MOLINA HEALTHCARE

HIPAA Transaction Standard Companion Guide for Electronic Attachments (275)

X12N 275 Companion Guide (ASC X12N/005010X210) to Support External Molina Partners

INITIAL

REVISION HISTORY

Version Number	Date of Change	Purpose of Change
1.0	11/15/2024	Initial Release

INITIAL

PREFACE

This Companion Guide to the HIPAA ASC X12N 275 (005010X210) Implementation Guides and any associated errata adopted under HIPAA clarify and specify the data content required for electronic exchanges with Molina Healthcare. Transmissions based on this Companion Guide, used in conjunction with the v5010 ASC X12N Implementation Guides, comply with both ASC X12 syntax and those guides.

This Companion Guide aims to provide information that aligns with the principles outlined in the ASC X12N Implementation Guides established for use under HIPAA. It is not designed to convey any information beyond the requirements or intended uses of the data specified in the Implementation Guides. This Companion Guide serves as a supplement; it does not modify or replace any guidelines or rules set forth by the ASC X12N 275 TR3.

INITIAL

TABLE OF CONTENTS

INITIAL

INITIAL

INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) mandates that all health insurance organizations in the United States adhere to the electronic data interchange standards for healthcare set by the Department of Health and Human Services. The ASC X12N implementation guides serve as the compliance standards. Detailed requirements for these transactions can be found in the ASC X12 TR3s, which are available at: **www.wpc-edi.com** .

The information provided below is intended solely as a companion document to the ASC X12 transactions. This document clarifies elements permitted within the HIPAA transaction sets.

Electronic submitters should refer to the Implementation Guide and the Molina Healthcare Companion Guide for details on formatting and code sets when submitting or receiving files directly from Molina Healthcare. In addition to these guides, electronic submitters should also consult the relevant state-specific Companion Guides and Provider Manuals. Please note that these documents are subject to change.

For regularly updated information regarding Molina's companion guide requirements, visit the Molina Healthcare website under the EDI > Companion Guides section. Be sure to select the appropriate state from the drop-down list at the top of the page. Along with the Molina Companion Guide, it's essential to utilize the State Health Plan-specific companion guides, which are also available on the Molina Healthcare website for your convenience. Remember to choose the appropriate state from the drop-down list.

BENEFITS OF USING EDI

Electronic Data Interchange (EDI) refers to the electronic exchange of business information in a standardized format. This process enables one company to send information to another electronically rather than using paper documents. Companies that engage in electronic business transactions are known as Trading Partners.

Molina is committed to supporting our Providers and Trading Partners, and we want to emphasize the benefits of electronic claims and attachment submissions, which can significantly impact your time efficiency. EDI can help:

- Efficient information delivery
- Reduce operational costs associated with paper claims (printing, correlating, and postage)
- Increase accuracy of data
- Ensure HIPAA compliance

GETTING STARTED

Molina Healthcare accepts standard electronic attachments (275) through the SSI group Clearinghouse. If you're interested in enrolling as an electronic Trading Partner or submitter with Molina, please consult the SSI group or your clearinghouse for instructions, provided the attachments are processed through SSI.

INITIAL

METHODS OF SUBMITTING ELECTRONIC ATTACHMENTS

- Molina accepts standard electronic attachments (275) via the SSI group Clearinghouse: https://thessigroup.com/
- Providers may use any clearinghouse for electronic attachments (275) as long as the attachments are redirected to SSI.
- If Providers are unable to submit a standard 275 electronic attachment, they may also use Molina Healthcare's Availity Portal Solution to submit non-275 attachments electronically: https://provider.molinahealthcare.com/provider/login

FILE SIZE AND SPECIFICATIONS

Molina Healthcare requires that the file size and limitations be limited to the following specifications:

- **Size Limitation**:
  - The maximum size for a single 275 file containing multiple ST-SE loops is 128 MB for each claim.
  - *The maximum size for each attachment in BIN*02 (Loop 2110B) is 64 MB.*
  - *An ST-SE in a 275 transaction can only contain the attachment details for a single claim.*
  - *The 275 transaction allows for one attachment per line level.*
    - *Multiple attachments can be submitted for a single claim using multiple line-level loops.*
    - *The maximum number of attachments allowed is 10 per 275 ST-SE.*
- **Character Set:** *Molina cannot accept a quote (") within the file either surrounding a word or phrase or a single quote in the file.*
- **Acknowledgements:** *Molina supports 999, TA1, and 824 files regarding attachments*
- **Functional Group Header and Trailer:** *Only "1" GS Functional Group Header and GE Functional Group Trailer can be accepted per file.*
- **ISA15 Usage Indicator:** *Use "T" indicator during testing. Use "P" during production.*

TYPES OF TRANSACTIONS SUPPORTED

The following is a list of electronic attachment (275) transaction types that can be sent or received at Molina Healthcare:

X112 Assigned ID	Trans Set ID	Version		Guide Name
210	ASCX12N 275 Additional Information to Support a Health Care Claim or Encounter	005010	P	Errata for Additional Information to Support a Health Care Claim or Encounter (275).

ACCEPTABLE ATTACHMENT TYPES

The following are the document types/ formats that are acceptable for attachments:

Format	Mime Type	Extension
PDF	application/pdf	.PDF
JPEG Image	image/jpeg	.jpeg, .jpg
TIF Image	image/tiff	.tif/.tiff

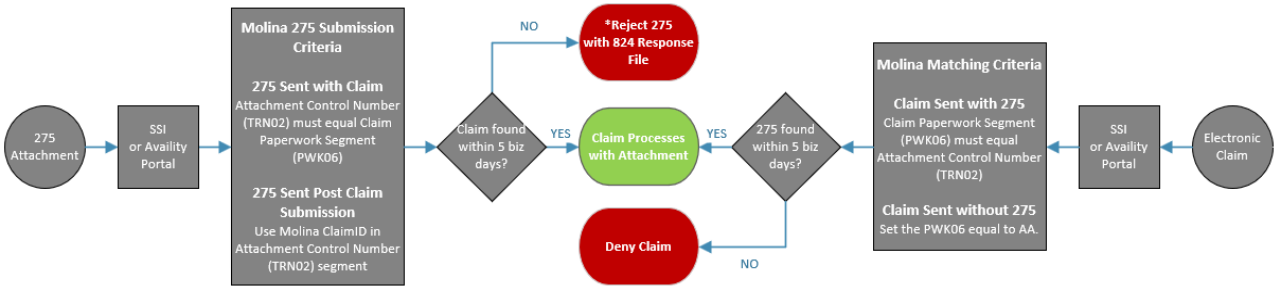
INITIAL

MOLINA PAYER IDS

A list of valid Molina Payer IDs by Market can be found here: Molina Payer IDs

PROVIDER INSTRUCTIONS

ELECTRONIC ATTACHMENT AND CLAIM SUBMISSION WORKFLOW: HOW IT WORKS



ELECTRONIC ATTACHMENT MATCHING SCENARIOS

ATTACHMENT AND CLAIM SUBMITTED CONCURRENTLY

- The submitter must provide a corresponding attachment within 5 days of when the claim is submitted:
- Claim submissions must have their PWK05 segment equal to 'AC' to communicate an attachment.
- The attachment submission occurs at the same time as a claim**: PWK06 = TRN02**
- The attachment submission occurs after a claim without the payer's request (before the payer initiates adjudication): **TRN02 = MolinaClaimID**
- Claim submission occurs after an attachment submission without the payer's request (before the payer initiates adjudication): **TRN02 = PWK06**
- TRN02/ PWK06 shared value must be unique from any previous submissions

ATTACHMENT SUBMITTED AFTER CLAIM SUBMISSION

- The submitter must provide a corresponding claim within 5 days of when the attachment is submitted):
- Attachment submission occurs after a claim per the payer's request (after the payer initiates claim adjudication): **TRN02 = MolinaClaimID**
- If you know that you will be submitting an electronic attachment after submitting a claim but do not know the indicator you will use to match the records together, please submit **AA** in the **PWK02** segment to indicate an incoming electronic attachment.

