MMIS Replacement Project (MRP)

Health Care Payment/Advice (835) Transaction Standard Companion Guide

Companion to Health Care Claim Payment/Advice ASC X12N 835 005010X221 Implementation Guide

September 2022

Version 0.4

Disclosure Statement

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Preface

This Companion Guide to the Health Care Claim Payment/Advice (835) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the State of Mississippi, Division of Medicaid (DOM). Transmissions based on this Companion Guide, used in tandem with the **ASC X12N 835 005010X221 Implementation Guide and the associated addendum 005010X221A1**, 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 Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (DHHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions, primarily between health care providers and plans. HIPAA directs the Secretary to adopt transaction standards enabling the electronic exchange of health information and to adopt specifications for implementing each standard. HIPAA intends to:

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

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into trading partner agreements that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specifications
- Change the meaning or intent of the standards implementation specifications

Effective January 01, 2014, health plans, covered entities, and their business associates that engage in the exchange of covered transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 835 transaction. These operating rules are maintained by the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE).

1.1. Scope

The Companion Guide is to be used with and supplement the requirements in the HIPAA Accredited Standards Committee (ASC) X12 Implementation Guides. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion Guide is to provide trading partners with a guide to communicate Mississippi Division of Medicaid (MS DOM) specific information required to successfully exchange transactions.

The Companion Guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claim status request and response transactions to MS DOM.

1.2. Overview

This section of the Companion Guide will provide guidance for establishing a relationship with MS DOM for the business purpose of doing the electronic Health Care Claim Payment/Advice (835) transaction.

1.3. References

This section specifies additional on-line sources of helpful information related to electronic data interchange (EDI) and X12 transactions.

- Workgroup for Electronic Data Interchange (WEDI) – http://www.wedi.org
- United States Department of Health and Human Services (DHHS) – http://aspe.hhs.gov/

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- Centers for Medicare and Medicaid Services (CMS) – http://www.cms.gov/
- Designated Standard Maintenance Organizations (DSMO) – http://www.hipaa-dsmo.org/
- National Council of Prescription Drug Programs (NCPDP) – http://www.ncpdp.org/
- National Uniform Billing Committee (NUBC) – http://www.nubc.org/
- Washington Publishing Company (WPC) at http://wpc-edi.com/
- Accredited Standards Committee (ASC X12) – http://www.x12.org/
- Affordable Care Act (ACA) Section 1104 information is at the CMS website. For information on ACA Administrative Simplification information follow this link: https://www.cms.gov/regulations-and-guidance/HIPAA-Administrative-Simplification/affordable-care-act/operatingrulesforHIPAATransactions.html

1.4. Additional Information

It is assumed that the trading partner has purchased and is familiar with the ASC X12 Type 3 Technical Report (TR3) being referenced in this Companion Guide. TR3s can be purchased from the ASC X12 store at http://store.x12.org/store/.

2. Getting Started

2.1. Working with Mississippi DOM

The Electronic Data Interchange (EDI) Department is available to assist trading partners when questions arise. See Section 5 for details.

2.2. Trading Partner Registration

Trading Partner registration is completed through the secure provider portal. All required fields must be completed, and an electronic signature must be included.

2.3. Certification and Testing Overview

All covered entities who submit electronic transactions are required to certify. This includes Clearing houses, Software Vendors, Provider Groups, and Coordinated Care Organizations (CCOs). Such agencies certify users who submit transactions through them on their behalf. Users who submit transactions directly must be certified. Users who submit transactions through CCOs should receive certification requirement information from the CCO.

3. Testing with the Payer

Testing is not required for Health Care Claim Payment/Advice (835).

4. Connectivity with the Payer/Communications

Users can register to access the provider portal in order to upload EDI files.

To register/logon to the provider portal, visit: Mississippi Medical Assistance Portal for Providers > Home (msxix.net).

Submission of EDI Transactions via MOVEit, go to: Mississippi Replacement Project (msxix.net)

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4.1. Passwords

Passwords are provided during initial enrollment and can be reset by contacting Provider Relations – Electronic Claims Submission (ECS) Department at 1 800-884-3222. These passwords may not be shared.

5. Contact Information

In an effort to assist the community with their electronic data exchange needs, MS DOM has the following options available for either contacting a help desk or referencing a website for further assistance:

- For general information go to Mississippi DOM Website: EDI Technical Documents | Mississippi Division of Medicaid (ms.gov)
- For EDI Services (technical, enrollment, or setup questions):
  - E-mail: MS_EDI_Helpdesk@gainwelltechnologies.com
  - Telephone: 1 800-884-3222
  - Hours are Monday through Friday from 08:00 AM to 05:00 PM CST.

