Indiana Dual Eligible Special Needs Plans Supplemental Benefits Reporting

Data Submitter Information Companion Guide

Companion Guide Version Number: 8.0
Revision Date: November 2023

Preface

This Companion Guide for submission of Medicare Advantage plan supplemental benefits information specifies the data content when exchanging data electronically with the FSSA. This Companion Guide is intended to convey information regarding FSSA requirements for submitting IN D-SNP supplemental benefit transactions.

Table of Content

LIST OF FIGURES **4**

LIST OF TABLES **4**

1 INTRODUCTION **5**

1.1 SCOPE 5
1.2 OVERVIEW 5
1.3 REFERENCES 5

2 GETTING STARTED **6**

2.1 WORKING TOGETHER 6
2.2 TRADING PARTNER REGISTRATION 6
2.3 EDI SECURE FILE TRANSFER PROTOCOL 6
2.4 SUPPORTED FILE LAYOUTS 7
2.4.1 Inbound File Layouts *7*
2.4.2 Outbound SA Acknowledgement File Layouts *24*

3 TESTING **36**

3.1 TESTING INSTRUCTIONS 37

4 CONNECTIVITY / COMMUNICATIONS **38**

4.1 PROCESS FLOWS 38
4.2 TRANSMISSION 39
4.3 INBOUND FILE NAMING CONVENTION 39
4.4 OUTBOUND FILE NAMING CONVENTION 40
4.5 TRANSMISSION SCHEDULE 41
4.6 RE-TRANSMISSION PROCEDURES 41
4.7 COMMUNICATION PROTOCOL SPECIFICATIONS 41
4.8 SECURITY PROTOCOLS AND PASSWORDS 42

5 CONTACT INFORMATION **42**

5.1 EDI TECHNICAL ASSISTANCE 42
5.2 SFTP TECHNICAL ASSISTANCE 42
5.3 APPLICABLE WEBSITES / EMAIL 42

6 CONTROL SEGMENTS / ENVELOPE **43**

7 SPECIFIC BUSINESS RULES AND LIMITATIONS **43**

7.1 GENERAL NOTES 43
7.2 GENERAL SUPPLEMENTAL FILE NOTES 45

8 ACKNOWLEDGEMENTS AND/OR REPORTS **46**

8.1 SJ FILE ACKNOWLEDGEMENT 46
8.2 SA ACKNOWLEDGEMENT FILE 47

9 TRADING PARTNER AGREEMENT 50
10 TRANSMISSION EXAMPLES 51
10.1 TRANSMISSION EXAMPLES 51
10.2 ALL-SUPPLEMENTAL BENEFITS SUMMARY REPORTING SCENARIOS 56
11 SUPPLEMENTAL BENEFITS SERVICE TYPES 59
11.1 SERVICE TYPES LISTING 59
12 ACRONYM LISTING 60
12.1 ACRONYM LISTING 60
13 CHANGE SUMMARY 61
13.1 CHANGE SUMMARY 61

LIST OF FIGURES

Figure 1 - IN D-SNP SUPPLEMENTAL BENEFIT DATA FLOW (VERSION 1.0) 38

LIST OF TABLES

Table 1 – RESOURCES WEBSITES 5
Table 2 – ALL SUPPLEMENTAL BENEFITS SUMMARY REPORT FILE LAYOUT 7
Table 3 – DENTAL BENEFITS FILE LAYOUT 9
Table 4 – VHP BENEFITS FILE LAYOUT 12
Table 5 – SUPPLEMENTAL MEMBER REPORT 19
Table 6 – TRANSPORTATION BENEFITS FILE 20
Table 7 – SA ACKNOWLEDGEMENT – ALL SUPPLEMENTAL BENEFIT SUMMARY REPORT FILE LAYOUT 24
Table 8 – SA ACKNOWLEDGEMENT – DENTAL BENEFITS FILE LAYOUT 26
Table 9 – SA ACKNOWLEDGEMENT – VHP BENEFITS FILE LAYOUT 28
Table 10 –SA ACKNOWLEDGEMENT – SUPPLEMENTAL MEMBER REPORT LAYOUT 32
Table 11 – SA ACKNOWLEDGEMENT – TRANSPORTATION BENEFITS FILE LAYOUT LAYOUT 33
Table 12 – CONTACT INFORMATION 42
Table 13 – SJ ERROR CODES 46
Table 14 – SA ACKNOWLEDGEMENT ERROR CODES – ALL SUPPLEMENTAL BENEFITS SUMMARY REPORT. 47
Table 15 – SA ACKNOWLEDGEMENT ERROR CODES – DENTAL,VHP, TRANSPORT, SUPP MEMBER 48
Table 16 – REPORTING SCENARIOS ON ALL SUPPLEMENTAL BENEFITS SUMMARY REPORT 56
Table 17 – SUPPLEMENTAL BENEFITS SERVICE TYPES LISTING 59
Table 18 – ACRONYMS LISTING 60
Table 19 – COMPANION GUIDE VERSION HISTORY 61

1 Introduction

Supplemental Benefits are additional benefits covered by Medicare Advantage plans that are not offered under traditional Medicare. The Indiana Dual Eligible Special Needs Plans (D-SNP) Supplemental Benefits Encounters Data Submitter Information Companion Guide is intended to provide information to trading partners regarding the exchange of D-SNP Medicare supplemental benefit data with the Indiana Family and Social Services Administration (FSSA). This document includes information about the communication, connectivity, testing, support, and file specific information associated with this exchange.

For the purposes of this document, Trading Partner is defined as any data submitter that transmits to or receives D-SNP supplemental benefit data from the FSSA.

1.1 Scope

This Companion Guide (CG) provides technical and connectivity specifications for supplemental benefit data being exchanged with FSSA. This CG is intended to clarify, supplement, and further define specific data requirements for submission of IN D-SNP supplemental benefit data to FSSA.

1.2 Overview

This CG provides information that supports a data submitter's ability to commence, support, and maintain data exchange with FSSA. In addition, this CG supports the design and implementation of FSSA processing standards for submission of supplemental benefit data.

1.3 References

Table 1 – Resources Websites

Resource	Web Address
Dual Eligible Special Needs Plans Website (IN D-SNP)	https://www.in.gov/medicaid/partners/medicaid-partners/dual-eligible-special-needs-plans/
Indiana Office of Technology	https://www.in.gov/iot/
Center for Medicare and Medicaid Services (CMS)	http://www.cms.hhs.gov
D-SNP Trading Partner Agreement (TPA)	https://www.in.gov/medicaid/partners/files/IN-FSSA-DSNP-TPA-Template.PDF
Indiana Dual Eligible Special Needs Plans 837P and 837I Encounters Data Submitter Information Companion Guide	https://www.in.gov/medicaid/partners/medicaid-partners/dual-eligible-special-needs-plans/

Resource	Web Address
Indiana Dual Eligible Special Needs Plans Pharmacy Prescription Drug Event (PDE) Data Submitter Information Companion Guide	https://www.in.gov/medicaid/partners/medicaid-partners/dual-eligible-special-needs-plans/

2 Getting Started

2.1 Working Together

D-SNPs can contact dsnp@fssa.in.gov for basic information and troubleshooting. The dsnp@fssa.in.gov is available to support most EDI questions/incidents and triage any issues when more advanced research is needed. (See Section 5.3, Table 12 – Contact Information)

2.2 Trading Partner Registration

An EDI data submitter is any entity that transmits electronic data to or receives electronic data from another entity as a Trading Partner. An EDI Trading Partner Agreement (TPA) is needed for data submitters to exchange electronic D-SNP supplemental benefits data with the FSSA.

The TPA stipulates the general terms and conditions under which the partners agree to exchange information electronically. The document defines participant roles, communication, and security requirements.

The TPA designates the data submitter as the entity agreeing to the exchange of electronic data. The TPA also ensures the agreement between the data submitter and FSSA is governed by standard policies and practices to ensure the security and integrity of information exchanged. The TPA will contain the relevant contact information for each data submitter. The submitter shall be responsible for providing all necessary changes and updates to its contact information.

FSSA requires the publication of information on EDI for new trading partners that request to exchange D-SNP Encounter data with the FSSA. Additionally, FSSA assesses the capacity of entities to submit data electronically, establish their qualifications (see test requirements in Section 3), and enroll and assign submitter identification numbers (Submitter ID) to those approved to use EDI.

2.3 EDI Secure File Transfer Protocol

As part of the onboarding process, submitters are required to submit a TPA and receive approval from FSSA. A unique Submitter ID will be assigned by FSSA to include in the TPA and data submissions. The data submitter will also be provided additional details needed to connect and send data such as the SFTP systems Internet Protocol (IP), User ID and Password.

2.4 Supported File Layouts

The FSSA supports the approved version of the supplemental benefits file layouts for exchanging D-SNP supplemental benefit records. Listed below are the supported inbound and outbound file layouts.

2.4.1 Inbound File Layouts

2.4.1.1 All Supplemental Benefits Summary Report

Table 2 – All-Supplemental Benefits Summary Report File Layout

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
A01	Usage Indicator	Required	CHAR (1)	This indicator distinguishes if the file being submitted is a production or test file. ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.***	P = Production T = Test
A02	Submitter ID	Required	CHAR (50)	Submitter ID for D-SNP. ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.***	
A03	PBP Numb	Required	CHAR (10)	PBP number for D-SNP. ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.***	
A04	Contract Numb	Required	CHAR (10)	Contract number for D-SNP. ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.***	
A05	Reporting Month	Required	DECIMAL (6,0)	Reporting month for the supplemental benefits. Based on date of service (YYYYMM) ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.***	
A06	Report Date	Required	DECIMAL (8,0)	The date that the report was generated. (YYYYMMDD) ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.***	

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
A07	Service Type	Required	CHAR (2)	Indiana provided unique value for supplemental benefit being reported. ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.***	See Service Type Listing in Section 11.1.
A08	Total Enrolled	Required	DECIMAL (20,0)	Total number of members enrolled for the supplemental benefit in the reporting period. (Distinct Count) ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.***	
A09	Total Utilized	Situational	DECIMAL (20,0)	*Total number of members that utilized the supplemental benefit in the reporting period. (Distinct Count)* ***This field is required for supplemental benefits where services are only reported at the aggregate level and/or where member level reporting is not done.*** ***Note: This field is not required for supplemental benefits reported in the 837P, Dental, VHP, Supplemental Member Report or Transportation Benefits files.***	
A10	Total Amount Paid	Situational	DECIMAL (20,0)	Total amount paid for supplemental benefit utilized in the reporting period. Limited to total cost of providing the service to the member, excluding any administrative costs. ***This field is required if D-SNPs can derive the total paid amount for the supplemental benefit being reported.*** ***Note: This field is not required for supplemental benefits reported in the 837P, Dental, VHP, Supplemental Member Report or Transportation Benefits files.***	

2.4.1.2 Dental Benefits

Table 3 – Dental Benefits File Layout

Data Element ID	Claim Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
D01	Header	Usage Indicator	Required	CHAR (1)	This indicator distinguishes if the file being submitted is a production or test file.	P = Production T = Test
D02	Header	Submitter ID	Required	CHAR (50)	Submitter ID for D-SNP.	
D03	Header	PBP Numb	Required	CHAR (10)	PBP number for D-SNP.	
D04	Header	Contract Numb	Required	CHAR (10)	Contract number for D-SNP.	
D05	Header	Service Type	Required	CHAR (2)	Type of service being provided.	09 – Dental
D06	Header	Claim Numb	Required	CHAR (16)	Unique internal control number (ICN) for claim.	
D07	Header	Medicare ID	Required	CHAR (12)	Member's Medicare Beneficiary ID (MBI)	
D08	Header	Billing Provider NPI	Optional	CHAR (15)	NPI for the provider billing services.	
D09	Header	Billing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider billing services.	
D10	Header	Billing Provider Name	Optional	CHAR (55)	Name of the Provider billing services.	
D11	Header	Billing Provider Tax ID	Optional	CHAR (10)	Tax ID for the provider billing services.	
D12	Header	Billing Provider Address 1	Optional	CHAR (30)	Address line 1 for provider billing services	
D13	Header	Billing Provider Address 2	Optional	CHAR (30)	Address line 2 for provider billing services	
D14	Header	Billing Provider City	Optional	CHAR (30)	City for provider billing services	
D15	Header	Billing Provider Zip	Optional	CHAR (10)	Zip code for provider billing services	

Data Element ID	Claim Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
D16	Header	Claim Status	Required	CHAR (1)	Claim Adjudication Status	P= Paid Note: D-SNPs should not report claims that fully deny in their system.
D17	Header	Performing Provider NPI	Optional	CHAR (15)	NPI for the provider performing (rendering) services.	
D18	Header	Performing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider performing (rendering) services.	
D19	Header	Referring Provider NPI	Optional	CHAR (15)	NPI for the referring provider.	
D20	Header	Referring Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the referring provider.	
D21	Header	Amt TPL	Optional	DECIMAL (10,2)	Amount paid by third party for services rendered.	
D22	Header	Date Billed	Required	DECIMAL (8,0)	Date that the claim was billed (Receipt Date). YYYYMMDD	
D23	Header	Amt Billed	Optional	DECIMAL (10,2)	Total amount billed at the header level.	
D24	Header	Date Paid	Required	DECIMAL (8,0)	Date that the claim was paid. YYYYMMDD	
D25	Header	Amt Paid	Required	DECIMAL (10,2)	Amount paid by the plan for the claim.	
D26	Header	Date Begin Service	Required	DECIMAL (8,0)	Begin date of service(s) billed on the claim. YYYYMMDD	
D27	Header	Date End Service	Required	DECIMAL (8,0)	End date of service(s) billed on the claim. YYYYMMDD	
D28	Header	Amt Patient Liability	Optional	DECIMAL (10,2)	Amount of member's liability.	
D29	Header	Place of Service	Required	CHAR (2)	Place that the service occurred.	
D30	Header	Ind Emergency	Optional	CHAR (1)	Emergency service indicator.	
D31	Header	Ind Accident	Optional	CHAR (1)	Accident indicator.	

