	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	820 Premium Payment - 4010X061A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
3	ISA01	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Authorization Information Qualifier		00, 03		00, 03	Preferred value is 00
4	ISA02	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Authorization Information					EDI fills with spaces for the outbound if data not present.
5	ISA03	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01		00, 01	Preferred value is 00
6	ISA04	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Security Information					EDI fills with spaces for the outbound if data not present.
7	ISA05	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
8	ISA06	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Sender ID				626001445TC	For Outbound
9	ISA07	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
10	ISA08	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Receiver ID					For Outbound, MCC Trading Partner ID
11	ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			System generated. 6 bytes.
12	ISA10	R	4	4	TM	R	1		INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
13	ISA11	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U			
14	ISA12	R	5	5	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Version Number		00401			
15	ISA13	R	9	9	N0	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Number					System generated. 9 bytes.
16	ISA14	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1			
17	ISA15	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Usage Indicator		P, T			Use T for Test Transactions and P for Production Transactions.
18	ISA16	R	1	1		R	1		INTERCHANGE CONTROL HEADER			Component Element Separator					Use SemiColon (;)
19	GS01	R	2	2	ID	R	1		FUNCTIONAL GROUP HEADER			Functional Identifier Code		RA			
20	GS02	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Sender's Code					Same as ISA06
21	GS03	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Receiver's Code					Same as ISA08
22	GS04	R	8	8	DT	R	1		FUNCTIONAL GROUP HEADER			Date		Format: CCYYMMDD			
23	GS05	R	4	8	TM	R	1		FUNCTIONAL GROUP HEADER			Time					
24	GS06	R	1	9	N0	R	1		FUNCTIONAL GROUP HEADER			Group Control Number					
25	GS07	R	1	2	ID	R	1		FUNCTIONAL GROUP HEADER			Responsible Agency Code		X			
26	GS08	R	1	12	AN	R	1		FUNCTIONAL GROUP HEADER			Version/Release/ Industry ID Code		004010X061A1			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**820 Premium Payment - 4010X061A1 HIPAA Implementation Guide**															**Tennessee Specific Values**	
2	**Element ID**	**Elem Use**	**Min Len**	**Max Len**	**Data Type**	**Seg Use**	**Seg Rep**	**Loop ID**	**Loop Name**	**Loop Rep**	**Comp Seq ID**	**DED Name**	**Industry Name or Alias**	**HIPAA Valid Values**	**HIPAA Notes**	**TN Valid Values**	**TN Notes**
27	ST01	R	3	3	ID	R	1					Transaction set ID code		820		820	
28	ST02	R	4	9	AN	R	1					Transaction set control number					Unique number/ID for transaction set
29	BPR01	R	1	2	ID	R	1					Transaction handling code		C, D, I, P, U, X		I	
30	BPR02	R	1	10	R	R	1					Monetary Amount	Total Premium Payment Amount				Total amount of all premiums.
31	BPR03	R	1	1	ID	R	1					Credit Debit flag	Credit or Debit Flag Code	C, D		C	
32	BPR04	R	3	3	ID	R	1					Payment method code		ACH, BOP, CHK, FWT, SWT		ACH, CHK	If database value is 'C' , then 'CHK' is plugged. If database value is 'E' or 'T', then 'ACH' is plugged.
33	BPR05	S	1	10	ID	R	1					Payment Format Code		CCP, CTX		CCP	If BPR04 is 'ACH' then 'CCP' plugged. If BPR04 is 'CHK' , then BPR05 is not needed (null).
34	BPR06	S	2	2	ID	R	1					ID Number Qualifier	Depository Financial Institution Identification Number Qualifier	01, 04		01	If BPR04 is 'ACH' then '01' plugged. If BPR04 is 'CHK' , then BPR06 is not needed (null).
35	BPR07	S	3	12	AN	R	1					Identification Number	Originating Depository Financial Institution Identifier				If BPR04 is 'ACH' then values are pulled. If BPR04 is 'CHK' , then BPR07 is not needed (null).
36	BPR08	S	1	3	ID	R	1					Account Number Qualifier		ALC, DA		DA	If BPR04 is 'ACH' then 'DA' plugged. If BPR04 is 'CHK' , then BPR08 is not needed (null).