6. Payer Specific Business Rules and Limitations

Payer specific business rule information regarding MS DOM can be found at the “For Our Providers” webpage on the MS DOM website, Providers | Mississippi Division of Medicaid (ms.gov).

The manuals provide detailed information regarding billing for specific services and provider types and payer-specific editing and auditing.

7. Acknowledgements and/or Reports

No acknowledgements are expected for the Health Care Claim Payment/Advice (835) transactions.

8. Trading Partner Agreements

An Electronic Data Interchange (EDI) Trading Partner is defined as any MS DOM customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to or receives electronic data from MS DOM.

Payers have EDI Trading Partner Agreements (TPAs) that accompany the standard Implementation Guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

9. Transaction-Specific Information

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA are detailed in a table. The tables contain a row for each segment that has additional information MS DOM provides that can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element

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3. Specify a sub-set of the IGs 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 MS DOM

In addition to the row for each segment, one or more additional rows are used to describe MS DOM usage for composite and simple data elements, and any other necessary 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.

All MS DOM members are considered “subscribers”, so they all have individual loops. See the Implementation Guide for additional information. Dependent loops for eligibility transactions will not be processed.

9.1. Naming Your Files

When downloading batch files, the submitter files will be in the following format, example 820, 834, 835, TA1, 999:

- TP01234567_YYYYJJJ_(9 digit sequence).820
- TP01234567_YYYYJJJ_(9 digit sequence).834
- TP01234567_YYYYJJJ_(9 digit sequence).835
- TP01234567_YYYYJJJ_(9 digit sequence).TA1
- TP01234567_YYYYJJJ_(9 digit sequence).999
  *Where YYYYJJJ is the 4-digit year and 3-digit Julian day.

10. Conventions

Most of the companion guide is in table format (see example below). Only loops, elements, or segments with clarifications or comments are listed. For further information, please see the TR3 for each transaction.

Table 1. Conventions Sample

Loop ID	Segment/ Element Reference	Loop Name	Codes	Notes/Comments
	835	**Health Care Claim Payment/Advise (835)**		
	BPR	**Financial Information**		
	BPR01	Transaction Handling Code	C, D, H, I, P	C - Payment Accompanies Remittance Advice D - Make Payment Only H - Notification Only I - Remittance Information Only P - Prenotification of Future Transfers
	BPR03	Credit or Debit Flag Code	C	C – Credit D - Debit

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Loop ID	Segment/ Element Reference	Loop Name	Codes	Notes/Comments
	BPR04	Payment Method	ACH, BOP, CHK, FWT, NON	ACH - Automated Clearing House (ACH) BOP - Financial Institution Option CHK - Check FWT - Federal Reserve Funds/Wire Transfer - Nonrepetitive NON - Non-Payment Data
	BPR06	ID Number Qualifier	01	01 - ABA Transit Routing Number Including Check Digits
	BPR07	Sender DFI Identifier	065305436	Mississippi Division of Medicaid will use one of the following routing numbers: XXXXXXXXX for Paper Checks 065305436 for EFT
	BPR10	Payer Identifier		*Refer to TR3*
	BPR12	ID Number Qualifier	01	01 - ABA Transit Routing Number Including Check Digits 04 - Canadian Bank Branch and Institution Number

Table 2. Conventions Fields

Column Name	Description
Loop ID	Loop, header, or trailer.
Segment/Element Reference	Segment or Element ID.
Loop Name	Name of Loop, header, or trailer.
Codes	Code values.
Note/Comments	Comments or clarifications for Mississippi DOM. Values, data length, and repeats are also listed here. Clarifications in field length only indicate what Mississippi DOM uses or returns to process the transaction. MS DOM still accepts the minimum and maximum field lengths required by the Technical Report Type 3 (TR3) for each element.

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10.1. Transaction 835, Health Claim: Payment/Advice

