



Companion Guide: 820 MCE Capitation Payment Transaction

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Address any comments concerning the contents of this manual to:

HP Systems Unit
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204
Fax: (317) 488-5185

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Revision History

Document Version Number	CO	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0		August 2004	All	New document. Formerly Section 4 of the 820 MCO Companion Guide. New document contains 820 MCO transaction information only.	Systems/HIPAA Publications
Version 2.0	686	October 2005	All	Formatting and editing. Removing 820 PCCM references. Adding segments for MCO A/R changes	Systems/ Publications
Version 2.1		August 2009	All	Add MCO Capitation Category Codes and Capitation Payment Reason Codes and CMO Capitation Category Code	Systems/ Publications
Version 3.0		October 2009		NPI Stage 3	Systems/ Publications
Version 4.0		December 2009	Multiple pages	Removed EDS where applicable	Systems/ Publications

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Section 1: Introduction

Overview

The Indiana Health Coverage Programs (IHCP) has developed technical companion guides to assist application developers during the implementation process. The information contained in the *IHCP Companion Guide* is only intended to supplement the adopted *National Electronic Data Interchange Transaction Set Implementation Guide (IG)* and provide guidance and clarification as it applies to the IHCP. The *IHCP Companion Guide* is never intended to modify, contradict, or reinterpret the rules established by the *IGs*.

The companion guide is categorized into three sections:

1. Introduction to the 820 Payment Order/Remittance Advice
2. Interchange Control
3. Transaction Specifications

This section provides a general description of the 820 Payment Order/Remittance Advice Transaction. *Section 2* describes data exchange options and the relevant inbound and interchange control structures. *Section 3* contains transaction specific documentation, including segment usage, to assist developers with coding each transaction.

820 Payment Order and Remittance Advice

The *ASC X12N 820 (004010X061)* is the Health Information Portability and Accountability Act (HIPAA)-mandated transaction for sending proof of premium payments to managed care entities (MCEs).

The *Companion Guide – 820 MCE Capitation Payment Transaction* is not intended to contradict or replace any information in the *IG* or the *IHCP Provider Manual*.

The detail section of the *ASC X12N 820* can be presented as either an Organizational Summary Remittance (Loop 2000A) or an Individual Remittance (Loop 2000B). The IHCP is using the Individual Remittance loop, exclusively.

The IHCP recommends that the following resources are available during the development process:

- This document, *Companion Guide – 820 MCE Capitation Payment Transaction*
- *National Electronic Data Interchange Transaction Set Implementation Guide: Payroll Deducted and Other Group Premium Payment for Insurance Products: 820: ASC X12N 820 (004010X061) and (004010X061A1) Addenda*
- *IHCP Provider Manual*
- *Managed Care Organizations Policy and Procedure Manual*

Section 2: Data Exchange Technical Specifications and Interchange Control Structure

Overview

Appendix A, Section A.1.1 of each X12N HIPAA IG provides detail about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an *electronic envelope*. The communication envelope consists of an interchange envelope and functional groups.

The following tables define the use of the outbound 820 control structure as it relates to communication with the IHCP.

Outbound Transactions

Table 2.1 – Interchange Control Header

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
Usage	Required		
Segment Notes	All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment. The character immediately following the segment ID, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Examples of the separators are as follows:		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
	:	Colon	Subelement Separator
	~	Tilde	Segment Terminator
Example	ISA* 00** 00*.....* ZZ* IHCP ..* ZZ* X222.....* 930602* 1253* U* 00401* 000000905* 1* P* :~		

Table 2.2 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information	This field always includes 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	
ISA04	R	Security Information	This field always contains 10 blank spaces.
ISA05	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA06	R	Interchange Sender ID IHCP	This field has a required length of 15 bytes; therefore, the field is blank filled to the right.
ISA07	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	R	Interchange Receiver ID	For batch transactions, this is the four-byte sender ID (four to eight characters) assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
ISA13	R	Interchange Control Number	This number is unique and increments by one with each ISA segment. It also matches the interchange control number of the IEA02 of the interchange control trailer.

Table 2.2 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA14	R	Acknowledgment Requested 0 – No Acknowledgment Requested 1 – Interchange Acknowledgment Requested	
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator is T . After the trading partner is approved, the usage indicator is P .
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This is always a colon (:).

