ADDENDUM 3

Premium Payment

820 PRMMIS Companion Guide
ICD_MEMBER Level Risk Score Interface

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DEPARTAMENTO DE SALUD

Puerto Rico Medicaid Management Information System – Phase III

820_Companion_Guide_v2.3

Technical Report Type 3 Implementation for 820

HIPAA Transaction Standard Companion Guide

Version 2.2

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Disclosure Statement

Companion guides may contain two types of data, instructions for electronic communications with the publishing entity (communications/connectivity instructions), and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 implementation guide (transaction instructions). Either the communications/connectivity component or the transaction instruction component must be included in every companion guide. The components may be published as separate documents or as a single document.

The communications/connectivity component is included in the companion guide when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The transaction instruction component is included in the companion guide when the publishing entity wants to clarify the implementation guide instructions for submission of specific electronic transactions. The transaction instruction component content is limited by ASC X12's copyrights and Fair Use statement.

This companion guide does not replace the HIPAA ANSI ASC X12N Implementation Guide. Nor does it contain any actions that would result in a Non-Compliant Transaction.

This companion guide is subject to change without prior notice. Trading Partners are responsible for periodically checking for companion guide updates on the Puerto Rico Department of Health (PRDoH) website.

Preface

This companion guide to the v5010 ASC X12N Technical Report Type 3 (TR3) Implementation Guide, and associated errata and addenda, adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with Puerto Rico Medicaid Program. Transmissions based on this companion guide, used in tandem with the TR3, also called Health Care Payroll Deducted and Other Group Premium Payment for Insurance Products (820) ASC X12N (version 005010X218), 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 adopted for use under HIPAA. This companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

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1 Introduction

This document is the HIPAA Transaction Standard Companion Guide for the Puerto Rico Medicaid Management Information System – Phase III project. This section describes how TR3, also called 820 Accredited Standards Committee (ASC) X12N (005010X218), which was adopted under HIPAA, will be detailed with the use of a table. The table contains a Notes/Comments column for each segment that Puerto Rico Medicaid Program (PRMP) has additional information to provide over and above the information in the TR3. That information can do the any of the following:

1. Limit the repeat of loops, or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the implementation guide internal code listings.
4. Clarify the use of loops, segments, composite, and simple data elements.
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with PRMP.

In addition to the row for each segment, one or more additional rows are used to describe PRMP'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 for each segment that PRMP has additional information to provide, over and above the information in the TR3. The following is just an example of the type of information that would be spelled out or elaborated on in *Section 9: Transaction Specific Information*.

Table 1: Sample TR3 Table

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Notes/Comments
37			BPR	Beginning Segment		
37	½		BPR01	Transaction Handling Code		I – Remittance Information Only Indicates to the payee that the remittance detail is moving separately from the payment. This also includes when the resulting payment would be zero.

1.1 Purpose

This companion guide to the v5010 ASC X12N Technical Report Type 3 (TR3) Implementation Guide, and associated errata and addenda, adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with Puerto Rico Medicaid Program. Transmissions based on this companion guide, used in tandem with the TR3, also called Health Care Payroll Deducted and Other Group Premium Payment for Insurance Products (820) ASC X12N (version 005010X218), 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 adopted for use under HIPAA. This companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

1.2 Scope

PRMP developed 5010 Companion Guides to supplement each 5010 Transaction Implementation Guide, based on Version 5, Release 1, with regards to Specific Codes and/or Values that PRMP will default on Outbound Transactions. PRMP Companion Guides will not create a Non-Compliant Transaction.

This companion guide will provide compliance for PRMP within the CAHQ CORE Premium Payment (820) Infrastructure Rule for the X12 v5010 820 transaction.

This companion guide is intended to be used in conjunction with the ASC X12N/005010X218 Implementation Guide (IG). The IG provides standardized data requirements and content to all users of the American National Standards Institute (ANSI) ASC X12 Premium Payment Order/Remittance Advice (820) Transaction Set for the purpose of reporting payroll deducted and other group premiums.

It provides supplementation instructions not included in the IG that must be followed for implementation and conducting the transaction with PRMP. It does not change the requirements of the IG in any way.

Refer to the companion guide first if there is a question about how PRMP processes a HIPAA transaction. For further information, contact

PRMMIS-Internal-EDI-HD-Support@gainwelltechnologies.com. This document is intended as a resource to assist providers, clearinghouses, service bureaus, and all other trading partners with PRMP interChange in successfully conducting EDI of administrative health care transactions.

This document does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

1.3 Overview

PRMP and all other covered entities are required by HIPAA to comply with the EDI standards for health care, as established by the Secretary of the federal Department of Health and Human Services (HHS). The Secretary of the HHS is required by HIPAA to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. The Health Insurance Portability and Accountability Act of 1996 directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

The Health Insurance Portability and Accountability Act of 1996 serves to:

- Create better access to health insurance.
- Limit fraud and abuse.
- Reduce administrative costs.

The payer refers to a third-party entity that pays claims or administers the insurance benefit. A sponsor is the party that ultimately pays for the coverage or benefit. A member is an individual eligible for coverage because of his or her association with a sponsor. An insured individual is a member who has been enrolled for coverage under PRMP. The 820 transaction is used for the purpose of reporting payroll deducted and other group premiums to pay the carrier for the coverage .

This Companion Guide contains the format and establishes the data contents of the payroll deducted and other premiums (820) for use within the context of an EDI environment. The 820 can be used by premium remitters to report premium payment remittance information, as well as premium payment to a premium receiver. The premium receiver is a health care organization (MCO/MAO).