37	BPR09	S	1	35	AN	R	1					Account Number	Sender Bank Account Number				If BPR04 is 'ACH' then values are pulled. If BPR04 is 'CHK' , then BPR09 is not needed (null).
38	BPR10	S	10	10	AN	R	1					Originating Company Identifier				1626001445	Value being plugged by the translation map. Tax id preceded by 1.
39	BPR12	S	2	2	ID	R	1					ID Number Qualifier	Depository Financial Institution Identification Number Qualifier	01, 04		01	If BPR04 is 'ACH' then '01' plugged. If BPR04 is 'CHK' , then BPR12 is not needed (null).
40	BPR13	S	3	12	AN	R	1					Identification Number	Receiving Depository Financial Institution Identifier				If BPR04 is 'ACH' then values are pulled. If BPR04 is 'CHK' , then BPR13 is not needed (null).

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	820 Premium Payment - 4010X061A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
41	BPR14	S	1	3	ID	R	1					Account Number Qualifier		DA, SG		DA	If BPR04 is 'ACH' then 'DA' plugged. If BPR04 is 'CHK' , then BPR14 is not needed (null).
42	BPR15	S	1	35	AN	R	1					Account Number	Receiver Bank Account Number				If BPR04 is 'ACH' then values are pulled. If BPR04 is 'CHK' , then BPR15 is not needed (null).
43	BPR16	R	8	8	DT	R	1					Date	Check Issue or EFT Effective Date		Format: CCYYMMDD		
44	TRN01	R	1	2	ID	R	1					Trace Type Code		1, 3		3	
45	TRN02	R	1	30	AN	R	1					Reference ID	Check or EFT Trace Number				
46	TRN03	S	10	10	AN	R	1					Originating Company Identifier				1626001445	Tax id preceded by 1.
47	REF01	R	2	3	ID	S	>1					Reference ID Qualifier		14, 18, 2F, 38, 72		14	
48	REF02	R	1	30	AN	S	>1					Reference ID	Premium Receiver Reference Identifier				
49	DTM01	R	3	3	ID	S	1					Date/time qualifier	Date Time Qualifier	582		582	
50	DTM05	R	2	3	ID	S	1					Date Time Period Format Qualifier		RD8			
51	DTM06	R	1	35	AN	S	1					Date Time Period	Coverage Period				Coverage period. First of the coverage (capitation) month through the last day of the coverage month. These dates are based on the internal cycle dates and are determined by the MMIS and placed in the flat file. Concatenate cov_period_start and cov_period_end into coverage period.
52	N101	R	2	3	ID	R	1	1000A	Premium Receiver's Name	1		Entity ID Code		PE			
53	N102	S	1	60	AN	R	1	1000A	Premium Receiver's Name	1		Name	Information Receiver Last or Organization Name				Premium receiver's name .
54	N103	S	1	2	ID	R	1	1000A	Premium Receiver's Name	1		Identification Code Qualifier		1, 9, EQ, FI, XV	For HIPAA this element is Required	FI	
55	N104	S	2	80	AN	R	1	1000A	Premium Receiver's Name	1		ID Code	Receiver Identifier		For HIPAA this element is Required		
56	N301	R	1	55	AN	S	1	1000A	Premium Receiver's Name	1		Address Information	Receiver Address Line		Required when the Premium Receiver's address needs to be printed on the check.		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	820 Premium Payment - 4010X061A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
57	N302	S	1	55	AN	S	1	1000A	Premium Receiver's Name	1		Address Information	Receiver Address Line		Required when the Premium Receiver's address needs to be printed on the check.		Required if a second address exists.
58	N401	R	2	30	AN	S	1	1000A	Premium Receiver's Name	1		City Name	Receiver City Name		Required when the Premium Receiver's city,state, zip needs to be printed on the check.		
59	N402	R	2	2	ID	S	1	1000A	Premium Receiver's Name	1		State or Province Code	Receiver State Name		Required when the Premium Receiver's city,state, zip needs to be printed on the check.		
60	N403	R	3	15	ID	S	1	1000A	Premium Receiver's Name	1		Postal Code	Receiver Postal Zone or Zip Code		Required when the Premium Receiver's city,state, zip needs to be printed on the check.		
