



Louisiana Medicaid

Submitter's Companion Guide

for the

Batch MEVS (Eligibility Verification) System

October 24, 2011
Version 2.0

Change Log

| | | |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Document Title | Louisiana Medicaid Management Information System (LMMIS) – Submitter's Companion Guide for the Batch MEVS (Eligibility Verification) System | |
| Author | Software Development Group, Molina Medicaid Solutions | |
| | Revision History | |
| Date | Description of Change | By |
| February 3, 2007 | Original draft. Version 1.0. | Tommy Tran |
| March 17, 2007 | Updated data in tables; formatted per QA standards. Version 1.1. | Kermit Patty, Randy Sheehan |
| May 3, 2007 | 3.3, updated HL02 in 2000C; 3.4 updated HL01 and HL02 in 2000B and 2000C; updated Reject Reason Codes table; 3.5, updated ISA05, ISA06, ISA09, ISA10, ISA14, GS02, GS04, GS05, GS06, GE02, TA102, TA103, ST02, and SE02. Added Change Log. Version 1.2. | Tommy Tran, Kermit Patty, Randy Sheehan |
| May 29, 2007 | Updated verbiage in section 3; added two screenshots in section 4. Version 1.3. | Tommy Tran, Randy Sheehan |
| May 14, 2009 | Updated 2100B NM108 and NM109 for NPI. Added NPI and Other Health Plan Identification information; removed references to version 3040. Version 1.4. | Randy Sheehan per Tommy Le and Kermit Patty |
| August 24, 2011 | Updates to create Version 5010 | Kermit Patty |

Table of Contents

| | | |
|------------|----------------------------------------------------------------------------------|-----------|
| 1.0 | Introduction | 1 |
| 2.0 | Billing Information..... | 2 |
| 3.0 | Batch MEVS Transaction Data Sets Guidelines for Submitters..... | 4 |
| 3.1 | HIPAA Transaction Code Sets (TCS) | 6 |
| 3.2 | HIPAA TCS Envelope Definition for 270 and 271 batches..... | 7 |
| 3.3 | HIPAA X12N 270 (5010A1), Batch MEVS 270 Transaction Map..... | 10 |
| 3.4 | HIPAA X12N 271 (5010A1), Batch MEVS 271 Transaction Map..... | 14 |
| 3.5 | HIPAA X12N 999 (5010A1), Batch MEVS EDI Controls Transaction Map (999 ACK) | 27 |
| 4.0 | 270 Submission Guide | 30 |
| 5.0 | Submitter 270 Submission Notes..... | 36 |
| 6.0 | File Naming Conventions | 37 |
| 7.0 | Submission Security..... | 38 |
| 8.0 | Molina Batch MEVS Contact Information | 39 |

1.0 Introduction

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

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

Please note these abbreviations used in this document:

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

Definitions

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

2.0 Billing Information

Submitter Charges for using the Molina Batch 270/271 Application

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

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

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

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

- Flat fee of \$50 per file for all files submitted to Molina (for up to 500 records in the file)
- In addition, a fee of \$0.15 for each discrete eligibility request over 500 for any given file submission

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

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

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

Terminology

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

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

ERRORMMISnnnnneeeeeee

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 systems. There are nine spaces after the sequence number.

The message identifiers currently in use are:

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

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

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

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

Minimizing Charges for Faulty 270 Transaction Submissions

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

Monthly Billing Cycle

Molina will generate monthly invoices and mail them to participating submitters who have used the application during the month. Molina will utilize the submitter's billing (pay-to) address on our Medicaid provider enrollment files. If the submitter does not wish for Molina to send invoices to that address, they should notify one of the support individuals indicated in Section 8 of this document.

3.0 Batch MEVS Transaction Data Sets Guidelines for Submitters

The DHH Batch MEVS application will utilize HIPAA standard transaction code sets (TCS) HIPAA ANSI X12N 270/271 Eligibility Benefit Inquiry and Response Code Set, Version 5010A1 to conduct data exchange with submitters.

ANSI ASC X12.279 - Eligibility, Coverage, or Benefit Inquiry (270)

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

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

TA1

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

999

Processing to generate a 999 Implementation Acknowledgment will commence upon successful completion of validation of the Interchange Control envelope. The 999 Implementation Acknowledgment file will be posted and made available to the submitter after processing of the Batch 270 file. The online Transaction List is updated when the 999 Implementation Acknowledgment file is posted. **For more information, see Section 5.0 Submitter 270 Submission Notes.**

ANSI ASC X12.279 - Eligibility, Coverage, or Benefit Information (271)

A Batch 271 Eligibility response file will be created upon successful completion of both the TA1 Interchange Acknowledgment processing and 999 Implementation Acknowledgment processing without critical errors. The Batch 271 Eligibility response file will report the eligibility status of each recipient eligibility request in the corresponding batch 270 file. The Batch 271 Eligibility Response file will be posted and made available to the submitter upon completion of eligibility verification processing.

Delimiters

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

| CHARACTER | NAME | DELIMITER |
|-----------|----------|------------------------|
| * | Asterisk | Data Element Separator |
| ^ | Caret | Repetition Separator |
| ~ | Tilde | Segment Terminator |
| % | Percent | Component Separator |

ELIGIBILITY BATCH REQUEST ORGANIZATION

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

Each eligibility batch submission must contain only one of each of the following:

- ISA – Interchange Control Header
- IEA - Interchange Control Trailer
- GS – Functional Group Header
- GE – Functional Group Trailer
- ST - Transaction Set Header
- SE - Transaction Set Trailer
- HL - Information Source Loop

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

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

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

3.1 HIPAA Transaction Code Sets (TCS)

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

- Envelope for 270 and 271 batches
- 270 Batch Eligibility Request
- 271 Batch Eligibility Response
- 999 Implementation Acknowledgement Transaction Set
- TA1 Interchange Acknowledgement

The following tables describe the format of the files that will be used for communication between the Batch MEVS system and submitters. All formats are based on HIPAA X12N Version 5010A1 Implementation Guides.

3.2 HIPAA TCS Envelope Definition for 270 and 271 batches

| <u>Loop</u> | <u>Segment</u> | <u>Field</u> | <u>Description (Element Name)</u> | <u>Element Definition/Length</u> | <u>Valid Values</u> | <u>Notes</u> |
|-------------|----------------|--------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------|
| N/A | ISA | ISA01 | Authorization Information Qualifier | Code to identify the type of information in the Authorization Information Element/ 2 characters | 00 – No authorization information present | |
| | ISA | ISA02 | Authorization Information | Information used for additional identification or authorization of the interchange sender or the data in the interchange/ 10 characters | Spaces or Zeros | |
| | ISA | ISA03 | Security Information Qualifier | Code to identify the type of information in the Security Information/ 2 characters | 00 – No security information present | |
| | ISA | ISA04 | Security Information | This field is used for identifying the security information about the interchange sender and the data in the interchange; the type of information is set by the Security Information Qualifier/ 10 characters | Spaces or Zeros | |
| | ISA | ISA05 | Interchange Id Qualifier | Qualifier to designate the system/method of code structure used to designate the sender or receiver Id element being qualified/ 2 characters | 'ZZ' – Mutually Defined | |
| | ISA | ISA06 | Interchange Sender Id | Identification code published by the sender or other parties to use as the receiver Id to route data to them; the sender always codes this value in the sender Id element/ 15 characters | Please use your company's Federal Tax ID | Put spaces following Federal Tax ID to fulfill 15 characters. |
| | ISA | ISA07 | Interchange Id Qualifier | Qualifier to designate the system/method of code structure used to designate the sender or receiver Id element being qualified/ 2 characters | ZZ – Mutually Defined | |
| | ISA | ISA08 | Interchange Receiver Id | Identification code published by the receiver of the data; when sending, it is used by the sender as their sending Id, thus other parties sending to them will use this as a receiving Id to route data to them/ 15 characters | 610551 | Put 9 spaces following Receiver Id to fulfill 15 characters. |
| | ISA | ISA09 | Interchange Date | Date of the interchange/ 6 characters | | YYMMDD format |
| | ISA | ISA10 | Interchange Time | Time of the interchange/ 4 characters | | HHMM format |
| | ISA | ISA11 | Repetition Separator | Delimiter used to separate repeated occurrences of a simple data element or a composite data structure. 1 character | Repetition Separator= '^' | Value is ASCII character 94 |

| | | | | | | |
|--|------------|--------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| | ISA | ISA12 | Interchange Control Version Number | This version number covers the interchange control segments/ 5 characters | 00501 | Draft Standards for Trial Use Approved for Publication by ASC X12 Procedure Review Board April, 2008 |
| | ISA | ISA13 | Interchange Control Number | A control number assigned by the interchange sender/ 9 characters | | Must be identical to the control number in associated Interchange Trailer IEA02 |
| | ISA | ISA14 | Acknowledgement Requested | Code sent by the sender to request an interchange Acknowledgement (TA1)/ 1 character | 0 – No Acknowledgement requested (for Molina 271 response transaction sets or submitter 270 request) | |
| | ISA | ISA15 | Usage Indicator | Code to indicate whether data enclosed is test, production or information/ 1 character | P – Production T- Test | |
| | ISA | ISA16 | Component Element Separator | The delimiter value used to separate components of composite data elements/ 1 character | Component Element Separator= '%' | Value is ASCII character <us> |
| | | | | | Segment Terminator = '~' | |
| | IEA | IEA01 | Number of included functional groups | A count of the number of functional groups included in an interchange/ 1-5 characters | | |
| | IEA | IEA02 | Interchange Control Number | A control number assigned by the interchange sender/ 9 characters | | Must be identical to the header-level Interchange Control Number in ISA13 |
| | GS | GS01 | Functional Identifier Code | Code identifying a group of application related transaction sets | HS - Eligibility, Coverage or Benefit Inquiry (270) HB - Eligibility, Coverage or Benefit Information (271) | |
| | GS | GS02 | Application Sender's Code | Code identifying party sending transmission; codes agreed to by trading partners/ 2-15 characters | Please use your company's Federal Tax ID. | |
| | GS | GS03 | Application Receiver's Code | Code identifying party receiving transmission; codes agreed to by trading partners | 610551 | |
| | GS | GS04 | Date | The functional group creation date | | Date expressed as CCYYMMDD |
| | GS | GS05 | Time | The functional group creation time | | Time on a 24-hour clock, recommended format HHMM |

