820 AZ Medical Plan Transaction Example

BPR02 Total Premium Payment for this Transaction 150.00

1000A Premium Receiver Name		
N102	Org Name	Health Care Today
N104	Receiver ID	681234567

1000B Premium Payer's Name		
N102	Premium Payer Name	AHCCCS
N104	Premium Payer ID	866004791

2000A Organization Summary Remittance		
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2L
ENT03	ID Code Qualifier	FI
ENT04	Org Identification Cd	681234567

2300A Organization Summary Remittance Detail		
RMR01	Ref ID Qualifier	IL
RMR02	Ref ID	Z122FebMassAdj
RMR03	Premium Payment Amt	25.00

First Member Detail Information

2000B Individual Remittance		
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2J
ENT03	ID Code Qualifier	ZZ
ENT04	Org Identification Cd	A12345678

2100B Individual Name		
NM103	Lname	Regan
NM104	Fname	Nancy
NM105	Mname	W
NM109	SSN	527225548 (if available)

2300B Individual Premium Remittance Detail		
RMR01	Ref ID Qualifier	AZ
RMR02	Ins Remit Ref Num	A083010H23456789**
RMR03	Payment Action Code	PI (Pay Item)
RMR04	Detail Prem Pay Amt	75.00
DTM01	Date/Time Qualifier	582
DTM05	Date/Time Period Qual	RD8
DTM06	Coverage Period	20030301-20030331

**Contract Type (1), County Code (2), Cap Rate Code (4), Voucher (9)

820 AZ Medical Plan Transaction Example
Second Member Detail Information

2000B Individual Remittance		
ENT01	Assigned Number	2
ENT02	Entity Identifier Code	2J
ENT03	ID Code Qualifier	ZZ
ENT04	Org Identification Cd	A23456789

2100B Individual Name		
NM103	Lname	Thomas
NM104	Fname	James
NM105	Mname	W
NM109	SSN	513295641 (if available)

2300B Individual Premium Remittance Detail		
RMR01	Ref ID Qualifier	AZ
RMR02	Ins Remit Ref Num	A132210H23456789**
RMR03	Payment Action Code	PI (Pay Item)
RMR04	Detail Prem Pay Amt	15.00
DTM01	Date/Time Qualifier	582
DTM05	Date/Time Period Qual	RD8
DTM06	Coverage Period	20030215-20030228

**Contract Type (1), County Code (2), Cap Rate Code (4), Voucher (9)

2300B Individual Premium Remittance Detail		
RMR01	Ref ID Qualifier	AZ
RMR02	Ins Remit Ref Num	A132210H23456789**
RMR03	Payment Action Code	PI (Pay Item)
RMR04	Detail Prem Pay Amt	35.00
DTM01	Date/Time Qualifier	582
DTM05	Date/Time Period Qual	RD8
DTM06	Coverage Period	20030301-20030331

**Contract Type (1), County Code (2), Cap Rate Code (4), Voucher (9)

HIPAA 820 RECORD Example

Premium of $3000 for four members, Lump sum settlement of $2000 paid in part, with $500 withheld for future payment.

Table 1: Header

Financial Information

BPR01	Transaction Handling Code	U
BPR02	Total Premium Payment Amount	4500
BPR03	Credit or Debit Flag Code	C
BPR04	Payment Method Code	ACH (or FWT)
BPR05	Payment Format Code	CCP (or Blank)
BPR06	Depository Financial Institution (DFI) ID# Qualifier	01
BPR07	Originating Depository Financial Institution (DFI) Identifier	123123123 (AHCCCS Bank)
BPR08	Account Number Qualifier	DA
BPR09	Sender Bank Account Number	2323232323 (AHCCCS Account #)
BPR10	Originating Company Identifier	1866004791 (AHCCCS Tax ID)
BPR12	Depository Financial Institution (DFI) ID # Qualifier	01
BPR13	Receiving Depository Financial Institution (DFI) Identifier	3213213213 (Plan Bank ID)
BPR14	Account Number Qualifier	DA
BPR15	Receiver Bank Account Number	4444444444 (Plan Account #)
BPR16	Check Issue or EFT Effective Date	20030401

Reassociation Record

TRN01	Trace Type Code	3
TRN02	Check or EFT Trace Number	1235 (Check or EFT #)
TRN03	Originating Company Identifier	1866004791 (AHCCCS Tax ID

