

eMedNY

New York State Department of Health Office of Health Insurance Programs

820 Payroll and Other Group Premium Payment for Insurance Products Companion Guide

NPI Edition

HIPAA V4010X061A1 820: Payment Order/Remittance Advice

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Payment Order/Remittance Advice

Functional Group=RA

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.

COMPANION GUIDE DISCLAIMER:

The New York State Department of Health (NYSDOH) has provided this Draft Medicaid Companion Guide for the 820 Payment/Order Remittance Advice ASC X12N Transaction and associated addendum (004010X061A1) to assist Plans, Clearinghouses and all Covered Entities in preparing HIPAA compliant transactions. This document was prepared using the Addendum version of the transaction. NYSDOH has focused primarily on the rules and policies regulating the submission of NYS Medicaid data that are provided within this Companion Guide. NYSDOH has provided the information on <https://www.nyhipaadesk.com> as a tool to make the Plan's job easier in processing/receiving electronic transactions in a HIPAA compliant manner.

NOTE: 'National Provider ID' (NPI): For Managed Care Organization's, (MCO's) are not Health Care Providers under HIPAA and are not eligible to receive a National Provider Identifier. Therefore the requirement to send the NPI on claims or to receive NPI on payments, does not apply to MCO's and therefore will not be addressed on the 820 Payment/Order Remittance Advice ASC X12N Transaction.

The information provided herein is believed to be true and correct based on the Addenda Version of the HIPAA guidelines. These regulations are continuing to evolve, therefore NYSDOH makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as NYSDOH policy changes or as HIPAA legislation is updated or revised.

CG MODIFICATION TRACKING:

>V3.0 - NPI Edition

- 09/18/2007 Removed phone system options information from NYS Medicaid Note in front matter, leaving the call center 800 number. Added note to refer to Technical Supplementary Guide.
- 01/31/2007 Update title page: Changed OMM to OHIP and removed 'Phase II' nomenclature. NPI Note added to the 820 Companion Guide Disclaimer.

>V2.2 - eMedNY Phase II

12/02/05

- Publication Date = 12/12/05, Version = 2.2.
- Remove Cycle 1477 notes, Differences Phase I & II and Draft

10/03/05

- Publication Date = 10/03/05, Version = 2.2.
- Modified Proprietary Supplementary File section in NYS Medicaid Note Introduction to indicate the additional claim types that will now be reported on that file.
- Added a NYS Medicaid Note in Loop 2300A, RMR05 to state how the field is populated.
- Added a NYS Medicaid Note in Loop 2320A, ADX01 to state how the field is populated.
- Removed NYS Medicaid Note in segment NM1, Loop 2100B as it no longer applies.
- Modified NYS Medicaid Note in Loop 2320B, ADX segment, ADX02 to add value H1. H1 will indicate various claim types that will be reported on the 820 transaction as well as on the Supplementary File. These claim types are: Retros, state submitted adjustments and voids, stop loss and kick newborn/maternal claims when claim charge does not equal payment amount, and approved claims where rate code is modified during adjudication.
- Modified references to CRN to state TCN where applicable.
- Added new section entitled BALANCING VARIOUS LEVELS OF THE 820 TRANSACTION in the NYS MEDICAID NOTE of the introduction.

PHASE II FUNCTIONALITY:

- PHASE II cuts a separate check for each remittance created. This will allow NYSDOH to comply with the Implementation Guide as written.
- PHASE II does not report Pended claims. Pended Claims will be reported on the 820 Supplementary File when applicable. (Also, please note that Denied Claims will be reported on the 820 Supplementary File as well.)
- PHASE II uses a 4-character ETIN. Please plan for future ETINs assigned by New York State Department of Health. Outbound transactions will return the ETINs as received on inbound transactions.
- PHASE II uses a 3-digit Location Code that must be submitted on inbound transactions as right justified and zero filled. On outbound transactions, the Code that was submitted will be returned.
- PHASE II uses a 16-digit Transaction Control Number (TCN), but will continue to support the usage of the 15-digit CRN for adjustments and voids when applicable.

- FORMAT OF TCN:

Positions 1 – 5 = Julian Date

Positions 6 – 14 = 9-digit Sequence Number

Position 15 = Media (how claim came in)

0 = Paper

2 = Electronic

3 = POS Online (NCPDP or 837P)

Position 16 = Claim Type

0 = Original

1 = Credit Adjustment or Credit Void (Reversal)

2 = Debit Adjustment (Correction)

NYS MEDICAID NOTE:

The 820, Payment/Order Remittance Advice ASC X12N (004010X061A1) Implementation Guide (IG), Transaction has been established by Health and Human Services as the standard for Payment Order/Remittance Advice compliance.

