



820 Premium Payment Order / Remittance Advice Companion Guide

Version 1.1

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INTRODUCTION

In an effort to reduce the administrative costs of health care across the nation, the Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996. This legislation requires that health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care, established by the Secretary of Health and Human Services (HHS). For the health care industry to achieve the potential administrative cost savings with EDI, standard transactions and code sets have been developed and need to be implemented consistently by all organizations involved in the electronic exchange of data. The ANSI X12N 820 Premium Payment Order/Remittance Advice transaction implementation guide provides the standardized data requirements to be implemented for this transaction.

PURPOSE

The purpose of this document is to provide the information necessary to submit Premium Payment Order/Remittance Advice transactions electronically to ValueOptions, Inc. **This companion guide is to be used in conjunction with the ANSI X12N implementation guides.** The companion guide supplements, but does not contradict or replace any requirements in the implementation guide. The HIPAA implementation guides can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at www.wpc-edi.com/hipaa/. Other important websites:

Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>
United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/>
Centers for Medicare and Medicaid Services (CMS) – <http://www.cms.gov/hipaa/hipaa2/>
Designated Standard Maintenance Organizations (DSMO) – <http://www.hipaa-dsmo.org/>
National Council of Prescription Drug Programs (NCPDP) – <http://www.ncpdp.org/>
National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>
Accredited Standards Committee (ASC X12) – <http://www.x12.org/>

SPECIAL CONSIDERATIONS

Inbound Transactions Supported

This section is intended to identify the type and version of the ASC X12 820 Premium Payment transaction that the health plan will accept.

- 820 Premium Payment Order/Remittance Advice – **ASC X12N 820 (004010X061A1)**

Response Transactions Supported

This section is intended to identify the response transactions supported by the health plan.

- TA1 Interchange Acknowledgement
- 997 Functional Acknowledgement

ValueOptions currently supports the receipt of the 820 Premium Payment Order/Remittance Advice transaction in batch mode only. The file will be uploaded using ValueOptions' Electronic Transport System (ETS). The ETS process will validate the compliance of the file and either accepts it for uploading or rejects the entire file and provides an on-line error report documenting the compliance issues.

Use of the 820 Premium Payment Transaction

The 820 Premium Payment Order/Remittance Advice transaction is designed so that it may be used in two separate fashions: the first is when the Electronic Funds Transfer (EFT) accompanies the remittance information and is sent through an Automated Clearing House (ACH) network; the second is when the payment (EFT or paper check) is separate from the remittance advice transaction sent to the premium receiver. ValueOptions supports either use of this transaction:

- ACH Payment Dollars and Remittance
- Separate Dollars and Remittance

Level of Detail Expected by the Premium Receiver

The 820 Premium Payment Order/Remittance Advice transaction may be used to provide organization summary remittance detail **or** individual remittance detail. ValueOptions will accept either model, however, prefers the Individual Remittance Detail to assist in eligibility payment reconciliation.

- Organization Summary Remittance Detail
- Individual Remittance Detail

Delimiters Supported

A delimiter is a character used to separate two data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction.

Description	Default Delimiter
Data element separator	* Asterisk
Sub-element separator	: Colon
Segment Terminator	~ Tilde

ValueOptions will support these default delimiters or any delimiter specified by the trading partner in the ISA/IEA envelope structure.

Maximum Limitations

The 820 transaction is designed to transmit payment order/remittance advice information for an organization's premium payments. This transaction may or may not include the actual EFT for the payment. If the transaction provides remittance information only and the payment is made separately, a unique trace number (check number or EFT number) must be provided in the Reassociation Key (TRN) segment so that the premium receiver may re-associate the payment with the remittance advice.

ValueOptions has no file size limitations. The Interchange Control structure (ISA/IEA envelope) will be treated as one file. Each Interchange Control structure may consist of multiple Functional Groups (GS/GE envelopes). ValueOptions requires that the Interchange Control structure is limited to one type of Functional Group, such as 820 Premium Payment Order/Remittance Advice functional groups.

ValueOptions will validate and accept or reject the entire Interchange Control structure (ISA/IEA envelope).

