

Indiana Health Coverage Programs

Standard Companion Guide Transaction Information

**Instructions related to Transactions based on ASC X12
Implementation Guides, version 005010**

Benefit Enrollment and Maintenance (834)

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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 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.

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 Programs – Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP), and Hoosier Care Connect (HCC)
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 only apply to Healthy Indiana Plan (HIP) and Fast Track Eligibility (FTE), as noted.
GREEN TEXT represents notes that only apply to Fast Track Eligibility (FTE)

005010X220A1 Benefit Enrollment and Maintenance (834)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
32		BGN	Beginning Segment			
33		BGN02	Reference Identification			<p>HHW / HCC</p> <p>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.</p> <p>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.</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
33		BGN02	Reference Identification <i>(continued)</i>			<p>HIP</p> <p>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.</p> <p>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.</p> <p>FTE</p> <p>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.</p> <p>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.</p>
36		REF	Transaction Set Policy Number			
36		REF02	Reference Identification		10	<p>HHW / HCC / PACE</p> <p>The master policy number is the nine-digit MCE ID followed by the letter A.</p> <p>HIP / FTE</p> <p>The master policy number is the nine-digit MCE ID followed by the letter A.</p>
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

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
49	2000	INS03	Maintenance Type Code			<p>HHW / HCC / PACE</p> <p>001 – Change 021 – Addition 024 – Cancellation or Termination 030 – Audit or Compare</p> <p>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).</p> <p>HIP</p> <p>001 – Change 021 – Addition 024 – Cancellation or Termination 025 – Reinstatement 030 – Audit or Compare</p> <p>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. 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.</p> <p>HIP/ FTE</p> <p>001 – Change 021 – Addition 024 – Cancellation or Termination 030 – Audit or Compare</p> <p>The monthly audit file consists of only 030. The change file may contain 001, 021, or 024</p>

49	2000	INS04	Maintenance Reason Code	<p>HHW / HCC / PACE</p> <p>This code clarifies the type of change and distinguishes a change from a deletion.</p> <p>07 – Termination of benefits only when INS03 = 024.</p> <p>15 – Change in primary medical provider (PMP) when INS03 = 001.</p> <p>29 – Member moving from PE to Medicaid.</p> <p>AI – Member type of unpassed status when INS03 = 021.</p> <p>XN – Notification Only – used when INS03 = 030.</p> <p>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 is only meaningful when the Maintenance Type code is 024.</p> <p>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.</p> <p>HIP</p> <p>This code clarifies the type of change and distinguishes a change from a deletion.</p> <p>CONDITIONALLY ELIGIBLE MEMBERS:</p> <p>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.</p> <p>14 – Will be sent along with INS03 = 024 to indicate a member who withdrew from HIP prior to making an initial POWER account contribution.</p> <p>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 FPL. The type of change will be indicated in HD04.</p> <p>25 – Indicates a change has been made to the member’s name, SSN, date of birth, or RID.</p> <p>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.</p> <p>29 – When sent with INS03=024, indicates a member who is moving from conditional to fully eligible.</p> <p>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.</p> <p>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.</p> <p>XN – Sent along with INS03 = 030 for all monthly audit records.</p>
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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
49	2000	INS04	Maintenance Reason Code (continued)			<p>FULLY ELIGIBLE MEMBERS:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>14 – Will be sent along with INS03 = 024 to indicate a member being terminated from HIP due to voluntarily withdrawing from the Plan.</p> <p>15 – Change in PMP when INS02 = 001.</p> <p>17 – Indicates a member being terminated from HIP due to non-payment of POWER account.</p> <p>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.</p> <p>25 – Indicates a change has been made to the member's name, SSN, date of birth, or RID.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>XN – Sent along with INS03 = 030 for all monthly audit records.</p> <p>XT – Indicates a member has access to or currently has other health insurance.</p> <p>AI – Sent with INS03 = 001 for members staying with the same plan as a result of redetermination.</p>

