Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Mapping Comment / Gap	HIPAA Requirement	HIPAA Content
Header	**ISA**	**Interchange Control Header**			**green for Tahoma**	**blue - ACS**	**turquoise for gaps**		Outbound to HMOs: Auto-generated each month for next month & sent as "RA" to HMOs
Header	ISA01	Authorization Information Qualifier	ID2		"00"-No Authorization Information Present		Literal	Required	
Header	ISA02	Authorization Data Identification	AN10		"00"-No Meaningful Information		Literal	Required	
Header	ISA03	Security Information Qualifier	ID2		"00"-No Security Information Present		Literal	Required	
Header	ISA04	Security Information	AN10		"00"-No Meaningful Information		Literal	Required	
Header	ISA05	Interchange ID Qualifier	ID2		<Configured Sender's ID type>		Configure	Required	See Guide for Valid Values
Header	ISA06	Interchange Sender ID	AN15		<Configured Sender's ID>		Configure	Required	
Header	ISA07	Interchange ID Qualifier	ID2		<Configured Receiver's ID type>		Configure	Required	See Guide for Valid Values
Header	ISA08	Interchange Receiver ID	AN15		<Configured Receiver's ID>		Configure	Required	
Header	ISA09	Interchange Date	DT6		<Derive current date>		Derive	Required	YYMMDD
Header	ISA10	Interchange Time	TM4		<Derive current time>		Derive	Required	HHMM
Header	ISA11	Interchange Control Standards Identifier	ID1		"U"-U.S. EDI		Literal	Required	
Header	ISA12	Interchange Control Version Number	ID5		"00401"		Literal	Required	
Header	ISA13	Interchange Control Number	N9		<Derive unique ID for all ISAs from this sender: timestamp precise to hundredths of a second>		Derive	Required	
Header	ISA14	Acknowledgment Requrested	ID1		<Configured ack>		Configure	Required	"0"-No Ack Requested, "1"-Interchange Ack Requested

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Mapping Comment / Gap	HIPAA Requirement	HIPAA Content
Header	ISA15	Usage Indicator	ID1		<Configured usage>		Configure	Required	"P"-Production, "T"-Test
Header	ISA16	Component Element Separator	1		":"=Component Delimiter		Literal	Required	
Header	**GS**	**Functional Group Header**							**One functional group for each set of same transactions**
Header	GS01	Functional Identifier Code	ID2		"RA"-Payment Order/Remittance Advice (820)		Literal	Required	Depends on transaction
Header	GS02	Application Sender's Code	AN15		<Configure Sender's sub-division>		Configure	Required	<ID for sub-div of ISA06>
Header	GS03	Application Receiver's Code	AN15		<Configure Receiver's sub-division>		Configure	Required	<ID for sub-div of ISA08>
Header	GS04	Date	DT8		<Derive current date>		Derive	Required	CCYYMMDD
Header	GS05	Time	TM8		<Derive current time>		Derive	Required	HHMM(SSDD)
Header	GS06	Group Control Number	N9		<Default to unique ID for each GS from this sender: timestamp precise to hundredths of a second>		Default	Required	Batch Number
Header	GS07	Responsible Agency Code	ID2		"X"-ASC X12		Literal	Required	
Header	GS08	Version/Release/Industry Identifier Code	AN12		"004010X061" or "004010X061A1"		Literal	Required	Depends on transaction
Header	**ST**	**Transaction Set Header**							
Header	ST 01	Transaction Set Identifier Code	ID3		"820"-Payment Order		Literal	Required	
Header	ST 02	Transaction Set Control Number	AN9				Derive	Required	Sequence number from 1 by 1 for each transaction in a batch.
