



North Carolina Department of Health and Human Services (NC DHHS)

Division of Medical Assistance (DMA)

Division of Mental Health (DMH)

Division of Public Health (DPH)

Standard Companion Guide Transaction Information Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010X218A1 Payroll Deducted and Other Group Premium Payment for Insurance Products (820), for the Replacement MMIS NCTracks starting July 1, 2013



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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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1. Transaction Instruction (TI) Introduction

1.1 BACKGROUND

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide

1.2 INTENDED USE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12’s Fair Use and Copyright statements.

1.3 INTENDED AUDIENCE

This companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claims submissions to NCTracks. In addition, this information should be communicated to, and coordinated with, the provider's billing office in order to ensure that the required billing information is provided to its billing agent/submitter.

1.4 PURPOSE OF COMPANION GUIDE

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion guide is to provide trading partners with a guide to communicate NCTracks specific information required to successfully exchange transactions.

The primary purpose of this document is to assist the trading partner with the appropriate use of the transaction and is not intended to be a billing or policy guide.

1.5 ACKNOWLEDGEMENTS

For all inbound transactions, a 999 Acknowledgement report will be sent to the trading partner's OUTBOX for retrieval. This report serves as the acknowledgement of the submission of a file. Typically, 999 Acknowledgement reports are available within moments of submission.

1.6 TRADING PARTNER AGREEMENT SETUP

This is a test version – more information will be provided with the final version of the Companion Guide

1.7 TESTING

NC DHHS (DMA, DMH, and DPH) requires testing, or third party certification, prior to approving a trading partner to submit inbound transactions in production. Once in production, NC DHHS (DMA, DMH,DPH) reserves the right to require re-testing if it is determined the trading partner is receiving/generating an unacceptable volume of errors.

***This is a test version – more information will be provided with the final version of the Company Guide.

2. Included ASC X12 Implementation Guides

The table below identifies the X12N Implementation Guides for all of the transactions supported by NCTracks. Companion guides are available for each of the transactions.

Section 3 of this document provides information specific to the 820 transaction set, as defined in the 005010X218 Health Care Claim Payment/ Advice (820) Technical Report 3 (TR3) dated April 2008, and updated by:

- Errata 005010X218E1 Health Care Claim Payment/Advice (820) dated January 2009
- Addenda 005010X218A1 Health Care Claim Payment/ Advice (820) dated June 2010

Unique ID	Name
005010X222	Health Care Claim: Professional (837P)
005010X223	Health Care Claim: Institutional (837I)
005010X224	Health Care Claim: Dental (837D)
005010X228	Health Care Claim Pending Status Information (277P)
005010X279	Health Care Eligibility Benefit Inquiry and Response (270/271)
005010X221	Health Care Claim Payment/ Advice (835)
005010X212	Health Care Claim Status Request and Response (276/277)
005010X220	Benefit Enrollment and Maintenance (834)
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)
005010X231	Implementation Acknowledgment for Health Care Insurance (999)

3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend	
SHADED rows represent “segments” in the X12N implementation guide.	
NON-SHADED rows represent “data elements” in the X12N implementation guide.	

005010X218A1 Payroll Deducted and Other Group Premium Payment for Insurance Products (820)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA03	Security Information Qualifier	00	"00" is returned
	ISA05	Interchange ID Qualifier	ZZ	"ZZ" is returned
	ISA06	Interchange Sender ID	NCTracksBAT	NCTRACKSBAT = Batch transaction
	ISA07	Interchange ID Qualifier	ZZ	"ZZ" is returned
	ISA08	Interchange Receiver ID		Provider's ETIN (Receiver's ETIN) is returned
	ISA11	Repetition Separator	^	"^" is returned
	ISA14	Acknowledgment Requested	0	"0" is returned
	ISA16	Component Element Separator	:	": " is returned
Header	GS	Functional Group Header		
	GS02	Application Sender's Code	NCTracksBAT	NCTRACKSBAT = Batch transaction
	GS03	Application Receiver's Code		Return Provider's ETIN (Receiver's ETIN) is returned
Header	ST	Transaction Receiver Identification		
	ST03	Implementation Convention Reference	005010X218A1	005010X218A1 is returned.
Header	BPR	Financial Information		
	BPR01	Transaction Handling Code	C or I	NCTRACKS will send: "C" – Payment Accompanies Remittance Advice "I" – Remittance Information Only

