

**ANSI X12N 820 V4010
Companion Document
Advance Insurance Company (AIC)
Last Updated 12/23/2002**

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). The ANSI X12N 820 implementation guide has been established as the standards of compliance for health plan enrollment/disenrollment transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 820 implementation guide. The use of this document is solely for the purpose of clarification.

This document is subject to change as new information is available. Please check the Administrative Services of Kansas, Inc. (ASK) Web Site at www.ask-edi.com for updated documents.

This companion document supplements, but does not contradict any requirements in the X12N 820 implementation guide. Additional companion documents will be developed for use with other HIPAA standards, as they become available.

File Identification

The following should be submitted in ISA08 – Interchange Receiver ID and GS03 – Application Receivers Code. A value of 'ZZ' should be submitted in ISA07 – Interchange ID Qualifier.

ASK INC (Note: A space should be entered between ASK and INC)

The appropriate trading partner number assigned by ASK, Inc. should be submitted in ISA06 – Interchange Sender ID and GS02 – Application Sender's Code. A value of 'ZZ' should be submitted in ISA05 – Interchange ID Qualifier.

Until assignment of National Plan ID's, the appropriate Payer Federal Tax ID number should be submitted in 1000B-N104 (Identification Code) with a value of 'FI' in 1000B-N103 (Identification Code Qualifier).

Advance Insurance Company

86-0269558

Information for All Payers

1	ASK will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for premium payment order/remittance advice submission.
2	All dates that are submitted on an incoming 820 transaction should be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date will result in a rejection of the applicable interchange (transmission).
3	ASK will only process one transaction type (records group) per interchange (transmission); a submitter must only submit one GS-GE (Functional Group) within an ISA –IEA (Interchange).
4	ASK will edit data submitted within the envelope segments (ISA, GS, ST, SE, GE, and IEA) beyond the requirements defined in the Institutional or Professional Implementation Guides.
5	Only loops, segments, and data elements valid for the 820 Implementation Guide will be translated. Submitting data not valid based on the Implementation Guide will cause files to be rejected.
6	Compression of files using PKZIP or Unix compression is supported for transmissions between the submitter and ASK. Other compression software compatible with these may also be supported.
7	We suggest retrieval of the ANSI 997 functional acknowledgment files on or before the first business day after the premium payment order/remittance advice is submitted, but no later than five days after the file submission. The ANSI 997 will only be sent if the 820 comes directly from the group.
8	ASK will reject an interchange (transmission) that is not submitted with a valid payer identifier.
9	ASK will convert all lower case characters submitted on an inbound 820 file to upper case when sending data to the payer.
10	You must submit incoming 820 premium payment order/remittance advice data using the basic character set as defined in Appendix A of the 820 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected at the translator.
11	The incoming 820 transactions utilize delimiters from the following list: >, *, ~, ^, , and :. Submitting delimiters not supported with this list may cause an interchange (transmission) to be rejected.
12	ASK may reject an interchange (transmission) that is not submitted with unique values in the ST02 (Transaction Set Control Number) elements.
13	ASK will return the version of the 820 inbound transaction in GS08 (Versions/Release/Industry/Identifier Codes) of the 997.

Additional Information

Response reports provide very important information regarding your submissions. Please review the Reading Reports manual available from ASK for more information on the various reports and instructions for reading.

ASK, Inc. encourages the use of PPP (point to point protocol) dialer in your claims submissions. The support of X and Z modem are being phased out with the migration to the EDI System for HIPAA transactions. Please refer to the Telecommunications Requirements for Transmitting Electronic Data File to the ASK, Inc EDI System for more information.

Transaction Records/Definitions

ISA Record

ISA01
ISA02
ISA03
ISA04
ISA05 ZZ
ISA06 Trading Partner number assigned by ASK, Inc.
ISA07 ZZ
ISA08 ASK INC
ISA09
ISA10
ISA11
ISA12
ISA13
ISA14
ISA15
ISA16

GS Record

GS01
GS02 Trading Partner number assigned by ASK, Inc.
GS03 ASK INC
GS04
GS05
GS06
GS07
GS08

ST Transaction Set Header

- To indicate the start of a transaction set and to assign a control number.

ST01: Transaction Set Identifier Code
Values: 820 Payment Order/Remittance Advices
ST02: Transaction Set Control Number
Control number assigned by the originator of the transaction set

BRP Beginning Segment for Payment Order/Remittance Advice

-Addresses the payment total that a premium payer is remitting to the premium receiver, even when not used to move funds electronically.

