

820 Payment Order/Remittance Advice

Functional Group ID=**RA**

Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Payment Order/Remittance Advice Transaction Set (820) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to make a payment, send a remittance advice, or make a payment and send a remittance advice. This transaction set can be an order to a financial institution to make a payment to a payee. It can also be a remittance advice identifying the detail needed to perform cash application to the payee's accounts receivable system. The remittance advice can go directly from payer to payee, through a financial institution, or through a third party agent.

Heading:

<u>Page No.</u>	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>HIPAA Usage</u>	<u>ODJFS Usage</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
3	008	ISA	Interchange Control Header	R	R	1		
6	009	GS	Functional Group Header	R	R	1		
8	010	ST	820 Header	R	R	1		
9	020	BPR	Financial Information	R	R	1		
	030	NTE	Note/Special Instruction	Not Used	Not Used	>1		
14	035	TRN	Reassociation Key	R	R	1		c1
	040	CUR	Non-US Dollars Currency	S	Not Used	1		c2
16	050	REF	Premium Receivers Identification Key	S	S	>1		
	060	DTM	Process Date	S	Not Used	1		
	060	DTM	Delivery Date	S	Not Used	1		c3
18	060	DTM	Coverage Period	S	S	1		
LOOP ID - 1000A							1	
19	070	N1	Premium Receiver's Name	R	R	1		
	080	N2	Premium Receiver Additional Name	S	Not Used	1		
	090	N3	Premium Receiver's Address	S	Not Used	1		
	100	N4	Premium Receiver's City, State, Zip	S	Not Used	1		
	120	PER	Administrative Communications Contact	Not Used	Not Used	>1		
LOOP ID - 1000B							1	
21	070	N1	Premium Payer's Name	R	R	1		
	080	N2	Premium Payer Additional Name	S	Not Used	1		n1, c4
	090	N3	Premium Payer's Address	S	Not Used	1		c5
	100	N4	Premium Payer's City, State, Zip	S	Not Used	1		
	120	PER	Premium Payer's Administrative Contact	S	Not Used	>1		

Detail:

<u>Page No.</u>	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>HIPAA Usage</u>	<u>ODJFS Usage</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
LOOP ID - 2000A							1	
23	010	ENT	Organization Summary Remittance	S	S	1		
LOOP ID - 2300A							>1	
25	150	RMR	Organization Summary Remittance Detail	R	R	1		
LOOP ID - 2310A							1	
27	190	IT1	Summary Line Item	S	S	1		

			LOOP ID - 2315A				>1	
28	204	SLN	Member Count	S	S	1		
			LOOP ID - 2320A				>1	
30	210	ADX	Organization Summary Remittance Level Adjustment	S	S	1		c6

Detail:

Page No.	Pos. No.	Seg. ID	Name	HIPAA Usage	ODJFS Usage	Max.Use	Loop Repeat	Notes and Comments
			LOOP ID - 2000B				>1	
32	010	ENT	Individual Remittance	S	S	1		
			LOOP ID - 2100B				>1	
34	020	NM1	Individual Name	S	S	1		
			LOOP ID - 2300B				>1	
36	150	RMR	Individual Premium Remittance Detail	S	S	1		
38	180	DTM	Individual Coverage Period	S	S	1		
			LOOP ID - 2320B				>1	
39	210	ADX	Individual Premium Adjustment	S	S	1		

Summary:

Page No.	Pos. No.	Seg. ID	Name	HIPAA Usage	ODJFS Usage	Max.Use	Loop Repeat	Notes and Comments
41	010	SE	820 Trailer	R	R	1		
42	015	GE	Functional Group Trailer	R	R	1		c7
43	020	IEA	Interchange Control Trailer	R	R	1		

Transaction Set Notes

1. The ENT loop is for vendor or consumer third party consolidated payments.

Transaction Set Comments

1. The TRN segment is used to uniquely identify a payment order/remittance advice.
2. The CUR segment does not initiate a foreign exchange transaction.
3. The N1 loop allows for name/address information for the payer and payee which would be utilized to address remittance(s) for delivery.
4. ENT09 may contain the payee's accounts receivable customer number.
5. Allowing the NM1 segment to repeat in this area allows the paying entity within a payer and the paid entity within a payee to be identified (not the payer and payee).
6. Loop IT1 within the ADX loop is the adjustment line item detail loop.
7. Loop RMR is for open items being referenced or for payment on account.

Segment: **ISA** Interchange Control Header
Position: 008
Loop:
Level: Heading
Usage: Optional
Max Use: 1
Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Syntax Notes:
Semantic Notes:
Comments:
Notes:

X12N HIPAA Note

The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by "." for clarity.

X12N HIPAA Example

```
ISA*00*.....*01*SECRET...*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*93060
2*1253*U*00401*000000905*1*T*::~
```

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
ISA01	I01	Authorization Information Qualifier Code to identify the type of information in the Authorization Information	M ID 2/2	R
ODJFS Application Notes:				
This number uniquely identifies the interchange data to the sender. It is assigned by the sender. Together with the sender ID it uniquely identifies the interchange data to the receiver. It is suggested that the sender, receiver, and all third parties be able to maintain an audit trail of interchanges using this number. In the TA1, this should be the interchange control number of the original interchange that this TA1 is acknowledging.				
		00 No Authorization Information Present (No Meaningful Information in I02)		
X12N HIPAA Note:				
ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION.				
ISA02	I02	Authorization Information Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M AN 10/10	R
ODJFS User Note:				
This field should contain all spaces.				
ISA03	I03	Security Information Qualifier Code to identify the type of information in the Security Information	M ID 2/2	R
X12N HIPAA Note:				
ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.				
		00 No Security Information Present (No Meaningful Information in I04)		
X12N HIPAA Note:				
ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.				
ISA04	I04	Security Information This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M AN 10/10	R

ODJFS User Note:

This field should contain all spaces.

ISA05 I05 Interchange ID Qualifier M ID 2/2 R
Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

X12N HIPAA Note:

This ID qualifies the Sender in ISA06.

ZZ Mutually Defined

ISA06 I06 Interchange Sender ID M AN 15/15 R
Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

ODJFS User Note:

This element will contain SOHODJFSMMIS which is the value assigned to the Sender of this file. Since this is a fixed-length field, it should be filled with spaces to meet the minimum length requirement of 15.

ISA07 I05 Interchange ID Qualifier M ID 2/2 R
Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

X12N HIPAA Note:

This ID qualifies the Receiver in ISA08.

ZZ Mutually Defined

ISA08 I07 Interchange Receiver ID M AN 15/15 R
Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

ODJFS User Note:

This element will contain the Trading Partner ID assigned to the Receiver of this file. Since this is a fixed-length field, it should be filled with spaces to meet the minimum length requirement of 15.

ISA09 I08 Interchange Date M DT 6/6 R
Date of the interchange

X12N HIPAA Note:

The date format is YYMMDD.

ISA10 I09 Interchange Time M TM 4/4 R
Time of the interchange

X12N HIPAA Note:

The time format is HHMM.

ISA11 I10 Interchange Control Standards Identifier M ID 1/1 R
Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer

U U.S. EDI Community of ASC X12, TDCC, and UCS

ISA12 I11 Interchange Control Version Number M ID 5/5 R
This version number covers the interchange control segments

X12N HIPAA Note:

The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.

