Indiana Health Coverage Programs

HIPAA Transaction Standard Companion Guide

Benefit Enrollment and Maintenance (834)

Refers to the Implementation Guides Based on ASC X12 version 005010

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Preface

The Health Insurance Portability and Accountability Act (HIPAA) adopted standard transaction sets for Electronic Data Interchange (EDI) of health care data. Covered entities must adhere to the content and format requirements as defined in the ASC X12N implementation guides.

The Indiana Health Coverage Programs (IHCP) has developed this document to serve as a companion document to provide guidance and clarification as it applies to the IHCP. It is not intended to modify, contradict or reinterpret the rules established by the ASC X12N implementation guides.

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1 INTRODUCTION

1.1 BACKGROUND

1.1.1 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

1.1.2 COMPLIANCE ACCORDING TO HIPAA

The HIPAA regulations at *Code of Federal Regulations 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).

1.1.3 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.

1.2 INTENDED USE

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.

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2 INCLUDED ASC X12 IMPLEMENTATION GUIDES

This table lists the X12N implementation guides for which specific transaction instructions apply and which are included in Section 3 of this document.

The associated ASC X12 TR3s are available at https://x12.org.

Unique ID	Name
005010X220	Benefit Enrollment and Maintenance (834)
005010X220A1	Benefit Enrollment and Maintenance (834) Errata

3 INSTRUCTION TABLES

These tables contain one or more rows for each segment where supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.
BLACK TEXT represents notes that apply to all four of the following programs – Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP), Hoosier Care Connect (HCC) and Indiana PathWays for Aging (PATH).
BLUE TEXT represents notes that apply to Hoosier Healthwise (HHW) and/or Hoosier Care Connect (HCC) and/or Program for All-inclusive Care for the Elderly (PACE), as noted
PURPLE TEXT represents notes that apply only to Healthy Indiana Plan (HIP) or to both HIP and Fast Track Eligibility (FTE), as noted.
GREEN TEXT represents notes that apply only to Fast Track Eligibility (FTE)
ORANGE TEXT represents notes that apply only to PathWays Pending Eligible (PPE), PathWays Fully Eligible (PATH) or to both (PPE/PATH).

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005010X220A1 Benefit Enrollment and Maintenance (834)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
32		BGN	Beginning Segment			
33		BGN02	Reference Identification			**HHW / HCC** The transaction set reference number consists of the nine-digit MCE ID and one character = A, the creation date, the file type (A – Audit, C – Change), and a three-digit sequential number. The three-digit sequential number is used when the number of 834 transactions exceeds the National Electronic Data Interchange Transaction Set implementation guide (IG) requirement. 001 represents the first 10,000; 002 represents the second 10,000; and so forth.
33		BGN02	Reference Identification *(continued)*			**HIP** The transaction set reference number consists of the first eight digits of the Insurer ID, the placeholder region code (A), the creation date, the file type (A – Audit, C – Change), the type of members contained in the file (C – Conditional, F – Fully eligible), and a three-digit sequential number. The three-digit sequential number is used when the number of 834 transactions exceeds the National Electronic Data Interchange Transaction Set implementation guide (IG) requirement. 001 represents the first 10,000; 002 represents the second 10,000; and so forth. **FTE** The transaction set reference number consists of the first eight digits of the Insurer ID, the placeholder region code (A), the creation date, the file type (A – Audit, C – Change), the type of members contained in the file (F – Fully eligible), and a three- digit sequential number. The three-digit sequential number is used when the number of 834 transactions exceeds the National Electronic Data Interchange Transaction Set implementation guide (IG) requirement. 001 represents the first 10,000; 002 represents the second 10,000; and so forth. **PPE / PATH** The transaction set reference number consists of the first eight digits of the Insurer ID, the placeholder region code (A), the creation date, the file type (A – Audit, C – Change), the type of members contained in the file (C – Conditional, F – Fully eligible), and a three-digit sequential number. The three-digit sequential number is used when the number of 834 transactions exceeds the National Electronic Data Interchange Transaction Set implementation guide (IG) requirement. 001 represents the first 10,000; 002 represents the second 10,000; and so forth.
36		REF	Transaction Set Policy Number			

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
36		REF02	Reference Identification		10	**HHW / HCC / PACE** The master policy number is the nine-digit managed care entity (MCE) ID followed by the letter A. **HIP / FTE** The master policy number is the nine-digit MCE ID followed by the letter A. **PPE / PATH** The master policy number is the nine-digit MCE ID followed by the letter A.
39	1000A	N1	Sponsor Name			
39	1000A	N102	Name			IHCP sends "Indiana Health Coverage Program"
40	1000A	N104	Identification Code			IHCP sends "IHCP"
47	2000	INS	Member Level Detail			IHCP sends no more than 10,000 INS segments in a single 834 transaction
48	2000	INS01	Yes/No Condition or Response Code	Y		The IHCP member is always the subscriber
48	2000	INS02	Individual Relationship Code	18		The IHCP member is always the subscriber
49	2000	INS03	Maintenance Type Code			**HHW / HCC / PACE** 001 – Change 021 – Addition 024 – Cancellation or Termination 030 – Audit or Compare The monthly audit file consists of only 030. The change file contains 001, 021, 024 and 030. The only time a 030 is encountered is when the member level (001) changes and no change occurs in the benefit level (030). **HIP** 001 – Change 021 – Addition 024 – Cancellation or Termination 025 – Reinstatement 030 – Audit or Compare The monthly audit file consists of only 030. 001 – A change to the member demographic data, POWER Account amounts, eligibility dates or capitation category. 021 – A new conditionally eligible member, a member who has moved from conditionally to fully eligible, or a member who has moved from one plan to another. Type of eligibility will be sent in INS04.

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
49	2000	INS03	Maintenance Type Code *(continued)*			024 – A member who is being removed from the HIP plan. Can be conditionally or fully eligible. Reason for removal will be sent in INS04. 025 – A conditional member who has an outstanding debt from a previous HIP enrollment. Notification sent to debt plan only. **HIP / FTE** 001 – Change 021 – Addition 024 – Cancellation or Termination 030 – Audit or Compare The monthly audit file consists of only 030. The change file may contain 001, 021 or 024 **PPE / PATH** 001 – Change 021 – Addition 024 – Cancellation or Termination 030 – Audit or Compare The monthly audit file consists of only 030. The change file may contain 001, 021 or 024
49	2000	INS04	Maintenance Reason Code			**HHW / HCC / PACE** This code clarifies the type of change and distinguishes a change from a deletion. 07 – Termination of benefits only when INS03 = 024. 15 – Change in primary medical provider (PMP) when INS03 = 001. 22 – When sent with INS03 = 024, indicates a member no longer eligible for this plan due to a plan/MCE change. When sent with INS03 = 021, indicates a member coming from another plan/MCE. 28 – Indicates a new fully eligible member. 29 – Member moving from PE to Medicaid. 33 – Indicates all changes except PMP change when INS03 = 001. AI – Member type of unpassed status when INS03 = 021. XN – Notification Only – used when INS03 = 030. Null – Deletion only when INS03 = 024 without a reason code. Most of the time, the IHCP sends a null value in INS04. However, a null value is only meaningful when the Maintenance Type code is 024. Unpassed is a member that was not on the last roster and has ending eligibility prior or equal to the end of the current month and starting eligibility prior to the start date of the current roster. **HIP** This code clarifies the type of change and distinguishes a change from a deletion.

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
49	2000	INS04	Maintenance Reason Code *(continued)*			CONDITIONALLY ELIGIBLE MEMBERS: 03 – Will be sent along with INS03 = 024 to indicate a member who has passed away. Member date of death will be sent in INS12 14 – Will be sent along with INS03 = 024 to indicate a member who withdrew from HIP prior to making an initial POWER account contribution. 22 – When sent with INS03 = 024, indicates a member no longer eligible for this plan due to a plan change another HIP plan. When sent with INS03 = 021, indicates a member coming from another HIP plan or HIP Link Eligibility. When sent with INS03 = 001, indicates a change to the member's aid category, income, capitation category or federal poverty limit (FPL). The type of change will be indicated in HD04. 25 – Indicates a change has been made to the member's name, Social Security number (SSN), date of birth or IHCP Member ID (also known as Medicaid RID). 27 – When sent with INS03 = 021, indicates a new conditionally eligible HIP member. When sent with INS03 = 025, indicates a conditionally eligible HIP member who was previously on HIP and has an outstanding member debt. 29 – When sent with INS03 = 024, indicates a member who is moving from conditional to fully eligible. 33 – Indicates a change to the member's POWER account contribution amount. Also can indicate a change to one or more of the HIP 2.0 indicators found in Loop 2700 – Additional Reporting Categories. 43 – Indicates the member's address, phone number, secondary phone number, case number, companion case number, email address and/or PMP directory indicator has changed. XN – Sent along with INS03 = 030 for all monthly audit records. FULLY ELIGIBLE MEMBERS: 03 – Will be sent along with INS03 = 024 to indicate a member who has passed away. Member date of death will be sent in INS12. 06 – When sent with INS03 = 024, indicates a member's eligibility was replaced or deleted from the HIP program. The HD04 segment will contain ELIG CHANGE or DEATH. 07 – Will be sent along with INS03 = 024 to indicate a member being terminated due to a change in aid category. When sent with a LIFETIME code in HD04 this indicates the lifetime maximum limitation has been reached. When sent with a RE-FAILS REDETERM code in HD04 this indicates the member failed the redetermination process. 14 – Will be sent along with INS03 = 024 to indicate a member being terminated from HIP due to voluntarily withdrawing from the Plan. 15 – Change in PMP when INS02 = 001. 17 – Indicates a member being terminated from HIP due to non-payment of POWER account.

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
49	2000	INS04	Maintenance Reason Code *(continued)*			22 – When sent with INS03 = 024, indicates a member being terminated due to a plan change to another HIP plan. When sent with INS03 = 021, indicates a member coming from another HIP plan or HIP Link eligibility. When sent with INS03 = 001, indicates a change to the member's eligibility dates, capitation category or FPL. The type of change (plan change / date change / capitation category change) will be indicated in HD04. 25 – Indicates a change has been made to the member's name, SSN, date of birth or IHCP Member ID. 28 – Indicates a new fully eligible HIP member. Note: members who were previously a part of HIP and are returning to the plan, such as women who left due to pregnancy, will be treated as new members as long as they do not have outstanding debt. 33 – Indicates a change to the member's POWER account contribution amount. Also can indicate a change to one or more of the HIP 2.0 indicators found in Loop 2700 – Additional Reporting Categories. This will also be the default value if no other maintenance reason code is found in the hierarchy. 43 – When sent with INS03 = 001, indicates the member's address or phone number has changed. When sent with INS = 024, indicates the member is being terminated from HIP due to moving out of state. XN – Sent along with INS03 = 030 for all monthly audit records. XT – Indicates a member has access to or currently has other health insurance. AI – Sent with INS03 = 001 for members staying with the same plan as a result of redetermination. **FTE** 03 – Will be sent along with INS03 = 024 to indicate a member who has passed away. 14 – Will be sent along with INS03 = 024 to indicate a member who has been denied. 22 – When sent with INS03 = 24, indicates a member being terminated due to a plan change to another FTE plan. When sent with INS03 = 21, indicates a member coming from another FTE plan. 25 – Indicates a change has been made to the member's name, SSN or date of birth. 27 – When sent with INS03 = 021, indicates a new FTE member. 27 – When sent with INS03 = 024, indicates member is moving to HIP conditional. 29 – Will be sent along with INS03 = 024 to indicate a member is moving to HIP Fully Eligible. 33 – Indicates a change to one or more of the indicators reported in Loop 2700 – Additional Reporting Categories. 43 – Indicates the member's address, phone number, secondary phone number, case number, email address has changed. XN – Sent along with INS03 = 030 for all monthly audit records.

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
49	2000	INS04	Maintenance Reason Code *(continued)*			**PPE / PATH** 03 – Will be sent along with INS03 = 024 to indicate a member who has passed away. 06 – Assignment voided 07 – Eligibility expired 14 – Will be sent along with INS03 = 024 to indicate a member who has been denied. 15 – Provider data changed 22 – When sent with INS03 = 24, indicates a member being terminated due to a plan change to another plan. When sent with INS03 = 21, indicates a member coming from another plan. When sent with INS03 = 001, indicates a change to the member's coverage income, capitation category or federal poverty limit (FPL). 25 – Indicates a change has been made to the member's name, SSN or date of birth. 27 – When sent with INS03 = 021, indicates a new member. 29 – Will be sent along with INS03 = 024 to indicate a member is moving to Fully Eligible. 33 – Indicates a change to one or more of the indicators reported in Loop 2700 – Additional Reporting Categories. 43 – Indicates the member's address, phone number, secondary phone number, case number, email address has changed. XN – Sent along with INS03 = 030 for all monthly audit records.
51	2000	INS05	Benefit Status Code			IHCP only sends data for active Medicaid members
51	2000	INS06-01	Medicare Plan Code			**HHW / HCC** E – Member is no longer covered by Medicare Null – Member is not currently enrolled in Medicare **PPE / PATH** E – Member is no longer covered by Medicare Null – Member is not currently enrolled in Medicare
52	2000	INS08	Employment Status Code	FT TE		IHCP sends the member's status in their program FT – Full time TE – Terminated
56	2000	REF	Member Policy Number			**HHW / HCC** Not sent in the Hoosier Healthwise 834s. **HIP** Always sends this segment in Loop 2000 since Loop 2300 is not sent for conditionally eligible members.
56	2000	REF02	Reference Identification			**HIP** Sends value of "HIP"

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
57	2000	REF	Member Supplemental Identifier			**HHW / HCC / PACE** Three segments are possible with case number, case worker ID or companion case number. A maximum of two additional REF segments may be sent with linked IHCP Member IDs, listed most recent to least recent. **HIP** Sent where applicable with case number, companion case number or spouse IHCP Member ID. A maximum of two additional REF segments may be sent with linked IHCP Member IDs, listed most recent to least recent. FTE Application ID is sent in this segment. **FTE** Application ID is sent in this segment. A maximum of two additional REF segments may be sent with linked IHCP listed most recent to least recent. **PATH** Three segments are possible with case number, case worker ID or companion case number. A maximum of two additional REF segments may be sent with linked IHCP Member IDs, listed most recent to least recent. **PPE** Case Number, Application ID and Linked ID are sent in this segment. A maximum of two additional REF segments may be sent with linked IHCP Member IDs, listed most recent to least recent.
57	2000	REF01	Reference Identification Qualifier			**HHW / HCC / PACE** Possible codes and descriptions: 3H – Represents the case number ZZ – Represents the case worker number 23 – Represents the companion case number Q4 – Represents the linked IHCP Member ID. Maximum of two, listed most recent to least recent When multiple REF segments are reported with “Q4”, the first iteration reports the active, linked IHCP Member ID. The subsequent iteration reports the inactive, prior Member ID that is linked to the active Member ID reported in the first iteration. The maximum number of linked Member IDs is two and is limited by the maximum number of five occurrences per the HIPAA IG.

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
57	2000	REF01	Reference Identification Qualifier *(continued)*			**PATH** Possible codes and descriptions: 3H – Represents the case number ZZ – Represents the case worker number 23 – Represents the companion case number Q4 – Represents the linked IHCP Member ID. Maximum of two, listed most recent to least recent When multiple REF segments are reported with "Q4", the first iteration reports the active, linked IHCP Member ID. The subsequent iteration reports the inactive, prior Member ID that is linked to the active Member ID reported in the first iteration. The maximum number of linked Member IDs is two and is limited by the maximum number of five occurrences per the HIPAA IG. **HIP** Possible codes and descriptions: 3H – Represents the case number 23 – Represents the companion case number 6O – FTE Application ID ZZ – Represents the member's spouse's IHCP Member ID. Sent for conditionally eligible members only. Q4 – Represents the linked IHCP Member ID. Maximum of four, listed most recent to least recent. Sent for fully eligible members only. When multiple REF segments are reported with "Q4" in REF01, the first iteration reports the active, linked IHCP Member ID. The subsequent iteration reports the inactive, prior Member ID that is linked to the active Member ID reported in the first iteration. **FTE** Used to pass the Application ID: 6O – Application ID Q4 – Linked IHCP Member ID **PPE** Used to pass the Application ID: 3H – Represents the case number 6O – Application ID Q4 – Linked IHCP Member ID When multiple REF segments are reported with "Q4" in REF01, the first iteration reports the active, linked IHCP Member ID. The subsequent iteration reports the inactive, prior Member ID that is linked to the active Member ID reported in the first iteration.
59	2000	DTP	Member Level Dates			

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
59	2000	DTP01	Date/Time Qualifier			**HHW / HCC / PACE** 473 – MCE Plan Roll-Up Begin 474 – MCE Plan Roll-Up End The qualifiers 473 and 474 are used for reporting the member's MCE-related Roll-up effective date and end date based upon the reported PMP effective date range segment. **PATH** 473 – MCE Plan Roll-Up Begin 474 – MCE Plan Roll-Up End The qualifiers 473 and 474 are used for reporting the member's MCE-related Roll-up effective date and end date based upon the reported PMP effective date range segment. **HIP** 300 – Enrollment Signature Date 303 – Maintenance Effective 473 – MCE Plan Roll-Up Begin 474 – MCE Plan Roll-Up End Qualifier 300 is used for conditionally eligible members only. It will indicate the date the member became conditionally eligible. Qualifier 303 is used to indicate the date a change to a member's information becomes effective. For conditionally eligible members, it is also used for terminations. If INS04 = 33, then 303 = POWER effective date. If INS04 = 22 or AI, then 303 = benefit effective date. The qualifiers 473 and 474 are used for reporting the member's MCE-related Roll-up effective date and end date based upon the reported PMP effective date range segment. HIP members have a finite benefit period, typically twelve months in duration. Benefit period dates are important for POWER account reconciliation. Note that a member can have multiple POWER account dates and obligations within a benefit period span. HIP fully eligible members effective as of Jan. 1, 2018, will have benefit periods that begin Jan. 1 and end Dec. 31, regardless of their eligibility effective date or the dates of their subsequent redeterminations. **FTE** 300 – Enrollment Signature Date 303 – Maintenance Effective Qualifier 300 is used for the start date of a person FTE status. When INS03 = 001, qualifier 303 is used for the date a change to a person's information becomes effective. When INS03 = 024, it is used to report the termination end date.

