Ohio | Department of Medicaid

820 Payroll Deducted and Other Group Premium Payment for Insurance Products

Version 1.5

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Document Information

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Amendment History

Version	Date	Modified By	Modifications
1.0	04/29/2014	ODM & HP EDI Team	Initial Creation
1.1	12/05/2014	ODM & HP EDI Team	Updates to include the AR No. & ICN in the 2300A and 2300B REF segments
1.2	12/02/2015	ODM & HPE EDI Team	Minor Updates.
1.3	03/22/2017	ODM & HPE EDI Team	Updated the contact information in Section 5.
1.4	10/10/2017	ODM & HPE EDI Team	Included additional details in 2300B:RMR and 2320B:ADX segments.
1.5	01/16/2019	ODM & DXC EDI Team	Added 2300A:DTM to Appendix A (X12 Segments Used).

Disclosure Statement

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 - http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx.

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.

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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 the Ohio Department of Medicaid 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 the Ohio Department of Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe ODM, 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
- Specific Codes and/or Values that are unique to ODM to accept an Inbound Transaction

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.

As utilized by the ODM, this transaction is designed to accomplish the function of sending premium (Capitation) payment information to Managed Care Plans (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 of 2 types – the 2000A and the 2000B Loop 820 file. Both files are sent at a specific point in time every month.

2000A Loop 820 File: This 820 X12 file contains the Pay for Performance data in the 2000A Loop. If there is no Pay for Performance data, the amount will be zero.

2000B Loop 820 File: This 820 X12 file contains details about the individual member's capitation amounts in the 2000B Loop.

1.3   References

In addition to the resources available on the ODM Trading Partner Website (http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx), 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: https://questions.cms.gov
- HHS Office for Civil Rights (Privacy) http://www.hhs.gov/ocr/hipaa
- WEDI - Workgroup for Electronic Data Interchange: http://www.wedi.org
- CMS website for NPI: http://www.cms.hhs.gov/NationalProvIdentStand

1.3.3 ASC X12 Standards

- Washington Publishing Company: http://www.wpc-edi.com
- Data Interchange Standards Association: http://disa.org
- 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: http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx

2 GETTING STARTED

To get started, the Trading Partner Information Guide can be found here:
http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx

3   TESTING WITH THE PAYER

Details related to testing are in the Trading Partner Information Guide which can be found here:
http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx

4   CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Connectivity information is in the Trading Partner Information Guide which can be found here: http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx

5 CONTACT INFORMATION

5.1 EDI Customer Service

Days Available: Monday through Friday
Time Zone: Eastern Time (ET)
Time Available: 8:00 am to 4:30 pm
Phone: (844) 324-7089
Email: ohiomcd-edi-support@dxc.com

5.2 EDI Technical Assistance

Days Available: Monday through Friday
Time Zone: Eastern Time (ET)
Time Available: 8:00 am to 4:30 pm
Phone: (844) 324-7089
Email: ohiomcd-edi-support@dxc.com

5.3 Provider Service Number

Provider Assistance Unit 1-800-686-1516. Please listen to the entire message before making your selection.
Web URL: http://medicaid.ohio.gov/PROVIDERS.aspx

5.4 Applicable Websites/Email

Ohio Medicaid Website: http://medicaid.ohio.gov
The Trading Partner web page can be found by following: Providers > Billing > Trading Partners (http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx)

To contact Ohio Medicaid for assistance, use the link - http://medicaid.ohio.gov/CONTACT.aspx

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	SOHODJFS MMIS		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			7 digit Trading Partner ID assigned by ODM. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
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

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 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	SOHODJFS MMIS		Value assigned to the Sender of this file.
C.7		GS03	Application Receiver's Code			Receiver's Tax 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 - HHMMSS
C.8		GS06	Group Control Number			Must be identical to the value in GE02.

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			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
119		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
119		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

In order to receive 820 X12 transactions, trading partners must be authorized by Ohio Medicaid and in active status. These details are documented in the Trading Partner Information Guide which can be found at this link - http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx.

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 - http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx.

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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3. Specify a sub-set of the IGs internal code listings.
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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.

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
64	1000B	N1	Premium Payer's Name			
65	1000B	N103	Identification Code Qualifier	FI		Federal Taxpayer's Identification Code

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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 (used when an Accounts Receivable Number is sent in REF02)
107	2100B	NM1	Individual Name			
107	2100B	NM101	Entity Identifier Code	QE		Policyholder
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. It is a 10 character value which is a composite of the program, region, gender and age
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

APPENDICES

A. 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**
2000A	ENT	Organization Summary Remittance	**No**
2300A	RMR	Organization Summary Remittance Detail	**No**
2300A	REF	Reference Information	**Yes**
2300A	DTM	Organizational Coverage Period	**No**
2320A	ADX	Organization Summary Remittance Level Adjustment for Current Payment	**No**
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.*

B. Implementation Checklist

See Trading Partner Information Guide found here: http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx.

C. Frequently Asked Questions

See Trading Partner Information Guide found here: http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx.