WA State DSHS MAA
HIPAA Project
Mapping -- HIPAA 834 to MMISupdate.xls-HIPAA 834 to MMIS

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
1		**ST**	**Transaction Set Header**								
2		ST 01	Transaction Set Identifier Code	ID3			Hard code "834"	Translation	hard code: req'd	834	
3		ST 02	Transaction Set Control Number	AN9			Sequence # start from 1 increment by 1 for each TS in a func group. ST02 and SE02 must be identical	Translation	hard code: req'd	1	
4		**BGN**	**Beginning Segment**								
5		BGN01	Transaction Set Purpose Code	ID2			Hard code "00"-Original	Translation	hard code: req'd	00	
6		BGN02	Transaction Set Identifier Code	AN30			Verify this is a sequence number that begins with 1 and increments by 1	Translation	assign: req'd	unique ID, e.g., timestamp	
7		BGN03	Transaction Set Creation Date	DT8					assign: req'd	current date	
8		BGN04	Transaction Set Creation Time	TM8					assign: req'd	current time	
9		BGN05	Time Zone Code	ID2					hard code: req'd	PT	
10		BGN06	Transaction Set Identifier Code	AN30					optional (not used)		
11		BGN08	Action Code	ID2			Hard code "4"-Verify, for full roster	Translation	hard code: req'd	2	
12		**REF**	**Transaction Set Policy Number**								
13		REF01	Reference Identification Qualifier	ID3					optional (not used)	38	
14		REF02	Master Policy Number	AN30					optional (not used)		
15		**DTP**	**File Effective Date**								
16		DTP01	Date Time Qualifier	ID3					optional (not used)	pull-down	
17		DTP02	Date Time Period Format Qualifier	ID3					optional (not used)	D8	
18		DTP03	Date Time Period	AN35					optional (not used)		
19	**1000A**	**N 1**	**Sponsor Name**								
20	1000A	N 101	Entity Identifier Code	ID3			Hard code "P5"-Plan Sponsor	Translation	hard code: req'd	P5	
21	1000A	N 102	Plan Sponsor Name	AN60			Hard code "Wash. State DSHS Medical Assistance Administration"	Translation	hard code: req'd	"WA MAA"	
22	1000A	N 103	Identification Code Qualifier	ID2			Hard code "FI"-Federal Taxpayer's ID	Translation	hard code: req'd	FI	
23	1000A	N 104	Sponsor Identifier	AN80			Hard code MAA Tax ID number	Translation	hard code: req'd	<MAA tax ID>	

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24	**1000B**	**N 1**	**Payer**								
25	1000B	N 101	Entity Identifier Code	ID3			Hard code "IN"-Insurer	Translation	hard code: opt	IN	
26	1000B	N 102	Insurer Name	AN60	Prov-File	PROV-NAME			optional (not used)		
27	1000B	N 103	Identification Code Qualifier	ID2			Send "XV" with NPI; send "FI" with TaxID	Translation	HIPAA required	pull-down	
28	1000B	N 104	Insurer Identification Code	AN80	Recip-Elig-File	PCOP-BILLING-PROV	expand field to fit NPI or new field	HIPAA Required	HIPAA required		
29	**1000C**	**N 1**	**TPA/Broker Name**								
30	1000C	N 101	Entity Identifier Code	ID3					optional (not used)		
31	1000C	N 102	TPA or Broker Name	AN60					optional (not used)		
32	1000C	N 103	Identification Code Qualifier	ID2					optional (not used)		
33	1000C	N 104	TPA or Broker Identification Code	AN80					optional (not used)		
34	**1100C**	**ACT**	**TPA/Broker Account Information**								
35	1100C	ACT01	TPA or Broker Account Number	AN35					optional (not used)		
36	1100C	ACT06	TPA or Broker Account Number	AN35					optional (not used)		
37	**2000**	**INS**	**Member Level Detail**								
38	2000	INS01	Insured Indicator	ID1			Will always be "Y" if subscriber is patient	Translation	HIPAA required	pull-down	
39	2000	INS02	Individual Relationship Code	ID2			Hard code "18"-insured is subscriber	Translation	HIPAA required	pull-down	