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
59	2000	DTP01	Date/Time Qualifier *(continued)*			**PPE** 300 – Application Date 303 – Application Status Date Qualifier 300 is used to report the Application Date when INS03 = 021, 001, 024 and 030. Qualifier 303 is used to report the Application Status Date when INS03 = 021, 001 and 030. When INS03 = 024, this is the date that the Pending Application was terminated (moved from Pending to Denied, Fully Eligible or is no longer Pending for PathWays) or when the MCE Assignment is terminated.
65	2100A	PER	Member Communications Numbers			IHCP Note: This segment contains the member's home telephone number, email address and alternate telephone number if available. A member may have any combination of these elements. For example, they may have two telephone numbers, but no email address. Or they may only have one phone number or may only have an email address. This information may not be available for some members.
66	2100A	PER03	Communication Number Qualifier	TE EM HP		IHCP uses codes: TE – Member's home phone number EM – Member's e-mail address HP – Member's alternate phone number
66	2100A	PER05	Communication Number Qualifier	TE EM HP		IHCP uses codes: TE – Member's home phone number EM – member's email address HP – Member's alternate phone number
67	2100A	PER06	Communication Number			IHCP only sends on **HHW / HCC / PACE**, **HIP**, and **PPE / PATH** 834s
67	2100A	PER07	Communication Number Qualifier	TE EM HP		IHCP uses codes: TE – Member's home phone number EM – Member's email address HP – Member's alternate phone number
67	2100A	PER08	Communication Number			IHCP only sends on **HHW / HCC / PACE**, **HIP**, and **PPE / PATH** 834s
68	2100A	N3	Member Residence Street Address			IHCP Note: This segment contains the member's street address as submitted to Gainwell by the Indiana Eligibility Determination and Services System (IEDSS). Gainwell does not have system editing for addresses. If there is Ino residential address on file, mailing address information will be submitted here.

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
69	2100A	N4	Member City, State, ZIP Code			IHCP Note: This segment contains the member's city, state, ZIP Code and county code information as reported to Gainwell by the IEDSS. Gainwell does not perform validation for City, State, ZIP Code and county code mismatches. If the record is sent to Gainwell from the IEDSS with a ZIP Code that doesn't match the city, it's reported as received and not "cleaned up." If there is no residential address on file, mailing address info will be submitted here.
70	2100A	N406	Location Identifier			IHCP Note: This is the county code of the member's residence. Members may be assigned to a region other than their home region. Capitation reimbursement is based on the member's home region, regardless of the region they are assigned to. The county code is entered into the IEDSS by the Division of Family Resources (DFR) and passed to Gainwell. Gainwell does not validate county codes for mismatches.
71	2100A	DMG	Member Demographics			
72	2100A	DMG05	Composite Race or Ethnicity Information			The race/ethnicity code will be sent when received from IEDSS A – Asian or Pacific Islander B – Black C – Caucasian F – Asian Pacific American G – Native American H – Hispanic I – American Indian or Alaskan Native J – Native Hawaiian P – Pacific Islander 7 – Not Provided 8 – Not Available D – Subcontinent Asian American E – Other Race or Ethnicity N – Black (Non-Hispanic) O – White (Non-Hispanic) Z – Mutually Defined
79	2100A	ICM	Member Income			**HIP, HHW / HCC, PATH / PPE** Member income is returned when received from the IEDSS.
79	2100A	ICM01	Frequency Code			4 – Monthly
79	2100A	ICM02	Monetary Amount			
81	2100A	AMT	Member Policy Amounts			**HHW / HCC** Not sent in the Hoosier Healthwise 834s.

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
81	2100A	AMT01	Amount Qualifier Code	B9 D2		**HIP** B9 – Conditionally eligible – Used to qualify the member's outstanding debt. D2 – Used to qualify the member's monthly POWER account contribution.
81	2100A	AMT02	Monetary Amount			**HIP** Will contain the dollar amount of the member's monthly POWER account contribution or outstanding debt amounts.
84	2100A	LUI	Member Language			
85	2100A	LUI02	Identification Code			See *Section 4.1* for list of language codes.
86	2100B	NM1	Incorrect Member Name			**HIP** Only sent on HIP 834s when applicable
89	2100B	DMG	Incorrect Member Demographics			**HIP** Only sent on HIP 834s when applicable
94	2100C	N3	Member Mailing Street Address			IHCP Note: If there is a residential address on file and it is different than mailing address, this segment contains the member's mailing street address as submitted to Gainwell by the Indiana Eligibility Determination and Services System (IEDSS). Gainwell does not have system editing for addresses. If there is no residential address on file, mailing address info will be submitted in Loop 2100A.
95	2100C	N4	Member City, State, ZIP Code			IHCP Note: If there is a residential address on file and it is different than the mailing address, this segment contains the member's mailing city, state, ZIP Code and county code information as reported to Gainwell by the IEDSS. Gainwell does not perform validation for City, State, ZIP Code and county code mismatches. If the record is sent to Gainwell from the IEDSS with a ZIP Code that doesn't match the city, it's reported as received and not "cleaned up." If there is no residential address on file, mailing address info will be submitted in Loop 2100A.

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
140	2300	HD	Health Coverage			**HHW / HCC** A second situational loop provides the Hoosier Healthwise Open Enrollment status. This status indicates whether the member is in an open enrollment period or not. An open enrollment status of "O" means the member is allowed to change MCEs without cause. An open enrollment status of "C" requires a just cause to change MCEs. **HIP** A second situational loop provides the HIP Potential Plus status for fully eligible members. If present, indicates the member is eligible for the HIP Plus benefit. The member's Plus category, FPL, POWER Account amount, and the effective date of the potential plus segment are specified. New and ongoing segments use code 030 and include the effective date of the potential plus segment (DTP 348) and the end date of potential plus segment (DTP 348). HIP Potential Plus example for a new or ongoing potential plus segment: HD*030**HLT*RP110*IND~ DTP*348*D8*20150401~ AMT*P3*1~ HIP Potential Plus example for a termed potential plus segment: HD*024**HLT*RP110*IND~ DTP*348*D8*20150401~ DTP*348*D8*20150520~ AMT*P3* **FTE** Applicant is on fast track for eligibility determination in HIP or other aid category
140	2300	HD01	Maintenance Type Code			**HHW / HCC / PACE** Possible codes and descriptions: 001 – Change – represents a change to a member's active enrollment status and/or data specific to the member. 021 – Addition – represents a new member notification. 024 – Cancellation or Termination – represents a member termination notification. IHCP does not use Cancellation terminology. 030 – Audit or Compare – represents a verification file for the member Deletion code 002 is not used. A deletion is indicated when INS03 = 024 and INS04 = Null. **HIP** Possible codes and descriptions: 001 – Change – indicates either a change to/from HIP plan, or a change to the member's plan (eligibility dates or capitation category) with the current insurer. The type of change will be specified in HD04. 021 – Addition 024 – Cancellation or Termination 030 – Audit or Compare

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
140	2300	HD01	Maintenance Type Code *(continued)*			**PATH** Possible codes and descriptions: 001 – Change – represents a change to a member's active enrollment status and/or data specific to the member. 021 – Addition – represents a new member notification. 024 – Cancellation or Termination – represents a member termination notification. IHCP does not use Cancellation terminology. 030 – Audit or Compare – represents a verification file for the member Deletion code 002 is not used. A deletion is indicated when INS03 = 024 and INS04 = Null.
141	2300	HD03	Insurance Line Code	HLT		IHCP uses code HLT
141	2300	HD04	Plan Coverage Description			Concatenated information data is separated by a Pipe Delimiter character of | **HHW / HCC / PACE** The plan coverage description is made up of the following concatenated information: VALID CAPITATION CODES FOR HHW and HCC – Two characters: A1 – Pkg A Preschool Ages 1-5 A6 – Pkg A Child Ages 6-12 AF – MAGI Pkg A/B/P Adult Females Ages 19 and Older AM – MAGI Pkg A Adult Males Ages 19 and Older C1 – Pkg C Preschool Ages 1-5 C6 – Pkg C Child Ages 6-12 CN – Pkg C Newborns CT – Pkg C Teens Ages 13-18 D1 – HCC Adult Member 21 and Older D2 – HCC Member under 21 D3 – HCC Member Dual Medicare D4 – DCS Involved Youths (MA 4, 8, 14, 15) NB – Pkg A Newborns TN – MAGI Pkg A/B/P Teens Ages 13-18 U1 – Pkg A MA-U Preschool Ages 1-5 U6 – Pkg A MA-U Child Ages 6-12 UD – Pkg A MA-U Delivery Payment UF – Pkg A MA-U Females UM – Pkg A MA-U Males UN – Pkg A MA-U Newborns UT – Pkg A MA-U Teens Ages 13-20 TF – Pkg A Transitional Adult Females TM – Pkg A Transitional Adult Males PH – Pkg A Pregnancy *Note: Capitation category may be blank for Pkg C members if they turn 19 during the final month of enrollment.*

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD04	Plan Coverage Description *(continued)*			VALID CAPITATION CODES FOR PACE – Two characters: PA – PACE Non-Dual Eligible PB – PACE Pre-65 – Dual Eligible PC – PACE Post-65 – Dual Eligible VALID BENEFIT PACKAGE INDICATORS – One character: A – Standard Coverage B – Pregnancy Coverage C – Child Health Plan P – Presumptive Eligibility Coverage for Pregnant Women VALID AUTO ASSIGNMENT INDICATORS – One character: Y – Yes N – No VALID AID CATEGORY CODES FOR HHW – Two characters (for one-character codes, a leading space precedes the character): 1 – Children age <19 who meet TANF income stds 2 – Children ages 6-19 under 100% FPL 9 – Children age 1-19 up to 150% poverty (CHIP I) C – Low Income Families F – Transitional Medical Assistance GF – MAGI Parent/Caretaker of Relative ages 19-over GP – MAGI Pregnancy 208% or under FPL H – Ineligible for AFDC due to deemed income M – Pregnancy – Full Coverage N – Pregnancy – Related Coverage S – Ineligible for AFDC due to sibling income T – Children age 18, 19, 20 living w/specified relative U – Ineligible for TANF due to SSI payments X – Newborn – infants born to Medicaid recipients Y – Children age <1 under 150% FPL Z – Children ages 1-5 under 133% FPL 10 – Hoosier Healthwise-Package C-Children's Health Plan VALID AID CATEGORY CODES FOR HCC – Two characters (for one-character codes, a leading space precedes the character) A – Aged B – Blind D – Disabled SI – Supplemental Social Security Income DI – Working Disabled MED Works Improved DW – Working Disabled MED Works Applicable aid categories that have the option to opt in to HCC: 4 – Title IV-E Foster Children under 18 8 – Children Receiving Adoption Assistance 14 – Former Foster Children (ages 18<21) <200% FPL 15 – Former Foster Children (ages 18<26) AID CATEGORY CODES FOR PACE – Two characters PA – PACE

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD04	Plan Coverage Description *(continued)*			START REASON CODES – Two characters STOP REASON CODES – Two characters 01 – Approved Change 02 – New Eligible 03 – Six Month PMP change 04 – Newborn auto-assign change 05 – Member Initiated – MCE Disenrollment 06 – Redetermination 07 – Death 08 – Disenroll from Managed Care 09 – Expired Managed Care Segment 10 – PCCM Voluntary PMP Disenroll 11 – MCE Voluntary PMP Disenroll 12 – PCCM Mandatory PMP Disenroll 13 – MCE Mandatory PMP Disenroll 14 – MCE dsnrl – PMP moved to oth MCE plan 15 – MCE dsnrl – PMP moved to PCCM 16 – MCE dsnrl – PMP dsnrl from program 17 – MCE PMP moved to another MCE plan 18 – MCE PMP moved to PCCM 19 – PCCM PMP moved to an MCE plan 20 – Auto Assigned – Newborn (Mom PMP) 21 – Auto Assigned – Case Assignment 22 – Auto Assigned – Previous PMP 23 – Auto Assigned – Default Distance 24 – Auto Assigned – PCCM PMP Disenrolled 25 – Auto Assigned – MCE PMkP Disenrolled 26 – Auto Assigned – Newborn Preselection 27 – HHPD – Other 28 – Auto Assigned – Redetermination 29 – Auto Assigned – Lockin – Previous PMP 2A – Auto Assigned – Newborn Case (Mom MCE) 2B – Auto Assigned – Newborn Group (Mom MCE) 2C – Auto Assigned – Newborn Distance (Mom MCE Network) 2D – Auto Assigned – Newborn Other (Mom MCE Network) 2E – Auto Assigned – Newborn County (Mom MCE Network) 2F – Auto Assigned – Newborn Distance (Mom MCE) 2G – Auto Assigned – Newborn Other (Mom MCE) 2H – Auto Assigned – Newborn County (Mom MCE) 2I – Auto Assigned – Default Other 2J – Auto Assigned – Default County 2K – Auto Assigned – Previous PMP Group Location 2L – Auto Assigned – Previous PMP Other Location 2M – Auto Assigned – Previous MCE Case PMP 2N – Auto Assigned – Previous MCE Case Group-Mbr PMP 2O – Auto Assigned – Previous MCE Network Distance 2P – Auto Assigned – Previous MCE Network Other 2Q – Auto Assigned – Previous MCE Distance 2R – Auto Assigned – Previous MCE Other 2S – Auto Assigned – Case Group Assignment 2T – Auto Assigned – Lockin – Previous PMP Group

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD04	Plan Coverage Description *(continued)*			2U – Auto Assigned – Lockin – Previous MCE 2V – Auto Assigned – Lockin – Case Assignment 2W – Auto Assigned – Lockin – Default 2X – Previous PMP <2 month auto-assignment 30 – Voluntary county enrollment 31 – Aprvd. Chng. – Member Choice Auto Assignment 33 – Aprvd. Chng. – Untimely Communication 35 – Aprvd. Chng. – PMP Panel Full 3A – Auto Assigned – Previous MCE 3B – Auto Assigned – Companion Case ID 3C – Auto Assigned – Previous RCP 3D – Auto Assigned – Spouse (HIP) 3F – Auto Assigned – Newborn (MOM MCE) 3G – Auto Assigned – Member Choice 3Q – HPE Dsnrl – MCE PMP Svc Location No Longer Active 3R – HPE Dsnrl – Prov. Medicaid Eligibility Terminated 3S – HPE Dsnrl – Group Medicaid Eligibility Terminated 3T – HPE Dsnrl – PMP Service Location No Longer Active 3U – HPE Dsnrl – PMP Group Svc Location No Longer Active 3V – HPE Dsnrl – PMP no longer practices at this Svc Loc 3W – MCE Dsnrl – PMP no longer practices at this Svc Loc 3X – MCE Dsnrl – PMP no longer contracted with MCE 3Y – MCE Dsnrl – PMP not in managed care at this Svc Loc 3Z – MCE Dsnrl – PMP deceased 40 – Aprvd. Chng. – PCCM PMP Disenrolled 41 – Aprvd. Chng. – MCE PMP Disenrolled 42 – Aprvd. Chng. – Error in Assignment 43 – Aprvd. Chng. – MCE Ancillary Service Access Issues 44 – Aprvd. Chng. – PCCM Ancillary Svc Access Issues 45 – Aprvd. Chng. – Quality of Service Issues 46 – Aprvd. Chng. – Third Party Liability 47 – Aprvd. Chng. – Network Limitations 50 – Aprvd. Chng. – Inconvenient Location 51 – Aprvd. Chng. – Member Moved 52 – Aprvd. Chng. – Transportation Problems 53 – Aprvd. Chng. – Appointment Delays 54 – Aprvd. Chng. – Office Waiting Time 55 – Aprvd. Chng. – Treatment by staff 56 – Aprvd. Chng. – Unsatisfactory Communication 57 – Aprvd. Chng. – Unsatisfactory quality of care 58 – Aprvd. Chng. – Unsatisfactory emergency response 59 – Aprvd. Chng. – Unable to obtain referral 60 – Aprvd. Chng. – Insufficient after-hours coverage 61 – Aprvd. Chng. – Physician no longer Medicaid 62 – Aprvd. Chng. – Physician no longer in practice 63 – Aprvd. Chng. – Physician Patient rltnshp unacpt 64 – Aprvd. Chng. – Med condition not approp to pvdr 65 – Aprvd. Chng. – Physician Requests Member Reassign 66 – Aprvd. Chng. – Specity not consistent with cond. 67 – Aprvd. Chng. – Preg. Related – ante-partum change 68 – Aprvd. Chng. – Preg. Related – post-partum change

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141	2300	HD04	Plan Coverage Description *(continued)*			69 – Aprvd. Chng. – Other 70 – Disenroll – ICES/IEDSS County Change 71 – Disenroll – Residency Change 72 – Disenroll – Third Party Liability Issues 73 – Disenroll – Continuity of Care Issues 74 – Disenroll – Member Determined to be Illegal Alien 75 – Disenroll – Member Eligible for Waiver Program 76 – Disenroll – Member Choice – Ward or Foster Child 77 – Disenroll – Network Limitations 78 – Disenroll – More than one RID# linked from ICES/IEDSS 79 – Disenroll – Member became Eligible for Hospice 80 – Disenroll – Member Ineligible Due To Age 81 – Eligibility was Terminated 82 – PMP DSNRL/REENR-Individ to Group loc 83 – PMP DSNRL/REENR-Group to individ loc 84 – PMP DSNRL/REENR-individ to diff individ loc 85 – PMP DSNRL/REENR-group to diff group loc 86 – Manual Reassignment 87 – MCE Mass Change 88 – JC-Lack of Medical Services 89 – JC-MCO non-covered for moral or religious reasons 90 – JC-Member risk related serv not avail MCO network 91 – JC-lack access provider for mbr health care need 92 – JC-Poor quality of care 93 – JC-Family member change 94 – Annual Enrollment 95 – JC Self Select <= 2 month break eligibility 98 – Disenroll – Ineligible for Auto Assignment 99 – Open A1 – MCE Auto Assigned – Previous PMP A2 – MCE Auto Assigned – Case ID PMP A3 – MCE Auto Assigned – PMP in Previous Group A4 – MCE Auto Assigned – Case ID in Previous Group A5 – MCE Default Auto Assignment A6 – MCE PMP Disenrolled A7 – MCE Member Request A8 – MCE PMP Initiated A9 – MCE Approved Change – PMP Panel Full MT – MCE No Longer Participating in the Program RA – HHW Manual Retroactive Assignment Start RB – HHW Manual Retroactive Assignment Stop RC – HCC Manual Retroactive Assignment Start RD – HCC Manual Retroactive Assignment Stop QR – Qualified Residential Treatment Program VALID RIGHT CHOICES PROGRAM INDICATORS FOR HOOSIER HEALTHWISE AND HCC Y – Yes N – No

