Nevada MMIS 820 Transaction Companion Guide

Health Care Premium Payment

HIPAA Version 5010

Nevada Medicaid Management Services

Department of Health and Human Services (DHHS)

Division of Health Care Financing and Policy (DHCFP)

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Change history

The following Change History log contains a record of changes made to this document:

Published / revised	Section /Nature of change
2/03/2012	Initial Version

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1. Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

The X12N Health Care Implementation Guides have been established as the standards of compliance and are online at:

http://store.x12.org/store/healthcare-5010-consolidated-guides.

Additional information is on the Department of Health and Human Services website at http://aspe.hhs.gov/admnsimp.

1.1. Purpose

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to electronic data interchange (EDI) trading partners that exchange X12 information with the Nevada Medicaid Agency.

An EDI trading partner is defined by Nevada Medicaid as anybody such as a provider, software vendor and clearinghouse that exchanges transactions adopted under the Healthcare Portability and Accountability Act of 1996 (HIPAA).

HPES has prepared this companion guide and website, www.medicaid.nv.gov, to support Nevada Medicaid and Nevada Check Up billing. (Hereafter, Nevada Medicaid and Nevada Check Up are referred to as Medicaid unless otherwise specified.)

This companion guide provides specific requirements for providing Managed Care Organization (MCO) capitation payment information using the 820 transaction.

1.2. Intended use

The following information is intended to serve only as a companion guide to the HIPAA ANSI Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) document. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the ASC X12 TR3 document. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

2. Working together

Nevada Medicaid in an effort to assist the community with their electronic data exchange needs have the following options available for either contacting a help desk or referencing a website for further assistance.

Nevada Medicaid Website: http://www.medicaid.nv.gov

EDI Helpdesk

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

Technical questions (claim submission or testing): 1-800-924-6741

Fax: 1-804-290-4805
Email: dighelpdesk@magellanhealth.com

Enrollment or setup questions: 1-877 638-3472

Fax: 1-775-784-7932
Email: nvedi@magellanhealth.com

2.1. Trading partner registration

An EDI trading partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all trading partners to complete EDI registration regardless of the trading partner type as defined below. Contact the EDI Helpdesk to register.

- **Trading partner** is an entity engaged in the exchange or transmission of electronic transactions.
- **Vendor** is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.
- **Software vendor** is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions.
- **Billing service** is a third party that prepares and/or submits claims for a provider.
- **Clearinghouse** is a third party that submits and/or exchanges electronic transactions on behalf of a provider.

Vendors must fill out a data switch agreement. The Trading Partner Data Switch agreement form is located at:

www.medicaid.nv.gov

2.2. Trading partner testing and certification

Nevada Medicaid requires that all newly registered trading partners complete basic transaction submission testing. Successful transaction submission and receipt of both valid responses and error responses is an indication that all systems involved can properly submit and receive transactions.

2.2.1. Trading partner ID

Once registration is completed the following IDs will be created:

- Test trading partner ID
- Production trading partner ID

These IDs are exclusive to the environment submitted and will not be accepted if submitted incorrectly.

2.2.2. Web user ID

Each entity will be assigned a personal identification number (PIN) that allows access to a secure website. The secure website allows for the uploading and downloading of electronic transactions. Separate PINs will be produced for testing and production.

2.2.3. Usage indicator

ISA15 of the HIPAA X12 transaction allows for the submission of either a T, to indicate testing or a P, to indicate production. The following process is defined for these usage indicators:

T – May be submitted into the test and production environments. However, only a compliance check will be performed. The electronic files submitted with a T will not be translated for further processing.

P – May be submitted into the test and production environments. A compliance check will be performed and the files will be translated for further processing (edit, audit, adjudication and response).

2.2.4. Secure Web upload - tracking number

A tracking number will be assigned and returned online for each successful upload of an electronic file. This tracking number should be maintained if any questions should arise concerning the processing of the file. The following message will be returned:

“File was uploaded successfully. File tracking number is 0123456. Please make note of this number for future reference.”

