



HIPAA Transaction Standard Companion Guide

**Refers to the Implementation Guides
Based on ASC X12 version 005010**

**820 Payroll Deducted and Other Group
Premium Payment for Insurance
Products**

This Companion Guide has been developed in coordination with the new Ohio Medicaid Enterprise System (OMES) and provides trading partners information needed to meet future OMES EDI requirements. Trading Partners should not use the instructions in this Companion Guide to submit production files until the official implementation of the new OMES.

Disclosure Statement

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The ODM Companion Guides do not:

- Replace the HIPAA ANSI ASC X12N Implementation Guide.
- Contain any actions that would result in a Non-Compliant Transaction.

The ODM Companion Guides are subject to change without prior notice.

Providers and Trading Partners are responsible for periodically checking for Companion Guide updates on the ODM Trading Partner website - [Trading Partners | Medicaid \(ohio.gov\)](#).

Each Medicaid Provider and/or Trading Partner has the ultimate responsibility to adhere to the HIPAA Federal Requirements as well as any Ohio State laws that are applicable including the Ohio Administrative Code (<http://codes.ohio.gov/oac/5160-1-20>).

Preface

This Companion Guide to the 5010 ASC X12N Technical Report Type 3 Implementation Guides and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with ODM. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 Implementation Guides, 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 TR3 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 TR3 Implementation Guides.

EDITOR'S NOTE:

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Table of Contents

- 1 INTRODUCTION..... 6**
 - 1.1 SCOPE..... 6
 - 1.2 OVERVIEW..... 7
 - 1.3 REFERENCES..... 7
 - 1.3.1 EDI Basics..... 7
 - 1.3.2 Government and Other Associations..... 7
 - 1.3.3 ASC X12 Standards..... 7
 - 1.4 ADDITIONAL INFORMATION..... 7
- 2 GETTING STARTED 8**
- 3 TESTING WITH THE PAYER..... 9**
- 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS..... 10**
- 5 CONTACT INFORMATION 11**
 - 5.1 EDI CUSTOMER SERVICE..... 11
 - 5.2 EDI TECHNICAL ASSISTANCE..... 11
- 6 CONTROL SEGMENTS/ENVELOPES 12**
 - 6.1 ISA-IEA..... 12
 - 6.2 GS-GE..... 13
 - 6.3 ST-SE..... 13
- 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS..... 15**
- 8 ACKNOWLEDGEMENTS AND/OR REPORTS 17**
- 9 TRADING PARTNER AGREEMENTS 18**
- 10 TRANSACTION SPECIFIC INFORMATION 19**
- 11 APPENDICES..... 21**
 - 11.1 Implementation Checklist..... 21
 - 11.2 Frequently Asked Questions..... 21
- 12 X12 Segments Used..... 22**
- 13 Change Summary..... 23**

1 INTRODUCTION

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 ODM 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 ODM

In addition to the row for each segment, one or more additional rows are used to describe ODM's 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.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by ODM.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also, how to specify that only one code value is applicable.

1.1 SCOPE

ODM developed 5010 Companion Guides to supplement each 5010 Transaction Implementation Guide, based on Version 5, Release 1, with regards to:

- Specific Codes and/or Values that ODM will default on Outbound Transactions

ODM Companion Guides will not create a Non-Compliant Transaction

This companion guide is intended to be used in conjunction with the ASC X12N/005010X218

Implementation Guide (IG). It provides supplementation instructions not included in the IG that must be followed for implementation and conducting the transaction with ODM. It does not change the requirements of the IG in any way.

1.2 OVERVIEW

The Health Insurance Portability and Accountability Act (HIPAA) require all Providers, Trading Partners, and Payers in the United States to comply with the Electronic Data Interchange (EDI) Standards for Health Care.

This Companion Guide contains the format and establishes the data contents of the Payment Order/Remittance Advice Transaction Set (820) for use within the context of an EDI environment. The transaction set can be used to make a payment, send a Remittance Advice, or make a payment and send a Remittance Advice. This transaction set can be an order to a financial institution to make a payment to a payee. It can also be a Remittance Advice identifying the detail needed to perform cash application to the payee's accounts receivable system. The Remittance Advice can go directly from payer to payee, through a financial institution, or through a third-party agent.

