



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH



Georgia Department of Community Health (DCH)

HIPAA Transaction Standard Companion Guide

Refers to the Technical Report Type 3 (TR3)
Implementation Guide
Based on ASC X12N version: 005010X218

Health Care Premium Payment: (820)

Disclosure Statement

The following Georgia Department of Community Health (DCH) Companion Guide is intended to serve as a companion guide to the corresponding ASC X12N/005010X218 Health Care Premium Payment (820). The Health Care Premium Payment does not have a related Addenda (005010X218A1) or Errata (005010X218E1). The companion guide further specifies the requirements to be used when preparing, submitting, receiving and processing electronic health care administrative data. This companion guide supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X218 in a manner that will make its implementation by users to be out of compliance.

Note:

Type 1 TR3 Errata are substantive modifications, necessary to correct impediments to implementation, and identified with a letter 'A' in the errata document identifier. Type 1 TR3 Errata were formerly known as Implementation Guide Addenda.

Type 2 TR3 Errata are typographical modifications, and identified with a letter 'E' in the errata document identifier.

The information contained in this Companion Guide is subject to change. Electronic Data Interchange (EDI) submitters are advised to check the Georgia Web Portal site <http://www.mmis.georgia.gov> regularly for the latest updates.

About DCH

Through effective planning, purchasing and oversight, the Georgia Department of Community Health (DCH) provides access to affordable, quality health care to millions of Georgians, including some of the state's most vulnerable and underserved populations.

DCH is responsible for Medicaid and PeachCare for Kids®, the State Health Benefit Plan, Healthcare Facility Regulation and Health Information Technology in Georgia.
<http://dch.georgia.gov/>

Mission Statement

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to ***A Healthy Georgia.***

Preface

This Companion Guide to the 5010 ASC X12N Technical Report Type 3 Implementation Guides and associated errata and addenda adopted under HIPAA clarifies and specifies the data content when exchanging electronically with DCH. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 Implementation Guides, 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 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 TR3 Implementation Guides.

Table of Contents

1	Introduction	1
1.1	Scope	2
1.2	Overview	3
1.3	References	3
1.4	Additional Information.....	4
2	Getting Started.....	5
2.1	Working with Georgia Medicaid	5
2.2	Trading Partner Registration.....	5
2.3	Certification and Testing Overview.....	6
3	Testing with Georgia Medicaid	6
4	Connectivity with Georgia Medicaid / Communications	6
4.1	Process Flow.....	6
4.2	Transmission Administrative Procedures	6
4.3	Communication Protocol Specifications	7
4.4	Passwords	8
5	Contact Information.....	8
5.1	EDI Customer Service	8
5.2	EDI Technical Assistance	8
5.3	Provider Contact Center	9
5.4	Applicable Websites.....	9
6	Control Segments/Envelopes.....	12
6.1	ISA-IEA	12
6.2	GS-GE	14
6.3	ST-SE.....	15
6.4	Control Segment Notes.....	16
6.5	File Delimiters	16
7	Georgia Medicaid Specific Business Rules and Limitations	16
7.1	Prospective, Adjusted, Retroactive, and Recouped Payments	17
7.2	Prospective Payment	17

7.3	Retroactive Payout.....	17
7.4	Retroactive Full Month Recoupment.....	18
7.5	Retroactive Partial Month Adjustment.....	18
7.6	Retroactive Rate Adjustment (Increase).....	18
7.7	Retroactive Rate Adjustment (Decrease)	19
7.8	Capitation Category	19
7.9	Capitation Reason Code	20
7.10	Aid Category.....	21
8	Acknowledgements and/or Reports	25
8.1	Acknowledgement	25
9	Trading Partner Agreements.....	25
10	Transaction Specific Information	26
10.1	820 (Outbound).....	26
11	Appendices.....	30
11.1	Implementation Checklist	30
11.2	Transmission Example.....	31
11.3	Frequently Asked Questions	33
12	Change Summary	37

1 Introduction

This section describes how TR3 Implementation Guides, also called 820 ASC X12N (version 005010X218), adopted under HIPAA, will be detailed with the use of a table. The tables contain a Notes/Comments column for each segment that Georgia Medicaid has information additional to the TR3 Implementation Guide. 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. Provide any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with Georgia Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe Georgia Medicaid'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 to provide additional information from Georgia Medicaid for specific segments provided by the TR3 Implementation Guides. The following is just an example of the type of information that would be spelled out or elaborated on in the Section 10: Transaction Specific Information.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10 percent and notes or comments about the segment itself go in this cell.
193	2100C	NM109	Subscriber Primary Identifier	00	15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by Georgia Medicaid Management Information System (GAMMIS).