Table 2.3 – Functional Group Header

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GS*RA*IHCP*X222*20020606*105531*5*X*004010X061A1~

Table 2.4 – Element ID GS01-GS08

Element ID	Usage	Guide Description and Valid Values	Comments
GS01	R	Functional Identifier Code RA – Payment Order/Remittance Advice (820)	The data element contains the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender’s Code IHCP	
GS03	R	Application Receiver’s Code	For batch transactions, this is the four-byte sender ID assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits).
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS.
GS06	R	Group Control Number	This data element contains a uniquely assigned number and matches the number in the corresponding GS02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version/Release/Industry Identifier Code 004010X061A1 – 820	This data element contains the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment.

Table 2.5 – Functional Group Trailer

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GE*1*5~

Table 2.6 – Element ID GE01-GE02

Element ID	Usage	Guide Description and Valid Values	Comments
GE01	R	Number of Transaction Sets Included	This data element contains the number of transaction sets included in this functional group.
GE02	R	Group Control Number	Group control number GE02 in this trailer is identical to the same data element in the associated functional group header, GS06.

Table 2.7 – Interchange Control Trailer

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	
Example	IEA*1*000000905~

Table 2.8 – Element ID IEA01-IEA02

Element ID	Usage	Guide Description and Valid Values	Comments
IEA01	R	Number of Included Functional Groups	This data element contains the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	The interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13 (including padded zeros).

Sample Outbound Interchange Control

Figure 2.1 illustrates a file that includes an 820 transaction.

```
ISA* 00* .....* 00*.....* ZZ* IHCP ..* ZZ* X222.....* 930602* 1253*  
U* 00401* 000000905* 1* P* :~  
GS*RA*IHCP*X222*20020606*105531*5*X*004010X061A1~  
ST - 820 TRANSACTION SET HEADER  
DETAIL SEGMENTS  
SE - 820TRANSACTION SET TRAILER  
GE*1*5~  
IEA*1*000000905~
```

Figure 2.1 – Outbound Interchange Control, 820 Transaction

Section 3: Premium Payment Order and Remittance Advice Specifications

Segment Usage – 820 MCE

The following matrix lists all segments for creation with the 4010 version of the *National Electronic Data Interchange Transaction Set Implementation Guide: Payroll Deducted and Other Group Premium Payment for Insurance Products: 820: ASC X12N 820 (004010X061) and (004010X061A1) Addenda (IG)*. The guide includes a *Usage* column that identifies segments that are required (**R**), situational (**S**), or not used (**N/A**) by the IHCP. A required segment element appears for all transactions. A situational segment is not required for each type of transaction; however, a situational segment may be required under certain circumstances. Any data in a segment that is identified in the *Usage* column with an **X** is ignored by the IHCP. Any segment identified in the *Usage* column as required or situational by the *IG* and the IHCP is explained in detail in this section of the companion guide.

Table 3.1 – 820 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
ST	N/A	Header	R
BPR	N/A	Financial Information	R
TRN	N/A	Reassociation Key	R
CUR	N/A	Non-US Dollars Currency	X
REF	N/A	Premium Receivers Identification Key	R
DTM	N/A	Process Date	X
DTM	N/A	Delivery Date	X
DTM	N/A	Coverage Period	R
N1	1000A	Premium Receiver's Name	R
N2	N/A	Premium Receiver Additional Name	X
N3	N/A	Premium Receiver's Address	X
N4	N/A	Premium Receiver's City, State, ZIP Code	X
N1	1000B	Premium Payer's Name	R
N2	N/A	Premium Payer Additional Name	X
N3	N/A	Premium Payer's Address	X
N4	N/A	Premium Payer's City, State, ZIP Code	X
PER	N/A	Premium Payer's Administrative Contact	X
ENT	2000A	Organization Summary Remittance	S
RMR	2300A	Organization Summary Remittance Detail	S
IT1	N/A	Summary Line Item	X

Table 3.1 – 820 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
SLN	N/A	Member Count	X
ADX	2320A	Organization Summary Remittance Level Adjustment	S
ENT	2000B	Individual Remittance	R
NM1	2100B	Individual Name	R
RMR	2300B	Individual Premium Remittance Detail	R
DTM	2300B	Individual Coverage Period	R
ADX	N/A	Individual Premium Adjustment	X
SE	N/A	Trailer	R

Segment and Data Element Description

This section contains tables representing any segment that is required or situational for the Indiana Health Information Portability and Accountability Act (HIPAA) implementation of the 820 transaction. Each segment table contains rows and columns describing different elements of the segment.

