



INDIANA HEALTH COVERAGE
PROGRAMS

Companion Guide: Healthy Indiana Program 834 Benefit Enrollment and Maintenance Transaction

Library Reference Number: CLEL10018

Document Management System Reference: Companion Guide: 834 MCE Benefit Enrollment and Maintenance Transaction (17847)

Address any comments concerning the contents of this manual to:

EDS Publications Business Unit
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204
Fax: (317) 488-5217

*EDS and the EDS logo are registered trademarks of Hewlett-Packard Development Company, LP. All other logos, trademarks, or service marks used herein are the property of their respective owners.
© 2009 Hewlett-Packard Development Company, LP.*

Current Dental Terminology (CDT) is copyrighted by the American Dental Association. © 2009, 2010 American Dental Association. All rights reserved.

Current Procedural Terminology (CPT) is copyright 2008 American Medical Association. All Rights Reserved.

© 2002 WPC Copyright for the members of ASC X12N by Washington Publishing Company. Permission is hereby granted to any organization to copy and distribute this material internally as long as this copyright statement is included, the contents are not changed, and the copies are not sold.

ZIP Code™ is a trademark of the United States Postal Service. For a more complete listing of many USPS® trademarks, visit the U.S. Patent and Trademark Office at www.uspto.gov. All rights reserved.

Revision History

Document Version Number	CO	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	1100	September 2007	All	New document. Formerly section 3 of the 834 MCO companion guide. New document contains 834 transaction information relevant to the HIP program only.	Systems
Version 1.1	1100	October 2007	All	Updated based on clarification of requirements and design.	Systems
Version 1.2	1100	November 2007	All	Updated based on further clarifications, added sections 1 and 2.	Systems
Version 1.3	1100	November 2007	All	Updated based on system testing and discovery of additional needed fields.	Systems
Version 1.4	1351	July 2008	All	Updated based on HIP Phase 2 requirements.	Systems
Version 1.5	1351	July 2008	All	Updated based on clarification of requirements.	Systems
Version 1.6	1351	July 2008	All	Updated based on further clarifications.	Systems
Version 2.0	1302	April 2009	All	Add Redeterm to HD04 segment	Systems
Version 3.0		July 2009		Add delete records for retro term and retro replace members	Systems/ Publications

Table of Contents

Section 1: Introduction.....	1-1
Overview	1-1
834 Benefit Enrollment	1-1
Section 2: Data Exchange Technical Specifications and Interchange	
Control Structure	2-1
Overview	2-1
Outbound Transactions.....	2-1
Sample Outbound Interchange Control.....	2-5
Section 3: Enrollment Information	3-1
Segment Usage – 834.....	3-1
Special Issues	3-3
Segment and Data Element Description	3-3
Index	I-1

Section 1: Introduction

Overview

The Indiana Health Coverage Programs (IHCP) has developed technical companion guides to assist application developers during the implementation process. The information contained in the IHCP *Companion Guides* is only intended to supplement the adopted *National Electronic Data Interchange Transaction Set Implementation Guides (IGs)* and provide guidance and clarification as it applies to the IHCP. The IHCP *Companion Guides* are never intended to modify, contradict, or reinterpret the rules established by the *IGs*.

This *Companion Guide* is categorized into three sections:

1. Introduction to the 834 Benefit Enrollment
2. Interchange Control
3. Transaction Specifications

This section, *Introduction*, provides a general description of the 834 Benefit Enrollment Transaction. *Section 2* describes data exchange options and the relevant inbound or outbound interchange control structures. *Section 3* contains transaction specific documentation, including segment usage, to assist developers with coding each transaction.

834 Benefit Enrollment

The ASC X12N 834 (004010X095) transaction is the Health Information Portability and Accountability Act (HIPAA)-mandated transaction for providing enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer.

Two versions of the 834 file are available from the IHCP, an Audit file and a Change file. For the Healthy Indiana Program, each version is created separately for conditionally and fully eligible members.

The Audit files are available on a monthly basis and consist of audit records only, such as INS03 with a value of 030. These files contain current conditionally eligible and fully eligible member information only.

Change files are created daily provided a member's information has changed. Separate change files are created for conditionally and fully eligible members. The files contain changes made since the last Change file was provided. Changes can include the following:

- **Change** (INS03 001) – The records defined as a *Change* are those with at least one piece of member information that is different from the previously reported member information.
- **Addition** (INS03 021) – The records defined as an *Addition*, are those with a member that is either newly conditionally eligible, has just become fully eligible, or is moving to this plan from another plan (can be conditionally or fully eligible).
- **Cancellation or Termination** (INS03 024) – The records defined as *Termination*, are those with a member whose HIP eligibility has ended or who has changed plans and is no longer eligible for services with this plan.

- **Reinstatement** (INS03 025) – The records defined as *Reinstatement*, are those members who are becoming conditionally eligible and have an outstanding debt from a previous HIP termination.

The four files (audit and change files for conditionally and fully eligible members) 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. The codes used will be:
 - W – Daily change file, conditionally eligible members
 - X – Daily change file, fully eligible members
 - Y – Monthly audit file, conditionally eligible members
 - Z – Monthly audit file, fully eligible members
- Node 3 – Transmission/delivery code. This will be ‘X’ indicating File Exchange
- Node 4 – File creation timestamp in HHMMSS format
- Node 5 – File creation Julian date in DDD format.

