



Nevada Medicaid

HIPAA Transaction

Standard Companion Guide

Refers to the Technical Report Type 3
Document

Based on ASC X12N version:
005010X218

Health Care Premium Payment: (820)

The information in this Companion Guide is valid to use for the certification/testing to transition to the modernized MMIS and upon implementation of the MMIS Modernization Project

November 7, 2018

Medicaid Management Information System (MMIS)

Department of Health and Human Services (DHHS)

Division of Health Care Financing and Policy (DHCFP)

Disclosure Statement

The following Nevada Medicaid companion guide is intended to serve as a companion document to the corresponding Accredited Standards Committee (ASC) X12N/005010X218 Health Care Premium Payment (820), its related Addenda (005010X218A1), and its related Errata (005010X218E1). The companion guide further specifies the requirements to be used when preparing, submitting, receiving, and processing electronic health care administrative data. The companion guide supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X218 in a manner that will make its implementation by users to be out of compliance.

NOTE: Type 1 Technical Report Type 3 (TR3) Errata are substantive modifications, necessary to correct impediments to implementation and are identified with a letter "A" in the errata document identifier. Type 1 TR3 Errata were formerly known as Implementation Guide Addenda.

Type 2 TR3 Errata are typographical modifications and are identified with a letter "E" in the errata document identifier.

The information contained in this companion guide is subject to change. Electronic Data Interchange (EDI) submitters are advised to check the Nevada Medicaid website at <http://www.medicaid.nv.gov/providers/edi.aspx> regularly for the latest updates.

DXC Technology is the fiscal agent for Nevada Medicaid and is referred to as Nevada Medicaid throughout this document.

About DHCFP

The Nevada Department of Health and Human Services' Division of Health Care Financing and Policy (DHCFP) works in partnership with the Centers for Medicare & Medicaid Services (CMS) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. The medical programs are known as Medicaid and Nevada Check Up.

DHCFP website: Medicaid Services Manual, rates, policy updates, public notices: <http://dhcfp.nv.gov>.

Preface

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

This companion guide to the 5010 ASC X12N TR3 documents and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with Nevada Medicaid. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 documents, 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 documents 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 documents.

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1 Introduction

This section describes how TR3 Implementation Guides, also called 820 ASC X12N (version 005010X218), adopted under HIPAA, will be detailed with the use of a table. The tables contain a Notes/Comments column for each segment that Nevada Medicaid has information additional to the TR3 Implementation Guide. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the implementation guide’s internal code listings
- Clarify the use of loops, segments, composite and simple data elements
 - Provide any other information tied directly to a loop, segment, and composite, or simple data element pertinent to trading electronically with Nevada Medicaid

In addition to the row for each segment (highlighted in blue in the tables), one or more additional rows are used to describe Nevada Medicaid’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. The table contains a Notes/Comments column to provide additional information from Nevada Medicaid for specific segments provided by the TR3 Implementation Guide. The following is just an example of the type of information that would be spelled out or elaborated on in the Section 10: Transaction Specific Information.

TR3 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 percent and notes or comments about the segment itself go in this cell.
193	2100C	NM109	Subscriber Primary Identifier	00	15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by Nevada Medicaid Management Information System (NVMMIS).
			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 three columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
241	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

This section specifies the appropriate and recommended use of the companion guide.

This companion guide is intended for Trading Partner use in conjunction with the TR3 HIPAA 5010 820 Implementation Guide for the purpose of receiving health care premium payment transactions electronically. This companion guide is not intended to replace the TR3 Implementation Guide. The TR3s define the national data standards, electronic format, and values for each data element with an electronic transaction. The purpose of this companion guide is to provide Trading Partners with a companion guide to communicate Nevada Medicaid-specific information required to successfully exchange transactions electronically with Nevada Medicaid. The instructions in this companion guide are not intended to be stand-alone requirements. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to EDI Trading Partners that exchange X12 information with the Nevada Medicaid Agency.

This companion guide provides specific requirements for receiving health care premium payment transactions (820).

1.2 Overview

This section specifies how to use the various sections of the document in combination with each other.

Nevada Medicaid created this companion guide for Nevada Trading Partners to supplement the X12N Implementation Guide. This guide contains Nevada Medicaid specific instructions related to the following:

- Data formats, content, codes, business rules and characteristics of the electronic transaction
- Technical requirements and transmission options
- Information on testing procedures that each Trading Partner must complete before transmitting electronic transactions

This companion guide must be used in conjunction with the TR3 instructions. The companion guide is intended to assist Trading Partners in implementing electronic 820 transactions that meet Nevada Medicaid processing standards by identifying pertinent structural and data-related requirements and recommendations. Updates to this companion guide will occur periodically and new documents will be posted on the Nevada Medicaid Provider Web Portal at <https://www.medicaid.nv.gov/providers/edi.aspx>.

