

## MMIS Replacement Project (MRP)

Payroll Deducted and Other Group Premium  
Payment for Insurance Products (820)  
Transaction  
Standard Companion Guide

Companion to Payroll Deducted and Other Group  
Premium Payment for Insurance Products  
ASC X12N 820 005010X218  
Implementation Guide

Month 202X

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## Disclosure Statement

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## Preface

This Companion Guide to the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the State of Mississippi, Division of Medicaid (DOM). Transmissions based on this Companion Guide, used in tandem with the **ASC X12N 820 005010X218 Implementation Guide and the associated errata 005010X218E1**, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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# 1. Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (DHHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions, primarily between health care providers and plans. HIPAA directs the Secretary to adopt transaction standards enabling the electronic exchange of health information and to adopt specifications for implementing each standard. HIPAA intends to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into trading partner agreements that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specifications
- Change the meaning or intent of the standards implementation specifications

## 1.1. Scope

The Companion Guide is to be used with and supplement the requirements in the HIPAA Accredited Standards Committee (ASC) X12 Implementation Guides. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion Guide is to provide trading partners with a guide to communicate Mississippi Division of Medicaid (MS DOM) specific information required to successfully exchange transactions.

The Companion Guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claim status request and response transactions to MS DOM.

## 1.2. Overview

The Companion Guide provides guidance for establishing a relationship with MS DOM for the business purpose of receiving the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) transaction.

The X12N 820 Transaction is designed to accomplish the function of sending premium (Capitation) payment information to Managed Care Plans participating in the MS DOM program. The transaction does not constitute a fiscal payment per se, but provides the details of the payments which occur via electronic funds transfer (EFT), and under limited circumstances paper warrants.

Group premium payment (capitation) information is reported on the X12N 820 Payroll Deducted and Other Group Premium Payment for Insurance Products transaction. Although payment information is contained on both the X12N 835 and X12N 820, providers receive only one check reflecting total payment for all fee-for-service and/or capitation claims.

## 1.3. References

This section specifies additional on-line sources of helpful information related to electronic data interchange and X12 transactions.

- Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>
- United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/>
- Centers for Medicare and Medicaid Services (CMS) – <http://www.cms.gov/>
- Designated Standard Maintenance Organizations (DSMO) – <http://www.hipaa-dsmo.org/>
- National Council of Prescription Drug Programs (NCPDP) – <http://www.ncpdp.org/>
- National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>
- Washington Publishing Company (WPC) at <http://wpc-edi.com/>
- Accredited Standards Committee (ASC X12) – <http://www.x12.org/>
- Affordable Care Act (ACA) Section 1104 information is at the CMS website. For information on ACA Administrative Simplification information follow this link: <https://www.cms.gov/regulations-and-guidance/HIPAA-Administrative-Simplification/affordable-care-act/operatingrulesforHIPAATransactions.html>

## 1.4. Additional Information

It is assumed that the trading partner has purchased and is familiar with the ASC X12 Type 3 Technical Report (TR3) being referenced in this Companion Guide. TR3s can be purchased from the ASC X12 store at <http://store.x12.org/store/>.

## 2. Getting Started

### 2.1. Working with Mississippi DOM

The Electronic Data Interchange (EDI) Department is available to assist trading partners when questions arise. See [Section 5](#) for details.

### 2.2. Trading Partner Registration

Trading Partner registration is completed through the secure provider portal. All required fields must be completed, and an electronic signature must be included.

### 2.3. Certification and Testing Overview

All covered entities who submit electronic transactions are required to certify. This includes Clearing houses, Software Vendors, Provider Groups, and Coordinated Care Organizations (CCOs). Such agencies certify users who submit transactions through them on their behalf. Users who submit transactions directly must be certified. Users who submit transactions through CCOs should receive certification requirement information from the CCO.

## 3. Testing with the Payer

Testing is not required for the Payroll Deducted and Other Group Premium Payment for Insurance Products. (820).



## 4. Connectivity with the Payer/Communications

Users must register and access the provider portal in order to upload EDI files.

To register/logon to the provider portal, visit:

*Mississippi Division of Medicaid Portal for Providers > Home (TBD Link “Coming soon”).*

### 4.1. Passwords

Passwords are provided during initial enrollment and can be reset by contacting Provider Relations – Electronic Claims Submission (ECS) Department at *1 TBD Toll free number “Coming soon”*. These passwords may not be shared.

*<https://medicaid.ms.gov/EDI-Support/TBD Link “Coming soon”>.*

## 5. Contact Information

In an effort to assist the community with their electronic data exchange needs, MS DOM has the following options available for either contacting a help desk or referencing a website for further assistance:

- For general information to go Mississippi DOM Website: *<https://medicaid.ms.gov/TBD Link “Coming soon”>*
- For EDI Services (technical, enrollment, or setup questions):
  - E-mail: *[Mississippi.TBD@gainwelltechnologies.com](mailto:Mississippi.TBD@gainwelltechnologies.com)*
  - Telephone: *1 TBD Toll free number “Coming soon”*
  - Hours are Monday through Friday from 08:00 AM to 05:00 PM CST.

