

North Carolina Division of Medical Assistance (DMA)

**Instructions related to Transactions based on ASC
X12 Implementation Guides, version 005010X218
Premium Payment Order/Remittance Advice**

**Companion Guide Version Number: 1.0
December 2011**

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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.

Table of Contents

1	TI Introduction	5
1.1	Background	5
1.1.1	Overview of HIPAA Legislation	5
1.1.2	Compliance according to HIPAA	5
1.1.3	Compliance according to ASC X12	6
1.2	Intended Use	6
1.3	Intended Audience	6
1.4	Purpose of Companion Guide	6
1.5	Acknowledgements	7
1.6	Trading Partner Agreement Setup	7
1.7	Testing	7
2	Included ASC X12 Implementation Guides	7
3	Instruction Tables	8
4	Additional Information	11
4.1	Schedule Maintenance	11
4.2	Frequently Asked Questions	11
4.3	Other Resources	11
5	Change Summary	11

Transaction Instruction (TI)

1 TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries 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 North Carolina DMA. 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 North Carolina DMA specific information required to successfully exchange transactions.

1.5 Acknowledgements

NC DMA does not expect acknowledgement reports in response to the issuance of 820 transactions.

1.6 Trading Partner Agreement Setup

Providers, or vendors, wishing to conduct electronic transactions directly to NC DMA should contact HP Enterprise Services (HPES) Electronic Commerce Services at 1-800-688-6696, menu option 1, to initiate the enrollment process. A Trading Partner Agreement (TPA) is required and is available at <http://www.ncdhhs.gov/dma/hipaa/index.htm>.

1.7 Testing

North Carolina DMA does not create test 820 transactions. The 820 transactions are created in our production environment and can be used for testing purposes by our trading partners.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)

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.

005010X218 Premium Payment Order/Remittance Advice

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ST	Transaction Set Header		
	ST03	Implementation Conversion Reference	005010X218	
	BPR	Financial information		
	BPR01	Transaction Handling Code	I U	NC DMA will send "I" – Remittance Information Only when there is no payment. NC DMA will send "U" Split Payment and Remittance when payment is being made.
	BPR04	Payment Method Code	ACH CHK	NC DMA will send: <ul style="list-style-type: none"> • ACH – Automated Clearing House • CHK - Check
	BPR05	Payment Format Code	CCP	NC DMA will send "CCP" – Cash Concentration/ Disbursement
	BPR06	DFI Identification Number Qualifier	01	NC DMA will send "01" – ABA Transit Routing Number Including Check Digits for EFT payments
	BPR07	Originating DFI Identification Number	05311091	NC DMA will send "05311091" – for ACH payments
	BPR08	Account Number Qualifier	DA	NC DMA will send "DA" – Demand Deposit – for EFT payments

North Carolina Division of Medical Assistance Companion Guide

Premium Payment Order/Remittance Advice (820) 005010X218

Loop ID	Reference	Name	Codes	Notes/Comments
	BPR09	Sender Band Account Number	8730096875	NC DMA will send "8730096875" for EFT payments
	BPR10	Originating Company Identifier	1561250855	NC DMA will send "1561250855"
	TRN	Reassociation Trace Number		
	TRN01	Trace Type Code	3	NC DMA will set value to "3" – Financial Re-association Trace Number
	TRN03	Originating Company Identifier	1561250855	NC DMA will send "1561250855" for EFT payment
	REF	Premium Receivers identification Key		
	REF01	Reference Identification	18	NC DMA will set value to "18" – Plan Number
	DTM	Coverage Period		
	DTM01	Date/Time Qualifier	582	NC DMA will set value to "582" – Report Period
1000A	N1	Premium Receiver's Name		
	N103	Identification Code Qualifier	FI	NC DMA will set value to "FI" – Federal Taxpayer's Identification Number
1000B	N1	Premium Payer Name		
	N102	Premium Payer Name	North Carolina Medicaid	NC DMA will set value to "North Carolina Medicaid"
	N103	Premium Payer Identifier	FI	NC DMA will set value to "FI" – Federal Taxpayer's Identification Number
	N3	Premium Receiver's Address		
	N301	Premium Payer Address Line 1	PO Box 30968	NC DMA will set to "PO Box 30968" if payment is made by check
	N4	Premium Receiver's City, State and ZIP Code		
	N401	Premium Payer City Name	Raleigh	NC DMA will set to "Raleigh" if payment is made by check

North Carolina Division of Medical Assistance Companion Guide

Premium Payment Order/Remittance Advice (820) 005010X218

Loop ID	Reference	Name	Codes	Notes/Comments
	N402	Premium Payer State or Province Code	NC	NC DMA will set to "NC" if payment is made by check
	N403	Premium Payer Postal Zone or Zip Code	27622	NC DMA will set to "27622" if payment is made by check
2000A	ENT	Organization Summary Remittance		
	ENT02	Entity Identifier Code	2L	NC DMA will set value to "2L" – Corporation
	ENT03	Identification Code Qualifier	FI	NC DMA will set value to "FI" – Federal Taxpayer ID
2300A	RMR	Organization Summary Remittance Detail		
	RMR01	Reference Identification Qualifier	1L	NC DMA will set value to "1L" – Group or Policy Number
	DTM	Coverage Period		
	DTM01	Date/Time Qualifier	582	NC DMA will set value to "582" – Report Period
2315A	SLN	Member Count		
	SLN05-01	Unit or Basis of Measurement Code	IE	NC DMA will set value to "IE" - Person
2320A	NM1	Individual Name		
	NM101	Entity Identifier Code	IL	NC DMA will set value to "IL" – Individual or Subscriber
2000B	ENT	Individual Remittance		
	ENT03	Identification Code Qualifier	34	NC DMA will set value to "34" - SSN
2100B	NM1	Individual Name		
	NM101	Entity Identifier Code	QE	NC DMA will set value to "QE" – Policy Holder
	NM108	Identification Code Qualifier	34	NC DMA will set value to "34" – Social Security Number
2300B	RMR	Individual Premium Remittance Detail		
	RMR01	Reference Identification Qualifier	AZ	NC DMA will set value to "AZ" – Health insurance Policy Number
	RMR02	Insurance Remittance		NC DMA will set the ICN.

Loop ID	Reference	Name	Codes	Notes/Comments
		Reference Number		
	DTM	Organization Coverage Period		
	DTM01	Date/Time Qualifier	582	NC DMA will set value to "582" – Report Period
2320B	ADX	Individual Premium Adjustment		
	ADX02	Adjustment Reason Code	IA	NC DMA will set value to "IA" – Invoice Amount Does Not Match Account Analysis Statement

4 Additional Information

4.1 Schedule Maintenance

Not Applicable

4.2 Frequently Asked Questions

No FAQ's at this time.

4.3 Other Resources

- Washington Publishing Company (WPC) at www.wpc-edi.com
- ASC X12 at www.x12.org
- North Carolina Division of Medicaid Assistance (DMA) at www.ncdhhs.gov/DMA
- NC Medicaid Electronic Commerce Service (ECS) 1-800-688-6696. Menu option 1

5 Change Summary

Date	Change	Responsible Party
12/1/2011	Original Document	HPES 5010 Implementation Team and DMA IT and HIPAA section