Telecommunication Specifications

Trading partners wishing to submit electronic Premium Payment Order/Remittance Advice (820 transactions) to ValueOptions must have a valid ValueOptions Submitter ID/Password. If you do not have a Submitter ID you may obtain one by contacting the EDI help desk at:

E-mail: e-supportservices@valueoptions.com
Telephone: 888-247-9311
FAX: 866-698-6032

Compliance Testing Specifications

The Workgroup for Electronic Data Interchange (WEDI) and the Strategic National Implementation Process (SNIP) have recommended seven types HIPAA compliance testing, these are:

1. Integrity Testing – This is testing the basic syntax and integrity of the EDI transmission to include: valid segments, segment order, element attributes, numeric values in numeric data elements, X12 syntax and compliance with X12 rules.
2. Requirement Testing – This is testing for HIPAA Implementation Guide specific syntax such as repeat counts, qualifiers, codes, elements and segments. Also testing for required or intra-segment situational data elements and non-medical code sets whose values are noted in the guide via a code list or table.
3. Balance Testing – This is testing the transaction for balanced totals, financial balancing of claims or remittance advice and balancing of summary fields.
4. Situational Testing – This is testing of inter-segment situations and validation of situational fields based on rules in the Implementation Guide.
5. External Code Set Testing – This is testing of external code sets and tables specified within the Implementation Guide. This testing not only validates the code value but also verifies that the usage is appropriate for the particular transaction.
6. Product Type or Line of Service Testing – This is testing that the segments and elements required for certain health care services are present and formatted correctly. This type of testing only applies to a trading partner candidate that conducts the specific line of business or product type.
7. Implementation Guide-Specific Trading Partners Testing – This is testing of HIPAA requirements that pertain to specific trading partners such as Medicare, Medicaid and Indian Health. Compliance testing with these payer specific requirements is not required from all trading partners. If the trading partner intends to exchange transactions with one of these special payers, this type of testing is required.

The WEDI/SNP white paper on Transaction Compliance and Certification and other white papers are found at <http://www.wedi.org/snip/public/articles/index.shtml>.

ValueOptions' Recommendations:

According to the Centers for Medicare and Medicaid Services (CMS), you are responsible for ensuring that your EDI transactions are conducted in compliance with HIPAA regulations. In an effort to help you address your HIPAA EDI obligations as efficiently as possible, we recommend Claredi™, the nation's leading provider of HIPAA transaction and code set testing and certification. Claredi is an independent certifying agency, and the only testing and certification entity selected by CMS for their own compliance. As an additional benefit, using the same certification organization as ValueOptions greatly reduces the potential for any future discrepancies with transactions.

Trading Partner Acceptance Testing Specifications

To submit a test file to ValueOptions, you must have a valid Submitter ID/Password. Please refer to the Telecommunications Specifications section on page 6 of this document for details on obtaining a Submitter ID/Password.

If you are testing the submission of the Premium Payment Order/Remittance Advice transaction (820), please set the Usage Indicator (ISA15) in the Interchange Control segment of your ISA/IEA envelope to 'T' for Test. The transaction will be loaded to a separate test area.

INTERCHANGE CONTROL HEADER SPECIFICATIONS

Seg	Data Element	Name	Usage	Comments	Expected Value
HEADER					
ISA		Interchange Control Header	R		
	ISA01	Authorization Information Qualifier	R	Valid values: '00' No Authorization Information Present '03' Additional Data Identification	Use '03' Additional Data Identification to indicate that a login ID will be present in ISA02.
	ISA02	Authorization Information	R	Information used for additional identification or authorization.	Use the ValueOptions submitter ID as the login ID. Maximum 10 characters.
	ISA03	Security Information Qualifier	R	Valid values: '00' No Security Information Present '01' Password	Use '01' Password to indicate that a password will be present in ISA04.
	ISA04	Security Information	R	Additional security information identifying the sender.	Use the ValueOptions submitter ID password. Maximum 10 characters.
	ISA05	Interchange ID Qualifier	R		Refer to the implementation guide for a list of valid qualifiers
	ISA06	Interchange Sender ID	R		Refer to the implementations guide for specifications.
	ISA07	Interchange ID Qualifier	R		Use 'ZZ' Mutually Defined
	ISA08	Interchange Receiver ID	R		Use 'FHC &Affiliates'
	ISA09	Interchange Date	R	Date format YYMMDD.	Refer to the implementation guide specifications.
	ISA10	Interchange Time	R	Time format HHMM.	Refer to the implementation guide specifications.
	ISA11	Interchange Control Standards Identifier	R	Code to identify the agency responsible for the control standard used by the message. Valid value: 'U' U.S. EDI Community of ASC X12	Use the value specified in the implementation guide.
	ISA12	Interchange Control Version Number	R	Valid value: '00401' Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997.	Use the current standard approved for the ISA/IEA envelope. Other standards will not be accepted.

