

Colorado Medical Assistance Program Department of Health Care Policy and Financing (DHCPF)

**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**

August 2016

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 Colorado DHCPF. 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 standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves 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 transition partner agreement 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

SCOPE

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA Accredited Standards Committee (ASC) X12 Implementation Guides, without contradicting those requirements. 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 Colorado DHCPF 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 Colorado DHCPF.

OVERVIEW

This section of the Companion Guide will provide guidance for establishing a relationship with Colorado DHCPF 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 Colorado Medical Assistance 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 will receive only one check reflecting total payment for all fee-for-service and/or capitation claims.

REFERENCES

This section specifies additional on-line sources of helpful information related to electronic data interchange (EDI) 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/hipaa/hipaa2/>
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/>
Accredited Standards Committee (ASC X12) – <http://www.x12.org/>
Data Interchange Standards Association (DISA) at www.disa.org
Washington Publishing Company (WPC) at <http://wpc-edi.com/>

Affordable Care Act (ACA) Section 1104 information is at the Centers for Medicare & Medicaid Services (CMS) website. For information on ACA Administrative Simplification information follow this link: http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/index.html?redirect=/Affordable-Care-Act/02_OperatingRulesforHIPAATransactions.asp

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

TRADING PARTNER REGISTRATION

Any entity intending to exchange electronic transactions with Colorado DHCPF must agree to the Colorado DHCPF Trading Partner Agreement at the end of the Trading Partner Profile process. A Trading Partner Profile can be completed using the **Colorado Medicaid Web Portal** link at: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>.

NOTE: Providers must be enrolled and approved before registering as a Trading Partner.

The **Colorado Medicaid Web Portal** will include the ability to file and report retrieval. Billing Agents and clearinghouses will have the option of retrieving the transaction responses and reports themselves and/or allowing each individual provider the option of retrieval. The trading partner will access the system using their assigned login and password. For information on the **Colorado Medicaid Web Portal**, go to: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>.

CERTIFICATION AND TESTING OVERVIEW

All covered entities who submit electronic transactions are required to certify. This includes Clearinghouses, Software Vendors, Provider Groups, and Managed Care Organizations (MCOs). If you submit your claims through one of these agencies, they will certify on your behalf. However, if you submit claims, you will need to certify. If you submit your claims through an MCO, you should receive information from the MCO with certification requirements.

Results of the system's processing of your transactions are reviewed and communicated back via email. Once the test files all pass, a production ID and welcome letter will be sent confirming

certification.

3. TESTING WITH THE PAYER

This section contains a detailed description of the testing phase.

Before exchanging production transactions with Colorado DHCPF, each trading partner must complete production authorization testing.

Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

Colorado DHCPF recommends that trading partners submit three successful and unique submissions and receive the associated 999 (accepted) acknowledgement in response in order to obtain approval from Colorado DHCPF to promote to Production.

Trading Partner Authorization Testing is detailed in the Trading Partner Profile **Testing Packet** for ASC X12 transactions available on the **Colorado DHCPF Training Portal** (<http://lms.xco.dcs-usps.com/>) — click on the **<Link Description>** link <location> page.

Questions may be directed to the <TBD> EDI Helpdesk at **1 (844) 801-8482 (this is a temporary number)** or via e-mail using the Contact **Us** link at the **top** of the Portal home page at: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PASSWORDS

Passwords are provided during initial enrollment and can be reset by contacting <TBD> Provider Relations – Electronic Claims Submission (ECS) Department at **1 (844) 801-8482 (this is a temporary number)** Option 0, Option 2. These passwords may not be shared.

Insert Connectivity Guide Link here

5. CONTACT INFORMATION

WORKING WITH COLORADO DHCPF

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

For general information to go Colorado DHCPF Website: <https://www.colorado.gov/hcpf>

<TBD> EDI SERVICES

Monday – Friday
8:00 a.m. – 5:00 p.m. MST

Technical, enrollment or setup questions:

E-mail: commis.edisupport@hpe.com

Telephone: **1 (844) 801-8482 (this is a temporary number)** options X then X

Fax: 1 (XXX) XXX-XXXX

6. CONTROL SEGMENTS/ENVELOPES

ISA-IEA

This section describes the use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters. (See Section 10 below, Transaction Specific Information)

GS-GE

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Colorado DHCPF expects functional groups to be sent and how Colorado DHCPF will send functional groups. These discussions will describe how similar transaction sets will be packaged and Colorado DHCPF use of functional group control numbers. (See Section 10 below, Transaction Specific Information)

ST-SE

This section describes the use of transaction set control numbers. (See Section 10 below, Transaction Specific Information)

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Payer specific business rule information regarding Colorado DHCPF can be found at the For Our Providers webpage on the Colorado DHCPF website, <http://www.colorado.gov/hcpf/our-providers>

8. ACKNOWLEDGEMENTS AND/OR REPORTS

No acknowledgements are expected for the 820 transactions.

