California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS)

EDI 820 Companion Guide, Version 2.0

10/17/2014

PREFACE

This Companion Guide to the v5010 Accredited Standards Committee (ASC) X12N Implementation Guides and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with Covered California, the Health Insurance Exchange for the state of California. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides and the CMS Standard Companion Guide Transaction, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide is based on, and must be used in conjunction with, the ASC X12 X12N/005010X306 Type 3 Technical Report (TR3). The Companion Guide clarifies and specifies specific transmission requirements for exchanging data Covered California. The instructions in this companion guide conform to the requirements of the TR3, ASC X12 syntax and semantic rules and the ASC X12 Fair Use Requirements. In case of any conflict between this Companion Guide and the instructions in the TR3, the TR3 takes precedence.

TABLE OF CONTENTS

1. INTRODUCTION

1.1. BACKGROUND

The state of California is creating a health insurance exchange called Covered California to comply with the Affordable Care Act (ACA). Covered California will help individuals and small employers shop for, select and enroll in high quality, affordable health plans that fit their needs.

In order for Covered California to run an exchange, it must exchange payment information with issuers. This standard will be the basis on which Covered California will exchange information with insurance issuers.

This companion guide contains detailed information about how Covered California will use the ASC X12 Health Insurance Exchange Related Payments (820) transaction, based on the 005010X306 Implementation Guide.

1.2. BUSINESS PURPOSE

The Health Insurance Portability and Accountability Act (HIPAA) require Covered California and all health insurance issuers to comply with the Electronic Data Interchange (EDI) standards for health care as established by the Department of Health and Human Services (HHS.). Those compliance standards are codified in the ASC X12N 5010 version of the Technical Report Type 3 (TR3) for each transaction type. Covered California will trade the following health care transaction types:

- 834 Membership Enrollments
- 820 Payment files
- 999 Functional Acknowledgments
- TA1 Interchange Acknowledgments

Where applicable, the TR3s for these transactions are available electronically from the WPC website at http://www.wpc-edi.com/.

This Companion Guide is to be used in conjunction with the respective TR3s and is not meant to replace them.

2. FILE NAMING CONVENTIONS/FREQUENCY

The naming conventions for files transferred between Covered California and the insurance issuers are as follows:

Txn Type	Frequency (D=Daily*, M=Monthly)	Type	Direction I = In, O = Out	Naming Convention from/to Trading Partners
820	D	SHOP Payments	O	to_<HIOS_Issuer_ID>_CA_820 _SHOP_<YYYYMMDDHHMMSS>.edi
820	D	Individual Payments	I	from_<HIOS_Issuer_ID>_CA_820_INDV_<YYYYMMDD HHMMSS>.edi
TA1	D	SHOP Payments	I	from_<HIOS_Issuer_ID>_CA_TA1_820_SHOP_<YYYYM MDDHHMMSS>.edi
TA1	D	Individual Payments	O	to_<HIOS_Issuer_ID>_CA_TA1_820_INDV_<YYYYMMD DHHMMSS>.edi
999	D	SHOP Payments	I	from_<HIOS_Issuer_ID>_CA_999_820_SHOP_<YYYYM MDDHHMMSS>.edi
999	D	Individual Payments	O	to_<HIOS_Issuer_ID>_CA_999_820_INDV_<YYYYMMD DHHMMSS>.edi

 * Daily implies that every day, a maximum of one file/day will be traded.

3. FILE TRANSFER PROCESS

Information on where to drop files, landing zone, etc. will be provided in a future version of this document or in a separate document.

4. ACKNOWLEDGMENTS AND BUSINESS EDITS

EDI interchanges submitted to Covered California are processed through compliance edits that generate acknowledgments indicating the portions of data that were accepted vs. rejected. Those acknowledgment files are returned to the submitter.

4.1. TA1 INTERCHANGE ACKNOWLEDGMENT

- Covered California expects to receive a TA1 interchange acknowledgment for every outbound 820 or 834 file sent.

- Covered California will send a TA1 acknowledgment for every inbound 820 or 834 file.

- The Exchange will require the request for a TA1 in the control header to be in all outbound and inbound 820 and 834 data.   The request for a TA1 is part of the validation process, so any 820 or 834 data without this request will fail validation.
- The Exchange will not support TA1 error codes 028-031.
- The Exchange will only support Interchange Acknowledgement Codes "A" and "R".