For example, a daily change file for trading partner HIP1 created at 6:30 PM on January 15th would be named HIP1.834W.X.183000.015

This is intended only as a companion guide and is not intended to contradict or replace any information in the *IG* or the *IHCP Provider Manual*.

It is recommended that implementers have the following resources available during the development process:

- This document, *Companion Guide: Healthy Indiana Program 834 Benefit Enrollment and Maintenance Transaction*
- *National Electronic Data Interchange Transaction Set Implementation Guide: Benefit Enrollment Maintenance: 834: ASC X12N 834 (004010X095) and (004010X095A1) Addenda*
- *Managed Care Organizations Operating Procedures Manual*

Section 2: Data Exchange Technical Specifications and Interchange Control Structure

Overview

Appendix A, Section A.1.1 of each *National Electronic Data Interchange Transaction Set Implementation Guide (IG)* provides detail about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an electronic envelope. The communication envelope consists of an interchange envelope and functional groups.

The following tables define the use of the outbound 834 control structure as it relates to communication with the Indiana Health Coverage Programs (IHCP).

Outbound Transactions

Table 2.1 – Interchange Control Header

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
Usage	Required		
Segment Notes	<p>All positions within each data element in the ISA segment must be filled. Delimiters are specified in the Interchange Header Segment.</p> <p>The character immediately following the segment ID, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Following are examples of the separators.</p>		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
	:	Colon	Subelement Separator
	~	Tilde	Segment Terminator
Example	<pre>ISA* 00** 00*.....* ZZ* IHCP .* ZZ* X222.....* 930602* 1253* U* 00401* 000000905* 1* P* :~</pre>		

Table 2.2 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information	This field always includes 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	
ISA04	R	Security Information	This field always contains 10 blank spaces.
ISA05	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA06	R	Interchange Sender ID IHCP	This field has a required length of 15 bytes; therefore, the field is blank filled to the right.
ISA07	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	R	Interchange Receiver ID	For batch transactions, this is the four-byte sender ID (four to eight characters) assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
ISA13	R	Interchange Control Number	This number is unique and increments by 1 with each ISA segment. It also matches the interchange control number of the IEA02 of the interchange control trailer.
ISA14	R	Acknowledgment Requested 0 – No Acknowledgment Requested 1 – Interchange Acknowledgment Requested	

Element ID	Usage	Guide Description and Valid Values	Comments
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator is T . After the trading partner is approved, the usage indicator is P .
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This is always a colon (:).

Table 2.3 – Functional Group Header

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GS*BE*IHCP*X222*20020606*105531*5*X*004010X095A1~

Table 2.4 – Element ID GS01-GS08

Element ID	Usage	Guide Description and Valid Values	Comments
GS01	R	Functional Identifier Code BE – Benefit Enrollment and Maintenance (834)	The data element contains the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender's Code IHCP	
GS03	R	Application Receiver's Code	For batch transactions, this is the four-byte sender ID assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits).
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS.
GS06	R	Group Control Number	This data element contains a uniquely assigned number and matches the number in the corresponding GS02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version/Release/Industry Identifier Code 004010X095A1 – 834	This data element contains the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment.

Table 2.5 – Functional Group Trailer

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GE*1*5~

Table 2.6 – Element ID GE01-GE02

Element ID	Usage	Guide Description and Valid Values	Comments
GE01	R	Number of Transaction Sets Included	This data element contains the number of transaction sets included in this functional group.
GE02	R	Group Control Number	Group control number GE02 in this trailer is identical to the same data element in the associated functional group header, GS06.

Table 2.7 – Interchange Control Trailer

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	
Example	IEA*1*000000905~

Table 2.8 – Element ID IEA01-IEA02

Element ID	Usage	Guide Description and Valid Values	Comments
IEA01	R	Number of Included Functional Groups	This data element contains the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	The interchange control number IEA02 in this trailer is identical to the data element in the associated Interchange Control Header, ISA13 (including padded zeros).

Sample Outbound Interchange Control

Figure 2.1 illustrates a file that includes an 834 transaction:

```
ISA* 00* .....* 00*.....* ZZ* IHCP    ..* ZZ* X222.....* 930602*  
1253* U* 00401* 000000905* 1* P* :~  
GS*BE*IHCP*X222*20020606*105531*5*X*004010X095A1~  
ST - 834 TRANSACTION SET HEADER  
DETAIL SEGMENTS  
SE - 834TRANSACTION SET TRAILER  
GE*1*5~  
IEA*1*000000905~
```

Figure 2.1 – Outbound Interchange Control, 834 Transaction

Section 3: Enrollment Information

Segment Usage – 834

The following matrix lists all segments available for submission with the 4010 version of the *National Electronic Data Interchange Transaction Set Implementation Guide: Benefit Enrollment Maintenance: 834: ASC X12N 834 (004010X095) (IG)*. It includes a *Usage* column that identifies segments that are required (**R**), situational (**S**), or not used (**N/A**) by the Indiana Health Coverage Programs (IHCP). A required segment element is reported for all transactions. A situational segment may not be reported for every transaction record; however, a situational segment may be reported under certain circumstances. Any data in a segment identified in the *Usage* column with an **X** is ignored by the IHCP. Any segment identified in the *Usage* column as required or situational is explained in detail in the *Segment and Data Element Description* subsection of this section.

