

**820 5010 Issues List v1.10**

<b>Version Number</b>	<b>Requested By</b>	<b>Reason</b>	<b>Date Change Approved</b>	<b>Change Made</b>	<b>Changed By</b>
1	AHCCCS 820 5010 WG	Initial	8/14/2009	Recon spreadsheets from 820 5010 mtgs; added issues 207-212	Cheryl Kelly
1.1			8/26/2009	update to issue 209	Cheryl Kelly
1.2			8/28/2009	update to issue #137; Final requirements	Cheryl Kelly
1.3			8/31/2009	Updated #136, 152, 196 Added issues #213-217	Cheryl Kelly
1.4			9/3/2009	Updated issue #18 Added #218-225	Cheryl Kelly
1.5			9/25/2009	Clarified issue #128 and #146 #224 was a duplicate of #210, #225 renumbered to #224	Cheryl Kelly
1.6			10/2/2009	Updated HI Issues #21, #22, #23, and #26	Cheryl Kelly
1.7			10/9/2009	Closed issue #174 and #218	Cheryl Kelly
1.8			10/21/2009	Added issues #225-228	Cheryl Kelly
1.9			10/27/2009	Closed issue #128 and #137	Cheryl Kelly
1.10			10/28/2009	Closed issues #187-190 Added issue #229	

Item #	Requestor	Issue	Comments/Notes	Resolution	State	Status	Impact
2	ck	Per Shirley Schwartz email dated 10/22/08: Health plans have requested a 'Payment Date'.	<p>The BPR16 is the Check Issue or EFT Effective Date. It appears that the health plans are expecting the payment date from the RP250 Payment screen. It appears as though the PMT-DAT is coming from Oracle. The DTM Date segments cannot be used because they appear at the Header level: 009 Process Date, 097 Transaction Creation. The Individual payment dates per member may differ. There are no Date segments/Data elements at the Individual level. The only other option is the Individual Remittance 2300B/REF/REF01 Organizational Reference Identification Qualifier:</p> <p>14 Master Account Number  18 Plan Number  2F Consolidated Invoice Number  38 Master Policy Number  E9 Attachment Code  LU Location Number  ZZ Mutually Defined&lt;&lt;&lt; ZZ could be used, but a request should be made to X12</p> <p>RP250:  <b>11/26/2008</b> 51 9966 P00356761 2 \$6,725.54 11/24/2008  11/24/2008 010306 13 Y  AZW820-010306-081202.txt:  BPR{1{28954.79{C{ACH{CCP{01{000122101706{DA{000000000  0000000000412722169-  1{1866004791{{01{000122100024{DA{00000000000000000000  000096428{<b>20081204</b>  &gt;&gt;&gt;RP250 Payment date of 11/26/08 is not reflected in BPR16  ENT{1{2J{ZZ{A00173825  NM1{QE{1{FERNANDEZ{ALISHA  RMR{AZ{Y139966P00356761{{6725.54  DTM{582{{{RD8{20081124-20081124</p>	<p>7/20/09: The payment date is when the voucher is assigned in HP and included in the 834, "Voucher post date" this would be helpful when crossing contract years</p> <p>Each 820 contains multiple voucher numbers  There are multiple vouchers assigned per day, by contract type, elig key code, plan id  Add a new field to 820  Criterion for how voucher numbers are assigned needed: Robert f/up  Identify how combined EFTs go out? Lynn-F/up  Look at adding it RMR02 concatenate to go with Voucher ID (CTRT-TYP CTY-SER-AREA-CD CAP-RATE-CD VOU-ID)  Lynn 8/7/09: There are multi-vouchers per check = yes; multi-payments per check = no; separate checks per program type. The PMT-DAT does come from Oracle  ck 8/14/09: Refer to Robert's email dated 7/20/09 regarding Voucher Number (Voucher Number.rtf)</p> <p><b>FINAL: Concatenate the Voucher Date to the 2300B/RMR02 where CTRT-TYP+CTY-SER-AREA-CD+CAP-RATE-CD+VOU-ID+VOU-DAT</b></p>	AZ	Requirement	Mainframe Mapping

5	ck	<p>#7766 - 820 Abend due to invalid member data - HI SSR 2003-0313 promoted for invalid data; check if AZ has plans for something similar.</p>	<p>Bracket in 1st name sample: A68550258 HARRISON FABION{</p> <p>Failed in component: 820_Importer  AZW820-010254-081104.dtl  Creation date: 11/5/2008 2:22:21 AM  AZW820-010254-081104.edi  Creation date: 11/5/2008 2:22:43 AM</p>	<p>7/20/09:Ray Smith has a process in the 834 that could check  Action: RCP-Robert Heppler to ensure clean data - someone will define how this can be done  EDI - Run 820 through, take monthly  Do we change the invalid data to be a space?  If we remove the record, it would cause an out of balance issue  If its due to a bad date, it would cause an abend in the mainframe process</p> <p>ck 8/14/09: No errors noted in review of 820 files; bad data would have caused the EDI process to abend</p> <p>RHeppler 8/28/09: We have HP07L055 job \$AC7H055 or \$HA7H055 that reformats from our old roster to HIPAA format, but there is no real edits in the process to clean up any special character in member names, addresses, etc.</p>	<p>AZ Requirement Mainframe</p>
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Date closed

