

**820 HIPAA Transaction Standard
Companion Guide
Section 2
ANSI 820 Version 4010A1**



Simply, the right choice.

COMMUNITY HEALTH PLAN

Version 1.0

October 2003

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This *Companion* Guide is a work in progress. Community Health Plan reserves the right to make changes to this Companion Guide at any time without notice. When changes are made, the Change Summary on the last page of this section will identify those changes and give the date and reason for the change.

Introduction

The 820 Premium Payment transaction can be sent to Community Health Plan by any entity (individual or organization) that pays any or all of the premiums for a group health care plan. Such an entity is known as the “submitter” or “you” throughout this document.

Section 1 of this *Community Health Plan Companion Guide* provides an overview of the process for submitting transactions to Community Health Plan.

Section 2 of the *Community Health Plan Companion Guide* does not change the specifications of the *Implementation Guide* (IG); rather, it is intended to clarify the areas where the IG provides options or choices to be made. Using the Companion Guide alongside the *Implementation Guide*, will provide all the information needed to create an 820 transaction.

Trading Partner Acceptance Testing Specifications

Trading partners wishing to submit enrollment electronically to Community Health Plan, must first submit an error-free test file and receive verification from Community Health Plan that the file loaded correctly, prior to submitting a production file for processing.

To submit a test file, contact the Community Health Plan Finance Department at (816) 271-1247 or toll-free at 1-800-990-9247.

The entire file ISA/IEA envelope will either pass (accept) or fail (reject) validation.

Helpful Hint: Create small batches of test enrollment transactions to ensure that you will not have to recreate too many enrollment transactions in the event of an error in the file. Once your files are received and verified to be error-free, you may send files of any size.

Legend for Community Health Plan Matrix for the 820

SHADED rows represent “segments”; **NON-SHADED** rows represent “data elements.” “Loop – specific” comments are found in the first segment of the loop.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
41		BPR13	(DFI) Identification Number			
41		BPR15	Account Number			
48		REF	Premium Receiver's Identification Key			
48		REF01	Reference Identification Qualifier	18	2	
49		REF02	Reference Identification			Plan Number
56	1000A	N1	Premium Receiver's Name			
57	1000A	N102	Name		60	Community Health Plan
57	1000A	N104	Receiver Identification Code	431690582	80	Federal Tax ID
59	1000A	N3	Premium Receiver's Address			
59	1000A	N301	Address Information	137 N Belt Hwy		
60	1000A	N4	Premium Receiver's City, State, Zip			
60	1000A	N401	City Name	Saint Joseph		
60	1000A	N402	State	Missouri		
61	1000A	N403	Postal Code	64506		
74	2300A	RMR	Organization Summary Remittance Detail			
75	2300A	RMR01	Reference Identification Qualifier	1L	2	
75	2300A	RMR02	Reference Identification			Group Number
91	2300B	RMR	Individual Premium Remittance Detail			

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92	2300B	RMR01	Reference: Identification Qualifier	AZ IK	2	Health Insurance Policy Number Invoice Number
92	2300B	RMR02	Reference Identification			Member Identification number