820 Premium Payment
Companion Guide
ANSI ASC X12N 820 (Version 4010A1)

State of Washington
Department of Social & Health Services

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Approved By:

CNSI Project Manager		**DSHS Project Manager**
Date		**Date**

Disclaimer

This companion guide for the ANSI ASC X12N 820 transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for Washington State DSHS. The guide also includes useful information about sending and receiving data to and from the ProviderOne system.

Revision History

Documented revisions are maintained in this document through the use of the Revision History Table shown below. All revisions made to this companion guide after the creation date are noted along with the date, page affected, and reason for the change.

Revision Level	Date	Page	Description	Change Summary
WAMMIS-CG820-00-00-01	06/09/08		Initial Document	
WAMMIS-CG820-00-00-02	06/27/08		Comments from DSHS incorporated	
WAMMIS-CG-820-01-01	06/28/08		Final Delivery	
WAMMIS-CG-820-01-02	07/16/08		Re-Delivery of the Deliverable based on DSHS non-Acceptance and identification of deficiencies	
WAMMIS-CG-820-01-03	10/01/08		Re-Delivery of the Deliverable based on DSHS suggested changes to Trading Partners Testing Procedures verbiage	

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1 Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Washington State Department of Social and Health Services (DSHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses.

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

1.1 Document Purpose

Companion Guides are used to clarify the exchange of information on HIPAA transactions between the DSHS ProviderOne system and its trading partners. DSHS defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ProviderOne.

This Companion Guide provides information about the 820 Premium Payment that is specific to DSHS and DSHS trading partners. This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide listed below. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com.

- ASC X12N 820 (004010X061)
- ASC X12N 820 (004010X061A1) (Addenda)

1.1.1 Intended Users

Companion Guides are intended for members of the technical staffs of trading partners who are responsible for electronic transaction/file exchanges.

1.1.2 Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with DSHS, including

connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from DSHS.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

2 Technical Infrastructure and Procedures

2.1 Technical Environment

2.1.1 Communication Requirements

This section will describe how trading partners will receive 820 Transactions from DSHS using 2 methods:

- Secure File Transfer Protocol (SFTP)
- ProviderOne Web Portal

2.1.2 Testing Process

Completion of the testing process must occur prior to production electronic retrieval from ProviderOne. Testing is conducted to ensure the following for maintaining HIPAA guidelines:

1. Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules.
2. Syntactical requirements: Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.

Additional testing may be required in the future to verify any changes made to the ProviderOne system. Changes to the ANSI formats may also require additional testing. Assistance is available throughout the testing process.

Trading Partner Testing Procedures

1. ProviderOne companion guides and trading partner enrollment package are available for download via the web at http://maa.dshs.wa.gov/dshshipaa
2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to DSHS.