40	2000	INS03	Maintenance Type Code	ID3			Hard code "030"-Audit or Compare, for full roster; or use "024" for termination?	Policy Issues	HIPAA required	pull-down	
41	2000	INS04	Maintenance Reason Code	ID3			Hard code "XN"-Notification Only	Translation	used in MMIS	pull-down	
42	2000	INS05	Benefit Status Code	ID1			Hard code "A"-Active	Translation	HIPAA required	pull-down	
43	2000	INS06	Medicare Plan Code	ID1					req'd if Medicare covered	pull-down	
44	2000	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code	ID2					req'd if COBRA covered	pull-down	
45	2000	INS08	Employment Status Code	ID2			Hard code "FT"-full time recipient	Translation	req'd for subscr (always)	pull-down	
46	2000	INS09	Student Status Code	ID1					optional (not used)	pull-down	
47	2000	INS10	Handicap Indicator	ID1	Recip-Elig-File	RECIP-DISABLITY-COD	"Y" if field is not blank	Translation	req'd if handicapped	pull-down	
48	2000	INS11	Date Time Period Format Qualifier	ID3					hard code	D8	

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49	2000	INS12	Insured Individual Death Date	AN35	Recip-Elig-File	RECIP-DATE-OF-DEATH			used in MMIS		
50	2000	INS17	Birth Sequence Number	N09							
51	**2000**	**REF**	**Subscriber Number**								
52	2000	REF01	Reference Identification Qualifier	ID3			Hard code "0F"-subscriber number (DSHS PIC)	Translation	hard code: req'd	0F	
53	2000	REF02	Subscriber Identifier	AN30	Recip-Elig-File	RECIP-IDENT-NUMBER			required by HIPAA		
54	**2000**	**REF**	**Member Policy Number**								
55	2000	REF01	Reference Identification Qualifier	ID3					optional (not used)	1L	
56	2000	REF02	Insured Group or Policy Number	AN30					optional (not used)		
57	**2000**	**REF**	**Member Identification Number**								
58	2000	REF01	Reference Identification Qualifier	ID3			Hard code "3H"=Case Number; "Q4"=Prior Identifier Number; "23"= client ID	Translation	used in MMIS	pull-down	
59	2000	REF02	Subscriber Supplemental Identifier	AN30	Recip-Elig-File	RECIP-CLIENT-ID			used in MMIS		
60	**2000**	**REF**	**Prior Coverage Months**								
61	2000	REF01	Reference Identification Qualifier	ID3			Hard code "QQ"-unit number	Translation	hard code: req'd	QQ	
62	2000	REF02	Prior Coverage Month Count	AN30			Must maintain or compute the number of prior months covered (consecutive or not), for Certificate of Creditable Coverage	HIPAA Required	required by HIPAA		
63	**2000**	**DTP**	**Member Level Dates**								
64	2000	DTP01	Date Time Qualifier	ID3			For active client, send "473" and "474" with recip-elig-beg/end-date respectively; for termination, send "357" with recip-elig-	Translation	hard code: req'd	356-elig begin; 357-elig end	
65	2000	DTP02	Date Time Period Format Qualifier	ID3					hard code: req'd	D8	
66	2000	DTP03	Status Information Effective Date	AN35	Recip-Elig-File	RECIP-ELIG-BEG-DATE			required by HIPAA	(send 2 DTP segments)	wrong

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67	2000	DTP03	Status Information Effective Date	AN35	Recip-Elig-File	RECIP-ELIG-END-DATE			required by HIPAA	(send 2 DTP segments)	wrong
68	**2100A**	**NM1**	**Member Name**								
69	2100A	NM101	Entity Identifier Code	ID3			Hard code "IL"-insured	Translation	hard code: req'd	IL	
70	2100A	NM102	Entity Type Qualifier	ID1					hard code: req'd	1	
71	2100A	NM103	Subscriber Last Name	AN35	Recip-Elig-File	RECIP-LAST-NAME	Support up to 35 bytes	HIPAA Required	required by HIPAA		
