identifier Code Loop 2120C NM101 DED 98	2/3 ID	M	Constant “PR” - Payer

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Entity Type Qualifier Loop 2120C NM102 DED 1065	1/1 ID	M	'1' - Person '2' – Non-person entity
Name Last or Organization Name Loop 2120C NM103 DED 1035	1/60 AN	O	Provider's last name or Organization Name, Or "MOLINA PROVIDER RELATIONS"
Name First Loop 2120C NM104 DED 1036	1/35 AN	O	Provider First name, if NM101 = "1"
Name Middle Loop 2120C NM105 DED 1037	1/25 AN	O	Provider Middle name, if NM101 = "1"
Name Suffix Loop 2120C NM107 DED 1039	1/10 AN	O	
SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION			

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Contact Function Code Loop 2120C PER01 DED 366	2/2 ID	M	Constant ‘IC’ Information Contact
Communication Number Qualifier Loop 2120C PER03 DED 365	2/2 ID	O	Constant ‘TE’ Telephone
Communication Number Loop 2120C PER04 DED 364	1/256 AN	M	Lock-in Provider Telephone Number, Or Molina Provider Relations Telephone Number
LE Loop Trailer Loop 2110C LE01 DED 447	1/4 AN	M	Constant of “2120”

HMO ELIGIBILITY

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
ELIGIBILITY OR BENEFIT INFORMATION			*****

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Eligibility or Benefit Information Loop 2110C EB01 DED 1390	1/2 ID	M	“MC” – Managed Care Coordinator “U” – Contact Following Entity for Eligibility or Benefit (if Provider Not Found)
Coverage Level Code Loop 2110C EB02 DED 1207	3/3 ID	O	Benefit Coverage Level Code: “IND” = Individual
Service Type Code Loop 2110C EB03 DED 1365	1/2 ID	O	“1” – Medical Care
Insurance Type Code Loop 2110C EB04 DED 1336	1/3 ID	O	“HM” = Health Maintenance Organization (HMO) “MC” = Medicaid
Plan Coverage Description Loop 2110C EB05 DED 1204	1/50 AN	O	HMO Plan Name –PACE CCN Plan Name – BAYOU HEALTH PLAN
SUBSCRIBER DATE – BENEFIT BEGIN DATE		O	*****

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Date/Time Qualifier Loop 2110C DTP01 DED 374	3/3 ID	M	Constant “348” Benefit Begin
Date Time Period Format Qualifier Loop 2110C DTP02 DED 1250	2/3 ID	M	Constant “D8” Date Expressed in Format CCYYMMDD
Date Time Period Loop 2110C DTP03 DED 1251	1/35 AN	M	Benefit Begin Date
Free-form Message Text Loop 2110C MSG01 DED 933	1/264 AN	O	"SERVICES MUST BE AUTHORIZED/PAID BY THE PACE PROVIDER"
LS – LOOP HEADER		O	
Loop Identification Code Loop 2110C LS01 DED 447	1/4 AN	M	Constant “2120”

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Entity Identifier Code Loop 2120C NM101 DED 98	2/3 ID	M	“PR” - Payor “Y2” – Managed Care Organization
Entity Type Qualifier Loop 2120C NM102 DED 1065	1/1 ID	M	‘1’ Person ‘2’ – Non-person entity
Name Last or Organization Name Loop 2120C NM103 DED 1035	1/60 AN	O	Provider’s Last Name or Organization Name Or, if EB01 is set to a “U”: MOLINA PROVIDER RELATIONS
Name First Loop 2120C NM104 DED 1036	1/35 AN	O	Provider First Name, if NM101 = “1”
Name Middle Loop 2120C NM105 DED 1037	1/25 AN	O	Provider Middle Name, if NM101 = “1”
Name Suffix Loop 2120C NM107 DED 1039	1/10 AN	O	

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION			
Contact Function Code Loop 2120C PER01 DED 366	2/2 ID	M	Constant 'IC' Information Contact
Communication Number Qualifier Loop 2120C PER03 DED 365	2/2 ID	O	Constant 'TE' Telephone
Communication Number Loop 2120C PER04 DED 364	1/256 AN	M	HMO Provider or CCN Managed Care Organization's Telephone Number or Molina Provider Relations Telephone Number
LE Loop Trailer Loop 2110C LE01 DED 447	1/4 AN	M	Constant of "2120"

COMMUNITY CARE ELIGIBILITY

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
ELIGIBILITY OR BENEFIT INFORMATION			*****
Eligibility or Benefit Information Loop 2110C EB01 DED 1390	1/2 ID	M	“L” – Primary Care Provider “U” – Contact Following Entity for Eligibility or Benefit (if Provider Not Found)
Coverage Level Code Loop 2110C EB02 DED 1207	3/3 ID	O	Benefit Coverage Level Code: “IND” = Individual
Service Type Code Loop 2110C EB03 DED 1365	1/2 ID	O	Constant “1” – Medical Coverage
Insurance Type Code Loop 2110C EB04 DED 1336	1/3 ID	O	Constant “MC” – Medicaid
Plan Coverage Description Loop 2110C EB05 DED 1204	1/50 AN	O	COMMUNITYCARE

