fallonhealth

Premium Payment Submission
Companion Guide

to the

Premium Payment Submission
ANSI X12 820 (version
4010x61) implementation guide

Document History

Revision date	Revision	Commentary
May 2003	1.0	Creation date
September 2003	1.1	Contact information
June 2017	1.2	Updated EDI Maintenance Information
May 2018	1.3	Updated EDI Maintenance Information
January 2022	1.4	Updated EDI Maintenance Information

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Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Fallon Health and all other covered entities comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N 820 (Version 4010x61) Implementation Guide for Payroll Deducted and Other Group Premium Payment for Insurance Products has been established as the standard for premium payment transactions compliance. The implementation guide is available electronically at www.wpc-edi.com/HIPAA.

Although the implementation guide contains requirements for use of specific segments and data elements within the segments, it was written for use by all health benefit payors. This document has been prepared as an Fallon-specific companion document to that implementation guide to clarify when conditional data elements and segments must be used for Fallon reporting, and to identify those codes and data elements that do not apply to Fallon.

This companion guide document supplements, but does not contradict any requirements in the 820 version 4010(x61) implementation guide (addenda version).

The intended audience for this document is the technical resource responsible for submitting electronic premium payment transactions to Fallon. In addition, this information should be communicated and coordinated with the department within the employer groups responsible for maintaining this information.

Confidentiality, privacy and security

Maintaining the confidentiality of personal health information has been, and continues to be, one of Fallon's guiding principles. Fallon has a strict confidentiality policy with regard to safeguarding patient, employee and health plan information. All employees are required to be familiar and comply with Fallon policy on the confidentiality of member personal and clinical information to ensure that all member information is treated in a confidential and respectful manner. The policy permits use or disclosure of members' medical or personal information only as necessary to conduct required business, care management, approved research or quality assurance or measurement activities, or when authorized to do so by a member or as required by law.

In order to comply with our own internal policies and the provisions of the Health Insurance Portability and Accountability Act, 1996 (HIPAA), Fallon Health has outlined specific requirements applicable to the electronic exchange of protected health information (PHI) including provisions for:

- maintaining confidentiality of protected information
- confidentiality safeguards
- security standards
- return or destruction of protected information
- compliance with state and federal regulatory and statutory requirements
- required disclosure
- use of business associates

Implementing EDI transactions with Fallon

Contact an EDI coordinator at:

Fallon Health: 1-866-275-3247, option 6, or e-mail edi.coordinator@Fallon Health.org

Trading partner set-up

There are many data elements in the ISA segment that are used for processing control purposes. For example, the ISA segment contains data elements such as authorization information, security information, sender identification and receiver identification that can be used for control purposes. These data elements are agreed-upon by the trading partners prior to exchange of electronic information. Fallon-specific requirements are defined in subsequent sections of this document.

Testing

All trading partners are required to test the exchange of electronic transactions with Fallon prior to the exchange of production files with live data.

Fallon will assign a test username and password that will only be used during testing. A production username and password will be assigned upon successful completion of simulation testing.

All test files will be processed at time of receipt, and feedback to the trading partner will occur within five business days. This feedback will occur via e-mail. Preliminary test files should contain at least one summary level payment transaction.

Fallon requires the following naming convention for all test files submitted: XXMMDDVT.820 (eight character maximum). The first 2 letters are used to identify trading partner, then 2 digit month, 2 digit day, version number, and test file indicator. If multiple files are to be sent on the same day, then version numbers would need to be sent as part of the file naming convention.

The test indicator is crucial to the entry of the file into the test environment.

Production

At the completion of successful simulation testing, trading partners will be given a production username and password, as well as a date to begin the exchange of compliant production transaction files.

Fallon requires the following naming convention for all production files submitted: XXMMDDV1.820 (eight character maximum). The first 2 letters are used to identify trading partner, then 2 digit month, 2 digit day, version number, and production file indicator. If multiple files are to be sent on the same day, then version numbers would need to be sent as part of the file naming convention.

The production indicator is crucial to the entry of the file into the test environment.

