

# Indiana Health Coverage Programs

**HIPAA Transaction  
Standard Companion Guide**

**Refers to the Implementation Guides  
Based on ASC X12 version 005010**

**Benefit Enrollment and Maintenance (834)**

**Companion Guide Version Number: 6.7 – Preview Draft  
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## Preface

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

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

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# 1 INTRODUCTION

## 1.1 BACKGROUND

### 1.1.1 OVERVIEW OF HIPAA LEGISLATION

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

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

### 1.1.2 COMPLIANCE ACCORDING TO HIPAA

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

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

### 1.1.3 COMPLIANCE ACCORDING TO ASC X12

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

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

## 1.2 INTENDED USE

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

## 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.   |
| <b>BLACK TEXT</b> represents notes that apply to all four of the following programs – Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP), Hoosier Care Connect (HCC) and Indiana PathWays for Aging (PATH). |
| <b>BLUE TEXT</b> 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                             |
| <b>PURPLE TEXT</b> represents notes that apply only to Healthy Indiana Plan (HIP) or to both HIP and Fast Track Eligibility (FTE), as noted.  |
| <b>GREEN TEXT</b> represents notes that apply only to Fast Track Eligibility (FTE)  |
| <b>ORANGE TEXT</b> represents notes that apply only to PathWays Pending Eligible (PPE), PathWays Fully Eligible (PATH) or to both (PPE/PATH).   |

## 005010X220A1 Benefit Enrollment and Maintenance (834)

| Page # | Loop ID | Reference | Name                                    | Codes | Length | Notes/Comments   |
|--------|---------|-----------|---|-------|--------|--|
| 32     |         | BGN       | Beginning Segment                       |       |        |  |
| 33     |         | BGN02     | Reference Identification                |       |        | <p><b>HHW / HCC</b></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>  |
| 33     |         | BGN02     | Reference Identification<br>(continued) |       |        | <p><b>HIP</b></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><b>FTE</b></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> <p><b>PPE / PATH</b></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> |
| 36     |         | REF       | Transaction Set Policy Number           |       |        |  |

| Page # | Loop ID | Reference | Name                              | Codes | Length | Notes/Comments   |
|--------|---------|-----------|-----------------------------------|-------|--------|--|
| 36     |         | REF02     | Reference Identification          |       | 10     | <p><b>HHW / HCC / PACE</b></p> <p>The master policy number is the nine-digit managed care entity (MCE) ID followed by the letter A.</p> <p><b>HIP / FTE</b></p> <p>The master policy number is the nine-digit MCE ID followed by the letter A.</p> <p><b>PPE / PATH</b></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   |
| 49     | 2000    | INS03     | Maintenance Type Code             |       |        | <p><b>HHW / HCC / PACE</b></p> <p>001 – Change<br/>021 – Addition<br/>024 – Cancellation or Termination<br/>030 – Audit or Compare</p> <p>The monthly audit file consists of only 030.</p> <p>The change file contains 001, 021, 024 and 030.</p> <p>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><b>HIP</b></p> <p>001 – Change<br/>021 – Addition<br/>024 – Cancellation or Termination<br/>025 – Reinstatement<br/>030 – Audit or Compare</p> <p>The monthly audit file consists of only 030.</p> <p>001 – A change to the member demographic data, POWER Account amounts, eligibility dates or capitation category.</p> <p>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.</p> |

| Page # | Loop ID | Reference | Name                                 | Codes | Length | Notes/Comments  |
|--------|---------|-----------|--------------------------------------|-------|--------|---|
| 49     | 2000    | INS03     | Maintenance Type Code<br>(continued) |       |        | <p>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.</p> <p>025 – A conditional member who has an outstanding debt from a previous HIP enrollment. Notification sent to debt plan only.</p> <p><b>HIP / FTE</b></p> <p>001 – Change<br/>021 – Addition<br/>024 – Cancellation or Termination<br/>030 – Audit or Compare</p> <p>The monthly audit file consists of only 030.<br/>The change file may contain 001, 021 or 024</p> <p><b>PPE / PATH</b></p> <p>001 – Change<br/>021 – Addition<br/>024 – Cancellation or Termination<br/>030 – Audit or Compare</p> <p>The monthly audit file consists of only 030.<br/>The change file may contain 001, 021 or 024</p>   |
| 49     | 2000    | INS04     | Maintenance Reason Code              |       |        | <p><b>HHW / HCC / PACE</b></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.<br/>15 – Change in primary medical provider (PMP) when INS03 = 001.<br/>22 – When sent with INS03 = 024, indicates a member no longer eligible for this plan due to a plan/MCE change. When sent with INS03 = 021, indicates a member coming from another plan/MCE.<br/>28 – Indicates a new fully eligible member.<br/>29 – Member moving from PE to Medicaid.<br/>33 – Indicates all changes except PMP change when INS03 = 001.<br/>AI – Member type of unpassed status when INS03 = 021.<br/>XN – Notification Only – used when INS03 = 030.<br/>Null – Deletion only when INS03 = 024 without a reason code. Most of the time, the IHCP sends a null value in INS04. However, a null value is only meaningful when the Maintenance Type code is 024.</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><b>HIP</b></p> <p>This code clarifies the type of change and distinguishes a change from a deletion.</p> |

| Page # | Loop ID | Reference | Name                                   | Codes | Length | Notes/Comments   |
|--------|---------|-----------|--|-------|--------|--|
| 49     | 2000    | INS04     | Maintenance Reason Code<br>(continued) |       |        | <p><b>CONDITIONALLY ELIGIBLE MEMBERS:</b></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 federal poverty limit (FPL). The type of change will be indicated in HD04.</p> <p>25 – Indicates a change has been made to the member's name, Social Security number (SSN), date of birth or IHCP Member ID (also known as Medicaid RID).</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> <p><b>FULLY ELIGIBLE MEMBERS:</b></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> |

| Page # | Loop ID | Reference | Name                                   | Codes | Length | Notes/Comments   |
|--------|---------|-----------|--|-------|--------|--|
| 49     | 2000    | INS04     | Maintenance Reason Code<br>(continued) |       |        | <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 IHCP Member ID.</p> <p>28 – Indicates a new fully eligible HIP member.<br/>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> <p><b>FTE</b></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 FTE 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> |