Item #	Requestor	Issue	Comments/Notes	Resolution	Status	State	Impact	Date closed
11	ck	1.4.1.1 p. 14 - ACH Premium dollars and Remittance is the preferred approach by the Financial services industry	Is this an option for Hawaii?		open	HI		
16	ck	BPR/BPR01 Transaction Handling Code - Note updated for code value I Remittance Information Only	I Remittance Information Only - Indicates to the payee that the remittance detail is moving separately from the payment. This also includes when the resulting payment would be zero.  >HI uses 'U' Split Payment and Remittance- Instructs the third party processor to split the payment and remittance detail and send each one separately while AZ uses 'I' Remittance Information Only. Should HI change to 'I' since there is no 3rd party processor for Health plans?		open	HI		
21	ck	BPR/BPR07 Originating Depository Financial Institution (DFI) Identifier - Situational rule added	SR: Required when BPR01 is not equal to "I" Remittance Information Only. >Currently 'I' is used by AZ and 'U' used by HI in BPR01; HI to use if BPR01 changed to 'I'	See shared issue #19, #219, #220 closed and #221		HI mapping		10/2/2009
22	ck	BPR/BPR08 Account Number Qualifier - Situational rule added	SR: Required when BPR01 is not equal to "I" Remittance Information Only. >Currently used by AZ; HI to use if BPR01 changed to 'I'	See shared issue #19, #219, #220 closed and #221		HI mapping		10/2/2009
23	ck	BPR/BPR09 Sender Bank Account Number - Situational rule added	SR: Required when BPR01 is not equal to "I" Remittance Information Only. >Currently used by AZ; HI to use if BPR01 changed to 'I'	See shared issue #19, #219, #220 closed and #221		HI mapping		10/2/2009

26	ck	BPR/BPR12 Depository Financial Institution (DFI) Identification Number Qualifier - Situational rule added; New code value added: 02 Swift Identification (8 or 11 characters) - See Code Source 327: Society for Worldwide Interbank Financial Telecommunication (SWIFT).	SR: Required when BPR04 is ACH Automated Clearing House (ACH), BOP Financial Institution Option, FWT Federal Reserve Funds/Wire Transfer - Nonrepetitive, or SWT Society for Worldwide Interbank Financial >AZ uses CHK, ACH or FWT and uses BPR12 so required; HI only uses 'CHK'	See shared issue #19, #219, #220 closed and #221	HI	10/2/2009
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Item #	Requestor	Issue	Comments/Notes	Resolution	Status	State	Impact	Date closed
3	ck	<p>Would adding the Payment type on the 820 helpful to the health plans who have multi lines of business?</p> <p>AZ:</p> <p>03 MHS CAPITATION</p> <p>41 LTC CAPITATION</p> <p>42 LTC SMIB</p> <p>43 LTC HIB</p> <p>51 ACUTE CAPITATION</p> <p>91 ACUTE SMIB</p> <p>92 ACUTE HIB</p> <p>93 QI1 SMIB</p> <p>94 SLMB SMIB</p> <p>HI:</p> <p>03 BEHAVIORAL HEALTH CAPITATION</p> <p>41 LTC CAPITATION</p> <p>42 LTC SMIB</p> <p>43 LTC HIB</p> <p>50 QEXA SPEND DOWN/COST SHARE ASSESSMENT</p> <p>51 ACUTE CAPITATION - MEDICAL</p> <p>54 TRANSPLANT COORDINATOR CAPITATION RETRO</p> <p>55 TRANSPLANT COORDINATOR CAPITATION</p> <p>71 ACUTE CAPITATION - DENTAL</p> <p>74 DENTAL CARE</p>		<p>Payment types - internal codes; these codes are lumped together in an 820</p> <p>Used by reporting? Used for reporting to Feds</p> <p>Would the Feds ask this of the plans where the Feds would tie back to AHCCCS? No</p> <p>Definition - Subsystem user manual - AZ may have a document to define this field, but may be outdated</p> <p>Decision: Not needed</p>	closed	HI/AZ	n/a	7/20/2009

13	ck	1.10.2.6 Reassociation of Dollars and Data, p.15 - There are two ways to include reassociation data when an ACH payment is sent separately from the remittance data. One method is to use an ACH CCD+ (ACH Cash Concentration/Disbursement plus Addenda) payment type. Using this method, the Reassociation Key Segment in its entirety is contained in the ACH addenda record. The second method, which is not allowed under this implementation, is the ACH CCD payment type.	Does AZ/HI send payment remittance data without dollars? Does AZ/HI use ACH CCD+?  This is sent in the TRN segment Reassociation Key	Lynn - is the new method that we'll be using; our documentation already states that we do Oracle creates the CCD for the EFT that goes to the bank to do the actual funds transfer Reassociation is needed by the Health plan Lynn to get mapping to CCD+	open	HI/AZ		
17	ck	BPR/BPR02 Total Premium Payment Amount - DE note updated	DE note: The ACH system can not support dollar amounts greater than 11 characters (including the decimal point). This provides an ACH limit of \$99,999,999.99. for the 820. Dollar limits vary by the clearing system used, e.g ACH vs. wire. Contact your ODFI for information.  >The AZ/HI CD indicates that BPR02 can only occur once within an 820. See Balancing edits section. However, AZW820-110003-081007.TXT reflects multiple BPR02. Are multiple BPRs going to continue with the 5010?  >>ck 08/07/09: How are amount limits handled?	Per email from Lynn 7/27/09 7:59am: multi-vouchers per check = yes; multi-payments per check = no; separate checks for each program type, i.e. acute, LTC, etc.  Ck 8/12/09: Multiple BPR will continue; Financial field size x(11); no issue	closed	HI/AZ	n/a	8/12/2009