Table 3.1 – 834 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
ST	N/A	Transaction Set Header	R
BGN	N/A	Beginning Segment	R
REF	N/A	Transaction Set Policy Number	R
DTP	N/A	File Effective Date	X
N1	1000A	Sponsor Name	R
N1	1000B	Payer	R
N1	1000C	TPA/Broker Name	X
ACT	1100C	TPA/Broker Account Information	X
INS	2000	Member Level Detail	R
REF	2000	Subscriber Number	R
REF	2000	Member Policy Number	R
REF	2000	Member Identification Number	R
REF	2000	Prior Coverage Months	X
DTP	2000	Member Level Dates	R
NM1	2100A	Member Name	R
PER	2100A	Member Communications Number	S
N3	2100A	Member Residence Street Address	S
N4	2100A	Member Residence City, State, ZIP Code	S
DMG	2100A	Member Demographics	S
ICM	2100A	Member Income	X
AMT	2100A	Member Policy Amounts	R
HLH	2100A	Member Health Information	X

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
LUI	2100A	Member Language	S
NM1	2100B	Incorrect Member Name	S
DMG	2100B	Incorrect Member Demographics	S
NM1	2100C	Member Mailing Address	X
N3	2100C	Member Mail Street Address	X
N4	2100C	Member Mail City, State, ZIP Code	X
NM1	2100D	Member Employer	X
PER	2100D	Member Employer Communications Numbers	X
N3	2100D	Member Employer Street Address	X
N4	2100D	Member Employer City, State, ZIP Code	X
NM1	2100E	Member School	X
PER	2100E	Member School Communications Numbers	X
N3	2100E	Member School Street Address	X
N4	2100E	Member School City, State, ZIP Code	X
NM1	2100F	Custodial Parent	X
PER	2100F	Custodial Parent Communications Numbers	X
N3	2100F	Custodial Parent Street Address	X
N4	2100F	Custodial Parent City, State, ZIP Code	X
NM1	2100G	Responsible Person	X
PER	2100G	Responsible Person Communications Numbers	X
N3	2100G	Responsible Person Street Address	X
N4	2100G	Responsible Person City, State, ZIP Code	X
DSB	2200	Disability Information	X
DTP	2200	Disability Eligibility Dates	X
HD	2300	Health Coverage	S
DTP	2300	Health Coverage Dates	S
AMT	2300	Health Coverage Policy	X
REF	2300	Health Coverage Policy Number	X
IDC	2300	Identification Card	X
LX	2310	Provider Information	X
NM1	2310	Provider Name	X
N4	2310	Provider City, State, ZIP Code	X
PER	2310	Provider Communications Number	X
PLA	2310	PCP Change Reason	X
COB	2320	Coordination of Benefits	X
REF	2320	Additional Coordination of Benefits Identifiers	X

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
N1	2320	Other Insurance Company Name	X
DTP	2320	Coordination of Benefits Eligibility Dates	X
SE	N/A	Transaction Set Trailer	R

Special Issues

- The maximum number of records within a single 834 transaction is 10,000. Therefore, multiple 834 transactions may exist within one file.
- INS07, the Consolidated Omnibus Budget Reconciliation Act (COBRA) indicator, is not reported within the 834 transaction.
- Some element values may be defined as *NULL*. This means that there is not a value in this element, for example, INS*Y*18*001**A*B**FT.
- At the end of this section is an example of what a complete 834 EDI HIPAA transaction could look like in its entirety. Explanations are not provided within this example.

Segment and Data Element Description

This section contains a tabular representation of any segment that is required or situational for the Indiana HIPAA implementation of the 834. Each segment table contains rows and columns describing different elements of the segment.

Table 3.2 – Segment and Data Element Description

Segment/Data Element	Description
Segment Name	The industry-assigned segment name identified in the <i>IG</i> .
Segment ID	The industry-assigned segment ID identified in the <i>IG</i> .
Loop ID	The loop where the segment should appear.
Usage	This identifies the segment as required or situational.
Segment Notes	A brief description of the purpose or use of the segment.
Example	An example of complete segment.
Element ID	The industry-assigned segment ID as identified in the <i>IG</i> .
Usage	Identifies the data element as R -required, S -situational, or X -not used.
Guide Description and Valid Values	Industry name associated with the data element. If no industry name exists, this is the <i>IG</i> data element name. This column also lists in bold the values and/or code sets to use.
Comments	Description of the contents of the data elements, including field lengths.

Table 3.3 – Transaction Set Header

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	This segment begins the transaction.
Example	ST*834*78002

Table 3.4 – Element ID ST01-ST02

Element ID	Usage	Guide Description and Valid Values	Comments
ST01	R	Transaction Set Identifier Code 834	
ST02	R	Transaction Set Control Number	This number is assigned locally by the sender and matches the value in the corresponding SE segment.

