Indiana Health Coverage Programs

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides
Based on ASC X12 version 005010

Health Care Claim Payment/Advice (835)

Companion Guide Version Number: 3.4
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Preface

This companion guide to the v5010 ASC X12N implementation guides and associated errata adopted under the Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the Indiana Health Coverage Programs (IHCP). Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N implementation guides, are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N implementation guides adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the implementation guides.

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1 INTRODUCTION

This section describes how ASC X12N implementation guides (IGs) adopted under the Health Insurance Portability and Accountability Act (HIPAA) will be detailed with the use of a table. The tables contain a row for each segment that the Indiana Health Coverage Programs (IHCP) has something additional, over and above the information in the IGs. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the IGs internal code listings
- Clarify the use of loops, segments, composite and simple data elements

Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with the IHCP.

In addition to the row for each segment, one or more additional rows are used to describe the IHCP's usage for composite and simple data elements and for any other information. Notes and comments are placed at the deepest level of detail. For example, a note about a code value is placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a Notes/Comments column to provide additional information from the IHCP for specific segments provided by the TR3 implementation guides. The following is an example of the type of information that would be elaborated on in *Section 9: Transaction Specific Information*.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
123	2100	CLP	Claim Payment Information			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10%, and notes or comments about the segment itself go in this cell.
139	2100	NM109	Identification Code		12	This type of row exists to limit the length of the specified data element.
169	2100	REF	Other Claim Related Identification			
169	2100	REF01	Reference Identification Qualifier	1		These are the only codes transmitted by the IHCP.
186	2110	SVC	Service Payment Information			
187	2110	SVC01-01	Product/Service ID Qualifier	AD HC N4 NU		This row illustrates how to indicate a component data element in the Reference column and also how to specify the only code values that are applicable.

1.1 SCOPE

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.

1.2 OVERVIEW

1.2.1 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 healthcare transactions primarily between healthcare 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

1.2.2 COMPLIANCE ACCORDING TO HIPAA

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

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

1.2.3 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.

1.3 REFERENCES

In addition to the resources available on the Indiana Medicaid for Providers website (in.gov/medicaid/providers), there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. Links to these websites are listed below, separated by category for easy reference.

1.3.1 GOVERNMENT AND OTHER ASSOCIATIONS

Centers for Medicare and Medicaid Services (CMS): http://www.cms.gov
WEDI – Workgroup for Electronic Data Interchange: http://www.wedi.org

1.3.2 ASC X12 STANDARDS

Washington Publishing Company: http://www.wpc-edi.com
Data Interchange Standards Association: http://www.disa.org
American Nation Standards Institute: http://www.ansi.org
Accredited Standards Committee: http://www.x12.org

1.4 ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979, ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of nonstandard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X 12 standard is recognized by the United States as the standard for North America. Electronic Data Interchange (EDI) adoption has been proved to reduce the administrative burden on providers.

The intended audience for this companion guide is the technical and operational staff responsible for generating, receiving, and reviewing electronic healthcare transactions.

National Provider Identifier

As a result of HIPAA, the federal HHS adopted a standard identifier for healthcare providers. The Final Rule published by the HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (such as the Medicaid provider number, known in Indiana as the IHCP Provider ID) on nationally recognized electronic transactions (also known as standard transactions); therefore, all healthcare providers are required to obtain an NPI to identify themselves on these transactions. The NPI is the only identification number that should be submitted on these transactions from a healthcare provider.

For all non-healthcare providers where an NPI is not assigned, the IHCP Provider ID should be submitted.

Additional information can be found on the *National Provider Identifier* page under the Provider Enrollment section of the Indiana Medicaid for Providers website at in.gov/medicaid/providers.

2 GETTING STARTED

2.1 WORKING WITH THE IHCP

Indiana Medicaid trading partners exchange electronic healthcare transactions with the IHCP via the Secure File Transfer Protocol-SFTP (File Exchange) or HTTPS/S Web Services connection.