Data Element ID	Claim Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
D32	Header	Patient Account Numb	Optional	CHAR (40)	Patient account number assigned to member by the provider.	
D33	Header	Claim Numb Mom	Situational	CHAR (16)	Claim number of the claim that is being voided or replaced. ***Note: This is a required field if submitting a void or replacement claim.***	
D34	Header	Claim Frequency Code	Required	CHAR (1)	Claim frequency code billed on claim.	1 - Original 7 - Replacement 8 - Void
D35	Header	Claim Line Count	Required	DECIMAL (4,0)	Total number of records in the header.	
D36	Detail	Detail - Claim Line Numb	Required	DECIMAL (4,0)	Line (detail) number.	
D37	Detail	Detail - Performing Provider NPI	Optional	CHAR (15)	NPI for the provider performing (rendering) services.	
D38	Detail	Detail - Performing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider performing (rendering) services.	
D39	Detail	Detail - Date Begin Service	Optional	DECIMAL (8,0)	Begin date of the service detail being billed. YYYYMMDD	
D40	Detail	Detail - Date End Service	Optional	DECIMAL (8,0)	End date of the service detail being billed. YYYYMMDD	
D41	Detail	Detail - Proc Code	Required	CHAR (10)	Procedure code being billed on the claim detail. (HCPCS)	
D42	Detail	Detail - Amt Billed	Optional	DECIMAL (10,2)	Amount billed for the claim detail.	
D43	Detail	Detail - Amt Paid	Required	DECIMAL (10,2)	Amount paid by the plan for the claim detail.	
D44	Detail	Detail - Amt TPL	Optional	DECIMAL (10,2)	Amount of TPL applied to the claim detail.	
D45	Detail	Detail - Claim Line Status	Required	CHAR (1)	Detail adjudication status.	P= Paid D= Denied

Data Element ID	Claim Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
D46	Detail	Detail - Amt Copay	Optional	DECIMAL (10,2)	Amount of copay applied to the claim detail.	
D47	Detail	Detail - CDE Tooth Numb	Situational	CHAR (30)	Tooth number(s) associated with the procedure code. Note: If there are multiple tooth numbers they would be reported as follows: 1, 2, 4.	1 through 32
D48	Detail	Detail - Qty Billed	Required	DECIMAL (10,2)	HCPCS Quantity billed	
D49	Detail	Detail - Qty Allowed	Required	DECIMAL (10,2)	HCPCS Allowed quantity	
D50	Detail	Detail - CDE Quadrant	Situational	CHAR (2)	Dental quadrant associated with the procedure code.	
D51	Detail	Detail - Place of Service	Optional	CHAR (2)	Place that the service occurred.	

2.4.1.3 Vision, Hearing and Podiatry Benefits

Table 4 – VHP (Vision, Hearing, Podiatry) Benefits File Layout

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
V01	Header	Usage Indicator	Required	CHAR (1)	This indicator distinguishes if the file being submitted is a production or test file.	P = Production T = Test
V02	Header	Submitter ID	Required	CHAR (50)	Submitter ID for D-SNP.	
V03	Header	PBP Numb	Required	CHAR (10)	PBP number for D-SNP.	
V04	Header	Contract Numb	Required	CHAR (10)	Contract number for D-SNP.	
V05	Header	Service Type	Required	CHAR (2)	Indiana provided unique value for supplemental	See Service Type Listing in Section 11.1.

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
					benefit being reported.	
V06	Header	Claim Numb	Required	CHAR (16)	Claim number.	
V07	Header	Medicare ID	Required	CHAR (12)	Member's Medicare Beneficiary ID (MBI).	
V08	Header	IND Crossover	Optional	CHAR (1)	Y = Yes, service is submitted to IN Medicaid as a crossover claim. N = No, service is not submitted to IN Medicaid as a crossover claim.	Y or N
V09	Header	Billing Provider NPI	Optional	CHAR (15)	NPI for the provider billing services.	
V10	Header	Billing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider billing services.	
V11	Header	Billing Provider Name	Optional	CHAR (55)	Name of the Provider billing services.	
V12	Header	Billing Provider Tax ID	Optional	CHAR (10)	Tax ID for the provider billing services.	
V13	Header	Billing Provider Address 1	Optional	CHAR (30)	Address Line 1 of the provider billing services.	
V14	Header	Billing Provider Address 2	Optional	CHAR (30)	Address Line 2 of the provider billing services.	
V15	Header	Billing Provider City	Optional	CHAR (30)	City of the provider billing services.	
V16	Header	Billing Provider Zip	Optional	CHAR (10)	Zip code of the provider billing services.	
V17	Header	Claim Status	Required	CHAR (1)	Claim adjudication status.	P = Paid Note: D-SNPs should not report claims that fully deny in their system.
V18	Header	Performing Provider NPI	Optional	CHAR (15)	NPI for the provider performing	

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
					(rendering) services.	
V19	Header	Performing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider performing (rendering) services.	
V20	Header	Referring Provider NPI	Optional	CHAR (15)	NPI for the referring provider.	
V21	Header	Referring Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the referring provider.	
V22	Header	Diag Code1	Required	CHAR (10)	First diagnosis code on claim.	
V23	Header	Diag Code2	Optional	CHAR (10)	Second diagnosis code on claim. (Required if submitted on claim)	
V24	Header	Diag Code3	Optional	CHAR (10)	Third diagnosis code on claim. (Required if submitted on claim)	
V25	Header	Diag Code4	Optional	CHAR (10)	Fourth diagnosis code on claim. (Required if submitted on claim)	
V26	Header	Diag Code5	Optional	CHAR (10)	Fifth diagnosis code on claim. (Required if submitted on claim)	
V27	Header	Diag Code6	Optional	CHAR (10)	Sixth diagnosis code on claim. (Required if submitted on claim)	
V28	Header	Diag Code7	Optional	CHAR (10)	Seventh diagnosis code on claim. (Required if submitted on claim)	
V29	Header	Diag Code8	Optional	CHAR (10)	Eighth diagnosis code on claim. (Required if submitted on claim)	
V30	Header	Diag Code9	Optional	CHAR (10)	Ninth diagnosis code on claim. (Required if	

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
					submitted on claim)	
V31	Header	Diag Code10	Optional	CHAR (10)	Tenth diagnosis code on claim. (Required if submitted on claim)	
V32	Header	Diag Code11	Optional	CHAR (10)	Eleventh diagnosis code on claim. (Required if submitted on claim)	
V33	Header	Diag Code12	Optional	CHAR (10)	Twelfth diagnosis code on claim. (Required if submitted on claim)	
V34	Header	Diag Code13	Optional	CHAR (10)	Thirteenth diagnosis code on claim. (Required if submitted on claim)	
V35	Header	Diag Code14	Optional	CHAR (10)	Fourteenth diagnosis code on claim. (Required if submitted on claim)	
V36	Header	Diag Code15	Optional	CHAR (10)	Fifteenth diagnosis code on claim. (Required if submitted on claim)	
V37	Header	Diag Code16	Optional	CHAR (10)	Sixteenth diagnosis code on claim. (Required if submitted on claim)	
V38	Header	Diag Code17	Optional	CHAR (10)	Seventeenth diagnosis code on claim. (Required if submitted on claim)	
V39	Header	Diag Code18	Optional	CHAR (10)	Eighteenth diagnosis code on claim. (Required if submitted on claim)	
V40	Header	Diag Code19	Optional	CHAR (10)	Nineteenth diagnosis code on claim. (Required if submitted on claim)	

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
V41	Header	Diag Code20	Optional	CHAR (10)	Twentieth diagnosis code on claim. (Required if submitted on claim)	
V42	Header	Diag Code21	Optional	CHAR (10)	Twenty first diagnosis code on claim. (Required if submitted on claim)	
V43	Header	Diag Code22	Optional	CHAR (10)	Twenty second diagnosis code on claim. (Required if submitted on claim)	
V44	Header	Diag Code23	Optional	CHAR (10)	Twenty third diagnosis code on claim. (Required if submitted on claim)	
V45	Header	Diag Code24	Optional	CHAR (10)	Twenty fourth diagnosis code on claim. (Required if submitted on claim)	
V46	Header	Diag Code25	Optional	CHAR (10)	Twenty fifth diagnosis code on claim. (Required if submitted on claim)	
V47	Header	Amt TPL	Optional	DECIMAL (10,2)	Amount paid by third party for services rendered.	
V48	Header	Date Billed	Required	DECIMAL (8,0)	Date that the claim was billed (Receipt Date). YYYYMMDD	
V49	Header	Amt Billed	Optional	DECIMAL (10,2)	Total amount billed at the header level.	
V50	Header	Date Paid	Required	DECIMAL (8,0)	Date that the claim was paid. YYYYMMDD	
V51	Header	Amt Paid	Required	DECIMAL (10,2)	Total amount paid by the plan for the claim.	
V52	Header	Date Begin Service	Required	DECIMAL (8,0)	Begin date of service(s) being billed on the claim. YYYYMMDD	
V53	Header	Date End Service	Required	DECIMAL (8,0)	End date of service(s) being	

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
					billed on the claim. YYYYMMDD	
V54	Header	Amt Patient Liability	Optional	DECIMAL (10,2)	Amount of member's liability.	
V55	Header	Place of Service	Required	CHAR (2)	Place that the service occurred.	
V56	Header	Ind Emergency	Optional	CHAR (1)	Emergency service indicator.	
V57	Header	Ind Accident	Optional	CHAR (1)	Accident indicator.	
V58	Header	Patient Account Numb	Optional	CHAR (40)	Patient account number assigned to member by provider.	
V59	Header	Claim Numb Mom	Situational	CHAR (16)	Claim number of the claim that is being voided or replaced. ***Note: This is a required field if submitting a void or replacement claim.***	
V60	Header	Claim Frequency Code	Required	CHAR (1)	Claim frequency code billed on claim.	1 - Original 7 - Replacement 8 - Void
V61	Header	Claim Line Count	Required	DECIMAL (20,0)	Total number of records in the header.	
V62	Detail	Detail - Claim Line Numb	Required	DECIMAL (4,0)	Line (detail) number.	
V63	Detail	Detail - Performing Provider NPI	Optional	CHAR (15)	NPI for the provider performing services.	
V64	Detail	Detail - Performing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider performing services.	
V65	Detail	Detail - Date Begin Service	Optional	DECIMAL (8,0)	Begin date of the service detail being billed. YYYYMMDD	
V66	Detail	Detail - Date End Service	Optional	DECIMAL (8,0)	End date of the service detail being billed. YYYYMMDD	
V67	Detail	Detail - Proc Code	Required	CHAR (10)	Procedure code being billed on the	

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
					claim detail. (HCPCs or CPT)	
V68	Detail	Detail - Proc Mod1	Situational	CHAR (2)	First modifier being billed on the claim detail.	
V69	Detail	Detail - Proc Mod2	Situational	CHAR (2)	Second modifier being billed on the claim detail.	
V70	Detail	Detail - Proc Mod3	Situational	CHAR (2)	Third modifier being billed on the claim detail.	
V71	Detail	Detail - Proc Mod4	Situational	CHAR (2)	Fourth modifier being billed on the claim detail.	
V72	Detail	Detail - Amt Billed	Required	DECIMAL (10,2)	Amount billed for the claim detail.	
V73	Detail	Detail - Amt Paid	Required	DECIMAL (10,2)	Amount paid by the plan for the claim detail.	
V74	Detail	Detail - Claim Status	Required	CHAR (1)	Status of claim detail.	P = Paid D = Denied
V75	Detail	Detail - Amt Copay	Optional	DECIMAL (10,2)	Amount of copay applied to the claim detail.	
V76	Detail	Detail - Qty Billed	Required	DECIMAL (10,2)	Quantity (units) billed for claim detail.	
V77	Detail	Detail - Qty Allowed	Required	DECIMAL (10,2)	Quantity (units) allowed for claim detail.	
V78	Detail	Detail - Place of Service	Optional	CHAR (2)	Place that the service occurred.	
V79	Detail	Detail - Amt TPL	Optional	DECIMAL (10,2)	Amount of TPL applied to the claim detail.	
V80	Detail	Detail - Diag Code Indicator	Optional	CHAR (80)	Indicates the diagnosis code associated with the claim detail.	

2.4.1.4 Supplemental Member Report

Note: this file layout is to be used for member level reporting of any supplemental benefit services except for Dental, Vision, Hearing, Podiatry, Transportation, or any service where a D-SNP currently reports at the member level on the 837P transaction.

Table 5 – Supplemental Member Report File Layout

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
M01	Header	Usage Indicator	Required	CHAR (1)	This indicator distinguishes if the file being submitted is a production or test file.	P = Production T = Test
M02	Header	Submitter ID	Required	CHAR (50)	Submitter ID for D-SNP.	
M03	Header	PBP Numb	Required	CHAR (10)	PBP number for D-SNP.	
M04	Header	Contract Numb	Required	CHAR (10)	Contract number for D-SNP.	
M05	Header	Service Type	Required	CHAR (2)	Indiana provided unique value for supplemental benefit being reported.	See Service Type Listing in Section 11.1 of this companion guide.
M06	Header	Medicare ID	Required	CHAR (16)	Member's Medicare Beneficiary ID (MBI).	
M07	Header	Transaction Date	Required	DECIMAL (8,0)	Date of the service transaction. YYYYMMDD	
M08	Header	Total Amount Paid	Required	DECIMAL (10,2)	Total amount paid for the service. Note: For OTC the Total Amount Paid would be the total paid for all OTC transactions on a given transaction date. For meals the Total Amount Paid would be the total cost of providing meals for the member on a given transaction date.	

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
M09	Header	Quantity	Required	NUMBER (Note: Do not use decimals or special characters)	Total number of transactions Note: For OTC the quantity would be the number of items bought on that transaction date. For meals the quantity would be the number of meals provided on that transaction date. Default to: Quantity = 1 if D-SNP cannot distinguish the quantity.	
M10	Header	Transaction ID	Required	CHAR (25)	ID assigned to the service transaction. NUMBER Note: If a D-SNP does not capture a Transaction ID for a specific benefit, report this value as the word **Default**.	

2.4.1.5 Transportation Benefit

Table 6 – Transportation Benefit File Layout

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
T01	Header	Usage Indicator	Required	CHAR (1)	This indicator distinguishes if the file being submitted is a production or test file.	P = Production T = Test
T02	Header	Submitter ID	Required	CHAR (50)	Submitter ID for D-SNP.	
T03	Header	PBP Numb	Required	CHAR (10)	PBP number for D-SNP.	