Table 3.5 – Beginning Segment

Segment Name	Beginning Segment
Segment ID	BGN
Loop ID	N/A
Usage	Required
Segment Notes	This segment describes the type of transaction sent such as <i>Audit</i> or <i>Change</i> .
Example	BGN*00*20000055020020627AF001*20020730*12370000****2

Table 3.6 – Element ID BGN01-BGN09

Element ID	Usage	Guide Description and Valid Values	Comments
BGN01	R	Transaction Set Purpose Code 00 – Original	All transaction sets are generated as original transactions.
BGN02	R	Transaction Set Identifier Code	The transaction set ID code consists of the nine-digit Insurer ID, 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. The three-digit sequential number is used when the number of 834 transactions exceeds the <i>IG</i> requirement. 001 represents the first 10,000, 002 represent the second 10,000 and so forth.

Element ID	Usage	Guide Description and Valid Values	Comments
BGN03	R	Transaction Set Creation Date	This is the date the transaction was created and assigned by the translator.
BGN04	R	Transaction Set Creation Time	This is the time the transaction was created and assigned by the translator.
BGN05	S	Time Zone Code	Not used by the IHCP
BGN06	S	Transaction Set Identifier Code	Not used by the IHCP
BGN07	N/A	Transaction Type Code	Not used
BGN08	R	2 – Change 4 – Verify	Change files (2) are created daily and include new members (both conditionally and fully eligible), withdrawn/terminated members, and members whose information has changed. Audit files (4) are created monthly and contain a current snapshot of the insurer's plan members.
BGN09	N/A	Security Level Code	Not used

Table 3.7 – Transaction Set Policy Number

Segment Name	Transaction Set Policy Number
Segment ID	REF
Loop ID	N/A
Usage	Required
Segment Notes	This segment contains the insurer's 9-digit IHCP ID and one-character region code (always 'A').
Example	REF*38*200000550A

Table 3.8 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 38 – Master Policy Number	
REF02	R	Master Policy Number	The master policy number is the insurer's 9-digit IHCP ID followed by a region code of 'A'.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.9 – Sponsor Name

Segment Name	Sponsor Name
Segment ID	N1
Loop ID	1000A
Usage	Required
Segment Notes	This segment contains the identifying information for the sender.
Example	N1*P5*INDIANA HEALTH COVERAGE PROGRAM*ZZ*IHCP

Table 3.10 – Element ID N101-N106

Element ID	Usage	Guide Description and Valid Values	Comments
N101	R	Entity Identifier Code P5 – Plan Sponsor	
N102	S	Plan Sponsor Name	The name is set to Indiana Health Coverage Program .
N103	R	Identification Code Qualifier ZZ – Mutually Defined	
N104	R	Sponsor Identifier IHCP	
N105	N/A	Entity Relationship Code	Not used
N106	N/A	Entity Identifier Code	Not used

Table 3.11 – Payer

Segment Name	Payer
Segment ID	N1
Loop ID	1000B
Usage	Required
Segment Notes	This segment contains the federal taxpayer's identifier for the payer.
Example	N1*IN*MCENAME*FI*123456789

Table 3.12 – Element ID N101-N106

Element ID	Usage	Guide Description and Valid Values	Comments
N101	R	Entity Identifier Code IN – Insurer	
N102	S	Insurer Name	This is the name of the insurer.
N103	R	Identification Code Qualifier FI – Federal taxpayer's identification	
N104	R	Identification Code	This is the insurer's federal tax ID.

Element ID	Usage	Guide Description and Valid Values	Comments
N105	N/A	Entity Relationship Code	Not used
N106	N/A	Entity Identifier Code	Not used

Table 3.13 – Member Level Detail

Segment Name	Member Level Detail
Segment ID	INS
Loop ID	2000
Usage	Required
Segment Notes	No more than 10,000 INS segments can occur in a single 834 transaction.
Example	INS*Y*18*021*28*A***FT

Table 3.14 – Element ID INS01-INS17

Element ID	Usage	Guide Description and Valid Values	Comments
INS01	R	Insured Indicator Y – Yes	Because the IHCP member is always the patient, this value is always Y . The insured is the subscriber.
INS02	R	Individual Relationship Code 18 – Self	Because the IHCP member is always the patient, this value is always 18 . The insured is the subscriber.
INS03	R	Maintenance Type Code 001 – Change 021 – Addition 024 – Cancellation or Termination 025 - Reinstatement 030 – Audit or Compare	The monthly audit file consists of only 030 . 001 – A change to the member demographic data, power account amounts, eligibility dates, or capitation category. 021 – A new conditionally eligible member, a member who has moved from conditionally to fully eligible, or a member who has moved from one plan to another. Type of eligibility will be sent in INS04. 024 – A member who is being removed from the HIP plan. Can be conditionally or fully eligible. Reason for removal will be sent in INS04. 025 – A conditional member who has an outstanding debt from a previous HIP enrollment. Notification sent to debt plan only.