72	2100A	NM104	Subscriber First Name	AN25	Recip-Elig-File	RECIP-FIRST-NAME	Support up to 25 bytes	HIPAA Required	required by HIPAA		
73	2100A	NM105	Subscriber Middle Name	AN25	Recip-Elig-File	RECIP-MIDDLE-INIT	Support up to 25 bytes	HIPAA Required	used in MMIS		
74	2100A	NM106	Subscriber Name Prefix	AN10					optional (not used)		
75	2100A	NM107	Subscriber Name Suffix	AN10					optional (not used)		
76	2100A	NM108	Identification Code Qualifier	ID2			Hard code "34"-Social Security Number, until NII used	Translation	hard code: used	34	
77	2100A	NM109	Subscriber Identifier	AN80	Recip-Elig-File	RECIP-SS-NUMBER			used in MMIS		
78	**2100A**	**PER**	**Member Communications Numbers**								
79	2100A	PER01	Contact Function Code	ID2			Hard code "IP"-insured	Translation	hard code: used	IP	
80	2100A	PER03	Communication Number Qualifier	ID2					hard code: used	TE	
81	2100A	PER04	Communication Number	AN80	Recip-Elig-File	RECIP-PHONE-NUMBER			used in MMIS	telephone	
82	2100A	PER05	Communication Number Qualifier	ID2					optional (not used)	FX	
83	2100A	PER06	Communication Number	AN80					optional (not used)	fax	
84	2100A	PER07	Communication Number Qualifier	ID2					optional (not used)	EM	
85	2100A	PER08	Communication Number	AN80					optional (not used)	email	
86	**2100A**	**N 3**	**Member Residence Street Address**								
87	2100A	N 301	Subscriber Address Line	AN55	Recip-Elig-File	RECIP-ADDR-LINE-1			required by HIPAA		
88	2100A	N 302	Subscriber Address Line	AN55	Recip-Elig-File	RECIP-ADDR-LINE-2			used in MMIS		
89	**2100A**	**N 4**	**Member Residence City, State, ZIP Code**								
90	2100A	N 401	Subscriber City Name	AN30	Recip-Elig-File	CITY_home			required by HIPAA		
91	2100A	N 402	Subscriber State Code	ID2	Recip-Elig-File	RECIP-ADDR-LINE-3	Parse for state	Translation	required by HIPAA		
92	2100A	N 403	Subscriber Postal Zone or ZIP Code	ID15	Recip-Elig-File	RECIP-ZIP-CODE			required by HIPAA		

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93	2100A	N 404	Country Code	ID3					optional (not used)		
94	2100A	N 405	Location Qualifier	ID2			Hard code "CY"-county	Translation	hard code: used	CY	
95	2100A	N 406	Location Identification Code	AN30	Recip-Elig-File	RECIP-COUNTY-CODE	Support up to 30 bytes	HIPAA Required	used in MMIS		
96	**2100A**	**DMG**	**Member Demographics**								
97	2100A	DMG01	Date Time Period Format Qualifier	ID3					hard code: req'd	D8	
98	2100A	DMG02	Member Birth Date	AN35	Recip-Elig-File	RECIP-DATE-OF-BIRTH			required by HIPAA		
99	2100A	DMG03	Gender Code	ID1	Recip-Elig-File	RECIP-SEX-CODE	Map codes. "F"="2", "M"="1"	Map Codes	required by HIPAA	pull-down	
100	2100A	DMG04	Marital Status Code	ID1					optional (not used)		
101	2100A	DMG05	Race or Ethnicity Code	ID1	Recip-Elig-File	RECIP-RACE-CODE	Use race?	Map Codes	used in MMIS		still to be answered
102	2100A	DMG06	Citizenship Status Code	ID2	Recip-Elig-File	ALIEN-IND	Use citizenship status?	Policy Issues	used in MMIS		still to be answered
103	**2100A**	**ICM**	**Member Income**								
104	2100A	ICM01	Frequency Code	ID1					optional (not used)	pull-down	
105	2100A	ICM02	Wage Amount	R18					optional (not used)		
106	2100A	ICM03	Work Hours Count	R15					optional (not used)		
107	2100A	ICM04	Location Identification Code	AN30					optional (not used)		
108	2100A	ICM05	Salary Grade Code	AN5					optional (not used)		
109	**2100A**	**AMT**	**Member Policy Amounts**								
110	2100A	AMT01	Amount Qualifier Code	ID3			"C1"-co-payment or "D2"-deductible or "P3"-premium amounts	Translation	optional (not used)	pull-down	