4.2. 999 FUNCTIONAL ACKNOWLEDGMENTS

- Covered California expects to receive a 999 functional acknowledgment for every functional group in every file 820 or 834 file sent.

- Covered California will send 999 functional acknowledgments for every functional group in every inbound 820 or 834 file received.

- Covered California expects only one functional group per EDI file.

- If a TA1 is rejected, a 999 will not be sent.

5. UPPERCASE LETTERS, SPECIAL CHARACTERS, AND DELIMITERS

As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters with the exception of those used for delimiters.

- All HIPAA segments and qualifiers must be submitted in UPPERCASE letters only.

- Delimiters for the transactions are as follows:

Character	Name	Delimiter
*	Asterisk	Data Element Separator
^	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

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

  Examples: Tax ID 123654321 SSN 123456789 Phone 8001235010

6. SHOP VERSUS INDIVIDUAL PAYMENT TRANSACTIONS

- Covered California will send SHOP related payment information to insurance issuers.

- Insurance issuers will send individual related payment information to Covered California.

- Multiple payments will be represented in a single 820.

7. CONTROL SEGMENTS/ENVELOPES

Trading partners should follow the Interchange Control Structure (ICS) and Functional Group Structure (GS) guidelines for HIPAA that are located in the HIPAA implementation guides. The following sections address specific information needed by Covered California in order to process the ASC X12N/005010X306-820 Health Insurance Exchange Related Payments. This information should be used in conjunction with the ASC X12N/005010X306 – Health Insurance Exchange Related Payments TR3.

Element Name	Element	Value
Authorization Information Qualifier	ISA01	"00"
Security Information Qualifier	ISA03	"00"
Interchange Sender ID Qualifier	ISA05	"ZZ"
Interchange Sender ID	ISA06	**330812456**
Interchange Receiver ID Qualifier	ISA07	"ZZ"
Interchange Receiver Qualifier	ISA08	"<RECEIVERS FEDERAL TAX ID>"
Interchange Acknowledgment Requested	ISA14	"1"
Functional Identifier Code	GS01	"RA"
Application Sender's Code	GS02	**330812456**
Application Receiver's Code	GS03	"<RECEIVER'S FEDERAL TAX ID>"
Group Control Number	GS06	The GS06 control number of all outbound 820 data will be set to the same value as the ISA13 control number to allow the 999 to reference the appropriate 820 transaction.
Version/Release/Industry Identifier Code	GS08	005010X306

8. COVERED CALIFORNIA SPECIFIC BUSINESS RULES AND LIMITATIONS

8.1. INDIVIDUAL INFORMATION INCLUDED

Detailed information about the subscriber will be included in every transaction; therefore, a 2100 Individual Name Loop will be transmitted within the 2000 Remittance Information Loop.

The 2100 Individual Name Loop will be followed by two 2300 Remittance Detail Loop(s).

Only information on subscribers will be sent in the 820. Dependent information will not be sent.

8.2. PAYMENT/BALANCING

There will be three occurrences of the 2300 Remittance Detail Loop for each individual. The first will contain the premium amount for the subscriber. The second 2300 loop will contain per member per month amount (PMPM). The third 2300 loop will contain the broker fee.

9. DETAILED BUSINESS SCENARIOS FOR 820

9.1. SHOP PAYMENT SUPPLEMENTAL INSTRUCTIONS - COVERED CALIFORNIA TO QHP ISSUER

SHOP Payment HIX 820 transactions will be created by the Exchange and transmitted to insurance issuers after payments have been received from employers. The table below details Covered California's specific instructions for these HIX 820 transactions. Shaded rows represent segments in the transaction. Non-shaded rows represent elements in the transaction.

Loop	Reference	Name	Code	Marketplace Instruction
	BPR			
	BPR02	Total Payment Amount		This element will always be $0.00.
	BPR04	Payment Method Code	NON	This element will always be set to Non-Payment Data
	BPR05	Payment Format Code		This element will not be transmitted.
	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier		This element will not be transmitted.
	BPR13	Receiving Depository Financial Institution (DFI) Identifier		This element will not be transmitted.