Seg	Data Element	Name	Usage	Comments	Expected Value
	ISA13	Interchange Control Number	R	The interchange control number in ISA13 must be identical to the associated interchange trailer IEA02.	This value is defined by the sender's system. If the sender does not wish to define a unique identifier zero fill this element.
	ISA14	Acknowledgement Requested	R	This pertains to the TA1 acknowledgement. Valid values: '0' No Acknowledgement Requested '1' Acknowledgement Requested	Use '0' No Acknowledgement Requested. ValueOptions will not be generating the TA1 Interchange Acknowledgement or the 997 Functional Acknowledgement.
	ISA15	Usage Indicator	R	Valid values: 'P' Production 'T' Test.	The Usage Indicator should be set appropriately.
	ISA16	Component Element Separator	R	The delimiter must be a unique character not found in any of the data included in the transaction set. This element contains the delimiter that will be used to separate component data elements within a composite data structure. This value must be different from the data element separator and the segment terminator.	ValueOptions will accept any delimiter specified by the sender. The uniqueness of each delimiter will be verified.

INTERCHANGE CONTROL TRAILER SPECIFICATIONS

Seg	Data Element	Name	Usage	Comments	Expected Value
TRAILER					
ISA		Interchange Control Trailer	R		
	IEA01	Number of Included Functional Groups	R	Count of the number of functional groups in the interchange	This is the count of the GS/GE functional groups included in the interchange structure. Limit the ISA/IEA envelope to one type of functional group i.e. functional identifier code 'RA' Payment Order/Remittance Advice (820).
	IEA02	Interchange Control Number	R	The interchange control number in IEA02 must be identical to the associated interchange header value sent in ISA13.	The interchange control number in IEA02 will be compared to the number sent in ISA13. If the numbers do not match the file will be rejected.

FUNCTIONAL GROUP HEADER SPECIFICATIONS

Seg	Data Element	Name	Usage	Comments	Expected Value
HEADER					
GS		Functional Group Header	R		
	GS01	Functional Identifier Code	R	Code identifying a group of application related transaction sets. Valid value: 'RA' Payment Order/Remittance Advice (820)	Use the value specified in the implementation guide.
	GS02	Application Sender's Code	R		The sender defines this value. ValueOptions will not be validating this value.
	GS03	Application Receiver's Code	R		This field will identify how the file is received by ValueOptions.
	GS04	Date	R	Date format CCYYMMDD.	Use 'EDI' for electronic transfer. Refer to the implementation guide for specifications.
	GS05	Time	R	Time format HHMM.	Refer to the implementation guide for specifications.
	GS06	Group Control Number	R	The group control number is GS06, must be identical to the associated group trailer GE02.	This value is defined by the sender's system. If ValueOptions eventually implements the 997, this number will be used to identify the functional group being acknowledged.
	GS07	Responsible Agency Code	R	Code identifying the issuer of the standard. Valid value: 'X' Accredited Standards Committee X12	Use the value specified in the implementation guide.
	GS08	Version/Release Industry ID Code	R	Valid value: Addenda Approved for Publication by ASC X12.	Use the current standard approved for publication by ASC X12. Other standards will not be accepted.

Seg	Data Element	Name	Usage	Comments	Expected Value
				'0040100X061A1'	

FUNCTIONAL GROUP TRAILER SPECIFICATIONS

Seg	Data Element	Name	Usage	Comments	Expected Value
TRAILER					
GE		Functional Group Trailer	R		
	GE01	Number of Transaction Sets Included	R	Count the number of transaction sets in the functional group.	Multiple transaction sets may be sent in one GS/GE functional group.
	GE02	Group Control Number	R	The group control number in GE02 must be identical to the associated functional group header value sent in GS06.	The group control number in GE02 will be compared to the number sent in GS06. If the numbers do not match the entire file will be rejected.