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ISA13 I12 Interchange Control Number M N0 9/9 R
A control number assigned by the interchange sender

X12N HIPAA Note:

The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.

ISA14 I13 Acknowledgment Requested M ID 1/1 R

Code sent by the sender to request an interchange acknowledgment (TA1)

X12N HIPAA Note:

See Section A.1.5.1 for interchange acknowledgment information.

ODJFS User Note:

ODJFS will return an acknowledgment segment (TA1) for the ISA only if the ISA is in error.

		0	No Acknowledgment Requested			
ISA15	I14	Usage Indicator		M	ID 1/1	R
			Code to indicate whether data enclosed by this interchange envelope is test, production or information			
		P	Production Data			
ISA16	I15	Component Element Separator		M	AN 1/1	R
			Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator			

Segment: **GS** Functional Group Header
Position: 009
Loop:
Level: Heading
Usage: Optional
Max Use: 1
Purpose: To indicate the beginning of a functional group and to provide control information
Syntax Notes:
Semantic Notes:

- 1 GS04 is the group date.
- 2 GS05 is the group time.
- 3 The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

Comments:

- 1 A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Notes: **X12N HIPAA Example**

GS*RA*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X061A1~

ODJFS User Note

GS*HC*MEDICAID ID*MMISODJFS*20031016*0802*1*X*004010X097A1~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
GS01	479	Functional Identifier Code Code identifying a group of application related transaction sets RA Payment Order/Remittance Advice (820)	M ID 2/2	R
GS02	142	Application Sender's Code Code identifying party sending transmission; codes agreed to by trading partners X12N HIPAA Note: Use this code to identify the unit sending the information. ODJFS User Note: This field should contain the SOHODJFSMMIS assigned to the Sender of this file.	M AN 2/15	R
GS03	124	Application Receiver's Code Code identifying party receiving transmission; codes agreed to by trading partners X12N HIPAA Note: Use this code to identify the unit receiving the information. ODJFS User Note: This field should contain the Tax ID assigned to the Receiver of this file (Ohio Department of Job and Family Services).	M AN 2/15	R
GS04	373	Date Date expressed as CCYYMMDD X12N HIPAA Note: Use this date for the functional group creation date.	M DT 8/8	R
GS05	337	Time Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) X12N HIPAA Note: Use this time for the creation time. The recommended format is HHMM.	M TM 4/8	R
GS06	28	Group Control Number Assigned number originated and maintained by the sender	M N0 1/9	R
GS07	455	Responsible Agency Code Code used in conjunction with Data Element 480 to identify the issuer of the standard	M ID 1/2	R

GS08

480

Version / Release / Industry Identifier Code M AN 1/12 R

Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

004010X061A1

Segment: **ST 820 Header**
Position: 010
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the start of a transaction set and to assign a control number
Syntax Notes:
Semantic Notes: 1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).
Comments:
Notes: **X12N HIPAA Example**
 Example: ST*820*1234~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set X12N HIPAA Note: INDUSTRY: Transaction Set Identifier Code	M ID 3/3	R
		820 Payment Order/Remittance Advice		
ST02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set X12N HIPAA Note: INDUSTRY: Transaction Set Control Number	M AN 4/9	R

Segment: **BPR** Financial Information
Position: 020
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the beginning of a Payment Order/Remittance Advice Transaction Set and total payment amount, or to enable related transfer of funds and/or information from payer to payee to occur

- Syntax Notes:**
- 1 If either BPR06 or BPR07 is present, then the other is required.
 - 2 If BPR08 is present, then BPR09 is required.
 - 3 If either BPR12 or BPR13 is present, then the other is required.
 - 4 If BPR14 is present, then BPR15 is required.
 - 5 If either BPR18 or BPR19 is present, then the other is required.
 - 6 If BPR20 is present, then BPR21 is required.

- Semantic Notes:**
- 1 BPR02 specifies the payment amount.
 - 2 When using this transaction set to initiate a payment, all or some of BPR06 through BPR16 may be required, depending on the conventions of the specific financial channel being used.
BPR06 and BPR07 relate to the originating depository financial institution (ODFI).
 - 3 BPR08 is a code identifying the type of bank account or other financial asset.
 - 4 BPR09 is the account of the company originating the payment. This account may be debited or credited depending on the type of payment order.
 - 5 BPR12 and BPR13 relate to the receiving depository financial institution (RDFI).
 - 6 BPR14 is a code identifying the type of bank account or other financial asset.
 - 7 BPR15 is the account number of the receiving company to be debited or credited with the payment order.
 - 8 BPR16 is the date the originating company intends for the transaction to be settled (i.e., Payment Effective Date).
 - 9 BPR17 is a code identifying the business reason for this payment.
 - 10 BPR18, BPR19, BPR20 and BPR21, if used, identify a third bank identification number and account to be used for return items only.
 - 11 BPR20 is a code identifying the type of bank account or other financial asset.

Comments:
Notes:

X12N HIPAA Note

The BPR addresses the payment total that a premium payer is remitting to the premium receiver. The BPR contains mandatory information, even when not being used to move funds electronically.

ODJFS Application Notes

Example: BPR*C*100000*C*ACH*CTX*01*999999992*DA*123456*1123456789*1999999999*01*999988880*DA*98765*19970401~

Data Element Summary

Ref.	Data	Name	Base	User
Des.	Element		Attributes	Attributes
BPR01	305	Transaction Handling Code	M ID 1/2	R

Code designating the action to be taken by all parties

X12N HIPAA Note:

Code designating whether and how money and information are to be processed.

INDUSTRY: Transaction Handling Code

C Payment Accompanies Remittance Advice

X12N HIPAA Note:

Use this code to instruct the Originating Depository Financial Institution to move both funds and remittance detail together through the banking system.

D Make Payment Only

X12N HIPAA Note:

				Use this code to instruct the Originating Depository Financial Institution to move only funds through the banking system, and to ignore any remittance detail.
		I		Remittance Information Only X12N HIPAA Note:
				Use this code to indicate to the payee that the remittance detail is moving separately from the payment.
		P		Prenotification of Future Transfers X12N HIPAA Note:
				The "P" code is used to test the setup of the premium receiver and verify the accuracy of the account numbers. This is never used for actual payments or remittance information.
		U		Split Payment and Remittance X12N HIPAA Note:
				Use this code to instruct your third party processor to split the payment and remittance detail and send each one separately.
		X		Handling Party's Option to Split Payment and Remittance X12N HIPAA Note:
				Use this code to instruct the Originating Depository Financial Institution to move the payment and remittance detail, either together or separately, based upon the payee's request or capabilities.
BPR02	782	Monetary Amount	M R 1/10 R	
		Monetary amount		
		X12N HIPAA Note:		The ACH system can not support dollar amounts greater than 11 characters (including the decimal point). This provides an EFT limit of \$99,999,999.99. for the 820.
		INDUSTRY: Total Premium Payment Amount		
		ODJFS User Note:		Total capitated payment to a specific Managed Care Plan.
BPR03	478	Credit/Debit Flag Code	M ID 1/1 R	
		Code indicating whether amount is a credit or debit		
		X12N HIPAA Note:		INDUSTRY: Credit or Debit Flag Code
		C		Credit X12N HIPAA Note:
				If Payment is EFT, this indicates a credit to the payee's account, and a debit to the Payer's account. This code should also be used if payment is by check.
		D		Debit X12N HIPAA Note:
				NOT ADVISED
				Indicates a debit to the Payer's account and a credit to the payee's account, initiated by the payee at the instruction of the payer. For HIPAA Health Premium Payments code "D" is not valid.
BPR04	591	Payment Method Code	M ID 3/3 R	
		Code identifying the method for the movement of payment instructions		
		X12N HIPAA Note:		INDUSTRY: Payment Method Code
		ODJFS User Note:		The "CHK" designation is used for all transactions. Even though EFT payments are prevalent, the payments occur subsequent to the production of this transaction. The EFT identification information is not available when this transaction is created.
		ACH		Automated Clearing House (ACH)

X12N HIPAA Note:

Use this code to move money electronically through the ACH. When this code is used, information in BPR05 through BPR09 and BPR12 through BPR15 must also be included.