Element ID	Usage	Guide Description and Valid Values	Comments
INS04	S	<p>The following codes will be used in the 834 file for conditionally eligible members:</p> <p>Maintenance Reason Code</p> <p>03 - Death</p> <p>14 – Voluntary Withdrawal</p> <p>22 – Plan Change</p> <p>25 – Change in Identifying Data Elements</p> <p>27 – Pre-Enrollment</p> <p>33 – Personnel Data</p> <p>43 – Change of Location</p> <p>XN – Notification Only</p>	<p>This code clarifies the type of change and distinguishes a change from a deletion.</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 to ESP or another HIP plan. When sent with INS03 = 021, indicates a member coming from the ESP plan or another HIP plan.</p> <p>25 – Indicates a change has been made to the member’s name, SSN, date of birth, or RID.</p> <p>27 – When sent with INS03 = 021, indicates a new conditionally eligible HIP member. When sent with INS03 = 025, indicates a conditionally eligible HIP member who was previously on HIP and has an outstanding member debt.</p> <p>33 – Indicates a change to the member’s POWER account contribution amount.</p> <p>43 – Indicates the member’s address or phone number has changed.</p> <p>XN – Sent along with INS03 = 030 for all monthly audit records.</p>

<p>INS04</p>	<p>S</p>	<p>The following codes will be used in the 834 file for fully eligible members:</p> <p>Maintenance Reason Code</p> <p>03 – Death</p> <p>06 – Strike</p> <p>07 – Termination of Benefits</p> <p>14 – Voluntary Withdrawal</p> <p>17 - Fired</p> <p>22 – Plan Change</p> <p>25 – Change in Identifying Data Elements</p> <p>28 – Initial Enrollment</p> <p>33 – Personnel Data</p> <p>43 – Change of Location</p> <p>XT - Transfer</p> <p>XN – Notification Only</p> <p>AI – No Reason Given</p>	<p>This code clarifies the type of change and distinguishes a change from a deletion.</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 retro replaced or retro termed 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.</p> <p>When sent with a LIFETIME code in HD04 this indicates the lifetime maximum limitation has been reached.</p> <p>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>17 – Indicates a member being terminated from HIP due to non-payment of POWER account.</p> <p>22 – When sent with INS03 = 024, indicates a member being terminated due to a plan change to ESP or another HIP plan. When sent with INS03 = 021, indicates a member coming from the ESP plan or another HIP plan. When sent with INS03 = 001, indicates a change to the member’s eligibility dates, capitation category, FPL, or ER co-pay. The type of change (plan change / date change / capitation category change) will be indicated in HD04..</p> <p>25 – Indicates a change has been made to the member’s name, SSN, date of birth, or RID.</p> <p>28 – Indicates a new fully eligible HIP member. Note: members who were previously a part of HIP and are returning to the plan, such as women who left due to pregnancy, will be treated as new members as long as they do not have outstanding debt. 3-9</p> <p>33 – Indicates a change to the member’s POWER account contribution amount.</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 redeterm.</p>
INS05	R	Benefit Status Code A – Active	Data is only supplied for active Medicaid members.
INS06	S	Medicare Plan Code	Not used by the IHCP
INS07	S	COBRA Qualifying Event Code	Not used by the IHCP
INS08	S	Employment Status Code FT – Full-time TE – Terminated	This code describes the member’s status in the HIP Program.
INS09	S	Student status code	Not used by the IHCP
INS10	X	Yes/No Condition or response code for Handicap Indicator	This field is reserved and not currently used. Records contain a NULL value in this field.
INS11	S	Date Time Period Format Qualifier D8	The date is in CCYYMMDD format.
INS12	S	Insured Individual Death Date	This is the insured’s date of death. The date is in CCYYMMDD format.
INS13	N/A	Confidentiality Code	Not used
INS14	N/A	City Name	Not used
INS15	N/A	State or Province Code	Not used
INS16	N/A	Country Code	Not used
INS17	S	Birth Sequence Number	Not used by the IHCP

Table 3.15 – Subscriber Number

Segment Name	Subscriber Number
Segment ID	REF
Loop ID	2000
Usage	Required
Segment Notes	This segment contains the IHCP member’s ID
Example	REF*0F*999999999999

Table 3.16 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 0F – Subscriber Number	
REF02	R	Subscriber Identifier	This represents the IHCP member ID.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.17 – Member Policy Number

Segment Name	Member Policy Number
Segment ID	REF
Loop ID	2000
Usage	Required
Segment Notes	The group or policy number is required at either loop 2000 or loop 2300. Because loop 2300 is not sent for conditionally eligible members, the IHCP will always send this loop 2000 segment.
Example	REF*1L*HIP

Table 3.18 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 1L – Group or Policy Number	
REF02	R	HIP	The IHCP does not assign a group or policy number to the member. Because this segment is required for X12 compliance, ‘HIP’ will be sent here.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.19 – Member Identification Number

Segment Name	Member Identification Number
Segment ID	REF
Loop ID	2000
Usage	Situational
Segment Notes	This segment will be used to send any linked member identification numbers.
Example	REF*Q4*123456789012 REF*ZZ*987987987987

Table 3.20 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier Q4 – Prior Identifier Number ZZ – Mutually Defined	The possible codes and descriptions are as follows: Q4 – represents the linked IHCP member ID. Maximum of four, listed most recent to least recent. Will be sent for fully eligible members only. ZZ – represents the member’s spouse’s IHCP ID. Will be sent for conditionally eligible members only.
REF02	R	Subscriber Supplemental Identifier	When <i>Q4</i> is reported, REF02 contains the linked IHCP member’s ID. When <i>ZZ</i> is reported, REF02 contains the member’s spouse’s IHCP ID.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.21 – Member Level Dates

