

# EyeMed Vision Care

## PREMIUM PAYMENTS

### Companion Document to ASC X12N 820 (004010X061)

Welcome to EyeMed Vision Care's HIPAA TCS implementation process. We have developed this guide to assist you in preparing to trade HIPAA 820 premium payment transactions with us.

This Companion Guide to the ASC X12N 820 Implementation Guide adopted under HIPAA clarifies and specifies the data content for data that is electronically transmitted to EyeMed. Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guide, are compliant with both X12 syntax and the HIPAA Implementation Guide. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guide adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the HIPAA Implementation Guide.

This document is to be used as a companion to the HIPAA Implementation Guide for trading enrollment transactions with EyeMed Vision Care. The first section describes the loops and segments EyeMed will capture, along with specific data element requirements and guidelines. The second section describes the situational loops, segments, and data elements that EyeMed will *not* be capturing; therefore, you are not required to include these when you trade with us.

We look forward to testing with you and establishing an effective trading relationship.

820 Payroll Deducted and Other Group Premium Payment for Insurance Products											
Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Codes	X12 Code Definition	Values	Notes
<b>INTERCHANGE CONTROL HEADER</b>											
	ISA		M				INTERCHANGE CONTROL HEADER				
	GS		M				FUNCTIONAL GROUP HEADER				
<b>TABLE 1 HEADER</b>											
34	ST		M		1/1	R	TRANSACTION SET HEADER				
35	BPR		M		1/1	R	FINANCIAL INFORMATION				
43	TRN		O		1/1	R	REASSOCIATION KEY				
48	REF		O		0/1	S	PREMIUM RECEIVERS IDENTIFICATION KEY				
	REF01	128	M	ID	2/3	R	Reference Identification Qualifier	14 18 2F 38 72	Master Account Number Plan Number Consolidated Invoice Number Master Policy Number Schedule Reference Number		EyeMed will process the following values: 2F - The invoice number provided on your premium invoice. 18 - The EyeMed Plan ID, aka Group Code 38 - The EyeMed Plan ID, aka Group Code
54	DTM		O		0/1	S	COVERAGE PERIOD				
<b>LOOP 1000 B</b>											
	N1		O		1/1	R	PREMIUM PAYER'S NAME				
<b>LOOP 2300 A</b>											
74	RMR		O		1/1	R	PREMIUM PAYER'S NAME				
	RMR01	128	X	ID	2/3	R	Reference Identification Qualifier	11 1L CT IK	Account Number Group or Policy Number Contract Number Invoice Number		EyeMed will process the following values: IK - The invoice number provided on your premium invoice. 1L - EyeMed Plan ID, aka Group Code  Invoice number is the preferred value to send, if known.
<b>LOOP 2315 A</b>											
80	SLN		O		1/1	R	PREMIUM PAYER'S NAME				
<b>LOOP 2320</b>											
	ADJ		O		0/1	S	ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT				
84	ADJ		O		0/1	S	ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT				
<b>LOOP 2000 B</b>											
	ENT		O		0/1	S	INDIVIDUAL REMITTANCE				
86	ENT		O		0/1	S	INDIVIDUAL REMITTANCE				
<b>LOOP 2100 B</b>											
	NM1		O		0/1	S	INDIVIDUAL NAME				
88	NM1		O		0/1	S	INDIVIDUAL NAME				
<b>LOOP 2300 B</b>											
	RMR		O		0/1	S	INDIVIDUAL PREMIUM REMITTANCE DETAIL				
91	RMR		O		0/1	S	INDIVIDUAL NAME				
<b>LOOP 2320 B</b>											
	ADJ		O		0/1	S	INDIVIDUAL PREMIUM ADJUSTMENT				
96	ADJ		O		0/1	S	INDIVIDUAL PREMIUM ADJUSTMENT				

LOCATION	USE	NAME	NOTES
<b>Loops not picked up by EyeMed</b>			
Loop 2000 A	S	Organization Summary Remittance	
Loop 2310 A	S	Summary Line Item	
<b>Segments not picked up by EyeMed</b>			
<b>Header</b>	CUR	S	Non-US Dollars Currency
	DTM	S	Process Date
	DTM	S	Delivery Date
<b>Loop 1000 A</b>			<b>Premium Receiver's Name</b>
	N2	S	Premium Receiver Additional Name
	N3	S	Premium Receiver's Address
	N4	S	Premium Receiver's City, State, Zip
<b>Loop 1000 B</b>			<b>Premium Payer's Name</b>
	N2	S	Premium Payer Additional Name
	N3	S	Premium Payer's Address
	N4	S	Premium Payer's City, State, Zip
	PER	S	Premium Payer's Administrative Contact
<b>Loop 2300 B</b>			<b>Individual Premium Remittance Detail</b>
	DTM	S	Individual Coverage Period
<b>Elements not picked up by EyeMed</b>			
<b>Header</b>			
	<b>BPR</b>		<b>Financial Information</b>
	BPR03	S	Payment Format Code
	<b>TRN</b>		<b>Reassociation Key</b>
	TRN03	S	Originating Company Identifier
	TRN04	S	Originating Company Supplemental Code
<b>Loop 2300 A</b>			<b>Organization Summary Remittance Detail</b>
	<b>RMR</b>		<b>Organization Summary Remittance Detail</b>
	RMR03	S	<b>Payment Option Code</b>
<b>Loop 2100 B</b>			<b>Individual Name</b>
	<b>NM1</b>		<b>Individual Name</b>
	NM106	S	Individual Name Prefix
	NM108	S	Identification Code Qualifier
	NM109	S	Individual Identifier
<b>Loop 2300 B</b>			<b>Individual Premium Remittance Detail</b>
	<b>RMR</b>		<b>Individual Premium Remittance Detail</b>
	RMR03	S	Payment Action Code