BOP Financial Institution Option

X12N HIPAA Note:

Use this code to indicate that the Originating Depository Financial Institution will choose the method of payment based upon payee's request or capabilities.

CHK Check

X12N HIPAA Note:

Use this code to indicate that a check has been issued for payment.

FWT Federal Reserve Funds/Wire Transfer - Nonrepetitive

X12N HIPAA Note:

Use this code to indicate that the funds were sent through the wire system.

SWT Society for Worldwide Interbank Financial Telecommunications (S.W.I.F.T.)

X12N HIPAA Note:

Use this code to indicate that the funds were sent as a S.W.I.F.T. payment.

BPR05 812 Payment Format Code O ID 1/10

Code identifying the payment format to be used

X12N HIPAA Note:

This is required when payment is made using an ACH network.

INDUSTRY: Payment Format Code

CCP Cash Concentration/Disbursement plus Addenda (CCD+) (ACH)

X12N HIPAA Note:

CCD+ format moves money and up to 80 characters of data, enough to reassociate dollars and data when the dollars are sent through the ACH and the remittance data is sent on a separate path. It is suggested that the addenda contains a copy of the TRN segment.

CTX Corporate Trade Exchange (CTX) (ACH)

X12N HIPAA Note:

CTX format is used to move dollars and data through the ACH. It can contain up to 9,999 addenda records of 80 characters each. The CTX will encapsulate the complete 820 and all the envelope segments.

BPR06 506 (DFI) ID Number Qualifier X ID 2/2

Code identifying the type of identification number of Depository Financial Institution (DFI)

X12N HIPAA Note:

BPR06 THROUGH BPR09 relate to the Originating Depository Financial Institution and the premium payer's bank account.

This is required when the originating financial institution needs the DFI number to process the payment.

INDUSTRY: Depository Financial Institution (DFI) Identification Number Qualifier

01 ABA Transit Routing Number Including Check Digits (9 digits)

X12N HIPAA Note:

ABA is a unique number identifying every bank in the United States.

04 Canadian Bank Branch and Institution Number

BPR07 507 (DFI) Identification Number X AN 3/12

Depository Financial Institution (DFI) identification number

X12N HIPAA Note:

This is the identifying number of the Originating Depository Financial Institution sending the transaction into the ACH network.

BPR08 569 **Account Number Qualifier** **O ID 1/3**

Code indicating the type of account

X12N HIPAA Note:

This is required when the originating financial institution needs the bank account number to process payments.

INDUSTRY: Account Number Qualifier

ALC Agency Location Code (ALC)

X12N HIPAA Note:

For Federal Government use only.

DA Demand Deposit

BPR09 508 **Account Number** **X AN 1/35**

Account number assigned

X12N HIPAA Note:

This is the premium payer's bank account at the Originating Depository Financial Institution.

BPR10 509 **Originating Company Identifier** **O AN 10/10 S**

INDUSTRY: Sender Bank Account Number

A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9

X12N HIPAA Note:

This is required when reassociation is necessary. BPR10 must be identical to TRN03. BPR10 must be Federal Tax ID number preceded by a 1.

INDUSTRY: Originating Company Identifier

ODJFS User Note:

Employer Identification Number preceded by "1".

BPR11 510 **Originating Company Supplemental Code** **O AN 9/9 S**

A code defined between the originating company and the originating depository financial institution (ODFI) that uniquely identifies the company initiating the transfer instructions

X12N HIPAA Note:

This is required when identification of a subdivision within a company is necessary. If this data element is used, it should be identical to the value used in Reference Number data element TRN04 of the TRN segment.

BPR12 506 **(DFI) ID Number Qualifier** **X ID 2/2**

INDUSTRY: Originating Company Supplemental Code

Code identifying the type of identification number of Depository Financial Institution (DFI)

X12N HIPAA Note:

BPR12 THROUGH BPR15 relate to the Receiving Depository Financial Institution and the premium receiver's bank account. BPR12 - BPR15 are required if the 820 transaction set is used to initiate a funds transfer.

This is required when the originating financial institution needs the receiving financial institution DFI number to process payments.

		INDUSTRY: Depository Financial Institution (DFI) Identification Number Qualifier		
		01	ABA Transit Routing Number Including Check Digits (9 digits)	
			X12N HIPAA Note:	
			ABA is a unique number identifying every bank in the United States.	
		04	Canadian Bank Branch and Institution Number	
BPR13	507	(DFI) Identification Number		X AN 3/12
		Depository Financial Institution (DFI) identification number		
		X12N HIPAA Note:		
		This is the identifying number of the Receiving Depository financial institution receiving the transaction from the ACH network.		
		INDUSTRY: Receiving Depository Financial Institution (DFI) Identifier		
BPR14	569	Account Number Qualifier		O ID 1/3
		Code indicating the type of account		
		X12N HIPAA Note:		
		It identifies the type of account in BPR15.		
		This is required when the originating financial institution needs the receiving bank account number to process payments.		
		INDUSTRY: Account Number Qualifier		
		DA	Demand Deposit	
		SG	Savings	
BPR15	508	Account Number		X AN 1/35
		Account number assigned		
		X12N HIPAA Note:		
		This is the premium receiver's bank account at the Receiving Depository financial institution.		
		INDUSTRY: Receiver Bank Account Number		
BPR16	373	Date		O DT 8/8 R
		Date expressed as CCYYMMDD		
		X12N HIPAA Note:		
		For credit payments, this data element specifies the date the originator (premium payer) intends to provide good funds to the receiver (premium receiver).		
		For check payment, this data element specifies the check issuance date.		
		For FedWire payment, this data element specifies the value date.		
		For ACH payments, the originating Depository financial institution will either correct this date if it is not a valid effective date, or reject the item based on previous agreement between the originator and their financial institution.		
		INDUSTRY: Check Issue or EFT Effective Date		
		ODJFS User Note:		
		Payments are issued every Wednesday. The date contained in this field will reflect this policy.		

Segment: **TRN** Reassociation Key
Position: 035
Loop:
Level: Heading
Usage: Optional (Must Use)
Max Use: 1
Purpose: To uniquely identify a transaction to an application
Syntax Notes:
Semantic Notes:

- 1 TRN02 provides unique identification for the transaction.
- 2 TRN03 identifies an organization.
- 3 TRN04 identifies a further subdivision within the organization.

Comments:
Notes:

X12N HIPAA Note

The purpose of this segment is to uniquely identify this transaction set and aid in the reassociating payment and remittance data that have been separated. See section 2.2.5 and 2.2.6 for more information.