Table 3.2 – Segment and Data Element Description

Segment and Data Element	Description
Segment Name	The industry assigned segment name identified in the <i>IG</i> .
Segment ID	The industry assigned segment ID identified in the <i>IG</i> .
Loop ID	The loop where the segment should appear.
Usage	This identifies the segment as required or situational.
Segment Notes	A brief description of the purpose or use of the segment including IHCP-specific usage.
Example	An example of complete segment.
Element ID	The industry-assigned segment ID as identified in the <i>IG</i> .
Usage	Identifies the data element as R -required, S -situational, or N/A -not used.
Guide Description and Valid Values	Industry name associated with the data element. If no industry name exists, this is the <i>IG</i> data element name. This column also lists in bold the values and code sets to use.
Comments	Description of the contents of the data elements, including field lengths.

Table 3.3 – Transaction Set Header

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	The ST segment indicates the start of a transaction and assigns a control number
Example	ST*820*7001

Table 3.4 – Element ID ST01-ST02

Element ID	Usage	Guide Description and Valid Values	Comments
ST01	R	Transaction Identifier Code Payment Order/Remittance Advice MCE 820	
ST02	R	Transaction Set Control Number	The IHCP automatically generates a unique control number. The ST02 and SE02 segments must match.

Table 3.5 – Financial Information

Segment Name	Financial Information
Segment ID	BPR
Loop ID	N/A
Usage	Required
Segment Notes	The BPR addresses the payment total that a premium payer is remitting to the premium receiver.
Example	BPR*I*318176.34*C*BOP*****1752548221*****20021002

Table 3.6 – Element ID BPR01-BPR16

Element ID	Usage	Guide Description and Valid Values	Comments
BPR01	R	Transaction Handling Code I – Remittance Information Only	I is the only value returned.
BPR02	R	Total Premium Payment Amount	The payment amount field is limited to 10 characters not including the decimal point.
BPR03	R	Credit or Debit Flag Code C – Credit	This code indicates that the preceding amount is a credit.
BPR04	R	Payment Method Code BOP – Financial Institution Option	BOP indicates that the payment method, either check or electronic funds transfer (EFT), was chosen by the Managed Care Entity (MCE) based on the payee’s capabilities.
BPR05	S	Payment Format Code	This is not used by the IHCP.
BPR06	S	ID Number Qualifier	This is not used by the IHCP.
BPR07	S	Originating Depository Financial Institution Branch and Institution Number	This is not used by the IHCP.
BPR08	S	Account Number Qualifier	This is not used by the IHCP.
BPR09	S	Sender Bank Account Number	This is not used by the IHCP.
BPR10	S	Originating Company Identifier Federal Tax ID number – 1752548221	This is always the HP federal tax ID, preceded by a 1 . It must be 10 digits long. It is identical to TRN03.
BPR11	S	Originating Company Supplemental Code	This is not used by the IHCP.
BPR12	S	Depository Financial Institution (DFI) Identification Number Qualifier.	This is not used by the IHCP.
BPR13	S	Receiving Depository Financial Institution Identifier	This is not used by the IHCP.
BPR14	S	Account Number Qualifier	This is not used by the IHCP.
BPR15	S	Receiver Bank Account Number	This is not used by the IHCP.
BPR16	R	Check Issue or EFT Effective Date	This is the issue date of the check or EFT payment. The date is in CCYYMMDD format.