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1.4 References & Applicable Web Sites

For more information regarding the ASC X12 standards for EDI 820 (version 005010X218) and to purchase copies of the TR3 documents, consult the Washington Publishing Company Web site at http://www.wpc-edi.com/.

For information about EDI software and services, visit: http://www.1edisource.com/.

Additional information is available on the following Web sites:

- Accredited Standards Committee 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: http://www.x12.org/.
- Centers for Medicare and Medicaid Services (CMS) is the unit within the HHS that administers the Medicare and Medicaid programs. The CMS provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan at https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Code- Sets/index.htm.
- Designated Standard Maintenance Organizations (DSMO) is a resource for information about the standard-setting organizations and transaction change request system: http://www.hipaa-dsmo.org/.
- Health Level Seven (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) is 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) was established by Congress to serve as an advisory body to the HHS on health data, statistics and national health information policy; for more information, refer to: www.ncvhs.hhs.gov.
- Office for Civil Rights (OCR) is the office within the federal HHS responsible for enforcing the Privacy Rule under HIPAA, which can be found at: www.hhs.gov/ocr/hipaa.
- The federal HHS is a resource for the Notice of Proposed Rule Making, rules, and other information about HIPAA, which can be found at: www.aspe.hhs.gov/admnsimp.
- Washington Publishing Company (WPC) is a resource for HIPAA-required transaction implementation guides and code sets, which can be found at: www.wpc-edi.com/.
- The Workgroup for Electronic Data Interchange (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.
- The registry for the NPI is the National Plan and Provider Enumeration System (NPPES), at: https://nppes.cms.hhs.gov/NPPES/Welcome.do.
- Implementation guides and non-medical code sets are at: store.x12.org/.
- The HIPAA statute, Final Rules, and related Notices of Proposed Rulemaking (NPRMS) are available at: https://www.cms.gov/Regulations-and-Guidance/Administrative- Simplification/Code-Sets/index.html.
- The CMS online manuals system and Internet only manuals (IOM) system, including transmittals and program memoranda, can be found at: www.cms.hhs.gov/Manuals/.

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1.5 Additional Information

The ANSI is the coordinator for information on national and international standards. In 1979, ANSI chartered the ASC X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standard is recognized by the United States as the standard for North America. Electronic Data Interchange adoption has been proved to reduce the administrative burden on providers.

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

1.5.1 National Provider Identifier

As a result of HIPAA, the federal HHS adopted a standard identifier for health care providers. The Final Rule, published by the HHS, adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions); therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions. The NPI is the only identification number that will be allowed on these transactions.

PRMP has determined that all providers, except for non-emergency transportation, are health care providers (per the definitions within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. PRMP requires all health care providers to submit their NPI on electronic transactions.

1.5.2 Acceptable Characters

The HIPAA transactions must not contain any carriage returns, nor line feeds; the data must be received in one, continuous stream. PRMP accepts the extended character set. Uppercase characters are recommended.

1.5.3 Acknowledgements

An accepted 999 Implementation Acknowledgement (999), rejected 999 Implementation Acknowledgement, or rejected TA1 InterChange Acknowledgement (TA1) will be generated in response to all submitted files. Trading partners are responsible for retrieving acknowledgments from their "response" folder to determine the status of their files.

1.5.4 File/System Specifications

EDI only accepts Windows/PC/DOS formatted files. Any file transmitted to EDI must be named in accordance to standard file naming conventions, including a valid three character file extension. The following standards should be used:

- To avoid accidently overwriting files, do not send multiple files with the same name on the same day.
- All files will have the number sequence. If Carrier Payment exceeds 99 Million the 820 will be split.
- File Names should not be longer than 45 characters – the first 20 characters will be used to identify the file through PRMMIS (see below for naming convention).
- Zip or compressed files are allowed, but a zip or compressed file should contain only one X12 file.
- Zip files must contain the extension .zip (not case sensitive).

Figure 1: File Naming Convention for 820 Premium Payment Used by PRMMIS

- BATCHID_<TPID>_MTH_820_YYYYMMDD_hhmmss_01.X12 for monthly 820

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- BATCHID_<TPID>_RLS_820_YYYYMMDD_hhmmss_01.X12 For Release 820

Table 2: Explanation of File Name Elements in Figure 1

Element	Description
BatchID	This is the unique ID assigned by PRMMIS to each file.
TradingpartnerID	This is the "carrier's" Trading PartnerID.
CCYYMMDD	This is the date code in century, year, 2-digit month and 2-digit day.

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2 Getting Started

2.1 Testing Overview

Test transactions (ISA15 value of "T") must be sent to our Testing (UAT) environment.

Production transactions (ISA15 value of "P") must be sent to our Production environment (PROD).

Reminder: Submitters are responsible for the preservation, privacy, and security of data in their possession. While using production data that contains Personal Health Information (PHI) to conduct testing, the data must be guarded and disposed of appropriately.

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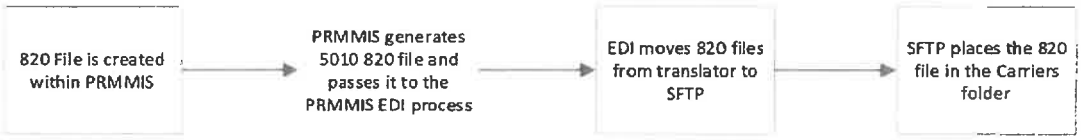
3 Connectivity With Puerto Rico Medicaid Program / Communications

This section describes the process for sending the HIPAA 820 transactions, along with various security requirements and exceptions to handling procedures.

3.1 Process Flows

Figure 2: Retrieval of Puerto Rico Medicaid Program's 820 via Carrier's folder SFTP Site.