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141	2300	HD04	Plan Coverage Description *(continued)*			PMP DIRECTORY INDICATOR Member wants a paper directory of providers. An N is reported for members who specify No directory, or for members who do not answer the directory question on the application. Y – Yes N – No MEMBER'S RESIDENCE REGION CODE The last digit of HD04 is the member's residence region code. HHW and HCC values used – 1 through 9, with zero indicating that the member's residence region code is not available. PACE value used – 'S' FEDERAL POVERTY LEVEL – Three-character FPL percentage is sent when on file OPEN ENROLLMENT PERIOD STATUS FOR HHW AND HCC – (Not applicable for PACE.) Value for HD04 in an additional 2300 loop. One character: O – Open – Member is in their free-change period to change MCEs without cause C – Closed – Member cannot change MCEs unless they have just cause, as verified and approved by the enrollment broker FROM/TO MCE FOR HCC This code indicates the plan the member is transferring from when maintenance type and reason is 021/28. The code indicates the plan the member is transferring to when maintenance type and reason code is 024/07. ANTH – Anthem MHS – MHS UHC – UnitedHealthcare FROM/TO MCE FOR HHW This code indicates the plan the member is transferring from when maintenance type and reason is 021/28. The code indicates the plan the member is transferring to when maintenance type and reason code is 024/07. ANTH – Anthem CARE – CareSouce MDWI – MDwise *(Note: MDwise participation in the IHCP ended Dec. 31, 2025.)* MANA – MHS HIP / HCC / HHW PLAN2PLAN – Member is changing from one care program to another care program HIPAN – HIP Anthem (Can be a "From" or a "To" value) HIPCA – HIP CareSource (Can be a "From" or a "To" value) HIPMH – HIP MHS (can be a "From" or a "To" value) HIPMD – HIP MDwise (can be a "From" or a "To" value) HCCAN – HCC Anthem (can be a "From" or a "To" value) HCCUH – HCC UHC (can be a "From" or a "To" value)

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141	2300	HD04	Plan Coverage Description *(continued)*			HCCMH – HCC MHS (can be a "From" or a "To" value) HHWAN – HHW Anthem (can be a "From" or a "To" value) HHWMD – HHW MDwise (can be a "From" or a "To" value) HHWMH – HHW MHS (can be a "From" or a "To" value) HHWCA – HHW CareSource (can be a "From" or a "To" value) PATHHM – PathWays Humana (can be a "From" or a "To" value) PATHAN – PathWays Anthem (can be a "From" or a "To" value) PATHUH – PathWays UHC (can be a "From" value or a "To" value) **HIP** The plan coverage description is made up of the following concatenated information: Concatenated information data is separated by a Pipe Delimiter character of | **Conditionally Eligible** MEMBER AID CATEGORY – Two characters: RP – HIP Plus SP – HIP Plus – State Plan RB – HIP Basic SB – HIP Basic – State Plan FEDERAL POVERTY LEVEL PERCENTAGE – Three-character FPL percentage **Fully Eligible** MEMBER AID CATEGORY – Two characters: RP – HIP Plus SP – HIP Plus – State Plan RB – HIP Basic SB – HIP Basic – State Plan PC – HIP Plus Co-Pay MA – HIP Maternity VALID CAPITATION CODE – Two characters: E1 – State Basic Expansion Male 18-24 (eff 1/1/2021) E2 – State Basic Expansion Male 25-34 (eff 1/1/2021) E3 – State Basic Expansion Male 35-44 (eff 1/1/2021) E4 – State Basic Expansion Male 45-54 (eff 1/1/2021) E5 – State Basic Expansion Male 55-99 (eff 1/1/2021) E6 – State Basic Expansion Female 18-24 (eff 1/1/2021) E7 – State Basic Expansion Female 25-34 (eff 1/1/2021) E8 – State Basic Expansion Female 35-44 (eff 1/1/2021) E9 – State Basic Expansion Female 45-54 (eff 1/1/2021) EX – State Basic Expansion Female 55-99 (eff 1/1/2021) K1 – State Plus Expansion Male 18-24 (eff 1/1/2021) K2 – State Plus Expansion Male 25-34 (eff 1/1/2021) K3 – State Plus Expansion Male 35-44 (eff 1/1/2021) K4 – State Plus Expansion Male 45-54 (eff 1/1/2021)

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141	2300	HD04	Plan Coverage Description *(continued)*			K5 – State Plus Expansion Male 55-99 (eff 1/1/2021) K6 – State Plus Expansion Female 18-24 (eff 1/1/2021) K7 – State Plus Expansion Female 25-34 (eff 1/1/2021) K8 – State Plus Expansion Female 35-44 (eff 1/1/2021) K9 – State Plus Expansion Female 45-54 (eff 1/1/2021) KX – State Plus Expansion Female 55-99 (eff 1/1/2021) R1 – Regular Basic Expansion M 18-24 R2 – Regular Basic Expansion M 25-34 R3 – Regular Basic Expansion M 35-44 R4 – Regular Basic Expansion M 45-54 R5 – Regular Basic Expansion M 55-99 R6 – Regular Basic Expansion F 18-24 S1 – State Plus Non Expansion M 18-24 S2 – State Plus Non Expansion M 25-34 S3 – State Plus Non Expansion M 35-44 S4 – State Plus Non Expansion M 45-99 S6 – State Plus Non Expansion F 18-24 S7 – State Plus Non Expansion F 25-34 S8 – State Plus Non Expansion F 35-44 S9 – State Plus Non Expansion F 45-99 DM – MAMA HIP Delivery Case Rate PM – MAMA Pregnancy MY – MAMA Pregnancy Female Age 18 PR – Regular HIP pregnancy indicator PS – State HIP pregnancy indicator PY – MA-SP Female Age 18 (category end-date 12/31/2020) PZ – MA-SP Male Age 18 (category end-date 12/31/2020) SX – MA-SP Female Ages 55-64 (category end-date 12/31/2020) S5 – MA-SP Male Ages 55-64 (category end-date 12/31/2020) FP – Medically Frail MASP (category end-date 12/31/2020) BY – MA-RB Female Age 18 (category end-date 12/31/2020) BZ – MA-RB Male Age 18 (category end-date 12/31/2020) FB – Medically Frail MASB (category end-date 12/31/2020) START REASON CODES – Two characters STOP REASON CODES – Two characters 07 – Death 50 – ICES/IEDSS Termination 81 – Eligibility was Terminated 99 – Open 3Q – HPE Dsnrl-MCE PMP Svc Location No Longer Active 3R – HPE Dsnrl-Prov. Medicaid Eligibility Terminated 3S – HPE Dsnrl-Group Medicaid Eligibility Terminated 3T – HPE Dsnrl – PMP Svc Location No Longer Active 3U – HPE Dsnrl-PMP Group Mbr Location No Longer Active 3V – HPE Dsnrl-PMP No Longer Practices at this Svc Location 3W – MCE Dsnrl-PMP No Longer Practices at this Svc Location 3X – MCE Dsnrl-PMP No Longer Contracted With MCE 3Y – MCE Dsnrl-PMP not in Managed Care at this Svc Location

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141	2300	HD04	Plan Coverage Description *(continued)*			3Z – MCE Dsnrl-PMP deceased A1 – MCE Auto Assigned-Previous PMP A2 – MCE Auto Assigned-Case ID PMP A3 – MCE Auto Assigned-PMP in Previous Group A4 – MCE Auto Assigned-Case ID in Previous Group A5 – MCE Default Auto Assignment A6 – MCE PMP Disenrolled A7 – MCE Member Request A8 – MCE PMP Initiated A9 – MCE Approved Change-PMP Panel Full AA – Auto Assign-Default AB – Auto Assign-Previous Insurer HIP AC – Auto Assign-Previous Insurer HHW AD – Auto Assign-Spouse HIP AE – Auto Assign-Spouse HHW AF – Auto Assign-Case HIP AG – Auto Assign-Case HHW AH – Auto Assign-Companion Case HHW AP – Auto Assigned-Previous Insurer AR – Auto Assigned-Rotation AS – Auto Assigned-Spouse CS – COVID19 Eligibility (Start Code) CT – COVID19 Eligibility (Stop Code) EB – Enrollment Broker Assisted EC – Eligibility Change ER – Eligibility Restored with Retro Date ET – Eligibility Terminated F1 – Failure To Cooperate In Verifying Income F2 – Failure To Provide All Required Information F3 – Unable To Locate Assistance Group F4 – Failure To Verify Indiana Residency F5 – Failure To Cooperate In Verifying Age Composition F6 – Failure To Cooperate With Dfr In Obtaining Med Info F7 – Failure To Apply For Benefits To Which You May Be Entitled F8 – Fail To Complete Req Personal Interview On Non-Magi App F9 – Failure To Provide Required Proof Citizenship FA – Failure To Cooperate In Verifying The Value Of FB – Mail Sent To Last Known Address Returned as Undeliverable FR – Member Failed Redeterm FX – Fixed Record GS – HIP GTW Suspension HA – HIP Reassign Current Year Lock In (For System-use only) HB – HIP Bridge Eligibility HJ – HIP Lock-in Just Cause Transfer (For EB-use only) HL – HIP Lock-in Current Calendar Year (For System-use only) HP – HIP Lock-in Prior Calendar Year (For System-use only) HT – HIP Current Year Lock-in Transfer (For EB-use only) JA – Non-Payment of a Conditional-Term JG – Member Redetermination Same Plan JH – Member Redetermination Different Plan

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141	2300	HD04	Plan Coverage Description *(continued)*			JL – HIP LINK Employer-Sponsored Insurance Status Terminated JM – Individual Not Eligible for Employer-Sponsored Insurance MA – Moved to Active Enrollment MM – TMA Member with Potential Rollover MP– Member Did Not Return Packet for Processing MS – Member Selection on Application MT – MCE No Longer Participating in the Program NF – Non-Payment of Fast Track NP – Non Payment OA – Over Age Limit OH – Other Health Insurance Obtained OI – Member Over Income OS – Out of State Relocation PC – Plan Change – With Cause PP – Plan Change for Payment VW – Voluntary Withdrawal XA – Appeal QR – Qualified Residential Treatment Program FEDERAL POVERTY LEVEL PERCENTAGE – Three-character percentage sent when present RIGHT CHOICES PROGRAM INDICATOR Y – Yes N – No PMP DIRECTORY INDICATOR Member wants a paper directory of providers: Y – Yes N – No An N is reported for members who specify No directory, or for members who do not answer the directory question on the application. PLAN OR AID CATEGORY CHANGING FROM/TO: CTG CHG-DIS – Member terminated from HIP and moved to Disability aid category. CTG CHG-PREG – Member terminated from HIP and moved to Pregnancy aid category. NEW DATES – Member's eligibility start and/or end date has changed during their benefit period. New dates will be sent in the subsequent DTP segments. NEW CAP – Member's capitation category has changed during their benefit period. FPL – Member's federal poverty level has changed during their benefit period. RE-FAILS REDETERM – Member did not successfully redeterm. ELIG CHANGE – Member's HIP eligibility is retro replaced, usually by another Medicaid program. DEATH – Member is retro termed from HIP due to date of death precedes HIP eligibility.

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141	2300	HD04	Plan Coverage Description *(continued)*			The following will have the abbreviated four-character plan name with a space preceding: ANTH – Anthem CARE – CareSource MDWI – MDwise *(Note: MDwise participation in the IHCP ended Dec. 31, 2025.)* MANA – MHS RE-PLAN2PLAN – Member is changing from one HIP plan to another during redetermination period. RE-SAME PLAN – Member successfully completed redetermination PLAN2PLAN – Member is changing from one HIP plan to another during their benefit period. HIPLINK – Member is moving to HIP 2 From HIP LINK **HIP** HIP Potential Plus Loop (second HD segment on a fully eligible) MEMBER PLUS AID CATEGORY – Two characters: RP – HIP Plus SP – HIP Plus – State Plan FEDERAL POVERTY LEVEL PERCENTAGE – Three-character FPL percentage **PATH** VALID CAPITATION CODES AD – PathWays Acute Dual AN – PathWays Acute Non-Dual LD – PathWays LTSS Dual LN – PathWays LTSS Non-Dual L1 – PathWays LTSS Net Zero Days Non-Dual L2 – PathWays LTSS Net Zero Days Dual **PPE / PATH** VALID AID CATEGORIES A – Aged B – Blind D – Disabled SI – Supplemental Social Security Income DI – Working Disabled MED Works Improved DW – Working Disabled MED Works GF – MAGI Parent/Caretaker of Relative ages 19-over MEE – Medicaid Expedited Eligibility START REASON CODES – Two characters P1 – EB PathWays – MCE PMP availability P2 – EB PathWays – Members HCBS provider P3 – EB PathWays – Members NF provider P4 – EB PathWays – Member know/likes plan P5 – EB PathWays – MCE has enhanced benefits P6 – EB PathWays – MCE has cultural/language support P0 – EB PathWays – Other

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD04	Plan Coverage Description *(continued)*			**PATH** START REASON CODE AA – Auto Assign Default PA – Auto Assignment/Previous PathWays Last 90 days PB – Auto Assignment/DSNP Current or Future Medicare Plan C MCE PD – Auto Assignment /On Going Managed Care MCE PE – Auto Assignment/Prior MCE Last 90 days PF – Auto Assignment, Spouse PathWays PG – Auto Assignment Prior DSNP Medicare Plan C MCE PH – Auto Assignment/PMP selection Last 365 days PM – Member Assigned to FIDE-SNP PR – Member Re-assigned to their FIDE-SNP MCE PX – PathWays Exclusion Disenrollment STOP REASON CODES 01 – Approved Change 02 – New Eligible 03 – Six Month PMP change 05 – Member Initiated – MCE Disenrollment 06 – Redetermination 07 – Death 08 – Disenroll from Managed Care 09 – Expired Managed Care Segment 10 – PCCM Voluntary PMP Disenroll 11 – MCE Voluntary PMP Disenroll 12 – PCCM Mandatory PMP Disenroll 13 – MCE Mandatory PMP Disenroll 14 – MCE dsnrl – PMP moved to oth MCE plan 15 – MCE dsnrl – PMP moved to PCCM 16 – MCE dsnrl – PMP dsnrl from program 17 – MCE PMP moved to another MCE plan 18 – MCE PMP moved to PCCM 19 – PCCM PMP moved to an MCE plan 20 – Auto Assigned – Newborn (Mom PMP) 21 – Auto Assigned – Case Assignment 22 – Auto Assigned – Previous PMP 23 – Auto Assigned – Default Distance 24 – Auto Assigned – PCCM PMP Disenrolled 25 – Auto Assigned – MCE PMkP Disenrolled 26 – Auto Assigned – Newborn Preselection 27 – HHPD – Other 28 – Auto Assigned – Redetermination 29 – Auto Assigned – Lockin – Previous PMP 2I – Auto Assigned – Default Other 2J – Auto Assigned – Default County 2K – Auto Assigned – Previous PMP Group Location 2L – Auto Assigned – Previous PMP Other Location 2M – Auto Assigned – Previous MCE Case PMP 2N – Auto Assigned – Previous MCE Case Group-Mbr PMP 2O – Auto Assigned – Previous MCE Network Distance 2P – Auto Assigned – Previous MCE Network Other 2Q – Auto Assigned – Previous MCE Distance 2R – Auto Assigned – Previous MCE Other 2S – Auto Assigned – Case Group Assignment 2T – Auto Assigned – Lockin – Previous PMP Group 2U – Auto Assigned – Lockin – Previous MCE 2V – Auto Assigned – Lockin – Case Assignment 2W – Auto Assigned – Lockin – Default

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141	2300	HD04	Plan Coverage Description *(continued)*			2X – Previous PMP <2 month auto-assignment 30 – Voluntary county enrollment 31 – Aprvd. Chng. – Member Choice Auto Assignment 33 – Aprvd. Chng. – Untimely Communication 35 – Aprvd. Chng. – PMP Panel Full 3A – Auto Assigned – Previous MCE 3B – Auto Assigned – Companion Case ID 3C – Auto Assigned – Previous RCP 3D – Auto Assigned – Spouse (HIP) 3G – Auto Assigned – Member Choice 3Q – HPE Dsnrl – MCE PMP Svc Location No Longer Active 3R – HPE Dsnrl – Prov. Medicaid Eligibility Terminated 3S – HPE Dsnrl – Group Medicaid Eligibility Terminated 3T – HPE Dsnrl – PMP Service Location No Longer Active 3U – HPE Dsnrl – PMP Group Svc Location No Longer Active 3V – HPE Dsnrl – PMP no longer practices at this Svc Loc 3W – MCE Dsnrl – PMP no longer practices at this Svc Loc 3X – MCE Dsnrl – PMP no longer contracted with MCE 3Y – MCE Dsnrl – PMP not in managed care at this Svc Loc 3Z – MCE Dsnrl – PMP deceased 40 – Aprvd. Chng. – PCCM PMP Disenrolled 41 – Aprvd. Chng. – MCE PMP Disenrolled 42 – Aprvd. Chng. – Error in Assignment 43 – Aprvd. Chng. – MCE Ancillary Service Access Issues 44 – Aprvd. Chng. – PCCM Ancillary Svc Access Issues 45 – Aprvd. Chng. – Quality of Service Issues 46 – Aprvd. Chng. – Third Party Liability 47 – Aprvd. Chng. – Network Limitations 50 – Aprvd. Chng. – Inconvenient Location 51 – Aprvd. Chng. – Member Moved 52 – Aprvd. Chng. – Transportation Problems 53 – Aprvd. Chng. – Appointment Delays 54 – Aprvd. Chng. – Office Waiting Time 55 – Aprvd. Chng. – Treatment by staff 56 – Aprvd. Chng. – Unsatisfactory Communication 57 – Aprvd. Chng. – Unsatisfactory quality of care 58 – Aprvd. Chng. – Unsatisfactory emergency response 59 – Aprvd. Chng. – Unable to obtain referral 60 – Aprvd. Chng. – Insufficient after-hours coverage 61 – Aprvd. Chng. – Physician no longer Medicaid 62 – Aprvd. Chng. – Physician no longer in practice 63 – Aprvd. Chng. – Physician Patient rltnshp unacpt 64 – Aprvd. Chng. – Med condition not approp to pvdr 65 – Aprvd. Chng. – Physician Requests Member Reassign 66 – Aprvd. Chng. – Speclty not consistent with cond. 67 – Aprvd. Chng. – Preg. Related – ante-partum change 68 – Aprvd. Chng. – Preg. Related – post-partum change 69 – Aprvd. Chng. – Other 70 – Disenroll – ICES/IEDSS County Change 71 – Disenroll – Residency Change 72 – Disenroll – Third Party Liability Issues 73 – Disenroll – Continuity of Care Issues 74 – Disenroll – Member Determined to be Illegal Alien 75 – Disenroll – Member Eligible for Waiver Program 76 – Disenroll – Member Choice – Ward or Foster Child 77 – Disenroll – Network Limitations 78 – Disenroll – More than one RID # linked from ICES/IEDSS 79 – Disenroll – Member became Eligible for Hospice 80 – Disenroll – Member Ineligible Due To Age

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD04	Plan Coverage Description *(continued)*			81 – Eligibility was Terminated 82 – PMP DSNRL/REENR-individ to group loc 83 – PMP DSNRL/REENR-Group to individ loc 84 – PMP DSNRL/REENR-individ to diff individ loc 85 – PMP DSNRL/REENR-group to diff group loc 86 – Manual Reassignment 87 – MCE Mass Change 88 – JC-Lack of Medical Services 89 – JC-MCO non-covered for moral or religious reasons 90 – JC-Member risk related serv not avail MCO network 91 – JC-lack access provider for mbr health care need 92 – JC-Poor quality of care 93 – JC-Family member change 94 – Annual Enrollment 95 – JC Self Select <= 2 month break eligibility 98 – Disenroll – Ineligible for Auto Assignment 99 – Open A1 – MCE Auto Assigned – Previous PMP A2 – MCE Auto Assigned – Case ID PMP A3 – MCE Auto Assigned – PMP in Previous Group A4 – MCE Auto Assigned – Case ID in Previous Group A5 – MCE Default Auto Assignment A6 – MCE PMP Disenrolled A7 – MCE Member Request A8 – MCE PMP Initiated A9 – MCE Approved Change – PMP Panel Full PR – Member Re-assigned to their FIDE-SNP MCE PX – PathWays Exclusion Disenrollment QR – Qualified Residential Treatment Program" **PPE/PATH** VALID RIGHT CHOICES PROGRAM INDICATORS Y – Yes N – No PMP DIRECTORY INDICATOR Member wants a paper directory of providers. An N is reported for members who specify No directory, or for members who do not answer the directory question on the application. Y – Yes N – No MEMBER'S RESIDENCE REGION CODE The last digit of HD04 is the member's residence region code. HHW and HCC values used – 1 through 9 with the zero indicating that the member's residence region code is not available. FEDERAL POVERTY LEVEL PERCENTAGE – Three-character FPL percentage FROM/TO MCE This code indicates the plan the member is transferring from when maintenance type and reason is 021/22. The code indicates the plan the member is transferring to when maintenance type and reason code is 024/22. ANTH – Anthem HM – Humana UHC – UnitedHealthcare

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD04	Plan Coverage Description *(continued)*			**PATH** PLAN2PLAN – Member is changing from one care program to another care program or fee-for-service HIPAN – HIP Anthem (Can be a "From" value or a "To" value) HIPCA – HIP CareSource (Can be a "From" value or a "To" value) HIPMH – HIP MHS (Can be a "From" value or a "To" value) HIPMD – HIP MDwise (Can be a "From" value or a "To" value) HCCAN – HCC Anthem (Can be a "From" value or a "To" value) HCCUH – HCC UHC (Can be a "From" value or a "To" value) HCCMH – HCC MHS (Can be a "From" value or a "To" value) HHWAN – HHW Anthem (Can be a "From" value or a "To" value) HHWMD – HHW MDwise (Can be a "From" value or a "To" value) HHWMH – HHW MHS (Can be a "From" value or a "To" value) HHWCA – HHW CareSource (Can be a "From" value or a "To" value) NEMTS – Fee For Service (Can be a "From" value or a "To" value)
142	2300	HD05	Coverage Level Code			**HHW / HCC / PACE** Possible codes and description: IND – Always the coverage level code value for the first 2300 loop **HIP** Possible code and description: IND – Always the coverage level code value for the first 2300 loop
143	2300	DTP	Health Coverage Dates			**HHW / HCC / PACE** This segment contains the dates of health coverage for the IHCP member and the corresponding network. The second situational segment provides the Hoosier Healthwise Open Enrollment dates. **PATH** This segment contains the dates of health coverage for the IHCP member and the corresponding network. **HIP** This segment contains the dates of health coverage for the IHCP. A second situational Health Coverage Loop provides the Potential Plus status dates. **FTE** This segment contains the date for fast track eligibility status.

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
143	2300	DTP01	Date/Time Qualifier			**HHW / HCC / PACE** 303 – Maintenance Effective, not applicable for PACE 1st set of positional date ranges are for PMP Assignment: • Qualifier pairs 348/348 – Used as date ranges for additions and changes • Qualifier pairs 348/349 – Used as date ranges for terminations and deletions 2nd set of positional date ranges are for Aid Category Eligibility: • Qualifier pairs 348/348 – Used as date ranges for additions and changes • Qualifier pairs 348/349 – Used as date ranges for terminations and deletions Qualifier 303 is used when the Benefit Package Indicator has changed. Indicates the date the newly reported benefit package becomes effective. This typically applies to members who change from Package C to Package A/B. The effective date of the change is based on a change to the member's aid category, and can be retroactive. Qualifiers 303 and 348 could exist at the same time for changes only. OPEN ENROLLMENT (OE) STATUS LOOP ONLY (Open Enrollment does not apply to HIP) 1st 348 = Beginning of OE period for the member (Effective date of when the member is allowed to change MCEs without cause) 2nd 348 = End of OE for the member (Last date the member can change their MCE without cause) 3rd 348 = End of annual OE period (End date of the member's enrollment period with their current MCE) **HIP** **Conditionally Eligible** • Qualifier 348 – Used for eligible start date • Qualifier 348/349 – Used for eligible date range on terms (HD01 = 024) **Fully Eligible** 1st set of positional date ranges are for PMP Assignment. • Qualifier pairs 348/348 – Used as date ranges for additions and changes • Qualifier pairs 348/349 – Used as date ranges for terminations and deletions 2nd set of positional date ranges are for Aid Category Eligibility: • Qualifier pairs 348/348 – Used as date ranges for additions and changes • Qualifier pairs 348/349 – Used as date ranges for terminations and deletions

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
143	2300	DTP01	Date/Time Qualifier *(continued)*			3rd set of positional date ranges are for Benefit Period • Qualifier pairs 348/348 – Used as date ranges for additions and changes • Qualifier pairs 348/349 – Used as date ranges for terminations and deletions The 348/348 date range for a member's PMP Assignment dates reflects initially the MCE/placeholder assignment effective date to be reported. The transaction will then report any subsequent PMP assignment effective date ranges. POTENTIAL PLUS LOOP • Qualifier 348 = IEDSS authorization date • Qualifier 349 = End date of Potential Plus status. Only sent when HD01 = 024 **FTE** • Qualifier 348 – Used for eligible start date status • Qualifier 348/349 – Used for eligible date range status on terms (HD01=024) **PATH** 1st set of positional date ranges are for PMP Assignment. • Qualifier pairs 348/348 – Used as date ranges for additions and changes • Qualifier pairs 348/349 – Used as date ranges for terminations and deletions 2nd set of positional date ranges are for Aid Category Eligibility: • Qualifier pairs 348/348 – Used as date ranges for additions and changes • Qualifier pairs 348/349 – Used as date ranges for terminations and deletions The 348/348 date range for a member's PMP Assignment dates reflects initially the MCE/placeholder assignment effective date to be reported. The transaction will then report any subsequent PMP assignment effective date ranges.
145	2300	AMT	Member Policy Amounts			**HIP** Sent on situational second HD loop that indicates Potential Plus status.
145	2300	AMT01	Amount Qualifier Code	FK P3		**HIP** FK – Potential Plus - Member Income P3 – Potential Plus POWER account member contribution
145	2300	AMT02	Monetary Amount			**HIP** Will contain the dollar amount of the member's monthly POWER account contribution and income

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
146	2300	REF	Health Coverage Policy Number			IHCP sends up to two identifiers. 1. If the PMP provider is atypical, then the IHCP Provider ID will be presented in the first segment. Otherwise, the PMP taxpayer identification number (TIN) will be present in the first segment. 2. If a PMP exists as part of a group, then the group's provider identifier will be presented in the second REF segment. PMP values, including placeholders, are reported on additions, changes and terminations.
146	2300	REF01	Reference Identification Qualifier	1L ZZ		IHCP uses codes 1L and ZZ
147	2300	REF02	Reference Identification			IHCP Note: 1. When an NPI has been reported for the member's PMP, their tax ID is sent with the "1L" qualifier. Note: When the tax ID is not on file, 999999999 is sent. 2. When a PMP has not yet been assigned to the member, 999999990 is sent. 3. When an NPI has been reported for the PMP group, their NPI is sent with the "ZZ" qualifier. 4. Health care PMP groups not reporting an NPI will receive the message "NOGROUPNPI" along with the "ZZ" qualifier. 5. When the group provider is atypical and an NPI is not reported, the IHCP Provider ID will be present.
152	2310	LX	Provider Information			
152	2310	LX01	Assigned Number			An IHCP member is assigned to only one PMP
153	2310	NM1	Provider Name			
153	2310	NM101	Entity Identifier Code	P3		IHCP only sends code P3 – Primary Care Provider
154	2310	NM102	Entity Type Qualifier	2		IHCP only sends code 2 – Non-Person Entity
155	2310	NM109	Identification Code			IHCP Note: 1. When an NPI has been reported for the member's PMP, their NPI is sent along with the "XX" qualifier. 2. When an NPI has not been reported for the member's PMP, the message "NO_PMP_NPI" is sent along with the "XX" qualifier. 3. Atypical providers that have not reported an NPI will receive their Social Security number or federal employer identification number. Note: When an ID is not on file, 999999999 is sent along with the "FI" qualifier.

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
164	2320	COB	Coordination of Benefits			**HHW / HCC** IHCP sends the five most current policies if more than five exist. Not sent if a member does not have third-party liability in *Core*MMIS. **PATH** IHCP sends the five most current policies if more than five exist. Not sent if a member does not have third-party liability in CoreMMIS. **HIP** Not sent in the Healthy Indiana Plan 834s
166	2320	REF	Additional Coordination of Benefits Identifiers			**HIP** Not sent in the Healthy Indiana Plan 834s
168	2320	DTP	Coordination of Benefits Eligibility Dates			**HIP** Not sent in the Healthy Indiana Plan 834s
169	2330	NM1	Coordination of Benefits Related Entity			**HIP** Not sent in the Healthy Indiana Plan 834s
176	2700	LS	Additional Reporting Categories			**HIP / FTE, HHW / HCC, PPE / PATH**
177	2710	LX	Member Reporting Categories			**HIP / FTE, HHW / HCC, PPE / PATH** Loop repeats for each of the indicators noted below.
178	2750	N1	Reporting Category			**HIP / FTE, HHW / HCC, PPE / PATH**
178	2750	N101	Entity Identifier Code	75		
178	2750	N102	Name			**HHW Indicators** COUNTYWARD (County Ward) CURRENTASSIGNMENTSTARTCODE (Current Assignment Start Code) CURRENTASSIGNMENTSTOPCODE (Current Assignment Stop Code) CURRENTCAPITATIONCODE (Current Capitation Code) CURRENTINCOME (Current Income) ETHNICITY (Ethnicity) FUTUREINCOME (Future Income) LIVARNG (Living Arrangement) PHEEXTELIG (Public Health Emergency Extended Eligibility) PREGNANCY (Pregnancy) PREGNANCYEXPECTEDDUEDATE (Pregnancy Expected Due Date) REDETERMINATION (Redetermination) THRESHOLD (Threshold) WARDTYPE (Ward Type)

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178	2750	N102	Name *(continued)*			**HCC Indicators** COSTSHARE (Cost Share) COUNTYWARD (County Ward) CURRENTASSIGNMENTSTARTCODE (Current Assignment Start Code) CURRENTASSIGNMENTSTOPCODE (Current Assignment Stop Code) CURRENTCAPITATIONCODE (Current Capitation Code) CURRENTINCOME (Current Income) ETHNICITY (Ethnicity) FAMILYSIZE (Family Size) FUTUREINCOME (Future Income) LIVARNG (Living Arrangement) NATIVEAMERICAN (Native American) PHEEXTELIG (Public Health Emergency Extended Eligibility) PREGNANCY (Pregnancy) PREGNANCYEXPECTEDDUEDATE (Pregnancy Expected Due Date) REDETERMINATION (Redetermination) THRESHOLD (Threshold) WARDTYPE (Ward Type) **PACE Indicators** TRANSOFPROP (Transfer of Property) PACELIAB (Patient Liability) **HIP Indicators** **Conditional & Fully Eligible** BASICTHRESHOLD (Basic Threshold) MEDICALLYFRAIL (Medically Frail) MEDICALLYFRAILSTATUS (Medically Frail Status) PREGNANCY (Pregnancy) PREGNANCYEXPECTEDDUEDATE (Pregnancy Expected Due Date) **Fully Eligible Only** 19AND20YEAROLD (19 and 20 Year Old) APPEAL (Appeal) CARETAKERORNONCARETAKER (Caretaker or Non Caretaker) COSTSHARE (Cost Share) COUNTYWARD (County Ward) CURRENTASSIGNMENTSTARTCODE (Current Assignment Start Code) CURRENTASSIGNMENTSTOPCODE (Current Assignment Stop Code) CURRENTCAPITATIONCODE (Current Capitation Code) CURRENTINCOME (Current Income) ETHNICITY (Ethnicity) FAMILYSIZE (Family Size) FUTUREAIDCATEGORY (Future Aid Category) FUTUREINCOME (Future Income) LIVARNG (Living Arrangement) LOWINCOMEPARENTORRELATIVECARETAKER (Low-Income Parent or Relative Caretaker) PHARMEXCL (Pharmacy Exclusion) NATIVE AMERICAN (Native American) NEWLYELIGIBLEMEMBERS (Newly Eligible Members)

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
178	2750	N102	Name *(continued)*			PHEEXTELIG (Public Health Emergency Extended Eligibility) POWERACCOUNT (Power Account) *(current and future amounts, along with effective and end dates, when a member POWER account is about to change)* REDETERMINATION (Redetermination) ROLLOVERDISCAMOUNT (Rollover Discount Amount) ROLLOVERDISCPERCENT (Rollover Discount Percent) TOBACCO (Tobacco) *(This indicator will be reported on every HIP fully eligible change record, as well as on the HIP fully eligible Audit file)* TRANSITIONALMEDICALASSISTANCE (Transitional Medical Assistance) WARDTYPE (Ward Type) **FTE Indicators** FTEDIFFERENTPLAN (Fast Track Eligibility Different Plan) REFUND (Refund) **PathWays Indicators / Other Data** **PPE / PATH** ETHNICITY (Ethnicity) LIVARNG (Living Arrangement) NATIVEAMERICAN (Native American) NFLOCADM (Nursing Facility Level-of-Care Admission) NFLOCPLAN (Nursing Facility Level-of-Care Plan) NWSAGENCYNAME (Non Service Associated Agency) NWSFUNDSRC (Non Choice Funding Source) NWSMNGNAME (Non Service Care Manager Name) NWSMNGPHONE (Non Service Care Manager Contact) NWSPLAN (Non Service Plan ID) NWSPLANTYPE (Non Service Plan Type) URGCOVER (Urgent Coverage Indicator) WAIVERAID (Waiver Category) **PATH Only** CURRENTCAPITATIONCODE (Current Capitation Code) DSNP (Dual-Eligible Special Needs Plan Indicator) HOSPASSIGN (Hospice Plan) HOSPNAM (Hospice Provider Name) IDPRVHOSP (Hospice NPI) IDPRVNFLOC (Nursing Facility Level-of-Care NPI) PHARMEXCL (Pharmacy Exclusion) MCAREAID (Medicaid Medicare Secondary Aid Categories) MCAREDEEMED (Medicare Deemed Eligible Indicator) MCAREPLANC (Medicare Plan C Organization) MCAREPROSP (Prospective Medicare Indicator) NFLOCNAM (Nursing Facility Level-of-Care Name) ONSETDIS (Onset Disability) PATIENTLIAB (Patient Liability Amount) REDETERMINATION (Redetermination) TRANSOFPROP (Transfer of Property) WAIVERLIAB (Waiver Liability Amount)
178	2750	REF	Reporting Category Reference			

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
178	2750	REF01	Reference Identification Qualifier	ZZ 9V		ZZ – Mutually Defined
178	2750	REF02	Reference Identification			**HHW** **Indicator Codes for HHW** COUNTYWARD See *Section 4.3* for list of County codes ETHNICITY 00 – Not Hispanic or Latino 01 – Hispanic or Latino 09 – Unknown LIVARNG (Living Arrangement) See *Section 4.2* for list of Living Arrangement codes PHEEXTELIG (Extended Eligibility) P – Public Health Emergency (PHE) N – Regular Eligibility WARDTYPE C – CHINS D – Court ordered P – Parental rights terminated N – None **Capitation Codes for HHW** See Plan Coverage section for values **Assignment Start and Stop Codes for HHW** See Plan Coverage section for values **HCC** **Indicator Codes for HCC** COSTSHARE Y – CostShare / Copay Threshold has been met / Off N – CostShare / Copay Threshold has not been met / On COUNTYWARD See *Section 4.3* for list of County codes ETHNICITY 00 – Not Hispanic or Latino 01 – Hispanic or Latino 09 – Unknown FAMILYSIZE A default value of zero '0' will be reported for FamilySize if there is no Case ID LIVARNG (Living Arrangement) See *Section 4.2* for list of Living Arrangement codes NATIVEAMERICAN Y – Yes N – No