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

| Page # | Loop ID | Reference | Name                               | Codes | Length | Notes/Comments  |
|--------|---------|-----------|------------------------------------|-------|--------|---|
| 57     | 2000    | REF       | Member Supplemental Identifier     |       |        | <p><b>HHW / HCC / PACE</b></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><b>HIP</b></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><b>FTE</b></p> <p>Application ID is sent in this segment. A maximum of two additional REF segments may be sent with linked IHCP listed most recent to least recent.</p> <p><b>PATH</b></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><b>PPE</b></p> <p>Case Number, Application ID and Linked ID are sent in this segment. A maximum of two additional REF segments may be sent with linked IHCP Member IDs, listed most recent to least recent.</p> |
| 57     | 2000    | REF01     | Reference Identification Qualifier |       |        | <p><b>HHW / HCC / PACE</b></p> <p>Possible codes and descriptions:</p> <p>3H – Represents the case number</p> <p>ZZ – Represents the case worker number</p> <p>23 – Represents the companion case number</p> <p>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. 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>  |

| Page # | Loop ID | Reference | Name  | Codes | Length | Notes/Comments   |
|--------|---------|-----------|---|-------|--------|--|
| 57     | 2000    | REF01     | Reference Identification Qualifier<br>(continued) |       |        | <p><b>PATH</b></p> <p>Possible codes and descriptions:</p> <p>3H – Represents the case number</p> <p>ZZ – Represents the case worker number</p> <p>23 – Represents the companion case number</p> <p>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. 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><b>HIP</b></p> <p>Possible codes and descriptions:</p> <p>3H – Represents the case number</p> <p>23 – Represents the companion case number</p> <p>6O – FTE Application ID</p> <p>ZZ – Represents the member’s spouse’s IHCP Member ID. Sent for conditionally eligible members only.</p> <p>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. The subsequent iteration reports the inactive, prior Member ID that is linked to the active Member ID reported in the first iteration.</p> <p><b>FTE</b></p> <p>Used to pass the Application ID:</p> <p>6O – Application ID</p> <p>Q4 – Linked IHCP Member ID</p> <p><b>PPE</b></p> <p>Used to pass the Application ID:</p> <p>3H – Represents the case number</p> <p>6O – Application ID</p> <p>Q4 – Linked IHCP Member ID</p> <p>When multiple REF segments are reported with “Q4” in REF01, the first iteration reports the active, linked IHCP Member ID. The subsequent iteration reports the inactive, prior Member ID that is linked to the active Member ID reported in the first iteration.</p> |
| 59     | 2000    | DTP       | Member Level Dates                                |       |        |  |

| Page # | Loop ID | Reference | Name                | Codes | Length | Notes/Comments  |
|--------|---------|-----------|---------------------|-------|--------|---|
| 59     | 2000    | DTP01     | Date/Time Qualifier |       |        | <p><b>HHW / HCC / PACE</b></p> <p>473 – MCE Plan Roll-Up Begin<br/>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><b>PATH</b></p> <p>473 – MCE Plan Roll-Up Begin<br/>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><b>HIP</b></p> <p>300 – Enrollment Signature Date<br/>303 – Maintenance Effective<br/>473 – MCE Plan Roll-Up Begin<br/>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 Jan. 1, 2018, will have benefit periods that begin Jan. 1 and end Dec. 31, regardless of their eligibility effective date or the dates of their subsequent redeterminations.</p> <p><b>FTE</b></p> <p>300 – Enrollment Signature Date<br/>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  |
|--------|---------|-----------|------------------------------------|----------------|--------|---|
| 59     | 2000    | DTP01     | Date/Time Qualifier<br>(continued) |                |        | <p><b>PPE</b></p> <p>300 – Application Date<br/>303 – Application Status Date</p> <p>Qualifier 300 is used to report the Application Date when INS03 = 021, 001, 024 and 030.</p> <p>Qualifier 303 is used to report the Application Status Date when INS03 = 021, 001 and 030.</p> <p>When INS03 = 024, this is the date that the Pending Application was terminated (moved from Pending to Denied, Fully Eligible or is no longer Pending for PathWays) or when the MCE Assignment is terminated.</p> |
| 65     | 2100A   | PER       | Member Communications Numbers      |                |        | <p><b>IHCP Note:</b></p> <p>This segment contains the member's home telephone number, email 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<br>EM<br>HP |        | <p>IHCP uses codes:</p> <p>TE – Member's home phone number<br/>EM – Member's e-mail address<br/>HP – Member's alternate phone number</p>  |
| 66     | 2100A   | PER05     | Communication Number Qualifier     | TE<br>EM<br>HP |        | <p>IHCP uses codes:</p> <p>TE – Member's home phone number<br/>EM – member's email address<br/>HP – Member's alternate phone number</p>   |
| 67     | 2100A   | PER06     | Communication Number               |                |        | <p>IHCP only sends on <b>HHW / HCC / PACE, HIP</b>, and <b>PPE / PATH</b> 834s</p>  |
| 67     | 2100A   | PER07     | Communication Number Qualifier     | TE<br>EM<br>HP |        | <p>IHCP uses codes:</p> <p>TE – Member's home phone number<br/>EM – Member's email address<br/>HP – Member's alternate phone number</p>   |
| 67     | 2100A   | PER08     | Communication Number               |                |        | <p>IHCP only sends on <b>HHW / HCC / PACE, HIP</b>, and <b>PPE / PATH</b> 834s</p>  |
| 68     | 2100A   | N3        | Member Residence Street Address    |                |        | <p><b>IHCP Note:</b></p> <p>This segment contains the member's street address as submitted to Gainwell by the Indiana Eligibility Determination and Services System (IEDSS).</p> <p>Gainwell does not have system editing for addresses.</p> <p>If there is no residential address on file, mailing address information will be submitted here.</p>   |

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

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

| Page # | Loop ID | Reference | Name                  | Codes | Length | Notes/Comments  |
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| 140    | 2300    | HD        | Health Coverage       |       |        | <p><b>HHW / HCC</b></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><b>HIP</b></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~<br/>DTP*348*D8*20150401~<br/>AMT*P3*1~</p> <p>HIP Potential Plus example for a termed potential plus segment:</p> <p>HD*024**HLT*RP110*IND~<br/>DTP*348*D8*20150401~<br/>DTP*348*D8*20150520~<br/>AMT*P3*</p> <p><b>FTE</b></p> <p>Applicant is on fast track for eligibility determination in HIP or other aid category</p> |
| 140    | 2300    | HD01      | Maintenance Type Code |       |        | <p><b>HHW / HCC / PACE</b></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.<br/>021 – Addition – represents a new member notification.<br/>024 – Cancellation or Termination – represents a member termination notification. IHCP does not use Cancellation terminology.<br/>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><b>HIP</b></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.<br/>021 – Addition<br/>024 – Cancellation or Termination<br/>030 – Audit or Compare</p>  |