1.3 References

This section specifies additional useful reference documents. For example, the X12N Implementation Guides adopted under HIPAA to which this document is a companion.

The TR3 implementation guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer, or government agency. The TR3 implementation guide contains requirements for the use of specific segments and specific data elements within those segments and applies to all health care providers and their Trading Partners. It is critical that your IT staff or software vendor review this document in its entirety and follow the stated requirements to exchange HIPAA-compliant files with Nevada Medicaid.

The implementation guides for X12N and all other HIPAA standard transactions are available electronically at <http://www.wpc-edi.com/>.

1.4 Additional Information

The intended audience for this document is the technical and operational staff responsible for generating, receiving and reviewing electronic health care transactions.

2 Getting Started

This section describes how to interact with Nevada Medicaid's EDI department.

The Nevada Medicaid EDI Department or Helpdesk can be contacted at (877) 638-3472 options 2, 0, and then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays. You can also send an email to nvmmis.edisupport@dxc.com

2.1 Trading Partner Registration

This section describes how to register as an encounter Trading Partner with Nevada Medicaid.

In order to submit and/or receive transactions with Nevada Medicaid, Trading Partners must complete a Trading Partner Profile (TPP) agreement, establish connectivity and certify transactions.

- A Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all Trading Partners to complete a TPP agreement regardless of the Trading Partner type listed below
- Vendor is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.
 - Software vendor is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions.
 - Billing service is a third party that prepares and/or submits claims for a provider.
 - Clearinghouse is a third party that submits and/or exchanges electronic transactions on behalf of a provider.

Establishing a Trading Partner Profile (TPP) agreement is a simple process which the Trading Partner completes using the Nevada Medicaid Provider Web Portal link at <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>.

Trading Partners must agree to the Nevada Medicaid Trading Partner Agreement at the end of the TPP enrollment process. Once the TPP application is completed, an 8-digit Trading Partner ID will be assigned.

After the TPP Agreement has been completed, the Trading Partner must submit a Secure Shell (SSH) public key file to Nevada Medicaid to complete their enrollment. Once the SSH key is received, users will be contacted to initiate the process to exchange the directory structure and authorization access on the Nevada Medicaid external SFTP servers.

Failure to provide the SSH key file to Nevada Medicaid will result in the TPP application request being rejected and you will be unable to submit transactions electronically to Nevada Medicaid. Please submit the SSH public key via email within five business days of completing the TPP application. Should you require additional assistance with information on SSH keys, please contact the Nevada EDI Helpdesk at (877) 638-3472 options 2, 0, and then 3.

2.2 Certification and Testing Overview

This section provides a general overview of what to expect during certification and testing phases.

All Trading Partners who submit electronic transactions with Nevada Medicaid will be certified through the completion of Trading Partner testing. This includes Clearinghouses, Software Vendors, Provider Groups and Managed Care Organizations (MCOs).

Providers who use a billing agent, clearinghouse or software vendor will not need to test for those electronic transactions that their entity submits on their behalf.

3 Testing with Nevada Medicaid

This section contains a description of the testing phase.

Testing is conducted to ensure compliance with HIPAA guidelines. Outbound 820 transactions are validated through Strategic National Implementation Process (SNIP) Level 4. Refer to Appendix C for a list of SNIP Level 4 edits.

The following transactions are available for testing:

- 834 Benefit Enrollment and Maintenance
- 820 Health Care Premium Payment

Note: Testing for 834 and 820 transactions will need to be coordinated with the EDI Helpdesk. Contact the Nevada Medicaid EDI Helpdesk at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of holidays or via email, nvmmis.edisupport@dxc.com.

3.1 Testing Process

The following points are actions that a Trading Partner will need to take before receiving production files from Nevada Medicaid:

- Enroll by using the Trading Partner Enrollment Application on the Nevada Medicaid Provider Web Portal to obtain a new Trading Partner ID
- Register on the Nevada Medicaid Provider Web Portal (optional unless submitting files via Web Portal)
- Receive EDI Trading Partner Welcome Letter indicating Trading Partner Profile (TPP) has been approved for testing
- Receive 820 test file (needs to be coordinator with the EDI Helpdesk)
- Receive Production Authorization letter containing a list of approved transactions that could be received from the production environment along with the connection information

To begin the testing process, please review the Nevada Medicaid Trading Partner User Guide located at: <https://www.medicaid.nv.gov/providers/edi.aspx>.

3.2 File Naming Standard

The following naming standards are used when receiving 820 outbound files from Nevada Medicaid:

- File Tracking ID_Correlated file Tracking ID_Checksum Transaction Type, X12BATCH_number of ENT segments_Trading Partner ID.filetype.

Examples are as follows:

- 1707187_0_4D960549_820X12BATCH_0_TPID1234.820
- 1709777_0_A83899BE_820X12BATCH_0_TPID1234.820

Note: The files are in plain text and can be opened with any text editor.