Segment Name	Member Level Dates
Segment ID	DTP
Loop ID	2000
Usage	Situational
Segment Notes	The 834 does not allow the use of both <i>Effective</i> and <i>End</i> Dates within the same record. Use of this segment allows disclosure of both dates.
Example	DTP*303*D8*20020108

Table 3.22 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/ Time Qualifier 300 – Enrollment Signature Date 303 – Maintenance Effective 473 – Medicaid Begin 474 – Medicaid End	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. The qualifiers 473 and 474 are used for reporting the member’s HIP benefit period effective and end dates.
DTP02	R	Date Time Period Format Qualifier D8	The date is in CCYYMMDD format.
DTP03	R	Status Information Effective Date	This is the effective date of the status information. The date is in CCYYMMDD format.

Table 3.23 – Member Name

Segment Name	Member Name
Segment ID	NM1
Loop ID	2100A
Usage	Situational
Segment Notes	This segment contains a member’s identifying information.
Example	NM1*IL*1*DOE*JANE*Z***34*111223333

Table 3.24 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code IL – Insured or Subscriber 74 – Corrected Insured	Identifier 74 is only used when there is a change to the IHCP member’s last name, first name, middle initial, or Social Security number. Otherwise, identifier IL is used.
NM102	R	Entity Type Qualifier 1 – Person	
NM103	R	Subscriber Last Name	This is the IHCP member’s last name.
NM104	R	Subscriber First Name	This is the IHCP member’s first name.
NM105	S	Subscriber Middle Name	This is the IHCP member’s middle initial.
NM106	S	Subscriber Name Prefix	Not used by the IHCP

Element ID	Usage	Guide Description and Valid Values	Comments
NM107	S	Subscriber Name Suffix	Not used by the IHCP
NM108	S	Identification Code Qualifier 34 – Social Security Number	
NM109	S	Subscriber Identifier	This is the IHCP member's Social Security number.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.25 – Member Communications Numbers

Segment Name	Member Communications Numbers
Segment ID	PER
Loop ID	2100A
Usage	Situational
Segment Notes	This segment contains the IHCP member's primary telephone number.
Example	PER*IP**TE*317-222-3333

Table 3.26 – Element ID PER01-PER09

Element ID	Usage	Guide Description and Valid Values	Comments
PER01	R	Contact Function Code IP – Insured Party	
PER02	N/A	Name	Not used
PER03	R	Communication Number Qualifier TE – Telephone	
PER04	R	Communication Number	This is the IHCP member's telephone number.
PER05	S	Communication Number Qualifier EM – E-mail Address	Will not be sent until the integrated solution is complete.
PER06	S	Communication Number	This is the HIP member's e-mail address. Will not be sent until the integrated solution is complete.
PER07	S	Communication Number Qualifier	Not used by the IHCP
PER08	S	Communication Number	Not used by the IHCP
PER09	N/A	Contact Inquiry Reference	Not used

Table 3.27 – Member Residence Street Address

Segment Name	Member Residence Street Address
Segment ID	N3
Loop ID	2100A
Usage	Situational
Segment Notes	This segment contains the IHCP member's street addresses.
Example	N3*123 NORTH MAIN ST.

Table 3.28 – Element ID N301-N302

Element ID	Usage	Guide Description and Valid Values	Comments
N301	R	Subscriber Address Line	This is the first line of the IHCP member's street address.
N302	S	Subscriber Address Line	This is the second line of the IHCP member's street address.

Table 3.29 – Member Residence City, State, ZIP Code

Segment Name	Member Residence City, State, ZIP Code
Segment ID	N4
Loop ID	2100A
Usage	Situational
Segment Notes	This segment contains the IHCP member's city, state, ZIP Code, and county code information.
Example	N4*CITY*ST*12345

Table 3.30 – Element ID N401-N406

Element ID	Usage	Guide Description and Valid Values	Comments
N401	R	Subscriber City Name	This is the IHCP member's city of residence.
N402	R	Subscriber State Code	This is the IHCP member's state of residence.
N403	R	Subscriber Postal Zone or ZIP Code	This is the IHCP member's postal or ZIP Code.
N404	S	Country Code	Not used by the IHCP
N405	S	Location Qualifier CY – County/Parish	
N406	S	Location Identifier	This is the county code of the IHCP member's residence. It will be sent for fully eligible members only.

Table 3.31 – Member Demographics

Segment Name	Member Demographics
Segment ID	DMG
Loop ID	2100A
Usage	Situational
Segment Notes	This segment contains the IHCP member's demographic information.
Example	DMG*D8*19750126*F**C

Table 3.32 – Element ID DMG01-DMG09

Element ID	Usage	Guide Description and Valid Values	Comments
DMG01	R	Date Time Period Format Qualifier D8	The date is in CCYYMMDD format.
DMG02	R	Member Birth Date	
DMG03	R	Gender Code F – Female M – Male	
DMG04	S	Marital Status Code	Not used by the IHCP
DMG05	S	Race or Ethnicity Code 7 – Not Provided A – Asian or Pacific Islander B – Black C – Caucasian E – Other H – Hispanic I – American Indian or Alaskan Native	The race/ethnicity code will be sent for fully eligible members only.
DMG06	S	Citizenship Status Code	Not used by the IHCP
DMG07	N/A	Country Code	Not used
DMG08	N/A	Basis of Verification Code	Not used
DMG09	N/A	Quantity	Not used