Loop	Reference	Name	Code	Marketplace Instruction
	BPR14	Account Number Qualifier		This element will not be transmitted.
	BPR15	Receiver Bank Account Number		This element will not be transmitted.
	BPR16	Check Issue or EFT Effective Date		This will be set to the day the remittance was created since the remittance detail contained in this transaction results in a Total Payment Amount (BPR02) of $0.00
	TRN	Receiver Bank Account Number		
	TRN02	Check or EFT Trace Number		This will be a unique remittance advice identification number
	REF	Exchange Assigned Qualified Health Plan Identifier		This segment will not be transmitted. Payments will always be to payees representing more than one QHP.
	REF	Issuer Assigned Qualified Health Plan Identifier		This segment will not be transmitted. Payments will always be to payees representing more than one QHP.
	REF	Exchange Assigned Employer Group Identifier		This segment will not be transmitted. Payments will always represent more than one employer group.
	REF	Issuer Assigned Employer Group Identifier		This segment will not be transmitted. Payments will always represent more than one employer group.
1000A	N1	Payee Name		.
1000A	REF	Unique Health Plan Identifier		This segment will not be transmitted.
1000B	N1	Payer Name		
	N102	Payer Name		This element will always contain "Covered California".
	N104	Payer Identifier		This element will always contain "Covered California".
1000B	PER	Payer's Administrative Contact Information		This segment will not be transmitted.

Loop	Reference	Name	Code	Marketplace Instruction
2000	ENT	Remittance Information		There will multiple occurrence of the 2000 loop per ST/SE transaction.
2100	NM1	Individual Name		The information transmitted in this loop will match the enrollment information.
2100	REF	Exchange Assigned Qualified Health Plan Identifier		This segment will always be transmitted.
2100	REF	Issuer Assigned Qualified Health Plan Identifier		The issuer does not assign this identifier, so this segment will never be transmitted.
2100	REF	Exchange Assigned Employer Group Identifier		This segment will be transmitted (Employer Case ID)
2100	REF	Issuer Assigned Employer Group Identifier		This segment will not be transmitted.
2100	REF	Exchange Assigned Policy Identifier		This segment will always be transmitted. (Employer Case ID)
2100	REF	Issuer Assigned Policy Identifier		This segment will be transmitted when the information is available.
2100	REF	Exchange Assigned APTC Contributor/Tax Payer Identifier		This segment will not be transmitted.
2100	REF	Issuer Assigned APTC Contributor/Tax Payer Identifier		This segment will not be transmitted.
2100	REF	Exchange Assigned Dependent Identifier		This segment will not be transmitted.
2100	REF	Issuer Assigned Dependent Identifier		This segment will not be transmitted.
2100	REF	Issuer Assigned Subscriber Identifier		This segment will be transmitted when the information is available.
2300	RMR	Remittance Detail		There will be three occurrences of this loop transmitted, one occurrence for Premium, one occurrence for PMPM and one occurrence for Broker fee. See Section 8.2 above for further details.

Loop	Reference	Name	Code	Marketplace Instruction
2300	RMR02	Exchange Payment Type	PREM UF BROKERFEE	PREM - Premium UF - per member per month amount BROKERFEE - broker fee
2300	RMR04	Payment Amount		When the RMR02 = BAL, this is populated with the negative of the premium amount that was in the first occurrence.
2300	REF	Exchange Report Document Control Number		This segment will not be transmitted.
2300	DTM	Individual Coverage Period		This segment will be transmitted.

9.2. INDIVIDUAL PAYMENT SUPPLEMENTAL INSTRUCTIONS - QHP ISSUER TO COVERED CALIFORNIA

Individual Payment HIX 820 transactions will be created by the insurance issuers and transmitted to the Exchange after payments have been received from individuals. The table below details Covered California's specific instructions for these HIX 820 transactions. Shaded rows represent segments in the transaction. Non-shaded rows represent elements in the transaction.

Loop	Reference	Name	Code	Marketplace Instruction
	BPR			
	BPR02	Total Payment Amount		This element will always be $0.00.
	BPR04	Payment Method Code	NON	This element will always be set to Non-Payment Data
	BPR05	Payment Format Code		This element will not be transmitted.
	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier		This element will not be transmitted.
	BPR13	Receiving Depository Financial Institution (DFI) Identifier		This element will not be transmitted.
	BPR14	Account Number Qualifier		This element will not be transmitted.
	BPR15	Receiver Bank Account Number		This element will not be transmitted.
	BPR16	Check Issue or EFT Effective Date		Set to the payment date

