

Health Care Premium Payment (820) Companion Guide 004010 X061A1

Version 1.4

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Document Change Log

Version	Changed Date	Changed By	Reason
1.4	7/21/08	EDS (Nicole Roden)	Corrected EDS website address to http://mymedicaid-florida.com . Changed EDI telephone number to 1-866-586-0961.

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1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

1.1 Purpose

The 820 Transaction is used to transmit premium payment information. The 820 Transaction Set can be used to make a payment and/or send remittance information.

It is mandatory under HIPAA that the Agency for Health Care Administration (AHCA) be able to generate this transaction set to report on capitation payments.

2 TRANSMISSION AND DATA RETRIEVAL METHODS

EDS supports several types of data transport depending upon the trading partner's need. Providers and their representatives can submit and receive data via: Web portal, Remote Access Server (RAS), and Value Added Network (VAN)/Switch Vendors for interactive transactions.

1. Web portal: Transaction files are uploaded/downloaded in the Trade Files menu on the secure Web portal.
2. Remote Access Server (RAS): This option is available to trading partners who do not have an existing Internet connection. The RAS server typically supports those who need a dial-up option. Once the RAS connection is established, transaction files are uploaded/downloaded in the Trade Files menu on the secure Web portal.
3. Value Added Networks (VANs) or Switch Vendors: VANs or Switch Vendors typically support interactive transactions through a dedicated connection to the fiscal agent. VANs sign a contract with the State and have unique, VAN specific communication arrangements with the fiscal agent. A list of approved vendors is listed on the fiscal agent Web site.

Detailed information to assist with EDI related processes are available on the Provider Public Web site at: <http://mymedicaid-florida.com>

Information available includes:

1. Remote Access Server connectivity instructions for submitters without an existing Internet connection;
2. Trading Partner Testing Procedures for all new trading partners, or trading partners adding a new transaction; and
3. Web Upload/Download instructions for submitters uploading/downloading via the secure Web portal.

File/System Specifications

EDI will only accept Windows\PC\DOS formatted files.

EDI will allow upload and download of zipped or compressed files.

Note: Only one X12 transaction file is permitted in each “zipped” file.

EDI does not require any specific file extensions. This includes acceptance of files without an extension.

The Web portal is designed to support the following Internet browsers:

1. Internet Explorer, version 6 or later;
2. Firefox, version 1.5 or later; and
3. Opera, version 8.5 or later.

3 TRANSMISSION RESPONSES

For every transaction received, there is an expected response. The available responses are an Interchange Acknowledgement (TA1), a Functional Acknowledgement (997), and an Unsolicited Claim Status (277U).

Once a transaction is received, it will go through a ‘front end’ compliance check called a TA1. The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

Once the transaction has passed the ‘front end’ compliance check it then goes through a syntax compliance edit. This edit is to verify the compliance within the ANSI X12 syntax according to the HIPAA Implementation Guides. The transaction will receive a Functional Acknowledgement (997) to provide feedback on the transaction. The 997 functional acknowledgement contains accepted or rejected information. If the transaction contains any syntactical errors, the segments and elements in which the error occurred will be reported in a rejected acknowledgement. If the transaction contains no syntactical errors, a positive 997 response will be generated and the transaction is passed on for processing.

4 EDI SUPPORT

The EDS EDI Unit is available to support trading partners and providers that exchange transactions electronically. Support functions include:

1. Enrollment processing for trading partners requesting to submit transactions electronically;
2. Installation assistance and submission support for Provider Electronic Solutions (PES) software;
3. Provide assistance to billing agents, clearinghouses and software vendors;
4. Identifying and troubleshooting technical issues; and
5. Data Exchange help.

EDI staff is available Monday through Friday 8:00 a.m. to 5:00 p.m. EST by calling 1-866-586-0961.

5 CONTROL SEGMENT DEFINITIONS FOR FLORIDA MEDICAID 820 TRANSACTION

Note the page numbers listed below in each of the tables represent the corresponding page number in the X12N 820 HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

5.1 ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

820 Premium Payment				
Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
B.3	N/A	ISA	ISA02 - Authorization Information	[space fill]
B.4	N/A	ISA	ISA03 - Security Information	'00' – No Security

820 Premium Payment				
Page	Loop	Segment	Data Element	Comments
			Qualifier	Information Present
B.4	N/A	ISA	ISA04 - Security Information	[space fill]
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.4	N/A	ISA	ISA06 - Interchange Sender ID	'77027' left justified and space filled. Florida Medicaid Sender ID
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	Trading Partner ID Supplied by Florida Medicaid
B.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD.
B.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM.
B.5	N/A	ISA	ISA11 - Interchange Control Standards Identifier	'U' – Interchange Control Standards Identifier
B.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00401' – Control Version Number
B.5	N/A	ISA	ISA13 - Interchange Control Number	Interchange Unique Control Number
B.6	N/A	ISA	ISA14 - Acknowledgment Request	'1' – Acknowledgement Requested
B.6	N/A	ISA	ISA15 - Usage Indicator	'T' - Test Data 'P' - Production Data
B.6	N/A	ISA	ISA16 - Component Element Separator	',' – Component Element Separator

5.2 IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups

and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

820 Premium Payment				
Page	Loop	Segment	Data Element	Comments
B.7	N/A	IEA	IEA01 - Number of included Functional Groups	Number of included Functional Groups
B.7	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13.