BPR01: Transaction Handling Code
Values: C Payment accompanies Remittance Advice
D Make Payment Only
I Remittance Information Only
P Pre-notification of Future Transfers

BPR02: Monetary Amount
Total Premium Payment Amount. The ACH system cannot support dollar amounts greater than 11 characters including decimals. Limit is \$99,999,999.99

BPR03: Credit/Debit Flag Code
Values: C Credit
(Note: Advance will not accept D for Debit)

BPR04: Payment Method Code
Values: ACH Automated Clearing House
CHK Check
FWT Federal Reserve Funds/Wire Transfer – Non repetitive

BPR05: Payment Format Code

-This is required when payment is made using an ACH network.

Values: CTX Corporate Trade Exchange
(Note: Only format used with 820)

BPR06: (Depository Financial Institution) ID Number Qualifier

Values: 01 ABA Transit Routing Number Including Check Digits

-Required for ACH

BPR07: (Depository Financial Institution) Identification Number

-This is the identifying number of the Originating Depository Financial Institution (Group's Bank) sending the transaction into the ACH network. Includes the Routing Number and check digits (9 digits)

-Required for ACH

BPR08: Account Number Qualifier

-This is required when the originating financial institution (Group's Bank) needs the bank account number to process payments.

Values: DA Demand Deposit
SG Savings

-Required for ACH

BPR09: Account Number

-This is the premium payer's bank account at the Originating Depository Financial Institution.

-Required for ACH

BPR10: Originating Company Identifier

-This must be the Federal Tax ID number preceded by a 1.

-Required for ACH

BPR12: (Receiving Depository Financial Institution) ID Number Qualifier

-Values: 01 ABA Transit Routing Number Including Check Digits

-Required for ACH

BPR13: (Receiving Depository Financial Institution) Identification Number

-This is the identify number of the Receiving Depository financial institution receiving the transaction from the ACH network.

-Required for ACH

BPR14: Account Number Qualifier (AIC's Bank)

-Code indicating the type of account.

-This is required when the originating financial institution needs the receiving bank account number to process payments.

-Values: DA Demand Deposit

-Required for ACH

BPR15: Account Number

-This is the premium receiver's bank account at the Receiving Depository financial institution.

-Required for ACH

BPR16: Date

-Format ccyymmdd

-Check issue or EFT Effective Date

TRN Trace (Reassociation Key)

-The purpose of this segment is to uniquely identify this transaction set and aid in the reassociating payment and remittance data that have been separated.

-Not required with CTX. Advance will only pull 820 from CTX ACH records. No other ACH records will be utilized.

-For check payments, TRN02 is the check number.

-For more detail, see 820 implementation guide 2.2.5 and 2.26 on page 17.

TRN01: Trace Type Code

Values: 1 Current Transaction Trace Numbers
Financial Reassociation Trace Number

TRN02: Reference Identification

Check or EFT Number

-This field is used to re-associate the payment with the remittance.

TRN03: Originating Company Identifier

- The Federal Tax ID Number of the bank initiating the fund transfer instructions. It must be the Federal Tax ID Number preceded by a 1.
- This field must be identical to BPR10.

REF Reference Identification (Premium Receivers Identification Key)

- One occurrence is required by HIPAA guidelines.)
- This is used to provide the premium receiver a key associated with this premium payment. This type of key provided to the premium payer by the premium receiver.

REF01: Reference Identification Qualifier

- | | | |
|---------|----|-----------------------|
| Values: | 14 | Master Account Number |
| | 38 | Master Policy Number |

REF02: Reference Identification

- This will be the group and division number assigned by Advance Insurance Company. AIC will utilize a 14 or 38 as the group and division number.

N1 Name (Premium Receiver's Name)

- This segment is to identify the premium receiver. The Premium receiver is Advance Insurance Company.

N101: Entity Identifier Code

- | | | |
|--------|----|-------|
| Value: | PE | Payee |
|--------|----|-------|

N102: Name

- | | |
|--------|---------------------------|
| Value: | Advance Insurance Company |
|--------|---------------------------|

N103: Identification Code Qualifier

This code is used to relay a unique identifier for the receiver.

