

820 Premium Payment Order/Remittance Advice

ASC X12N 820 (004010X061A1)



**Nebraska Department of Health
and Human Services**

DIVISION OF MEDICAID AND LONG-TERM CARE

Publication Date: October 28, 2003
Effective Date: October 16, 2003

Nebraska Medicaid Companion Guide Version: 1.01

Preface:

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being sent when data is transmitted electronically by Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

Introduction:

This Companion Guide contains the format and establishes the data contents of the **Premium Payment Order/Remittance Advice** (820) transaction for use within the context of an Electronic Data Interchange (EDI) environment. This transaction can be used to initiate a premium payment without the remittance detail, and send the remittance detail separately to the premium receiver (Nebraska Medicaid managed health care plan).

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

1. Required Segments – No directive.
2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive – "Used by NE Medicaid when applicable as specified in the Implementation Guide".
3. Situational segments always used by NE Medicaid will be accompanied by the following directive – "Used by NE Medicaid".
4. Situational segments used by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive – "Used by NE Medicaid when {specific instance}".

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

1. When a specific value is used by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value.
2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used will be included.
3. When a specific qualifier is not used by NE Medicaid, it will be indicated as not used.

Data Submission Criteria

Nebraska Medicaid uses the following separators:

* (asterisk) for element separator	ASCII 042
^ (carrot) for sub-element separator	ASCII 094
Carriage Return for Segment terminator	ASCII 013
(vertical bar) for repeat character	ASCII 124

This Companion Guide can be found on the State of Nebraska Department of Health and Human Services Web site at <http://www.dhhs.ne.gov>

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 471-9461 (Lincoln Area) or via e-mail at medicaid.edi@dhss.ne.gov.

Revisions to Companion Guide:

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

Changes in Version 1.01:

- Page 20 – Revision: Loop ID – 2100B – NM1 – Individual Name segment, the Nebraska Medicaid Directive for Element NM108 has been revised to indicate that "N" and a unique number assigned by the NE Medicaid agency will be used to identify the individual.

820

Premium Payment Order/Remittance Advice

Functional Group=**RA**

This companion guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded segment notes and Nebraska Medicaid Directives.

Transaction Summary:

If "NE Medicaid Usage" says: Required Always sent by NE Medicaid.
 Used Used by NE Medicaid, see specific requirements in Implementation Guide or in NE Medicaid Directive.
 Not Used Not used by NE Medicaid.

Not Defined:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
	ISA	Interchange Control Header	1		Required
	GS	Functional Group Header	1		Required

Heading:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
010	ST	820 Header	1		Required
020	BPR	Financial Information	1		Required
035	TRN	Reassociation Key	1		Required
040	CUR	Non-US Dollars Currency	1		Not Used
050	REF	Premium Receivers Identification Key	>1		Used
060	DTM	Process Date	1		Not Used
060	DTM	Delivery Date	1		Not Used
060	DTM	Coverage Period	1		Used

<u>LOOP ID - 1000A</u>			<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
				1
070	N1	Premium Receiver's Name	1		Required
080	N2	Premium Receiver Additional Name	1		Not Used
090	N3	Premium Receiver's Address	1		Not Used
100	N4	Premium Receiver's City, State, Zip	1		Not Used

<u>LOOP ID - 1000B</u>			<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
				1
070	N1	Premium Payer's Name	1		Required
080	N2	Premium Payer Additional Name	1		Not Used
090	N3	Premium Payer's Address	1		Not Used
100	N4	Premium Payer's City, State, Zip	1		Not Used
120	PER	Premium Payer's Administrative Contact	>1		Used

Detail:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
<u>LOOP ID - 2000A</u>				1
010	ENT	Organization Summary Remittance	1		Not Used
<u>LOOP ID - 2300A</u>				>1
150	RMR	Organization Summary Remittance Detail	1		Not Used

LOOP ID - 2310A				1	
190	IT1	Summary Line Item	1		Not Used
LOOP ID - 2315A				>1	
204	SLN	Member Count	1		Not Used
LOOP ID - 2320A				>1	
210	ADX	Organization Summary Remittance Level Adjustment	1		Not Used
LOOP ID - 2000B				>1	
010	ENT	Individual Remittance	1		Used
LOOP ID - 2100B				>1	
020	NM1	Individual Name	1		Used
LOOP ID - 2300B				>1	
150	RMR	Individual Premium Remittance Detail	1		Used
180	DTM	Individual Coverage Period	1		Used
LOOP ID - 2320B				>1	
210	ADX	Individual Premium Adjustment	1		Not Used

