Kansas Department of Revenue

Kansas Insurance Reporting Map Example

Kansas Department of Revenue
915 SW Harrison Street
Topeka, KS 66626

ED-100 G (Rev. 07/2004)

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1. TRANSACTION SET 811 SEGMENT STRUCTURE ANSI X12 V.3050

ISA	Interchange Control Header
GS	Functional Group Header
ST	Transaction Set Header
BIG	Beginning Segment for Invoice
	N1 LOOP
N1	Name
	HL LOOP
HL	Hierarchical Level
	LX LOOP
LX	Assigned Number
VEH	Vehicle Information
REF	Reference Numbers
	NM1 LOOP
NM1	Individual or Organizational Name
N3	Address Information
N4	Geographical Information
	IT1 LOOP
IT1	Baseline Item Data
SI	Service Characteristic Identification
REF	Reference Numbers
DTM	Date Time Reference
	NM1 LOOP
NM1	Individual or Organizational Name
N2	Additional Name Information
N3	Address Information
N4	Geographical Information
TDS	Total Invoice Amount
CTT	Transaction Total
SE	Transaction Set Trailer
GE	Functional Group Trailer
IEA	Interchange Control Trailer

The above loops represent the basic structure used to produce the Automobile Liability Insurance Reporting (ALIR) EDI TS 811.

2. TRANSACTION SET 811 MAPPING REQUIREMENTS

The following mapping requirements represent a sample layout of the TS811 for Automobile Liability Insurance Reporting. Please refer to the specific Kansas requirements in Section 2.2. Otherwise the requirements of the ALIR Version 003050 – Version 3 Implementation Guide are to be followed.

2.1 Separator Requirements

Type	ASCII Value	EBCDIC Value	Character
Segment Terminator	5C	E0	\
Element Separator	2A	5C	*
Subelement Separator	7E	A1	~
Padding Character	20	40	Space

2.2 Automobile Liability Insurance Reporting Mapping Requirements

INTERCHANGE CONTROL HEADER :: ISA

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
ISA01	I01	Authorization Information Qualifier	ID M 2/2	“00”	No authorization data
ISA02	I02	Authorization Information	AN M 10/10	“ ”	Spaces
ISA03	I03	Security Information Qualifier	ID M 2/2	“00”	Indicates no security data
ISA04	I04	Security Information	AN M 10/10	“ ”	Spaces
ISA05	I05	Interchange ID Qualifier	ID M 2/2	“01” “30” “33”	01 = Duns 30 = US Federal Tax ID # 33 = NAIC
ISA06	I06	Interchange Sender ID	AN M 15/15		DUNS (plus 6 spaces) **or** NAIC (plus 10 spaces) **or** FEIN (plus 6 spaces)
ISA07	I05	Interchange ID Qualifier	ID M 2/2	“01”	Dept. of Revenue DUNS Number Qualifier
ISA08	I07	Interchange Receiver ID	AN M 15/15	“835107079 ”	Dept. of Revenue DUNS Number (plus 6 spaces)
ISA09	I08	Interchange Date	DT M 6/6	YYMMDD	Date Interchange was sent
ISA10	I09	Interchange Time	TM M 4/4	HHMM	Time Interchange was sent
ISA11	I10	Interchange Control Standards Identifier	ID M 1/1	“U”	USA Standard
ISA12	I11	Interchange Control Version Number	ID M 5/5	“00305”	Standard Version
ISA13	I12	Interchange Control Number	N0 M 9/9		Interchange Control Number (Generated by Sender) (**same as IEA02)**
ISA14	I13	Acknowledgment Requested	ID M 1/1	“0” “1”	0 = No acknowledgement required 1 = Interchange acknowledgement requested
ISA15	I14	Test Indicator	ID M 1/1	“T” or “P”	**TEST** data **PRODUCTION** data
ISA16	I15	Subelement Separator	AN M 1/1	“~”	Subelement Separator

ISA*00* *00* *01*444651117 *01*835107079 *010328*0947*U*00305*000000001*0*T*~

FUNCTIONAL GROUP HEADER :: GS

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
GS01	479	Functional Identifier Code	ID M 2/2	"CI"	CI = Consolidated Service Invoice/Statement
GS02	142	Application Sender's Code	AN M 2/15		Sender's Duns, NAIC or FEIN
GS03	124	Application Receiver's Code	AN M 9/9	"835107079"	Dept. of Revenue DUNS Number
GS04	373	Date	DT M 6/6	YYMMDD	Functional Group Creation Date
GS05	337	Time	TM M 4/4	HHMM	Functional Group Creation Time
GS06	28	Group Control Number	N0 M 1/9		Group Control Number (Generated by Sender) **(Same As GE02)**
GS07	455	Responsible Agency Code	ID M 1/2	"X"	Indicate ASC X12
GS08	480	Version/Release/Industry/ Identifier Code	AN M 1/12	"003050"	Standards Version being used

GS*CI*111111111*835107079*01328*0947*1*X*003050

2.3 Header Level

811 HEADER :: ST

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
ST01	143	Transaction Set Identifier	ID M 3/3	"811"	Transaction Set Number
ST02	329	Transaction Set Control Number	AN M 4/9		Defined by Taxpayer (**Same as SE02)**