Table 3. 835 Conventions

Loop ID	Reference	Name	Codes	Notes/Comments
	835	**Health Care Claim Payment/Advise (835)**		
	ISA	**Interchange Control Header**		
	ISA01	Authorization Information Qualifier	00	00 - No Authorization Information Present
	ISA02	Authorization Information		*Refer to TR3*
	ISA03	Security Information Qualifier	00	00 - No Authorization Information Present
	ISA04	Security Information		*Refer to TR3*
	ISA05	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA06	Interchange Sender ID	77032	
	ISA07	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA08	Interchange Receiver ID	Trading Partner ID	The Gainwell Technologies Electronic Transaction Identification Number (ETIN) assigned to the submitter is expected in this data element. This is the same as your Mississippi DOM Trading Partner ID
	ISA11	Repetition Separator	^	Caret
	ISA12	Interchange Control Version Number	00501	
	ISA15	Interchange Usage Indicator		*Refer to TR3*
	ISA16	Component Element Separator	:	Colon
	GS	**Functional Group Header**		
	GS01	Functional Identifier Code	HP	HP – Health Care Claim Payment/Advice (835)
	GS02	Application Sender's Code	77032	Value should equal ISA06
	GS03	Application Receiver's Code	Trading Partner ID	Value should equal ISA08
	GS07	Responsible Agency Code	X	
	GS08	Version / Release / Industry / Identifier Code	005010X221A1	
	ST	**Transaction Set Header**		
	ST01	Transaction Set Identifier Code	835	835 - Health Care Claim Payment/Advice
	ST02	Transaction Set Control Number		*Refer to TR3*

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Loop ID	Reference	Name	Codes	Notes/Comments
	ST03	Implementation Convention Reference	005010X221A1	
	BPR	**Financial Information**		
	BPR01	Transaction Handling Code	C, D, H, I, P	C - Payment Accompanies Remittance Advice D - Make Payment Only H - Notification Only I - Remittance Information Only P - Prenotification of Future Transfers
	BPR03	Credit or Debit Flag Code	C	C – Credit
	BPR04	Payment Method	ACH, BOP, CHK, FWT, NON	ACH - Automated Clearing House (ACH) BOP - Financial Institution Option CHK - Check FWT - Federal Reserve Funds/Wire Transfer - Nonrepetitive NON - Non-Payment Data
	BPR06	ID Number Qualifier	01	01 - ABA Transit Routing Number Including Check Digits
	BPR07	Sender DFI Identifier	065305436	Mississippi Division of Medicaid will use one of the following routing numbers: XXXXXXXXX for Paper Checks 065305436 for EFT
	BPR10	Payer Identifier		*Refer to TR3*
	BPR12	ID Number Qualifier	01	01 - ABA Transit Routing Number Including Check Digits
	TRN	**Reassociation Trace Number**		
	TRN03	Payer Identifier		*Refer to TR3*
1000A	**N1**	**Payer Identification**		
	NM101	Entity Identifier Code	PR	PR – Payer
	NM102	Payer Name	MS_TXIX	MS_TXIX – Mississippi Title 19
	NM103	Identification Code Qualifier		*Refer to TR3*
	NM104	Payer Identifier		*Refer to TR3*
	N3	**Payer Address**		
	N301	Payer Address Line	P.O. Box 23078	
	N302	Payer Address Line		
	N4	**Payer City, State, Zip Code**		

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Loop ID	Reference	Name	Codes	Notes/Comments
	N401	Payer City Name	Jackson	
	N402	Payer State Code	MS	
	N403	Payer ZIP Code	39225-3078	
	PER	**Payer Technical Contact Information**		
	PER01	Contact Function Code	BL	BL – Technical Department
	PER02	Name	GAINWELL TECHNOLOGIES	Mississippi Division of Medicaid Help Desk
	PER03	Communication Number Qualifier	TE	TE – Telephone
	PER04	Claim Contact Communications Number	1 800-884-3222	
1000B	**N1**	**Payee Identification**		
	N101	Entity Identifier Code	PE	PE – Payee
	N103	Identification Code Qualifier	FI, XX	FI - Federal Taxpayer's Identification Number XX – National Provider Identifier (NPI)
	REF	**Payee Additional Identification**		
	REF01	Reference Identification Qualifier	TJ	TJ - Federal Taxpayer's Identification Number
	REF02	Additional Payee Identifier		MS DOM Number displayed
2100	**CLP**	**Claim Payment Information**		
	CLP01	Patient Control Number		
	CLP03	Total Claim Charge Amount		
	CLP04	Claim Payment Amount		
	CLP05	Patient Responsibility Amount		
	CLP06	Claim Filing Indicator Code	MC	MC – Medicaid
	CLP07	Payer Claim Control Number		Value is TCN
	CAS	**Claim adjustments**		**Situational, Required when submitting CCO Denied Encounter/reporting any TPL or adjustments**
	CAS01	Claim Adjustment Group Code		CO - Contractual Obligations CR - Correction and Reversals OA - Other adjustments PI - Payor Initiated Reductions PR - Patient Responsibility