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first three columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
241	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1 Scope

This companion guide is intended for trading partner use in conjunction with the TR3 HIPAA 5010 820 Implementation Guide for the purpose of receiving health care premium payment information. This companion guide is not intended to replace the TR3 Implementation Guide. The TR3s define the national data standards, electronic format, and values for each data element with an electronic transaction. The purpose of this companion guide is to provide trading partners with a companion guide to communicate Georgia Medicaid-specific information required to successfully exchange transactions electronically with Georgia Medicaid. The instructions in this companion guide are not intended to be stand-alone requirements. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

Refer to this companion guide first if there is a question about how Georgia Medicaid processes a HIPAA transaction. For further information, contact the HP Enterprise Services EDI Services Team at 1-877-261-8785 or 1-770-325-9590. This companion guide is intended as a resource to assist providers, clearinghouses, service bureaus, and all other trading partners with Georgia Medicaid interChange in successfully conducting EDI of administrative health care transactions. This companion guide provides instructions for enrolling as a Georgia Medicaid trading partner, obtaining technical assistance, initiating and maintaining connectivity, sending and receiving files, testing, and other related information. This companion guide does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

1.2 Overview

Per HIPAA requirements, Georgia Medicaid and all other covered entities must 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 under HIPAA to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. Additionally, HIPAA 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 HIPAA requirements serve to:

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

This companion guide is designed to help those responsible for testing and setting up electronic health care premium payment (820) transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to Georgia Medicaid. This companion guide supplements (but does not contradict) requirements in the ASC X12N 820 (version 005010X218) 820 implementation. This information should be given to the provider's business area to ensure that the 820 health care premium payment transaction is interpreted correctly.

This companion guide provides communications-related information a trading partner needs to enroll as a trading partner, obtain support, format the interchange control header (ISA) and functional group header (GS) envelopes, and exchange test and production transactions with Georgia Medicaid.

This companion guide must be used in conjunction with the TR3 Implementation Guide instructions. The companion guide is intended to assist trading partners in implementing the electronic 820 health care premium payment transaction that meets Georgia Medicaid processing standards by identifying pertinent structural and data-related requirements and recommendations. Updates to this companion guide will occur periodically and new companion guides will be posted on the Georgia Medicaid Management Information System (GAMMIS) Web Portal [EDI >> Companion Guides](#) page.

1.3 References

The TR3 Implementation Guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer, or government agency. The TR3 Implementation Guide contains requirements for the use of specific segments and specific data elements within those segments and applies to all health care providers and their trading partners. It is critical that your IT staff, or software vendor, review this companion guide in its entirety and follow the stated requirements to exchange HIPAA-compliant files with Georgia Medicaid.

The TR3 Implementation Guides for X12N and all other HIPAA standard transactions are available electronically at <http://www.wpc-edi.com/>.

1.4 Additional Information

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979, ANSI chartered the Accredited Standards Committee (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 X 12 standard is recognized by the United States as the standard for North America. EDI adoption has been proved to reduce the administrative burden on providers.

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

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 should be submitted on these transactions from a health care provider.

For all non-healthcare providers where an NPI is not assigned, the Medicaid provider number should be submitted.

Acceptable Characters

For real-time, the HIPAA transactions must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream. For batch, the HIPAA transactions can contain carriage returns and line feeds, however it is recommended that the data is received in one, continuous stream without carriage return and line feeds. Georgia Medicaid accepts the extended character set. Uppercase characters are recommended.

For outbound HIPAA transactions the data will be sent in one, continuous stream without carriage return and line feeds.

Acknowledgements

Georgia Medicaid does not expect to receive an acknowledgement transaction in response to any outbound transaction sent.

2 Getting Started

2.1 Working with Georgia Medicaid

This section describes how to interact with HP Enterprise Services' EDI Department.

Georgia Medicaid trading partners should exchange electronic health care transactions with HP Enterprise Services via the GAMMIS Web Portal, Remote Access Server (RAS), Secure File Transfer Protocol (SFTP), Network Routing Module Service (NRM), and Healthcare Transaction Services (HTS) or through a Georgia Medicaid approved Value Added Network (VAN).

After establishing a transmission method, each trading partner must successfully complete testing. Additional information is provided in the next section of this companion guide. After successful completion of testing, production transactions may be exchanged.

