



*KY Medicaid*

**820 Health Care Premium Payment  
(ASC X12N 820) Companion Guide**

*Version 4.0\_FINAL  
Version 005010 X218*

*Cabinet for Health and Family Services  
Department for Medicaid Services*

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## Document Change Log

Version	Changed Date	Changed By	Reason
2.0	11/06/2011	Kathy Dugan	Added DTM segment in 270 Page 7.
3.0	12/22/2011	HPES	DMS approved version.
3.0	12/22/2011	Kathy Dugan	Page 8 removed N102.
4.0	4/9/2012	Kathy Dugan	Added County Code to REF02 in 2300B on page 10.

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# 1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarifying the Cabinet for Health and Family Services Department for Medicaid Services use of the Health Care Premium Payments transaction. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at <http://www.hhs.gov/news/press/2009pres/01/20090115f.htm>. The HIPAA Implementation Guides may be accessed at <http://www.wpc-edi.com/>.

## 1.1 Purpose

The 820 Transaction is used to transmit premium payment information. The 820 Transaction Set can be used to make a payment and/or send remittance information.

It is mandatory under HIPAA that the Cabinet for Health and Family Services Department for Medicaid Services be able to generate this transaction set to report on capitation payments.

## 1.2 Special Considerations for 820 Transaction

### 1.2.1 File Naming Standards

- **KYWRA\_MCO ID\_DATE\_TIMESTAMP;**
  - Where **MCO ID** = 10 digit Trading Partner ID;
  - Where **DATE** = File creation date; and,
  - Where **TIMESTAMP** = Time file created.

## 2 CONTROL SEGMENT DEFINITIONS FOR KENTUCKY MEDICAID

### 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

### 2.1 ISA - Interchange Control Header Segment

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.

### 820 Premium Payment

Page	Loop	Segment	Data Element	Comments
C.4	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
C.4	N/A	ISA	ISA02 - Authorization Information	[space fill]
C.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
C.4	N/A	ISA	ISA04 - Security Information	[space fill]
C.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined
C.4	N/A	ISA	ISA06 - Interchange Sender ID	'KY Medicaid' – Sender ID
C.5	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
C.5	N/A	ISA	ISA08 - Interchange Receiver ID	'ID Supplied by KY Medicaid' – Receiver ID

<b>820 Premium Payment</b>				
C.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD
C.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM
C.5	N/A	ISA	ISA11 - Repetition Separator	Value '^' – Repetition Separator
C.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00501' – Control Version Number
C.5	N/A	ISA	ISA13 - Interchange Control Number	Interchange Unique Control Number
C.6	N/A	ISA	ISA14 - Acknowledgment Requested	'1' – Acknowledgement Requested
C.6	N/A	ISA	ISA15 – Interchange Usage Indicator	'T' - Test Data 'P' - Production Data
C.6	N/A	ISA	ISA16 - Component Element Separator	':' – Component Element Separator

## 2.2 IEA - Interchange 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.

<b>820 Premium Payment</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
C.10	N/A	IEA	IEA01 - Number of Included Functional Groups	Number of included Functional Groups
C.10	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13

### 2.3 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.

<b>820 Premium Payment</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
C.7	N/A	GS	GS01 - Functional Identifier Code	'RA' – Payment Order/Remittance Advice (820)
C.7	N/A	GS	GS02 - Application Sender's Code	This will be equal to the value in ISA06.
C.7	N/A	GS	GS03 - Application Receiver's Code	This will be equal to the value in ISA08.
C.7	N/A	GS	GS04 - Date	The date format is CCYYMMDD
C.8	N/A	GS	GS05 – Time	The time format is HHMM
C.8	N/A	GS	GS06 - Group Control Number	Group Control Number
C.8	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
C.8	N/A	GS	GS08 - Version/Release/ Industry ID Code	'005010X218' – Version / Release / Industry Identifier Code

## 2.4 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.

820 Premium Payment				
Page	Loop	Segment	Data Element	Comments
C.9	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
C.9	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06

## 2.5 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.

820 Premium Payment				
Page	Loop	Segment	Data Element	Comments
35	N/A	ST	ST01 – Transaction Set Identifier Code	'820' – Payment Order/Remittance Advice
35	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number
35	N/A	ST	ST03 – Implementation Convention Reference	'005010X218' – Version/Release/Industry Identifier Code  Must be the same as the value in GS08.

## 2.6 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.

<b>820 Premium Payment</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
119	N/A	SE	SE01 – Number of Included Segments	Total Number of Segments included in Transaction Set Including ST and SE.
119	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02

## 2.7 Valid Delimiters for Kentucky Medicaid EDI

<b>Definition</b>	<b>ASCII</b>	<b>Decimal</b>	<b>Hexadecimal</b>
Segment Separator	~	126	7E
Element Separator	*	42	2A
Component Element Separator	:	58	3A
Repetition Separator	^	94	5E