ST*811*000000001

AUTOMOBILE LIABILITY INSURANCE INFORMATION :: BIG

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
BIG01	373	Date	DT M 6/6	YYMMDD	This is the date the transaction was created in the Sender's system.
BIG02	76	Invoice Number	AN M 1/22	"1"	1 = Assigned value

BIG*020312*1

SENDER NAME :: N1 (Occurrence 1 : Sender Information)

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
N101	98	Entity Identification	ID M 2/2	"IN" "SQ"	IN = Insurer SQ = Service Bureau
N102	93	Name	AN X 1/35		Sender's Name
N103	66	Identification Code Qualifier	ID X 1/2	"NI" "FI"	NI = NAIC Code FI = Federal Tax ID Number
N104	67	Identification Code	AN X 2/20		Sender's Code from NAIC table or Federal Tax ID Number

N1*IN*FARMER STATE*NI*12345

RECEIVER NAME :: N1 (Occurrence 2 : Recipient Information)

N101	98	Entity Identification	ID M 2/2	"2F"	2F = State
N102	93	Name	AN X 1/35		KANSAS DMV (Recipient's Name)

N1*2F*KANSAS DMV

2.4 Detail Level

HIERARCHICAL LEVEL 1: INSURER

INSURER LEVEL :: HL (LEVEL 1: INSURER)

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
HL01	628	Hierarchical ID Number	AN M 1/12		HL Identifier
HL02	734	Hierarchical Parent ID			NOT USED
HL03	735	Hierarchical Level Code	ID M 1/2	"1"	Level code
HL04	736	Hierarchical Child Code	ID M 1/1	"1"	Child code

HL*11*1**

INSURER NAME :: NM1

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
NM101	98	Entity Identification	ID M 2/2	"IN"	IN = Insurer
NM102	1065	Entity Type Qualifier	ID M 1/1	"2"	2 = Non-person
NM103	1035	Last Name or Organization Name	AN M 1/35		Organization Name
NM104	1036	Name First			Not Used
NM105	1037	Name Middle			Not Used
NM106	1038	Name Prefix			Not Used
NM107	1039	Name Suffix			Not Used
NM108	66	Identification Code Qualifier	ID M 1/2	"NI"	NI = NAIC CODE
NM109	67	ID Code	AN M 5/5		NAIC Code

NM1*IN*2*KANSAS INSURANCE COMPANY***NI*23456***

INSURER REPORTING INFORMATION :: IT1

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
IT101	350	Assigned Identification			Not Used
ITI02	358	Quantity Invoiced	R M 1/10	"1"	1 = Assigned Value
IT103	355	Unit	ID M 2/2	"IP"	IP = Insurance Policy
IT104	212	Unit Price	R M 1/17	"0"	Unit Price

IT11*IP*0***

HIERARCHICAL LEVEL 2: STATE

STATE LEVEL (LEVEL 2: OCCURS ONCE FOR THE STATE) :: HL

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
HL01	628	Hierarchical ID Number	AN M 1/12		HL Identifier
HL02	734	Hierarchical Parent ID	AN M 1/12	"1"	Parent ID
HL03	735	Hierarchical Level Code	ID M 1/2	"2"	Level Code
HL04	736	Hierarchical Child Code	ID M 1/1	"1"	Child Code

HL*2*1*2*1*

STATE NAME :: NM1

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
NM101	98	Entity Identification	ID M 2/2	"2F"	2F = State
NM102	1065	Entity Type Qualifier	ID M 1/1	"2"	2 = Non-person
NM103	1035	Last Name or Organization Name	AN M 1/35	"KS"	KS = Kansas

NM1*2F*2*KS

HIERARCHICAL LEVEL 4: POLICY DETAIL

POLICY LEVEL (LEVEL 4: POLICY DETAIL) :: HL

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
HL01	628	Hierarchical ID Number	AN M 1/12		HL Identifier
HL02	734	Hierarchical Parent ID	AN M 1/12		Parent ID number
HL03	735	Hierarchical Level Code	ID M 1/2	"4"	Level Code
HL04	736	Hierarchical Child Code	ID O 1/1	"1" or "0"	1 = If level 5 loops are present 0 = If **no** level 5 loops are present

HL*3*2*4*1

INSURED NAME :: NM1

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
NM101	98	Entity Identification	ID M 2/2	"IL"	IL = Insured
NM102	1065	Entity Type Qualifier	ID M 1/1	"1" "2" "3"	1 = Person 2 = Non-Person 3 = Unknown
NM103	1035	Last Name or Organization Name	AN M 1/35		Insured Last Name or Organization Name
NM104	1036	Name First	AN O 1/25		Insured First Name
NM105	1037	Name Middle	AN O 1/25		Insured Middle Initial
NM106	1038	Name Prefix	AN O 1/10		Insured Name Prefix
NM107	1039	Name Suffix	AN O 1/10		Insured Name Suffix

NM1*IL*1*JOHNSON*RAY*J* **

INSURED ADDRESS :: N3

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
N301	166	Address Information	AN M 1/35		Insured Mailing Address