111	2100A	AMT02	Contract Amount	R18			If needed, put copay or deductible or premium amounts here	Nice to Have	optional (not used)		not currently use
112	**2100A**	**HLH**	**Member Health Information**								
113	2100A	HLH01	Health Related Code	ID1					req'd if known	pull-down	
114	2100A	HLH02	Member Height	R8					req'd if known	(in inches)	
115	2100A	HLH03	Member Weight	R10					req'd if known	(in pounds)	
116	**2100A**	**LUI**	**Member Language**								
117	2100A	LUI01	Identification Code Qualifier	ID2					hard code: used	LE	
118	2100A	LUI02	Language Code	AN80	Recip-Elig-File	PRIMARY-LANG-IND	need to map codes	Map Codes	used in MMIS	See www.oasis-open.org/cover/iso639a.html	
119	2100A	LUI03	Language Description	AN80					optional (not used)		
120	2100A	LUI04	Language Use Indicator	ID2					optional (not used)	pull-down	

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121	**2100B**	**NM1**	**Incorrect Member Name**				**When member's name, SSN, sex, DOB changes, MMIS must store old values to send here.**	**HIPAA Required**	hard code: used		
122	2100B	NM101	Entity Identifier Code	ID3					hard code: used	70	
123	2100B	NM102	Entity Type Qualifier	ID1					hard code: used	1	
124	2100B	NM103	Prior Incorrect Insured Last Name	AN35					used in MMIS		
125	2100B	NM104	Prior Incorrect Insured First Name	AN25					used in MMIS		
126	2100B	NM105	Prior Incorrect Insured Middle Name	AN25					used in MMIS		
127	2100B	NM106	Prior Incorrect Insured Name Prefix	AN10					optional (not used)		
128	2100B	NM107	Prior Incorrect Insured Name Suffix	AN10					optional (not used)		
129	2100B	NM108	Identification Code Qualifier	ID2					hard code: used	34 (SSN)	
130	2100B	NM109	Prior Incorrect Insured Identifier	AN80					used in MMIS		
131	**2100B**	**DMG**	**Incorrect Member Demographics**								
132	2100B	DMG01	Date Time Period Format Qualifier	ID3					hard code: used	D8	
133	2100B	DMG02	Prior Incorrect Insured Birth Date	AN35					used in MMIS		
134	2100B	DMG03	Prior Incorrect Insured Gender Code	ID1					used in MMIS	pull-down	
135	**2100C**	**NM1**	**Member Mailing Address**								
136	2100C	NM101	Entity Identifier Code	ID3					hard code: opt	31	
137	2100C	NM102	Entity Type Qualifier	ID1					optional (not used)	1	
138	**2100C**	**N 3**	**Member Mail Street Address**								
139	2100C	N 301	Subscriber Address Line	AN55					optional (not used)		
140	2100C	N 302	Subscriber Address Line	AN55					optional (not used)		
141	**2100C**	**N 4**	**Member Mail City, State, Zip**								
142	2100C	N 401	Subscriber City Name	AN30					optional (not used)		
143	2100C	N 402	Subscriber State Code	ID2					optional (not used)		
144	2100C	N 403	Subscriber Postal Zone or ZIP Code	ID15					optional (not used)		
145	2100C	N 404	Country Code	ID3					optional (not used)		
146	**2100D**	**NM1**	**Member Employer**								

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147	2100D	NM101	Entity Identifier Code	ID3					hard code: opt	ES	
148	2100D	NM102	Entity Type Qualifier	ID1					optional (not used)	pull-down	
149	2100D	NM103	Insured Employer Name	AN35					optional (not used)		
150	2100D	NM104	Insured Employer First Name	AN25					optional (not used)		
151	2100D	NM105	Insured Employer Middle Name	AN25					optional (not used)		
152	2100D	NM107	Insured Employer Name Suffix	AN10					optional (not used)		
153	2100D	NM108	Identification Code Qualifier	ID2					hard code: opt	ZZ	
154	2100D	NM109	Insured Employer Identifier	AN80					optional (not used)		