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
SUBSCRIBER DATE – BENEFIT BEGIN DATE		O	*****
Date/Time Qualifier Loop 2110C DTP01 DED 374	3/3 ID	M	Constant “348” Benefit Begin
Date Time Period Format Qualifier Loop 2110C DTP02 DED 1250	2/3 ID	M	Constant “D8” Date Expressed in Format CCYYMMDD
Date Time Period Loop 2110C DTP03 DED 1251	1/35 AN	M	Community Care Benefit Begin Date
Free-form Message Text Loop 2110C MSG01 DED 933	1/264 AN	O	COMMUNITYCARE PCP MUST AUTHORIZE/PROVIDE SERVICES EXCEPT:
Free-form Message Text Loop 2110C MSG01 DED 933	1/264 AN	O	EXEMPT SERVICES AS SPECIFIED BY THE COMMUNITYCARE PROGRAM
LS – LOOP HEADER		O	

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Loop Identification Code Loop 2110C LS01 DED 447	1/4 AN	M	Constant “2120”
Entity Identifier Code Loop 2120C NM101 DED 98	2/3 ID	M	Constant “1P” - Provider
Entity Type Qualifier Loop 2120C NM102 DED 1065	1/1 ID	M	‘1’ Person ‘2’ – Non-person entity
Name Last or Organization Name Loop 2120C NM103 DED 1035	1/60 AN	O	Provider’s Last Name or Organization Name Or, if EB01 is set to a “U”: MOLINA PROVIDER RELATIONS
Name First Loop 2120C NM104 DED 1036	1/35 AN	O	Provider First Name, if NM101 = “1”
Name Middle Loop 2120C NM105 DED 1037	1/25 AN	O	Provider Middle Name, if NM101 = “1”

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Name Suffix Loop 2120C NM107 DED 1039	1/10 AN	O	
SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION			*****
Contact Function Code Loop 2120C PER01 DED 366	2/2 ID	M	Constant 'IC' Information Contact
Communication Number Qualifier Loop 2120C PER03 DED 365	2/2 ID	O	Constant 'TE' Telephone
Communication Number Loop 2120C PER04 DED 364	1/256 AN	M	CC PCP Provider Telephone Number or Molina Provider Relations Telephone Number
LE – LOOP TRAILER		O	*****

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
LE Loop Trailer Loop 2110C LE01 DED 447	1/4 AN	M	Constant of “2120”

CASE MANAGEMENT ELIGIBILITY

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
ELIGIBILITY OR BENEFIT INFORMATION			*****
Eligibility or Benefit Information Loop 2110C EB01 DED 1390	1/2 ID	M	“D” – Benefit Description “U” – Contact Following Entity for Eligibility or Benefit (if Provider Not Found)
Coverage Level Code Loop 2110C EB02 DED 1207	3/3 ID	O	Benefit Coverage Level Code: “IND” = Individual
Service Type Code Loop 2110C EB03 DED 1365	1/2 ID	O	Constant “CQ” – Case Management

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Insurance Type Code Loop 2110C EB04 DED 1336	1/3 ID	O	Constant “MC” – Medicaid
SUBSCRIBER DATE – BENEFIT BEGIN DATE		O	*****
Date/Time Qualifier Loop 2110C DTP01 DED 374	3/3 ID	M	Constant “348” Benefit Begin
Date Time Period Format Qualifier Loop 2110C DTP02 DED 1250	2/3 ID	M	Constant “D8” Date Expressed in Format CCYYMMDD
Date Time Period Loop 2110C DTP03 DED 1251	1/35 AN	M	Case Management Benefit Begin Date
LS – LOOP HEADER		O	

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Loop Identification Code Loop 2110C LS01 DED 447	1/4 AN	M	Constant “2120”
Entity Identifier Code Loop 2120C NM101 DED 98	2/3 ID	M	Constant “1P” - Provider
Entity Type Qualifier Loop 2120C NM102 DED 1065	1/1 ID	M	‘1’ - Person ‘2’ – Non-person entity
Name Last or Organization Name Loop 2120C NM103 DED 1035	1/60 AN	O	Case Manager’s Last Name or Organization Name; Or, if EB01 is set to a “U”: MOLINA PROVIDER RELATIONS
Name First Loop 2120C NM104 DED 1036	1/35 AN	O	Case Manager’s First Name, if NM101 = “1”
Name Middle Loop 2120C NM105 DED 1037	1/25 AN	O	Case Manager’s Middle Name, if NM101 = “1”

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Name Suffix Loop 2120C NM107 DED 1039	1/10 AN	O	
SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION	SIZE MIN/ MAX	MAND/ OPT.	*****
Contact Function Code Loop 2120C PER01 DED 366	2/2 ID	M	Constant 'IC' Information Contact
Communication Number Qualifier Loop 2120C PER03 DED 365	2/2 ID	O	Constant 'TE' Telephone
Communication Number Loop 2120C PER04 DED 364	1/256 AN	M	Case Manager's Telephone Number or Molina Provider Relations Telephone Number
LE – LOOP TRAILER		O	*****

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
LE Loop Trailer Loop 2110C LE01 DED 447	1/4 AN	M	Constant of “2120”

SERVICE LIMITS REMAINING

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
ELIGIBILITY OR BENEFIT INFORMATION			*****
Eligibility or Benefit Information Loop 2110C EB01 DED 1390	1/2 ID	M	Constant “F” – Limitations
Coverage Level Code Loop 2110C EB02 DED 1207	3/3 ID	O	Benefit Coverage Level Code: “IND” = Individual
Service Type Code Loop 2110C EB03 DED 1365	1/2 ID	O	“98” – Physician Office Visits “44” – Home Health Visits “86” – Emergency Outpatient

