

Indiana Health Coverage Programs

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides
Based on ASC X12 version 005010

Health Care Services Review Inquiry/Response (278)

Companion Guide Version Number: 3.0
Revision Date: August 2017

Preface

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

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1 INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that the Indiana Health Coverage Programs has something additional, over and above, the information in the IGs. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the IGs internal code listings
- Clarify the use of loops, segments, composite and simple data elements

Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with the IHCP.

In addition to the row for each segment, one or more additional rows are used to describe the IHCP's usage for composite and simple data elements and for any other information. Notes and comments are placed at the deepest level of detail. For example, a note about a code value is placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a Notes/Comments column to provide additional information from the IHCP for specific segments provided by the TR3 Implementation Guides. The following is an example of the type of information that would be elaborated on in Section 10: Transaction Specific Information.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that new segment has begun. It is always shaded at 10% and notes or comments about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by the IHCP.
			Plan Network Identification	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not population the first 3 columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1 SCOPE

The transaction instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instruction in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

1.2 OVERVIEW

1.2.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.2.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked "not used" in the standard's implementation specifications or are not in the standard's implementation specification(s).
- Change the meaning or intent of the standard's implementation specification(s).

1.2.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.3 REFERENCES

In addition to the resources available on the Indiana Medicaid Provider Website (<http://provider.indianamedicaid.com/>), there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. Links to these websites are listed below and are separated by category for easy reference.

1.3.1 Government and Other Associations

Center for Medicare and Medicaid Services (CMS): <http://www.cms.hhs.gov>
WEDI – Workgroup for Electronic Data Interchange: <http://www.wedi.org>

1.3.2 ASC X12 Standards

Washington Publishing Company: <http://www.wpc-edi.com>
Data Interchange Standards Association: <http://disa.org>
American Nation Standards Institute: <http://ansi.org>
Accredited Standards Committee: <http://www.x12.org>

1.4 ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979, ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X 12 standard is recognized by the United States as the standard for North America. EDI adoption has been proved to reduce the administrative burden on providers.

The intended audience for this companion guide is the technical and operational staff responsible for generating, receiving, and reviewing electronic health care transactions.

National Provider Identifier

As a result of HIPAA, the federal HHS adopted a standard identifier for health care providers. The Final Rule published by the HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions); therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions. The NPI is the only identification number that should be submitted on these transactions from a health care provider.

For all non-healthcare providers where an NPI is not assigned, the Medicaid provider number should be submitted.

For additional information, Trading Partner Information can be found in the Electronic Data Interchange section on the Indiana Medicaid Provider Website: [http://provider.indianamedicaid.com/general-provider-services/electronic-data-interchange-\(edi\)-solutions.aspx](http://provider.indianamedicaid.com/general-provider-services/electronic-data-interchange-(edi)-solutions.aspx).

2 GETTING STARTED

2.1 WORKING WITH THE IHCP

Indiana Medicaid Trading Partners exchange electronic health care transactions with DXC Technology via the Secure File Transfer Protocol-SFTP (File Exchange) or HTTPS/S Web Services connection.

After establishing a transmission method, each trading partner must successfully complete testing. Additional information is provided in Section 3 of this companion guide. Trading Partners are permitted to enroll for Production connectivity after successful completion of testing.

2.2 TRADING PARTNER REGISTRATION

All trading partners enrolling for Production connectivity are required to complete the IHCP Trading Partner Profile and Agreement (TPA) located on the IHCP Provider Website <http://provider.indianamedicaid.com>

Electron

Those trading partners that are using a currently enrolled billing agent, clearinghouse, or software vendor do not need to enroll separately. Only one trading partner ID is assigned per submitter location per connection type. If multiple trading partners are needed for the same address location please attach a letter to the TPA explaining the need for the additional trading partner ID. Providers must use the Indiana HealthCare Portal to delegate a clearinghouse, billing agent or software vendor access to retrieve their 835 (Electronic Remittance Advice). Information on how to delegate access is found in the Portal User Account Management Guide.

Current Trading Partners that would like to request an update to their existing account must complete the IHCP Trading Partner Profile.

2.3 CERTIFICATION AND TESTING OVERVIEW

The Health Insurance Portability and Accountability Act (HIPAA) requires that all healthcare organizations that exchange HIPAA transaction data electronically with the Indiana Health Coverage Programs (IHCP) establish an electronic data interchange (EDI) relationship. All entities requesting to exchange data with the IHCP must be tested and approved by the IHCP before production transmission begins.

Vendors must review the X12N transaction HIPAA implementation guides and the IHCP Companion Guides to carefully assess the changes needed to their businesses and technical operations to meet the requirements of HIPAA. The national X12N transaction HIPAA implementation guides are available on the Washington Publishing Company site at wpc-edi.com.

