

## American National Standards Institute X12N 820 Health Premium Payment/Remittance, Version 004010X061A1, Companion Document

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N 820 implementation guide has been established as the standard for compliance for health premium payment/remittance. The implementation guides for each HIPAA standard transaction are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com).

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 820, version 004010X061A1 implementation guide. The use of this document is solely for the purpose of clarification for the 820 health premium payment/remittance transaction.

The information describes specific requirements to be used for processing the 820 transaction in the WPS Insurance Corporation system. The information in this document is subject to change. Changes will be communicated on the WPS web site: [www.wpsic.com](http://www.wpsic.com). This companion document supplements, but does not contradict, any requirements in the X12N 820 version 004010X061A1 implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards as they become available.

This document last updated 2/25/2003.

LANGUAGE
The incoming 820 transactions utilize delimiters from the following list: >,*~,^,  and :. Submitting delimiters not supported within this list may cause an interchange to be rejected. You must submit incoming 820 Health Premium Remittance data using the basic character set as defined in Appendix A of the 820 Implementation Guide.
Wisconsin Physicians Insurance Corporation (WPS) can accept one or multiple 820 transactions per functional group.
We suggest retrieval of the ANSI 997 functional acknowledgment files on or before the first business day after the 820 payment/remittance file is submitted, but no later than five days after the file submission.
WPS will return '004010X092' as the version in GS08 (Version Release/Industry Identifier Code) of the 997.
WPS will reject an interchange that is submitted with a submitter identification number that is not authorized for electronic submission to WPS.
WPS will convert all lower case characters submitted on an inbound 820 file to upper case when sending data to the WPS system.

<p>All dates that are submitted on an incoming 820 transaction should be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date will result in rejection of the transaction.</p>
<p>WPS will edit data submitted within the envelope segments (ISA, GS, ST, SE, GE, and IEA) beyond the requirements defined in the 820 version 004010X061A1 implementation guide. This includes, but is not limited to, submitter ID's and receiver ID's.</p>
<p>Only loops, segments, and data elements valid for the HIPAA 820 premium payment/remittance transaction (version 004010X061A1) Implementation Guide will be translated. Non-Implementation guide data will not be sent for processing consideration and may cause the file to be rejected.</p>
<p>WPS will reject an interchange (transmission) that does not have the appropriate ID as assigned by WPS in ISA06 (Interchange Sender ID) in ISA Interchange Control Header.</p>
<p>WPS will reject an interchange (transmission) that does not have value of <b>“WPS “</b> or <b>“EPIC”</b> in ISA08 (Interchange Receiver ID) in ISA Interchange Control Header.</p>
<p>WPS will reject an interchange (transmission) that does not have the appropriate ID as assigned by WPS in GS02 (Application Sender Code) in GS Functional Group Header.</p>
<p>WPS will reject an interchange (transmission) that does not have value of <b>“WPS “</b> or <b>“EPIC”</b> in the <b>first four positions of GS03</b> (Application Receiver Code) in GS Functional Group Header. For <b>“WPS”</b> value, the fourth position is then blank. The sender may include other values beginning in position 5 as needed to uniquely identify the GS03 for each client.</p>
<p>WPS will reject an interchange (transmission) that is submitted with value of <b>“U”</b> or <b>“X”</b> in the BPR01 (Financial Information Transaction Handle Code) element. Only values of <b>“C”</b>, <b>“D”</b>, <b>“I”</b>, or <b>“P”</b> are acceptable.</p>
<p>WPS will reject an interchange that has negative values submitted in the BPR02 (Monetary Amount in Financial Information segment), RMR04 (Detail Premium Payment Amount), or in RMR05 (Billed Premium Amount) if submitted.</p>
<p>WPS will reject an interchange that has value <b>other than “C”</b> in BPR03 (Credit/Debit Flag Code) in Financial Information segment; only <b>“C”</b> is acceptable value.</p>
<p>WPS will accept only values <b>“ACH”</b>, <b>“CHK”</b>, <b>“FWT”</b>, and <b>“SWT”</b> in BPR04 (Payment Method Code). If value <b>“BOP”</b>, it will be rejected.</p>
<p>WPS will reject an interchange that is submitted with any CUR segment (Non-US Currency) indicating foreign exchange. Any CUR segment received where CUR02 (currency code) is USD will have the CUR segment ignored.</p>
<p>WPS will reject an interchange that has a value <b>other than “14”</b> in REF01 (Reference Identification Qualifier) in Premium Receivers Identification Key.</p>
<p>WPS will reject an interchange that has value <b>other than “WPS “</b> or <b>“EPIC”</b> in REF02 (Reference Identification) in Premium Receivers Identification Key.</p>
<p>WPS will ignore any DTM01 segment other than <b>“582”</b> (Date/Time Qualifier for Coverage Period) and not pass date segment on for 820 transaction processing.</p>
<p>WPS will reject an interchange that has value <b>other than “WPS RISK “</b>, <b>“WPS ASO”</b>, <b>“EPIC”</b>, <b>“EPIC ASO”</b> or <b>“EPIC RISK”</b> in Premium Receivers Name segment element N102 (Premium Receiver's Name) in Loop 1000A.</p>