INITIAL

ATTACHMENT CORRELATION CRITERIA

The module attempts to find the corresponding claim using the **Standards Advised Correlation Criteria**.

When several claims match the linking criteria, the module uses the last received and accepted claim. When no accepted claim is available, it uses the last rejected claim.

STANDARD ADVISED ELECTRONIC ATTACHMENT CORRELATION CRITERIA

If the 1000C / NM109 element (**Billing Provider NPI**) **is displayed** in the 275 Claim Information, then the module looks for all the claims that match the following criteria:

Element Name	275	837 (I/P)
Billing Provider NPI	1000C / NM109	2010AA / NM109
Provider Attachment Control Number	2000A / TRN02	• 2300 / PWK06 where PWK05 is AC • 2400 / PWK06 where PWK05 is AC

If the Billing Provider NPI element is **not displayed** in the 275 Claim Information (an atypical provider), then the module looks for claims based on the following criteria:

Element Name	275	837 (I/P)
Billing Provider Tax ID	1000B / NM109	2010AA / REF02 where REF01 is EI or SY
Provider Attachment Control Number	2000A / TRN02	2300 / PWK06 where PWK05 is AC • 2400 / PWK06 where PWK05 is AC

INITIAL

ALTERNATIVE ELECTRONIC ATTACHMENT CORRELATION CRITERIA

If Molina is unable to match the required PWK06 and TRN02 segments, the module tries to find the corresponding claim using the **Alternative Correlation Criteria**. This includes the **claim's 837 Service Begin Date and 837 Service End Date**, which are defined as follows:

Criteria	837P	837I
837 Service Begin Date	min(2400/DTP03) where DTP01 is 472	min(2300/DTP03) where DTP01 is 434
837 Service End Date	max (2400/ DTP03) where DTP01 is 472	max (2300/ DTP03) where DTP01 is 434

The following tables display the correlation logic when the **Billing Provider NPI** is displayed in the 275 Claim Information.

If the **1000D / DTP03 element is displayed in the 275 Claim Information**, then the module looks for all the claims that match the following criteria:

Element Name	275	837
Billing Provider NPI	1000C / NM109	2010AA / NM109
Patient ID	1000D / NM109	2010BA / NM109
Patient Control Number	1000D / REF02 where REF01 is X1 [for 6020] or EJ [for 5010])	2300 / CLM01
Service Begin Date	The minimum value (1000D / DTP03) is on or after	837 Service Begin Date
Service End Date	The maximum value (1000D / DTP03) is on or before	837 Service End Date

If the 1000D / DTP03 element is not displayed in the 275 Claim Information or at least one 2100A / DTP03 element is available, then the module looks for all the claims that match the following criteria:

Element Name	275	837
Billing Provider NPI	1000C / NM109	2010AA / NM109
Patient ID	1000D / NM109	2010BA / NM109
Patient Control Number	1000D / REF02 where REF01 is X1 [for 6020] or EJ [for 5010])	2300 / CLM018
Service Begin Date	The minimum value (2100A / DTP03) is on or after	837 Service Begin Date
Service End Date	The maximum value (2100A / DTP03) is on or before	837 Service End Date

INITIAL

If there are no service dates in the 275 Claim Information, then the module looks for all the claims that match the following criteria:

Element Name	275	837
Billing Provider NPI	1000C / NM109	2010AA / NM109
Patient ID	1000D / NM109	2010BA / NM109
Patient Control Number	1000D / REF02 where REF01 is X1 [for 6020] or EJ [for 5010])	2300 / CLM01

The following tables **display the correlation logic when the Billing Provider NPI is not displayed in the 275 Claim Information. If the 1000D / DTP03 element is displayed in the 275 Claim Information, then the module looks for all the claims that match the following criteria**:

Element Name	275	837
Billing Provider Tax ID	1000B / NM109	2010AA / REF02 where REF01 is EI or SY
Patient ID	1000D / NM109	2010BA / NM109
Patient Control Number	1000D / REF02 where REF01 is X1 [for 6020] or EJ [for 5010])	2300 / CLM01
Service Begin Date	The minimum value (1000D / DTP03) is on or after	837 Service Begin Date
Service End Date	The maximum value (1000D / DTP03) is on or before	837 Service End Date

If the 1000D / DTP03 element is not displayed in the 275 Claim Information or at least one 2100A / DTP03 element is available, then the module looks for all the claims that match the following criteria.

