



# Nevada MMIS 820 Transaction Companion Guide

Health Care Premium Payment

HIPAA Version 5010

Nevada Medicaid Management Information System (MMIS)

Department of Health and Human Services (DHHS)

Division of Health Care Financing and Policy (DHCFP)

## Important confidentiality notice

This document has a sensitivity rating of “high” based on Nevada Information Technology Security Standard 4.31. Those parties to whom it is distributed shall exercise a high degree of custody and care of the information included. It is not to be disclosed, in whole or in part to any third parties, without the express written authorization of DHCFP.

## Trademarks

Product names referenced in this document may be trademarks or registered trademarks of their respective companies and are hereby acknowledged.

## Change history

The following Change History log contains a record of changes made to this document:

Published / revised	Section / Nature of change
02/03/2012	Initial version
10/14/2012	Changed all Magellan/MMA references to HP Enterprise Services (HPES) and updated all contact information. Changed pagination from chapter-based to sequential. Other updates/corrections to sections 2, 3.3, 5.1, 6 and 7.2.

# Table of contents

1. Introduction.....	1
1.1. Purpose .....	1
1.2. Intended use .....	1
2. Working together .....	2
2.1. Trading partner registration .....	2
2.2. Trading partner testing and certification .....	2
2.2.1. Trading partner ID .....	2
2.2.2. Secure SFTP download – file retention.....	3
2.2.3. Testing transactions.....	3
2.3. Payer specific documentation .....	3
2.4. Testing contact information .....	3
3. Connectivity/Communications.....	4
3.1. Process flows.....	4
3.2. Transmission procedures.....	4
3.3. Communication and security protocols .....	4
4. Contact information .....	5
4.1. EDI customer service/technical assistance.....	5
4.2. Provider services.....	5
5. Control segments/envelopes .....	6
5.1. ISA–Control header .....	6
5.2. IEA–Control trailer .....	7
5.3. GS–Functional group header .....	8
5.4. GE–Functional group trailer .....	9
5.5. ST–Transaction set header .....	9
5.6. SE–Transaction set trailer.....	10
6. Instruction tables.....	11
6.1. 005010X218 Payroll deducted and other group premium payment (820) .....	11
7. Payer specific business rules and limitations.....	14
7.1. Account adjustments .....	14
7.2. Claim adjustment notifications.....	14
7.3. Frequency.....	14
8. Acknowledgements and reports.....	15
8.1. Acknowledgements.....	15

# 1. Introduction

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.

The X12N Health Care Implementation Guides have been established as the standards of compliance and are online at:

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

Additional information is on the Department of Health and Human Services website at:

<http://aspe.hhs.gov/admsimp>.

## 1.1. Purpose

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.

An EDI trading partner is defined by Nevada Medicaid as anybody such as a provider, software vendor and clearinghouse that exchanges transactions adopted under HIPAA.

DXC Technology, the fiscal agent for Nevada Medicaid, has prepared this companion guide and website, [www.medicaid.nv.gov](http://www.medicaid.nv.gov), to support Nevada Medicaid and Nevada Check Up billing. Hereafter, DXC Technology is referred to as Nevada Medicaid; Nevada Medicaid and Nevada Check Up are referred to as Medicaid unless otherwise specified.

This companion guide provides specific requirements for receiving capitation payment data from Nevada Medicaid to Managed Care Organizations (MCOs) using the 820 transaction.

## 1.2. Intended use

The following information is intended to serve only as a companion guide to the HIPAA American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) document. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the ASC X12 TR3 document. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

## 2. Working together

### 2.1. Trading partner registration

An EDI 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 EDI registration regardless of the trading partner type as defined below. Contact the EDI Helpdesk to register.

- Trading partner is an entity engaged in the exchange or transmission of electronic transactions.
- 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.