3.3 File Retention

All electronic files that have been made available for download will remain available online for download for sixty (60) days. This applies to Web Portal and SFTP Trading Partners.

After the 60 days' time frame, the files will be removed from the list and will no longer be available for download. This applies to testing and production environments.

3.4 Payer Specific Documentation

For additional information in regards to business processes related to eligibility, prior authorization and claims processing, please review the Provider Billing Manual located on the Nevada Medicaid Provider Web Portal at: <http://www.medicaid.nv.gov>.

4 Connectivity with Nevada Medicaid/ Communications

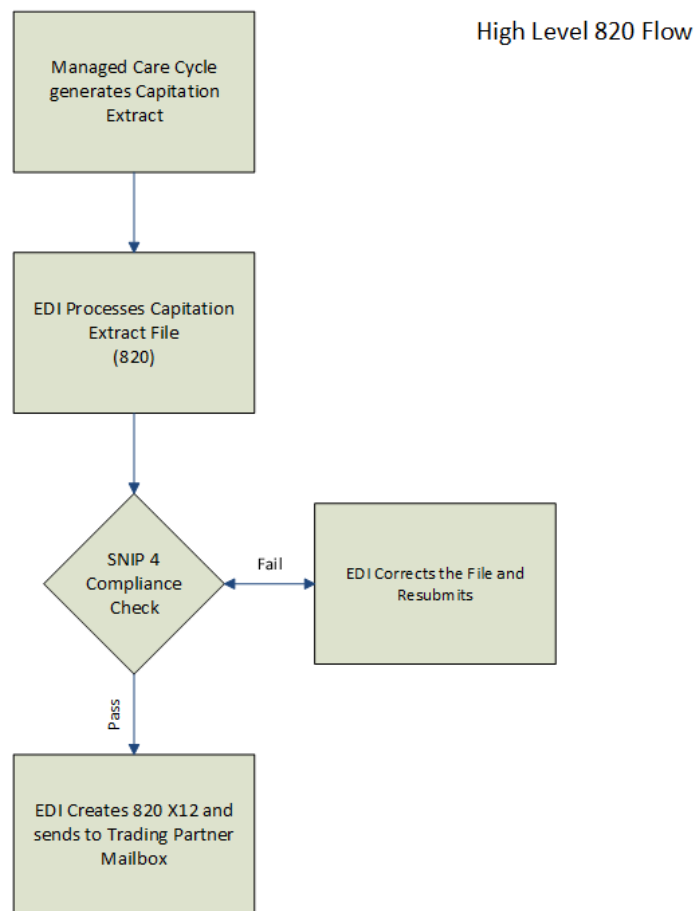
This section describes the process to receive HIPAA 820 transactions, along with retrieval methods, security requirements, and exception handling procedures.

Nevada Medicaid supports multiple methods for exchanging electronic healthcare transactions depending on the Trading Partner's needs. For HIPAA 820 transactions, the following can be used:

- Secure File Transfer Protocol (SFTP) (Batch Only)
- The Nevada Medicaid Provider Web Portal (not recommended due to the size limitations on the monthly 820 file)

4.1 Process Flows

This section contains a process flow diagram and appropriate text.



4.2 Batch and Real-time Eligibility Claim and Response

Managed Care generates a file and sends to EDI. EDI processes the file and runs SNIP 4 compliance check. The X12 834 file is delivered to the Trading Partners mailbox.

4.3 Transmission Administrative Procedures

This section provides Nevada Medicaid's specific transmission administrative procedures.

For details about available Nevada Medicaid Access Methods, refer to the Communication Protocol Specifications section below.

Nevada Medicaid is only available to authorized users. The submitter/receiver must be a Nevada Medicaid Trading Partner. Each Trading Partner is authenticated using the Username and private SSH key provided by the Trading Partner as part of the enrollment process.

4.4 System Availability

The system is typically available 24X7 with the exception of scheduled maintenance windows as noted on the Nevada Medicaid Provider Web Portal at <https://www.medicaid.nv.gov/>.

4.5 File Size Limitation

Nevada Medicaid Provider Web Portal contains the following size limitation.

Transactions	Submission Method	File Size Limit	Other Conditions
820	SFTP		BPRO2 less than 12 characters excluding negative sign.
834	SFTP		No file size limits.
820	Web Portal	4 MB	
834	Web Portal	4 MB	

4.6 Communication Protocol Specifications

This section describes Nevada Medicaid's communication protocol(s).

- **Secure File Transfer Protocol (SFTP):** Nevada Medicaid allows Trading Partners to connect to the Nevada Medicaid SFTP server using the SSH private key and assigned user name. There is no password for the connection.
- **Nevada Medicaid Provider Web Portal:** Nevada Medicaid allows Trading Partners to connect to the Nevada Medicaid Provider Web Portal. Refer to the Trading Partner User Guide for instructions.