3 TESTING WITH THE PAYER

The following steps describe the testing process for EDI vendors that have not yet been approved by the IHCP.

1. Complete the Trading Partner Profile

The IHCP requires each testing entity exchanging data directly with the IHCP to complete and submit the IHCP Trading Partner Profile located on the IHCP Provider Website <http://provider.indianamedicaid.com> → Electronic Data Interchange to initiate the testing process. When the IHCP receives the profile form, testing information is sent to the vendor. Follow the instructions received in the testing information to ensure accuracy and completeness of testing.

2. Conduct application development

Trading Partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional and mutually defined components of the transaction. The vendor must modify its business application systems to comply with the IHCP Companion Guides.

3. Test each transaction

Connectivity testing performed with the transmissions ensures a successful connection between the sender and receiver of data.

Two levels of data testing are required:

Compliance Testing

All transactions must pass data integrity, requirements, balancing, and situational compliance testing. Although third-party HIPAA certification is not required, the preceding levels of compliance are required and must be tested. Compliance is accomplished when the transaction is processed without errors. The software used by the IHCP for compliance checking and the translation of the HIPAA transaction is Edifecs.

IHCP Specification Validation Testing

Specification validation testing ensures conformity to the IHCP Companion Guides. This testing ensures that the segments or records that differ based on certain healthcare services are properly created and produced in the transaction data formats. Validation testing is unique to specific relationships between entities and includes testing field lengths, output, security, load/capacity/volume, and external code sets.

4. Become an IHCP-approved software vendor

The testing and approval process differs slightly for software developers, billing services, and clearinghouses. The processes are described in the following subsections.

Software Developers

Entities whose clients will be submitting directly to the IHCP are not required to become IHCP trading partners. When testing and approval are complete, the IHCP sends certification of approval to the software developer. On receipt of this approval, the software developer should inform its clients that its software has been approved. However, providers are required to complete the procedures outlined in Trading Partner Registration Procedure enroll for production connectivity.

Billing Services, Clearinghouses, and Managed Care Entities

At completion of testing and approval, a certification of approval notification is sent to the vendor. Billing services, clearinghouses, and managed care entities (MCEs) must submit a signed IHCP Trading Partner Agreement. The trading partner agreement is a contract between parties that have chosen to become electronic business partners. This document stipulates the general terms and conditions under which the partners agree to exchange information electronically. The signed Trading Partner Agreement must be emailed to INXIXTradingPartner@dxc.com or faxed to (317) 488-5185.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1 PROCESS FLOWS

The response to a batch 278 Request for Review will consist of the following:

1. First level response: A TA1 will be returned when errors occur in the envelope (ISA-IEA) segments. A 999 or 278 response will not be returned. Please see the IHCP TA1-999 Companion Guide for more information. http://provider.indianamedicaid.com/media/171213/ta1-999%20ihcp%205010%20companion%20guide_v1.3.pdf
2. Second level response: A 999 acknowledgment will be returned reporting acceptance or rejection errors for individual inquiries and transaction sets. Rejected inquiries and transaction sets will not receive a 278 response. Please see the IHCP TA1-999 Companion Guide for more information. http://provider.indianamedicaid.com/media/171213/ta1-999%20ihcp%205010%20companion%20guide_v1.3.pdf
3. Third level response: A 278 Response will be returned for all accepted requests.

Each transaction is validated to ensure compliance with the 005010X217 TR3 Implementation Guide.

4.2 COMMUNICATION PROTOCOL SPECIFICATIONS

FTPS and SFTP using:

- File Exchange – batch 278 only.

More information can be found in the IHCP Communications Guide at:

<http://provider.indianamedicaid.com/media/171216/ihcp%20communications%20guide%20v3.2.pdf>

4.3 PASSWORDS

By connecting to the IHCP File Exchange server, Trading Partners agree to adhere to the password policy including changing passwords every 90-days. Trading Partners are responsible for managing their own data. Each Trading Partner is responsible for managing access to their organization's data through the IHCP security function. The contact on file for the login/user ID will receive a notification five days before the password expires and is required to manually log in and change the password. Accounts will be locked during the five-day period until the password is changed. Accounts will be disabled if the password is not changed within the five-day period. Locked and disabled accounts will cause automated connection scripts to receive an error and fail to connect. When the password is manually changed in File Exchange, the same change must be applied to all automated scripts to ensure uninterrupted service.

5 CONTACT INFORMATION

5.1 DXC EDI TECHNICAL ASSISTANCE

PHONE: 1-800-457-4584, option 3, then option 2

FAX: (317) 488-5185

EMAIL: INXIXTradingPartner@dxc.com

5.2 PROVIDER SERVICE

PHONE: 1-800-457-4584, please listen to the entire message before making your selection.

5.3 APPLICABLE WEBSITES/E-MAIL

Indiana Medicaid Provider Website: <http://provider.indianamedicaid.com/>

The Trading Partner web page can be found under the Electronic Data Interchange section of the Indiana Medicaid Provider Website: [http://provider.indianamedicaid.com/general-provider-services/electronic-data-interchange-\(edi\)-solutions.aspx](http://provider.indianamedicaid.com/general-provider-services/electronic-data-interchange-(edi)-solutions.aspx)

All other contact information is listed under the contact us section of the Indiana Medicaid Provider Website: <http://provider.indianamedicaid.com/about-indiana-medicaid/contact-us.aspx>

6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA - IEA

Request for Review (278 Inbound) Interchange Control Header

- ISA06 (Interchange Sender ID): This is the four-byte sender ID assigned by the IHCP.
- ISA08 (Interchange Receiver ID): Required value is IHCP.

Response (278 Outbound) Interchange Control Header

- ISA06 (Interchange Sender ID): IHCP
- ISA08 (Interchange Receiver ID): This is the four-byte sender ID assigned by the IHCP.

6.2 GS – GE

Request for Review (278 Inbound) Functional Group Header

- GS02 (Application Sender Code): This is the four-byte sender ID assigned by the IHCP.
- GS03 (Application Receiver's Code): Required value is IHCP.

Response (278 Outbound) Functional Group Header

- GS02 (Application Sender Code): IHCP
- GS03 (Application Receiver's Code): This is the four-byte sender ID assigned by the IHCP.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

All references to the IHCP in this Companion Guide refer to the Indiana Health Coverage Programs. All references to the IHCP Provider Identifier in this Companion Guide refer to the Indiana Medicaid Provider Service Location Number assigned by IHCP.

7.1 NPI / IHCP PROVIDER IDENTIFIER CROSSWALK

The IHCP uses a crosswalk to establish a one-to-one match between the provider NPI and the IHCP Provider Service Location Identifier. The crosswalk must successfully identify a unique IHCP billing provider service location. The IHCP billing provider service location must represent an active provider.

Three data elements on the 278 Request for Review transaction that are required to identify a unique IHCP billing provider service location are:

- NPI – Loop 2010B NM109
- Taxonomy Code – 2010B PRV03
- Billing Provider Service Location ZIP Code plus four – 2010B N403

7.2 HEALTH CARE SERVICES REVIEW (278 INBOUND) PROCESSING GUIDELINES

- With the implementation of NPI, transactions must be submitted with the NPI for health care providers. Atypical providers may submit with either an NPI or IHCP Provider Identifier.
- If the member is identified as having a primary care provider, the physician identified must be contacted to determine whether a referral is needed.
- Batch Mode:
 - To optimize processing time, the IHCP recommends limiting the number of requests per transaction set (ST-SE) to 25 with a maximum of 20,000 requests per file.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

TA1 Interchange Acknowledgment Outbound

The Interchange or TA1 Acknowledgment is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelope only. A TA1 Interchange acknowledgment is returned only in the event there are envelope errors. Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code.

999 Functional Acknowledgement

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

9 TRADING PARTNER AGREEMENTS

The IHCP Trading Partner Agreement is a contract between parties that have chosen to become electronic business partners. The Trading Partner Agreement stipulates the general terms and conditions under which the partners agree to exchange information electronically. If billing providers send multiple transaction types electronically, only one signed Trading Partner Agreement is required. Billing providers must print and complete a copy of the Trading Partner Agreement. The signed copy must be submitted to the IHCP EDI Solutions Unit.

More information can be found in the Electronic Data Interchange section on the Indiana Medicaid Provider Website ([http://provider.indianamedicaid.com/general-provider-services/electronic-data-interchange-\(edi\)-solutions/trading-partner-registration-procedure.aspx](http://provider.indianamedicaid.com/general-provider-services/electronic-data-interchange-(edi)-solutions/trading-partner-registration-procedure.aspx)).

10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that the IHCP has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with the IHCP.

In addition to the row for each segment, one or more additional rows are used to describe the IHCP's usage for composite and simple data elements and for any other information. Notes and comments are placed at the deepest level of detail. For example, a note about a code value is placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

10.1 HEALTH CARE SERVICES REQUEST FOR REVIEW (278 INBOUND)

LOOP ID	REFERENCE	NAME	CODES	LENGTH	NOTES/COMMENTS
	BHT	Beginning of Hierarchical Transaction			
	BHT02	Transaction Set Purpose Code	13		IHCP expects the value '13' – Request
2000A	HL	Utilization Management Organization			
2010A	NM1	Utilization Management Organization (UMO) Name			
2010A	NM102	Entity Type Qualifier	2		IHCP expects the value '2' – Non-Person Entity
2010A	NM103	UMO Last or Organization Name			HEALTH CARE EXCEL LONG TERM CARE UNIT
2010A	NM108	Identification Code Qualifier	PI		Enter the value "PI" – Payor Identification
2010A	NM109	Utilization Management Organization (UMO) Identifier			HCE – Health Care Excel LTC – Long Term Care
2010A	NM102	Entity Type Qualifier	2		IHCP expects the value '2' – Non-Person Entity
2000B	HL	Requester Level			
2010B	NM1	Requester Name			<i>Note:</i> The IHCP recognizes Requester as the billing provider.
2010B	NM101	Entity Identifier Code	1P, FA		1P – Provider FA – Facility
2010B	NM108	Identification Code Qualifier	XX, 24		XX – NPI required for healthcare providers 24 – Tax ID used by atypical providers or non-IHCP providers.
2010B	NM109	Requester Identifier			NM108 = XX, enter NPI NM108 = 24, enter Tax ID
2010B	REF	Requester Supplemental			This segment contains the IHCP provider

		Identification			number if the requester is an IHCP-enrolled, atypical provider. In this case, providers should submit ZH in REF01 and their IHCP legacy provider number in REF02. In the case of a non-IHCP provider, requesters must use qualifier EI in REF01 and the federal tax ID in REF02 or provider tax ID in the above NM1 segment.
2010B	REF01	Reference Identification Qualifier	ZH, EI		ZH – Used by an IHCP atypical provider EI – Used by a non-IHCP provider
2010B	REF02	Reference Identifier			If ZH is used in REF01 enter the nine-digit IHCP provider ID plus the one-character location code. If EI is used in REF01, enter the federal tax ID.
2010B	N3	Requester Address			When using an NPI for the provider identification code, the nine-digit ZIP Code may be needed for a successful NPI to IHPC Provider Identifier crosswalk. The crosswalk must successfully identify a unique provider service location. The address is required for all non-IHCP Providers.
2010B	N301	Address Information			The address is required for all non-IHCP Providers.
2010B	N4	Requester City, State, ZIP Code			When using an NPI for the provider identification code, the nine-digit ZIP Code may be needed for a successful NPI to IHPC Provider Identifier crosswalk. The crosswalk must successfully identify a unique provider service location. The address is required for all non-IHCP Providers.
2010B	N401	Requester City			The address is required for all non-IHCP Providers.
2010B	N402	Requester State			The address is required for all non-IHCP Providers.
2010B	N403	Requester Zip Code			The address is required for all non-IHCP Providers. Refer to “NPI/IHCP Provider Identifier Crosswalk” in Section 7
2010B	PER	Requester Contact Information			Required for all non-IHCP Providers.
2010B	PER03	Communication Number Qualifier			Required for all non-IHCP Providers.
2010B	PER04	Communication Number			Required for all non-IHCP Providers.
2010B	PRV	Requester Provider Information			When an NPI is used for the provider identifier, the taxonomy code may be needed for a successful NPI to IHCP Provider Identifier crosswalk. The crosswalk must successfully identify a unique provider service location.
2010B	PRV03	Provider Taxonomy Code			The taxonomy code may be needed for a successful NPI to IHCP Provider Identifier crosswalk.

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					Refer to "NPI/IHCP Provider Identifier Crosswalk" in Section 7
2000C	HL	Subscriber Level			
2010C	NM1	Subscriber Name			This segment contains the IHCP member name and ID number. Even though NM103 and NM104 are marked as situational, they are required in the case of a long-term care provider who submits a request for an individual not yet enrolled in the IHCP.
2010C	NM103	Subscriber Last Name			Enter the last name of the IHCP member. This field is required for all non-IHCP members.
2010C	NM104	Subscriber First Name			Enter the first name of the IHCP member. This field is required for all non-IHCP members.
2010C	NM108	Identification Code Qualifier	MI		MI – Member Identification Number
2010C	NM109	Subscriber Primary Identifier			Enter the member's 10-digit Medicaid Identification Number.
2010C	REF	Subscriber Supplemental Identification			
2010C	REF01	Reference Identification Qualifier	SY or EJ		
2010C	REF02	Reference Identification			SY – Member's Social Security Number EJ – Member's Patient Account Number
2000E	HL	Patient Event Level			
2000E	TRN	Patient Event Tracking Number			Information submitted on the request transaction will be sent back on the response.
2000E	UM	Health Care Services Review Information			
2000E	UM01	Request Category Code	AR, HS, SC		AR – Admission Review HS – Health Services Review SC – Specialty Care Review
2000E	UM02	Certification Type Code			I – Initial
2000E	UM03	Service Type Code			Hospice should use Service Type Code 45 in this element. Long Term Care should use Service Type Code 54. For Hospital Inpatient and Emergency scenarios use UM01 = AR Admission Review and UM03 = 1 Medical Care.
2000E	HI	Patient Diagnosis			IHCP expects primary, secondary and tertiary diagnosis codes
2000E	HI01-1 – HI03-1	Diagnosis Type Code	ABK, ABF, ABJ		ABK – Principal Diagnosis ABF –Diagnosis ABJ – Admitting Diagnosis
2010EA	NM1	Patient Event Provider Name			The IHCP captures and stores one occurrence of this loop. In the event that this loop occurs multiple times, the IHCP will use this order of precedence, from