18	ck	BPR/BPR03 Credit or Debit Flag Code - Code value D Debit removed	DE note: This indicates a credit to the payee's account, and a debit to the Payer's account. >Code D Debit removed from Code values\, but still mentioned in DE note. Does AZ/HI perform debits?	Debit not used; continue to use 'C' closed Credit	HI/AZ	n/a	7/22/2009
19	ck	BPR/BPR04 Payment Method Code - Code value notes updated; New code value added: NON Non-Payment Data	DE note updates: BOP Financial Institution Option - The Originating Depository Financial Institution will choose the method of payment based upon payee's request or capabilities. Assuming a customized arrangement is in place between the originator and the ODFI (Originating Depository Financial Institution), the ODFI at its option may direct the payer to use code BOP when the ODFI will determine the payment method.  New code value: NON Non-Payment Data - For use when BPR01 is "I" Remittance Information Only. This code is needed when the ODFI is sending remittance information only to the Premium Payment Receiver without originating a payment transaction.  >AZ uses various codes and HI uses CHK. Are the other code values applicable to HI? >Address issue #7599 for the format of this value from the mainframe. The format of the value differs depending on the payment method code.	FINAL: BPR01 Transaction Handling code currently set to "I" Remittance Information Only; therefore, BPR04 will be set to "NON" Non-Payment.	Requirement	HI/AZ	Mainframe Mapping

38	ck	REF Reference Identification Qualifier - New code values added: 17 Client Reporting Category LB Lockbox	>14 Master Account Number is currently used by AZ/HI for HP ID. There is a code 18 Plan Number. Is there a preference to the code that should be used?	REF01 will remain as 14 - no change	closed	HI/AZ	n/a	7/22/2009
42	ck	DTM CREATION DATE - Situational; Repeat 1	SR: Required when specified by the terms of the trading partner agreement. TR3: This segment is used to relay the date that the premium payment was created.  >Use?	Will not use Creationb Date	closed	HI/AZ	n/a	7/22/2009
56	ck	1000A/N3/N302 - Implementation name changed from Receiver Address Line to Premium Receiver's Address Line; Situational rule added	SR: Required if a second address line exists.  >Address line2 used for Suite, but N302 not currently mapped; HI has Health plans with Suite numbers and have resorted to using only Address Line 1. HI would like to use (UAT #657)	FINAL: Send the Health plan's Address Line2 and map to the 1000A/N302 if present; To be included with the Health plan's 820/834 Header information within the mainframe file	Requirement	HI/AZ	Mainframe Mapping	
64	ck	1000A/RDM PREMIUM RECEIVER'S REMITTANCE DELIVERY METHOD - New Segment added; Situational; Segment repeat 1	SR: Required when specified by the terms of the agreement between originator and financial institution or 3rd party processor.  >Use?	will not use RDM segment	closed	HI/AZ	n/a	7/22/2009
87	ck	1000C/N1 INTERMEDIARY BANK INFORMATION - Situational; Segment repeat 1	SR: Required when specified by the terms of the Originating Financial Institution, or 3rd Party Processor, with the payment Originator.  >I don't believe we have intermediary banks for Health plans as the 820s go directly to each plan? HCG?	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
96	ck	<b>1000C/N2 INTERMEDIARY BANK ADDITIONAL NAME</b>	<i>New segment added; Use?</i>	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
97	ck	1000C/N2 INTERMEDIARY BANK ADDITIONAL NAME - Situational; Segment repeat 1	SR: Required when the sender needs more characters than are available in the N102 or secondary line information is needed.	will not use 1000C	closed	HI/AZ	n/a	7/22/2009

98	ck	1000C/N2/N201 Intermediary Bank Additional Name - Required		will not use 1000C	closed	HI/AZ	n/a	7/22/2009
100	ck	<b>1000C/N3 INTERMEDIARY BANK'S ADDRESS</b>	<i>New segment added; Use?</i>	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
101	ck	1000C/N3 INTERMEDIARY BANK'S ADDRESS - Situational; Segment repeat 1	SR: Required when specified by the terms of the Originating Financial Institution, or 3rd Party Processor, with the payment Originator.	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
102	ck	1000C/N3/N301 Intermediary Bank Address Line - Required		will not use 1000C	closed	HI/AZ	n/a	7/22/2009
103	ck	1000C/N3/N302 Intermediary Bank Address Line - Situational	SR: Required when a second line of the Premium Payer's Address exists.	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
104	ck	<b>1000C/N4 INTERMEDIARY BANK'S CITY, STATE, ZIP CODE</b>	<i>New Segment added; use?</i>	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
105	ck	1000C/N4 INTERMEDIARY BANK'S CITY, STATE, ZIP CODE - Situational; Segment repeat 1	SR: Required when specified by the terms of the Originating Financial Institution, or 3rd Party Processor, with the payment Originator.	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
106	ck	1000C/N4/N401 Intermediary Bank City Name - Required		will not use 1000C	closed	HI/AZ	n/a	7/22/2009
107	ck	1000C/N4/N402 Intermediary Bank State Code - Situational	SR: Required when the address is in the United States of America, including its territories, or Canada.	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
108	ck	1000C/N4/N403 Intermediary Bank Postal Zone or ZIP Code - Situational	SR: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404.	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
109	ck	1000C/N4/N404 Country Code - Situational	SR: Required when the address is outside the United States of America. DE note: Use the alpha-2 country codes from Part 1 of ISO 3166.	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
112	ck	1000C/N4/N407 Country Subdivision Code - Situational	SR: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc Use the country subdivision codes from Part 2 of ISO 3166.	will not use 1000C	closed	HI/AZ	n/a	7/22/2009