3.2 Transmission Administrative Procedures

PRMP is available only to authorized users. Submitters are required to be PRMP trading partners.

3.3 Re-transmission Procedure

In the event of an interrupted communications session, PRMMIS will re-initiate the file transfer.

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4 Contract Information

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

4.1 Electronic Data Interchange Helpdesk

If you have questions related to PRMP's 820, contact the EDI Helpdesk by email at prmmis_edi_support@gainwelltechnologies.com or by phone at 1-833-209-8326.

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5 Control Segments / Envelopes

5.1 ISA - Interchange Control Header

This section describes PRMP's use of the ISA. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

To promote efficient, accurate electronic transaction processing, note the following PRMP specifications:

- Each trading partner is assigned a six-digit trading partner ID.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- Payer ID can be found in all companion guides.
- Only one interchange (ISA/IEA) loop and one functional (GS/GE) loop is allowed per file.

Transactions transmitted are identified by an ISA and trailer segment (IEA) which form the envelope enclosing the transmission. The ISA marks the beginning of the transmission (batch) and provides sender and receiver identification.

The ISA data segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be filled in with spaces.

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The following table shows the fields that PRMP will be sending.

Note: PRMP sends files with one ISA/IEA loop per file.

Table 3: ISA Interchange Control Header Fields

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.3	**None**	**ISA**	**Interchange Control Header**		**The ISA is a fixed-length record with fixed-length elements.**
C.4		ISA01	Authorization Information Qualifier	00	00=No authorization information present.
C.4		ISA02	Authorization Information		[10 spaces] Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier.
C.4		ISA03	Security Information Qualifier	00	00 – No Security Information Present
C.4		ISA04	Security Information		[10 spaces] This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier
C.4		ISA05	Interchange ID (Sender) Qualifier	30	30 = US Federal Tax Identification Number
C.4		ISA06	Interchange Sender ID	PRMMIS	Identification code published by the sender for other parties to use as the receiver ID to route data to

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
					them; the sender always codes this value in the sender ID element.
C.5		ISA07	Interchange ID (Receiver) Qualifier	ZZ	ZZ = Mutually Defined
C.5		ISA08	Interchange Receiver ID		Trading Partner ID
C.5		ISA09	Interchange Date		Date of interchange. The date format is YYMMDD.
C.5		ISA10	Interchange Time		Time of the interchange. The time format is HHMM
C.5		ISA11	Repetition Separator		Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator.
C.5		ISA12	Interchange Control Version Number	00501	00501 – Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
C.5		ISA13	Interchange Control Number		The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.
C.6		ISA14	Acknowledgement Requested	1	1 – Interchange Acknowledgment Requested (TA1)
C.6		ISA15	Usage Identifier	T & P	Code indicating whether data enclosed by this interchange envelope is test or production.
			Production Data	T	T - File from PRMMIS test environment.
			Production Data	P	P - File from PRMMIS production environment.
C.6		ISA16	Component Element Separator		A colon ":" will be sent.

5.2 IEA – Interchange Control Header

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.

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Table 4: IEA Interchange Control Trailer Fields

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.10		**IEA**	**Interchange Control Trailer**		
C.10		IEA01	Number of Included Functional Groups		Number of included Functional Groups
C.10		IEA02	Interchange Control Number.		Must be identical to the value in ISA13

5.3 GS - Functional Group Header

This section describes PRMP's use of the functional group control segments. It includes a description of expected application sender and receiver codes.

The following table shows the fields that PRMP will be sending.

Table 5: GS Functional Group Header Fields

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.7	**None**	**GS**	**Functional Group Header**		
C.7		GS01	Functional ID Code	RA	RA = 820 Payroll Deducted and Other Group Premium Payment (820)
C.7		GS02	Application Sender's Code	PRMMIS	PRMMIS = Application Sender's Code [6 characters left justified and 9 spaces]
C.7		GS03	Application Receiver's Code		Carrier's Trading Partner ID supplied by PRMP.
C.7		GS04	Date		The date format is CCYYMMDD.
C.8		GS05	Time		The time format is HHMM.
C.8		GS06	Group Control Number		Group Control Number – Must be identical to GE02.
C.8		GS07	Responsible Agency Code	X	X = Responsible Agency Code
C.8		GS08	Version/ Release/Industry Identifier Code	005010X218	005010X218 = Version/ Release/ Industry Identifier Code

5.4 GE - Functional Group Trailer

The following table shows the fields that Puerto Rico Medicaid will be sending.

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Table 6: GE Functional Group Trailer Fields

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.9	**None**	**GE**	**Functional Group Trailer**		
C.9		GE01	Number of Transaction Sets Included		Total number of transaction sets
C.9		GE02	Group Control Number		Must be identical to the value in GS06

5.5 ST-SE

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

PRMP recommends that trading partners follow the guidelines set forth in the TR3 — start the first ST02 in the first file with 000000001 and increment from there. The TR3 should be reviewed for how to create compliant transaction set control segments.

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5.5.1 Transaction Set Header (ST)

The TR3 should be reviewed for specific information.

Table 7: ST Transaction Set Header Fields

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
70	**None**	**ST**	**Transaction Set Header**		
70		ST01	Transaction Set Identifier Code	820	820 = Payment Order/Remittance Advice
70		ST02	Transaction Set Control Number		The Transaction Set Control Number in ST02 and SE02 must be identical. The number must be unique within a specific interchange (ISA-IEA).
70		ST03	Implementation Guide Version Name	005010X218	00501018 = Version/ Release/ Industry Identifier Code This field contains the same value as GS08.

5.5.2 Transaction Set Trailer (SE)

The TR3 should be reviewed for specific information.

Table 8: SE Transaction Set Trailder Fields

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
496	**None**	**SE**	**Transaction Set Trailer**		
496		SE01	Transaction Segment Count		Total number of segments included in a transaction set including the ST and SE segments
496		SE02	Transaction Set Control Number		The Transaction Set Control Number in ST02 and SE02 must be identical.

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5.6 File Delimiters

PRMP uses the following delimiters in the 820 file:

- **Data Element**: Byte 4 in the ISA segment defines the data element separator to be used throughout the entire transaction. The data element delimiter is an asterisk (*).
- **Repetition Separator**: ISA11 defines the repetition separator to be used throughout the entire transaction. The repetition separator is a caret (^).
- **Component-Element**: ISA16 defines the component element delimiter to be used throughout the entire transaction. The component-element delimiter is a colon (:).
- **Data Segment**: Byte 106 of the ISA segment defines the segment terminator used throughout the entire transaction. The data segment delimiter is a tilde (~).

These characters (* : ~ ^) cannot be present within the data content of the transaction elements.

6 Puerto Rico Medicaid Program-Specific Business Rules And Limitations

6.1 Trading Partner Identification Number

The EDI team will create any needed Trading Partner Profiles during the PRMP's implementation of the PRMMIS.

6.2 Testing

Production Authorization Testing will be available for PRMMIS 820 files.

6.3 Terminology

The term "subscriber" will be used as a generic term throughout the companion guide.

6.4 Limits

There is no file size restriction on how many records will be reported in an 820.

6.5 Scheduled Maintenance

PRMMIS recycles the servers every night between 00:00 a.m. to 01:00 a.m. Atlantic Standard Time (AST).

PRMMIS schedules regular maintenance every Sunday from 00:00 a.m. to 04:00 a.m. AST.

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7 Notes on 820 Premium Payment Order/Remittance Advice

7.1 820 – Monthly

An 820 monthly Capitation file is produced once a month. Additional 820 files will be produced if the withholding funds are released.

The 820 files will be available for retrieval for six months. If an 820 file is needed after six months, contact the EDI Helpdesk via e-mail using PRMMIS-Internal-EDI-HD-Support@gainwelltechnologies.com.

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8 Acknowledgements And/Or Reports

8.1 Acknowledgements

999 — Functional Acknowledgement

This file informs the submitter that the transaction arrived and provides information about the syntactical quality of the Functional Groups in a batch X12 file.

8.2 Report Inventory

There are no acknowledgement reports at this time.

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9 Transaction-Specific Information

This section describes how ASC X12N implementation guides adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that PRMP has something additional, over and above, the information in the implementation guides. That information can:

1. Limit the repeat of loops or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the implementation guide's internal code listings.
4. Clarify the use of loops, segments, composite, and simple data elements.
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with PRMP.

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In addition to the row for each segment, one or more additional rows are used to describe PRMP's usage for composite and simple data elements and for any other information. Notes and comments will be placed at the deepest level of detail. For example, a note about a code value will 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 for each segment that PRMP has additional information to provide, over and above the information in the TR3.

Table 9: 005010X218 – 820 Payroll Deduction and Other Group Premium Payments

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Notes/Comments
37			BPR	Beginning Segment		
37	1/2		BPR01	Transaction Handling Code	I	I = Indicates to the payee that the remittance detail is moving separately from the payment. This also includes when the resulting payment would be zero.
37	1/18		BPR02	Total Premium Payment Amount		The ACH system cannot support dollar amounts greater than 11 characters (including the decimal point). This provides an ACH limit of $99,999,999.99. for the 820. Dollar limits vary by the clearing system used, e.g ACH vs. wire.
38	1/1		BPR03	Credit or Debit Flag Code	C	C = Credit This indicates a credit to the payee's account, and a debit to the Payer's account.
38	3/3		BPR04	Payment Method Code	NON	
				Non-Payment Data	NON	NON = This value will be used if the payment is zero.

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Notes/Comments
42	8/8	BPR16	Check Issue or EFT Effective Date			For check payment, this data element specifies the check issuance date. For payments other than check this data element specifies the date the originator (premium payer) intends to provide funds to the receiver (premium receiver) Date format will be CCYYMMDD
43			TRN	Reassociation Trace Number		The purpose of this segment is to uniquely identify this transaction set and aid in the reassociating payment and remittance data that have been separated.
43	1/2		TRN01	Trace Type Code	3	3 = Financial Reassociation Trace Number The payment and remittance information have been separated and need to be reassociated by the receiver.
43	1/50		TRN02	Reference Identification		This field is used to re-associate the payment with the remittance information.
44	10/10		TRN03	Originating Company Identifier		Required when the receiver needs an originating company identification to reassociate a payment to a remittance. The Check Number will be used to reassociate the 820 to the check.
48			REF	Premium Receivers Identification Key		Note: Segment can repeat as needed.
48	2/3		REF01	Reference Identification Qualifier	18	18 = Plan Number
49	1/50		REF02	Premium Receiver Reference Identifier		For U.S. Treasury Department Financial Management Service Disbursed payments, this code indicates a payment schedule number will follow. Carrier Medicaid ID will be used for Puerto Rico.

