



HIN Request Submission Guidelines

HIN Requests Using the HIN-Request Submission Template in a .csv Format or Fixed-Length Text File

The accepted layout for HIN requests is as follows:

O = Optional, M = Mandatory

Field Name	Length	Begin	Usage	Notes
HIN	9	1	O	Mandatory except for ADD Facility requests
NAME	35	10	M	Only DBA or Legal Name is allowed. Abbreviation is not allowed.
ADDRESS1	35	45	M	Only USPS verifiable addresses are allowed; PO Box addresses are not.
ADDRESS2	35	80	O	Additional name/address information such as Suite and/or Building Number
ADDRESS3	35	115	O	340B ID for all 340B requests. May be used for additional notes but will not be used as part of HIN record.
CITY	20	150	M	Mandatory for all request types.
STATE/PROVINCE	2	170	M	Mandatory for all request types.
POSTAL CODE	9	172	M	Mandatory for all request types.
COUNTRY	2	181	O	US assumed, if blank.
MARKET/FUNCTION	2	183	O	Refer to the HIN PHS 340B Program Codes and HIN Database Layout documents for all market and activity codes.
TELEPHONE	16	185	M	Enter valid telephone number. Do not enter extensions. Extensions can be included in the COMMENTS field. Field must not be left blank.
DEA	9	201	O	Enter valid DEA number, if available.
REQUEST TYPE	2	210	M	If left blank, request type is assumed to be Add Facility.
REASON CODE	2	212	O	See more HIN Reason Codes under HIN Reason Codes section below.
REFERBACK CODE	35	214	NA	For internal use only. Leave blank.
CUSTOMER NUMBER	30	249	M	Enter "1" if customer number is not available.
COMMENTS	30	278	O	May be used for telephone extension numbers and/or contact name and numbers.



HIN Request Submission Guidelines

HIN Enumeration Guidelines

HIBCC is undertaking a major maintenance effort to rationalize the identification of facilities and its associated locations. However, database quality is highly dependent on the quality of information in the HIN requests HIBCC receives from its licensees. Use the following enumeration guidelines when preparing HIN requests for submission to HIBCC.

HIN Request Types

Licensees may submit the following request types on customer records sent to HIBCC for enumeration or maintenance.

Request Type	HIBCC Code	Prerequisites	Notes
ADD FACILITY	AF		To request a HIN assignment to an un-enumerated facility.
CHANGE FACILITY	CF	HIN, Reason Code	To change one or more attributes associated with a facility record in the HIN database: You must include the HIN of the facility, the reason for change on the HIN request and update all fields that require an update (update the NAME field with an updated DBA).
DEACTIVATE FACILITY	DF	HIN, Reason Code	To deactivate a HIN assignment to a facility record in the HIN database: You must include the HIN of the facility and the reason for deactivating on the HIN request.
ADD LOCATION	AL	HIN (of facility)	To associate a location with an enumerated facility: You must include the HIN of the facility on the HIN request.
CHANGE LOCATION	CL	HIN, Reason Code	To change one or more attributes associated with a location record in the HIN database: You must include the HIN of the location, the reason for change on the HIN request and update all fields that require an update (update the NAME field with an updated DBA).
DEACTIVATE LOCATION	DL	HIN, Reason Code	To deactivate a HIN assignment to a location record in the HIN database: You must include the HIN of the location and the reason for deactivating on the HIN request.

If a HIN request is submitted without a request type, ADD FACILITY will be assumed. ***ADD LOCATION HIN requests will not be inferred from ADD FACILITY requests.*** If the request type is ADD FACILITY, the HIN request will either be enumerated as a HIN facility or cross-referenced to a HIN facility record. If enumerated as a HIN facility, the name and address will be changed to conform to facility naming conventions; i.e. room numbers, departments or other intra-facility information will be removed from the record.



HIN Request Submission Guidelines

HIN Reason Codes

Reason Codes tell why maintenance was performed on a HIN record. Include a reason code for all request types except ADD FACILITY and ADD LOCATION. HIBCC reserves the right to change the reason code associated with a maintenance request. Acceptable reason codes are listed below.

Reason	HIBCC Code	Use With Request Type
NAME CORRECTION	CN	CF, CL
ADDRESS CORRECTION	CA	CF, CL (Corrections only; otherwise use FM)
CITY NAME CORRECTION	CC	CF, CL
ZIP CODE CORRECTION	CZ	CF, CL
TELEPHONE CORRECTION	CT	CF, CL
DEA CORRECTION	CD	CF, CL
DUPLICATE OF EXISTING FACILITY	DF	DF, CF
DUPLICATE OF EXISTING LOCATION	DL	DL, CL
FACILITY MOVED	FM	CF (Provide new address in appropriate fields)
LOCATION MOVED	LM	CL (Provide new address in appropriate fields)
FACILITY CLOSED	FC	DF
LOCATION CLOSED	LC	DL



HIN Request Submission Guidelines

Enumeration of Campus Facilities

Campuses are groups of contiguous facilities that are operated by an organization. Most campuses in the HIN Database are universities, hospitals and military bases. Naming conventions for facilities in campuses will strictly follow the standards shown in the following table.