113	ck	<b>1000C/PER INTERMEDIARY BANK'S ADMINISTRATIVE CONTACT</b>	<i>New Segment added; use?</i>	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
114	ck	1000C/PER INTERMEDIARY BANK'S ADMINISTRATIVE CONTACT - Situational; >1	SR: Required when specified by the terms of the Originating Financial Institution, or 3rd Party Processor, with the payment Originator. TR3 note on format: AAABBBCCCC (includes area code)	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
115	ck	1000C/PER/PER01 Contact Function Code - Required; Code value: IC Information Contact		will not use 1000C	closed	HI/AZ	n/a	7/22/2009
116	ck	1000C/PER/PER02 Intermediary Bank Contact Name - Required		will not use 1000C	closed	HI/AZ	n/a	7/22/2009
117	ck	1000C/PER/PER03 Communication Number Qualifier - Required; Code values: EM Electronic Mail FX Facsimile TE Telephone		will not use 1000C	closed	HI/AZ	n/a	7/22/2009
118	ck	1000C/PER/PER04 Communication Number - Required		will not use 1000C	closed	HI/AZ	n/a	7/22/2009
119	ck	1000C/PER/PER05 Communication Number Qualifier - Situational; Code values: EM Electronic Mail EX Telephone Extension - When used, the value following this code is the extension for the preceding communications contact number. FX Facsimile TE Telephone	SR: Required when additional communication numbers are available.	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
120	ck	1000C/PER/PER06 Communication Number - Situational	SR: Required when additional communication numbers are available.	will not use 1000C	closed	HI/AZ	n/a	7/22/2009

121	ck	1000C/PER/PER07 Communication Number Qualifier - Situational; Code values: EM Electronic Mail EX Telephone Extension - When used, the value following this code is the extension for the preceding communications contact number. FX Facsimile TE Telephone	SR: Required when additional communication numbers are available.	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
122	ck	1000C/PER/PER08 Communication Number - Situational	SR: Required when additional communication numbers are available.	will not use 1000C	closed	HI/AZ	n/a	7/22/2009
125	ck	2000A/ENT/ENT02 Entity Identifier Code - New code values added: AG Agent/Agency NH Association RGA Responsible Government Agency UN Union	>AZ/HI currently uses 2L Corporation. The code value note is: This code is used to identify an organization level (summary level bill payment only). However, individual remittance level information is sent on the 820. Should another value be used? 2L was the only value in 4010. Code RGA?	define mapping rules for segment Will vary between BHS and other plans. BHS is a summary and other plans will be detail  FINAL: Health plans send Individual detail - Change to use 'AG' Agency BHS Plans send a summary only - Continue to use '2L' Corporation	Requirement	HI/AZ	Mapping	

128	ck	<b>2200A ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT FOR PREVIOUS PAYMENT</b>	<p><i><b>This loop used to be 2300A in 4010, now 2200A in 5010</b></i></p> <p>&gt;When is this loop used? It is noted in the AZ/HI 820 Specs, but for AZ, not seen in a AZ 820 Mass adjustment file.</p> <p>HI call w/Gene 7/9/09: Lump sum adjustments to Health plan calculates what the check amount should be based on RP250 payments; on the FI140 there's an adjustment amount field to adjust the amount between the Voucher Total and Payment Amount; MQD/Finance pays from the invoice generated by HPMMIS; Gene tested it and it works okay; HI Mass adjustments uses 1 RMR segment for recoup and 1 RMR for payment similar to AZ</p> <p>FI140 used by HI for online adjustments to balance - still used? Per Gene, this is used. Refer to S:\@5010\EDI\820 ANALYSIS\HI MASS ADJ for test files supplied by Gene, refer to 2300A/RMR</p>	<p>AZ: We do not adjust original payment. We create a new payment/adjustment.</p> <p>Lynn will check with Patsy.</p> <p>Lynn 8/17/09: Invoices are created by AHCCCS for each day. Invoices are paid weekly. Based on timing, one invoice could off-set or adjust another.</p> <p>Ck 8/17/09: Per Lynn, AZ uses Oracle for 820 and not FI 140. Cheryl has requested a sample 820 production file for reference to understand what is reflected in the mainframe file and how it is translated to the 820</p>	closed	HI/AZ	n/a	10/27/2009
129-135 Break in sequence								

