

Vermont MMIS HIPAA Tech Specs

820 – Payroll Deducted and Other Group Premium Payment for Insurance Products

Field	HIPAA Guide Name	Page		HIPAA		Medicaid	MMIS Instruction
		#	Usage	Note			

NA (Interchange Control Header)							

ISA (Interchange Control Header)							
ISA01	Authorization Information Qualifier	B.3	R	Y			VT Medicaid will send value 00
ISA02	Authorization Information	B.3	R	N			
ISA03	Security Information Qualifier	B.4	R	Y			VT Medicaid will send value 00
ISA04	Security Information	B.4	R	N			
ISA05	Interchange ID Qualifier	B.4	R	Y			VT Medicaid will use qualifier ZZ
ISA06	Interchange Sender ID	B.4	R	Y			VT Medicaid will send "752548221"
ISA07	Interchange ID Qualifier	B.4	R	Y			VT Medicaid will use qualifier ZZ
ISA08	Interchange Receiver ID	B.5	R	Y			VT Medicaid will send the Trading Partner ID
ISA09	Interchange Date	B.5	R	N			
ISA10	Interchange Time	B.5	R	N			
ISA11	Interchange Control Standards Identifier	B.5	R	N			
ISA12	Interchange Control Version Number	B.5	R	N			
ISA13	Interchange Control Number	B.5	R	N			
ISA14	Acknowledgment Requested	B.6	R	N			
ISA15	Usage Indicator	B.6	R	N			
ISA16	Component Element Separator	B.6	R	Y			VT Medicaid separators are: ~ = Segment, * = Data Element, : = Composite sub-element

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NA (Functional Group Header)

GS (Functional Group Header)

GS01	Functional Identifier Code	B.8	R	N	
GS02	Application Sender's Code	B.8	R	Y	VT Medicaid will send "752548221"
GS03	Application Receiver's Code	B.8	R	Y	VT Medicaid will send the Trading Partner ID
GS04	Date	B.8	R	N	
GS05	Time	B.8	R	N	
GS06	Group Control Number	B.9	R	N	
GS07	Responsible Agency Code	B.9	R	N	
GS07	Version / Release / Industry Identifier Code	B.9	R	Y	VT Medicaid will use 004010X061A1

NA (No Loop Name)

ST (Transaction Set Header)

ST01	Transaction Set Identifier Code	34	R	N	
ST02	Transaction Set Control Number	34	R	N	

NA (No Loop Name)

BPR (Financial Information)

BPR01	Transaction Handling Code	36	R	Y	VT Medicaid will use I
BPR02	Monetary Amount	37	R	N	
BPR03	Credit/Debit Flag Code	37	R	Y	VT Medicaid will use C
BPR04	Payment Method Code	37	R	Y	VT Medicaid will use CHK
BPR05	Payment Format Code	38	S	N	
BPR06	(DFI) ID Number Qualifier	39	S	N	
BPR07	(DFI) Identification Number	39	S	N	

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BPR08	Account Number Qualifier	39	S	N	
BPR09	Account Number	40	S	N	
BPR10	Originating Company Identifier	40	S	Y	VT Medicaid will send 1752548221
BPR11	Originating Company Supplemental Code	40	S	N	
BPR12	(DFI) ID Number Qualifier	40	S	N	
BPR13	(DFI) Identification Number	41	S	N	
BPR14	Account Number Qualifier	41	S	N	
BPR15	Account Number	41	S	N	
BPR16	Date	41	R	N	

 NA (No Loop Name)

TRN (Reassociation Key)

TRN01	Trace Type Code	43	R	Y	VT Medicaid will use 3
TRN02	Reference Identification	44	R	N	
TRN03	Originating Company Identifier	44	R	Y	VT Medicaid will use 1752548221
TRN04	Reference Identification	44	R	N	

 NA (No Loop Name)

CUR (Non-US Dollars Currency)

CUR01	Entity Identifier Code	46	R	N	
CUR02	Currency Code	46	R	N	
CUR03	Exchange Rate	47	S	N	

 NA (No Loop Name)

REF (Premium Receivers Identification Key)

REF01	Reference Identification Qualifier	48	R	Y	VT Medicaid will use 14
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REF02	Reference Identification	49	R	Y	VT Medicaid will send the 3-digit Plan ID
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NA (No Loop Name)

DTM (Process Date)

DTM01	Date/Time Qualifier	50	R	N
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DTM02	Date	50	R	N
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NA (No Loop Name)

DTM (Delivery Date)

DTM01	Date/Time Qualifier	52	R	N
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DTM02	Date	53	R	N
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NA (No Loop Name)

DTM (Coverage Period)

DTM01	Date/Time Qualifier	54	R	N
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DTM05	Date Time Period Format Qualifier	55	R	N
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DTM06	Date Time Period	55	R	N
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1000A (Premium Receiver's Name)

N1 (Premium Receiver's Name)

N101	Entity Identifier Code	56	R	Y
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N102	Name	57	S	N
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N103	Identification Code Qualifier	57	S	Y	VT Medicaid will use EQ
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N104	Identification Code	57	S	Y	VT Medicaid will send the Contract Number
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N2 (Premium Receiver's Additional Name)