Summary:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
010	SE	820 Trailer	1		Required

Not Defined:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
	GE	Functional Group Trailer	1		Required
	IEA	Interchange Control Trailer	1		Required

ISA Interchange Control Header

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	Authorization Information Qualifier Description: Code to identify the type of information in the Authorization Information <u>Code</u> <u>Name</u> 00 No Authorization Information Present (No Meaningful Information in I02) 03 Additional Data Identification	M	ID	2/2	Required
ISA02	I02	Authorization Information Description: 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	Required
ISA03	I03	Security Information Qualifier Description: Code to identify the type of information in the Security Information <u>Code</u> <u>Name</u> 00 No Security Information Present (No Meaningful Information in I04) 01 Password	M	ID	2/2	Required
ISA04	I04	Security Information Description: 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	Required
ISA05	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified Nebraska Medicaid Directive: NE Medicaid will use "ZZ". <u>Code</u> <u>Name</u> 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined	M	ID	2/2	Required
ISA06	I06	Interchange Sender ID Description: 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 Nebraska Medicaid Directive: NE Medicaid will use "MMISNEBR".	M	AN	15/15	Required
ISA07	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate	M	ID	2/2	Required

the sender or receiver ID element being qualified
Nebraska Medicaid Directive: NE Medicaid will use code identified on Trading Partner Profile.

		<u>Code</u>	<u>Name</u>				
		01	Duns (Dun & Bradstreet)				
		14	Duns Plus Suffix				
		20	Health Industry Number (HIN)				
		27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)				
		28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)				
		29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)				
		30	U.S. Federal Tax Identification Number				
		33	National Association of Insurance Commissioners Company Code (NAIC)				
		ZZ	Mutually Defined				
ISA08	I07	Interchange Receiver ID		M	AN	15/15	Required
		Description: 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					
ISA09	I08	Interchange Date		M	DT	6/6	Required
		Description: Date of the interchange					
ISA10	I09	Interchange Time		M	TM	4/4	Required
		Description: Time of the interchange					
ISA11	I10	Interchange Control Standards Identifier		M	ID	1/1	Required
		Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer					
		All valid standard codes are used.					
ISA12	I11	Interchange Control Version Number		M	ID	5/5	Required
		Description: Code specifying the version number of the interchange control segments					
		<u>Code</u>	<u>Name</u>				
		00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997				
ISA13	I12	Interchange Control Number		M	N0	9/9	Required
		Description: A control number assigned by the interchange sender					
ISA14	I13	Acknowledgment Requested		M	ID	1/1	Required
		Description: Code sent by the sender to request an interchange acknowledgment (TA1)					
		All valid standard codes are used.					
ISA15	I14	Usage Indicator		M	ID	1/1	Required
		Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information					
		<u>Code</u>	<u>Name</u>				
		P	Production Data				
		T	Test Data				
ISA16	I15	Component Element Separator		M		1/1	Required
		Description: 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					

GS

Functional Group Header

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	Functional Identifier Code Description: Code identifying a group of application related transaction sets	M	ID	2/2	Required
		Code Name RA Payment Order/Remittance Advice (820)				
GS02	142	Application Sender's Code Description: Code identifying party sending transmission; codes agreed to by trading partners	M	AN	2/15	Required
		Nebraska Medicaid Directive: Use "MMISNEBR".				
GS03	124	Application Receiver's Code Description: Code identifying party receiving transmission; codes agreed to by trading partners	M	AN	2/15	Required
		Nebraska Medicaid Directive: NE Medicaid will use code identified in Trading Partner Profile.				
GS04	373	Date Description: Date expressed as CCYYMMDD	M	DT	8/8	Required
GS05	337	Time Description: 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)	M	TM	4/8	Required
GS06	28	Group Control Number Description: Assigned number originated and maintained by the sender	M	N0	1/9	Required
GS07	455	Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480	M	ID	1/2	Required
		Code Name X Accredited Standards Committee X12				
GS08	480	Version / Release / Industry Identifier Code Description: 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	M	AN	1/12	Required
		Code Name 004010X061A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997.				