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

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

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

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

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

| Page # | Loop ID | Reference | Name                                     | Codes | Length | Notes/Comments  |
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| 141    | 2300    | HD04      | Plan Coverage Description<br>(continued) |       |        | <p><b>PMP DIRECTORY INDICATOR</b><br/>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.<br/>Y – Yes<br/>N – No</p> <p><b>MEMBER'S RESIDENCE REGION CODE</b><br/>The last digit of HD04 is the member's residence region code. HHW and HCC values used – 1 through 9, with zero indicating that the member's residence region code is not available. PACE value used – 'S'</p> <p><b>FEDERAL POVERTY LEVEL – Three-character FPL</b><br/>percentage is sent when on file</p> <p><b>OPEN ENROLLMENT PERIOD STATUS FOR HHW AND HCC – (Not applicable for PACE.)</b> Value for HD04 in an additional 2300 loop. One character:<br/>O – Open – Member is in their free-change period to change MCEs without cause<br/>C – Closed – Member cannot change MCEs unless they have just cause, as verified and approved by the enrollment broker</p> <p><b>FROM/TO MCE FOR HCC</b><br/>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.<br/>ANTH – Anthem<br/>MHS – MHS<br/>UHC – UnitedHealthcare</p> <p><b>FROM/TO MCE FOR HHW</b><br/>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.<br/>ANTH – Anthem<br/>CARE – CareSource<br/>MDWI – MDwise<br/>(Note: MDwise participation in the IHCP ended Dec. 31, 2025.)<br/>MANA – MHS<br/>HIP / HCC / HHW</p> <p><b>PLAN2PLAN – Member is changing from one care program to another care program</b><br/>HIPAN – HIP Anthem (Can be a "From" or a "To" value)<br/>HIPCA – HIP CareSource (Can be a "From" or a "To" value)<br/>HIPMH – HIP MHS (can be a "From" or a "To" value)<br/>HIPMD – HIP MDwise (can be a "From" or a "To" value)<br/>HCCAN – HCC Anthem (can be a "From" or a "To" value)<br/>HCCUH – HCC UHC (can be a "From" or a "To" value)</p> |

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

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

| Page # | Loop ID | Reference | Name                                     | Codes | Length | Notes/Comments  |
|--------|---------|-----------|--|-------|--------|---|
| 141    | 2300    | HD04      | Plan Coverage Description<br>(continued) |       |        | <p>3Z – MCE Dsnrl-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 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 Redeterm</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> <p>HJ – HIP Lock-in Just Cause Transfer (For EB-use only)</p> <p>HL – HIP Lock-in Current Calendar Year (For System-use only)</p> <p>HP – HIP Lock-in Prior Calendar Year (For System-use only)</p> <p>HT – HIP Current Year Lock-in Transfer (For EB-use only)</p> <p>JA – Non-Payment of a Conditional-Term</p> <p>JG – Member Redetermination Same Plan</p> <p>JH – Member Redetermination Different Plan</p> |

| Page # | Loop ID | Reference | Name                                     | Codes | Length | Notes/Comments  |
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| 141    | 2300    | HD04      | Plan Coverage Description<br>(continued) |       |        | <p>JL – HIP LINK Employer-Sponsored Insurance Status Terminated</p> <p>JM – Individual Not Eligible for Employer-Sponsored Insurance</p> <p>MA – Moved to Active Enrollment</p> <p>MM – TMA Member with Potential Rollover</p> <p>MP– Member Did Not Return Packet for Processing</p> <p>MS – Member Selection on Application</p> <p>MT – MCE No Longer Participating in the Program</p> <p>NF – Non-Payment of Fast Track</p> <p>NP – Non Payment</p> <p>OA – Over Age Limit</p> <p>OH – Other Health Insurance Obtained</p> <p>OI – Member Over Income</p> <p>OS – Out of State Relocation</p> <p>PC – Plan Change – With Cause</p> <p>PP – Plan Change for Payment</p> <p>VW – Voluntary Withdrawal</p> <p>XA – Appeal</p> <p>QR – Qualified Residential Treatment Program</p> <p>FEDERAL POVERTY LEVEL PERCENTAGE – Three-character percentage sent when present</p> <p>RIGHT CHOICES PROGRAM INDICATOR</p> <p>Y – Yes</p> <p>N – No</p> <p>PMP DIRECTORY INDICATOR</p> <p>Member wants a paper directory of providers:</p> <p>Y – Yes</p> <p>N – No</p> <p>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:</p> <p>CTG CHG-DIS – Member terminated from HIP and moved to Disability aid category.</p> <p>CTG CHG-PREG – Member terminated from HIP and moved to Pregnancy aid category.</p> <p>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> <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 redeterm.</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> |

| Page # | Loop ID | Reference | Name                                     | Codes | Length | Notes/Comments  |
|--------|---------|-----------|--|-------|--------|---|
| 141    | 2300    | HD04      | Plan Coverage Description<br>(continued) |       |        | <p>The following will have the abbreviated four-character plan name with a space preceding:</p> <p>ANTH – Anthem</p> <p>CARE – CareSource</p> <p>MDWI – MDwise<br/>(Note: MDwise participation in the IHCP ended Dec. 31, 2025.)</p> <p>MANA – MHS</p> <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><b>HIP</b></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> <p><b>PATH</b></p> <p>VALID CAPITATION CODES</p> <p>AD – PathWays Acute Dual</p> <p>AN – PathWays Acute Non-Dual</p> <p>LD – PathWays LTSS Dual</p> <p>LN – PathWays LTSS Non-Dual</p> <p>L1 – PathWays LTSS Net Zero Days Non-Dual</p> <p>L2 – PathWays LTSS Net Zero Days Dual</p> <p><b>PPE / PATH</b></p> <p>VALID AID CATEGORIES</p> <p>A – Aged</p> <p>B – Blind</p> <p>D – Disabled</p> <p>SI – Supplemental Social Security Income</p> <p>DI – Working Disabled MED Works Improved</p> <p>DW – Working Disabled MED Works</p> <p>GF – MAGI Parent/Caretaker of Relative ages 19-over</p> <p>MEE – Medicaid Expedited Eligibility</p> <p>START REASON CODES – Two characters</p> <p>P1 – EB PathWays – MCE PMP availability</p> <p>P2 – EB PathWays – Members HCBS provider</p> <p>P3 – EB PathWays – Members NF provider</p> <p>P4 – EB PathWays – Member know/likes plan</p> <p>P5 – EB PathWays – MCE has enhanced benefits</p> <p>P6 – EB PathWays – MCE has cultural/language support</p> <p>P0 – EB PathWays – Other</p> |