   Submit to: Provider Enrollment
   PO Box 45562
   Olympia, WA 98504-5562

For Questions call 1-800-562-3022 option 2, then option 5

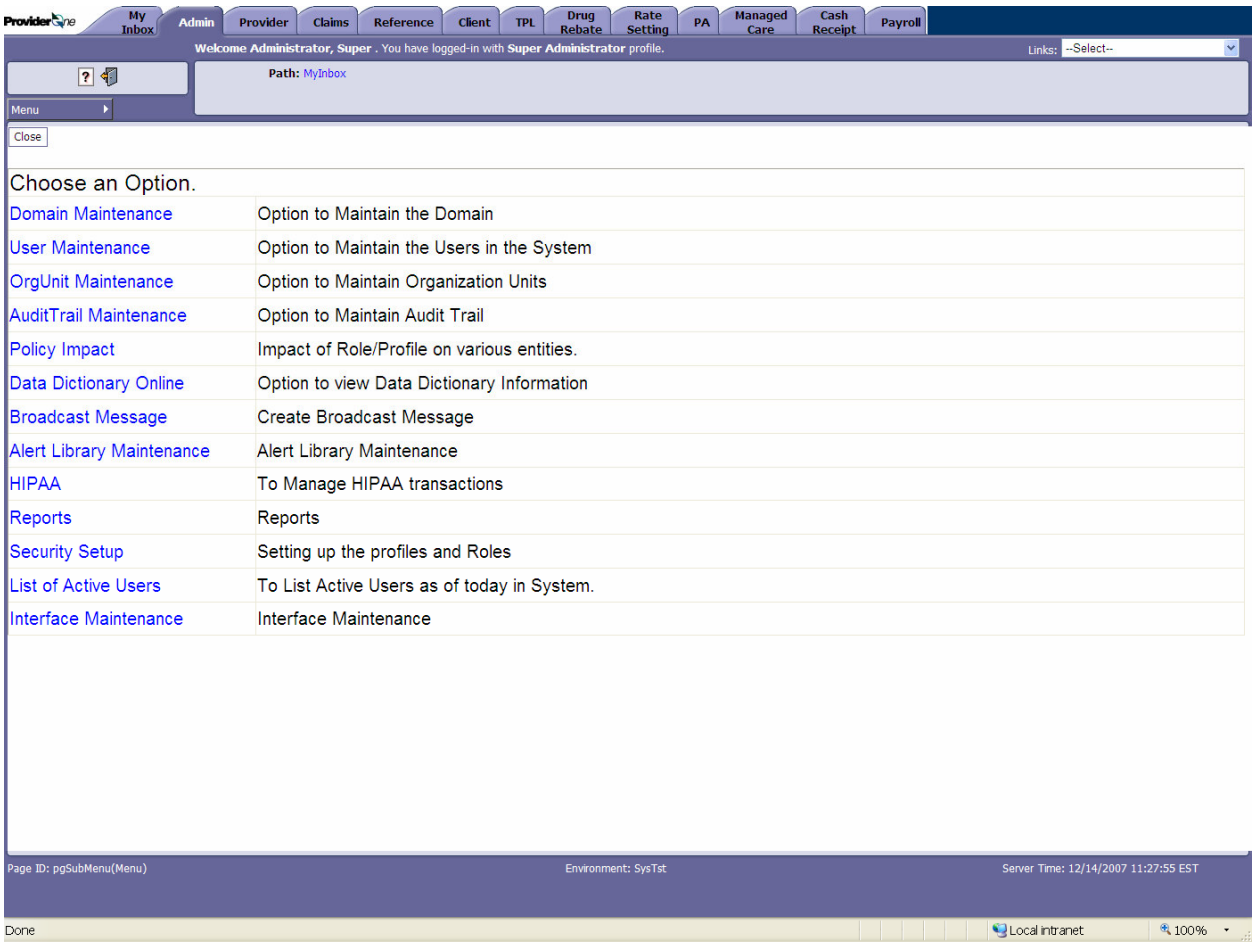
3. The trading partner is assigned a Submitter ID, Domain, Logon User ID and password.
4. ProviderOne system processes and validates all outbound HIPAA test files. It will be available for download via the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
    - Web Portal URL: https://www.waproviderone.org/edi
    - SFTP URL: ftp.waproviderone.org
5. The trading partner downloads the file from the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
6. If the test file download is successful and the trading partner's system accepts the file for processing, the trading partner is approved for transaction download in the ProviderOne production environment.
7. If the test file download is unsuccessful, the trading partner should immediately call 1-800-562-3022 to report the failure. They will continue testing in the testing environment until a successful download is completed.

2.1.3 Who to contact for assistance

- Telephone Number: 1-800-562-3022
    - Select option 2
    - Select option 4
    - Select option 2
    - All calls result in the assignment of a Ticket Number for problem tracking
- Hours: 8:00 AM – 5:00 PM Pacific Standard Time, Monday through Friday
- Information required for initial call:
    - Topic of Call (setup, procedures, etc.)
    - Name of caller
    - Submitter ID Number
    - Organization of caller
    - Telephone number of caller
    - Nature of problem (connection, receipt status, etc.)
- Information required for follow up call(s):
    - Assigned Ticket Number

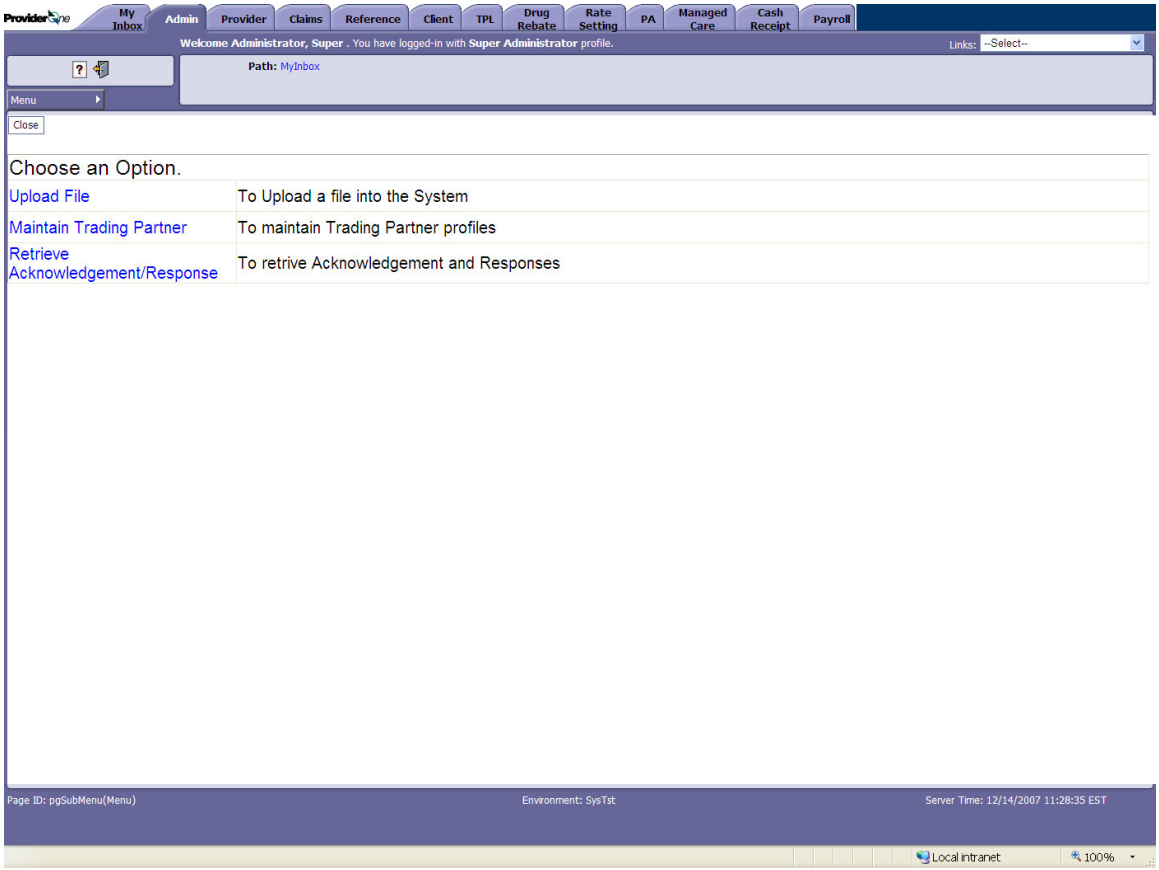
2.2 Retrieve batches via Web Interface

Once logged into the ProviderOne Portal, select the Admin Tab and the following options will be presented to the user:

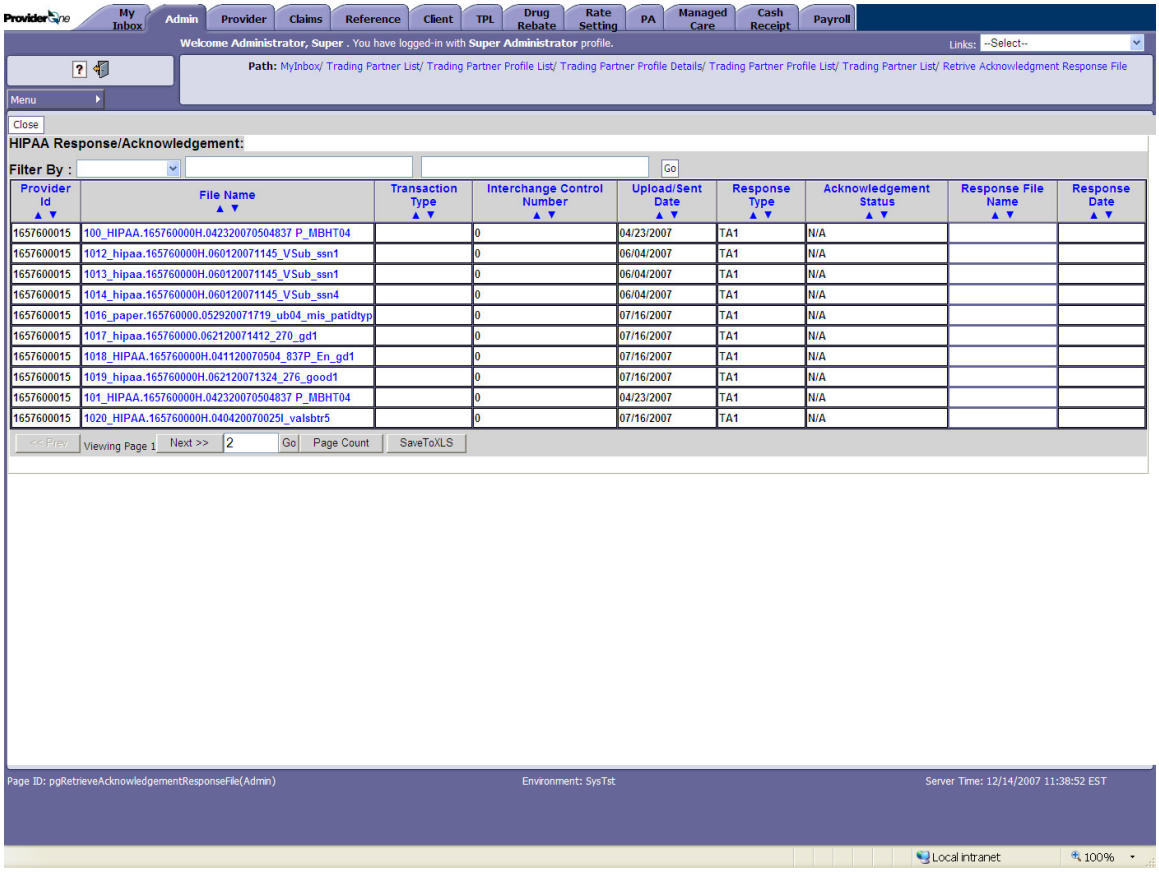


Click on the HIPAA option to manage the HIPAA transactions.

In the HIPAA Transaction Management screen, the user can Upload file and Retrieve Acknowledgement/Response as shown below:



Select Retrieve Acknowledgement/Response option from the HIPAA screen to retrieve Acknowledgements/Responses (TA1, 997, 271, 277, 820, 834, 835, or 277U) as shown below:



Provider Id	File Name	Transaction Type	Interchange Control Number	Upload/Sent Date	Response Type	Acknowledgement Status	Response File Name	Response Date
1657600015	100_HIPAA.165760000H.042320070504837 P_MBHT04		0	04/23/2007	TA1	N/A		
1657600015	1012_hipaa.165760000H.060120071145_VSub_ssn1		0	06/04/2007	TA1	N/A		
1657600015	1013_hipaa.165760000H.060120071145_VSub_ssn1		0	06/04/2007	TA1	N/A		
1657600015	1014_hipaa.165760000H.060120071145_VSub_ssn4		0	06/04/2007	TA1	N/A		
1657600015	1016_paper.165760000.052920071719_ub04_mis_patidtyp		0	07/16/2007	TA1	N/A		
1657600015	1017_hipaa.165760000.062120071412_270_gd1		0	07/16/2007	TA1	N/A		
1657600015	1018_HIPAA.165760000H.041120070504_837P_En_gd1		0	07/16/2007	TA1	N/A		
1657600015	1019_hipaa.165760000H.062120071324_276_good1		0	07/16/2007	TA1	N/A		
1657600015	101_HIPAA.165760000H.042320070504837 P_MBHT04		0	04/23/2007	TA1	N/A		
1657600015	1020_HIPAA.165760000H.040420070025I_valsbtr5		0	07/16/2007	TA1	N/A		

2.3 Set-up, Directory, and File Naming Convention

2.3.1 SFTP Set-up

Trading partners can contact 1-800-562-3022 for information on establishing connections through the FTP server. Upon completion of set-up, they will receive additional instructions on FTP usage.

2.3.2 SFTP Directory Naming Convention

SFTP Batch 820

2.3.3 File Naming Convention

The HIPAA Subsystem Package is responsible for assisting ProviderOne activities related to Electronic Transfer and processing of Health Care and Health Encounter Data, with a few exceptions or limitations.

HIPAA files are named:

For Outbound transactions:

HIPAA.<SubmitterID>.<datetimestamp>.<TxID>.O.<out>

Example of file name: HIPAA.123456700.122620072100.820.O.out

- <SubmitterID> is the Submitter ID
- <datetimestamp> is the Date Timestamp
- <TxID> is the Transaction ID.

2.4 Transaction Standards

2.4.1 General Information

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. Currently, the 820 transaction has one Addendum. This Addendum has been adopted as final and is incorporated into DSHS requirements.