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

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
57	2000	REF	Member Supplemental Identifier			<p>HHW / /HCC / PACE</p> <p>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.</p> <p>HIP</p> <p>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.</p> <p>FTE Application ID is sent in this segment.</p> <p>FTE</p> <p>Application ID is 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.</p>
57	2000	REF01	Reference Identification Qualifier			<p>HHW / HCC / PACE</p> <p>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</p> <p>When multiple REF segments are reported with “Q4”, the first iteration reports the active, linked IHCP Member ID (Medicaid RID). The subsequent iteration reports the inactive, prior Member ID that is linked to the active Member ID reported in the first iteration.</p> <p>The maximum number of linked Member IDs is two and is limited by the maximum number of five occurrences per the HIPAA IG.</p> <p>HIP</p> <p>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.</p> <p>When multiple REF segments are reported with “Q4” in REF01, the first iteration reports the active, linked IHCP Member ID (Medicaid RID). The subsequent iteration reports the inactive, prior Member ID that is linked to the active Member ID reported in the first iteration.</p> <p>FTE</p> <p>Used to pass the Application ID: 6O – Application ID Q4 – Linked IHCP Member ID</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
59	2000	DTP	Member Level Dates			
59	2000	DTP01	Date/Time Qualifier			<p>HHW / HCC / PACE</p> <p>473 – MCE Plan Roll-Up Begin 474 – MCE Plan Roll-Up End</p> <p>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.</p> <p>HIP</p> <p>300 – Enrollment Signature Date 303 – Maintenance Effective 473 – MCE Plan Roll-Up Begin 474 – MCE Plan Roll-Up End</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 31, regardless of the date of their termination from the HIP program.</p> <p>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.</p> <p>FTE</p> <p>300 – Enrollment Signature Date 303 – Maintenance Effective</p> <p>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.</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
65	2100A	PER	Member Communications Numbers			<p>IHCP Note:</p> <p>This segment contains the member's home telephone number, e-mail address and alternate telephone number if available.</p> <p>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.</p> <p>This information may not be available for some members.</p>
66	2100A	PER03	Communication Number Qualifier	TE EM HP		<p>IHCP uses codes:</p> <p>TE – Member's home phone number EM – Member's e-mail address HP – Member's alternate phone number</p>
66	2100A	PER05	Communication Number Qualifier	TE EM HP		<p>IHCP uses codes:</p> <p>TE – Member's home phone number EM – member's e-mail address HP – Member's alternate phone number</p>
67	2100A	PER06	Communication Number			IHCP only sends on HHW / HCC / PACE and HIP 834s
67	2100A	PER07	Communication Number Qualifier	TE EM HP		<p>IHCP uses codes:</p> <p>TE – Member's home phone number EM – Member's e-mail address HP – Member's alternate phone number</p>
67	2100A	PER08	Communication Number			IHCP only sends on HHW / HCC / PACE and HIP 834s
68	2100A	N3	Member Residence Street Address			<p>IHCP Note:</p> <p>This segment contains the member's street address as submitted to Gainwell by ICES/IEDSS.</p> <p>Gainwell does not have system editing for addresses.</p>
69	2100A	N4	Member City, State, ZIP Code			<p>IHCP Note:</p> <p>This segment contains the member's city, state, ZIP Code and county code information as reported to Gainwell by ICES/IEDSS.</p> <p>Gainwell does not perform validation for City, State, ZIP, and county code mismatches. If the record is sent to Gainwell from ICES/IEDSS with a ZIP that doesn't match the city, it's reported as received and not "cleaned up."</p>
70	2100A	N406	Location Identifier			<p>IHCP Note:</p> <p>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. Note: the county code is entered into ICES/IEDSS by DFR and passed to Gainwell. Gainwell does not validate county codes for mismatches.</p>
71	2100A	DMG	Member Demographics			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
72	2100A	DMG05	Composite Race or Ethnicity Information			<p>HIP</p> <p>The race/ethnicity code will be sent when received from ICES/IEDSS</p> <p>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</p>
79	2100A	ICM	Member Income			<p>HIP / HHW / HCC</p> <p>Member income is returned when received from ICES/IEDSS.</p>
		ICM01	Frequency Code			4-Monthly
		ICM02	Monetary Amount			
81	2100A	AMT	Member Policy Amounts			<p>HHW / HCC</p> <p>Not sent in the Hoosier Healthwise 834s.</p>
81	2100A	AMT01	Amount Qualifier Code	B9 D2		<p>HIP</p> <p>B9 – Conditionally eligible - used to qualify the member's outstanding debt. D2 – Used to qualify the member's monthly POWER account contribution.</p>
81	2100A	AMT02	Monetary Amount			<p>HIP</p> <p>Will contain the dollar amount of the member's monthly POWER account contribution or outstanding debt amounts.</p>
84	2100A	LUI	Member Language			
85	2100A	LUI02	Identification Code	SPA		IHCP only supports code SPA when the member's native language is Spanish
86	2100B	NM1	Incorrect Member Name			<p>HIP</p> <p>Only sent on HIP 834s when applicable</p>
89	2100B	DMG	Incorrect Member Demographics			<p>HIP</p> <p>Only sent on HIP 834s when applicable</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
140	2300	HD	Health Coverage			<p>HHW / HCC</p> <p>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.</p> <p>HIP</p> <p>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.</p> <p>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).</p> <p>HIP Potential Plus example for a new or ongoing potential plus segment:</p> <p>HD*030**HLT*RP110*IND~ DTP*348*D8*20150401~ AMT*P3*1~</p> <p>HIP Potential Plus example for a termed potential plus segment:</p> <p>HD*024**HLT*RP110*IND~ DTP*348*D8*20150401~ DTP*348*D8*20150520~ AMT*P3*</p> <p>FTE</p> <p>Applicant is on fast track for eligibility determination in HIP or other aid category</p>
140	2300	HD01	Maintenance Type Code			<p>HHW / HCC / PACE</p> <p>Possible codes and descriptions:</p> <p>001 – Change – represents a change to a member's active enrollment status and/or data specific to the member.</p> <p>021 – Addition – represents a new member notification.</p> <p>024 – Cancellation or Termination - represents a member termination notification. IHCP does not use Cancellation terminology.</p> <p>030 – Audit or Compare – represents a verification file for the member</p> <p>Deletion code 002 is not used. A deletion is indicated when INS03 = 024 and INS04 = NULL.</p> <p>HIP</p> <p>Possible codes and descriptions:</p> <p>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.</p> <p>021 – Addition</p> <p>024 – Cancellation or Termination</p> <p>030 – Audit or Compare</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD03	Insurance Line Code	HLT		IHCP uses code HLT
141	2300	HD04	Plan Coverage Description			<p>Concatenated information data is separated by a Pipe Delimiter character of </p> <p>HHW / HCC / PACE</p> <p>The plan coverage description is made up of the following concatenated information:</p> <p>VALID CAPITATION CODES – Two characters:</p> <p>A1 – Pkg A Preschool Ages 1-5 A6 – Pkg A Child Ages 6-12 AF – MAGI Pkg A/B/P Adult Females Ages 19-above AM – MAGI Pkg A Adult Males Ages 19-above 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 over 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</p> <p>PACE</p> <p>VALID CAPITATION CODES</p> <p>PA – PACE Non-Dual Eligible PB – PACE Pre-65 – Dual Eligible PC – PACE Post-65 – Dual Eligible</p> <p>Capitation category may be blank for Pkg C members if they turn 19 during the final month of enrollment.</p> <p>VALID BENEFIT PACKAGE INDICATORS - One character:</p> <p>A – Standard Coverage B – Pregnancy Coverage C – Child Health Plan P – Presumptive Eligibility Coverage for Pregnant Women</p> <p>VALID AUTO ASSIGNMENT INDICATORS - One character:</p> <p>Y – Yes N – No</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD04	Plan Coverage Description (continued)			<p>VALID AID CATEGORY CODES - Two characters – one-character codes are right justified:</p> <p>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</p> <p>AID CATEGORY CODES FOR HCC</p> <p>A – Aged B – Blind D – Disabled SI – Supplemental Social Security Income DI – Working Disabled MED Works Improved DW – Working Disabled MED Works</p> <p>Applicable aid categories that have the option to opt in to HCC:</p> <p>4 – Title IVE 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)</p> <p>AID CATEGORY CODES FOR PACE</p> <p>PA – PACE</p> <p>START REASON CODES - Two characters STOP REASON CODES - Two characters</p> <p>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</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD04	Plan Coverage Description (continued)			13 – MCE Mandatory PMP Disenroll 14 – MCE dsnrI – PMP moved to oth MCE plan 15 – MCE dsnrI – PMP moved to PCCM 16 – MCE dsnrI – PMP dsnrI 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 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