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

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

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| 141    | 2300    | HD04      | Plan Coverage Description<br>(continued) |       |        | <p>81 – Eligibility was Terminated<br/> 82 – PMP DSNRL/REENR-individ to group loc<br/> 83 – PMP DSNRL/REENR-Group to individ loc<br/> 84 – PMP DSNRL/REENR-individ to diff individ loc<br/> 85 – PMP DSNRL/REENR-group to diff group loc<br/> 86 – Manual Reassignment<br/> 87 – MCE Mass Change<br/> 88 – JC-Lack of Medical Services<br/> 89 – JC-MCO non-covered for moral or religious reasons<br/> 90 – JC-Member risk related serv not avail MCO network<br/> 91 – JC-lack access provider for mbr health care need<br/> 92 – JC-Poor quality of care<br/> 93 – JC-Family member change<br/> 94 – Annual Enrollment<br/> 95 – JC Self Select &lt;= 2 month break eligibility<br/> 98 – Disenroll – Ineligible for Auto Assignment<br/> 99 – Open<br/> A1 – MCE Auto Assigned – Previous PMP<br/> A2 – MCE Auto Assigned – Case ID PMP<br/> A3 – MCE Auto Assigned – PMP in Previous Group<br/> A4 – MCE Auto Assigned – Case ID in Previous Group<br/> A5 – MCE Default Auto Assignment<br/> A6 – MCE PMP Disenrolled<br/> A7 – MCE Member Request<br/> A8 – MCE PMP Initiated<br/> A9 – MCE Approved Change – PMP Panel Full<br/> PR – Member Re-assigned to their FIDE-SNP MCE<br/> PX – PathWays Exclusion Disenrollment<br/> QR – Qualified Residential Treatment Program"</p> <p><b>PPE/PATH</b></p> <p>VALID RIGHT CHOICES PROGRAM INDICATORS<br/> Y – Yes<br/> N – No</p> <p>PMP DIRECTORY INDICATOR<br/> 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.<br/> Y – Yes<br/> N – No</p> <p>MEMBER'S RESIDENCE REGION CODE<br/> 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.</p> <p>FEDERAL POVERTY LEVEL PERCENTAGE –<br/> Three-character FPL percentage</p> <p>FROM/TO MCE<br/> This code indicates the plan the member is transferring from when maintenance type and reason is 021/22. The code indicates the plan the member is transferring to when maintenance type and reason code is 024/22.</p> <p>ANTH – Anthem<br/> HM – Humana<br/> UHC – UnitedHealthcare</p> |

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

| Page # | Loop ID | Reference | Name                | Codes | Length | Notes/Comments  |
|--------|---------|-----------|---------------------|-------|--------|---|
| 143    | 2300    | DTP01     | Date/Time Qualifier |       |        | <p><b>HHW / HCC / PACE</b></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"> <li>Qualifier pairs 348/348 – Used as date ranges for additions and changes</li> <li>Qualifier pairs 348/349 – Used as date ranges for terminations and deletions</li> </ul> <p>2nd set of positional date ranges are for Aid Category Eligibility:</p> <ul style="list-style-type: none"> <li>Qualifier pairs 348/348 – Used as date ranges for additions and changes</li> <li>Qualifier pairs 348/349 – Used as date ranges for terminations and deletions</li> </ul> <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> <p><b>HIP</b></p> <p><b>Conditionally Eligible</b></p> <ul style="list-style-type: none"> <li>Qualifier 348 – Used for eligible start date</li> <li>Qualifier 348/349 – Used for eligible date range on terms (HD01 = 024)</li> </ul> <p><b>Fully Eligible</b></p> <p>1st set of positional date ranges are for PMP Assignment.</p> <ul style="list-style-type: none"> <li>Qualifier pairs 348/348 – Used as date ranges for additions and changes</li> <li>Qualifier pairs 348/349 – Used as date ranges for terminations and deletions</li> </ul> <p>2nd set of positional date ranges are for Aid Category Eligibility:</p> <ul style="list-style-type: none"> <li>Qualifier pairs 348/348 – Used as date ranges for additions and changes</li> <li>Qualifier pairs 348/349 – Used as date ranges for terminations and deletions</li> </ul> |

| Page # | Loop ID | Reference | Name                               | Codes    | Length | Notes/Comments   |
|--------|---------|-----------|------------------------------------|----------|--------|--|
| 143    | 2300    | DTP01     | Date/Time Qualifier<br>(continued) |          |        | <p>3rd set of positional date ranges are for Benefit Period</p> <ul style="list-style-type: none"> <li>Qualifier pairs 348/348 – Used as date ranges for additions and changes</li> <li>Qualifier pairs 348/349 – Used as date ranges for terminations and deletions</li> </ul> <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><b>POTENTIAL PLUS LOOP</b></p> <ul style="list-style-type: none"> <li>Qualifier 348 = IEDSS authorization date</li> <li>Qualifier 349 = End date of Potential Plus status. Only sent when HD01 = 024</li> </ul> <p><b>FTE</b></p> <ul style="list-style-type: none"> <li>Qualifier 348 – Used for eligible start date status</li> <li>Qualifier 348/349 – Used for eligible date range status on terms (HD01=024)</li> </ul> <p><b>PATH</b></p> <p>1st set of positional date ranges are for PMP Assignment.</p> <ul style="list-style-type: none"> <li>Qualifier pairs 348/348 – Used as date ranges for additions and changes</li> <li>Qualifier pairs 348/349 – Used as date ranges for terminations and deletions</li> </ul> <p>2nd set of positional date ranges are for Aid Category Eligibility:</p> <ul style="list-style-type: none"> <li>Qualifier pairs 348/348 – Used as date ranges for additions and changes</li> <li>Qualifier pairs 348/349 – Used as date ranges for terminations and deletions</li> </ul> <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> |
| 145    | 2300    | AMT       | Member Policy Amounts              |          |        | <p><b>HIP</b></p> <p>Sent on situational second HD loop that indicates Potential Plus status.</p>  |
| 145    | 2300    | AMT01     | Amount Qualifier Code              | FK<br>P3 |        | <p><b>HIP</b></p> <p>FK – Potential Plus - Member Income<br/>P3 – Potential Plus POWER account member contribution</p>   |
| 145    | 2300    | AMT02     | Monetary Amount                    |          |        | <p><b>HIP</b></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"> <li>1. If the PMP provider is atypical, then the IHCP Provider ID will be presented in the first segment. Otherwise, the PMP taxpayer identification number (TIN) will be present in the first segment.</li> <li>2. If a PMP exists as part of a group, then the group's provider identifier will be presented in the second REF segment.</li> </ol> <p>PMP values, including placeholders, are reported on additions, changes and terminations.</p>  |
| 146    | 2300    | REF01     | Reference Identification Qualifier | 1L<br>ZZ |        | IHCP uses codes 1L and ZZ   |
| 147    | 2300    | REF02     | Reference Identification           |          |        | <p>IHCP Note:</p> <ol style="list-style-type: none"> <li>1. When an NPI has been reported for the member's PMP, their tax ID is sent with the "1L" qualifier.<br/>Note: When the tax ID is not on file, 999999999 is sent.</li> <li>2. When a PMP has not yet been assigned to the member, 999999990 is sent.</li> <li>3. When an NPI has been reported for the PMP group, their NPI is sent with the "ZZ" qualifier.</li> <li>4. Health care PMP groups not reporting an NPI will receive the message "NOGROUPNPI" along with the "ZZ" qualifier.</li> <li>5. When the group provider is atypical and an NPI is not reported, the IHCP Provider ID will be present.</li> </ol> |
| 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"> <li>1. When an NPI has been reported for the member's PMP, their NPI is sent along with the "XX" qualifier.</li> <li>2. When an NPI has not been reported for the member's PMP, the message "NO_PMP_NPI" is sent along with the "XX" qualifier.</li> <li>3. Atypical providers that have not reported an NPI will receive their Social Security number or federal employer identification number.</li> </ol> <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                        |       |        | <b>HHW / HCC</b><br>IHCP sends the five most current policies if more than five exist.<br>Not sent if a member does not have third-party liability in CoreMMIS.<br><br><b>PATH</b><br>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.<br><br><b>HIP</b><br>Not sent in the Healthy Indiana Plan 834s  |
| 166    | 2320    | REF       | Additional Coordination of Benefits Identifiers |       |        | <b>HIP</b><br>Not sent in the Healthy Indiana Plan 834s  |
| 168    | 2320    | DTP       | Coordination of Benefits Eligibility Dates      |       |        | <b>HIP</b><br>Not sent in the Healthy Indiana Plan 834s  |
| 169    | 2330    | NM1       | Coordination of Benefits Related Entity         |       |        | <b>HIP</b><br>Not sent in the Healthy Indiana Plan 834s  |
| 176    | 2700    | LS        | Additional Reporting Categories                 |       |        | <b>HIP / FTE, HHW / HCC, PPE / PATH</b>  |
| 177    | 2710    | LX        | Member Reporting Categories                     |       |        | <b>HIP / FTE, HHW / HCC, PPE / PATH</b><br>Loop repeats for each of the indicators noted below.  |
| 178    | 2750    | N1        | Reporting Category                              |       |        | <b>HIP / FTE, HHW / HCC, PPE / PATH</b>  |
| 178    | 2750    | N101      | Entity Identifier Code                          | 75    |        |  |
| 178    | 2750    | N102      | Name  |       |        | <b>HHW Indicators</b><br>COUNTYWARD (County Ward)<br>CURRENTASSIGNMENTSTARTCODE (Current Assignment Start Code)<br>CURRENTASSIGNMENTSTOPCODE (Current Assignment Stop Code)<br>CURRENTCAPITATIONCODE (Current Capitation Code)<br>CURRENTINCOME (Current Income)<br>ETHNICITY (Ethnicity)<br>FUTUREINCOME (Future Income)<br>LIVARNG (Living Arrangement)<br>PHEEXTelig (Public Health Emergency Extended Eligibility)<br>PREGNANCY (Pregnancy)<br>PREGNANCYEXPECTEDDUE DATE (Pregnancy Expected Due Date)<br>REDETERMINATION (Redetermination)<br>THRESHOLD (Threshold)<br>WARDTYPE (Ward Type) |