Table 3.7 – Reassociation Key

Segment Name	Reassociation Key
Segment ID	TRN
Loop ID	N/A
Usage	Required
Segment Notes	This segment is used to uniquely identify this transaction set and aid in the re-associating payment and remittance data that have been separated.
Example	TRN*3*987654321*1752548221

Table 3.8 – Element ID TRN01-TRN04

Element ID	Usage	Guide Description and Valid Values	Comments
TRN01	R	Trace Type Code 3 – Financial Reassociation Trace Number by the receiver	This indicates that the 820 transaction is being sent separately from the check or EFT.
TRN02	R	Check or EFT Trace Number	The field is used to re-associate the payment with the remittance information.
TRN03	S	Originating Company Identifier Federal Tax ID number – 1752548221	This is always the HP federal tax ID, preceded by a 1 . It must be 10 digits long. It is identical to TRN03.
TRN04	S	Originating Company Supplemental Code	This is not used by the IHCP.

Table 3.9 – Premium Receivers Identification Key

Segment Name	Premium Receiver’s Identification Key
Segment ID	REF
Loop ID	N/A
Usage	Situational
Segment Notes	This segment provides the MCE receiver a key associated with this premium payment. For HIPAA Health Premium Payments, this must contain the Master Account Number.
Example	REF*14*100467390N

Table 3.10 – Element ID REF01-REF02

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 14 – Master Account Number (HIPAA Health Premium Payments)	
REF02	R	Premium Receiver Reference Identifier	This element includes the nine-character MCE Medicaid ID and the one-character region code.

Table 3.11 – Coverage Period

Segment Name	Coverage Period
Segment ID	DTM
Loop ID	N/A
Usage	Required
Segment Notes	The segment is used to relay the start and end date of the coverage period associated with this premium payment.
Example	DTM*582***RD8*20020901-20020930

Table 3.12 – Element ID DTM01-DTM06

Element ID	Usage	Guide Description and Valid Values	Comments
DTM01	R	Date/Time Qualifier 582 – Report Period	
DTM02	N/A	Payer Process Date	This is not used by the IHCP.
DTM03	N/A	Time	This is not used by the IHCP.
DTM04	N/A	Time Code	This is not used by the IHCP.
DTM05	R	Date/Time Period RD8 – Range of Dates	
DTM06	R	Date/Time Period	This provides the coverage period for this payment in CCYYMMDD-CCYYMMDD format.

Table 3.13 – Premium Receiver’s Name

Segment Name	Premium Receiver’s Name
Segment ID	N1
Loop ID	N/A
Usage	Required
Segment Notes	This segment is used to relay the name and an identifier of the premium receiver.
Example	N1*PE*CAREGIVER (NORTH)*FI*123456789

Table 3.14 – Element ID N101-N104

Element ID	Usage	Guide Description and Valid Values	Comments
N101	R	Entity Identifier Code PE – Payee	
N102	S	Information Receiver Last or Organization Name	This is the name of the MCE.
N103	S	Identification Code Qualifier FI – Federal Taxpayer’s ID Number	
N104	S	Receiver Identifier	This is the MCE federal tax ID.

Table 3.15 – Premium payer’s name

Segment Name	Premium Payer’s Name
Segment ID	N1
Loop ID	1000A
Usage	Required
Segment Notes	To identify a party by type of organization, name, and code
Example	N1*PR*EDS*FI*752548221

Table 3.16 – Element ID N101-N104

Element ID	Usage	Guide Description and Valid Values	Comments
N101	R	Entity Identifier Code PR – Payer	
N102	S	Information Receiver Last or Organization Name EDS is considered the payer	
N103	S	Identification Code Qualifier FI – Federal Taxpayer Identification Number	
N104	R	Payer Identifier	This is the HP federal tax ID.

Table 3.17 – Organization Summary Remittance

Segment Name	Organization Summary Remittance
Segment ID	ENT
Loop ID	2000A
Usage	Situational
Segment Notes	This segment begins the organization remittance section and provides information pertaining to an adjustment to the total payment amount that is not associated with a specific member.
Example	ENT*1*2L*FI*123456789

Table 3.18 – Element ID ENT01-ENT04

Element ID	Usage	Guide Description and Valid Values	Comments
ENT01	R	Assigned Number	Within each transaction, this number starts at 1 and increments by one for each instance of loop 2000A or 2000B.
ENT02	R	Entity Identifier Code 2L – Corporation	
ENT03	R	Identification Code Qualifier FI – Federal Taxpayer’s Identification Number	
ENT04	R	752548221 – Organization Identification Code	This is the HP federal tax ID.