### 3 COMPANION GUIDE FOR THE 820 TRANSACTION

<b>820 Premium Payment</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
37	N/A	BPR	BPR01 - Transaction Handling Code	'I' – Remittance Information Only
37	N/A	BPR	BPR02 – Monetary Amount	Total Premium Payment Amount
38	N/A	BPR	BPR03 - Credit/Debit Flag	'C' – Credit
38	N/A	BPR	BPR04 - Payment Method Code	'FWT' - Federal Reserve Funds/Wire Transfer
40	N/A	BPR	BPR10 – Originating Company Identifier	Sender ID 'KYMEDICAID'
42	N/A	BPR	BPR16 - Check Issue or EFT Effective Date	Cycle Date
43	N/A	TRN	TRN01 - Trace Type Code	'3' – Financial Re-association Trace Number
43	N/A	TRN	TRN02 - Check or EFT Trace Number	'Remittance Advice (RA) Number'
48	N/A	REF	REF01 - Reference Identification Qualifier	'14' – Master Account Number
49	N/A	REF	REF02 - Premium Receiver Reference Identifier	'MCO Identifier'
50	N/A	DTM	DTM01 – Date Time Qualifier	582 – Report Period
51	N/A	DTM	DTM05 – Date Time Period Format Qualifier	RD8 Range of Dates Expressed in Format CCYYMMDDCCYYMMDD
52	N/A	DTM	DTM06 – Coverage Period	Capitation Coverage Period

<b>820 Premium Payment</b>				
53	1000A	N1	N101 – Entity Identifier Code	'PE' for Payee
57	1000A	N1	N103 – Identification Code Qualifier	'FI' – Federal Taxpayer's Identification Number
57	1000A	N1	N104 – Receiver Identifier	9 digit Tax Identification Number
64	1000B	N1	N101 – Entity Identifier Code	'PR' for Payer
65	1000B	N1	N103 - Premium Payer Identification Code Qualifier	'FI' – Federal Taxpayer's Identification Number
65	1000B	N1	N104 - Premium Payer Identifier	'610600439' KY Tax ID
66	1000B	N2	N201 - Premium Payer Additional Name	'CHFS DEPARTMENT FOR MEDICAID SERVICES'
71	1000B	PER	PER01 – Contact Function Code	'IC' for Information Contact
71	1000B	PER	PER02 - Premium Payer Contact Name	'PROVIDER RELATIONS UNIT'
71	1000B	PER	PER03 - Premium Payer Communication Number Qualifier	'TE' – Telephone
71	1000B	PER	PER04 - Premium Payer Communication Number	'8008071232'
106	2000B	ENT	ENT01 - Assigned Number	Unique number/ID within transaction set (incremented by 1 for each recipient for example "1", "2", "3", etc.)
106	2000B	ENT	ENT02 – Entity Identifier Code	'2J' for Individual
106	2000B	ENT	ENT03 - Identification Code Qualifier	'EI' – Employee ID
106	2000B	ENT	ENT04 - Receiver's Individual Identifier	'KY Member Medicaid ID' (10 digit MAID Number)

<b>820 Premium Payment</b>				
107	2100B	NM1	NM101 - Entity Identifier Code	'QE' – Policyholder'
108	2100B	NM1	NM102 – Entity Type Qualifier	'1' for Person
108	2100B	NM1	NM103 - Individual Last Name	'Member Last Name'
108	2100B	NM1	NM104 - Individual First Name	'Member First Name'
108	2100B	NM1	NM105 - Individual Middle Name	'Member Middle Initial – if on file'
109	2100B	NM1	NM108 - Identification Code Qualifier	'N' - Insured's Unique Identification Number
109	2100B	NM1	NM109 - Individual Identifier	'KY Member Medicaid ID' (10 digit MAID Number)
112-113	2300B	RMR	RMR01 - Reference Identification Qualifier	'AZ' – Health Insurance Policy Number
113	2300B	RMR	RMR02 - Insurance Remittance Reference Number	'KY Internal System Control Number – Otherwise known as SAK Capitation Number' (System Assign Key uniquely identifies the capitation)
113	2300B	RMR	RMR04 – Monetary Amount	Detail Premium Payment Amount
113	2300B	RMR	RMR05 – Monetary Amount	Billed Premium Amount
114	2300B	REF	REF01 – Individual Reference Identification Qualifier	'ZZ' for Mutually Defined
114	2300B	REF	REF02 – Individual Reference Identifier	'Capitation Category Code' – first 5 digits  'Accounting Code' – 6th position of the field (see table on page 10)  'County Code' – 7 <sup>th</sup> to 9 <sup>th</sup> digits

<b>820 Premium Payment</b>				
115	2300B	DTM	DTM01 – Date/Time Qualifier	'582' for Report Period
116	2300B	DTM	DTM05 – Date Time Period Format Qualifier	'RD8' for Range of Dates
116	2300B	DTM	DTM06 - Coverage Period	'Month Date Range of CAP Payment'
117	2320B	ADX	ADX01 - Adjustment Amount	Adjustment Amount
118	2320B	ADX	ADX02 - Adjustment Reason Code	'52' – Credit for Previous Overpayment '53' – Remittance for Previous Underpayment 'H6' – Partial payment remitted

### 3.1 Accounting Codes

<b>Payment Type</b>	<b>Claim Type</b>	<b>Claim Status</b>	<b>Accounting Code</b>
Normal Payment	I	P	0
Denied	I	D	0
Denied	I	S	0
Adjusted Take back	I	P	A
Denied Take back	I	D	A
Normal Take back	I	P	B
Denied Take back	I	D	B
Take backs in Old Rate (1)	I	P	C
Take backs in Old Rate (2)	I	P	D
Adjusted Payment	I	P	E
Denied	I	D	E
Adjusted Payment in New Rate (1)	I	P	F
Adjusted Payment in New Rate (2)	I	P	G