1.3 REFERENCES

In addition to the resources available on the ODM Trading Partner Website ([Trading Partners | Medicaid \(ohio.gov\)](#)), there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. Links to these websites are listed below and are separated by category for easy reference.

1.3.1 EDI Basics

For information about EDI software and services, visit: 1EDI Source, Inc (<http://www.1edisource.com/>).

1.3.2 Government and Other Associations

- Center for Medicare and Medicaid Services (CMS): <http://www.cms.hhs.gov>
- Answers to Frequently Asked Questions: [HIPAA, Administrative Simplification, and ACA FAQs | CMS](#)
- HHS Office for Civil Rights (Privacy): <http://www.hhs.gov/ocr/hipaa/>
- WEDI SNIP: Workgroup for EDI, Strategic National Implementation Process: <http://www.wedi.org>
- CMS website for NPI: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvdentStand>

1.3.3 ASC X12 Standards

- Washington Publishing Company: <http://www.wpc-edi.com/>
- American National Standards Institute: <http://ansi.org/>
- Accredited Standards Committee: <http://www.x12.org>

1.4 ADDITIONAL INFORMATION

For additional information, the Trading Partner Information Guide can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

2 GETTING STARTED

To get started, the Trading Partner Information Guide, can be found here:

[Trading Partners | Medicaid \(ohio.gov\)](#).

3 TESTING WITH THE PAYER

Details related to testing are in the Trading Partner Information Guide, which can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

4 **CONNECTIVITY WITH THE PAYER/COMMUNICATIONS**

Connectivity information is in the Trading Partner Information Guide, which can be found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

5 CONTACT INFORMATION

5.1 EDI CUSTOMER SERVICE

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 4:30pm

Phone: 800-686-1516, option 4.

Email: omesedisupport@medicaid.ohio.gov

5.2 EDI TECHNICAL ASSISTANCE

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 4:30pm

Phone: 800-686-1516, option 4.

Email: omesedisupport@medicaid.ohio.gov

6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA-IEA

This section describes ODM's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No Meaningful Information in ISA02)
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID	MMISODJFS		Value assigned to the Sender of this file. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID	0021920 0002937 0004202 0003150 0021919 0007316 0007610 0021457 0021914 0003258		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15. 0021920 = AmeriHealth 0002937 = Anthem Blue 0004202 = Buckeye 0003150 = CareSource 0021919 = Humana Health 0007316 = Molina 0007610 = United 0021457 = Aetna Better 0021914 = Aetna OhioRISE 0003258 = Paramount Health Care
C.5		ISA13	Interchange Control Number			Must be identical to the associated interchange control trailer IEA02

C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested
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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.2 GS-GE

This section describes ODM's 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 ODM expects functional groups to be sent and how ODM will send functional groups. These discussions will describe how similar transaction sets will be packaged and ODM's use of functional group control numbers.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code	MMISODJFS		MMISODJFS = Ohio Department of Medicaid Fee-
C.7		GS03	Application Receiver's Code			7-digit Trading Partner ID
C.7		GS04	Date			Date when the X12 file was generated
C.8		GS05	Time			Time when the X12 file was generated. Format used - CCYYMMDD
C.8		GS06	Group Control Number			Autogenerated.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06.

6.3 ST-SE

This section describes how ODM uses transaction set control numbers.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
35		ST	Transaction Set Header			
35		ST02	Transaction Set Control Number			Identical to the value in SE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
119		SE	Transaction Set Trailer			

119		SE01	Number of Included Segments			Total number of segments Autogenerated.
119		SE02	Transaction Set Control Number			Autogenerated.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

In order to receive 820 X12 transaction, Trading Partners must be certified by Ohio Medicaid and in active status. These details are documented in the Trading Partner Information Guide which can be found at this link - [Trading Partners | Medicaid \(ohio.gov\)](#).

