Instructions Related to 820 Health Care Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Based on ASC X12 Implementation Guide

Companion Guide Version Number: 1.2 February 1, 2016

Preface

Companion guides may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions), and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 Implementation Guide (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every companion guide. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the companion guide when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the companion guides when the publishing entity wants to clarify the implementation guide instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASC X12's copyrights and Fair Use statement.

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Transaction Instructions

1 Transaction Instructions Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) carries provisions for administrative simplification. This requires the Secretary of the federal Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance.
- Limit fraud and abuse.
- Reduce administrative costs.

1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance According to ASC X12

The ASC X12 requirements include specific restrictions that prohibit trading partners from modifying any:

- Defining, explanatory, or clarifying content contained in the implementation guide.
- Requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with the ASC X12 Implementation Guide's Fair Use and Copyright statements.

1.3 Companion Guide Audience

Companion guides are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal HIPAA.

1.4 Purpose of Companion Guides

The information contained in this companion guide applies to ForwardHealth, which includes the following programs: BadgerCare Plus, Wisconsin Medicaid, SeniorCare, Wisconsin Chronic Disease Program, the Wisconsin Well Woman Program, and Medicaid managed care programs. All of these programs use ForwardHealth interChange for processing.

The companion guides are to be used with HIPAA Implementation Guides and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the companion guides is to provide trading partners with a guide to communicate ForwardHealth-specific information required to successfully exchange transactions electronically with ForwardHealth.

ForwardHealth will accept and process any HIPAA-compliant transaction; however, a compliant transaction that does not contain ForwardHealth-specific information, though processed, may be denied for payment. For example, a compliant 837 Health Care Claim created without a ForwardHealth member identification number will be processed by ForwardHealth but will be denied payment. For questions regarding appropriate billing procedures, as well as for policy and billing information, providers should refer to their policy-specific area of the ForwardHealth Online Handbook.

Companion guides highlight the data elements significant for ForwardHealth. For transactions created by ForwardHealth, companion guides explain how certain data elements are processed. Refer to the companion guide first if there is a question about how ForwardHealth processes a HIPAA transaction. For further information, contact the ForwardHealth Electronic Data Interchange (EDI) Department at 866-416-4979.

1.5 National Provider Identifier

As a result of HIPAA, the federal HHS adopted a standard identifier for health care providers. The Final Rule published by the HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions); therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions. The NPI is the only identification number that will be allowed on these transactions.

ForwardHealth has determined that all providers, except for personal care only providers, specialized medical vehicle providers, and blood banks, are health care providers (per the definitions within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. ForwardHealth requires all health care providers to submit their NPI on electronic transactions.

1.6 Acceptable Characters

All alpha characters used in HIPAA transactions must be in an uppercase format. The HIPAA transactions must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream.

1.7 Acknowledgements

An accepted 999 Implementation Acknowledgement, rejected 999 Implementation Acknowledgement, or rejected TA1 InterChange Acknowledgement will be generated in response to all submitted files. Trading partners are responsible for retrieving acknowledgments from the ForwardHealth Portal to determine the status of their files.

1.8 Examples

Refer to Section 4.1 of this guide for examples.

2 Included ASC X12 Implementation Guides

This table lists the X12N implementation guides for which specific transaction instructions apply and are included in Section 3 of this document.

Unique ID	Name
005010X218	820 Payroll Deducted and Other Group Premium Payment for Insurance Products

3 Instruction Table Premium Payment 820

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.

3.1 005010X218 — 820 Payroll Deducted and Other Group Premium Payment for Insurance Products

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	This element contains a value of “ZZ” to indicate that they are mutually defined.
	ISA06	Interchange Sender ID	WISC_DHCF	This element is populated with “WISC_DHCF”.
	ISA07	Interchange ID (Receiver) Qualifier	ZZ	This element contains a value of “ZZ” to indicate that they are mutually defined.
	ISA08	Interchange Receiver ID		This element is the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange.
	ISA11	Repetition Separator	^	This field will contain a caret.
	ISA13	Interchange Control Number		This element contains a distinct tracking number for this file.
	BPR	Financial Information		
	BPR01	Transaction Handling Code	I	This element is populated with “I”, indicating that the 820 is sent separately from the payment.
	BPR02	Total Premium Payment Amount		This is the total amount of the payment.
	BPR04	Payment Method Code	CHK ACH	This element is populated with “CHK”, indicating that a check is being sent or “ACH” indicating that an electric payment is being made.
	BPR16	Check Issue or EFT Effective Date		For check payment, this is the issuance date. For electronic funds transfer (EFT) payment, this is the date the premium payer plans to provide funds to the premium receiver.