X12N HIPAA Example

Example: TRN*1*12345*1512345678*199999999~

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
TRN01	481	Trace Type Code Code identifying which transaction is being referenced X12N HIPAA Note: INDUSTRY: Trace Type Code	M ID 1/2	R
		1 Current Transaction Trace Numbers X12N HIPAA Note: The payment and remittance have not been separated.		
		3 Financial Reassociation Trace Number The matching of payment and remittance information originated separately X12N HIPAA Note: The payment and remittance information have been separated and need to be reassociated by the receiver.		
TRN02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier X12N HIPAA Note: This field is used to re-associate the payment with the remittance information. INDUSTRY: Check or EFT Trace Number ODJFS User Note: Composite Field: VOUCHER-NUMBER + EFT-WARRANT-NUM	M AN 1/30	R
TRN03	509	Originating Company Identifier A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 X12N HIPAA Note: TRN03 must contain the Federal Tax ID Number preceded by a 1. When TRN03 is used, it must be identical to BPR10. This is required when the receiver needs an originating company identification to reassociate a payment to a remittance.	O AN 10/10	S

INDUSTRY: Originating Company Identifier

ODJFS User Note:

Employer Identification Number preceded by "1".

TRN04

127

Reference Identification

O AN 1/30 S

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

X12N HIPAA Note:

If both TRN04 and BPR11 are used they must be identical.

This is required when the Payer is sending multiple premium payments for multiple group plans and the receiver needs an additional identifier for re-association.

INDUSTRY: Originating Company Supplemental Code

ODJFS User Note:

Regional or county specified Managed Care Plan ID.

Segment: **REF** Premium Receivers Identification Key
Position: 050
Loop:
Level: Heading
Usage: Optional
Max Use: >1
Purpose: To specify identifying information
Syntax Notes:

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes:

- 1 REF04 contains data relating to the value cited in REF02.

Comments:
Notes:

X12N HIPAA Note

This segment is used to provide the premium receiver a key associated with this premium payment. The type of key and value is provided to the premium payer by the premium receiver. Examples of keys are Plan Number, Master Account Number, Consolidated Invoice Number, and Master Policy Number.

For HIPAA Health Premium Payments one occurrence of this segment is REQUIRED to identify the Master Account Number.

X12N HIPAA Example

Example: REF*18*123456789~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
REF01	128	Reference Identification Qualifier	M ID 2/3	R
		Code qualifying the Reference Identification		
		X12N HIPAA Note:		
		INDUSTRY: Reference Identification Qualifier		
		14 Master Account Number		
		Account number used to represent individual billing accounts which have been consolidated and/or summarized		
		X12N HIPAA Note:		
		For HIPAA Health Premium Payments this element is REQUIRED.		
		18 Plan Number		
		The unique identification number assigned for a defined contribution plan		
		2F Consolidated Invoice Number		
		38 Master Policy Number		
		72 Schedule Reference Number		
		Identifies a number for a program schedule (for example, a logic type of network) or working schedule to complete a specific task or set of tasks		
		X12N HIPAA Note:		
		For U.S. Treasury Department Financial Management Service Disbursed payments, this code indicates a payment schedule number will follow.		
REF02	127	Reference Identification	X AN 1/30	R
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
		X12N HIPAA Note:		
		For Treasury Department Financial Management Service Disbursed payments, this data field is schedule number (11 Characters) submitted by the agency authorizing the payment.		
		INDUSTRY: Premium Receiver Reference Identifier		

ODJFS User Note:

Premium receiver's Managed Care Plan ID.

Segment: **DTM Coverage Period**
Position: 060
Loop:
Level: Heading
Usage: Optional
Max Use: 1
Purpose: To specify pertinent dates and times
Syntax Notes:

- 1 At least one of DTM02 DTM03 or DTM05 is required.
- 2 If DTM04 is present, then DTM03 is required.
- 3 If either DTM05 or DTM06 is present, then the other is required.

Semantic Notes:

Comments:

Notes: **X12N HIPAA Note**

This segment is used to relay the start and end date of the coverage period associated with this premium payment.

This segment is required when the premium payer is not paying from an invoice but paying on account for a coverage period.

X12N HIPAA Example

Example: DTM*582***RD8*19970101-19970130~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
DTM01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time X12N HIPAA Note: INDUSTRY: Date Time Qualifier	M ID 3/3	R
		582 Report Period		
DTM02	373	Date	X DT 8/8	N/U
DTM03	337	Time	X TM 4/8	N/U
DTM04	623	Time Code Refer to 004010X061A1 Data Element Dictionary for acceptable code values.	O ID 2/2	N/U
DTM05	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format X12N HIPAA Note: INDUSTRY: Date Time Period Format Qualifier	X ID 2/3	R
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date		
DTM06	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times X12N HIPAA Note: INDUSTRY: Coverage Period ODJFS User Note: This date will express the 1st and last day of the month	X AN 1/35	R

Segment: **N1 Premium Receiver's Name**
Position: 070
Loop: 1000A Optional (Must Use)
Level: Heading
Usage: Optional (Must Use)
Max Use: 1
Purpose: To identify a party by type of organization, name, and code
Syntax Notes: 1 At least one of N102 or N103 is required.
 2 If either N103 or N104 is present, then the other is required.

Semantic Notes:
Comments: 1 This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
 2 N105 and N106 further define the type of entity in N101.

Notes: **X12N HIPAA Note**

This segment is used to relay the name and an identifier of the premium receiver.

X12N HIPAA Example

Example: N1*PE*XYZ INSURANCE*1*123456789~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
N101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Note: For HIPAA Health Premium Payments this element is REQUIRED. INDUSTRY: Entity Identifier Code PE Payee	M ID 2/3	R
N102	93	Name Free-form name X12N HIPAA Note: For HIPAA Health Premium Payments this element is REQUIRED. This is required when the sender needs to relay the receiver's name. INDUSTRY: Information Receiver Last or Organization Name	X AN 1/60	S
N103	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) X12N HIPAA Note: This is required when the sender needs to relay a unique identifier for the receiver. For HIPAA Health Premium Payments this element is REQUIRED. INDUSTRY: Identification Code Qualifier 1 D-U-N-S Number, Dun & Bradstreet 9 D-U-N-S+4, D-U-N-S Number with Four Character Suffix EQ Insurance Company Assigned Identification Number FI Federal Taxpayer's Identification Number XV Health Care Financing Administration National Payer Identification Number (PAYERID) X12N HIPAA Note: This is Required for a HIPAA compliant implementation when the National PlanID is mandated. Until that time, code FI is the alternate HIPAA compliant identifier.	X ID 1/2	S
N104	67	Identification Code	X AN 2/80	S

Code identifying a party or other code

X12N HIPAA Note:

For HIPAA Health Premium Payments this element is REQUIRED.

INDUSTRY: Receiver Identifier

ODJFS User Note:

Receiving Managed Care Plan's Tax ID.

Segment: **N1 Premium Payer's Name**
Position: 070
Loop: 1000B Optional (Must Use)
Level: Heading
Usage: Optional (Must Use)
Max Use: 1
Purpose: To identify a party by type of organization, name, and code
Syntax Notes: 1 At least one of N102 or N103 is required.
 2 If either N103 or N104 is present, then the other is required.