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Insurance Type Code Loop 2110C EB04 DED 1336	1/3 ID	O	“MC” – Medicaid
HEALTH CARE SERVICES DELIVERY		O	*****
Quantity Qualifier Loop 2110C HSD01 DED 673	2/2 ID	M	Constant “FL” – Units
Quantity Loop 2110C HSD02 DED 380	1/15 R	M	Number of Service Limits Remaining
Unit or Basis for Measurement Code Loop 2110C HSD03 DED 355	2/2 ID	O	Constant “VS” - Visits
Time Period Qualifier Loop 2110C HSD05 DED 615	1/2 ID	O	Constant “29” - Remaining

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
SUBSCRIBER DATE – BENEFIT BEGIN DATE		O	*****
Date/Time Qualifier Loop 2110C DTP01 DED 374	3/3 ID	M	Constant “348” Benefit Begin
Date Time Period Format Qualifier Loop 2110C DTP02 DED 1250	2/3 ID	M	Constant “D8” Date Expressed in Format CCYYMMDD
Date Time Period Loop 2110C DTP03 DED 1251	1/35 AN	M	Service Limits Benefit Begin Date

PRIVATE INSURANCE

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
ELIGIBILITY OR BENEFIT INFORMATION			*****

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Eligibility or Benefit Information Loop 2110C EB01 DED 1390	1/2 ID	M	Constant “R” – Other or additional Payor
Coverage Level Code Loop 2110C EB02 DED 1207	3/3 ID	O	Benefit Coverage Level Code: “IND” = Individual
Service Type Code Loop 2110C EB03 DED 1365	1/2 ID	O	“1” = Medical Care
Insurance Type Code Loop 2110C EB04 DED 1336	1/3 ID	O	“C1” = Commercial
SUBSCRIBER ADDITIONAL IDENTIFICATION – INSURANCE NUMBER		O	*****

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Reference Identification Qualifier Loop 2110C REF01 DED 128	2/3 ID	M	Constant “N6” – Plan Network Identification Number
Reference Identification Loop 2110C REF02 DED 127	1/50 AN	M	Insurance Number
SUBSCRIBER DATE – BENEFIT BEGIN DATE		O	*****
Date/Time Qualifier Loop 2110C DTP01 DED 374	3/3 ID	M	Constant “348” Benefit Begin
Date Time Period Format Qualifier Loop 2110C DTP02 DED 1250	2/3 ID	M	Constant “D8” Date Expressed in Format CCYYMMDD
Date Time Period Loop 2110C DTP03 DED 1251	1/35 AN	M	TPL Benefit Begin Date

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
LS – LOOP HEADER		O	*****
Loop Identification Code Loop 2110C LS01 DED 447	1/4 AN	M	Constant “2120”
SUBSCRIBER BENEFIT RELATED ENTITY NAME – INSURANCE COMPANY NAME		O	*****
Entity Identifier Code Loop 2120C NM101 DED 98	2/3 ID	M	Constant “PR” - Payer
Entity Type Qualifier Loop 2120C NM102 DED 1065	1/1 ID	M	Constant “2” – Non-Person Entity
Name Last Loop 2120C NM103 DED 1035	1/60	O	Insurance Company Name

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS – INSURANCE CO. ADDRESS		O	*****
Address Information Loop 2120C N301 DED 166	M	1/55 AN	Insurance Company Street Address
SUBSCRIBER BENEFIT RELATED CITY/ STATE/ZIP CODE – INSURANCE CO. ADDRESS	O		*****
City Name Loop 2120C N401 DED 19	M	2/30 AN	Insurance Company City Name
State Loop 2120C N402 DED 156	M	2/2 ID	Insurance Company State Name

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Postal Code Loop 2120C N403 DED 116	O	3/15 ID	Insurance Company Zip Code
LE – LOOP TRAILER	O		*****
Loop Identifier Code Loop 2110C LE01 DED 447	M	1/4 AN	Constant “2120”
ELIGIBILITY OR BENEFIT INFORMATION			*****
Eligibility or Benefit Information Loop 2110C EB01 DED 1390	1/2 ID	M	Constant “R” – Other or additional Payor
Coverage Level Code Loop 2110C EB02 DED 1207	3/3 ID	O	“IND” = Individual
Service Type Code Loop 2110C EB03 DED 1365	1/2 ID	O	“1” = Medical Care

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
Insurance Type Code Loop 2110C EB04 DED 1336	1/3 ID	O	“IP” = Individual Policy
SUBSCRIBER ADDITIONAL IDENTIFICATION – POLICY INFO		O	*****
Reference Identification Qualifier Loop 2110C REF01 DED 128	2/3 ID	M	“IG” – Insurance Policy Number “6P” – Group Number
Reference Identification Loop 2110C REF02 DED 127	1/50 AN	M	Insurance Policy number, if REF01 = “IG” Group Number, if REF01 = “6P”
LS – LOOP HEADER		O	*****
Loop Identification Code Loop 2110C LS01 DED 447	1/4 AN	M	Constant “2120”

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
SUBSCRIBER BENEFIT RELATED ENTITY NAME – POLICY HOLDER NAME		O	*****
Entity Identifier Code Loop 2120C NM101 DED 98	2/3 ID	M	Constant “IL” - Insured or Subscriber
Entity Type Qualifier Loop 2120C NM102 DED 1065	1/1 ID	M	Constant “1” – Person
Name Last Loop 2120C NM103 DED 1035	1/60 A/N	O	Policy Holder Last Name
Name First Loop 2120C NM104 DED 1036	1/35 A/N	O	Policy Holder First Name
Name Middle Loop 2120C NM105 DED 1037	1/25 A/N	O	Policy Holder Middle Initial