N3*PO BOX 66614

INSURED CITY, STATE, ZIP :: N4

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
N401	19	City Name	AN M 2/30		Insured City
N402	156	State Code	ID M 2/2		Insured State
N403	116	Zip Code	ID M 3/11		Insured Zip Code

N4*ERIE*KS*66733

POLICY INFORMATION ::IT1

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
IT101	350	Assigned Identification			Not Used
ITI02	358	Quantity Invoiced	R M 1/10	"1"	1 = Assigned Value
IT103	355	Unit	ID M 2/2	"IP"	IP = Insurance Policy
IT104	212	Unit Price	R M 1/17	"0"	Unit Price

IT*1*IP*0

TRANSACTION PURPOSE :: SI

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
SI01	559	Agency Qualifier Code	ID M 2/2	"ZZ"	ZZ = Mutually Defined
SI02	1000	Service Characteristic Qualifier	ID M 2/2	"11"	11 = Insurance Policy Transaction Code
SI03	234	Product/Service ID	AN M 3/3	"LOD"	Policy Transaction Code

SI*ZZ*11*LOD

POLICY OR BINDER NUMBER :: REF

REF01	128	Reference No. Qualifier	ID M 2/2	"IG"	IG = Insurance Policy Number
REF02	127	Reference Number	AN M 1/20		Policy Number

REF*IG*1645877

POLICY DATES :: DTM

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
DTM01	374	Date/Time Qualifier	ID M 3/3	"036"	036 = Expiration Date
DTM02	373	Date	DT M6/6	YYMMDD	Policy Expiration Date
DTM03	337	Time			Not Used
DTM04	623	Time Code			Not Used
DTM05	624	Century	N0 M 2/2	CC	Century of Policy Expiration Date

DTM*036*020910*20**

HIERARCHICAL LEVEL 5: VEHICLE

VEHICLE LEVEL (LEVEL 5: VEHICLE)

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
HL01	628	Hierarchical ID Number	AN M 1/12		HL Identifier
HL02	734	Hierarchical Parent ID	AN M 1/12		Parent Identifier
HL03	735	Hierarchical Level Code	ID M 1/2	"5"	Level Code
HL04	736	Hierarchical Child Code			Not Used

HL*4*3*5

SECTION SEPARATOR – VEHICLE LEVEL :: LX

LX01	554	Assigned Number	N0 M 1/6	"1"	1 = Assigned Value

LX*1

VEHICLE INFORMATION :: VEH

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
VEH01	554	Assigned Number			Not Used
VEH02	539	Vehicle ID Number	AN M 17/17		VIN (Vehicle Identification Number)

VEHWBABB2301J8858474**

SECTION SEPARATOR – SUMMARY LEVEL :: TDS

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
TDS01	610	Amount	N2 M 1/15	"1"	1 = Assigned Code

TDS*1

INSURANCE POLICY TRANSACTION TOTALS :: CTT

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
CTT01	354	Number of Line Items	N0 M 1/6		Number of Insurance Policy transactions involved in this 811 transaction set

CTT*1

811 TRAILER SEGMENT :: SE

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
SE01	96	Number of Included Segments	N0 M 1/10		Count of Segments within this 811
SE02	329	Transaction Set Control Number	AN M 4/9		Same as in ST segment

SE*25*000000001

FUNCTIONAL GROUP TRAILER SEGMENT :: GE

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
GE01	97	Number of Include Transaction Sets	N0 M 1/6		Count of Transaction Sets within this GS/SE
GE02	28	Group Control Number	N0 M 1/9		Same as in GS segment.

GE*1*1

INTERCHANGE CONTROL TRAILER SEGMENT :: IEA

ID	REF	ELEMENT NAME	ATTRIBUTES	VALUE	DESCRIPTION
IEA01	I16	Number of Functional Groups	N0 M 1/5		Count of Functional Groups within this ISA/IEA
IEA02	I12	Interchange Control Number	N0 M 9/9		Same as in ISA segment.

IEA*1*000000789

3. APPENDIX A - MAPPING EXAMPLE

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ISA*00*          *00*          *30*123456789      *01*835107079      *020315*0425*U*00305*000000789*0*T*~\
GS*CI*22993*835107079*031702*0944*1*X*003050\
ST*811*1111\
BIG*020314*1\
N1*IN*KANSAS MUTUAL INSURANCE COMPANY*NI*22993\
N1*2F*KANSAS DMV\
HL*1**1*1\
NM1*IN*2*KANSAS MUTUAL INSURANCE COMPANY*****NI*22993\
IT1**1*IP*0\
HL*2*1*2*1\
NM1*2F*2*KS\
HL*3*2*4*1\
NM1*IL*1*BROWN*JOHN*A**JR\
N3*1313 MOCKINGBIRD LANE\
N4*GOTEBO*KS*66614\
IT1**1*IP*0\
SI*ZZ*11*LOD\
REF*IG*0000000002\
DTM*036*010822***20\
HL*4*3*5\
LX*1\
VEH**WBABB2301J8858474\
TDS*1\
CTT*1\
SE*28*1111\
GE*1*1\
IEA*1*000000789\
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