136	ck	2300A/RMR/RMR03 Payment Action Code - Situational rule added	<p>SR: Required when specified by the terms of the trading partner agreement.</p> <p>&gt;4010 specifically states that this element is not used for HIPAA, but in 5010, it depends on the TPA. I'm not sure what the agreement states for AZ/HI Health plans. Do we want to start using these codes?</p> <p>PA Payment in Advance  PI Pay Item  PO Payment on Account  PP Partial Payment</p>	<p>Lynn will check with Patsy Lynn 8/17/09: Pay Item (PI) is the only PAC that would be used the majority of the time. With budget issues, the use of Parital Payment (PP) could possibly be used. A field for PAC would have to be added to Oracle, with the default of 'PI' Pay Item and ability to manually change to 'PP' Partial Payment if ever needed.</p> <p>FINAL: Map 'PI' Pay Item and 'PP' Partial Payment for use in 2300A/RMR03  ***Need new MF field***; PNR record type since this is at Organization Summary level?</p>	Requirement	HI/AZ	Mainframe Mapping	
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137	ck	2300A/RMR/RMR04 Detail Premium Payment Amount	<p>From AZ 834/820 CD page 56 (Page 71 HI), 2300A RM04: The amount of the payment (positive) or recovery (negative)</p> <p>On partial payment RMR Segments for which the partial payment is for detail payments that appear in other 2000A and/or 2000B Loops, RMR04 is a negative amount that represents the amount not covered by the partial payment. The ADX Segment is not needed.</p> <p>When the partial payment is for a payment amount within a particular 2000A Loop, the element is the full payment amount and a positive value in ADX01 is the difference between the full payment amount and the partial, actual payment.</p> <p>&gt;CD needs clarification &gt;Do we have an example of when a partial payment was made for AZ/HI? AZ CD notes that: Partial capitation payments can be accommodated on the 820 as organization level negative payments.</p>	Lynn will check with Patsy Lynn 8/17/09: Partial Payments are not done in normal course of business - only extreme case would it ever be used. More likely to withhold payment.	closed	HI/AZ	n/a	10/27/2009
138	ck	2300A/RMR/RMR05 Billed Premium Amount - DE note added	DE note: Any difference between the RMR05 and the RMR04 would be explained by the ADX at loop 2320A and/or the SAC (Member Count) at 2312A.	Does not apply. Will not use	closed	HI/AZ	n/a	7/22/2009
139	ck	<b>REFERENCE INFORMATION</b>	<i>New segment added; Use?</i>	Does not apply. Will not use	closed	HI/AZ	n/a	7/22/2009
140	ck	2300A/REF REFERENCE INFORMATION - Situational; >1	SR: Required when the premium receiver needs additional identifying information pertaining to the organizational remittance details.	Does not apply. Will not use	closed	HI/AZ	n/a	7/22/2009



141	ck	2300A/REF01 Organizational Reference Identification Qualifier - Required; Code values added: 14 Master Account Number 17 Client Reporting Category 18 Plan Number 2F Consolidated Invoice Number 38 Master Policy Number E9 Attachment Code LB Lockbox LU Location Number ZZ Mutually Defined	>Are there other information which we are not currently sending that the health plans may find helpful to send?	Does not apply. Will not use	closed	HI/AZ	n/a	7/22/2009
142	ck	2300A/REF/REF02 Organizational Reference Identifier - Required		Does not apply. Will not use	closed	HI/AZ	n/a	7/22/2009
145	ck	<b>2300A/DTM ORGANIZATIONAL COVERAGE PERIOD</b>	<i>New segment added to organizational level; Use?</i>	FINAL: Use new segment 2300/DTM	Requirement	HI/AZ	Mapping	
146	ck	2300A/DTM ORGANIZATIONAL COVERAGE PERIOD - Situational; 1	SR: Required when the premium payer is not paying from an invoice, but paying on account for a coverage period. TR3 notes: 1. The 2300A DTM overrides the DTM in the header when DTM01 = 582. 2. This segment relays the start and end date of the organizational coverage period associated with the premium payment in the current RMR segment when the date range indicator 582 is used. 3. This segment relays the due date of the organizational coverage period associated with the premium payment in the current RMR segment when the due date indicator AAG is used,  >Would there be instances where AZ/HI does not pay from an invoice?	CK 8/14/09: AZ/HI does not pay from an invoice received by the Health plan; therefore, this segment is required  FINAL: AZ/HI to use new segment 2300/DTM	Requirement	HI/AZ	Mainframe Mapping	

147	ck	2300A/DTM/DTM01 Date Time Qualifier - Required; Code values: 582 Report Period AAG Due Date		FINAL: Use code value '582' Report Period for 2300/DTM01; this value corresponds to the date in the 2300/DTM06 DE.	Requirement	HI/AZ	Mainframe Mapping	
148	ck	2300A/DTM/DTM02 Date - Situaitonal	SR: Required when DTM01 is AAG Due Date	not used	closed	HI/AZ	n/a	7/22/2009
149-150-Break in sequence								
151	ck	2300A/DTM/DTM05 Date Time Period Format Qualifier - Situational	SR: Required when DTM01 is 582 Report Period	FINAL: Use 'RD8' Date Range CCYYMMDD-CCYYMMDD in 2300A/DTM05	Requirement	HI/AZ	Mainframe Mapping	
152	ck	2300A/DTM/DTM06 Coverage Period - Situational	SR: Required when DTM01 is 582 Report Period	FINAL: For 2300A/DTM06, derive the oldest date and the most current date from the Individual detail records New mainframe fields <COV-BEG-COV-END>?	Requirement	HI/AZ	Mainframe Mapping	
153	ck	<b>SUMMARY LINE ITEM</b>			closed	HI/AZ	n/a	7/29/2009
154	ck	2310A/IT1 SUMMARY LINE ITEM - Situational rule updated; TR3 notes added	SR: Required when additional charges exist, or when member counts are specified by the terms of the trading partner agreement. TR3 Notes: 1. Additional charges are transmitted in 2312A/SAC. 2. The member count is transmitted in 2315A/SLN.	Additional charges - not used	closed	HI/AZ	n/a	7/29/2009
155	ck	2310A/IT1/IT101 Line Item Control Number - DE note updated	DE note: Assigned for uniqueness. Start with "1" and increment by "1" for every occurrence of the segment within a specific transaction.	Not used	closed	HI/AZ	n/a	7/29/2009
156	ck	<b>2312A SERVICE, PROMOTION, ALLOWANCE, OR CHARGE INFORMATION</b>	<i>New loop added; Use?</i>	not used	closed	HI/AZ	n/a	7/29/2009