Receiver information

REF01	Reference Identification Qualifier	14
REF02	Premium Receiver Reference Identifier	333333333 (HP ID)

Coverage Dates

DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20030217-20030331

Premium Receiver Name and Address

1000A

N101	Entity Identifier Code	PE
N102	Information Receiver Organization Name	First Health Plan
N103	Identification Code Qualifier	FI
N104	Receiver Identifier	444444444 (Plan Tax ID)
N301	Receiver Address Line	1003 N Central
N302	Receiver Address Line	Suite 1900
N401	Information Receiver City Name	Phoenix
N402	Information Receiver State Code	AZ
N403	Information Receiver Postal Zone or ZIP Code	85003

Payer Name and Address

1000B

N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N103	Identification Code Qualifier	FI
N104	Premium Payer Identifier	866004791
N301	Premium Payer Address Line	(Address is only completed if payment is by
N302	Premium Payer Address Line	check.)
N401	Premium Payer City Name	
N402	Premium Payer State Code	
N403	Premium Payer Postal Zone or ZIP Code	

TABLE 2: ORGANIZATION SUMMARY REMITTANCE
Only present in the case of a lump sum adjustment, sanction or partial payment.

Organization Summary Remittance

2000A		
ENT01	Assigned Number	01
ENT02	Entity Identifier Code	2L
ENT03	Identification Code Qualifier	FI
ENT04	Organization ID Code	866004791 (AHCCCS Tax ID)

Organization Summary Remittance Detail

2300A		
RMR01	Reference Identification Qualifier	IL
RMR02	Contract, Invoice, Account, Group, or Policy Number	333333 (Invoice Number)
RMR03	Payment Action Code	PP
RMR04	Detail Premium Payment Amount	1500
RMR05	Billed Premium Amount	2000

Summary Line Item

2310A		
IT101	Line Item Control Number	000000001

Member Count

2315A	
SLN01	Assigned ID
SLN03	O
SLN04	Quantity
SLN05-1	Unit for Measurement

Organization Summary Remittance Level Adjustment

2320A		
ADX01	Adjustment Amount	-500
ADX02	Adjustment Reason Code	H6

HIPAA 820 RECORD Example

Individual Remittance Advice Record 1

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999999 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362DA12333432
	Contract Type	X(1) A
	County	X(2) 13
	Cap Rate Code	X(4) 362D
	Voucher ID	X(9) A12333432
RMR03	Payment Action Code	
RMR04	Detail Premium Payment Amount	1000
RMR05	Billed Premium Amount	
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030217-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Goode
NM104	Individual First Name	John
NM105	Individual Middle Name	B
NM106	Individual Name Prefix	
NM107	Individual Name Suffix	
NM108	Identification Code Qualifier	N
NM109	Individual Identifier	

Record 2

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999998 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362GA12333432
RMR04	Detail Premium Payment Amount	700
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030317-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Best
NM104	Individual First Name	Bill
NM105	Individual Middle Name	B

Record 3

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999997 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362GA12333432
RMR04	Detail Premium Payment Amount	700
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030317-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Best
NM104	Individual First Name	Mary
NM105	Individual Middle Name	M

Record 4

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999996 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362FA12333432
RMR04	Detail Premium Payment Amount	600
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030320-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Bush
NM104	Individual First Name	G
NM105	Individual Middle Name	W

HIPAA 820 RECORD Example

Standard premium payment, no adjustments

Header Record:
Financial Information

BPR01	Transaction Handling Code	U
BPR02	Total Premium Payment Amount	3000
BPR03	Credit or Debit Flag Code	C
BPR04	Payment Method Code	ACH (or FWT)
BPR05	Payment Format Code	CCP (or Blank)
BPR06	Depository Financial Institution (DFI) ID# Qualifier	01
BPR07	Originating Depository Financial Institution (DFI) Identifier	123123123 (AHCCCS Bank)
BPR08	Account Number Qualifier	DA
BPR09	Sender Bank Account Number	2323232323 (AHCCCS Account #)
BPR10	Originating Company Identifier	1866004791 (AHCCCS Tax ID)
BPR12	Depository Financial Institution (DFI) ID # Qualifier	01
BPR13	Receiving Depository Financial Institution (DFI) Identifier	3213213213 (Plan Bank ID)
BPR14	Account Number Qualifier	DA
BPR15	Receiver Bank Account Number	4444444444 (Plan Account #)
BPR16	Check Issue or EFT Effective Date	20030401

