Indiana Health Coverage Programs

Standard Companion Guide Transaction Information

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

Group Premium Payment for Insurance Products (820)

Companion Guide Version Number: 3.9
Revision Date: June 2024

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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 Transaction Instruction (TI) 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 guides. 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
005010X218	Group Premium Payment for Insurance Products (820)

3 Instruction Tables

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

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.
BLACK TEXT represents notes that apply to **all** the following programs: Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP), Hoosier Care Connect (HCC) and Non-Emergency Medical Transportation (NEMT) Broker.
BLUE TEXT represents notes that apply to Hoosier Healthwise (HHW) **and/or** Hoosier Care Connect (HCC), **and/or** Non-Emergency Medical Transportation (NEMT) Broker **and/or** Program for All-inclusive Care for the Elderly (PACE), as noted.
PURPLE TEXT represents notes that apply **only** to Healthy Indiana Plan (HIP).

005010X218 Group Premium Payment for Insurance Products (820)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
36		BPR	Financial Information			
37		BPR01	Transaction Handling Code			IHCP only uses code I
37		BPR02	Monetary Amount			IHCP Note: Limited to 10 characters not including the decimal point
40		BPR10	Originating Company Identifier		10	IHCP sends value 1752548221
43		TRN	Reassociation Trace Number			
44		TRN03	Originating Company Identifier		10	IHCP sends value 1752548221
44		TRN04	Reference Identification	P C		**HIP** Value P indicates the file contains POWER Account payment details. Value C indicates the file contains Capitation payment details. P – POWER Account C – Capitation
48		REF	Premium Receivers Identification Key			
48		REF01	Reference Identification Qualifier	14		IHCP only uses code 14

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
49		REF02	Reference Identification		10	**HHW / HCC / NEMT / PACE** The identifier consists of a one-character region code of 'A' and nine-digit MCE ID. **HIP** The identifier consists of the region code 'A' and nine-digit MCE ID.
56	1000A	N1	Premium Receiver's Name			
57	1000A	N104	Identification Code			IHCP sends the MCE federal tax ID
64	1000B	N1	Premium Payer's Name			
64	1000B	N102	Name			IHCP sends value HPE
65	1000B	N104	Identification Code			IHCP sends value 752548221
87	2300A	RMR	Organization Summary Remittance Detail			IHCP uses this segment to relay detailed remittance information pertaining to an adjustment to the total payment amount that is not associated with a specific member
87	2300A	RMR01	Reference Identification Qualifier	IK		IHCP only sends value IK
88	2300A	RMR02	Reference Identification			IHCP sends the IHCP accounts receivable (A/R) control number
88	2300A	RMR04	Monetary Amount			IHCP sends the amount of the A/R adjustment
105	2300B	ENT	Individual Remittance			IHCP uses this segment to provide information pertaining to an adjustment to the total payment amount that is associated with a specific member.
106	2300B	ENT02	Entity Identifier Code	2J		IHCP only uses code 2J
106	2300B	ENT03	Identification Code Qualifier	34		IHCP only uses 34
106	2300B	ENT04	Identification Code			Member's Social Security Number
104	2320A	ADX02	Adjustment Reason Code			IHCP uses code 52 for A/R adjustments and code 53 for expenditures. 52 – Credit for Overpayment 53 – Remittance for Previous Underpayment
103	2320A	ADX	Organization Summary Remittance Level Adjustment for Current Payment			IHCP uses this segment to provide an adjustment to the total payment amount that is not associated with a specific member
105	2000B	ENT	Individual Remittance			IHCP uses this segment to provide information pertaining to an individual for whom payment is being submitted
107	2100B	NM1	Individual Name			IHCP uses this segment to relay the name and identifier of the individual for whom the premium payment is being submitted
109	2100B	NM109	Identification Code	12		IHCP sends the 12-digit IHCP Member ID