Semantic Notes:
Comments: 1 This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
 2 N105 and N106 further define the type of entity in N101.

Notes: **X12N HIPAA Note**

This segment is used to relay the name and an identifier of the premium payer.

X12N HIPAA Example

Example: N1*PR*ABC COMPANY*1*123456789~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
N101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Note: For HIPAA Health Premium Payments this element is REQUIRED. INDUSTRY: Entity Identifier Code PR Payer	M ID 2/3	R
N102	93	Name Free-form name X12N HIPAA Note: This is required when the receiver needs the sender's name. For HIPAA Health Premium Payments this element is REQUIRED. INDUSTRY: Premium Payer Name ODJFS User Note: Will contain either ODJFS or Treasurer State of Ohio	X AN 1/60	S
N103	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) X12N HIPAA Note: This is required when the receiver needs a unique identification for the sender. For HIPAA Health Premium Payments this element is REQUIRED. 65 National Employer Identification This is Required for a HIPAA compliant implementation when the National Employer ID is mandated. Until that time, code FI is the alternate HIPAA compliant identifier. INDUSTRY: Identification Code Qualifier 1 D-U-N-S Number, Dun & Bradstreet 9 D-U-N-S+4, D-U-N-S Number with Four Character Suffix 24 Employer's Identification Number 75 State or Province Assigned Number X12N HIPAA Note:	X ID 1/2	S

	Used by States when remitting Medicare premium payments (in participation with a "State Buy- In" program).
EQ	Insurance Company Assigned Identification Number
FI	Federal Taxpayer's Identification Number
PI	Payor Identification
	X12N HIPAA Note:
	Used by the federal government to identify a federal agency's payroll office.

N104 67 Identification Code X AN 2/80 S

Code identifying a party or other code

X12N HIPAA Note:

For HIPAA Health Premium Payments this element is REQUIRED.

INDUSTRY: Premium Payer Identifier

ODJFS User Note:

ODJFS Tax ID Number

Segment: **ENT** Organization Summary Remittance
Position: 010
Loop: 2000A Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To designate the entities which are parties to a transaction and specify a reference meaningful to those entities

Syntax Notes:
1 If any of ENT02 ENT03 or ENT04 is present, then all are required.
2 If any of ENT05 ENT06 or ENT07 is present, then all are required.
3 If either ENT08 or ENT09 is present, then the other is required.

Semantic Notes:
Comments:
1 This segment allows for the grouping of data by entity/entities at or within a master/masters. A master (e.g., an organization) can be comprised of numerous subgroups (e.g., entities). This master may send grouped data to another master (e.g., an organization) which is comprised of one or more entities. Groupings are as follows:
(1) Single/Single: Only ENT01 is necessary, because there is a single entity (the sending master) communicating with a single entity (the receiving master).
(2) Single/Multiple: ENT05, ENT06, and ENT07 would be used to identify the entities within the receiving master. The sending master is a single entity, so no other data elements need be used.
(3) Multiple/Single: ENT02, ENT03, and ENT04 would be used to identify the entities within the sending master. The receiving master is a single entity, so no other data elements need be used.
(4) Multiple/Multiple: ENT02, ENT03, and ENT04 would be used to identify the entities within the sending master. ENT05, ENT06, and ENT07 would be used to identify the entities within the receiving master.
This segment also allows for the transmission of a unique reference number that is meaningful between the entities.

Notes: **X12N HIPAA Note**
This segment is used to start table two and provide company remittance line items that pertain to group level premium or contribution payments. ENT01 must be a sequential number within the transaction set, starting with one and incrementing by one.

X12N HIPAA Example
Example: ENT*1*2L*1*9325671910~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
ENT01	554	Assigned Number Number assigned for differentiation within a transaction set X12N HIPAA Note: INDUSTRY: Assigned Number ODJFS User Note: ODJFS assigned sequential number	O N0 1/6	R
ENT02	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Note: INDUSTRY: Entity Identifier Code 2L Corporation X12N HIPAA Note: This code is used to identify an organization level (summary level bill payment only).	X ID 2/3	R
ENT03	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) X12N HIPAA Note:	X ID 1/2	S

65 National Employer Identification This is Required for a HIPAA compliant implementation when the National Employer ID is mandated. Until that time, code FI is the alternate HIPAA compliant identifier.

INDUSTRY: Identification Code Qualifier

- 1 D-U-N-S Number, Dun & Bradstreet
- 9 D-U-N-S+4, D-U-N-S Number with Four Character Suffix
- FI Federal Taxpayer's Identification Number

ENT04

67

Identification Code

X AN 2/80 S

Code identifying a party or other code

X12N HIPAA Note:

For HIPAA Health Premium Payments this element is REQUIRED.

INDUSTRY: Organization Identification Code

ODJFS User Note:

Social Security Number of the enrollee will be provided if available

Segment: **RMR Organization Summary Remittance Detail**

Position: 150
Loop: 2300A Optional (Must Use)

Level: Detail

Usage: Optional (Must Use)

Max Use: 1

Purpose: To specify the accounts receivable open item(s) to be included in the cash application and to convey the appropriate detail

Syntax Notes: 1 If either RMR01 or RMR02 is present, then the other is required.
 2 If either RMR07 or RMR08 is present, then the other is required.

Semantic Notes: 1 If RMR03 is present, it specifies how the cash is to be applied.
 2 RMR04 is the amount paid.
 3 RMR05 is the amount of invoice (including charges, less allowance) before terms discount (if discount is applicable) or debit amount or credit amount of referenced items.
 4 RMR06 is the amount of discount taken.
 5 RMR08, if present, represents an interest penalty payment, amount late interest paid, or amount anticipation.

Comments: 1 Parties using this segment should agree on the content of RMR01 and RMR02 prior to initiating communication.
 2 If RMR03 is not present, this is a payment for an open item. If paying an open item, RMR02 must be present. If not paying a specific open item, RMR04 must be present.
 3 RMR05 may be needed by some payees to distinguish between duplicate reference numbers.

Notes: **X12N HIPAA Note**

Used to provide detailed remittance information related to summary bill payment.

X12N HIPAA Example

Example: RMR*IK*123456789*PI*250.00~

Data Element Summary

Ref.	Data	Name	Base	User
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
RMR01	128	Reference Identification Qualifier	X ID 2/3	R
		Code qualifying the Reference Identification		
		X12N HIPAA Note:		
		INDUSTRY: Reference Identification Qualifier		
		11 Account Number		
		Number identifies a telecommunications industry account		
		1L Group or Policy Number		
		X12N HIPAA Note:		
		In addition to private sector health care contract numbers, Group or Policy Number can be used to identify the Federal Employees Health Benefits Program (FEHB) "Enrollment Code" being paid. The FEHB Enrollment Code identifies an insurer's specific health benefits plan. For HIPAA Health Premium Payments this code is REQUIRED when an invoice has not been received from the Health Plan.		
		CT Contract Number		
		IK Invoice Number		
		Manufacturer's invoice number for vehicle/component		
RMR02	127	Reference Identification	X AN 1/30	R
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
		X12N HIPAA Note:		
		INDUSTRY: Contract, Invoice, Account, Group, or Policy Number		
RMR03	482	Payment Action Code	O ID 2/2	S

Code specifying the accounts receivable open item(s), if any, to be included in the cash application.