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
T04	Header	Contract Numb	Required	CHAR (10)	Contract number for D-SNP.	
T05	Header	Service Type	Required	CHAR (2)	Indiana provided unique value for supplemental benefit being reported.	34 –Transportation
T06	Header	Claim Numb	Required	CHAR (16)	Claim number.	
T07	Header	Medicare ID	Required	CHAR (12)	Member's Medicare Beneficiary ID (MBI).	
T08	Header	Billing Provider NPI	Optional	CHAR (15)	NPI for the provider billing services.	
T09	Header	Billing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider billing services.	
T10	Header	Billing Provider Name	Optional	CHAR (55)	Name of the Provider billing services.	
T11	Header	Billing Provider Tax ID	Optional	CHAR (10)	Tax ID for the provider billing services.	
T12	Header	Billing Provider Address 1	Optional	CHAR (30)	Address Line 1 of the provider billing services.	
T13	Header	Billing Provider Address 2	Optional	CHAR (30)	Address Line 2 of the provider billing services.	
T14	Header	Billing Provider City	Optional	CHAR (30)	City of the provider billing services.	
T15	Header	Billing Provider Zip	Optional	CHAR (10)	Zip code of the provider billing services.	
T16	Header	Claim Status	Required	CHAR (1)	Claim adjudication status.	P = Paid Note: D-SNPs should not report claims that fully deny in their system.
T17	Header	Performing Provider NPI	Optional	CHAR (15)	NPI for the provider performing (rendering) services.	
T18	Header	Performing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider performing	

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
					(rendering) services.	
T19	Header	Diag Code1	Required	CHAR (10)	First diagnosis code on claim.	
T20	Header	Amt TPL	Optional	DECIMAL (10,2)	Amount paid by third party for services rendered.	
T21	Header	Date Billed	Required	DECIMAL (8,0)	Date that the claim was billed (Receipt Date). YYYYMMDD	
T22	Header	Amt Billed	Optional	DECIMAL (10,2)	Total amount billed at the header level.	
T23	Header	Date Paid	Required	DECIMAL (8,0)	Date that the claim was paid. YYYYMMDD	
T24	Header	Amt Paid	Required	DECIMAL (10,2)	Total amount paid by the plan for the claim.	
T25	Header	Date Begin Service	Required	DECIMAL (8,0)	Begin date of service(s) being billed on the claim. YYYYMMDD	
T26	Header	Date End Service	Required	DECIMAL (8,0)	End date of service(s) being billed on the claim. YYYYMMDD	
T27	Header	Claim Numb Mom	Situational	CHAR (16)	Claim number of the claim that is being voided or replaced. ***Note: This is a required field if submitting a void or replacement claim.***	
T28	Header	Claim Frequency Code	Required	CHAR (1)	Claim frequency code billed on claim.	1 - Original 7 - Replacement 8 - Void
T29	Header	Claim Line Count	Required	DECIMAL (20,0)	Total number of records in the header.	
T30	Detail	Detail - Claim Line Numb	Required	DECIMAL (4,0)	Line (detail) number.	
T31	Detail	Detail - Performing Provider NPI	Optional	CHAR (15)	NPI for the provider performing services.	

Data Element ID	Header/ Detail	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description	Valid Values
T32	Detail	Detail - Performing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider performing services.	
T33	Detail	Detail - Date Begin Service	Optional	DECIMAL (8,0)	Begin date of the service detail being billed. YYYYMMDD	
T34	Detail	Detail - Date End Service	Optional	DECIMAL (8,0)	End date of the service detail being billed. YYYYMMDD	
T35	Detail	Detail - Proc Code	Required	CHAR (10)	Procedure code being billed on the claim detail. (HCPCs or CPT)	
T36	Detail	Detail - Proc Mod1	Situational	CHAR (2)	First modifier being billed on the claim detail.	
T37	Detail	Detail - Proc Mod2	Situational	CHAR (2)	Second modifier being billed on the claim detail.	
T38	Detail	Detail - Proc Mod3	Situational	CHAR (2)	Third modifier being billed on the claim detail.	
T39	Detail	Detail - Proc Mod4	Situational	CHAR (2)	Fourth modifier being billed on the claim detail.	
T40	Detail	Detail - Amt Billed	Required	DECIMAL (10,2)	Amount billed for the claim detail.	
T41	Detail	Detail - Amt Paid	Required	DECIMAL (10,2)	Amount paid by the plan for the claim detail.	
T42	Detail	Detail - Claim Status	Required	CHAR (1)	Status of claim detail.	P = Paid D = Denied
T43	Detail	Detail - Amt Copay	Optional	DECIMAL (10,2)	Amount of copay applied to the claim detail.	
T44	Detail	Detail - Qty Billed	Required	DECIMAL (10,2)	Quantity (units) billed for claim detail.	
T45	Detail	Detail - Qty Allowed	Required	DECIMAL (10,2)	Quantity (units) allowed for claim detail.	

2.4.2 Outbound SA Acknowledgement File Layouts

2.4.2.1 SA Acknowledgement File – All Supplemental File Summary Report

Table 7 – SA Acknowledgement - All Supplemental File Summary Report File Layout

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
1	Usage Indicator	Required	CHAR (1)	This indicator distinguishes if the file being submitted is a production or test file. ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.**
2	Submitter ID	Required	CHAR (50)	Submitter ID for D-SNP. ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.**
3	PBP Numb	Required	CHAR (10)	PBP number for D-SNP. ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.**
4	Contract Numb	Required	CHAR (10)	Contract number for D-SNP. ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.**
5	Reporting Month	Required	DECIMAL (6,0)	Reporting month for the supplemental benefits. Based on date of service (YYYYMM) ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.**
6	Report Date	Required	DECIMAL (8,0)	The date that the report was generated. (YYYYMMDD) ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.**
7	Service Type	Required	CHAR (2)	Indiana provided unique value for supplemental benefit being reported. ***Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.**
8	Total Enrolled	Required	DECIMAL (20,0)	Total number of members enrolled for the supplemental benefit in the reporting period. (Distinct Count)

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
				****Note: This field is always required to be reported for ALL supplemental benefit services offered by D-SNPs.***
9	Total Utilized	Situational	DECIMAL (20,0)	Total number of members that utilized the supplemental benefit in the reporting period. (Distinct Count) ***This field is required for supplemental benefits where services are only reported at the aggregate level and/or where member level reporting is not done.*** ****Note: This field is not required for supplemental benefits reported in the 837P, Dental, VHP, Supplemental Member Report and Transportation Benefits files.***
10	Total Amount Paid	Situational	DECIMAL (20,0)	Total amount paid for supplemental benefit utilized in the reporting period. Limited to total cost of providing the service to the member, excluding any administrative costs. ***This field is required if D-SNPs can derive the total paid amount for the supplemental benefit being reported.*** ****Note: This field is not required for supplemental benefits reported in the 837P, Dental, VHP, Supplemental Member Report and Transportation Benefits files.***
11	Error ID	Required	DECIMAL (10,0)	Unique identifier of the error record.
12	Error Sequence No	Required	DECIMAL (10,0)	Sequence ID of the errors. One original record might have multiple errors
13	Data Element ID	Required	CHAR (3)	The data element ID in the required file layout. e.g., "A03"
14	Data Element Name	Required	CHAR (50)	The data element name in the required file layout. e.g., "PBP Numb"
15	Error Code	Required	CHAR (3)	The error code, e.g., "S04"
16	Error Description	Required	CHAR (100)	The short description of the error. e.g., "PBP Number is Invalid"
17	Error Message	Required	CHAR (200)	The full description of the error. e.g., "The file contains an invalid PBP ID. It should contain the PBP ID assigned by CMS."

2.4.2.2 SA Acknowledgement File- Dental Benefits

Table 8 – SA Acknowledgement – Dental Benefits File Layout

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
1	Usage Indicator	Required	CHAR (1)	This indicator distinguishes if the file being submitted is a production or test file.
2	Submitter ID	Required	CHAR (50)	Submitter ID for D-SNP.
3	PBP Numb	Required	CHAR (10)	PBP number for D-SNP.
4	Contract Numb	Required	CHAR (10)	Contract number for D-SNP.
5	Service Type	Required	CHAR (2)	Type of Dental service being provided.
6	Claim Numb	Required	CHAR (16)	Unique internal control number (ICN) for claim.
7	Medicare ID	Required	CHAR (12)	Member's Medicare Beneficiary ID (MBI)
8	Billing Provider NPI	Optional	CHAR (15)	NPI for the provider billing services.
9	Billing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider billing services.
10	Billing Provider Name	Optional	CHAR (55)	Name of the Provider billing services.
11	Billing Provider Tax ID	Optional	CHAR (10)	Tax ID for the provider billing services.
12	Billing Provider Address 1	Optional	CHAR (30)	Address line 1 for provider billing services
13	Billing Provider Address 2	Optional	CHAR (30)	Address line 2 for provider billing services
14	Billing Provider City	Optional	CHAR (30)	City for provider billing services
15	Billing Provider Zip	Optional	CHAR (10)	Zip code for provider billing services
16	Claim Status	Required	CHAR (1)	Claim Adjudication Status
17	Performing Provider NPI	Optional	CHAR (15)	NPI for the provider performing (rendering) services.
18	Performing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider performing (rendering) services.
19	Referring Provider NPI	Optional	CHAR (15)	NPI for the referring provider.
20	Referring Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the referring provider.
21	Amt TPL	Optional	DECIMAL (10,2)	Amount paid by third party for services rendered.
22	Date Billed	Required	DECIMAL (8,0)	Date that the claim was billed. YYYYMMDD
23	Amt Billed	Optional	DECIMAL (10,2)	Total amount billed at the header level.
24	Date Paid	Required	DECIMAL (8,0)	Date that the claim was paid. YYYYMMDD
25	Amt Paid	Required	DECIMAL (10,2)	Amount paid for the claim

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
26	Date Begin Service	Required	DECIMAL (8,0)	Begin date of service(s) being billed on the claim. YYYYMMDD
27	Date End Service	Required	DECIMAL (8,0)	End date of service(s) being billed on the claim. YYYYMMDD
28	Amt Patient Liability	Optional	DECIMAL (10,2)	Amount of member's liability.
29	Place of Service	Required	CHAR (2)	Place that the service occurred.
30	Ind Emergency	Optional	CHAR (1)	Emergency service indicator.
31	Ind Accident	Optional	CHAR (1)	Accident indicator.
32	Patient Account Numb	Optional	CHAR (40)	Patient account number assigned to member.
33	Claim Numb Mom	Situational	CHAR (16)	Claim number of the claim that is being voided or replaced.
34	Claim Frequency Code	Required	CHAR (1)	Claim frequency code billed on claim.
35	Claim Line Count	Required	DECIMAL (4,0)	Number of Claim lines associated to the Claim
36	Detail - Claim Line Numb	Required	DECIMAL (4,0)	Line (detail) number.
37	Detail - Performing Provider NPI	Optional	CHAR (15)	NPI for the provider performing (rendering) services.
38	Detail - Performing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider performing (rendering) services.
39	Detail - Date Begin Service	Optional	DECIMAL (8,0)	Begin date of the service detail being billed. YYYYMMDD
40	Detail - Date End Service	Optional	DECIMAL (8,0)	End date of the service detail being billed. YYYYMMDD
41	Detail - Proc Code	Required	CHAR (10)	Procedure code being billed on the claim detail. (HCPCS)
42	Detail - Amt Billed	Optional	DECIMAL (10,2)	Amount billed for the claim detail.
43	Detail - Amt Paid	Required	DECIMAL (10,2)	Amount paid for the claim detail.
44	Detail - Amt TPL	Optional	DECIMAL (10,2)	Amount of TPL applied to the claim detail.
45	Detail - Claim Line Status	Required	CHAR (1)	Detail adjudication status.
46	Detail - Amt Copay	Optional	DECIMAL (10,2)	Amount of copay applied to the claim detail.
47	Detail - CDE Tooth Numb	Situational	CHAR (30)	Tooth number(s) associated with the procedure code. Note: If there are multiple tooth numbers they would be reported as follows: 1, 2, 4.
48	Detail - Qty Billed	Required	DECIMAL (10,2)	HCPCS Quantity billed
49	Detail - Qty Allowed	Required	DECIMAL (10,2)	HCPCS Allowed quantity

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
50	Detail - CDE Quadrant	Situational	CHAR (2)	Dental quadrant associated with the procedure code.
51	Detail - Place of Service	Optional	CHAR (2)	Place that the service occurred.
52	Error ID	Required	DECIMAL (10,0)	Unique identifier of the error record.
53	Error Sequence No	Required	DECIMAL (10,0)	Sequence ID of the errors. One original record might have multiple errors
54	Data Element ID	Required	CHAR (3)	The data element ID in the required file layout. e.g., "D03"
55	Data Element Name	Required	CHAR (50)	The data element name in the required file layout. e.g., "PBP_Numb"
56	Error Code	Required	CHAR (3)	The error code, e.g., "E02"
57	Error Description	Required	CHAR (100)	The short description of the error. e.g., "PBP Number is Invalid"
58	Error Message	Required	CHAR (200)	The full description of the error. e.g., "The file contains an invalid PBP ID. It should contain the PBP ID assigned by CMS."

2.4.2.3 SA Acknowledgement File- VHP Benefits

Table 9 – SA Acknowledgement – VHP Benefits File Layout

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
1	Usage Indicator	Required	CHAR (1)	This indicator distinguishes if the file being submitted is a production or test file.
2	Submitter ID	Required	CHAR (50)	Submitter ID for D-SNP.
3	PBP Numb	Required	CHAR (10)	PBP number for D-SNP.
4	Contract Numb	Required	CHAR 10)	Contract number for D-SNP.
5	Service Type	Required	CHAR (2)	Indiana provided unique value for supplemental benefit being reported.
6	Claim Numb	Required	CHAR (16)	Claim number.
7	Medicare ID	Required	CHAR (12)	Member's Medicare Beneficiary ID (MBI).
8	IND Crossover	Optional	CHAR (1)	Y = Yes, service is submitted to IN Medicaid as a crossover claim. N = No, service is not submitted to IN Medicaid as a crossover claim.