61	N404	S	2	3	ID	S	1	1000A	Premium Receiver's Name	1		Country Code			Required when the Premium Receiver's city,state, zip needs to be printed on the check.		This is required whtn the address is outside the US
62	N101	R	2	3	ID	R	1	1000B	Premium Payer's Name	1		Entity Identifier Code		PR		PR	
63	N102		1	60	AN	R	1	1000B	Premium Payer's Name	1		Name	Premium Payer Name		For HIPAA this element is Required	TENNCARE	
64	N103	S	1	2	ID	R	1	1000B	Premium Payer's Name	1		Identification Code Qualifier		65, 1, 9, 24, 75, EQ, FI, PI	For HIPAA this element is Required	FI	
65	N104	S	2	80	AN	R	1	1000B	Premium Payer's Name	1		Identification Code			For HIPAA this element is Required	626001445	
66	N301	R	1	55	AN	S	1	1000B	Premium Payer's Name	1		Address Information	Premium Payer Address Line		For EFT payments this segment is not used.	729 Church Street	
67	N401	R	2	30	AN	S	1	1000B	Premium Payer's Name	1		City Name	Premium Payer City Name		For EFT payments this segment is not used.	Nashville	
68	N402	R	2	2	ID	S	1	1000B	Premium Payer's Name	1		State or Province Code	Premium Payer State Code			TN	
69	N403	R	3	15	ID	S	1	1000B	Premium Payer's Name	1		Postal Code	Premium Payer Postal Zone or ZIP Code		For EFT payments this segment is not used.	37247-6501	
70	PER01	R	2	2	ID	S	>1	1000B	Premium Payer's Name	1		Contact Function Code		IC		IC	
71	PER02	R	1	60	AN	S	>1	1000B	Premium Payer's Name	1		Name	Premium Payer Contact Name			TENNCARE	
72	PER03	S	2	2	ID	S	>1	1000B	Premium Payer's Name	1		Communication Number Qualifier		EM, FX, TE		TE	
73	PER04	S	1	80	AN	S	>1	1000B	Premium Payer's Name	1		Communication Number				8003423145	
74	PER05	S	2	2	ID	S	>1	1000B	Premium Payer's Name	1		Communication Number Qualifier		EM, EX, FX, TE		FX	
75	PER06	S	1	80	AN	S	>1	1000B	Premium Payer's Name	1		Communication Number				6152535995	
76	ENT01	R	1	6	N0	S	1	2000B	Individual Remittance	>1		Assigned Number					Unique number/ID within transaction set (1, 2, 3, etc)

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1	820 Premium Payment - 4010X061A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
77	ENT02	R	2	3	ID	S	1	2000B	Individual Remittance	>1		Entity ID Code		2J		2J	
78	ENT03	R	1	2	ID	S	1	2000B	Individual Remittance	>1		ID Code Qualifier		34, EI, ZZ		34	
79	ENT04	R	2	80	AN	S	1	2000B	Individual Remittance	>1		Identification Code	Receiver's Individual Identifier				recipient's SSN .