Submitter's Companion Guide for the Batch MEVS (Eligibility Verification) System

| | | | | | | |
|--|-----------|-------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------|
| | | | | | | |
| | GS | GS06 | Group Control Number | An assigned control number for the functional group of transactions, originated and maintained by the sender | | Must be identical to functional group trailer, GE02. |
| | GS | GS07 | Responsible Agency Code | Code used in conjunction with Element GS08 to identify the issuer of the standard | X – Accredited Standards Committee X12 | |
| | GS | GS08 | Version/Release/Industry Identifier Code | Code that identifies the version of the transaction(s) in the functional group | 005010X279A1 | |
| | GE | GE01 | Number of Transactions Sets Included | The number of transactions in the functional group ended by this trailer segment/ 1-6 characters | | Total number of transaction sets included in the functional group. |
| | | GE02 | Group Control Number | Assigned number originated by the sender | | Must match the control number in GS06 |

3.3 HIPAA X12N 270 (5010A1), Batch MEVS 270 Transaction Map

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

Per the transmission guide:

Segments shown in bold type are required.

Fields shown in bold are required if that segment is used.

Modifications to the standard MEVS Vendor Specification in red.

| Loop | Segment | Field | Description | Value or Special Instructions |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Transaction Set Header | | | | |
| | ST | ST01 | Transaction Set Identifier Code | '270' |
| <i>Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.</i> | | | | |
| | | ST02 | Transaction Set Control Number | Must match SE02 |
| | | ST03 | Implementation Convention Reference | Must match GS08 |
| | BHT | BHT01 | Hierarchical Structure Code | '0022' |
| | | BHT02 | Transaction Set Purpose Code | '13' |
| | | BHT03 | Reference Identification | Number assigned by the originator to identify the transaction within the originator's business application system |
| | | BHT04 | Date | Transaction Set Creation Date in format CCYYMMDD |
| | | BHT05 | Time | Transaction Set Creation Time in format HHMM |
| 2000A Information Source Level (Molina) | | | | |
| | HL | HL01 | Hierarchical Level | '1' |
| | | HL03 | Hierarchical Level Code | '20' |
| | | HL04 | Hierarchical Child Code | '1' |
| 2100A Information Source Name (Molina) | | | | |
| | NM1 | NM101 | Entity Identifier Code | 'PR' |
| | | NM102 | Entity Type Qualifier | '2' – non person entity |
| | | NM103 | Name Last or Organization Name | 'MOLINA LAMMIS' |
| | | NM108 | Identification Code Qualifier | 'PI' |
| | | NM109 | Identification Code | '610551' |
| 2000B Information Receiver Level (Submitter) | | | | |
| | HL | HL01 | Hierarchical ID Number | Next Hierarchical Number from the previous HL segment. |
| | | HL02 | Hierarchical Parent ID Number | '1' |
| | | HL03 | Hierarchical Level Code | '21' |
| | | HL04 | Hierarchical Child Code | '1' |
| 2100B Information Receiver Name | | | | |
| | NM1 | NM101 | Entity Identifier Code | '1P' |
| | | NM102 | Entity Type Qualifier | '1' – person identity '2' – non-person entity |
| | | NM103 | Name Last or Organization Name | Last name if person entity (NM102 = '1'); Organization name if non-person entity (NM102 = '2') |
| | | NM104 | Name First | First name if NM102 = '1' |
| | | NM105 | Name Middle | Middle name if NM102 = '1' |
| | | NM106 | Name Suffix | Used if NM102 = '1' (e.g. 'SR', 'JR', 'III') |
| | | NM108 | Identification Code Qualifier | 'SV' – Medicaid Provider ID 'XX' – NPI 'PI' – Other Health Plan ID |
| | | NM109 | Identification Code | NPI or Medicaid Provider ID or Other Health Plan ID. |

| Information Receiver Additional Information | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2100B | REF | REF01 REF02 | Reference Identification Qualifier Reference Identification | "1D" – Medicaid Provider ID | |
| | | | | Seven digit Medicaid Prov ID (used when NPI + Taxonomy Code or NPI + Zip Code do not uniquely identify the Information Receiver) | |
| | | | | | |
| 2100B Information Receiver City/State/Zip Code (Provider) | | | | | |
| | N4 | N401 | City Name | | |
| | | N402 | State or Province | Two character State Code | |
| | | N403 | Postal Code | Nine-digit Zip Code – Required if registered with NPI plus zip code | |
| | | | | | |
| 2100B Information Receiver Contact Information (Provider) | | | | | |
| | PRV | PRV01 | Provider Code | "SB" Submitting | |
| | | PRV02 | Reference Identification Qualifier | "PXC" Health Care Provider Taxonomy Code | |
| | | PRV03 | Reference Identification | Provider Taxonomy Code – Required if registered with NPI plus taxonomy code | |
| | | | | | |
| 2000C Subscriber Level (Recipient) | | | | | |
| | HL | HL01 | Hierarchical ID Number | The next Hierarchical Number from the previous HL segment. For each subsequent subscriber loop in the transaction, increment this number by 1. | |
| | | HL02 | Hierarchical Parent ID Number | Hierarchical ID Number of the immediately previous HL segment for the Information Receiver (Level Code = 21). | |
| | | HL03 | Hierarchical Level Code | '22' | |
| | | HL04 | Hierarchical Child Code | '0' for all Subscriber loops. | |
| | | | | | |
| <i>Vendor trace number is currently submitted in the transaction envelope. If it is present in the 270, it will be returned in the 271. The current format is a three-character vendor ID followed by a 6 digit tracking number.</i> | | | | | |
| | TRN | TRN01 | Trace Type Code | '1' | |
| | | TRN02 | Reference Identification Loop | This number is the trace or reference number assigned by the information receiver. | |
| | | TRN03 | Originating Company Identifier/ 10 characters | The 10 digit-number identifying the Originating company. The number must begin with: '1' – if an EIN is used '3' – if a DUNS is used '9' – if a user assigned identifier is used. | |
| | | TRN04 | Reference Identification | Use if needed to further identify the Information Receiver. | |

| 2100C | | Individual Name (Subscriber) | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------|------------------------------------|------------------------------------------------------------------------------------------|--|
| | NM1 | NM101 | Entity Identifier Code | '1L' | |
| | | NM102 | Entity Type Qualifier | '1' | |
| | | NM103 | Individual Last Name | Required, if access method uses recipient name | |
| | | NM104 | Individual First Name | Required, if access method uses recipient name | |
| | | NM105 | Individual Middle Name | | |
| | | NM106 | Individual Name Prefix | | |
| | | NM107 | Individual Name Suffix | | |
| <i>Note: if either NM108 or NM109 are filled, the other must be filled as well</i> | | | | | |
| | | NM108 | Identification Code Qualifier | 'M' – Member Identification Number | |
| | | NM109 | Identification Code | Recipient Medicaid ID | |
| <i>Situational segments – Must have at least one of the following segments (REF[SY], REF[HJ], or DMG) in addition to NM109.</i> | | | | | |
| | REF | REF01 | Reference Identification Qualifier | 'SY' – when access method includes SSN | |
| | | REF02 | Reference Identification | Recipient SSN | |
| | REF | REF01 | Reference Identification Qualifier | 'HJ' – when access method includes CCN | |
| | | REF02 | Reference Identification | Recipient CCN | |
| | DMG | DMG01 | Date Time Period Format Qualifier | 'D8' – when access method includes DOB (format: CCYYMMDD) | |
| | | DMG02 | Date Time Period | Recipient DOB | |
| <i>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 submitter.</i> | | | | | |
| | DTP | DTP01 | Date Time Qualifier | '291' – Plan Date | |
| | | DTP02 | Date Time Period Format Qualifier | 'D8' | |
| | | DTP03 | Date Time Period | Plan Date (CCYYMMDD) | |
| | EQ | EQ01 | Service Type Code | '30' – Health Benefit Plan Coverage request | |
| Transaction Set Trailer | | | | | |
| | SE | SE01 | Transaction Segment Count | Total number of segments included in this transaction set, including ST and SE segments. | |
| | | SE02 | Transaction Set Control Number | Must be identical to ST02. | |

3.4 HIPAA X12N 271 (5010A1), Batch MEVS 271 Transaction Map

Per the transmission guide:

Segments shown in bold type are required.

Fields shown in bold are required if that segment is used.

Modifications to the standard MEVS Vendor Specification in red.

