

Companion Document

820

820 Payroll Deducted and Other Group Premium Payment for Insurance Products

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 – 820 Premium Payment Order / Remittance Advice: Basic Instructions

Section 2 – 820 Premium Payment Order / Remittance Advice: Enveloping

Section 3 – 820 Premium Payment Order / Remittance Advice: Charts for Situational Rules

Any questions?

Contact E-Solutions

e-solutions.support@amerigroup.com

Section 1 — Basic Instructions

1.1 X12 and HIPAA Compliance Checking, and Business Edits

EDI interchanges submitted to Healthy Blue for processing pass through compliance edits. 5010 acknowledgments and reports for accepted/rejected files will be placed in the submitter's trading partner mailbox for pickup.

- TA1 Interchange Acknowledgment. Healthy Blue returns TA1 X12 and proprietary reports to the submitter of inbound 820 files containing envelope errors in the ISA and GS segments.
- Level 1. Healthy Blue returns a 999 Interchange Acknowledgment to the submitter for every inbound transaction received. Each transaction passes through edits to ensure that it is X12 compliant. If the X12 syntax or any other aspect of the 820 is not X12 compliant, the 999 will also report the Level 1 errors in AK segments and indicate that the entire transaction set has been rejected.
- Level 2. In addition to HIPAA TR3 edits, Healthy Blue applies business edits to ensure that the necessary information is populated and complete for efficient processing. When encountering HIPAA compliance, code set or business errors, Healthy Blue returns an 864 Level 2 Status Report to the submitter indicating the entire transaction set has been rejected.

1.2 Uppercase Letters, Special Characters, and Delimiters

As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters.

- All HIPAA deemed values (segments, qualifiers) must be submitted in UPPERCASE letters only.
- Suggested delimiters for the transaction are assigned as part of the trading partner set up.
 - Data Element Separator, Asterisk (*)
 - Repetition Separator (ISA11), Caret (^)
 - Sub-Element Separator, Colon (:)
 - Segment Terminator, Tilde (~)

NOTE! *Since the listed values are the only delimiters supported, the use of any other values will yield a file level rejection. Using values from the extended character set is not permitted without a mutual written agreement between Healthy Blue and trading partner.*

- To avoid syntax errors, hyphens, parentheses and spaces are not recommended to be used in values for identifiers.

Examples: Tax ID 987654321 SSN 123456789

- Healthy Blue encourages trading partners to not use the following special characters as part of the value: asterisk (*), less than/greater than signs (<, >), colon (:), and slash (/). This minimizes the risk for a special character to be recognized as a delimiter.

Example: Provider submits a Social Security Number '123-45-6789'. Although a hyphen (-) is a valid special character, it adversely affects processing since the system is unable to process correctly.

1.3 Decimal "R" Data Elements

"R" data elements are those that contain a decimal point; involving monetary amounts, units, visits, weights, and frequency. Healthy Blue recommends using decimal points for monetary amounts, and whole numbers for other types of "R" data elements.

Section 2 — Enveloping

EDI envelopes control and track communications between you and Healthy Blue. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Trailer (GE)
- Functional Group Header (GS)
- Interchange Control Trailer (IEA)

820 Payroll Deducted and Other Group Premium Payment for Insurance Products—Envelope Specific to Healthy Blue (TR3, Appendix C)			
ISA—Interchange Control Header	GS—Functional Group Header	GE—Functional Group Trailer	IEA—Interchange Control Trailer
ISA01 00	GS01 RA	GE01 <i>refer to TR3</i>	IEA01 <i>refer to TR3</i>
ISA02 <i>refer to TR3</i>	GS02 SENDER ID	GE02 <i>refer to TR3</i>	IEA02 <i>refer to TR3</i>
ISA03 00	Left-justified followed by no zeroes or spaces		
ISA04 <i>refer to TR3</i>	GS03 BCBSCAIDSC		
ISA05 ZZ	GS04 <i>refer to TR3</i>		
ISA06 SENDER ID	GS05 <i>refer to TR3</i>		
Left-justified followed by spaces			
ISA07 ZZ	GS06 <i>refer to TR3</i>		
ISA08 BCBSCAIDSC	GS07 X		
Left-justified followed by spaces			
ISA09 <i>refer to TR3</i>	GS08 005010X279A1		
ISA10 <i>refer to TR3</i>			
ISA11 ^ (5E)			
ISA12 00501			
ISA13 <i>refer to TR3</i>			
ISA14 <i>refer to TR3</i>			
ISA15 <i>refer to TR3</i>			
ISA16 : (3A)			

NOTE. Critical Batching and Editing Information

**Transactions must be batched in separate functional group by GS03.*

**Unique group control number (GS06) MUST NOT be duplicated within 365 days by Trading Partner ID (GS02); files containing duplicate or previously received group control numbers will be rejected.*

**Transactions must be submitted to the Plan for the state in which the services will be rendered. Transaction from providers not within our service areas must not be sent.*

Section 3 — Charts for Situational Rules

Listed below are loops, segments, and data elements required for proper processing by Healthy Blue per the situational rules in the 820 TR3.