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TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Notes/Comments
50			DTM	Process Date		Date the payment was processed by the premium payer. CCYYMMDD format
50	3/3		DTM01	Date Time Qualifier	009	009 = Process
50	8/8		DTM02	Payer Process Date		CCYYMMDD format
51			DTM	Delivery Date		Relays the date the payment was delivered to the Originating Depository Financial Institution by the premium payer or a third party processor.
51	3/3		DTM01	Date Time Qualifier	035	035 = Delivered
51	8/8		DTM02	Premium Delivery Date		CCYYMMDD format
53			DTM	Coverage Period		Segment communicates the start and end date of the coverage period associated with this premium payment.
53	3/3		DTM01	Date Time Qualifier	582	582 = Report Period
54	2/3		DTM05	Date Time Period Format Qualifier	RD8	RD8 = Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
54	1/35		DTM06	Date Time Period		CCYYMMDD-CCYYMMDD format
55			DTM	Creation Date		This segment is used to relay the date that the premium payment was created.
55	3/3		DTM01	Date Time Qualifier	097	097 = Transaction Creation
55	8/8		DTM02	Date		CCYYMMDD format
56		1000A	N1	Premium Receiver's Name		
56	2/3	1000A	N101	Entity Identifier Code	PE	PE = **Payee**
56	1/60	1000A	N102	Premium Receiver's Last Or Organization Name		Carrier's Name
62		1000A	RDM	Premium Receiver's Remittance Delivery Method		

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TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Notes/Comments
62	1/2	1000A	RDM01	Remittance Delivery Method Code	FT	FT - File Transfer will be used by Puerto Rico
64		1000B	N1	Premium Payer's Name		
64	2/3	1000B	N101	Entity Identifier Code	PR	PR - **Payer**
64	1/60	1000B	N102	Premium Payer Name		'PRMMIS'
67		1000B	N3	Premium Payer's Address		
67	1/55	1000B	N301	Premium Payer's Address Line		Payer's address line 1
67	1/55	1000B	N302	Premium Payer's Address Line2		Payer's address line 2
68		1000B	N4	Premium Payer's City, State, ZIP Code		
68	2/30	1000B	N401	Premium Payer's City Name		Payer's City
69	2/2	1000B	N402	Premium Payer's State Code		Payer's State
69	3/15	1000B	N403	Premium Payer's Zip Code		Payer's Zip +4 Note: If zip +4 is unknown send 9998.
70		1000B	PER	Member Communications Numbers		Note: Segment can repeat as needed
71	2/2	1000B	PER01	Contact Function Code	IC	IC - Information Contact
71	1/60	1000B	PER02	Premium Payer Contact Name		Payer's Contact Name
71	2/2	1000B	PER03	Communication Number Qualifier	TE	TE - Telephone
71	1/256	1000B	PER04	Communication Number		Payer's telephone number
71	2/2	1000B	PER05	Communication Number Qualifier	EM	EM - Email

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71	1/256	1000B	PER06	Communication Number		Required when additional communication numbers are available. If not required by the implementation guide, do not send. Payer's email address
72	2/2	1000B	PER07	Communication Number Qualifier	FX	FX – Facsimile
72	1/256	1000B	PER08	Communication Number		Required when additional communication numbers are available. If not required by the implementation guide, do not send. Payer's facsimile number
105		2000B	ENT	Individual Remittance		Required When Providing Remittance Line Items That Pertain To An Individual Enrolled In A Group Plan. Loop can repeat as needed.
106	1/6	2000B	ENT01	Assigned Number		Number assigned for differentiation within a transaction set
106	2/3	2000B	ENT02	Entity Identifier Code	2J	2J - Individual
106	1/2	2000B	ENT03	Identification Code Qualifier	34	34- Social Security Number
106	2/80	2000B	ENT04	Receiver's Individual Identifier		This is the identification number of the individual used by the receiver. Puerto Rico will use the Member's SSN **Note if there is no SSN sent the ENT04 Segment won't be created*
107		2100B	NM1	Individual Name		Loop can repeat as needed.
107	2/3	2100B	NM101	Entity Identifier Code	IL	IL – Insured or Subscriber
108	1/1	2100B	NM102	Entity Type Qualifier	1	1 - Person
108	1/60	2100B	NM103	Individual Last Name		Last name & last name 2 with pipe '|' delimiter to separate
108	1/35	2100B	NM104	Individual First Name		
108	1/25	2100B	NM105	Individual Middle Name		

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TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Notes/Comments
108	1/2	2100B	NM108	Identification Code Qualifier	N	N- Insured's Unique Identifier
108	2/80	2100B	NM109	Individual Identifier		Puerto Rico will use the Member's Medicaid ID
110		2200B	ADX	Individual Premium Adjustment For Previous Payment		This ADX loop contains adjustment items which are not netted to an RMR segment in this transaction set.
110	1/18	2200B	ADX01	Premium Payment Adjustment Amount		ADX01 specifies the amount of the adjustment and must be signed if negative. If negative, it reduces the payment amount; if positive, it increases the payment amount. For Puerto Rico, this field will contain the amount returned from the 2% withholding for Vital Carriers Only. For all Carriers, if an adjustment needs to be made to a previous period Capitation cycle, the Adjusted Amount will be recorded within this field.
110	2/2	2200B	ADX02	Premium Payment Adjustment Reason	52, 53, H6	52 - Credit for Previous Overpayment 53 - Remittance for Previous Underpayment H6 – Partial Payment Remitted
112		2300B	RMR	Individual Premium Remittance Detail		*Note: Loop can repeat as needed.*
112	2/3	2300B	RMR01	Reference Identification Qualifier	AZ	AZ - Health Insurance Policy Number For Puerto Rico, the Medicaid Id will be used.
113	1/15	2300B	RMR02	Insurance Remittance Reference Number		This is the Member's Medicaid ID number
113	1/18	2300B	RMR04	Detail Premium Payment Amount		This is the amount being paid on this remittance item. This will reflect the 98% for members within Vital Carriers Only and 100% for members within Platino Carriers. On Release 820 it will default to 0