The Trading Partner agreement forms are located at:

<http://www.medicaid.nv.gov/providers/edi.aspx>

- FA-35 must be completed to enroll as a Trading Partner.
- FA-36 must be completed to enroll as a Trading Partner.
- FA-37 must be completed by the provider in order to link the provider to the Trading Partner.
- FA-39 is used for providers who will be billing using the Payerpath software.

### 2.2. Trading partner testing and certification

Nevada Medicaid requires that all newly registered trading partners complete basic transaction submission testing. Successful transaction submission and receipt of both valid responses and error responses is an indication that all systems involved can properly submit and receive transactions.

#### 2.2.1. Trading partner ID

Once registration is completed, a 4-digit Trading Partner ID will be assigned.

## 2.2.2. Secure SFTP download – file retention

All electronic files that have been made available for download will remain available online for download as follows:

- 7 Days 999, TA1, 271
- 30 Days 277U
- 90 Days 835

After the allotted time frame has passed, the files will be removed from the list and will no longer be available for download. This applies to testing and production.

## 2.2.3. Testing transactions

The following transaction types are available for testing:

- 270 Eligibility Request/271 Eligibility Response
- 837D Dental Claim
- 837P Professional (CMS-1500) Claim
- 837I Institutional (UB-04) Claim

Testing data such as provider IDs and recipient IDs will not be provided. Users should submit recipient information and provider information as done for production as the test environment is continually updated with production information.

There is no limit to the number of files that may be submitted. Users will be allowed to move to production once a successfully compliant transaction is received and the appropriate responses returned.

## 2.3. Payer specific documentation

For additional information in regards to business processes related to eligibility, prior authorization and claims processing, please review the Provider Manual located on the Nevada Medicaid website:

[www.medicaid.nv.gov](http://www.medicaid.nv.gov)

For further information on specific payer prior authorization information please see the Nevada Medicaid website:

[www.medicaid.nv.gov](http://www.medicaid.nv.gov)

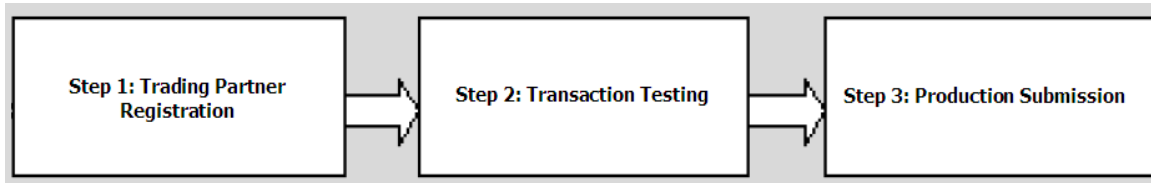
## 2.4. Testing contact information

All correspondence for assistance with testing should be submitted to the following email address:

[NVMMIS.EDIsupport@dxc.com](mailto:NVMMIS.EDIsupport@dxc.com)

## 3. Connectivity/Communications

### 3.1. Process flows



### 3.2. Transmission procedures

#### **Availability**

24 hours/7 days a week

#### **Downtime notification**

Nevada Medicaid will notify the trading partners in the case of any planned downtime or unexpected downtime using email distribution.

#### **Re-Transmission procedures**

Trading partners may call Nevada Medicaid for assistance in researching problems with submitted transactions. Nevada Medicaid will not edit trading partner data and/or resubmit transactions for processing on behalf of a trading partner. The trading partner must correct any errors found and resubmit.

### 3.3. Communication and security protocols

Trading partners may find information regarding communication protocols in the Service Center User Manual:

[https://www.medicaid.nv.gov/downloads/provider/MMIS\\_Service\\_center\\_user\\_manual.pdf](https://www.medicaid.nv.gov/downloads/provider/MMIS_Service_center_user_manual.pdf)



## 4. Contact information

### 4.1. EDI customer service/technical assistance

#### **EDI Helpdesk**

Monday – Friday  
8:00 a.m. – 5:00 p.m. PT

Technical, enrollment or setup questions:

E-mail: [nvmmis.edisupport@dxc.com](mailto:nvmmis.edisupport@dxc.com)

Telephone: 1 (877) 638-3472 options 2 then 4

Fax: 1 (775) 335-8594

#### **Nevada Medicaid Website**

<http://www.medicaid.nv.gov>

### 4.2. Provider services

#### **Provider Relations Department**

The Provider Relations Department is composed of field representatives who are committed to assisting Nevada Medicaid providers in the submission of claims and the resolution of claims processing concerns.

#### **Provider Relations Call Center**

The Provider Relations Call Center communication specialists are available to respond to written and telephone inquiries from providers on billing questions and procedures, claim status, form orders, adjustments, use of the Automated Response System (ARS), electronic claims submission via EDI and remittance advice (RAs).

Both departments can be reached by calling:

1 (877) 638-3472

## 5. Control segments/envelopes

NOTE: The page numbers listed below in each of the tables represent the corresponding page number in the X12N 820 HIPAA 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

### 5.1. ISA–Control header

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

Segment	Name	Page in IG	Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	C.4	00 = No Authorization Information Present
ISA02	Authorization Information	C.4	Value is 10 spaces as field is fixed length
ISA03	Security Information Qualifier	C.4	00 = No Security Information Present
ISA04	Security Information	C.4	Value is 10 spaces as field is fixed length
ISA05	Interchange ID Qualifier	C.4	ZZ
ISA06	Interchange Sender ID	C.4	NVM FHSC FA
ISA07	Interchange ID Qualifier	C.5	ZZ
ISA08	Interchange Receiver ID	C.5	The 4-digit Service Center Code assigned by Nevada Medicaid

Segment	Name	Page in IG	Comments
ISA09	Interchange Date	C.5	Format is YYMMDD
ISA10	Interchange Time	C.5	Format is HHMM
ISA11	Repetition Separator	C.5	!
ISA12	Interchange Control Version Number	C.5	00501
ISA13	Interchange Control Number	C.5	Must be identical to Interchange Trailer IEA02
ISA14	Acknowledgement Requested	C.6	0 = No Interchange Acknowledgment Requested
ISA15	Interchange Usage Indicator	C.6	P = Production Data T = Test Data
ISA16	Component Element Separator	C.6	:

## 5.2. IEA–Control trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

Segment	Name	Page in IG	Notes/Comments
IEA	Interchange Control Trailer		
IEA01	Number of Included Functional Groups	C.10	Number of included Functional Groups
IEA02	Interchange Control Number	C.10	Must be identical to ISA13

### 5.3. GS–Functional group header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

Segment	Name	Page in IG	Comments
GS	Functional Group Header		
GS01	Functional Identifier code	C.7	RA
GS02	Application Sender's Code	C.7	NVM FHSC FA
GS03	Application Receiver's Code	C.7	The 4-digit Service Center Code assigned by Nevada Medicaid
GS04	Functional Group Creation Date	C.7	Format = CCYYMMDD
GS05	Functional Group Creation Time	C.8	Format = HHMM
GS06	Group Control Number	C.8	Must be identical to GE02
GS07	Responsible Agency Code	C.8	X = Accredited Standards Committee X12
GS08	Version/Release/Industry Identifier Code	C.8	005010X218

## 5.4. GE–Functional group trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

Segment	Name	Page in IG	Notes/Comments
GE	Functional Group Trailer		
GE01	Number of Transaction Sets Included	C.9	Number of included transaction sets
GE02	Group Control Number	C.9	Must be identical to the value in GS06

## 5.5. ST–Transaction set header

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 may be thought of traditionally as the claim header record.

Segment	Name	Page in IG	Notes/Comments
ST	Transaction Set Header		
ST01	Transaction Set Identifier Code	35	820
ST02	Transaction Set Control Number	35	Increment by 1 when multiple transaction sets are included; must be identical to SE02.
ST03	Implementation Convention Reference	35	Must be identical to the value in GS08

## 5.6. SE–Transaction set trailer

Communications transport protocol transaction set trailer. 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). This segment may be thought of traditionally as the claim trailer record.