155	**2100D**	**PER**	**Member Employer Communications Numbers**								
156	2100D	PER01	Contact Function Code	ID2					hard code: opt	EP	
157	2100D	PER03	Communication Number Qualifier	ID2					hard code: opt	TE	
158	2100D	PER04	Communication Number	AN80					optional (not used)	telephone	
159	2100D	PER05	Communication Number Qualifier	ID2					hard code: opt	FX	
160	2100D	PER06	Communication Number	AN80					optional (not used)	fax	
161	2100D	PER07	Communication Number Qualifier	ID2					hard code: opt	EM	
162	2100D	PER08	Communication Number	AN80					optional (not used)	email	
163	**2100D**	**N 3**	**Member Employer Street Address**								
164	2100D	N 301	Insured Employer Address Line	AN55					optional (not used)		
165	2100D	N 302	Insured Employer Address Line	AN55					optional (not used)		
166	**2100D**	**N 4**	**Member Employer City, State, Zip**								
167	2100D	N 401	Insured Employer City Name	AN30					optional (not used)		
168	2100D	N 402	Insured Employer State Code	ID2					optional (not used)		
169	2100D	N 403	Insured Employer Postal Zone or ZIP Code	ID15					optional (not used)		
170	2100D	N 404	Country Code	ID3					optional (not used)		
171	**2100E**	**NM1**	**Member School**								
172	2100E	NM101	Entity Identifier Code	ID3					hard code: opt	M8	
173	2100E	NM102	Entity Type Qualifier	ID1					hard code: opt	2	
174	2100E	NM103	School Name	AN35					optional (not used)		

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175	**2100E**	**PER**	**Member School Commmunications Numbers**								
176	2100E	PER01	Contact Function Code	ID2					hard code: opt	SK	
177	2100E	PER03	Communication Number Qualifier	ID2					hard code: opt	TE	
178	2100E	PER04	Communication Number	AN80					optional (not used)	telephone	
179	2100E	PER05	Communication Number Qualifier	ID2					hard code: opt	FX	
180	2100E	PER06	Communication Number	AN80					optional (not used)	fax	
181	2100E	PER07	Communication Number Qualifier	ID2					hard code: opt	EM	
182	2100E	PER08	Communication Number	AN80					optional (not used)	email	
183	**2100E**	**N 3**	**Member School Street Address**								
184	2100E	N 301	School Address Line	AN55					optional (not used)		
185	2100E	N 302	School Address Line	AN55					optional (not used)		
186	**2100E**	**N 4**	**Member School City, State, Zip**								
187	2100E	N 401	School City Name	AN30					optional (not used)		
188	2100E	N 402	School State Code	ID2					optional (not used)		
189	2100E	N 403	School Postal Zone or ZIP Code	ID15					optional (not used)		
190	2100E	N 404	Country Code	ID3					optional (not used)		
191	**2100F**	**NM1**	**Custodial Parent**								
192	2100F	NM101	Entity Identifier Code	ID3					hard code: opt	S3	
193	2100F	NM102	Entity Type Qualifier	ID1					hard code: opt	1	
194	2100F	NM103	Custodial Parent Last Name	AN35					optional (not used)		
195	2100F	NM104	Custodial Parent First Name	AN25					optional (not used)		
196	2100F	NM105	Custodial Parent Middle Name	AN25					optional (not used)		
197	2100F	NM106	Custodial Parent Name Prefix	AN10					optional (not used)		
198	2100F	NM107	Custodial Parent Name Suffix	AN10					optional (not used)		
199	2100F	NM108	Identification Code Qualifier	ID2					optional (not used)	pull-down	
200	2100F	NM109	Custodial Parent Identifier	AN80					optional (not used)		
201	**2100F**	**PER**	**Custodial Parent Communications Numbers**								
202	2100F	PER01	Contact Function Code	ID2					hard code: opt	PQ	