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
LE – LOOP TRAILER	O		*****
Loop Identifier Code Loop 2110C LE01 DED 447	M	1/4 AN	Constant “2120”

MEDICAID ELIGIBILITY – ADDITIONAL BENEFIT COVERAGE

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
ELIGIBILITY OR BENEFIT INFORMATION		M	*****
Eligibility or Benefit Information Loop 2110C EB01 DED 1390	1/2 ID	M	“1” – Active Coverage (Recipient is eligible)
Coverage Level Code Loop 2110C EB02 DED 1207	3/3 ID	O	“IND” = Individual
Service Type Code Loop 2110C EB03 DED 1365	1/2 ID	O	“1” – Medical Care “33” - Chiropractic “35” – Dental Care “47” - Hospital “86” – Emergency Services

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
			“88” - Pharmacy “98” – Professional (Physician) Visit - Office “AL” – Vision (Optometry) “MH” – Mental Health “UC” – Urgent Care
Insurance Type Code Loop 2110C EB04 DED 1336	1/2 ID	O	“MC” – Medicaid

TRANSACTION TRAILERS

HIPAA – 271 DATA ELEMENT	SIZE MIN/ MAX	MAND/ OPT.	NOTES
TRANSACTION SET TRAILER		M	*****
Number of Included Segments SE01 DED 96	1/10 N0	^M	Total number of segments included in a transaction set including the ST and SE segments
Transaction Set Control Number SE02 DED 329	4/9 AN	M	Must match ST02
FUNCTIONAL GROUP TRAILER		M	*****
Number of Transaction Sets Included GE01	1/6 N0	M	Total number of transaction sets in the functional group or interchange group terminated by the trailer containing this data element
Group Control Number GE02	1/9 N0	M	Assigned number originated and maintained by the sender. Must match GS06.
INTERCHANGE CONTROL TRAILER		M	
Number of Included Functional Groups IEA01 DED I16	1/5 N0	M	Constant of "1"
Interchange Control Number IEA02 DED I12	9/9 N0	M	A control number assigned by the interchange sender

7.0 DATA ELEMENTS CROSSWALK

The data elements crosswalk for the 270 transaction set is shown below in Table 7-1, *MEVS Input Data Structure* and the data elements crosswalk for the 271 transaction set is shown below in Table 7-2, *MEVS Output Data Structure*.

7.1 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	MOLINA LAMMIS 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	
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

Field Name	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
Recipient SSN	2100C REF02	A/N	50	C	SY=SSN
	2100C REF01	A/N	3	C	
Card Control Number	2100C REF02	A/N	50	C	HJ=Identity Card Number
	2100C REF01	A/N	3	C	
Recipient DOB	2100C DMG02	A/N	35	C	CCYYMMDD D8=Format CCYYMMDD
	2100C DMG01		3	C	
Plan Date	2100C DTP03	A/N	35	M	CCYYMMDD 346=Plan D8=Format CCYYMMDD
	2100C DTP01	A/N	3	M	
	2100C DTP02	A/N	3	M	

7.2 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	A/N	60	M	610551
	2100A NM101	A/N	3	M	
	2100A NM102	A/N	1	M	
	2100A NM109	A/N	80	M	
Error Indicator	2000A AAA01	A/N	1	M/O	Y or N
	2100A AAA01				
	2100B AAA01				
	2100C AAA01				
Error Code	2000A AAA03	A/N	2	O	Two Character X12 value
	2100A AAA03	A/N	2	O	
	2100B AAA03				
	2100C AAA03				
Tracking Nbr	2000C TRN02	A/N	50	M	Date + esn
	2000C TRN03	A/N	10	M	9000610551
Provider ID/NPI	2100B NM109	A/N	80	M	NPI or Medicaid ID XX=NPI SV=Service Provider Number (for atypical providers) PI=Payor Identification
	2100B NM108	A/N	2	M	
Provider Last Name	2100B NM103	A/N	60	M	
Provider First Name	2100B NM104	A/N	35	O	

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
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 2000C TRN03	A/N ID A/N	50 2 10	M M M	Unique ID for transaction 1=Current Trans Trace Number User assigned Number, beginning with '9' to ID the originating company
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

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
Insured Benefit	2100C INS01	ID	1	O	Y=Yes
	2100C INS02	ID	2	O	18=Self
	2100C INS03	ID	3	O	001=Change
	2100C INS04	ID	3	O	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
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
	2110C EB02	ID	3	O	IND=Individual
	2110C EB03	ID	2	O	30=Health Benefit Plan Coverage
	2110C EB04	ID	3	O	MC=Medicaid 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
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	O	CCYYMMDD
Hospice Message	2110C MGS01	A/N	264	O	“SERVICES MUST BE PROVIDED, COORDINATED & AUTHORIZED BY HOSPICE PROVIDER”

