

DHCS 820 FAQs

Q: What is the naming convention of the 820 transaction files?

A: The 820 Transaction will be generated with the following naming convention:

DHCS820_[vendor code]_[date of transaction generation in YYYYMMDD format]_[3 digit sequence number].dat

Example: DHCS820_PHP0130008-04_20100128_461.dat

Q: How often will the 820s be placed in a health plan's SFTP folder?

A: The files will be posted throughout the month, depending on the invoice type (supplemental payments, primary capitation, etc.) and when DHCS receives the warrant **number from the State Controller's Office. In general, the "main" 820 that reflects the** primary monthly capitation amount will likely be available around mid-month. Supplemental capitation invoices (e.g., for maternity for some health plan types, AIDS payments, etc.) will process once per week, although 820s will only be generated if there are payments for a particular plan. For health plans that intend to set up an automatic process to retrieve files, a once per week retrieval is probably sufficient.

Q: Can there be a situation where multiple invoices are created for the same CIN during the same service month?

A: Multiple invoice types can pertain to a single CIN. The same individual could appear on different invoice types for the same service month under 3 circumstances:

1. Retroactive Net Changes in Eligibility: If there was a correction in MEDS for a beneficiary's eligibility for a prior service month, you will see the subtraction for one category and addition for the other. This will happen occasionally because eligibility can be changed retroactively for prior service months. Eligibility changes that can cause this include the following: Aid Code Group, Medicare Part D status, and HCP enrollment/disenrollment. The invoices and rates need to be adjusted accordingly for up to 12 prior service months.

2. Eligibility for Supplemental Payments: If a beneficiary is eligible for a supplemental payment in addition to the primary capitation payment, they will also be included on the supplemental invoice. These include Hyde, AIDS, Agnews, Craig vs. Bonta, and Maternity. Hyde invoices are processed monthly at the same time as the primary capitation. All other supplemental invoices are processed weekly.

3. Eligibility for both Dental and Medical coverage: A beneficiary may be eligible under both a medical and a dental HCP. These payments will always be made to different HCPs under separate contracts because they have different model types.

Q: Is there a flag or code somewhere in the 820 file that distinguishes that a member is being paid at the dual rate or the regular rate?

A: The payments for Dual eligibles can be identified on the 820 TXN via the Invoice Type, which is listed in the 3rd REF segment. The invoice type name indicates whether it is Medi-Cal Only or Medicare Part D (Dual).

Here are a few invoice type examples as they appear on the 820:

Primary Capitation Medi-Cal Only

Primary Capitation Medicare Part D (Dual) AIDS Medi-Cal Only

AIDS Medicare Part D (Dual)

and so on.

Also, the exact rate amount is listed on the 820 in the 2300B Loop, element RMR04.

Q: Will every payment that we receive have a separate 820 file? Will there be a separate file for every plan code?

The 820's will be generated per Vendor Code and Warrant Number, not per HCP. In some cases a vendor may only have one HCP, making this a 1 to 1 relationship, however that is not usually the case. The invoices are generated per HCP.. However, if accounting includes multiple invoices for the same vendor code on a single claim schedule then all invoices on that Claim Schedule will be paid by the same warrant and will therefore appear on the same 820. Thus, on the same 820 Transaction, there may be multiple invoice types for the same HCP, or multiple invoices for different HCPs, or a combination of both.

Healthy Families invoices, however, are a special case. They are always paid by a separate warrant (than non-HF invoices) because they are paid out of a separate fund. So these will appear on their own 820 TXN per Vendor Code and Warrant Number. For example: Healthy Families Medi-Cal Only invoices, Healthy Families Medicare Part D invoices, and Hyde Healthy Families invoices could appear together on the same 820 TXN).

Below is a table listing the 16 Managed Care Invoice Types. The first 6 types are generated in the monthly Capitation processing. The other 10 are supplemental invoices generated during the weekly supplemental processing.

820 Phase 2 CAPMAN MMCD Invoice Types	
#	Invoice Type
1	Primary Capitation Medi-Cal Only
2	Primary Capitation Medicare Part D (Dual)
3	Primary Capitation Healthy Families Medi-Cal Only
4	Primary Capitation Healthy Families Medicare Part D (Dual)
5	HYDE
6	HYDE Healthy Families
7	AIDS Medi-Cal Only Supplemental
8	AIDS Medicare Part D Supplemental
9	Agnews Medi-Cal Only Supplemental
10	Agnews Medicare Part D Supplemental
11	Craig vs. Bonta Medi-Cal Only Supplemental
12	Craig vs. Bonta Medicare Part D Supplemental
13	Maternity Supplemental
14	GMC Dental 4% Withhold Release Supplemental
15	Savings Sharing Disbursement Supplemental
16	Other Plan Based Payment/Adjustment Supplemental

Q. How will rate adjustments be reflected on the 820?

A. Refer to Appendix to 820 Companion Guide.

Q. Will "Hyde" be the only description associated with the Invoice Type for use in Loop 2300B, data element REF02 in the 820 test file (i.e. REF*ZZ*Hyde)?