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD04	Plan Coverage Description (continued)			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 rltshp unacct 64 – Aprvd. Chng. – Med condition not approp to pvdr 65 – Aprvd. Chng. – Physician Requests Member Reassign 66 – Aprvd. Chng. – Specially 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 81 – Eligibility was Terminated 82 – PMP DSNRL/REENR-Individ to Group loc

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD04	Plan Coverage Description (continued)			<p>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 RA – HHW Manual Retroactive Assignment Start RB – HHW Manual Retroactive Assignment Stop RC – HCC Manual Retroactive Assignment Start RD – HCC Manual Retroactive Assignment Stop</p> <p>VALID RIGHT CHOICES PROGRAM INDICATORS FOR HOOSIER HEALTHWISE AND HCC Y – Yes N – No</p> <p>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</p> <p>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. PACE value used – 'S'</p> <p>FEDERAL POVERTY LEVEL – Three-character FPL percentage is sent when on file</p>

141	2300	HD04	Plan Coverage Description (continued)	<p>HOOSIER HEALTHWISE OPEN ENROLLMENT PERIOD STATUS – One character. Not applicable for HIP or PACE Value for HD04 in an additional 2300 loop 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</p> <p>HOOSIER CARE CONNECT FROM/TO MCE 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</p> <p>HIP The plan coverage description is made up of the following concatenated information: Concatenated information data is separated by a Pipe Delimiter character of </p> <p>Conditionally Eligible MEMBER AID CATEGORY – Two characters: RP – HIP Plus SP – HIP Plus – State Plan RB – HIP Basic SB – HIP Basic – State Plan</p> <p>FEDERAL POVERTY LEVEL PERCENTAGE – Three-character FPL percentage</p> <p>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</p> <p>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)</p>
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141	2300	HD04	Plan Coverage Description (continued)		<p>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) 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) BZ – MA-RB Male Age 18 (category end-date 12/31/2020) 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 BY – MA-RB Female Age 18 (category end-date 12/31/2020) R6 – Regular Basic Expansion F 18-24 PZ – MA-SP Male Age 18 (category end-date 12/31/2020) 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 S5 – MA-SP Male Ages 55-64 (category end-date 12/31/2020) PY – MA-SP Female Age 18 (category end-date 12/31/2020) 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 SX – MA-SP Female Ages 55-64 (category end-date 12/31/2020) FB – Medically Frail MASB (category end-date 12/31/2020) FP – Medically Frail MASP (category end-date 12/31/2020) 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</p> <p>START REASON CODES – Two characters STOP REASON CODES – Two characters</p> <p>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</p>
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141	2300	HD04	Plan Coverage Description (continued)		<p>3V – HPE Dsnrl-PMP No Longer Practices at this Svc Location</p> <p>3W – MCE Dsnrl-PMP No Longer Practices at this Svc Location</p> <p>3X – MCE Dsnrl-PMP No Longer Contracted With MCE</p> <p>3Y – MCE Dsnrl-PMP not in Managed Care at this Svc Location</p> <p>3Z – MCE dsnrI-PMP deceased</p> <p>A1 – MCE Auto Assigned-Previous PMP</p> <p>A2 – MCE Auto Assigned-Case ID PMP</p> <p>A3 – MCE Auto Assigned-PMP in Previous Group</p> <p>A4 – MCE Auto Assigned-Case ID in Previous Group</p> <p>A5 – MCE Default Auto Assignment</p> <p>A6 – MCE PMP Disenrolled</p> <p>A7 – MCE Member Request</p> <p>A8 – MCE PMP Initiated</p> <p>A9 – MCE Approved Change-PMP Panel Full</p> <p>AA – Auto Assign-Default</p> <p>AB – Auto Assign-Previous Insurer HIP</p> <p>AC – Auto Assign-Previous Insurer HHW</p> <p>AD – Auto Assign-Spouse HIP</p> <p>AE – Auto Assign-Spouse HHW</p> <p>AF – Auto Assign-Case HIP</p> <p>AG – Auto Assign-Case HHW</p> <p>AH – Auto Assign-Companion Case HHW</p> <p>AP – Auto Assigned-Previous Insurer</p> <p>AR – Auto Assigned-Rotation</p> <p>AS – Auto Assigned-Spouse</p> <p>CS – COVID19 Eligibility (Start Code)</p> <p>CT – COVID19 Eligibility (Stop Code)</p> <p>EB – Enrollment Broker Assisted</p> <p>EC – Eligibility Change</p> <p>ER – Eligibility Restored with Retro Date</p> <p>ET – Eligibility Terminated</p> <p>F1 – Failure To Cooperate In Verifying Income</p> <p>F2 – Failure To Provide All Required Information</p> <p>F3 – Unable To Locate Assistance Group</p> <p>F4 – Failure To Verify Indiana Residency</p> <p>F5 – Failure To Cooperate In Verifying Age Composition</p> <p>F6 – Failure To Cooperate With Dfr In Obtaining Med Info</p> <p>F7 – Failure To Apply For Benefits To Which You May Be Entitled</p> <p>F8 – Fail To Complete Req Personal Interview On Non-Magi App</p> <p>F9 – Failure To Provide Required Proof Citizenship</p> <p>FA – Failure To Cooperate In Verifying The Value Of</p> <p>FB – Mail Sent To Last Known Address Returned as Undeliverable</p> <p>FR – Member Failed Redetermin</p> <p>FX – Fixed Record</p> <p>GS – HIP GTW Suspension</p> <p>HA – HIP Reassign Current Year Lock In (For System-use only)</p> <p>HB – HIP Bridge Eligibility</p>
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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD04	Plan Coverage Description (continued)			<p>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 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 – HIP Member moving to TMA 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</p> <p>FEDERAL POVERTY LEVEL PERCENTAGE – Three-character percentage sent when present</p> <p>RIGHT CHOICES PROGRAM INDICATOR Y – Yes N – No</p> <p>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.</p> <p>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.</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2300	HD04	Plan Coverage Description <i>(continued)</i>			<p>NEW CAP – Member’s capitation category has changed during their benefit period.</p> <p>FPL – Member’s federal poverty level has changed during their benefit period.</p> <p>RE-FAILS REDETERM – Member did not successfully reterm.</p> <p>ELIG CHANGE – Member’s HIP eligibility is retro replaced, usually by another Medicaid program.</p> <p>DEATH – Member is retro termed from HIP due to date of death precedes HIP eligibility.</p> <p>The following will have the abbreviated four-character plan name with a space preceding:</p> <ul style="list-style-type: none"> • ANTH – Anthem • MDWI – MDwise • MANA – MHS • CARE – CareSource <p>RE-PLAN2PLAN – Member is changing from one HIP plan to another during redetermination period.</p> <p>RE-SAME PLAN – Member successfully completed redetermination</p> <p>PLAN2PLAN – Member is changing from one HIP plan to another during their benefit period.</p> <p>HIPLINK – Member is moving to HIP 2 From HIP LINK</p> <p>HCC</p> <p>PLAN2PLAN – Member is changing from one HCC plan to another</p> <p>HIP</p> <p>HIP Potential Plus Loop (second HD segment on a fully eligible)</p> <p>MEMBER PLUS AID CATEGORY – Two characters:</p> <p>RP – HIP Plus</p> <p>SP – HIP Plus – State Plan</p> <p>FEDERAL POVERTY LEVEL PERCENTAGE – Three-character FPL percentage</p>
142	2300	HD05	Coverage Level Code			<p>HHW / HCC / PACE</p> <p>Possible codes and description:</p> <p>IND – Always the coverage level code value for the first 2300 loop</p> <p>HIP</p> <p>Possible code and description:</p> <p>IND – Always the coverage level code value for the first 2300 loop</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
143	2300	DTP	Health Coverage Dates			<p>HHW / HCC / PACE</p> <p>This segment contains the dates of health coverage for the IHCP member and the corresponding network.</p> <p>The second situational segment provides the Hoosier Healthwise Open Enrollment dates.</p> <p>HIP</p> <p>This segment contains the dates of health coverage for the IHCP.</p> <p>A second situational Health Coverage Loop provides the Potential Plus status dates.</p> <p>FTE</p> <p>This segment contains the date for fast track eligibility status.</p>
