MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

COMPANION GUIDE FOR THE HIPAA 820 PAYROLL DEDUCTED AND OTHER GROUP PREMIUM PAYMENT, ADDENDA VERSION 4010A1

Medicaid Health Plans, County Health Plans, Healthy Kids Dental, and Program of All-inclusive Care for the Elderly

(MHPs, CHPs, HKD, and PACE)

June 26, 2007

Michigan Department of Community Health

MDCH

MSA

MEDICAL SERVICES ADMINISTRATION

This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide, Premium Payment, ASC X12N 820 (004010X061)**, dated May 2000. It contains data clarifications authorized by the Department of Health and Human Services on September 17, 2001. It also contains the changes found in the addenda (004010X091A1) to that implementation guide (IG). The clarifications described herein include:

- identifiers to use when a national standard has not been adopted [and]
- parameters in the implementation guide that provide options

Additional information on the Final Rule for Standards for Electronic Transmissions can be found at http://aspe.os.dhhs.gov/admnsimp/bannertx.htm. The implementation guide can be found at http://www.wpc-edi.com/hipaa/hipaa_40.asp.

Line feeds

The 820 transaction can be downloaded from the Data Exchange Gateway (DEG) in two formats, either ASCII or binary formats. When downloading to ASCII, files will include line feeds. These control characters will appear after each segment, and will function as carriage returns. However, downloading to binary eliminates the use of line feeds.

This document uses several text conventions to distinguish MDCH data elements from the Health Insurance Portability and Accountability Act of 1996 (HIPAA) data elements. The following table lists the text conventions used in this document.

Convention used	Explanation
< >	Text included within < > describes what will be transmitted by MDCH. This could be the MDCH data element name or value, or, if blank, will display <spaces>.
“ ”	Text with “ ” around a value represent HIPAA Implementation Guide (IG) values.
( )	The HIPAA IG description of the value in quotes, described above, is provided parenthetically.

Purpose of 820 Premium Payment for Insurance Products

The HIPAA-mandated 820 Premium Payment transaction is used to submit electronic premium payment information.

The 820 remittance information is not intended to act as an enrollment or disenrollment mechanism. The Benefit Enrollment and Maintenance (834) transaction should be used for those functions.

Interchange Control Header & Trailer

Page	Loop	Segment	Data Element	Comments
B.3	Header	ISA – Interchange Control Header	ISA01 – Authorization Information Qualifier	“03” (additional data identification)
B.3	Header	ISA – Interchange Control Header	ISA02 – Authorization Information	Batch ID Number
B.4	Header	ISA – Interchange Control Header	ISA03 – Security Information Qualifier	“00” (no security information present)
B.4	Header	ISA – Interchange Control Header	ISA04 – Security Information	<spaces>
B.4	Header	ISA – Interchange Control Header	ISA05 – Interchange Sender ID Qualifier	“ZZ” (mutually defined)
B.4	Header	ISA – Interchange Control Header	ISA06 – Interchange Sender ID	Positions 1-6 <D000111> Positions 7-15 <spaces>
B.4	Header	ISA – Interchange Control Header	ISA07 – Interchange ID Qualifier	“ZZ” (mutually defined)
B.5	Header	ISA – Interchange Control Header	ISA08 – Interchange Receiver ID	Positions 1-4 <rightmost 4 bytes of EDI-USER> Positions 5-15 <spaces>
B.5	Header	ISA – Interchange Control Header	ISA09 – Interchange Date	<interchange date>, in YYMMDD format
B.5	Header	ISA – Interchange Control Header	ISA10- Interchange Time	<interchange time>, in HHMM format
B.5	Header	ISA – Interchange Control Header	ISA11- Interchange Control Standards Identifier	“U” (U.S. EDI Community of ASC X12, TDCC, and UCS)
B.5	Header	ISA – Interchange Control Header	ISA12 – Interchange Control Standards Identifier	<00401>
B.5	Header	ISA – Interchange Control Header	ISA13 – Interchange Control Number	<interchange control number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
B.6	Header	ISA – Interchange Control Header	ISA14 – Acknowledgment Requested	“0” (no acknowledgment requested)

Page	Loop	Segment	Data Element	Comments
B.6	Header	ISA – Interchange Control Header	ISA15 – Usage Indicator	"P" (production) or "T" (test) data
B.6	Header	ISA – Interchange Control Header	ISA16 – Component Element Separator	<:>
B.7	Trailer	IEA – Interchange Control Trailer	IEA01 – Number of Included Functional Groups	<total number of functional groups> included within an interchange
B.7	Trailer	IEA – Interchange Control Trailer	IEA02 – Interchange Control Number	<interchange control number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
B.8	Header	GS – Functional Group Header	GS01 – Functional Identifier Code	"RA" (payment order/remittance advice 820)
B.8	Header	GS – Functional Group Header	GS02 – Application Sender's Code	<D00111>
B.8	Header	GS – Functional Group Header	GS03 – Application Receiver's Code	<rightmost 4 bytes of EDI-User>
B.8	Header	GS – Functional Group Header	GS04 – Date	<functional group creation date>, in CCYYMMDD format
B.8	Header	GS – Functional Group Header	GS05 – Time	<functional group creation time>, in HHMM format
B.9	Header	GS – Functional Group Header	GS06 – Group Control Number	<data interchange control numbers> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.
B.9	Header	GS – Functional Group Header	GS07 – Responsible Agency Code	"X" (Accredited Standards Committee X12)
B.9	Header	GS – Functional Group Header	GS08 – Version/Release/Industry Identifier Code	<004010X061A1>
B.10	Trailer	GE – Functional Group Trailer	GE01 – Number of Transaction Set Included	<total number of transaction sets>, included in the functional group or interchange