An overview of requirements specific to each transaction can be found in the 820 Implementation Guide. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups
- Format and content of the header, detailer and trailer segments specific to the transaction
- Code sets and values authorized for use in the transaction
- Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

- Number of Segments/Records allowed by HIPAA standards
- DSHS file transfer limitations

HIPAA standards for the maximum file size of each transaction set are specified in the 820 Implementation Guide. ProviderOne will send all the payment information (Organization & Individual) within one ST-SE Segment within one Functional Group (GS-GE). DSHS has no size limitations for postings to its FTP Server.

2.4.2 Data Format

Delimiters

The ProviderOne will use the following delimiters on outbound transactions:

- Data element separator, Asterisk, (*)
- Sub-element Separator, Vertical Bar, (:)
- Segment Terminator, Tilde, (~)

Dates

The following rules apply to any dates in the 820 transaction:

- For the 820 transaction, all dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD.

- The only value acceptable for "CC" (century) is 20. The exception to this rule is for any of the Date of Birth values.
- Time is in military time format, 1 to 24 to indicate hours and 00 to 59 to indicate minutes and/or seconds. ISA10 and GS05 elements are formatted HHMM (ie 2115 defines the time of 9:15 p.m).
- No spaces or character delimiters should be used in presenting dates or times.
- Dates that are logically invalid (e.g. 20071301) are rejected.
- Dates must be valid within the context of the transaction. For example, a Member's Birth Date cannot be after the file effective date or the Member level dates or the Coverage level dates.

Field Length

HIPAA regulations specify field lengths for all of the data elements of the 820 transaction. For some of these data elements, ProviderOne processes fewer characters than the maximum allowed. The Transaction Specifications in Section 3 display the ProviderOne field lengths.

Phone Numbers

Phone numbers are presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (800) 555-1212 should be presented as 8005551212. Area codes should always be included.

2.4.3 Data Interchange Conventions

When transmitting 820 Transactions, DSHS follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or “outer envelopes”. All 820 Transactions are enclosed in transmission level ISA/IEA envelopes and, within transmissions, functional group level GS/GE envelopes. The segments and data elements used in outer envelopes are documented in Appendix B1 of the 820 Implementation Guide. Specific information on how individual data elements are populated by DSHS on ISA/IEA and GS/GE envelopes are shown in the table beginning later in this section.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures has fixed field length. The entire data length of the data element should be considered and padded with spaces if the data element length is less than the field length.

Example of ISA with the entire data length with padded spaces:

ISA*00* *00* *ZZ*123456789 *ZZ*77045
*040303*1300*U*00401*000001001*1*T*:~

DSHS transmits 820 Transaction files with single ISA/IEA and GS/GE envelopes. In order to maintain balancing requirements within 820, ProviderOne will send all the Organization & Individual payment within the same ST-SE Segment.

2.4.4 Acknowledgement Procedures

N/A

2.4.5 Rejected Transmissions and Transactions

DSHS will validate all 820 transactions up to HIPAA validation levels 1 and 2. If a receiver rejects any part of a transmission, they must reject the entire transmission. Data on rejected 820 transmissions should not be used to update health plan databases.

3 Transaction Specifications

Page	Loop	Segment	Data Element	Element Name	Comments
Interchange Control Header					
App. B	Envelope	ISA	01	Authorization Information Qualifier	This field will be populated with '00' – No Authorization information.
App. B	Envelope	ISA	02	Authorization Information	This field will be populated with 10 Spaces.
App. B	Envelope	ISA	03	Security Information Qualifier	This field will be populated with '00' – No Security information.
App. B	Envelope	ISA	04	Security Information	This field will be populated with 10 Spaces.
App. B	Envelope	ISA	05	Interchange ID Qualifier	This field will be populated with 'ZZ'.
App. B	Envelope	ISA	06	Interchange Sender ID	This field will be populated with '77045'- WA State DSHS Sender ID
App. B	Envelope	ISA	07	Interchange ID Qualifier	This field will be populated with 'ZZ'
App. B	Envelope	ISA	08	Interchange Receiver ID	This field will be populated with the 9 Digit ProviderOne ID of the receiver.
App. B	Envelope	ISA	09	Interchange Date	This field will be populated with System Date Format - YYMMDD
App. B	Envelope	ISA	10	Interchange Time	This field will be populated with System Time Format - HHMM
App. B	Envelope	ISA	11	Interchange Control Standards Identifier	This field will be populated with 'U'