Loop	Reference	Name	Code	Marketplace Instruction
	TRN	Receiver Bank Account Number		
	TRN02	Check or EFT Trace Number		This will be a unique remittance advice identification number
	REF	Exchange Assigned Qualified Health Plan Identifier		This segment will not be transmitted. Payments will always be to payees representing more than one QHP.
	REF	Issuer Assigned Qualified Health Plan Identifier		This segment will not be transmitted. Payments will always be to payees representing more than one QHP.
	REF	Exchange Assigned Employer Group Identifier		This segment will not be transmitted. Payments will always represent more than one employer group.
	REF	Issuer Assigned Employer Group Identifier		This segment will not be transmitted. Payments will always represent more than one employer group.
1000A	N1	Payee Name		.
1000A	REF	Unique Health Plan Identifier		This segment will not be transmitted.
1000B	N1	Payer Name		
	N102	Payer Name		Sponsor Name from 834
	N104	Payer Identifier		Exchange Assigned Subscriber ID
1000B	PER	Payer's Administrative Contact Information		This segment will not be transmitted.
2000	ENT	Remittance Information		There will only be one occurrence of the 2000 loop per ST/SE transaction.
	ENT01	Assigned Number		This will always be set to "1".
2100	NM1	Individual Name		The information transmitted in this loop will match the enrollment information.
2100	REF	Exchange Assigned Qualified Health Plan Identifier		This segment will always be transmitted.
2100	REF	Issuer Assigned Qualified Health Plan Identifier		The issuer does not assign this identifier, so this segment will never be transmitted.
2100	REF	Exchange Assigned Employer Group Identifier		This segment will not be transmitted.

Loop	Reference	Name	Code	Marketplace Instruction
2100	REF	Issuer Assigned Employer Group Identifier		This segment will not be transmitted.
2100	REF	Exchange Assigned Policy Identifier		This segment will always be transmitted.
2100	REF	Issuer Assigned Policy Identifier		This segment will be transmitted when the information is available.
2100	REF	Exchange Assigned APTC Contributor/Tax Payer Identifier		This segment will not be transmitted.
2100	REF	Issuer Assigned APTC Contributor/Tax Payer Identifier		This segment will not be transmitted.
2100	REF	Exchange Assigned Dependent Identifier		This segment will not be transmitted.
2100	REF	Issuer Assigned Dependent Identifier		This segment will not be transmitted.
2100	REF	Issuer Assigned Subscriber Identifier		This segment will be transmitted when the information is available.
2300	RMR	Remittance Detail		There will be two occurrences of this loop transmitted, one occurrence for Premium and one occurrence for Balance. See Section 8.2 above for further details.
2300	RMR02	Exchange Payment Type	PREM BAL	PREM - Premium BAL - Balance
2300	RMR04	Payment Amount		When the RMR02 = BAL, this is populated with the negative of the premium amount that was in the first occurrence.
2300	REF	Exchange Report Document Control Number		This segment will not be transmitted.
2300	DTM	Individual Coverage Period		This segment will be transmitted.

10. VERSION HISTORY

Date	Version	Nature of Change
06/21/2013	1.0	Initial Version
07/23/2013	1.1	Added "The Exchange will require the request for a TA1 in the control header to be in all outbound and inbound 820 and 834 data. The request for a TA1 is part of the validation process, so any 820 or 834 data without this request will fail validation." to section 4.1 TA1, Interchange Acknowledgements Added "If TA1 is rejected, a 999 will not be sent" to section 4.2, 999 Functional Acknowledgements
10/21/2013	1.2	Section 4.1 - Added the following: • The Exchange will not support TA1 error codes 028-031. • The Exchange will only support Interchange Acknowledgement Codes "A" and "R". Section 7 Control Segments/Envelopes • Updated ISA06 and GS02 in to send CA0 • Updated ISA14 to send "0" for TA1/999 • Added GS06 Section 8.2 Nonpayment/Balancing - Added premium adjustments Section 9.1 SHOP Payments - updated codes for 2300 RMR02 to include PREM for premium and PREMADJ for premium adjustments Section 9.2 Individual Payments • Updated BPR16 to send the payment date. • Updated 2100 REF Exchange Assigned Employer Group Identifier to **not** being sent. • Updated codes for 2300 RMR02 to include PREM for premium
10/21/2013	1.3	Section 9.1 - SHOP Payment Supplemental Instructions • Updated 2000 ENT to say that there will be multiple occurrences • Removed 2000 ENT01 row as it is no longer applicable
10/17/2014	2.0	Section 8.2 and 9.1 - SHOP Payment/Balancing to add 2 fields. PMPM & Broker fee: Optional fields for determining the Gross-to-Net Amt. This affects the following Loop: • Loop Updates: 2300 RMR segments