Table 3.19 – Organization Summary Remittance Detail

Segment Name	Organization Summary Remittance Detail
Segment ID	RMR
Loop ID	2300A
Usage	Situational
Segment Notes	This segment is used to relay detailed remittance information pertaining to an adjustment to the total payment amount that is not associated with a specific member.
Example	RMR*IK*1234567890123**-125

Table 3.20 – Element ID RMR01-RMR05

Element ID	Usage	Guide Description and Valid Values	Comments
RMR01	R	Reference Identification Qualifier IK – Invoice Number	
RMR02	R	Contract, Invoice, Account, Group, or Policy Number	This element contains the IHCP accounts receivable (A/R) control number.
RMR03	S	Payment Action Code	This is not used by the IHCP.
RMR04	R	Detail Premium Payment Amount	This is the amount of the A/R adjustment.
RMR05	S	Billed Premium Amount	This is not used by the IHCP.

Table 3.21 – Organization Summary Remittance Level Adjustment

Segment Name	Organization Summary Remittance Level Adjustment
Segment ID	ADX
Loop ID	2320A
Usage	Situational
Segment Notes	This segment is used to provide an adjustment to the total payment amount that is not associated with a specific member.
Example	ADX*-125*52

Table 3.22 – Element ID ADX01-ADX02

Element ID	Usage	Guide Description and Valid Values	Comments
ADX01	R	Adjustment Amount	This is the amount of the A/R adjustment.
ADX02	R	Adjustment Reason Code 52 – Credit for Previous Overpayment 53 – Remittance for Previous Underpayment	The IHCP uses code 52 for A/R adjustments and code 53 for expenditures.

Table 3.23 – Individual Remittance Level

Segment Name	Individual Remittance Level
Segment ID	ENT
Loop ID	2000B
Usage	Required
Segment Notes	This segment begins the remittance detail section and provides information pertaining to an individual for whom payment is being submitted.
Example	ENT*4*2J*34*123456789

Table 3.24 – Element ID ENT01-ENT04

Element ID	Usage	Guide Description and Valid Values	Comments
ENT01	R	Assigned Number	Within each transaction, this number starts at 1 and increments by one for each instance of loop 2000A or 2000B.
ENT02	R	Entity Identifier Code 2J – Individual	
ENT03	R	Identification Code Qualifier 34 – Social Security number	
ENT04	R	Receivers Individual Identifier	This is IHCP member Social Security number.

Table 3.25 – Individual Name

Segment Name	Individual Name
Segment ID	NM1
Loop ID	2100B
Usage	Required
Segment Notes	This segment is used to relay the name and identifier of the individual for whom the premium payment is being submitted
Example	NM1*QE*1*JOHN*DOE****N*123456789101

Table 3.26 – Element ID NM101-NM109

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code QE – Policyholder	
NM102	R	Entity Type Qualifier 1 – Person	
NM103	R	Individual Last Name	
NM104	S	Individual First Name	
NM105	S	Individual Middle Name	
NM106	S	Individual Name Prefix	This is not used by the IHCP.
NM107	S	Individual Name Suffix	This is not used by the IHCP.
NM108	S	Identification Code Qualifier N – Insured’s Unique Identification Number	
NM109	S	Individual Identifier	This is the 12-digit IHCP member ID.

Table 3.27 – Individual Premium Remittance Detail

Segment Name	Individual Premium Remittance Detail
Segment ID	RMR
Loop ID	2300B
Usage	Situational
Segment Notes	This segment is used to relay detailed remittance information for each IHCP member for whom a premium is paid
Example	RMR*AZ*9876543210 1122334455AMPN**247.56 RMR*AZ*NOGROUPNPI NO_PMP_NPIAMPN**247.56 RMR*AZ*1122334455AMPN**247.56

