HEALTHpac 820 Message Elements

Version 1.4

April 9, 2003

ELDORADO COMPUTING, INC.

Table of Contents

1 Introduction

1.1 General comments

This document describes the HIPAA 820 standard message elements that are or may be used by Healthpac. 820 is only an inbound transaction.

When reading 820 messages, the number of payments allowed in one transaction set for an individually-billed group is user-determined. For both group-level and individually-billed payments, the total number of messages containing the same check issue date and destined for the same underwriter cannot be greater than 9999. The number of transaction sets in a single message may be further restricted by the memory restraints of the operating system under which the X12 Manager is running.

In the following tables, fields that have a fixed identifier when used (for instance, an ID code qualifier that, if used, can only have a single value) are not listed.

The columns contain the following:

- Group name – name of the group of segments in the HIPAA specification
- Item name – name of the element or subelement in the HIPAA specification
- Loop – loop identifier in the HIPAA specification
- Seg– name of the segment in the HIPAA specification
- Pos – position of the element or subelement in the HIPAA specification
- R/S – Required/Situational indicator from the HIPAA spec; "R*" means the item is required if the segment itself is used, though the segment is Situational
- Type – element type (AN = alphanumeric, R = real/decimal, ID = ID code, and so on, following the nomenclature in the X12 specification.)
- Max – if the maximum field length differs between the HIPAA specification and Healthpac, the HIPAA value is listed first and the Healthpac value is listed second (e.g., 60/35); otherwise the single (common) length is listed
- Notes – miscellaneous notes about the item

HEALTHpac ignores many inbound elements, though syntax checking is done on *all* elements and errors are noted even for elements that HEALTHpac doesn't use.

1.2 Functionality

HEALTHpac accepts inbound 820 files, creating cash receipt records; these records then can be sent through the standard HEALTHpac cash posting process.

1.2.1 Interchange Receiver ID

The Interchange Receiver ID, field ISA08, must contain the value configured in HEALTHpac.

1.2.2 Underwriter and Group Numbers

Before HEALTHpac and an external system can exchange group-level premium payment records, both sides must agree how to represent underwriters and group numbers. For both group-level premium payments and individually-billed premium payments, HEALTHpac expects one of the Premium Receiver Reference ID segments to have qualifier "38" (master plan number), "18" (plan number), or "14" (master account number), and for one of these reference IDs to represent the HEALTHpac group number. If a master plan number of plan number is present, it will use that ID as the group ID; if neither are present, it will interpret the master account number as the 6-character HEALTHpac group number.

1.2.3 Employee Identification

For group-level premium payments, no employee identification is required.

 For individual premium payments, HEALTHpac expects the individual ID code to appear in either element NM109 for loop 2000B, Individual Entity, ID code, with qualifier "34" or "EI", or in NM109 for loop 2100B, Individual Name, ID code, with the same possible qualifiers.

1.2.4 Use of the 820 ADX segment

Based on HIPAA documentation, this segment exists to internally balance (i.e., within the 820 transaction set) discrepancies between the invoice sent to the group and the payment received from the group. HEALTHpac will not use the amount sent in the adjustment segment to modify payment amounts transmitted in other segments.

1.2.5 Currency

HEALTHpac assumes that all premium payments will use the currency expected by the HEALTHpac system. Both sides of an exchange must insure that this is the case since HEALTHpac ignores the currency segment in the 820 transaction set.

1.3 Related documents

HEALTHpac HIPAA Message Header Elements describes the elements in the ISA and GS segments.

2 820 Message Elements

2.1 Header Information

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Payment Order/ Remittance Advice	Transaction handling code		BPR	01	R	ID	2	Only values "C", "D", and "P" are allowed
Payment Order/ Remittance Advice	Credit or debit flag code		BPR	03	R	ID	1	Only value "C" is allowed
Payment Order/ Remittance Advice	Check issue date		BPR	16	R	DT	8	CCYYMMDD - becomes the item date on the HEALTHpac record
Trace	Check or EFT trace number		TRN	02	R	AN	30	
Trace	Originating company ID		TRN	03	S	AN	10	
Trace	Originating co suppl ID		TRN	04	S	AN	30	

If BPR01is "P", the groups and employee IDs will be compared to values in the HEALTHpac database in order to produce a discrepancy report.

2.2 Group-level Payment

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Remittance Advice A/R Open Item Reference	Detail premium payment amount	2000A	RMR	04	R	R	18/12	HIPAA max amount = $99,999,999.99 HP4 max amount = $9,999,999.99

2.3 Individually-billed Group Payment(s)

Group Name	Item name	Loop	Seg	Pos	R/S	Type	Max	Notes
Individual Entity	ID code qualifier	2000B	ENT	03	R*	ID	2	Only "34" and "EI" are valid
Individual Entity	ID code	2000B	ENT	04	R*	AN	80	Employee SSN
Individual Name	ID code qualifier	2100B	NM1	08	S	ID	2	Only "34" and "EI" are valid
Individual Name	ID code	2100B	NM1	09	S	AN	80/9	Employee SSN
Remittance Advice A/R Open Item Reference	Detail premium payment amount	2300B	RMR	04	R	R	18/12	HIPAA max amount = $99,999,999.99 HP4 max amount = $9,999,999.99

HEALTHpac uses the employee SSN as the insured ID, and will require the 820 transmission to send the SSN in NM109 or ENT04 using qualifiers "34" (SSN) or "EI" (employee ID).

If the SSN cannot be verified within HEALTHpac, the payment(s) tied to this SSN will not be processed.

3 Checklist of configurable items

The external system must obtain the configured Interchange Receiver ID from the HEALTHpac client as well as group identifiers and an employee list..