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
112	2300B	RMR	Individual Premium Remittance Detail			IHCP uses this segment to relay detailed remittance information for each IHCP member for whom a premium is paid
113	2300B	RMR02	Reference Identification	113		**HHW / HCC/ NEMT / PACE** This element includes the following data to facilitate identification for the MCE: • Recipient Group NPI • Recipient Primary Medical Provider (PMP) NPI • Recipient Capitation Category Code • Recipient Payment Reason Code • If the recipient's group or PMP has not reported their NPI to the IHCP, the message "NOGROUPNPI" or "NO_PMP_NPI" is sent in place of an identifier. • If the provider is atypical the IHCP Provider ID will be sent. The last digit of RMR02 is the member's residence region code at the time cap was paid. Values used – 0 thru 8 with the zero indicating that the member's residence region code is not available.

HHW / HCC / NEMT / PACE Capitation Category Codes	
A1	Package A Preschool Ages 1 to 5
A6	Package A/P Child Ages 6 to 12
D1	HCC Adult Member 21 and over
D2	HCC Member under 21
D3	HCC Member Dual Medicare
D4	DCS Involved Youths (MA4, 8, 14,15)
UF	Package A MA-U Female
UM	Package A MA-U Male
U1	Package A MA-U Preschool Ages 1 to 5
U6	Package A MA-U Child Ages 6 to 12
UT	Package A MA-U Teen Ages 13 to 20
UD	Package A MA-U Delivery Payment
UN	Package A MA-U Newborn
C1	Package C Preschool Ages 1 to 5
C6	Package C Child Ages 6 to 12
AF	Package A/B/P Adult Female
AM	Package A Adult Male
NB	Package A Newborn 0 to 12 Months
TN	Package A/B/P Teen Ages
DP	Package A/B Delivery Payment

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments	
						CH	Package A Children Ages 1 to 12 (prior to 1/1/01)
						CC	Package C Children Ages 1 to 12 (prior to 1/1/01)
						CT	Package C Teens Age 13 to 18
						CD	Package C – Delivery Payment
						CN	Package C – Newborn 0 to 12 Months
						NP	Package A/B – NOP Payment
						UP	Package A MA-U – NOP Payment
						CP	Package C – NOP Payment
						TF	Pkg. A Transitional Adult Females
						TM	Pkg. A Transitional Adult Males
						DH	Delivery case rate for HHW and Package C
						PH	Pkg. A Pregnancy
						TW	Nursing Home and Waiver PD
						TI	Other Institutional, Waiver ID, and Full Duals
						TO	Foster and Other
						TL	Low Income Family
						T5	Nursing Home Greater Than Zero Days
						T6	Nursing Home Net Zero Days
						T7	Waivers PD
						HHW / HCC / NEMT / PACE Capitation Reason Codes	
						HN	Payment – Half Month Normal
						PD	Payment – Delivery Increase
						PN	Payment – Normal
						PR	Payment – Retro
						PV	Payment – Adjustment Auto Recon
						RD	Recoupment – Death
						RS	Recoupment – Delivery Systematic
						RV	Recoupment – Adjustment Auto Recon
						NP	Recoupment – Normal Payment Notice of Pregnancy
						RN	Recoupment – Notification of Pregnancy

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						HIP This data element includes the following data to facilitate identification for the insurer. Capitation File: • Recipient Capitation Category Code • Recipient Payment Reason Code POWER Account File**:** • Recipient POWER Account Category Code • Recipient POWER Account Payment Reason Code

