Covered California for Small Business - SHOP Solution

820 COMPANION GUIDE

DRAFT

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DOCUMENT CONTROL

DOCUMENT INFORMATION

Document Identification	
Document Name	820 Companion Guide
Project Name	Covered California for Small Business – SHOP Solution
Document Author	B.Pomfret, S.Shirey, D.Morrissey
Document Version	1.1
Document Status	Draft
Date Released	

DOCUMENT REVISION HISTORY

DATE	VERSION	DESCRIPTION	MODIFIED BY
28-SEP-2020	1.0	Initial Draft	S.Shirey D.Morrissey B.Pomfret
24-Nov-2020	1.1	Revisions	S.Shirey D.Morrissey B.Pomfret

DOCUMENT APPROVAL HISTORY

DATE	NAME	REQUIRED	INITIAL

1 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.

2 INTRODUCTION

2.1 BACKGROUND

The state of California has created 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.

2.2 BUSINESS PURPOSE

The Health Insurance Portability and Accountability Act (HIPAA) requires Covered California for Small Business (CCSB) and all health insurance carriers 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. CCSB will trade the following health care transaction types:

- 820 Premium Remittance

- 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.

3 FILE NAMING CONVENTIONS

The naming conventions for files transferred between CCSB and the Insurance Issuers (Carriers) are as follows:

Trxn Type	Frequency Daily*, Weekly, Monthly	Type	Direction I = In, O = Out	Naming Convention from/to Trading Partners
820	M	SHOP Payments	O	to_<HIOS_Issuer_ID>_CA_820_SHOP_<YYYYMMDDHHMMSS>.edi
TA1	D	SHOP Payments	I	from_<HIOS_Issuer_ID>_CA_TA1_820_SHOP_<YYYYMMDDHHMMSS>.edi
999	D	SHOP Payments	I	from_<HIOS_Issuer_ID>_CA_999_820_SHOP_<YYYYMMDDHHMMSS>.edi

4 FILE TRANSFER PROCESS

Information on where to drop files, landing zone, etc. will be handled during the carrier onboarding process. NFP Health will work through these details directly with each carrier separately.

5 ACKNOWLEDGMENTS AND BUSINESS EDITS

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

5.1 TA1 INTERCHANGE ACKNOWLEDGMENT

•   CCSB expects to receive a TA1 interchange acknowledgment from Carrier within 24-hours, for every outbound 820 file sent.

•   CCSB will only support Interchange Acknowledgement Codes "A" and "R".

5.2 999 FUNCTIONAL ACKNOWLEDGMENTS

•   CCSB expects to receive a 999 functional acknowledgment from Carrier within 24-hours. However, if the entire CCSB 820 file is rejected, on the QHP side, then CCSB does not expect a 999 file to be sent back, only a TA1 must be sent with a rejected "R" code.

6 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 parentheses and spaces are not recommended to be used in values for identifiers.

Examples: Tax ID 123654321 SSN 123456789 Phone 8001235010

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 CCSB in order to process the ASC X12N/005010X306-820 Benefit Enrollment and Maintenance Transaction. This information should be used in conjunction with the ASC X12N/005010X306 –Benefit Enrollment and Maintenance 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	900737353
Interchange Receiver ID Qualifier	ISA07	"ZZ"
Interchange Receiver Qualifier	ISA08	"<RECEIVERS FEDERAL TAX ID>"

Interchange Acknowledgment Requested	ISA14	"1" for 820 "0" for TA1/999
Functional Identifier Code	GS01	"RA"
Application Sender's Code	GS02	900737353
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 CCSB 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 four 2300 Remittance Detail Loop(s).

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

8.2 NONPAYMENT/BALANCING

The HIX 820 sent to and received from issuers is for NON payments only. Therefore, the HIX 820 transactions will not include funds transfer information. A specific Exchange Payment Type has been included in the CMS Exchange Payment Type code list to ensure that the sum of the remittance detail records for any given payment is equal to zero. This Exchange Payment Type code is BAL.