Submitter's Companion Guide for the Batch MEVS (Eligibility Verification) System

| Loop | Segment | Field | Description | Value or Special Instructions |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transaction Set Header | | | | |
| | ST | ST01 | Transaction Set Identifier Code | '271' |
| <i>Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.</i> | | | | |
| | | ST02 | Transaction Set Control Number | Must match SE02 |
| | | ST03 | Implementation Convention Reference | Must match GS08 |
| | BHT | BHT01 | Hierarchical Structure Code | '0022' |
| | | BHT02 | Transaction Set Purpose Code | '11' |
| <i>Number assigned by the originator to identify the transaction within the originator's business application system.</i> | | | | |
| | | BHT03 | Reference Identification | Will match BHT03 in the 270 |
| | | BHT04 | Date | Transaction Set Creation Date in format CCYYMMDD |
| | | BHT05 | Time | Transaction Set Creation Time in format HHMM |
| 2000A | Information Source Level | | | |
| | HL | HL01 | Hierarchical Level | '1' |
| | | HL03 | Hierarchical Level Code | '20' |
| | | HL04 | Hierarchical Child Code | '1' |
| <i>This segment will be returned when the system or application is not able to process the transaction.</i> | | | | |
| | AAA | AAA01 | Yes/No Condition or Response Code | 'N' - This code indicates that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. 'Y' - This code indicates that the request is valid, however the transaction has been rejected as identified by the code in AAA03. |
| | | AAA03 | Reject Reason Code | '42' - Unable to Respond at Current Time = "PLANNED UNAVAILABLE" |
| | | AAA04 | Follow-up Action Code | This code indicates to the recipient of the 271 what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable). 'N' - Resubmission Not Allowed 'C' - Please Correct and Resubmit 'P' - Please Resubmit Original Transaction |
| 2100A | Individual Source Name | | | |
| | NM1 | NM101 | Entity Identifier Code | 'PR' |
| | | NM102 | Entity Type Qualifier | '2' - non person entity |
| | | NM103 | Name Last or Organization Name | 'MOLINA LAMMIS' |
| | | NM108 | Identification Code Qualifier | 'PI' |
| | | NM109 | Identification Code | '610551' |

| SOURCE RESPONSE RETURN CODES | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <i>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.</i> | | | | |
| | AAA | AAA01 | Yes/No Condition or Response Code | Information will be sent in this section when a transaction is received from an unauthorized vendor. Constant 'Y' - Yes |
| | | AAA03 | Reject Reason Code | Constant "79" - Invalid Participant Identification: Error in GS02 |
| | | AAA04 | Follow-up Action Code | 'N' - Resubmission Not Allowed 'C' - Please correct and resubmit |
| 2000B Information Receiver Level | | | | |
| | HL | HL01 | Hierarchical ID Number | Hierarchical ID Number will be the same number sent in the corresponding entry from the 270 transaction. |
| | | HL02 | Hierarchical Parent ID Number | Hierarchical Parent ID Number will be the same number sent in the corresponding entry from the 270 transaction |
| | | HL03 | Hierarchical Level Code | '21' |
| | | HL04 | Hierarchical Child Code | '1' |
| 2100B Information Receiver Name | | | | |
| | NM1 | NM101 | Entity Identifier Code | '1P' |
| | | NM102 | Entity Type Qualifier | '1' - person identity '2' - non-person entity |
| | | NM103 | Name Last or Organization Name | Last name if person (NM102 = '1'); Organization name if non-person (NM102 = '2') |
| | | NM104 | Name First | First name if NM102 = '1' |
| | | NM105 | Name Middle | Middle name if NM102 = '1' |
| | | NM106 | Name Suffix | Used if NM102 = '1' (e.g. 'SR', 'JR', 'III') |
| | | NM108 | Identification Code Qualifier | 'SV' - Louisiana Medicaid ID 'XX' - NPI 'PI' - Other Health Plan ID |
| | | NM109 | Identification Code | Medicaid Provider Number or NPI or Other Health Plan ID |
| Additional Information Receiver Identification | | | | |
| | REF | REF01 | Reference Identification Qualifier | 'EO' - Submitter Identification Number |
| | | REF02 | Reference Identification | Submitter Telephone Number |
| | REF | REF01 | Reference Identification Qualifier | '1D' - Submitter Identification Number |
| | | REF02 | Reference Identification | Medicaid Provider ID |
| Information Receiver City, State, and Zip Code | | | | |
| | N4 | N401 | Provider City Name | |
| | | N402 | Provider State | |
| | | N403 | Provider Zip Code | |
| Information Receiver Provider Information | | | | |
| | PRV | PRV01 | Provider Code | 'SB' - Submitting Provider |
| | | PRV02 | Reference ID Qualifier | 'PXC' - Health Care Provider Taxonomy Code |
| | | PRV03 | Reference ID | Provider Taxonomy Code |
| RECEIVER RESPONSE RETURN CODES | | | | |
| | AAA | AAA01 | Yes/No Condition or Response Code | 'N' - No 'Y' - Yes |
| | | AAA03 | Reject Reason Code | '43' - Invalid/missing Provider ID '50' - Provider Ineligible for Inquiries '51' - Provider Not on File |
| | | AAA04 | Follow-up Action Code | 'C' - Please correct and resubmit |

| 2000C Subscriber Level (Recipient) | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | HL | HL01 | Hierarchical ID Number | Hierarchical ID Number will be the same number sent in the corresponding entry from the 270 transaction. | |
| | | HL02 | Hierarchical Parent ID Number | Hierarchical Parent ID Number will be the same number sent in the corresponding entry from the 270 transaction | |
| | | HL03 | Hierarchical Level Code | '22' | |
| | | HL04 | Hierarchical Child Code | Hierarchical Child Code set to '0' | |
| | TRN | TRN01 | Trace Type Code | Any trace numbers received in the 270 request will be returned in the 271 response with a value of '2' – Referenced Transaction Trace Numbers. Maximum of two. | |
| | | TRN02 | Reference Identification | Trace number from 270 transaction. (LA MEVS envelope Trace Number) | |
| | | TRN03 | Originating Company Identifier | The value received in the original 270 transaction. | |
| | TRN | TRN01 | Trace Type Code | Payor assigned trace numbers are designated with a value of '1' Current Transaction Trace Numbers | |
| | | TRN02 | Reference Identification | Tracking Number | |
| <i>Use this information to identify the organization that assigned this trace number.</i> | | | | | |
| | | TRN03 | Originating Company Identifier | The 10 digit-number identifying the Originating company. The number must begin with: '1' – if an EIN is used '3' – if a DUNS is used '9' – if a user assigned identifier is used. | |
| 2100C Subscriber (Recipient) Name | | | | | |
| | NM1 | NM101 | Entity Identifier Code | 'IL' | |
| | | NM102 | Entity Type Qualifier | '1' | |
| <i>Required unless a rejection response is generated and this element was not valued in the request.</i> | | | | | |
| | | NM103 | Individual Last Name | | |
| <i>Required unless a rejection response is generated and this element was not valued in the request.</i> | | | | | |
| | | NM104 | Individual First Name | | |
| | | NM105 | Individual Middle Name | | |
| | | NM107 | Individual Name Suffix | | |
| Note: if either NM108 or NM109 are filled, the other must be filled as well | | | | | |
| | | NM108 | Identification Code Qualifier | 'MI' | |
| | | NM109 | Identification Code | Current Recipient ID = Identification Code Corrected or new Identification Number is returned in NM109. | |
| <i>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.</i> | | | | | |
| | REF | REF01 | Reference Identification Qualifier | 'Q4' - Indicates that the originally submitted Identification Number is returned in REF02, if the submitted Identification Number was not the current Recipient ID. 'SY' - Social Security Number, if entered in the 270 'HJ' – Identity Card Number for Card Control Number, if entered in the 270 | |
| | | REF02 | Reference Identification | Subscriber Supplemental Identifier – SSN, or Card Control Number, or Originally submitted Identification Number, if the submitted ID was not the current ID | |

| Subscriber Address | | | | |
|----------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------|-----------------------------------------------------------|--|
| N3 | N301 | Address Information | Subscriber Address | |
| N4 | N401 | City Name | Subscriber City Name | |
| | N402 | State or Province Code | Subscriber State | |
| | N403 | Postal Code | Subscriber Zip Code | |
| AAA | AAA01 | Yes/No Condition or Response Code | 'Y' or 'N' | |
| | AAA03 | Reject Reason Code | SEE REJECT REASON CODES FOR SUBSCRIBER | |
| | AAA04 | Follow-up Action Code | 'C' - Please Correct and Resubmit | |
| DMG | DMG01 | Date Time Period Format Qualifier | 'D8' – when access method includes DOB (format: CCYYMMDD) | |
| | DMG02 | Date Time Period | Recipient Date of Birth (DOB) | |
| | DMG03 | Gender Code | 'F' – female 'M' - male | |
| <i>Use when REF01 = "Q4" – Sending back current recipient ID when original or a prior recipient ID was submitted</i> | | | | |

Submitter's Companion Guide for the Batch MEVS (Eligibility Verification) System

| | | | | | |
|----------------------------------------------------------------------------------|------------------------------------------------------|-------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | INS | INS01 | Yes/No Condition or Response Code | 'Y' | |
| | | INS02 | Individual Relationship Code | '18' | |
| | | INS03 | Maintenance Type Code | '001' – Change | |
| | | INS04 | Maintenance Reason Code | '25' – Change in identifying data elements | |
| | DTP | DTP01 | Date Time Qualifier | '346' – Plan Begin Date | |
| | | DTP02 | Date Time Period Format Qualifier | 'D8' | |
| | | DTP03 | Date Time Period | Plan Begin Date (CCYYMMDD) | |
| | DTP | DTP01 | Date Time Qualifier | '442' – date of death | |
| | | DTP02 | Date Time Period Format Qualifier | 'D8' | |
| | | DTP03 | Date Time Period | Date of death (CCYYMMDD) | |
| Special Programs | | | | | |
| 2110C | Subscriber Eligibility or Benefit Information | | | | |
| | EB | EB01 | Eligibility or Benefit Information | '1' – Active Coverage (Recipient is eligible) '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) | |
| | | EB02 | Coverage Level Code | 'IND' - individual | |
| | | EB03 | Service Type Code | '1' – Medical Care '30' – Health Benefit Plan Coverage '35' – Dental Care '42' – Home Health Care '45' – Hospice '48' – Hospital Inpatient '54' – Long Term Care '69' – Maternity '82' – Family Planning '86' – Emergency Services 'A7' – Psychiatric – Inpatient 'AI' – Substance Abuse 'CH' – Mental Health Facility – Inpatient 'CQ' – Case Management | |
| | | EB04 | Insurance Type Code | 'HM' – HMO 'HS' – Special Low Income Medicare Beneficiary 'MA' – Medicare Part A 'MB' – Medicare Part B 'MC' – Medicaid 'OT' – Other 'QM' – Qualified Medicare Beneficiary | |
| <i>Special program message(s) (If EB01 = 6 or V, EB05 will not be returned):</i> | | | | | |

Submitter's Companion Guide for the Batch MEVS (Eligibility Verification) System

| | | | | |
|-----------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | EB05 | Plan Coverage Description | SEE PLAN COVERAGE CODES |
| | | EB11 | Yes/No Condition | 'Y' – If Prior Authorization is required |
| Subscriber Benefit Begin Date | | | | |
| DTP | DTP01 | Date Time Qualifier | '348' – Benefit Begin Date | |
| | DTP02 | Date Time Period Format Qualifier | 'D8' – Date Time Format 'CCYYMMDD' | |
| | DTP03 | Date Time Period | Benefit Begin Date | |
| Free Form Message Text Loop | | | | |
| MSG | MSG01 | Message Text | PREGNANCY DELIVERY SVS ONLY REFER TO www.lamedicaid.com – BILLING INFORMATION FOR BILLABLE CODES OUTPATIENT PRENATAL CARE ONLY OUTPATIENT TB RELATED SERVICES ONLY SPENDDOWN RECIP, FILE FORM 110MNP SEXUALLY TRANS DIS CLNC SVS TUBERCULOSIS CLINICS SVS ELIG PAY OF DED/CO-INS COVD BY MCARE CONTACT PROVR SVS FOR ADD'L TPL INFO FOSTER CHILD-ADULT SERVICE LIMITS APPLY PREFERRED LANGUAGE: XXXXXXXXX MEDICAL BILLING INFO CALL OFFICE GRP BENEFITS:800-215-1093/225-216-6955 (LACHIP Affordable Plan) | |
| | | | DENTAL BILLING INFO CALL MOLINA PROV RELATIONS:800-472-2783/225-924-5040 (LACHIP Affordable Plan) | |
| | | | GO TO www.lamedicaid.com PROVIDER MANUALS FOR MORE PROGRAM INFO (EDA, ADHC and CCW Waivers) | |
| LACHIP Eligibility Messages (These messages are sent if the recipient is enrolled in the LaCHIP program) | | | | |
| 2120C | LS | LS01 | Loop Identification | '2120' |
| | NM1 | NM101 | Entity Identifier | 'PR' – Payer |
| | | NM102 | Entity Type Qualifier | '2' – Non-Person Entity |
| | | NM103 | Organization Name | 'LA OFFICE OF GROUP BENEFITS' |
| | PER | PER01 | Contact Function Code | 'IC' – Contact Information |
| | | PER03 | Communication Qualifier Code | 'TE' – Telephone |
| | | PER04 | Communication Number | '8002151093' |
| | | PER05 | Communication Number Qualifier | 'TE' – Telephone |
| | | PER06 | Communication Number | '2252166955' |
| | LE | LE01 | Loop Trailer | '2120' |
| Lock-in Eligibility | | | | |
| | EB | EB01 | Eligibility or Benefit Information | 'N' – Services restricted to following Provider 'D' – Benefit Description 'U' – Contact Following Entity for Eligibility or Benefit Description |
| | | EB02 | Coverage Level Code | 'IND' - individual |
| | | EB03 | Service Type Code | '96' – Physician '88' – Pharmacy '45' - Hospice |
| | | EB04 | Insurance Type Code | 'OT' - Other |

| | | | | |
|-----------------------------------------|--------------------------------------|-------|------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| | | | | |
| | Subscriber Benefit Begin Date | | | |
| | DTP | DTP01 | Date Time Qualifier | '348' – Benefit Begin Date |
| | | DTP02 | Date Time Period Format Qualifier | 'D8' – Date Time Format 'CCYYMMDD' |
| | | DTP03 | Date Time Period | Lock-in Benefit Begin Date |
| 2120C | LS | LS01 | Loop Identification | '2120' |
| | NM1 | NM101 | Entity Identifier | 'PR' – Payer |
| | | NM102 | Entity Type Qualifier | '1' – Person Entity '2' – Non-Person Entity |
| | | NM103 | Last Name or Organization Name | Provider Last Name (if NM102 = 1) or Organization Name (if NM102 = 2) or 'MOLINA PROVIDER RELATIONS' |
| | | NM104 | First Name | Provider First Name (if NM102 = 1) |
| | | NM105 | Middle Name | Provider Middle Name (if NM102 =1) |
| | | NM107 | Name Suffix | |
| | PER | PER01 | Contact Function Code | 'IC' – Contact Information |
| | | PER03 | Communication Qualifier Code | 'TE' – Telephone |
| | | PER04 | Communication Number | Lock-in Provider Telephone Number or Molina Provider Relations Telephone Number |
| | LE | LE01 | Loop Trailer | '2120' |
| | | | | |
| Hospice Eligibility Messages | | | | |
| 2110C | MSG | MSG01 | Message | "SERVICES MUST BE PROVIDED, COORDINATED & AUTHORIZED BY HOSPICE PROVIDER" |
| 2120C | LS | LS01 | Loop Identification | '2120' |
| | NM1 | NM101 | Entity Identifier | 'PR' – Payer |
| | | NM102 | Entity Type Qualifier | '1' – Person Entity '2' – Non-Person Entity |
| | | NM103 | Last Name or Organization Name | Provider Last Name (if NM102 = 1) or Organization Name (if NM102 = 2) or 'MOLINA PROVIDER RELATIONS' |
| | | NM104 | First Name | Provider First Name (if NM102 = 1) |
| | | NM105 | Middle Name | Provider Middle Name (if NM102 =1) |
| | | NM107 | Name Suffix | |
| | PER | PER01 | Contact Function Code | 'IC' – Contact Information |
| | | PER03 | Communication Qualifier Code | 'TE' – Telephone |
| | | PER04 | Communication Number | Hospice Provider Telephone Number or Molina Provider Relations Telephone Number |
| | LE | LE01 | Loop Trailer | '2120' |
| | | | | |
| Managed Care Eligibility Message | | | | |
| | EB | EB01 | Eligibility or Benefit Information | 'MC' – Managed Care 'U' – Contact Following Entity for Benefit Information (If the Provider is not found) |
| | | EB02 | Coverage Level Code | 'IND' - individual |
| | | EB03 | Service Type Code | '1' – Medical Care |
| | | EB04 | Insurance Type Code | 'HM' – HMO 'MC' – Medicaid |
| | | EB05 | Plan Coverage Description | 'PACE' 'COORDINATED CARE NETWORK' |
| | Subscriber Benefit Begin Date | | | |