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
178	2750	REF02	Reference Identification *(continued)*			PHEEXTELIG (Extended Eligibility) P – Public Health Emergency (PHE) N – Regular Eligibility PREGNANCY Y – Yes WARDTYPE C – CHINS D – Court ordered P – Parental rights terminated N – None Others Y – Yes N – No **Capitation Codes for HCC** See Plan Coverage section for values **Assignment Start And Stop Codes for HCC** See Plan Coverage section for values **PACE** **Indicator Codes for PACE** PACELIAB REF02 is used for Patient Liability Amount TRANSOFPROP (Transfer Of Property) Y – Yes N – No **HIP** **Indicator Codes for HIP** CARETAKERORNONCARETAKER C – Caretaker N – Non Caretaker U – Unknown COSTSHARE Y – CostShare / Copay Threshold has been met / Off N – CostShare / Copay Threshold has not been met / On COUNTYWARD See *Section 4.3* for list of County codes ETHNICITY 00 – Not Hispanic or Latino 01 – Hispanic or Latino 09 – Unknown FAMILYSIZE A default value of zero '0' will be reported for FamilySize if there is no Case ID. PHARMEXCL (Pharmacy Exclusion) Y – Open Pharmacy Exclusion

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
178	2750	REF02	Reference Identification *(continued)*			FUTUREAIDCATEGORY RP – Regular Plus SP – State Plan Plus RB – Regular Basic SB – State Plan Basic PC – Plus Copay LIVARNG (Living Arrangement) See *Section 4.2* for list of Living Arrangement codes MEDICALLYFRAIL Y – Confirmed Frail N – Confirmed Not Frail U – Unconfirmed Frail NATIVEAMERICAN Y – Yes N – No NEWLYELIGIBLEMEMBERS Y – Yes N – No PHEEXTELIG (Extended Eligibility) P – Public Health Emergency (PHE) N – Regular Eligibility TOBACCO (A change to the Tobacco data alone will generate a change record.) Y – Yes N – No R – Refused to answer U – Unknown (If there is no Tobacco data for the member, the 834 program will report a default of "U" with no corresponding dates) WARDTYPE C – CHINS D – Court ordered P – Parental rights terminated N – None Others Y – Yes N – No **Capitation Codes for HIP** See Plan Coverage section for values. **Assignment Start and Stop Codes for HIP** See Plan Coverage section for values. **FTE** **Indicator Codes for FTE** REFUND X – Default Y – Yes N – No

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
178	2750	REF02	Reference Identification *(continued)*			FTEDIFFERENTPLAN X – Default – When the member is FTE only S – Same – When the member is both HPE and FTE and is assigned to the same MCE in both situations D – Different – When the member is both HPE and FTE and is assigned to different MCEs **PPE / PATH** **Indicator Codes and Other Data for PPE and PATH** ETHNICITY 00 – Not Hispanic or Latino 01 – Hispanic or Latino 09 – Unknown LIVARNG (Living Arrangement) See *Section 4.2* for list of Living Arrangement codes NATIVEAMERICAN Y – Yes N – No NFLOCPLAN NHN – Nursing Home Facility Level Of Care NWSPLANTYPE (Non Service Plan Type) Annual, Extension, Initial, Re-Entry, Termination and Update NWSFUNDSRC (Non Service Choice Funding Source) Y – Yes N – No URGCOVER (Urgent Coverage) Y – Yes N – No WAIVERAID (Waiver Category) WA00 – Aged and Disabled Waiver; (HCBS) WA60 – A&D Waiver; Transition from NF (Non-MFP) (HCBS) WA63 – A&D Waiver; Post MFP (HCBS) WA71 – A&D Waiver; Transition from CHOICE Program (HCBS) WEE – 1115 Waiver Expedited Eligibility W10M – MFP A&D Waiver (HCBS) **PATH** **Indicator Codes and Other Data for PATH Only** DSNP (Dual-Eligible Special Needs Plan Indicator) Y – Yes N – No HOSPASSIGN (Hospice Plan) 51H – Hospice Program; Auth for 1st 90-day period 52H – Hospice Program; Auth for 2nd 90-day period 53H – Hospice Pgm; Auth for 3rd period; unlimited 60 day 54H – Hospice Program; Authorization open ended PHARMEXCL (Pharmacy Exclusion) Y – Open Pharmacy Exclusion MCAREAID (Medicaid Medicare Secondary Aid Categories) G – Qualified Disabled Working Individual (QDWI) I – Qualified Individual - 1 L – Qualified Medicare Beneficiary (QMB) J – Specified Low Income Medicare Beneficiary (SLMB)

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
178	2750	REF02	Reference Identification *(continued)*			MCAREDEEMED (Medicare Deemed Eligible Indicator) Y – Yes N – No MCAREPLANC (Medicare Plan C Organization) Medicare Plan C Organization Name MCAREPROS (Prospective Medicare Indicator) Y – Yes N – No ONSETDIS (Onset Disability) Y – Yes N – No PATIENTLIAB REF02 is used for Patient Liability Amount TRANSOFPROP (Transfer Of Property) Y – Yes N – No
181	2750	DTP	Reporting Category Date	D8 RD8		
181	2750	DTP01	Date/Time Qualifier	007		
181	2750	DTP02	Date Time Period Format Qualifier	D8 RD8		**PACE** RD8 is used for Transfer of Property and Patient Liability **HIP** D8 is used for Pregnancy Expected Due Date, Medically Frail Status, Medically Frail, Future Aid Category, Redetermination Date, Newly Eligible Member and Extended Eligibility If there is no redetermination date for a member, a default date of 22991231 will be reported. A change to the redetermination date alone will generate a change record. RD8 is used for other indicators. The Tobacco indicator effective date may precede the effective date of the HIP member's eligibility. **FTE** Dates are not applicable for FTE indicator(s) **PPE / PATH** RD8 is used for NonService Plan Effective Date and End Date D8 is used for NFLOC Admission Date **PATH** D8 is used for Redetermination Planned Date. RD8 is used for Current Capitation Category, Urgent Coverage, and (when applicable) Medicaid Medicare Secondary, Waiver Aid Category, NFLOC Plan, Hospice, Medicare Plan C, Onset Disability, Patient Liability, Waiver Liability, Transfer of Property and Pharmacy Exclusion.
182	2750	DTP03	Date Time Period			

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4 CODE INFORMATION

4.1 LANGUAGE CODES

CODE	LANGUAGE
AAR	AFAR
ABK	ABKHAZIAN
ACE	ACHINESE
ACH	ACOLI
ADA	ADANGME
ADY	ADYGHE; ADYGEI
AFA	AFRO-ASIATIC (OTHER)
AFH	AFRIHILI
AFR	AFRIKAANS
AIN	AINU
AKA	AKAN
AKK	AKKADIAN
ALB	ALBANIAN
ALE	ALEUT
ALG	ALGONQUIAN LANGUAGES
ALT	SOUTHERN ALTAI
AMH	AMHARIC
ANG	ENGLISH OLD (CA. 450–1100)
ANP	ANGIKA
APA	APACHE LANGUAGES
ARA	ARABIC
ARC	ARAMAIC
ARG	ARAGONESE
ARM	ARMENIAN
ARN	ARAUCANIAN
ARP	ARAPAHO
ART	ARTIFICIAL (OTHER)
ARW	ARAWAK
ASE	AMERICAN SIGN LANGUAGE
ASM	ASSAMESE
AST	ASTURIAN; BABLE; LEONESE; ASTURLEONESE
ATH	ATHAPASCAN LANGUAGES
AUS	AUSTRALIAN LANGUAGES
AVA	AVARIC
AVE	AVESTAN
AWA	AWADHI
AYM	AYMARA
AZE	AZERBAIJANI
BAD	BANDA
BAI	BAMILEKE LANGUAGES
BAK	BASHKIR
BAL	BALUCHI
BAM	BAMBARA
BAN	BALINESE
BAQ	BASQUE
BAS	BASA
BAT	BALTIC (OTHER)

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CODE	LANGUAGE
BEJ	BEJA
BEL	BYELORUSSIAN
BEM	BEMBA
BEN	BENGALI
BER	BERBER (OTHER)
BHO	BHOJPURI
BIH	BIHARI
BIK	BIKOL
BIN	BINI
BIS	BISLAMA
BLA	SIKSIKA
BNT	BANTU (OTHER)
BOS	BOSNIAN
BRA	BRAJ
BRE	BRETON
BTK	BATAK LANGUAGES
BUA	BURIAT
BUG	BUGINESE
BUL	BULGARIAN
BUR	BURMESE
BYN	BLIN; BILIN
CAD	CADDO
CAI	CENTRAL AMERICAN INDIAN (OTHER)
CAR	CARIB
CAT	CATALAN
CAU	CAUCASIAN (OTHER)
CEB	CEBUANO
CEL	CELTIC (OTHER)
CHA	CHAMORRO
CHB	CHIBCHA
CHE	CHECHEN
CHG	CHAGATAI
CHI	CHINESE
CHK	CHUUKESE
CHM	MARI
CHN	CHINOOK JARGON
CHO	CHOCTAW
CHP	CHIPEWYAN; DENE SULINE
CHR	CHEROKEE
CHU	CHURCH SLAVIC
CHV	CHUVASH
CHY	CHEYENNE
CLD	CHALDEAN NEO-ARAMAIC
CMC	CHAMIC LANGUAGES
CNH	HAKA CHIN
COP	COPTIC
COR	CORNISH
COS	CORSICAN
CPE	CREOLES AND PIDGINS ENGLISH-BASED (OTHER)
CPF	CREOLES AND PIDGINS FRENCH-BASED (OTHER)
CPP	CREOLES AND PIDGINS PORTUGUESE-BASED (OTHER)

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CODE	LANGUAGE
CRE	CREE
CRH	CRIMEAN TATAR; CRIMEAN TURKISH
CRP	CREOLES AND PIDGINS (OTHER)
CSB	KASHUBIAN
CUS	CUSHITIC (OTHER)
CZE	CZECH
DAK	DAKOTA
DAN	DANISH
DAR	DARGWA
DAY	LAND DAYAK LANGUAGES
DEL	DELAWARE
DEN	SLAVE (ATHAPASCAN)
DGR	DOGRIB
DIN	DINKA
DIV	DIVEHI
DOI	DOGRI
DRA	DRAVIDIAN (OTHER)
DSB	LOWER SORBIAN
DUA	DUALA
DUM	DUTCH MIDDLE (CA. 1050-1350)
DUT	DUTCH
DYU	DYULA
DZO	DZONGKHA
EFI	EFIK
EGY	EGYPTIAN (ANCIENT)
EKA	EKAJUK
ELX	ELAMITE
ENG	ENGLISH
ENM	ENGLISH MIDDLE (CA. 1100–1500)
EPO	ESPERANTO
EST	ESTONIAN
EWE	EWE
EWO	EWONDO
FAN	FANG
FAO	FAROESE
FAT	FANTI
FIJ	FIJIAN
FIL	FILIPINO; PILIPINO
FIN	FINNISH
FIU	FINNO-UGRIAN (OTHER)
FON	FON
FRE	FRENCH
FRM	FRENCH MIDDLE (CA. 1400-1600)
FRO	FRENCH OLD (842- CA. 1400)
FRR	NORTHERN FRISIAN
FRS	EASTERN FRISIAN
FRY	FRISIAN
FUC	PULAAR
FUL	FULAH
FUR	FRIULIAN
FUV	NIGERIAN FULFULDE

DRAFT

CODE	LANGUAGE
GAA	GA
GAD	GADDANG
GAY	GAYO
GBA	GBAYA
GEM	GERMANIC (OTHER)
GEO	GEORGIAN
GER	GERMAN
GEX	GARRE
GEZ	GEEZ
GIL	GILBERTESE
GLA	GAELIC; SCOTTISH GAELIC
GLE	IRISH
GLG	GALLEGAN
GLV	MANX
GMH	GERMAN MIDDLE HIGH (CA. 1050–1500)
GOH	GERMAN OLD HIGH (CA. 750–1050)
GON	GONDI
GOR	GORONTALO
GOT	GOTHIC
GRB	GREBO
GRC	GREEK ANCIENT (TO 1453)
GRE	GREEK MODERN (1453-)
GRN	GUARANI
GSW	SWISS GERMAN; ALEMANNIC; ALSATIAN
GUJ	GUJARATI
GWI	GWICH'IN
HAI	HAIDA
HAK	HAKKA CHINESE
HAT	HAITIAN; HAITIAN CREOLE
HAU	HAUSA
HAW	HAWAIIAN
HEB	HEBREW
HER	HERERO
HIL	HILIGAYNON
HIM	HIMACHALI
HIN	HINDI
HIT	HITTITE
HMN	HMONG
HMO	HIRI MOTU
HRV	CROATIAN
HSB	UPPER SORBIAN
HUN	HUNGARIAN
HUP	HUPA
IBA	IBAN
IBO	IGBO
ICE	ICELANDIC
IDO	IDO
III	SICHUAN YI; NUOSU
IJO	IJO
IKU	INUKTITUT
ILE	INTERLINGUE; OCCIDENTAL

DRAFT

CODE	LANGUAGE
ILO	ILOKO
INA	INTERLINGUA (INTERNATIONAL AUXILIARY LANGUAGE ASSOCIATION)
INC	INDIC (OTHER)
IND	INDONESIAN
INE	INDO-EUROPEAN (OTHER)/INTERLINGUE
INH	INGUSH
IPK	INUPIAK
IRA	IRANIAN (OTHER)
IRO	IROQUOIAN LANGUAGES
ITA	ITALIAN
IUM	LU MIEN
JAV	JAVANESE
JBO	LOJBAN
JPN	JAPANESE
JPR	JUDEO-PERSIAN
JRB	JUDEO-ARABIC
KAA	KARA-KALPAK
KAB	KABYLE
KAC	KACHIN
KAL	GREENLANDIC
KAM	KAMBA
KAN	KANNADA
KAR	KAREN
KAS	KASHMIRI
KAU	KANURI
KAW	KAWI
KAZ	KAZAKH
KBD	KABARDIAN
KHA	KHASI
KHI	KHOISAN (OTHER)
KHM	KHMER
KHO	KHOTANESE
KIK	KIKUYU
KIN	KINYARWANDA
KIR	KIRGHIZ
KMB	KIMBUNDU
KOK	KONKANI
KOM	KOMI
KON	KONGO
KOR	KOREAN
KOS	KOSRAEAN
KPE	KPELLE
KRC	KARACHAY-BALKAR
KRL	KARELIAN
KRO	KRU
KRU	KURUKH
KUA	KUANYAMA
KUM	KUMYK
KUR	KURDISH
KUT	KUTENAI

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CODE	LANGUAGE
KYU	WESTERN KAYAH
LAD	LADINO
LAH	LAHNDA
LAM	LAMBA
LAO	LAO
LAT	LATIN
LAV	LATVIAN
LEZ	LEZGHIAN
LIM	LIMBURGAN; LIMBURGER; LIMBURGISH
LIN	LINGALA
LIT	LITHUANIAN
LOL	MONGO
LOZ	LOZI
LTZ	LETZEBURGESCH
LUA	LUBA-LULUA
LUB	LUBA-KATANGA
LUG	GANDA
LUI	LUISENO
LUN	LUNDA
LUO	LUO (KENYA AND TANZANIA)
LUS	LUSHAI
MAC	MACEDONIAN
MAD	MADURESE
MAG	MAGAHI
MAH	MARSHALL
MAI	MAITHILI
MAK	MAKASAR
MAL	MALAYALAM
MAN	MANDINGO
MAO	MAORI
MAP	AUSTRONESIAN (OTHER)
MAR	MARATHI
MAS	MASAI
MAY	MALAY
MDF	MOKSHA
MDR	MANDAR
MEN	MENDE
MGA	IRISH MIDDLE (900–1200)
MIC	MICMAC
MIN	MINANGKABAU
MIS	MISCELLANEOUS (OTHER)
MKH	MON-KMER (OTHER)
MLG	MALAGASY
MLT	MALTESE
MNC	MANCHU
MNI	MANIPURI
MNK	MANDINKA
MNO	MANOBO LANGUAGES
MOH	MOHAWK
MON	MONGOLIAN
MOS	MOSSI

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CODE	LANGUAGE
MUL	MULTIPLE LANGUAGES
MUN	MUNDA LANGUAGES
MUS	CREEK
MWL	MIRANDESE
MWR	MARWARI
MYI	MINA (INDIA)
MYN	MAYAN LANGUAGES
MYV	MAYAN LANGUAGES
NAH	AZTEC
NAI	NORTH AMERICAN INDIAN (OTHER)
NAN	MIN NAN CHINESE
NAP	NEAPOLITAN
NAU	NAURU
NAV	NAVAJO
NBL	NDEBELE SOUTH
NDE	NDEBELE NORTH
NDO	NDONGO
NDS	LOW GERMAN; LOW SAXON; GERMAN, LOW; SAXON, LOW
NEP	NEPALI
NEW	NEWARI
NIA	NIAS
NIC	NIGER-KORDOFANIAN (OTHER)
NIU	NIUEAN
NLD	FLEMISH
NNO	NORWEGIAN (NYNORSK)
NOB	BOKMÅL, NORWEGIAN; NORWEGIAN BOKMÅL
NOG	NOGAI
NON	NORSE OLD
NOR	NORWEGIAN
NQO	N'KO
NSO	SOTHO NORTHERN
NUB	NUBIAN LANGUAGES
NWC	CLASSICAL NEWARI; OLD NEWARI; CLASSICAL NEPAL BHASA
NYA	NYANJA
NYM	NYAMWEZI
NYN	NYANKOLE
NYO	NYORO
NZI	NZIMA
OCI	LANGUE D'OC (POST 1500)
OJI	OJIBWA
ORI	ORIYA
ORM	OROMO
OSA	OSAGE
OSS	OSSETIC
OTA	TURKISH OTTOMAN (1500–1928)
OTO	OTOMIAN LANGUAGES
PAA	PAPUAN-AUSTRALIAN (OTHER)
PAG	PANGASINAN
PAL	PAHLAVI
PAM	PAMPANGA
PAN	PANJABI