80	NM101	R	2	3	ID	S	1	2100B	Individual Name	>1		Entity Identifier Code		EY, QE		QE	
81	NM102	R	1	1	ID	S	1	2100B	Individual Name	>1		Entity Type Qualifier		1		1	
82	NM103	S	1	35	AN	S	1	2100B	Individual Name	>1		Name Last					recipient's last name
83	NM104	S	1	25	AN	S	1	2100B	Individual Name	>1		Name First					recipient's first name.
84	NM105	S	1	25	AN	S	1	2100B	Individual Name	>1		Name Middle					recipient's middle initial.
85	NM107	S	1	10	AN	S	1	2100B	Individual Name	>1		Name Suffix					recipient's name suffix.
86	NM108	S	1	2	ID	S	1	2100B	Individual Name	>1		Identification Code Qualifier		34, EI, N		N	
87	NM109	S	2	80	AN	S	1	2100B	Individual Name	>1		Identification Code	Individual Identifier				13-byte field made up of region in the first 2 bytes followed by Medicaid ID
88	RMR01	R	2	3	ID	S	1	2300B	Individual Premium Remittance Detail	>1		Reference Identification Qualifier		11, 9J, AZ, B7, CT, ID, IG, IK, KW	For HIPAA this segment is Required. Value of AZ comment: For HIPAA this code is required when an invoice has not been received from the Health Plan. Value of IK comment: For HIPAA this code is required when an invoice has been received from the Health Plan.	AZ IG	AZ for normal cap transactions. IG for financial transactions
89	RMR02	R	1	30	AN	S	1	2300B	Individual Premium Remittance Detail	>1		Reference Identification	Insurance Remittance Reference Number				FCN (financial control number) for RMR01=IG ; ICN for RMR01=AZ
90	RMR04	R	1	10	R	S	1	2300B	Individual Premium Remittance Detail	>1		Monetary Amount	Detail Premium Payment Amount				Capitation PAYMENT amount for this beneficiary. From t_capitation_hist all positive amounts for beneficiary/cap txn date/provider.
91	RMR05	S	1	10	R	S	1	2300B	Individual Premium Remittance Detail	>1		Monetary Amount	Billed Premium Amount		Required when the paid amount is different than the amount billed.		Cap Rate
92	DTM01	R	3	3	ID	S	1	2300B	Individual Premium Remittance Detail	>1		Date/time Qualifier	Date Time Qualifier	582	This segment is required when the premium payer is not paying from an invoice buy paying on account for a coverage period.	582	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	820 Premium Payment - 4010X061A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
93	DTM05	R	2	3	ID	S	1	2300B	Individual Premium Remittance Detail	>1		Date Time Period Format Qualifier		RD8		RD8	
94	DTM06	R	1	35	AN	S	1	2300B	Individual Premium Remittance Detail	>1		Date Time Period	Coverage Period				First day of coverage in cap month through last day of coverage in cap month (CCYYMMDD-CCYYMMDD format). The begin date will be the first day of coverage for the cap month (it will be the first day of the cap month if coverage was in effect before first day of month, otherwise it will be the specific day of the cap month that coverage began). The end date will be the last day of coverage for the cap month (it will be the final day of the cap month if coverage was end-dated after the cap month, otherwise it will be the specific day of the cap month that coverage ended). These dates are based on the internal cycle dates and are determined by the MMIS and placed in the flat file. In essence to get the **Effective Start** then determine if recipient effective date occurs after start of cap month, if so start date is the recipient effective date, otherwise it is the cap month start date. In essence to get **End Date** then determine if recipient end date occurs within the cap month, if so the end date is the recipient end date, otherwise it is the cap month e
95	ADX01	R	1	10	R	S	1	2320B	Individual Premium Adjustment	>1		Monetary Amount	Adjustment Amount		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.		Capitation ADJUSTMENT amount. Derived by subtracting the capitation payment amount from the payment amount. This is done in the MMIS. In essence t_capitation_hist.amt_cap_paid - t_mc_cap_amts_pmp.amt_capitatio n

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	820 Premium Payment - 4010X061A1 HIPAA Implementation Guide															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
96	ADX02	R	2	2	ID	S	1	2320B	Individual Premium Adjustment	>1		Adjustment Reason Code		20, 52, 53, AA, AX, H1, H6, IA, J3		52, 53, H1	Derived in the MMIS. If the cap reason in the MMIS is a normal payment then perform the following conditional - If payment amount is greater than zero plug '53' else plug '52'. If cap reason in the MMIS is anything else plug 'H1'. In essence, if t_mc_rate_cell.cde_rate_cell = "BO", "EP", "FR" or "PR" then adjust_reason = "H1" else if t_capiatation_hist.amt_cap_paid > 0 then adjust_reason = "53" else adjust_reason = "52"
97	SE01	R	1	10	N0	R	1					Number of Included Segments	Transaction Segment Count				
98	SE02	R	4	9	AN	R	1					Transaction Set Control Number				=ST02	
99	GE01	R	1	6	N0	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included					
100	GE02	R	1	9	N0	R			FUNCTIONAL GROUP TRAILER			Group Control Number		= GS06		= GS06	
101	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups					
102	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number		= ISA13		= ISA13	