After establishing a transmission method, each trading partner must successfully complete testing. Additional information is provided in *Section 3: Testing With the Payer*. Trading partners are permitted to enroll for Production connectivity after successful completion of testing.

2.2 TRADING PARTNER REGISTRATION

All trading partners enrolling for Production connectivity are required to complete the IHCP Trading Partner Profile and Trading Partner Agreement, accessible from the *Electronic Data Interchange (EDI) Solutions* page, in the Business Transactions section of the Indiana Medicaid for Providers website at in.gov/medicaid/providers.

Those trading partners that are using a currently enrolled billing agent, clearinghouse, or software vendor do not need to enroll separately. Only one trading partner ID is assigned per submitter location per connection type. If multiple trading partners are needed for the same address location, please attach a letter to the Trading Partner Agreement explaining the need for the additional trading partner ID. Providers must use the IHCP Provider Healthcare Portal to delegate a clearinghouse, billing agent, or software vendor access to retrieve their 835 (Electronic Remittance Advice). Information on how to delegate access is found in the *Provider Healthcare Portal* reference module.

Current trading partners that would like to request an update to their existing account must complete the IHCP Trading Partner Profile.

2.3 CERTIFICATION AND TESTING OVERVIEW

The Health Insurance Portability and Accountability Act (HIPAA) requires that all healthcare organizations that exchange HIPAA transaction data electronically with the Indiana Health Coverage Programs (IHCP) establish an electronic data interchange (EDI) relationship. All entities requesting to exchange data with the IHCP must be tested and approved by the IHCP before production transmission begins.

Vendors must review the X12N transaction HIPAA implementation guides and the IHCP companion guides to carefully assess the changes needed to their businesses and technical operations to meet the requirements of HIPAA. The national X12N transaction HIPAA implementation guides are available on the X12 website at x12.org.

3 TESTING WITH THE PAYER

The following steps describe the testing process for EDI vendors that have not yet been approved by the IHCP.

1. **Complete the Trading Partner Profile**
   The IHCP requires each testing entity exchanging data directly with the IHCP to complete and submit the IHCP Trading Partner Profile (accessible from the Indiana Medicaid for Providers website at in.gov/medicaid/providers) to initiate the testing process. When the IHCP receives the profile form, testing information is sent to the vendor. Follow the instructions received in the testing information to ensure accuracy and completeness of testing.

2. **Conduct application development**
   Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional and mutually defined components of the transaction. The vendor must modify its business application systems to comply with the IHCP companion guides.

3. **Test each transaction**
   Connectivity testing performed with the transmissions ensures a successful connection between the sender and receiver of data. Two levels of data testing are required:

   - **Compliance Testing**
     All transactions must pass data integrity, requirements, balancing, and situational compliance testing. Although third-party HIPAA certification is not required, the preceding levels of compliance are required and must be tested.

     Compliance is accomplished when the transaction is processed without errors. The software used by the IHCP for compliance checking and the translation of the HIPAA transaction is Edifecs.

   - **IHCP Specification Validation Testing**
     Specification validation testing ensures conformity to the IHCP companion guides. This testing ensures that the segments or records that differ based on certain healthcare services are properly created and produced in the transaction data formats. Validation testing is unique to specific relationships between entities and includes testing field lengths, output, security, load/capacity/volume, and external code sets.

4. **Become an IHCP-approved software vendor**
   The testing and approval process differs slightly for software developers, billing services, and clearinghouses. The processes are described in the following subsections:

   Software Developers

   Entities whose clients will be submitting directly to the IHCP are not required to become IHCP trading partners. When testing and approval are complete, the IHCP sends certification of approval to the software developer. On receipt of this approval, the software developer should inform its clients that its software has been approved. However, providers are required to complete the procedures outlined in *Section 2.2: Trading Partner Registration* to enroll for Production connectivity.

   Billing Services, Clearinghouses, and Managed Care Entities

   At completion of testing and approval, a certification of approval notification is sent to the vendor.