## 6. Payer Specific Business Rules and Limitations

Payer specific business rule information regarding MS DOM can be found at the “For Our Providers” webpage on the MS DOM website, *Mississippi Division of Medicaid Portal for Providers > Home (TBD Link “Coming soon”).*

## 7. Acknowledgements and/or Reports

No acknowledgements are expected for the 820 transactions.

## 8. Trading Partner Agreements

An Electronic Data Interchange (EDI) Trading Partner is defined as any MS DOM customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to or receives electronic data from MS DOM.

Payers have EDI Trading Partner Agreements (TPAs) that accompany the standard Implementation Guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

## 9. Transaction-Specific Information

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA are detailed in a table. The tables contain a row for each segment that has additional information MS DOM provides that can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite, and simple data elements
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with MS DOM

In addition to the row for each segment, one or more additional rows are used to describe Mississippi DOM usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

All Mississippi DOM clients are considered “subscribers” so they all have individual loops. See the Implementation Guide for additional information.

### 9.1. Naming Your Files

When uploading batch files, the submitter must name their files using the following format for processing and tracking purposes:

1. FFS – Use “FFS” tag to identify the batch file as Fee-for-Service.
2. <SubmitterId> – Use the trading partner ID (submitter ID) assigned. This is to be used by all providers, vendors, and clearinghouses submitting batch transactions.
3. <filename> – Assign a file name - preferably something meaningful to receiver such as “270 fee for service”.
4. <datetime>. – Use the date/time value format of yyyyymmddhhmm to uniquely identified the file and avoid duplicate files.
5. <filetypeext> – Use the file type extension to identify the file type (e.g. .txt)

The Gainwell ETIN assigned to the submitter is expected in this data element. This is the same as your Trading Partner ID.

Example:

**FFS-<SubmitterId>-<filename><datetime>.<filetypeext>**  
**FFS-123456789-feeforservice201510101308.txt**

## 10. Conventions

Most of the companion guide is in table format (see example below). Only loops, elements, or segments with clarifications or comments are listed. For further information, please see the TR3 for each transaction.

**Table 1. Conventions Sample**

Loop ID	Segment/ Element Reference	Loop Name	Codes	Notes/Comments
	<b>820</b>	<b>Payroll Deducted and Other Group Premium Payment for Insurance Products</b>		
	<b>TRN</b>	<b>Reassociation Trace Number</b>		
	TRN01	Trace Type Code	1	1 - Current Transaction Trace Numbers
	TRN03	Originating Company Identifier	640476393	Mississippi Division of Medicaid Tax ID
	<b>REF</b>	<b>Premium Receivers Identification Key</b>		
	REF01	Reference Identification Qualifier	14	14 – Master Account Number
	REF02	Premium Receiver Reference Identifier	820	Pay to Provider ID
<b>1000A</b>	<b>N1</b>	<b>Premium Receiver's Name</b>		
	N103	Premium Payer Identifier	FI	FI – Federal Taxpayer
	N104	Premium Receiver's Identification Code		Tax Identification Number from the CCO's Provider Record

**Table 2. Conventions Fields**

Column Name	Description
Loop ID	Loop, header, or trailer.
Segment/Element Reference	Segment or Element ID.
Loop Name	Name of Loop, header, or trailer.
Codes	Code values.
Note/Comments	Comments or clarifications for Mississippi DOM. Values, data length, and repeats are also listed here. Clarifications in field length only indicate what Mississippi DOM uses or returns to process the transaction. MS DOM still accepts the minimum and maximum field lengths required by the Technical Report Type 3 (TR3) for each element.