| | | | | |
|-------------------------------------------|-----|-------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| | DTP | DTP01 | Date Time Qualifier | '348' – Benefit Begin Date |
| | | DTP02 | Date Time Period Format Qualifier | 'D8' – Date Time Format 'CCYYMMDD' |
| | | DTP03 | Date Time Period | HMO Benefit Begin Date |
| | MSG | MSG01 | Free Form Text Message | 'SERVICES MUST BE AUTHORIZED/PAID BY THE PACE PROVIDER' |
| 2120C | LS | LS01 | Loop Identification | '2120' |
| | NM1 | NM101 | Entity Identifier | 'PR' – Payer 'Y2' – Managed Care Organization |
| | | NM102 | Entity Type Qualifier | '1' – Person '2' – Non-Person Entity |
| | | NM103 | Last Name or Organization Name | Provider Last Name (if NM101 = 1) 'MOLINA PROVIDER RELATIONS' (if EB01 = 'U') |
| | | NM104 | First Name | Provider First Name (if NM101 = 1) |
| | | NM105 | Middle Name | Provider Middle Name (if NM101 = 1) |
| | | NM107 | Name Suffix | Provider Name Suffix (if NM101 = 1; optional) |
| | PER | PER01 | Contact Function Code | 'IC' – Contact Information |
| | | PER03 | Communication Qualifier Code | 'TE' – Telephone |
| | | PER04 | Communication Number | HMO Provider Telephone Number or Primary Care Provider Telephone Number or Molina Provider Relations Telephone Number |
| | LE | LE01 | Loop Trailer | '2120' |
| Community Care Eligibility Message | | | | |
| | EB | EB01 | Eligibility or Benefit Information | 'L' – Primary Care Provider 'U' – Contact Following Entity for Eligibility (if Provider is not found) |
| | | EB02 | Coverage Level Code | 'IND' - individual |
| | | EB03 | Service Type Code | '1' – Medical Care |
| | | EB04 | Insurance Type Code | 'MC' – Medicaid |
| | | EB05 | Plan Coverage Description | 'COMMUNITYCARE' |
| Subscriber Benefit Begin Date | | | | |
| | DTP | DTP01 | Date Time Qualifier | '348' – Benefit Begin Date |
| | | DTP02 | Date Time Period Format Qualifier | 'D8' – Date Time Format 'CCYYMMDD' |
| | | DTP03 | Date Time Period | Community Care Benefit Begin Date |
| | MSG | MSG01 | Free Form Text Message | 'COMMUNITYCARE PCP MUST AUTHORIZE/PROVIDE SERVICES EXCEPT:' |
| | MSG | MSG01 | Free Form Text Message | 'EXEMPT SERVICES AS SPECIFIED BY THE COMMUNITYCARE PROGRAM' |
| 2120C | LS | LS01 | Loop Identification | '2120' |
| | NM1 | NM101 | Entity Identifier | '1P' – Provider |
| | | NM102 | Entity Type Qualifier | '1' – Person '2' – Non-Person Entity |
| | | NM103 | Last Name or Organization Name | Provider Last Name (if NM101 = 1) or Organization Name (if NM102 = 2) or 'MOLINA PROVIDER RELATIONS' (if EB01 = 'U') |
| | | NM104 | First Name | Provider First Name (if NM101 = 1) |
| | | NM105 | Middle Name | Provider Middle Name (if NM101 = 1) |
| | | NM107 | Name Suffix | Provider Name Suffix (if NM101 = 1; optional) |
| | PER | PER01 | Contact Function Code | 'IC' – Contact Information |
| | | PER03 | Communication Qualifier Code | 'TE' – Telephone |
| | | PER04 | Communication Number | CommunityCare PCP Telephone Number or Molina Provider Relations Telephone Number |

| | | | | |
|--------------------------------------------|-----|-------|------------------------------------|----------------------------------------------------------------------------------------------------------|
| | LE | LE01 | Loop Trailer | '2120' |
| Case Management Eligibility Message | | | | |
| | EB | EB01 | Eligibility or Benefit Information | 'D' – Primary Care Provider 'U' – Contact Following Entity for Eligibility (if Provider is not found) |
| | | EB02 | Coverage Level Code | 'IND' - individual |
| | | EB03 | Service Type Code | 'CQ' – Case Management |
| | | EB04 | Insurance Type Code | 'MC' – Medicaid |
| Subscriber Benefit Begin Date | | | | |
| | DTP | DTP01 | Date Time Qualifier | '348' – Benefit Begin Date |
| | | DTP02 | Date Time Period Format Qualifier | 'D8' – Date Time Format 'CCYYMMDD' |
| | | DTP03 | Date Time Period | Case Management Benefit Begin Date |
| 2120C | LS | LS01 | Loop Identification | '2120' |
| | NM1 | NM101 | Entity Identifier | '1P' – Provider |
| | | NM102 | Entity Type Qualifier | '1' – Person '2' – Non-Person Entity |
| | | NM103 | Last Name or Organization Name | Case Manager Last Name (if NM101 = 1) 'MOLINA PROVIDER RELATIONS' (if EB01 = 'U') |
| | | NM104 | First Name | Case Manager First Name (if NM101 = 1) |
| | | NM105 | Middle Name | Case Manager Middle Name (if NM101 = 1; optional) |
| | | NM107 | Name Suffix | Case Manager Name Suffix (if NM101 = 1; optional) |
| | PER | PER01 | Contact Function Code | 'IC' – Contact Information |
| | | PER03 | Communication Qualifier Code | 'TE' – Telephone |
| | | PER04 | Communication Number | Case Manager's Telephone Number or Molina Provider Relations Telephone Number |
| | LE | LE01 | Loop Trailer | '2120' |
| Service Limits | | | | |
| | EB | EB01 | Eligibility or Benefit Information | 'F' – Limitations |
| | | EB02 | Coverage Level Code | 'IND' - individual |
| | | EB03 | Service Type Code | '98' – Physician Office Visits '44' – Home Health Visits '86' – Emergency Outpatient Visits |
| | | EB04 | Insurance Type Code | 'MC' - Medicaid |
| | HSD | HSD01 | Quantity Qualifier | 'FL' – Units |
| | | HSD02 | Quantity | Number of Service Limits Remaining |
| | | HSD03 | Unit or Basis for Measurement code | 'VS' – Visits |
| | | HSD05 | Time Period Qualifier | '29' – Remaining |
| Subscriber Benefit Begin Date | | | | |
| | DTP | DTP01 | Date Time Qualifier | '348' – Benefit Begin Date |
| | | DTP02 | Date Time Period Format Qualifier | 'D8' – Date Time Format 'CCYYMMDD' |
| | | DTP03 | Date Time Period | Service Limits Benefit Begin Date |
| Private Insurance | | | | |
| 2110C | EB | EB01 | Eligibility or Benefit Information | 'R' – Other or Additional Payer |

Submitter's Companion Guide for the Batch MEVS (Eligibility Verification) System

| | | | | |
|-------|--------------------------------------|-------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | EB02 | Coverage Level Code | 'IND' - individual |
| | | EB03 | Service Type Code | '1' – Medical Care |
| | | EB04 | Insurance Type Code | 'C1' - Commercial |
| | REF | REF01 | Reference Identification Qualifier | 'N6' – Plan Network Identification Number |
| | | REF02 | Reference Identification | Insurance Number |
| | Subscriber Benefit Begin Date | | | |
| | DTP | DTP01 | Date Time Qualifier | '348' – Benefit Begin Date |
| | | DTP02 | Date Time Period Format Qualifier | 'D8' – Date Time Format 'CCYYMMDD' |
| | | DTP03 | Date Time Period | TPL Benefit Begin Date |
| 2120C | LS | LS01 | Loop Identification | '2120' |
| | NM1 | NM101 | Entity Identifier | 'PR' – Payer |
| | | NM102 | Entity Type Qualifier | '2' – Non-Person Entity |
| | | NM103 | Organization Name | Insurance Company Name |
| | N3 | N301 | Address Information | Insurance Company Street Address |
| | N4 | N401 | City Name | Insurance Company City Name |
| | | N402 | State or Province Code | Insurance Company State |
| | | N403 | Postal Code | Insurance Company Zip Code |
| | LE | LE01 | Loop Trailer | '2120' |
| 2110C | EB | EB01 | Eligibility or Benefit Information | 'R' – Other or Additional Payer |
| | | EB02 | Coverage Level Code | 'IND' - individual |
| | | EB03 | Service Type Code | '1' – Medical Care |
| | | EB04 | Insurance Type Code | 'IP' – Individual Policy |
| | REF | REF01 | Reference Identification Qualifier | 'IG' – Insurance Policy Number '6P' – Group Number |
| | | REF02 | Reference Identification | Insurance Policy Number (if REF01 = 'IG') Group Number (if REF01 = '6P') |
| 2120C | LS | LS01 | Loop Identification | '2120' |
| | NM1 | NM101 | Entity Identifier | 'IL' – Insured or Subscriber |
| | | NM102 | Entity Type Qualifier | '1' –Person |
| | | NM103 | Entity Last Name | Policy Holder Last Name |
| | | NM104 | Entity First Name | Policy Holder First Name |
| | | NM105 | Entity Middle Name | Policy Holder Middle Initial |
| | LE | LE01 | Loop Trailer | '2120' |
| 2110C | EB | EB01 | Eligibility or Benefit Information | '1' – Active Coverage |
| | | EB02 | Coverage Level Code | 'IND' - individual |
| | | EB03 | Service Type Code | '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 |
| | | EB04 | Insurance Type Code | 'MC' – Medicaid |
| | | | | |

| SUBSCRIBER RESPONSE RETURN CODES | | | | | |
|----------------------------------|-----|-------|-----------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------|
| | AAA | AAA01 | Yes/No Condition or Response Code | | 'Y' - yes |
| | | AAA03 | Reject Reason Code | | "15" – Required application data missing (This edit code will be returned if required data is missing in TPL info) |
| | | AAA04 | Follow-up Action Code | | 'N' – Resubmission Not Allowed |
| | LS | LS01 | Loop Identification Code | | '2120' |
| Transaction Set Trailer | | | | | |
| | SE | SE01 | 3.4.1.1.1 | Transaction Segment Count | Total number of segments included in a transaction set including the ST and SE segments |
| | | SE02 | Transaction Set Control Number | | Must match ST02 |

REJECT REASON CODES FOR SUBSCRIBERS

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

PLAN COVERAGE NAMES

| | | |
|--|-------------------------------------|--|
| | MEDICAID | |
| | RESIDENTIAL OPTIONS WAIVER | |
| | TAKE CHARGE | |
| | WAIVER SVS | |
| | GNOCHC | |
| | MEDICARE QI-1 PREMIUM PAYMENTS ONLY | |
| | MEDICARE QI-2 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 | |
| | LAHIPP | |
| | EPSDT | |
| | WAIVER PGM | |
| | PACE | |

3.5 HIPAA X12N 999 (5010A1), Batch MEVS EDI Controls Transaction Map (999 ACK)

The EDI Control Transaction Set consists of:

- **ISA** Interchange Control Header Segment
- **IEA** Interchange Control Trailer Segment
- **GS** Functional Group Header Segment
- **GE** Functional Group Trailer Segment
- **TA1** Interchange Acknowledgment Segment
- **FA** Implementation Acknowledgment Set (999)

There will be two response files posted in response to the reception of a Batch 270 submission:

- TA1 Interchange Acknowledgment File
- 999 Implementation Acknowledgment File

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

The 999 Implementation Acknowledgment will be produced if there are no errors presented in the TA1 Interchange Acknowledgment file. The 999 Implementation Acknowledgment will provide status and details about the Functional Group and Trailer (GS / GE) and the Transaction Set (ST / SE). Acceptance or rejection of the Functional Group or Transaction Set is provided. Data elements in error will be identified along with the error code for each error detected in the submission. This file will contain the ISA, GS, ST, SE, GE, IEA envelopes as well as the 999 Implementation Group response segments (AK1, AK2, IK3, IK4, IK5, AK9).