There will be four occurrences of the 2300 Remittance Detail Loop for each individual. They are as follows:

- The first will contain the premium or premium adjustment amount for the subscriber

- The second will be the exchange fee, also known as the Per Member Per Month (PMPM) in the Notification of Disbursement 23 Report that carriers receive that corresponds to the 820. This is a deduction from collected premium in the first RMR (positive if a reversal adjustment)
- The third will be the holdback for agent and general agent commissions, also known as "Rate Guidance". This is a deduction from collected premium in the first RMR (positive if a reversal adjustment)
- The last is the BAL, which is the offset of the amount of the sum of the first three RMRs such that grouping nets to zero because no actual payments are being made.

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.

Segment/ Element Supported	Loop ID/ Element ID	Length Min/ Max	Description	O M C	Special Handling / Value Required
Header Level Loop					
ISA			**Interchange Control Header**		
ISA01	101	2/2	Authorization Information Qualifier	M	'00'= No Information Present
ISA02	102	10/10	Authorization Information	M	10 blanks
ISA03	103	2/2	Security Information Qualifier	M	'00'= No Security Information
ISA04	104	10/10	Security Information	M	10 blanks
ISA05	105	2/2	Interchange ID Qualifier	M	'ZZ' – Mutually Defined

ISA06	106	15/15	Interchange Sender ID	M	Federal Tax ID (CCSB)
ISA07	105	2/2	Interchange ID Qualifier	M	'ZZ' - Federal Tax ID
ISA08	107	15/15	Interchange Receiver ID	M	Issuer Tax ID
ISA09	108	6/6	Interchange Date	M	Date format "YYMMDD"
ISA10	109	4/4	Interchange Time	M	System time format "HHMM"
ISA11	110	1/1	Interchange Control Standards Identifier	M	"^"
ISA12	111	5/5	Interchange Control Version Number	M	00501
ISA13	112	9/9	Interchange Control Number	M	Control Number. Must be equal to IEA02
ISA14	113	1/1	Acknowledgment Requested	M	'1' = Interchange Acknowledgement Requested
ISA15	114	1/1	Usage Indicator	M	'P'= Production Data 'T'= Test Data
ISA16	115	1/1	Component Element Separator	M	':'
GS			**Functional Group Header**		
GS01	479	2/2	Functional Identifier Code	M	RA= Remittance Advice
GS02	142	2/15	Application Sender's Code	M	Federal Tax ID (CCSB)
GS03	124	2/15	Application Receiver's Code	M	Issuer Tax ID
GS04	373	8/8	Date	M	File Creation Date. Format = "YYMMDD"
GS05	337	4/8	Time	M	System Time Format = "HHMMSS"
GS06	28	1/9	Group Control Number	M	Assigned number originated and maintained by sender.
GS07	455	1/2	Responsible Agency Code	M	X
GS08	480	1/12	Version/Release/Industry Identifier Code	M	005010X306
ST			**Transaction Set Header**		

ST01	143	3/3	Transaction Set Identifier Code	M	'820'= Payment Order/Remit
ST02	329	4/9	Transaction Set Control Number	M	Must Be Identical to SE02
ST03	1705	1/35	Implementation Convention Reference	M	005010X306 (Same as GS08)
BPR			**Beginning Segment for Payment Order/Remittance Advice**		
BPR01	305	1/2	Transaction handling Code	M	'I'= Remittance Information
BPR02	782	1/18	Monetary Amount	M	Total Payment Amount (always $0.00)
BPR03	478	1/1	Credit/Debit Flag Code	M	'C'- Credit
BPR04	591	3/3	Payment Method Code	M	NON
BPR16	373	8/8	Date	M	Payment Date Format - CCYYMMDD
TRN			**Trace**	**M**	
TRN01	481	1/2	Trace Type Code	M	'3' Financial Re-association Trace Number
TRN02	127	1/30	Reference Identification	M	Timestamp - Use Format "YYYYMMDDHHMMSS"
Loop ID 1000A - Premium Payee Name					
N1			**Premium Receiver's Name**	**M**	
N101	98	2/3	Entity Identifier Code	M	'PE'= Payee
N102	93	1/60	Payee Name	M	Carrier Name
N103	66	1/2	Identification Code Qualifier	M	'FI'= Federal Taxpayer's ID - Payee
N104	67	2/80	Identification Code	M	Federal Taxpayer ID of Issuer
Loop ID 1000B - Premium Payer's Name					
N1			**Premium Payer's Name**	**M**	
N101	98	2/3	Entity Identifier Code	M	'RM'= One that remits payment
N102	93	1/60	Payer Name	M	"Covered California"