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Loop ID	Reference	Name	Codes	Notes/Comments
	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code		
	CAS03 CAS06 CAS09 CAS12 CAS15 CAS18	Adjustment Amount		
	CAS04 CAS07 CAS10 CAS13 CAS16 CAS19	Adjustment Quantity		
	NM1	**Patient Name**		
	NM101	Entity Identifier Code	QC	QC – Patient
	NM108	Identification Code Qualifier	MI, MR	MI - Member Identification Number MR – Medicaid Recipient Identification Number
	NM109	Identification Code		
	NM1	**Service Provider Name**		
	NM101	Entity Identifier Code	82	82 -Rendering Provider
	NM102	Entity Type Qualifier	1, 2	1 - Person 2 - Non-Person Entity
	NM103	Rendering Provider Last or Organization Name		
	NM104	Rendering Provider First Name		
	NM105	Rendering Provider Middle Name or Initial		
	NM107	Rendering Provider Name Suffix		
	NM108	Identification Code Qualifier	XX	XX – National Provider Identifier (NPI)
	NM109	Rendering Provider Identifier		
	NM1	**Corrected Priority Payer Name**		
	NM101	Entity Identifier Code	PR	PR – Payer
	NM102	Entity Type Qualifier	2	2 – Non-Person
	NM103	Corrected Priority Payer Name		

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Loop ID	Reference	Name	Codes	Notes/Comments
	NM108	Identification Code Qualifier	PI, XV	PI - Payor Identification XV – HPID
	NM109	TPR Carrier Code		
	REF	**Other Claim Related Identification**		
	REF01	Reference Identification Number	EA, 28, 6P	EA - Medical Record Identification Number 28 – Employee Identification Number 6P – Group Number
	REF02	Other Claim Related Identifier		
2110	**SVC**	**Service Payment Information**		
	SVC01-1	Product or Service ID Qualifier	AD, ER, HC, HP, IV, N4, N6, NU, UI, WK	AD – American Dental Association Codes ER – Jurisdiction Specific Procedure and Supply Codes HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HP – Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code IV – Home Infusion EDI Coalition (HIEC) Product/Service Code N4 – National Drug Code N6 – National Health Related Item Code NU – National Uniform Billing Committee (NUBC) UB92 Codes UI – U.P.C. Consumer Package Code WK – Advance Billing Concepts (ABC) Codes
	REF	**Line Item Control Number**		
	REF01	Reference Identification Qualifier	6R	6R - Provider Control Number
	REF02	Line Item Control Number		
	REF	**Rendering Provider Information**		
	REF01	Reference Identification Qualifier	HPI	HPI – Centers for Medicare and Medicaid Services National Provider Identifier

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Loop ID	Reference	Name	Codes	Notes/Comments
	REF02	Rendering Provider Identifier		
	AMT	**Service Supplemental Amount**		
	AMT01	Amount Qualifier Code	B6,	B6 – Allowed – Actual
	AMT02	Service Supplemental Amount		
2220	**REF**	**Service Identification**		
	REF01	Reference Identification Qualifier	1S, G1	1S – Ambulatory Patient Group (APG) Number G1 – Prior Authorization Number
3000	**PLB**	**Provider Adjustment**		**Required when reporting adjustments to the actual payment that are NOT specific to a particular claim or service. If not required by this implementation guide, do not send.**
	PLB01	Provider Identifier		National Provider Identifier (NPI)
	PLB02	Fiscal Period Date		CCYYMMDD
	PLB03 PLB05 PLB07 PLB09 PLB11 PLB13	Adjustment Reason Code		*Refer to TR3*
	PLB04 PLB06 PLB08 PLB10 PLB12 PLB14	Provider Adjustment Amount		

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Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to MS DOM and its providers.

Q1: Can I receive Health Care Claim Payment/Advice (835) transactions from Medicaid without selecting the transaction on my Trading Partner Agreement?

A1: No. All Trading Partners must have signed a Trading Partner Agreement and be set up for the transaction types agreed upon

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Appendix A. Change History

Version #	Date of release	Author	Description of change
0.1	12/16/2021	EDI Technical Team	Initial document creation. Section 9.1, Page 4 - Naming Your File
0.2	6/24/2022	EDI Technical Team	Loop 1000B NM103, Page 8, XV qualifier and description removed. Only FI and XX qualifiers allowed Varies Other Cleanup Mississippi Logo clean-up Copyright change from 2021 to 2022
0.3	7/25/2022	EDI Technical Team	ISA06 and GS02 Page 6, Sender ID from 77032 to MS_TXIX BPR10 and TRN03 Page 7 Clean up Loop 3000 PLB, Page11 added
0.4	9/2/2022	EDI Technical	Section 9.1, Page 5 - Naming Your File ISA06 and GS02 Page 6, Sender ID from MS_TXIX to 77032 value correction, only 1000A, Page 7 NM102 value is MS_TXIX
0.5	9/30/2022	EDI Technical	Production connectivity URLs and contact information updated, Pages 3 and 4

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