					highest to lowest, to determine which occurrence of the loop to capture and store: NM101 = SJ NM101 = FA NM101 = QV
2010EA	NM101	Entity Identifier Code			NM101 = SJ NM101 = FA NM101 = QV
2010EA	NM08	Identification Code Qualifier	XX, 24		XX – NPI 24 – Tax ID
2010EA	NM109	Patient Event Provider Identifier			NM108 = XX , enter NPI. Required for health care providers. NM109 = 24, enter Tax ID. Used for IHCP Atypical Providers and non-health care providers.
2010EA	REF	Patient Event Provider Supplemental Information			This segment contains the IHCP provider number if the requester is an IHCP-enrolled, atypical provider. In this case, providers should submit ZH in REF01 and their IHCP legacy provider number in REF02. In the case of a non-IHCP provider, requesters must use qualifier EI in REF01 and the federal tax ID in REF02 or provider tax ID in the above NM1 segment.
2010EA	REF01	Reference Identification Qualifier	ZH, EI		ZH – IHCP atypical provider identifier EI – Non-IHCP identification number
2010EA	REF02	Reference Identification			If ZH is used in REF01 enter the nine-digit IHCP provider ID plus the one-character location code. If EI is used in REF01, enter the federal tax ID.
2010EA	N3	Patient Event Provider Address			When using an NPI for the provider identification code, the nine-digit ZIP Code may be needed for a successful NPI to IHPC Provider Identifier crosswalk. The crosswalk must successfully identify a unique provider service location. The address is required for all non-IHCP Providers.
2010EA	N3	Address Information			When using an NPI for the provider identification code, the nine-digit ZIP Code may be needed for a successful NPI to IHPC Provider Identifier crosswalk. The crosswalk must successfully identify a unique provider service location. The address is required for all non-IHCP Providers.
2010EA	N301	Address Information			The address is required for all non-IHCP Providers.
2010EA	N4	Patient Event Provider City, State, ZIP Code			When using an NPI for the provider identification code, the nine-digit ZIP Code may be needed for a successful NPI to IHPC Provider Identifier crosswalk. The crosswalk must successfully identify a unique provider service location.

					The address is required for all non-IHCP Providers.
2010EA	N401	City Name			The address is required for all non-IHCP Providers.
2010EA	N402	State or Province Code			The address is required for all non-IHCP Providers.
2010EA	N403	Postal Code			The address is required for all non-IHCP Providers. Refer to "NPI/IHCP Provider Identifier Crosswalk" in Section 7
2010EA	PER	Patient Event Provider Contact Information			Required for all non-IHCP Providers.
2010EA	PER03	Communication Number Qualifier			Required for all non-IHCP Providers.
2010EA	PER04	Communication Number			Required for all non-IHCP Providers.
2010EA	PRV	Requester Provider Information			When an NPI is used for the provider identifier, the taxonomy code may be needed for a successful NPI to IHCP Provider Identifier crosswalk. The crosswalk must successfully identify a unique provider service location.
2010EA	PRV03	Provider Taxonomy Code			The taxonomy code may be needed for a successful NPI to IHCP Provider Identifier crosswalk. Refer to "NPI/IHCP Provider Identifier Crosswalk" in Section 7
2000F	HL	Service Level			IHCP requires one service line and will allow up to 26 service line items.
2000F	TRN	Service Trace Number			
2000F	TRN02	Reference Identification			The value submitted is returned on the 278 response.
2000F	UM	Health Care Services Review Information			
2000F	UM01	Request Category Code	AR, HS, SC		AR – Admission Review HS – Health Services Review SC – Specialty Care Review
2000F	UM02	Certification Type Code	I		I = Initial
2000F	UM04	Health Care Service Location Information			
2000F	UM04-1	Facility Code Value			Place of Service Code
2000F	DTP	Service Date			
2000F	DTP01	Date/Time Qualifier	472		Service
2000F	DTP02	Date Time Period Format Qualifier	D8, RD8		Date Format in CCYYMMDD
2000F	DTP03	Date Time Period			Service Date If DTP03 contains a date range, the ending date in range is the last date of service.
2000F	SV2	Institutional Service Line			When sending a revenue code and procedure code, each should be sent as separate details. Sending both in same detail will result in a rejection error.