Loop ID	Reference	Name	Codes	Notes/Comments
	BPR04	Payment Method Code	ACH, NON, CHK	NCTRACKS will send: <ul style="list-style-type: none"> • ACH – Automated Clearing House when BPR01 = “C” • NON or CHK when BPR01 = “I”
	BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	01	NCTRACKS will send value of “01” when BPR04 has value of “ACH”.
	BPR07	Originating Depository Financial Institution (DFI) Identifier		NCTRACKS will send this information when BPR04 has value of “ACH” or “CHK”.
	BPR08	Account Number Qualifier	DA	NCTRACKS will send value of “DA” when BPR04 has value of “ACH” or “CHK”.
	BPR09	Sender Bank Account Number		NCTRACKS will send this information when BPR04 has value of “ACH” or “CHK”.
	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	01	NCTRACKS will send value of “01” when BPR04 has value of “ACH”.
Header	TRN	Re-association Trace Number		
	TRN01	Trace Type Code	3	NCTRACKS will send value of “3”
Header	REF	Receiver Identification		
	REF01	Reference Identification Qualifier	14	NCTRACKS will send value of “14”
Header	DTM	Coverage Period		
	DTM01	Date Time Qualifier	582	NCTRACKS will send value of “582”
Header	DTM	Creation Date		
	DTM01	Date Time Qualifier	097	NCTRACKS will send value of “097”
1000A	N1	Premium Receiver Name		
	N103	Identification Code Qualifier	FI	NC TRACKS will send value of “FI”
1000B	N1	Premium Payer Name		
	N103	Identification Code Qualifier	FI	NC TRACKS will send value of “FI”
2000A	ENT	Organization Summary Remittance		
	ENT02	Entity Identifier Code	RG or 2L	If LME, NCTRACKS will

Loop ID	Reference	Name	Codes	Notes/Comments
				send value of "RGA", otherwise, "2L" value is sent.
	ENT03	Identification Code Qualifier	24	NCTRACKS will send value of "24"
	ENT04	Organization Identification Code		NCTRACKS will send value of Payee Tax ID.
2300A	RMR	Organization Summary Remittance Detail		
	RMR01	Reference Identification Qualifier	IL	NCTRACKS will send value of "IL"
	RMR04	Detail Premium Payment Amount		NCTRACKS will send paid amount
2315A	SLN	Member Count		
	SLN05-1	Unit or Basis for Measurement Code	IE	NCTRACKS will send value of "IE"
2000B	ENT	Individual Remittance		
	ENT03	Identification Code Qualifier	EI	NCTRACKS will send value of "EI".
	ENT04	Receiver's Individual Identifier		NCTRACKS will send the value of recipient ID.
2100B	NM1	Individual Name		
	NM101	Identification Code Qualifier	QE	NCTRACKS will send value of "QE"
	NM108	Identification Code Qualifier	34	NCTRACKS will send value of "34"
	NM109	Individual Identifier		NCTRACKS will send the value of Social Security Number
2200B	ADX	Individual Premium Adjustment for Previous Payment		
	ADX01	Adjustment Amount		NCTRACKS will send previous adjustment amount
	ADX02	Adjustment Reason Code		NCTRACKS will send previous adjustment reason code
2300B	RMR	Individual Premium Remittance Detail		
	RMR01	Reference Identification Qualifier	AZ	NCTRACKS will send value of "AZ"
	RMR04	Detail Premium Payment		NCTRACKS will send paid

Loop ID	Reference	Name	Codes	Notes/Comments
		Amount		amount
	RMR05	Billed Premium Amount		NCTRACKS will send billed amount.
2300B	DTM	Individual Coverage Period		
	DTM01	Date/Time Qualifier	582	NCTRACKS will send value of "582"
2320B	ADX	Individual Premium Adjustment for Current Payment		
	ADX01	Adjustment Amount		NCTRACKS will send current adjustment amount
	ADX02	Adjustment Reason Code		NCTRACKS will send current adjustment reason code

4. TI Additional Information

4.1 BUSINESS SCENARIOS

The 820 is used to provide information concerning the capitation payments made to MCO plans.

4.2 SPECIFIC BUSINESS RULES AND LIMITATIONS

An 820 will be generated once a month. The capitation payments are calculated and reported on a per member per month basis and reflect any sanctions, withholds, or other adjustments. Payments are made retroactively when appropriate.

4.3 SCHEDULED MAINTENANCE

This is a test version – more information will be provided with the final version of the Companion Guide

4.4 FREQUENTLY ASKED QUESTIONS

This is a test version – more information will be provided with the final version of the Companion Guide

4.5 OTHER RESOURCES

- **Washington Publishing Company**

The Implementation Guides for X12N and all other HIPAA standard transactions are available electronically at <http://www.wpc-edi.com/>.

- **ASC X12 Organization**

<http://www.x12.org/>

- **United States Department of Health and Human Services (HHS)**

This site is a resource for the Notice of Proposed Rule Making, rules, and other information about HIPAA:

<http://www.aspe.hhs.gov/admsimp>.

- **Workgroup for Electronic Data Interchange (WEDI)**

A workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA:

<http://www.wedi.org>.

- **North Carolina Department of Health and Human Services**

<http://www.ncdhhs.gov>

- **North Carolina Division of Medical Assistance**

<http://www.ncdhhs.gov/dma/>

- **North Carolina Division of Mental Health/Development Disabilities/Substances Abuse Services**

<http://www.ncdhhs.gov/mhddsas/>

- **North Carolina Division of Public Health**

<http://publichealth.nc.gov/>

5. Change Summary

Date	Change	Responsible Party
November 27, 2012	Initial trading partner test version	CSC under the direction of NC DHHS