   Billing services, clearinghouses, and managed care entities (MCEs) must submit a signed IHCP Trading Partner Agreement. The Trading Partner Agreement is a contract between parties that have chosen to become electronic business partners. This document stipulates the general terms and conditions under which the partners agree to exchange information electronically. The signed Trading Partner Agreement must be emailed to INXIXTradingPartner@gainwelltechnologies.com or faxed to 317-488-5185.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1 PROCESS FLOW

The IHCP financial cycle runs every Friday night. 835/ERA files are posted to the IHCP MOVEit (File Exchange) server after the financial cycle processes.

4.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

The IHCP is available only to authorized users. Entities downloading 835/ERA files must be IHCP trading partners. Trading partners are authenticated using a username and password assigned to the trading partner.

System Availability

The system is typically available 24 hours a day, seven days a week with the exception of scheduled maintenance windows. Scheduled maintenance information will be posted to the IHCP MOVEit (File Exchange) server at: https://mft.gainwelltechnologies.com/indiana-sftp in the announcements section.

4.3 COMMUNICATION PROTOCOL SPECIFICATIONS

FTPS and SFTP using:

- MOVEit / File Exchange

More information can be found in the *IHCP Connectivity Guide* at in.gov/medicaid/providers.

4.4 PASSWORDS

By connecting to the IHCP File Exchange server, trading partners agree to adhere to the password policy including changing passwords every 90 days. Trading partners are responsible for managing their own data. Each trading partner is responsible for managing access to their organization's data through the IHCP security function. The contact on file for the login/user ID will receive a notification five days before the password expires and is required to manually log in and change the password. Accounts will be locked during the five-day period until the password is changed. Accounts will be disabled if the password is not changed within the five-day period. Locked and disabled accounts will cause automated connection scripts to receive an error and fail to connect. When the password is manually changed in File Exchange, the same change must be applied to all automated scripts to ensure uninterrupted service.

5 CONTACT INFORMATION

5.1 GAINWELL EDI TECHNICAL ASSISTANCE

PHONE: 800-457-4584
FAX: 317-488-5185
EMAIL: INXIXTradingPartner@gainwelltechnologies.com

5.2 PROVIDER SERVICES

PHONE: 800-457-4584, please listen to the entire message before making your selection.

5.3 APPLICABLE WEBSITES/E-MAIL

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

Trading partner information can be found in the Business Transactions section of the Indiana Medicaid for Providers website, on the *Electronic Data Interchange (EDI) Solutions* page and its subpages.

For email addresses and other contact information, see the *Contact Us* page and the *IHCP Quick Reference Guide*, available under the Contact Information section of the website.

6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA – IEA

835 Health Care Claim Payment/Advice Interchange Control Header

- ISA06 (Interchange Sender ID): Value is IHCP
- ISA08 (Interchange Receiver ID): This is the four-byte sender ID assigned by the IHCP.

6.2 GS – GE

835 Health Care Claim Payment/Advice Functional Group Header

- GS02 (Application Sender Code): Value is IHCP
- GS03 (Application Receiver's Code): This is the four-byte sender ID assigned by the IHCP.

7 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 IHCP to a particular provider service location.

Before downloading the 835/ERA from the IHCP, please review the appropriate HIPAA Technical Report Type 3 (TR3) implementation guides and IHCP companion guides. In addition, the IHCP recommends that trading partners review the IHCP provider reference modules and other resources available from the *Provider References* section of the Indiana Medicaid for Providers website at in.gov/medicaid/providers.

Late/Missing 835/ERA Resolution Procedures

If the 835/ERA is late or missing, provider should contact the EDI Solutions Service Desk at INXIXTradingPartner@gainwelltechnologies.com for assistance.

The definition of late or missing applies when the 835/ERA is not received within four business days of receiving the corresponding EFT.

8 TRADING PARTNER AGREEMENTS

The IHCP Trading Partner Agreement is a contract between parties that have chosen to become electronic business partners. The Trading Partner Agreement stipulates the general terms and conditions under which the partners agree to exchange information electronically. If billing providers send multiple transaction types electronically, only one signed Trading Partner Agreement is required. Billing providers must print and complete a copy of the Trading Partner Agreement. The signed copy must be submitted to the IHCP EDI Solutions Unit.