N201	Name	58	R	N
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N3 (Premium Receiver's Address)

N301	Address Information	59	R	N
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N302	Address Information	59	S	N
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N4 (Premium Receiver's City/State/ZIP Code)

N401	City Name	60	R	N
N402	State or Province Code	60	R	N
N403	Postal Code	61	R	N
N404	Country Code	61	S	N

1000B (Premium Payer's Name)

N1 (Premium Payer's Name)

N101	Entity Identifier Code	62	R	N	
N102	Name	63	S	Y	VT Medicaid will send VT-AGENCY OF HUMAN SRVC
N103	Identification Code Qualifier	63	S	Y	VT Medicaid will use FI
N104	Identification Code	63	S	Y	VT Medicaid will send 752548221

N2 (Premium Payer's Additional Name)

N201	Name	65	R	N
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N3 (Premium Payer's Address)

N301	Address Information	66	R	N
N302	Address Information	66	S	N

N4 (Premium Payer's City/State/ZIP Code)

N401	City Name	67	R	N
N402	State or Province Code	67	R	N
N403	Postal Code	68	R	N
N404	Country Code	68	S	N

PER (Premium Payer's Administrative Contact)

PER01	Contact Function Code	70	R	N
PER02	Name	70	R	N
PER03	Communication Number Qualifier	70	S	N
PER04	Communication Number	70	S	N
PER05	Communication Number Qualifier	70	S	N

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PER06	Communication Number	71	S	N
PER07	Communication Number Qualifier	71	S	N
PER08	Communication Number	71	S	N

2000A (Organization Summary Remittance)

ENT (Organization Summary Remittance)

ENT01	Assigned Number	73	R	N	
ENT02	Entity Identifier Code	73	R	N	
ENT03	Identification Code Qualifier	73	S	Y	VT Medicaid will use FI
ENT04	Identification Code	73	S	Y	VT Medicaid will send 752548221

2300A (Organization Summary Remittance Detail)

RMR (Organization Summary Remittance Detail)

RMR01	Reference Identification Qualifier	75	R	Y	VT Medicaid will use 11
RMR02	Reference Identification	75	R	Y	VT Medicaid will send the 3-digit Plan ID
RMR03	Payment Action Code	75	S	N	
RMR04	Monetary Amount	76	R	N	
RMR05	Monetary Amount	76	S	N	

2310A (Summary Line Item)

IT1 (Summary Line Item)

IT101	Assigned Identification	78	R	N
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2315A (Member Count)

SLN (Member Count)

SLN01	Assigned Identification	81	R	N
SLN03	Relationship Code	82	R	N

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SLN04	Quantity	82	R	N	
SLN05	Composite Unit of Measure	82	R	N	
SLN05	SLN05-1 Unit or Basis of Measurement Code	82	R	Y	VT Medicaid will send IE

2320A (Organization Summary Remittance Level Adjustment)

ADX (Organization Summary Remittance Level Adjustment)

ADX01	Monetary Amount	85	R	N	
ADX02	Adjustment Reason Code	85	R	N	

2000B (Individual Remittance)

ENT (Individual Remittance)

ENT01	Assigned Number	87	R	Y	
ENT02	Entity Identifier Code	87	R	N	
ENT03	Identification Code Qualifier	87	R	Y	VT Medicaid will use 34
ENT04	Identification Code	87	R	N	

2100B (Individual Name)

NM1 (Individual Name)

NM101	Entity Identifier Code	89	R	Y	VT Medicaid will use QE
NM102	Entity Type Qualifier	89	R	N	
NM103	Name Last or Organization Name	89	S	N	
NM104	Name First	89	S	N	
NM105	Name Middle	89	S	N	
NM106	Name Prefix	89	S	N	
NM107	Name Suffix	89	S	N	
NM108	Identification Code Qualifier	89	S	Y	VT Medicaid will use N

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NM109 Identification Code 90 S Y VT Medicaid will send the HIC number

2300B (Individual Premium Remittance Detail)

RMR (Individual Premium Remittance Detail)

RMR01	Reference Identification Qualifier	92	R	Y	VT Medicaid will use 11
RMR02	Reference identification	92	R	N	
RMR03	Payment Action Code	92	S	N	
RMR04	Monetary Amount	93	R	N	
RMR05	Monetary Amount	93	S	N	

DTM (Individual Coverage Period)

DTM01	Date/Time Qualifier	94	R	N	
DTM05	Date Time Period Format Qualifier	95	R	N	
DTM06	Date Time Period	95	R	N	

2320B (Individual Premium Adjustment)

ADX (Individual Premium Adjustment)

ADX01	Monetary Amount	96	R	N	
ADX02	Adjustment Reason Code	97	R	N	

NA (Transaction Set Trailer)

SE (820 Trailer)

SE01	Number of Included Segments	98	R	N	
SE02	Transaction Set Control Number	98	R	N	

NA (Functional Group Trailer)

GE (Functional Group Trailer)

GE01	Number of Transaction Sets Included	B.10	R	N	
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GE02	Group Control Number	B.10	R	N
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NA (Interchange Control Trailer)

IEA (Interchange Control Trailer)

IEA01	Number of Included Functional Groups	B.7	R	N
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IEA02	Interchange Control Number	B.7	R	N
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