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
Lock In Last Name	2120C NM103	A/N	60	M	
Lock In First Name	2120C NM104	A/N	35	O	
Lock In Middle Initial	2120C NM105	A/N	25	O	
Lock In Title	2120C NM107	A/N	10	O	
Lock In Phone Number	2120C PER04 2120C PER01	A/N ID	256 2	M M	IC=Information Contact
HMO/CCN Eligibility	2110C EB04 2110C EB03 2110C EB05 2110C EB01	ID ID A/N ID	3 2 50 2	M M M M	HM=HMO MC=Medicaid I=Medical Care PACE or BAYOU HEALTH PLAN MC=Manage Care Coordinator
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
Community Care	2110C EB04 2110C EB03 2110C EB05 2110C EB01	ID ID A/N ID	3 2 50 2	M M M M	MC I=Medical Care COMMUNITYCARE L-Primary Care Provider U-Contact Entity
Community Care Benefit Begin Date	2100C DTP03	A/N	35	O	CCYYMMDD
Community Care	2110C MSG01	A/N	264	O	

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
Message(s)					
PCP 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	2120C PER04 2120C PER01	A/N ID	10 2	M M	IC=Information Contact
Case Manager	2110C EB04 2110C EB03 2110C EB01	ID ID ID	2 2 2	M O O	MC CQ-Case Management D-Benefit Description U-Contact Entity
Case Manager Benefit Begin Date	2100C DTP03	A/N	35	O	CCYYMMDD
Case Manager's Last Name	2120C NM103	A/N	60	<u>M</u>	
Case Manager's First Name	2120C NM104	A/N	35	O	
Case Manager's Middle Initial	2120C NM105	A/N	25	O	
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

FIELD NAME	ASC X12 Data Map v. 5010	Data Type	Size	Req	X12 Values Version 5010
Insurance Number	2110C REF02	A/N	50	M	N6=Secondary Health Insurance Identification Number
	2110C REF01	ID	3	M	
Private Insurance Benefit Begin Date	2100C DTP03	A/N	35	O	CCYYMMDD
Insurance Company Name	2120C NM103	A/N	65	M	PR=Payor
	2120C NM101	ID	3	M	
Insurance Co. Street	2120C N301	A/N	55	M	
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 EB04	ID	3	M	IP=Individual Policy R=Other or Additional Payor
	2110C EB01	ID	2	M	
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
	2110C EB02	ID	3	O	IND=Individual
	2110C EB03	ID	2	O	1 – Medical Care 33 - Chiropractic 35 – Dental Care 47 - Hospital 86 – Emergency Services 88 - Pharmacy 98 – Professional (Physician) Visit - Office AL – Vision (Optometry) MH – Mental Health UC – Urgent Care MC=Medicaid
	2110C EB04	ID	3	O	

8.0 MEVS EDIT (REJECT) CODES CROSSWALK

The MEVS Edit (reject) codes crosswalk is shown below in Table 8-1, *MEVS Edit (Reject) Codes Crosswalk*.

8.1 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 in RECIPIENT_ELIGIBILITY table or PROVIDER table (for EPSDT provider)	2100C	Y	42	R
SQL Error in MANAGED_CARE table or PROVIDER table	2100C	Y	42	R
SQL Error in TPL_MEDICARE table or PROVIDER table	2100C	Y	42	R
SQL error in VENDOR BILLING table	2000A	Y	42	R

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
SQL error in MEVS_STATISTICS table	2100C	Y	42	R
SQL error in PROVIDER_STATISTICS table	2100C	Y	42	R
SQL error in QUALIFIED_MCARE_BEN table	2100C	Y	42	R
SQL error in ALLOWED_CLAIMS table, SERVICE_LIMITS table, DEFAULT_LIMITS table	2100C	Y	42	R
SQL error in SPECIAL_PG_M_ELIGIBILITY table	2100C	Y	42	R
SQL error in POLICY_INFORMATION table, PRIVATE_INSURANCE table, or SCOPE_COVERAGE table	2100C	Y	42	R

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
SQL error in RECIPIENT_X REF table	2100C	Y	42	R
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
Social Security Number entered, but no Date of Birth.	2100C	N	58	C

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
No unique match on name.	2100C	N	73	C
Query (of RECIPIENT table) 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 must begin with '1' or '2' for atypical providers, or '450' or '470' for Other Health Plans	2100B	N	43	C
NPI not length of 10	2100B	N	43	C
Zip code not length of 9	2100B	N	43	C
NPI/NPI + Taxonomy/NPI	2100B	N	43	C

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
+ Zip Code/ NPI + Medicaid ID not on file				
Provider/ Attending Provider not on file	2100B	Y	51	C
Provider not eligible on dates of service	2100B	Y	50	C
Card Control Number missing/invalid	2100C	N	72	C
Recipient Number invalid or less than 13 digits	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
Date of Birth must not be prior to year 1875	2100C	Y	58	C

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
Service date missing/invalid	2100C	N	57	C
Service Date not within allowable inquiry period	2100C	Y	62	C
Service date may not exceed last day of current month	2100C	Y	63	C
Inappropriate Date (Date Format Qualifier)	2100C	Y	56	C
Recipient not on file (this will be returned for any query combination that results in the recipient not found on Recipient table)	2100C	Y	75	C
Recipient ineligible/deceased (when DOD < Plan Date)	2100C	Y	61	C

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
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 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 (HMO) 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 (CC) in Clarification message		No edit code to be returned. Instead, EB01 will be set to 'V' – Cannot Process (Loop 2110C)		

Error Condition	5010 Definition			
	Loop	Valid Request Indicator (AAA01)	Reject Reason Code (AAA03)	Follow-up Action Code (AAA04)
Insurance Number, Company Name, Company Address, or Policy Holder Name Insurance Number not on file	2110C	Y	15	N

9.0 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.