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
9	Billing Provider NPI	Optional	CHAR (15)	NPI for the provider billing services.
10	Billing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider billing services.
11	Billing Provider Name	Optional	CHAR (55)	Name of the Provider billing services.
12	Billing Provider Tax ID	Optional	CHAR (10)	Tax ID for the provider billing services.
13	Billing Provider Address 1	Optional	CHAR (30)	Address Line 1 of the provider billing services.
14	Billing Provider Address 2	Optional	CHAR (30)	Address Line 2 of the provider billing services.
15	Billing Provider City	Optional	CHAR (30)	City of the provider billing services.
16	Billing Provider Zip	Optional	CHAR (10)	Zip code of the provider billing services.
17	Claim Status	Required	CHAR (1)	Claim adjudication status.
18	Performing Provider NPI	Optional	CHAR (15)	NPI for the provider performing (rendering) services.
19	Performing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider performing (rendering) services.
20	Referring Provider NPI	Optional	CHAR (15)	NPI for the referring provider.
21	Referring Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the referring provider.
22	Diag Code1	Required	CHAR (10)	First diagnosis code on claim.
23	Diag Code2	Optional	CHAR (10)	Second diagnosis code on claim. (Required if submitted on claim)
24	Diag Code3	Optional	CHAR (10)	Third diagnosis code on claim. (Required if submitted on claim)
25	Diag Code4	Optional	CHAR (10)	Fourth diagnosis code on claim. (Required if submitted on claim)
26	Diag Code5	Optional	CHAR (10)	Fifth diagnosis code on claim. (Required if submitted on claim)
27	Diag Code6	Optional	CHAR (10)	Sixth diagnosis code on claim. (Required if submitted on claim)
28	Diag Code7	Optional	CHAR (10)	Seventh diagnosis code on claim. (Required if submitted on claim)
29	Diag Code8	Optional	CHAR (10)	Eighth diagnosis code on claim. (Required if submitted on claim)
30	Diag Code9	Optional	CHAR (10)	Ninth diagnosis code on claim. (Required if submitted on claim)
31	Diag Code10	Optional	CHAR (10)	Tenth diagnosis code on claim. (Required if submitted on claim)
32	Diag Code11	Optional	CHAR (10)	Eleventh diagnosis code on claim. (Required if submitted on claim)
33	Diag Code12	Optional	CHAR (10)	Twelfth diagnosis code on claim. (Required if submitted on claim)
34	Diag Code13	Optional	CHAR (10)	Thirteenth diagnosis code on claim. (Required if submitted on claim)

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
35	Diag Code14	Optional	CHAR (10)	Fourteenth diagnosis code on claim. (Required if submitted on claim)
36	Diag Code15	Optional	CHAR (10)	Fifteenth diagnosis code on claim. (Required if submitted on claim)
37	Diag Code16	Optional	CHAR (10)	Sixteenth diagnosis code on claim. (Required if submitted on claim)
38	Diag Code17	Optional	CHAR (10)	Seventeenth diagnosis code on claim. (Required if submitted on claim)
39	Diag Code18	Optional	CHAR (10)	Eighteenth diagnosis code on claim. (Required if submitted on claim)
40	Diag Code19	Optional	CHAR (10)	Nineteenth diagnosis code on claim. (Required if submitted on claim)
41	Diag Code20	Optional	CHAR (10)	Twentieth diagnosis code on claim. (Required if submitted on claim)
42	Diag Code21	Optional	CHAR (10)	Twenty first diagnosis code on claim. (Required if submitted on claim)
43	Diag Code22	Optional	CHAR (10)	Twenty second diagnosis code on claim. (Required if submitted on claim)
44	Diag Code23	Optional	CHAR (10)	Twenty third diagnosis code on claim. (Required if submitted on claim)
45	Diag Code24	Optional	CHAR (10)	Twenty fourth diagnosis code on claim.
46	Diag Code25	Optional	CHAR (10)	Twenty fifth diagnosis code on claim. (Required if submitted on claim)
47	Amt TPL	Optional	DECIMAL (10,2)	Amount paid by third party for services rendered.
48	Date Billed	Required	DECIMAL (8,0)	Date that the claim was billed. YYYYMMDD
49	Amt Billed	Optional	DECIMAL (10,2)	Total amount billed at the header level.
50	Date Paid	Required	DECIMAL (8,0)	Date that the claim was paid. YYYYMMDD
51	Amt Paid	Required	DECIMAL (10,2)	Total amount paid at the header level.
52	Date Begin Service	Required	DECIMAL (8,0)	Begin date of service(s) being billed on the claim. YYYYMMDD
53	Date End Service	Required	DECIMAL (8,0)	End date of service(s) being billed on the claim. YYYYMMDD
54	Amt Patient Liability	Optional	DECIMAL (10,2)	Amount of member's liability.
55	Place of Service	Required	CHAR (2)	Place that the service occurred.
56	Ind Emergency	Optional	CHAR (1)	Emergency service indicator.
57	Ind Accident	Optional	CHAR (1)	Accident indicator.
58	Patient Account Numb	Optional	CHAR (40)	Patient account number assigned to member.
59	Claim Numb Mom	Situational	CHAR (16)	Claim number of the claim that is being voided or replaced.

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
60	Claim Frequency Code	Required	CHAR (1)	Claim frequency code billed on claim.
61	Claim Line Count	Required	DECIMAL (20,0)	Total number of claim details associated to the claim.
62	Detail - Claim Line Numb	Required	DECIMAL (4,0)	Line (detail) number.
63	Detail - Performing Provider NPI	Optional	CHAR (15)	NPI for the provider performing services.
64	Detail - Performing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider performing services.
65	Detail - Date Begin Service	Optional	DECIMAL (8,0)	Begin date of the service detail being billed. YYYYMMDD
66	Detail - Date End Service	Optional	DECIMAL (8,0)	End date of the service detail being billed. YYYYMMDD
67	Detail - Proc Code	Required	CHAR (10)	Procedure code being billed on the claim detail. (HCPCs or CPT)
68	Detail - Proc Mod1	Situational	CHAR (2)	First modifier being billed on the claim detail.
69	Detail - Proc Mod2	Situational	CHAR (2)	Second modifier being billed on the claim detail.
70	Detail - Proc Mod3	Situational	CHAR (2)	Third modifier being billed on the claim detail.
71	Detail - Proc Mod4	Situational	CHAR (2)	Fourth modifier being billed on the claim detail.
72	Detail - Amt Billed	Required	DECIMAL (10,2)	Amount billed for the claim detail.
73	Detail - Amt Paid	Required	DECIMAL (10,2)	Amount paid for the claim detail.
74	Detail - Claim Status	Required	CHAR (1)	Status of claim detail.
75	Detail - Amt Copay	Optional	DECIMAL (10,2)	Amount of copay applied to the claim detail.
76	Detail - Qty Billed	Required	DECIMAL (10,2)	Quantity (units) billed for claim detail.
77	Detail - Qty Allowed	Required	DECIMAL (10,2)	Quantity (units) allowed for claim detail.
78	Detail - Place of Service	Optional	CHAR (2)	Place that the service occurred.
79	Detail - Amt TPL	Optional	DECIMAL (10,2)	Amount of TPL applied to the claim detail.
80	Detail - Diag Code Indicator	Optional	CHAR (80)	Indicates the diagnosis code associated with the claim detail.
81	Error ID	Required	DECIMAL (10,0)	Unique identifier of the error record.
82	Error Sequence No	Required	DECIMAL (10,0)	Sequence ID of the errors. One original record might have multiple errors
83	Data Element ID	Required	CHAR (3)	The data element ID in the required file layout. e.g., "V03"
84	Data Element Name	Required	CHAR (50)	The data element name in the required file layout. e.g., "PBP_Numb"

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
85	Error Code	Required	CHAR (3)	The error code, e.g., "V04"
86	Error Description	Required	CHAR (100)	The short description of the error. e.g., "PBP Number is Invalid"
87	Error Message	Required	CHAR (200)	The full description of the error. e.g., "The file contains an invalid PBP ID. It should contain the PBP ID assigned by CMS."

2.4.2.4 SA Acknowledgement File- Supplemental Member Report

Table 10 – SA Acknowledgement – Supplemental Member Report File Layout

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
1	Usage Indicator	Required	CHAR (1)	This indicator distinguishes if the file being submitted is a production or test file.
2	Submitter ID	Required	CHAR (50)	Submitter ID for D-SNP.
3	PBP Numb	Required	CHAR (10)	PBP number for D-SNP.
4	Contract Numb	Required	CHAR (10)	Contract number for D-SNP.
5	Service Type	Required	CHAR (2)	Indiana provided unique value for supplemental benefit being reported.
6	Medicare ID	Required	CHAR (12)	Member's Medicare Beneficiary ID (MBI)
7	Transaction Date	Required	DECIMAL(8,0)	Date of the service transaction. YYYYMMDD
8	Total Amount Paid	Required	DECIMAL (10,2)	Total amount paid for the service.
9	Quantity	Required	NUMBER (no decimals or special characters)	Total number of transactions.
10	Transaction ID	Required	CHAR (25)	ID assigned for the service transaction.
11	Error ID	Required	DECIMAL (10,0)	Unique identifier of the error record.

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
12	Error Sequence No	Required	DECIMAL (10,0)	Sequence ID of the errors. One original record might have multiple errors
13	Data Element ID	Required	CHAR (3)	The data element ID in the required file layout. e.g., "M03"
14	Data Element Name	Required	CHAR (50)	The data element name in the required file layout. e.g., "PBP Numb"
15	Error Code	Required	CHAR (3)	The error code, e.g., "S04"
16	Error Description	Required	CHAR (100)	The short description of the error. e.g., "PBP Number is Invalid"
17	Error Message	Required	CHAR (200)	The full description of the error. e.g., "The file contains an invalid PBP ID. It should contain the PBP ID assigned by CMS."

2.4.2.5 SA Acknowledgement File- Transportation Benefits

Table 11 – SA Acknowledgement – Transportation Benefits File Layout

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
1	Usage Indicator	Required	CHAR (1)	This indicator distinguishes if the file being submitted is a production or test file.
2	Submitter ID	Required	CHAR (50)	Submitter ID for D-SNP.
3	PBP Numb	Required	CHAR (10)	PBP number for D-SNP.
4	Contract Numb	Required	CHAR (10)	Contract number for D-SNP.
5	Service Type	Required	CHAR (2)	Indiana provided unique value for supplemental benefit being reported.
6	Claim Numb	Required	CHAR (16)	Claim number.
7	Medicare ID	Required	CHAR (12)	Member's Medicare Beneficiary ID (MBI).
8	Billing Provider NPI	Optional	CHAR (15)	NPI for the provider billing services.

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
9	Billing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider billing services.
10	Billing Provider Name	Optional	CHAR (55)	Name of the Provider billing services.
11	Billing Provider Tax ID	Optional	CHAR (10)	Tax ID for the provider billing services.
12	Billing Provider Address 1	Optional	CHAR (30)	Address Line 1 of the provider billing services.
13	Billing Provider Address 2	Optional	CHAR (30)	Address Line 2 of the provider billing services.
14	Billing Provider City	Optional	CHAR (30)	City of the provider billing services.
15	Billing Provider Zip	Optional	CHAR (10)	Zip code of the provider billing services.
16	Claim Status	Required	CHAR (1)	Claim adjudication status.
17	Performing Provider NPI	Optional	CHAR (15)	NPI for the provider performing (rendering) services.
18	Performing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider performing (rendering) services.
19	Diag Code1	Required	CHAR (10)	First diagnosis code on claim.
20	Amt TPL	Optional	DECIMAL (10,2)	Amount paid by third party for services rendered.
21	Date Billed	Required	DECIMAL (8,0)	Date that the claim was billed. YYYYMMDD
22	Amt Billed	Optional	DECIMAL (10,2)	Total amount billed at the header level.
23	Date Paid	Required	DECIMAL (8,0)	Date that the claim was paid. YYYYMMDD
24	Amt Paid	Required	DECIMAL (10,2)	Total amount paid by the plan for the claim.
25	Date Begin Service	Required	DECIMAL (8,0)	Begin date of service(s) being billed on the claim. YYYYMMDD

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
26	Date End Service	Required	DECIMAL (8,0)	End date of service(s) being billed on the claim. YYYYMMDD
27	Claim Numb Mom	Situational	CHAR (16)	Claim number of the claim that is being voided or replaced. ***Note: This is a required field if submitting a void or replacement claim.***
28	Claim Frequency Code	Required	CHAR (1)	Claim frequency code billed on claim.
29	Claim Line Count	Required	DECIMAL (20,0)	Total number of records in the header.
30	Detail – Claim Line Numb	Required	DECIMAL (4,0)	Line (detail) number.
31	Detail – Performing Provider NPI	Optional	CHAR (15)	NPI for the provider performing services.
32	Detail – Performing Provider Taxonomy	Optional	CHAR (10)	Taxonomy for the provider performing services.
33	Detail – Date Begin Service	Optional	DECIMAL (8,0)	Begin date of the service detail being billed. YYYYMMDD
34	Detail – Date End Service	Optional	DECIMAL (8,0)	End date of the service detail being billed. YYYYMMDD
35	Detail – Proc Code	Required	CHAR (10)	Procedure code being billed on the claim detail. (HCPCs or CPT)
36	Detail – Proc Mod1	Required	CHAR (2)	First modifier being billed on the claim detail.
37	Detail – Proc Mod2	Situational	CHAR (2)	Second modifier being billed on the claim detail.
38	Detail – Proc Mod3	Situational	CHAR (2)	Third modifier being billed on the claim detail.
39	Detail – Proc Mod4	Situational	CHAR (2)	Fourth modifier being billed on the claim detail.
40	Detail – Amt Billed	Required	DECIMAL (10,2)	Amount billed for the claim detail.
41	Detail – Amt Paid	Required	DECIMAL (10,2)	Amount paid by the plan for the claim detail.

Data Element ID	Data Element Name	Required/ Optional/ Situational	Data Type	Data Element Description
42	Detail – Claim Status	Required	CHAR (1)	Status of claim detail.
43	Detail – Amt Copay	Optional	DECIMAL (10,2)	Member co-pay.
44	Detail – Qty Billed	Required	DECIMAL (10,2)	Quantity (units) billed for claim detail.
45	Detail – Qty Allowed	Required	DECIMAL (10,2)	Quantity (units) allowed for claim detail.
46	Error ID	Required	DECIMAL (10,0)	Unique identifier of the error record.
47	Error Sequence No	Required	DECIMAL (10,0)	Sequence ID of the errors. One original record might have multiple errors
48	Data Element ID	Required	CHAR (3)	The data element ID in the required file layout. e.g., "M03"
49	Data Element Name	Required	CHAR (50)	The data element name in the required file layout. e.g., "PBP Numb"
50	Error Code	Required	CHAR (3)	The error code, e.g., "E02"
51	Error Description	Required	CHAR (100)	The short description of the error. e.g., "PBP Number is Invalid"
52	Error Message	Required	CHAR (200)	The full description of the error. e.g., "The file contains an invalid PBP ID. It should contain the PBP ID assigned by CMS."

3 TESTING

All data submitters must produce accurate electronic test files before being allowed to submit supplemental benefit inbound files in production. Data submitters must have a signed and executed TPA to begin testing with FSSA. FSSA will utilize a multi-phased approach for data submitter testing.

Phase 1: Connectivity Testing

Test objectives include:

- Confirm that data submitters have connectivity to access SFTP.
- Confirm that data submitters have SFTP credentials and that the service account is configured to submit files to FSSA.

- Determine data submitters can submit files with the proper naming convention to the inbound directory and can retrieve acknowledgement files via the SFTP outbound directory.

Phase 2: Data Testing

Test objectives include:

- To offer data submitters the ability to test the supplemental benefits submission process from end-to-end.
- To verify and report back to the data submitter on errors encountered during two levels of editing (See Section 4.1 of this manual for more details on editing).

Phase 2 Data Testing will be performed in several submission cycles to cover all scenarios for testing. After successful completion of supplemental benefits testing, a data submitter will be approved to submit to production. Files sent to production prior to approval and/or without 'P' (Production) in the Usage Indicator data field will not be processed.