The Companion Guide, which is provided by NYSDOH, outlines the required format for the New York State Medicaid Payment Order/Remittance Advice. It is important that Plans study the Companion Guide and become familiar with the data that will be sent by NYSDOH in transmission of an 820 Payment Order/Remittance Advice Transaction.

This Companion Guide does not modify the standards; rather, it puts forth the subset of information from the IG that will be required for processing transactions. It is important that Plans use this Companion Guide as a supplement to the IG. Within the IG, there are data elements, which have many different qualifiers available for use. Each qualifier identifies a different item of information. This document omits code qualifiers that are not necessary for NYS Medicaid processing. When necessary, a "NYS MEDICAID NOTE" is included to describe NYS Medicaid specific requirements. These notes provide guidance to ensure understanding of the information contained in the 820 Transaction.

SUPPORT:

Please refer to the Technical Supplementary Companion Guide for information about transaction header structures, transaction size limits, electronic communications methods, and enrollment as a trading partner. This document is available for download at nyhipaadesk.com.

For further assistance, NYSDOH and its fiscal agent, Computer Sciences Corporation (CSC), are urging providers to visit a web community, <https://www.nyhipaadesk.com>, which will provide Companion Guide updates and other pertinent information. In addition, questions may be sent to NYSDOH's Test Support Team at nyhipaadesk@csc.com.

Providers with questions may call the eMedNY Call Center at: 1-800-343-9000.

Please be advised that Unit representatives will only answer questions related to New York Medicaid HIPAA requirements.

The ASC X12N Implementation Guides and their associated addenda are available in electronic format at: www.wpc-edi.com/hipaa.

ELECTRONIC REMITTANCE FLOW:

820 transactions will be created based on the ETIN and the "Pay-to" Provider (Billing) as submitted in the 837I transaction.

The check and the 820 transaction will be cut based on the combination of Pay-to Provider and ETIN.

The 820 transaction will be sent back to the User ID requested on the Electronic Remittance 835/820 Request Form (located at <http://www.nyhipaadesk.com> or <http://www.emedny.org>). Said User ID is associated to an ETIN on the Form, and therefore, the ETIN should be the same ETIN as in NM109 (Loop 1000A) of the 837I transaction.

DEFAULT ETINS (USAGE):

Plans that submit paper claims but prefer to receive an electronic 820 remittance, or plans that do not have an electronic mailbox address must first establish a default ETIN. Please visit <http://www.nyhipaadesk.com> to download the Electronic Remittance 835/820 Request Form.

BALANCING VARIOUS LEVELS OF THE 820 TRANSACTION:

Transaction Level: BPR02 = Sum of all RMR04 (at both detail and organizational levels).

Summary Level: RMR04 = RMR05 + ADX01. (This is actually the net of all non-claim related fiscal adjustments.)

Individual Level: RMR04 = RMR05 + ADX01.

RETROACTIVE RATE ADJUSTMENTS:

Retroactive rate adjustments are internally initiated claim adjustments. They will be reported on an 820 that will be transmitted to the Provider ID (Plan) and ETIN combination that had submitted the original claim. Retros will also be reported on the 820 Proprietary Supplementary File.

PROPRIETARY SUPPLEMENTARY FILE:

Pends will not appear on the eMedNY Phase II 820 transaction. However, they will be reported on the 820 Supplementary File. Denied claims will also be reported on the 820 Supplementary File with more detail than is available on the 820 transaction. Additionally, the following Approved claim types will be reported on the 820 Supplementary file: NYS state-submitted adjustments and voids, retroactive rate adjustments, approved claims where the rate code was changed during adjudication, and stop/loss and kick newborn/maternal claims where the charge amount does not equal the payment amount.

The Supplementary file is automatically provided. The file will be transmitted with the 820 transaction. To view the 820 Supplementary File Information Companion Guide, please visit <https://www.nyhipaadesk.com> or <https://emedny.org>.

