Michigan Department of Health and Human Services

HIPAA 5010 EDI Companion Guide for

ANSI ASC X12N 820

Payroll Deducted and Other Premium Payment

Medicaid Health Plans, Healthy Kids Dental, Program of All-inclusive Care for the Elderly, Integrated Care Organizations, Pre-Paid Inpatient Health Plans, NEMT, and MI Choice

Version Date December 1, 2017

Effective January 1, 2018

MDHHS
Michigan Department of Health & Human Services

MSA
MEDICAL SERVICES ADMINISTRATION

Table of Contents

Introduction

This document is the property of the Michigan Department of Community Health (MDCH). The information contained in this document is for the use of Trading Partners engaging in electronic data interchange (EDI) health care transactions with the State of Michigan's Community Health Automated Medicaid Payment System (CHAMPS).

This document is intended as a companion to the 005010X218 • 820 ASC X12N Group Premium Payment For Insurance Products Technical Report 3 (TR3) dated February 2007. It also includes the changes to be found in Errata 005010X218E1 • 820 ASC X12N Group Premium Payment For Insurance Products TR3 dated January 2009. The TR3 documents replace the 4010A1 Implementation Guide and related Addenda. The 5010A1 TR3 and related Errata documents can be downloaded from the Washington Publishing Company web site at http://www.wpc-edi.com/content/view/817/1.

This document is expected to be used in conjunction with the TR3 and related Errata for the 820 transaction. The content of this document follows the guidelines authorized in the version modifications to the Health Insurance Portability and Accountability Act (HIPAA) Final Rule transaction standards published in the Federal Register January 16, 2009.

This document provides MDCH-specific instructions regarding certain elements within the TR3 but does not change, supersede, or add to the definitions, data conditions, or use of data elements or segments in the standard. This document provides MDCH rules regarding:

- Identifiers to use when a national standard has not been adopted
- Parameters in the TR3 and related Errata that provide options

In order to successfully download HIPAA transactions from the CHAMPS system, it is necessary to comply with the information contained in the MDCH Electronic Submission Manual Dated March 2011.

Transaction Description

The HIPAA-mandated 820 Premium Payment transaction is used to submit electronic premium payment information.

The 820 remittance information is not intended to act as an enrollment or disenrollment mechanism. The Benefit Enrollment and Maintenance (834) transaction should be used for those functions.

Download Notes for ANSI ASC X12 820Payroll Deducted and Other Premium Payment

The 820 transaction can be downloaded from the Data Exchange Gateway (DEG) in two formats, either ASCII or binary formats. When downloading to ASCII, files will include line feeds. These control which characters will appear after each segment, and will function as carriage returns. However, downloading to binary eliminates the use of line feeds.

Please refer to the MDCH Electronic Submission Manual for information regarding:

- Interaction with the MDCH's Data Exchange Gateway (DEG)
- Modes of retrieval (ASCII and binary formats) including Line Feed information

This document uses several text conventions to distinguish MDCH data elements from the HPAA TR3 data elements. The following table lists the text conventions used in this document:

Convention Used	Explanation
< >	Text included within < > describes what will be transmitted by MDCH. This could be the MDCH data element name or value, or, if blank, will display <spaces>.
" "	Text with " " around a value represent HIPAA TR3 values.
( )	The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.
Light yellow shading	Light yellow shading indicates items changed in this revision of the Companion Guide

ANSI ASC X12 820 Payroll Deducted and Other Premium Payment Companion Guide Rules

Interchange Control Header and Trailer

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Interchange Control Header	
	ISA		**Segment – Interchange Control Header**	
	ISA	ISA01	Authorization Information Qualifier	“03” (additional data identification)
	ISA	ISA02	Authorization Information	EDI-BATCH Positions 1-3, SPACE in positions 4-10
	ISA	ISA03	Security Information Qualifier	“00” (no security information present)
	ISA	ISA04	Security Information	<spaces>
	ISA	ISA05	Interchange ID Qualifier	“ZZ” (mutually defined)
	ISA	ISA06	Interchange Sender ID	Positions 1-6 <D00111> Positions 7-15 <spaces>
	ISA	ISA07	Interchange ID Qualifier	“ZZ” (mutually defined)
	ISA	ISA08	Interchange Receiver ID	Positions 1-4 rightmost 4 bytes of <EDI-USER DEG ID (Service Bureau/Billing Agent ID)> NOTE: Rightmost 4 bytes does not include spaces. If EDI-USER = "DCH00XX " then ISA08 = "00XX” Positions 5-15 <spaces>
	ISA	ISA09	Interchange Date	<interchange date>, in YYMMDD format
	ISA	ISA10	Interchange Time	<interchange time>, in HHMM format