3.1 Testing Instructions

Phase 1: Connectivity Testing

- Data submitters receive SFTP connectivity instructions.
- Each data submitter will upload a test file to their test inbound directory on the SFTP server.
- After FSSA receives the file via the SFTP, a generic test response file will be uploaded to the outbound directory for data submitter retrieval.
- Data submitters should promptly retrieve their response files.
- At the conclusion of connectivity testing, FSSA will verify successful completion to data submitter and approve their moving to Phase 2 – FSSA Data Testing.

Phase 2: FSSA Data Testing

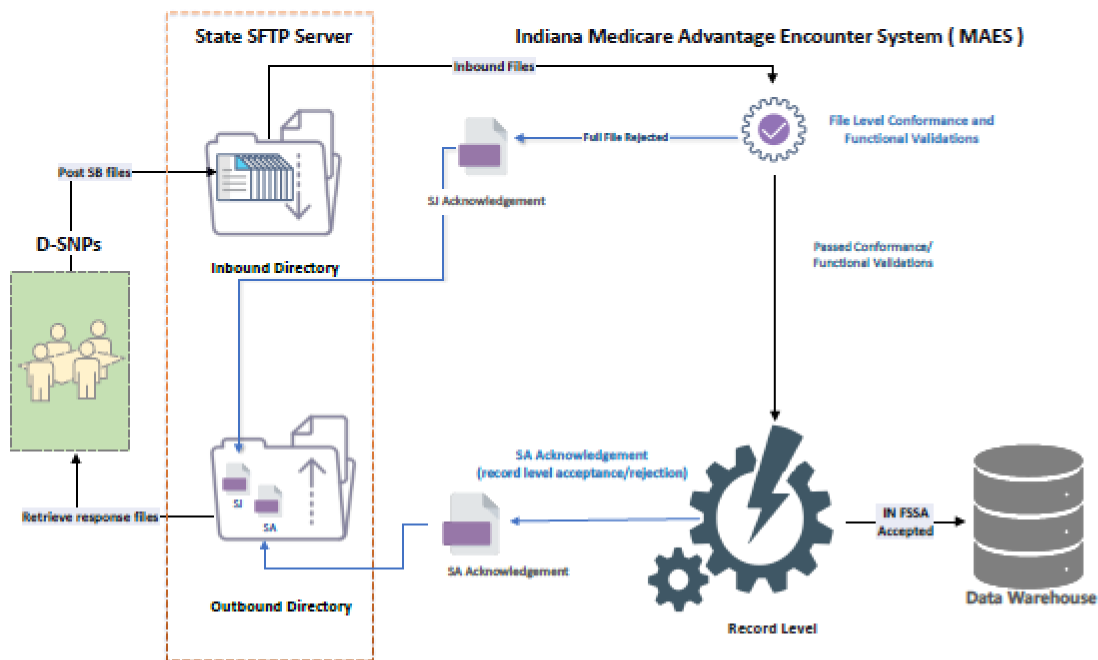
- Each data submitter will upload a file to their test inbound directory on the SFTP server.
- FSSA assigned Submitter ID must be used in the Header segment on all files submitted. This will be populated with the first six (6) characters of the Trading Partner ID assigned by FSSA.
- Each test submission will have 'T' (Test) indicated in the Usage Indicator data field on the All-Supplemental Benefits Summary Report, Dental Benefits and VHP Benefits file layouts.
- Each test submission must include all "Required" data elements on the supplemental benefit file for testing. Each data submitter should send all requested test files for each submission.
- Data submitters must submit correction files for corresponding SJ Reject File and SA Acknowledgement File.
- After FSSA receives the inbound All-Supplemental Benefits Summary Report, Dental Benefits or VHP Benefits files via the SFTP, the FSSA will process the files and return the appropriate responses.

- Additional requirements for test data will be documented in a test plan created as part of the onboarding process for a new data submitter.

4 Connectivity / Communications

4.1 Process Flows

Figure 1 - IN D-SNP Supplemental Benefits Data Flow (Version 1.0)



FSSA expects D-SNPs to submit supplemental benefits files to the inbound directory on the State SFTP monthly. Indiana Medicare Advantage Encounter System (IN MAES) will process the submitted files through two (2) levels of validations.

File Level Conformance and Functional Validation: D-SNP supplemental benefits files are first validated to check the file conformance standards and functional validations. Trailer record will have the record count. (See Table 13 in Section 8.1 for more details). Supplemental Benefits files that fail file conformance or functional validations are rejected and not processed further. A corresponding SJ File Rejection will be generated for rejections and uploaded to the outbound directory on the State SFTP.

A submitted file that passes file level conformance and functional validations is accepted for further processing through record level validation.

Record Level Validation: Submitted supplemental benefits files are validated for detail records

accuracy. A corresponding SA Acknowledgement File will be generated for all files that pass file level conformance and functional validations. An SA Acknowledgement file where All-Supplemental benefits records have been accepted will show no errors. Any supplemental benefits records that were rejected will have errors reported in the SA Acknowledgement file. (See Table 14 in Section 8.2 for more details) The SA Acknowledgement file will be uploaded to the outbound directory on the State SFTP.

4.2 Transmission

As part of the data submitter onboarding process, two directory subfolders will be set up on the State SFTP and a service account with required access will be setup for each data submitter.

SFTP Server Name: gasecuremft.in.gov

Inbound Directory: EDW_DSNP_Supp_<plan>_Inbound

Outbound Directory: EDW_DSNP_Supp_<plan>_Outbound

FSSA expects the data submitter to place supplemental benefits files in the respective Inbound directory. Acknowledgement files generated by FSSA will be uploaded to the Outbound directory.

To request or update individual access to these directories, the data submitter must send a request to dsnp@fssa.in.gov and provide the following details as part of their request:

Organization Name:

Contact Name:

Contact Email:

Contact Phone Number:

SFTP Folder:

Type of Access:

Refer to Section 5 of this manual for contact information regarding transmission issues.

4.3 Inbound File Naming Convention

The file naming convention for inbound files exchanged with the FSSA is:

(TranCategory).(UserID).(Transaction).(TransactionSuffix).(ProgramSuffix).(Frequency).(Date).

(SEQNO).(DAT)

Values for each node

Tran Category
TR – Transaction

User ID
FSSA assigned Submitter ID (Trading Partner ID).

(Example: DEXT1234)

Transaction
SUMM – All-Supplemental Benefit Summary Report
DENT – Dental Benefits
VHPS – VHP Benefits
MEMB – Supplemental Member Report
TRAN – Transportation Benefits

Transaction Suffix
S – Supplemental Benefits

Program Suffix
A – Medicare Advantage

Frequency
M - Monthly

Date Time
14-digit date and time stamp (24-hour time, in the format YYYYMMDDHHMMSS)

Sequence Number

A sequence number to uniquely identify the file within the timestamp. (This is a 3- digit numeric value)

File Extension as .DAT

Examples:
Inbound Transactions for Medicare Supplemental Benefits Submissions:

Transaction Type	Inbound File Name
All-Supplemental Benefits Summary Report from a Data Submitter (Submitter ID – DEXP1234)	TR.DEXP1234.SUMM.S.A.M.20220104130103.001.DAT

4.4 Outbound File Naming Convention

All outbound files sent to the data submitters for download are created using the file name submitted by the D-SNP except for Tran Category. The Tran Category on the outbound files will be either SJ or SA as indicated below.

Tran Category:

SJ – File Rejection
SA – Acknowledgement File
Examples:

Response Transactions for Medicare Supplemental Benefits Submissions:

Transaction Type	Outbound File Name
SJ - File Rejection	SJ.DEXP1234.SUMM.S.A.M.20220104130103.001.DAT
SA - Acknowledgement File	SA.DEXP1234.SUMM.S.A.M.20220104130103.001.DAT

Note: The date time and sequence number on outbound files will match the date time and sequence number submitted by the data submitter on the inbound file to facilitate reconciliation of responses from the FSSA.

4.5 Transmission Schedule

FSSA expects D-SNP supplemental benefits to be submitted monthly by the 15th. Monthly submissions will follow guidelines listed in General Notes, Section 7.1.

If no supplemental benefit files are available in the inbound directory for a submitter no outbound files will be returned.

4.6 Re-transmission Procedures

If the file is rejected based on an SJ (Rejection) or an SA (Failure) then the issue identified in the SJ Rejection file, or the SA Acknowledgement file should be addressed. After fixing the issue the submitter should ensure that a new supplemental benefit file is generated for the resubmission, and a new file name should be provided. The data submitter would retransmit the corrected file through the normal transmission procedures.

4.7 Communication Protocol Specifications

D-SNP supplemental benefits submissions can be sent in batches to the State SFTP site.

Host – gasecuremft.in.gov

More information can be found on the IOT Website - IOT: Secure File Transfer (SFTP) (in.gov).

4.8 Security Protocols and Passwords

By connecting to the State SFTP Server, trading partners agree to adhere to FSSA Information Security policy found at - https://www.in.gov/fssa/security-policies/
A Service account with a non-expiring password will be setup for each trading partner. Account details will be communicated to trading partner during on-boarding. The trading partner will be held accountable for any actions taken by the service account.

Passwords must be kept private and secure. Sharing their password is a violation of these policies and procedures and the workforce member will be held accountable for any actions taken by anyone with whom they shared their password. If a password is inadvertently compromised, the workforce member will immediately change their password and report it to the IOT Help Desk.

5 Contact Information

5.1 EDI Technical Assistance

Routine communications regarding data transmissions may be directed to the FSSA by sending a request to dsnp@fssa.in.gov. (See Section 5.3, Table 12 – Contact Information)

5.2 SFTP Technical Assistance

For issues with SFTP access or password resets, individuals should contact the Indiana Office of Technology (IOT) at:

1-800-382-1095 or (317) 234-HELP (4357)
OR
Submit a Help Desk ticket through the IOT website.

5.3 Applicable Websites / Email

Table 12 – Contact Information

Website/Email Description	Website/Email
Dual Eligible Special Needs Plans (IN D-SNP) home page	https://www.in.gov/medicaid/partners/medicaid-partners/dual-eligible-special-needs-plans/
Trading Partner Agreement on Dual Eligible Special Needs Plans (IN D-SNP website)	https://www.in.gov/medicaid/partners/files/IN-FSSA-DSNP-TPA-Template.PDF
D-SNP Help Desk	dsnp@fssa.in.gov
IOT website – Help Desk tickets	https://www.in.gov/iot/

6 Control Segments / Envelope

All inbound and outbound files must contain a trailer record as the last record. The trailer record must follow the following format:

- Trailer | number of records included in the file.

  For example, a file containing 100 records will have the trailer as ***Trailer |100***

Note: The record count in the trailer record should only include the number of detail records. It should not include the header and trailer record.

7 Specific Business Rules and Limitations

This section describes the specific requirements for submitting supplemental benefit data.

7.1 General Notes

- D-SNPs should only submit information from paid services or encounter claims for all supported supplemental benefit file layouts.
- All inbound and outbound files must contain a Header record containing the Data Element Names as mentioned in Section 2.4 (Supported File Layouts).
- Submitter ID in the file naming convention must match the Submitter ID indicated in the file.
- A unique file name must be applied with no spaces or special characters in accordance with the file naming conventions listed in *Section 4.3.*
- FSSA will pick up all files placed in the inbound directory which adhere to Inbound File Naming Convention in *Section 4.3* for processing and will place the acknowledgement files to outbound directory for data submitter retrieval.
- Data files will be delimited flat files with Pipe ("|") as the column delimiters.
- File size must be limited to 1 GB.
- Acknowledgement files will remain available to download for 15 days from the date of creation. If files are not retrieved after 15 days, the acknowledgement files will be purged.
- Submissions must only include D-SNP supplemental benefits with dates of service on or after 1/1/2022.
- D-SNPs are required to correct and resubmit rejected files within 90 days of rejection or 90 days following contract year end, whichever is first.

- FSSA will use the following data elements to identify a unique record on the All-Supplemental Benefits Summary Report:
    - Usage Indicator
    - Submitter ID
    - PBP Numb
    - Contract Numb
    - Reporting Month
    - Report Date
    - Service Type

- FSSA will use the following data elements to identify a unique record on the Dental, VHP and Transportation files.
    - Usage Indicator
    - Submitter ID
    - PBP Numb
    - Contract Numb
    - Service Type
    - Claim Number
    - Claim Line Number

- FSSA will use the following data elements to identify a unique record on the Supplemental Member Report.
    - Usage Indicator
    - Submitter ID
    - PBP Numb
    - Contract Numb
    - Service Type
    - Medicare ID
    - Transaction Date
    - Total Amount Paid
    - Quantity
    - Transaction ID

- D-SNPs are required to submit the original (mom claim) prior to the void or replacement of the original claim, unless the original and void or replacement occur within the same month as the current reporting month. A monthly file can contain an original (mom claim) along with the void or replacement of that original (mom claim). Any rejections of the original (mom claim) by the FSSA must be addressed prior to acceptance of the subsequent void or replacement.

- D-SNPs will submit only one version of a supplemental benefit record per file.

- Historical file submissions for dates of service 01/01/2022 through go-live can be submitted using one of the following methods:

  - Include only the latest iteration of the supplemental benefits record. Any voids or replacements that occurred prior to the latest iteration of the supplemental benefits records would not be included in the files.
  - Include all original supplemental benefits records, voids, and replacements.

7.2 General Supplemental File Notes

- The All-Supplemental Benefits Summary Report must be used to report aggregate enrollment, for **all** Supplemental benefits offered by a D-SNP. Utilization and cost data (if available) are required to be reported for all supplemental benefits that are currently not being reported to the EDW on an 837P transaction or that are reported to the State on the Dental, VHP, Member Summary Report or Transportation Benefits file layouts.

- All-Supplemental Benefits Summary Report must include supplemental benefit data from the prior month and all previous months that require updates to enrollment, utilization, and/or total paid amounts.

- All required data elements on the All-Supplemental Benefits Summary Report must be repeated for each Reporting Month included in the file.

- Reporting on the All-Supplemental Benefits Summary Report will include a 12-month look back period. Any updates to information previously reported for dates of service within the prior 12-month period should be included on the All-Supplemental Benefits Summary Report.

- Data for dates of service older than the prior 12 month look back period should not be included on the All-Supplemental Benefits Summary Report.

- Reporting for all supplemental benefits files will be based on date of service that the supplemental benefit occurred.

- Dental Benefit file is to be used for member level reporting of dental services provided to D-SNP members except for any dental services that are currently being reported to EDW on the 837P transaction.

- VHP Benefit file is to be used for member level reporting of vision, hearing and/or podiatry services provided to D-SNP members except for any vision, hearing and/or podiatry services that are currently being reported to EDW on the 837P transaction.

- D-SNPs that currently report Dental, VHP, Transportation or any other services at the member level through submission of 837P encounter files should continue reporting of those services on the 837P transaction.