4.7 Passwords

Trading Partners must adhere to Nevada Medicaid's use of passwords. Trading Partners are responsible for managing their own data. Each Trading Partner must take all necessary

precautions to ensure that they are safeguarding their information and sharing their data (e.g., granting access) only with users and entities who meet the required privacy standards. It is equally important that Trading Partners know who on their staff is linked to other providers or entities, in order to notify those entities whenever they remove access for that person in your organization(s).

5 Contact Information

Refer to this companion guide with questions, and then use the contact information below for questions not answered by this guide.

5.1 EDI Customer Service

This section contains detailed information concerning EDI Customer Service, especially contact numbers.

Most questions can be answered by referencing materials posted on the Nevada Medicaid Provider Web Portal at <https://www.medicaid.nv.gov>.

If you have questions related to the Nevada Medicaid 820 transaction, you may contact the EDI Helpdesk at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays, or send an email to nvmmis.edisupport@dxc.com.

5.2 EDI Technical Assistance

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

The Nevada Medicaid EDI Helpdesk can help with connectivity issues or transaction formatting issues at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays, or send an email to nvmmis.edisupport@dxc.com.

Please have your 8 digit Trading Partner ID available. Trading Partners should have this number available each time they contact the Nevada Medicaid EDI Helpdesk.

For written correspondence:

Nevada Medicaid
PO Box 30042
Reno, Nevada 89520-3042

5.3 Customer Service/Provider Enrollment

This section contains information for contacting Customer Service and Provider Enrollment.

Customer Service should be contacted instead of the EDI Helpdesk for questions regarding claim status information and Provider enrollment.

Customer Service

- Phone: (877) 638-3472 (select option 2, option 0 and then option 2)
- Fax: (775) 335 8502
- Billing Provider Manuals can be found at:
https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_General.pdf

Provider Enrollment

- Phone: (877) 638-3472 (select option 2, option 0 and then option 5)
- Fax: (775) 335-8593
- E-mail: nv.providerapps@dxc.com
- Provider Enrollment Information Booklet can be found at:
https://www.medicaid.nv.gov/Downloads/provider/NV_Provider_Enrollment_Information_Booklet.pdf

5.4 Applicable Websites/Email

This section contains detailed information about useful websites.

- Accredited Standards Committee (ASC X12): ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org.
- Accredited Standards Committee (ASC X12N): ASC X12N develops and maintains X12 EDI and XML standards, standards interpretations, and guidelines as they relate to all aspects of insurance and insurance-related business processes. www.x12.org.
- American Dental Association (ADA): Develops and maintains a standardized data set for use by dental organizations to transmit claims and encounter information. www.ada.org.
- American Hospital Association Central Office on ICD-10-CM/ICD-10-PCS (AHA): This site is a resource for the International Classifications of Diseases, 10th edition, Clinical Modification (ICD-10-CM) codes, used for reporting patient diagnoses and (ICD-10-PCS) for reporting hospital inpatient procedures. www.ahacentraloffice.org.
- American Medical Association (AMA): This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org.
- Centers for Medicare & Medicaid Services (CMS): CMS is the unit within HHS that administers the Medicare and Medicaid programs. Information related to the Medicaid HIPAA Administrative Simplification provision, along with the Electronic Health-Care Transactions and Code Sets, can be found at <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/>.

This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). www.cms.hhs.gov/HCPCSReleaseCodeSets/.

- Committee on Operating Rules for Information Exchange (CORE): A multi-phase initiative of Council for Affordable Quality Healthcare, CORE is a committee of more than 100 industry leaders who help create and promulgate a set of voluntary business rules focused on improving physician and hospital access to electronic patient insurance information at or before the time of care. www.caqh.org/CORE_overview.php.

- Council for Affordable Quality Healthcare (CAQH): A nonprofit alliance of health plans and trade associations, working to simplify healthcare administration through industry collaboration on public-private initiatives. Through two initiatives – the Committee on Operating Rules for Information Exchange and Universal Provider Datasource, CAQH aims to reduce administrative burden for providers and health plans. www.caqh.org.
- Designated Standard Maintenance Organizations (DSMO): This site is a resource for information about the standard-setting organizations and transaction change request system. www.hipaa-dsmo.org.
- Health Level Seven (HL7): HL7 is one of several ANSI-accredited Standards Development Organizations (SDOs), and is responsible for clinical and administrative data standards. www.hl7.org.
- Healthcare Information and Management Systems (HIMSS): An organization exclusively focused on providing global leadership for the optimal use of IT and management systems for the betterment of health care. www.himss.org.
- National Committee on Vital and Health Statistics (NCVHS): The National Committee on Vital and Health Statistics was established by Congress to serve as an advisory body to the Department of Health and Human Services on health data, statistics, and national health information policy. www.ncvhs.hhs.gov.
- National Council of Prescription Drug Programs (NCPDP): The NCPDP is the standards and codes development organization for pharmacy. www.ncpdp.org.
- National Uniform Billing Committee (NUBC): NUBC is affiliated with the American Hospital Association. It develops and maintains a national uniform billing instrument for use by the institutional health-care community to transmit claims and encounter information. www.nubc.org.
- National Uniform Claim Committee (NUCC): NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org.
- Nevada Department of Health and Human Services (DHHS) Division of Health Care Financing and Policy (DHCFP): The DHCFP website assists with policy questions: dhcftp.nv.gov and this website assists providers with billing and enrollment support: www.medicaid.nv.gov.
- Office for Civil Rights (OCR): OCR is the office within the Department of Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa.
- United States Department of Health and Human Services (HHS): The DHHS website is a resource for the Notice of Proposed Rule Making, rules, and their information about HIPAA. www.aspe.hhs.gov/admsimp.
- Washington Publishing Company (WPC): WPC is a resource for HIPAA-required transaction technical report type 3 documents and code sets. www.wpc-edi.com.