Re-association of Supplementary Information to the 820 Transaction:

In order for the Plan to re-associate the detail information provided on the supplementary file to the 820 transaction, the following crosswalk is provided:

Supplementary Record Field	820 Transaction Field
Patient Control Number/Office Account Number	Loop 2000B, ENT04
Recipient Id	Loop 2100B, NM109
Transaction Control Number (TCN)	Loop 2300B, RMR02

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	ST	820 Header	M	1			Required
020	BPR	Financial Information	M	1			Required
035	TRN	Reassociation Key	O	1		N1/035	Required
050	REF	Premium Receivers Identification Key	O	>1			Situational
LOOP ID - 1000A			-	-	<u>1</u>	<u>N1/070L</u>	-
070	N1	Premium Receiver's Name	O	1		N1/070	Situational
LOOP ID - 1000B			-	-	<u>1</u>	<u>N1/070L</u>	-
070	N1	Premium Payer's Name	O	1		N1/070	Required
090	N3	Premium Payer's Address	O	1			Situational
100	N4	Premium Payer's City, State, Zip	O	1			Situational

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000A			-	-	<u>1</u>	<u>N2/010L</u>	-
010	ENT	Organization Summary Remittance	O	1		N2/010	Situational
LOOP ID - 2300A			-	-	<u>>1</u>	<u>N2/150L</u>	-
150	RMR	Organization Summary Remittance Detail	O	>1		N2/150	Required
LOOP ID - 2310A			-	-	<u>1</u>	<u>N2/190L</u>	-
190	IT1	Summary Line Item	O	1		N2/190	Situational
LOOP ID - 2315A			-	-	<u>>1</u>	-	-
204	SLN	Member Count	O	>1			Situational
LOOP ID - 2320A			-	-	<u>>1</u>	<u>N2/210L</u>	-
210	ADX	Organization Summary Remittance Level Adjustment	O	>1		N2/210	Situational
LOOP ID - 2000B			-	-	<u>>1</u>	<u>N2/010L</u>	-
010	ENT	Individual Remittance	O	>1		N2/010	Situational
LOOP ID - 2100B			-	-	<u>>1</u>	<u>N2/020L</u>	-
020	NM1	Individual Name	O	>1		N2/020	Situational
LOOP ID - 2300B			-	-	<u>>1</u>	<u>N2/150L</u>	-
150	RMR	Individual Premium Remittance Detail	O	>1		N2/150	Situational
180	DTM	Individual Coverage Period	O	>1			Situational
LOOP ID - 2320B			-	-	<u>>1</u>	<u>N2/210L</u>	-
210	ADX	Individual Premium Adjustment	O	>1		N2/210	Situational

Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	SE	820 Trailer	M	1			Required

ST

820 Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

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

Example:

ST*820*1234~

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
		<u>Code</u> <u>Name</u> 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

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 14

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

HIPAA IG Notes:

1. 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.

Example:

BPR*C*10000*C*ACH*CTX*01*999999992*DA*123456*1123456789* 199999999*01*999988880*DA*98765*19970401~

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 HIPAA IG Note: Code designating whether and how money and information are to be processed. NYS MEDICAID NOTE: NYSDOH will provide value 'I'. <u>Code</u> <u>Name</u> I Remittance Information Only Use this code to indicate to the payee that the remittance detail is moving separately from the payment.	M	ID	1/2	Required
BPR02	782	Monetary Amount Description: Monetary amount Industry: Total Premium Payment Amount HIPAA IG 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. NYS MEDICAID NOTE: NYSDOH will return a value of \$0.00 when payment amount is negative.	M	R	1/18	Required
BPR03	478	Credit/Debit Flag Code Description: Code indicating whether amount is a credit or debit Industry: Credit or Debit Flag Code NYS MEDICAID NOTE: NYSDOH will provide value 'C'. <u>Code</u> <u>Name</u> C Credit 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.	M	ID	1/1	Required
BPR04	591	Payment Method Code Description: Code identifying the method for the movement of payment instructions	M	ID	3/3	Required

NYS MEDICAID NOTE: NYSDOH will provide value 'CHK' or value 'FWT'.

<u>Code</u>	<u>Name</u>
CHK	Check

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

FWT	Federal Reserve Funds/Wire Transfer - Nonrepetitive
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Use this code to indicate that the funds were sent through the wire system.

BPR06	506	(DFI) ID Number Qualifier	C	ID	2/2	Situational
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Description: Code identifying the type of identification number of Depository Financial Institution (DFI)

Industry: Depository Financial Institution (DFI) Identification Number Qualifier

HIPAA IG 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.

NYS MEDICAID NOTE: NYSDOH will provide qualifier '01' if BPR04 is valued with 'FWT'.

<u>Code</u>	<u>Name</u>
01	ABA Transit Routing Number Including Check Digits (9 digits)

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

CODE SOURCE:

4: ABA Routing Number

BPR07	507	(DFI) Identification Number	C	AN	3/12	Situational
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Description: Depository Financial Institution (DFI) identification number

Industry: Originating Depository Financial Institution (DFI) Identifier

CODE SOURCE: 60: (DFI) Identification Number

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

ExternalCodeList

Name: 4

Description: ABA Routing Number

ExternalCodeList

Name: 91

Description: Canadian Financial Institution Branch and Institution Number

BPR08	569	Account Number Qualifier	O	ID	1/3	Situational
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Description: Code indicating the type of account

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

NYS MEDICAID NOTE: NYSDOH will provide qualifier 'DA' if BPR04 is valued with 'FWT'.