8 Acknowledgements and/or Reports

As part of the D-SNP encounter claim submission process, each supplemental benefits file submitted will have a corresponding acknowledgement file. The acknowledgement files provide notification to the submitter about various phases of editing and serve different purposes as detailed further in this section.

8.1 SJ File Acknowledgement

The first phase of editing evaluates the submitted supplemental benefit file to verify if it is processable and agrees with file level conformance and functional validations. This phase of editing also includes editing of HDR and TLR records. Supplemental benefit files that fail file level conformance or functional editing checks will be rejected and there is no further processing. The submitter must correct and resubmit any file that is rejected. An SJ File Acknowledgement will be generated if the submission fails one or more of the following file level conformance or functional level edits.

Table 13 - SJ Error Codes

No.	Error	Error Message (in SJ File)
1	Header Record is Missing	The Header Record is missing. The first record in the file should contain the Data Element Names.
2	Trailer Record is Missing	The Trailer Record is missing. The last record in the file should start with the word **Trailer** followed by the count of records included in the file (excluding the Header and Trailer record).
3	Duplicate File Name Submitted	File name is same as a previously submitted and accepted file.
4	Invalid File Name	The file name does not conform to the file naming convention detailed in the IN D-SNP supplemental benefits companion guide.
5	Invalid Character Set	The file contains character set that is not valid.
6	Usage Indicator	The file contains an invalid value in Usage indicator. Valid values are: P- Production Submission T- Test Submission
7	File Size is Invalid	File size submitted is invalid. File size should be greater than zero KB.
8	Invalid Delimiter	The file contains an invalid delimiter. Pipe '|' should be used.

No.	Error	Error Message (in SJ File)
9	Record Count does not match Trailer	The record count in the file does not match with the Trailer record.
10	File Size is more than (1 GB)	The size of the file is required to be no more than (1 GB)
11	Number of data elements submitted does not meet file layout requirements.	The number of data elements submitted must match the number of data elements indicated for the file layout in the supplemental benefits companion guide.
12	Header and record column mismatch	One or more records in the file have more or less number of columns than the header record.

If the file is accepted for processing, it will be staged for record level validation.

Refer to *Section 10.1* of this manual for an example of SJ File Acknowledgement.

8.2 SA Acknowledgement File

The second phase of editing analyzes detail records. An SA Acknowledgement File will be generated for all detail records that pass the first phase of editing.

Detail level editing will result in one of the following outcomes:

- The SA Acknowledgement File will contain detail records that were errored. The error codes and descriptions will be populated in the last three data element(s) of the file. (Refer to Section 2.4.2 for file layout)

- If there are no errors, SA Acknowledgement File will contain a Header and Trailer record. No detail records will be populated. The Trailer record will have the record count as zero.

Table 14 - SA Acknowledgement Error Codes – All-Supplemental Benefits Summary Report

Error Code	Error	Error Message	Data Element ID
H01	Submitter ID is Invalid.	The file contains an invalid Submitter ID.	*A02*

Error Code	Error	Error Message	Data Element ID
H02	PBP Number is Invalid.	The file contains an invalid PBP ID. It should contain the PBP ID assigned by CMS.	*A03*
H03	Contract Number is Invalid.	The file contains an invalid Contract Number. It should contain the Contract Number assigned by CMS	*A04*
H04	Invalid Reporting Month	Reporting Month is in an invalid format. (YYYYMM)	*A05*
H05	Total Enrolled is missing	Total Enrolled is not populated.	*A08*
H06	Total Utilized is missing	Total Utilized is not populated for required service types. Required service types are supplemental benefits that are only reported at the summary (aggregate) level.	*A09*
H07	Duplicate Record	Record is the same as another record within this file or is duplicate of a previously submitted and accepted record. A unique Record is identified using criteria outlined in *Section 7.1* of the IN D-SNP supplemental benefits companion guide.	*N/A*
H08	Number of characters in "***data element name***" exceeds the defined size.	The number of characters in "**data element name**" exceeds the size defined for that data element in the companion guide file layout. *Note: Data element should be no longer than the length indicated in the Data Type column on the file layouts in the IN D-SNP supplemental benefits companion guide.*	All
H99	Generic Error	There is a record error that needs resolution. Please contact the dsnp@fssa.in.gov for additional information on how to resolve the error.	*N/A*

Table 15 - SA Acknowledgement Error Codes – Dental, VHP, Supplemental Member Report and Transportation Benefits Files

Error Code	Error	Error Message	Dental Data Element ID	VHP Data Element ID	Trans. Data Element ID	Supp. Member Element ID
E01	Submitter ID in Header is Invalid.	The file contains an invalid Submitter ID in Header.	*D02*	*V02*	*T02*	*M02*
E02	PBP Number in Header is Invalid.	The file contains an invalid PBP ID in Header. It should contain the PBP ID assigned by CMS.	*D03*	*V03*	*T03*	*M03*
E03	Contract Number in Header is Invalid.	The file contains an invalid Contract Number in Header. It should contain the Contract Number assigned by CMS.	*D04*	*V04*	*T04*	*M04*

Error Code	Error	Error Message	Dental Data Element ID	VHP Data Element ID	Trans. Data Element ID	Supp. Member Element ID
E04	A Required Data Element is Missing.	The required data element "***data element name***" is not populated.	Required data elements	Required data elements	Required data elements	Required data elements
E13	Invalid Claim Frequency Code.	Claim frequency code contains an invalid value. Valid values are: 1 – Original 7 – Replacement 8 – Void	*D34*	*V60*	*T28*	*N/A*
E14	Duplicate Record	Record is same as previously submitted and accepted record. A unique record is identified using criteria outlined in Section 7.1 of the IN D-SNP supplemental benefits companion guide.	*N/A*	*N/A*	*N/A*	*N/A*
E15	Replacement or Void Cannot be Linked to an Original. ***Note: Error does not apply to Supplemental Member File.***	Replacement or void record is submitted without an original claim being accepted.	*N/A*	*N/A*	*N/A*	*N/A*
E16	Number of characters in "*data element name*" exceeds the defined size.	The number of characters in "data element name" exceeds the size defined for that data element in the companion guide file layout. *Note: Data element should be no longer than the length indicated in the Data Type column on the file layouts in the IN D-SNP supplemental benefits companion guide.*	All	All	All	All
E17	Invalid Date Format	The date submitted in (***data element name***) does not comply with the date format indicated in the supplemental benefits companion guide. *Note: Data element will be the same value as indicated in the file layouts in the IN D-SNP supplemental benefits companion guide.*	Data elements with date format.	Data elements with date format.	Data elements with date format.	Data elements with date format.
E18	Incorrect Data Type	The data type submitted for (***data element name***) does not comply with the data type indicated in the supplemental benefits companion guide *Note: Data element will be the same value as indicated in the file layouts in*	All	All	All	All

Error Code	Error	Error Message	Dental Data Element ID	VHP Data Element ID	Trans. Data Element ID	Supp. Member Element ID
		the IN D-SNP supplemental benefits companion guide.				
E99	Generic Error	There is a record error that needs resolution. Please contact the dsnp@fssa.in.gov for additional information on how to resolve the error.	All	All	All	All

Refer to *Section 10.1* of this manual for an example SA Acknowledgement File.

If the data submitter does not receive either an SJ or SA Acknowledgement File for any file submission, they should contact FSSA at dsnp@fssa.in.gov. (Refer to Section 5.3, Table 12).

9 Trading Partner Agreement

EDI Trading Partner Agreements (TPAs) ensure the integrity of the electronic data exchange process. The TPA is a contract related to the electronic exchange of information between entities. The TPA stipulates the general terms and conditions under which the partners agree to exchange information electronically.

FSSA requires all trading partners to execute a TPA to exchange data related to D-SNP supplemental benefits. To initiate a TPA for IN D-SNP encounter claim submissions, individuals should submit a request to the FSSA D-SNP mailbox: dsnp@fssa.in.gov.

The TPA can also be accessed electronically at the following web address:
https://www.in.gov/medicaid/partners/files/IN-FSSA-DSNP-TPA-Template.PDF

Note: D-SNPs that have an existing TPA in place with FSSA for exchange of D-SNP data can update the existing TPA Data Type to exchange supplemental benefit data.

Upon submitting a completed and signed TPA to FSSA, a unique Submitter ID will be sent to the entity that has executed the TPA. Required system testing for exchange of supplemental benefit data can only be initiated after FSSA has received a fully executed TPA.

10 Transmission Examples

10.1 Transmission Examples

All-Supplemental Benefits Summary Report

Usage Indicator|Submitter ID|PBP Numb|Contract Numb|Reporting Month|Report Date|Service Type|Total Enrolled|Total Utilized|Total Amount Paid
P|A123|PBP1|CN1|202210|20221115|9|1000|800|1000
P|A123|PBP1|CN1|202210|20221115|19|600|500|3000
P|A123|PBP1|CN1|202210|20221115|39|400|200|5000
P|A123|PBP1|CN1|202211|20221115|9|1100|900|1200
P|A123|PBP1|CN1|202211|20221115|19|650|600|3700
P|A123|PBP1|CN1|202211|20221115|39|420|300|6900
Trailer|6

Dental Benefits

Usage Indicator|Submitter ID|PBP Numb|Contract Numb|Service Type|Claim Numb|Medicare ID|Billing Provider NPI|Billing Provider Taxonomy|Billing Provider Name|Billing Provider Tax ID|Billing Provider Address 1|Billing Provider Address 2|Billing Provider City|Billing Provider Zip|Claim Status|Performing Provider NPI|Performing Provider Taxonomy|Referring Provider NPI|Referring Provider Taxonomy|Amt TPL|Date Billed|Amt Billed|Date Paid|Amt Paid|Date Begin Service|Date End Service|Amt Patient Liability|Place of Service|Ind Emergency|Ind Accident|Patient Account Numb|Claim Numb Mom|Claim Frequency Code|Claim Line Count|Detail - Claim Line Numb|Detail - Performing Provider NPI|Detail - Performing Provider Taxonomy|Detail - Date Begin Service|Detail - Date End Servicel|Detail - Proc Code|Detail - Amt Billed|Detail - Amt Paid|Detail - Amt TPL|Detail - Claim Line Status|Detail - Amt Copay|Detail - CDE Tooth Numb|Detail - Qty Billed|Detail - Qty Allowed|Detail - CDE Quadrant|Detail - Place of Service

P|A123|PBP1|CN1|9|CLAIM12332940410|MBI230184032|NPI29384028321|207Q00000X|Family-Dental|23-2383339|1102 Dentistry Rd|Suit 200|Indianapolis|46240|P|NPI29384028321|207Q00000X|NPI98123183|097P000001|19.02|20221102|303.45|20221108|152.87|20221005|20221009|167.13|IN|N|N|1234-5678-9101-2342| |1|3|1|NPI29384028321|207Q00000X|20221005|20221005|DT2234511|120.87|101.85|19.02|P|0|24|1|1|EX|IN

P|A123|PBP1|CN1|9|CLAIM12332940410|MBI230184032|NPI29384028321|207Q00000X|Family-Dental|23-2383339|1102 Dentistry Rd|Suit 200|Indianapolis|46240|P|NPI29384028321|207Q00000X|NPI98123183|097P000001|19.02|20221102|303.45|20221108|152.87|20221005|20221009|167.13|IN|N|N|1234-5678-9101-2342| |1|3|2|NPI89283213|863Q00000Z|20221006|20221007|DT2355421|156.03|156.03|0.0|P|0|25|1|1|DE|IN

P|A123|PBP1|CN1|9|CLAIM12332940410|MBI230184032|NPI29384028321|207Q00000X|Family-Dental|23-2383339|1102 Dentistry Rd|Suit 200|Indianapolis|46240|P|NPI29384028321|207Q00000X|NPI98123183|097P000001|19.02|20221102|303.45|20221108|152.87|20221005|20221009|167.13|IN|N|N|1234-5678-9101-2342| |1|3|3|NPI321322355|002Q00000W|20221008|20221009|OT1349248|46.58|46.58|0.0|P|0|7|1|1|FG|IN Trailer|3

VHP Benefits

Usage Indicator|Submitter ID|PBP Numb|Contract Numb|Service Type|Claim Numb|Medicare ID|IND Crossover|Billing Provider NPI|Billing Provider Taxonomy|Billing Provider Name|Billing Provider Tax ID|Billing Provider Address 1|Billing Provider Address 2|Billing Provider City|Billing Provider Zip|Claim Status|Performing Provider NPI|Performing Provider Taxonomy|Referring Provider NPI|Referring Provider Taxonomy|Diag Code1|Diag Code2|Diag Code3|Diag Code4|Diag Code5|Diag Code6|Diag Code7|Diag Code8|Diag Code9|Diag Code10|Diag Code11|Diag Code12|Diag Code13|Diag Code14|Diag Code15|Diag Code16|Diag Code17|Diag Code18|Diag Code19|Diag Code20|Diag Code21|Diag Code22|Diag Code23|Diag Code24|Diag Code25|Amt TPL|Date Billed|Amt Billed|Date Paid|Amt Paid|Date Begin Service|Date End Service|Amt Patient Liability|Place of Service|Ind Emergency|Ind Accident|Patient Account Numb|Claim Numb Mom|Claim Frequency Code|Claim Line Count|Detail - Claim Line Numb|Detail - Performing Provider NPI|Detail - Performing Provider Taxonomy|Detail - Date Begin Service|Detail - Date End Service|Detail - Proc Code|Detail - Proc Mod1|Detail - Proc Mod2|Detail - Proc Mod3|Detail - Proc Mod4|Detail - Amt Billed|Detail - Amt Paid|Detail - Claim Status|Detail - Amt Copay|Detail - Qty Billed|Detail - Qty Allowed|Detail - Place of Service|Detail - Amt TPL|Detail - Diag Code Indicator

P|A123|PBP1|CN1|39|CLAIM98212332945|MBI190230184|N|NPI08301240131|010Q00000Y|VisionWork|97-1234241|1102 Vision Rd|Suit 200|Indianapolis|46240|P|NPI58113480213|231D0000SD|NPI98123183|097P000001|235203|135042||||||||||||||||||||
||||19.02|20221102|303.45|20221108|152.87|20221005|20221009|167.13|IN|N|N|1234-5678-9101-2342|
|1|3|1|NPI08301240131|207Q00000X|20221005|20221005|89013|||||120.87|101.85|P|19.02|1|1|IN|0|

P|A123|PBP1|CN1|39|CLAIM98212332945|MBI190230185|N|NPI08301240131|010Q00000Y|VisionWork|97-1234242|1103 Vision Rd|Suit 200|Indianapolis|46240|P|NPI58113480213|231D0000SD|NPI98123183|097P000001|235203|135042||||||||||||||||||||
||||19.02|20221102|303.45|20221108|152.87|20221005|20221009|167.13|IN|N|N|1234-5678-9101-2342|
|1|3|2|NPI58113480213|591M00000I|20221006|20221007|22149|||||156.03|156.03|P|0.0|12|20|IN|0|X2938