ST

820 Header

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set	M	ID	3/3	Required
		Code Name 820 Payment Order/Remittance Advice				
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

BPR Financial Information

Loop: N/A

Elements: 16

User Option (Usage): Required

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

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BPR01	305	Transaction Handling Code Description: Code designating the action to be taken by all parties Nebraska Medicaid Directive: NE Medicaid will use "I".	M	ID	1/2	Required
		<u>Code</u> <u>Name</u> I Remittance Information Only				
BPR02	782	Monetary Amount Description: Monetary amount Health Care Industry: Total Premium Payment Amount	M	R	1/18	Required
BPR03	478	Credit/Debit Flag Code Description: Code indicating whether amount is a credit or debit Health Care Industry: Credit or Debit Flag Code Nebraska Medicaid Directive: NE Medicaid will use "C".	M	ID	1/1	Required
		<u>Code</u> <u>Name</u> C Credit				
BPR04	591	Payment Method Code Description: Code identifying the method for the movement of payment instructions Nebraska Medicaid Directive: NE Medicaid will use "ACH".	M	ID	3/3	Required
		<u>Code</u> <u>Name</u> ACH Automated Clearing House (ACH)				
BPR05	812	Payment Format Code Description: Code identifying the payment format to be used Nebraska Medicaid Directive: NE Medicaid will use "CTX".	O	ID	1/10	Situational
		<u>Code</u> <u>Name</u> CTX Corporate Trade Exchange (CTX) (ACH)				
BPR06	506	(DFI) ID Number Qualifier Description: Code identifying the type of identification number of Depository Financial Institution (DFI) Health Care Industry: Depository Financial Institution (DFI) Identification Number Qualifier	C	ID	2/2	Situational
		<u>Code</u> <u>Name</u> 01 ABA Transit Routing Number Including Check Digits (9 digits)				
BPR07	507	(DFI) Identification Number Description: Depository Financial Institution (DFI) identification number Health Care Industry: Originating Depository Financial Institution (DFI) Identifier	C	AN	3/12	Situational
		<u>ExternalCodeList</u> Name: 4 Description: ABA Routing Number <u>ExternalCodeList</u>				

		Name: 91				
BPR08	569	Description: Canadian Financial Institution Branch and Institution Number Account Number Qualifier	O	ID	1/3	Situational
		Description: Code indicating the type of account				
		Code Name				
		DA Demand Deposit				
BPR09	508	Account Number	C	AN	1/35	Situational
		Description: Account number assigned				
		Health Care Industry: <i>Sender Bank Account Number</i>				
BPR10	509	Originating Company Identifier	O	AN	10/10	Situational
		Description: 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				
		Nebraska Medicaid Directive: <i>This FTIN will be preceded by a '1'</i>				
BPR11	510	Originating Company Supplemental Code	O	AN	9/9	Situational
		Description: A code defined between the originating company and the originating depository financial institution (ODFI) that uniquely identifies the company initiating the transfer instructions				
BPR12	506	(DFI) ID Number Qualifier	C	ID	2/2	Situational
		Description: Code identifying the type of identification number of Depository Financial Institution (DFI)				
		Health Care Industry: <i>Depository Financial Institution (DFI) Identification Number Qualifier</i>				
		Code Name				
		01 ABA Transit Routing Number Including Check Digits (9 digits)				
BPR13	507	(DFI) Identification Number	C	AN	3/12	Situational
		Description: Depository Financial Institution (DFI) identification number				
		Health Care Industry: <i>Receiving Depository Financial Institution (DFI)</i>				
		ExternalCodeList				
		Name: 4				
		Description: ABA Routing Number				
BPR14	569	Account Number Qualifier	O	ID	1/3	Situational
		Description: Code indicating the type of account				
		Code Name				
		DA Demand Deposit				
		SG Savings				
BPR15	508	Account Number	C	AN	1/35	Situational
		Description: Account number assigned				
		Health Care Industry: <i>Receiver Bank Account Number</i>				
BPR16	373	Date	O	DT	8/8	Required
		Description: Date expressed as CCYYMMDD				
		Health Care Industry: <i>Check Issue or EFT Effective Date</i>				