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203	2100F	PER03	Communication Number Qualifier	ID2					hard code: opt	TE	
204	2100F	PER04	Communication Number	AN80					optional (not used)	telephone	
205	2100F	PER05	Communication Number Qualifier	ID2					hard code: opt	FX	
206	2100F	PER06	Communication Number	AN80					optional (not used)	fax	
207	2100F	PER07	Communication Number Qualifier	ID2					hard code: opt	EM	
208	2100F	PER08	Communication Number	AN80					optional (not used)	email	
209	**2100F**	**N 3**	**Custodial Parent Street Address**								
210	2100F	N 301	Custodial Parent Address Line	AN55					optional (not used)		
211	2100F	N 302	Custodial Parent Address Line	AN55					optional (not used)		
212	**2100F**	**N 4**	**Custodial Parent City, State, Zip**								
213	2100F	N 401	Custodial Parent City Name	AN30					optional (not used)		
214	2100F	N 402	Custodial Parent State Code	ID2					optional (not used)		
215	2100F	N 403	Custodial Parent Postal Zone or ZIP Code	ID15					optional (not used)		
216	2100F	N 404	Country Code	ID3					optional (not used)		
217	**2100G**	**NM1**	**Responsible Person**								
218	2100G	NM101	Entity Identifier Code	ID3					optional (not used)	pull-down	
219	2100G	NM102	Entity Type Qualifier	ID1					hard code: opt	1	
220	2100G	NM103	Responsible Party Last or Organization Name	AN35					optional (not used)		
221	2100G	NM104	Responsible Party First Name	AN25					optional (not used)		
222	2100G	NM105	Responsible Party Middle Name	AN25					optional (not used)		
223	2100G	NM106	Responsible Party Name Prefix	AN10					optional (not used)		
224	2100G	NM107	Responsible Party Suffix Name	AN10					optional (not used)		
225	2100G	NM108	Identification Code Qualifier	ID2					optional (not used)	pull-down	
226	2100G	NM109	Responsible Party Identifier	AN80					optional (not used)		
227	**2100G**	**PER**	**Responsible Person Communications Numbers**								
228	2100G	PER01	Contact Function Code	ID2					hard code: opt	RP	

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229	2100G	PER03	Communication Number Qualifier	ID2					hard code: opt	TE	
230	2100G	PER04	Communication Number	AN80					optional (not used)	telephone	
231	2100G	PER05	Communication Number Qualifier	ID2					hard code: opt	FX	
232	2100G	PER06	Communication Number	AN80					optional (not used)	fax	
233	2100G	PER07	Communication Number Qualifier	ID2					hard code: opt	EM	
234	2100G	PER08	Communication Number	AN80					optional (not used)	email	
235	**2100G**	**N 3**	**Responsible Person Street Address**								
236	2100G	N 301	Responsible Party Address Line	AN55					optional (not used)		
237	2100G	N 302	Responsible Party Address Line	AN55					optional (not used)		
238	**2100G**	**N 4**	**Responsible Person City, State, Zip**								
239	2100G	N 401	Responsible Party City Name	AN30					optional (not used)		
240	2100G	N 402	Responsible Party State Code	ID2					optional (not used)		
241	2100G	N 403	Responsible Party Postal Zone or ZIP Code	ID15					optional (not used)		
242	2100G	N 404	Country Code	ID3					optional (not used)		
243	**2200**	**DSB**	**Disability Information**								
244	2200	DSB01	Disability Type Code	ID1	Recip-Elig-File	RECIP-DISABLITY-COD	map codes	Map Codes	used in MMIS	pull-down	
245	2200	DSB07	Product or Service ID Qualifier	ID2					optional (not used)		
246	2200	DSB08	Diagnosis Code	AN15					optional (not used)		
247	**2200**	**DTP**	**Disability Eligibility Dates**								
248	2200	DTP01	Date Time Qualifier	ID3					optional (not used)	pull-down	