WPS will reject an interchange that has a value <b>other than “FI”</b> in Premium Receivers Name N103 (Identification Code Qualifier) in Loop 1000A.
If N4 Premium Receiver’s City, State, Zip provided, WPS will reject the interchange if the supplied N402 (State or Province Code) in Loop 1000A is not a valid state or province code.
If N4 Premium Receiver’s City, State, Zip provided, WPS will reject the interchange if the supplied N404 (Country Code) in Loop 1000A is not a valid country code.
WPS will reject an interchange that does not supply N102 Premium Payers Name in Loop 1000B.
WPS will reject an interchange that has a value <b>other than “FI”</b> in Premium Payers Name N103 (Identification Code Qualifier) in Loop 1000B.
If N4 Premium Payer’s City, State, Zip provided, WPS will reject the interchange if the supplied N402 (State or Province Code) in Loop 1000B is not a valid state or province code.
If N4 Premium Payer’s City, State, Zip provided, WPS will reject the interchange if the supplied N404 (Country Code) in Loop 1000B is not a valid country code.
For use of Summary Remittance versus Individual Remittance – WPS will accept 820 <b>only with Summary Remittance</b> unless WPS and the Payer have agreed in their Business Contract that Individual Remittance information is required for the proper processing of the remittance.
If Summary Remittance, WPS will reject an interchange that has a value <b>other than “FI”</b> in Organization Summary Remittance ENT03 (Identification Code Qualifier) in Loop 2000A.
If Summary Remittance, WPS will reject an interchange that has a value <b>other than “1L”</b> in Summary Remittance Detail RMR01 (Reference Identification Qualifier) in Loop 2300A.
For <b>Summary Remittance</b> Detail RMR02 (Reference Identification) in Loop 2300A, WPS prefers to receive the WPS company-group-division identifiers to assist with proper association of premium received/remittance to billing sent. If this information is available from the payer, WPS requests RMR02 be provided in data pattern <b>XX-XXXXXX-XXXX-XXXX</b> where X’s are character value supplied by WPS/EPIC.
If this data is not available, then the group/payer will identify to WPS the group/policy number as mutually agreed upon between the group/payer and WPS. That would take on format as agreed upon between group/payer and WPS.
If group/payer can provide the preferred pattern, <b>Member Services at WPS will inform the group/payer of the values to use for company-group-division part of the reference identifier; they will also work out with group/payer if coverage code part is to be filled in or left as -xxxx.</b> Hyphens must also be present in specified pattern.
The first 15 “XX-XXXXXX-XXXX” represent the company-group-division values used at WPS for that billing unit; the last 5 “-XXXX” are used for additional billing information if called for by the Business Contract between the Payer and WPS. If the last “-XXXX” is not needed, the Payer must still supply the default value of “-XXXX” in the last 5 positions.
If last “-XXXX” is required, the acceptable values for “XXXX” are limited to: HLTH, LIFE, DRUG, DNTL, VISN, AD&D, STD, LTD, DLIF, SLIF, VLIF, BDNT, VDNT, SADD, VADD, VSTD, VLTD, SDEP, SSUP, CSUP, SVOL, CVOL, and MISC. The appropriate values for the group/payer will be worked out between WPS and payer/group dependent on billing needs. If any of those valid coverage codes are less than 4 characters long, the value should be padded with spaces on the right.
If Summary Remittance, WPS may require SLN Member Count data elements in Loop 2315A dependent on the Business Contract between the Payer and WPS. Self-billed groups will be required in contract to supply member count segment with elements SLN01, SLN03, SLN04, and SLN05. Other Payers may choose to supply Member Count segment if they wish.