More information can be found in the *Electronic Data Interchange (EDI) Solutions* webpage, in the Business Transactions section of the Indiana Medicaid for Providers website at in.gov/medicaid/providers.

9 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N implementation guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that the IHCP has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with the IHCP.

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The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

9.1 005010X221A1 HEALTH CARE CLAIM PAYMENT / ADVICE (835)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
69		BPR	Financial Information			
70		BPR01	Transaction Handling Code	H I		IHCP uses code H for encounter claims and I for fee-for-service (FFS) claims
72		BPR04	Payment Method Code	ACH CHK NON		IHCP uses codes ACH, CHK and NON
72		BPR05	Payment Format Code	CCP		IHCP uses code CCP when BPR04 is ACH
73		BPR06	(DFI) ID Number Qualifier	01		IHCP uses code 01 when BPR04 is ACH
74		BPR10	Originating Company Identifier			IHCP uses value 1271510177
75		BPR12	(DFI) ID Number Qualifier	01		IHCP uses code 01 when BPR04 is ACH
76		BPR14	Account Number Qualifier	DA		IHCP uses code DA when BPR04 is ACH
77		TRN	Reassociation Trace Number			
77		TRN02	Reference Identification			IHCP sends the text NOPAYMENT with a date and time stamp if no payment is made
78		TRN03	Originating Company Identifier			IHCP uses value 1271510177
82		REF	Receiver Identification			
82		REF02	Reference Identification			IHCP sends the trading partner ID assigned by the IHCP

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
87	1000A	N1	Payer Identification			
87	1000A	N102	Name			IHCP sends value “Gainwell Technologies LLC”
89	1000A	N3	Payer Address			
89	1000A	N301	Address Information			IHCP sends value “PO BOX 50435”
90	1000A	N4	Payer City, State, ZIP Code			
90	1000A	N401	City Name			IHCP sends value “Indianapolis”
91	1000A	N402	State or Province Code			IHCP sends value “IN”
91	1000A	N403	Postal Code			IHCP sends value “462500418”
94	1000A	PER	Payer Business Contact Information			
95	1000A	PER02	Name			IHCP sends value “Gainwell Technologies LLC (GWT)”
95	1000A	PER04	Communication Number			IHCP sends value “8004574584”
97	1000A	PER	Payer Technical Contact Information			
98	1000A	PER02	Name			IHCP sends value “Gainwell Technologies LLC (GWT)”
98	1000A	PER04	Communication Number			IHCP sends value “8004574584”
99	1000A	PER06	Communication Number			IHCP sends value “8004574584”
102	1000B	N1	Payee Identification			
103	1000B	N103	Identification Code Qualifier			IHCP uses code FI for atypical providers
107	1000B	REF	Payee Additional Identification			
107	1000B	REF01	Reference Identification Qualifier			IHCP uses code TJ when the provider’s National Provider Identifier (NPI) is sent in N104