Maintenance

Routine downtime is scheduled weekly from 6 PM to 11 PM on Thursdays and 8 AM to 12 PM on Sundays to support maintenance and enhancements for all EDI transactions. Non-routine downtime will be communicated via email at least one week in advance. Emergency unscheduled downtime will be communicated to trading partners via email within one hour following the determination that emergency downtime is needed.

Acknowledgement

Fallon will be supporting the functional Acknowledgement Transaction Set (997) and using it as an acknowledgement for incoming files as of 10/16/03.

Specific data requirements for Fallon

General

The purpose of this section is to clarify when data elements and segments must be used for Fallon Health. The following information is designed to help you complete the 820 transactions. If you follow these guidelines, we will be better able to process your payment transactions accurately and efficiently.

BOLD indicates value should be submitted as shown. All fields in the ISA are required and fixed length and should be blank filled if field value is not at the requested length.

Loop	Pos	Seg ID	Description	Seg Req	Field	X12 description	Fallon-specific requirements
	10	ISA	Interchange Control Header	M			
				M	1	Authorization Information Qualifier	00
				M	2	Authorization Information	<BLANK>
				M	3	Security Information Qualifier	00
				M	4	Security Informatio	<BLANK>
				M	5	Interchange ID Qualifier	UNIQUE #
				M	6	Interchange Sender ID	Group Mnemonic + 820 (i.e. fchp820)
				M	7	Interchange ID Qualifier	ZZ
				M	8	Interchange Receiver ID	Unique per transaction set provided to
				M	9	Interchange	<YYMMDD>
				M	10	Interchange	<HHMM>
				M	11	Interchange Control Standards	U
				M	12	Interchange Control Version	00401
				M	13	Interchange Control Number	Unique # duplicated in IEA02

Loop	Pos	Seg ID	Description	Seg Req	Field	X12 description	Fallon-specific requirements
	10	ISA	Interchange Control Header				
				M	14	Acknowledgemen t Requested	0
				M	15	Usage Indicator	T=Test P=Productio
				M	16	Componen t Element Separator	62 or other acceptable
	20	GS	Functional Group Header	M			
				M	1	Functional Identifier Code	RA
				M	2	Application Sender's	Unique ID (Cannot be included in other transaction sets)
				M	3	Application Receiver's Code	Fallon820
				M	4	Date	<CCYYMMDD>
				M	5	Time	<HHMMSSDD>
				M	6	Group Control	Unique # assigned and maintained by the
				M	7	Responsible Agency Code	X
				M	8	Version / Release / Industry	004010X061
	10	ST	Transaction Set Header	M			
				M	1	Transaction Set Identifier Code	820
				M	2	Transaction Set Control Number	Unique sequential #
	20	BPR	Financial Information	M			
				M	1	Transaction Handling Code	I =Remittance only C = Payment accompanies remittance D = Make payment
				M	2	Monetar y	Total Premium Dollars sent
				M	3	Credit/Debit Flag Code	C
				M	4	Payment Method Code	CHK, FWT, ACH
				O	5	Payment Format Code	If BPR06=ACH then CTX
				C	6	(DFI) ID Number Qualifier	If BPR=ACH then 01 , else

Loop	Pos	Seg ID	Description	Seg Req	Field	X12 description	Fallon-specific requirements
	20	BPR	Financial Information	C	7	(DFI) Identification Number	If BPR=ACH then ABA#, else
				O	8	Account Number Qualifier	IF BPR06=ACH then DA, else <BLANK>
				C	9	Account Number	If BPR06=ACH then bank account # , else
				O	10	Originating Company	If BPR06=ACH Fed Tax ID accompanied preceded by
				O	11	Originating Company Supplemental Code	If BPR06=ACH
				C	12	(DFI) ID Number Qualifier	If BPR06=ACH then 01 else <BLANK>
				C	13	(DFI) Identification Number	If BPR06=ACH, FCHP ABA
	20	BPR	Financial Information				
				O	14	Account Number Qualifier	If BPR06=ACH then DA,
				C	15	Account Number	If BPR06=ACH then FCHP bank account #, else
				M	16	Date	<CCYYMMDD> beginning of
	35	TRN	Reassociation Key	M			
				M	1	Trace Type	1 = Payment and remittance have not been separated. 3 = Payment and remittance information have been separated and need to be reassociated by the
				M	2	Reference Identification	Check, EFT #, or DATE of transaction <CCYYMMDD>
				O	3	Originating Company	1+Federal Tax ID #
				O	4	Reference Identificatio	<BLANK>
	40	CUR	Non-US Dollars Currency	O			
				M	1	Entity Identifier Code	<BLANK>
				M	2	Currency Code	<BLANK>
				O	3	Exchange Rate	<BLANK>