If Individual Remittance (acceptable only if agreed upon in contract between WPS and Payer), WPS **prefers** to use Identification code qualifier **ZZ** (mutually defined identifier) for ENT03 (Identification Code Qualifier) in Loop 2000B. WPS will accept the other two valid codes (**EI** employee id, **34** social security number) for individual remittance if agreed upon between WPS and Payer.

If Individual Remittance (acceptable only if agreed upon in contract between WPS and Payer), WPS will reject an interchange (transmission) that is submitted with value **less than 9 digits** long in Individual Remittance Detail ENT04 (Identification Code) in Loop 2000B. Data element ENT04 is expected to contain the 9 digit subscriber/certificate number.

If Individual Remittance (acceptable only if agreed upon in contract between WPS and Payer), WPS expects that Individual Name segment NM103 (Individual Last Name) and NM104 (Individual First Name) in Loop 2100B will be completed. Transaction will **not** be rejected though if data element blank.

If Individual Remittance (acceptable only if agreed upon in contract between WPS and Payer), WPS will reject an interchange (transmission) that is submitted with value **other than "AZ"** in Individual Premium Remittance Detail RMR01 (Reference Identification Qualifier) in Loop 2300B.

For **Individual Remittance** Detail RMR02 (Reference Identification) in Loop 2300B, WPS prefers to receive the WPS company-group-division identifiers to assist with proper association of premium received/remittance to billing sent. If this information is available from the payer, WPS requests RMR02 be provided in data pattern **XX-XXXXXX-XXXX-XXXX** where X's are character value supplied by WPS/EPIC.

If this data is not available, then the group/payer will identify to WPS the health insurance policy number as mutually agreed upon between the group/payer and WPS. That would take on format as agreed upon between group/payer and WPS.

If group/payer can provide the preferred pattern, **Member Services at WPS will inform the group/payer of the values to use for company-group-division part of the reference identifier; they will also work out with group/payer if coverage code part is to be filled in or left as -xxxx.** Hyphens must also be present in specified pattern.

The first 15 "XX-XXXXXX-XXXX" represent the company-group-division values used at WPS for that billing unit; the last 5 "-XXXX" are used for additional billing information if called for by the Business Contract between the Payer and WPS. If the last "-XXXX" is not needed, the Payer must still supply the default value of "-XXXX" in the last 5 positions.

If last "-XXXX" is required, the acceptable values for "XXXX" are limited to: HLTH, LIFE, DRUG, DNTH, VISN, AD&D, STD, LTD, DLIF, SLIF, VLIF, BDNT, VDNT, SADD, VADD, VSTD, VLTD, SDEP, SSUP, CSUP, SVOL, CVOL, and MISC. The appropriate values for the group/payer will be worked out between WPS and payer/group dependent on billing needs. If any of those valid coverage codes are less than 4 characters long, the value should be padded with spaces on the right.

The Remittance detail (ENT01 segment) must be in order from one, by one (+1) and must be numeric.

Wisconsin Physicians Service may reject an interchange (transmission) that is not submitted with unique values in the ST02 (Transaction Set Control Number) elements.

Compression of files using PKZIP is supported for transmissions between the submitter and Wisconsin Physicians Service.