249	2200	DTP02	Date Time Period Format Qualifier	ID3					hard code: opt	D8	
250	2200	DTP03	Disability Eligibility Date	AN35					optional (not used)		
251	**2300**	**HD**	**Health Coverage**								
252	2300	HD 01	Maintenance Type Code	ID3			Hard code "030"-audit or compare	Translation	required by HIPAA	pull-down	

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
253	2300	HD 03	Insurance Line Code	ID3			If program is HMO, send "HMO; if tribal clinic, send "PPO". How are tribes enrolled? ask Michelle Senn.	System Questions	required by HIPAA	pull-down	race code 4 can choose to be PCCM, they are enrolled in a plan, but really are FFS with a $3 premioum payment per. Enrollment process is in contract with plan
254	2300	HD 04	Plan Coverage Description	AN50	Plan-File	GROUP-NUMBER	PCOP-type: "C"-capitated or "P"-PCCM (tribal). Group-number is the HMO's name. Must also indicate CSHCN clients. Need to deve	Map Codes	used in MMIS		
255	2300	HD 05	Coverage Level Code	ID3			Hard code "IND"-individual	Translation	hard code: used	IND	
256	**2300**	**DTP**	**Health Coverage Dates**				**Two DTP segments, one for begin date, one for end date.**	**Translation**			
257	2300	DTP01	Date Time Qualifier	ID3			Send "473" with pcop-begin-date; send "474" with pcop-end-date	Translation	hard code: req'd	303-begin, 348-end	
258	2300	DTP02	Date Time Period Format Qualifier	ID3					hard code: req'd	D8	
259	2300	DTP03	Coverage Period	AN35	Recip-Elig-File	PCOP-BEGIN/END-DATE			required by HIPAA	(send 2 DTP segments)	
260	**2300**	**AMT**	**Health Coverage Policy**								
261	2300	AMT01	Amount Qualifier Code	ID3					optional (not used)	pull-down	
262	2300	AMT02	Contract Amount	R18					optional (not used)		
263	**2300**	**REF**	**Health Coverage Policy Number**								
264	2300	REF01	Reference Identification Qualifier	ID3					optional (not used)	pull-down	
265	2300	REF02	Insured Group or Policy Number	AN30					optional (not used)		
266	**2300**	**IDC**	**Identification Card**								
267	2300	IDC01	Plan Coverage Description	AN50					optional (not used)		

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268	2300	IDC02	Identification Card Type Code	ID1					optional (not used)	pull-down	
269	2300	IDC03	Identification Card Count	R15					optional (not used)		
270	2300	IDC04	Action Code	ID2					optional (not used)	pull-down	
271	**2310**	**LX**	**Provider Information**								
272	2310	LX 01	Assigned Number	N06			Hard code "1"	Translation	hard code: req'd	1	
273	**2310**	**NM1**	**Provider Name**								
274	2310	NM101	Entity Identifier Code	ID3					used by MMIS for HMO provider	pull-down	
275	2310	NM102	Entity Type Qualifier	ID1					used by MMIS for HMO provider	pull-down	
276	2310	NM103	Provider Last or Organization Name	AN35	Prov-File	PROV-NAME			used by MMIS for HMO provider		
277	2310	NM104	Provider First Name	AN25					used by MMIS for HMO provider		
278	2310	NM105	Provider Middle Name	AN25					used by MMIS for HMO provider		
279	2310	NM106	Provider Name Prefix	AN10					optional (not used)		
280	2310	NM107	Provider Name Suffix	AN10					optional (not used)		
281	2310	NM108	Identification Code Qualifier	ID2			"XX"-NPI, or "FI"-TaxID, or "34"-SSN	Translation	used by MMIS for HMO provider	pull-down	
282	2310	NM109	Provider Identifier	AN80	Recip-Elig-File	PCOP-PERFORM-PROV			used by MMIS for HMO provider		
283	2310	NM110	Entity Relationship Code	ID2					hard code: used	72	
284	**2310**	**N 4**	**Provider City, State, ZIP Code**								