157	ck	2312A/SAC SERVICE, PROMOTION, ALLOWANCE, OR CHARGE INFORMATION - <i>Situational</i> ; Loop repeat 4; Segment repeat 1	SR: Required when additional charges must be reported.  >Would this segment be used to better identify sanctions imposed by AHCCCS? According to the AZ CD, Sanctions currently sent in the following loop: When payments or recoupments that are not specific to plan members (e.g., settlements and sanctions) are present, they appear in the 820's 2000A Organization Summary Loop.  >The SAC01='C' charge and SAC02 charge codes are more specific than the codes used in RMR03 in the 2000A loop.  >The 2312A Loop allows for up to 4 repeats. If used for sanctions, are multiple sanction amounts included in an 820 or is it a total amount?	not used	closed	HI/AZ	n/a	7/29/2009
158	ck	2312A/SAC/SAC01 Allowance or Charge Indicator - Required; Code value: C Charge		not used	closed	HI/AZ	n/a	7/29/2009
159	ck	2312A/SAC/SAC02 Service, Promotion, Allowance, or Charge Code - Required; Code values: A172 Administrative B680 Contract Service Charge D940 Insurance Premium G740 Service Charge		not used	closed	HI/AZ	n/a	7/29/2009
162	ck	2312A/SAC/SAC05 Amount - Required	n/a	not used	closed	HI/AZ	n/a	7/29/2009
		<b>MEMBER COUNT</b>			closed	HI/AZ	n/a	7/29/2009

174	ck	2315A/SLN MEMBER COUNT - Situational rule updated; TR3 note added; Loop repeat changed from >1 to 3; Segment repeat 1	SR: Required when member counts are specified by the terms of the trading partner agreement. TR3 note: The member count is the total number of members included in the summary line item payment (2300A/RMR).  >Both AZ/HI fills this field with zero >Does the AZ/HI Invoice reflect a member count? Are they used for balancing?	Lori to ask HPs if this would be useful Lynn to check if an Invoice report is generated now Lynn 8/17/09: Invoice reporting is not currently done. There are no member counts. Kgerard 8/20/09: HP07D010 DAILY HEALTH PLAN/FINANCE INTERFACE CONTROL REPORT ck: pending monthly report similar to HI's HPHAM661 ck 10/09/09: Per 280 R&D mtg with users, this element will not be used	closed	HI/AZ	n/a	10/9/2009
175	ck	2315A/SLN Line Item Control Number - DE note updated	DE note: Assigned for uniqueness. Start with "1" and increment by "1" for every occurrence of the segment within a specific transaction.	NA	closed	HI/AZ	n/a	7/29/2009
187	ck	<b>LOOP ID - 2200B INDIVIDUAL PREMIUM ADJUSTMENT FOR PREVIOUS PAYMENT</b>	<i>New loop added; Use?</i>	<del>FINAL: Use new Loop 2200B</del>  CK 10/28/09: Loop cannot be used as there are no data elements to map the invoice number and the date period of the adjustment. Continue using the 2300B RMR as in current production 820 v4010.	closed	HI/AZ	Mapping	10/28/2009

188	ck	2200B/ADX INDIVIDUAL PREMIUM ADJUSTMENT FOR PREVIOUS PAYMENT - Situational rule updated and TR3 note added	<p>SR: Required when the paid amount reflects adjustments related to previous payments.</p> <p>TR3 Notes: The ADX segment is essential to fulfilling the balancing requirements. See section 1.10.2.4 for additional information.</p> <p>&gt;New segment; to be used for miscellaneous adjustments? Does this apply to AZ/HI?</p> <p>&gt;&gt;What are the different types of adjustments that are done by AZ/HI? Need to identify payments and recoveries for general EDI documentation.</p>	<p>Consider use of this segment for recoupments</p> <p><del>FINAL: Use segment 2200B/ADX for recoupments instead of sending a separate 2300B/RMR segment for a recoupment and a payment</del></p> <p>CK 10/28/09: While working on 820 v5010 examples, it was found that the Dates and Invoice number tied to a recoupment cannot be mapped in this segment. Continue sending recoupments using 2300B/RMR as in current production 820 v4010.</p>	closed	HI/AZ	Mainframe Mapping	10/28/2009
189	ck	2200B/ADX/ADX01 Premium Payment Adjustment Amount - Required		<p>Consider use of this segment for recoupments</p> <p><del>FINAL: Use data element 2200B/ADX02 for recoupment amounts</del></p> <p>CK 10/28/09: While working on 820 v5010 examples, it was found that the Dates and Invoice number tied to a recoupment cannot be mapped in this segment. Continue sending recoupments using 2300B/RMR as in current production 820 v4010.</p>	closed	HI/AZ	Mainframe Mapping	10/28/2009