<u>Code</u>	<u>Name</u>
DA	Demand Deposit

BPR09	508	Account Number	C	AN	1/35	Situational
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Description: Account number assigned

Industry: Sender Bank Account Number

HIPAA IG Note: This is the premium payer's bank account at the Originating Depository Financial Institution.

BPR10	509	Originating Company Identifier	O	AN	10/10	Situational
<p>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</p> <p>HIPAA IG 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.</p> <p>NYS MEDICAID NOTE: NYSDOH will provide value '1141797357' if BPR04 is valued with 'FWT'.</p>						
BPR12	506	(DFI) ID Number Qualifier	C	ID	2/2	Situational
<p>Description: Code identifying the type of identification number of Depository Financial Institution (DFI)</p> <p>Industry: Depository Financial Institution (DFI) Identification Number Qualifier</p> <p>HIPAA IG 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.</p> <p>This is required when the originating financial institution needs the receiving financial institution DFI number to process payments.</p> <p>NYS MEDICAID NOTE: NYSDOH will provide qualifier '01' if BPR04 is valued with 'FWT'.</p> <p>Code Name 01 ABA Transit Routing Number Including Check Digits (9 digits) ABA is a unique number identifying every bank in the United States. CODE SOURCE: 4: ABA Routing Number</p>						
BPR13	507	(DFI) Identification Number	C	AN	3/12	Situational
<p>Description: Depository Financial Institution (DFI) identification number</p> <p>Industry: Receiving Depository Financial Institution (DFI)</p> <p>CODE SOURCE: 60: (DFI) Identification Number</p> <p>HIPAA IG Note: This is the identifying number of the Receiving Depository financial institution receiving the transaction from the ACH network.</p> <p>ExternalCodeList Name: 4 Description: ABA Routing Number</p> <p>ExternalCodeList Name: 91 Description: Canadian Financial Institution Branch and Institution Number</p>						
BPR14	569	Account Number Qualifier	O	ID	1/3	Situational
<p>Description: Code indicating the type of account</p> <p>HIPAA IG Note: It identifies the type of account in BPR15.</p> <p>This is required when the originating financial institution needs the receiving bank account number to process payments.</p>						

NYS MEDICAID NOTE: NYSDOH will provide qualifier 'DA' 'SG' if BPR04 is valued with 'FWT'.

<u>Code</u>	<u>Name</u>
DA	Demand Deposit
SG	Savings

BPR15	508	Account Number	C	AN	1/35	Situational
<p>Description: Account number assigned Industry: Receiver Bank Account Number HIPAA IG Note: This is the premium receiver's bank account at the Receiving Depository financial institution.</p>						
BPR16	373	Date	O	DT	8/8	Required
<p>Description: Date expressed as CCYYMMDD Industry: Check Issue or EFT Effective Date HIPAA IG 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.</p>						

TRN Reassociation Key

Pos: 035	Max: 1
Heading - Optional	
Loop: N/A	Elements: 3

User Option (Usage): Required

To uniquely identify a transaction to an application

HIPAA IG Notes:

1. 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.

Example:

TRN*1*12345*1512345678*1999999999~

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 NYS MEDICAID NOTE: NYSDOH will provide value '3'. <table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>3</td> <td>Financial Reassociation Trace Number The payment and remittance information have been separated and need to be reassociated by the receiver.</td> </tr> </table>	<u>Code</u>	<u>Name</u>	3	Financial Reassociation Trace Number The payment and remittance information have been separated and need to be reassociated by the receiver.	M	ID	1/2	Required
<u>Code</u>	<u>Name</u>									
3	Financial Reassociation Trace Number The payment and remittance information have been separated and need to be reassociated by the receiver.									
TRN02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Check or EFT Trace Number HIPAA IG Note: This field is used to re-associate the payment with the remittance information. NYS MEDICAID NOTE: NYSDOH will return 'NO PAYMENT', if BPR02 is equal to 0.0.	M	AN	1/30	Required				
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 HIPAA IG Note: TRN03 must contain the Federal Tax ID Number proceeded 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. NYS MEDICAID NOTE: NYSDOH will provide the value '1141797357'.	O	AN	10/10	Situational				

REF Premium Receivers Identification Key

Pos: 050	Max: >1
Heading - Optional	
Loop: N/A	Elements: 2

User Option (Usage): Situational

To specify identifying information

HIPAA IG Notes:

1. 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.
2. For HIPAA Health Premium Payments one occurrence of this segment is REQUIRED to identify the Master Account Number.