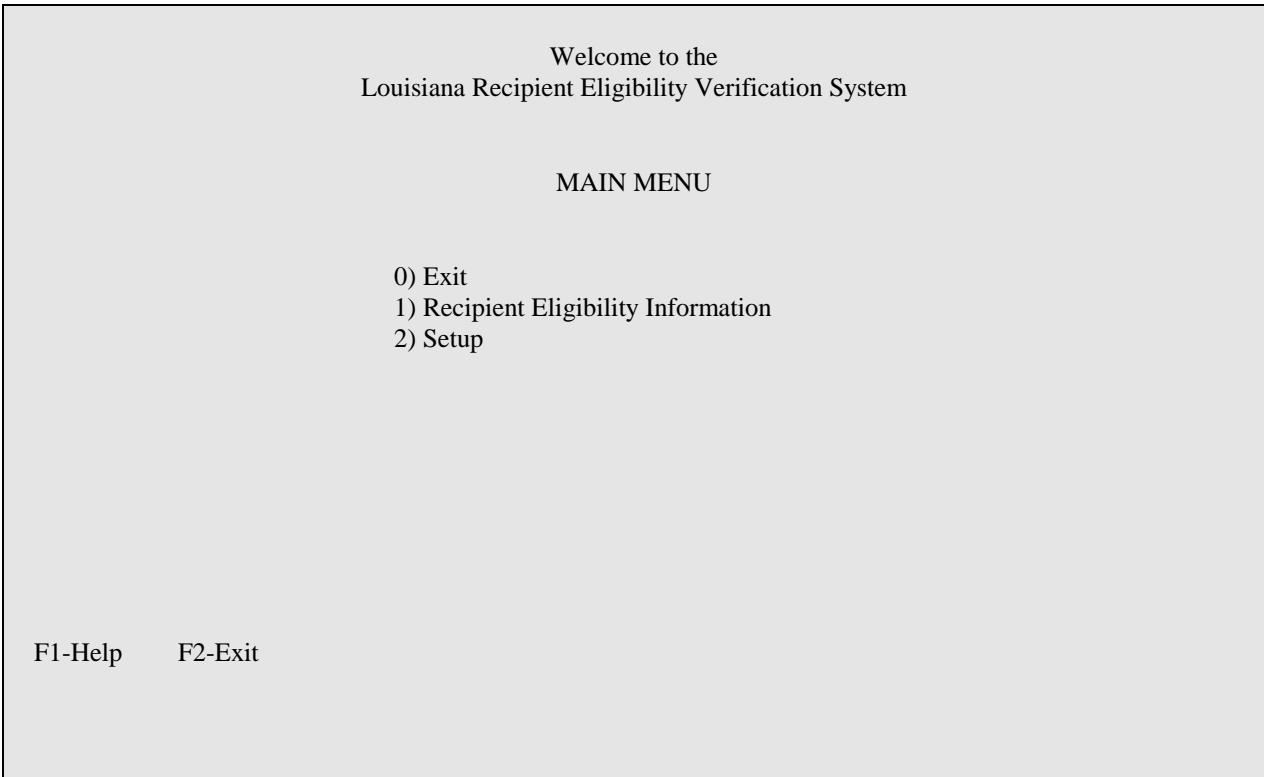
9.1 Personal computer (pc) software screens

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.

9.2 MEVS Main Menu Screen



Prototype of the MEVS Main Menu Screen. The screen displays a welcome message and a main menu with three options: Exit, Recipient Eligibility Information, and Setup. Keyboard shortcuts F1-Help and F2-Exit are also shown.

Welcome to the
Louisiana Recipient Eligibility Verification System

MAIN MENU

0) Exit
1) Recipient Eligibility Information
2) Setup

F1-Help F2-Exit

9.3 Recipient Eligibility Information Request

LOUISIANA MEDICAID RECIPIENT ELIGIBILITY INFORMATION REQUEST			
NPI/Provider Number: <u>0000000000</u> Taxonomy/ Zip Code/ Provider Number: 0000000000 Plan Date: <u>00/00/0000</u>			
CHOOSE ONE OF THE FOLLOWING VERIFICATION OPTIONS			

Card Control Number: <u>777-000000000000-00</u> AND Recipient's Date of Birth: <u>00/00/0000</u> OR Recipient's Social Security Number: <u>000-00-0000</u>			

Recipient's Medicaid Number: <u>00000000000000</u> AND Recipient's Date of Birth: <u>00/00/0000</u> OR Recipient's Social Security Number: <u>000-00-0000</u>			

Recipient's Name (first and last): <u>xxxxxxx , xxxxxxxxxxxxxx</u> AND Recipient's Date of Birth: <u>00/00/0000</u> OR Recipient's Social Security Number: <u>000-00-0000</u>			

Recipient's Social Security Number: <u>000-00-0000</u> Date of Birth: <u>00/00/0000</u>			