A. The Appendix to the Companion Guide lists the 16 possible invoice types that may appear in the Loop 2300B REF02 segment (e.g. REF*ZZ*Hyde~). "Hyde" is just one of the 16 possible types. Others include "Primary Capitation Medi-Cal Only", "Primary Capitation Medicare Part D (Dual)", and so on.

Q. Should we test the 820 test file data only using the Appendix to the Companion Guide for the 820 transaction and the Companion Guide (DCHS_820_04-14-10.ecs) or, use the Appendix to the Companion Guide for the 820 transaction and the AXC X12 TR3 for the 820 transaction?

A. To test the 820 Transaction, the plans should use the AXC X12 TR3 (for the transaction standards) and the Appendix to CG (for supplemental information specific to DHCS's 820 transaction). It is no longer X12 compliant to use the current Companion Guide version (DCHS_820_04-14-10.ecs).

Q. Regarding sample records in the test files

a. Do these test files contain live data? Two reasons to ask you this question:

- i. TRN02 (Check Number) and BPR02(Amount), BPR16(Check Date) don't match with what we received in October 2010.**
- ii. In the test files, the invoice month (2300B/DTM06) goes all the way back from 20090801 to 20080801, and it doesn't reflect the current month of October 2010.**

b. In real life, we actually receive warrant number. But, we received check number in the test files. We wanted to find out

- i. Where the warrant number is being sent in 820?**
- ii. Does TRN02 carries the Warrant number or check number. Please confirm it.**

A. The test files contain a mixture of real and artificial data. See itemized explanations below.

1.a.i. The sample 820 TXNs were generated based on real Enrollment Data and real Contract Data. However, the Accounting data (e.g. check number, check amount and check date) is not artificial data. Those values were generated using an automated tool during User Acceptance Testing in order for the 820 Transactions to be generated.

1.a.ii. The Enrollment files contain 13 months of data (20090801 through 20100801), and the invoices were generated for all 13 months (as will be done in the normal capitation process). The 2300B Loop, DTM06 reflects the service month of eligibility (which could be any of these 13 months). The invoice generation date does not appear on the 820 TXN.

1.b.i.- ii. A Check and a Warrant are the same thing, it's just a matter of nomenclature (as far as I know). The only time the check will not be a "Warrant" is when checks are written from the "Revolving Fund", which typically occurs during a budget impasse. Whether the check type is a Warrant or a Revolving Fund check, the identifying number will appear on TRN02. The two options for this field in the Implementation Guide are 1. Check or 2. EFT (Electronic File Transfer). The State Controller does not issue EFTs for Managed Care.

Q. I did not find any adjustments in the file. (ADX*) in the 2200A loop, however the appendix pdf explains how the logic works when making an adjustment. In checking with our finance department, there were approximately two rate adjustments last year. Can we expect to get rate adjustments on this file? If so, can an example be put on a test file?

A. The ADX segment is used only for rate adjustments. The sample 820s were generated based on MMCD's Acceptance Test data for August 2009 Capitation, and there were no rate adjustments entered into the contracts (in the 820 Capman system) until just before the October 2009 Capitation was processed. So none of the test files provided to the plan contain rate adjustments. If you give them the test file for October's Capitation, it should contain rate adjustments. CalOptima's 820 file for October 2009 is located here: G:\HIPAA\5 Compliance Project Management\TCS Compliance\04.820 Phase 2\7. Testing\Enrollment Files\MMCD0910\820 EDI\DHCS820_COHS130069-00_20101228_316.dat

Q. Will the ENT04 field at the 2000B loop be our HCP tax id? I notice it's defaulted to 999999999 currently on the test file. (ENT*1*2J*EI*999999999)

A. The ENT04 field of the 2000B Loop is not the HCP tax id. This field should be used for an individual identifier(beneficiary level). Currently the field is set to a default value of '999999999' for all transactions. In the future, once the National Individual Identifier is mandated for use, this field will be used for that value, with an Identification Code Qualifier (ENT03) of 'II'.

Q. Will the RMR02 in the 2300B loop Remittance number always be unique (invoice number) for individual premium remittance?

A. The invoice number in the 2300B Loop, RMR02 will not always be unique for a single beneficiary nor across beneficiaries. If a payment is issued for a beneficiary for more than one service month for the same fiscal year, contract version, HCP, and invoice type, then the invoice number will be repeated in a separate 2000B Loop for each applicable service month. The transaction is structured this way because a beneficiary may change HCP, Aid Code or Medicare Part D status from month to month.

Q. Our test file had the members last name in the first name field and first name in the last name field. Can this be fixed?

A. Yes, an issue has already been logged for this and it will be fixed during the next UAT phase.

Q. Is this test file a true representation of August 2009 remittance?

A. No. It is not 100% true data because the files were generated during UAT. The Enrollment Data and Contract Data are real, however, the Accounting data (e.g. check number, check amount and check date) are artificial.

Q. Can we request a test file for a specific month?

A. The only test files currently available are July 2009 through October 2009.