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

March 2021

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.ncpdp.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 for 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 SFTP Portal link https://colorado-fts.xco.dcs-usps.com/ page.

Questions may be directed to the EDI Helpdesk at 1 (844) 235-2387 or via 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 Provider Relations – Electronic Claims Submission (ECS) Department at 1 (844) 235-2387. These passwords may not be shared.

Colorado.gov/HCPF/EDI-Support

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

EDI SERVICES

For EDI support, please contact the Provider Services Call Center at: 1-844-235-2387.

Provider Services Call Center Hours of Operation:

7 a.m. – 5 p.m. MT Monday, Tuesday & Thursday
10 a.m. – 5 p.m. MT Wednesday & Friday.

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	COMEDASSISTPROG	
	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	COMEDASSISTPROG	
	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
	ST	**Transaction Set Header**		

Loop ID	Reference	Name	Codes	Notes/Comments
	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		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): 123456789-123456789 123456789-NOPAY1234567890123
	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		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.
1000B	**N1**	**Premium Payer's Name**		
	N104	Premium Payer Identifier	81-1725341	Colorado Assistance Medical Program Tax ID

Loop ID	Reference	Name	Codes	Notes/Comments
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), date of capitation transaction, the Medicaid ID and capitation reason as follows: Rate Cell Code (5) Separator (/) Capitation Type (3) Separator (/) Capitation SAK (9) Separator (/) Transaction Date (8) Separator (/) MCD ID (8-10) Separator (/) Capitation Reason (2) DSEE2/PAY/100100100/20160101/9999999999/PN.
	REF	**Reference Information**		
	REF02	Organizational Reference Identifier		Member's county of residence.
	DTM	**Individual Coverage Period**		
	DTM01	Date Time Qualifier	582	

APPENDIX 1: Change Summary

Date	Change	Responsible Party
March 2017	Original Document	EDI Department
3/31/2017	Added New EDI Service Telephone Number	EDI Helpdesk
8/1/2017	Rebranding to DXC Technology	DXC, formerly HPE
2/23/2021	Rebranding to Gainwell Technologies	Gainwell Technlogies, formerly DXC Techologies
3/3/2021	Added Capitation Reason Code Value Table; Updated RMR02 Reference	Gainwell Technlogies

APPENDIX 2: Capitation Reason Code Value Table

Capitation Reason Code	Description	Adjustment Reason	Payment/Recoupment
CA	Payment – Conversion Adjustment Payment	Yes	Payment
CN	Payment – Conversion Normal Payment	Yes	Payment
PA	Payment – Adjustment Payment	Yes	Payment
PC	Payment – Demographic Change	Yes	Payment
PE	Payment – Member Elig. Adjustment	No	Payment
PI	Payment – POI prorated	Yes	Payment
PM	Payment – Mass Adjustment Payment	Yes	Payment
PN	Payment – Normal	No	Payment
PP	Payment – Payment – Adjustment prorated	Yes	Payment
PR	Payment – Rate Change Mass Adjustment	Yes	Payment
PT	Payment – Normal prorated	No	Payment
RA	Recoupment – Adjustment	Yes	Recoupment
RC	Recoupment – Demographic Change	Yes	Recoupment
RD	Recoupment – Death Auto-Recon	No	Recoupment
RE	Recoupment – Member Elig. Adjustment	Yes	Recoupment
RF	Recoupment – Adjustment Auto-Recon	Yes	Recoupment
RI	Recoupment – POI prorated	Yes	Recoupment

Capitation Reason Code	Description	Adjustment Reason	Payment/Recoupment
RM	Recoupment – Mass Adjustment	Yes	Recoupment
RP	Recoupment – Prorated	Yes	Recoupment
RR	Recoupment – Rate Change Mass Adjustment	Yes	Recoupment