Example:

REF*18*123456789~

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 NYS MEDICAID NOTE: NYSDOH will provide qualifier '14'. <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> For HIPAA Health Premium Payments this element is REQUIRED.	<u>Code</u>	<u>Name</u>	14	Master Account Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>									
14	Master Account Number									
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Premium Receiver Reference Identifier HIPAA IG Note: For Treasury Department Financial Management Service Disbursed payments, this data field is schedule number (11 Characters) submitted by the agency authorizing the payment. NYS MEDICAID NOTE: NYSDOH will provide the receiver's Plan (Provider) ID number.	C	AN	1/30	Required				

N1

Premium Receiver's Name

Pos: 070	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 4

User Option (Usage): Situational

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

HIPAA IG Notes:

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

Example:

N1*PE*XYZ INSURANCE*1*123456789~

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 HIPAA IG Note: For HIPAA Health Premium Payments this element is REQUIRED. NYS MEDICAID NOTE: NYSDOH will provide value 'PE'. <table border="1"> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> <tr> <td>PE</td> <td>Payee</td> </tr> </table>	<u>Code</u>	<u>Name</u>	PE	Payee	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>									
PE	Payee									
N102	93	Name Description: Free-form name Industry: Information Receiver Last or Organization Name HIPAA IG Note: For HIPAA Health Premium Payments this element is REQUIRED. This is required when the sender needs to relay the receiver's name. NYS MEDICAID NOTE: NYSDOH will provide the Plan (Provider) name.	C	AN	1/60	Situational				
N103	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG 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. NYS MEDICAID NOTE: NYSDOH will provide value 'FI'. <table border="1"> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> <tr> <td>FI</td> <td>Federal Taxpayer's Identification Number</td> </tr> </table>	<u>Code</u>	<u>Name</u>	FI	Federal Taxpayer's Identification Number	C	ID	1/2	Situational
<u>Code</u>	<u>Name</u>									
FI	Federal Taxpayer's Identification Number									
N104	67	Identification Code Description: Code identifying a party or other code Industry: Receiver Identifier HIPAA IG Note: For HIPAA Health Premium Payments this element is REQUIRED.	C	AN	2/80	Situational				

NYS MEDICAID NOTE: NYSDOH will provide the Plan's Taxpayer ID.

N1 Premium Payer's Name

Pos: 070	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 4

User Option (Usage): Required

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

HIPAA IG Notes:

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

Example:

N1*PR*ABC COMPANY*1*123456789~

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 HIPAA IG Note: For HIPAA Health Premium Payments this element is REQUIRED.	M	ID	2/3	Required
		Code Name PR Payer				
N102	93	Name Description: Free-form name Industry: Premium Payer Name HIPAA IG Note: This is required when the receiver needs the sender's name. For HIPAA Health Premium Payments this element is REQUIRED. NYS MEDICAID NOTE: NYSDOH will provide value 'NYSDOH'.	C	AN	1/60	Situational
N103	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG 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. NYS MEDICAID NOTE: NYSDOH will provide qualifier 'FI'.	C	ID	1/2	Situational
		Code Name FI Federal Taxpayer's Identification Number				
N104	67	Identification Code Description: Code identifying a party or other code	C	AN	2/80	Situational

Industry: Premium Payer Identifier
HIPAA IG Note: For HIPAA Health Premium Payments this element is REQUIRED.
NYS MEDICAID NOTE: NYSDOH will provide the value '141797357'.

N3

Premium Payer's Address

Pos: 090	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

HIPAA IG Notes:

1. This segment is used to relay the premium payer's address lines other than City, State, or ZIP.
2. This is required when the Premium Payer's Address needs to be printed on the check.
3. For EFT payments this segment is not used.

Example:

N3*100 MAIN STREET~

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>
N301	166	Address Information Description: Address information Industry: Premium Payer Address Line NYS MEDICAID NOTE: NYSDOH will provide the value 'Office of Medicaid Management'.	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Premium Payer Address Line HIPAA IG Note: This is required when the sender needs to relay additional lines of their address to the receiver. Required if a second address line exists. NYS MEDICAID NOTE: NYSDOH will provide the value 'Corning Tower, Empire State Plaza'.	O	AN	1/55	Situational

N4

Premium Payer's City, State, Zip

Pos: 100	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 3

User Option (Usage): Situational

To specify the geographic place of the named party

HIPAA IG Notes:

1. This segment is used to relay the premium payer's city, state and zip.
2. This is required when the Premium Payer's city, state, zip needs to be printed on the check.
3. For EFT payments this segment is not used.