Molina will store and process the batch 270 submission. The submission will then be processed to validate the file structure. The results of this validity check will be reported in the TA1 and the 999 files posted for the submitter. If the 270 submission structure is valid, the file will then be processed to produce a batch 271 response file. This file will be posted for the submitter no later than the next business day.

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

Per the transmission guide:

Segments shown in bold type are required.

Fields shown in bold are required if that segment is used.

| <u>Loop</u> | <u>Segment</u> | <u>Field</u> | <u>Description</u> | <u>Value or Other Considerations</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|--------------------------------------|----------------------------------------------------------|
| Interchange Control Header | | | | |
| | ISA | ISA01 | Authorization Information Qualifier | '00' |
| | | ISA02 | Authorization Information | |
| | | ISA03 | Security Information Qualifier | '00' |
| | | ISA04 | Security Information | |
| | | ISA05 | Interchange ID Qualifier | 'ZZ' |
| | | ISA06 | Interchange Sender's FEIN | '610551' |
| | | ISA07 | Interchange ID Qualifier | '30' |
| | | ISA08 | Interchange Receiver's FEIN | |
| | | ISA09 | Interchange Date | YYMMDD |
| | | ISA10 | Interchange Time | HHMM |
| | | ISA11 | Repetition Separator | '^' |
| | | ISA12 | Interchange Control Version Number | '00501' |
| <i>Note: The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02</i> | | | | |
| | | ISA13 | Interchange Control Number | |
| | | ISA14 | Acknowledgment Requested | '0' |
| | | ISA15 | Usage Indicator | 'P' |
| <i>Note: the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator</i> | | | | |
| | | ISA16 | Component Element Separator | |
| Interchange Control Trailer | | | | |
| | IEA | IEA01 | Number of Included Functional Groups | |
| <i>Note: The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02</i> | | | | |
| | | IEA02 | Interchange Control Number | |
| Functional Group Header | | | | |
| | GS | GS01 | Functional Identifier Code | HS Eligibility, Coverage or Benefit Inquiry (270) |
| | | GS02 | Application Sender's Code | '610551' |
| | | GS03 | Application Receiver's Code | |
| | | GS04 | Functional Group Creation Date | CCYYMMDD |
| | | GS05 | Functional Group Creation Time | HHMM |
| <i>Note: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02</i> | | | | |
| | | GS06 | Group Control Number | Same as GE02 |
| | | GS07 | Responsible Agency Code | 'X' |
| | | GS08 | Version / Release / Industry ID Code | 005010X279A1 |
| Functional Group Trailer | | | | |
| | GE | GE01 | Number of Transaction Sets Included | |
| <i>Note: The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06</i> | | | | |
| | | GE02 | Group Control Number | Same as GS06 |
| Interchange Acknowledgment | | | | |
| <i>Note: this should be the interchange control number of the original interchange that this TA1 is acknowledging.</i> | | | | |
| | TA1 | TA101 | Interchange Control Number | |
| | | TA102 | Interchange Date | YYMMDD |
| | | TA103 | Interchange Time | HHMM |
| | | TA104 | Interchange Acknowledgment Code | |
| | | TA105 | Interchange Note Code | |
| <i>Note: the 999 Implementation Acknowledgment will only be used in response to 834 transmittals from Insurers</i> | | | | |
| 999 Implementation Acknowledgment | | | | |
| | ST | ST01 | Transaction Set Identifier Code | '999' |
| <i>Note: The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE)</i> | | | | |
| | | ST02 | Transaction Set Control Number | Same as SE02 |
| | AK1 | AK101 | Functional Identifier Code | 'HS' |

Submitter's Companion Guide for the Batch MEVS (Eligibility Verification) System

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|--------------------------------------------------|--------------|
| <i>Note: AK102 is the functional group control number found in the GS segment in the functional group being acknowledged</i> | | | | |
| | | AK102 | Group Control Number | |
| <i>Note: AK2 is used to start the acknowledgement of a transaction set within the received functional group. The AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received and is being acknowledged</i> | | | | |
| | AK2 | AK201 | Transaction Set Identifier Code | '270' |
| <i>Note: AK202 is the transaction set control number found in the ST segment in the transaction set being acknowledged</i> | | | | |
| | | AK202 | Transaction Set Control Number | |
| <i>Note: The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards for transaction sets and functional groups. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender)</i> | | | | |
| | IK3 | IK301 | Segment ID Code | |
| | | IK302 | Segment Position in Transaction Set | |
| | | IK303 | Loop Identifier Code | |
| | | IK304 | Implementation Segment Syntax Error Code | |
| | IK4 | IK401 | Position in Segment | |
| | | IK401-1 | Element Position in Segment | |
| <i>Note: Used when an error occurs in a composite data element and the composite data element position can be determined</i> | | | | |
| | | IK401-2 | Component Data Element Position in Composite | |
| | | IK402 | Data Element Reference Number | '725' |
| | | IK403 | Implementation Data Element Syntax Error Code | |
| <i>Note: Used to provide copy of erroneous data to the original submitter, but this is not used if the error reported in an invalid character</i> | | | | |
| | | IK404 | Copy of Bad Data Element | |
| | IK5 | IK501 | Transaction Set Acknowledgment Code | |
| <i>Note: AK502 is required if an error exists</i> | | | | |
| | | IK502 | Implementation Transaction Set Syntax Error Code | |
| | | IK503 | Implementation Transaction Set Syntax Error Code | |
| | | IK504 | Implementation Transaction Set Syntax Error Code | |
| | | IK505 | Implementation Transaction Set Syntax Error Code | |
| | | IK506 | Implementation Transaction Set Syntax Error Code | |
| | AK9 | AK901 | Functional Group Acknowledge Code | |
| <i>Note: This is the value in the original GE01</i> | | | | |
| | | AK902 | Number of Transaction Sets Included | |
| | | AK903 | Number of Received Transaction Sets | |
| | | AK904 | Number of Accepted Transaction Sets | |
| <i>Note: AK905 is required if an error exists</i> | | | | |
| | | AK905 | Functional Group Syntax Error Code | |
| | | AK906 | Functional Group Syntax Error Code | |
| | | AK907 | Functional Group Syntax Error Code | |
| | | AK908 | Functional Group Syntax Error Code | |
| | | AK909 | Functional Group Syntax Error Code | |
| <i>Note: The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE)</i> | | | | |
| | SE | SE01 | Number of Included Segments | |
| | | SE02 | Transaction Set Control Number | Same as ST02 |