Page	Loop	Segment	Data Element	Comments
B.10	Trailer	GE – Functional Group Trailer	GE02 – Group Control Number	<data interchange control number> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.

Transaction Set

Page	Loop	Segment	Data Element	Comments
34	Transaction Set Header	ST – Transaction Set Header	ST02 – Transaction Set Control Number	<Transaction set control number> MDCH will assign a unique number within the transaction set, to indicate the start of the transaction. MDCH will transmit identical transaction set control numbers in ST02 and SE02.
36	Transaction Set Header	BPR – Financial Information (Beginning Segment)	BPR01 – Transaction Handling Code	"I" (remittance information only)
37	Transaction Set Header	BPR – Financial Information (Beginning Segment)	BPR03 – Credit/Debit Flag code	"C" (credit)
37	Transaction Set Header	BPR – Financial Information (Beginning Segment)	BPR04 – Payment Method	"CHK" (check payment) or "ACH" (electronic funds transfer)
38	Transaction Set Header	BPR – Financial Information (Beginning Segment)	BPR05 – Payment Format Code	"CCP" (to indicate that payment and remittance data are sent separately only included when payment method is ACH)
40	Transaction Set Header	BPR – Financial Information (Beginning Segment)	BPR10 – Originating Company Identifier	<MDCH's Federal Tax ID preceded by a 1>
41	Transaction Set Header	BPR – Financial Information (Beginning Segment)	BPR16- Date	<MDCH Pay Date> When there is no match on the warrant file for a particular payee, this value will be <11111118>
43	Transaction Set Header	TRN – Reassociation Key (Trace Number)	TRN01 – Trace Type Code	"3" (financial reassociation trace number)
44	Transaction Set Header	TRN – Reassociation Key (Trace Number)	TRN02 – Reference ID	<check number or EFT number> When there is no match on the warrant file for a particular payee, this vale will be <000000000>
44	Transaction Set Header	TRN – Reassociation Key (Trace Number)	TRN03 – Originating Company Identifier	<MDCH's Federal Tax ID preceded by a 1>

Page	Loop	Segment	Data Element	Comments
48	Transaction Set Header	REF – Premium Receivers ID Key	REF01 – Reference ID Qualifier	“14”
49	Transaction Set Header	REF – Premium Receivers ID Key	REF02 – Reference ID	<Federal Tax ID>
50-53	Transaction Set Header	DTM – Process Date and DTN – Delivery Date		These date segments are not used.
54	Transaction Set Header	DTM – Coverage Period	DTM01 – Date/Time Qualifier	These date segments are not used.
57	1000A – Premium Receivers Name	N1 – Premium Receivers Name	N103 – Entity ID Code Qualifier	“FI” (Federal Taxpayer’s identification number)
57	1000A – Premium Receivers Name	N1 – Premium Receivers Name	N104 – ID Code	<Health Plan’s Federal Taxpayer ID>
63	1000B – Premium Payer Name	N1 – Premium Payers Name	N102 – Name	<MICHIGAN DEPARTMENT OF COMMUNITY HEALTH>
63	1000B – Premium Payer Name	N1 – Premium Payers Name	N103 – Identification Code Qualifier	“65”
63	1000B – Premium Payer Name	N1 – Premium Payers Name	N104 – Identification Code	MDCH’s federal tax ID Number
70	1000B – Premium Payer Name	PER – Administrative Communications Contact	PER02 – Name	<PROVIDER SUPPORT>
70	1000B – Premium Payer Name	PER – Administrative Communications Contact	PER03 – Communications Number Qualifier	“TE” (telephone)
70	1000B – Premium Payer Name	PER – Administrative Communications Contact	PER04 – Communications Number	Michigan Department of Community Health Provider Support Number <18002922550>
70	1000B – Premium Payer Name	PER – Administrative Communications Contact	PER05 – Communications Number Qualifier	“EM” (electronic mail)
71	1000B – Premium Payer Name	PER – Administrative Communications Contact	PER06 – Communications Number	<PROVIDER SUPPORT@MICHIGAN.GOV>
Loop 2000A will be generated to report gross adjustments and negative/positive balance carry forward				
73	2000A – Organization Summary Remittance	ENT – Organization Summary Remittance	ENT01 – Assigned Number	<1>