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA	ISA11	Repetition Separator	"^"
	ISA	ISA12	Interchange Control Standards Identifier	<00501>
	ISA	ISA13	Interchange Control Number	<interchange control number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
	ISA	ISA14	Acknowledgment Requested	"0" (no acknowledgment requested)
	ISA	ISA15	Usage Indicator	"P" (production) or "T" (test) data
	ISA	ISA16	Component Element Separator	<:>
			Loop – Interchange Control Trailer	
	IEA		**Segment – Interchange Control Trailer**	
	IEA	IEA01	Number of Included Functional Groups	<total number of functional groups> included within an interchange
	IEA	IEA02	Interchange Control Number	<interchange control number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
			Loop – Functional Group Header	
	GS		**Segment – Functional Group Header**	
	GS	GS01	Functional Identifier Code	"RA" (payment order/remittance advice 820)
	GS	GS02	Application Sender's Code	<D00111>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	GS	GS03	Application Receiver's Code	Rightmost 4 bytes of <EDI-USER DEG ID (Service Bureau/Billing Agent ID)> NOTE: Rightmost 4 bytes does not include spaces. If EDI-USER = "DCH00XX " then ISA08 = "00XX"
	GS	GS04	Date	<functional group creation date>, in CCYYMMDD format
	GS	GS05	Time	<functional group creation time>, in HHMM format
	GS	GS06	Group Control Number	<data interchange control numbers> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.
	GS	GS07	Responsible Agency Code	"X" (Accredited Standards Committee X12)
	GS	GS08	Version/Release/Industry Identifier Code	<005010X218>
			Loop – Functional Group Trailer	
	GE		**Segment – Functional Group Trailer**	
	GE	GE01	Number of Transaction Set Included	<total number of transaction sets>, included in the functional group or interchange
	GE	GE02	Group Control Number	<data interchange control number> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.

Transaction Set

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Transaction Set Header	
	ST		**Segment - Transaction Set Header**	
	ST	ST02	Transaction Set Control Number	<Transaction set control number> MDCH will assign a unique number within the transaction set, to indicate the start of the transaction. MDCH will transmit identical transaction set control numbers in ST02 and SE02.
	ST	ST03	Implementation Convention Reference	005010X218
			Segment - Financial Information	
	BPR	BPR01	Transaction Handling Code	"I" (remittance information only)
	BPR	BPR03	Credit/Debit Flag code	"C" (credit)
	BPR	BPR04	Payment Method	"CHK" (check payment) reflects a payment made via a voucher "ACH" (electronic funds transfer) reflects a payment made via EFT "NON" (Non payment) sent when warrant amount is zero
	BPR	BPR05	Payment Format Code	"CCP" (to indicate that payment and remittance data are sent separately only included when payment method is ACH)
	BPR	BPR06	DFI ID Number Qualifier	"01"
	BPR	BPR07	DFI Identification Number	"999999999"
	BPR	BPR08	Account Number Qualifier	"DA"
	BPR	BPR09	Account Number	"9999999"

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	BPR	BPR10	Originating Company Identifier	<MDCH's Federal Tax ID preceded by a 1> BPR10 must be the same as TRN03
	BPR	BPR12	(DFI) ID Number Qualifier	"01" Sent only when BPR04 is "ACH"
	BPR	BPR13	(DFI) ID Number	"999999999" Sent only when BPR04 is "ACH"
	BPR	BPR14	Account Number Qualifier	"DA" Sent only when BPR04 is "ACH"
	BPR	BPR15	Account Number	"9999999" Sent only when BPR04 is "ACH"
	BPR	BPR16	Date	<MDCH Pay Date> When there is no match on the warrant file for a particular payee, this value will be <11111118>
	TRN		**Segment - Reassociation Key**	
	TRN	TRN01	Trace Type Code	"3" (financial reassociation trace number)
	TRN	TRN02	Reference ID	<check number, EFT number, or OFIN-assigned dummy warrant number> When there is no match on the warrant file for a particular payee, this value will be <000000000>
	TRN	TRN03	Originating Company Identifier	<MDCH's Federal Tax ID preceded by a 1>
	REF		**Segment – Premium Receivers Identification Key**	
	REF	REF01	Reference ID Qualifier	"14" (master account number) –Tax ID number qualifier "18" (Plan number) – SIGMA Vendor ID
	REF	REF02	Reference ID	<Health Plan's Federal Taxpayer ID> <Health Plan's SIGMA Vendor ID>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
1000A			**Loop – Premium Receiver's Name**	
1000A	**N1**		**Segment – Premium Receiver's Name**	
1000A	N1	N102	Name	<Health Plan's Name>
1000A	N1	N103	Entity ID Code Qualifier	"FI" (Federal Taxpayer's identification number)
1000A	N1	N104	ID Code	<Health Plan's Federal Taxpayer ID>
1000B			**Loop – Premium Payer's Name**	
1000B	**N1**		**Segment – Premium Payer's Name**	
1000B	N1	N102	Name	< MICHIGAN DEPARTMENT OF COMMUNITY HEALTH>
1000B	N1	N103	Identification Code Qualifier	"FI" (National payer identification number)
1000B	N1	N104	Identification Code	<MDCH's federal tax ID Number>
1000B	**PER**		**Segment – Premium Payer's Administrative Contact**	
1000B	PER	PER02	Name	<DCH Provider Support>
1000B	PER	PER03	Communications Number Qualifier	"TE" (telephone)
1000B	PER	PER04	Communications Number	Department of Community Health Provider Support Number <8002922550>
1000B	PER	PER05	Communications Number Qualifier	"EM" (electronic mail)
1000B	PER	PER06	Communications Number	<providersupport@michigan.gov>
2000A			**Loop – Organization Summary Remittance**	**Loop 2000A will be generated to report gross adjustments and negative/positive balance carry forward**