**820 PREMIUM PAYMENT ORDER/REMITTANCE
ADVICE
TRANSACTION SPECIFICATIONS**

820 PREMIUM PAYMENT ORDER/REMITTANCE ADVICE TRANSACTION SPECIFICATIONS

Seg	Data Element	Name	Usage	Comments	Expected Value
BPR		Financial Information	R	HEADER	
	BPR01	Transaction Handling Code	R	<p>Valid values:</p> <ul style="list-style-type: none"> 'C' Payment Accompanies Remittance Advice 'D' Make Payment Only 'I' Remittance Information Only 'P' Pre-notification of Future Transfers 'U' Split Payment and Remittance 'X' Handling Party's Option to Split Payment and Remittance 	<p>Use one of the following:</p> <ul style="list-style-type: none"> 'C' Payment Accompanies Remittance Advice 'I' Remittance Information Only 'P' Only use this code when testing the setup of the premium receiver and verifying the accuracy of the account numbers. This is never used for actual payment or remittance information.
	BPR03	Credit/Debit Flag Code	R	<p>Valid values:</p> <ul style="list-style-type: none"> 'C' Credit 'D' Debit 	Use 'C' Credit.
	BPR04	Payment Method Code	R	<p>Valid values:</p> <ul style="list-style-type: none"> 'ACH' Automated Clearing House (ACH) 'BOP' Financial Institution Option 'CHK' Check 'FWT' Federal Reserve Funds/Wire Transfer 'SWT' S.W.I.F.T. payment 	<p>Use one of the following:</p> <ul style="list-style-type: none"> 'ACH' Automated Clearing House (ACH) 'CHK' Check 'FWT' Federal Reserve Funds/Wire Transfer
	BPR12	RDFI Identification Number Qualifier	S	Valid values:	Use '01' ABA Transit Routing Number.

Seg	Data Element	Name	Usage	Comments	Expected Value
				'01' ABA Transit Routing Number including Check Digits (9 Digits) '04' Canadian Bank Branch and Institution Number	Necessary for ACH transactions only.
	BPR13	RDFI Identifier	S	This is the identifying number of the Receiving Depository Financial Institution receiving the transaction from the ACH network	Contact FHC's Treasury Department (757) 459-5267 to request this information.
	BPR14		S	Valid values: 'DA' Demand Deposit 'SG' Savings	Necessary for ACH transactions only. Contact FHC's Treasury Department (757) 459-5267 to request this information.
	BPR15		R	This is the premium receiver's bank account at the Receiving Depository Financial Institution.	Necessary for ACH transactions only. Contact FHC's Treasury Department (757) 459-5267 to request this information.
REF		Premium Receivers Identification Key	S	For HIPAA, one occurrence of this segment is required to identify the Master Account Number.	Necessary for ACH transactions only.
	REF01	Reference Identification Qualifier	R	Valid values: '14' Master account number required under HIPAA '18' Plan Number '2F' Consolidated invoice number '38' Master policy number '72' Schedule Reference Number	Use '14' Master Account Number
	REF02	Premium Receiver Reference Identifier	R		Invoiced clients should use the Client Code found on the ValueOptions Invoice. Self Reporting clients may obtain their Client Code from the ValueOptions Revenue Department at (757) 459-5344.
DTM		Coverage Period	S	This segment is required when the premium payer is not paying from an invoice but paying on account for a coverage period.	ValueOptions requires this segment for all Self Reporting clients.

Seg	Data Element	Name	Usage	Comments	Expected Value
LOOP 1000A – PREMIUM RECEIVER'S NAME					
N1		Premium Receiver Name	R		
	N102		S	For HIPAA this element is required.	Use 'ValueOptions, Inc.'
	N103		S	For HIPAA this element is required. Valid values: '1' DUNS Number '9' DUNS +4 Number 'EQ' Insurance company assigned identification number 'FI' Federal Tax ID 'XV' HCFA Plan ID Required if mandated.	Use 'FI' Federal Tax ID.
	N104		S	For HIPAA this element is required.	Use '54-1414194'
LOOP 1000B – PREMIUM PAYER'S NAME					
N3		Premium Payer Address	S	This is required when the Premium Payer's Address needs to be printed on the check.	This segment is required by ValueOptions for those clients paying by check.
N4		Premium Payer's City, State, Zip	S	This is required when the Premium Payer's CSZ needs to be printed on the check.	This segment is required by ValueOptions for those clients paying by check.
PER		Premium Payer's Administrative Contact	S	This segment is used to relay the premium payer's administrative contact.	ValueOptions requests that the Administrative Contact segment be Included in the transaction.
	PER02	Contact name	R		Use the name of the administrative contact.
	PER03	Communication Number Qualifier	S	Valid values: 'EM' Electronic Mail 'FX' Facsimile 'TE' Telephone	Use 'TE' Telephone
	PER04	Communication Number	S		Use the telephone number of the administrative contact.