Table 3.33 – Member Policy Amounts

Segment Name	Member Policy Amounts
Segment ID	AMT
Loop ID	2100A
Usage	Situational
Segment Notes	This segment contains the IHCP member's annual POWER account contribution, emergency room co-pay, accumulated lifetime, and accumulated annual amounts. On conditionals, may contain previous member's outstanding debt.
Example	AMT*D2*50

Table 3.34 – Element ID AMT01-AMT03

Element ID	Usage	Guide Description and Valid Values	Comments
AMT01	R	Amount Qualifier Code C1 – Co-Payment Amount D2 – Deductible Amount B9 – Co-insurance – Actual P3 – Premium Amount	C1 – On a fully eligible, this will be used to qualify the member’s emergency room co-pay amount based on their Federal Poverty Level code. On a conditional, this will be used to qualify the member’s outstanding debt. D2 – Will be used to qualify the member’s annual POWER account contribution. B9 – Will be used to qualify the reported CAT dollars sent in on the PRF transaction by a previous plan during the current benefit period. P3 - Will be used to qualify the member’s accumulated lifetime amount. EDS calculates this value based on the reported CAT dollars sent in on the PRF transaction.
AMT02	R	Contract Amount	Will contain the dollar amount of the member’s emergency room co-pay, monthly POWER account contribution, accumulated annual (CAT), accumulated lifetime, or outstanding debt amounts Note: For caretaker members who have a Federal Poverty Level greater than 150% (FPL code of 04 in HD04), the co-pay is actually the lesser of \$25 or 20% of the cost of services. As AMT02 is defined as an X12 amount field, '25' will be sent here. The FPL code and capitation category code must be used to determine the appropriate co-pay for these members.
AMT03	N/A	Credit/Debit Flag Code	Not used

Table 3.35 – Member Language

Segment Name	Member Language
Segment ID	LUI
Loop ID	2100A
Usage	Situational
Segment Notes	Only supplied if the IHCP member’s native language is Spanish.
Example	LUI*LD*SPA

Table 3.36 – Element ID LU101-LU105

Element ID	Usage	Guide Description and Valid Values	Comments
LUI01	S	Identification Code Qualifier LD – NISO Z39.53 Language Codes	
LUI02	S	Language Code SPA – Spanish	
LUI03	S	Language Description	Not used by the IHCP
LUI04	S	Language Use Indicator	Not used by the IHCP
LUI05	N/A	Language Proficiency Indicator	Not used

Table 3.37 – Incorrect Member Name

Segment Name	Incorrect Member Name
Segment ID	NM1
Loop ID	2100B
Usage	Situational
Segment Notes	This segment contains a corrected member's original incorrect identifying information. It will only be sent if a correction is being made in the 2100A NM1 (Member Name) or 2100A DMG (Member Demographics).
Example	NM1*70*1*DOE*JANE*Z***34*999887777

Table 3.38 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 70 – Prior Incorrect Insured	
NM102	R	Entity Type Qualifier 1 – Person	
NM103	R	Subscriber Prior Last Name	This is the IHCP member's last name prior to any correction.
NM104	R	Subscriber Prior First Name	This is the IHCP member's first name prior to any correction.
NM105	S	Subscriber Prior Middle Name	This is the IHCP member's middle initial prior to any correction.
NM106	S	Subscriber Name Prefix	Not used by the IHCP
NM107	S	Subscriber Name Suffix	Not used by the IHCP
NM108	S	Identification Code Qualifier 34 – Social Security Number	
NM109	S	Subscriber Prior Identifier	This is the IHCP member's Social Security number prior to any correction.

Element ID	Usage	Guide Description and Valid Values	Comments
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.39 – Incorrect Member Demographics

Segment Name	Incorrect Member Demographics
Segment ID	DMG
Loop ID	2100B
Usage	Situational
Segment Notes	This segment contains a corrected member's original incorrect demographic information. It will only be sent if a correction is being made in the 2100A DMG (Member Demographics).
Example	DMG*D8*20020116*F

Table 3.40 – Element ID DMG01-DMG09

Element ID	Usage	Guide Description and Valid Values	Comments
DMG01	R	Date Time Period Format Qualifier D8	The date is in CCYYMMDD format.
DMG02	R	Member Prior Birth Date	
DMG03	R	Prior Gender Code F – Female M – Male	
DMG04	S	Marital Status Code	Not used
DMG05	S	Race or Ethnicity Code	Not used
DMG06	S	Citizenship Status Code	Not used
DMG07	N/A	Country Code	Not used
DMG08	N/A	Basis of Verification Code	Not used
DMG09	N/A	Quantity	Not used

Table 3.41 – Health Coverage

Segment Name	Health Coverage
Segment ID	HD
Loop ID	2300
Usage	Situational
Segment Notes	This segment contains the type of record reported for health coverage information. This segment will not be sent for conditionally eligible members.
Example	HD*021**HLT*HIPM103*IND