4.0 270 Submission Guide

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

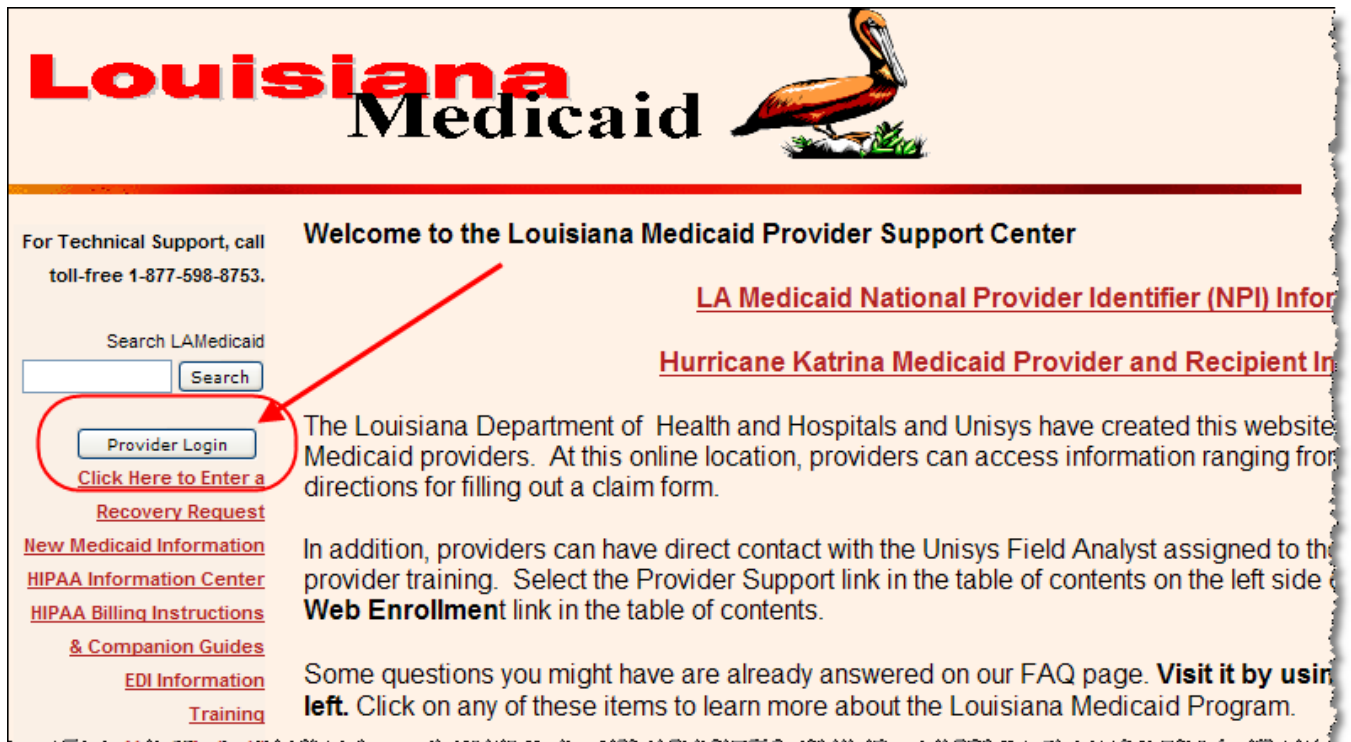


Figure 1 - Home Screen

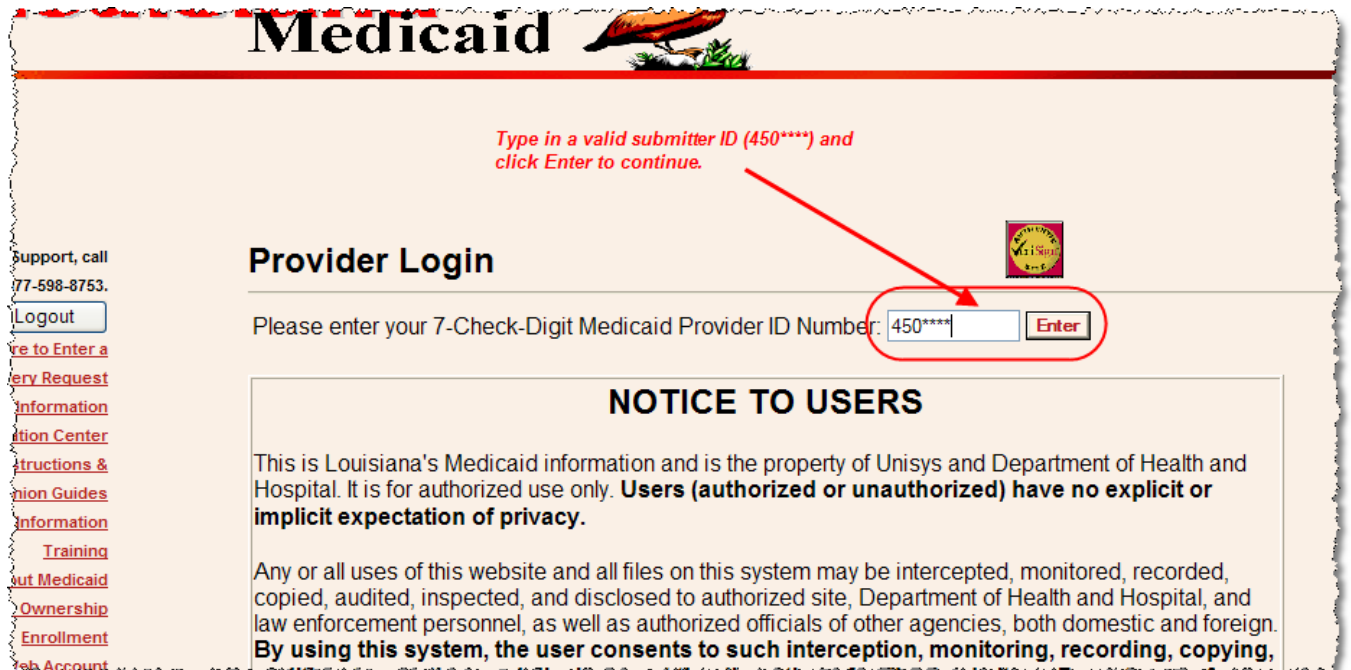


Figure 2 - Submitter Login

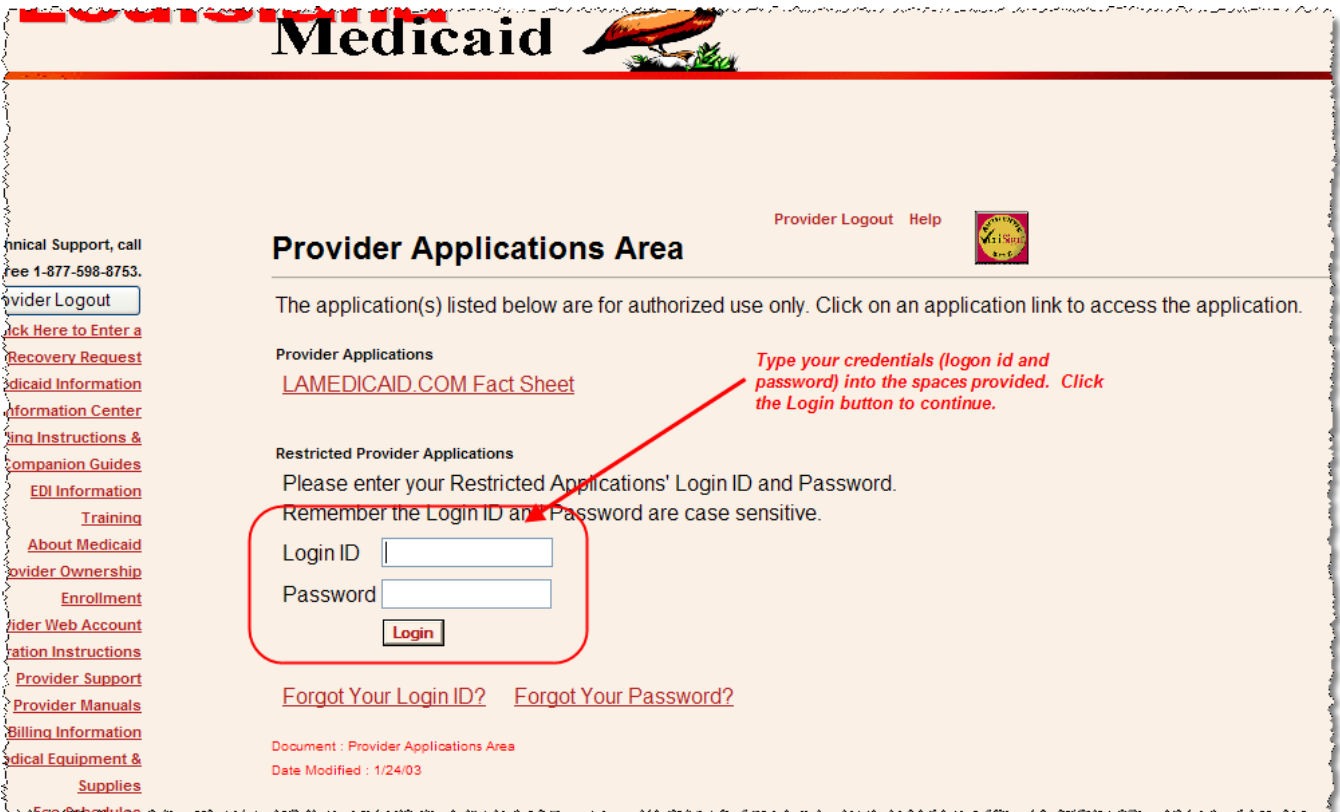


Figure 3 - Submitter User Login

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

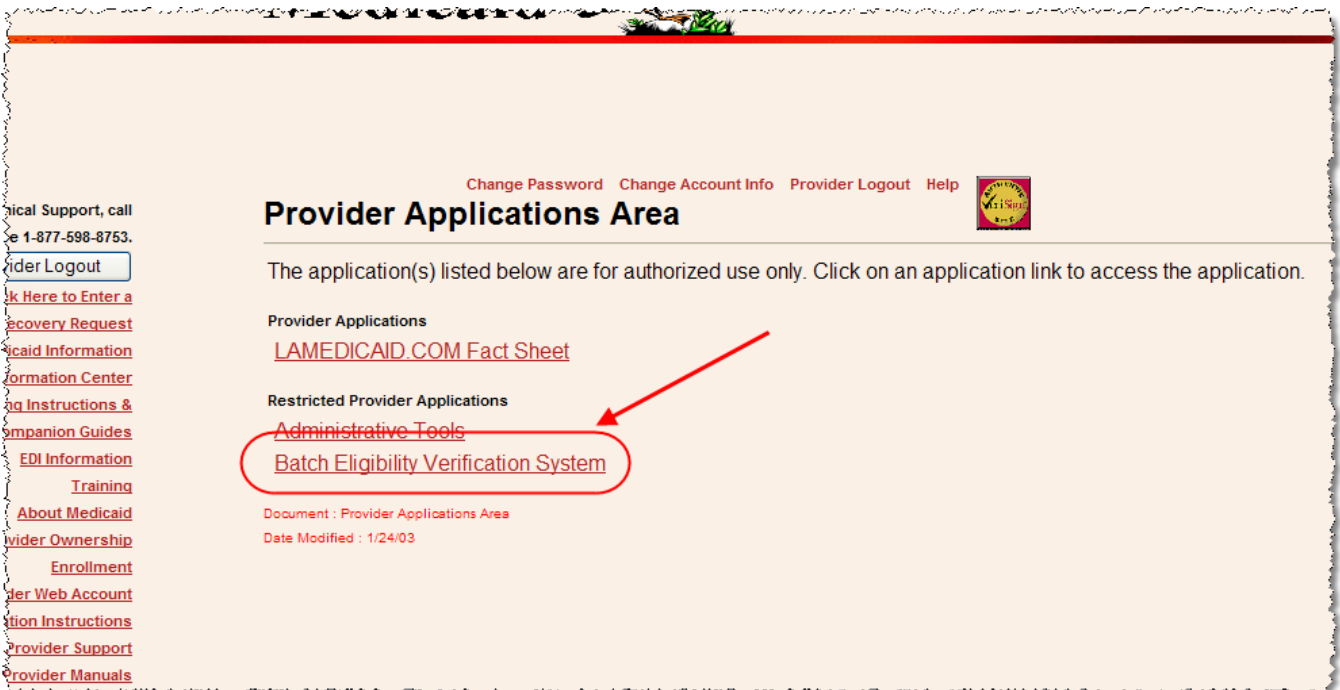



Figure 4 - Submitter Applications Screen

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

Logout Help 

Batch 270 Submission Application


[View My Requests](#) | [Add New Request](#)

Logged in as: **9999999**

Invoices that are generated by the system will be sent to the following address:


























































































UNISYS SYSTEMS STAFF TEST
 P O BOX 80159
 BERTON ROUGE, LA 708980159 Phone: 2252373370

If this address is not correct, please contact system support @ phone number here.

NOTE: All transactions should be completely processed the next business day after the day the transaction was submitted. If you encounter transactions that are marked  the following business day, please contact Unisys support @ phone number here.

Transaction Listing

Below is a listing of files that were uploaded into the system.

| Request ID | Upload Date | Status | 270 | TA1 | 997 | 271 | Processed_Date |
|-------------------------------------------------------------------------------------------------|----------------------|----------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------|
|  52 (61 of 61) | 6/24/2006 7:26:46 PM | Complete |  |  |  |  | 6/25/2006 1:30:11 PM |
|  53 (46 of 46) | 6/25/2006 3:24:31 PM | Complete |  |  |  |  | 6/25/2006 3:35:04 PM |
|  56 (9 of 9) | 6/26/2006 8:53:18 AM | Complete |  |  |  |  | 6/26/2006 9:05:23 AM |
|  57 (40 of 40) | 6/26/2006 8:53:29 AM | Complete |  |  |  |  | 6/26/2006 9:01:01 AM |
|  58 (3 of 3) | 6/26/2006 8:59:25 AM | Complete |  |  |  |  | 6/26/2006 9:05:23 AM |
|  59 (5 of 5) | 6/26/2006 8:59:29 AM | Complete |  |  |  |  | 6/26/2006 9:05:23 AM |
|  60 (6 of 6) | 6/26/2006 8:59:35 AM | Complete |  |  |  |  | 6/26/2006 9:05:23 AM |
|  61 (1 of 1) | 6/26/2006 8:59:41 AM | Complete |  |  |  |  | 6/26/2006 9:05:23 AM |
|  62 (1 of 1) | 6/26/2006 1:53:09 PM | Complete |  |  |  |  | 6/26/2006 2:00:23 PM |
|  63 (2 of 2) | 6/26/2006 1:53:15 PM | Complete |  |  |  |  | 6/26/2006 2:00:23 PM |
|  64 (5 of 5) | 6/26/2006 1:53:21 PM | Complete |  |  |  |  | 6/26/2006 2:00:23 PM |
|  65 (10 of 10) | 6/26/2006 1:53:33 PM | Complete |  |  |  |  | 6/26/2006 2:00:23 PM |
|  66 (1 of 1) | 6/27/2006 6:23:26 AM | Complete |  |  |  |  | 6/27/2006 6:45:03 AM |
|  67 (0 of 2) | 6/27/2006 7:21:30 AM | Ready for submission |  |  |  |  | |
|  68 (1 of 1) | 6/27/2006 7:44:39 AM | Complete |  |  |  |  | 6/27/2006 7:50:03 AM |
|  69 (0 of 1) | 6/27/2006 7:47:28 AM | Correct and resubmit |  |  |  |  | 6/27/2006 7:55:02 AM |
|  70 (0 of 1) | 6/27/2006 8:50:34 AM | Ready for submission |  |  |  |  | |
|  71 | 6/27/2006 9:08:34 AM | Validation failed |  |  |  |  | |

Key






-  Successfully processed
-  Processed with errors
-  In processing
-  Download the file to your local computer.
-  View the file in a user-friendly (easy to read) format.

Figure 5 - Batch 270 Application Default Screen

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

Batch 270 Submission Application

[View My Requests](#) | [Add New Request](#)

Logged in as: **9999999**

Invoices that are generated by the system will be sent to the following address:

UNISYS SYSTEMS STAFF TEST




Figure 6 - Link to add a new request

The screenshot shows the 'Batch 270 Submission Application' interface. At the top right, there are links for 'Logout' and 'Help' and a small circular logo. The main heading is 'Batch 270 Submission Application' with sub-links 'View My Requests' and 'Add New Request'. Below this is a section titled 'File Upload' with a horizontal line. The text reads: 'Please specify a valid 270 file from your local network in the space provided and click the Upload button:'. There is a text input field followed by a 'Browse...' button. Below this is another section titled 'Receive Email Notifications [Optional]' with a horizontal line. The text reads: 'If you would like to receive email notifications when the 997 and/or 271 responses are generated by the system, please specify an email address in the space provided below:'. There are two text input fields, the second with the label 'Type your email again for verification purposes:'. At the bottom center is an 'Upload' button.

Figure 7 - File Upload Screen

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