Element Name	275	837
Billing Provider Tax ID	1000B / NM109	2010AA / REF02 where REF01 is EI or SY
Patient ID	1000D / NM109	2010BA / NM109
Patient Control Number	1000D / REF02 where REF01 is X1 [for 6020] or EJ [for 5010])	2300 / CLM01
Service Begin Date	The minimum value (2100A / DTP03) is on or after	837 Service Begin Date
Service End Date	The maximum value (2100A / DTP03) is on or before	837 Service End Date

INITIAL

If there are no service dates in the 275 Claim Information, then the module looks for all the claims that match the following criteria:

Element Name	275	837
Billing Provider Tax ID	1000B / NM109	2010AA / REF02 where REF01 is EI or SY
Patient ID	1000D / NM109	2010BA / NM109
Patient Control Number	1000D / REF02 where REF01 is X1 [for 6020] or EJ [for 5010])	2300 / CLM01

275 FILE TECHNICAL SPECIFICATIONS

The following is a brief overview of control segments for 275 transactions. For complete descriptions of these segments, please refer to your 5010 275-implementation guide (ASCX12N TR3):

ISA SEGMENTS

The following table presents the Interchange Control Header Segment and its data elements:

Field	Usage	Description	HIPAA Element ID
Authorization Information Qualifier	Identifies the type of information in the authorization.	*Required* Length: 2/2 Required Value: 00 = No Authorization Information Present	ISA01
Authorization Information	Identification or authorization of the sender or the data interchange.	*Required* Length: 10/10 Required Value: *(10 blank spaces)*	ISA02
Security Information Qualifier	Identifies the type of data in the Security Information.	*Required* Length: 2/2 Required Value: 00 = No Security Information Present	ISA03
Security Information	Identifies security information about the sender or the data interchange.	*Required* Length: 10/10 Required Value: *(10 blank spaces)*	ISA04

INITIAL

Interchange ID Qualifier	Qualifier to denote the system/method of code structure used to designate the sender.	*Required* Length: 2/2 Required Value: ZZ = Mutually Defined	ISA05
Interchange Sender ID	ID code for the sender. This ID is qualified by the value in ISA05.	*Required* Length: up to 15 characters **Required Value:** - Direct submitters: **Contact Molina** - Submitted through clearinghouse: Contact Clearinghouse	ISA06

Field	Usage	Description	HIPAA Element ID
Interchange ID Qualifier	Qualifier to denote the system/method of code structure used to designate the receiver.	*Required* Length: 2/2 **Required Value**: ZZ	ISA07
Interchange Receiver ID	ID code published by the receiver. This ID is qualified by the value in ISA07.	*Required* Length: up to 15 characters **Required Value:** - Direct submitters: **Contact Molina** - Submitted through clearinghouse: Contact Clearinghouse	ISA08
Interchange Date	Date of the interchange	*Required* Format: YYMMDD	ISA09
Interchange Time	Time of the interchange	*Required* Format: HHMM	ISA10
Repetition Separator (5010)	Provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure.	*Required* Length: 1/1 Recommended Value = ^	ISA11

INITIAL

Interchange Control Version Number	This version number covers the interchange control segments.	*Required* Length: 5/5 Required Value: 00501	ISA12
Interchange Control Number	A unique control number assigned by the sender.	*Required* Length: 9/9 Recommended Value: Must be identical to the value in IEA02	ISA13
Acknowledgment Requested	Code sent by the sender to request an interchange acknowledgment (TA1).	*Required* Length: 1/1 Recommended Value = 1	ISA14
Usage Indicator	Indicates whether the enclosed data is for testing or production usage.	*Required* Length: 1/1 Recommended Values = T (Testing) or P (Production)	ISA15
Component Element Separator	The sender specifies the element separator as a delimiter for separating data within a composite data structure. It must be distinct from the data element separator and segment terminator.	*Required* Length: 1/1 Recommended Value: Any value from the Basic Character Set.	ISA16
Segment Terminator	Always use a tilde as a segment terminator. There will be no line feed in the X12 code.	*Required* Position 106 1/1 Required Value ="~" [Tilde]	ISA