Loop ID	Reference	Name	Codes	Notes/Comments
	TRN	Reassociation Trace Number		
	TRN01	Trace Type Code		The payment and remittance information have been separated and need to be reassociated by the receiver.
	TRN02	Check or EFT Trace Number		This is the check number or EFT Trace Number (this is the ForwardHealth internal payment number). If there is no payment issued, ForwardHealth interChange populates this element with the phrase “NO PAYMNT” followed by the Remittance Advice number.
	TRN03	Originating Company Identifier		This is the number “1” followed by the ForwardHealth interChange tax identification number.
	CUR	Foreign Currency Information		This segment will not be sent by ForwardHealth.
	REF	Premium Receivers Identification Key		
	REF02	Premium Receiver Reference Identifier		This is the eight-digit payee provider number assigned by ForwardHealth interChange.
1000A	DTM	Coverage Period		This segment is populated with the first date of coverage and the last date of coverage for this remittance report(s).
1000A	N1	Premium Receiver’s Name		
1000A	N102	Premium Receiver‘s Last Name or Organization		This is the payee provider’s name.
1000B	N1	Premium Payer’s Name		
1000B	N102	Premium Payer Name	FORWARDHEALTH	This is the name of the payer.
2000B	ENT	Individual Remittance		*Note:* ENT segments are created for each member.
2000B	ENT02	Entity Identifier Code	2J	This element is populated with “2J” to indicate an individual.
2000B	ENT03	Identification Code Qualifier	34	This element is populated with “34” to indicate Social Security number (SSN).
2000B	ENT04	Receiver’s Individual Identifier		This is the SSN for the member.
2100B	NM1	Individual Name		
2100B	NM101	Entity Identifier Code	IL	This element is populated with “IL” to indicate Insured or Subscriber.

Loop ID	Reference	Name	Codes	Notes/Comments
2100B	NM103	Individual Last Name		This is the member's last name.
2100B	NM104	Individual First Name		This is the member's first name.
2100B	NM105	Individual Middle Name		This is the member's middle initial.
2100B	NM108	Identification Code Qualifier	N	This element is populated with "N" to indicate the member's unique identification number.
2100B	NM109	Individual Identifier		This element is populated with the member ID.
2200B	ADX	Individual Premium Adjustment for Previous Payment		This segment will not be sent. Wisconsin will use Loop 2320B as ADX contains adjustment information for the immediately preceding RMR segment.
2300B	RMR	Individual Premium Remittance Detail		
2300B	RMR01	Reference Identification Qualifier	IK	This element is populated with "IK" to indicate that the RMR02 is reporting from an internal ForwardHealth capitation transaction.
2300B	RMR02	Insurance Remittance Reference Number		For payments, this element is populated with a five character rate cell, the text "PAY", a nine-digit internal control number (ICN) and the transaction date of the payment (CCYYMMDD) (e.g., HHRB2/PAY/999999999/CCYYMMDD). For reversals, this element is populated with a five character rate cell, the text "REV", a nine-digit ICN of the original capitation transaction being reversed and the payment date (CCYYMMDD) of the original capitation transaction being reversed (e.g., HHRB2/REV/999999999/CCYYMMDD).
2300B	RMR04	Detail Premium Payment Amount		This is the total premium amount paid or recouped by ForwardHealth interChange for the individual.
2300B	RMR05	Billed Premium Amount		Payment or recoupment before adjustment. This element is present when the amount is different from element RMR04.
2300B	REF	Reference Information		Multiple REF*ZZ segments for the capitation breakout amounts will follow depending upon the type of payment. An "M" after the type of payment denotes that a monetary amount will follow. *Note:* Refer to Section 4.1.2 for examples.

