

Final Rule
LSA Document #24-151

DIGEST

ALL PAYER CLAIMS DATA BASE SUBMISSION REQUIREMENTS

Adds rules at [760 IAC 1-83](#) concerning the Indiana all payer claims data base (APCD) registration and submission requirements. Effective 30 days after filing with the publisher.

HISTORY

Notice of First Public Comment Period published April 17, 2024: [20240417-IR-760240151FNA](#)
Regulatory Analysis submitted with Notice of First Public Comment Period: [20240417-IR-760240151RAA](#)
Date of First Hearing: May 21, 2024
Notice of Second Public Comment Period published June 19, 2024: [20240619-IR-760240151SNA](#)
Date of Second Hearing: July 25, 2024
60 Day Requirement published July 17, 2024: [20240717-IR-760240151ARA](#)

CITATIONS AFFECTED: [760 IAC 1-83](#)

SUMMARY/RESPONSE TO COMMENTS

The Indiana Department of Insurance (IDOI) requested public comment from April 17, 2024, through May 17, 2024, and June 19, 2024, through July 19, 2024, and during the public hearings on May 21, 2024, and July 25, 2024. The comments received and IDOI's responses to the comments are summarized as follows:

Matthew Jaworowski, Indiana Economic Development Corporation

Comment: The IDOI's regulatory analysis displays a proper due diligence and understanding of how implementation must be carried out to ensure compliance while minimizing the impact to small businesses registered under the APCD located in Indiana, and the Small Business Ombudsman supports the proposed rule.

Response: The IDOI appreciates the feedback provided by the Small Business Ombudsman.

Dillon Clair, The ERISA Industry Committee (ERIC)

Comment: ERIC requests the IDOI to amend the proposed rule to remove application to self-insured ERISA plans.

Response: The IDOI appreciates the feedback provided by ERIC. The IDOI has narrowed the definition of "health payer" and removed references to ERISA to clarify the scope of the rule.

Keith Lake, AHIP

Comment: AHIP opposes the IDOI's proposal to regulate self-funded plans under ERISA and requests the IDOI to remove ERISA plans from the applicability of the proposed rule.

Response: The IDOI appreciates the feedback provided by AHIP. The IDOI has narrowed the definition of "health payer" and removed references to ERISA to clarify the scope of the rule.

Peter Fjelstad, Pharmaceutical Care Management Association (PCMA)

Comment: PCMA requests that the IDOI refrain from mandating disclosure of data from self-insured ERISA plans when enforcing either the proposed rule or existing Indiana law.

Response: The IDOI appreciates the feedback provided by PCMA. The IDOI has narrowed the definition of "health payer" and removed references to ERISA to clarify the scope of the rule.

FINAL RULE

SECTION 1. [760 IAC 1-83](#) IS ADDED TO READ AS FOLLOWS:

Rule 83. All Payer Claims Data Base Submission Requirements

[760 IAC 1-83-1](#) Applicability of definitions

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 1. The definitions in this rule apply throughout this rule.

(Department of Insurance; [760 IAC 1-83-1](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-2](#) "Administrator" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5-0.2](#)

Sec. 2. "Administrator" has the meaning set forth in [IC 27-1-44.5-0.2](#).

(Department of Insurance; [760 IAC 1-83-2](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-3](#) "APCD" or "data base" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5-1](#)

Sec. 3. "APCD" or "data base" has the meaning set forth in [IC 27-1-44.5-1](#).

(Department of Insurance; [760 IAC 1-83-3](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-4](#) "APCD-CDL™" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 4. "APCD-CDL™" means the common data layout for all payer claims databases, as developed by the University of New Hampshire and the National Association of Health Data Organizations, Version 2.1, released July 1, 2021, and hereby incorporated by reference. For purposes of this rule, a reference to an individual's Social Security number in the APCD-CDL™ means the last four (4) digits of the individual's Social Security number.

(Department of Insurance; [760 IAC 1-83-4](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-5](#) "Commissioner" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 5. "Commissioner" means the commissioner of the department of insurance.

(Department of Insurance; [760 IAC 1-83-5](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-6](#) "Department" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 6. "Department" means the Indiana department of insurance.

(Department of Insurance; [760 IAC 1-83-6](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-7](#) "Designated submitter" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 7. "Designated submitter" means an entity designated by a health payer or voluntarily participating entity to:

- (1) submit data to the APCD on behalf of the health payer or voluntarily participating entity; and
- (2) receive communications from the administrator and department regarding the health payer's or voluntarily participating entity's APCD data submissions.