2.2 Trading Partner Registration

This section describes how to register as a trading partner with HP Enterprise Services.

All trading partners are required to complete the Georgia Medicaid trading partner agreement (TPA) form to enroll into EDI Services. Those trading partners that are using an already enrolled billing agent, clearinghouse, or software vendor do not need to enroll separately since they are already enrolled to transmit electronically. Only one trading partner ID is assigned per submitter location. If multiple trading partner IDs are needed for the same address location, please attach a letter to the TPA explaining the need for the additional trading partner ID. Providers must use the secure GAMMIS Web Portal to delegate access to their clearinghouse, billing agent, or software vendor to allow EDI files to be downloaded on their behalf. Information on how to delegate access is found in the Web Portal User Account Management Guide on the GAMMIS Web Portal [Provider Information](#) >> [Provider Manuals](#) page.

If you are already enrolled to transmit or receive electronically and would like to make a change to your EDI trading partner ID profile or provider ID (ERA Only) profile, please complete the HP EDI Submitter Update Form found on the GAMMIS Web Portal page [EDI](#) >> [Registration Forms](#) indicating the changes you wish to make. The following changes can be made: Trading Partner Name, Contact Information, Address, Status (Active or Inactive), Transmission Method, and Transaction Types. Trading partners cannot change their trading partner ID. This ID can simply be deactivated using the EDI Submitter Update Form and a new EDI TPA for enrollment must be submitted once the original trading partner ID has been deactivated.

Trading Partners that will be exchanging electronic health care transactions SFTP are required to complete the SFTP Setup Request Form found on the GAMMIS Web Portal page [EDI](#) >> [Registration Forms](#). This form must be signed by an authorized agent and is necessary to transmit to and from the GAMMIS server. Failure to submit this form will cause your enrollment to be delayed, and/or returned to you as incomplete. For more information on SFTP access, please review the SFTP Setup and Data Transfer Requirements manual on the [EDI](#) >> [Software and Manuals](#) page.

If you have already completed these forms, you will not be required to complete them again. Please contact the HP Enterprise Services EDI Services Team at 1-877-261-8785 or 1-770-325-9590 if you have any questions about these forms.

2.3 Certification and Testing Overview

All trading partners will be certified through the completion of trading partner testing.

All trading partners that exchange electronic transactions with Georgia Medicaid must complete trading partner testing. This includes billing agents, clearinghouses or software vendors. Failure to do so will prevent successful transmissions of electronic files to the GAMMIS. Testing is not required if using the Provider Electronic Solutions (PES) software.

Providers who use a billing agent, clearinghouse or software vendor will not need to test for those electronic transactions that their entity submits on their behalf.

3 Testing with Georgia Medicaid

Before exchanging production transactions with GAMMIS, each trading partner must complete testing. All trading partners who plan to exchange transactions must contact HP Enterprise Services EDI Services Team at 1-877-261-8785 or 1-770-325-9590 in advance to discuss the testing process, criteria, and schedule. Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

4 Connectivity with Georgia Medicaid / Communications

This section describes the process to receive HIPAA 820 transactions, along with submission method, security requirements, and exception handling procedures.

Georgia Medicaid supports multiple methods for exchanging electronic healthcare transactions depending on the trading partner's needs. For HIPAA 820 transactions, the following will be used:

- Secure File Transfer Protocol (SFTP) (Batch Only)

4.1 Process Flow

Each transaction prior to being sent to the trading partner is validated to ensure that the 820 complies with the 005010X218 TR3 Implementation Guide.

4.2 Transmission Administrative Procedures

This section provides Georgia Medicaid's specific transmission administrative procedures. Determine if the transmission you are receiving is Test or Production identified with the appropriate indicator. For details about available Georgia Medicaid Access Methods, refer to the Communication Protocol Specifications section below.

Georgia Medicaid is available only to authorized users. Submitter/Receiver must be Georgia Medicaid trading partners. A submitter/receiver is authenticated using a Username and Password assigned by the trading partner.

System Availability

The system is typically available 24x7 with the exception of scheduled maintenance windows which are posted on the GAMMIS Web Portal at <https://www.georgia.gov>. Non-Routine and emergency downtime will also be posted on the GAMMIS Web Portal. The system is available on all holidays.

Production File-naming Convention

Georgia Medicaid file name format for Outbound 820 transactions:

- BatchID_Transaction Type_Provider Number_yyyymmddhhmmss_ sss.dat.

BatchID = File ID assigned during EDI processing.

Transaction Type = 820X12BATCH

Provider Number = XXXXXXXXXXA which is Payee Number

yymmddhhmmss = file creation date and time

sss = sequence number beginning at 001 for each Provider Number and date/time

NOTE: Each output file will be within a zip file.

4.3 Communication Protocol Specifications

This section describes Georgia Medicaid's communication protocol(s) for HIPPA 820 transactions.

Secure File Transfer Protocol (SFTP)

SFTP uses Secure Shell (SSH) to encrypt and then securely transmit data across a potentially unsecured connection. Functionally SFTP (required) is similar to FTP, but offers protection to sensitive data. SSH is a network protocol that allows data to be exchanged using a secure channel between two networked devices.

Georgia Medicaid requires that the SFTP submitters send their public key and HP Enterprise Services exchanges its public key with the submitter for encryption purposes. HP Enterprise Services will setup a username and password for the submitter to access the server.

For more information on SFTP access, please review the SFTP Setup and Data Transfer

Requirements manual on the [EDI](#) >> [Software and Manuals](#) page.

4.4 Passwords

Providers must adhere to the GAMMIS use of passwords. Providers are responsible for managing their own data. Each provider is responsible for managing access to their organization's data through the MMIS security function. Each provider must take all necessary precautions to ensure that they are safeguarding their information and sharing their data (e.g., Granting access) only with users and entities who meet the required privacy standards. It is equally important that providers know who on their staff is linked to other providers or entities, in order to notify those entities whenever they remove access for that person in your organizations.

For more information regarding passwords and use of passwords, contact the HP Enterprise Services EDI Services Team at 1-877-261-8785 or 1-770-325-9590.

5 Contact Information

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

5.1 EDI Customer Service

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

Most questions can be answered by referencing the materials posted on the GAMMIS Web Portal at <https://www.mmis.georgia.gov>. If you have questions related to Georgia Medicaid's Health Care Premium Payment (820) contact the HP Enterprise Services EDI Team at 1-877-261-8785 or 1-770-325-9590.

5.2 EDI Technical Assistance

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

HP Enterprise Services EDI Services Team can help with connectivity issues or transaction formatting issues at 1-877-261-8785 or 1-770-325-9590 Monday through Friday 8:00 a.m. to 5:00 p.m. EST. with the exception of holidays or via e-mail using the [Contact Us](#) link on the GAMMIS Web Portal.

Trading Partner ID: The Trading Partner ID is the GAMMIS key to accessing trading partner information. Trading partners should have this number available each time they contact the HP Enterprise Services EDI Services Team.

5.3 Provider Contact Center

This section contains detailed information concerning Provider Contact Center, especially contact numbers.

The Provider Contact Center should be contacted instead of the HP Enterprise Services EDI Services Team for questions regarding the details of a member's benefits, claim status information, credentialing and many other services. Provider Contact Center is available at 1-800-766-4456 or 1-770-325-9600 Monday through Friday 7:00 a.m. to 7:00 p.m. EST. with the exception of holidays or via e-mail using the [Contact Us](#) link on the GAMMIS Web Portal.

Note: Have the applicable provider identifier, the NPI for health care providers or the Medicaid provider ID for atypical providers available for tracking and faster issue resolution.

The Provider Relations representative, also known as field representatives, conduct training sessions on various Georgia Medicaid topics for both large and small groups or providers and billers. In addition to provider education, field representatives are available to assist providers with complex billing and claims processing questions. To find or contact the appropriate Provider Relations Representative, use the [Contact Us](#) link on the GAMMIS Web Portal.

5.4 Applicable Websites

This section contains detailed information about useful Web sites.

From GAMMIS secure Portal at <https://www.mmis.georgia.gov> non-enrolled providers can begin the enrollment process and enrolled providers can do all of the following:

- Create Dental, Institutional, and Professional claims for submission to GAMMIS.
- Check claim status and member enrollment.
- Submit authorizations, notifications, and referrals.
- View, download, and print explanation of benefits (EOBs), and Remittance Advices.

Trading Partners can do the following:

- Create Trading Partner Profile and complete authorization testing.
- Submit batch transactions (270, 276, 837D, 837I and 837P).
- Download batch transactions/acknowledgements (271, 277, 277U, TA1, 824, 834, 999, 820 and 835).
- View, download and print companion guides.

A suite of other EDI and provider tools are also available on the GAMMIS Web Portal.