Header	**BPR**	**Financial Information**							
Header	BPR01	Transaction Handling Code	ID2		<Default to "I"-Remit. Info. Only>		Default	Required	See Guide for list of valid values

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Mapping Comment / Gap	HIPAA Requirement	HIPAA Content
Header	BPR02	Total Premium Payment Amount	R18		compute sum of all paid amounts (RMR04)		Derive	**Required**	compute sum of all paid amounts (RMR04)
Header	BPR03	Credit or Debit Flag Code	ID1		"C"-Credit		Literal	Required	"C"-Credit (default), "D"-Debit
Header	BPR04	Payment Method Code	ID3	Prov-File	EFT-TYPE	X(1)	If blank, use "CHK", if "P", use "NON, else "ACH"	**Required**	See Guide for list of valid values
Header	BPR05	Payment Format Code	ID10		If EFT-TYPE = 'ACH' then set this field to 'CCP' else set field to spaces.		Derive	**Required if ACH, else don't use**	See Guide for list of valid values
Header	BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	ID2		If EFT-TYPE = 'ACH' then set this field to '01' else set field to spaces.		Derive	Not required: use only for EFT	"01"-ADA Routing Num, "04"-Canadian Bank Num
Header	BPR07	Originating Depository Financial Institution (DFI) Identifier	AN12		If EFT-TYPE = 'ACH' then set this field to state's Bank ID		Derive	Not required: use only for EFT	<payer bank ID>
Header	BPR08	Account Number Qualifier	ID3		If EFT-TYPE = 'ACH' then set this field to 'DA '.		Derive	Not required: use only for EFT	"ALC"-Federal Agency Locator Code, "DA"-Demand Deposit
Header	BPR09	Sender Bank Account Number	AN35		If EFT-TYPE = 'ACH' then set this field to State's Bank Account Number.		Derive	Not required: use only for EFT	<payer bank acct#>
Header	BPR10	Originating Company Identifier	AN10		If EFT-TYPE = 'ACH' then set this field to '1916001088'.		Derive	Not required: use only for EFT	1<payer tax ID>
Header	BPR11	Originating Company Supplemental Code	AN9					Not required: use only for EFT	
Header	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	ID2		If EFT-TYPE = 'ACH' then set this field to '01' else space fill.		Derive	Not required: use only for EFT	"01"-ADA Routing Num, "04"-Canadian Bank Num
Header	BPR13	Receiving Depository Financial Institution (DFI) Identifier	AN12	Prov-File	TRANSIT-ROUTING-NUM	X(9)	(was mapped in ACS old 820)	Not required: use only for EFT	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Mapping Comment / Gap	HIPAA Requirement	HIPAA Content
Header	BPR14	Account Number Qualifier	ID3	Prov-File	BANK-ACCOUNT-TYPE	X(1)	If "C", use "DA", if "S", use "SG"	Not required: use only for EFT	"DA"-Demand Deposit, "SG"-Savings
Header	BPR15	Receiver Bank Account Number	AN35	Prov-File	BANK-ACCOUNT-NUM	X(17)	Populate if EFT-TYPE = 'ACH'	Not required: use only for EFT	
Header	BPR16	Check Issue or EFT Effective Date	DT8	Claim	DATE-PAID	99(5)		**Required**	CCYYMMDD
Header	**TRN**	**Reassociation Key**							
Header	TRN01	Trace Type Code	ID2		Hard code a '1' in this field.		Literal	Required	Payment and remit. advice are "1"-together, "2"-separated
Header	TRN02	Check or EFT Trace Number	AN30		If EFT-TYPE = 'CHK' use check number. If EFT-TYPE = 'ACH' use ACH number.		**Get from AFRS**	**Required**	Check number or ACH number
Header	TRN03	Originating Company Identifier	AN10		Hard code '1916001088'.		Literal	Required	same as BPR10
Header	TRN04	Originating Company Supplemental Code	AN30					Not required	same as BPR11
Header	**CUR**	**Non-US Dollars Currency**							
Header	CUR01	Entity Identifier Code	ID3					Not required	
Header	CUR02	Currency Code	ID3					Not required	
Header	CUR03	Exchange Rate	R10					Not required	
Header	**REF**	**Premium Receivers Identification Key**							
Header	REF01	Reference Identification Qualifier	ID3		"14"-master account number		Literal	Required	