Loop	Pos	Seg ID	Description	Seg Req	Field	X12 description	Fallon-specific requirements
	50	REF	Premium Receivers	O			
				M	1	Reference Identification Qualifier	14
				M	2	Reference Identification	Employer Group # assigned by Fallon
	60	DTM	Process Date	O			
				M	1	Date/Time Qualifier	<BLANK>
				M	2	Date	<BLANK>
		DTM	Delivery Date	O			
				M	1	Date/Time Qualifier	<BLANK>
				M	2	Date	<BLANK>
		DTM	Coverage Period	O			
				M	1	Date/Time Qualifier	582
				M	5	Date/Time Period Format	RD 8
				M	6	Date/Time	<CCYYMMDD>-<CCYYMMDD>
1000A							
	70	N1	Premium Receiver's Name	M			
				M	1	Entity Identifier Code	PE
				C	2	Name	Fallon Community Health Plan
				C	3	Identification Code	FI
				C	4	Identification Code	237442369
	80	N2	Premium Receiver Additional Name	O			
				M	1	Name	<BLANK>
	90	N3	Premium Receiver's	O			
				M	1	Address Information	<BLANK>
				O	2	Address Information	<BLANK>

Loop	Pos	Seg ID	Description	Seg Req	Field	X12 description	Fallon-specific requirements
	100	N4	Premium Receiver's City, State, Zip	O			
				M	1	City Name	<BLANK>
				M	2	State or Province Code	<BLANK>
				M	3	Postal Code	<BLANK>
				O	4	Country Code	<BLANK>
1000B							
	70	N1	Premium Payer's Name	M			
				M	1	Entity Identifier Code	PR
				C	2	Name	Exact employer group name as it appears in ^PT. Fallon will provide.
				C	3	Identification Code Qualifier	FI
				C	4	Identification	Tax ID # with "-" (must be same as in FCHP dictionary 501)
	80	N2	Premium Payer Additional Name	O			
				M	1	Name	<BLANK>
	90	N3	Premium Payer's Address	O			
				M	1	Address Information	<BLANK>
				O	2	Address Information	<BLANK>
	100	N4	Premium Payer's City, State, Zip	O			
				M	1	City Name	<BLANK>
				M	2	State or Province Code	<BLANK>
				M	3	Postal Code	<BLANK>
				O	4	Country Code	<BLANK>
	120	PER	Premium Payer's Administrative	O			
				M	1	Contact Function Code	<BLANK>
1000B							
	120	PER	Premium Payer's Administrative	M	2	Name	<BLANK>
				C	3	Communication Number Qualifier	<BLANK>
				C	4	Communication Number	<BLANK>
				C	5	Communication Number Qualifier	<BLANK>
1000							

Loop	Pos	Seg ID	Description	Seg Req	Field	X12 description	Fallon-specific requirements
	120	PER	Premium Payer's Administrative Contact	C	6	Communication Number	<BLANK>
				C	7	Communication Number Qualifier	<BLANK>
				C	8	Communication Number	<BLANK>
2000A							
	10	ENT	Organization Summary Remittance	O			Recommended for posting payments to
				M	1	Assigned Number	Beginning transaction
				M	2	Entity Identifier Code	2L
				C	3	Identification Code Qualifier	FI
				C	4	Identification Code	Tax ID # of the sender
2300A							
	150	RM	Organization Summary Remittance Detail	M			Recommended for posting payments to
				M	1	Reference Identification Qualifier	IK
				M	2	Reference Identification	Fallon invoice #
				O	3	Payment Action Code	<BLANK>
				M	4	Monetary Amount	Total amount of premium <0.00>
				O	5	Monetary Amount	If ADX segment is used then <0.00> else
2310A							
	190	IT1	Summary Line Item	O			
				M	1	Assigned Identification	<BLANK>
2315A							
	204	SLN	Member Count	O			
				M	1	Assigned Identification	<BLANK>
				N	2	Assigned Identification	<BLANK>
				M	3	Relationship Code	<BLANK>
				M	4	Quantity	<BLANK>
				M	5	Composite Unit of Measure	<BLANK>
				M	5,1	Unit or Basis for Measurement	<BLANK>

