

# COMMONWEALTH OF VIRGINIA



## Medicaid Enterprise System (MES) MMIS Companion Guide

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## Payroll Deducted and Other Group Premium Payment for Insurance Products (820)

ASC X12N 820  
VERSION 005010X218

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January 31, 2022  
Document Version 1.6

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Department of Medical Assistance Services (DMAS)



**Payroll Deducted and Other Group Premium Payment for  
Insurance Products (820)**

31 January 2022

ASC X12N 820  
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***VERSION CHANGE SUMMARY***

<b>VERSION NO.</b>	<b>DESCRIPTION</b>	<b>DATE</b>
Version 1.0 – 1.1	Xerox VAMMIS FA 5010 Original Implementation	08/02/2011
Version 1.2	Xerox Rebranding	06/04/2012
Version 1.3	Conduent Rebranding	05/19/2017
Version 1.4	Corrections – Replaced 546166277 with 546116277	12/27/2017
Version 1.5	2300B - Individual Premium Remittance Detail	5/29/2018
Version 1.6	Effective February 14, 2022 in preparation for MMIS Rebranding to MES April 4, 2022 Updated front matter including: Introduction – updated links, Purpose – reworded section, and Special Notes –reworded the section and on page 5 information added – DMAS MES EDI web portal access	1/31/2022



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### **INTRODUCTION**

The Health Insurance Portability and Accountability Act (HIPAA) requires that 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 and Human 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 clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, and does not contradict any requirements in the X12N implementation guide.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at <http://store.x12.org/store>

### **PURPOSE**

This guide is concerned with the submission of an EDI 820 transaction from Conduent to the MCOs. The 820 provides MCO capitation payment information.

An 820 transaction file is created on the last day of the month. It corresponds to the final enrollment as reflected on the related 834 transaction file. An 820 transaction is created for each MCO and payment for each member that is enrolled in the MCO for the following month. Payment is also included for any recognized retroactive adds as well as any adjustments. The Claims Processing Subsystem builds and prices a claim for each member for whom an MCO is due a capitation payment.

The DMAS Managed Care Unit will enter adjustments or voids as needed to properly affect capitation payments that were made in error. The Financials Subsystem recognizes a claim or an adjustment for a capitation payment, and rather than include it on an EDI 835, it includes it on the monthly EDI 820 transmission. Capitation payments can be made for both Medicaid and FAMIS members. Separate EDI transmissions must be sent for Medicaid and FAMIS.

### **SPECIAL NOTES**

Financial Adjustment Transactions – Various financial transactions may be generated for adjustments made to a provider's account. These adjustments may be for additional payments, advanced payments, voided checks, liens, recoupment of funds, or other reductions in the total payment amount. These provider level adjustments are reflected in an ADX segment (Not the new ADX segments in 2200A and 2200B loops) and a corresponding RMR segment in the summary reimbursement section of the 820. The



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reason for the financial adjustment is coded in the ADX02 element and further detailed in the associated RMR02 element.

Financial Adjustment Reason Codes - A composite reference identifier in the summary level RMR02 provides more detailed description of the reason for a provider level Financial Adjustment Transaction. A component of this identifier is referred to as the DMAS Financial Adjustment Reason Codes. These reason codes and their descriptions are available on the DMAS Web Page.

An MCO may request and obtain an NPI. If an NPI is assigned it will be used. MCOs that do not obtain an NPI will be given a 10-digit DMAS assigned Atypical Provider ID (API).

Conduent uses the MOVEit® DMZ application to transmit batch EDI data into the Virginia Medicaid system. All Service Centers must have applied and been authorized by the Virginia EDI Coordinators office before using MOVEit® DMZ.

EDI Submitters can upload and retrieve batch files via the MOVEit® DMZ application using either of two methods:

- a. Point a web browser to <http://vammmis-filetransfer.com> and follow the web interface prompts to perform the desired task
- b. Use an SFTP Client application that references the [vammmis-filetransfer.com](http://vammmis-filetransfer.com) domain to perform the desired task

MOVEit® DMZ is a secure file transfer and secure message server. It is a vital component of the [MOVEit® family](#) of secure file processing, storage, and transfer products developed by [Ipswitch, Inc.](#)

These products provide comprehensive, integrated, standards-based solutions for secure handling of sensitive information, including financial files, medical records, legal documents, and personal data.

More information or additional help regarding MOVEit® DMZ can be located on this web page: [https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-01/VAMMIS\\_File\\_Transfer\\_FAQ.pdf](https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-01/VAMMIS_File_Transfer_FAQ.pdf)



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The DMAS MES EDI web portal can be accessed from this web page:

<https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage>

For initial EDI Enrollment as a Trading partner, complete the Electronic Trading Partner Agreement online. The initial online enrollment can be accessed from this web page:

<https://vamedicaid.dmas.virginia.gov/form/edi-enrollment>. After completing the enrollment, you will receive your credentials along with a unique Service Center ID assigned by Virginia Medicaid via email from [no-reply@va.healthinteractive.net](mailto:no-reply@va.healthinteractive.net). The Virginia EDI test coordinator at Conduent will reach out with testing instructions after the Trading Partner Agreement is signed and approved.