| Page # | Loop ID | Reference | Name                | Codes | Length | Notes/Comments   |
|--------|---------|-----------|---------------------|-------|--------|--|
| 178    | 2750    | N102      | Name<br>(continued) |       |        | <p><b>HCC Indicators</b></p> <p>COSTSHARE (Cost Share)</p> <p>COUNTYWARD (County Ward)</p> <p>CURRENTASSIGNMENTSTARTCODE (Current Assignment Start Code)</p> <p>CURRENTASSIGNMENTSTOPCODE (Current Assignment Stop Code)</p> <p>CURRENTCAPITATIONCODE (Current Capitation Code)</p> <p>CURRENTINCOME (Current Income)</p> <p>ETHNICITY (Ethnicity)</p> <p>FAMILYSIZE (Family Size)</p> <p>FUTUREINCOME (Future Income)</p> <p>LIVARNG (Living Arrangement)</p> <p>NATIVEAMERICAN (Native American)</p> <p>PHEEXTELIG (Public Health Emergency Extended Eligibility)</p> <p>PREGNANCY (Pregnancy)</p> <p>PREGNANCYEXPECTEDDDUEDATE (Pregnancy Expected Due Date)</p> <p>REDETERMINATION (Redetermination)</p> <p>THRESHOLD (Threshold)</p> <p>WARDTYPE (Ward Type)</p> <p><b>PACE Indicators</b></p> <p>TRANSOFPROP (Transfer of Property)</p> <p>PACELIAB (Patient Liability)</p> <p><b>HIP Indicators</b></p> <p><b>Conditional &amp; Fully Eligible</b></p> <p>BASICTHRESHOLD (Basic Threshold)</p> <p>MEDICALLYFRAIL (Medically Frail)</p> <p>MEDICALLYFRAILSTATUS (Medically Frail Status)</p> <p>PREGNANCY (Pregnancy)</p> <p>PREGNANCYEXPECTEDDDUEDATE (Pregnancy Expected Due Date)</p> <p><b>Fully Eligible Only</b></p> <p>19AND20YEAROLD (19 and 20 Year Old)</p> <p>APPEAL (Appeal)</p> <p>CARETAKERORNONCARETAKER (Caretaker or Non Caretaker)</p> <p>COSTSHARE (Cost Share)</p> <p>COUNTYWARD (County Ward)</p> <p>CURRENTASSIGNMENTSTARTCODE (Current Assignment Start Code)</p> <p>CURRENTASSIGNMENTSTOPCODE (Current Assignment Stop Code)</p> <p>CURRENTCAPITATIONCODE (Current Capitation Code)</p> <p>CURRENTINCOME (Current Income)</p> <p>ETHNICITY (Ethnicity)</p> <p>FAMILYSIZE (Family Size)</p> <p>FUTUREAIDCATEGORY (Future Aid Category)</p> <p>FUTUREINCOME (Future Income)</p> <p>LIVARNG (Living Arrangement)</p> <p>LOWINCOMEARENTORRELATIVECARETAKER (Low-Income Parent or Relative Caretaker)</p> <p>NATIVE AMERICAN (Native American)</p> <p>NEWLYELIGIBLEMEMBERS (Newly Eligible Members)</p> |

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

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

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

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

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

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

## 4 CODE INFORMATION

### 4.1 LANGUAGE CODES

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

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

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

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

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

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

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

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

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

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

## 4.2 LIVING ARRANGEMENT CODES

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

## 4.3 COUNTY CODES

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

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

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

## 5 ADDITIONAL INFORMATION

### 5.1 BUSINESS SCENARIOS

Not applicable

### 5.2 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

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

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

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

##### 5.2.1.1 CHANGE FILE

5.2.1.1.1 Available daily – seven days a week.

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

##### 5.2.1.2 AUDIT FILE

5.2.1.2.1 Available twice a month.

5.2.1.2.2 Includes Presumptive Eligibility (PE) members.

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

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

##### 5.2.1.3 TERM CHANGE FILE

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

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

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

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

5.2.1.3.5 PACE does not have a Term Change file

##### 5.2.1.4 TERM AUDIT FILE

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

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

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

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

5.2.1.4.5 PACE does not have a Term Audit file

#### 5.2.1.5 VOID TERM AUDIT FILE

- 5.2.1.5.1 The new HHW and HCC 834 Void Term Audit File naming convention will be *TPID.834VT.DDD.HHMMSS.01.01.dat*
- 5.2.1.5.2 The new HHW and HCC 834 Void Term Audit File will generate on the 5th of every month.
- 5.2.1.5.3 The new HHW and HCC 834 Void Term Audit File will include the same data elements as an HHW and HCC 834 Daily Void Record (024 – Null)
- 5.2.1.5.4 The Void Term Audit File will only report voided assignments that had a Termed status prior to being Voided and were not previously reported.
- 5.2.1.5.5 PACE does not have a Void Term Audit file

#### 5.2.1.6 FILE NAMING STANDARD

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

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

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

### 5.2.2 HEALTHY INDIANA PLAN (HIP)

#### 5.2.2.1 CHANGE FILE

- 5.2.2.1.1 Available daily – seven days a week.
- 5.2.2.1.2 Separate change files are created for conditionally and fully eligible members.
- 5.2.2.1.3 Contains new members, withdrawn/terminated members, and members whose information has changed since the last Change file was provided.