Table 3.42 – Element ID HD01-HD11

Element ID	Usage	Guide Description and Valid Values	Comments
HD01	R	Maintenance Type Code 001 – Change 021 – Addition 024 – Cancellation or Termination 030 – Audit or Compare	A qualifier of 001 here indicates either a change to/from ESP or another 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.
HD02	N/A	Maintenance Reason Code	Not used
HD03	R	Insurance Line Code HLT – Health	
HD04	S	Plan Coverage Description	The plan coverage description is made up of the following concatenated information:
		Program Name HIP – Healthy Indiana Program	
		Valid Capitation Codes Gender and Age Caretaker Non Caretaker Male 19-24 M1 Y1 Male 25-34 M2 Y2 Male 35-44 M3 Y3 Male 45-54 M4 Y4 Male 55-64 M5 Y5 Female 19-24 F1 X1 Female 25-34 F2 X2 Female 35-44 F3 X3 Female 45-54 F4 X4 Female 55-64 F5 X5	Capitation Category Code, two characters.
		Federal Poverty Level code 01 – 100% or less 02 – 101% to 125% 03 – 126% to 150% 04 – greater than 150%	2-character code corresponding to Federal Poverty Level.

Element ID	Usage	Guide Description and Valid Values	Comments
		<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>LIFETIME – Member has reached lifetime maximum limitation.</p> <p>RE-PLAN2PLAN – Member is changing from one HIP plan to another during redetermination period.</p> <p>PLAN2PLAN – Member is changing from one HIP plan to another during their benefit period.</p> <p>FROM HIP – Member is coming to the Enhanced Services Plan from another HIP plan during their benefit period.</p> <p>FROM ESP – Member is coming to this HIP plan from the Enhanced Services Plan during their benefit period.</p> <p>TO HIP – Member is being removed from the Enhanced Services Plan and moved to another HIP plan during their benefit period.</p> <p>TO ESP – Member is being removed from this plan and moved to the Enhanced Services Plan during their benefit period.</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>ER COPAY – Member’s emergency room co-pay 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>	

Element ID	Usage	Guide Description and Valid Values	Comments
		<p>RE-SAME PLAN – Member successfully redetermined</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>	
HD05	S	Coverage Level Code IND – Individual	IND is always the coverage level code value for the first 2300 loop.
HD06	N/A	Count	Not used
HD07	N/A	Count	Not used
HD08	N/A	Underwriting Decision Code	Not used
HD09	N/A	Yes/No Condition or Response Code	Not used
HD10	N/A	Drug House Code	Not used
HD11	N/A	Yes/No Condition or Response Code	Not used

Table 3.43 – Health Coverage Dates

Segment Name	Health Coverage Dates
Segment ID	DTP
Loop ID	2300
Usage	Situational
Segment Notes	This segment contains the dates of health coverage for the IHCP. This segment will not be sent for conditionally eligible members.
Example	DTP*348*D8*20020108

Table 3.44 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 348 – Benefit Begin 349 – Benefit End	Qualifier 348 is used for additions and changes. Qualifier 349 is sent only for terminations of fully eligible members (HD01 = 024)
DTP02	R	Date Time Period Format Qualifier D8	The date is in CCYYMMDD format.
DTP03	R	Coverage Period	This date represents the coverage period. The date is in CCYYMMDD format.

Table 3.45 – Transaction Set Trailer

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	
Usage	Required
Segment Notes	This segment ends the transaction
Example	SE*27*1234~

Table 3.46 – Element ID SE01-SE02

Element ID	Usage	Guide Description and Valid Values	Comments
SE01	R	Number of Included Segments	
SE02	R	Transaction Set Control Number	This number is assigned locally by the sender and matches the value in the corresponding ST segment.

Index

8		Header.....	2-1
		Trailer.....	2-4
834		Interchange control structure.....	2-1
	Audit file	Introduction	
	Change file	Overview.....	1-1
	Data element description	M	
	Segment description	Member	
	Segment usage.....	Communications numbers.....	3-14
	Segments	Demographics	3-16, 3-19
834 Benefit enrollment.....	1-1	Language.....	3-17
A		Name	3-13, 3-18
Addition (INS03 021).....	1-1	Residence City, State, ZIP Code	3-15
Audit file	1-1	Residence street address.....	3-15
B		Member identification number.....	3-11
Beginning segment.....	3-4	Member level	
C		Dates	3-12
Cancellation (INS03 024).....	1-1	Detail.....	3-7
Change (INS03 001).....	1-1	O	
Change file	1-1	Outbound interchange control	
Companion Guides.....	1-1	Sample	2-5
D		Outbound transactions.....	2-1
Data element description	3-3	P	
Data exchange technical specifications	2-1	Payer	3-6
Dates		R	
Health coverage.....	3-22	Revision history	i
Member level.....	3-12	S	
Deletion (INS03 024).....	1-1	Segment description.....	3-3
E		Segment usage	3-1
Enrollment information	3-1	Special issues	3-3
F		Sponsor	
Functional group		Name	3-6
Header	2-3	Subscriber	
Trailer.....	2-4	Number	3-10, 3-11
H		T	
Health coverage.....	3-19	Termination (INS03 024).....	1-1
Dates.....	3-22	Transaction set	
I		Header.....	3-4
Implementation Guides	1-1	Policy number	3-5
Interchange control		Trailer.....	3-23