



WV Medicaid & CHIP

HIPAA Transaction

Standard Companion Guide

Refers to the Implementation Guides

Based on ASC X12N version 5010

820 Premium Payment

April 2019

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with DXC Technology. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N 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 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.



EDITOR'S NOTE

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1. INTRODUCTION

This guide describes how 5010 X12 Type 3 Technical Reports (TR3) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that DXC Technology has something additional, over and above, the information in the TR3s.

That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the TR3s internal code listings
- Clarify the use of loops, segments, composite and simple data elements
- Supply any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with DXC Technology

In addition to the row for each segment, one or more additional rows are used to describe DXC Technology'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. Note that the table reflects sample data and not actual data.

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 DXC Technology.



Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			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.

SCOPE

This companion guide documents the transaction type listed below and further defines situational and required data elements that are used for processing premium payments administered by West Virginia Medicaid. This document is not the complete EDI transaction format specifications. Refer to the ASC X12N Implementation Guides or 5010 TR3s (Technical Report Type 3) for information not supplied in this document, such as code lists, definitions, and edits.

- Premium Payment Order/RA ASC X12N 820 (005010X218) February 2007

OVERVIEW

This is a companion guide for the 820 X12 transaction to allow trading partners to receive capitation remittances. Data elements, segments, and loops not included in this guide are not used for processing claims by West Virginia Medicaid, but will still be sent if the information is required for compliance with the ASC X12N version 5010A1 format.

REFERENCES

The ASC X12N Implementation Guides or 5010 TR3s (Type 3 Technical Report) are standards developed by the X12 committee and published by the Washington Publishing Company (WPC).

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



ADDITIONAL INFORMATION

- Assumptions regarding the reader
 - You are interested in reducing error, maximizing efficiency, and saving money.
 - West Virginia Medicaid encourages all Managed Care Organization (MCO) providers to receive and make use of the standard Health Insurance Portability and Accountability Act (HIPAA) 5010 820.
- Advantages / Benefits of EDI
 - The 820 Premium Payment Order/Remittance Advice transaction allows for the automated transfer of payment information data to the Receiver from West Virginia Medicaid using computer software.

2. GETTING STARTED

WORKING WITH DXC TECHNOLOGY

Visit <http://www.wvmmis.com> for information.

For any questions, or to begin testing, contact the DXC EDI Helpdesk at (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI, or email at edihelpdesk@molinahealthcare.com.

TRADING PARTNER REGISTRATION

A trading partner is defined as any entity with which DXC exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. West Virginia Medicaid's Health PAS system supports the following categories of trading partner:

- Provider
- Billing Agency
- Clearinghouse
- Health Plan

To obtain a trading partner ID, visit <http://www.wvmmis.com> or contact (888)-483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI.

CERTIFICATION AND TESTING OVERVIEW

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P professional claims but not certified to submit 837I institutional claim files.



3. TESTING WITH THE PAYER

Trading partners must submit three test files of a particular transaction type, with a minimum of 15 transactions within each file, and have no failures or rejections to become certified for production. Users will be notified via email and the Trading Partner Status page of Health PAS Website when testing for a particular transaction has been completed.

The EDI Certification Status page is found by logging into your trading partner account on the Health PAS Website (www.wvmmis.com).

Detailed instructions for retrieving and interpreting HIPAA validation acknowledgments may be found in the Business Scenarios and Transmission Examples appendices found at the end of this companion guide.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS PROCESS FLOWS

PROCESS FLOWS

The 820 Premium Payment Order/Remittance Advice transaction process flow is not available at this time and will be updated when mandated by Council for Affordable Quality Healthcare (CAQH) operating rules.

TRANSMISSION ADMINISTRATIVE PROCEDURES

Trading Partners and/or MCOs retrieve their 820 Premium Payment transactions from their designated secured File Transfer Protocol (FTP) pickup location.

For any questions, contact the DXC EDI Helpdesk at (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI, or email at edihelpdesk@molinahealthcare.com.

RE-TRANSMISSION PROCEDURE

Trading Partners and/or MCOs may request a re-transmission of the 820 Premium Payment Order/Remittance Advice transaction by contacting the DXC EDI Helpdesk at (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI, or email at edihelpdesk@molinahealthcare.com.

COMMUNICATION PROTOCOL SPECIFICATIONS

There are no mandated communication protocol specifications for the 820 Premium Payment transaction.

PASSWORDS

Trading partners create their own password at time of registration and are required to update it every 60 days as per the Health PAS-Online requirements. Password must be at least seven (7) characters long, contain at least one (1) uppercase character, at least one (1) numeral, and at least one (1) special character.



5. CONTACT INFORMATION

DXC EDI HELPDESK

Contact (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI, or email edihelpdesk@molinahealthcare.com.