Additional information is available on the following Web sites:

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org

Accredited Standards Committee (ASC X12N)

- ASC 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. www.x12.org

American Dental Association (ADA)

- Develops and maintains a standardized data set for use by dental organizations to transmit claims and encounter information. www.ada.org

American Hospital Association Central Office on ICD-9-CM (AHA)

- This site is a resource for the International Classifications of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level 1 HCPCS. www.ahacentraloffice.org

American Hospital Association Central Office on ICD-10-CM/ICD-10-PCS (AHA)

- This site is a resource for the International Classifications of Diseases, 10th edition, Clinical Modification (ICD-10-CM) codes, used for reporting patient diagnoses and (ICD-10-PCS) for reporting hospital inpatient procedures. www.ahacentraloffice.org

American Medical Association (AMA)

- This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org

Centers for Medicare & Medicaid Services (CMS)

- CMS is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Health-Care Transactions and Code Sets Model Compliance Plan at www.cms.hhs.gov/HIPAAGenInfo/
- This site is the resource for information related to the Health-Care Common Procedure Coding System (HCPCS). www.cms.hhs.gov/HCPCSReleaseCodeSets/
- This site is the resource for Medicaid HIPAA informational related to the Administrative Simplification provision. www.cms.gov/medicaid/hipaa/adminsim
- This site is the resource for information related to Place of Service Codes. http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html

Committee on Operating Rules for Information Exchange (CORE)

- A multi-phase initiative of CAQH, CORE is a committee of more than 100 industry leaders who help create and promulgate a set of voluntary business rules focused on improving physician and hospital access to electronic patient insurance information at or before the time of care. www.caqh.org/CORE_overview.php

Council for Affordable Quality Healthcare (CAQH)

- A nonprofit alliance of health plans and trade associations, working to simplify healthcare administration through industry collaboration on public-private initiatives. Through two initiatives – the Committee on Operating Rules for Information Exchange (CORE) and Universal

Provider Datasource (UPD), CAQH aims to reduce administrative burden for providers and health plans. www.caqh.org

Designated Standard Maintenance Organizations (DSMO)

- This site is a resource for information about the standard-setting organizations and transaction change request system. www.hipaa-dsmo.org www.caqh.org

Georgia Department of Community Health (DCH)

- This DCH Web site assists providers with HIPAA billing and policy questions, as well as enrollment support. www.mmis.georgia.gov

Health Level Seven (HL7)

- 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)

- An organization exclusively focused on providing global leadership for the optimal use of information technology (IT) and management systems for the betterment of health care. www.himss.org

Medicaid HIPAA Compliant Concept Model (MHCCM)

- This site presents the Medicaid HIPAA Compliance Concept Model, information, and a toolkit. www.mhccm.org

National Committee on Vital and Health Statistics (NCVHS)

- The National Committee on Vital and Health Statistics was established by Congress to serve as an advisory body to the Department of Health and Human Services on health data, statistics and national health information policy. www.ncvhs.hhs.gov

National Council of Prescription Drug Programs (NCPDP)

- The NCPDP is the standards and codes development organization for pharmacy. www.ncpdp.org

National Uniform Billing Committee (NUBC)

- NUBC is affiliated with the American Hospital Association (AHA). It develops and maintains a national uniform billing instrument for use by the institutional health-care community to transmit claims and encounter information. www.nubc.org

National Uniform Claim Committee (NUCC)

- NUCC is affiliated with the American Medical Association (AMA). It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org

Office for Civil Rights (OCR)

- OCR is the office within the Department of Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa

United States Department of Health and Human Services (HHS)

- The DHHS Web site is a resource for the Notice of Proposed Rule Making, rules, and other information about HIPAA. www.aspe.hhs.gov/admsimp

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction technical report type 3 implementation guides and code sets. www.wpc-edi.com
 - Claim adjustment Reason Codes (CARC): <http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/>
 - Health Care Provider Taxonomy Code Set: <http://www.wpc-edi.com/reference/>

Workgroup for Electronic Data Interchange (WEDI)

- 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

6 Control Segments/Envelopes

6.1 ISA-IEA

This section describes Georgia Medicaid's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

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

- Each trading partner is assigned a unique trading partner ID.
- All dates are in the CCYYMMDD format with the exception of the ISA09 which is YYMMDD.
- All date/times are in the CCYYMMDDHHMM format.
- GAMMIS Trading Partner ID is 77034. This value must be sent within the ISA08 for inbound transactions and will be sent within the ISA06 for outbound transactions.
- Only one (1) ISA/IEA will be present within a logical file.

Transactions transmitted during a session or as a batch are identified by an ISA header segment and IEA trailer segment, which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The tables below represent the interchange envelope information.