Example:

N4*HARTFORD*CT*06120~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	City Name Description: Free-form text for city name Industry: Premium Payer City Name NYS MEDICAID NOTE: NYSDOH will provide value 'Albany'.	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Premium Payer State Code CODE SOURCE: 22: States and Outlying Areas of the U.S. NYS MEDICAID NOTE: NYSDOH will provide value 'NY'. ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Premium Payer Postal Zone or ZIP Code CODE SOURCE: 51: ZIP Code NYS MEDICAID NOTE: NYSDOH will provide value '122370080'. ExternalCodeList Name: 51 Description: ZIP Code	O	ID	3/15	Required

ENT Organization Summary Remittance

Pos: 010	Max: 1
Detail - Optional	
Loop: 2000A	Elements: 4

User Option (Usage): Situational

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

HIPAA IG Notes:

1. 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.

Example:

ENT*1*2L*1*9325671910~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ENT01	554	Assigned Number Description: Number assigned for differentiation within a transaction set	O	NO	1/6	Required
ENT02	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> 2L Corporation This code is used to identify an organization level (summary level bill payment only).	C	ID	2/3	Required
ENT03	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: 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. NYS MEDICAID NOTE: NYSDOH will provide qualifier 'FI'. <u>Code</u> <u>Name</u> FI Federal Taxpayer's Identification Number	C	ID	1/2	Situational
ENT04	67	Identification Code Description: Code identifying a party or other code Industry: Organization Identification Code HIPAA IG Note: For HIPAA Health Premium Payments this element is REQUIRED. NYS MEDICAID NOTE: NYSDOH will provide the value '141797357'.	C	AN	2/80	Situational

RMR Organization Summary Remittance Detail

Pos: 150	Max: >1
Detail - Optional	
Loop: 2300A	Elements: 4

User Option (Usage): Required

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

HIPAA IG Notes:

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

Example:

RMR*IK*123456789*PI*250.00~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
RMR01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification NYS MEDICAID NOTE: NYSDOH will provide qualifier '1L'. <table border="1"> <tr> <th>Code</th> <th>Name</th> </tr> <tr> <td>1L</td> <td>Group or Policy Number</td> </tr> </table> <p>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.</p>	Code	Name	1L	Group or Policy Number	C	ID	2/3	Required
Code	Name									
1L	Group or Policy Number									
RMR02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Contract, Invoice, Account, Group, or Policy Number NYS MEDICAID NOTE: NYSDOH will provide the NYSDOH MMIS Managed Care Plan (Provider) ID number.	C	AN	1/30	Required				
RMR04	782	Monetary Amount Description: Monetary amount Industry: Detail Premium Payment Amount HIPAA IG Note: The amount being paid on this remittance item. NYS MEDICAID NOTE: NYSDOH will return the net value of all fiscal (non-claim related) adjustments.	O	R	1/18	Required				
RMR05	782	Monetary Amount Description: Monetary amount Industry: Billed Premium Amount HIPAA IG Note: This is required when the Insurer sent an Invoice and the paid amount is different than the amount invoiced. NYS MEDICAID NOTE: NYSDOH will return a value	O	R	1/18	Situational				

of zero in this field.

IT1

Summary Line Item

Pos: 190	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 1

User Option (Usage): Situational

To specify the basic and most frequently used line item data for the invoice and related transactions

HIPAA IG Notes:

1. Used to provide optional member counts under a summary RMR item. The member count will be transmitted in the SLN segment to follow.
2. For HIPAA Health Premium Payments this segment is REQUIRED.

Example:

IT1*1~

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>
IT101	350	Assigned Identification Description: Alphanumeric characters assigned for differentiation within a transaction set Industry: Line Item Control Number HIPAA IG Note: Assigned for uniqueness, suggest "1" be used.	O	AN	1/20	Required

SLN Member Count

Pos: 204	Max: >1
Detail - Optional	
Loop: 2315A	Elements: 4

User Option (Usage): Situational

To specify product subline detail item data

HIPAA IG Notes:

1. 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).
2. 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.
3. For HIPAA Health Premium Payments one occurrence of this segment is REQUIRED.