HIP Capitation Category Codes	
E1	State Basic Expansion Male 18-24 (eff 1/1/2021)
E2	State Basic Expansion Male 25-34 (eff 1/1/2021)
E3	State Basic Expansion Male 35-44 (eff 1/1/2021)
E4	State Basic Expansion Male 45-54 (eff 1/1/2021)
E5	State Basic Expansion Male 55-99 (eff 1/1/2021)
E6	State Basic Expansion Female 18-24 (eff 1/1/2021)
E7	State Basic Expansion Female 25-34 (eff 1/1/2021)
E8	State Basic Expansion Female 35-44 (eff 1/1/2021)
E9	State Basic Expansion Female 45-54 (eff 1/1/2021)
EX	State Basic Expansion Female 55-99 (eff 1/1/2021)
K1	State Plus Expansion Male 18-24 (eff 1/1/2021)
K2	State Plus Expansion Male 25-34 (eff 1/1/2021)
K3	State Plus Expansion Male 35-44 (eff 1/1/2021)
K4	State Plus Expansion Male 45-54 (eff 1/1/2021)
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)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments	
						K9	State Plus Expansion Female 45-54 (eff 1/1/2021)
						KX	State Plus Expansion Female 55-99 (eff 1/1/2021)
						R1	Regular Basic Expansion M 18-24 (eff 1/1/2021)
						R2	Regular Basic Expansion M 25-34
						R3	Regular Basic Expansion M 35-44
						R4	Regular Basic Expansion M 45-54
						R5	Regular Basic Expansion M 55-99
						R6	Regular Basic Expansion F 18-24 (eff 1/1/2021)
						R7	Regular Basic Expansion F 25-34
						R8	Regular Basic Expansion F 35-44
						R9	Regular Basic Expansion F 45-54
						RX	Regular Basic Expansion F 55-99
						RY	MA-RP FEMALE AGES 18 (category end-date 12/31/2020)
						RZ	MA-RP MALE AGES 18 (category end-date 12/31/2020)
						P1	Regular Plus Expansion M 18-24 (eff 1/1/2021)
						P2	Regular Plus Expansion M 25-34
						P3	Regular Plus Expansion M 35-44
						P4	Regular Plus Expansion M 45-54
						P5	Regular Plus Expansion M 55-99
						P6	Regular Plus Expansion F 18-24 (eff 1/1/2021)
						P7	Regular Plus Expansion F 25-34
						P8	Regular Plus Expansion F 35-44
						P9	Regular Plus Expansion F 45-54
						PX	Regular Plus Expansion F 55-99
						PY	MA-SP FEMALE AGES 18 (category end-date 12/31/2020)
						PZ	MA-SP MALE AGES 18 (category end-date 12/31/2020)
						B1	State Basic Non Expansion M 18-24 (eff 1/1/2021)
						B2	State Basic Non Expansion M 25-34
						B3	State Basic Non Expansion M 35-44
						B4	State Basic Non Expansion M 45-99 (eff 1/1/2021)
						B5	MA-SB MALE AGES 55-64 (category end-date 12/31/2020)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments	
						B6	State Basic Non Expansion F 18-24 (eff 1/1/2021)
						B7	State Basic Non Expansion F 25-34
						B8	State Basic Non Expansion F 35-44
						B9	State Basic Non Expansion F 45-99 (eff 1/1/2021)
						BX	MA-RB FEMALE AGES 55-64 (category end-date 12/31/2020)
						BY	MA-RB FEMALE AGES 18 (category end-date 12/31/2020)
						BZ	MA-RB MALE AGES 18 (category end-date 12/31/2020)
						S1	State Plus Non Expansion M 18-24 (eff 1/1/2021)
						S2	State Plus Non Expansion M 25-34
						S3	State Plus Non Expansion M 35-44
						S4	State Plus Non Expansion M 45-99 (eff 1/1/2021)
						S5	MA-SP MALE AGES 55-64 (category end-date 12/31/2020)
						S6	State Plus Non Expansion F 18-24 (eff 1/1/2021)
						S7	State Plus Non Expansion F 25-34
						S8	State Plus Non Expansion F 35-44
						S9	State Plus Non Expansion F 45-99 (eff 1/1/2021)
						SX	MA-SP FEMALE AGES 55-64 (category end-date 12/31/2020)
						SY	MA-SB FEMALE AGES 18 (category end-date 12/31/2020)
						SZ	MA-SB MALE AGES 18 (category end-date 12/31/2020)
						FB	MA-SB MEDICALLY FRAIL (MALE/FEMALE) (category end-date 12/31/2020)
						FP	MA-SP MEDICALLY FRAIL (MALE/FEMALE) (category end-date 12/31/2020)
						PR	Pregnancy Indicator MARB and MARP
						PS	Pregnancy Indicator MASB and MASP
						DR	Delivery case rate for MARB and MARP
						DS	Delivery case rate for MASB and MASP
						DM	MAMA HIP Delivery Case Rate
						MY	MAMA Pregnancy Female Age 18
						PM	MAMA Pregnancy
						NH	HIP NOP payment