2.2.5. Error messages

If an electronic file fails to upload, an error message will be returned online.

The following messages will be returned:

- Error occurred. Error uploading file:
- Error occurred. Error gathering information for upload:
- The session has been timed out. Please try login again.

2.2.6. Secure website download – file retention

All electronic files that have been made available for download will remain available online for download as follows:

7 Days	999, TA1, 271, 277
30 Days	277U
90 Days	835

After the allotted time frame has passed the files will be removed from the list and will no longer be available for download. This applies to testing and production.

2.2.7. Testing transactions

The following transaction types are available for testing:

- 270 Eligibility Request/271 Eligibility Response
- 276 Claim Status Request/277 Claim Status Response
- 837D Dental Claim
- 837P Professional (CMS-1500) Claim
- 837I Institutional (UB-04) Claim
- 835 Electronic Remittance Advice
- 277U Unsolicited Claim Status

Testing data such as provider IDs and recipient IDs will not be provided. Users should submit recipient information and provider information as done so for production as the test environment is continually updated with production information.

There is not a limit to the number of files that may be submitted. Users will be allowed to move to production once a successfully compliant transaction is received and the appropriate responses returned.

2.3. Payer specific documentation

For additional information in regards to business processes related to eligibility, prior authorization and claims processing please review the Provider Manual located on the Nevada Medicaid website.

www.medicaid.nv.gov

For further information on specific payer prior authorization information please see the Nevada Medicaid website.

www.medicaid.nv.gov

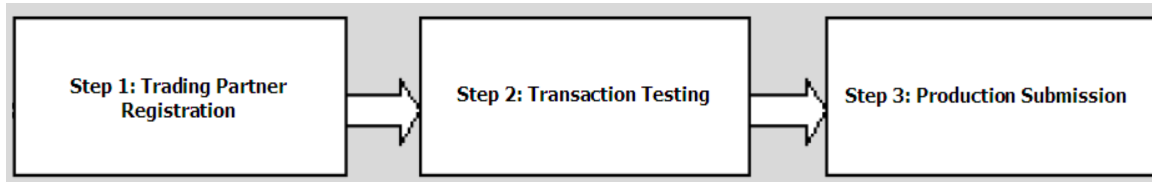
2.4. Testing contact information

All correspondence for assistance with testing should be submitted to the following email address:

nvedi@magellanhealth.com.

3. Connectivity/Communications

3.1. Process flows



3.2. Transmission procedures

Availability

24 hours/7 days a week

Downtime notification

HPES will notify the trading partners in the case of any planned downtime or unexpected downtime using email distribution.

Re-Transmission procedures

Trading partners may call HPES for assistance in researching problems with submitted transactions. HPES will not edit trading partner data and/or resubmit transactions for processing on behalf of a trading partner. The trading partner must correct any errors found and resubmit.

3.3. Communication and security protocols

Vendors may find information regarding communication protocols in the Service Center User Manual.

https://www.medicaid.nv.gov/downloads/provider/MMIS_Service_center_user_manual.pdf

4. Contact information

4.1. EDI customer service/technical assistance

EDI Helpdesk

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

Technical questions (claim submission or testing): 1-800-924-6741

Fax: 1-804-290-4805
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Fax: 1-775-784-7932
Email: nvedi@magellanhealth.com

4.2. Provider services

Provider Relations Department

The Provider Relations Department is composed of field representatives who are committed to assisting Nevada Medicaid providers in the submission of claims and the resolution of claims processing concerns.

Provider Relations Call Center

The Provider Relations Call Center communication specialists are available to respond to written and telephone inquiries from providers on billing questions and procedures, claim status, form orders, adjustments, use of the Automated Response System (ARS), electronic claims submission via electronic data interchange (EDI) and remittance advice (RAs).