F1-Help	F2-Exit	F3-Main Menu	F6-Send

9.4 Recipient Eligibility Information Response

LOUISIANA MEDICAID RECIPIENT ELIGIBILITY INFORMATION RESPONSE 00/00/0000	
Tracking Number: <u>XXXXXXXXXXXXXXXXXX</u>	<u>Message</u>
<u>PATIENT INFORMATION</u>	
Last Name: XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
First Name: XXXXXXXX X	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Street Address: XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
City, State, Zip: XXXXXXXXXXXXX, XX 99999-9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Recipient on File: XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Recipient ID: 0000000000000	Recipient Date of Birth 00/00/0000
Recipient Sex: XXXXXXXX	Recipient Date of Death 00/00/0000
	Preferred Language: English
<u>PATIENT INSURANCE DATA</u>	
Eligibility Status: XXXXXXXXXXXXX	Insurance Type: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Plan Begin Date: 00/00/0000	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
EPSDT Elig. Ind: XXXXXXXXXXXXX	
Managed Care: XXXXXXXXXXXXX	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-CC
F9-HMO	F10-SRV_LIM

Insurance Type values are:

- Medicaid
- Presumptive Eligibility
- Tuberculosis Outpatient
- Spenddown
- Illegal Aliens
- Long Term Care
- QMB (Qualified Medicare Beneficiary)

- Waiver
- Private (TPL)
- Medicare

- EPSDT
- Preferred Language

Associated Message

- Medicaid
- Limitations - Outpatient Prenatal Care Only
- Limitations - Outpatient TB Related Services Only
- Spenddown Recip, File Form 110MNP
- Limitations – Emergency Services
- Long Term Care
- Elig Pay of DED/CO-INS Covd by MCARE
- Medicare Specified Low Income Beneficiary
- Medicare QI1 Premium Payments Only
- Medicare QI2 Premium Payments Only
- Medicare QDWI Premium Payments Only
- Recip entitled to waiver services
- Private insurance
- Medicare Part A
- Medicare Part B
- Medicare Part D
- EPSDT
- 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
where

YYYYMMDDXXXXXXXX

YYYY= Year

MM = Month

DD = Day

XXXXXXXX = Extended Sequential Number (ESN)

Service Limits Apply:

- Yes
- NO

9.5 Recipient Eligibility Information Response (continued)

LOUISIANA MEDICAID	
RECIPIENT ELIGIBILITY INFORMATION RESPONSE	
00/00/0000	
<u>SUBMITTING PROVIDER:</u>	
NPI/Provider Number: 0000000000	
Taxonomy/ Zip Code/ Provider Number: 0000000000	
Plan Begin Date: 00/00/0000	
Provider on File?	XXX
Provider Authorized:	XXX
<u>PROVIDER REQUEST INFORMATION:</u>	
Card Control Number:	XXX-XXXXXXXXXXXX-XX
Recipient Number:	00000000000000
Recipient DOB:	00/00/0000
Recipient SSN:	000-00-0000
Recipient Name:	XXXXXX , XXXXXXXXXXXXX
End of Report	
F2-Exit F3-Main Menu F5-Print F6-TPL F7-Lock-in F8-CC F9-HMO F10-SRV_LIM	

9.6 Recipient Eligibility Information Response – TPL Optional Display

```

                                LOUISIANA MEDICAID
                                RECIPIENT ELIGIBILITY INFORMATION TPL RESPONSE
                                00/00/0000

Recipient ID:      0000000000000          Message
# of TPL Policies: 00                    XXXXXXXXXXXXXXXXXXXXXXXXXXXX
THIRD PARTY COVERAGE                    XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Insurance Num/Name: XXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address:          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXX

POL Holder Name:      XXXXXXXX X XXXXXXXXXXXXXXXX

POLICY INFORMATION:
Policy ID:           XXXXXXXXXXXXXXXX Group ID/Name:  XXXXXXXXXXXXXXXXXXXX
Benefit Begin Date: 00/00/0000

                                Press ENTER to Continue
F2-ExitF3-Main Menu  F5-Print  F6-Elig  F7-Lock-in  F8-CC  F9-HMO  F10-SRV_LIM