Loop	Pos	Seg ID	Description	Seg Req	Field	X12 description	Fallon-specific requirements
2320A							
	210	ADX	Organization Summary Remittance Level	O			
				M	1	Monetary Amount	Dollar amount adjusted (totals must
				M	2	Adjustment Reason Code	AA = mapped to Fallon pay code 643 H6 = mapped to Fallon pay
2000B							
	10	ENT	Individual Remittance	O			Not recommended
				M	1	Assigned Number	<BLANK>
				M	2	Entity Identifier Code	<BLANK>
				M	3	Identification Code Qualifier	<BLANK>
				M	4	Identification	<BLANK>
2100B							
	20	NM1	Individual Name	O			Not recommended
				M	1	Entity Identifier Code	<BLANK>
				M	2	Entity Type Qualifier	<BLANK>
				O	3	Name Last or Organization	<BLANK>
				O	4	Name First	<BLANK>
				O	5	Name Middle	<BLANK>
				O	6	Name Prefix	<BLANK>
				O	7	Name Suffix	<BLANK>
				C	8	Identification Code Qualifier	<BLANK>
				C	9	Identification Code	<BLANK>
2300B							<BLANK>
	150	RM	Individual Premium Remittance Detail	O			Not recommended
				M	1	Reference Identification Qualifier	<BLANK>
				M	2	Reference Identification	<BLANK>
				O	3	Payment Action Code	<BLANK>
				M	4	Monetary Amount	<BLANK>
				O	5	Monetary Amount	<BLANK>
							<BLANK>
	180	DTM	Individual Coverage Period	O			Not recommended
				M	1	Date/Time	<BLANK>
				M	5	Date/Time Period Format Qualifier	<BLANK>
				M	6	Date/Time Period	<BLANK>
2320B							

Loop	Pos	Seg ID	Description	Seg Req	Field	X12 description	Fallon-specific requirements
	210	ADX	Individual Premium	O			
				M	1	Monetary Amount	<BLANK>
				M	2	Adjustment Reason Code	<BLANK>
	10	SE	820 Trailer	M			
				M	1	Number of Included	# of included segments including
				M	2	Transaction Set Control Number	Transaction count
	10	GE	Functional Group Trailer	M			
				M	1	Number of Transaction Sets Included	Number of transaction sets included
				M	2	Group Control	Assigned # originated and maintained by the sender, must be the
	20	IEA	Interchange Control Trailer	M			
				M	1	Number of Included Functional	# of functional groups
				M	2	Interchange Control Number	Same as ISA13

Sample file

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ISA~00~              ~00~              ~30~11-1111111        ~ZZ~AAA820
~030314~1111~U~00401~000000003~0~T~>
GS~RA~11-1111111~FALLON820I~20030314~11111111~30001~X~004010X061~~~~~~~~
ST~820~0001~~~~~~~~~~~~~~
BPR~I~10000.45~C~ACH~CTX~01~1111111~DA~1111111~111111111~~01~22222222~DA~22222222~20030201
TRN~3~20030201~12222222222~~~~~~~~~~~~~
REF~14~3333333~~~~~~~~~~~~~~
DTM~582~~~~RD8~20030501~~~~~~~~~~
N1~PE~Fallon Community Health Plan~FI~444444444~~~~~~~~~~~~ N1~PR~AUTOMATIC DATA
PROCESSING~FI~11-1111111~~~~~~~~~~~~
ENT~1~2L~FI~1222222222~~~~~~~~~~~~
RMR~IK~5555555~~10000.45~~~~~~~~~~~~
SE~132~0001~~~~~~~~~~~~~~
GE~1~30001~~~~~~~~~~~~~~ IEA~1~000000003~~~
```