P|A123|PBP1|CN1|39|CLAIM98212332945|MBI190230186|N|NPI08301240131|010Q00000Y|VisionWork|97-1234243|1104 Vision Rd|Suit 200|Indianapolis|46240|P|NPI58113480213|231D0000SD|NPI98123183|097P000001|235203|135042||||||||||||||||||||
||||19.02|20221102|303.45|20221108|152.87|20221005|20221009|167.13|IN|N|N|1234-5678-9101-2342| |1|3|3|NPI96414018782|231D0000SD|20221008|20221009|52934|||||46.58|46.58|P|0.0|5|5|IN|0|
Trailer|3

Supplemental Member Report

Usage Indicator|Submitter ID|PBP Numb|Contract Numb|Service Type|Medicare ID|Transaction Date|Total Amount Paid|Quantity|Transaction ID

P|ABC Company|1234567890|9876543210|01|1234567890A|20220101|100.00|2|ZZ123

P|DEF Company|2345678901|8765432109|02|2345678901B|20220102|75.00|2|YY123

P|GHI Company|3456789012|7654321098|03|3456789012C|20220103|200.00|3|DD124

P|JKL Company|4567890123|6543210987|04|4567890123D|20220104|150.00|2|WW124|

P|MNO Company|5678901234|5432109876|05|5678901234E|20220105|120.00|1|VV148

P|PQR Company|6789012345|4321098765|06|6789012345F|20220106|80.00|2|UU144

P|STU Company|7890123456|3210987654|07|7890123456G|20220107|250.00|2|TT133

P|VWX Company|8901234567|2109876543|08|8901234567H|20220108|300.00|1|SS147

P|YZA Company|9012345678|1098765432|09|9012345678I|20220109|180.00|1|RR258

Transportation Benefit

Usage Indicator|Submitter ID|PBP Numb|Contract Numb|Service Type|Claim Numb|Medicare ID|Billing Provider NPI|Billing Provider Taxonomy|Billing Provider Name|Billing Provider Tax ID|Billing Provider Address 1|Billing Provider Address 2|Billing Provider City|Billing Provider Zip|Claim Status|Performing Provider NPI|Performing Provider Taxonomy|Diag Code1|Amt TPL|Date Billed|Amt Billed|Date Paid|Amt Paid|Date Begin Service|Date End Service|Claim Numb Mom|Claim Frequency Code|Claim Line Count |Detail - Claim Line Numb|Detail - Performing Provider NPI|Detail - Performing Provider Taxonomy|Detail - Date Begin Service|Detail - Date End Service|Detail - Proc Code|Detail - Proc Mod1|Detail - Proc Mod2 |Detail - Proc Mod3|Detail - Proc Mod4|Detail - Amt Billed|Detail - Amt Paid|Detail - Claim Status|Detail - Amt Copay|Detail - Qty Billed|Detail - Qty Allowed

T|1|ABCD1234|123456|34|00000001|00000000|1234567890|207Q00000X|John Doe|123456789|123 Main St|Suite 100|Anytown|P||0987654321|207Q00000X||20220101| |20220115|42.00|20220101|20220201|20220201|1|1||1|0987654321||20220201|J7050| 99213||||200.00|100.00|D||0|1

T|2|EFGH5678|789012|34|00000002|11111111|1234567890|Smith Medical Group|123456789|456 High St|Suite 200|Somewhere|56789 P|1234567890|208D00000X |M25.50|20.00|20220101|500|20220115|123.00|20220101|20220101||2|3|1| 1234567890|208D00000X|20220101|20220201|99214|||||500.00|0.00|D|50.00|1|2

T|3|WXYZ9876|456789|34|00000003|22222222|3333333333|ABC Pharmacy|333333333|789 Oak St|Suite 300|Anyplace|98765|P|||M81.0||20220301|500|20220315|450.00| 20220301|20220301||1|2|1|||20220301|20220401|J7050|||||500.00|450.00|P|0.00|1|1

SJ File Rejection

The File Could Not Be Processed Because Of The Following Error(s). If You Need Additional Assistance After Reviewing Your File. Please contact the D-SNP Helpdesk At dsnp@fssa.in.gov.

- The file name does not conform to the file naming convention detailed in the IN D-SNP supplemental benefits companion guide.

SA Acknowledgement – All Supplemental Benefits Summary Report

Usage Indicator|Submitter ID|PBP Numb|Contract Numb|Reporting Month|Report Date|Service Type|Total Enrolled|Total Utilized|Total Amount Paid|ERROR ID|ERROR SEQUENCE NO|DATA ELEMENT ID|DATA ELEMENT NAME|ERROR CODE|ERROR DESCRIPTION|ERROR MESSAGE
P|A123|PBP1|CN1|202210|2022-11-15|9|1000|800|1000|1|1|A07|Service Type|S05|Invalid Service Type|Service Type is invalid. It must be a value in Table 10.

P|A123|PBP1|CN1|202210|2022-11-15|19|600|500|3000|2|1|A08|Total Enrolled|S06|Invalid Total Enrolled|Total

Enrolled is invalid.
Trailer|2

SA Acknowledgement – Dental Benefits

Usage Indicator|Submitter ID|PBP Numb|Contract Numb|Service Type|Claim Numb|Medicare ID|Billing Provider NPI|Billing Provider Taxonomy|Billing Provider Name|Billing Provider Tax ID|Billing Provider Address 1|Billing Provider Address 2|Billing Provider City|Billing Provider Zip|Claim Status|Performing Provider NPI|Performing Provider Taxonomy|Referring Provider NPI|Referring Provider Taxonomy|Amt TPL|Date Billed|Amt Billed|Date Paid|Amt Paid|Date Begin Service|Date End Service|Amt Patient Liability|Place of Service|Ind Emergency|Ind Accident|Patient Account Numb|Claim Numb Mom|Claim Frequency Code|Claim Line Count|Detail - Claim Line Numb|Detail - Performing Provider NPI|Detail - Performing Provider Taxonomy|Detail - Date Begin Service|Detail - Date End Service|Detail - Proc Code|Detail - Amt Billed|Detail - Amt Paid|Detail - Amt TPL|Detail - Claim Line Status|Detail - Amt Copay|Detail - CDE Tooth Numb|Detail - Qty Billed|Detail - Qty Allowed|Detail - CDE Quadrant|Detail - Place of Service|ERROR ID|ERROR SEQUENCE NO|DATA ELEMENT ID|DATA ELEMENT NAME|ERROR CODE|ERROR DESCRIPTION|ERROR MESSAGE

P|A123|PBP1|CN1|9|CLAIM12332940410|MBI230184032|NPI29384028321|207Q00000X|Family-Dental|23-2383339|1102 Dentistry Rd|Suit 200|Indianapolis|46240|P|NPI29384028321|207Q00000X|NPI98123183|097P000001|19.02|20221102|303.45|20221108|152.87|20221005|20221009|167.13|IN|N|N|1234-5678-9101-2342| |1|3|1|NPI29384028321|207Q00000X|20221005|20221005|DT2234511|120.87|101.85|19.02|P|0|24|1|1|EX|IN|1|1|D26|Date_Begin_Service|E07|Invalid Date Begin Service|Date Begin Service is not populated.

P|A123|PBP1|CN1|9|CLAIM12332940410|MBI230184032|NPI29384028321|207Q00000X|Family-Dental|23-2383339|1102 Dentistry Rd|Suit 200|Indianapolis|46240|P|NPI29384028321|207Q00000X|NPI98123183|097P000001|19.02|20221102|303.45|20221108|152.87|20221005|20221009|167.13|IN|N|N|1234-5678-9101-2342| |1|3|2|NPI89283213|863Q00000Z|20221006|20221007|DT2355421|156.03|156.03|0.0|P|0|25|1|1|DE|IN|2|2|D27|Date_End_Service|E08|Invalid Date End Service|Date End Service is not populated.

P|A123|PBP1|CN1|9|CLAIM12332940410|MBI230184032|NPI29384028321|207Q00000X|Family-Dental|23-2383339|1102 Dentistry Rd|Suit 200|Indianapolis|46240|P|NPI29384028321|207Q00000X|NPI98123183|097P000001|19.02|20221102|303.45|20221108|152.87|20221005|20221009|167.13|IN|N|N|1234-5678-9101-2342| |1|3|3|NPI321322355|002Q00000W|20221008|20221009|OT1349248|46.58|46.58|0.0|P|0|7|1|1|FG|IN|3|1|D08|Billing_Provider_NPI|E06|Invalid Billing Provider NPI|Billing Provider NPI is not populated.
Trailer|3

SA Acknowledgement – VHP Benefits

Usage Indicator|Submitter ID|PBP Numb|Contract Numb|Service Type|Claim Numb|Medicare ID|IND Crossover|Billing Provider NPI|Billing Provider Taxonomy|Billing Provider Name|Billing Provider Tax ID|Billing Provider Address 1|Billing Provider Address 2|Billing Provider City|Billing Provider Zip|Claim Status|Performing Provider NPI|Performing Provider Taxonomy|Referring Provider NPI|Referring Provider Taxonomy|Diag Code1|Diag Code2|Diag Code3|Diag Code4|Diag Code5|Diag Code6|Diag Code7|Diag Code8|Diag Code9|Diag Code10|Diag Code11|Diag Code12|Diag Code13|Diag Code14|Diag Code15|Diag Code16|Diag Code17|Diag Code18|Diag Code19|Diag Code20|Diag Code21|Diag Code22|Diag Code23|Diag Code24|Diag Code25|Amt TPL|Date Billed|Amt Billed|Date Paid|Amt Paid|Date Begin Service|Date End Service|Amt Patient Liability|Place of Service|Ind Emergency|Ind Accident|Patient Account Numb|Claim Numb Mom|Claim Frequency Code|Claim Line Count|Detail - Claim Line Numb|Detail - Performing Provider NPI|Detail - Performing Provider

Taxonomy|Detail - Date Begin Service|Detail - Date End Service|Detail - Proc Code|Detail - Proc Mod1|Detail - Proc Mod2|Detail - Proc Mod3|Detail - Proc Mod4|Detail - Amt Billed|Detail - Amt Paid|Detail - Claim Status|Detail - Amt Copay|Detail - Qty Billed|Detail - Qty Allowed|Detail - Place of Service|Detail - Amt TPL|Detail - Diag Code Indicator|ERROR ID|ERROR SEQUENCE NO|DATA ELEMENT ID|DATA ELEMENT NAME|ERROR CODE|ERROR DESCRIPTION|ERROR MESSAGE

P|A123|PBP1|CN1|39|CLAIM98212332945|MBI190230184|N|NPI08301240131|010Q00000Y|VisionWork|97-1234241|1102 Vision Rd|Suit 200|Indianapolis|46240|P|NPI58113480213|231D0000SD|NPI98123183|097P000001|235203|135042|||||||||||||||||
||||19.02|20221102|303.45|20221108|152.87|20221005|20221009|167.13|IN|N|N|1234-5678-9101-2342|
|1|3|1|NPI08301240131|207Q00000X|20221005|20221005|89013|||||120.87|101.85|P|19.02|1|1|IN|0||1|1|V52|
Date_Begin_Service|E07|Invalid Date Begin Service|Date Begin Service is not populated.

P|A123|PBP1|CN1|39|CLAIM98212332945|MBI190230185|N|NPI08301240131|010Q00000Y|VisionWork|97-1234242|1103 Vision Rd|Suit 200|Indianapolis|46240|P|NPI58113480213|231D0000SD|NPI98123183|097P000001|235203|135042|||||||||||||||||
||||19.02|20221102|303.45|20221108|152.87|20221005|20221009|167.13|IN|N|N|1234-5678-9101-2342|
|1|3|2|NPI58113480213|591M00000I|20221006|20221007|22149|||||156.03|156.03|P|0.0|12|20|IN|0|X2938|2|2|
V53|Date_End_Service|E08|Invalid Date End Service|Date End Service is not populated.

P|A123|PBP1|CN1|39|CLAIM98212332945|MBI190230186|N|NPI08301240131|010Q00000Y|VisionWork|97-1234243|1104 Vision Rd|Suite200|Indianapolis|46240|P|NPI58113480213|231D0000SD|NPI98123183|097P000001|235203|135042|||||
||||||||||||||||19.02|20221102|303.45|20221108|152.87|20221005|20221009|167.13|IN|N|N|1234-5678-9101-2342|
|1|3|3|NPI96414018782|231D0000SD|20221008|20221009|52934|||||46.58|46.58|P|0.0|5|5|IN|0||3|1|V09| Billing Provider NPI|E06|Invalid Billing Provider NPI|Billing Provider NPI is not populated.
Trailer|3

SA Acknowledgement – Supplemental Member Report

Usage Indicator|Submitter ID|PBP Numb|Contract Numb|Service Type|Medicare ID|Transaction Date|
Total Amount Paid|Quantity|Transaction ID|Error Code|Error Description|Error Message

T|ABCCompany|1234567890|0987654321|ST|ABC123456789|20210101|100.00|1|MM145|
M03|PBP Numb|S04|PBP Number is Invalid|The file contains an invalid PBP ID. It should contain the PBP ID assigned by CMS.

T|XYZCompany|9876543210|0123456789|ST|XYZ987654321|20210201|200.00|2|XX147
|M03 PBP Numb|S04|PBP Number is Invalid|The file contains an invalid PBP ID. It should contain the PBP ID assigned by CMS.

T|ABCCompany|1234567890|0987654321|ST|ABC123456789|20210301|300.00|1|YY123
|M03|PBP Numb|S04|PBP Number is Invalid |The file contains an invalid PBP ID. It should contain the PBP ID assigned by CMS.

SA Acknowledgement – Transportation Benefit

Usage Indicator|Submitter ID|PBP Numb|Contract Numb|Service Type|Claim Numb|Medicare

ID|Billing Provider NPI|Billing Provider Taxonomy|Billing Provider Name|Billing Provider Tax ID |Billing Provider Address 1|Billing Provider Address 2|Billing Provider City|Billing Provider Zip|Claim Status|Performing Provider NPI|Performing Provider Taxonomy|Diag Code1|Amt TPL|Date Billed |Amt Billed|Date Paid|Amt Paid|Date Begin Service|Date End Service|Claim Numb Mom|Claim Frequency Code|Claim Line Count|Detail – Claim Line Numb|Detail – Performing Provider NPI |Detail – Performing Provider Taxonomy|Detail – Date Begin Service|Detail – Date End Service |Detail – Proc Code|Detail – Proc Mod1|Detail – Proc Mod2|Detail – Proc Mod3|Detail – Proc Mod4 |Detail – Amt Billed|Detail – Amt Paid|Detail – Claim Status|Detail – Amt Copay|Detail – Qty Billed |Detail – Qty Allowed|Error ID|Error Sequence No|Data Element ID|Data Element Name|Error Code |Error Description|Error Message

P|ABC Inc|1234567890|9876543210|ST|1234567890123456|ABCD1234567890|
1234567890|ABCD Corporation|1234567890|123 Main St||Indianapolis|46202|1||
||||||3|1|||||100|20220101|50|20220131|1234567890123456|1|ABCD1234567890|
1234567890|20220101|20220131|123456|AB|CD|E|F|75|123|1|M03|PBP Numb|S04|PBP Number is Invalid |The file contains an invalid PBP ID. It should contain the PBP ID assigned by CMS.