## 10.1. Transaction 820: Payroll Deducted and Other Group Premium Payment for Insurance Products

**Table 3. Payroll Deducted and Other Group Premium Payment for Insurance Products (820)**

Loop ID	Reference	Name	Codes	Notes/Comments
	<b>820</b>	<b>Payroll Deducted and Other Group Premium Payment for Insurance Products</b>		
	<b>ISA</b>	<b>Interchange Control Header</b>		
	ISA01	Authorization Information Qualifier	00	00 - No Authorization Information Present
	ISA03	Security Information Qualifier	00	00 - No Authorization Information Present
	ISA05	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA06	Interchange Sender ID	77032	
	ISA07	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA08	Interchange Receiver ID	91474, 91473, 94944, 93552, 96020, or Trading Partner ID	For MSCAN - UHC the Field would be populated with '91474' For MSCAN - Magnolia the Field would be populated with '91473'. For MSCAN - Molina the Field would be populated with '94944' For MSCHIP - UHC the Field would be populated with '93552' For MSCHIP - Molina the Field would be populated with '96020' All Others – Gainwell Technologies Electronic Transaction Identification Number (ETIN) to the submitter is expected in this data element. This is the same as your Trading Partner ID.
	ISA11	Repetition Separator	^	Caret
	ISA12	Interchange Control Version Number	00501	
	SA15	Interchange Usage Indicator		<b>Refer to TR3</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
	ISA16	Component Element Separator	:	Colon
	<b>GS</b>	<b>Functional Group Header</b>		
	GS01	Functional Identifier Code	RA	RA - Payment Order/Remittance Advice
	GS02	Application Sender's Code	77032	Value should equal ISA06.
	GS03	Application Receiver's Code	91474, 91473, 94944, 93552, 96020, or Trading Partner ID	Value should equal ISA08.
	GS07	Responsible Agency Code	X	
	GS08	Version / Release / Industry / Identifier Code	005010X218	
	<b>ST</b>	<b>Transaction Set Header</b>		
	ST01	Transaction Set Identifier Code	820	820 - Payment Order/Remittance Advice
	ST03	Implementation Convention Reference	005010X218	
	<b>BPR</b>	<b>Financial Information</b>		<b>MS DOM does not send TR3 Values for BPR05 thru BPR09 and BPR11 thru BPR15.</b>
	BPR01	Transaction Handling Code	I	I – Remittance Information Only
	BPR03	Credit or Debit Flag Code	C	C – Credit
	BPR04	Payment Method Code	NON	NON - Non-Payment Data
	BPR10	Payer Identifier	640476393	Mississippi Division of Medicaid Tax ID
	<b>TRN</b>	<b>Reassociation Trace Number</b>		
	TRN01	Trace Type Code	1	1 - Current Transaction Trace Numbers
	TRN03	Originating Company Identifier	640476393	Mississippi Division of Medicaid Tax ID
	<b>REF</b>	<b>Premium Receivers Identification Key</b>		
	REF01	Reference Identification Qualifier	14	14 – Master Account Number
	REF02	Premium Receiver Reference Identifier	820	Pay to Provider ID

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Loop ID	Reference	Name	Codes	Notes/Comments
<b>1000A</b>	<b>N1</b>	<b>Premium Receiver's Name</b>		
	N101	Entity Identifier Code	PE	PE - Payee
	N103	Premium Payer Identifier	FI	FI – Federal Taxpayer
	N104	Premium Receiver's Identification Code		Tax Identification Number from the CCO's Provider Record
<b>1000B</b>	<b>N1</b>	<b>Premium Payer's Name</b>		
	N101	Entity Identifier Code	PR	PR - Payer
	N103	Identification Code Qualifier	FI	FI - Federal Taxpayer's Identification Number
	N104	Premium Payer Identifier	640476393	Mississippi Division of Medicaid Tax ID
<b>2000B</b>	<b>ENT</b>	<b>Individual Remittance</b>		
	ENT01	Assigned Number		<b>Refer to TR3</b>
	ENT02	Entity Identifier Code	2J	2J - Individual
	ENT03	Identification Code Qualifier	34	34 – Social
	ENT04	Receiver's Individual Identifier		Recipient SSN
<b>2100B</b>	<b>NM1</b>	<b>Individual Name</b>		
	NM101	Entity Identifier Code	QE	QE – Policyholder
	NM102	Entity Type Qualifier	1	1 - Person
	NM103	Individual Last Name		<b>Refer to TR3</b>
	NM104	Individual First Name		<b>Refer to TR3</b>
	NM105	Individual Middle Name		<b>Refer to TR3</b>
	NM107	Individual Name Suffix		Name suffix to individual name (Policy Holder)
	NM108	Identification Code Qualifier	N	N - Insured's Unique Identification Number
	NM109	Individual Identifier		Value is 9-digit Mississippi Medicaid Recipient ID
<b>2300B</b>	<b>RMR</b>	<b>Individual Premium Remittance Detail</b>		
	RMR01	Reference Identification Qualifier	AZ	AZ- Health Insurance Policy Number
	<b>REF</b>	<b>Reference</b>		
	REF01	Reference Identification Qualifier	ZZ	ZZ - Mutually Defined
	REF02	Organization Reference Identifier		<b>Refer to TR3</b>
	<b>DTM</b>	<b>Individual Coverage Period</b>		
	DTM01	Date Time Qualifier	582	582 – Report Period

Loop ID	Reference	Name	Codes	Notes/Comments
<b>SE</b>		<b>Transaction Set Trailer</b>		
	SE01	Transaction Segment Count		<i>Refer to TR3</i>
	SE02	Transaction Set Control Number		<i>Refer to TR3</i>
<b>GE</b>		<b>Functional Group Trailer</b>		
	GE01	Number of Transaction Sets Included		<i>Refer to TR3</i>
	GE02	Group Control Number		<i>Refer to TR3</i>
<b>IEA</b>		<b>Interchange Control Trailer</b>		
	IEA01	Number of Included Functional Groups		<i>Refer to TR3</i>
	IEA02	Interchange Control Number		<i>Refer to TR3</i>

## Appendix A. Change History

Date	Change	Responsible Party
March 2022	Original Document	EDI Department