



Colorado Medical Assistance Program

**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 2025

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 Department of Health Care Policy & Financing (the Department). 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 (HHS) 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 information specific to the Colorado Medical Assistance Program that is 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 the fiscal agent on behalf of the Department.

OVERVIEW

This section of the companion guide will provide guidance for establishing a relationship for the business purpose of receiving the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) transaction.

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.

2. GETTING STARTED

TRADING PARTNER REGISTRATION

Any entity intending to exchange electronic transactions with the Department must agree to the Department Trading Partner Agreement at the end of the trading partner profile process. A trading partner profile can be completed using the [Provider Web Portal](#).

Note: Providers must be enrolled and approved before registering as a trading partner.

The Web Portal and the Secure File Transfer Protocol (SFTP) 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 the assigned login and password. Refer to the File Delivery and Retrieval System Vendor Interface Specifications on the [Electronic Data Interchange \(EDI\) Support](#) web page for more information.

3. TESTING WITH THE PAYER

Testing of outbound 820 files is not required.

Questions may be directed to the [Provider Services Call Center](#), or via the Contact Us link at the top of the [Provider Web Portal](#) home page.

4. CONTACT INFORMATION

Visit the [Colorado Department of Health Care Policy & Financing's website](#) for general information.

ELECTRONIC DATA INTERCHANGE (EDI) SERVICES

Contact the [Provider Services Call Center](#) with any questions.

5. 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 9 Transaction-Specific Information below.)

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 the Department expects functional groups to be sent and how the Department will send functional groups. These discussions will describe how similar transaction sets will be packaged and the use of functional group control numbers. (See Section 9 Transaction-Specific Information below.)

ST-SE

This section describes the use of transaction set control numbers. (See Section 9 Transaction-Specific Information below.)

6. ACKNOWLEDGEMENTS AND/OR REPORTS

No acknowledgements are expected for the 820 transactions.

7. TRADING PARTNER AGREEMENTS

An Electronic Data Interchange (EDI) trading partner is defined as any customer of the Department (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to or receives electronic data from the EDI vendor on behalf of Colorado Medical Assistance.

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.

8. 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 contains additional information not found 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 Department

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

The Trading Partner ID (TPID) 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 TPID.

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

Loop ID	Reference	Name	Codes	Notes/Comments
HEADER	ISA	Interchange Control Header		<p>The ISA is a fixed-length record with fixed-length elements.</p> <p>Note: Deviating from the standard ISA element sizes will cause the Interchange to be rejected.</p>
	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
	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		The layout of the field is:

Loop ID	Reference	Name	Codes	Notes/Comments
				Remittance Number (up to nine (9), not padded) Separator (hyphen) If a check number exists, it is concatenated after the hyphen, otherwise it is constant text (NOPAY) plus the A/R number (up to 13, not padded): 123456789- 123456789 123456789- NOPAY12345678901 23
	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
2000B	ENT	Individual Remittance		
	ENT01	Assigned Number		Per the TR3, this element has a maximum length of 6, Therefore, large 820 files will be split when 999,999 remittances are encountered, and a new 820 split file will be generated.

Loop ID	Reference	Name	Codes	Notes/Comments
2300B	RMR	Individual Premium Remittance Detail		
	RMR02	Insurance Remittance Reference Number		<p>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:</p> <p>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)</p> <p>DSEE2/PAY/100100100/20160101/9999999999/PN.</p>
	REF	Reference Information		
	REF02	Organizational Reference Identifier		Member's county of residence.
	DTM	Individual Coverage Period		
	DTM01	Date Time Qualifier	582	

APPENDIX 1: 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
RM	Recoupment – Mass Adjustment	Yes	Recoupment
RP	Recoupment – Prorated	Yes	Recoupment
RR	Recoupment – Rate Change Mass Adjustment	Yes	Recoupment
P1	Payment – Partial	No	Payment
P2	Payment – Partial, Institution for Mental Diseases (IMD) Stay	No	Payment
R1	Recoupment – Partial	No	Recoupment
R2	Recoupment – Partial, Institution for Mental Diseases (IMD) Stay	No	Recoupment

APPENDIX 2: 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 Technologies, formerly DXC Technologies
3/3/2021	Added Capitation Reason Code Value Table; Updated RMR02 Reference	Gainwell Technologies
10/26/2022	Added CO and Gainwell branding, updated hyperlinks and general cleanup	Gainwell Technologies
3/28/2023	Updated Provider Web Portal links	Gainwell Technologies
8/24/2023	Add new Reason codes (version 1.8)	Gainwell Technologies
3/31/2025	Updated links, removed deprecated information.	Gainwell Technologies

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.
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