Reassociation Record

TRN01	Trace Type Code	3
TRN02	Check or EFT Trace Number	1235 (Check or EFT #)
TRN03	Originating Company Identifier	1866004791 (AHCCCS Tax ID)

Receiver information

REF01	Reference Identification Qualifier	14
REF02	Premium Receiver Reference Identifier	333333333 (HP ID)

Coverage Dates

Coverage Period		
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	2003030120030331

Premium Receiver Name and Address

1000A		
N101	Entity Identifier Code	PE
N102	Information Receiver Organization Name	333333333 (HP ID)
N103	Identification Code Qualifier	FI
N104	Receiver Identifier	444444444 (Plan Tax ID)
N301	Receiver Address Line	1003 N Central
N302	Receiver Address Line	Suite 1900
N401	Information Receiver City Name	Phoenix
N402	Information Receiver State Code	AZ
N403	Information Receiver Postal Zone or ZIP Code	85003

Payer Name and Address

1000B		
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N103	Identification Code Qualifier	FI
N104	Premium Payer Identifier	866004791
N301	Premium Payer Address Line	(Address is only completed if payment is by
N302	Premium Payer Address Line	check.)
N401	Premium Payer City Name	
N402	Premium Payer State Code	
N403	Premium Payer Postal Zone or ZIP Code	

ORGANIZATION SUMMARY REMITTANCE
Only present in the case of a lump sum adjustment, sanction or partial payment.

Organization Summary Remittance

2000A		
ENT01	Assigned Number	01
ENT02	Entity Identifier Code	2L
ENT03	Identification Code Qualifier	FI
ENT04	Organization ID Code	866004791 (AHCCCS Tax ID)

Organization Summary Remittance Detail

2300A		
RMR01	Reference Identification Qualifier	IL
RMR02	Contract, Invoice, Account, Group, or Policy Number	333333 (Plan ID)
RMR03	Payment Action Code	PP
RMR04	Detail Premium Payment Amount	-5000
RMR05	Billed Premium Amount	

Summary Line Item

2310A	
IT101	Line Item Control Number
SLN01	Line Item Control Number

Member Count

2315A	
SLN03	Information Only Indicator
SLN04	Head Count
SLN05-1	Unit for Measurement

Organization Summary Remittance Level Adjustment

2320A	
ADX01	Adjustment Amount

Individual Remittance Advice Record 1

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999999 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362DA12333432
	Contract Type	X(1) A
	County	X(2) 13
	Cap Rate Code	X(4) 362D
	Voucher ID	X(9) A12333432
RMR03	Payment Action Code	
RMR04	Detail Premium Payment Amount	1000
RMR05	Billed Premium Amount	
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030317

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Goode
NM104	Individual First Name	John
NM105	Individual Middle Name	B
NM106	Individual Name Prefix	
NM107	Individual Name Suffix	
NM108	Identification Code Qualifier	
NM109	Individual Identifier	

Record 2

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999999 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362DA12333432
RMR04	Detail Premium Payment Amount	1000
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030317

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Goode
NM104	Individual First Name	John
NM105	Individual Middle Name	B

Record 3

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999999 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362DA12333432
RMR04	Detail Premium Payment Amount	1000
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030317

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Goode
NM104	Individual First Name	John
NM105	Individual Middle Name	B

Record 4

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999999 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362DA12333432
RMR04	Detail Premium Payment Amount	1000
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030317

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Goode
NM104	Individual First Name	John
NM105	Individual Middle Name	B

HIPAA 820 RECORD Example

Premium of $3000 for four members, withholding of $1000 because of funding problems.