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2000F	SV201	Product/Service ID			Revenue Code – Must be sent in a separate detail from procedure code.
2000F	SV202-2	Product/Service ID			Procedure Code – Must be sent in a separate detail from revenue code.
2010F	NM1	Service Provider Name			The IHCP captures and stores one occurrence of this loop.
2010F	NM101	Entity Identifier Code	1T, FA, SJ		
2010F	NM108	Identification Code Qualifier	XX, 24		XX – NPI 24 – Tax ID
2010F	NM109	Service Provider Identifier			XX – NPI required for health care providers. 24 – Atypical, non-health care providers may send their tax ID.
2010F	REF	Service Provider Supplemental Identification			This segment contains the IHCP provider number if the requester is an IHCP-enrolled, atypical provider. In this case, providers should submit ZH in REF01 and their IHCP legacy provider number in REF02. In the case of a non-IHCP provider, requesters must use qualifier EI in REF01 and the federal tax ID in REF02 or provider tax ID in the above NM1 segment.
2010F	REF01	Reference Identification Qualifier	ZH, EI		
2010F	REF02	Service Provider Supplemental Identifier			ZH – Used by an IHCP atypical provider EI – Used by a non-IHCP provider
2010F	N3	Service Provider Address			When using an NPI for the provider identification code, the nine-digit Zip Code may be needed for a successful NPI to IHCP Provider Identifier crosswalk. The crosswalk must successfully identify a unique provider. The address is required for all non-IHCP Providers.
2010F	N3	Address Information			When using an NPI for the provider identification code, the nine-digit ZIP Code may be needed for a successful NPI to IHPC Provider Identifier crosswalk. The crosswalk must successfully identify a unique provider service location. The address is required for all non-IHCP Providers.
2010F	N301	Address Information			The address is required for all non-IHCP Providers.
2010F	N4	Service Provider City, State, Zip Code			When using an NPI for the provider identification code, the nine-digit Zip Code may be needed for a successful NPI to IHCP Provider Identifier crosswalk. The crosswalk must successfully identify a unique provider. The address is required for all non-IHCP Providers.
2010F	N401	City Name			The address is required for all non-IHCP Providers.

2010F	N402	State or Province Code			The address is required for all non-IHCP Providers.
2010F	N403	Postal Code			The address is required for all non-IHCP Providers. Refer to "NPI/IHCP Provider Identifier Crosswalk" in Section 7
2010F	PRV	Service Provider Information			When an NPI is used for the provider identifier, the taxonomy code may be needed for a successful NPI to IHCP Provider Identifier crosswalk. The crosswalk must successfully identify a unique provider service location.
2010F	PRV02	Reference Identification Qualifier	PXC		
2010F	PRV03	Reference Identification			The taxonomy code may be needed for a successful NPI to IHCP Provider Identifier crosswalk. Refer to the IHCP Provider Manual for instructions on when to submit taxonomy information.

10.2 HEALTH CARE SERVICES RESPONSE (278 OUTBOUND)

LOOP ID	REFERENCE	NAME	CODES	LENGTH	NOTES/COMMENTS
	BHT	Beginning of Hierarchical Transaction			
	BHT02	Transaction Set Purpose Code	11		11 - Response
2000A	HL	Information Source Level			
2010A	NM1	Utilization Management Organization (UMO) Name			
2010A	NM101	Entity Identifier Code	X3		X3 – Utilization Management Organization
2010A	NM102	Entity Type Qualifier	2		2 – Non-Person Entity
2010A	NM108	Identification Code Qualifier	PI		
2010A	NM109	Utilization Management Organization (UMO) Identifier			HCE – Health Care Excel LTC – Long Term Care
2010A	AAA	Utilization Management Organization (UMO) Request Validation			
2010A	AAA01	Valid Request Indicator	N		N – Indicates the request is invalid
2010A	AAA03	Reject Reason Code	42		42 – Unable to Respond at Current Time
2010A	AAA04	Follow-up Action Code	P		P – Please Resubmit Original Transaction
2000B	HL	Requester Level			
2000B	NM1	Requester Name			
2010B	NM101	Entity Identifier Code	1P		1P – Provider
2010B	NM102	Entity Type Qualifier	2		2 – Non-Person Entity
2010B	NM108	Identification Code Qualifier	24,XX		
2010B	NM109	Identification Code			24 – Tax ID