Header	REF02	Premium Receiver Reference Identifier	AN30	Prov-File	INTERMED-PROV-NUM or if empty, PAY-TO-PROV-NUM	9(10)	**WRONG: THIS IS MAA'S # FOR HMO**	**Required**	(HMO's ID for sponsor's contract)
Header	**DTM**	**Process Date**							
Header	DTM01	Date Time Qualifier	ID3		"009"		Literal	Not Used	
Header	DTM02	Payer Process Date	DT8					Not Used	
Header	**DTM**	**Delivery Date**							
Header	DTM01	Date Time Qualifier	ID3					Not Used	
Header	DTM02	Premium Delivery Date	DT8					Not Used	
Header	**DTM**	**Coverage Period**							
Header	DTM01	Date Time Qualifier	ID3		"582"-Report Period		Literal	**Required if not paying an invoice**	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Mapping Comment / Gap	HIPAA Requirement	HIPAA Content
Header	DTM05	Date Time Period Format Qualifier	ID3		"RD8"-CCYYMMDD-CYYMMDD		Literal	**Required if not paying an invoice**	
Header	DTM06	Coverage Period	AN35				**Hard code the next calendar month**	**Required if not paying an invoice**	begin to end of coverage month
1000A	**N1**	**Premium Receiver's Name**							
1000A	N101	Entity Identifier Code	ID3		"PE"-Payee		Literal	Required	
1000A	N102	Information Receiver Last or Organization Name	AN60	Prov-File	PROV-NAME	X(31)		**Required**	
1000A	N103	Identification Code Qualifier	ID2		"FI"-EIN		Literal	Required	"1"-DUNS, "9"-DUNS+4, "EQ"-payer ID, "FI"-EIN or "XV"-PlanID
1000A	N104	Receiver Identifier	AN80	Prov-File	PCOP-BILLING-PROV	9(10)		**Required**	
1000A	**N2**	**Premium Receiver Additional Name**							
1000A	N201	Receiver Additional Name	AN60					Not required	
1000A	**N3**	**Premium Receiver's Address**							
1000A	N301	Receiver Address Line	AN55	Prov-File	PROV-ADDR-LINE-1	X(26)		Not required: not used if EFT	
1000A	N302	Receiver Address Line	AN55	Prov-File	PROV-ADDR-LINE-2	X(26)		Not required: not used if EFT	
1000A	**N4**	**Premium Receiver's City, State, Zip**							
1000A	N401	Information Receiver City Name	AN30	Prov-File	PROV-CITY	X(18)		Not required: not used if EFT	
1000A	N402	Information Receiver State Code	ID2	Prov-File	PROV-STATE	X(02)		Not required: not used if EFT	External Code Set
1000A	N403	Information Receiver Postal Zone or ZIP Code	ID15	Prov-File	PROV-ZIP-CODE	9(9)		Not required: not used if EFT	External Code Set
1000A	N404	Country Code	ID3		Load this field with 'USA'.		Literal	Required if outside US	External Code Set
1000B	**N1**	**Premium Payer's Name**							

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Mapping Comment / Gap	HIPAA Requirement	HIPAA Content
1000B	N101	Entity Identifier Code	ID3		"PR"-payer		Literal	Required	
1000B	N102	Premium Payer Name	AN60		Hard code "Washington State DSHS Medical Assistance Administration"		Literal	**Required**	<payer name>
1000B	N103	Identification Code Qualifier	ID2		"FI"-federal tax ID		Literal	Required	"1"-DUNS, "9"-DUNS+4, "24"-EIN, "75"-state ID, "EQ"-payer ID, "FI"-taxID or "XV"-PlanID
1000B	N104	Premium Payer Identifier	AN80		Load this field with '91-6001088'		Literal	**Required**	
1000B	**N2**	**Premium Payer Additional Name**							
1000B	N201	Premium Payer Additional Name	AN60					Not required	
1000B	**N3**	**Premium Payer's Address**							
1000B	N301	Premium Payer Address Line	AN55		"ASST. SECRETARY"		Literal	Not required: not used if EFT	
1000B	N302	Premium Payer Address Line	AN55		"P.O. BOX 45500"		Literal	Not required: not used if EFT	
1000B	**N4**	**Premium Payer's City, State, Zip**							
1000B	N401	Premium Payer City Name	AN30		"Olympia"		Literal	Not required: not used if EFT	
1000B	N402	Premium Payer State Code	ID2		"WA"		Literal	Not required: not used if EFT	External Code Set
1000B	N403	Premium Payer Postal Zone or ZIP Code	ID15		"98504-5500"		Literal	Not required: not used if EFT	External Code Set