Table 3.28 – Element ID RMR01-RMR05

Element ID	Usage	Guide Description and Valid Values	Comments																																																		
RMR01	R	Reference Identification Qualifier AZ – Health Insurance Policy Number																																																			
RMR02	R	<p>Insurance Remittance Reference Number</p> <p>Capitation Category Codes</p> <table border="1"> <tr><td>A1</td><td>Package A Preschool Ages 1 to 5</td></tr> <tr><td>A6</td><td>Package A/P Child Ages 6 to 12</td></tr> <tr><td>UF</td><td>Package A MA-U Female</td></tr> <tr><td>UM</td><td>Package A MA-U Male</td></tr> <tr><td>U1</td><td>Package A MA-U Preschool Ages 1 to 5</td></tr> <tr><td>U6</td><td>Package A MA-U Child Ages 6 to 12</td></tr> <tr><td>UT</td><td>Package A MA-U Teen Ages 13 to 20</td></tr> <tr><td>UD</td><td>Package A MA-U Delivery Payment</td></tr> <tr><td>UN</td><td>Package A MA-U Newborn</td></tr> <tr><td>C1</td><td>Package C Preschool Ages 1 to 5</td></tr> <tr><td>C6</td><td>Package C Child Ages 6 to 12</td></tr> <tr><td>AF</td><td>Package A/B/P Adult Female</td></tr> <tr><td>AM</td><td>Package A Adult Male</td></tr> <tr><td>NB</td><td>Package A Newborn 0 to 12 Months</td></tr> <tr><td>TN</td><td>Package A/B/P Teen Ages 13 to 20</td></tr> <tr><td>DP</td><td>Package A/B Delivery Payment</td></tr> <tr><td>CH</td><td>Package A Children Ages 1 to 12 (prior to 1/1/01)</td></tr> <tr><td>CC</td><td>Package C Children Ages 1 to 12 (prior to 1/1/01)</td></tr> <tr><td>CT</td><td>Package C Teens Age 13 to 18</td></tr> <tr><td>CD</td><td>Package C – Delivery Payment</td></tr> <tr><td>CN</td><td>Package C – Newborn 0 to 12 Months</td></tr> <tr><td>NP</td><td>Package A/B – NOP Payment</td></tr> <tr><td>UP</td><td>Package A MA-U – NOP Payment</td></tr> <tr><td>CP</td><td>Package C – NOP Payment</td></tr> <tr><td>CS</td><td>Care Select Capitation Admin Fee</td></tr> </table> <p>Continued on next page</p>	A1	Package A Preschool Ages 1 to 5	A6	Package A/P Child Ages 6 to 12	UF	Package A MA-U Female	UM	Package A MA-U Male	U1	Package A MA-U Preschool Ages 1 to 5	U6	Package A MA-U Child Ages 6 to 12	UT	Package A MA-U Teen Ages 13 to 20	UD	Package A MA-U Delivery Payment	UN	Package A MA-U Newborn	C1	Package C Preschool Ages 1 to 5	C6	Package C Child Ages 6 to 12	AF	Package A/B/P Adult Female	AM	Package A Adult Male	NB	Package A Newborn 0 to 12 Months	TN	Package A/B/P Teen Ages 13 to 20	DP	Package A/B Delivery Payment	CH	Package A Children Ages 1 to 12 (prior to 1/1/01)	CC	Package C Children Ages 1 to 12 (prior to 1/1/01)	CT	Package C Teens Age 13 to 18	CD	Package C – Delivery Payment	CN	Package C – Newborn 0 to 12 Months	NP	Package A/B – NOP Payment	UP	Package A MA-U – NOP Payment	CP	Package C – NOP Payment	CS	Care Select Capitation Admin Fee	<p>This element includes the following data to facilitate identification for the MCO:</p> <ul style="list-style-type: none"> • Recipient Group NPI • Recipient Primary Medical Provider (PMP) NPI • Recipient Capitation Category Code • Recipient Payment Reason Code • If the recipient’s group or PMP has not reported their NPI to the IHCP, the message “NOGROUPNPI” or “NO_PMP_NPI” is sent in place of an identifier. • If the provider is atypical the LPI will be sent.
A1	Package A Preschool Ages 1 to 5																																																				
A6	Package A/P Child Ages 6 to 12																																																				
UF	Package A MA-U Female																																																				
UM	Package A MA-U Male																																																				
U1	Package A MA-U Preschool Ages 1 to 5																																																				
U6	Package A MA-U Child Ages 6 to 12																																																				
UT	Package A MA-U Teen Ages 13 to 20																																																				
UD	Package A MA-U Delivery Payment																																																				
UN	Package A MA-U Newborn																																																				
C1	Package C Preschool Ages 1 to 5																																																				
C6	Package C Child Ages 6 to 12																																																				
AF	Package A/B/P Adult Female																																																				
AM	Package A Adult Male																																																				
NB	Package A Newborn 0 to 12 Months																																																				
TN	Package A/B/P Teen Ages 13 to 20																																																				
DP	Package A/B Delivery Payment																																																				
CH	Package A Children Ages 1 to 12 (prior to 1/1/01)																																																				
CC	Package C Children Ages 1 to 12 (prior to 1/1/01)																																																				
CT	Package C Teens Age 13 to 18																																																				
CD	Package C – Delivery Payment																																																				
CN	Package C – Newborn 0 to 12 Months																																																				
NP	Package A/B – NOP Payment																																																				
UP	Package A MA-U – NOP Payment																																																				
CP	Package C – NOP Payment																																																				
CS	Care Select Capitation Admin Fee																																																				