5.3 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

820 Premium Payment				
Page	Loop	Segment	Data Element	Comments
B.8	N/A	GS	GS01 - Functional ID Code	'RA' – Payment Order/Remittance Advice (820)
B.8	N/A	GS	GS02 - Application Sender's Code	This will be equal to the value in ISA06.
B.8	N/A	GS	GS03 - Application Receiver's Code	This will be equal to the value in ISA08.
B.8	N/A	GS	GS04 - Date	The date format is CCYYMMDD.
B.8	N/A	GS	GS05 - Time	The time format is HHMM.
B.9	N/A	GS	GS06 - Group Control Number	Group Control Number
B.9	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
B.9	N/A	GS	GS08 - Version/ Release/ Industry ID Code	'004010X061A1' – Version / Release / Industry Identifier Code

5.4 GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

820 Premium Payment				
Page	Loop	Segment	Data Element	Comments
B.10	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
B.10	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06

5.5 ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

820 Premium Payment				
Page	Loop	Segment	Data Element	Comments
34	N/A	ST	ST01 – Transaction Set Identifier Code	'820' – Payment Order/Remittance Advice
34	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number

5.6 SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

820 Premium Payment				
Page	Loop	Segment	Data Element	Comments
98	N/A	SE	SE01 – Number of Included Segments	Total Number of Segments included in Transaction Set Including ST and SE.

98	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02.
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5.7 Valid Delimiters

The delimiters documented below will be used for Florida Medicaid, unless otherwise requested by a trading partner.

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

6 COMPANION GUIDE FOR THE 820 TRANSACTION

820 Premium Payment				
Page	Loop	Segment	Data Element	Comments
36	N/A	BPR	BPR01 - Transaction Handling Code	'I' – Remittance Information Only
37	N/A	BPR	BPR03 - Credit Debit Flag	'C' – Credit
37-38	N/A	BPR	BPR04 - Payment Method Code	'ACH' - Automated Clearing House 'CHK' - Check
43	N/A	TRN	TRN01 - Tracer Type Code	'3' – Financial Reassociation Trace Number
48	N/A	REF	REF01 - Reference Identification Qualifier	'14' – Master Account Number
49	N/A	REF	REF02 - Premium Receiver Reference	Displays the type of key and value provided to the premium payer by the premium receiver.
57	1000A	N1	N103 – Identification Code Qualifier	'FI' – Federal Tax ID
57	1000A	N1	N104 – Receiver Identifier	'Tax ID'

63	1000B	N1	N102 - Premium Payer Name	'STATE OF FLORIDA MEDICAID'
63	1000B	N1	N103 - Premium Payer Identification Code Qualifier	'FI' – Federal Taxpayer's Identification Number
63	1000B	N1	N104 - Premium Payer Identifier	'593340183' – Florida Tax ID
87	2000B	ENT	ENT01 - Assigned Number	Unique number/ID within transaction set (incremented by 1 for each recipient for example '1', '2', '3', etc.)
87	2000B	ENT	ENT03 - Identification Code Qualifier	'ZZ' - Mutually Defined
87	2000B	ENT	ENT04 - Receiver's Individual Identifier	Capitation Category Code
89	2100B	NM1	NM108 - Identification Code Qualifier	'N' - Insured's Unique Identification Number
89	2100B	NM1	NM109 - Individual Identifier	Florida Recipient 10-digit Medicaid ID
Individual Premium Remittance Detail				
Note: Organization Summary Remittance Detail will not be used for Florida Medicaid.				
92	2300B	RMR	RMR01 - Reference Identification Qualifier	'AZ' – Health Insurance Policy Number
92	2300B	RMR	RMR02 - Insurance Remittance Reference Number	Florida Internal System Control Number – Otherwise known as SAK Capitation Number
93	2300B	RMR	RMR04 – Detail Premium Payment Amount	Displays the amount being paid per Recipient
95	2300B	DTM	DTM06 - Coverage Period	Month Date Range of CAP Payment
96	2320B	ADX	ADX01 - Adjustment Amount	Displays the amount of the adjustment. Providers that did not receive a full capitation payment should

				first cross-reference the monthly Enrollment Report to determine if the recipients in question were enrolled with the provider for the month in question. If the recipient appears on the monthly Enrollment Report but does not appear on the X12N 820 transaction or the recipient appears with a zero payment, the provider should contact Provider Service Center @ 1-800-289-7799 (in state) 1-800-955-7799 (out of state) or a local Provider Field Services Representative.
97	2320B	ADX	ADX02 - Adjustment Reason Code	'52' – Credit for Previous Overpayment '53' – Remittance for Previous Underpayment

Adjusted and Denied Capitation Payments

	Paid Amount	Billed Amount	Individual Premium Adjustment
Void	Will contain negative paid amount	Will contain zeros	Will contain negative paid amount for balancing purposes
Adjustment	Will contain difference between credited and debited amounts	Will contain total debited amount	Will contain total credited amount
Denial	Will contain zeros	Will contain total allowed charge	Will contain negative total allowed charge for balancing purposes