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					XX - NPI
2010B	AAA	Requester Request Validation			
2010B	AAA01	Valid Request Indicator	N		N – Indicates the request is invalid
2010B	AAA03	Reject Reason Code	15, 44 or 51		15 – Required application data missing 44 – Invalid/Missing Provider Name 51 – Provider Not on File
2010B	AAA04	Follow-up Action Code	C		C – Please Correct and Resubmit
2010B	PRV	Requester Provider Information			Information submitted on the request transaction will be sent back on the response.
2000C	HL	Subscriber Level			
2010C	NM1	Subscriber Name			
2010C	NM103	Name Last or Organization Name			This field contains the Last Name of the IHCP member. If the individual is not an IHCP member, subscriber last name and first name data is returned exactly as submitted on the 278 request.
2010C	NM104	Name First			This field contains the First Name of the IHCP member. If the individual is not an IHCP member, subscriber last name and first name data is returned exactly as submitted on the 278 request.
2010C	NM108	Identification Code Qualifier	MI		MI – Member Identification Number
2010C	NM109	Identification Code			This field contains the 12-digit IHCP member ID or the ID submitted on the request for non-IHCP members.
2010C	AAA	Subscriber Request Validation			
2010C	AAA01	Valid Request Indicator	N		N – Indicates the request is invalid
2010C	AAA03	Reject Reason Code	65, 67		65 – Invalid/Missing Patient Name 67 – Patient Not Found
2010C	AAA04	Follow-up Action Code	C		C – Please Correct and Resubmit
2000E	HL	Patient Event Level			
2000E	TRN	Patient Event Tracking			Information submitted on the request transaction will be sent back on the response.
2000E	AAA	Patient Event Request Validation			This AAA segment will report if the Patient Event Information is invalid.
2010E	AAA01	Valid Request Indicator	N		N – Indicates the request is invalid
2010E	AAA03	Reject Reason Code	15 or 33		15 – Required application data missing 33 – Input errors
2010E	AAA04	Follow-up Action Code	C		C – Please Correct and Resubmit
2000E	HCR	Health Care Services Review			
2000E	HCR01	Action Code	A4 or A3		A3 – Not Certified, When a AAA error is reported in another loop. A4 – Pended, Satisfactory transaction
2000E	HCR03	Review Decision Reason Code	OV or 25		OV – Requires Medical Review, When

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					HCR01 = A4 25 – Services were not considered due to other errors in the request, When HCR01 = A3
2000E	REF	Administrative Reference Number			A PA number will be returned for all satisfactory transactions.
2000E	REF01	Reference Identification Qualifier	NT		
2000E	REF02	Administrative Reference Number			PA number assigned by the IHCP.
2000E	DTP	Onset of Current Symptoms or Illness Date			Date submitted on the request transaction will be sent back on the response.
2000E	HI	Patient Diagnosis			Information submitted on the request transaction will be sent back on the response.
2010EA	NM1	Patient Event Provider Name			<i>Note:</i> The IHCP recognizes Patient Event Provider Name as the referring provider and will return the data sent in the Inbound Request.
2010EA	AAA	Patient Event Provider Request Validation			This AAA segment will report if the Patient Event Provider supplemental information is invalid.
2010EA	AAA01	Valid Request Indicator	N		N – indicates the request is invalid
2010EA	AAA03	Reject Reason Code	15 or 33		15 – Required application data missing 33 – Input errors
2010EA	AAA04	Follow-up Action Code	C		C – Please Correct and Resubmit
2000F	HL	Service Level			Information submitted on the request transaction will be sent back on the response.
2000F	TRN	Service Trace Number			
2000F	AAA	Service Request Validation			
2000F	AAA01	Valid Request Indicator	N		N – Indicates the request is invalid
2000F	AAA03	Reject Reason Code	15 or 33		15 – Required application data missing 33 – Input errors
2000F	AAA04	Follow-up Action Code	C		C – Please Correct and Resubmit
2000F	UM	Health Care Services Review Information			<i>Note:</i> This segment is only used by IHCP if different than UM04 in Loop 2000E. Information submitted on the inbound request will be returned.
2000F	HCR	Health Care Services Review			
2000F	HCR01	Action Code	A4 or A3		A3 – Not Certified, When an AAA error is reported in another Loop. A4 – Pended, For Satisfactory Transaction.
2000F	HCR03	Review Decision Reason Code	OV or 25		OV – Requires Medical Review, When HCR01 = A4 25 – Services were not considered due to other errors in the request, When HCR01 = A3
2000F	DTP	Service Date			The Service Date submitted on the