1000B	N404	Country Code	ID3		"USA"		Literal	Required if outside US	External Code Set
1000B	**PER**	**Premium Payer's Administrative Contact**							
1000B	PER01	Contact Function Code	ID2		"IC"-Information Contact		Literal	Not required	
1000B	PER02	Premium Payer Contact Name	AN60		"MAA Provider Relations"			Not required	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Mapping Comment / Gap	HIPAA Requirement	HIPAA Content
1000B	PER03	Communication Number Qualifier	ID2		"TE"-Phone			Not required	"EM"-Email, "FX"-Fax, "TE"-Phone
1000B	PER04	Communication Number	AN80		"(800) 652-6188"			Not required	
1000B	PER05	Communication Number Qualifier	ID2					Not required	"EM"-Email, "EX"-Ext, "FX"-Fax, "TE"-Phone
1000B	PER06	Communication Number	AN80					Not required	
1000B	PER07	Communication Number Qualifier	ID2					Not required	"EM"-Email, "EX"-Ext, "FX"-Fax, "TE"-Phone
1000B	PER08	Communication Number	AN80					Not required	
2000A	**ENT**	**Organization Summary Remittance**					**DO NOT USE LOOP 2000A**		**Don't use this loop for individual premium**
2000A	ENT01	Assigned Number	N06					Required for group premium	Sequence number from 1 by 1 for each plan/group summary payment
2000A	ENT02	Entity Identifier Code	ID3					Required for group premium	"2L"-corporation
2000A	ENT03	Identification Code Qualifier	ID2					Required for group premium	"1"-DUNS, "9"-DUNS+4, "FI"-TaxID
2000A	ENT04	Organization Identification Code	AN80					**Required for group premium**	
2300A	**RMR**	**Organization Summary Remittance Detail**							
2300A	RMR01	Reference Identification Qualifier	ID3					Required for group premium	"11"-Account #, "1L"-Group/Policy #, "CT"-Contract #, "IK"-Invoice #
2300A	RMR02	Contract, Invoice, Account, Group, or Policy Number	AN30					**Required for group premium**	
2300A	RMR03	Payment Action Code	ID2					Not required	See Guide for valid values
2300A	RMR04	Detail Premium Payment Amount	R18					Required for group premium	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Mapping Comment / Gap	HIPAA Requirement	HIPAA Content
2300A	RMR05	Billed Premium Amount	R18					**Required if paid amt <> invoice amt**	
2310A	**IT1**	**Summary Line Item**							**One for each plan/program/RMR**
2310A	IT101	Line Item Control Number	AN20					Required for group premium	Sequence # from 1 by 1 for each RMR segment
2315A	**SLN**	**Member Count**							**One for each contract type within a plan**
2315A	SLN01	Line Item Control Number	AN20					Not required	Sequence # from 1 by 1 for each SLN segment
2315A	SLN03	Information Only Indicator	ID1					Not required	"O"-Information Only
2315A	SLN04	Head Count	R15					Not required	
2315A	SLN05	Composite Unit of Measure	ID2					Not required	"10"-Group (family), "IE"-Person, "PR"-Pair
2320A	**ADX**	**Organization Summary Remittance Level Adjustment**							**One for each adjustment for this plan/program/RMR**
2320A	ADX01	Adjustment Amount	R18					**Required if paid amt <> invoice amt**	
2320A	ADX02	Adjustment Reason Code	ID2					**Required if paid amt <> invoice amt**	See Guide for valid values
2000B	**ENT**	**Individual Remittance**					**USE LOOP 2000B**		**Send one 2000B loop for each individual member**
2000B	ENT01	Assigned Number	N06		increment from 1 by 1 for each individual		Derive	Required for individual premiums	increment from 1 by 1 for each individual
2000B	ENT02	Entity Identifier Code	ID3		"2J"-Individual		Literal	Required for individual premiums	
2000B	ENT03	Identification Code Qualifier	ID2		"34"-SSN			Required for individual premiums	"34"-SSN, "EI"-EIN
2000B	ENT04	Receiver's Individual Identifier	AN80	Medical-Claim	RECIP-SS-NUMBER	X(9)		**Required: EIN or SSN**	Receiver's ID for Client
2100B	**NM1**	**Individual Name**							
