New Mexico Health Care Authority
Medical Assistance Division
Conduent State Healthcare, LLC

CONDUENT

HEALTH CARE AUTHORITY

Payroll Deducted and Other Group Premium Payment Companion Guide

New Mexico Health Care Authority
MMISR Financial Services Project

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Revision History

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Disclaimer

This companion guide is for use along with the *ANSI ASC X12N 5010 Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Implementation Guide*. It should not be considered a replacement for the implementation guide but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for the New Mexico Medicaid program. The guide also includes useful information about receiving data from Conduent Electronic Data Interchange (EDI) Solutions, Inc.

Submitters are therefore encouraged to check the New Mexico Health Care Authority Medical Assistance Division website periodically for updates to the companion guides at the following website: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/.

This companion guide is intended for the New Mexico Medicaid Trading Partners to use in conjunction with the *ANSI ASC X12N Standards for Electronic Data Interchange Technical Report Type 3 (TR3) Payroll Deducted and Other Group Premium Payment for Insurance Products (820)*.

The ANSI ASC X12N TR3s can be accessed at http://www.wpc-edi.com/. This guide outlines the procedures necessary for engaging in EDI with Conduent EDI Solutions, Inc. and specifies data clarification where applicable.

1. Introduction

Conduent EDI Solutions, Inc., a leader in healthcare technology, provides Electronic Data Interchange (EDI) clearing house services to provider enrolled with various insurance companies and in contracted healthcare plans. This document outlines the procedures necessary for engaging EDI with Conduent EDI and provides specific data clarifications where applicable. Our electronic transactions acquisition services provide an array of tools that allow you to:

- Easily submit all your transactions to one source.
- Submit transactions twenty-four hours a day, seven days a week.
- Receive confirmation of receipt of each file transferred.
- Receive remittance notification from health care plans on a regular basis.

As an EDI Gateway Service, we provide connectivity to various healthcare plans and states where Conduent is the fiscal agent, third-party administrator, or contracted clearinghouse. Healthcare plans that participate with Conduent EDI Solutions, Inc. are referred to as payers. Transactions are accepted electronically into our data center and are processed through the Conduent State Healthcare Clearinghouse (SHCH).

The Conduent SHCH provides connectivity for the flow of medical information and data between medical providers, facilities, vendors, claim payment agencies, and other clearinghouses and the Front-end Online Transaction Processor (OLTP). Beyond the receipt and delivery of this data, Conduent SHCH provides translation to and from ANSI ASC X12N standard formats.

1.1. Scope

This Companion Guide is intended to be used by Trading Partners for the retrieval of the X12N 820 transaction from Conduent EDI Solutions. This guide is to be used in conjunction with the *ANSI ASC X12N 5010 National Implementation Guide*. This companion guide is subject to change.

This companion guide is intended for the New Mexico Medicaid Trading Partners to use in conjunction with the *ANSI ASC X12N Standards for Electronic Data Interchange Technical Report Type 3 (TR3) Payroll Deducted and Other Group Premium Payment for Insurance Products (820)*.

The ANSI ASC X12N TR3s can be accessed at http://www.wpc-edi.com/. This guide outlines the procedures necessary for engaging in EDI with Conduent EDI Solutions, Inc. and specifies data clarification where applicable.

1.2. Overview

This document provides the following information for NM Medicaid Trading Partners:

- X12N 820 Payroll Deducted and other Group Premium Payment Process
- Data Retrieval Methods
- Payer Specific Data
- 820 transaction set

1.3. References

This Companion Guide is intended for New Mexico Medicaid Trading Partner use in conjunction with the ANSI ASC X12N Standards for Electronic Data Interchange Technical Report Type 3 (TR3) Payroll Deducted and Other Group Premium Payment 820.These are available at: https://x12.org/products/technical-reports.

Table 1: Reference Materials

ANSI ASC 5010 Implementation Guides	X12.org
EDI Online	https://edionline.portal.conduent.com/EDIOnline/redirect.action
HCA FAQ's	https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/
NM Helpdesk	HIPAA.DeskNM@hca.nm.gov
NM MOVEit	https://pbmazuremoveit.services.conduent.com
Trading Partner Agreement Form	https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/

2. X12N 820 Process

2.1. X12N 820 Payroll Deducted and other Group Premium Payment Process

To receive an X12N 820 Premium Payment advice, a Managed Care Organization (MCO) must request that 820s be delivered and provide their trading partner and billing provider Medicaid IDs. To request 820s, please contact HIPAA.DeskNM@hca.nm.gov.