- Workgroup for Electronic Data Interchange (WEDI): WEDI is a workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org

6 Control Segments/Envelopes

The page numbers listed below in each of the tables represent the corresponding page number in the X12N 820HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

6.1 ISA-IEA

This section describes Nevada Medicaid's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

To promote efficient, accurate electronic transaction processing, please note the following Nevada Medicaid specifications:

- Each Trading Partner is assigned a unique Trading Partner ID
- All dates are in the CCYYMMDD format, with the exception of the ISA09 which is YYMMDD
- All date/times are in the CCYYMMDDHHMM format
- Nevada Medicaid Payer ID is NVMED
- Only one ISA/IEA will be present within a logical file

Transactions transmitted during a session or as a batch are identified by an ISA header segment and IEA trailer segment, which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The tables below represent the interchange envelope information.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA02	Authorization Information		10	Space fill

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4		ISA03	Security Information Qualifier	00	2	
C.4		ISA04	Security Information		10	Space fill
C.4		ISA05	Interchange ID Qualifier	ZZ	2	
C.4		ISA06	Interchange Sender ID	NVMED	15	NV Medicaid Trading Partner ID, left justified, and space filled.
C.5		ISA07	Interchange ID Qualifier	ZZ	2	
C.5		ISA08	Interchange Receiver ID		15	8-digit Trading Partner ID supplied by Nevada Medicaid, left justified, and space filled.
C.5		ISA09	Interchange Date		6	Format is YYMMDD
C.5		ISA10	Interchange Time		4	Format is HHMM
C.5		ISA11	Repetition Separator	^	1	The repetition separator is a delimiter and not a data element. It is used to separate repeated occurrences of a simple data element or a composite data structure.
C.5		ISA12	Interchange Control Version Number	00501	5	
C.5		ISA13	Interchange Control Number		9	Interchange Unique Control Number. Will be identical to the associated interchange control trailer IEA02.
C.6		ISA14	Acknowledgement Requested	0	1	
C.6		ISA15	Interchange Usage Indicator	T, P		P = Production Data T = Test Data

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.6		ISA16	Component Element Separator	:	1	The component element separator is a delimiter and not a data element. It is used to separate component data elements within a composite data structure.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups		1/5	Number of included Functional Groups.
C10		IEA02	Interchange Control Number		9	The control number assigned by the interchange sender. This will be identical to the value in the ISA13.

6.2 GS-GE

This section describes Nevada Medicaid'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 Nevada Medicaid will send functional groups. These discussions will describe how similar transaction sets will be packaged and Nevada Medicaid's use of functional group control numbers. The tables below represent the functional group information.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS01	Functional Identifier code	RA	2	
C.7		GS02	Application Sender's Code	NVMED	5	NV Medicaid Trading Partner ID.
C.7		GS03	Application Receiver's Code		8	The 8-digit Trading Partner ID.
C.7		GS04	Functional Group		8	Format = CCYYMMDD

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Creation Date			
C.8		GS05	Functional Group Creation Time		6	Format = HHMMSS
C.8		GS06	Group Control Number		9	This will be identical to the value in the GE02.
C.8		GS07	Responsible Agency Code	X	1	
C.8		GS08	Version/Release/Industry Identifier Code		12	005010X218A1

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included		1/6	Number of included Transaction Sets.
C.9		GE02	Group Control Number		1/9	This will be identical to the value in the GS06.

6.3 ST-SE

This section describes Nevada Medicaid's use of transaction set control numbers.

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments).

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
35		ST	Transaction Set Header			
35		ST01	Transaction Set Identifier Code	820	3	
35		ST02	Transaction Set Control Number		4/9	This will be identical to the value in the SE02.

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
35		ST03	Implementation Convention Reference		10	005010X218 This will be identical to the value in the GS08.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
119		SE	Transaction Set Trailer			
119		SE01	Transaction Segment Count		1/10	Total number of segments included in a transaction set including ST and SE segments.
119		SE02	Transaction Set Control Number		4/9	This will be identical to the value in the ST02.