Table 1: Header

Financial Information

BPR01	Transaction Handling Code	U
BPR02	Total Premium Payment Amount	2000
BPR03	Credit or Debit Flag Code	C
BPR04	Payment Method Code	ACH (or FWT)
BPR05	Payment Format Code	CCP (or Blank)
BPR06	Depository Financial Institution (DFI) ID# Qualifier	01
BPR07	Originating Depository Financial Institution (DFI) Identifier	123123123 (AHCCCS Bank)
BPR08	Account Number Qualifier	DA
BPR09	Sender Bank Account Number	2323232323 (AHCCCS Account #)
BPR10	Originating Company Identifier	1866004791 (AHCCCS Tax ID)
BPR12	Depository Financial Institution (DFI) ID # Qualifier	01
BPR13	Receiving Depository Financial Institution (DFI) Identifier	3213213213 (Plan Bank ID)
BPR14	Account Number Qualifier	DA
BPR15	Receiver Bank Account Number	4444444444 (Plan Account #)
BPR16	Check Issue or EFT Effective Date	20030401

Reassociation Record

TRN01	Trace Type Code	3
TRN02	Check or EFT Trace Number	1235 (Check or EFT #)
TRN03	Originating Company Identifier	1866004791 (AHCCCS Tax ID

Receiver information

REF01	Reference Identification Qualifier	14
REF02	Premium Receiver Reference Identifier	333333333 (HP ID)

Coverage Dates

DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20030317-20030331

Premium Receiver Name and Address

1000A

N101	Entity Identifier Code	PE
N102	Information Receiver Organization Name	First Health Plan
N103	Identification Code Qualifier	FI
N104	Receiver Identifier	444444444 (Plan Tax ID)
N301	Receiver Address Line	1003 N Central
N302	Receiver Address Line	Suite 1900
N401	Information Receiver City Name	Phoenix
N402	Information Receiver State Code	AZ
N403	Information Receiver Postal Zone or ZIP Code	85003

Payer Name and Address

1000B

N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N103	Identification Code Qualifier	FI
N104	Premium Payer Identifier	866004791
N301	Premium Payer Address Line	(Address is only completed if payment is by
N302	Premium Payer Address Line	check.)
N401	Premium Payer City Name	
N402	Premium Payer State Code	
N403	Premium Payer Postal Zone or ZIP Code	

TABLE 2:ORGANIZATION SUMMARY REMITTANCE
Only present in the case of a lump sum adjustment, sanction or partial payment.

Organization Summary Remittance

2000A		
ENT01	Assigned Number	01
ENT02	Entity Identifier Code	2L
ENT03	Identification Code Qualifier	FI
ENT04	Organization ID Code	866004791 (AHCCCS Tax ID)

Organization Summary Remittance Detail

2300A		
RMR01	Reference Identification Qualifier	IL
RMR02	Contract, Invoice, Account, Group, or Policy Number	333333 (Invoice #)
RMR03	Payment Action Code	PP
RMR04	Detail Premium Payment Amount	-1000
RMR05	Billed Premium Amount	

Summary Line Item

2310A	
IT101	Line Item Control Number

Member Count

2315A	
SLN01	Assigned ID
SLN03	O
SLN04	Quantity
SLN05-1	Unit for Measurement

Organization Summary Remittance Level Adjustment

2320A	
ADX01	Adjustment Amount
ADX02	Adjustment Reason Code

HIPAA 820 Standard Capitation with 1000 withheld

Individual Remittance Advice Record 1

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999999 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362DA12333432
	Contract Type	X(1) A
	County	X(2) 13
	Cap Rate Code	X(4) 362D
	Voucher ID	X(9) A12333432
RMR03	Payment Action Code	
RMR04	Detail Premium Payment Amount	1000
RMR05	Billed Premium Amount	
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030217-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Goode
NM104	Individual First Name	John
NM105	Individual Middle Name	B
NM106	Individual Name Prefix	
NM107	Individual Name Suffix	
NM108	Identification Code Qualifier	N
NM109	Individual Identifier	

Record 2

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999998 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362GA12333432
RMR04	Detail Premium Payment Amount	700
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030317-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Best
NM104	Individual First Name	Bill
NM105	Individual Middle Name	B

Record 3

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999997 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362GA12333432
RMR04	Detail Premium Payment Amount	700
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030317-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Best
NM104	Individual First Name	Mary
NM105	Individual Middle Name	M

Record 4

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999996 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362FA12333432
RMR04	Detail Premium Payment Amount	600
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030320-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Bush
NM104	Individual First Name	G
NM105	Individual Middle Name	W

HIPAA 820 RECORD Example

Premium Payments of $2300 for three members, recovery of $300 paid for John Goode made in error, lump sum recovery of $500