After claim adjudication, an X12N 820 file will be delivered to the Conduent EDI Mailbox System for the provider or clearinghouse to retrieve.

820s are generated weekly during the NM Medicaid payment cycle.

2.1. 820 Transaction Contents

The X12 820 file contains claims information for capitation claims and financial transactions only. The universe of claims reported includes:

- Paid claims
- Denied claims
- Adjusted claims
- Voided claims
- Financial transactions

The X12N 820 standard transaction does NOT include information on:

- Rejected claims (these are reported on the 999 or 277CA transactions)
- Suspended claims (these claims have not yet been fully adjudicated)
- Fee for service claims (these are reported on the 835 transaction)
- History-only adjustments (these do not affect the provider's payment)

Please see the *ANSI ASC X12N 820 TR3 Implementation Guide* for details on the ANSI ASC X12N 820.

2.2. 820 Transaction File Volume

Each MCO will receive one X12N 820 transaction file for all capitation claims and financial transactions the State has processed during the week. If no capitation claims or financial transactions have been processed during that week, the X12N 820 file will not be produced.

The following is an example for the naming convention for X12N 820 files:

NM_120405_77048_O_20675_pppppppp_820_tttttt_820. 001

NM = New Mexico Medicaid

120405 = File date in YYMMDD format

77048 = NM Payer ID

O = Constant letter 'O' for Outbound

20675 = Conduent EDI Gateway File Tracking Number

pppppppp = MCO's 8-character NM Medicaid Billing Provider ID

820 = X 12N Transaction Type

ttttt = MCO's 6-character Conduent EDI Gateway Trading Partner ID

820 = X 12N Transaction Type

001= File Sequence Number

2.3. 820 Transaction Availability

The X12N 820 files are available for trading partners to retrieve by Monday morning for claims and financial transactions adjudicated in the prior week.

If no capitation claims or financial transactions for an MCO were adjudicated in the prior week, the 820 will not be generated.

3. Data Retrieval Methods

New Mexico MCO trading partners will have the option of retrieving their 820 files.

- EDI Online
- MOVEit DMZ/Transfer

3.1. EDI Online

EDI sends 820 files to the MCO trading partner's HIPAA BBS distribution mailbox. The logon user ID and password are assigned when the MCO is added to the EDI system. The MCO can access this site using the following link: https://edionline.portal.conduent.com/EDIOnline/redirect.action.

3.2. MOVEit DMZ/Transfer

EDI sends 820 files to the MCO trading partner's DMZ/Transfer folder. The MCO may either retrieve the files directly or use an SFTP connection to retrieve the files. The MCO can request an SFTP connection at any time. The connection is set up by EDI. The DMZ/Transfer site can be accessed using the following link: https://pbmazuremoveit.services.conduent.com.Either method of access requires the submitter to use a pre-assigned logon user ID and password to gain access to their files.

4. Contact Information

4.1. New Mexico HIPAA Helpdesk Support

Conduent has a New Mexico Medicaid HIPAA Helpdesk Support Unit to assist providers and trading partners with their questions and concerns about EDI. The following is a list of services that are provided by the NM HIPAA Helpdesk Support Unit:

- Assistance with enrollment
- Explanation of the various EDI transmission methods
- Assistance with EDI transmission problems
- Assistance with EDI response files/reports

The NM HIPAA Helpdesk Support Unit is available to all New Mexico Medicaid trading partners and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. MT at 1-800-299-7304 or by email at HIPAA.DeskNM@hca.nm.gov.

4.2. Enrollment Information

An MCO is automatically enrolled for the X820 transaction when they become an approved and active MCO with New Mexico Medicaid.

4.3. Tracking Transmission/Retrieval/Production Problems

Please have the following information available when calling the NM HIPAA Helpdesk Support Unit regarding transmission, retrieval, and production issues:

- **Trading Partner ID**: The Trading Partner ID is key to accessing the trading partner information. Please have this number available each time the NM HIPAA Helpdesk Support Unit is contacted.
- **Logon Name and Logon User ID**: These allow trading partners access to EDI Online for 820 retrievals. The NM HIPAA Helpdesk Support Unit uses this information to reference the trading partner mailbox.