285	2310	N 401	Member City Name	AN30	Prov-File	PROV-CITY			used by MMIS for HMO provider		
286	2310	N 402	Member State Code	ID2	Prov-File	PROV-STATE			used by MMIS for HMO provider		
287	2310	N 403	Member Postal Zone or Zip Code	ID15	Prov-File	PROV-ZIP-CODE			used by MMIS for HMO provider		
288	2310	N 404	Country Code	ID3					optional (not used)		
289	2310	N 405	Location Qualifier	ID2					optional (not used)		
290	2310	N 406	Location Identification Code	AN30					optional (not used)		
291	**2310**	**PER**	**Provider Communications Numbers**								
292	2310	PER01	Contact Function Code	ID2					hard code: used	IC	
293	2310	PER03	Communication Number Qualifier	ID2					hard code: used	TE	
294	2310	PER04	Communication Number	AN80	Prov-File	PROV-TELE-NUM			used by MMIS for HMO provider	telephone	

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295	2310	PER05	Communication Number Qualifier	ID2					hard code: opt	FX	
296	2310	PER06	Communication Number	AN80					optional (not used)	fax	
297	2310	PER07	Communication Number Qualifier	ID2					hard code: opt	EM	
298	2310	PER08	Communication Number	AN80					optional (not used)	email	
299	**2310**	**PLA**	**PCP Change Reason**								
300	2310	PLA01	Action Code	ID2					hard code: opt	2	
301	2310	PLA02	Entity Identifier Code	ID3					hard code: opt	1P	
302	2310	PLA03	Provider Effective Date	DT8					optional (not used)		
303	2310	PLA05	Maintenance Reason Code	ID3					optional (not used)	pull-down	
304	**2320**	**COB**	**Coordination of Benefits**								
305	2320	COB01	Payer Responsibility Sequence Number Code	ID1			Hard code "P"-Primary	Translation	hard code: opt	P	
306	2320	COB02	Insured Group or Policy Number	AN30	Recip-Elig-File	POL-CERT-NUM			optional (not used)		
307	2320	COB03	Coordination of Benefits Code	ID1			if TPL data present, hard code "1", else "6"	Translation	hard code: opt	6	
308	**2320**	**REF**	**Additional Coordination of Benefits Identifiers**						hard code: opt		
309	2320	REF01	Reference Identification Qualifier	ID3			Hard code "6P"-Group Number or "SY"-Social Security Number	Translation	optional (not used)	pull-down	
310	2320	REF02	Insured Group or Policy Number	AN30	Recip-Elig-File	GROUP-NUMBER/SSN-OF-INSURED			optional (not used)		
311	**2320**	**N 1**	**Other Insurance Company Name**								
312	2320	N 101	Entity Identifier Code	ID3			Hard code "IN"-Insurer	Translation	hard code: opt	IN	
313	2320	N 102	Insurer Name	AN60	Recip-Elig-File	CARRIER-NAME			optional (not used)		
314	2320	N 103	Identification Code Qualifier	ID2			Hard code "FI"-Tax ID or "XV"-National PlanID	Translation	optional (not used)	pull-down	
315	2320	N 104	Insured Group or Policy Number	AN80	Recip-Elig-File	CARRIER-ID	Need to store external IDs, not current local ones.	Electronic COB	optional (not used)		
316	**2320**	**DTP**	**Coordination of Benefits Eligibility Dates**								
317	2320	DTP01	Date Time Qualifier	ID3			Hard code "344"-COB Begin or "345"-COB End	Translation	optional (not used)	pull-down	
318	2320	DTP02	Date Time Period Format Qualifier	ID3					hard code: opt	D8	

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319	2320	DTP03	Coordination of Benefits Date	AN35	Recip-Elig-File	COV-BEGIN/END-DATE			optional (not used)		
320	**2320**	**SE**	**Transaction Set Trailer**								
321	2320	SE 01	Transaction Segment Count	N010					required by HIPAA	count of segments in transaction	
322	2320	SE 02	Transaction Set Control Number	AN9					required by HIPAA	same as ST02	