- | | | |
|---------|----|---|
| Values: | FI | Federal Taxpayer's Identification Number |
| | XV | Health Care Financing Administration National Plan ID
Required if the National Plan ID is mandated for US. |

N104: Identification Code

- If N103 = F1, Advance Insurance Company's Federal Taxpayer's Identification Number.
- If N103 = XV, Advance Insurance Company's National Plan ID, when assigned.

N1 Name (Premium Payer's Name)

- This segment is used to identify the premium payer. This is the group/division name.

N101: Entity Identifier Code

- | | | |
|---------|----|-------|
| Values: | PR | Payer |
|---------|----|-------|

N102: Name

- This is the group/division name. (Premium Payer Name) (Note: up to 60 characters)

N103: Identification Code Qualifier

This code is used to relay a unique identifier for the payer.

- | | | |
|---------|----|--|
| Values: | EQ | Insurance Company Assigned Identification Number |
|---------|----|--|

N104: Identification Code

- This is the actual group/division number assigned. (Premium Payer Number)

N3 Address Information (Premium Payer's Address)

AIC will use this field as part of the verification of group information.

N301: Address Information of Group/Division

(Address Line 1)

N302: Address Information of Group/Division

(Address Line 2)

N4 Geographic Location (Premium Payer's City, State, Zip)

AIC will use this field as part of the verification of group information.

N401: City Name of Group/Division

N402: State of Group/Division

N403: Zip Code of Group/Division

ENT Entity (Organization Summary Remittance)

-This segment is used to start table two and provide company remittance line items that pertain to group level premium.

ENT01: Assigned Number

-Assigned to differentiate within a transaction set

-Must be a sequential number within the transaction set, starting with one and incrementing by one

ENT02: Entity Identifier Code

Values: 2L Corporation

ENT03: Identification Code Qualifier

Values: F1 Federal Taxpayer's Identification Number

65 National Employer Identification (When mandated will replace F1)

ENT04: Identification Code

-Organization Identification Code

-If ENT03 = F1, Group's Federal Taxpayer's Identification Number will be in this field.

-If ENT03 = 65, Group's National Employer Identification

RMR Remittance advice Accounts Receivable Open Item Reference (Organization Summary Remittance Detail)

-Used to provide detailed remittance information related to summary bill payment.

RMR01: Reference Identification Qualifier

Values: 1L Group or Policy Number

RMR02: Reference Identification

-This data element will contain the Group/Division Number assigned by GroupFacts.

RMR04: Monetary Amount

-Detail Premium Payment Amount

-The amount being paid on this remittance item.

RMR05: Monetary Amount

-Billed Premium Amount

-This is required when the Insurer sent a bill and the Paid amount (RMR04) is different than the amount billed.

IT1 Baseline Item Data (Bill) (Summary Line Item)

-HIPAA Required.

IT101: Assigned Identification

-This is a Line Item Control Number. Assigned for uniqueness, suggest "1" be used.

SLN Subline Item Detail (Member Count)

-one occurrence of this segment is required by HIPAA

-Used to show a total number of members represented in the summary line item payment.

SLN01: Assigned Identification

-This is a Line Item Control Number. Assigned for uniqueness, suggest "1" be used.

-Should match IT101

SLN03: Relationship Code

Values: O Information Only

SLN04: Quantity

-This is the number of contract holders with the type of coverage identified in SLN05-1.

SLN05: Composite Unit of Measure

-This code represents the units being specified.

Values: IE Person (Number of Members)

ADX Adjustment (Organization Summary Remittance Level Adjustment)

This segment is REQUIRED when the paid amount is different from the billed amount.

ADX01: Monetary Amount

-This is the adjustment Amount. It must be signed if negative. If negative, it reduces the payment amount; if positive, it increases the payment amount.

ADX02: Adjustment Reason Code

-This specifies the reason for the adjustment.

Values:	20	Balance Due Declined
	52	Credit for Previous Overpayment
	53	Remittance for Previous Underpayment
	AA	Prepaid Benefit or Advances
	H1	Information Forthcoming
	H6	Partial Payment Remitted
	IA	Invoice Amount Does Not Match Account Analysis Statement
	J3	Promised Adjustment Not Received

SE Transaction Set Trailer

SE01: Number of Included Segments

-Total number of segments included in a transaction set including ST and SE Segments.

SE02: Transaction Set Control Number

-Assigned by the originator for a the transaction set

GE Record

GE01

GE02

IEA Record

IEA01

IEA02