X12N HIPAA Note:

This is required when the sender needs to indicate to the receiver how to apply payment.

For HIPAA Health Premium Payments this element is NOT USED.

INDUSTRY: Payment Action Code

PA	Payment in Advance
PI	Pay Item
PO	Payment on Account
PP	Partial Payment

RMR04 782 Monetary Amount O R 1/10 R

Monetary amount

X12N HIPAA Note:

The amount being paid on this remittance item.

INDUSTRY: Detail Premium Payment Amount

ODJFS Application Notes:

Provide payment amount appropriate for specific rate cell.

RMR05 782 Monetary Amount O R 1/10 S

Monetary amount

X12N HIPAA Note:

This is required when the Insurer sent an Invoice and the paid amount is different than the amount invoiced.

INDUSTRY: Billed Premium Amount

Segment: **IT1** Summary Line Item
Position: 190
Loop: 2310A Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the basic and most frequently used line item data for the invoice and related transactions

- Syntax Notes:**
- 1 If any of IT102 IT103 or IT104 is present, then all are required.
 - 2 If either IT106 or IT107 is present, then the other is required.
 - 3 If either IT108 or IT109 is present, then the other is required.
 - 4 If either IT110 or IT111 is present, then the other is required.
 - 5 If either IT112 or IT113 is present, then the other is required.
 - 6 If either IT114 or IT115 is present, then the other is required.
 - 7 If either IT116 or IT117 is present, then the other is required.
 - 8 If either IT118 or IT119 is present, then the other is required.
 - 9 If either IT120 or IT121 is present, then the other is required.
 - 10 If either IT122 or IT123 is present, then the other is required.
 - 11 If either IT124 or IT125 is present, then the other is required.

Semantic Notes: 1 IT101 is the purchase order line item identification.

- Comments:**
- 1 Element 235/234 combinations should be interpreted to include products and/or services. See the Data Dictionary for a complete list of IDs.
 - 2 IT106 through IT125 provide for ten different product/service IDs for each item. For example: Case, Color, Drawing No., U.P.C. No., ISBN No., Model No., or SKU.

Notes: **X12N HIPAA Note**

Used to provide optional member counts under a summary RMR item. The member count will be transmitted in the SLN segment to follow.

For HIPAA Health Premium Payments this segment is REQUIRED.

X12N HIPAA Example

Example: IT1*1~

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
IT101	350	Assigned Identification	O AN 1/20	R

Alphanumeric characters assigned for differentiation within a transaction set

X12N HIPAA Note:

Assigned for uniqueness, suggest "1" be used.

INDUSTRY: Line Item Control Number

Segment: **SLN** Member Count

Position: 204

Loop: 2315A Optional

Level: Detail

Usage: Optional

Max Use: 1

Purpose: To specify product subline detail item data

Syntax Notes:

- 1 If either SLN04 or SLN05 is present, then the other is required.
- 2 If SLN07 is present, then SLN06 is required.
- 3 If SLN08 is present, then SLN06 is required.
- 4 If either SLN09 or SLN10 is present, then the other is required.
- 5 If either SLN11 or SLN12 is present, then the other is required.
- 6 If either SLN13 or SLN14 is present, then the other is required.
- 7 If either SLN15 or SLN16 is present, then the other is required.
- 8 If either SLN17 or SLN18 is present, then the other is required.
- 9 If either SLN19 or SLN20 is present, then the other is required.
- 10 If either SLN21 or SLN22 is present, then the other is required.
- 11 If either SLN23 or SLN24 is present, then the other is required.
- 12 If either SLN25 or SLN26 is present, then the other is required.
- 13 If either SLN27 or SLN28 is present, then the other is required.

Semantic Notes:

- 1 SLN01 is the identifying number for the subline item.
- 2 SLN02 is the identifying number for the subline level. The subline level is analogous to the level code used in a bill of materials.
- 3 SLN03 is the configuration code indicating the relationship of the subline item to the baseline item.
- 4 SLN08 is a code indicating the relationship of the price or amount to the associated segment.

Comments:

- 1 See the Data Element Dictionary for a complete list of IDs.
- 2 SLN01 is related to (but not necessarily equivalent to) the baseline item number. Example: 1.1 or 1A might be used as a subline number to relate to baseline number 1.
- 3 SLN09 through SLN28 provide for ten different product/service IDs for each item. For example: Case, Color, Drawing No., U.P.C. No., ISBN No., Model No., or SKU.

Notes: **X12N HIPAA Note**

Used to provide optional member counts under a summary RMR/IT1 item. The member count is the total number of members/insured represented in the summary line item payment (RMR).

This segment is used multiple times within each RMR loop to identify the various contract types and the number of contract holders. The contract holder is the employee or individual whose signature is on the enrollment documentation.

For HIPAA Health Premium Payments one occurrence of this segment is REQUIRED.

X12N HIPAA Example

Example: SLN*1**O*150*IE~

Data Element Summary

Ref.	Data	Name	Base	User
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
SLN01	350	Assigned Identification	M AN 1/20	R
		Alphanumeric characters assigned for differentiation within a transaction set		
		X12N HIPAA Note:		
		Assigned for uniqueness, suggest "1" be used.		
		INDUSTRY: Line Item Control Number		
SLN02	350	Assigned Identification	O AN 1/20	N/U
SLN03	662	Relationship Code	M ID 1/1	R
		Code indicating the relationship between entities		

X12N HIPAA Note:

INDUSTRY: Information Only Indicator

O Information Only
Charges which relate to but may not be included in or added to the unit price of the SLN. (i.e., compute WATS calculation based upon usage amounts)

SLN04 380 Quantity X R 1/15 R
Numeric value of quantity

X12N HIPAA Note:

This is the number of contract holders with the type of coverage identified in SLN05-1.

INDUSTRY: Head Count

SLN05 C001 Composite Unit of Measure X R

To identify a composite unit of measure (See Figures Appendix for examples of use)

C00101 355 Unit or Basis for Measurement Code M ID 2/2 R

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

X12N HIPAA Note:

INDUSTRY: Unit or Basis for Measurement Code

10 Group

X12N HIPAA Note:

Used to identify that the value in SLN04 represents the number of contract holders with Family coverage.

IE Person

X12N HIPAA Note:

Used to identify that the value of SLN04 represents the number of contract holders with Individual coverage.

PR Pair

X12N HIPAA Note:

Used to identify that the value in SLN04 represents the number of contract holders with Self and Spouse Only coverage.

Segment: **ADX Organization Summary Remittance Level Adjustment**
Position: 210
Loop: 2320A Optional (Dependent)
Level: Detail
Usage: Optional (Dependent)
Max Use: 1
Purpose: To convey accounts-payable adjustment information for the purpose of cash application, including payer-generated debit/credit memos
Syntax Notes: 1 If either ADX03 or ADX04 is present, then the other is required.
Semantic Notes: 1 ADX01 specifies the amount of the adjustment and must be signed if negative. If negative, it reduces the payment amount; if positive, it increases the payment amount.
2 ADX02 specifies the reason for claiming the adjustment.
3 ADX03 and ADX04 specify the identification of the adjustment.

Comments:
Notes:

X12N HIPAA Note

This segment is used to provide an adjustment made at a summary level of a payment.