N103	66	1/2	Identification Code Qualifier	M	58
N104	67	2/80	Identification Code	M	"Covered California"

Loop ID 2000 –Remittance Information					
ENT			**Entity**	M	
ENT01	554	1/6	Assigned Number	M	Sequence Number. There will be a single occurrence of the 2000 loop per ST/SE transaction

Loop ID 2100 - Individual Name					
NM1			**Individual Name**	**M**	
NM101	98	1/1	Entity Identifier Code	M	'IL'= Insured or Subscriber
NM102	1065	1/1	Entity Type Qualifier	M	'1'= Person
NM103	1035	1/60	Subscriber Last Name	M	Less than 60 characters
NM104	1036	1/35	Subscriber First Name	M	Less than 35 characters
NM105	1037	1/25	Subscriber Middle Name	O	<25 Bytes (*Middle Initial*)
NM106	1038	1/10	Subscriber Name Prefix	O	<10 Bytes
NM107	1039	1/10	Subscriber Name Suffix	O	<10 Bytes
NM108	66	1/2	Identification Code Qualifier	M	'C1' = Insured or Subscriber
NM109	67	2/80	Identification Code	M	Exchange Assigned Subscriber Identifier
REF			**Reference Information**	M	
REF01	128	2/3	Reference Identification Qualifier	M	'38' - Plan Number
REF02	127	1/50	Reference Identification	M	QHP/QDP Identifier of subscribers plan
REF			**Reference Information**	M	
REF01	128	2/3	Reference Identification Qualifier	M	'18' – Exchange Assigned Group Number
REF02	127	1/50	Reference Identification	M	Exchange Assigned Group ID
REF			**Reference Information**	M	
REF01	128	2/3	Reference Identification Qualifier	M	'POL' – Exchange Assigned Policy Number

REF02	127	1/50	Reference Identification	M	Exchange Assigned Policy ID
REF			**Reference Information**	M	
REF01	128	2/3	Reference Identification Qualifier	M	'AZ' – Issuer Assigned Policy Number. Will send if we have, will omit otherwise
REF02	127	1/50	Reference Identification	M	Issuer Assigned Policy Number
REF			**Reference Information**	M	
REF01	128	2/3	Reference Identification Qualifier	M	'0F' – Issuer Assigned Subscriber ID. Will send if we have, will omit otherwise
REF02	127	1/50	Reference Identification	M	Issuer Assigned Subscriber ID
Loop ID 2300 - Individual Premium Remittance Detail					
RMR			**Remittance Advice Accounts Receivable Open Item Reference**	M	**This segment will repeat four times, see section 8.2 for details**
RMR01	128	2/3	Reference Identification Qualifier	M	'ZZ' Exchange Payment Type
RMR02	127	1/50	Positive or Negative Adjustment Amount Indicator	M	'PREM'= for a positive payment amount 'PREMADJ'= for a claw back of the amount previously paid due to NSF,termination or enrollment change. 'UF' – Exchange fee for CCSB 'BrokerFee' – Used to cover agent/general agent costs. 'BAL' is for Balance Either PREM or PREMADJ will be used in each loop (never both), and the other three will always appear once. See section 8.2 for details
RMR04	782	1/18	Monetary Amount	M	Detail Premium Payment Amount
DTM			**Date/Time Reference**	M	
DTM01	374	3/3	Date/Time Qualifier	M	'582'= Report Period
DTM05	1250	2/3	Date Time Period Format Qualifier	M	RD8

DTM06	1251	1/1	Date Time Period	M	Reporting Period CCYYMMDD-CCYYMMDD
Trailer Level Loop					
SE			**Transaction Set Trailer**	**M**	
SE01	96	1/10	Number of Included Segments	M	Remittance Records Number
SE02	329	4/9	Transaction Set Control Number	M	Will match ST02
GE			**Functional Group Trailer**		
GE01	97	1/6	Number of Transaction Sets Included	M	'1' as Designed
GE02	28	1/9	Group Control Number	M	Will match GS06
IEA			**Interchange Control Trailer**		
IEA01	116	1/5	Number of Included Functional Groups	M	Count of functional groups
IEA02	112	9/9	Interchange Control Number	M	Will Match ISA13