#### 5.2.2.2 AUDIT FILE

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

#### 5.2.2.3 TERM CHANGE FILE

- 5.2.2.3.1 The new HIP 834 Term Change File naming convention will be *TPID.834CT.DDD.HHMMSS.01.01.dat*
- 5.2.2.3.2 The new HIP 834 Term Change File will generate on the 20th of every month.

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

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

#### 5.2.2.4 TERM AUDIT FILE

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

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

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

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

#### 5.2.2.5 VOID TERM AUDIT FILE

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

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

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

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

#### 5.2.2.6 FILE NAMING STANDARD

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

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

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

### 5.2.3 FAST TRACK ELIGIBILITY (FTE)

#### 5.2.3.1 CHANGE FILE

5.2.3.1.1 Available daily – seven days a week.

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

### 5.2.3.2 AUDIT FILE

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

### 5.2.3.3 FILE NAMING STANDARD

The file naming standard is as follows:

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

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

## 5.2.4 INDIANA PATHWAYS FOR AGING PENDING ELIGIBILITY (PPE)

### 5.2.4.1 CHANGE FILE

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

### 5.2.4.2 AUDIT FILE

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

### 5.2.4.3 FILE NAMING STANDARD

The file naming standard is as follows:

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

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

## 5.2.5 INDIANA PATHWAYS FOR AGING (PATH)

### 5.2.5.1 AUDIT FILE

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

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

#### 5.2.5.2 TERM CHANGE FILE

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

#### 5.2.5.3 TERM AUDIT FILE

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

#### 5.2.5.4 VOID TERM AUDIT FILE

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

#### 5.2.5.5 FILE NAMING STANDARD

The file naming standard is as follows:

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

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

### 5.2.6 834 SUMMARY REPORT

5.2.6.1 Available daily – seven days a week.

5.2.6.2 Contains summary of 834 transactions submitted for previous day.

5.2.6.3 File Naming Standard

The file naming standard is as follows:

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

### 5.2.7 INTERCHANGE CONTROL HEADER

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

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

### 5.2.8 FUNCTIONAL GROUP HEADER

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

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

## 5.3 FREQUENTLY ASKED QUESTIONS

Not applicable

## 5.4 OTHER RESOURCES

This section lists other references or resources.

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

Fax: 317-488-5185

Email: [INXIXTradingPartner@gainwelltechnologies.com](mailto:INXIXTradingPartner@gainwelltechnologies.com)

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

Electronic Data Interchange (EDI) Solutions:

<https://www.in.gov/medicaid/providers/business-transactions/electronic-data-interchange-edi-solutions>

IHCP Bulletins and Provider Reference Modules:

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

News:

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

## 6 CHANGE SUMMARY

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

| Version | CO/CR Number | CO/CR Name                            | Date     | Revision Status | Revision Details<br>(Location in Guide, Description of Change)   | Completed By |
|---------|--------------|---------------------------------------|----------|-----------------|--|--------------|
| 2.0     |              |                                       | Jan 2013 | Implemented     | CAQH CORE format   | Systems      |
| 2.1     | 2225         | ACA Section 2001: MAGI Phase II       | Jan 2014 | Implemented     | CO 2225 update   | Systems      |
| 2.2     | 2433         | HIP 2.0 Conversion New Applicant      | Jul 2014 | Implemented     | CO 2433 HIP 2.0  | Systems      |
| 3.0     | 2445         | Hoosier Care Connect Aged Blind (HCC) | Feb 2015 | Implemented     | <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</p> <p>N1 – 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/CR Number | CO/CR Name                     | Date     | Revision Status | Revision Details<br>(Location in Guide, Description of Change)  | Completed By |
|---------|--------------|--------------------------------|----------|-----------------|---|--------------|
|         |              |                                |          |                 | additional REF segments may be sent with linked IHCP Member IDs, listed most recent to least recent.<br>Pg. 15. REF01, loop2000 – Replace 'ZZ' qualifier with '6O' for Application ID – <i>Note 6-number O-letter for 6O qualifier</i><br>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'<br>Pg. 15. REF01 Loop2000 – Added under HIP – 6O-FTE Application ID<br>Pg. 27. HD04 Loop2300 – Added HIP/Fully Eligible Member Aid Category: PC HIP Plus Co-Pay<br>Pg. 35-36. N102 Loop2750 – Added HPE-Adult Indicators 'Refund' and 'FTEDifferentPlan'<br>Added Title 'Reporting Category Name' and 'EnrollingProvider', 'EnrollingProviderZipPlus4'<br>Pg. 35-36. REF02 Loop2750 – Added HPE-Adult Indicator Codes:<br>Refund: X-Default, Y-Yes, N-No<br>FTEDifferentPlan: X-Default, S-Same, D-Different<br>Added Title 'Reporting Category Name for HPE-Adult' and 'EnrollingProviderNPI', 'EnrollingProviderZipPlus4'<br>Pg. 35-36. N102 Loop2750 – Added FTE Indicator 'FTEDifferentPlan'<br>Pg. 35-36 REF02 Loop2750 – Added FTE Indicator Codes:<br>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'<br>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:<br><b>Hoosier Care Connect (HCC)</b><br>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.<br>ANTH – Anthem<br>MDWI – MDwise<br>MHS – MHS   | Systems      |

| Version | CO/CR Number | CO/CR Name   | Date     | Revision Status | Revision Details<br>(Location in Guide, Description of Change)  | Completed By |
|---------|--------------|--|----------|-----------------|---|--------------|
| 3.9     |              | Correction   | Jul 2015 | Implemented     | <p>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</p> <p>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</p> | Systems      |
| 3.10    | 2466 IRT38b  | HIP 2.0 Data Discrepancies                         | Aug 2015 | Implemented     | <p>Pg. 36. N102, Loop2750 – Added 'FutureAidCategory' for HIP Fully Eligible Only</p> <p>Pg. 37. REF02, Loop2750 – Added 'FutureAidCategory' for HIP Indicator Codes</p> <p>Pg. 37. DTP02, Loop2750 – Added 'D8 is used with Pregnancy Expected Due Date, Medically Frail Status, Medically Frail, and <b>Future Aid Category</b>'</p>  | Systems      |
| 3.11    | IRT#113      |  | Sep 2015 | Implemented     | <p>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.</p> <p>Pg. 36. N102 Loop 2750 – Added 'Power Account' under Fully Eligible Only</p>   | Systems      |
| 3.12    | 2452/ 2467   | HIP Link - Release III / HIP 2 Power Account - PRF | Oct 2015 | Implemented     | <p>Pg. 13. INS04 Loop2000 – For code 22 added 'HIP Link eligibility' verbiage.</p> <p>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</p> <p>Pg. 30. HD04 Loop 2300 – Added 'HIPLINK – Member is moving to HIP 2 from HIP LINK'</p>  | 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     | <p>Pg. 30. HD04 Loop2300 – Added new start reason codes for HIP Fully Eligible Members: MT, MM and FX</p> <p>Pg. 37. N102 Loop2750 – Added new HIP Conditional/Fully Eligible Indicators: RollOverDiscAmount and RollOverDiscPercent</p> <p>Pg. 38. Added new Reporting Category Qualifier: 9V- Payment Category</p>  | 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      |
| 3.19    | 2518         | 2518 - 5% Cost Share MCE Inclusion                 | Aug 2016 | Implemented     | <p>Pg. 38 REF02 Loop2750 – Add NativeAmerican indicators for HCC and HIP</p> <p>*AIM only, changes are not reflected in this DDI version</p>  | Systems      |