Page	Loop	Segment	Data Element	Comments
73	2000A – Organization Summary Remittance	ENT – Organization Summary Remittance	ENT02 – Entity Identifier Code	“2L” (corporation)
73	2000A – Organization Summary Remittance	ENT – Organization Summary Remittance	ENT03 – ID Code Qualifier	“FI” (Federal Taxpayer’s identification number)
73	2000A – Organization Summary Remittance	ENT – Organization Summary Remittance	ENT04 – Identification Code	<386000134>
75	2300A – Organizational Summary Remittance Detail	RMR – Organization Summary Remittance Detail	RMR01 – Reference Identification Qualifier	“1L” (group or policy number)
75	2300A – Organizational Summary Remittance Detail	RMR – Organization Summary Remittance Detail	RMR02 – Reference Identification	<Gross-Adjustment-ADJ-Reason> or <Prev PYMTS Owed> or <Balance Owed Medicaid>
76	2300A – Organizational Summary Remittance Detail	RMR – Individual Premium Remittance Detail	RMR04 – Monetary Amount	<Premium Payment>
78	2310A – Summary Line Item	IT1 – Summary Line Item	IT01 – Assigned Identification	“1”
81	2315A – Member Count	SLN – Member Count	SLN01 – Assigned Identification	“1”
82	2315A – Member Count	SLN – Member Count	SLN03 – Relationship Code	“O” (information only)
82	2315A – Member Count	SLN – Member Count	SLN05-01 – Unit or Basis for Measurement Code	“IE” (person) Used to Identify that the value of SLN04 represents the number of contract holders with individual coverage.
Loop 2000B will be generated to report premium payment/recoveries and maternity case rates				
87	2000B – Individual Remittance	ENT – Individual Remittance	ENT 01 – Assigned Number	<1>
87	2000B – Individual Remittance	ENT – Individual Remittance	ENT 02 – Entity Identifier Code	“2J” (individual)
87	2000B – Individual Remittance	ENT – Individual Remittance	ENT 03 – Identification Code Qualifier	“EI” (Recipient ID Number)
87	2000B – Individual Remittance	ENT – Individual Remittance	ENT04 – Identification Code	<Medicaid recipient number>

Page	Loop	Segment	Data Element	Comments
88	2100B – Individual Name	NM1 – Individual Name (Recipient Information)	NM101 – Entity Identifier Code	“QE” (policy holder)
89	2100B – Individual Name	NM1 – Individual Name (Recipient Information)	NM102 – Entity Type Qualifier	“1” (person)
89	2100B – Individual Name	NM1 – Individual Name (Recipient Information)	NM103 – Last Name	<recipient last name>
89	2100B – Individual Name	NM1 – Individual Name (Recipient Information)	NM104 – First Name	<recipient first name>
89	2100B – Individual Name	NM1 – Individual Name (Recipient Information)	NM105 – Middle Name	<recipient middle name>, transmitted when available
89	2100B – Individual Name	NM1 – Individual Name (Recipient Information)	NM107 – Name Suffix	<recipient name suffix>, transmitted when available
92	2300B – Individual Premium Remittance Detail	RMR – Individual Premium Remittance Detail	RMR01 – Reference ID Qualifier	“AZ” (health insurance policy number)
92	2300B – Individual Premium Remittance Detail	RMR – Individual Premium Remittance Detail	RMR02 – Reference ID	<Claim Reference number position 1-10 + age (11-13) + program code (14) + county code (15-16) + Gender (17) +MHP or CHP Provider ID number (18-24)>
93	2300B – Individual Premium Remittance Detail	RMR – Individual Premium Remittance Detail	RMR04 – Monetary Amount	<Premium Payment>
93	2300B – Individual Premium Remittance Detail	RMR – Individual Premium Remittance Detail	RMR05 – Monetary Amount	<Billed Amount> When different than payment.
95	2300B – Individual Premium Remittance Detail	DTM – Individual Coverage period	DTM01 – Date/Time Period	“582” (report period)
95	2300B – Individual Premium Remittance Detail	DTM – Individual Coverage period	DTM05 – Date/Time Period Format Qualifier	“RD8” (ranges of dates expressed in CCYYMMDD-CCYYMMDD format)
95	2300B – Individual Premium Remittance Detail	DTM – Individual Coverage period	DTM06 – Date/Time Period	Payment coverage Period in a date range format.
96	2320B – Individual Premium Adjustment	ADX – Adjustments	ADX01 – Monetary Amount	<Adjustment Amount> When different than Payment.

Page	Loop	Segment	Data Element	Comments
97	2320B – Individual Premium Adjustment	ADX – Adjustments	ADX02 – Adjustment Reason Code	"20" (balance due declined) or "H1" (information forthcoming)
B.30	Transaction Set Trailer	SE – Transaction Set Trailer	SE01 – Number of Included Segments	MDCH will transmit the total number of segments included in a transaction set including ST and SE segments.
B.30	Transaction Set Trailer	SE – Transaction Set Trailer	SE02 – Transaction Set Control Number	MDCH will assign a unique number within the transaction set, to indicate the end of the transaction. MDCH will transmit identical transaction set control numbers in ST02 and SE02.