Page	Loop	Segment	Data Element	Element Name	Comments
App. B	Envelope	ISA	12	Interchange Control Version Number	This field will be populated with '00401'
App. B	Envelope	ISA	13	Interchange Control Number	This field will be populated with the Interchange Control Number. Note ISA13 = IEA02
App. B	Envelope	ISA	14	Acknowledgment Requested	This field will be populated with '0' – no Acknowledgement
App. B	Envelope	ISA	15	Usage Indicator	This field will be populated with 'P' in Production Mode and 'T' in Test Mode.
App. B	Envelope	ISA	16	Component Element Separator	This field will be populated with Value = ":"
Functional Group Header					
App. B	Envelope	GS	01	Functional Identifier Code	This field will be populated with 'RA'.
App. B	Envelope	GS	02	Application Sender's Code	This field will be populated with '77045' - WA State DSHS Sender ID
App. B	Envelope	GS	03	Application Receiver's Code	9 Digit ProviderOne ID
App. B	Envelope	GS	04	Date	SYSDATE. Date expressed as CCYYMMDD.
App. B	Envelope	GS	05	Time	SYSTIME. Time expressed as HHMM.
App. B	Envelope	GS	06	Group Control Number	This field will be populated with the Group Control Number. GS06 = GE02.
App. B	Envelope	GS	07	Responsible Agency Code	This field will be populated with X.

Page	Loop	Segment	Data Element	Element Name	Comments
App. B	Envelope	GS	08	Version / Release / Industry Identifier Code	This field will be populated with 004010X061A1.
820 Header					
34	Header	ST	01	Transaction Set Identifier Code	This field will be populated with 820.
34	Header	ST	02	Transaction Set Control Number	This field will be populated with the Transaction Set Control Number, a unique identifier for this transaction. The control number is repeated on the transaction trailer. ST02 = SE02.
Financial Information					
36	Header	BPR	01	Transaction Handling Code	This field will be populated with “I” for Remittance Information only
37	Header	BPR	02	Monetary Amount	Total Premium Payment Amount
37	Header	BPR	03	Credit/Debit Flag Code	This field will be populated with “C” for Credit.
37	Header	BPR	04	Payment Method Code	This field will be populated with ‘ACH’ (electronic funds transfer) or ‘CHK’ (check) as directed by the provider.
38	Header	BPR	05	Payment Format Code	This field will be populated with CCP
39	Header	BPR	06	(DFI) ID Number Qualifier	If payment method is ‘ACH’, this field will be populated with 01.

39	Header	BPR	07	(DFI) Identification Number	If payment method is 'ACH' this field will be populated with 121108250, WA State DSHS Bank Transit Routing Number.
39	Header	BPR	08	Account Number Qualifier	If payment method is 'ACH', this field will be populated with DA.
40	Header	BPR	09	Account Number	This field will be populated with 62049010.
40	Header	BPR	10	Originating Company Identifier	This field will be populated with 1916001088.
40	Header	BPR	12	(DFI) ID Number Qualifier	If payment method is 'ACH', this field will be populated with 01.
41	Header	BPR	13	(DFI) Identification Number	If payment method is 'ACH', this field will be populated with the Receiving Company Bank Account routing number.
41	Header	BPR	14	Account Number Qualifier	If payment method is 'ACH', this field will be populated with either; DA - Demand Deposit, or SG - Savings.
41	Header	BPR	15	Account Number	If payment method is 'ACH' this field will be populated with the Receiving Company Bank Account number.

41	Header	BPR	16	Date	Check Issue or EFT Effective Date.Date expressed as CCYYMMDD.
Reassociation Key					
43	Header	TRN	01	Trace Type Code	This field will be populated with '3' for Financial Re-association Trace Number.
44	Header	TRN	02	Reference Identification	Check or EFT Trace Number This field will be populated with the check number issued by WA State DSHS or with the EFT Trace Number associated with this transfer of funds.
44	Header	TRN	03	Originating Company Identifier	This field will be populated with 1916001088.
Premium Receivers Identification Key					
48	Header	REF	01	Reference Identification Qualifier	Premium Receiver ID Qualifier. This field will be populated with "14" for Master Account Number.
49	Header	REF	02	Reference Identification	This field will be populated with the plan's 9-digit alphanumeric ProviderOne Submitter ID Number, (1st 7 digits – numeric, last 2 digits alphanumeric) e.g. 123456701 e.g. 12345671A