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TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Notes/Comments
113	1/18	2300B	RMR05	Billed Premium Amount		Any difference between the RMR05 and the RMR04 would be explained by the ADX at loop 2320B.This will reflect the 100%. On Release 820 it will default to 0.
114		2300B	REF			
114	2/3	2300B	REF01	Reference Identification Qualifier	ZZ	ZZ – Mutually Defined
114	1/50	2300B	REF02	Organizational Reference Identifier		Capitation Type – 2 bytes Capitation Reason – 2 bytes Internal Capitation Control Number – number up to 10 bytes Internal Capitation Adjustment Control Number – number up to 10 bytes Rate Cell – 3 bytes Risk Score – 7 bytes (111.123) These fields are delimited by the '|'.
115		2300B	DTM	Individual Coverage Period		Required when the premium payer is not paying from an invoice but paying on account for a coverage period.
115	3/3	2300B	DTM01	Date Time Qualifier	582	582 – Report Period
116	2/3	2300B	DTM05	Date Time Period Format Qualifier	RD8	RD8 – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
116	1/35	2300B	DTM06	Coverage Period		CCYYMMDD-CCYYMMDD format
117		2320B	ADX	Individual Premium Adjustment For Current Payment		Required when the paid amount differs from the billed amount (RMR05 is present) in the related RMR segment. Loop can repeat as needed.
103	1/18	2320A	ADX01	Adjustment Amount		ADX01 specifies the amount of the adjustment and must be signed if negative. If negative, it reduces the payment amount; if positive, it increases the payment amount. For Puerto Rico, this field will contain the 2% withholding amount for members within Vital Carriers.

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TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Notes/Comments
103	2/2	2320A	ADX02	Adjustment Reason Code	H6	H6 – Partial Payment Remitted

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10 Disclosure Statement

Companion guides may contain two types of data, instructions for electronic communications with the publishing entity (communications/connectivity instructions), and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 implementation guide (transaction instructions). Either the communications/connectivity component or the transaction instruction component must be included in every companion guide. The components may be published as separate documents or as a single document.

The communications/connectivity component is included in the companion guide when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The transaction instruction component is included in the companion guide when the publishing entity wants to clarify the implementation guide instructions for submission of specific electronic transactions. The transaction instruction component content is limited by ASC X12's copyrights and Fair Use statement.

- This companion guide does not replace the HIPAA ANSI ASC X12N Implementation Guide. Nor does it contain any actions that would result in a Non-Compliant Transaction.

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Appendix A.

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11 Change Summary

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Version 2.3 Revision Log

Companion Guide: 820 HIPAA Transaction Standard

Name: Gainwell Date: 04/16/2024

Loop ID	Page(s) Revised	Reference	Name		
2300B	114	REF02	Organizational Reference Identifier		Risk Score updated to reflect 7 Bytes instead of 8

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Version 2.2 Revision Log

Companion Guide: 820 HIPAA Transaction Standard

Name: Gainwell Date: 02/22/2024

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
Naming					Updated Naming Convention for Monthly 820 and Release 820 to reflect X12

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Version 2.1 Revision Log

Companion Guide: 820 HIPAA Transaction Standard

Name: Gainwell Date: 02/15/2024

Loop ID	Page(s) Revised	Reference	Name	Code(s)	Add Reason
Naming					Updated Naming Convention for Monthly 820 and Release 820
2000B	106	ENT04	Receiver's Individual Identifier		Corrected to Member's SSN
2100B	108	NM109	Individual Identifier		Changed Qualifier to N and corrected to state Member's Medicaid ID
2000B	106	ENT03	Identification Code Qualifier		Updated Qualifier to 34

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Version 2.0 Revision Log

Companion Guide: 820 HIPAA Transaction Standard

Name: Gainwell Date: 01/11/2024

Loop	[illegible]	Reference	[illegible]	[illegible]	[illegible]
Naming					Updated Naming Convention for Monthly 820 and Release 820
2300B	23	RMR02	Insurance Remittance Reference Number		Corrected Field Length to 15 to match the flat file and updated description

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Version 1.9 Revision Log

Companion Guide: 820 HIPAA Transaction Standard

Name: Gainwell Date: 12-11-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2300B	23	REF02	Organizational Reference Identifier		Added field lengths.

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Version 1.8 Revision Log

Companion Guide: 820 HIPAA Transaction Standard

Name: Gainwell Date: 11-29-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2200B	22	ADX01	Premium Payment Adjustment Amount		Added the statement: For all Carriers, if an adjustment needs to be made to a previous period Capitation cycle, the Adjusted Amount will be recorded within this field.

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Version 1.7 Revision Log

Companion Guide: 820 HIPAA Transaction Standard

Name: Gainwell Date: 11-28-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	15		Section 7 – Notes on 820 Premium Payment Order/Remittance		Updated the narrative to reflect the PRMP 820.
	16		Section 8 – Acknowledgements And/Or Reports		Updated the narrative to reflect the PRMP 820.
2300B	23	REF02	Organizational Reference Identifier		Added delimited by statement.
2300B	23	RMR02	Insurance Remittance Reference Number		Corrected 'Member's PBG Location ID' to be 'Member's PMG Location ID'
2200B	22	ADX01	Premium Payment Adjustment Amount		Added a statement to indicate that this field will contain the 2% released amount for members within Vital Carriers and the statement to include Adjustments to PMPM payments.
2200B	22	ADX02	Premium Payment Adjustment Reason	52, 53, H6	Added Reason Codes: 52 - Credit for Previous Overpayment and 53 - Remittance for Previous Underpayment
2320A	24	ADX01	Adjustment Amount		Added a statement to indicate that this field will only be populated for members within Vital Carriers.