This segment is REQUIRED when the paid amount is different from any invoiced amount. The ADX segment must be used as necessary to fulfill the balancing requirements. See section 2.2.4 for additional information.

X12N HIPAA Example

Example: ADX*150*20~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
ADX01	782	Monetary Amount Monetary amount X12N HIPAA Note: INDUSTRY: Adjustment Amount	M R 1/10	R
ADX02	426	Adjustment Reason Code Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment X12N HIPAA Note: INDUSTRY: Adjustment Reason Code	M ID 2/2	R
		20 Balance Due Declined X12N HIPAA Note: Used when the entire balance due is being disputed.		
		52 Credit for Previous Overpayment		
		53 Remittance for Previous Underpayment		
		AA Prepaid Benefit or Advances		
		H1 Information Forthcoming Awaiting paper correspondence with associated details X12N HIPAA Note: Detailed information related to the adjustment will be provided through a separate mechanism.		
		H6 Partial Payment Remitted Total compensation was not sent X12N HIPAA Note: Used when the payer does not have sufficient funds to remit the full balance.		
		IA Invoice Amount Does Not Match Account Analysis Statement X12N HIPAA Note: Used when the invoice does not match the expectation for number		

J3

or number/type of members and charges.

Promised Adjustment Not Received

X12N HIPAA Note:

Used when an adjustment promised by the payee for a previous invoice has not been reflected on the current invoice.

Segment: **ENT Individual Remittance**
Position: 010
Loop: 2000B Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To designate the entities which are parties to a transaction and specify a reference meaningful to those entities

Syntax Notes:
1 If any of ENT02 ENT03 or ENT04 is present, then all are required.
2 If any of ENT05 ENT06 or ENT07 is present, then all are required.
3 If either ENT08 or ENT09 is present, then the other is required.

Semantic Notes:
Comments:
1 This segment allows for the grouping of data by entity/entities at or within a master/masters. A master (e.g., an organization) can be comprised of numerous subgroups (e.g., entities). This master may send grouped data to another master (e.g., an organization) which is comprised of one or more entities. Groupings are as follows:
(1) Single/Single: Only ENT01 is necessary, because there is a single entity (the sending master) communicating with a single entity (the receiving master).
(2) Single/Multiple: ENT05, ENT06, and ENT07 would be used to identify the entities within the receiving master. The sending master is a single entity, so no other data elements need be used.
(3) Multiple/Single: ENT02, ENT03, and ENT04 would be used to identify the entities within the sending master. The receiving master is a single entity, so no other data elements need be used.
(4) Multiple/Multiple: ENT02, ENT03, and ENT04 would be used to identify the entities within the sending master. ENT05, ENT06, and ENT07 would be used to identify the entities within the receiving master.
This segment also allows for the transmission of a unique reference number that is meaningful between the entities.

Notes: **X12N HIPAA Note**
This segment is used to start Table 2 (Detail Remittance Information), and to provide remittance line items that pertain to an individual enrolled in a group plan. The following N1, RMR and ADX information relays payment information pertaining to this individual.
X12N HIPAA Example
Example: ENT*1*2J*34*030668776~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
ENT01	554	Assigned Number Number assigned for differentiation within a transaction set X12N HIPAA Note: INDUSTRY: Assigned Number	O N0 1/6	R
ENT02	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Note: INDUSTRY: Entity Identifier Code	X ID 2/3	R
ENT03	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) X12N HIPAA Note: INDUSTRY: Identification Code Qualifier	X ID 1/2	R
		2J Individual		
		34 Social Security Number		
		EI Employee Identification Number		
		ZZ Mutually Defined		

X12N HIPAA Note:

The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction. This code is required under HIPAA.

ENT04

67

Identification Code

X AN 2/80 R

Code identifying a party or other code

X12N HIPAA Note:

This is the identification number of the individual used by the receiver.

INDUSTRY: Receiver's Individual Identifier

Segment: **NM1 Individual Name**
Position: 020
Loop: 2100B Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.
 2 If NM111 is present, then NM110 is required.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: **X12N HIPAA Note**

This segment is used to relay the name and identifier of the individual for whom the premium payment is being submitted.

X12N HIPAA Example

Example: NM1*EY*1*SHEPARD*JESSICA****EI*999887777A~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Note: INDUSTRY: Entity Identifier Code	M ID 2/3	R
		EY Employee Name		
		QE Policyholder		
NM102	1065	Entity Type Qualifier Code qualifying the type of entity X12N HIPAA Note: INDUSTRY: Entity Type Qualifier	M ID 1/1	R
		1 Person		
NM103	1035	Name Last or Organization Name Individual last name or organizational name X12N HIPAA Note: This is required when the sender needs to relay the individual's last name. INDUSTRY: Individual Last Name	O AN 1/35	S
NM104	1036	Name First Individual first name X12N HIPAA Note: This is required when the sender needs to relay the individual's first name. INDUSTRY: Individual First Name	O AN 1/25	S
NM105	1037	Name Middle Individual middle name or initial X12N HIPAA Note: This is required when the sender needs to relay the individual's middle name. INDUSTRY: Individual Middle Name	O AN 1/25	S
NM106	1038	Name Prefix Prefix to individual name X12N HIPAA Note: This is required when the sender needs to relay the individual's name prefix. INDUSTRY: Individual Name Prefix	O AN 1/10	S

NM107	1039	Name Suffix Suffix to individual name X12N HIPAA Note: This is required when the sender needs to relay the individual's name suffix.	O AN 1/10 S
INDUSTRY: Individual Name Suffix			
NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) X12N HIPAA Note: This is required when the sender needs to relay a unique identifier that is associated to the individual.	X ID 1/2 S
INDUSTRY: Identification Code Qualifier			
34 Social Security Number			
EI Employee Identification Number			
N Insured's Unique Identification Number			
NM109	67	Identification Code Code identifying a party or other code X12N HIPAA Note: INDUSTRY: Individual Identifier	X AN 2/80 S
INDUSTRY: Individual Identifier			

Segment: **RMR Individual Premium Remittance Detail**
Position: 150
Loop: 2300B Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the accounts receivable open item(s) to be included in the cash application and to convey the appropriate detail

Syntax Notes: 1 If either RMR01 or RMR02 is present, then the other is required.
 2 If either RMR07 or RMR08 is present, then the other is required.

Semantic Notes: 1 If RMR03 is present, it specifies how the cash is to be applied.
 2 RMR04 is the amount paid.
 3 RMR05 is the amount of invoice (including charges, less allowance) before terms discount (if discount is applicable) or debit amount or credit amount of referenced items.
 4 RMR06 is the amount of discount taken.
 5 RMR08, if present, represents an interest penalty payment, amount late interest paid, or amount anticipation.

Comments: 1 Parties using this segment should agree on the content of RMR01 and RMR02 prior to initiating communication.
 2 If RMR03 is not present, this is a payment for an open item. If paying an open item, RMR02 must be present. If not paying a specific open item, RMR04 must be present.
 3 RMR05 may be needed by some payees to distinguish between duplicate reference numbers.

Notes: **X12N HIPAA Note**
 Used to relay detailed remittance information related to an employee or member of a group plan.

For HIPAA Health Premium Payments this segment is REQUIRED.