Coverage Period					
54	Header	DTM	01	Date/Time Qualifier	This field will be populated with “582” for Reporting Period.
55	Header	DTM	05	Date Time Period Format Qualifier	This field will be populated with "RD8"
55	Header	DTM	06	Date Time Period	Coverage Period. The First and Last date of the month in which the premium is paid.
Premium Receiver's Name					
56	1000A	N1	01	Entity Identifier Code	This field will be populated with “PE”
57	1000A	N1	02	Name	Premium Receiver’s Name
57	1000A	N1	03	Identification Code Qualifier	This field will be populated with “FI”.
57	1000A	N1	04	Identification Code	Premium Receiver’s Federal Taxpayer’s Identification Number.
Premium Receiver's Address					
59	1000A	N3	01	Address Information	Premium Receiver’s Address1.
59	1000A	N3	02	Address Information	Premium Receiver’s Address2.
Premium Receiver's City, State, Zip					
60	1000A	N4	01	City Name	Premium Receiver’s City.
60	1000A	N4	02	State or Province Code	Premium Receiver’s State.
61	1000A	N4	03	Postal Code	Premium Receiver’s Zip Code.
Premium Payer's Name					
62	1000B	N1	01	Entity Identifier Code	This field will be populated with “PR”.
63	1000B	N1	02	Name	WA State DSHS
63	1000B	N1	03	Identification Code Qualifier	This field will be populated with 'FI'.

63	1000B	N1	04	Identification Code	This field will be populated with WA State DSHS's Federal Taxpayer ID '916001088'.
Premium Payer's Address					
66	1000B	N3	01	Address Information	Premium Payer Address 1.
66	1000B	N3	02	Address Information	Premium Payer Address 2.
Premium Payer's City, State, Zip					
67	1000B	N4	01	City Name	Premium Payer City Name.
67	1000B	N4	02	State or Province Code	Premium Payer State Code.
68	1000B	N4	03	Postal Code	Premium Payer Postal Zone or ZIP Code.
Premium Payer's Administrative Contact					
70	1000B	PER	01	Contact Function Code	This field will be populated with "IC"
70	1000B	PER	02	Name	This field will be populated with "DSHS Provider Relations".
70	1000B	PER	03	Communication Number Qualifier	This field will be populated with “TE”
70	1000B	PER	04	Communication Number	Payer Communication Number ‘8005623022’
Organization Summary Remittance					
73	2000A	ENT	01	Assigned Number	Number assigned for differentiation within a transaction set starting with ‘1’. If the Organizational level exists, there will only be one occurrence of ENT01 and ENT01=1.
73	2000A	ENT	02	Entity Identifier Code	This field will be populated with “2L”

73	2000A	ENT	03	Identification Code Qualifier	This will be populated with “FI”
73	2000A	ENT	04	Identification Code	This will be the MCOs or RSNs Federal Taxpayer’s Identification Number.
Organization Summary Remittance Detail					
Note: Receivable Reporting: Loop 2300A will be repeated to deliver receivable information within the 820 when applicable. The following Loops and segments will be repeated to deliver Receivable information. Loop 2300A RMR01 = ‘IL’ RMR02 = This field will be populated with the receiver’s ProviderOne ID. In the case of receivables, the receiver ProviderOne will be concatenated with either ‘CF’ – Carry Forward, ‘FB’ – Forward Balance, or ‘CA’ – Sent to CARS RMR04 = This field will be populated with the CF/FB/CA amounts in case of receivables Loop 2315A SLN04 = Quantity will be ‘0’ in the case of receivables. Loop 2320A ADX01 = This field will be populated with CF/FB/CA amount ADX02 = For receivables this field will always be populated with, ‘52’ – Credit for Previous Overpayment.					
75	2300A	RMR	01	Reference Identification Qualifier	This field will be populated with ‘1L’ – Group or Policy Number.
75	2300A	RMR	02	Reference Identification	This will be populated with the receiver’s ProviderOne ID. In the case of receivables, receiver’s ProviderOne ID is concatenated with CF – Carry Forward /FB – Forward Balance /CA – Sent to CARS.