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Version 1.6 Revision Log

Companion Guide: 820 HIPAA Transaction Standard

Name: Gainwell Date: 11-06-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	17	BPR04	Payment Method Code	ACH	Removed 'ACH' as a valid value
2200A	21	ADX01	Premium Payment Adjustment Amount		Removed
2200A	21	ADX02	Adjustment Reason Code		Removed
2300A	21	RMR01	Reference Identification Qualifier		Removed
2300A	21	RMR02	Reference Identification		Removed

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Version 1.5 Revision Log

Companion Guide: 820 HIPAA Transaction Standard

Name: Gainwell Date: 09-11-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2000B		ENT03	Identification Code Qualifier	II	II – Standard Unique Health Identifier replaced the 34 – Social Security Number
2100B		NM108	Identification Code Qualifier	34	34 – Social Security Number replaced the N – Insured's Unique Identification Number
		ISA			Field notes updated

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Vital Rate Cell Table				
Eff Date	**End Date**	**Rate cell id**	**MIP Rate Cell**	**Rate Cell Description**
20231001	20240930	77	V01	Medicaid Child 0-18
20231001	20240930	78	V02	Medicaid Adult 19+
20231001	20240930	81	V03	Medicaid Aged Blind Disabled Non-Dual
20231001	20240930	83	V16	CW Medicaid Aged Blind Disabled Non-Dual
20231001	20240930	76	V04	CHIP
20231001	20240930	79	V05	Commonwealth Child 0-18
20231001	20240930	80	V06	Commonwealth Adult 19+
20231001	20240930	21	V11	Dual Eligible Part A Only
20231001	20240930	22	V12	Dual Eligible Part A and B
20231001	20240930	23	V13	Foster Care/Domestic Abuse
20231001	20240930	39	V07	Medicaid Maternity Kick Payment
20231001	20240930	42	V09	CW Maternity Kick Payment
20231001	20240930	41	V08	CHIP Maternity Kick Payment
20231001	20240930	90	V10	Correctional Facility Hospital Case Rate
20231001	20240930	92	V17	Administration of Youth Institutions (AIJ)
20231001	20240930	93	V18	Forensic Psychiatry

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gainwell

DEPARTAMENTO DE SALUD

Puerto Rico Medicaid Management Information System

ICD_Member_Level_Risk_Score_V3.0

ICD Member Level Risk Score Interface

Interface Control Document

Version 3.0

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Change History

Version #	Date	Modified By	Description
1.0	04/28/2023	Gainwell Technologies	Initial submission
2.0	05/04/2023	Gainwell Technologies	NA
3.0	12/18/2023	Gainwell Technologies	• Removed two leading zeroes from Member ID field on the Detailed Specifications for Record Type 1 • Added Region field on Detailed Specifications for Record Type 0 and Record Type 1

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1 Acronyms

The following table contains the list of abbreviations used within this document.

Note: This acronym list will not include all potential HIPAA-related transaction information.

Table 1 – Acronyms

Acronyms	Definition
ASES	Administracion de Servicios de Salud de Puerto Rico
CDPS	Chronic Illness and Disability Payment System
CMS	Centers for Medicare & Medicaid Services
CSV	Comma-Separated Values
HIPAA	Health Insurance Portability and Accountability Act of 1996
ICD	Interface Control Document
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program
Rx	Prescription
SFTP	Secure File Transfer Protocol

2 Interface Overview

This document is the definition of the Puerto Rico Medicaid Management Information System (PRMMIS) Member Level Risk Score File layout that will be send from the Administracion de Servicios de Salud de Puerto Rico (ASES) to PRMMIS. The Member Level Risk Score interface should contains all beneficiaries included in the Member Level Risk Score Registry for the corresponding four months. The member level risk score will be calculated by the Actuaries based on the results of the Chronic Illness and Disability Payment System (CDPS) + Prescription (Rx) risk adjustment tool and shared with ASES.

2.1 Use Requirements

PRMMIS will request ASES to move these files to the PRMMIS Production Secure File Transfer Protocol (SFTP) Server every four
months based on the calendar on section 2.3 below.

ASES to provide to the PRMMIS the same Interface file that will be provided to the Carriers (Wovenware involvement for the Interface development will not be required).

2.2 Communication Methods and Format

The inbound file will be in a Comma-Separated Values (CSV) format. Each field within a record will be separated by a pipe as the delimiter. If a field value contains a pipe as part of the value, the field will be surrounded with quotation marks. If a field contains a quotation mark it will be escaped by preceding it with a quotation mark.

The files does contain a header record , there is no trailer record.

Proposed layout as follows:

- Medicaid ID
- Rate Code
- Enrollment_Snapshot_Date
- Carrier ID
- Birth Date
- Raw Risk Score
- Budget Neutral Risk Score
- Effective_Start_Date

2.3 Timing and Frequency

Every four months Member Level Risk Score Interface file: ASES to provide to the PRMMIS the same Interface file that will be provided to the Carriers.

Every four months Member Level Risk Score Interface file: ASES to provide to the PRMMIS the same Interface file that will be provided to the Carriers (Wovenware involvement for the Interface development will not be required).

Every four months Member Level Risk Score documentation needs to be provided by ASES containing the details of the Interface file layout, file name, etc.

ASES is going to request the Member Level Risk Score file to the Actuary on the calendar below: (the process will be performed every year).

Table 2: Member Level Rick Score request calendar

Query File	Response File	Effective From	Effective To
November 01	November 20	January 01	April 30
March 01	March 20	May 01	September 30
August 01	August 20	October 01	January 31

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PRMMIS expects ASES to review the file for accuracy and send to PRMMIS via sFTP within 10 calendar days after receiving the file from the actuary.