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CODE	LANGUAGE
PAP	PAPIAMENTO
PAU	PALAUAN
PEO	PERSIAN OLD (CA. 600–400 B.C.)
PER	PERSIAN
PHI	PHILIPPINE (OTHER)
PHN	PHOENICIAN
PLI	PALI
POL	POLISH
PON	PONAPE
POR	PORTUGUESE
PRA	PRAKRIT LANGUAGES
PRO	PROVENCAL OLD (TO 1500)
PRS	DARI
PUS	PUSHTO
QUE	QUECHUA
RAJ	RAJASTHANI
RAP	RAPANUI
RAR	RAROTONGAN
ROA	ROMANCE (OTHER)
ROH	RHAETO-ROMANCE
ROM	ROMANY
RUM	ROMANIAN; MOLDAVIAN; MOLDOVAN
RUN	RUNDI
RUP	AROMANIAN; ARUMANIAN; MACEDO-ROMANIAN
RUS	RUSSIAN
SAD	SANDAWE
SAG	SANGO
SAH	YAKUT
SAI	SOUTH AMERICAN INDIAN (OTHER)
SAL	SALISHAN LANGUAGES
SAM	SAMARITAN ARAMAIC
SAN	SANSKRIT
SAS	SASAK
SAT	SANTALI
SCN	SICILIAN
SCO	SCOTS
SEL	SELKUP
SEM	SEMITIC (OTHER)
SGA	IRISH OLD (TO 900)
SGN	SIGN LANGUAGES
SHN	SHAN
SID	SIDAMO
SIN	SINGHALESE
SIO	SIOUAN LANGUAGES
SIT	SINO-TIBETAN (OTHER)
SLA	SLAVIC (OTHER)
SLO	SLOVAK
SLV	SLOVENIAN
SMA	SOUTHERN SAMI
SME	NORTHERN SAMI
SMI	SAMI LANGUAGES

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CODE	LANGUAGE
SMJ	LULE SAMI
SMN	INARI SAMI
SMO	SAMOAN
SMS	SKOLT SAMI
SNA	SHONA
SND	SINDHI
SNK	SONINKE
SOG	SOGDIAN
SOM	SOMALI
SON	SONGHAI
SOT	SOTHO SOUTHERN
SPA	SPANISH
SRD	SARDINIAN
SRN	SRANAN TONGO
SRP	SERBIAN
SRR	SERER
SSA	NILO-SAHARAN (OTHER)
SSW	SISWANT/SWAZI
SUK	SUKUMA
SUN	SUDANESE
SUS	SUSU
SUX	SUMERIAN
SWA	SWAHILI
SWE	SWEDISH
SYC	CLASSICAL SYRIAC
SYR	SYRIAC
TAH	TAHITIAN
TAI	TAI (OTHER)
TAM	TAMIL
TAT	TATAR
TEL	TELUGU
TEM	TIMNE
TER	TERENO
TET	TETUM
TGK	TAJIK
TGL	TAGALOG
THA	THAI
TIB	TIBETAN
TIG	TIGRE
TIR	TIGRINYA
TIV	TIVI
TKL	TOKELAU
TLH	KLINGON; TLHINGAN-HOL
TLI	TLINGIT
TMH	TAMASHEK
TOG	TONGA (NYASA)
TON	TONGA (TONGA ISLANDS)
TPI	TOK PISIN
TSI	TSIMSHIAN
TSN	TSWANA
TSO	TSONGA

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CODE	LANGUAGE
TUK	TURKMEN
TUM	TUMBUKA
TUP	TUPI LANGUAGES
TUR	TURKISH
TUT	ALTAIC (OTHER)
TVL	TUVALU
TWI	TWI
TYV	TUVINIAN
UDM	UDMURT
UGA	UGARITIC
UIG	UIGHUR
UKR	UKRAINIAN
UMB	UMBUNDU
UND	UNDETERMINED
URD	URDU
UZB	UZBEK
VAI	VAI
VEN	VENDA
VIE	VIETNAMESE
VOL	VOLAPUK
VOT	VOTIC
WAK	WAKASHAN LANGUAGES
WAL	WALAMO
WAR	WARAY
WAS	WASHO
WEL	WELSH
WEN	SORBIAN LANGUAGES
WLN	WALLOON
WOL	WOLOF
XAL	KALMYK; OIRAT
XHO	XHOSA
YAO	YAO
YAP	YAP
YID	YIDDISH
YOR	YORUBA
YPK	YUPIK LANGUAGES
ZAP	ZAPOTEC
ZBL	BLISSYMBOLS; BLISSYMBOLICS; BLISS
ZEN	ZENAGA
ZHA	ZHUANG
ZND	ZANDE LANGUAGES
ZUL	ZULU
ZUN	ZUNI
ZXX	NO LINGUISTIC CONTENT; NOT APPLICABLE
ZZA	ZAZA; DIMILI; DIMLI; KIRDKI; KIRMANJKI; ZAZAKI

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4.2 LIVING ARRANGEMENT CODES

CODE	LIVING ARRANGEMENT
AL	ASSISTED LIVING
BC	DOMESTIC VIOLENCE SHELTER
CH	DORMITORY (COLLEGE HOUSING)
CR	COMMERCIAL BOARDING HOUSE
FO	FOSTER CARE
GL	GROUP HOME
HH	HALFWAY HOUSE
HO	IN HOME
HS	HOMELESS/HOMELESS SHELTER
IC	INCARCERATED CARE
JA	JAIL
JC	JOB CORP
JL	INCARCERATED
LH	LONG-TERM HOSPITALIZATION
ME	MEDICAL FACILITY
MH	COMMUNITY MENTAL HEALTH CENTER
NF	COMMUNITY OR MEDICAL FACILITY
PH	PIONEER HOME
PI	PUBLIC INSTITUTION
PR	PRE-RELEASE CENTER
RH	RELATIVES HOMES
SC	SKILLED NURSING CARE
SS	STATE SCHOOL FOR INDIVIDUALS WITH INTELLECTUAL / DEVELOPMENTAL DISABILITIES
TC	DRUG AND ALCOHOL TREATMENT CENTER
U0	SPONSOR NOT IN HOUSEHOLD
U2	SPONSOR'S SPOUSE NOT IN HOUSEHOLD
U3	LIVE-IN ATTENDANT
U4	NEWBORN HOSPITALIZED
U5	DEATH
XX	UNSPECIFIED

4.3 COUNTY CODES

CODE	COUNTY
00	UNKNOWN – USED WHEN WARD TYPE IS NONE (N)
01	ADAMS
02	ALLEN
03	BARTHOLOMEW
04	BENTON
05	BLACKFORD
06	BOONE
07	BROWN
08	CARROLL
09	CASS
10	CLARK
11	CLAY
12	CLINTON
13	CRAWFORD

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CODE	COUNTY
14	DAVIESS
15	DEARBORN
16	DECATUR
17	DEKALB
18	DELAWARE
19	DUBOIS
20	ELKHART
21	FAYETTE
22	FLOYD
23	FOUNTAIN
24	FRANKLIN
25	FULTON
26	GIBSON
27	GRANT
28	GREENE
29	HAMILTON
30	HANCOCK
31	HARRISON
32	HENDRICKS
33	HENRY
34	HOWARD
35	HUNTINGTON
36	JACKSON
37	JASPER
38	JAY
39	JEFFERSON
40	JENNINGS
41	JOHNSON
42	KNOX
43	KOSCIUSKO
44	LAGRANGE
45	LAKE
46	LAPORTE
47	LAWRENCE
48	MADISON
49	MARION
50	MARSHALL
51	MARTIN
52	MIAMI
53	MONROE
54	MONTGOMERY
55	MORGAN
56	NEWTON
57	NOBLE
58	OHIO
59	ORANGE
60	OWEN
61	PARKE
62	PERRY

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CODE	COUNTY
63	PIKE
64	PORTER
65	POSEY
66	PULASKI
67	PUTNAM
68	RANDOLPH
69	RIPLEY
70	RUSH
71	ST. JOSEPH
72	SCOTT
73	SHELBY
74	SPENCER
75	STARKE
76	STEUBEN
77	SULLIVAN
78	SWITZERLAND
79	TIPPECANOE
80	TIPTON
81	UNION
82	VANDERBURGH
83	VERMILLION
84	VIGO
85	WABASH
86	WARREN
87	WARRICK
88	WASHINGTON
89	WAYNE
90	WELLS
91	WHITE
92	WHITLEY
94	IFSSA
98	OOS-WARD CRT
99	OUT OF STATE

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5 ADDITIONAL INFORMATION

5.1 BUSINESS SCENARIOS

Not applicable

5.2 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

All references to “IHCP” in this companion guide refer to the Indiana Health Coverage Programs.

All references to “IHCP Provider ID” in this companion guide refer to the Medicaid provider number assigned by the Indiana Health Coverage Programs.

5.2.1 HOOSIER HEALTHWISE (HHW) / HOOSIER CARE CONNECT (HCC) / PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

5.2.1.1 CHANGE FILE

- 5.2.1.1.1 Available daily – seven days a week.
- 5.2.1.1.2 Change files represent updates to active member enrollment status and/or updates to member data since the last change file was provided.

5.2.1.2 AUDIT FILE

- 5.2.1.2.1 Available twice a month.
- 5.2.1.2.2 Includes Presumptive Eligibility (PE) members.
- 5.2.1.2.3 Consists of audit records only – INS03 with a value of 030.
- 5.2.1.2.4 The audit file is meant to be a verification file for the MCEs to compare data they received on change files.

5.2.1.3 TERM CHANGE FILE

- 5.2.1.3.1 The new HHW and HCC 834 Term Change File naming convention will be *TPID.834CT.DDD.HHMMSS.01.01.dat*
- 5.2.1.3.2 The new HHW AND HCC 834 Term Change File will generate on the 20th of every month.
- 5.2.1.3.3 The new HHW AND HCC 834 Term Change File will report the same data elements as the corresponding HHW and HCC Daily Files
- 5.2.1.3.4 The Term Change File will only include all termination types. It will NOT include voided termination (024/06).
- 5.2.1.3.5 PACE does not have a Term Change file

5.2.1.4 TERM AUDIT FILE

- 5.2.1.4.1 The new HHW and HCC 834 Term Audit File naming convention will be *TPID.834AT.DDD.HHMMSS.01.01.dat*
- 5.2.1.4.2 The new HHW and HCC 834 Term Audit Files will generate on the 5th of every month.
- 5.2.1.4.3 The new HHW and HCC 834 Term Audit Files will include the same data elements as the HHW and HCC 834 Daily Term Records
- 5.2.1.4.4 The Term Audit Files will include all types of Termination and Void records.
- 5.2.1.4.5 PACE does not have a Term Audit file

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5.2.1.5 VOID TERM AUDIT FILE

5.2.1.5.1 The new HHW and HCC 834 Void Term Audit File naming convention will be *TPID.834VT.DDD.HHMMSS.01.01.dat*

5.2.1.5.2 The new HHW and HCC 834 Void Term Audit File will generate on the 5th of every month.

5.2.1.5.3 The new HHW and HCC 834 Void Term Audit File will include the same data elements as an HHW and HCC 834 Daily Void Record (024 – Null)

5.2.1.5.4 The Void Term Audit File will only report voided assignments that had a Termed status prior to being Voided and were not previously reported.

5.2.1.5.5 PACE does not have a Void Term Audit file

5.2.1.6 FILE NAMING STANDARD

Audit and change files will be differentiated by a letter code in the file name. The file naming standard is as follows:

- Node 1 – contains the receiver's IHCP trading partner ID
- Node 2 – contains the transaction ID (834) and type code.
  - A – Monthly audit file
  - C – Daily change file
  - CT – Monthly term change file
  - AT – Monthly term audit file
  - VT – Monthly void term audit file
- Node 3 – File Creation Julian Date in DDD format
- Node 4 – File creation timestamp in HHMMSS format
- Node 5 – File Number

Example: A change file for trading partner MCE1, created at 6:30pm on Jan. 15 would be named *MCE1.834C.015.183000.01.dat*

5.2.2 HEALTHY INDIANA PLAN (HIP)

5.2.2.1 CHANGE FILE

5.2.2.1.1 Available daily – seven days a week.

5.2.2.1.2 Separate change files are created for conditionally and fully eligible members.

5.2.2.1.3 Contains new members, withdrawn/terminated members, and members whose information has changed since the last Change file was provided.

5.2.2.2 AUDIT FILE

5.2.2.2.1 Available once a month.

5.2.2.2.2 Consists of audit records only – INS03 with a value of 030.

5.2.2.2.3 Contains a current snapshot of the insurer's plan members.

5.2.2.2.4 The audit file is meant to be a verification file for the MCEs to compare data they received on change files.

5.2.2.3 TERM CHANGE FILE

5.2.2.3.1 The new HIP 834 Term Change File naming convention will be *TPID.834CT.DDD.HHMMSS.01.01.dat*

5.2.2.3.2 The new HIP 834 Term Change File will generate on the 20th of every month.

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5.2.2.3.3 The new HIP 834 Term Change File will report the same data elements as the HIP Daily File

5.2.2.3.4 The Term Change File will only include all termination types. It will NOT include voided termination (024/06).

5.2.2.4 TERM AUDIT FILE

5.2.2.4.1 The new HIP 834 Term Audit File naming convention will be *TPID.834AT.DDD.HHMMSS.01.01.dat*

5.2.2.4.2 The new HIP 834 Term Audit File will generate on the 5th of every month.

5.2.2.4.3 The new HIP 834 Term Audit File will include the same data elements as a HIP 834 Daily Term Records

5.2.2.4.4 The Term Audit File will include all types of Termination and Void records.

5.2.2.5 VOID TERM AUDIT FILE

5.2.2.5.1 The new HIP 834 Void Term Audit File naming convention will be *TPID.834VT.DDD.HHMMSS.01.01.dat*

5.2.2.5.2 The new HIP 834 Void Term Audit File will generate on the 5th of every month.

5.2.2.5.3 The new HIP 834 Void Term Audit File will include the same data elements as a HIP 834 Daily Void Record (024-06)

5.2.2.5.4 The Void Term Audit File will only report voided assignments that had a Termed status prior to being Voided and were not previously reported.

5.2.2.6 FILE NAMING STANDARD

Audit and change files will be differentiated by a letter code in the file name. The file naming standard is as follows:

- Node 1 – contains the receiver's IHCP trading partner ID
- Node 2 – contains the transaction ID (834) and type code.
  - S – Daily change file – conditionally eligible members
  - T – Daily change file – fully eligible members
  - U – Monthly audit file – conditionally eligible members
  - V – Monthly audit file – fully eligible members
  - CT – Monthly term change file – fully eligible members
  - AT – Monthly term audit file – fully eligible members
  - VT – Monthly void term audit file – fully eligible members
- Node 3 – File Creation Julian Date in DDD format
- Node 4 – File creation timestamp in HHMMSS format
- Node 5 – File Number

Example: A conditional change file for trading partner HIP1, created at 6:30 p.m. on Jan. 15 would be named *HIP1.834S.015.183000.01.dat*

5.2.3 FAST TRACK ELIGIBILITY (FTE)

5.2.3.1 CHANGE FILE

5.2.3.1.1 Available daily – seven days a week.

5.2.3.1.2 Contains new members, members who are being terminated, and members whose information has changed since the last Change file was provided.

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5.2.3.2 AUDIT FILE

5.2.3.2.1 Available once a month.
5.2.3.2.2 Consists of audit records only – INS03 with a value of 030.
5.2.3.2.3 Contains a current snapshot of the insurer's plan members.
5.2.3.2.4 The audit file is meant to be a verification file for the MCEs to compare data they received on change files.

5.2.3.3 FILE NAMING STANDARD

The file naming standard is as follows:

- Node 1 – contains the receiver's IHCP trading partner ID.
- Node 2 – contains the transactions ID (834) and type code.
  - Q – Daily Change file
  - R – Monthly Audit file
- Node 3 – File Creation Julian Date in DDD format
- Node 4 – File creation timestamp in HHMMSS format.
- Node 5 – File Number

Example: A change file for trading partner MCE1, created at 1:30pm on January 10 would be named *MCE1.834Q.010.133000.01.01.dat*

5.2.4 INDIANA PATHWAYS FOR AGING PENDING ELIGIBILITY (PPE)

5.2.4.1 CHANGE FILE

5.2.4.1.1 Available daily – seven days a week.
5.2.4.1.2 Contains new members, members who are being terminated, and members whose information has changed since the last Change file was provided.

5.2.4.2 AUDIT FILE

5.2.4.2.1 Available once a month.
5.2.4.2.2 Consists of audit records only – INS03 with a value of 030.
5.2.4.2.3 Contains a current snapshot of the insurer's plan members.
5.2.4.2.4 The audit file is meant to be a verification file for the MCEs to compare data they received on change files.

5.2.4.3 FILE NAMING STANDARD

The file naming standard is as follows:

- Node 1 – contains the receiver's IHCP trading partner ID.
- Node 2 – contains the transactions ID (834) and type code.
  - PPC – Pending file
  - PPA – Pending Monthly Audit file
- Node 3 – File Creation Julian Date in DDD format
- Node 4 – File creation timestamp in HHMMSS format.

Example: A change file for trading partner MCE1, created at 1:30pm on January 10 would be named MCE1.834PPC.010.133000.01.01.dat

5.2.5 INDIANA PATHWAYS FOR AGING (PATH)

5.2.5.1 AUDIT FILE

5.2.5.1.1 Available once a month.
5.2.5.1.2 Consists of audit records only – INS03 with a value of 030.

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5.2.5.1.3 Contains a current snapshot of the insurer's plan members.
5.2.5.1.4 The audit file is meant to be a verification file for the MCEs to compare data they received on change files.

5.2.5.2 TERM CHANGE FILE

5.2.5.2.1 The PATH 834 Term Change File naming convention will be *TPID.834CT.DDD.HHMMSS.01.01.dat*
5.2.5.2.2 The new PATH 834 Term Change File will generate on the 20th of every month.
5.2.5.2.3 The new PATH 834 Term Change File will report the same data elements as the PATH Daily File
5.2.5.2.4 The Term Change File will only include all termination types. It will NOT include voided termination (024/06).