Table 3.28 – Element ID RMR01-RMR05

Element ID	Usage	Guide Description and Valid Values	Comments																																																						
RMR02	R	Insurance Remittance Reference Number (continued from previous page) Capitation Reason Codes: <table border="1" data-bbox="451 510 1187 1759"> <tbody> <tr><td>HN</td><td>Payment – Half Month Normal</td></tr> <tr><td>PB</td><td>Payment – Birth Month</td></tr> <tr><td>PH</td><td>Payment – Half Month Retro</td></tr> <tr><td>PN</td><td>Payment – Normal</td></tr> <tr><td>PR</td><td>Payment – Retro</td></tr> <tr><td>PA</td><td>Payment – Adjustment Payment</td></tr> <tr><td>PC</td><td>Payment – Adjustment Recon Full Month</td></tr> <tr><td>PD</td><td>Payment – Delivery Increase</td></tr> <tr><td>PE</td><td>Payment – Adjustment Recon Half Month</td></tr> <tr><td>PG</td><td>Payment – Adjustment Recon Birth Month</td></tr> <tr><td>PI</td><td>Payment – Adjustment Increase</td></tr> <tr><td>PJ</td><td>Payment – Recipient Eligibility Adjustment</td></tr> <tr><td>PK</td><td>Payment – Retroactive Eligibility Between Programs</td></tr> <tr><td>PL</td><td>Payment – Adjustment Auto-Recon Full Month</td></tr> <tr><td>PM</td><td>Payment – Adjustment Auto-Recon Half Month</td></tr> <tr><td>PO</td><td>Payment – Adjustment Auto-Recon Birth Month</td></tr> <tr><td>RC</td><td>Recoupment – Delivery</td></tr> <tr><td>RD</td><td>Recoupment – Death</td></tr> <tr><td>RE</td><td>Recoupment – Recipient Eligibility Adjustment</td></tr> <tr><td>RF</td><td>Recoupment – Adjustment Recovery Full</td></tr> <tr><td>RG</td><td>Recoupment – Retroactive Eligibility Between Programs</td></tr> <tr><td>RH</td><td>Recoupment – Adjustment Auto-Recon Half Month</td></tr> <tr><td>RL</td><td>Recoupment – Adjustment Auto-Recon Full Month</td></tr> <tr><td>RP</td><td>Recoupment – Adjustment Recovery Partial</td></tr> <tr><td>RS</td><td>Recoupment – Delivery Systematic</td></tr> <tr><td>NP</td><td>Recoupment – Normal Payment Notice of Pregnancy</td></tr> <tr><td>RN</td><td>Recoupment – Notification of Pregnancy</td></tr> </tbody> </table> <p data-bbox="451 1801 699 1833">continued on next page</p>	HN	Payment – Half Month Normal	PB	Payment – Birth Month	PH	Payment – Half Month Retro	PN	Payment – Normal	PR	Payment – Retro	PA	Payment – Adjustment Payment	PC	Payment – Adjustment Recon Full Month	PD	Payment – Delivery Increase	PE	Payment – Adjustment Recon Half Month	PG	Payment – Adjustment Recon Birth Month	PI	Payment – Adjustment Increase	PJ	Payment – Recipient Eligibility Adjustment	PK	Payment – Retroactive Eligibility Between Programs	PL	Payment – Adjustment Auto-Recon Full Month	PM	Payment – Adjustment Auto-Recon Half Month	PO	Payment – Adjustment Auto-Recon Birth Month	RC	Recoupment – Delivery	RD	Recoupment – Death	RE	Recoupment – Recipient Eligibility Adjustment	RF	Recoupment – Adjustment Recovery Full	RG	Recoupment – Retroactive Eligibility Between Programs	RH	Recoupment – Adjustment Auto-Recon Half Month	RL	Recoupment – Adjustment Auto-Recon Full Month	RP	Recoupment – Adjustment Recovery Partial	RS	Recoupment – Delivery Systematic	NP	Recoupment – Normal Payment Notice of Pregnancy	RN	Recoupment – Notification of Pregnancy	
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Table 3.28 – Element ID RMR01-RMR05