2100B	NM101	Entity Identifier Code	ID3		"EY"-Employee Name		Literal	Not required	"EY"-Employee Name, "QE"-Policyholder

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Mapping Comment / Gap	HIPAA Requirement	HIPAA Content
2100B	NM102	Entity Type Qualifier	ID1		"1"-Person		Literal	Not required	
2100B	NM103	Individual Last Name	AN35	Medical-Claim	RECIP-NAME	X(25)	Parse name	Not required	
2100B	NM104	Individual First Name	AN25	Medical-Claim	RECIP-NAME	X(25)	Parse name	Not required	
2100B	NM105	Individual Middle Name	AN25	Medical-Claim	RECIP-NAME	X(25)	Parse name	Not required	
2100B	NM106	Individual Name Prefix	AN10					Not required	
2100B	NM107	Individual Name Suffix	AN10					Not required	
2100B	NM108	Identification Code Qualifier	ID2		"N"-insured's unique ID (DSHS PIC)			Not required	"34"-SSN, "EI"-EIN, "N"-Insured ID
2100B	NM109	Individual Identifier	AN80	Medical-Claim	RECIP-IDENT-NUMBER	X(14)		Not required	
2300B	**RMR**	**Individual Premium Remittance Detail**							**One loop 2300B for each coverage period or remit. line item**
2300B	RMR01	Reference Identification Qualifier	ID3		"AZ"-policy num			Required	"AZ"-policy# (Required if no invoice), "IK"-invoice # (Required if invoice)
2300B	RMR02	Insurance Remittance Reference Number	AN30	Medical-Claim	TRANS-CONTROL-NUM	X(17)		**Required**	
2300B	RMR03	Payment Action Code	ID2		"PI"-Pay Item		Literal	Not required	"PI"-Pay Item, "PP"-Partial Pay
2300B	RMR04	Detail Premium Payment Amount	R18	Medical-Claim	ALLOWED-CHARGE	S9(7)V99	This will be either the HMO's premium or the FQHC/RHC's enhancement amount.	**Required**	
2300B	RMR05	Billed Premium Amount	R18					**Required if paid amt <> billed amt**	
2300B	**DTM**	**Individual Coverage Period**							
2300B	DTM01	Date Time Qualifier	ID3		"582"-Payment Period		Literal	**Required if not paying invoice**	

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Mapping Comment / Gap	HIPAA Requirement	HIPAA Content
2300B	DTM05	Date Time Period Format Qualifier	ID3		"RD8"-CCYYMMDD-CCYYMMDD		Literal	**Required if not paying invoice**	
2300B	DTM06	Coverage Period	AN35	Medical-Claim	FIRST-DATE-OF-SVC	S9(5)		**Required if not paying invoice**	
				Medical-Claim	LAST-DATE-OF-SVC	S9(5)			
2320B	**ADX**	**Individual Premium Adjustment**							**One for each adjustment**
2320B	ADX01	Adjustment Amount	R18		If adjusting a previous premium, this is the different between the previously-payed premium amount and the corrected premium amt			**Required if paid amt <> billed amt**	
2320B	ADX02	Adjustment Reason Code	ID2		"52"-payer credit for previous overpayment, or "53"-remittance for previous underpayment			**Required if paid amt <> billed amt**	See Guide for list of valid values
Trailer	**SE**	**Transaction Set Trailer**							
Trailer	SE 01	Transaction Segment Count	N010					Required	count of segments in trans
Trailer	SE 02	Transaction Set Control Number	AN9					Required	same as ST02
Trailer	**GE**	**Functional Group Trailer**							
Trailer	GE01	Number of Transaction Sets Included	N6				Derive	Required	Count number of transactions in group
Trailer	GE02	Group Control Number	N9		<Derive: same as GS06>		Derive	Required	Unique ID for each GS/GE from this sender
Trailer	**IEA**	**Interchange Control Trailer**							
Trailer	IEA01	Number of Included Functional Groups	N5		"1"-one func group in interchange		Derive	Required	Count number of groups in transmission

Loop	Segmnt	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Mapping Comment / Gap	HIPAA Requirement	HIPAA Content
Trailer	IEA02	Interchange Control Number	N9		<Derive: same as ISA13>		Derive	Required	Unique ID for each ISA/IEA from this sender

Copyright 2002 by Tahoma Consulting, Inc. Proprietary and Confidential. This document cannot be reproduced without permission.