Seg	Data Element	Name	Usage	Comments	Expected Value
LOOP 2300A – ORGANIZATION SUMMARY REMITTANCE DETAIL					
	RMIR01	Reference Identification Qualifier	R	Valid values: '11' Account Number '1L' Group or policy number Required for HIPAA when an invoice has not been received from the Health Plan 'CT' Contract Number 'IK' Invoice Number	Use one of the following values: '1L' Group or policy number for Self Reporting claims 'IK' Invoice Number for invoiced clients
	RMIR02	Reference Identification	R		Self Reporting clients use the ValueOptions Group Number sent in their 834 Enrollment Transaction. Note: If the client does not store the ValueOptions group number, they should submit the various components of data elements (concatenated together) needed by ValueOptions to derive their group number. For further clarification on the necessary components contact the Valueoptions Enrollment Department. Invoiced clients use the 10- digit Invoice Number found on the ValueOptions invoice.
LOOP 2000B - INDIVIDUAL REMITTANCE					
Ent		Individual Remittance	S		
	ENT03	Identification Code Qualifier	R	Valid values: '34' SSN 'EI' Employee Identification Number 'ZZ' Mutually Defined Reserved for HIPAA Individual Identifier when mandated	Use '34' SSN.
	ENT04	Identification Code	R		Use the individual's 9-digit Social Security Number.

Seg	Data Element	Name	Usage	Comments	Expected Value
LOOP 2100B – Individual Name					
NM1		Individual Name	S		
	NM103	Individual Last Name	S	Required when the sender needs to relay the individual's last name.	Use the individual's Last Name
	NM104	Individual First Name	S	Required when the sender needs to relay the individual's first name.	Use the individual's First Name
	NM105	Individual Middle Name	S	Required when the sender needs to relay the individual's middle name.	Use the individual's Middle Name
	NM107	Individual Name Suffix	S	Required when the sender needs to relay the individual's name.suffix.	Use the individual's name suffix
	NM108	Identification Code Qualifier	S	Valid values: '34' SSN 'EI' Employee Identification Number 'N' Insured's Unique Identification Number	Use 'N' Insured's unique identification number.
	NM109	Individual Identifier	S		Use the insurer assigned unique identification number.
LOOP 2300B – INDIVIDUAL PREMIUM REMITTANCE DETAIL					
RMR		Individual Premium Remittance Detail	S		
	RMR01	Reference Identification Qualifier	R	Valid values: '11' Account Number '9J' Pension Contract 'AZ' Health Insurance Policy Number Required for HIPAA when an invoice has not been received from the health plan 'B7' Life Insurance Policy Number 'CT' Contract Number 'ID' Insurance Certificate	Use one of the following values: 'AZ' Health Insurance Policy Number for Self Reporting clients. 'IK' Invoice number for invoiced clients.

Seg	Data Element	Name	Usage	Comments	Expected Value
				Number 'IG' Insurance Policy number 'JK' Invoice number Required when an invoice has been received from the Health Plan 'KW' Certification	
	RMR02	Reference Identification	R		<p>Self Reporting clients use the ValueOptions Group Number sent in their 834 Enrollment Transaction.</p> <p>Note: If the client does not store the ValueOptions group number, they should submit the various components of data elements (concatenated together) needed by ValueOptions to derive their group number. For further clarification on the necessary components contact the Valueoptions Enrollment Department.</p> <p>Invoiced clients use the 10-digit Invoice Number found on the ValueOptions invoice.</p> <p>ValueOptions requires this segment for all Self Reporting clients.</p>
DTM		Individual Coverage Period	S	This segment is required when the premium payer is not paying from an invoice but paying on account for a coverage period.	