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
123	2100	CLP	Claim Payment Information			
124	2100	CLP02	Claim Status Code	1 2 3 4 22		IHCP uses codes 1, 2, 3, 4, 22
126	2100	CLP06	Claim Filing Indicator Code	MC		IHCP uses code MC
137	2100	NM1	Patient Name			
138	2100	NM103	Name Last or Organization Name			IHCP sends value “MEMBER” if the last name was not provided
138	2100	NM104	Name First			IHCP sends value “UNKNOWN” if the member’s first name was not provided
139	2100	NM108	Identification Code Qualifier	MR		IHCP uses code MR
139	2100	NM109	Identification Code		12	IHCP always sends the 12-digit IHCP Member ID
146	2100	NM1	Service Provider Name			The IHCP will not return rendering provider information for healthcare providers who have not reported an NPI
148	2100	NM108	Identification Code Qualifier			IHCP uses code MC for atypical providers
169	2100	REF	Other Claim Related Identification			IHCP can repeat this segment for encounter claims
169	2100	REF01	Reference Identification Qualifier	BB F8		IHCP uses codes: BB – Managed care entity (MCE) internal control number (ICN) (also known as Claim ID) for encounter claims F8 – Original ICN for adjusted claims
173	2100	DTM	Statement From or To Date			IHCP Note: If the first date of service is not provided, or the date is invalid, the first date of service defaults to 22991231
182	2100	AMT	Claim Supplemental Information			
182	2100	AMT01	Amount Qualifier Code	I		IHCP only uses code I. This segment is not applicable for encounter claims.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
186	2110	SVC	Service Payment Information			
187	2110	SVC01-01	Product/Service ID Qualifier	AD HC N4 NU		IHCP uses codes: AD – Dental claims HC – HCPCS codes N4 – National Drug Code (NDC) NU – NUBC UB-04 codes
196	2110	CAS	Service Adjustment			
198	2110	CAS01	Claim Adjustment Group Code	CO PR OA		IHCP uses codes: CO – Contractual obligations PR – Patient Responsibility OA – Other Adjustments such as corrections and reversals
207	2110	REF	Rendering Provider Information			The IHCP will not return rendering provider information for healthcare providers who have not reported an NPI
207	2110	REF01	Reference Identification Qualifier	HPI 1D		IHCP uses codes: HPI – National Provider Identifier (NPI) 1D – IHCP Provider ID for atypical providers
217		PLB	Provider Adjustment			
218		PLB01	Reference Identification			IHCP Note: • If the billing provider NPI has been reported to the IHCP, the NPI will be in PLB01. • If the billing provider is atypical, the IHCP Provider ID will be in PLB01. The IHCP will not return billing provider information for healthcare providers who have not reported an NPI.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
219		PLB03-01	Adjustment Reason Code			IHCP FFS Note: Hospital Assessment Fee (HAF) Adjustment Reason Codes: CS – Adjustment for: • HAF Overpayment – System • HAF Overpayment – Manual WO – Overpayment Recovery for: • HAF – Monthly • HAF – Rate Increase IHCP Hoosier Healthwise (HHW) MCE Note: Expenditure Adjustment Reason Codes: LS – Lump Sum for: • HAF Payment Expenditure IP– Incentive Premium Payment for: • Pay for Performance Expenditure • Rebate Reconciliation Payment Expenditure • Stop Loss Payment Expenditure • Miscellaneous MCE Expenditure
223		PLB05-01	Adjustment Reason Code			IHCP FFS Note: Hospital Assessment Fee (HAF) Adjustment Reason Codes: CS – Adjustment for: • HAF Overpayment – System • HAF Overpayment – Manual WO – Overpayment Recovery for: • HAF – Monthly • HAF – Rate Increase IHCP HHW MCE Note: Expenditure Adjustment Reason Codes: LS – Lump Sum for: • HAF Payment Expenditure IP – Incentive Premium Payment for: • Pay for Performance Expenditure • Rebate Reconciliation Payment Expenditure • Stop Loss Payment Expenditure • Miscellaneous MCE Expenditure

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
224		PLB07-01	Adjustment Reason Code			IHCP FFS Note: Hospital Assessment Fee (HAF) Adjustment Reason Codes: CS – Adjustment for: • HAF Overpayment – System • HAF Overpayment – Manual WO – Overpayment Recovery for: • HAF – Monthly • HAF – Rate Increase IHCP HHW MCE Note: Expenditure Adjustment Reason Codes: LS – Lump Sum for: • HAF Payment Expenditure IP – Incentive Premium Payment for: • Pay for Performance Expenditure • Rebate Reconciliation Payment Expenditure • Stop Loss Payment Expenditure • Miscellaneous MCE Expenditure
225		PLB09-01	Adjustment Reason Code			IHCP FFS Note: Hospital Assessment Fee (HAF) Adjustment Reason Codes: CS – Adjustment for: • HAF Overpayment – System • HAF Overpayment – Manual WO – Overpayment Recovery for: • HAF – Monthly • HAF – Rate Increase IHCP HHW MCE Note: Expenditure Adjustment Reason Codes: LS – Lump Sum for: • HAF Payment Expenditure IP – Incentive Premium Payment for: • Pay for Performance Expenditure • Rebate Reconciliation Payment Expenditure • Stop Loss Payment Expenditure • Miscellaneous MCE Expenditure