INITIAL

IEA SEGMENTS

The following table presents the Interchange Control Segment and its data elements:

Field	Usage	Description	HIPAA Element ID
Number of Included Functional Groups	A count of the number of functional groups included in the interchange.	*Required* Field Length: 1/5	IEA01
Interchange Control Number	A control number assigned by the sender	*Required* Field Length: 9/9 *(same as ISA13)*	IEA02

GS SEGMENTS

The following table presents the Functional Group Header Segment and its data elements:

Field	Usage	Description	HIPAA Element ID
Functional Identifier Code	Identifies a group of application-related transaction sets.	*Required* Field Length: 2/2 Recommended Values: [vary based on transaction type] HI = Health Care Services Review Information (278) HR = Health Care Claim Status Request (276) HN = Health Care ClaimStatus Notification (277) HC = Heath Care Claim (837) HS = Eligibility, Coverage or Benefit Inquiry (270) HB = Eligibility, Coverage or Benefit Information (271) HP = Health Care Claim Payment/Advice (835) FA = 999 Implementation Acknowledgement (5010) PI = Additional information to support a health care claim or encounter (275)	GS01
Application Sender's Code	Identifies the party sending a transmission, as agreed upon by trading partners.	*Required* Field Length: up to 15 characters Recommended Value (5010): Vendor partners should enter the vendor's customer ID.	GS02

INITIAL

Application Receiver's Code	Identifies the party receiving the transmission, as agreed upon by trading partners.	*Required* Field Length: up to 15 characters - Required Value: **Contact Molina**	GS03
Date	Creation Date	*Required* Field Length: 8/8 Format: CCYYMMDD	GS04
Time	Creation Time	*Required* Field Length: 4/8 Format: HHMM (*GMT/UTC Standard*)	GS05
Group Control Number	The assigned number originated and maintained by the sender.	*Required* Field Length: 7/9 Note: Do not use leading zeroes Must be unique within interchange. Recommended to be unique over a 6-month period. Must match GE02	GS06
Responsible Agency Code	Identifies the issuer of the standard.	*Required* Field Length: 1/2 Recommended Value: X = Accredited Standards Committee X12	GS07
Version / Release / Industry Identifier Code	Specifies the version, release, sub-release, and industry identifier for the EDI standard being utilized.	*Required* Field Length: 1/12 Recommended Values: [vary based on transaction type] 835 – 005010X221A1 270/271 –005010X279A1 276/277 –005010X212 278 –005010X217 278N – 005010X216 837 Institutional – 005010X223A2 837 Professional –005010X222A1 837 Dental –005010X224A2 275 Medical – 005010X210	GS08

INITIAL

GE SEGMENTS

The following table presents the Functional Group Trailer Segment and its data elements:

Field	Usage	Description	HIPAA Element ID
Number of Transaction Sets Included	Total number of transaction sets (ST/ SE) included in the functional group or interchange.	*Required* Field Length: 1/6	GE01
Group Control Number	The assigned number originated and maintained by the sender. The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.	*Required* Field Length: 1/9	GE02

INITIAL

IMPORTANT SEGMENTS WITHIN 275 TRANSACTIONS

The following is a brief overview of important segments for both claim-level and line-level 275 transactions. For complete descriptions of these segments, please refer to your 5010 275-implementation guide (ASCX12N TR3).

• BGN*01 – Specify 11 for solicited, 02 for unsolicited

• TRN*02 – Attachment control number/ (expecting Molina Claim ID)

• STC – Used when BGN is 11 to return the LOINC code that was requested

• CAT*02 – Specify IA for an electronic image

• EFT*01 – Must be set to 05

• BIN*01 – Must be set to the number of bytes contained in the BIN*02 segment

275 CLAIM & SERVICE LINE LEVEL INFORMATION TABLE

The following table presents segments that may be used for **claim-level & Service line-level** information.