X12N HIPAA Example

Example: RMR*B7*123456789*PI*250.00~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
RMR01	128	Reference Identification Qualifier	X ID 2/3	R
		Code qualifying the Reference Identification		
		X12N HIPAA Note:		
		INDUSTRY: Reference Identification Qualifier		
		11 Account Number		
		Number identifies a telecommunications industry account		
		9J Pension Contract		
		AZ Health Insurance Policy Number		
		X12N HIPAA Note:		
		For HIPAA Health Premium Payments this code is REQUIRED when an invoice has not been received from the Health Plan.		
		B7 Life Insurance Policy Number		
		CT Contract Number		
		ID Insurance Certificate Number		
		IG Insurance Policy Number		
		IK Invoice Number		
		Manufacturer's invoice number for vehicle/component		
		X12N HIPAA Note:		
		For HIPAA Health Premium Payments this code is REQUIRED when an invoice has been received from the Health Plan.		
		KW Certification		

A number, taken from an acquisition regulation, which represents a specific certification that must be made by a prospective vendor before a contract or order can be placed with that vendor

RMR02 127 Reference Identification X AN 1/30 R
 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

X12N HIPAA Note:

INDUSTRY: Insurance Remittance Reference Number

RMR03 482 Payment Action Code O ID 2/2 S
 Code specifying the accounts receivable open item(s), if any, to be included in the cash application.

X12N HIPAA Note:

This is required when the sender needs to inform the receiver how to apply the payment.

For HIPAA Health Premium Payments this segment is NOT USED.

INDUSTRY: Payment Action Code

PI Pay Item
 PP Partial Payment

RMR04 782 Monetary Amount O R 1/10 R
 Monetary amount

X12N HIPAA Note:

This is the amount being paid on this remittance item.

INDUSTRY: Detail Premium Payment Amount

RMR05 782 Monetary Amount O R 1/10 S
 Monetary amount

X12N HIPAA Note:

This is required when the paid amount is different than the amount billed.

INDUSTRY: Billed Premium Amount

Segment: **DTM Individual Coverage Period**
Position: 180
Loop: 2300B Optional
Level: Detail
Usage: Optional (Dependent)
Max Use: 1
Purpose: To specify pertinent dates and times
Syntax Notes:

- 1 At least one of DTM02 DTM03 or DTM05 is required.
- 2 If DTM04 is present, then DTM03 is required.
- 3 If either DTM05 or DTM06 is present, then the other is required.

Semantic Notes:

Comments:

Notes:

X12N HIPAA Note

This segment is used to relay the start and end date of the individual coverage period associated with the premium payment segment in the previous RMR segment.

This segment is required when the premium payer is not paying from an invoice but paying on account for a coverage period.

X12N HIPAA Example

Example: DTM*582***RD8*19970101-19970130~

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
DTM01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time X12N HIPAA Note: INDUSTRY: Date Time Qualifier	M ID 3/3	R
		582 Report Period		
DTM02	373	Date	X DT 8/8	N/U
DTM03	337	Time	X TM 4/8	N/U
DTM04	623	Time Code Refer to 004010X061A1 Data Element Dictionary for acceptable code values.	O ID 2/2	N/U
DTM05	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format X12N HIPAA Note: INDUSTRY: Date Time Period Format Qualifier	X ID 2/3	R
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date		
DTM06	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times X12N HIPAA Note: INDUSTRY: Coverage Period ODJFS User Note: End or begin month, date of death, newborn birth date	X AN 1/35	R

Segment: **ADX Individual Premium Adjustment**
Position: 210
Loop: 2320B Optional (Dependent)
Level: Detail
Usage: Optional (Dependent)
Max Use: 1
Purpose: To convey accounts-payable adjustment information for the purpose of cash application, including payer-generated debit/credit memos
Syntax Notes: 1 If either ADX03 or ADX04 is present, then the other is required.
Semantic Notes: 1 ADX01 specifies the amount of the adjustment and must be signed if negative. If negative, it reduces the payment amount; if positive, it increases the payment amount.
2 ADX02 specifies the reason for claiming the adjustment.
3 ADX03 and ADX04 specify the identification of the adjustment.
Comments:
Notes: **X12N HIPAA Note**
This segment is used to relay an adjustment made at an individual remittance detail level of a payment.
This segment is REQUIRED when the paid amount is different from any invoiced amount. The ADX segment must be used as necessary to fulfill the balancing requirements. See section 2.2.4 for additional information.
X12N HIPAA Example
Example: ADX*150*52~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
ADX01	782	Monetary Amount Monetary amount X12N HIPAA Note: INDUSTRY: Adjustment Amount	M R 1/10	R
ADX02	426	Adjustment Reason Code Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment X12N HIPAA Note: INDUSTRY: Adjustment Reason Code	M ID 2/2	R
		20 Balance Due Declined X12N HIPAA Note: Used when the entire balance due is being disputed.		
		52 Credit for Previous Overpayment		
		53 Remittance for Previous Underpayment		
		AA Prepaid Benefit or Advances		
		AX Person No Longer Employed X12N HIPAA Note: This adjustment should never be used as a substitute for a termination notice using the 834 transaction.		
		H1 Information Forthcoming Awaiting paper correspondence with associated details X12N HIPAA Note: Detailed information related to the adjustment will be provided through a separate mechanism.		
		H6 Partial Payment Remitted Total compensation was not sent X12N HIPAA Note:		

	Used when the payer does not have sufficient funds to remit the full balance.
IA	Invoice Amount Does Not Match Account Analysis Statement X12N HIPAA Note:
	Used when the invoice does not match the expectation for number or number/type of members and charges.
J3	Promised Adjustment Not Received X12N HIPAA Note:
	Used when an adjustment promised by the payee for a previous invoice has not been reflected on the current invoice.

Segment: **SE 820 Trailer**
Position: 010
Loop:
Level: Summary
Usage: Mandatory
Max Use: 1
Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Syntax Notes:

Semantic Notes:

Comments: 1 SE is the last segment of each transaction set.

Notes: **X12N HIPAA Example**

Example: SE*28*0002~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
SE01	96	Number of Included Segments	M N0 1/10	R
		Total number of segments included in a transaction set including ST and SE segments		
		X12N HIPAA Note:		
		INDUSTRY: Transaction Segment Count		
SE02	329	Transaction Set Control Number	M AN 4/9	R
		Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set		
		X12N HIPAA Note:		
		INDUSTRY: Transaction Set Control Number		

Segment: **GE** Functional Group Trailer
Position: 015
Loop:
Level: Summary
Usage: Optional
Max Use: 1
Purpose: To indicate the end of a functional group and to provide control information
Syntax Notes:
Semantic Notes: 1 The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.
Comments: 1 The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.
Notes: **X12N HIPAA Example**

GE*1*1~

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
GE01	97	Number of Transaction Sets Included	M N0 1/6	R
		Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element		
GE02	28	Group Control Number	M N0 1/9	R
		Assigned number originated and maintained by the sender		

Segment: **IEA** Interchange Control Trailer
Position: 020
Loop:
Level: Summary
Usage: Optional
Max Use: 1
Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Syntax Notes:

Semantic Notes:

Comments:

Notes: X12N HIPAA Example

IEA*1*000000905~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
IEA01	I16	Number of Included Functional Groups A count of the number of functional groups included in an interchange	M N0 1/5	R
IEA02	I12	Interchange Control Number A control number assigned by the interchange sender	M N0 9/9	R