The MES EDI web portal allows Service Centers or Trading Partners to:

- Enroll to submit healthcare transactions electronically
- Authorize trading partners or service centers to retrieve and/or modify electronic X12 transactions
- Self-service for password updates

Use the following link to access the MES EDI Portal FAQs:

<https://login.vamedicaid.dmas.virginia.gov/SecureISS/faqLoginPage>



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**Data Element Descriptions**

Page	Loop	Segment	Data Element	Comments
C.4		ISA	ISA01 - Authorization Information Qualifier	00 - No authorization information present
C.4		ISA	ISA03 - Security Information Qualifier	00 - No security information present
C.4		ISA	ISA05 - Interchange ID Qualifier	ZZ - mutually defined
C.4		ISA	ISA06 - Interchange Sender ID	VAMMIS FA
C.5		ISA	ISA07 - Interchange ID Qualifier	ZZ - Mutually defined
C.5		ISA	ISA08 - Interchange Receiver ID	Service Center
C.5		ISA	ISA12 - Interchange Control Version Number	00501- Control Version Number
C.6		ISA	ISA14 - Acknowledgment Requested	0 = No Interchange Acknowledgment Requested
C.6		ISA	ISA15 - Usage Indicator	P = Production or T = Test
C.6		ISA	ISA16 - Component Element Separator	'>'
C.7		GS	GS02 - Application Sender's Code	VAMMIS FA
C.7		GS	GS03 - Application Receiver's Code	4 digit Service Center ID assigned by Virginia Medicaid
C.8		GS	GS08 - Version/Release/Industry Identifier Code	005010X218
37		BPR	BPR01 - Transaction Handling Code	I - Remittance info only
38		BPR	BPR04 - Payment Method Code	CHK - Check ACH - Automated Clearing House
38		BPR	BPR05 - Payment Format Code	CCP - Cash Concentration / Disbursement plus Addenda (CCD+) (ACH)
39		BPR	BPR06 - Depository Financial Institution (DFI) ID Number Qualifier	01 - ABA Transit Routing number Including Check Digits (9 Digits)
40		BPR	BPR10 - Originating Company Identifier	1 plus DMAS Federal Tax ID 546116277
41		BPR	BPR12 - Depository Financial Institution (DFI) ID Number Qualifier	01 - ABA Transit Routing number Including Check Digits (9 Digits) Note: This is a BPR06 value
41		BPR	BPR14 - Account Number Qualifier	DA- Demand Deposit
43		TRN	TRN02 - Reference Identification	Check number or EFT trace number
44		TRN	TRN03 - Originating Company Identifier	1 plus DMAS Federal Tax ID 546116277
44		TRN	TRN04 - Reference Identification	RA advice number
49		REF	REF02 - Reference Identification	Medicaid Service Center



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Page	Loop	Segment	Data Element	Comments
49		REF	REF02 - Reference Identification - Plan Number	MCO Provider NPI or DMAS assigned API
64	1000B	N1	N102 – Premium Payer Name	DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
65	1000B	N1	N104 - Identification Code	1 plus DMAS Federal Tax ID 546116277
67	1000B	N3	N301 - Address Information	P.O. Box 26228
68	1000B	N4	N401 - City Name	Richmond
69	1000B	N4	N402 - State or Province Code	VA
69	1000B	N4	N403 - Postal Code	232616228
71	1000B	PER	PER02 - Contact Name	DMAS Managed Care
71	1000B	PER	PER04 - Communication Number	ManagedCareHelp@dmass.virginia.gov
88	2300A	RMR	RMR02 - Reference ID	Financial control number (positions 1 – 9) and DMAS Financial Adjustment Reason Code (positions 10 – 13)
88	2300A	RMR	RMR04 - Financial Adjustment Amount	Only financial adjustments are reflected at the summary level of the transaction. Premium payments are reflected at the detail level.
104	2320A	ADX	ADX02 - Adjust Reason Code	Reason Code 52 – Credit for Overpayment 53 – Remittance for Previous Underpayment
107	2100B	NM1	NM101 - Entity Identifier Code	QE – Policyholder
108	2100B	NM1	NM109 - DMAS Internal Control Number	ICN CCYYDDD ICN Media code ICN Batch seq ICN Line no
113	2300B	RMR	RMR02 - Reference ID - policy number	Benefit package code (positions 1 – 2)
113	2300B	RMR	RMR04 – Premium Payment Amount	Premium payments are only reflected at the detail level.
113	2300B	RMR	RMR05 – Monetary Amount	Original Rate Amount
118	2320B	ADX	ADX02 - Adjust Reason Code	Reason Code 52 - Credit for Overpayment 53 - Remittance for Previous Underpayment