Loop ID	Segment ID	Segment Name	Business Purpose
1000D Patient Name	NM1	Patient Name	Name of Patient
	REF	Patient Control Number	Provider's Patient Control Number
	REF	Institutional Type of Bill	Institutional Type of Bill
	REF	Medical Record Number	Medical Record number from the original claim.
	REF	claim identification number for clearinghouses and Other Transmission Intermediaries	A claim identification number for clearinghouses and Other Transmission Intermediaries.
	DTP	Claim Service Date	Claim Service Date
2000A Assigned Number	LX	Assigned Number	A sequence number that starts at 1 and is incremented by 1 when the loop is repeated.
	TRN	Payer's Control Number/ Provider Attachment Control Number	Control Number assigned by either the Payer or Provider.

INITIAL

	STC	Status Information	Echo the STC segment when in response to a 277. (Not used in unsolicited 275)
	REF	Service Line-Item Identification	Required when additional information is associated with the service. (Line or revenue line information)
	REF	Procedure or Revenue Code	Required when additional information is associated with the service. (Line or revenue line information)
	REF	Procedure code modifier	Required when the procedure code submitted on the original claim includes modifiers.
2100A Service Line Date of Service	DTP	Date or Time Period	Required when the date of service is not reported at the claim level.
2100B Date Additional Information Submitted	DTP	Date Additional Information was submitted	The 275 Submittal Date.
	CAT	Category of Patient Information Service	Used to identify the type of information that will be in the BIN.
2110B Electronic Format Identification	EFI	Electronic Format Identification	Security Level of Data. Needed to use BIN Segment.
	BIN	Binary Data	HL7 CDA formatted attachment information.

INITIAL

FILE TRANSACTION EXAMPLES

ELECTRONIC ATTACHMENT (275) TRANSACTION SAMPLE

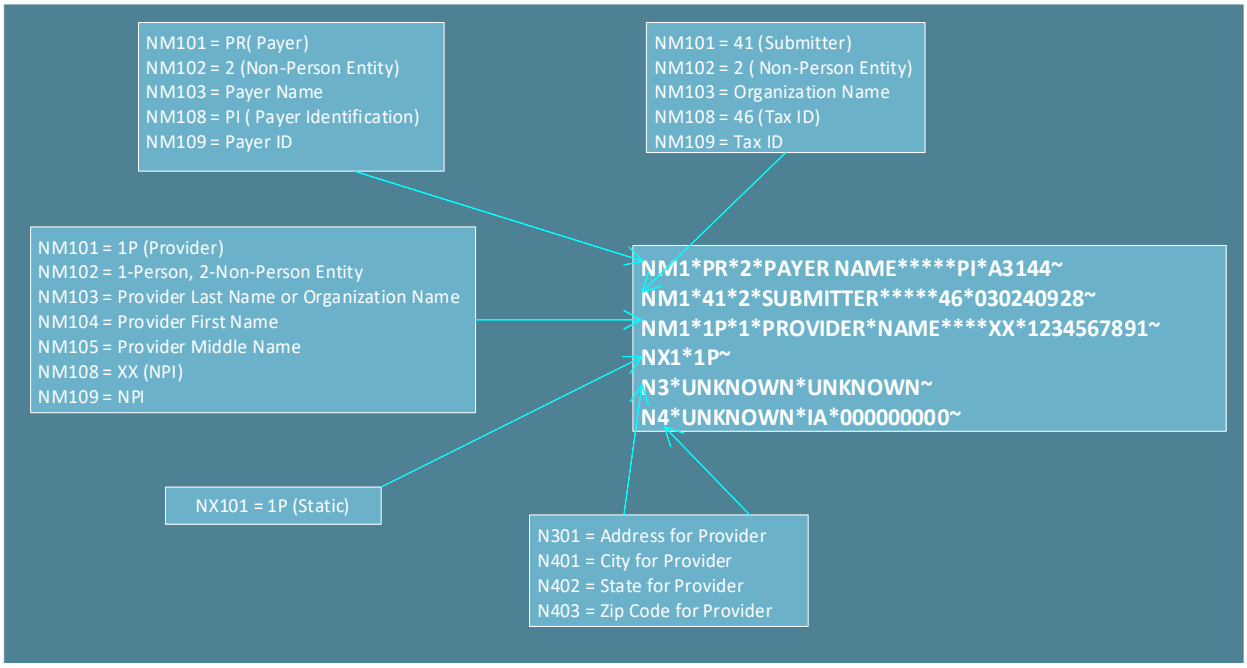
The following is an example of a 275 transaction. The sections that follow provide detailed descriptions of parts of this example:

ISA*00* *00* *ZZ* **INTERCHANGE SENDERID** *ZZ* **MOLINA RECEIVERID** *241010*1647*^*00501*253274320*0*P*: ~
GS*PI*0000000000*00000*20241010*1647*253274320*X*005010X210~
ST*275*253274320*005010X210~
BGN*02*1*20241010~
NM1*PR*2*PAYER NAME*****PI*PAYERID~
NM1*41*2*SUBMITTER*****46*030240928~
NM1*1P*1*PROVIDER*NAME****XX*1234567891~
NX1*1P~
N3*UNKNOWN*UNKNOWN~
N4*UNKNOWN*IA*322071234~
NM1*QC*1*SMITH*JANE****MI*123467I~
REF*EJ*1823618I~
DTP*472*D8*20240905~
LX*1~
TRN*1*185387~
DTP*368*D8*20241010~
CAT*AE*IA~
EFI*05~
BIN*156504*___{ 152 KB OF NON-PRINTABLE DATA}___~
SE*18*253274320~
GE*1*253274320~
IEA*1*253274320

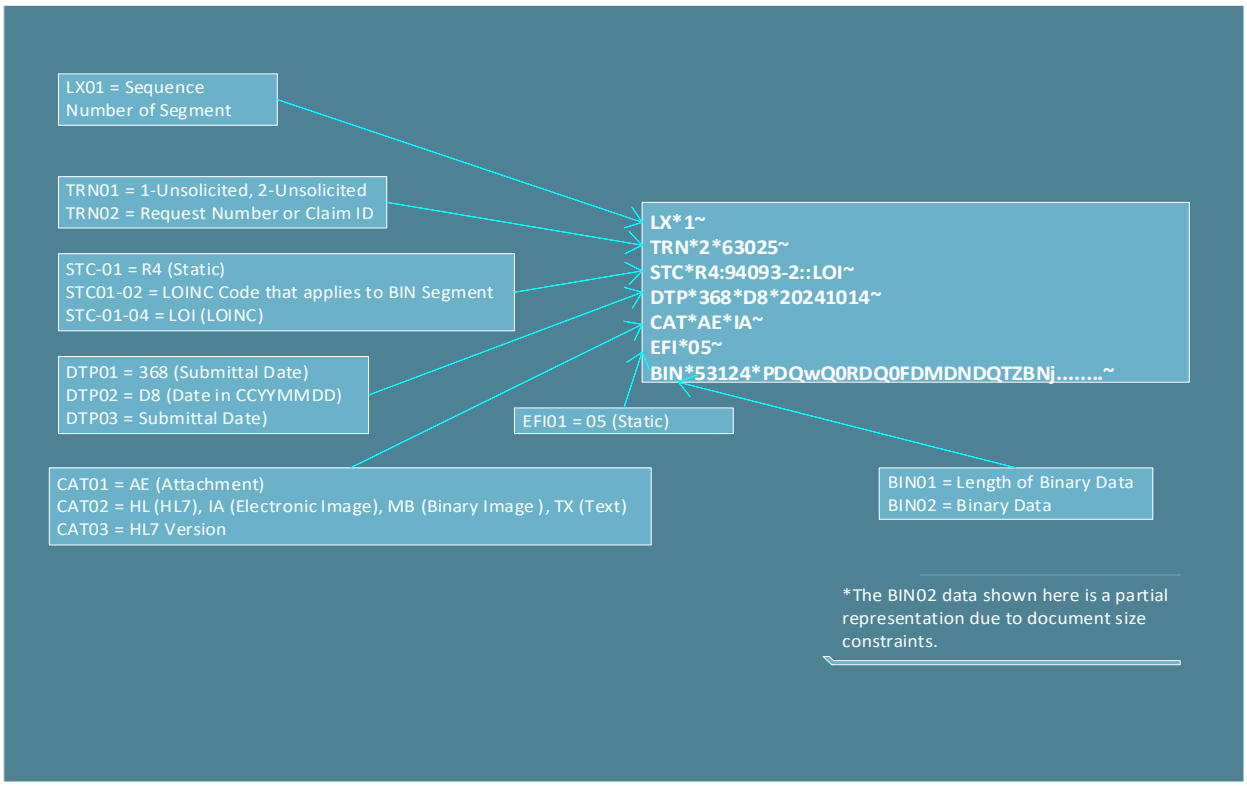
ISA, GS, ST, AND BGN SEGMENTS

INITIAL

NM1, NX1, N3, AND N4 SEGMENTS



LX, TRN, STC, DTP, CAT, EFI, AND BIN SEGMENTS



INITIAL

999 ACCEPTED TRANSACTION SAMPLE

The following is an example of a 999 file that would be sent back to the submitter if the correlated 275 was accepted (275 file meets X12 syntax format):

ISA*00* *00* *ZZ* **INTERCHANGE SENDERID** *ZZ* **MOLINA RECEIVERID**
*241010*1402*^*00501*000009971*0*P*:
GS*FA*00000*0000000000*20241010*1402*0*X*005010X231A1
ST*999*0001*005010X231A1
AK1*PI*253274320*005010X210
AK2*275*253274320*005010X210
IK5*__A__
AK9*A*1*1*1
SE*6*0001
GE*1*0
IEA*1*000009971

999 REJECTED SAMPLE

The following is an example of a 999 file that would be sent back to the submitter if the correlated 275 was rejected (275 file fails X12 syntax format):

ISA*00* *00* *ZZ*__INTERCHANGE SENDERID__ *ZZ*__MOLINA RECEIVERID__