Table 1: Header

Financial Information

BPR01	Transaction Handling Code	U
BPR02	Total Premium Payment Amount	1500
BPR03	Credit or Debit Flag Code	C
BPR04	Payment Method Code	ACH (or FWT)
BPR05	Payment Format Code	CCP (or Blank)
BPR06	Depository Financial Institution (DFI) ID# Qualifier	01
BPR07	Originating Depository Financial Institution (DFI) Identifier	123123123 (AHCCCS Bank)
BPR08	Account Number Qualifier	DA
BPR09	Sender Bank Account Number	2323232323 (AHCCCS Account #)
BPR10	Originating Company Identifier	1866004791 (AHCCCS Tax ID)
BPR12	Depository Financial Institution (DFI) ID # Qualifier	01
BPR13	Receiving Depository Financial Institution (DFI) Identifier	3213213213 (Plan Bank ID)
BPR14	Account Number Qualifier	DA
BPR15	Receiver Bank Account Number	4444444444 (Plan Account #)
BPR16	Check Issue or EFT Effective Date	20030401

Reassociation Record

TRN01	Trace Type Code	3
TRN02	Check or EFT Trace Number	1235 (Check or EFT #)
TRN03	Originating Company Identifier	1866004791 (AHCCCS Tax ID

Receiver information

REF01	Reference Identification Qualifier	14
REF02	Premium Receiver Reference Identifier	333333333 (HP ID)

Coverage Dates

DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20030201-20030331

Premium Receiver Name and Address

1000A

N101	Entity Identifier Code	PE
N102	Information Receiver Organization Name	First Health Plan
N103	Identification Code Qualifier	FI
N104	Receiver Identifier	444444444 (Plan Tax ID)
N301	Receiver Address Line	1003 N Central
N302	Receiver Address Line	Suite 1900
N401	Information Receiver City Name	Phoenix
N402	Information Receiver State Code	AZ
N403	Information Receiver Postal Zone or ZIP Code	85003

Payer Name and Address

1000B

N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N103	Identification Code Qualifier	FI
N104	Premium Payer Identifier	866004791
N301	Premium Payer Address Line	(Address is only completed if payment is by
N302	Premium Payer Address Line	check.)
N401	Premium Payer City Name	
N402	Premium Payer State Code	
N403	Premium Payer Postal Zone or ZIP Code	

TABLE 2: ORGANIZATION SUMMARY REMITTANCE
Only present in the case of a lump sum adjustment, sanction or partial payment.

Organization Summary Remittance

2000A		
ENT01	Assigned Number	01
ENT02	Entity Identifier Code	2L
ENT03	Identification Code Qualifier	FI
ENT04	Organization ID Code	866004791 (AHCCCS Tax ID)

Organization Summary Remittance Detail

2300A		
RMR01	Reference Identification Qualifier	IL
RMR02	Contract, Invoice, Account, Group, or Policy Number	333333 (Invoice #)
RMR03	Payment Action Code	PO
RMR04	Detail Premium Payment Amount	-500
RMR05	Billed Premium Amount	

Summary Line Item

2310A	
IT101	Line Item Control Number

Member Count

2315A	
SLN01	Assigned ID
SLN03	O
SLN04	Quantity
SLN05-1	Unit for Measurement

Organization Summary Remittance Level Adjustment

2320A	
ADX01	Adjustment Amount
ADX02	Adjustment Reason Code

Individual Remittance Advice Record 1

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999999 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362DA12333432
	Contract Type	X(1) A
	County	X(2) 13
	Cap Rate Code	X(4) 362D
	Voucher ID	X(9) A12333432
RMR03	Payment Action Code	
RMR04	Detail Premium Payment Amount	1000
RMR05	Billed Premium Amount	
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030217-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Goode
NM104	Individual First Name	John
NM105	Individual Middle Name	B
NM106	Individual Name Prefix	
NM107	Individual Name Suffix	
NM108	Identification Code Qualifier	N
NM109	Individual Identifier	

Record 2

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999999 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362GA12333432
RMR04	Detail Premium Payment Amount	-300
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030201-20030301

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Goode
NM104	Individual First Name	Johnl
NM105	Individual Middle Name	B

Record 3

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999997 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362GA12333432
RMR04	Detail Premium Payment Amount	700
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030317-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Best
NM104	Individual First Name	Mary
NM105	Individual Middle Name	M

Record 4

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999996 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362FA12333432
RMR04	Detail Premium Payment Amount	600
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030320-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Bush
NM104	Individual First Name	G
NM105	Individual Middle Name	W