```

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

**9.7 Recipient Eligibility Information Response – TPL Optional Display
(continued)**

```
                                LOUISIANA MEDICAID
                                RECIPIENT ELIGIBILITY INFORMATION TPL RESPONSE
                                00/00/0000

Insurance Num/Name: XXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address:                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXX
POL Holder Name:       XXXXXXXX X XXXXXXXXXXXXXXXX

POLICY INFORMATION:
Policy ID:              XXXXXXXXXXXXXXXX Group ID/Name:  XXXXXXXXXXXXXXXX
Benefit Begin Date: 00/00/0000

End of Report

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

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

9.8 Recipient Eligibility Information Response – Lock-In Optional Display

LOUISIANA MEDICAID RECIPIENT ELIGIBILITY INFORMATION LOCK-IN RESPONSE 00/00/0000		
Recipient ID:	0000000000000	<u>Message</u>
Number of LOCK-IN:	00	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
<u>LOCK-IN INFORMATION</u>		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
1. Name: XXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Provider Phone #:	(999) 999-9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Provider Type:	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Benefit Begin Date:	00/00/0000	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Name: XXXXXX X XXXXXXXXXXXXXXX		
Provider Phone #:	(999) 999-9999	
Provider Type:	XXXXXXXXXXXX	
Benefit Begin Date:	00/00/0000	
End of Report		
F2-Exit F3-Main Menu F5-Print F6-TPL F7-Elig F8-CC F9-HMO F10-SRV_LIM		

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.

9.9 Recipient Eligibility Information Response – HMO Optional Display

LOUISIANA MEDICAID RECIPIENT ELIGIBILITY INFORMATION HMO RESPONSE 00/00/0000		
Recipient ID:	0000000000000	<u>Message</u>
Number of HMO:	00	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
<u>HMO INFORMATION</u>		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
1. HMO Plan Name: XX		
Primary Care Phy: XX		
PCP Phone #: (999) 999-9999		
Benefit Begin Date: 00/00/0000		
F2-Exit F3-Main Menu F5-Print F6-TPL F7-Lock-in F8-CC F9-Elig F10-SRV_LIM		

9.10 Recipient Eligibility Information Response – Community Care Optional Display

LOUISIANA MEDICAID RECIPIENT ELIGIBILITY INFORMATION CC RESPONSE 00/00/0000		
Recipient ID:	0000000000000	<u>Message</u>
Number of CC:	00	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
<u>CC INFORMATION</u>		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
1.Primary Care Physician: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
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		

9.11 Recipient Eligibility Information Response – Service Limit Optional Display

LOUISIANA MEDICAID RECIPIENT ELIGIBILITY INFORMATION SRV_LIM RESPONSE 00/00/0000		
Recipient ID:	0000000000000	<u>Message</u> XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
<u>SERVICE LIMITS INFORMATION:</u>		
<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-CC F9-HMO F10-Elig

9.12 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- 0000000001-01
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
COMMUNITY CARE IND:	Y
HMO IND:	Y
NUM TPL:	1
NUM LOCK-IN:	1
CC PRI CARE PHY :	LESS FIXEM MD
CC PRI CARE PHY PHONE:	000-000-0000
CC MESSAGE :	XXXXXXXXXXXXXXXXXXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXX
HMO PLAN NAME :	TAKE CARE OF NOW
HMO PRI CARE PHY :	DO LITTLE 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 HOLDER NAME:	MORGAN MALACHIL
LOCK-IN NAME:	WILLIAM J SMITH MD
LOCK-IN PROVIDER PHONE:	123-123-1234
LOCK-IN TYPE :	PHYSICIAN

10.0 MEVS VENDOR TESTING REQUIREMENTS

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 Molina Medicaid Solutions MEVS Team if there are any questions regarding the data in the MEVS response. The Molina Medicaid Solutions MEVS Team will supply the network vendor with test cases and data. Molina Medicaid Solutions will also supply a test recipient ID card (maximum of two) for the purpose of testing ID card swipe capability.

The network vendor must complete the test cases and send hardcopies or E-mail of the responses to Molina Medicaid Solutions. 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.

10.1 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.

10.2 Confidentiality During Application Testing

Regulations concerning confidentiality are addressed in the telecommunications contract between the vendor and Molina Medicaid Solutions.

11.0 MARKETING

11.1 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.

11.2 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 Molina Medicaid Solutions
 - ♦ 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 Molina Medicaid Solutions Louisiana staff and a designated person from DHH, 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).
- Molina Medicaid Solutions and DHH staff will have two (2) weeks from the receipt of the materials to review the documents.
- If changes to the materials are necessary, Molina Medicaid Solutions and DHH reserve the option to review the materials after recommended changes have been made.
- NO marketing materials may be released to the provider community without DHH approval.

12.0 PROBLEM RESOLUTION

12.1 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.

12.2 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. Molina Medicaid Solutions 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 (for instance, LAMEVS or LAPOS)
- 2) vendor ID (Emdeon is ENV, Relay Health is NDC, etc.)
- 3) time the problem began and ended or ongoing
- 4) effect the problem is having on other applications, if any (MEVS transactions for a state other than Louisiana)
- 5) any data related problem, if any (a particular provider is experiencing a problem).

13.0 GLOSSARY

ANSI	American National Standards Institute
ASC	Accredited Standards Committee
BIN	Banking Identification number
CC	Community Care
CCN	Card Control Number
CMS	Centers for Medicare and Medicaid Services
DHH	Department of Health and Hospitals
DOB	Date of Birth
DOS	Date of Service
EPSDT	Early Periodic Screening and Diagnostic Treatment
HCFA	Health Care Financing Administration (obsolete: now CMS Centers for Medicare and Medicaid Services)
HCPCS	HCFA/CMS Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
HMO	Health Maintenance Organization
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
PID	Plastic Eligibility Identification Card
RAD	Requirements Analysis Document
REVS	Recipient Eligibility Verification System
RID	Recipient Identification Number
SSN	Social Security Number
TPL	Third Party Liability
WIS	Welfare Information System

14.0 CONTACT INFORMATION

Registration:

Gloria Gardner	(225) 216-6290	Central Time Zone
	Fax (225) 216-6373	

Contract Status:

Kermit Patty	(225) 216-6241	Central Time Zone
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Testing Procedures/Validation:

Gloria Gardner	(225) 216-6290	Central Time Zone
	Fax (225) 216-6373	

Marketing Materials:

Gloria Gardner	(225) 216-6290	Central Time Zone
	Fax (225) 216-6373	

Establishing Communication:

Unisys NAEC Help Desk	(800) 428-6411	Mountain Time Zone
	(800) 642-4230	Mountain Time Zone
Scott Totman	(801) 386-4822	Mountain Time Zone
John Dempsey	(805) 389-1778	Pacific Time Zone

Problem Resolution:

Unisys NAEC Help Desk	(800) 428-6411	Mountain Time Zone
	(800) 642-4230	Mountain Time Zone

Molina Medicaid Solutions Provider Services:

8:00 AM – 5:00 PM	(800) 473-2783	Central Time Zone
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Molina Medicaid Solutions MEVS Team:

Kermit Patty	(225) 216-6241	Central Time Zone
Karen Olson	(757) 306-4467	Eastern Time Zone