Field Name	Contents
NAME	Organization that own the campus
ADDRESS1	Street address of building
ADDRESS2	Building name or number only

Facility records will no longer carry any information that does not satisfy these conventions, such as department name or room numbers. Licensees wishing to enumerate locations within campus facilities must submit ADD LOCATION requests.

Enumeration of Physician Practices

HIBCC will enumerate physician offices, but not physicians, for the HIN facility database. Physician offices will be identified by a clinic name, group practice name or by the name of a practicing physician if the practice is a sole proprietorship. Sole proprietors in the HIN facility database will always be identified using the standard:

[LAST NAME] + [FIRST NAME] + [MIDDLE INITIAL OR NAME] + [GENERATION SUFFIX] + [CREDENTIALS]
+ OFFICE

In other words, the facility identifier “OFFICE” will always follow the name of the physician in a HIN facility record. For example, a HIN request for Dr. John A. Smith will be transformed into the facility name SMITH JOHN A MD OFFICE.



HIN Request Submission Guidelines

Submitting Requests through iHIN

For instructions on the access of iHIN data please refer to THE HIN SYSTEM: A USERS GUIDE for details.

HIN licensees must submit HIN processing requests via the iHIN. HIBCC will no longer accept HIN requests via email beginning Monday, April 2nd, 2018.

To Submit a HIN Request via iHIN:

1. Click the "HIN Requests" icon located at the top of the screen (see Figure 2.1).

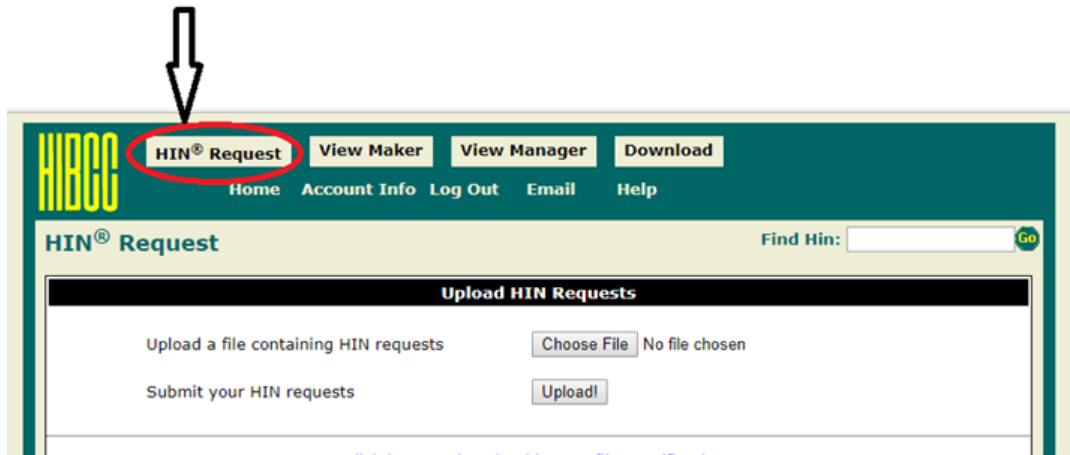
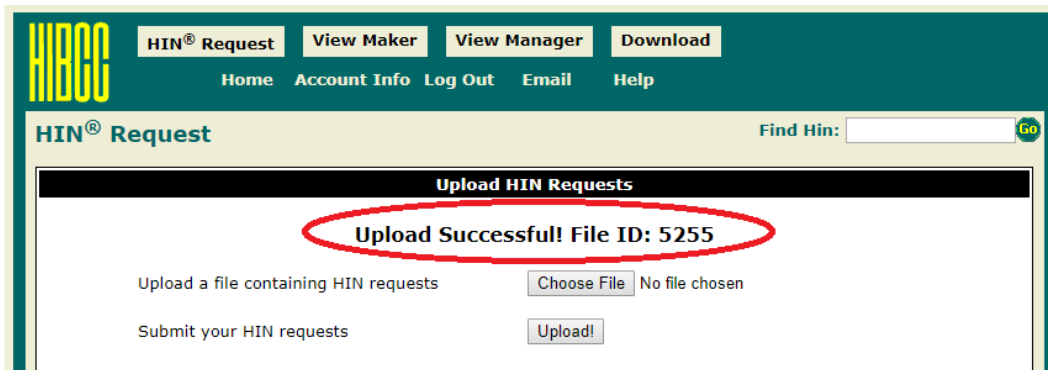


Figure 2.1 To upload a HIN request, click "Choose File"

2. Click "Upload."
3. A file number will be provided as a reference to your upload.



Note: Your iHIN account may take 1-2 business days to reflect the total number of requests completed by HIBCC.