(Department of Insurance; [760 IAC 1-83-7](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-8](#) "Designated submitter representative" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 8. "Designated submitter representative" means an individual or the individuals authorized by a designated submitter to:

- (1) submit data to the APCD on behalf of the health payer or voluntarily participating entity; and
- (2) receive communications from the administrator and department regarding the health payer's or voluntarily participating entity's APCD data submissions.

(Department of Insurance; [760 IAC 1-83-8](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-9](#) "Eligibility file" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 9. "Eligibility file" means a file that includes data about each member residing in Indiana, based on the requirements contained in the submission guide.

(Department of Insurance; [760 IAC 1-83-9](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-10](#) "Executive director" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5-1.2](#)

Sec. 10. "Executive director" has the meaning set forth in [IC 27-1-44.5-1.2](#).

(Department of Insurance; [760 IAC 1-83-10](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-11](#) "Health payer" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 5-10-8-6.7](#); [IC 12-7-2-126.9](#); [IC 27-1-34-1](#); [IC 27-1-44.5-2](#); [IC 27-8-5-1](#); [IC 27-13-1-19](#)

Sec. 11. "Health payer" includes the following:

- (1) Medicare.
- (2) Medicaid or a managed care organization (as defined in [IC 12-7-2-126.9](#)) that has contracted with Medicaid to provide services to a Medicaid recipient.
- (3) An insurer that issues a policy of accident and sickness insurance (as defined in [IC 27-8-5-1](#)), except for the following types of coverage:
 - (A) Accident only, credit, dental, vision, long term care, or disability income insurance.
 - (B) Coverage issued as a supplement to liability insurance.
 - (C) Automobile medical payment insurance.
 - (D) A specified disease policy.
 - (E) A policy that provides indemnity benefits not based on any expense incurred requirements, including a plan that provides coverage for:
 - (i) hospital confinement, critical illness, or intensive care; or
 - (ii) gaps for deductibles or copayments.
 - (F) Worker's compensation or similar insurance.
 - (G) A student health plan.
 - (H) A supplemental plan that always pays in addition to other coverage.

- (4) A health maintenance organization (as defined in [IC 27-13-1-19](#)).
- (5) A pharmacy benefit manager (as defined in [IC 27-1-24.5-12](#)).
- (6) A third party administrator.
- (7) A multiple employer welfare arrangement (as defined in [IC 27-1-34-1](#)).
- (8) A state employee health plan (as defined in [IC 5-10-8-6.7\(a\)](#)).
- (9) Any other person identified by the commissioner for participation in the data base.

(Department of Insurance; [760 IAC 1-83-11](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-12](#) "Health plan" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 12. "Health plan" means health insurance coverage offered to a member by a health payer.

(Department of Insurance; [760 IAC 1-83-12](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-13](#) "Historical and catch-up data" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 13. "Historical and catch-up data" means:

- (1) eligibility files;
- (2) medical claims files;
- (3) pharmacy claims files; and
- (4) provider files;

submitted to the APCD by a submitter for the period specified in this rule.

(Department of Insurance; [760 IAC 1-83-13](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-14](#) "Medical claims file" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 14. "Medical claims file" means a file that includes data about medical claims and other encounter information, based on the requirements contained in the submission guide.

(Department of Insurance; [760 IAC 1-83-14](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-15](#) "Member" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 15. "Member" means an individual covered by, or enrolled in a health plan administered by, a health payer.

(Department of Insurance; [760 IAC 1-83-15](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-16](#) "Pharmacy claims file" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 16. "Pharmacy claims file" means a file that includes data about prescription medications and claims filed by pharmacies, based on the requirements contained in the submission guide.

(Department of Insurance; [760 IAC 1-83-16](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-17](#) "Plan size submission threshold" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 17. "Plan size submission threshold" means an aggregate total of at least three thousand (3,000) members under a health payer.

(Department of Insurance; [760 IAC 1-83-17](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-18](#) "Provider file" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 18. "Provider file" means a file that includes additional information about the individuals and entities included in the medical claims file, pharmacy claims file, or eligibility file, and submitted based on the requirements contained in the submission guide.

(Department of Insurance; [760 IAC 1-83-18](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-19](#) "Submission guide" or "data submission guide" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 19. "Submission guide" or "data submission guide" means the document entitled "Indiana All Payer Claims Database Data Submission Companion Guide", Version 1.1, updated September 2023 and hereby incorporated by reference, developed by the administrator setting forth the required schedules, data file format, record specifications, data elements, and definitions for submitting:

- (1) eligibility files;
- (2) medical claims files;
- (3) pharmacy claims files and
- (4) provider data files;

to the APCD.

