



Companion Guide Upcoming Changes:

834 HIP Benefit Enrollment and

Maintenance Transaction

Right Choices Program (RCP) Update

Revision Information

Revision Date	Reason for Revisions
November 3, 2009	Right Choices Program (RCP) Update

Implementation Date
December 30, 2009

Upcoming Changes

* Changes indicated in [blue text](#)

Table 3.1 – 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*HIPM103Y*IND

Table 3.2 – 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	

Element ID	Usage	Guide Description and Valid Values	Comments
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.
		RCP Indicator Y – Yes N - No	Right Choices Program Indicator

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 reterm.</p>	
		<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>	

Element ID	Usage	Guide Description and Valid Values	Comments
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