EDI TECHNICAL ASSISTANCE

Contact (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI, or email edihelpdesk@molinahealthcare.com.

PROVIDER SERVICE NUMBER

Contact (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID, select the appropriate option, or email wvmmis@molinahealthcare.com.

APPLICABLE WEBSITES/EMAIL

The email addresses below can be used in contacting West Virginia Medicaid's EDI Support, Provider Services and Provider Enrollment department. These groups can provide assistance and answer questions relating to EDI file submissions, provider enrollment and services.

WV Medicaid Website – <http://www.wvmmis.com>

EDI Support – edihelpdesk@molinahealthcare.com

Provider Services – wvmmis@molinahealthcare.com

Provider Enrollment – wvproviderenrollment@molinahealthcare.com

6. CONTROL SEGMENTS AND ENVELOPES

DELIMITERS

West Virginia Medicaid does not require the use of specific values for the delimiters used in electronic transactions. The suggested values are included in the specifications below.

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

ISA-IEA

The following ISA/IEA fields are the sender and receiver-specific information listed in the 820 transactions. For all other fields, see the transaction specific information table in section 10.

ISA06 – Interchange Sender ID will contain WV_MMIS_4_DXCMS.

ISA08 – Interchange Receiver ID will contain the DXC assigned trading partner ID.

ISA13 – Sender-generated Interchange Control Number must match the number in IEA02.



GS-GE

The following GS/GE fields are the sender and receiver-specific information listed in the 820 transactions. For all other fields, see the transaction specific information table in section 10.

GS02 – Interchange Sender ID will contain WV_MMIS_4_DXCMS.

GS03 – Interchange Receiver ID will contain the DXC assigned trading partner ID.

GS06 – Sender-generated Group Control Number must match the number in GE02.

ST-SE

The following ST/SE fields are the sender and receiver-specific information listed in the 820 transactions. For all other fields, see the transaction specific information table in section 10.

ST02 – Sender-generated Transaction Set Control Number must match the number in SE02.

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

For DXC Technology specific business rules and limitation in association with the ASC X12N 820 Premium Payment transaction, refer to section 10.

8. ACKNOWLEDGEMENTS AND/OR REPORTS

The 820 Premium Payment transaction files are generated once a month. Once generated, the 820 file can be downloaded via FTP for those Managed Care Organizations (MCOs) that receive transactions from an FTP connection.

9. TRADING PARTNER AGREEMENTS

TRADING PARTNERS

A trading partner is defined as any entity with which DXC exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. West Virginia Medicaid's Health PAS system supports the following categories of trading partner:

- Provider
- Billing Agency
- Clearinghouse
- Health Plan

DXC will assign trading partner IDs to support the exchange of X12 EDI transactions for providers, billing agencies and clearinghouses, and other health plans.



10. TRANSACTION SPECIFIC INFORMATION

Listed below are the specific requirements for reading and processing an ASC X12N 820 Premium Payment transaction file returned by DXC Technology.

Use these guidelines in conjunction with the official ASC X12N 820 TR3 document to read and process the downloaded 820 Premium payment transaction files.

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
C.3	Header	ISA	Interchange Control Header	ISA	3	Sample ISA Segment: ISA*00* *00* *ZZ*WV_MMIS_4_DXCMS*Z Z*CARELINK5010 *190313*1331*^*00501*00001 1930*0*P*>
C.4		ISA01	Authorization Information Qualifier	00	2	
		ISA02	Authorization Information	Space Fill	10	
		ISA03	Security Information Qualifier	00	2	
		ISA04	Security Information	[Not Used - Filled with Spaces]	10	
		ISA05	Interchange ID Qualifier	ZZ	2	
		ISA06	Interchange Sender ID	WV_MMIS_4_DXCMS	15	
C.5		ISA07	Interchange ID Qualifier	ZZ	2	
		ISA08	Interchange Receiver ID	THP5010 or UNICARE5010 or CARELINK5010 or WVFHP5010 (+ spaces to equal 15 characters)	15	Spaces are added after the Receiver ID as the total characters count must equal 15 for the segment
		ISA09	Interchange Date	YYMMDD	6	
		ISA10	Interchange Time	HHMM	4	
		ISA11	Repetition Separator	^	1	
		ISA12	Interchange Version Number	00501	5	
		ISA13	Interchange Control Number		9	Assigned by Sender (must be identical to interchange trailer IEA02)
C.6		ISA14	Acknowledgement Requested	0 - No Ack. Requested	1	
		ISA15	Usage Indicator	T (test) or P (production)	1	
		ISA16	Component Element Separator	:	1	
			Segment End	~	1	



Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
C.7		GS	Functional Group Header	GS	2	Sample GS Segment: GS*RA*WV_MMIS_4_DXCMS* S*CARELINK5010*20190313* 1331*934*X*005010X218~
		GS01	Functional Identifier Code	RA	2	
		GS02	Application Sender's Code	WV_MMIS_4_DXCMS	15	
		GS03	Application Receiver's Code		2/15	DXC assigned Trading Partner ID
C.8		GS04	Date	CCYYMMDD	8	
		GS05	Time	HHMM	4/8	Time based on a 24-hour clock
		GS06	Group Control Number		1/9	Assigned by Sender (must be identical to value in GE02)
		GS07	Responsible Agency Code	X	1/2	
		GS08	Version / Release Code	005010X218	1/12	
			Segment End	~	1	
35		ST	Transaction Set Header	ST	2	Sample ST Segment: ST*820*0934*005010X218~
		ST01	Transaction Set Identifier Code	820	3	
		ST02	Transaction Set Control Number		4/9	Assigned by Sender (must be identical to value in SE02)
		ST03	Implementation Convention Reference	005010X218	1/35	
			Segment End	~	1	
36	Header	BPR	Financial Information	BPR	3	Sample BPR Segment: BPR*I*221222.88*C*NON**** **1556000814*****20190311 ~
37		BPR01	Transaction Handling Code	I – Remittance information only	1/2	
37		BPR02	Monetary Amount		1/18	Payment amount
		BPR03	Credit/Debit Flag code	C – Credit - Payment to receiver's account	1	
38		BPR04	Payment Method Code	NON	3	Non-Payment Data
		BPR05	Payment Format Code		1/10	



Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
39		BPR06	(DFI)ID Number Qualifier		2	
		BPR07	(DFI) Identification Number		3/12	
40		BPR08	Account Number Qualifier		1/3	
		BPR09	Account Number			
		BPR10	Originating Company Identifier	<i>1 + Federal ID</i>	10	Payer Identifier (value must be same as TRN03)
		BPR11	Originating Company Supplemental Code		1	
41		BPR12	(DFI) ID Number Qualifier		2	
		BPR13	(DFI) Identification Number		3/12	
		BPR14	Account Number Qualifier		1/3	
42		BPR15	Account Number		1/35	
		BPR16	Date	CCYYMMDD	8	EFT or Check Issue Date
			Segment End	~	1	
43	Header	TRN	Re-association Trace Number	TRN	3	Sample BPR Segment: TRN*3*190514921897*155600 0814*WXPAY9009306503~
		TRN01	Trace Type Code	3	1/2	
		TRN02	Reference Identification		1/50	EFT or Check Number
44		TRN03	Originating Company Identifier	<i>1 + Federal ID</i>	10	(value must be same as BPR10)
44		TRN04	Reference Identification		1/50	Additional identifier for re-association
			Segment End	~	1	
48		REF	Premium Receivers Identification Key	REF		Sample REF Segment: REF*14*580132524~
		REF01	Reference ID Qualifier	14 (Master Account Number)		
49		REF02	Reference Identification			Provider ID
			Segment End	~	1	
53		DTM	Coverage Period	DTM		Sample DTM Segment: DTM*582****RD8*20190301- 20190331~
		DTM01	Date/Time Qualifier	582	3	
54		DTM05	Date Time Period Format Qualifier	RD8		



Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		DTM06	Date Time Period	CCYYMMDD – CCYYMMDD		Coverage Period
			Segment End	~	1	
56	1000A	N1	Premium Receiver's Name	N1	2	
		N101	Entity Identifier Code	PE	2/3	
		N102	Name		1/60	MCO Name
57		N103	Identification Code Qualifier	FI (Federal Taxpayer's ID)		
		N104	Identification Code			MCO ID#
			Segment End	~	1	
59	1000A	N3	Address Information	N3	2	
		N301	Address Information		1/55	Payer Address
		N302	Address Information		1/55	Payer Address line 2
			Segment Terminator	~	1	
60	1000A	N4	City, State, ZIP Code	N4	2	
		N401	City Name		2/30	City
61		N402	State or Province Code		2	State - Required if address is in the United States
		N403	Postal Code		3/15	Zip Code - Required if address is in the United States
			Segment Terminator	~	1	
64	1000B	N1	Premium Payer's Name	N1	2	
		N101	Entity Identifier Code	PR	2/3	
		N102	Name		1/60	Medicaid Payer Name
65		N103	Identification Code Qualifier	FI (Federal Taxpayer's ID)	1/2	
		N104	Identification Code		2/80	Medicaid Payer ID
			Segment End	~	1	
67	1000A	N3	Address Information	N3	2	
		N301	Address Information		1/55	Medicaid Payer Address
		N302	Address Information		1/55	Medicaid Payer Address line 2
			Segment Terminator	~	1	
68	1000A	N4	City, State, ZIP Code	N4	2	
		N401	City Name		2/30	City



Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
69		N402	State or Province Code		2	State - Required if address is in the United States
		N403	Postal Code		3/15	Zip Code - Required if address is in the United States
			Segment Terminator	~	1	
105	2000B	ENT	Individual Remit	ENT	3	Sample ENT Segment: ENT*1*2J*II*026 MASON 400 1985-11-07 M Current Payments TRADITIONAL~
106		ENT01	Assigned Number	Incrementing number starting at 1	1/6	
		ENT02	Entity Identification Code	2J	1/60	
		ENT03	Identification Code Qualifier	34, EI, II	2	
106		ENT04	Identification Code	<i>Concatenation of County Code, County Name, Age in Months, Date of Birth, Sex, Paytype and Platype in the following format: CountyCode County Name Age DOB Sex PayType PlanType</i>	1/256	<i>" " represents the field delimiter for clarity in identification.</i>
			Segment End	~	1	
107	2100B	NM1	Individual Name	NM1	3	Sample NM1 Segment: NM1*QE*1*SMITH*JOHN*** *N*00900012345~
		NM101	Entity Identifier Code	QE (Policyholder)	2	
108		NM102	Entity Type Qualifier	1 (Person)	1/60	
		NM103	Last Name		2	
		NM104	First Name		1/256	
		NM105	Middle Name		2	
109		NM108	Identification Code Qualifier	N (Insured's Unique ID)	2	
		NM109	Identification Code		2/80	Medicaid ID



Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
			Segment Terminator	~	1	
112	2300B	RMR	Individual Premium Remit Detail	RMR	2	Sample RMR Segment: RMR*AZ*30-39 Years Male - Traditional**249.65~
		RMR01	Reference Identification Qualifier	AZ	2/3	
113		RMR02	Reference Identification		1/60	Capitation Description
		RMR03	Payment Action Code	Not used	1/2	
		RMR04	Monetary Amount		2/80	Capitation Amount
			Segment Terminator	~	1	
115	2300B	DTM	Individual Coverage Period	DTM	2	Sample DTM Segment: DTM*582****RD8*20190301- 20190331~
		DTM01	Date/Time Qualifier	582	1/55	
116		DTM05	Date/Time Period Format Qualifier	RD8	1/55	
		DTM06	Date Time Period	CCYYMMDD – CCYYMMDD	1/55	Individual Capitation Date
			Segment Terminator	~	1	
119	Trailer	SE	Transaction Set Trailer	SE	2/3	Sample SE Segment: SE*471048*0934~
		SE01	Number of Included Segments		1/10	Total number of ST thru SE segments
		SE02	Transaction Set Control Number		4/9	Assigned by Sender (must be identical to value in ST02)
			Segment Terminator	~	1	
C.9		GE	Functional Group Trailer	GE	2	Sample GE Segment: GE*1*934~
		GE01	Number of Transaction Sets Included	1	1/6	
		GE02	Group Control Number		1/9	Assigned by Sender (must be identical to value in GS06)
			Segment Terminator	~	1	
C.10		IEA	Interchange Control Trailer	IEA	3	Sample IEA Segment: IEA*1*000011930~



Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		IEA01	Number of Included Functional Groups	1	1/5	
		IEA02	Interchange Control Number		9	Assigned by Sender - Pad Left with Zeros (must be identical to value ISA13)
			Segment Terminator	~	1	



APPENDICES

1. Implementation Checklist

The Health PAS-OnLine web portal user guides, contain all necessary steps for going live with DXC Technology in submitting specified EDI transactions, and receiving EDI responses, including the 5010 820. It also covers the following categories:

- Register for a Trading Partner ID
- Test with DXC Technology

The user guides can be found at <https://www.wvmmis.com/SitePages/User-Guides.aspx>.

2. Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to DXC Technology and its providers. Typical questions would involve a discussion about code sets and their effective dates.

See <https://www.wvmmis.com/FAQs/Forms/AllPages.aspx> for answers to frequently asked questions.

3. Change Summary

Version	Date	Author	Action/Summary
0.1	06/22/2011	WVEDI	Initial document
0.2	02/16/2016	Joseph White	Modified for CAQH formatting compliance and responded to State comments.
0.3	02/22/2016	Cheryl Stickney	QA review of document
0.4	04/06/2016	Joe White	Updated based on comment log from 02/22/2016.
0.5	04/06/2016	Kim Stoudenmire	QA review of document updates.
1.0	05/23/2016	Kim Stoudenmire	Updated to approved version after formal approval
1.1	11/14/2018	Katie Banik	DXC Rebranding
1.2	11/15/2018	Kim Stoudenmire	QA review of rebranding updates
1.3	04/01/2019	Katie Banik	Per CR 26776, Updated Receiver ID from WV_MMIS_4MOLINA to WV_MMIS_4_DXCMS Updated Contact information on page 9. Updated table in section 10.
1.4	04/05/2019	Kim Stoudenmire	QA review of updates for CR 26776 and updated footers