Example:

SLN*1**O*150*IE~

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>
SLN01	350	Assigned Identification Description: Alphanumeric characters assigned for differentiation within a transaction set Industry: Line Item Control Number HIPAA IG Note: Assigned for uniqueness, suggest "1" be used.	M	AN	1/20	Required
SLN03	662	Relationship Code Description: Code indicating the relationship between entities Industry: Information Only Indicator	M	ID	1/1	Required
		Code Name O Information Only				
SLN04	380	Quantity Description: Numeric value of quantity Industry: Head Count HIPAA IG Note: This is the number of contract holders with the type of coverage identified in SLN05-1.	C	R	1/15	Required
SLN05	C001	Composite Unit of Measure Description: To identify a composite unit of measure	C	Comp		Required
	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken NYS MEDICAID NOTE: NYSDOH will provide value 'IE'.	M	ID	2/2	Required
		Code Name IE Person				

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

ADX Organization Summary Remittance Level Adjustment

Pos: 210	Max: >1
Detail - Optional	
Loop: 2320A	Elements: 2

User Option (Usage): Situational

To convey accounts-payable adjustment information for the purpose of cash application, including payer-generated debit/credit memos

HIPAA IG Notes:

1. This segment is used to provide an adjustment made at a summary level of a payment.
2. 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.

Example:

ADX*150*20~

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>
ADX01	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount NYS MEDICAID NOTE: NYSDOH will return the net value of all fiscal (non-claim related) adjustments. For summary level balancing purposes, the value in this field will equal the value in RMR04, Loop 2300A.	M	R	1/18	Required
ADX02	426	Adjustment Reason Code Description: Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment NYS MEDICAID NOTE: NYSDOH will provide value 'H1'.	M	ID	2/2	Required

<u>Code</u>	<u>Name</u>
H1	Information Forthcoming Detailed information related to the adjustment will be provided through a separate mechanism.

ENT Individual Remittance

Pos: 010	Max: >1
Detail - Optional	
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

HIPAA IG Notes:

1. 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.

Example:

ENT*1*2J*34*030668776~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
ENT01	554	Assigned Number Description: Number assigned for differentiation within a transaction set	O	NO	1/6	Required				
ENT02	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <table border="1"> <tr> <th>Code</th> <th>Name</th> </tr> <tr> <td>2J</td> <td>Individual</td> </tr> </table>	Code	Name	2J	Individual	C	ID	2/3	Required
Code	Name									
2J	Individual									
ENT03	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) NYS MEDICAID NOTE: NYSDOH will provide value 'EI'. <table border="1"> <tr> <th>Code</th> <th>Name</th> </tr> <tr> <td>EI</td> <td>Employee Identification Number</td> </tr> </table>	Code	Name	EI	Employee Identification Number	C	ID	1/2	Required
Code	Name									
EI	Employee Identification Number									
ENT04	67	Identification Code Description: Code identifying a party or other code Industry: Receiver's Individual Identifier HIPAA IG Note: This is the identification number of the individual used by the receiver. NYS MEDICAID NOTE: NYSDOH will provide the submitter's identifier as reported in CLM01 of the 837-I transaction.	C	AN	2/80	Required				

NM1 Individual Name

Pos: 020	Max: >1
Detail - Optional	
Loop: 2100B	Elements: 7

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

HIPAA IG Notes:

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

Example:

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

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>				
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual NYS MEDICAID NOTE: NYSDOH will provide value 'QE'. <table border="1"> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> <tr> <td>QE</td> <td>Policyholder</td> </tr> </table>	<u>Code</u>	<u>Name</u>	QE	Policyholder	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>									
QE	Policyholder									
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <table border="1"> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> <tr> <td>1</td> <td>Person</td> </tr> </table>	<u>Code</u>	<u>Name</u>	1	Person	M	ID	1/1	Required
<u>Code</u>	<u>Name</u>									
1	Person									
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Individual Last Name HIPAA IG Note: This is required when the sender needs to relay the individual's last name.	O	AN	1/35	Situational				
NM104	1036	Name First Description: Individual first name Industry: Individual First Name HIPAA IG Note: This is required when the sender needs to relay the individual's first name.	O	AN	1/25	Situational				
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Individual Middle Name HIPAA IG Note: This is required when the sender needs to relay the individual's middle name.	O	AN	1/25	Situational				
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: This is required when the sender needs to relay a unique identifier that is associated to the individual. NYS MEDICAID NOTE: NYSDOH will provide	C	ID	1/2	Situational				

qualifier 'N'.

<u>Code</u>	<u>Name</u>
N	Insured's Unique Identification Number

NM109	67	Identification Code	C	AN	2/80	Situational
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Description: Code identifying a party or other code

Industry: Individual Identifier

NYS MEDICAID NOTE: NYSDOH will provide the recipient/client's NYS Medicaid ID Number.