7 Nevada Medicaid Specific Business Rules and Limitations

This section describes Nevada Medicaid's specific business rules and limitations for the 820 Health Care Premium Payment transaction.

Before receiving electronic benefit enrollment and maintenance transactions from Nevada MMIS, please review the appropriate HIPAA Technical Report Type 3 (TR3) Implementation Guide and Nevada Medicaid companion guide.

7.1 Eligibility Search Criteria

Adjustments may be made to a provider's account for additional payments, advanced payments, voided checks, liens, recoupment of funds, or other additions or reductions in the total payment amount.

These adjustments are reflected in an ADX segment (Summary Remittance Level Adjustment) and a corresponding RMR segment (Summary Remittance Detail) in the summary reimbursement section of the 820 transaction. The reason for the financial adjustment is coded in the ADX02 element and further detailed in the associated RMR02 element.

7.2 Logical File Structure

Nevada Medicaid recognizes a claim or an adjustment for a capitation payment and includes it on the monthly 820 transmission – not on the electronic Remittance Advice (EDI 835 transaction).

7.3 Subscriber Data (Subscriber Information 2100 C Loop)

An 820 transaction is created for each MCO and payment for each recipient that is enrolled in the MCO for the following month. Payment is included for any recognized retroactive adds and adjustments.

7.4 820 Availability

The weekly 820 file will be available each Monday. Files are generated over the weekend and made available to the MCOs mailbox.

7.5 Compliance Checking

Outbound 820 transactions are validated through Strategic National Implementation Process (SNIP) Level 4 before they are delivered. Refer to Appendix C for a list of SNIP Level 4 edits.

8 Acknowledgements and/or Reports

The 820 is an outbound transaction and there are no associated responses.

8.1 Report Inventory

There are no acknowledgement reports at this time.

9 Trading Partner Agreements

Trading Partners who intend to conduct electronic transactions with Nevada Medicaid must agree to the terms of the Nevada Medicaid Trading Partner Agreement.

An EDI Trading Partner is defined as any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that conducts electronic transactions with Nevada Medicaid. The Trading Partner and Nevada Medicaid acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Each party agrees to take all steps reasonably necessary to ensure that all electronic transactions between them conform to all HIPAA regulations.

Payers have EDI Trading Partner Agreements 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.

A copy of the agreement is available on the Nevada Medicaid Provider Web Portal at <https://www.medicaid.nv.gov/providers/edi.aspx>.

10 Transaction Specific Information

This section describes how ASC X12N TR3 Implementation Guides adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Nevada Medicaid 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 TR3 internal code listings
- Clarify the use of loops, segments, composite, and simple data elements
- Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with Nevada Medicaid

In addition to the row for each segment, one or more additional rows are used to describe Nevada Medicaid'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.

10.1 Health Care Premium Payment (820)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
37		BPR	Financial Information			
37		BPR01	Transaction Handling Code	C, D, I, P, U, X		
			Remittance Information Only	I	1	
37		BPR02	Monetary Amount			
38		BPR03	Credit Debit Flag	C	1	
39		BPR04	Payment Method Code	ACH, BOP, CHK, FWT, NON, SWT		
			Non-Payment Data	NON	3	
40		BPR10	Payer Identifier		10	
43		TRN	Reassociation Trace Number			
43		TRN01	Trace Type Code	1, 3		

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Health Care Premium Payment (820)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Financial Reassociation Trace Number	3	1	
44		TRN02	Reference Identification Number		1/50	Value will equal the SAK_REMIT and Check Number. Example: 123456789- 100000001
44		TRN03	Originating Company Identifier		10/10	
48		REF	Premium Receivers Identification Key			
48		REF01	Reference Identification Qualifier	14, 17, 18, 2F, 38, 72, LB		
			Master Account Number	14	2	
49		REF02	Premium Receiver Reference		10	
53		DTM	Coverage Period			
53		DTM01	Date/Time Qualifier	582	3	
54		DTM05	Date Time Period Format Qualifier	RD8	3	
54		DTM06	Date Time Period		17	Month Date Range of coverage period. (CCYYMMDD- CCYYMMDD)
56	1000A	N1	Premium Receiver's Name			
57	1000A	N103	Identification Code Qualifier	1, 9, EQ, FI, XV		
			Federal Taxpayer's Identification Number	FI	2	
57	1000A	N104	Identification Code		10	Receiver's Tax ID
59	1000A	N3	Premium Receiver's			

