

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

October 2022

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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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Table of Contents

| | |
|---|----|
| 1. Introduction | 2 |
| 1.1. Scope | 2 |
| 1.2. Overview | 2 |
| 1.3. References | 3 |
| 1.4. Additional Information | 3 |
| 2. Getting Started..... | 3 |
| 2.1. Working with Mississippi DOM..... | 3 |
| 2.2. Trading Partner Registration..... | 3 |
| 2.3. Certification and Testing Overview | 3 |
| 3. Testing with the Payer..... | 3 |
| 4. Connectivity with the Payer/Communications..... | 3 |
| 4.1. Passwords..... | 4 |
| 5. Contact Information..... | 4 |
| 6. Payer Specific Business Rules and Limitations | 4 |
| 7. Acknowledgements and/or Reports..... | 4 |
| 8. Trading Partner Agreements | 4 |
| 9. Transaction-Specific Information | 5 |
| 9.1. Naming Your Files | 5 |
| 10. Conventions | 5 |
| 10.1. Transaction 820: Payroll Deducted and Other Group Premium Payment for Insurance Products..... | 7 |
| Appendix A. Change History | 11 |

List of Tables

| | |
|---|---|
| Table 1. Conventions Sample..... | 5 |
| Table 2. Conventions Fields | 6 |
| Table 3. Payroll Deducted and Other Group Premium Payment for Insurance Products (820) 7 | |

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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.ncdp.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 can register to access the provider portal in order to upload EDI files.](#)

To register/logon to the provider portal, visit: [Mississippi Medical Assistance Portal for Providers > Home \(msxix.net\)](#).

Submission of EDI Transactions via MOVEit, go to: [Mississippi Replacement Project \(msxix.net\)](#)

4.1. Passwords

Passwords are provided during initial enrollment and can be reset by contacting Provider Relations – Electronic Claims Submission (ECS) Department at 1 800-884-3222. These passwords may not be shared.

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 go to Mississippi DOM Website: [EDI Technical Documents | Mississippi Division of Medicaid \(ms.gov\)](#)
- For EDI Services (technical, enrollment, or setup questions):
 - E-mail: MS_EDI_Helpdesk@gainwelltechnologies.com
 - Telephone: [1 800-884-3222](tel:18008843222)
 - 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, [Providers | Mississippi Division of Medicaid \(ms.gov\)](#).

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 downloading batch files, the submitter files will be in the following format, example 820, 834, 835, TA1, 999:

- TP01234567_YYYYJJJ_(9 digit sequence).820
 - TP01234567_YYYYJJJ_(9 digit sequence).834
 - TP01234567_YYYYJJJ_(9 digit sequence).835
 - TP01234567_YYYYJJJ_(9 digit sequence).TA1
 - TP01234567_YYYYJJJ_(9 digit sequence).999
- *Where YYYYJJJ is the 4-digit year and 3-digit Julian day.

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 |
|---------|----------------------------------|--|-----------|--|
| | 820 | Payroll Deducted and Other Group Premium Payment for Insurance Products | | |
| | TRN | Reassociation Trace Number | | |
| | TRN01 | Trace Type Code | 1 | 1 - Current Transaction Trace Numbers |
| | TRN03 | Originating Company Identifier | 640476393 | Mississippi Division of Medicaid Tax ID |

| Loop ID | Segment/ Element Reference | Loop Name | Codes | Notes/Comments |
|--------------|----------------------------------|---|-------|--|
| | REF | Premium Receivers Identification Key | | |
| | REF01 | Reference Identification Qualifier | 14 | 14 – Master Account Number |
| | REF02 | Premium Receiver Reference Identifier | 820 | Pay to Provider ID |
| 1000A | N1 | Premium Receiver's Name | | |
| | 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 |
|---------|------------|--|---|--|
| | 820 | Payroll Deducted and Other Group Premium Payment for Insurance Products | | |
| | ISA | Interchange Control Header | | |
| | 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 | TP000169 TP000172 TP000173 TP000174 TP000175 or Trading Partner ID | For MSCAN Magnolia the Field would be populated with 'TP000169' UHC the Field would be populated with 'TP000174' Molina the Field would be populated with 'TP000172' For MSCHIP UHC the Field would be populated with 'TP000175' Molina the Field would be populated with 'TP000173' 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 | | <i>Refer to TR3</i> |
| | ISA16 | Component Element Separator | : | Colon |
| | GS | Functional Group Header | | |

MMIS Replacement Project State of Mississippi, Division of Medicaid (DOM) Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Transaction Standard Companion Guide

| Loop ID | Reference | Name | Codes | Notes/Comments |
|--------------|------------|--|---|---|
| | 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 | TP000169 TP000172 TP000173 TP000174 TP000175 or Trading Partner ID | Value should equal ISA08. |
| | GS07 | Responsible Agency Code | X | |
| | GS08 | Version / Release / Industry / Identifier Code | 005010X218 | |
| | ST | Transaction Set Header | | |
| | ST01 | Transaction Set Identifier Code | 820 | 820 - Payment Order/Remittance Advice |
| | ST03 | Implementation Convention Reference | 005010X218 | |
| | BPR | Financial Information | | MS DOM does not send TR3 Values for BPR05 thru BPR09 and BPR11 thru BPR15. |
| | BPR01 | Transaction Handling Code | I | I – Remittance Information Only |
| | BPR03 | Credit or Debit Flag Code | C | C – Credit |
| | BPR04 | Payment Method Code | BOP NON | BOP - Financial Institution Option NON - Non-Payment Data |
| | BPR10 | Payer Identifier | 640476393 | Mississippi Division of Medicaid Tax ID |
| | TRN | Reassociation Trace Number | | |
| | TRN01 | Trace Type Code | 1 | 1 - Current Transaction Trace Numbers |
| | TRN03 | Originating Company Identifier | 640476393 | Mississippi Division of Medicaid Tax ID |
| | REF | Premium Receivers Identification Key | | |
| | REF01 | Reference Identification Qualifier | 14 | 14 – Master Account Number |
| | REF02 | Premium Receiver Reference Identifier | 820 | 820 - Pay to Provider ID |
| 1000A | N1 | Premium Receiver's Name | | |
| | N101 | Entity Identifier Code | PE | PE - Payee |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|--------------|------------|---|-----------|---|
| | N103 | Premium Payer Identifier | FI | FI – Federal Taxpayer |
| | N104 | Premium Receiver's Identification Code | | Tax Identification Number from the CCO's Provider Record |
| 1000B | N1 | Premium Payer's Name | | |
| | N101 | Entity Identifier Code | PR | PR - Payer |
| | N103 | Identification Code Qualifier | FIP | FI - Federal Taxpayer's Identification Number |
| | N104 | Premium Payer Identifier | 640476393 | Mississippi Division of Medicaid Tax ID |
| 2000B | ENT | Individual Remittance | | |
| | ENT01 | Assigned Number | | <i>Refer to TR3</i> |
| | ENT02 | Entity Identifier Code | 2J | 2J - Individual |
| | ENT03 | Identification Code Qualifier | 34 | 34 – Social |
| | ENT04 | Receiver's Individual Identifier | | Recipient SSN |
| 2100B | NM1 | Individual Name | | |
| | NM101 | Entity Identifier Code | QE | QE – Policyholder |
| | NM102 | Entity Type Qualifier | 1 | 1 - Person |
| | NM103 | Individual Last Name | | <i>Refer to TR3</i> |
| | NM104 | Individual First Name | | <i>Refer to TR3</i> |
| | NM105 | Individual Middle Name | | <i>Refer to TR3</i> |
| | 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 |
| 2300B | RMR | Individual Premium Remittance Detail | | |
| | RMR01 | Reference Identification Qualifier | AZ | AZ- Health Insurance Policy Number |
| | RMR02 | Contract, Invoice, Account, Group, or Policy Number | | Rate Cell code + PAY or REV + Remittance ID of the Payment + Remittance Date, i.e. MC####/PAY/#####/CCYYM MDD |
| | RMR04 | Detail Premium Payment Amount | | Equal to the capitation payment or adjustment amount |
| | REF | Reference | | |
| | REF01 | Reference Identification Qualifier | ZZ | ZZ - Mutually Defined |
| | REF02 | Organization Reference Identifier | | Value is County Code. COE (Aid Category or Category of Eligibility) |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|------------|--------------------------------------|-------|---|
| | | | | and DOB (date of birth) i.e., REF*ZZ*24075CCYY-MM-DD |
| | DTM | Individual Coverage Period | | |
| | DTM01 | Date Time Qualifier | 582 | 582 – Report Period |
| | SE | Transaction Set Trailer | | |
| | SE01 | Transaction Segment Count | | <i>Refer to TR3</i> |
| | SE02 | Transaction Set Control Number | | <i>Refer to TR3</i> |
| | GE | Functional Group Trailer | | |
| | GE01 | Number of Transaction Sets Included | | <i>Refer to TR3</i> |
| | GE02 | Group Control Number | | <i>Refer to TR3</i> |
| | IEA | Interchange Control Trailer | | |
| | IEA01 | Number of Included Functional Groups | | <i>Refer to TR3</i> |
| | IEA02 | Interchange Control Number | | <i>Refer to TR3</i> |

Appendix A. Change History

| Version # | Date of release | Author | Description of change |
|-----------|-----------------|--------------------|--|
| 01 | 12/16/2021 | EDI Technical Team | Initial document creation. Section 9.1, Page 5 - Naming Your File |
| 0.2 | 3/1/2022 | EDI Technical Team | Loop Segments ISA08 and GS03, Pages 7 and 8 - Corrections to Trading Partner IDs used for TPI vs UAT |
| 0.3 | 6/30/2022 | EDI Technical Team | Loop 2300B RMR02 and RMR04 Segment, Pages 9 and 10 Added Loop 2300B REF02 Segment, Page 10 – Added “Value is County Code. COE (Aid Category or Category of Eligibility) and DOB (date of birth) i.e., REF*ZZ*24075CCYY-MM-DD” Mississippi Logo clean-up Copyright change from 2021 to 2022 |
| 0.4 | 9/30/2022 | EDI Technical | Production connectivity URLs and contact information updated, Pages 3 and 4 Section 9.1, Page 5 - Naming Your .File |
| 0.5 | 10/17/2022 | EDI Technical | Loop Segments ISA08 and GS03, Pages 7 and 8 - Corrections to Trading Partner IDs used for PRODUCTION |