## CoreMMIS Change Summary

| Version | CO/CR Number | CO/CR Name   | Date      | Revision Status | Revision Details<br>(Location in Guide, Description of Change)   | Completed By |
|---------|--------------|--|-----------|-----------------|--|--------------|
| 4.0     | 9538         | 45796 - HPE Rebranding - EDI Forms   | Mar 2016  | Implemented     | Throughout document – Changed Hewlett Packard (HP) to Hewlett Packard Enterprise (HPE).  | Systems      |
|         | 12227        | 834 Companion Guide Updates for CR 50001 - 5% Max Cost share – MCE Inclusion | Oct. 2016 | Implemented     | Pg. 38, N102 Loop 2750 – Added CostShare to HCC and HIP Indicators<br>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<br>Pg. 9 – Added PACE to Legend<br>Added PACE to the following segments: BGN02, REF02, INS03, INS04, INS06-01, REF, DTP01, PER06, PER08, HD01, HD04, HD05, DTP loop2300, COB<br>Pg. 21, HD04 Loop 2300 – Added PACE capitation codes 'PA', 'PB', 'PC'<br>Pg. 23, HD04 Loop 2300 – Added note for aid category codes for PACE<br>Pg. 42 – Added 'PACE' to 4.2.1   | Systems      |
|         | 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<br>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<br>Pg. 33, HD04 Loop 2300 – Added HPE-Adult stop reason 81 - Eligibility Terminated<br>Pg. 32, HD04 Loop 2300 – Added CareSource as a plan abbreviation<br>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<br>Pg. 26, HD04 Loop 2300 – Corrected the "reason" code portion of the maintenance/reason code pairs<br>Pg. 32, HD04 Loop 2300 – Added HCC – PLAN2PLAN<br>Pg. 23, HD04 Loop 2300 – Added PACE aid category 'PA'<br>Pgs. 44-45, Section 4, Additional Information – Added bullets 4.2.4.2.4, 4.2.5.2.4, and 4.2.6.2.4 for additional audit file information | Systems      |
| 4.2     | N/A          | Corrections  | Jan 2017  | Implemented     | Pg. 26, HD04 Loop 2300 – MEMBER'S RESIDENCE REGION CODE - Removed references to Care Select (obsolete program) and HIP (should not be included in 'blue' section); specified values for HHW and HCC as 0 thru 8; added PACE region code 'S'<br>Pgs. 42, 43, 44, 45 – Added '.dat' file extension to examples of File Naming Standard for all programs  | Systems      |

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| 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     | <p>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</p> <p>Pg. 38, Loop 2750 N102 – Revised HIP Indicators moving the 'CostShare' indicator to Fully Eligible Only</p> <p>Updated throughout document Hewlett Packard Enterprise (HPE) to DXC Technology</p>   | Systems      |
| 4.5     |              |   | Jun 2017 | Implemented     | <p>Pg. 12, Loop 2000 INS04 – PEPW - Added 'Null – Deletion only when INS03 = 024 without a reason code'</p> <p>Pg. 14, Loop 2000 INS04 – HPE Adult – Added '43 – Indicates the member's address, phone number, secondary phone number, case number, email address has changed'</p> <p>Pg. 14, Loop 2000 INS04 – FTE – Added '03 – Will be sent along with INS03 = 024 to indicate a member who has passed away'</p> <p>Pg. 42 TI Additional Information:</p> <ul style="list-style-type: none"> <li>Modified Availability timeframe from Tuesday–Saturday to seven days a week for all programs</li> <li>Removed 'Not available the day after a state holiday'</li> </ul> <p>Section 4.2.2 – Removed Care Select (CS) program information</p> | Systems      |
| 4.6     |              | CR55453   | Jul 2017 | Implemented     | <p>Pg. 16. Loop 2000 DTP01 – Added text:</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 31st, 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>   | Systems      |

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|         |              | CR55448<br><br>CR55678<br><br>CR55451                     |          |                 | <p>Pg. 29-30, Loop 2300 HD04 – Added HIP codes – HA, HJ, HL, HP, HT</p> <p>Pg. 39, Loop 2750 DTP02 – Added Text:<br/>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, Loop 2300 HD04 – Added code to HIP Fully Eligible: 'MA'</p> <p>Pg. 32, Loop 2300 HD04 – Added code to HPE Adult Valid Aid Category: 'PN'</p> <p>Pg. 37, Loop 2750 N102 – Added text under Fully Eligible Only:<br/>Redetermination (This indicator will be reported on every HIP fully eligible change record, as well as on the HIP fully eligible Audit file)<br/>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, Loop 2750 REF02 – Added text under HIP Indicator Codes:<br/>Tobacco (A change to the Tobacco data alone will generate a change record)<br/>Y – Yes<br/>N – No<br/>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<br><br>CR55678<br><br>Office Hours Meeting 8/3/17 | Aug 2017 | Implemented     | <p>Pg. 38, Loop 2750 REF02 – Added value 'R' under HIP Indicator Codes-Tobacco</p> <p>Pg. 32, Loop 2300 HD04 – Removed Valid Aid Category 'PN'.</p> <p>Pg. 29, Loop 2300 HD04 – Added value '81' under Start/Stop Reason Codes</p>  | Systems      |
| 4.8     |              | CR55448<br>CR55453  | Oct 2017 | Implemented     | <p>Pg. 29, Loop 2300 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>   | Systems      |