143	2300	DTP01	Date/Time Qualifier			<p>HHW / HCC / PACE</p> <p>303 – Maintenance Effective, not applicable for PACE</p> <p>1st set of positional date ranges are for PMP Assignment:</p> <ul style="list-style-type: none"> • Qualifier pairs 348/348 – Used as date ranges for additions and changes • Qualifier pairs 348/349 – Used as date ranges for terminations and deletions <p>2nd set of positional date ranges are for Aid Category Eligibility:</p> <ul style="list-style-type: none"> • Qualifier pairs 348/348 – Used as date ranges for additions and changes • Qualifier pairs 348/349 – Used as date ranges for terminations and deletions <p>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.</p> <p>Qualifiers 303 and 348 could exist at the same time for changes only.</p> <p>OPEN ENROLLMENT (OE) STATUS LOOP ONLY (Open Enrollment does not apply to HIP)</p> <p>1st 348 = Beginning of OE period for the member (Effective date of when the member is allowed to change MCEs without cause)</p> <p>2nd 348 = End of OE for the member (Last date the member can change their MCE without cause)</p> <p>3rd 348 = End of annual OE period (End date of the member's enrollment period with their current MCE)</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
143	2300	DTP01	Date/Time Qualifier (continued)			<p>HIP</p> <p>Conditionally Eligible</p> <ul style="list-style-type: none"> • Qualifier 348 – Used for eligible start date • Qualifier 348/349 – Used for eligible date range on terms (HD01 = 024) <p>Fully Eligible</p> <p>1st set of positional date ranges are for PMP Assignment.</p> <ul style="list-style-type: none"> • Qualifier pairs 348/348 – Used as date ranges for additions and changes • Qualifier pairs 348/349 – Used as date ranges for terminations and deletions <p>2nd set of positional date ranges are for Aid Category Eligibility:</p> <ul style="list-style-type: none"> • Qualifier pairs 348/348 – Used as date ranges for additions and changes • Qualifier pairs 348/349 – Used as date ranges for terminations and deletions <p>3rd set of positional date ranges are for Benefit Period</p> <ul style="list-style-type: none"> • Qualifier pairs 348/348 – used as date ranges for additions and changes. • Qualifier pairs 348/349 – used as date ranges for terminations and deletions. <p>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.</p> <p>POTENTIAL PLUS LOOP</p> <ul style="list-style-type: none"> • Qualifier 348 = ICES/IEDSS authorization date • Qualifier 349 = end date of Potential Plus status. Only sent when HD01 = 024 <p>FTE</p> <ul style="list-style-type: none"> • Qualifier 348 – used for eligible start date status • Qualifier 348/349 – used for eligible date range status on terms (HD01=024)
145	2300	AMT	Member Policy Amounts			<p>HIP</p> <p>Sent on situational second HD loop that indicates Potential Plus status.</p>
145	2300	AMT01	Amount Qualifier Code	FK P3		<p>HIP</p> <p>FK – Potential Plus - Member Income P3 – Potential Plus POWER account member contribution</p>
145	2300	AMT02	Monetary Amount			<p>HIP</p> <p>Will contain the dollar amount of the member's monthly POWER account contribution and income</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
146	2300	REF	Health Coverage Policy Number			<p>IHCP sends up to two identifiers.</p> <ol style="list-style-type: none"> 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. If a PMP exists as part of a group, then the group's provider identifier will be presented in the second REF segment. <p>PMP values, including placeholders, are reported on additions, changes and terminations.</p>
146	2300	REF01	Reference Identification Qualifier	1L ZZ		IHCP uses codes 1L and ZZ
147	2300	REF02	Reference Identification			<p>IHCP Note:</p> <ol style="list-style-type: none"> 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. When a PMP has not yet been assigned to the member, 999999990 is sent. When an NPI has been reported for the PMP group, their NPI is sent with the "ZZ" qualifier. Health care PMP groups not reporting an NPI will receive the message "NOGROUPNPI" along with the "ZZ" qualifier. 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			<p>IHCP Note:</p> <ol style="list-style-type: none"> When an NPI has been reported for the member's PMP, their NPI is sent along with the "XX" qualifier. When an NPI has not been reported for the member's PMP, the message "NO_PMP_NPI" is sent along with the "XX" qualifier. Atypical providers that have not reported an NPI will receive their Social Security number or federal employer identification number. <p>Note: When an ID is not on file, 999999999 is sent along with the "FI" qualifier.</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
164	2320	COB	Coordination of Benefits			<p>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 CoreMMIS.</p> <p>HIP Not sent in the Healthy Indiana Plan 834s</p>
166	2320	REF	Additional Coordination of Benefits Identifiers			<p>HIP Not sent in the Healthy Indiana Plan 834s</p>
168	2320	DTP	Coordination of Benefits Eligibility Dates			<p>HIP Not sent in the Healthy Indiana Plan 834s</p>
169	2330	NM1	Coordination of Benefits Related Entity			<p>HIP Not sent in the Healthy Indiana Plan 834s</p>
176	2700	LS	Additional Reporting Categories			<p>HIP / HHW / FTE</p>
177	2710	LX	Member Reporting Categories			<p>HIP Loop repeats for each of the indicators noted below.</p>
178	2750	N1	Reporting Category			
178	2750	N101	Entity Identifier Code	75		
178	2750	N102	Name			<p>HHW Indicators Threshold PregnancyExpectedDueDate Pregnancy Ethnicity CurrentCapitationCode CurrentAssignmentStartCode CurrentAssignmentStopCode CurrentIncome FutureIncome Redetermination</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
178	2750	N102	Name (continued)			<p>HCC Indicators</p> <p>Threshold NativeAmerican PregnancyExpectedDueDate Pregnancy CostShare FamilySize Ethnicity CurrentCapitationCode CurrentAssignmentStartCode CurrentAssignmentStopCode CurrentIncome FutureIncome Redetermination</p> <p>HIP Indicators</p> <p>Conditional & Fully Eligible</p> <p>MedicallyFrailStatus MedicallyFrail PregnancyExpectedDueDate Pregnancy BasicThreshold</p> <p>Fully Eligible Only</p> <p>NativeAmerican 19and20YearOld TransitionalMedicalAssistance LowIncomeParentorRelativeCaretaker CaretakerorNonCaretaker Appeal FutureAidCategory PowerAccount <i>(current and future amounts, along with effective and end dates, when a member POWER account is about to change)</i> RollOverDiscAmount RollOverDiscPercent CostShare Redetermination Tobacco <i>(This indicator will be reported on every HIP fully eligible change record, as well as on the HIP fully eligible Audit file)</i> FamilySize Ethnicity CurrentCapitationCode CurrentAssignmentStartCode CurrentAssignmentStopCode CurrentIncome FutureIncome NewlyEligibleMembers</p> <p>FTE Indicators</p> <p>Refund FTEDifferentPlan</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
178	2750	REF	Reporting Category Reference			
178	2750	REF01	Reference Identification Qualifier	ZZ 9V		ZZ – Mutually Defined
178	2750	REF02	Reference Identification			<p>HHW</p> <p>INDICATOR CODES</p> <p>Ethnicity</p> <p>00 – Not Hispanic or Latino</p> <p>01 – Hispanic or Latino</p> <p>09 – Unknown</p> <p>CAPITATION CODES</p> <p>See Plan Coverage section for values</p> <p>ASSIGNMENT START AND STOP CODES</p> <p>See Plan Coverage section for values</p> <p>HCC</p> <p>INDICATOR CODES</p> <p>NativeAmerican</p> <p>Y – Yes</p> <p>N – No</p> <p>CostShare</p> <p>Y – CostShare / Copay Threshold has been met / Off</p> <p>N – CostShare / Copay Threshold has not been met / On</p> <p>Others</p> <p>Y – Yes</p> <p>N – No</p> <p>FamilySize</p> <p>A default value of zero '0' will be reported for FamilySize if there is no Case ID</p> <p>Ethnicity</p> <p>00 – Not Hispanic or Latino</p> <p>01 – Hispanic or Latino</p> <p>09 – Unknown</p> <p>Pregnancy</p> <p>Y – Yes</p> <p>CAPITATION CODES</p> <p>See Plan Coverage section for values</p> <p>ASSIGNMENT START AND STOP CODES</p> <p>See Plan Coverage section for values</p>