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
225		PLB11-01	Adjustment Reason Code			IHCP FFS Note: Hospital Assessment Fee (HAF) Adjustment Reason Codes: CS – Adjustment for: • HAF Overpayment – System • HAF Overpayment – Manual WO – Overpayment Recovery for: • HAF – Monthly • HAF – Rate Increase IHCP HHW MCE Note: Expenditure Adjustment Reason Codes: LS – Lump Sum for: • HAF Payment Expenditure IP – Incentive Premium Payment for: • Pay for Performance Expenditure • Rebate Reconciliation Payment Expenditure • Stop Loss Payment Expenditure • Miscellaneous MCE Expenditure
226		PLB13-01	Adjustment Reason Code			IHCP FFS Note: Hospital Assessment Fee (HAF) Adjustment Reason Codes: CS – Adjustment for: • HAF Overpayment – System • HAF Overpayment – Manual WO – Overpayment Recovery for: • HAF – Monthly • HAF – Rate Increase IHCP HHW MCE Note: Expenditure Adjustment Reason Codes: LS – Lump Sum for: • HAF Payment Expenditure IP – Incentive Premium Payment for: • Pay for Performance Expenditure • Rebate Reconciliation Payment Expenditure • Stop Loss Payment Expenditure • Miscellaneous MCE Expenditure

10 CHANGE SUMMARY

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

Version	CO	CO Name	Revision Date	Revision Status	Revision Page Numbers / Change / Update Details	Completed By
2.0			Jan 2013	Implemented	CAQH CORE format	Systems
2.1	2260	CAQH CORE Ph. 3 EFT/ERA	Dec 2013	Implemented	CAQH CORE Phase III	Systems

*Core*MMIS Change Summary

Version	DDI CO	CO Name	Revision Date	Revision Status	Revision Page Numbers / Change / Update Details	Completed By
	9538	45796 - HPE Rebranding - EDI Forms	Mar 2016	Implemented	Throughout document – Changed Hewlett Packard (HP) to Hewlett Packard Enterprise (HPE)	Systems
		Correction	Sep 2016	Implemented	Pg. 9, 1000A, (1)Payer Business Contact Information, PER04 – updated value to "8005771278"; (2)1000A, Payer Technical Contact Information, (2a)PER04 - updated value to "8778775182"; (2b)PER06 – updated value to "8778775182" Pg. 10 Added values for loop 2100, CLP02, Claim Status Code	Systems
3.0			Dec 2016	Implemented	Indiana *Core*MMIS Implementation	
3.1		Rebranding	Apr 2017	Implemented	Updated throughout document Hewlett Packard Enterprise (HPE) to DXC Technology	Systems
3.2		CR52057	Jul 2018	Correction	Pg. 12 Loop 2110 PLB01 – Removed MCE ID reference. The MCE ID is not returned.	Systems
3.3			May 2022	Implemented	Updated to CAQH CORE formatting. Pg 10 – Updated Originating Company Identifier to 1271510177. Replaced references to LPI with IHCP Provider ID Updated DXC to Gainwell, and updated telephone number and trading partner email address Updated website links	Systems
3.4		GT-17086 – Indiana data center move	Aug 2024	Implemented Updates/ correction	Pg. 11, Section 9.1 – Updated Gainwell address values for loop 1003, N301, N302 (removed) and N403 Pg. 6. Section 2.3 – Updated link for obtaining implementation guides Pg. 8, Section 4.2 – Updated link for MOVEit File Exchange server Pg.8: Section 5.2 – Corrected Provider Services phone number	Systems