Both departments can be reached by calling:

1-877-638-3472

5. Control segments/envelopes

NOTE: The page numbers listed below in each of the tables represent the corresponding page number in the X12N 837P HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment IEA – Interchange Control Trailer Segment GS – Functional Group Header Segment GE – Functional Group Trailer Segment ST – Transaction Set Header SE – Transaction Set Trailer TA1 – Interchange Acknowledgement

5.1. ISA–Control header

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

Segment	Name	Page in IG	Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	C.4	00 = No Authorization Information Present
ISA02	Authorization Information	C.4	Value is 10 spaces as field is fixed length
ISA03	Security Information Qualifier	C.4	00 = No Security Information Present
ISA04	Security Information	C.4	Value is 10 spaces as field is fixed length
ISA05	Interchange ID Qualifier	C.4	ZZ
ISA06	Interchange Sender ID	C.4	NVM FHSC FA
ISA07	Interchange ID Qualifier	C.5	ZZ
ISA08	Interchange Receiver ID	C.5	Use the 4-digit Service Center Code assigned by Magellan Medicaid Administration

Segment	Name	Page in IG	Comments
ISA09	Interchange Date	C.5	Format is YYMMDD
ISA10	Interchange Time	C.5	Format is HHMM
ISA11	Repetition Separator	C.5	^
ISA12	Interchange Control Version Number	C.5	00501
ISA13	Interchange Control Number	C.5	Must be identical to Interchange Trailer IEA02
ISA14	Acknowledgement Requested	C.6	0 = No Interchange Acknowledgment Requested 1 = Interchange Acknowledgment Requested (TA1)
ISA15	Interchange Usage Indicator	C.6	P = Production Data T = Test Data
ISA16	Component Element Separator	C.6	:

5.2. IEA–Control trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

Segment	Name	Page in IG	Notes/Comments
IEA	Interchange Control Trailer		
IEA01	Number of Included Functional Groups	C.10	Number of included Functional Groups
IEA02	Interchange Control Number	C.10	Must be identical to ISA13

5.3. GS–Functional group header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

Segment	Name	Page in IG	Comments
GS	Functional Group Header		
GS01	Functional Identifier code	C.7	HP = Health care claim payment/advice (820)
GS02	Application Sender's Code	C.7	NVM FHSC FA
GS03	Application Receiver's Code	C.7	Use the 4-digit Service Center Code assigned by Magellan Medicaid Administration
GS04	Functional Group Creation Date	C.7	Format = CCYYMMDD
GS05	Functional Group Creation Time	C.8	Format = HHMM
GS06	Group Control Number	C.8	Must be identical to GE02
GS07	Responsible Agency Code	C.8	X = Accredited Standards Committee X12
GS08	Version/Release/Industry Identifier Code	C.8	005010X218

5.4. GE–Functional group trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

Segment	Name	Page in IG	Notes/Comments
GE	Functional Group Trailer		
GE01	Number of Transaction Sets Included	C.9	Number of included transaction sets
GE02	Group Control Number	C.9	Must be identical to the value in GS06

5.5. ST–Transaction set header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

Segment	Name	Page in IG	Notes/Comments
ST	Transaction Set Header		
ST01	Transaction Set Identifier Code	35	820
ST02	Transaction Set Control Number	35	Increment by 1 when multiple transaction sets are included; must be identical to SE02.
ST03	Implementation Convention Reference	35	Must be identical to the value in GS08

5.6. SE–Transaction set trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

Segment	Name	Page in IG	Notes/Comments
SE	Transaction Set Trailer		
SE01	Transaction Segment Count	119	Number of segments included within the ST/SE segments
SE02	Transaction Set Control Number	119	Must be identical to ST02

6. Instruction tables

This table contains rows for each segment for which supplemental instruction is needed.