					request transaction will be sent back on the response.
2000F	SV1	Professional Service			Information submitted on the request transaction will be sent back on the response.
2000F	SV2	Institutional Service			The IHCP requires a revenue code and procedure code to be submitted on two separate service lines. If revenue and procedure codes are submitted on the same service line it will result in a 33 input AAA error. Information submitted on the request transaction will be sent back on the response.
2000F	SV3	Dental Service			Information submitted on the request transaction will be sent back on the response.
2000F	TOO	Tooth Information			Information submitted on the request transaction will be sent back on the response.
2000FA	NM1	Service Provider Name			The IHCP recognizes service provider as the rendering provider and will return the data sent on the inbound request.
2010FA	REF	Service Provider Supplemental Identification			The IHCP will return Non-Healthcare Provider data if submitted on the inbound request.
2000FA	AAA	Service Provider Request Validation			This AAA segment will report if the service provider information is invalid.
2000FA	AAA01	Valid Request Indicator	N		N – Indicates the request is invalid
2000FA	AAA03	Reject Reason Code	15		15 – Required application data missing
2000FA	AAA04	Follow-up Action Code	C		C – Please Correct and Resubmit
2000FA	PRV	Service Provider Information			Information submitted on the request transaction will be sent back on the response.

11 APPENDICES

11.1 IMPLEMENTATION CHECKLIST

See Trading Partner Information in the Electronic Data Interchange section on the Indiana Medicaid Provider Website ([http://provider.indianamedicaid.com/general-provider-services/electronic-data-interchange-\(edi\)-solutions/trading-partner-registration-procedure.aspx](http://provider.indianamedicaid.com/general-provider-services/electronic-data-interchange-(edi)-solutions/trading-partner-registration-procedure.aspx)).

11.2 TRANSMISSION EXAMPLE

REQUEST FOR REVIEW (278 INBOUND)

```
ISA*00*                *00*                *ZZ*IHCP                *ZZ*TPID
*170101*1900**^*00501*123456789*0*P*:~
GS*HN*IHCP*TPID*20170101*1900*123456*X* 005010X217~
ST*278*0001*005010X217~
BHT*0007*13*123456789*20170101*1900~
HL*1**20*1~
NM1*X3*2*HEALTH CARE EXCEL*****PI*HCE~
HL*2*1*21*1~
NM1*1P*2*REQUESTER NAME*****XX*IDENTIFIER~
N3*REQUESTER ADDRESS~
N4*REQUESTER CITY*REQUESTER STATE*REQUESTER ZIP+FOUR~
PER*IC**EM*REQUESTER EMAIL*FX*REQUESTER PHONE*UR*REQUESTER URL~
PRV*AD*PXC*PROVIDER TAXONOMY~
HL*3*2*22*1~
NM1*IL*1*MEMLAST*MEMFIRST*MID***MI*MEMBERIDENTIFIER~
REF*EJ*PATIENT ACCOUNT NUM~
DMG*D8*MEMBER DOB*MEMBER SEX~
HL*4*3*EV*1~
TRN*1*PATIENT EVENT TRACKING*000000000*XXXX~
UM*HS*I*BG*41:B~
HI*BK:3369:D8:20170101~
NM1*SJ*2*PATIENT EVENT PROVIDER NAME*****XX*IDENTIFIER~
N3*PATIENT EVENT PROVIDER ADDRESS~
N4*CITY*STATE*ZIP+FOUR~
PRV*PE*PXC*PROVIDER TAXONOMY~
HL*5*4*SS*0~
TRN*1*PATIENT EVENT TRACKING*000000000*XXXX~
DTP*472*RD8*20170101-20170101~
SV2*120***UN*7~
MSG*TEXT~
SE*18*000000001~
GE*1*123456~
IEA*1*123456789~
```

RESPONSE (278 OUTBOUND)

```
ISA*00*                *00*                *ZZ*IHCP                *ZZ*TPID
*170101*1900**^*00501*123456789*0*T*:~
GS*HI*IHCP*TPID*20170101*1900*123456789*X*005010X217~
ST*278*0001*005010X217~
BHT*0007*11*123456789*20170101*0800*18~
HL*1**20*1~
NM1*X3*2*HEALTH CARE EXCEL*****PI*HCE~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****XX*IDENTIFIER~
AAA*N**15*C~
AAA*N**15*C~
HL*3*2*22*1~
NM1*IL*1*MEMLAST*MEMFIRST***MI*MEMBERIDENTIFIER~
HL*4*3*EV*1~
TRN*2*PATIENT EVENT TRACKING*000000000*RADIOLOGY~
UM*HS*I*BG*41:B~
HCR*A3**25~
HI*:3369::20170101~
HL*5*4*SS*0~
TRN*2*PATIENT EVENT TRACKING*000000000*CARDIOLOGY~
```

AAA*N**15*C~
 DTP*472*RD8*20170101-20170101~
 SE*20*0001~
 GE*1*123456789~
 IEA*1*123456789~

11.3 CHANGE SUMMARY

This section describes the differences between the current Companion Guide and previous guide(s).

CoreMMIS Change Summary

Version	DDI CO	CO Name	Revision Date	Revision Status	Revision Page Numbers / Change / Update Details	Completed by
3.0			Aug 2017	Implemented	New Transaction Implementation	Systems