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Address			
59	1000A	N301	Address Information		1/55	
60	1000A	N4	Premium Receiver's City, State and Zip Code			
60	1000A	N401	City Name		2/30	
61	1000A	N402	State or Province Code		2/2	
61	1000A	N403	Postal Code		5/9	
64	1000B	N1	Premium Payer's Name			
64	1000B	N102	Premium Payer Name		1/60	
65	1000B	N103	Identification Code Qualifier	FI	2	
65	1000B	N104	Identification Code		2/80	Premium payer identifier Payers Tax ID
67	1000B	N3	Premium Payer's Address			
67	1000B	N301	Address Information		1/55	
68	1000B	N4	Premium Payer's City, State and Zip Code			
68	1000B	N401	City Name		2/30	
69	1000B	N402	State or Province Code		2/2	
69	1000B	N403	Postal Code		5/9	
70	1000B	PER	Premium Payer's Administrative Contact			
71	1000B	PER02	Name		1/60	NV EDI Help Desk
71	1000B	PER03	Communication Number Qualifier	TE	2/2	
71	1000B	PER04	Communication Number		10	8776383472

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
71	1000B	PER05	Communication Number Qualifier	EM	2/2	
71	1000B	PER06	Communication Number			nvmmis.edisupport@dx.com
Note: 2000A-2320A Organization Summary Remittance will not be used for NV Medicaid.						
103	2000B	ENT	Individual Remittance			
106	2000B	ENT01	Assigned Number		1/6	
106	2000B	ENT03	Identification Code Qualifier	34, EI, II		
			Employee Identification Number	34	2	
106	2000B	ENT04	Receiver's Individual Identifier		9	SSN
107	2100B	NM1	Individual Name			
107	2100B	NM101	Entity Identifier Code	DD, EY, IL, QE		
			Policy Holder	QE	2	
108	2100B	NM103	Name Last or Organization Name		1/60	NV Medicaid Recipient Last Name.
108	2100B	NM104	First Name		1/35	NV Medicaid Recipient First Name.
108	2100B	NM105	Middle Initial			NV Medicaid Recipient Middle initial if available.
109	2100B	NM108	Identification Code Qualifier	34, EI, N		
			Insured's Unique Identification Number	N	1	
109	2100B	NM109	Identification Code			11-digit NV Medicaid Recipient ID.

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
112	2300B	RMR	Individual Premium Remittance Detail			
112-113	2300B	RMR01	Reference Identification Qualifier	AZ, IK		
			Health Insurance Policy Number	AZ	2	
113	2300B	RMR02	Insurance Remittance Reference Number		1/50	
113	2300B	RMR04	Detail Premium Payment Amount		1/10	Amount being paid per NV Medicaid Recipient. Balancing = RMR04=RMR05+A DX01 When Zero dollar is present in the ADX01, then RM04 will be the same value as RMR05.
113	2300	RMR05	Billed Premium Payment		1/10	If RMR05 is not present Prospective Payment will equal value received in RM04. If RMR05 equals zero (0) there is no Prospective Payment.
114	2300B	REF	Reference Information			
114	2300B	REF01	Reference Identification Qualifier	14, 18, 2F, 38, E9, LU, ZZ		
			Mutually Defined	ZZ	2	
114	2300B	REF02	Reference Identification			
115	2300B	DTM	Individual Coverage Period			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
115	2300B	DTM01	Date Time Qualifier	582	3	
115	2300B	DTM05	Date Time Period Format Qualifier	RD8	3	
115	2300B	DTM06	Coverage Period		17	Month Date Range of CAP Payment. (CCYYMMDD-CCYYMMDD)
117	2320B	ADX	Individual Premium Adjustment for Current Payment			
117	2320B	ADX01	Adjustment Amount		1/10	Adjustment amount is present for all non-prospective transactions. Positive value for a payout and negative value for a recoupment. Some actions will require a pairing of recoupment and payout transactions, for example a retro rate increase where the previous amount is recouped in the recoupment transaction (negative ADX01 amount) and the replacement amount is paid in a payout transaction (positive ADX01 amount).
118	2320B	ADX02	Adjustment Reason Code	20, 52, 53, AA, AX, H1, H6, IA, J3		
			Credit for Overpayment	52	2	
			Remittance for Previous Underpayment	53	2	

Appendix A: Implementation Checklist

This appendix contains all necessary steps for receiving 820 files from Nevada Medicaid.

1. Call the Nevada Medicaid EDI Helpdesk with any questions at (877) 638-3472 options 2, 0, and then 3 or send an email to nvmmis.edisupport@dxc.com.
2. Check the Nevada Medicaid Provider website at www.medicaid.nv.gov regularly for the latest updates.
3. Review the Trading Partner User Guide which includes enrollment and testing information. This can be found on the EDI webpage at: <https://www.medicaid.nv.gov/providers/edi.aspx>.
4. Confirm you have completed your Trading Partner Agreement and been assigned a Trading Partner ID.
5. Make the appropriate changes to your systems/business processes to support the updated companion guides. If you use a third party software, work with your software vendor to have the appropriate software installed.
6. Identify the transactions you will be testing:
 - Benefit Enrollment and Maintenance (834)
 - Health Care Premium Payment (820)
7. Schedule a week for the initial test.