4.4. Highlights

To promote efficient, accurate electronic remittance reporting, please note the following:

- Each MCO is assigned a Conduent EDI Trading Partner ID.
- Logon User IDs (passwords) can be up to 50 characters long.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- New Mexico Medicaid Provider IDs are eight characters long.
- The EDI assigned Payer ID for New Mexico Medicaid is **77048**.

5. Transaction-Specific Information

This section must be used in conjunction with the X12N 820 TR3. The X12N 820 Health Care Premium Payment/Advice transaction will only report claims for one pay-to provider per transaction.

This table contains only those data elements that are considered business requirements and are not standardization-required elements.

820 Transaction

Loop	Segment	Element	Description
Header	ISA	01	Authorization Qualifier: 00 (No Auth Info Present). Populated by EDI.
Header	ISA	03	Security Qualifier: 00 (No Security Info Present). Populated by EDI.
Header	ISA	05	Interchange ID Qualifier: ZZ (Mutually defined). Populated by EDI.
Header	ISA	06	Interchange Sender ID: 100000. Populated by EDI.
Header	ISA	07	Interchange ID Qualifier: ZZ. Populated by EDI.
Header	ISA	08	Interchange Receiver ID: Trading partner ID associated with billing provider. Populated by EDI.
Header	ISA	11	Repetition Separator: ^' Populated by EDI.
Header	ISA	14	Acknowledgement indicator: 0 (Not requested).
Header	ISA	15	Usage Indicator: P or T (Production or Test Data) Populated by EDI.
Header	ISA	16	Component Element Separator '~' Populated by EDI
Functional Group Header	GS	02	Sender code: 77048
Functional Group Header	GS	03	MCO's Conduent EDI Trading Partner ID
Functional Group Header	GS	04	Functional Group Creation Date expressed in CCYYMMDD format.
Header	BPR	02	Amount Paid: This is an accumulation of all RMR04 amounts in the 2300A and 2300B loops.
Header	BPR	04	Transaction payment method code: NON for EFT Payment.
Header	BPR	10	Sender ID: 8560005601

Loop	Segment	Element	Description
Header	BPR	11	Remittance Advice Number
Header	BPR	16	Paid Date
Header	TRN	01	Value 3
Header	TRN	03	Payer Identifier: 1856000565
Header	TRN	04	RA Number
1000A	REF	02	Premium Receiver ID: MCO Billing Provider ID. This is the ID used for TPMS validation.
Header	DTM	06	Coverage Period: Payment covers all claims and financial transactions from Saturday through Friday.
1000A	N1	04	Premium Receiver ID: MCO Billing Provider ID. This is the ID used for TPMS validation.
1000B	N1	02	Payer Name: NM Medicaid
1000B	N3	01	Payer Address: P.O. Box 27478
1000B	N4	01	Payer City: ALBUQUERQUE
1000B	N4	02	Payer State: NM
1000B	N4	03	Payer Zip Code: 871257478
1000B	PER	03	Payer Contact Number Qualifier: TE
1000B	PER	04	Payer Contact Number: 800-299-7304
1000B	PER	05	Payer Contact Communication Number Qualifier: TE
1000B	PER	06	Payer Business Contact Number: 800-299-7304
1000B	PER	07	Payer Contact Communication Number Qualifier: EM
1000B	PER	08	Payer Contact: HIPAA.DeskNM@hca.nm.gov
2000A	ENT	03	Identification Code Qualifier: 24
2300A	RMR		New Mexico will report financial transactions (gross level payouts/recoupments) in the 2300A RMR segment. Since the establishment of an accounts receivable is not a payment transaction and is not reflected in the total remittance amount, (the accounts receivable may or may not be recovered during the payment cycle in which it is established), the accounts receivable will not be reported in the 820. Only the actual amount recovered against the accounts receivable during the payment cycle will be included in the 2300A RMR.
2300A	RMR	03	Payment Action Code: If the financial transaction is for a manual payment, then RMR03 will contain PA (Payment in Advance). In all other cases, when the total reimbursement amount is greater