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

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|         | CR 61058     | GTW Inactive Assignments for Suspended Members | Dec 2019   | Implemented                | <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:<br/>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:<br/>CT – Monthly term change file – fully eligible members and<br/>AT – Monthly term audit file – fully eligible members</p> <p>Pg. 30 – Added MCE stop reason code GS – HIP GTW Suspension</p> | Systems      |
| 5.2     | CR 60161     | HIP Bridge                                     | Mar 2020   | Implemented                | Pg. 30 – Added MCE stop reason code HB – HIP Bridge Eligibility   | Systems      |
|         | CR 61921     | COVID-19 Updates                               |  | Implemented                | Pg. 30 – Added COVID-19 start reason code CS and stop reason code CT  |              |
| 5.3     | CR61200      | Align Cap For HIP Elig For Cap Pay             | Jun 2020   | Implemented                | Pg. 28 and 29 – Added HIP capitation categories for 18-year-olds  | Systems      |
| 5.4     |              | Updates  | Aug 2020<br>Oct 2020<br>Oct 2020<br>Dec 2020<br>Mar 2021 | Implemented<br>Implemented | <p>Pg. 18 – Added Race Codes</p> <p>Pg. 40 and 41 – Sixth node removed from file naming example</p> <p>Pg. 24 – Updated RCP indicator for HCC</p> <p>Pg. 25, HD04, Loop 2300 – HOOSIER CARE CONNECT FROM/TO MCE – Added UHC – UnitedHealthcare</p> <p>Updated DXC to Gainwell Technologies</p> <p>Removed references to Presumptive Eligibility (PE), Presumptive Eligibility for Pregnant Women (PEPW), and Hospital Presumptive Eligibility (HPE-Adult).<br/><b>Presumptive Eligibility is now Fee for Service.</b></p> <p>Updated ICES to ICES/IEDSS</p>   | Systems      |

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| 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<br>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<br>Pg. 22, Loop 2300, HD04 – Removed MDwise from Hoosier Care Connect<br>Pg. 33, Loop 2750, REF02 – Added Newly Eligible Member indicator<br>Pg. 34, Loop 2750, DTP02 – Added Newly Eligible Member to the D8 note<br>Pg. 35, Section 4.2.1.5 – Added Void Term Audit file details and added VT to 834 file naming standard<br>Pg. 36, Section 4.2.2.5 – Added Void Term Audit file details and added VT to 834 file naming standard<br>Formatting updates for consistency  | Systems      |
| 5.8     | GT-11282     | MMIS-CORE: PHE Extended Eligibility Cost Share Level | Mar 2023 | Implemented     | Pg. 31-33, Loop 2750, N102 – Added PHEExtElig to HHW, HCC and HIP<br>Pgs. 33-35, Loop 2750, REF02 – Added PHEExtElig (Extended Eligibility) codes to HHW, HCC and HIP<br>Pg. 36, Loop 2750, DTP02 – Added Extended Eligibility (for use of D8)   | Systems      |
|         | GT-10231     |  | Mar 2023 | Implemented     | Removed references to ICES (except within code descriptions)<br>Pg. 13, Loop 2200, DTP01 – Removed text about HIP fully eligible members terminated on or after Jan. 1, 2018, and retroactive eligibility in 2018 or after.<br>Pg. 15, Loop 2100A, LUI02 – Removed reference to SPA language code and added link to Section 4.1 list of Language codes<br>Pg. 22, Loop 2300, HD04 – Added Plan2Plan under HHW<br>Pgs. 22-23 Loop 2300, HD04 – Added Plan2Plan for HIP, HCC and HHW<br>Pgs. 31-32, Loop 2750, N102 – Added LivArng, WardType and CountyWard for HIP, HHW and HCC<br>Pgs. 33-35, Loop 2750, REF02 – For HIP, HHW and HCC – Added LivArng and link to Section 4.2 for Living Arrangement codes; added WardType and Ward Type codes; added CountyWard and link to Section 4.3 for County codes<br>Pg. 37 – Added Section 4: Code Information<br>Pgs. 37-47 – Added Section 4.1: Language Codes<br>Pg. 47 – Added Section 4.2: Living Arrangement Codes<br>Pgs. 48-49 – Added Section 4.3: County Codes | Systems      |
|         | GT-8937      |  | Mar 2023 | Implemented     | Pgs. 21 and 26 – Loop 2300, HD04 – Added QR – Qualified Residential Treatment Program for HHW, HCC and HIP   | Systems      |

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

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| 6.3                 | GT-19592     | PACE Liabilities and Transfer of Property Penalties | Sept 2025 | Implemented     | Pg. 39 – In Loop ID 2750, Reference N102 (Name), added the following indicator for PACE:<br>TRANSOFPROP (Transfer of Property)   | Systems      |
|                     | GT-18581     | Residential Address Updates                         | Sept 2025 | Implemented     | Pg. 45 – In Loop ID 2750, Reference DTP02 (Date Time Period Format Qualifier), added the following for PPE/PATH:<br>RD8 is used for Transfer of Property<br>Pg. 68-69 – In Loop ID 2100A, References N3 (Member Residence Street Address) and N4 (Member City, State, ZIP Code), updated IHCP Note with the following:<br>If there is no residential address on file, mailing address information will be submitted here.<br>Pg. 94-95 – In Loop ID 2100C, added References N3 (Member Mailing Street Address) and N4 (Member City, State, ZIP Code) | Systems      |
| 6.4                 | GT-19592     | PACE Liabilities and Transfer of Property Penalties | Oct 2025  | Implemented     | In Section 3:<br><ul style="list-style-type: none"> <li>Loop ID 2750, Reference N102, added the following indicator for PACE:<br/>PACELIAB (Patient Liability)</li> <li>Loop ID 2750, Reference REF02, added the following for PACE:<br/>REF02 is used for Patient Liability Amount</li> <li>Loop ID 2750, Reference DTP02, updated the following for PACE:<br/>RD8 is used for Transfer of Property and Patient Liability</li> </ul>  | Systems      |
| 6.5                 | GT-19580     | MLTSS Phase 9                                       | Oct 2025  | Implemented     | In Section 3:<br><ul style="list-style-type: none"> <li>Loop ID 2300, Reference HD04, added the following START reason codes for PATH:<br/>PM – Member Assigned to FIDE-SNP<br/>PR – Member Re-assigned to their FIDE-SNP MCE</li> <li>Loop ID 2300, Reference HD04, added the following STOP reason code for PATH:<br/>PR – Member Re-assigned to their FIDE-SNP MCE</li> </ul>   | Systems      |
| 6.6                 | Correction   |   | Nov 2025  | Completed       | In Section 3:<br><ul style="list-style-type: none"> <li>Loop ID 2000, Reference INS04, added maintenance reason codes 22, 28 and 33 to HHW/HHC/PACE</li> <li>Loop ID 2750, Reference N102, (Name), updated PPE / PATH indicator: NFLOCADM</li> <li>Loop ID 2750, Reference REF02, added Patient Liability Amount reference for PATH, and added Transfer of Property Yes/No indicators for PACE</li> </ul>  | Systems      |
| 6.7 - Preview Draft | GT-22656     | Program Disenrollment - HIP and HHW Entity Phase 3  | Feb. 2026 | Pending         | In Section 3:<br><ul style="list-style-type: none"> <li>Loop ID 2300, Reference HD04, added Stop Reason Code for HHW/HCC/PACE and HIP:<br/>MT – MCE No Longer Participating in the Program</li> </ul>  | Systems      |