Appendix B: SNIP Edit (Compliance)

The Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) recommends seven types of testing to determine compliance with HIPAA. Nevada Medicaid has adopted this through SNIP Level 4 edits. At this level a claim's inter-segment relationships are validated. For example, if element A exists, then element B should be populated.

The following SNIP Level 4 edits are applied to the 820 transaction before being delivered to the Trading Partner:

LOOP	MESSAGE
BPR	BPR11 = TRN04
1000A	1000A N3 must be present when 1000A RDM01 = "BM"
1000A	1000A N4 must be present when 1000A RDM01 = "BM"
2300A	2300A DTM required when 2300A RMR01 = 11*1L*CT
2300B	2300B DTM required when 2300B RMR01 = IK

Appendix C: Transmission Examples

This is an example of a batch file that contains one (3) members. For Nevada Medicaid batch files have the ability to loop at the functional group, transaction and hierarchical levels. Each functional group within an interchange has to be the same transaction type.

```
ISA*00*      *00*      *ZZ*NVMED      *ZZ*TPID1234
*180418*1517*^*00501*200000237*0*T*:
GS*RA*NVMED*TPID1234*20180418*151742*200000238*X*005010X218
ST*820*1001*005010X218
BPR*I*539.49*C*NON*****1540849793*****20180422
TRN*3*100002804-000073043*1540849793
REF*14*9005036635
DTM*582****RD8*20180415-20180415
N1*PE**FI*754480861
N3*PO BOX 15645
N4*LAS VEGAS*NV*891145645
N1*PR**FI*540849793
N3*1100 EAST WILLIAM STREET SUITE 101
N4*CARSON CITY*NV*89701
PER*IC*NV EDI Help Desk*TE*8776383472*EM*nvmmis.edisupport@dxc.com
ENT*1*2J*34*900100824
NM1*QE*1*LNAMC*NBBC****N*90010082302
RMR*AZ*MC01B/PAY/137895061/20180415**179.83
REF*ZZ*002
DTM*582****RD8*20180201-20180228
ENT*2*2J*34*900100824
NM1*QE*1*LNAMC*NBBC****N*90010082302
RMR*AZ*MC01B/PAY/137895060/20180415**179.83
REF*ZZ*002
DTM*582****RD8*20180301-20180331
ENT*3*2J*34*900100824
NM1*QE*1*LNAMC*NBBC****N*90010082302
RMR*AZ*MC01B/PAY/137895059/20180415**179.83
REF*ZZ*002
DTM*582****RD8*20180401-20180430
```

SE*28*1001

GE*1*200000238

IEA*1*200000237

Appendix D: Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to Nevada Medicaid and its providers.

Q: As a Trading Partner or clearinghouse, who should I contact if I have questions about testing, specifications, Trading Partner enrollment or if I need technical assistance with electronic submission?

A: After visiting the EDI webpage located at: <https://www.medicaid.nv.gov/providers/edi.aspx> if you still have questions regarding EDI testing and Trading Partner enrollment support is available Monday through Friday 8 a.m.-5 p.m. Pacific Time by calling toll-free at (877) 638-3472 option 2, 0, and then 3. You can send an email to nvmmis.edisupport@dx.com.

Q: How do I receive EDI files through the secure Nevada Medicaid SFTP server in production?

A: Once you have satisfied testing, you will receive an approval letter via email, which will contain the URL to connect to production.

Q: Where can I find a copy of the HIPAA ANSI TR3 documents?

A: The TR3 documents must be purchased from the Washington Publishing Company at www.wpc-edi.com.

Q: What bulk adjustments are paid and detailed on the 820? Are these always and only detailed in the 2300A RMR04 segment?

A: For financial transactions (FN), this is the individual transaction amount (adjustment), it is not a bulk amount. If the invoice type is 15 and not FN, we send the claim payment amount. Otherwise, we send the adjustment amount.

Q: Will ADX segments be used?

A: ADX segments will be used in certain conditions.

Q: Will retroactive rate changes be backed out entirely and a new ENT loop created for the new rate (two entries), or will the difference between the old and new rate be listed on the ENT loop?

A: When a rate change adjustment is processed, the old claim is voided and a new claim is created. Therefore two segments, one for the old claim with credit adjustment and a second for the new claim with debit adjustment, will be created.

Q: What is the value in NM109?

A: The Financial Control Number.

Q: What is the value in ENT04?

A: The value in the ENT04 is the SSN.

Q: Can a member have more than one active Aid Category (will there ever be any overlap)? For example, could there be a member that has both "HK" (Hurricane Katrina) and "AD3" (ADULT DISABLED BLIND) active on the same day?

A: No.

Appendix E: Change Summary

This section describes the differences between the current Companion Guide and previous versions of the guide.

Published / Revised	Section / Nature of change
11/07/2018	Added Notes/Column for TRN02.