5.2.5.3 TERM AUDIT FILE

5.2.5.3.1 The new PATH 834 Term Audit File naming convention will be *TPID.834AT.DDD.HHMMSS.01.01.dat*
5.2.5.3.2 The new PATH 834 Term Audit File will generate on the 5th of every month.
5.2.5.3.3 The new PATH 834 Term Audit File will include the same data elements as a PATH 834 Daily Term Records
5.2.5.3.4 The Term Audit File will include all types of Termination and Void records.

5.2.5.4 VOID TERM AUDIT FILE

5.2.5.4.1 The new PATH 834 Void Term Audit File naming convention will be *TPID.834VT.DDD.HHMMSS.01.01.dat*
5.2.5.4.2 The new PATH 834 Void Term Audit File will generate on the 5th of every month.
5.2.5.4.3 The new V 834 Void Term Audit File will include the same data elements as a PATH 834 Daily Void Record (024-06)
5.2.5.4.4 The Void Term Audit File will only report voided assignments that had a Termed status prior to being Voided and were not previously reported.

5.2.5.5 FILE NAMING STANDARD

The file naming standard is as follows:

- Node 1 – contains the receiver's IHCP trading partner ID.
- Node 2 – contains the transactions ID (834) and type code.
  - ❖ PC – Fulling Eligible Change file
  - ❖ PA – Fully Eligible Audit file
  - ❖ CT – Monthly term change file – fully eligible members
  - ❖ AT – Monthly term audit file – fully eligible members
  - ❖ VT – Monthly void term audit file – fully eligible members
- Node 3 – File Creation Julian Date in DDD format
- Node 4 – File creation timestamp in HHMMSS format.

Example: A change file for trading partner MCE1, created at 1:30pm on January 10 would be named MCE1.834PC.010.133000.01.01.dat

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5.2.6 834 SUMMARY REPORT

5.2.6.1 Available daily – seven days a week.

5.2.6.2 Contains summary of 834 transactions submitted for previous day.

5.2.6.3 File Naming Standard
The file naming standard is as follows:

- Node 1 – contains the receiver's IHCP trading partner ID
- Node 2 – contains the transaction ID (834) and type code
  - ❖ RPT – Daily report file
- Node 3 – File creation Julian Date in DD format
- Node 4 – File creation timestamp in HHMMSS format

5.2.7 INTERCHANGE CONTROL HEADER

5.2.7.1 Interchange Sender ID (ISA06) – Value is IHCP.

5.2.7.2 Interchange Receiver ID (ISA08) – This is the four-byte sender ID assigned by the IHCP.

5.2.8 FUNCTIONAL GROUP HEADER

5.2.8.1 Application Sender Code (GS02) – Value is IHCP.

5.2.8.2 Application Receiver's Code (GS03) – This is the four-byte sender ID assigned by the IHCP

5.3 FREQUENTLY ASKED QUESTIONS

Not applicable

5.4 OTHER RESOURCES

This section lists other references or resources.

Gainwell EDI Solutions
PO Box 50435
Indianapolis, IN 46250-0418

Fax: 317-488-5185

Email: INXIXTradingPartner@gainwelltechnologies.com

Indiana Medicaid for Providers website: https://www.in.gov/medicaid/providers

Electronic Data Interchange (EDI) Solutions:
https://www.in.gov/medicaid/providers/business-transactions/electronic-data-interchange-edi-solutions

IHCP Bulletins and Provider Reference Modules:
https://www.in.gov/medicaid/providers/provider-references/bulletins-banner-pages-and-reference-modules

News:
https://www.in.gov/medicaid/providers/provider-references/current-news

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6 CHANGE SUMMARY

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

Version	CO/CR Number	CO/CR Name	Date	Revision Status	Revision Details (Location in Guide, Description of Change)	Completed By
2.0			Jan 2013	Implemented	CAQH CORE format	Systems
2.1	2225	ACA Section 2001: MAGI Phase II	Jan 2014	Implemented	CO 2225 update	Systems
2.2	2433	HIP 2.0 Conversion New Applicant	Jul 2014	Implemented	CO 2433 HIP 2.0	Systems
3.0	2445	Hoosier Care Connect Aged Blind (HCC)	Feb 2015	Implemented	Pg. 4. Added Hoosier Care Connect (HCC) to 4.2.1 in Table of Contents Pg. 9. Added HCC to Legend Added 'HCC' to following segments: BGN02, REF02, INS03, INS04, INS06-01, REF, DTP01, PER06, PER08, ICM, AMT, HD, HD01, HD04, HD05, DTP loop2300, COB, N102 Added HCC Capitation Codes for segment HD04: D1, D2, D3, D4 Added HCC Aid Category Codes for segment HD04: A, B, D, SI, DI, DW Pg. 42. Added 'HCC' to 4.2.1	Systems
3.0	2453	HIP 2.0 Native Americans & FTE	Feb 2015	Implemented	Pg. 4. Added Fast Track Eligibility (FTE) to 4.2.6 in Table of Contents Pg. 9. Added FTE to Legend Added FTE headers to BGN02, REF02, INS03, HD05, DTP, LS INS04 – Added 'Add Maintenance Reason Codes' REF01, loop2000 – Added Reference ID Qualifier – 'ZZ' DTP01, loop2000 – Added 300 and 303 codes HD04 – Added FTE – Fast Track Eligible DTP01, loop2300 – Added 348 and 348/349 qualifier N1 – Added FTE Indicators Refund DTP, loop 2750 – Added 'Dates are not applicable for FTE indicator(s) Pg. 46. Added Additional Information: 4.2.6	Systems
3.1	2453	HIP 2.0 Native Americans & FTE	Feb 2015	Implemented	Pg. 36. REF02, loop2750 – Added FTE Header, added 'X' as a default value for Add records and 'Y' and 'N' for Term records	Systems
3.2	2453	HIP 2.0 Native Americans & FTE	Mar 2015	Implemented	Pg. 14. INS04 – Update Maint. Reason Code '14' to state 'to indicate a member who has been denied.' Pg. 14. INS04 – Added Maint Reason Code '27' – When sent with INS03 = 021, indicates a new Fast Track Eligible member. Pg. 14. INS04 – Added Maint Reason Code '27' – When sent with INS03 = 024, indicates member is moving to HIP conditional. Pg. 14. INS04 – Added Maint Reason Code '29' – Will be sent along with INS03 = 024 to indicate a member is moving to HIP Fully Eligible. Pg. 14. REF, loop2000 – Added 'FTE' header and text: Application ID is sent in this segment. A maximum of two	Systems

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Version	CO/CR Number	CO/CR Name	Date	Revision Status	Revision Details (Location in Guide, Description of Change)	Completed By
					additional REF segments may be sent with linked IHCP Member IDs, listed most recent to least recent. Pg. 15. REF01, loop2000 – Replace 'ZZ' qualifier with '6O' for Application ID – *Note 6-number O-letter for 6O qualifier* Pg. 15. REF01, loop2000 – Added 'Q4' qualifier – 'Linked IHCP Member ID'	
3.3	2463	HIP 2.0 Fast Track Elig PE	Apr 2015	Implemented	Pg. 14. INS04 Loop2000 – Added Maint Reason Code '22' - When sent with INS03=24, indicates a member being terminated due to a plan change to another FTE plan. When sent with INS03=21, indicates a member coming from another FTE plan.	Systems
3.4	2462	HIP 2.0 Fast Track Credit Card	May 2015	Implemented	Pg. 14-15. REF Loop2000 – Added under HIP 'FTE Application is sent in this segment' Pg. 15. REF01 Loop2000 – Added under HIP – 6O-FTE Application ID Pg. 27. HD04 Loop2300 – Added HIP/Fully Eligible Member Aid Category: PC HIP Plus Co-Pay Pg. 35-36. N102 Loop2750 – Added HPE-Adult Indicators 'Refund' and 'FTEDifferentPlan' Added Title 'Reporting Category Name' and 'EnrollingProvider', 'EnrollingProviderZipPlus4' Pg. 35-36. REF02 Loop2750 – Added HPE-Adult Indicator Codes: Refund: X-Default, Y-Yes, N-No FTEDifferentPlan: X-Default, S-Same, D-Different Added Title 'Reporting Category Name for HPE-Adult' and 'EnrollingProviderNPI', 'EnrollingProviderZipPlus4' Pg. 35-36. N102 Loop2750 – Added FTE Indicator 'FTEDifferentPlan' Pg. 35-36 REF02 Loop2750 – Added FTE Indicator Codes: FTEDifferent Plan: X-Default, S-Same, D-Different	Systems
3.5	2462	HIP 2.0 Fast Track Credit Card	May 2015	Implemented	Pg. 37. REF02, loop2750 – Under FTE Header, removed 'X' as a default value for Add records and 'Y' and 'N' for Term records – (All values are sent for adds and terms)	Systems
3.6	2462	HIP 2.0 Fast Track Credit Card	May 2015	Implemented	Pg. 37. REF02, Loop2750 – Added descriptions for HPE and FTE 'FTEDIFFERENTPLAN' indicators	Systems
3.7	2462	HIP 2.0 Fast Track Credit Card	May 2015	Implemented	Pg. 29. HD04, Loop2300 – Added HIP Fully Eligible Plan Coverage Description: 'PP-Plan Change for Payment' Pg. 37. REF02, Loop2750 – Added Reporting Category Name for HPE-ADULT: 'NO_ENR_NPI – If NPI is not found when doing the crosswalk, the "No Enrolling NPI Found' code will be returned'	Systems
3.8	2459	HCC	Jun 2015	Implemented	Pg. 25. HD04, Loop 2300 – Added text: **Hoosier Care Connect (HCC)** This code indicates the plan the member is transferring from when maintenance type and reason is 021/22. The code indicates the plan the member is transferring to when maintenance type and reason is 024/22. ANTH – Anthem MDWI – MDwise MHS – MHS	Systems

Version	CO/CR Number	CO/CR Name	Date	Revision Status	Revision Details (Location in Guide, Description of Change)	Completed By
3.9		Correction	Jul 2015	Implemented	Pg. 13. INS04, Loop2000 – Corrected Maintenance Reason Code 06 -HPE Adult - FULLY ELIGIBLE MEMBERS: When sent with INS03 = 024, indicates a member's eligibility was replaced or deleted from the HIP program. The HD04 segment will contain ELIG CHANGE or DEATH Pg. 13. INS04, Loop2000 – Added Maintenance Reason Code 06 – HPE Adult: When sent with INS03 = 024, indicates a member's eligibility was replaced or deleted from the HIP program	Systems
3.10	2466 IRT38b	HIP 2.0 Data Discrepancies	Aug 2015	Implemented	Pg. 36. N102, Loop2750 – Added 'FutureAidCategory' for HIP Fully Eligible Only Pg. 37. REF02, Loop2750 – Added 'FutureAidCategory' for HIP Indicator Codes Pg. 37. DTP02, Loop2750 – Added 'D8 is used with Pregnancy Expected Due Date, Medically Frail Status, Medically Frail, and **Future Aid Category**'	Systems
3.11	IRT#113		Sep 2015	Implemented	Pg. 12. INS04 Loop2000 – Added under HIP – Maintenance Reason Code 22 - When sent with INS03 = 001, indicates a change to the member's aid category, income, capitation category or FPL. The type of change will be indicated in HD04. Pg. 36. N102 Loop 2750 – Added 'Power Account' under Fully Eligible Only	Systems
3.12	2452/ 2467	HIP Link - Release III / HIP 2 Power Account - PRF	Oct 2015	Implemented	Pg. 13. INS04 Loop2000 – For code 22 added 'HIP Link eligibility' verbiage. Pg. 29. HD04 Loop 2300 – Added new codes, JL, JM, JA, JG, JH, OI, NF, F3, FB, F1, F2, F9, FA, F4, F5, F6, F7, F8 Pg. 30. HD04 Loop 2300 – Added 'HIPLINK – Member is moving to HIP 2 from HIP LINK'	Systems
3.13	2467	HIP 2 Power Account - PRF	Nov 2015	Implemented	Pg. 29. HD04 Loop2300 – For HIP Fully Eligible Members, added new start reason code: 'ER-Eligibility Restored with Retro Date	Systems
3.14	2494	HCC Copay – CR 46314	Feb 2016	Implemented	Pg. 36-37. N102 Loop2750 – Separated HHW/HCC Indicators. Added HCC Indicators: Threshold, NativeAmerican, Pregnancy and PregnancyExpectedDueDate	Systems
3.15	2489	HIP2 -PRF-Rpts/834/820/Rollover	Apr 2016	Implemented	Pg. 30. HD04 Loop2300 – Added new start reason codes for HIP Fully Eligible Members: MT, MM and FX Pg. 37. N102 Loop2750 – Added new HIP Conditional/Fully Eligible Indicators: RollOverDiscAmount and RollOverDiscPercent Pg. 38. Added new Reporting Category Qualifier: 9V-Payment Category	Systems
3.16	2489	HIP2 -PRF-Rpts/834/820/ Rollover	Apr 2016	DRAFT	CORRECTION from v3.15 – Pg. 38 – Removed Reporting Category Qualifier: 9V-Payment Category	Systems
3.17	2466	HIP2 – IRT203	Jun 2016	Implemented	Pg. 31-31 – HD04 Loop2300 – Added HPE Adult aid category 'XX' and HPE Adult capitation code 'HX'	Systems
3.18	2489	HIP2 -PRF-Rpts/834/820/Rollover	Jul 2016	DRAFT	Pg.37 – Remove the following two indicators from the HIP Indicators Conditional and Fully Eligible List.and add them to the HIP Indicators Fully Eligible Only List: RollOverDiscAmount and RollOverDiscPercent	Systems
3.19	2518	2518 - 5% Cost Share MCE Inclusion	Aug 2016	Implemented	Pg. 38 REF02 Loop2750 – Add NativeAmerican indicators for HCC and HIP *AIM only, changes are not reflected in this DDI version	Systems

*Core*MMIS Change Summary

Version	CO/CR Number	CO/CR Name	Date	Revision Status	Revision Details (Location in Guide, Description of Change)	Completed By
4.0	9538	45796 - HPE Rebranding - EDI Forms	Mar 2016	Implemented	Throughout document – Changed Hewlett Packard (HP) to Hewlett Packard Enterprise (HPE).	Systems
	12227	834 Companion Guide Updates for CR 50001 - 5% Max Cost share – MCE Inclusion	Oct. 2016	Implemented	Pg. 38, N102 Loop 2750 – Added CostShare to HCC and HIP Indicators Pg. 39, REF02 Loop 2750 – Added HCC and HIP Indicator Codes for Cost Share	Systems
	CR 31755	Program of All-Inclusive Care of the Elderly (PACE)	Oct. 2016	Implemented	Pg. 4 – Added Program for All-inclusive Care for the Elderly (PACE) to 4.2.1 in Table of Contents Pg. 9 – Added PACE to Legend Added PACE to the following segments: BGN02, REF02, INS03, INS04, INS06-01, REF, DTP01, PER06, PER08, HD01, HD04, HD05, DTP loop2300, COB Pg. 21, HD04 Loop 2300 – Added PACE capitation codes 'PA', 'PB', 'PC' Pg. 23, HD04 Loop 2300 – Added note for aid category codes for PACE Pg. 42 – Added 'PACE' to 4.2.1	Systems
	N/A		Dec 2016	Implemented	Indiana *Core*MMIS Implementation	Systems
4.1	N/A	End-to-End testing	Jan 2017	Implemented	Pg. 20, HD04 Loop 2300 – Added clarifications for the Potential Plus segment, and a Term example Pg. 13, INS04 Loop 2000 – Added a clarification to maintenance reason 33 that it is the default reason when nothing else matches in the HIP hierarchy Pg. 33, HD04 Loop 2300 – Added HPE-Adult stop reason 81 - Eligibility Terminated Pg. 32, HD04 Loop 2300 – Added CareSource as a plan abbreviation Pg. 38, N102 Loop 2750 – Added clarification that there could be a current and future POWERACCOUNT loop for members who have a new POWER account segment Pg. 26, HD04 Loop 2300 – Corrected the "reason" code portion of the maintenance/reason code pairs Pg. 32, HD04 Loop 2300 – Added HCC – PLAN2PLAN Pg. 23, HD04 Loop 2300 – Added PACE aid category 'PA' Pgs. 44-45, Section 4, Additional Information – Added bullets 4.2.4.2.4, 4.2.5.2.4, and 4.2.6.2.4 for additional audit file information	Systems
4.2	N/A	Corrections	Jan 2017	Implemented	Pg. 26, HD04 Loop 2300 – MEMBER'S RESIDENCE REGION CODE - Removed references to Care Select (obsolete program) and HIP (should not be included in 'blue' section); specified values for HHW and HCC as 0 thru 8; added PACE region code 'S' Pgs. 42, 43, 44, 45 – Added '.dat' file extension to examples of File Naming Standard for all programs	Systems

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Version	CO/CR Number	CO/CR Name	Date	Revision Status	Revision Details (Location in Guide, Description of Change)	Completed By
4.3	12784	PEPW for HHW Plan Coverage Description does not match 834 Companion Guide	Jan 2017	Implemented	Pg. 27, HD04 Loop 2300 – Removed PEPW Capitation Code 'AF', added 'PH'	System
4.4		Corrections Rebranding	Apr 2017	Implemented	Pg. 20, Loop 2300 HD – Revised description of second situational loop for HIP Potential Plus status; revised HIP Potential Plus example for a termed potential plus segment Pg. 38, Loop 2750 N102 – Revised HIP Indicators moving the 'CostShare' indicator to Fully Eligible Only Updated throughout document Hewlett Packard Enterprise (HPE) to DXC Technology	Systems
4.5			Jun 2017	Implemented	Pg. 12, Loop 2000 INS04 – PEPW - Added 'Null – Deletion only when INS03 = 024 without a reason code' Pg. 14, Loop 2000 INS04 – HPE Adult – Added '43 – Indicates the member's address, phone number, secondary phone number, case number, email address has changed' Pg. 14, Loop 2000 INS04 – FTE – Added '03 – Will be sent along with INS03 = 024 to indicate a member who has passed away' Pg. 42 TI Additional Information: – Modified Availability timeframe from Tuesday–Saturday to seven days a week for all programs – Removed 'Not available the day after a state holiday' Section 4.2.2 – Removed Care Select (CS) program information	Systems
4.6		CR55453	Jul 2017	Implemented	Pg. 16. Loop 2000 DTP01 – Added text: HIP fully eligible members effective as of January 1, 2018, will have benefit periods that begin January 1 and end December 31, regardless of their eligibility effective date or the dates of their subsequent redeterminations. HIP fully eligible members who are terminated from the program on or after January 1, 2018, will retain a benefit period end date of December 31st, regardless of the date of their termination from the HIP program. HIP members who have retroactive eligibility inserted in 2018 or after, for eligibility effective dates prior to 2018, will follow pre-2018 benefit period rules.	Systems