178	2750	REF02	Reference Identification	<p>HIP</p> <p>INDICATOR CODES</p> <p>FutureAidCategory RP – Regular Plus SP – State Plan Plus RB – Regular Basic SB – State Plan Basic PC – Plus Copay</p> <p>CaretakerrNoncaretaker C – Caretaker N – Non Caretaker U – Unknown</p> <p>MedicallyFrail Y – Confirmed Frail N – Confirmed Not Frail U – Unconfirmed Frail</p> <p>NativeAmerican Y – Yes N – No</p> <p>CostShare Y – CostShare / Copay Threshold has been met / Off N – CostShare / Copay Threshold has not been met / On</p> <p>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)</p> <p>FamilySize A default value of zero '0' will be reported for FamilySize if there is no Case ID.</p> <p>Ethnicity 00 – Not Hispanic or Latino 01 – Hispanic or Latino 09 – Unknown</p> <p>NewlyEligibleMembers Y - Yes N - No</p> <p>Others Y – Yes N – No</p> <p>CAPITATION CODES See Plan Coverage section for values.</p> <p>ASSIGNMENT START AND STOP CODES See Plan Coverage section for values.</p>
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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
178	2750	REF02	Reference Identification (continued)			<p>FTE INDICATOR CODES</p> <p>Refund X – Default Y – Yes N – No</p> <p>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 MCE's</p>
181	2750	DTP	Reporting Category Date			
181	2750	DTP01	Date/Time Qualifier	007		
181	2750	DTP02	Date Time Period Format Qualifier	D8 RD8		<p>HIP</p> <p>D8 is used with Pregnancy Expected Due Date, Medically Frail Status, Medically Frail, Future Aid Category, Redetermination Date and Newly Eligible Member.</p> <p>If there is no redetermination date for a member, a default date of 22991231 will be reported.</p> <p>A change to the redetermination date alone will generate a change record.</p> <p>RD8 is used with other indicators.</p> <p>The Tobacco indicator effective date may precede the effective date of the HIP member's eligibility.</p> <p>FTE Dates are not applicable for FTE indicator(s)</p>
182	2750	DTP03	Date Time Period			