This screenshot is identical to Figure 7 but includes a red arrow pointing to the text input field in the 'File Upload' section. The arrow originates from the top right and points towards the center of the input field. The rest of the interface, including the 'Receive Email Notifications' section and the 'Upload' button, is the same as in Figure 7.

Figure 8 - Specifying a Valid 270 file

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

Batch 270 Submission Application
[View My Requests](#) | [Add New Request](#)

File Upload

Please specify a valid 270 file from your local network in the space provided and click the Upload button:
Only *.txt files are allowed.

Receive Email Notifications [Optional]

If you would like to receive email notifications when the 997 and/or 271 responses are generated by the system, please specify an email address in the space provided below:

Type your email again for verification purposes:

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

Batch 270 Submission Application
[View My Requests](#) | [Add New Request](#)

File Upload

Please specify a valid 270 file from your local network in the space provided and click the Upload button:
File content contains invalid 270 data. Please upload a valid file.

Receive Email Notifications [Optional]

If you would like to receive email notifications when the 997 and/or 271 responses are generated by the system, please specify an email address in the space provided below:

Type your email again for verification purposes:

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

Batch 270 Submission Application
[View My Requests](#) | [Add New Request](#)

File Upload

Please specify a valid 270 file from your local network in the space provided and click the Upload button:

Receive Email Notifications [Optional]

If you would like to receive email notifications when the 997 and/or 271 responses are generated by the system, please specify an email address in the space provided below:

Type your email again for verification purposes:

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

Batch 270 Submission Application
[View My Requests](#) | [Add New Request](#)

File Upload

Please specify a valid 270 file from your local network in the space provided and click the Upload button:

Receive Email Notifications [Optional]

If you would like to receive email notifications when the 997 and/or 271 responses are generated by the system, please specify an email address in the space provided below:

Type your email again for verification purposes:

Figure 9 - Upload button to submit transaction

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

5.0 Submitter 270 Submission Notes

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

Submission Processing

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

- Step 1) TA1 and 999 validation** – Validation of the Interchange envelope will be posted in the TA1 file. Validation of the Functional Group will be posted in the 999 file.
- Step 2) Valid 270 files placed in processing queue** – Files that pass both TA1 and 999 level validations will be submitted for eligibility request processing.
- Step 3) The Transaction Listing (see Figure 5) will be updated** – The transaction listing will be refreshed and details about the submission will appear at the bottom of the list. Details will be posted of the available TA1 and 999 files. A 271 batch response file will be produced for a valid 270 file submission. When processing of the batch is completed the details will be posted to the Transaction Listing.

Business Day Processing

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

System Notifications

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

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

6.0 File Naming Conventions

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

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

Pnnnnnnn-B270-yyyymmdd-sss.txt

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

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

7.0 Submission Security

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

8.0 Molina Batch MEVS Contact Information

Application Development Support

(questions re 270 and 271 TCS and Molina response files):

Kermit Patty
Molina Healthcare, Inc.
8591 United Plaza Blvd, Suite 300
Baton Rouge, LA 70809
1-225-216-6241
kermit.pattyr@molinahealthcare.com

Administration

(questions re access, billing, and other usage issues):

Anita Mosley
Molina Healthcare, Inc.
8591 United Plaza Blvd, Suite 300
Baton Rouge, LA 70809
1-225-216-6200
anita.mosley@molinahealthcare.com