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000A	**ENT**		**Segment – Organization Summary Remittance**	
2000A	ENT	ENT01	Assigned Number	Start with <1> and increment by 1.
2000A	ENT	ENT02	Entity Identifier Code	"RGA" (Responsible Government Agency)
2000A	ENT	ENT03	ID Code Qualifier	"24" (Employer's identification number)
2000A	ENT	ENT04	Identification Code	<Health Plan's/Billing Agent's Federal Taxpayer ID (EIN)>
2300A			**Loop – Organization Summary Remittance Detail**	
2300A	**RMR**		**Segment – Organization Summary Remittance Detail**	
2300A	RMR	RMR01	Reference Identification Qualifier	"1L" (group or policy number)
2300A	RMR	RMR02	Reference Identification	<Provider ID from Cross Netting or for Gross Adjustment Reason Code, whichever is applicable><OFIN Cross-Netting or Gross-Adjustment-ADJ-Reason, whichever is applicable>
2300A	RMR	RMR04	Monetary Amount	<Premium Payment> payment amount. Gross adjustment may be negative or positive.
2300A	**REF**		**Segment – Reference Information**	
2300A	REF	REF01	Reference Identification Qualifier	"2F" (Consolidated Invoice Number)
2300A	REF	REF02	Reference Identification	<Invoice Number from OFIN> Populated only in cases of negative gross adjustment or OFIN adjustment
2300A	**DTM**		**Segment – Organizational Coverage Period**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300A	DTM	DTM01	Date/Time Qualifier	"582" – The time period will be expressed as CCYYMMDD Populated only in cases of negative gross adjustment or OFIN adjustment
2300A	DTM	DTM02	Date	Invoice Date of negative GA or OFIN receivable, whichever is applicable. Populated only in cases of negative gross adjustment or OFIN adjustment
2300A	DTM	DTM05	Date Time Period Format Qualifier	"RD8"
2300A	DTM	DTM06	Date Time Period	Range of Dates
2320A			**Loop – Organizational Summary Remittance Level Adjustment For Current Payment**	
2320A	**ADX**		**Segment – Organizational Summary Remittance Level Adjustment For Current Payment**	
2320A	ADX	ADX01	Monetary Amount	<Amount owed to MDCH by Health Plan>
2320A	ADX	ADX02	Adjustment Reason Code	"H1"
2000B			**Loop – Individual Remittance**	**Loop 2000B will be generated to report premium payment/recoveries and maternity case rates**
2000B	**ENT**		**Segment – Individual Remittance**	
2000B	ENT	ENT01	Assigned Number	<1>
2000B	ENT	ENT02	Entity Identifier Code	"2J" (individual)
2000B	ENT	ENT03	Identification Code Qualifier	"EI" (employee identification Number) – beneficiary ID or MIChild Client Identification Number