As utilized by the ODM, this transaction is designed to accomplish the function of sending premium (Capitation) payment information to Managed Care Entities (licensed as Health Insuring Corporations [HICs] through the Department of Insurance) participating in the Ohio Medicaid Managed Care 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.

The 820 X12 file is produced as remittance information only. It provides capitation detail information at the 2000B Individual Remittance Detail level, this includes pay for performance and any capitation adjustments. . The file is sent at a specific point in time every month.

Overview of how to reconcile the 820 and 835 to payment

820

The 820 Premium Payment transaction is produced as remittance information only. It provides capitation detail information at the “Individual Remittance Detail” level. Reassociation to the actual EFT or check payment is communicated in the TRN segment. The 820 will be for the capitated payment plus or minus any cap adjustments. Cap Adjustments can be DOD, retro-eligibility changes, etc. Manual Account Receivables (AR) or manual Accounts Payables (AP) but will be reflected on the 835 as a non-claim transaction. The amount paid to the MCE’s will be the capitated payment less the withhold amount. The withhold amount will be held within the FI system until the assessment is complete. At such time, should the MCE receive the full withhold amount, the amounts withheld will be released and be reflected on the 820 at the member level.

Example:

	Monthly Capitation Payment at member detail level + or - Cap Adjustments.
30,000,000	

835

The 835 Remittance Advice transaction is produced as remittance information or notification. It provides claims payment information along with adjustments for non-claim financial transactions reconciled in the financial cycle. Reassociation to the actual EFT or check payment is communicated in the TRN segment. In the case of the MCEs, claims payments will be for Delivery Kick Payments. The capitated and Delivery Kick Payments will go out on one check/EFT to the MCE. Therefore, the 835 will reflect the detailed claims information, plus any manual AP payments and less ARs and plus the capitated payment amount.

Example:

	Delivery Kick Payment Claims Detail
10,000	
-500	Lum Sum Manual AR
1,000	Lump Sum Manual AP

30,000,000	Lump Capitation Payment Amount
30,010,500	Total Amount of EFT/Check

8 ACKNOWLEDGEMENTS AND/OR REPORTS

The 820 is an outbound transaction and there are no associated responses.

9 TRADING PARTNER AGREEMENTS

These details can be found in the Trading Partner Information Guide which can be found at this link - [Trading Partners | Medicaid \(ohio.gov\)](#).

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 ODM has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
36		BPR	Financial Information			
37		BPR01	Transaction Handling Code	I		Remittance Information Only
38		BPR04	Payment Method Code	CHK		Check
40		BPR10	Payer Identifier	1311334825		ODM Federal Tax ID preceded by 1
43		TRN	Re-association Key			
43		TRN01	Trace Type Code	3		Financial Re-association Number
43		TRN02	Reference Identification			Warrant / EFT Number
43		TRN03	Originating Company Identifier	1311334825		ODM Federal Tax ID preceded by 1
48		REF	Premium Receivers Identification Key			
48		REF01	Reference Identification Qualifier	14		Master Account
56	1000A	N1	Premium Receiver's Name			
57	1000A	N103	Identification Code Qualifier	FI		Federal Taxpayer's Identification Number
57	1000A	N104	Identification Code			MCO FEIN
64	1000B	N1	Premium Payer's Name			
65	1000B	N103	Identification Code Qualifier	FI		Federal Taxpayer's Identification Code
65	1000B	N104	Identification Code	311334825		ODM Tax ID Number
90	2300A	REF	Reference Information			
90	2300A	REF01	Reference Identification Qualifier	14		14 = Master Account Number
90	2300A	REF02	Reference Identification			Medicaid Provider ID
107	2100B	NM1	Individual Name			
107	2100B	NM101	Entity Identifier Code	QE		Policy holder
109	2100B	NM108	Identification Code Qualifier	N		Insured's Unique Identification Number
109	2100B	NM109	Individual Identifier			Medicaid Recipient Identification Number
112	2300B	RMR	Individual Premium Remittance Detail			