*241010*1402*^*00501*000009971*0*P*:
GS*FA*00000*0000000000*20241010*1402*0*X*005010X231A1
ST*999*0001*005010X231A1
AK1*PI*253274320*005010X210
AK2*275*253274320*005010X210
IK5*__R__*5~
AK9*A*1*1*1
SE*6*0001
GE*1*0
IEA*1*000009971

INITIAL

824 ACCEPTED SAMPLE

The following is an example of a 275 attachment that was processed successfully (accepted 999) and successfully matched to its corresponding 837:

```
ISA*00*          *00*          *ZZ*00000        *ZZ*0000000000    *241010*1402*^*00501*000004935*0*P*:
GS*AG*00000*0000000000*20241010*1402359*1*X*005010X186A1
ST*824*0001*005010X186A1
BGN*11*824*20241010*1402359**1**WQ
N1*41*SUBMITTER NAME*PI*PAYERID
N1*40*RECEIVER NAME*46*0000000000
OTI*IA*IX*NA***20241010*1647*253274320**275*005010X210
NM1*QC*1*SMITH*JANE****MI*123467I
SE*7*0001
GE*1*1
IEA*1*000004935
```

824 REJECTED SAMPLE

The following is an example of a 275 attachment that was processed successfully (accepted 999) and unsuccessfully matched to its corresponding 837:

```
ISA*00*          *00*          *ZZ*00000        *ZZ*0000000000    *240909*2113*^*00501*000000001*0*P*:
GS*AG*00000*0000000000*20240909*2113295*1*X*005010X186A1
ST*824*0001*005010X186A1
BGN*11*824*20240909*2113295**1**U
N1*41*SUBMITTER NAME*PI*PAYER ID
N1*40*RECEIVER NAME*46*0000000000
OTI*IR*IX*NA***20240703*1657*195211817**275*005010X210
NM1*QC*1*SMITH*JANE****MI*123467I
TED*024***1000*2
RED*NA**94**IBP*W163
SE*9*0001
GE*1*1
IEA*1*000000
```

INITIAL