4 ADDITIONAL INFORMATION

4.1 BUSINESS SCENARIOS

Not applicable

4.2 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.

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

4.2.1.1 CHANGE FILE

4.2.1.1.1 Available daily – seven days a week.

4.2.1.1.2 Change files represent updates to active member enrollment status and/or updates to member data since the last change file was provided.

4.2.1.2 AUDIT FILE

4.2.1.2.1 Available twice a month.

4.2.1.2.2 Includes Presumptive Eligibility (PE) members.

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

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

4.2.1.3 TERM CHANGE FILE

4.2.1.3.1 The new HHW and HCC 834 Term Change File naming convention will be *TPID.834CT.DDD.HHMMSS.01.01.dat*

4.2.1.3.2 The new HHW AND HCC 834 Term Change File will generate on the 20th of every month.

4.2.1.3.3 The new HHW AND HCC 834 Term Change File will report the same data elements as the corresponding HHW and HCC Daily Files

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

4.2.1.3.5 PACE does not have a Term Change file

4.2.1.4 TERM AUDIT FILE

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

4.2.1.4.2 The new HHW and HCC 834 Term Audit Files will generate on the 5th of every month.

4.2.1.4.3 The new HHW and HCC 834 Term Audit Files will include the same data elements as the HHW and HCC 834 Daily Term Records

4.2.1.4.4 The Term Audit Files will include all types of Termination and Void records.

4.2.1.4.5 PACE does not have a Term Audit file

4.2.1.5 VOID TERM AUDIT FILE

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

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

4.2.1.5.3 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)

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

4.2.1.5.5 PACE does not have a Void Term Audit file

4.2.1.6 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 January 15 would be named *MCE1.834C.015.183000.01.dat*