(Department of Insurance; [760 IAC 1-83-19](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-20](#) "Submitter" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 20. "Submitter" includes the following:

- (1) Health payers meeting the plan size submission threshold.
- (2) Voluntarily participating entities.
- (3) Entities appointed as:
 - (A) designated submitters; or
 - (B) designated submitter representatives;

of entities described in subdivisions (1) and (2).

(Department of Insurance; [760 IAC 1-83-20](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-21](#) "Third party administrator" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-25-1](#); [IC 27-1-44.5](#)

Sec. 21. "Third party administrator" has the meaning set forth in [IC 27-1-25-1\(a\)](#).

(Department of Insurance; [760 IAC 1-83-21](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-22](#) "Voluntarily participating entity" defined

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 22. "Voluntarily participating entity" means an entity:

- (1) not required to submit data;
- (2) that chooses to voluntarily submit data; and
- (3) approved by the department to submit data;

to the APCD.

(Department of Insurance; [760 IAC 1-83-22](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-23](#) Procedures for voluntary participation

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 23. (a) To request to become a voluntarily participating entity, an entity shall submit a request to the administrator to participate in the APCD through the data portal.

(b) A request described in subsection (a) must include the following information related to the voluntarily participating entity:

- (1) Business type.
- (2) Number of members.
- (3) Types of coverage offered.
- (4) Contact information.

(c) The administrator shall notify the requesting entity of the department's determination.

(Department of Insurance; [760 IAC 1-83-23](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-24](#) General provisions

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 24. (a) A health payer not meeting the plan size submission threshold is exempt from the submission requirements set forth in sections 27 and 28 of this rule. The number of Indiana members is calculated by adding together the Indiana members in all the entity's health plans as of December 31 each calendar year. Additional changes in the data submission guide will allow an eighty (80) calendar day window to submit data after the approved and final publications of the data submission guide.

(b) A health payer dropping below the plan size submission threshold as of December 31 shall submit data files to the APCD for data through December 31 of that calendar year. The health payer shall notify the APCD of its change in status and may elect to become a voluntarily participating entity.

(c) A previously exempt health payer no longer exempt by meeting the plan size submission threshold as of December 31 shall submit data files to the APCD to report the next calendar year's data.

(d) A newly created health payer meeting the plan size submission threshold December 31 of the year when it is created shall submit data files to the APCD to report the next calendar year's data.

(Department of Insurance; [760 IAC 1-83-24](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-25](#) Coordination of data submissions

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 25. (a) If a health payer contracts with other entities to administer plan benefits, the health payer has sole responsibility for the timely submission of the data to the APCD. The health payer shall either:

- (1) obtain the necessary data from the contracted entity and submit the data to the APCD; or
- (2) ensure the contracted entity submits the data directly to the APCD.

(b) A health payer shall identify contracted entities through the registration process. Each contracted entity shall register as set forth in section 26 of this rule, as applicable. This entity is referred to as a designated submitter.

(Department of Insurance; [760 IAC 1-83-25](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-26](#) Data portal registration

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 26. (a) Health payers shall register in the data portal and review and update, or confirm, the registration information before February 1 each year after the year of its initial registration.

(b) When a health payer becomes subject to this rule, it shall register at least sixty (60) calendar days before its first data files are due.

(c) A voluntarily participating entity shall register to submit data to the data portal. Before registering, the entity must have been approved to submit data under section 23 of this rule.

(d) Submitters shall:

- (1) register through the data portal;
- (2) provide the required information as specified in the data submission guide; and
- (3) update registration information;

within fifteen (15) calendar days of any change in the required contact information.

(Department of Insurance; [760 IAC 1-83-26](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-27](#) Monthly data file submission requirements

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5-2](#)

Sec. 27. (a) Submitters shall submit data files monthly through the data portal. A monthly file must be submitted by the first business day of the second month after the report month.

(b) The following files, as specified in the data submission guide, in conjunction with the APCD-CDL™, must be submitted:

- (1) Eligibility files.
- (2) Medical claims files.
- (3) Pharmacy claims files.
- (4) Provider files.

(c) Files must exclude data for members only enrolled in the types of coverages set forth in [IC 27-1-44.5-2\(3\)\(A\)](#) through [IC 27-1-44.5-2\(3\)\(H\)](#).

(d) Data files must comply with file format, technical specifications, and other standards specified in the data submission guide, in conjunction with the APCD-CDL™.

(e) If a submitter has identified at least one (1) designated submitter or designated submitter representative to submit information directly to the data portal on their behalf, the data submission is not considered finished until the required files have been received.

(f) Submitters shall use the data portal to submit test files to confirm and test their ability to create data files meeting the standards set forth in the data submission guide. Test files will be identified as specified in the data submission guide. Test files will not be considered to have been submitted to the APCD.

(Department of Insurance; [760 IAC 1-83-27](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-28](#) Historical data submission requirements

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 28. (a) A submitter shall use the test function to prepare for submitting historical and catch-up data files. This testing process must be successfully finished before July 1, 2023.

(b) Submitters shall submit historical and catch-up data files as set forth in section 27 of this rule for the period beginning January 1, 2020, through July 31, 2023, before September 1, 2023. Additional changes in the data submission guide will be announced with an eighty (80) calendar day window for submitters to prepare, reprogram, test, and submit production data.

(c) Submitters shall begin regular monthly reporting with monthly data files for August 2023 before October 3, 2023. Additional changes in the data submission guide will be announced with an eighty (80) calendar day window for submitters to prepare, reprogram, test, and submit production data.

(Department of Insurance; [760 IAC 1-83-28](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-29](#) Data acceptance

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 29. Data files submitted to the data portal but not meeting the file intake specifications detailed in the data submission guide will not be accepted. Submitters will be notified within two (2) business days after submission whether a data file has been accepted or rejected.

(Department of Insurance; [760 IAC 1-83-29](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-30](#) Data correction and resubmission

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 30. If the administrator determines a previously accepted file contains initially unidentified errors, the administrator shall notify the submitter. The submitter shall address the issues identified by the administrator by either:

- (1) explaining to the administrator and providing supporting documentation, as necessary, showing the file is correct as initially submitted; or
- (2) correcting and resubmitting the file within thirty (30) calendar days after notification by the administrator.

(Department of Insurance; [760 IAC 1-83-30](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-31](#) Variances

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 31. (a) A submitter unable to submit data files meeting the standards set forth in the data submission guide may request a temporary variance to those requirements.

(b) Variance requests may only be submitted through the data portal, and must clearly identify the following with the data submission guide requirements:

- (1) The nature of the issues.
- (2) The plan for correction of the issues.
- (3) The anticipated date of compliance.

(c) An administrator shall either approve or disapprove variance requests meeting the requirements of subsection (b) within five (5) calendar days after the date the request was submitted.

(Department of Insurance; [760 IAC 1-83-31](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-32](#) Violations; penalties

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-3-28](#); [IC 27-1-44.5](#)

Sec. 32. (a) If a health payer fails to:

- (1) submit required data to the APCD;
- (2) submit required data passing the data quality validations or variances under the:
 - (A) submission guide and APCD-CDL™; or
 - (B) periods outlined in this rule;
- (3) register for the APCD; or
- (4) correct submissions rejected because of errors;

the administrator shall give written notice of the nature of the violation and required steps to cure the violation to the health payer by registered or certified mail, return receipt requested, and copy the executive director on the written notice.

(b) If a health payer fails to provide the required information set forth in the written notice described in subsection (a) within thirty (30) calendar days after receiving the notice, the administrator shall give written notice of the failure to report to the health payer by registered or certified mail, return receipt requested and notify the executive director of the health payer's failure to report.

(c) The executive director may assess a penalty for uncured violations of up to:

- (1) one hundred dollars (\$100) a day, for each issue, for the first thirty (30) days a health payer fails to provide the required data to the APCD, beginning on the date the health payer receives written notice of the failure to report described in subsection (b); and
- (2) one thousand dollars (\$1,000) for each day thereafter.

In determining whether to impose a penalty, the executive director may consider mitigating factors, including the reasons for the failure to report and the detrimental impact on the public purpose served by the APCD.

(d) If the failure to perform any of the actions set forth in subsection (a) is a result of the action or inaction of a contracted entity identified as a designated submitter or a designated submitter representative, the penalty is assessed to the health payer.

(e) The penalties specified in this section do not apply to voluntarily participating entities.

(f) Penalties will be deposited into the department of insurance fund created by [IC 27-1-3-28](#).

(Department of Insurance; [760 IAC 1-83-32](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

[760 IAC 1-83-33](#) Severability

Authority: [IC 27-1-44.5-11](#)

Affected: [IC 27-1-44.5](#)

Sec. 33. If a section or part of a section of this rule, or its applicability to any person or circumstance, is held invalid by a court, the remainder of the rule or the applicability of the provision to other persons or circumstances is not affected.

(Department of Insurance; [760 IAC 1-83-33](#); filed Oct 30, 2024, 9:32 a.m.: [20241127-IR-760240151FRA](#))

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Documents Incorporated by Reference: National Association of Health Data Organizations, Version 2.1, released July 1, 2021; Indiana All Payer Claims Database Data Submission Companion Guide, Version 1.1, updated September 2023

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