9. TRADING PARTNER AGREEMENTS

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

Payers have EDI Trading Partner Agreements (TPA) 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.

10. TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Colorado DHCPF has something additional, over and above, the information in the IGs. That information 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 Colorado DHCPF

In addition to the row for each segment, one or more additional rows are used to describe Colorado DHCPF 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 Colorado DHCPF clients are considered “subscribers” so they all have individual loops. See the Implementation Guide for additional information.

TPID –This is the number that is assigned to the provider/submitter to uniquely identify their electronic transaction. This may also be referred to as the Electronic Claim Submission (ECS) number or Trading Partner ID.

Payroll Deducted and Other Group Premium Payment for Insurance Products (820)

Loop ID	Reference	Name	Codes	Notes/Comments
HEADER	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements. NOTE: Deviating from the standard ISA element sizes will cause the Interchange to be rejected.
	ISA06	Interchange Sender ID	COMEDASSIST PROG	
	ISA08	Interchange Receiver Trading Partner ID		The Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program.
	ISA11	Repetition Separator	^	Caret
	ISA16	Component Element Separator	:	Colon
	GS	Functional Group Header		
	GS02	Application Sender's Code	COMEDASSIST PROG	
	GS03	Application Receiver's Code		The Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program
	GS08	Version/Release/ Industry Identifier Code	005010X218	Standards Approved for Publication by ASC X12 Procedures Review Board

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Loop ID	Reference	Name	Codes	Notes/Comments
	ST	Transaction Set Header		
	ST03	Version, Release, or Industry Identifier	005010X218	
	BPR	Financial Information		
	BPR10	Payer Identifier	81-1725341	Colorado Medical Assistance Program Tax ID
	TRN	Reassociation Trace Number		
	TRN02	Check or EFT Trace Number		<p>The layout of the field is: Remittance Number (9) Separator (hyphen) If a check number exists, it is concatenated after the hyphen, otherwise it is constant text (NOPAY) plus the A/R number (13):</p> <p style="text-align: center;">123456789- 123456789 123456789- NOPAY12345678901 23</p>
	TRN03	Originating Company Identifier	81-1725341	Colorado Medical Assistance Program Tax ID
	REF	Premium Receivers Identification Key		
	REF02	Premium Receiver Reference Identifier		Pay to Provider ID
	DTM	Coverage Period		
	DTM06	Coverage Period		<p>Capitation Transaction Date - The date the Capitation batch cycle was executed. For a Capitation Transaction Date of 1/4/2016, the coverage start and end dates are 1/1/2016 and 1/31/2016, respectively.</p>
1000B	N1	Premium Payer's Name		

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Loop ID	Reference	Name	Codes	Notes/Comments
	N102	Premium Payer Name	COLORADO MEDICAL ASSISTANCE PROGRAM	
	N104	Premium Payer Identifier	81-1725341	Colorado Assistance Medical Program Tax ID
2300B	RMR	Individual Premium Remittance Detail		
	RMR02	Insurance Remittance Reference Number		This is a combined value which includes the rate cell code, the capitation type, capitation System assigned key (SAK), and date of capitation transaction as follows: Rate Cell Code (5) Separator (/) Capitation Type (3) Separator (/) Capitation SAK (9) Separator (/) Transaction Date (8) DSEE2/PAY/100100100/20160101.
	RMR05	Billed Premium Amount		Payment or recoupment amount before adjustments. This element will be present only if different from RMR04
	DTM	Individual Coverage Period		
	DTM01	Date Time Qualifier	582	
2320B	ADX	Individual Premium Adjustment for Current Payment		
	ADX01	Adjustment Amount		The adjustment amount for this payment. This element is populated only if there is an adjustment. This amount represents the Cost Share Amount. At this time, Cost Share is the patient liability amount.

APPENDIX 1: Change Summary

Date	Change	Responsible Party
August 2016	Original Document	EDI Department