Loop ID	Reference	Name	Codes	Notes/Comments
2300B	REF01	Organizational Reference Identification Qualifier	ZZ	This element is populated with “ZZ” to indicate a capitation breakout amount will follow depending on the type of payment.
2300B	REF02	Organizational Reference Identifier		This element is populated with a capitation breakout amount.
2300B	REF	Reference Information		
2300B	REF01	Organizational Reference Identification Qualifier	LU	This element is populated with “LU” to indicate the member’s county followed by a slash and the capitation region.
2300B	REF02	Organizational Reference Identifier		The member’s two-digit county code, followed by a slash and the capitation region (e.g., REF*LU*40/CH20). *Note:* Refer to Section 4.1.3, Appendix, for region codes.
2300B	DTM	Individual Coverage Period		
2300B	DTM06	Coverage Period		This element will contain the capitation from and through dates.
2320B	ADX	Individual Premium Adjustment for Current Payment		
2320B	ADX01	Adjustment Amount		This element reports the difference between the original amount (RMR05) and the final amount (RMR04).
2320B	ADX02	Adjustment Reason Code	52 53	This element will contain one of the following adjustment reason codes to indicate the reason for payment or recoupment: • “52” — Recoupment. • “53” — Payout.

4 Transaction Instructions Additional Information

4.1 Business Scenarios

4.1.1 Sample ENT Loop

ENT*15*2J*34*<SSN>~
NM1*IL*1*<Last Name>*<First Name>*<Initial>***N*<Medicaid ID C>~
RMR*IK*CST9M/REV/112418753/20120101**-3116.72*-3391.34~
REF*ZZ*<County Code>~
DTM*582****RD8*20111001-20111031~
ADX*274.62*53~

4.1.2 Sample HMO Specific Rates Examples

For the HMO Specific Rates project, the following changes are needed in the 2300B Loop for the individual member capitation breakout fields.

Multiple REF segments will be added for the fields below. To the right of each field name is a code for either a monetary value (M), Rate value (R), Percentage value (P), or Other (O).

Note: Not all available fields are shown in these examples.

Example for HMO Payments (includes SSI HMOs)

ENT and NM segments will remain the same. The change occurs following the RMR segment.

RMR*IK*AHRC1/PAY/123456789/20150101**120.00~
REF*ZZ*MEDPM/M/100.00~
REF*ZZ*DENPM/M/5.00~
REF*ZZ*CHIPM/M/10.00~
REF*ZZ*RSADJ/R/1.05~
REF*ZZ*RSADJ/M/5.00~
REF*ZZ*MEP4P/M/-5.00~
REF*ZZ*HEINS/M/5.00~
REF*ZZ*DEP4P/M/-1.00~ (Effective 2/1/2016)
REF*LU*40/CH20~ (in county 40, region CH20)

Example for ACCESS Payments

ENT and NM segments will remain the same. The change occurs following the RMR segment.

RMR*IK*ZHR01/PAY/123456789/20150101**23.00~
REF*ZZ*HSINP/M/10.00~
REF*ZZ*HSOTP/M/5.00~
REF*ZZ*CAHIN/M/4.00~
REF*ZZ*CAHOT/M/3.00~
REF*ZZ*ASCAC/M/1.00~
REF*LU*40/CH20~ (in county 40, region CH20)

Example for Long-Term Care, Family Care Payments

ENT and NM segments will remain the same. The change follows the RMR segment.

RMR*IK*CST9M/PAY/987654321/20150101**100.00*105.00~
REF*ZZ*ADMPM/M/5.00~
REF*ZZ*LTCPM/M/100.00~
REF*ZZ*CSSHR/M/-5.00~
REF*LU*40/CSWI~ (in county 40, region is CSWI for statewide)
DTM*582****RD8*20150101-20150131~
ADX*-5.00~

Example for Long-Term Care, PACE/Partnership Payments

ENT and NM segments will remain the same. The change follows the RMR segment.
RMR*IK*PSTNM/PAY/987654321/20150101**110.00*120.00~
REF*ZZ*ADMPM/M/5.00~
REF*ZZ*MEDPM/M/45.00~
REF*ZZ*LTCPM/M/70.00~
REF*ZZ*CSSHR/M/-10.00~
REF*LU*13/CSWI~ (in county 13, region is CSWI for statewide)
DTM*582****RD8*20150101-20150131~
ADX*-10.00~

Note unique to long-term care payments: Two amounts are on the RMR, and the ADX is used to match to the cost share amount.