Segment	Name	Page in IG	Notes/Comments
SE	Transaction Set Trailer		
SE01	Transaction Segment Count	119	Number of segments included within the ST/SE segments
SE02	Transaction Set Control Number	119	Must be identical to ST02

## 6. Instruction tables

This table contains rows for each segment for which supplemental instruction is needed.

### 6.1. 005010X218 Payroll deducted and other group premium payment (820)

Loop	Segment	Name	Page in IG	Comments
	BPR	Financial Information		
	BPR01	Transaction Handling Code	37	I = Remittance information only.
	BPR03	Credit/Debit Flag	38	C = Credit
	BPR04	Payment Method Code	38	CHK = Check ACH = Automated Clearing House
	BPR10	Originating Company Identifier	40	NVM FHC FA
	TRN	Reassociation Trace Number		
	TRN01	Trace Type Code	43	3
	REF	Premium Receiver's Identification Key		
	REF01	Reference Identification Qualifier	48	14 = Master Account Number 18 = Plan Number
	REF02	Premium Receiver Reference Identification	49	14 = Master Account Number 18 = Plan Number
1000B	N1	Premium Payer's Name		
	N102	Premium Payer Name	64	Division of Health Care Financing and Policy
	N104	Premium Payer Identifier	65	540849793

Loop	Segment	Name	Page in IG	Comments
1000B	N3	Premium Payer's Address		
	N301	Premium Payer Address Line	67	1100 East William Street Carson City, NV
1000B	N4	Premium Payer's City, State, ZIP Code		
	N401	Premium Payer City Name	68	Carson City
	N402	Premium Payer State Code	69	NV
	N403	Premium Payer Postal Zone or ZIP Code	69	89701
2300A	RMR	Organizational Summary Remittance Detail		
	RMR02	Contract, Invoice, Account, Group, or Policy Number	88	Financial Control Number (positions 1-9) and DHCFF Financial Adjustment Reason Code (positions 10-13)
	RMR04	Detail Premium Payment Amount	88	Only financial adjustments are reflected at the summary level of the transaction. Premium payments are reflected at the detail level.
2320A	ADX	Organization Summary Remittance Level Adjustment For Current Payment		
	ADX02	Adjustment Reason Code	104	52 = Credit for Overpayment 53 = Remittance for Previous Underpayment



Loop	Segment	Name	Page in IG	Comments
2100B	NM1	Individual Name		
	NM101	Entity Identifier Code	107	QE = Policyholder
	NM109	Individual Identifier	109	The claim's 16-digit Internal Control Number (ICN) assigned by Nevada Medicaid.
2300B	RMR	Individual Premium Remittance Detail		
	RMR02	Insurance Remittance Reference Number	113	Benefit Package Code (Positions 1 – 2)
	RMR04	Detail Premium Payment Amount	113	Premium payments are reflected only at the detail level.
2320B	ADX	Individual Premium Adjustment For Current Payment		
	ADX02	Adjustment Reason Code	118	52 = Credit for Overpayment 53 = Remittance for Previous Underpayment

## 7. Payer specific business rules and limitations

The information, when applicable under this section, is intended to help the trading partner understand the business context of the EDI transaction.

### 7.1. Account adjustments

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. Claim adjustment notifications

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. Frequency

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.

While the 820 transaction is normally a monthly transaction, certain financial transactions can trigger weekly 820 transactions. An example of this would be adjustments or voids needed to correct erroneous capitation payments.

## 8. Acknowledgements and reports

### 8.1. Acknowledgements

Nevada Medicaid creates an 820 transaction file every month. This file corresponds to the final enrollment as reflected in the end of month benefit and enrollment maintenance file (the 834 transaction).