RMR Individual Premium Remittance Detail

Pos: 150	Max: >1
Detail - Optional	
Loop: 2300B	Elements: 4

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

HIPAA IG Notes:

1. Used to relay detailed remittance information related to an employee or member of a group plan.
2. For HIPAA Health Premium Payments this segment is REQUIRED.

Example:

RMR*B7*123456789*PI*250.00~

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 NYS MEDICAID NOTE: NYSDOH will provide qualifier 'IK'. <table border="0"> <tr> <td>Code</td> <td>Name</td> </tr> <tr> <td>IK</td> <td>Invoice Number</td> </tr> <tr> <td colspan="2">For HIPAA Health Premium Payments this code is REQUIRED when an invoice has been received from the Health Plan.</td> </tr> </table>	Code	Name	IK	Invoice Number	For HIPAA Health Premium Payments this code is REQUIRED when an invoice has been received from the Health Plan.		C	ID	2/3	Required
Code	Name											
IK	Invoice Number											
For HIPAA Health Premium Payments this code is REQUIRED when an invoice has been received from the Health Plan.												
RMR02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Insurance Remittance Reference Number NYS MEDICAID NOTE: NYSDOH will return NYS Transaction Control Number (TCN), formerly known as CRN. FORMAT OF TCN: Positions 1 – 5: Julian Date. Positions 6 – 14: 9-digit Sequence Number Position 15: Media (how claim came in) 0 = Paper 2 = Electronic 3 = POS Online (NCPDP or 837P) Position 16: Claim Type 0 = Original 1 = Credit Adjustment or Credit Void (Reversal) 2 = Debit Adjustment (Replacement)	C	AN	1/30	Required						
RMR04	782	Monetary Amount Description: Monetary amount	O	R	1/18	Required						

RMR05	782	Industry: Detail Premium Payment Amount HIPAA IG Note: This is the amount being paid on this remittance item.	O	R	1/18	Situational
		Monetary Amount Description: Monetary amount Industry: Billed Premium Amount HIPAA IG Note: This is required when the paid amount is different than the amount billed.				

DTM Individual Coverage Period

Pos: 180	Max: >1
Detail - Optional	
Loop: 2300B	Elements: 3

User Option (Usage): Situational

To specify pertinent dates and times

HIPAA IG Notes:

1. 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.
2. This segment is required when the premium payer is not paying from an invoice but paying on account for a coverage period.

Example:

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTM01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required
		Code Name 582 Report Period				
DTM05	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		Code Name RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
DTM06	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Coverage Period NYS MEDICAID NOTE: NYSDOH will provide the date of service from inbound claim. For premium payments, this will be the first and last date of month. For 'kick' (newborn delivery) the from and to dates will be the same date.	C	AN	1/35	Required

ADX Individual Premium Adjustment

Pos: 210	Max: >1
Detail - Optional	
Loop: 2320B	Elements: 2

User Option (Usage): Situational

To convey accounts-payable adjustment information for the purpose of cash application, including payer-generated debit/credit memos

HIPAA IG Notes:

1. This segment is used to relay an adjustment made at an individual remittance detail level of a payment.
2. 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.

Example:

ADX*150*52~

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>
ADX01	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount	M	R	1/18	Required
ADX02	426	Adjustment Reason Code Description: Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment NYS MEDICAID NOTE: NYSDOH will provide value 'H1' for denied claims as well as for approved NYS state-submitted adjustments or voids. (Additional information will be provided in the Proprietary Supplementary File.) NYSDOH will provide value 'H1' for positive and negative retroactive rate adjustments. (Additional information will be provided in the Proprietary Supplementary File.) NYSDOH will provide value 'H1' for Stop Loss and Kick Newborn/Maternal claims when claim charge amount is not equal to claim payment amount. (Additional information will be provided in the Proprietary Supplementary File.) NYSDOH will provide value 'H1' for approved claims where rate codes were modified during adjudication processing. (Additional information will be provided in the Proprietary Supplementary File.) NYSDOH will provide value 'IA' for all other approved claims not returned in the Proprietary Supplementary File.	M	ID	2/2	Required

<u>Code</u>	<u>Name</u>
H1	Information Forthcoming

IA Detailed information related to the adjustment will be provided through a separate mechanism.

Invoice Amount Does Not Match Account Analysis Statement

Used when the invoice does not match the expectation for number or number/type of members and charges.

SE

820 Trailer

Pos: 010	Max: 1
Summary - Mandatory	
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)

Example:

SE*28*0002~

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 Industry: Transaction Segment Count	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