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000B	ENT	ENT04	Identification Code	<Medicaid beneficiary number> Medicaid 10-digit ID number For MIChild: <MIChild 10-digit Client Identification Number (CIN)>.
2100B			**Loop – Individual Name**	
2100B	**NM1**		**Segment – Individual Name**	
2100B	NM1	NM101	Entity Identifier Code	"QE" (policy holder)
2100B	NM1	NM102	Entity Type Qualifier	"1" (person)
2100B	NM1	NM108	Identification Code Qualifier	"EI" for Medicaid "N" for MIChild
2100B	NM1	NM109	Identification Code	<Medicaid ID> when NM108 is "EI" <CIN> when NM108 is "N"
2300B			**Loop – Individual Premium Remittance Detail**	
2300B	**RMR**		**Segment – Individual Premium Remittance Detail**	
2300B	RMR	RMR01	Reference ID Qualifier	"AZ" (health insurance policy number)
2300B	RMR	RMR02	Reference ID	For MHP and ICO: 2nd through 15th digit of TCN (positions 1 -14) + Recipient Age (positions 15-17) + Program Code (position 18) + Beneficiary County of Residence Code (positions 19-20) + Gender (position 21) + 7 digit Provider ID (positions 22-28) Positions 29-50 are reserved for Benefit Plan Code.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				For MIChild clients, position 18 (program code) will be <space> since MIChild clients do not have a program code. For CMH and CA for MIChild clients, position 18 (program code) will be <space> For HSW Waiver Program: <2nd through 15th digit of TCN (positions 1 -14) + Recipient Age (positions 15-17) + Program Code (position 18) + Beneficiary County of Residence Code (positions 19-20) + Gender (position 21) + 7 digit Provider ID (positions 22-28) + Waiver Indicator, (position 29) H" is the value for HSW waiver + COFR (30,31) + Residential Status (2 - position 32, 33) + MVA(34, 35) + Positions 36 through 50 are reserved for Benefit Plan Code. For PACE: <2nd through 15th digit of TCN (positions 1 -14) + Recipient Age (positions 15-17) +Program Code (position 18) + Beneficiary County of Residence Code (positions 19-20) + Gender (position 21) + 7 digit Provider ID (positions 22-28) + P (29) + “IE” or “EL” (Medicare Eligibility Status) (30,31) + Positions 32 through 50 are reserved for Benefit Plan Code. For DHIP:

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				<2nd through 15th digit of TCN (positions 1 -14) + Recipient Age (positions 15-17) +Program Code (position 18) + Beneficiary County of Residence Code (positions 19-20) + Gender (position 21) + 7 digit Provider ID (positions 22-28) + P (29) + "IE" or "EL" (Medicare Eligibility Status) (30,31) + Positions 32 through 50 are eserved for Benefit Plan Code. For AUT: <2nd through 15th digit of TCN (positions 1 -14) + Recipient Age (positions 15-17) +Program Code (position 18) + Beneficiary County of Residence Code (positions 19-20) + Gender (position 21) + 7 digit Provider ID (positions 22-28) + P (29) + "IE" or "EL" (Medicare Eligibility Status) (30,31) + Positions 32 through 50 are Reserved for Benefit Plan Code.
2300B	RMR	RMR04	Monetary Amount	<Premium Payment>
2300B	**DTM**		**Segment – Individual Coverage Period**	
2300B	DTM	DTM01	Date/Time Period	"582" (report period)
2300B	DTM	DTM05	DTM05 – Date/Time Period Format Qualifier	"RD8" (ranges of dates expressed in CCYYMMDD-CCYYMMDD format)
2300B	DTM	DTM06	Date/Time Period	Payment coverage period in a date range format.
2320B			**Loop – Individual Premium Adjustment For Current Payment**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320B	**ADX**		**Segment – Individual Premium Adjustment For Current Payment**	
2320B	ADX	ADX01	Monetary Amount	Patient Pay amount for only PACE and ICO members
2320B	ADX	ADX02	Adjustment Reason Code	"H6" (partial payment remitted) for patient pay amount
			Loop – Transaction Set Trailer	
	SE		**Segment – Transaction Set Trailer**	
	SE	SE01	Number of Included Segments	MDCH will transmit the total number of segments included in a transaction set including ST and SE segments.
	SE	SE02	Transaction Set Control Number	MDCH will assign a unique number within the transaction set, to indicate the end of the transaction. MDCH will transmit identical transaction set control numbers in ST02 and SE02.

Revision Log

Version Date	Effective Date	Revision Description
February 1, 2011 (Draft)	January 1, 2012	This document replaces *Companion Guide For The HIPAA 820 Payroll Deducted And Other Group Premium Payment, Version 4010A1 Medicaid Health Plans, County Health Plans, Healthy Kids Dental, Program of All-inclusive Care for the Elderly, Pre-Paid Inpatient Health Plans, Community Mental Health Service Providers, Substance Abuse Coordinating Agencies, MIChild Plans, and MIChild Dental Plans*, dated July 15, 2009
November 30, 2011	January 1, 2012	This document includes changes identified as part of business to business testing and reflects the 5010 implementation effective January 1, 2012. Updated location and link for Electronic Submitter's Guide. Updated Loop 232B Segment ADX Data Elements ADX01 and ADX02.
October 24, 2017	October 1, 2017	REF segment of header record now loops. REF*14 sends Tax ID number, and REF*18 contains the SIGMA Vendor ID.
December 1, 2017	January 1, 2018	Benefit Plan Code added to the end of the 2300 RMR segment