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments	
						HIP Capitation Reason Codes	
						HN	Payment – Half Month Normal
						PD	Payment – Delivery Increase
						PN	Payment – Normal
						PR	Payment – Retro
						PV	Payment – Adjustment Auto Recon
						RD	Recoupment – Death
						RG	Recoupment – Retroactive Elig Btwn Pgms
						RV	Recoupment – Adjustment Auto Recon
						POWER Account Reason Codes	
						MN	Member Remaining POWER to Receiving Plan **Code no longer in use for benefit periods greater than or equal to January 1, 2018.*
						MP	Member Penalty
						NP	Sate Remaining POWER to Receiving Plan **Code no longer in use for benefit periods greater than or equal to January 1, 2018.*
						PM	Plan Change Recoup Remaining Member Power **Code no longer in use for benefit periods greater than or equal to January 1, 2018.*
						PS	Plan Change Recoup Remaining State Power **Code no longer in use for benefit periods greater than or equal to January 1, 2018.*
						RA	Recoupment – Adjustment Online
						RM	Recoup – Rollover Member Amount
						SC	State POWER Account
						SR	Payment – State POWER Rollover to Receiving Plan
						SS	Payment – Member POWER Rollover to Receiving Plan
						TP	Termination Payment Due to Void Termination POWER Account Reconciliation Transaction
						TR	Recoup – Termination
						TU	True Up Amount
						WR	State POWER Account Recoup

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
113	2300B	RMR04	Monetary Amount			IHCP Note: This is the monthly premium amount paid by the IHCP. This element may also be an adjustment or recoupment amount, half-month payment, or retroactive payment. **HIP** Executing recoupments from a HIP plan are contingent on that plan having incoming dollars to offset the recoupment amounts. This applies dependently to both capitation and POWER account transactions. If there are insufficient incoming dollars during the monthly financial cycle, accounts receivables (A/Rs) will remain open until they can be satisfied in subsequent financial articles.
115	2300B	DTM	Individual Coverage Period			IHCP uses this segment to relay the start and end of the IHCP member's coverage period associated with the premium payment segment in the previous RMR segment.
115	2300B	DTM01	Date/Time Qualifier	582		IHCP only uses code 582.
116	2300B	DTM06	Date Time Period			IHCP Note: This is the coverage period for the specific payment in the RMR in CCYYMMDD-CCYYMMDD format When RMR02 = PWPP, the benefit period will be 231 – 22991231HW 22991

4 TI Additional Information

4.1 Business Scenarios

Not applicable

4.2 Payer Specific Business Rules and Limitations

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

4.2.1 Interchange Control Header

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

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

4.2.2 Functional Group Header

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

4.2.2.2 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 North Meridian Street, Suite 1150
Indianapolis, IN 46204

