



1. Title of best practice:

Reporting Two Digit Medicaid Program Code

2. Who does the best practice apply to:

Information Sources and Information Receivers

3. What is being addressed by the best practice:

Provide the DHS 2 digit major program code for Prepaid Medical Assistance Plans (PMAP). Currently Hospitals access the DHS eligibility system which validates eligibility by program and date spans for all inpatient claims to meet the Medicare requirements for Disproportionate Share reimbursement.

Providers (hospitals and physicians) need the PMAP eligibility response to include the DHS 2 digit program code which identifies the specific DHS program. Data analysis and extraction is necessary to allow validation for Medicare Disproportionate Share (DSH), Minnesota Department of Health (MDH) Medical Education Research Committee reporting (MERC), DHS (Department of Human Services) Disproportionate Share (DSH) reporting, and MDH Hospital Annual Report (HAR/HCCIS).

4. The loops, segments and elements, etc. the best practice applies to:

271 - Loop 2110C, REF segment

5. Describe how to do the best practice:

It is recommended when Information Sources send a 271 response for a member identified as a PMAP member the 2 digit Medicaid program code should be returned.

6. Examples to illustrate the best practice:

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HL*3*2*22*0
NM1*IL*1*LAST*FIRST*M***MI*99999999
REF*6P*9999
REF*NQ*99999999
N3*123 ABC STREET
N4*ANYCITY*MN*55999
DMG*D8*YYYYMMDD*F DTP*346*D8*20100201
EB*1**30**PMAP PLAN/PRODUCT NAME*****Y
REF*M7*PMAP AA
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(Note: can use REF03 if a description is needed)

7. Last reviewed date:

July 25, 2013