4.1.3 Appendix

For HMO (and SSI HMO) Payments

MEDPM/M	Medical PMPM monetary
ADMPM/M	Administrative PMPM monetary (not used for now)
DENPM/M	Dental PMPM monetary
CHIPM/M	Chiropractic PMPM monetary
RSADJ/R	Risk Adjustment score (note, a Rate value)
RSADJ/M	Risk Adjustment monetary
MEP4P/M	Medical Pay-for-Performance monetary
HEINS/M	Health Insurance Tax monetary
DEP4P/M	Dental Pay-for-Performance monetary

Type
M=Monetary amount
R=Rate
P=Percentage (not used yet but may be in the future)
O=other (not used yet)

For ACCESS Payments

HSINP/M	Hospital Inpatient
HSOTP/M	Hospital Outpatient monetary
CAHIN/M	CAH (Critical Access Health) Inpatient monetary
CAHOT/M	CAH Outpatient monetary
ASCAC/M	ASC (Ambulatory Surgical Center) Access monetary

For Long-Term Care Payments

LTCPM/M	Long Term Care PMPM monetary
CSSHR/M	Cost Share monetary
MEDPM/M	Medical PMPM monetary
ADMPM/M	Administrative PMPM monetary

Capitation Region Codes

HMO payment regions	SSI Payments
CH15 for R01 North payments	CS15 for R01 North payments
CH16 for R02 Northeast	CS16 for R02 Northeast
CH17 for R03 West Central	CS17 for R03 West Central
CH18 for R04 Madison	CS18 for R04 Madison
CH19 for R05 South	CS19 for R05 South
CH20 for R06 Milwaukee	CS20 for R06 Milwaukee

ACCESS payments will use the same region as the member payment. If the member receives a HMO payment, then the member will receive an ACCESS payment with a CH15-CH20 region. If the member receives a SSI payment, then the ACCESS payment will have a CS15-CS20 region.

LTC (long-term care) payments are all statewide and will use CSWI for statewide.

Special processing note for 820s: In some situations, there can be multiple negative amounts (Accounts Receivables [ARs]) that total up to exceed the capitation payment. In these cases, no check is issued but an 820 is still created. Only the AR number with the outstanding balance will be reported on the 820. Research may be needed to find the other ARs.

4.2 Payer-Specific Business Rules and Limitations

4.2.1 Scheduled Maintenance

ForwardHealth recycles the real-time servers every night between 00:00 a.m. to 01:00 a.m. Central Standard Time (CST). Real-time processing is not available during this period.

ForwardHealth schedules regular maintenance every Sunday from 00:00 a.m. to 04:00 a.m. CST. Real-time processing is not available during this period.

4.3 Frequently Asked Questions

4.4 Other Resources

Washington Publishing Company (WPC) at *www.wpc-edi.com/*.
ASC X12 at *www.x12.org/*.

For further information about how ForwardHealth interChange processes a HIPAA transaction, contact the ForwardHealth EDI Department at 866-416-4979.

5 Transaction Instructions Change Summary

Version 1.1 Revision Log

Companion Document: 820 Premium Payments
Approved 12/2014
Modified by: WJ2

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	4	TOC			Various changes
2300B	12	REF	Reference Information		Multiple REF*ZZ segments for the capitation breakout amounts will follow depending upon the type of payment. An "M" after the type of payment denotes that a monetary amount will follow. *Note:* Refer to Section 4.1.2 for examples.
2300B	13	REF01	Organizational Reference Identification Qualifier	ZZ	This element is populated with "ZZ" to indicate a capitation breakout amount will follow depending on the type of payment.
2300B	13	REF02	Organizational Reference Identifier		This element is populated with a capitation breakout amount.
2300B	13	REF	Reference Information		
2300B	13	REF01	Organizational Reference Identification Qualifier	LU	This element is populated with "LU" to indicate the member's county followed by a slash and the capitation region.
2300B	13	REF02	Organizational Reference Identifier		The member's two-digit county code, followed by a slash and the capitation region (e.g., REF*LU*40/CH20). *Note:* Refer to Section 4.1.3, Appendix, for region codes.
	14		Business Scenarios		Section 4.1.2, Sample HMO Specific Rates Examples
	15		Business Scenarios		Section 4.1.3, Appendix

Version 1.2 Revision Log

Companion Document: 820 Premium Payments
Approved 01/2016
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Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	14		Business Scenarios		Section 4.1.2, Sample HMO Specific Rates Examples
	15		Business Scenarios		Section 4.1.3, Appendix