Fax: 317-488-5185
Email: INXIXTradingPartner@gainwelltechnologies.com

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

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

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

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

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

5 TI 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	2434	HIP2.0	Jan. 2015	Implemented	Added HIP2.0	Systems
2.2	2434	HIP2.0	Jan. 2015	Implemented	Added pregnancy and delivery capitation categories	Systems
2.3	2434	HIP2.0	Feb. 2015	Implemented	Added new HHW cap category and HIP NOP information	Systems
2.4	2445	Hoosier Care Connect (HCC)	May 2015	Implemented	Merged HIP2.0 and HCC changes into this version	Systems
2.5		Correction	Aug. 2015	Implemented	Pg. 15 – Removed 'RX-Recoup POWER owed State for PDRMS' as a POWER Account reason code.	Systems
2.6	2467	HIP2.0 PwrAct/Recon-Med Frail	Aug. 2015	Implemented	Pg. 15 – Loop 2300B RMR – Added POWER Account Reason Codes: MP, MR, TU	Systems
2.7	2489	HIP2 -PRF-Rpts/834/820/ Rollover	May 2016	Implemented	Pg. 14-15 – Loop 2300B RMR02 – Added Power Account Reason Codes: PQ, PY, PZ, RQ, RY, RZ	Systems
2.8	2466	HIP 2.0 IRT 203	June 2016	Implemented	Pg. 15 – Loop 2300B RMR02 – Added HPE Adult Capitation Category Code HX MA-XX Members	Systems
2.9	2489	HIP2 -PRF-Rpts/834/820/ Rollover	July 2016	Implemented	Pg. 14 – Loop 2300B RMR02 – Removed verbiage 'for FP record' and 'for FX record' from Power Account Reason Codes descriptions: PQ, PY, PZ, RQ, RY, RZ	Systems

*Core*MMIS 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	March 2016	Implemented	Throughout document - Changed Hewlett Packard (HP) to Hewlett Packard Enterprise (HPE).	Systems
3.0			Dec. 2016	Implemented	Indiana *Core*MMIS Implementation	Systems
3.1	12241	820 adjustment information removed for Loop2000A Rebranding	April 2017	Implemented	Pg. 9 – Loop 2300B, ENT – Removed organizational level adjustment information. Added individual adjustment information. Updated throughout document Hewlett Packard Enterprise (HPE) to DXC Technology	Systems
3.2			July 2017	Implemented	Removed all references to Care Select. Pg. 9 – REF02 – Modified MCE ID text. In Core, the Region Code is reported before the 9-digit MCE ID. HIP Region Code is an 'S' for all MCEs.	Systems

Version	DDI CO	CO Name	Revision Date	Revision Status	Revision Page Numbers / Change / Update Details	Completed By
3.3			Nov. 2017	Implemented	Implemented – Pg. 11 – Updated HHW/CS/HCC Capitation Reason Codes Implemented – Pg. 14 – Updated HIP/HPE-Adult Capitation Reason Codes Implemented – Pg. 14 – Updated POWER Account Reason Codes Scheduled for Prod Implementation Jan 2018 – Pg. 13 – Added new HIP Capitation Category Codes for MAMA (DM and PM)	Systems
3.4		CR52057 CR56305	Jan. 2018 May 2018	Implemented	Pg. 9 – REF02 – Updated MCE Region Code to 'A' Pg. 8 – Black Text – Added NEMT Pg. 8 – Blue Text – Added NEMT Pg. 9 – REF02 – Added NEMT to /HHW/CS/HCC header Pg. 10 – Loop 2300B RMR02 – Added NEMT to /HHE/CS/HCC Capitation Category Codes header Pg. 10 – Loop 2300B RMR02 – Added NEMT Cap Codes: TW, TI, TO and TL	Systems
3.5		CR58114	Jan. 2019	Implemented	Pg. 14 – For HIP/HPE - Note: HPE managed care will be phased out beginning 1/1/2019 Pg. 15 – For HPE - Note: HPE managed care will be phased out beginning 1/1/2019	Systems
3.6		CR61200 Missing Power Account Reason Codes Format Changes	July 2020	Implemented	Pg. 14-16 - Added HIP capitation categories for 18-year-olds Pg. 16 and 17 – Added RA and WR	Systems
3.7		GT-6643 New HIP State Plan Expansion Cap Categories	July 2021	Implemented	Pg. 12-15 – Added HIP capitation codes for HIP State Plan Expansion Updated DXC to Gainwell Technologies	Systems
3.8		Outdated POWER account Capitation Reason Codes removed / updated	Oct. 2021	Implemented	Pg. 15-16 – Removed PY, PZ, RY and RZ. Updated MN, NP, PM and PS	Systems
3.9		CR 14631 NEMT Cap Change General Updates	May 2024	Implemented	Page 11 – Loop 2300B RMR02 – Added capitation category codes T5, T6 and T7 Pg. 10 – Updated LPI to IHCP Provider ID; updated Trading Partner email address	Systems