Loop	Segment	Element	Description
			than or equal to zero, RMR03 will contain PI (Pay Item). When the total reimbursement amount is negative, RMR03 will contain PO (Payment on Account).
2300A	REF	01	Reference ID Qualifier: This field will contain 14 for Financial Control Number.
2300A	REF	02	Reference ID: This field will contain the Financial Control Number associated with the financial transaction if REF01 = 14. Although the Accounts Receivable will not be included in the 820, any of the transactions where RMR03 = PO can be linked to the Accounts Receivable using the Financial Control Number by Conduent Helpdesk staff.
2300A	DTM	01	Date Time Qualifier: This field will contain AAG.
2300A	DTM	02	Paid date of the transaction.
2000B	ENT	01	Reference ID: This field will contain the assigned number. This is a calculated field starting at 1 and incremented by 1 for each financial transaction or patient in the transaction set.
2000B	ENT	02	Entity Identifier ID: This field will contain 2J for Individual.
2000B	ENT	03	Identification Code Qualifier: This field will contain EI for Employee Identification.
2000B	ENT	04	Individual ID: This is the patient's Medicaid swipe card ID. This is a concatenation of 2 or 3 plus the patient's Medicaid system ID.
2100B	NM1	01	Entity Identifier Code: This field will contain IL for Insured or subscriber.
2100B	NM1	02	Entity Type Qualifier: This field will contain 1 for person.
2100B	NM1	03	Patient Last Name
2100B	NM1	04	Patient First Name
2100B	NM1	05	Patient Middle Name
2100B	NM1	08	Identification Code Qualifier: This field will contain EI for Employee Identification Number.
2100B	NM1	09	Individual ID: This is the patient's Medicaid swipe card ID. This is a concatenation of 2 or 3 plus the patient's Medicaid system ID.
2300B	RMR		Although 2200B ADX references individual adjustments, because there is no segment to enter a TCN or the Date for which the adjustment was made NM is including capitation adjustments in the 2300B loop. The adjustment can be identified by the presence of value 14 in the REF01 segment.
2300B	RMR	02	Individual Contract Number: This is

Loop	Segment	Element	Description
			the CMdS TCN
2300B	REF	01	Reference ID Qualifier: This field will contain either 14 for Replaced CMdS TCN or ZZ for COE code and Cohort Numbers and adjustment reason code.
2300B	REF	02	Reference ID: This field will contain either the CMdS TCN that was adjusted (Replaced TCN) if REF01 = 14, or the COE code and two occurrences of the Cohort Number with Cohort plan amount if REF01 = ZZ. There will be three occurrences of the Cohort Number with Cohort plan amount if REF01 = ZZ for original claims with dates of service between 7/1/2021 and 6/30/2024 and payment dates after 7/1/2022, and for adjusted claims with DOS between 1/1/2022 and 6/30/2024 and payment dates after 3/18/2022. When the Reference Qualifier is ZZ and the COE code is used, the literal COE CD will be concatenated with the COE code value. When the Reference Qualifier is ZZ and Cohort number is used, the literal COHORT will be concatenated with Cohort numbers and literal AMT will be concatenated with Cohort plan amount from detail lines 1 and 2 of the claim. Detail line 1 will contain the Physical Cohort, and detail line 2 will contain the Behavioral Health Cohort. For applicable dates of service as described above, the literal COHORT will be concatenated with the cohort number from detail line 3 of the claim and will contain the ARP (American Rescue Plan) cohort. When the Reference Qualifier is ZZ and adjustment reason code is used, the literal ‘ADJ RSN CD’ will be concatenated with the adjustment reason code value. Capitation Adjustment Reason Codes are: Valid Value and Long Description 010 Capitation Rate Updates 013 Capitation Enrollment Updates 015 Cap Void DOD 016 Cap Adjust Retro Medicare 021 Loss of Eligibility 020 Long Term Care Reconciliation 063 ARP (American Rescue Plan) 101 Cap Adjust Retro Infant 102 Cap Adjust Retro Newborn 103 Cap Void Incarcerated
2300B	DTM	06	Individual Coverage Period: This field contains the first and last dates of service from the line item on the claim. Format is CCYYMMDDCCYYMMDD.

6. Appendices

6.1. Implementation Checklist

Conduent does not offer an Implementation Checklist for our Trading Partner EDI services with New Mexico Medicaid. The New Mexico HIPAA Helpdesk Support Unit assists new Trading Partners with enrollment and testing. A formal implementation checklist is not necessary, EDI offers a high-level onboarding checklist on request.

6.2. Business Scenarios

Please contact the NM HIPAA Helpdesk Support Unit to discuss your specific business needs.

6.3. Transmission Examples

Not available.

6.4. Frequently Asked Questions

NM HCA FAQs are available here: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/.

Also, your Conduent EDI Business Analyst(s) have EDI and X12 expertise to field all related inquiries. Please direct your questions to NM HIPAA Helpdesk Support Unit.