TRN Reassociation Key

Loop: N/A

Elements: 4

User Option (Usage): Required

To uniquely identify a transaction to an application

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
TRN01	481	Trace Type Code Description: Code identifying which transaction is being referenced Nebraska Medicaid Directive: NE Medicaid will use code "3".	M	ID	1/2	Required				
TRN02	127	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>3</td> <td>Financial Reassociation Trace Number</td> </tr> </tbody> </table> Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Health Care Industry: Check or EFT Trace Number	<u>Code</u>	<u>Name</u>	3	Financial Reassociation Trace Number	M	AN	1/30	Required
<u>Code</u>	<u>Name</u>									
3	Financial Reassociation Trace Number									
TRN03	509	Originating Company Identifier Description: 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	O	AN	10/10	Situational				
TRN04	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Health Care Industry: Originating Company Supplemental Code	O	AN	1/30	Situational				

REF Premium Receivers Identification Key

Loop: N/A

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Used by NE Medicaid.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Nebraska Medicaid Directive: <i>NE Medicaid will use "14".</i>	M	ID	2/3	Required				
REF02	127	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>14</td> <td>Master Account Number</td> </tr> </tbody> </table> Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Health Care Industry: <i>Premium Receiver Reference Identifier</i> Nebraska Medicaid Directive: <i>NE Medicaid will send the health plan's 11-digit Medicaid Provider ID Number.</i>	<u>Code</u>	<u>Name</u>	14	Master Account Number	C	AN	1/30	Required
<u>Code</u>	<u>Name</u>									
14	Master Account Number									

DTM Coverage Period

Loop: N/A

Elements: 3

User Option (Usage): Situational

To specify pertinent dates and times

Nebraska Medicaid Directive:

Used by NE Medicaid.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTM01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Health Care Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
DTM05	1250	Code Name 582 Report Period Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
DTM06	1251	Code Name RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Health Care Industry: <i>Coverage Period</i>	C	AN	1/35	Required

N1

Premium Receiver's Name

Loop: 1000A

Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> PE Payee	M	ID	2/3	Required
N102	93	Name Description: Free-form name Health Care Industry: <i>Information Receiver Last or Organization Name</i>	C	AN	1/60	Situational
N103	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: <i>"FI" used by Nebraska</i>	C	ID	1/2	Situational
N104	67	<u>Code</u> <u>Name</u> FI Federal Taxpayer's Identification Number Identification Code Description: Code identifying a party or other code Health Care Industry: <i>Receiver Identifier</i> Nebraska Medicaid Directive: <i>Nebraska utilizes the "FI" Federal Taxpayer ID</i>	C	AN	2/80	Situational

N1

Premium Payer's Name

Loop: 1000B

Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> PR Payer	M	ID	2/3	Required
N102	93	Name Description: Free-form name Health Care Industry: <i>Premium Payer Name</i>	C	AN	1/60	Situational
N103	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: <i>FI - Nebraska will utilize the Federal Taxpayer's ID Number</i>	C	ID	1/2	Situational
N104	67	<u>Code</u> <u>Name</u> FI Federal Taxpayer's Identification Number Identification Code Description: Code identifying a party or other code Health Care Industry: <i>Premium Payer Identifier</i>	C	AN	2/80	Situational

PER

Premium Payer's Administrative Contact

Loop: 1000B	Elements: 8
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User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Used by NE Medicaid.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required
		Code Name IC Information Contact				
PER02	93	Name Description: Free-form name Health Care Industry: <i>Premium Payer Contact Name</i> Nebraska Medicaid Directive: <i>NE Medicaid EDI Help Desk</i>	O	AN	1/60	Required
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Situational
		Code Name TE Telephone				
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable Nebraska Medicaid Directive: <i>Toll-free 866-498-4357, Option 1.</i>	C	AN	1/80	Situational
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Situational
		Code Name TE Telephone				
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable Nebraska Medicaid Directive: <i>Local telephone number 471-9461.</i>	C	AN	1/80	Situational
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Not used
		Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone				
PER08	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Not used