190	ck	2200B/ADX/ADX02 Premium Payment Adjustment Reason - Required; Code values: 52 Credit for Overpayment 53 Remittance for Previous Underpayment 80 Overpayment 81 Credit as Agreed 86 Duplicate Payment BJ Insurance Charge H1 Information Forthcoming H6 Partial Payment Remitted RU Interest WO Overpayment Recovery		Consider use of this segment for recoupments  FINAL: Use 2200B/ADX02 code value "WO" Overpayment Recovery for recoupments such as Date of death vouchers  CK 10/28/09: While working on 820 v5010 examples, it was found that the Dates and Invoice number tied to a recoupment cannot be mapped in this segment. Continue sending recoupments using 2300B/RMR as in current production 820 v4010.	closed	HI/AZ	Mainframe Mapping	10/28/2009
191-195 Break in sequence								
195	ck	2300B/RMR/RMR01 Reference Identification Qualifier  11 Account Number 9J Pension Contract AZ Health Insurance Policy Number - for HIPAA Health Premium Payments this code is REQUIRED when an invoice has not been received from the Health Plan. B7 Life Insurance Policy Number CT Contract Number ID Insurance Certificate Number IG Insurance Policy Number IK Invoice Number - For HIPAA Health Premium Payments this code is REQUIRED when an invoice has been received from the Health Plan. KW Certification	Code value used by AZ/HI: "IK" Invoice Number	At present, using "IK" ; change to use "AZ" Health Insurance Policy Number since no invoice is received from the HP. "AZ" code value note: This code is REQUIRED when an invoice has not been received from the Health Plan.  >Coordinate any mapping changes with 2300B/REF01 below	Requirement	HI/AZ	Mapping	

196		2300B/RMR/RMR02 Insurance Remittance Reference Number	AZ: CTRT-TYP CTY-SER-AREA-CD CAP-RATE-CD VOU-ID HI: CTRT-TYP CTY-SER-AREA-CD CAP-RATE-CD VOU-ID HCG: GROUP-NO,COUNTY, OPTION, TIER, AGE-FACT, GENDER, INCOME,BILL-COUNTY	AZ: CTRT-TYP+CTY-SER-AREA- CD+CAP-RATE-CD+VOU- ID+VOU-DAT  HI: CTRT-TYP CTY-SER-AREA- CD CAP-RATE-CD VOU- ID+VOU-DAT  HCG: GROUP-NO,COUNTY, OPTION, TIER, AGE-FACT, GENDER, INCOME,BILL- COUNTY+VOU-DAT	Requirement	HI/AZ	Mainframe Mapping	
197	ck	2300B/RMR/RMR05 Billed Premium Amount - Situational rule updated; DE note added	SR: Required when the Insurer sent an Invoice and the paid amount is different than the amount invoiced. DE note: Any difference between the RMR05 and the RMR04 would be explained by the ADX at loop 2320B.  >Would there be a situation where the amounts would be different for either state? This field is not currently used by either state. See 2320B/ADX below	No situational use identified for this Lynn 8/17/09: Invoice is paid as is or net of all invoices - no changes from invoices.	closed	HI/AZ	n/a	7/29/2009
198	ck	<b>REFERENCE INFORMATION</b>	<b><i>New segment added; Use possibly to break out RMR02?</i></b> AZ: CTRT-TYP CTY-SER-AREA-CD CAP-RATE-CD VOU-ID HI: CTRT-TYP CTY-SER-AREA-CD CAP-RATE-CD VOU-ID HCG: GROUP-NO,COUNTY, OPTION, TIER, AGE-FACT, GENDER, INCOME,BILL-COUNTY	Not needed; covered in 2300B/RMR segment	closed	HI/AZ	n/a	7/29/2009

199	ck	2300B/REF Reference Information - Situational; >1	SR: Required when the premium receiver needs additional identifying information pertaining to the individual remittance details.  >Is there a need to send additional information at an individual level?	Not needed; covered in 2300B/RMR segment	closed	HI/AZ	n/a	7/29/2009
200	ck	2300B/REF/REF01 Organizational Reference Identification Qualifier - Required; Code values: 14 Master Account Number 18 Plan Number 2F Consolidated Invoice Number 38 Master Policy Number E9 Attachment Code LU Location Number ZZ Mutually Defined		Not needed; covered in 2300B/RMR segment	closed	HI/AZ	n/a	7/29/2009
201	ck	2300B/REF/REF02 Organizational Reference Identifier - Required		Not needed; covered in 2300B/RMR segment	closed	HI/AZ	n/a	7/29/2009
206	ck	2300B/DTM/DTM01 Date Time Qualifier - Code value added: AAG Due Date	>AZ/HI/HCG currently uses 582 Report Period. Is a due date tracked for Premium share members?	Due Date not tracked. No change needed.	closed	HI/AZ	n/a	7/29/2009
207	ck	1.10.2.4 Balancing	Review 820 Balancing Section.doc to ensure balancing rules are in place	FINAL: Ensure FS has 820 balancing edits in place	Requirement	HI/AZ	EDI	
208	ck	820/834 Health Plan info to be sent in Header/Trailer of mainframe file		FINAL: Create new Header/Trailer record to contain Health plan information that will be used by the 834/820 instead of using Partner Manager in WTX for Health Plan Description, Plan Type, Contract Type, Address, etc.	Requirement	HI/AZ	Mainframe Mapping	
209	ck	820 EDI RCP Mtg 090805.doc Dennis: HP sender id: Talk to Lori to see if we can take out the mnemonic of HP sender id		ck 8/25/09: Per Dennis, the 3-character mnemonic HP ID will be discontinued. Refer to the new Partner record for Health plan header information	closed	HI/AZ	n/a	08/26//09
210	ck	ISA12 Interchange Control Version Number		FINAL: ISA12=00501	Requirement	HI/AZ	Mainframe Mapping	