76	2300A	RMR	04	Monetary Amount	Detail Premium Payment Amount – The amount being paid on the this remittance item. Organizational payment amount. This field will have the CF/FB/CA amounts in the case of receivables.
76	2300A	RMR	05	Monetary Amount	This amount is blank unless an adjustment is required and the paid amount is different from the billed amount.
Summary Line Item					
78	2310A	IT1	01	Assigned Identification	Line item control number. Assigned for uniqueness, '1' will be used.
Member Count					
81	2315A	SLN	01	Assigned Identification	Line item control number. Assigned for uniqueness, '1' will be used.
82	2315A	SLN	03	Relationship Code	This will be populated with 'O' for Information only.
82	2315A	SLN	04	Quantity	Count of members for which payment is made – Please note that the total head count shown in this field will not always match the detail line numbers included in the 820 report due to retroactive adjustments (for newborns and other items)

82	2315A	SLN	05-1	Unit or Basis for Measurement Code	This will field will be populated with 'IE' for person
Organization Summary Remittance Level Adjustment					
85	2320A	ADX	01	Monetary Amount	This field will be populated with the adjustment amount. In case of receivables, this field will be 0.
85	2320A	ADX	02	Adjustment Reason Code	This field will be populated with: "52" Credit for Previous Overpayment "53" Remittance for Previous Underpayment "H1" Information Forthcoming. Always "52" in case of receivables.
Individual Remittance					
87	2000B	ENT	01	Assigned Number	Number assigned for differentiation within a transaction set starting with '1'. When Organizational ENT01 exists the first Individual ENT01 continues with '2'.
87	2000B	ENT	02	Entity Identifier Code	This field will be populated with "2J".
87	2000B	ENT	03	Identification Code Qualifier	This will be populated with "EI".

87	2000B	ENT	04	Identification Code	Employee Identification (EI) Number = WA State DSHS's ProviderOne Client Identification Number in the following format. 9-digit numeric and 2-digit alpha. e.g. 123456789WA.
Individual Name					
88	2100B	NM1	01	Entity Identifier Code	This field will be populated with "EY".
89	2100B	NM1	02	Entity Type Qualifier	This field will be populated with "1".
89	2100B	NM1	03	Name Last or Organization Name	Client Last Name.
89	2100B	NM1	04	Name First	Client First Name.
89	2100B	NM1	05	Name Middle	Client Middle Initial.
89	2100B	NM1	08	Identification Code Qualifier	This field will be populated with "34".
90	2100B	NM1	09	Identification Code	Client SSN.
Individual Premium Remittance Detail					
Loop 2300B will only be returned on the 820 delivered to Managed Care Organizations (MCOs). Loop 2300B will not be returned on the 820 delivered to Regional Support Networks (RSNs), as premium information will only be returned at the organizational level (Loop 2300A).					
92	2300B	RMR	01	Reference Identification Qualifier	This field will be populated with; "AZ" for monthly capitated premium payments "IK" for all payments other than the monthly capitation premium (Service Based Enhancement).

92	2300B	RMR	02	Reference Identification	• The 15 digit 834 transaction reference number when RMR01 = 'AZ'. • The corresponding patient account number delivered in the Claim Information Loop, (2300 CLM-01), submitted on the encounter record when RMR01 = 'IK'.
93	2300B	RMR	04	Monetary Amount	Individual Premium Payment Amount.
93	2300B	RMR	05	Monetary Amount	This field will only be populated if the Individual Premium Payment Amount has been adjusted. If so this amount will differ from what is reported in RMR04. (Summary level Adjustment information will be returned in the ADX Segment of Loop 2320A – Detail level Adjustment information will be returned in the ADX Segment of Loop 2320B).
Individual Coverage Period					
94	2300B	DTM	01	Date/Time Qualifier	This field will be populated with "582".
95	2300B	DTM	05	Date Time Period Format Qualifier	Date Time Period Format Qualifier "RD8".

95	2300B	DTM	06	Date Time Period	First and Last Date of Service Format = CCYYMMDD-CCYYMMDD
Individual Premium Adjustment					
96	2320B	ADX	01	Monetary Amount	This field will be populated if there is an adjustment to a previously paid premium.
97	2320B	ADX	02	Adjustment Reason Code	This field will be populated with “52” = Payer credit for previous overpayment “53”= Remittance for previous underpayment.
820 Trailer					
98	Trailer	SE	01	Number of Included Segments	Total number of segments included in a transaction set including ST and SE segments
98	Trailer	SE	02	Transaction Set Control Number	Must be equal to ST-02.
Functional Group Trailer					
App. B	Trailer	GE	01	Number of Transaction Sets Included	Total number of transaction sets included in the functional group
App. B	Trailer	GE	02	Group Control Number	Must be equal to GS-02.
Interchange Control Trailer					
App. B	Trailer	IEA	01	Number of Included Functional Groups	A count of the number of functional groups included in an interchange.
App. B	Trailer	IEA	02	Interchange Control Number	Must be equal to ISA-13.