2.4 Monitoring and Reporting

Input file: Risk_Score_YYYYMMDD_SS.res (case sensitive).

Table 3: File name part File name part description

File name part	File name part description
Risk_Score_	Static text for interface identifier
YYYYMMDD	Date for Enrollment Snapshot Query Example 20221101 for November 01 , 2022
_	Static text
SS	Version sequence starting in 00
.res	Static text

2.5 Error Handling

The file can be easily resent if there are any transmission issues.

2.6 Assumptions

ASES will receive and validate the file from the actuary. Once ASES completed the file , ASES will send the file to PRMMIS via sftp server.

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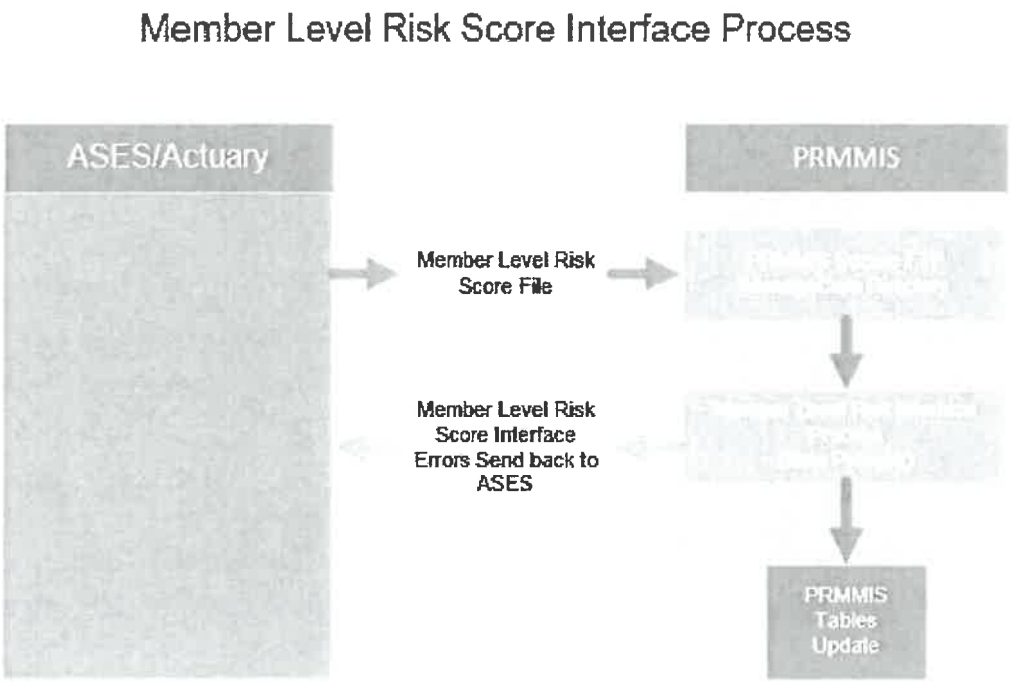
3 Process Flow

Figure 1 – PRMMIS Member Level Risk Score Interface.



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4 Detailed Specifications

4.1 Header Record Type 0

Table 4: Header Record Type

Field #	Field Name	Field Value
1	MEDICAID ID	"MEDICAID ID"
2	RATE CODE	"RATE CODE"
3	ENROLLMENT SNAPSHOT DATE	"ENROLLMENT_SNAPSHOT DATE"
4	CARRIER ID	"ID_CARRIER"
5	BIRTH DATE	"BIRTH_DATE"
6	RAW RISK SCORE	"RAW_RISK_SCORE"
7	BUDGET NEUTRAL RISK SCORE	"NEUTRAL_RISK_SCORE"
8	EFFECTIVE START DATE	"DTE_EFFECTIVE"
9	EFFECTIVE END DATE	"DTE_END"
10	Region	"REGION_CODE"

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4.2 Detail Format Record Type 1 – Member Level Risk Score

Table 5: Detail Format Record Type 1 – Member Level Risk Score

Field	Size	Type	Format	Values	Field Status R-Required O-Optional	Notes
Medicaid ID	11	Alpha-num	'99999999999'	Ex '55777779929'	R	Member Medicaid id
Rate Code	3	Character	999	123 or ABC	R	Rate Cell Code assigned to the Member
Enrollment_Snapshot_Date	8	Numeric	MMDDYYYY	Ex 10012022= October 1, 2022	R	Cutoff Extract Date
Carrier ID	2	Character	99	99	R	Insurance Carrier Identifier
Birth Date	8	Numeric	MMDDYYYY	Ex 06012022 = June 1, 2022	R	Beneficiary Date of Birth
Raw Risk Score	9	Number (7,4)	999.9999	123.1234	R	Risk Score generated by the CDPS + Rx risk adjustment tool. (Example: 1.0000)
Budget Neutral Risk Score	9	Number (7,4)	999.9999	147.1234	R	Risk Score adjusted for Budget Neutrality. This is the Member risk score used to calculate capitation payments. (Example: 147.1234)
Effective_Start_Date	8	Numeric	MMDDYYYY	Ex 10012022= October 1, 2022	R	Score Effective Start Date
Effective_End_Date	8	Numeric	MMDDYYYY	Ex 12312022= December 31, 2022	R	Score Effective End Date
Region	1	Character	A	EX Region of member Regions are identified as: 'A'=North	R	Residence Region of the Member

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				'B'=Metro-North 'E'=East 'F'=North-East 'G'=South-East 'J'=San Juan 'P'=Virtual Region 'S'=South-West 'Z'=West		

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