211	ck	GS01 Functional Identifier Code		FINAL: GS01="RA" Payment Order/Remittance Advice (820)	Requirement	HI/AZ	Mainframe Mapping	
212	ck	GS08 Version / Release / Industry Identifier Code; no addenda		FINAL: GS08=005010X218	Requirement	HI/AZ	Mainframe Mapping	
213	CK	2000B/ENT INDIVIDUAL REMITTANCE - ENT03 Identification Code Qualifier Code value removed: 'ZZ' Mutually Defined Only valid values: '34' Social Security Number 'E' Employee ID Number	Situational Rule: Required when providing remittance line items that pertain to an individual enrolled in a group plan.  AZ/HI currently uses 'ZZ' with Member ID; Member ID to move to 2100B/NM109	FINAL: Use '34' Social Security Number	Requirement	HI/AZ	Mainframe Mapping	
214	CK	2000B/ENT INDIVIDUAL REMITTANCE - ENT04 Receiver's Individual Identifier		FINAL: Need new mainframe field for member's SSN and move member's SSN to 2000B/ENT04	Requirement	HI/AZ	Mainframe Mapping	
215	CK	2100B NM1 INDIVIDUAL NAME - NM101 Entity Identifier Code	AZ/HI currently uses 'QE' Policyholder	FINAL: Change qualifier to 'IL' Insured/Subscriber for consistency with NM108 qualifier	Requirement	HI/AZ	Mapping	
216	CK	2100B/NM1 Individual Name - NM108 Identification Code Qualifier	Not currently used	Autoplug 'N' Insured's Unique Identification Number	Requirement	HI/AZ	Mapping	
217	CK	2100B/NM1 Individual Name - NM109 Individual Identifier	Member ID currently sent in 2000B/ENT04	FINAL: Change is needed to send the Member ID in data element 2100B/NM109 instead of 2000B/ENT04	Requirement	HI/AZ	Mainframe Mapping	
218	CK	BPR Financial Information - BPR05 Payment Format Code Code values: CCP Cash Concentration/Disbursement plus Addenda (CCD+) (ACH) CTX Corporate Trade Exchange (CTX) (ACH)	CCP Cash Concentration/Disbursement plus Addenda (CCD+) (ACH) 12011 CCD+ format moves money and up to 80 characters of data, enough to reassociate dollars and data when the dollars are sent through the ACH and the remittance data is sent on a separate path. It is suggested that the addenda contains a copy of the TRN segment.  Refer to issue #13 in which CCD+ is used	BPR05 is only required when BPR04='ACH'.  Final: Will not be used	closed	HI/AZ	n/a	10/9/2009

219	CK	AZ Empty 820 - BPR05		FINAL: Do not use BPR05 and BPR06 - Only required when BPR04='ACH'	Requirement	HI/AZ	Mapping	
220	CK	AZ Empty 820 - BPR07		FINAL: Do not use BPR07, BPR08, BPR09-Only required when BPR01 not='I' Remittance Information only	Requirement	HI/AZ	Mapping	
221	CK	AZ Empty 820 - BRP12		FINAL: Do not use BPR12, BPR13, BPR14, BPR15 - Only required when BPR04=ACH, BOP, FWT or SWT	Requirement	HI/AZ	Mapping	
222	CK	AZ Empty 820 - 1000A Premium Receiver's Name N103		FINAL: Do not use 1000A/N103 and N104 because N102 is sent; Only needed when N102 is not used	Requirement	HI/AZ	Mapping	
223	CK	ISA11 Repetition Separator	Currently 'U' is sent	FINAL: Use " ^ "	Requirement	HI/AZ	Mapping	
224	CK	ST03 Implementation Convention Reference		FINAL: Use "005010X218"	Requirement	HI/AZ	Mapping	
225	CK	From RASCIL/Risks-All #1: Would there ever be a time we need the BHT04, Transaction Set Creation Date on transactions? [It is used to determine if the code sets are valid in 'pre-validation' edits.]		CK 10/13/09: BHT04 does not exist for 834/820	closed	HI/AZ	n/a	10/13/2009
226	CK	From RASCIL/Risks-All #2: Provider Taxonomy. AHCCCS does not use. Need to review this decision. Is there an advantage to using the PT?		CK 10/13/09: There are no DE for the Provider Taxonomy in the 834/820	closed	HI/AZ	n/a	10/13/2009
227	CK	From RASCIL/Risks-All #6:HEALTH PLAN - Add Health Plan Tax ID to database [for the 820 transaction]		CK 10/13/09: This is an existing requirement for the 5010 and will be part of the new Partner Record on the mainframe file for the 834/820	closed	HI/AZ	n/a	10/13/2009
228	CK	Include Review of External codes sets for 820		CK 10/13/09: Will be included as an attachment in the 820 R&D document	closed	HI/AZ	n/a	10/20/2009
229	CK	AZ Empty 820 - 1000B Premium Payer's Name N103 and N104		FINAL: Do not use 1000A/N103 and N104 because N102 is sent; Only needed when N102 is not used	Requirement	HI/AZ	Mapping	