P|ABC Inc|1234567890|9876543210|ST|1234567890123457|ABCD1234567890|
1234567890|ABCD Corporation|1234567890|123 Main St||Indianapolis|46202|1||
||||||3|1|||||200|20220101|75|20220131|1234567890123456|1|ABCD1234567890|
1234567890|20220101|20220131|123457|AB|CD|E|F|100|75|1|M03|PBP Numb|S04|PBP Number is Invalid|The file contains an invalid PBP ID. It should contain the PBP ID assigned by CMS.

P|ABC Inc|1234567890|9876543210|ST|1234567890123458|ABCD1234567890|
1234567890|ABCD Corporation|1234567890|123 Main St||Indianapolis|46202|1||
||||||3|1|||||300|20220101|100|20220131|1234567890123457|1|ABCD1234567890|
1234567890|20220101|20220131|123458|AB|CD|E|F|150|100|1|M03|PBP Numb|S04|PBP Number is Invalid |The file contains an invalid PBP ID. It should contain the PBP ID assigned by CMS.

10.2 All-Supplemental Benefits Summary Reporting Scenarios

Table 16 – Reporting Scenarios on All Supplemental Benefits Summary Report

Scenario 1 – Includes only Prior Month Reporting

Report generated on Nov. 15, 2022 (Report Date) contains a record for each supplemental benefit offered in the prior month (Oct. 2022) with Total Enrolled, Total Utilized and Total Paid Amount as of the Report Date.
There were no changes to any information in the prior 12-month lookback period, so those months were not included.

Usage Indicator	Submitter ID	PBP Numb	Contract Numb	Reporting Month	Report Date	Service Type	Total Enrolled	Total Utilized	Total Amount Paid
P	A123	PBP1	CN1	202210	11/15/2022	Dental	1000	800	$1,000
P	A123	PBP1	CN1	202210	11/15/2022	Hearing	1000	500	$3,000
P	A123	PBP1	CN1	202210	11/15/2022	Vision	1000	200	$5,000

Scenario 2 – Includes Adjustment to Previous Month Data

Example 2 (Adjustment to Oct 2022 data)

Report generated on Dec. 15, 2022 (Report Date) contains the following:
- A record for each supplemental benefit offered in the prior month (Nov. 2022) with Total Enrolled, Total Utilized and Total Amount Paid as of the Report Date.
- Along with any adjustments to previous months Total Enrolled, Total Utilized and Total Amount Paid since last reported.

In this example, additional claims were billed for services performed in Oct. 2022, Updated Total Utilized and Total Amount Paid is reported for Oct. 2022 along with Total Enrolled (even though not changed).
There were no additional changes to any information in the prior 12-month lookback period, so those months were not included.

Usage Indicator	Submitter ID	PBP Numb	Contract Numb	Reporting Month	Report Date	Service Type	Total Enrolled	Total Utilized	Total Amount Paid
P	A123	PBP1	CN1	202211	12/15/2022	Dental	1200	200	$100
P	A123	PBP1	CN1	202211	12/15/2022	Hearing	1200	300	$200
P	A123	PBP1	CN1	202211	12/15/2022	Vision	1200	100	$300
P	A123	PBP1	CN1	202210	12/15/2022	Dental	1000	900	$4,000
P	A123	PBP1	CN1	202210	12/15/2022	Hearing	1000	550	$7,000
P	A123	PBP1	CN1	202210	12/15/2022	Vision	1000	300	$8,000

Scenario 3 – Includes Adjustment and Recoupment to Previous Month Data

Example 3 (Adjustment to Nov 2022 data and recoupment for Oct 2022)

Report generated on Jan. 15, 2023 (Report Date) contains the following:
- A record for each supplemental benefit offered in the prior month (Dec. 2022) with Total Enrolled, Total Utilized and Total Amount Paid as of the Report Date.
- Along with any adjustments to Total Enrolled, Total Utilized and Total Amount Paid since last reported.

In this example, there was a recoupment of some claims that were billed for services performed in Oct. 2022, updated Total Utilized and Total Amount Paid for Oct. 2022 along with Total Enrolled (even though not changed).

Additional claims were billed for services performed in Nov. 2022, updated Total Utilized and Total Amount Paid is reported for Nov. 2022 along with Total Enrolled (even though not changed).
There were no additional changes to any information in the prior 12-month lookback period, so those months were not included.

Usage Indicator	Submitter ID	PBP Numb	Contract Numb	Reporting Month	Report Date	Service Type	Total Enrolled	Total Utilized	Total Amount Paid
P	A123	PBP1	CN1	202212	1/15/2023	Dental	1200	200	$100
P	A123	PBP1	CN1	202212	1/15/2023	Hearing	1200	300	$200
P	A123	PBP1	CN1	202212	1/15/2023	Vision	1200	100	$300
P	A123	PBP1	CN1	202211	1/15/2023	Dental	1200	500	$800
P	A123	PBP1	CN1	202211	1/15/2023	Hearing	1200	800	$700
P	A123	PBP1	CN1	202211	1/15/2023	Vision	1200	300	$900
P	A123	PBP1	CN1	202210	1/15/2023	Dental	1000	875	$3,200
P	A123	PBP1	CN1	202210	1/15/2023	Hearing	1000	500	$5,500
P	A123	PBP1	CN1	202210	1/15/2023	Vision	1000	200	$4,000

Scenario 4 – Changes to Prior Month Enrollment

Example 4 (Retro Enrollment Change for Oct 2022)

Report generated on Feb. 15, 2023 (Report Date) contains the following:
- A record for each supplemental benefit offered in the prior month (Jan. 2023) with Total Enrolled, Total Utilized and Total Amount Paid as of the Report Date.
- Any adjustments to previous months Total Enrolled, Total Utilized and Total Amounts Paid since last reported.

In this example, additional members were retro-assigned in Oct. 2022, updated Total Enrolled is reported for Oct. 2022 along with Total Utilized and Total Amount Paid (even though not changed).
There were no additional changes to any information in the prior 12-month lookback period, so those months were not included.

Usage Indicator	Submitter ID	PBP Numb	Contract Numb	Reporting Month	Report Date	Service Type	Total Enrolled	Total Utilized	Total Amount Paid
P	A123	PBP1	CN1	202301	2/15/2023	Dental	1200	200	$100
P	A123	PBP1	CN1	202301	2/15/2023	Hearing	1200	300	$200

P	A123	PBP1	CN1	202301	2/15/2023	Vision	1200	100	$300
P	A123	PBP1	CN1	202210	2/15/2023	Dental	1200	875	$3,200
P	A123	PBP1	CN1	202210	2/15/2023	Hearing	1200	500	$5,500
P	A123	PBP1	CN1	202210	2/15/2023	Vision	1200	200	$4,000

11 Supplemental Benefits Service Types

11.1 Service Types Listing

Table 17 – Supplemental Benefits Service Types Listing

Service Type	General Supplemental Benefit Grouping
01	Annual Physical
02	Assistive Devices
03	Bathroom Safety/Home Modifications
04	Blood Services
05	Care Management Support
06	Chiropractic
07	Companion Care
08	Counseling Services
09	Dental
10	Enhanced Disease Management
11	Fitness
12	Flex Card
13	General Nutritional Education
14	Food/Grocery Card
15	Health Education
16	Healthy Options Allowance
17	Hearing
18	In Home Support
19	Meals

Service Type	General Supplemental Benefit Grouping
20	Medical Nutrition Therapy (MNT)
21	No required 3-day hospital stay prior to SNF admission - NA
22	NurseLine
23	Online Spiritual Care
24	OTC - Member
25	Part D Benefit
26	PERS
27	Pest Control
28	Podiatry
29	Remote Access Technology
30	Service Dog
31	Smoking and Tobacco Cessation
32	Social Isolation
33	Telehealth
34	Transportation
35	Unlimited Additional Inpatient Hospital Days
36	Utility Assistance
37	Vision
38	Wigs
39	World Wide ER/Urgent Care

12 Acronym Listing

12.1 Acronym Listing

Table 18 - Acronyms Listing and Definitions

Acronym	Definition
CG	Companion Guide
CMS	Centers for Medicare & Medicaid Services
CSSC	Customer Service and Support Center
D-SNP	Dual-Eligible Special Needs Plan

Acronym	Definition
EDI	Electronic Data Interchange
FSSA	Family and Social Services Administration
HIPAA	Health Insurance Portability and Accountability Act of 1996
IN MAES	Indiana Medicare Advantage Encounter System
IOT	Indiana Office of Technology
IP	Internet Protocol
MBI	Medicare Beneficiary Identifier
PBP	Plan Benefit Package
SFTP	Secure File Transfer Protocol
TPA	Trading Partner Agreement

13 Change Summary

13.1 Change Summary

The following table details the version history of this CG.

Table 19 - Companion Guide Version History

Version	Date	Section(s) Changed	Change Summary
1.0	October 21, 2022	All	Initial draft
1.0	November 11, 2022	Sections 10 and 11	Added file layout transmission examples and service type listing.
1.0	November 15, 2022	Sections 2 (File Layouts) and Section 10 (Transmission Examples)	Updated inbound and outbound file layouts and transmission examples (Section 10)
2.0	December 11, 2022	Section 2.4.1 (Inbound File Layouts), Section 2.4.2 (Outbound File Layouts), Section 8.1 (SJ Rejection File), Section 8.2 (SA Acknowledgement File),	▪ Updated (Required, Optional and Situational) column and clarified several column descriptions on Inbound File Layouts (Section 2.4.1), ▪ Updated columns in Section 2.4.2 to match Section 2.4.1. Updated Table 6

Version	Date	Section(s) Changed	Change Summary
			(SJ Error Codes) in Section 8.1. ▪ Updated tables 7 and 8 (SA Acknowledgement Error Codes) in section 8.2. ▪ Updated Service Type 09 – Dental in Table 10.
3.0	January 13, 2023	Sections 2.4.1.1. (Table 2), 2.4.1.2 (Table 3), 2.4.1.3 (Table 4), 2.4.2.1, 2.4.2.2 and 2.4.2.3. Sections 10.1 and 10.2 (Table 12)	• Updated Tables 2,3,4,7,8 and 9 to change data type for Service Type to CHAR (2) and Billing Provider ID to (CHAR 10). ▪ Added sections 2.4.1.4 (Table 5 – Supp Member Report), 2.4.1.5 (Table 6 – Trans Benefits), 2.4.2.4 (Table 10 – SA Ack – Supp Member Report) and 2.4.2.5 (Table 11 – SA Ack – Trans Benefits). ▪ Updated section 2.4.1.3 (Table 4) definition for data element V75. Updated section 2.4.2.3 definition (Table 9) for data element 75. ▪ Section 10.1 Transmission Examples – Updated the examples to include the Header information for the All Supplemental Benefits Summary Report Layout and SA Acknowledgement - VHP Benefits File Layout. ▪ Section 10.2 - Updated Scenarios 3 and 4 (All Supplemental Benefits Summary Report examples)

Version	Date	Section(s) Changed	Change Summary
4.0	March 23, 2023	Section 2.4.1.4, (Table 5) Section 2.4.2.4, (Table 10) Section 7.1 Section 8.2 (Table 14) Section 10.1	▪ Added note and updated Supplemental Member Report layout. ▪ Updated SA Acknowledgement File for Supplemental Member Report. ▪ Updated General Notes to include criteria for identifying unique records for Transportation Benefits file and Supplemental Member Report. ▪ Updated description for SA Error 'H07' of the All Supplemental Benefits Summary Report. ▪ Updated Transmission Examples to include both inbound and outbound files for Supplemental Member Report and Transportation Benefits file layout.
5.0	March 30, 2023	Section 2.4.1.1 (Table 2) and Section 2.4.2.1 (Table 7) – All Supplemental Benefits Summary Report Section 4.3 Section 7.2	▪ Removed the word "timestamp" from the definition for Report Date. Changed 'Total Utilized' data field to be 'Situational'. It is required to be reported when the service is not reported at the member level through another file or on the 837P ▪ Added transactions MEMB – Supplemental Member Report and TRAN – Transportation Benefits. ▪ Updated General Supplemental File Notes. All Supplemental Benefits Summary Report has a 12 month look back period, dates of service older than the 12 month look back should not be reported.

Version	Date	Section(s) Changed	Change Summary
6.0	April 13,2023	Section 2.4.1.2 (Table 3 – Dental layout), Section 2.4.1.3 (Table 4 – VHP layout), 2.4.1.5 (Table 6 – Transportation layout). Section 10.2 – Transmission examples.	▪ Removed any underscores '_' from the Data Element names on the file layouts. ▪ Updated examples to remove the word 'Detail' at the end of the Data Element Names. The word 'Detail' at the beginning of the Data Element Names is appropriate. ▪ Incorrect Header: 'Detail – Date Begin Service – Detail' ▪ Correct Header: 'Detail – Date Begin Service'

Version	Date	Section(s) Changed	Change Summary
7.0	5/17/2023	Section 2.4.1.3 (Table 4 – VHP layout) Section 2.4.1.5 (Table 6 – Transportation layout) Section 2.4.2.3 (Table 9 – VHP Acknowledgement File) Section 2.4.2.5 (Table 11 – Transportation Acknowledgement File) Section 7.1 – General Notes	▪ VHP layout, Data Element V67 – data type changed to CHAR (10) ▪ Transportation layout, Data Element T35 – data type changed to CHAR (10) ▪ VHP Acknowledgement File, V67 – data type changed to CHAR (10) ▪ Transportation Acknowledgement File, V35 – data type changed to CHAR (10) ▪ Added a bullet to the General Notes section to clarify that supplemental benefits reporting should only be submitted for paid services or paid encounters.
8.0	11/21/2023	Section 2.4.1.3 (Table 4 – VHP layout) Section 2.4.1.3 (Table 4 – VHP layout) Section 8.1 (Table 13 – SJ Error Codes)	▪ VHP layout, Data Element V55 – optional updated to required ▪ VHP layout, Data Element V72 – optional updated to required ▪ Added the error code to flag when a record has more columns than the header.