HIPAA 820 RECORD Example

Standard premium payment, no adjustments. $3000 paid for four members. Total Check = $3000

Table 1:Header Record

Financial Information

BPR01	Transaction Handling Code	U
BPR02	Total Premium Payment Amount	3000
BPR03	Credit or Debit Flag Code	C
BPR04	Payment Method Code	ACH (or FWT)
BPR05	Payment Format Code	CCP (or Blank)
BPR06	Depository Financial Institution (DFI) ID# Qualifier	01
BPR07	Originating Depository Financial Institution (DFI) Identifier	123123123 (AHCCCS Bank)
BPR08	Account Number Qualifier	DA
BPR09	Sender Bank Account Number	2323232323 (AHCCCS Account #)
BPR10	Originating Company Identifier	1866004791 (AHCCCS Tax ID)
BPR12	Depository Financial Institution (DFI) ID # Qualifier	01
BPR13	Receiving Depository Financial Institution (DFI) Identifier	3213213213 (Plan Bank ID)
BPR14	Account Number Qualifier	DA
BPR15	Receiver Bank Account Number	4444444444 (Plan Account #)
BPR16	Check Issue or EFT Effective Date	20030401

Reassociation Record

TRN01	Trace Type Code	3
TRN02	Check or EFT Trace Number	1235 (Check or EFT #)
TRN03	Originating Company Identifier	1866004791 (AHCCCS Tax ID

Receiver information

REF01	Reference Identification Qualifier	14
REF02	Premium Receiver Reference Identifier	333333333 (HP ID)

Coverage Dates

DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20030217-20030331

Premium Receiver Name and Address

1000A

N101	Entity Identifier Code	PE
N102	Information Receiver Organization Name	First Health Plan)
N103	Identification Code Qualifier	FI
N104	Receiver Identifier	444444444 (Plan Tax ID)
N301	Receiver Address Line	1003 N Central
N302	Receiver Address Line	Suite 1900
N401	Information Receiver City Name	Phoenix
N402	Information Receiver State Code	AZ
N403	Information Receiver Postal Zone or ZIP Code	85003

Payer Name and Address

1000B

N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N103	Identification Code Qualifier	FI
N104	Premium Payer Identifier	866004791
N301	Premium Payer Address Line	(Address is only completed if payment is by
N302	Premium Payer Address Line	check.)
N401	Premium Payer City Name	
N402	Premium Payer State Code	
N403	Premium Payer Postal Zone or ZIP Code	

Table 2: Summary Level Remittance Advice
Only present in the case of a lump sum adjustment, sanction or partial payment.

No Summary Remittance Loop is required.

Individual Remittance Advice Record 1

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999999 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362DA12333432
	Contract Type	X(1) A
	County	X(2) 13
	Cap Rate Code	X(4) 362D
	Voucher ID	X(9) A12333432
RMR03	Payment Action Code	
RMR04	Detail Premium Payment Amount	1000
RMR05	Billed Premium Amount	
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030217-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Goode
NM104	Individual First Name	John
NM105	Individual Middle Name	B
NM106	Individual Name Prefix	
NM107	Individual Name Suffix	
NM108	Identification Code Qualifier	N
NM109	Individual Identifier	

Record 2

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999998 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362FA12333432
RMR04	Detail Premium Payment Amount	700
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030317-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Best
NM104	Individual First Name	Bill
NM105	Individual Middle Name	B

Record 3

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999997 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362GA12333432
RMR04	Detail Premium Payment Amount	700
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030317-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Best
NM104	Individual First Name	Mary
NM105	Individual Middle Name	M

Record 4

2000B

ENT01	Assigned Number	000000001
ENT02	Entity Identifier Code	2J
ENT03	Identification Code Qualifier	ZZ
ENT04	Receiver's Individual Identifier	999999996 (AHCCCS ID)

2300B

RMR01	Reference Identification Qualifier	AZ
RMR02	Insurance Remittance Reference #	A13362FA12333432
RMR04	Detail Premium Payment Amount	600
DTM01	Date Time Qualifier	582
DTM05	Date Time Period Format Qualifier	R8
DTM06	Coverage Period	20030320-20030331

2100B

NM101	Entity Identifier Code	QE
NM102	Entity Type Qualifier	1
NM103	Individual Last Name	Bush
NM104	Individual First Name	G
NM105	Individual Middle Name	W