4.2.2 HEALTHY INDIANA PLAN (HIP)

4.2.2.1 CHANGE FILE

4.2.2.1.1 Available daily – seven days a week.

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

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

4.2.2.2 AUDIT FILE

4.2.2.2.1 Available once a month.

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

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

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

4.2.2.3 TERM CHANGE FILE

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

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

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

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

4.2.2.4 TERM AUDIT FILE

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

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

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

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

4.2.2.5 VOID TERM AUDIT FILE

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

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

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

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

4.2.2.6 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 January 15 would be named *HIP1.834S.015.183000.01.dat*

4.2.3 FAST TRACK ELIGIBILITY (FTE)

4.2.3.1 CHANGE FILE

4.2.3.1.1 Available daily – seven days a week.

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

4.2.3.2 AUDIT FILE

4.2.3.2.1 Available once a month.

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

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

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

4.2.3.3 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*

4.2.4 834 SUMMARY REPORT

4.2.4.1 Available daily – seven days a week.

4.2.4.2 Contains summary of 834 transactions submitted for previous day.

4.2.4.3 File Naming Standard

The file naming standard is as follows:

- Node 1- contains the receiver's IHCP trading partner ID
- Node 2 – contains the 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

4.2.5 INTERCHANGE CONTROL HEADER

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

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

4.2.6 FUNCTIONAL GROUP HEADER

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

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

4.3 FREQUENTLY ASKED QUESTIONS

Not applicable

4.4 OTHER RESOURCES

This section lists other references or resources.

Gainwell EDI Solutions
950 N. Meridian St., Suite 1150
Indianapolis, IN 46204

Fax: 317-488-5185

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 Provider Reference Modules:

<https://www.in.gov/medicaid/providers/provider-references/provider-reference-materials/ihcp-provider-reference-modules>

News, Bulletins and Banner Pages:

<https://www.in.gov/medicaid/providers/provider-references/news-bulletins-and-banner-pages>

5 CHANGE SUMMARY

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

Version	CO	CO Name	Revision Date	Revision Status	Revision Page Numbers / Change / Update Details	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	<p>Pg. 4. Added Hoosier Care Connect (HCC) to 4.2.1 in Table of Contents</p> <p>Pg. 9. Added HCC to Legend</p> <p>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</p> <p>Added HCC Capitation Codes for segment HD04: D1, D2, D3, D4</p> <p>Added HCC Aid Category Codes for segment HD04: A, B, D, SI, DI, DW</p> <p>Pg. 42. Added 'HCC' to 4.2.1</p>	Systems
3.0	2453	HIP 2.0 Native Americans & FTE	Feb 2015	Implemented	<p>Pg. 4. Added Fast Track Eligibility (FTE) to 4.2.6 in Table of Contents</p> <p>Pg. 9. Added FTE to Legend</p> <p>Added FTE headers to BGN02, REF02, INS03, HD05, DTP, LS</p> <p>INS04 – Added 'Add Maintenance Reason Codes'</p> <p>REF01, loop2000 – Added Reference ID Qualifier – 'ZZ'</p> <p>DTP01, loop2000 – Added 300 and 303 codes</p> <p>HD04 – Added FTE – Fast Track Eligible</p> <p>DTP01, loop2300 – Added 348 and 348/349 qualifier N1</p> <p>– Added FTE Indicators Refund</p> <p>DTP, loop 2750 – Added 'Dates are not applicable for FTE indicator(s)</p> <p>Pg. 46. Added Additional Information: 4.2.6</p>	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	<p>Pg. 14. INS04 – Update Maint. Reason Code '14' to state 'to indicate a member who has been denied.'</p> <p>Pg. 14. INS04 – Added Maint Reason Code '27' – When sent with INS03 = 021, indicates a new Fast Track Eligible member.</p> <p>Pg. 14. INS04 – Added Maint Reason Code '27' – When sent with INS03 = 024, indicates member is moving to HIP conditional.</p> <p>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.</p> <p>Pg. 14. REF, loop2000 – Added 'FTE' header and text: Application ID is sent in this segment. A maximum of two</p>	Systems

Version	CO	CO Name	Revision Date	Revision Status	Revision Page Numbers / Change / Update Details	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 – <i>Note 6-number O-letter for 6O qualifier</i> 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: FTEDifferentPlan: 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

Indiana Health Coverage Programs
5010 834 Benefit Enrollment and Maintenance

Version	CO	CO Name	Revision Date	Revision Status	Revision Page Numbers / Change / Update Details	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/Roll over	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/Roll over	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

Version	CO	CO Name	Revision Date	Revision Status	Revision Page Numbers / Change / Update Details	Completed By
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

CoreMMIS Change Summary

Version	DDI CO	CO Name	Revision Date	Revision Status	Revision Page Numbers / Change / Update Details	Completed by
	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
4.0	N/A		Dec 2016	Implemented	Indiana CoreMMIS 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