112	2300B	RMR01	Reference Identification Qualifier	AZ		Health Insurance Policy Number Plan.
113	2300B	RMR02	Reference Identification			This is the Capitation Rate Indicator.
113	2300B	RMR04	Detail Premium Payment Amount			Capitation Net Amount.
113	2300B	RMR05	Billed Premium Amount			Capitation Gross Amount
114	2300B	REF	Reference Information			
114	2300B	REF01	Reference Identification Qualifier	14, 2F		14 = Master Account Number (used when an Accounts Receivable Number is sent in REF02) 2F = Consolidated Invoice Number (used when a Claim Number (ICN) is sent in REF02)
117	2320B	ADX	Individual Premium Adjustment for Current Payment			
118	2320B	ADX02	Adjustment Reason Code	52, 53, H6		52 = Credit for Previous Overpayment 53 = Remittance for Previous Underpayment H6 = Partial Payment Remitted

11 APPENDICES

This section contains one or more appendices.

11.1 Implementation Checklist

See Trading Partner Implementation Checklist found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

11.2 Frequently Asked Questions

See Trading Partner website found here: [Trading Partners | Medicaid \(ohio.gov\)](#).

12 X12 Segments Used

Loop	Segment	Name	Ohio Specific Guidance
	ISA	Interchange Control Header	Yes
	GS	Functional Group Header	Yes
	ST	Transaction Set Header	Yes
	BPR	Financial Information	Yes
	TRN	Reassociation Trace Number	Yes
	REF	Premium Receivers Identification Key	Yes
	DTM	Coverage Period	No
1000A	N1	Premium Receiver's Name	Yes
1000B	N1	Premium Payer's Name	Yes
2000B	ENT	Individual Remittance	No
2100B	NM1	Individual Name	Yes
2300B	RMR	Individual Premium Remittance Detail	Yes
2300B	REF	Reference Information	Yes
2300B	DTM	Individual Coverage Period	No
2320B	ADX	Individual Premium Adjustment for Current Payment	Yes
	SE	Transaction Set Trailer	Yes
	GE	Functional Group Trailer	Yes
	IEA	Interchange Control Trailer	Yes

NOTE: Ohio Medicaid sends the segments listed above on the 820. For segments where additional notes are provided in this Companion Guide, the **Ohio Specific Guidance** column indicates "Yes". For all other segments, there are no additional notes provided. In such cases, this column indicates "No" and the details are in blue color.

13 Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

12/21/2021:

- Updated the revision number in the filename.
- Added EDI helpdesk email address to Section 5 Contact Information
- Added 0021914 = Aetna OhioRISE in ISA08 for 820
- Removed details from GS03 for 820 inbound

1/14/2022:

- Added to Interchange Sender ID ISA06 code SOHODJFSMMIS
- Added to Application Sender's Code GS02 code SOHODJFSMMIS
- Added REF02 Medicaid Provider ID stating FI to populate the 7-digit Medicaid Provider ID. FI also populates the MCO FEIN in the 1000A N104. Located under transaction specific information

2/11/2022:

- Removed reference to 2000A in Section 7, Section 10, and Section 12
- Added clarification in Section 7 that capitation detail information will be provided at the 2000B Individual Remittance Detail level
- Added to Section 7 Overview of how to reconcile the 820 and 835 to payment
- Added Paramount's Sender ID 0003258 in Section 6, ISA06

04/22/2022:

- Replaced DRAFT with OMES disclaimer

10/14/2022

- Replaced, in Section 6.2, GS03 with 7-digit Trading Partner ID in Notes/Comments column.

10/26/2022

- Replaced SOHODJFSMMIS in Section 6 in the ISA06 and GS02 with MMISODJFS
- Removed comment in Section 10 from RMR02 "It is a 10-character value which is a composite of the program, region, gender, and age"

12/22/2022

- Removed comment "used when an Accounts Receivable Number is sent in REF02" from 2300A REF01 on page 19

01/24/2023

- Updated EDI Support in Section 5, Contact Information.