6.1. 005010X218 Payroll Deducted and Other Group Premium Payment (820)

Loop	Segment	Name	Page in IG	Comments
	BPR	Financial Information		
	BPR01	Transaction Handling Code	37	I = Remittance information only.
	BPR03	Credit/Debit Flag	38	C = Credit
	BPR04	Payment Method Code	38	CHK = Check ACH = Automated Clearing House
	BPR10	Originating Company Identifier	40	NVM FHC FA
	TRN	Reassociation Trace Number		
	TRN01	Trace Type Code	43	3
	REF	Premium Receiver's Identification Key		
	REF01	Reference Identification Qualifier	48	14 = Master Account Number 18 = Plan Number
	REF02	Premium Receiver Reference Identification	49	14 = Master Account Number 18 = Plan Number
1000B	N1	Premium Payer's Name		
	N102	Premium Payer Name	64	Division of Health Care Financing and Policy
	N104	Premium Payer Identifier	65	540849793
1000B	N3	Premium Payer's Address		

Loop	Segment	Name	Page in IG	Comments
	N301	Premium Payer Address Line	67	1100 East William Street Carson City, NV
1000B	N4	Premium Payer's City, State, ZIP Code		
	N401	Premuim Payer City Name	68	Carson City
	N402	Premium Payer State Code	69	NV
	N403	Premium Payer Postal Zone or ZIP Code	69	89701
2300A	RMR	Organizational Summary Remittance Detail		
	RMR02	Contract, Invoice, Account, Group, or Policy Number	88	Financial Control Number (positions 1-9) and DHCFP Financial Adjustment Reason Code (positions 10-13)
	RMR04	Detail Premium Payment Amount	88	Only financial adjustments are reflected at the summary level of the transaction. Premium payments are reflected at the detail level.
2320A	ADX	Organization Summary Remittance Level Adjustment For Current Payment		
	ADX02	Adjustment Reason Code	104	52 = Credit for Overpayment 53 = Remittance for Previous Underpayment
2100B	NM1	Individual Name		
	NM101	Entity Identifier Code	107	QE = Policyholder
	NM109	Individual Identifier	109	The claim's 16-digit Internal Control Number (ICN) assigned by Magellan Medicaid Administration.

Loop	Segment	Name	Page in IG	Comments
2300B	RMR	Individual Premium Remittance Detail		
	RMR02	Insurance Remittance Reference Number	113	Benefit Package Code (Positions 1 – 2)
	RMR04	Detail Premium Payment Amount	113	Premium payments are reflected only at the detail level.
2320B	ADX	Individual Premium Adjustment For Current Payment		
	ADX02	Adjustment Reason Code	118	52 = Credit for Overpayment 53 = Remittance for Previous Underpayment

7. Payer specific business rules and limitations

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

7.1. Account adjustments

Adjustments may be made to a provider's account for additional payments, advanced payments, voided checks, liens, recoupment of funds, or other additions or reductions in the total payment amount.

These adjustments are reflected in an ADX segment (Summary Remittance Level Adjustment) and a corresponding RMR segment (Summary Remittance Detail) in the summary reimbursement section of the 820 transaction. The reason for the financial adjustment is coded in the ADX02 element and further detailed in the associated RMR02 element.

7.2. Claim adjustment notifications

HPES recognizes a claim or an adjustment for a capitation payment and includes it on the monthly 820 transmission – not on the electronic Remittance Advice (EDI 835 transaction).

Any professional claim that requires an attachment must be submitted on a paper CMS-1500 form.

You may submit electronic claims 24 hours a day, 7 days a week. Transactions submitted after 4:00 p.m. Pacific Time (PT) are processed in the following day's cycle.

Claims must be submitted before 1:00 p.m. PT on Fridays to be included in the following Friday's electronic remittance advice (835 transaction).

The Functional Acknowledgement (999 transaction) is normally available for retrieval one hour after submission.

7.3. Frequency

An 820 transaction is created for each MCO and payment for each recipient that is enrolled in the MCO for the following month. Payment is included for any recognized retroactive adds and adjustments.

While the 820 transaction is normally a monthly transaction, certain financial transactions can trigger weekly 820 transactions. An example of this would be adjustments or voids needed to correct erroneous capitation payments.

8. Acknowledgements and reports

8.1. Acknowledgements

HPES creates an 820 transaction file every month. This file corresponds to the final enrollment as reflected in the end of month benefit and enrollment maintenance file (the 834 transaction).