Version	DDI CO	CO Name	Revision Date	Revision Status	Revision Page Numbers / Change / Update Details	Completed by
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' Pg. 42, 43, 44, 45 – Added '.dat' file extension to examples of File Naming Standard for all programs.	Systems
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, Loop2000 INS04 – PEPW - Added 'NULL – Deletion only when INS03 = 024 without a reason code'. Pg. 14, Loop2000 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' 4.2.2 – Removed Care Select (CS) program0 information	Systems
4.6		CR55453	Jul 2017	Implemented	Pg. 16. Loop2000 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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		CR55448 CR55678 CR55451			<p>Pg. 29-30, Loop2300 HD04 – Added HIP codes – HA, HJ, HL, HP, HT</p> <p>Pg. 39, Loop2750 DTP02 – Added Text: D8 is used with Pregnancy Expected Due Date, Medically Frail Status, Medically Frail, and Future Aid Category, and Redetermination Date.</p> <p>If there is no redetermination date for a HIP member, a default date of 22991231 will be reported.</p> <p>A change to the Redetermination date alone will generate a HIP fully eligible change record.</p> <p>The Tobacco indicator effective date may precede the effective date of the HIP member's eligibility.</p> <p>Pg. 28, Loop2300 HD04 – Added code to HIP Fully Eligible: 'MA'</p> <p>Pg. 32, Loop2300 HD04 – Added code to HPE Adult Valid Aid Category: 'PN'</p> <p>Pg. 37, Loop2750 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)</p> <p>Pg. 38, Loop2750 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)</p>	
4.7		CR55451 CR55678 Office Hours Meeting 8/3/17	Aug 2017	Implemented	<p>Pg. 38, Loop2750 REF02 – Added value 'R' under HIP Indicator Codes-Tobacco</p> <p>Pg. 32, Loop2300 HD04 – Removed Valid Aid Category 'PN'.</p> <p>Pg. 29, Loop2300 HD04 – Added value '81' under Start/Stop Reason Codes</p>	Systems

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4.8		CR55448 CR55453 CR55678 CR52057	Oct 2017	Implemented	<p>Pg. 29, Loop2300 HD04 – Added Values DM and PM</p> <p>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)</p> <p>Multiple Pages – Added text where appropriate for PEPW: '*PEPW will be phased out beginning in 2018'</p> <p>Pg. 8, BGN02 – Region codes will no longer be used, added 'A' as the one-character sent with the MCE ID</p> <p>Pg. 42-44, Section 4.2 – Updated all 834 File Naming Standards</p>	Systems
4.9		CR52057/58376	Aug 2018	Implemented	Pg. 45 – Added 4.2.6 – 834 Summary Report Information	Systems
5.0		CR43916	Sep 2018	Implemented	<p>Pg. 37, Loop 2750, N102 Name – Added FamilySize Indicator under HCC</p> <p>Pg. 38, Loop 2750, N102 Name – Added FamilySize Indicator under HIP Fully Eligible Only</p> <p>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</p> <p>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</p>	Systems
		CR52057 IM105733 CR57446 CR58114	Aug 2018 Sep 2018 Sep 2018 Dec 2018	Implemented Implemented Implemented Implemented	<p>Pg. 25, Loop 2300, HD04, MEMBER'S RESIDENCE REGION CODE – changed HHW and HCC values used – 1 through 9</p> <p>Pg. 18/19, Loop 2100A AMT01 – Amount Qualifier Code – replace C1 qualifier with B9 to match code</p> <p>Pg. 25 – Four new Start/Stop Reason Codes for HHW and HCC.</p> <p>Pg. 44 – Added Note: HPE managed care will be phased out beginning 1/1/2019</p>	
5.1	CR59230	Load pregnancy dates from CDEE file regardless of Pregnancy indicator from CDEE record	Jul 2019	Implemented	<p>Pg. 37, Loop 2750 N102 – Added HHW Indicators – Pregnancy and PregnancyExpectedDueDate</p> <p>Pg. 42, Loop 2750 REF02 – Added HHW section with Pregnancy Indicator Y - Yes and N - No</p>	Systems

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	CR58112	834 File Modifications and Creation of 834 Inactive Member Audit File	Jul 2019	Implemented	<p>Pg. 37, Loop 2750 N102 Name – Added HHW Indicators Ethnicity, CurrentCapitationCode, CurrentAssignmentStartCode, CurrentAssignmentStopCode, CurrentIncome, FutureIncome, Redetermination</p> <p>Pg. 38, Loop 2750 N102 Name – Added HCC Indicators Ethnicity, CurrentCapitationCode, CurrentAssignmentStartCode, CurrentAssignmentStopCode, CurrentIncome, FutureIncome, Redetermination</p> <p>Pg. 38, Loop 2750 N102 Name – Added HIP Indicators Ethnicity, CurrentCapitationCode, CurrentAssignmentStartCode, CurrentAssignmentStopCode, CurrentIncome, FutureIncome</p> <p>Pg. 39, Loop 2750 REF02 – Added HHW 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)</p> <p>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)</p> <p>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)</p> <p>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.</p> <p>Pg. 43, Under HHW/HCC – Added Section 4.2.1.3 Term Change File and Section 4.2.1.4 Term Audit File</p> <p>Pg. 44 – Added to File Naming Standards: CT – Monthly term change file and AT – Monthly term audit file</p> <p>Pg. 45, Under HIP – Added Section 4.2.4.3 Term Change File and Section 4.2.4.4 Term Audit File</p> <p>Pg. 46 – Added to File Naming Standards: CT – Monthly term change file – fully eligible members and AT – Monthly term audit file – fully eligible members</p>	Systems
	CR 61058	GTW Inactive Assignments for Suspended Members	Dec 2019	Implemented	<p>Pg. 30 – Added MCE stop reason code GS – HIP GTW Suspension.</p>	Systems

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5.2	CR 60161 CR 61921	HIP Bridge COVID-19 Updates	Mar 2020	Implemented Implemented	Pg. 30 – Added MCE stop reason code HB – HIP Bridge Eligibility Pg. 30 – Added COVID-19 start reason code CS and stop reason code CT	Systems
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
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