820 Payment Order / Remittance Advice				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Healthy Blue
P.35	ST	<i>820 Header - refer to TR3</i>		
P.36	BPR Financial Information	BPR04 Payment Method Code	BOP	BOP - Financial Institution Option
P.43	TRN Reassociation Trace Number	TRN04 Originating Company Supplemental Code	P C	P - Identifies POWER account payment details C - Identifies CAPITATION payment details
P.45	CUR	<i>Foreign Currency Information - refer to TR3</i>		
P.48	REF	<i>Premium Receivers Identification Key - refer to TR3</i>		
P.50	DTM	<i>Process Date - refer to TR3</i>		
P.51	DTM	<i>Delivery Date - refer to TR3</i>		
P.53	DTM	<i>Coverage Period - refer to TR3</i>		
P.55	DTM	<i>Creation Date - refer to TR3</i>		
Loop ID 1000A—Premium Receiver's Name				
P.56	N1	<i>Premium Receiver's Name - refer to TR3</i>		
P.58	N2	<i>Premium Receiver Additional Name - refer to TR3</i>		
P.59	N3	<i>Premium Receiver's Address - refer to TR3</i>		
P.60	N4	<i>Premium Receiver's City, State, ZIP Code - refer to TR3</i>		
P.62	RDM	<i>Premium Receiver's Administrative Contact - refer to TR3</i>		
Loop ID 1000B—Premium Payer's Name				
P.64	N1	<i>Premium Payer's Name - refer to TR3</i>		
P.66	N2	<i>Premium Payer Additional Name - refer to TR3</i>		
P.67	N3	<i>Premium Payer's Address - refer to TR3</i>		
P.68	N4	<i>Premium Payer's City, State, ZIP Code - refer to TR3</i>		
P.70	PER	<i>Premium Payer's Administrative Contact - refer to TR3</i>		
Loop ID 1000C—Intermediary Bank Information				
P.73	N1	<i>Intermediary Bank Information - refer to TR3</i>		
P.75	N2	<i>Intermediary Bank Additional Name - refer to TR3</i>		
P.76	N3	<i>Intermediary Bank's Address - refer to TR3</i>		
P.77	N4	<i>Intermediary Bank's City, State, ZIP Code - refer to TR3</i>		
P.79	PER	<i>Intermediary Bank's Administrative Contact - refer to TR3</i>		
Loop ID 2000A—Organization Summary Remittance				
P.82	ENT	<i>Organization Summary Remittance - refer to TR3</i>		
Loop ID 2200A—Organization Summary Remittance Level Adjustment for Previous Payment				
P.85	ADX	<i>Organization Summary Remittance Level Adjustment for Previous Payment - refer to TR3</i>		
Loop ID 2300A—Organization Summary Remittance Detail				
P.87	RMR	<i>Organization Summary Remittance Detail - refer to TR3</i>		
P.90	REF	<i>Reference Information - refer to TR3</i>		
P.92	DTM	<i>Organizational Coverage Period - refer to TR3</i>		
Loop ID 2310A—Summary Line Item				
P.94	IT1	<i>Summary Line Item - refer to TR3</i>		
Loop ID 2312A—Service, Promotion, Allowance, or Charge Information				
P.97	SAC	<i>Service, Promotion, Allowance, or Charge Information - refer to TR3</i>		
Loop ID 2315A—Member Count				
P.99	SLN	<i>Member Count - refer to TR3</i>		

820 Payment Order / Remittance Advice				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Healthy Blue
Loop ID 2320A—Organization Summary Remittance Level Adjustment for Current Payment				
P.103	ADX	<i>Organization Summary Remittance Level Adjustment for Current Payment - refer to TR3</i>		
Loop ID 2000B—Individual Remittance				
P.105	ENT	<i>Individual Remittance - refer to TR3</i>		
Loop ID 2100B—Individual Name				
P.107	NM1 Individual Name	NM101 Entity Identifier Code	QE	QE - Policyholder
		NM103 Name Last or Organization Name	(Individual Last Name)	Identifies the name of the member issued on the ID card
		NM104 Name First	(Individual First Name)	
		NM108 ID Code Qualifier	N	N - Insured's Unique Identification Number
		NM109 Identification Code	(Individual Identifier)	Represents Internal Control # (ICN) in CCYYDDD format, ICN Media Code, ICN Batch Sequence, ICN Line #
Loop ID 2200BA—Individual Premium Adjustment for Previous Payment				
P.110	ADX	<i>Individual Premium Adjustment for Previous Payment - refer to TR3</i>		
Loop ID 2300B—Individual Premium Remittance Detail				
P.112	RMR	<i>Individual Premium Remittance Detail - refer to TR3</i>		
P.114	REF	<i>Reference Information - refer to TR3</i>		
P.115	DTM	<i>Individual Coverage Period - refer to TR3</i>		
Loop ID 2320B—Individual Premium Adjustment for Current Payment				
P.117	ADX	<i>Individual Premium Adjustment for Current Payment - refer to TR3</i>		
P.119	SE	<i>Transaction Set Trailer - refer to TR3</i>		

Release Notes

Release	Page(s)	Description
3		Rebranding

www.HealthyBlueSC.com

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC. an independent company, for services to support administration of Healthy Connections. To report fraud, call our confidential Fraud Hotline at 877-725-2702. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at 888-364-3224 or email fraudres@scdhhs.gov.

Page 6 of 6
Release 3
(March 2019)
005010X218