

**ND Health Enterprise MMIS
Remittance Advice Field Level Description by RA Type**

FINANCIAL TRANSACTIONS-HIPP	
FIELD LABEL	FIELD DESCRIPTION
TCN	Transaction Control Number - This number uniquely identifies the claim.
Member ID	The identification number assigned to a member upon initial certification for participation in Medicaid
From Date	The date upon which the first service covered by a claim was rendered.
Thru Date	The date upon which the last service covered by a claim was rendered.
Established Date	The date that the financial control transaction was created.
Financial Reason Code and description	Identifies the reason and description for the financial control transaction.
Amount	The amount of the check issued the provider.
Policy Number	TPL Group Policy Number
Policy Holder	Policy Holder First Name
	Policy Holder Last Name
Policy Holder SSN	Social Security Number
Total Line	
Claim Total	Total number of HIPP Payments for this payee.
Amount Total	Total amount paid for this payee.