ENT Individual Remittance

Loop: 2000B

Elements: 4

User Option (Usage): Situational

To designate the entities which are parties to a transaction and specify a reference meaningful to those entities

Nebraska Medicaid Directive:

Used by NE Medicaid.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ENT01	554	Assigned Number Description: Number assigned for differentiation within a transaction set	O	N0	1/6	Required
ENT02	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	C	ID	2/3	Required
ENT03	66	Code Name 2J Individual Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: <i>NE Medicaid will use "34".</i>	C	ID	1/2	Required
ENT04	67	Code Name 34 Social Security Number Identification Code Description: Code identifying a party or other code Health Care Industry: <i>Receiver's Individual Identifier</i>	C	AN	2/80	Required

NM1 Individual Name

Loop: 2100B

Elements: 9

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

Used by NE Medicaid.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Nebraska Medicaid Directive: NE Medicaid will use "QE".	M	ID	2/3	Required
		Code Name QE Policyholder				
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required
		Code Name 1 Person				
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name	O	AN	1/35	Situational
		Health Care Industry: Individual Last Name				
NM104	1036	Name First Description: Individual first name	O	AN	1/25	Situational
		Health Care Industry: Individual First Name				
NM105	1037	Name Middle Description: Individual middle name or initial	O	AN	1/25	Situational
		Health Care Industry: Individual Middle Name				
NM106	1038	Name Prefix Description: Prefix to individual name	O	AN	1/10	Situational
		Health Care Industry: Individual Name Prefix				
NM107	1039	Name Suffix Description: Suffix to individual name	O	AN	1/10	Situational
		Health Care Industry: Individual Name Suffix				
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: NE Medicaid will use "N" and a unique NE Medicaid assigned number.	C	ID	1/2	Situational
		Code Name N Insured's Unique Identification Number				
NM109	67	Identification Code Description: Code identifying a party or other code Health Care Industry: Individual Identifier	C	AN	2/80	Situational

RMR Individual Premium Remittance Detail

Loop: 2300B

Elements: 5

User Option (Usage): Situational

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

Nebraska Medicaid Directive:

Used by NE Medicaid.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
RMR01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Nebraska Medicaid Directive: NE Medicaid will use "AZ".	C	ID	2/3	Required						
RMR02	127	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>AZ</td> <td>Health Insurance Policy Number</td> </tr> </tbody> </table> Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Health Care Industry: Insurance Remittance Reference Number Nebraska Medicaid Directive: NE Medicaid will use the 11-digit Medicaid recipient number of the client.	<u>Code</u>	<u>Name</u>	AZ	Health Insurance Policy Number	C	AN	1/30	Required		
<u>Code</u>	<u>Name</u>											
AZ	Health Insurance Policy Number											
RMR03	482	Payment Action Code Description: Code specifying the accounts receivable open item(s), if any, to be included in the cash application.	O	ID	2/2	Not used						
RMR04	782	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>PI</td> <td>Pay Item</td> </tr> <tr> <td>PP</td> <td>Partial Payment</td> </tr> </tbody> </table> Monetary Amount Description: Monetary amount Health Care Industry: Detail Premium Payment Amount	<u>Code</u>	<u>Name</u>	PI	Pay Item	PP	Partial Payment	O	R	1/18	Required
<u>Code</u>	<u>Name</u>											
PI	Pay Item											
PP	Partial Payment											
RMR05	782	Monetary Amount Description: Monetary amount Health Care Industry: Billed Premium Amount	O	R	1/18	Not used						

DTM Individual Coverage Period

Loop: 2300B

Elements: 3

User Option (Usage): Situational

To specify pertinent dates and times

Nebraska Medicaid Directive:

Used by NE Medicaid.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTM01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Health Care Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
DTM05	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name 582 Report Period	C	ID	2/3	Required
DTM06	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Health Care Industry: <i>Coverage Period</i>	C	AN	1/35	Required

SE

820 Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments Health Care Industry: <i>Transaction Segment Count</i>	M	N0	1/10	Required
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

GE

Functional Group Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	Group Control Number Description: Assigned number originated and maintained by the sender	M	N0	1/9	Required

IEA

Interchange Control Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	Number of Included Functional Groups Description: A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	Interchange Control Number Description: A control number assigned by the interchange sender	M	N0	9/9	Required