Element ID	Usage	Guide Description and Valid Values	Comments
RMR03	S	Payment Action Code	Not used by the IHCP
RMR04	R	Detail Premium Payment Amount	This is the monthly premium amount paid by the IHCP. This element may also be an adjustment or recoupment amount, half-month payment, or retroactive payment.
RMR05	S	Billed Premium Amount	This is not used by the IHCP.

Table 3.29 – Individual Coverage Period

Segment Name	Individual Coverage Period
Segment ID	DTM
Loop ID	2300B
Usage	Situational
Segment Notes	This segment is used to relay the start and end date of the IHCP member's coverage period associated with the premium payment segment in the previous RMR segment.
Example	DTM*582****RD8*20020901-20020930

Table 3.30 – Element ID DTM01-DTM06

Element ID	Usage	Guide Description and Valid Values	Comments
DTM01	R	Date/Time Qualifier 582 – Report Period	
DTM02	N/A	Date	This is not used by the IHCP.
DTM03	N/A	Time	This is not used by the IHCP.
DTM04	N/A	Time Code	This is not used by the IHCP.
DTM05	R	Date/Time Period Format Qualifier RD8 – Report Period	
DTM06	R	Coverage Period	This is the coverage period for the specific payment in the RMR in CCYYMMDD-CCYYMMDD format

Table 3.31 – Transaction Set Trailer

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	This indicates the end of the transaction set and provides the count of the transmitted segments
Example	SE*10160*7001

Table 3.32 – Element ID SE01-SE02

Element ID	Usage	Guide Description and Valid Values	Comments
SE01	R	Number of Included Segments	This includes the total number of segments included in a transaction set.
SE02	R	Transaction Set Control Number	The IHCP automatically generates a unique control number. The ST02 and SE02 segments match.

Sample 820 Premium Payment Order and Remittance Advice

Figure 3.1 illustrates the 820 Premium Payment Order and Remittance Advice transaction.

```
ST*820*22001
BPR*I*367.11*C*BOP*****1752548221*****20020528
TRN*3*987654321*1752548221
REF*14*100467390N
DTM*582***RD8*20020401-20020430
N1*PE*CAREWISE*FI*112345678
N1*PR*EDS*FI*752548221
ENT*1*2L*FI*752548221
RMR*IK*1234567890123**-125
ADX*-125*52
ENT*2*2J*34*111223333
NM1*QE*1*SMITH*CHRISTOPHER*J***N*123412341234
RMR*AZ*102000123A123443210AMPN**130.45
DTM*582***RD8*20020401-20020430
ENT*3*2J*34*555229999
NM1*QE*1*JONES*MARY*A***N*111222333444
RMR*AZ*102000123B111222333A6PN**95.46
DTM*582***RD8*20020401-20020430
RMR*AZ*102000123B111222333A1PH**110.54
DTM*582***RD8*20020101-20020131
RMR*AZ*NOGROUPNPI NO_PMP_NPIA6RF**-10.32
DTM*582***RD8*20020301-20020331
ENT*4*2J*34*555221234
NM1*QE*1*HARRINGTON*ELEANOR***N*111122223333
RMR*AZ*102000123B111222333AFP**165.98
DTM*582***RD8*20020401-20020430
SE*24*22001
```

Figure 3.1 - 820 Premium Payment Order and Remittance Advice Transaction

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