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Version	CO/CR Number	CO/CR Name	Date	Revision Status	Revision Details (Location in Guide, Description of Change)	Completed By
		CR55448 CR55678 CR55451			Pg. 29-30, Loop 2300 HD04 – Added HIP codes – HA, HJ, HL, HP, HT Pg. 39, Loop 2750 DTP02 – Added Text: D8 is used with Pregnancy Expected Due Date, Medically Frail Status, Medically Frail, and Future Aid Category, and Redetermination Date. If there is no redetermination date for a HIP member, a default date of 22991231 will be reported. A change to the Redetermination date alone will generate a HIP fully eligible change record. The Tobacco indicator effective date may precede the effective date of the HIP member's eligibility. Pg. 28, Loop 2300 HD04 – Added code to HIP Fully Eligible: 'MA' Pg. 32, Loop 2300 HD04 – Added code to HPE Adult Valid Aid Category: 'PN' Pg. 37, Loop 2750 N102 – Added text under Fully Eligible Only: Redetermination (This indicator will be reported on every HIP fully eligible change record, as well as on the HIP fully eligible Audit file) Tobacco (This indicator will be reported on every HIP fully eligible change record, as well as on the HIP fully eligible Audit file) Pg. 38, Loop 2750 REF02 – Added text under HIP Indicator Codes: Tobacco (A change to the Tobacco data alone will generate a change record) Y – Yes N – No U – Unknown (If there is no Tobacco data for the member, the 834 program will report a default of "U" with no corresponding dates)	
4.7		CR55451 CR55678 Office Hours Meeting 8/3/17	Aug 2017	Implemented	Pg. 38, Loop 2750 REF02 – Added value 'R' under HIP Indicator Codes-Tobacco Pg. 32, Loop 2300 HD04 – Removed Valid Aid Category 'PN'. Pg. 29, Loop 2300 HD04 – Added value '81' under Start/Stop Reason Codes	Systems
4.8		CR55448 CR55453	Oct 2017	Implemented	Pg. 29, Loop 2300 HD04 – Added Values DM and PM Pg. 38, Loop 2700 N102 – Removed additional verbiage for 'Redetermination' (This indicator will be reported on every HIP fully eligible change record, as well as on the HIP fully eligible Audit file) Tobacco (This indicator will be reported on every HIP fully eligible change record, as well as on the HIP fully eligible Audit file) Multiple Pages – Added text where appropriate for PEPW: '*PEPW will be phased out beginning in 2018'	Systems

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Version	CO/CR Number	CO/CR Name	Date	Revision Status	Revision Details (Location in Guide, Description of Change)	Completed By
		CR55678 CR52057			Pg. 8, BGN02 – Region codes will no longer be used, added 'A' as the one-character sent with the MCE ID Pgs. 42-44, Section 4.2 – Updated all 834 File Naming Standards	
4.9		CR52057/58376	Aug 2018	Implemented	Pg. 45 – Added 4.2.6 – 834 Summary Report Information	Systems
5.0		CR43916	Sep 2018	Implemented	Pg. 37, Loop 2750, N102 Name – Added FamilySize Indicator under HCC Pg. 38, Loop 2750, N102 Name – Added FamilySize Indicator under HIP Fully Eligible Only Pg. 39, Loop 2750, REF02 Reference Identification – Under HCC Indicator Codes, Added FamilySize – A default value of zero '0' will be reported for FamilySize if there is no Case ID Pg. 40, Loop 2750, REF02 Reference Identification – Under HIP Indicator Codes, Added FamilySize – A default value of zero '0' will be reported for FamilySize if there is no Case ID	Systems
		CR5205	Aug 2018	Implemented	Pg. 25, Loop 2300, HD04, MEMBER'S RESIDENCE REGION CODE – Changed HHW and HCC values used – 1 through 9	
		IM105733	Sep 2018	Implemented	Pg. 18 and 19, Loop 2100A AMT01 – Amount Qualifier Code – replaced C1 qualifier with B9 to match code	
		CR57446	Sep 2018	Implemented	Pg. 25 – Four new Start/Stop Reason Codes for HHW and HCC	
		CR58114	Dec 2018	Implemented	Pg. 44 – Added Note: HPE managed care will be phased out beginning 1/1/2019	
5.1	CR59230	Load pregnancy dates from CDEE file regardless of Pregnancy indicator from CDEE record	Jul 2019	Implemented	Pg. 37, Loop 2750 N102 – Added HHW Indicators – Pregnancy and PregnancyExpectedDueDate Pg. 42, Loop 2750 REF02 – Added HHW section with Pregnancy Indicator Y - Yes and N - No	Systems
	CR58112	834 File Modifications and Creation of 834 Inactive Member Audit File	Jul 2019	Implemented	Pg. 37, Loop 2750 N102 Name – Added HHW Indicators Ethnicity, CurrentCapitationCode, CurrentAssignmentStartCode, CurrentAssignmentStopCode,CurrentIncome, FutureIncome,Redetermination Pg. 38, Loop 2750 N102 Name – Added HCC Indicators Ethnicity, CurrentCapitationCode, CurrentAssignmentStartCode, CurrentAssignmentStopCode,CurrentIncome, FutureIncome,Redetermination Pg. 38, Loop 2750 N102 Name – Added HIP Indicators Ethnicity, CurrentCapitationCode, CurrentAssignmentStartCode, CurrentAssignmentStopCode,CurrentIncome, FutureIncome Pg. 39, Loop 2750 REF02 – Added HHW Indicator Codes: Ethnicity, 00 – Not Hispanic or Latino, 01 – Hispanic or Latino, 09 – Unknown; Capitation Codes; Assignment Start and Stop Codes (See Plan Coverage section for values)	Systems

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Version	CO/CR Number	CO/CR Name	Date	Revision Status	Revision Details (Location in Guide, Description of Change)	Completed By
					Pg. 40, Loop 2750 REF02 – Added to HCC Indicator Codes: Ethnicity, 00 – Not Hispanic or Latino, 01 – Hispanic or Latino , 09 –Unknown; Capitation Codes (See Plan Coverage section for values); Assignment Start and Stop Codes (See Plan Coverage section for values) Pg. 41, Loop 2750 REF02 – Added to HIP Indicator Codes: Ethnicity, 00 – Not Hispanic or Latino, 01 – Hispanic or Latino, 09 – Unknown; Capitation Codes (See Plan Coverage section for values); Assignment Start and Stop Codes (See Plan Coverage section for values) Pg. 42, Loop 2750 DTP02 – Changed sentences to read If there is no redetermination date for a member, a default date of 22991231 will be reported and a change to the redetermination date alone will generate a change record. Pg. 43, Under HHW/HCC – Added Section 4.2.1.3 Term Change File and Section 4.2.1.4 Term Audit File Pg. 44 – Added to File Naming Standards: CT – Monthly term change file and AT – Monthly term audit file Pg. 45, Under HIP – Added Section 4.2.4.3 Term Change File and Section 4.2.4.4 Term Audit File Pg. 46 – Added to File Naming Standards: CT – Monthly term change file – fully eligible members and AT – Monthly term audit file – fully eligible members	
	CR 61058	GTW Inactive Assignments for Suspended Members	Dec 2019	Implemented	Pg. 30 – Added MCE stop reason code GS – HIP GTW Suspension	Systems
5.2	CR 60161	HIP Bridge	Mar 2020	Implemented	Pg. 30 – Added MCE stop reason code HB – HIP Bridge Eligibility	Systems
	CR 61921	COVID-19 Updates		Implemented	Pg. 30 – Added COVID-19 start reason code CS and stop reason code CT	
5.3	CR61200	Align Cap For HIP Elig For Cap Pay	Jun 2020	Implemented	Pg. 28 and 29 – Added HIP capitation categories for 18-year-olds	Systems
5.4		Updates	Aug 2020 Oct 2020 Oct 2020 Dec 2020 Mar 2021	Implemented Implemented	Pg. 18 – Added Race Codes Pg. 40 and 41 – Sixth node removed from file naming example Pg. 24 – Updated RCP indicator for HCC Pg. 25, HD04, Loop 2300 – HOOSIER CARE CONNECT FROM/TO MCE – Added UHC – UnitedHealthcare Updated DXC to Gainwell Technologies Removed references to Presumptive Eligibility (PE), Presumptive Eligibility for Pregnant Women (PEPW), and Hospital Presumptive Eligibility (HPE-Adult). **Presumptive Eligibility is now Fee for Service.** Updated ICES to ICES/IEDSS	Systems

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Version	CO/CR Number	CO/CR Name	Date	Revision Status	Revision Details (Location in Guide, Description of Change)	Completed By
5.5	GT-6643	New HIP State Plan Expansion Cap Categories	Jun 2021	Implemented	Pg. 25 – 26 Updated HIP State Plan Expansion Cap Categories	Systems
5.6		Update to HCC Indicator Codes	Dec 2021	Implemented	Pg. 36 – Updated HCC Indicator codes. Removed N - No for Pregnancy Indicator Updated email address for trading partner agreements and EDI technical assistance	Systems
5.7	GT-7595	Historied Non-Current MCE Member Assignments	Feb 2022	Implemented	Pg. 7 – Removed reference to region code Pg. 22, Loop 2300, HD04 – Removed MDwise from Hoosier Care Connect Pg. 33, Loop 2750, REF02 – Added Newly Eligible Member indicator Pg. 34, Loop 2750, DTP02 – Added Newly Eligible Member to the D8 note Pg. 35, Section 4.2.1.5 – Added Void Term Audit file details and added VT to 834 file naming standard Pg. 36, Section 4.2.2.5 – Added Void Term Audit file details and added VT to 834 file naming standard Formatting updates for consistency	Systems
5.8	GT-11282	MMIS-CORE: PHE Extended Eligibility Cost Share Level	Mar 2023	Implemented	Pg. 31-33, Loop 2750, N102 – Added PHEExtElig to HHW, HCC and HIP Pgs. 33-35, Loop 2750, REF02 – Added PHEExtElig (Extended Eligibility) codes to HHW, HCC and HIP Pg. 36, Loop 2750, DTP02 – Added Extended Eligibility (for use of D8)	Systems
	GT-10231		Mar 2023	Implemented	Removed references to ICES (except within code descriptions) Pg. 13, Loop 2200, DTP01 – Removed text about HIP fully eligible members terminated on or after Jan. 1, 2018, and retroactive eligibility in 2018 or after. Pg. 15, Loop 2100A, LUI02 – Removed reference to SPA language code and added link to Section 4.1 list of Language codes Pg. 22, Loop 2300, HD04 – Added Plan2Plan under HHW Pgs. 22-23 Loop 2300, HD04 – Added Plan2Plan for HIP, HCC and HHW Pgs. 31–32, Loop 2750, N102 – Added LivArng, WardType and CountyWard for HIP, HHW and HCC Pgs. 33–35, Loop 2750, REF02 – For HIP, HHW and HCC – Added LivArng and link to Section 4.2 for Living Arrangement codes; added WardType and Ward Type codes; added CountyWard and link to Section 4.3 for County codes Pg. 37 – Added Section 4: Code Information Pgs. 37-47 – Added Section 4.1: Language Codes Pg. 47 – Added Section 4.2: Living Arrangement Codes Pgs. 48-49 – Added Section 4.3: County Codes	Systems
	GT-8937		Mar 2023	Implemented	Pgs. 21 and 26 – Loop 2300, HD04 – Added QR – Qualified Residential Treatment Program for HHW, HCC and HIP	Systems

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5.9	GT-12396 GT-12402	Indiana PathWays for Aging (Phase II and Phase III)	Jul 2024	Implemented	Pg. 6 – Added PathWays information to Legend Pg. 7 – Added PPE/PATH to BGN02 and REF02 Pg. 9 – Added PPE/PATH to Loop 2000, INS03 Pg. 11 – Added PPE/PATH to Loop 2000, INS04 Pg. 12 – Added PPE/PATH to Loop 2000, INS06-01 Pg. 12-14 – Added PPE/PATH to Loop 2000, REF and REF01 Pg. 14-15 – Added PPE/PATH to Loop 2000, DTP01 Pg. 15-16 – Added PPE/PATH to Loop 2100A, PER06 and PER08 Pg. 16 – Added PPE/PATH to Loop 2100A, DMG05 Pg. 16 – Added PATH to Loop 2100A, ICM Pg. 20 – Added PPE/PATH to HD Pg. 18 – Added PATH to Loop 2300, HD01 Pg. 29 – Added PATH to Loop 2300, HD04 Pg. 32-33 – Added PPE/PATH to Loop 2300, HD04 Pg. 33 – Added PATH to Loop 2300, DTP and DTP01 Pg. 37 – Added PATH to Loop 2320, COB Pg. 37 – Added PPE/PATH to Loop 2700, LS Pg. 37 – Added PATH to Loop 2710, LX Pg. 37 – Added PPE/PATH to Loop 2750, N1 Pg. 39 – Added PPE/PATH indicators to Loop 2750, N102 Pg. 43-44 – Added PPE/PATH to Loop 2750, REF02 Pg. 44 – Added PPE/PATH to Loop 2750, DTP02 Pg. 61-62 – Added *Section 5.2.4* (PPE) and *Section 5.2.5* (PATH) to *Section 5.2: Payer Specific Business Rules and Limitations* Pg. 63 – Updated Gainwell address to new PO Box in *Section 5.4: Other Resources*	Systems
6.0	GT-17583	MLTSS Phase 6G	Jul 2024	Completed	Pg. 39 – Added the following PPE/PATH indicators to Loop 2750, N102 (Name): IDPRVHOSP, HOSPNAM and NFLOCNAM	Systems
6.1	GT-20091	MLTSS Phase 6M	Mar 2025	Implemented	Pg. 31 – In Loop ID 2300, Reference HD04 (Plan Coverage Description), update description for PathWays Start Reason Code PA from "Auto Assignment/Prior PathWays Last 60 days" to "Auto Assignment/Previous PathWays Last 90 days"	Systems
6.2	GT-21109 Update	MLTSS Phase 7A	Aug 2025	Implemented Completed	Pg. 40 – In Loop ID 2750, Reference N102 (Name), added the following indicator for PPE/PATH: NFLOCADMISSION Pg. 45 – Loop ID 2750, Reference DTP02 (Date Time Period Format Qualifier), added the following for PPE/PATH: RD8 is used for NonService Plan Effective Date and End Date D8 is used for NFLOC Admission Date Pg. 12 – In Loop ID 2000, Reference INS04 (Maintenance Reason Codes), added the following for PPE/PATH: 06 – Assignment voided 07 – Eligibility expired 15 – Provider data changed	Systems

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6.3	GT-19592	PACE Liabilities and Transfer of Property Penalties	Sept 2025	Implemented	Pg. 39 – In Loop ID 2750, Reference N102 (Name), added the following indicator for PACE: TRANSOFPROP (Transfer of Property) Pg. 45 – In Loop ID 2750, Reference DTP02 (Date Time Period Format Qualifier), added the following for PPE/PATH: RD8 is used for Transfer of Property	Systems
	GT-18581	Residential Address Updates	Sept 2025	Implemented	Pg. 68-69 – In Loop ID 2100A, References N3 (Member Residence Street Address) and N4 (Member City, State, ZIP Code), updated IHCP Note with the following: If there is no residential address on file, mailing address information will be submitted here. Pg. 94-95 – In Loop ID 2100C, added References N3 (Member Mailing Street Address) and N4 (Member City, State, ZIP Code)	Systems
6.4	GT-19592	PACE Liabilities and Transfer of Property Penalties	Oct 2025	Implemented	In Section 3: • Loop ID 2750, Reference N102, added the following indicator for PACE: PACELIAB (Patient Liability) • Loop ID 2750, Reference REF02, added the following for PACE: REF02 is used for Patient Liability Amount • Loop ID 2750, Reference DTP02, updated the following for PACE: RD8 is used for Transfer of Property and Patient Liability	Systems
6.5	GT-19580	MLTSS Phase 9	Oct 2025	Implemented	In Section 3: • Loop ID 2300, Reference HD04, added the following START reason codes for PATH: PM – Member Assigned to FIDE-SNP PR – Member Re-assigned to their FIDE-SNP MCE • Loop ID 2300, Reference HD04, added the following STOP reason code for PATH: PR – Member Re-assigned to their FIDE-SNP MCE	Systems
6.6	Correction		Nov 2025	Completed	In Section 3: • Loop ID 2000, Reference INS04, added maintenance reason codes 22, 28 and 33 to HHW/HHC/PACE • Loop ID 2750, Reference N102, updated PPE/PATH indicator: NFLOCADM • Loop ID 2750, Reference REF02, added Patient Liability Amount reference for PATH, and added Transfer of Property Yes/No indicators for PACE	Systems
6.7	GT-22656	Program Disenrollment - HIP and HHW Entity Phase 3	Feb. 2026	Implemented	In Section 3: • Loop ID 2300, Reference HD04, added Stop Reason Code for HHW/HCC/PACE and HIP: MT – MCE No Longer Participating in the Program	Systems

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6.8 – Preview Draft 2	GT-22936	Pharmacy Exclusion	Sept 2026	Pending	In Section 3: • Loop ID 2750, Reference N102, added PHARMEXCL (Pharmacy Exclusion) indicator for HIP and PATH Only • Loop ID 2750, Reference REF02, added PHARMEXCL indicator code Y – Open Pharmacy Exclusion for HIP and PATH • Loop ID 2750, Reference DTP02, added Pharmacy Exclusion to the RD8 list for PATH	Systems

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