820 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			

Georgia DCH Companion Guide
5010 820 Health Care Premium Payment

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4		ISA01	Authorization Information Qualifier	00, 03		
			No Authorization Information Present	00	2	
C.4		ISA02	Authorization Information		10	Space fill
C.4		ISA03	Security Information Qualifier	00, 01		
			No Security Information Present	00	2	
C.4		ISA04	Security Information		10	Space fill
C.4		ISA05	InterChange ID Qualifier	01, 14, 20, 27- 30, 33, ZZ		
			Mutually Defined	ZZ	2	
C.4		ISA06	InterChange Sender ID		15	Value = '77034' - GAMMIS Trading Partner ID, left justified and space filled.
C.5		ISA07	InterChange ID Qualifier	01, 14, 20, 27- 30, 33, ZZ		
			Mutually Defined	ZZ	2	
C.5		ISA08	InterChange Receiver ID		15	'Payee Provider ID' Supplied by Georgia Medicaid left justified and space filled.
C.5		ISA09	InterChange Date		6	Format is YYMMDD
C.5		ISA10	InterChange Time		4	Format is HHMM
C.5		ISA11	Repetition Separator	^	1	The repetition separator is a delimiter and not a data element. It is used to separate repeated occurrences of a simple data element or a composite data structure.
C.5		ISA12	InterChange Control Version Number	00501	5	
C.5		ISA13	InterChange Control Number		9	Interchange Unique Control Number. Will be identical to the associated interchange control trailer IEA01.
C.6		ISA14	Acknowledgment Requested	0, 1		

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			No interchange acknowledgment requested	0	1	
C.6		ISA15	Usage Indicator	T, P	1	
C.6		ISA16	Component Element Separator	:	1	The component element separator is a delimiter and not a data element. It is used to separate component data elements within a composite data structure. This value must be different from the data element separator and the segment terminator.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups		1/5	Number of included Functional Groups. Must equal '1' for the real-time transaction to qualify for immediate response.
C.10		IEA02	Interchange Control Number		9	The control number assigned by the interchange sender. Will be identical to the value in ISA13.

6.2 GS-GE

This section describes Georgia Medicaid's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how GAMMIS expects functional groups to be sent and how GAMMIS will send functional groups. These discussions will describe how similar transaction sets will be packaged and Georgia Medicaid's use of functional group control numbers. The tables below represent the functional group information.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS01	Functional ID Code	RA	2	
C.7		GS02	Application Sender's Code		5	Value = '77034' - GAMMIS Trading Partner ID.
C.7		GS03	Application Receiver's Code		9	'Payee Provider ID' Supplied by Georgia Medicaid.
C.7		GS04	Date		8	Format is CCYYMMDD
C.8		GS05	Time		4	Format is HHMM
C.8		GS06	Group Control Number		1/9	Group control number. Will be identical to the value in GE02.
C.8		GS07	Responsible Agency Code	X	1	
C.8		GS08	Version/Release/ Industry ID Code		12	005010X218

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included		1/6	Number of included Transaction Sets.
C.9		GE02	Group Control Number		1/9	The functional group control number. Identical to the value in GS06.

6.3 ST-SE

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

Georgia Medicaid recommends that trading partners follow the guidelines set forth in the TR3 Implementation Guide – start the first ST02 in the first file with 000000001 and increment from there. The TR3 Implementation Guide should be reviewed for how to create compliant transactions set control segments.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
35		ST	Transaction Set Header			
35		ST01	Transaction Set Identifier Code	820	3	
35		ST02	Transaction Set Control Number		4/9	Transaction control number. Identical to the value in SE02.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
35		ST03	Implementation Convention Reference		10	'005010X218' – Identical to GS08.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
119		SE	Transaction Set Trailer			
119		SE01	Number of Included Segments		1/10	Total number of segments included in a transaction set including ST and SE segments.
119		SE02	Transaction Set Control Number		4/9	Transaction set control number. Identical to the value in ST02.

6.4 Control Segment Notes

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.

6.5 File Delimiters

Georgia Medicaid will use the following delimiters on your 820 file. These characters (* : ~ ^) will not be submitted within the data content of the transaction sets. Contact the HP Enterprise Services EDI Services Team at 1-877-261-8785 or 1-770-325-9590 if there is a need to use a delimiter other than the following:

Data Element: Byte 4 in the ISA segment defines the data element separator to be used throughout the entire transaction. The recommend data element delimiter is an asterisk (*).

Repetition Separator: ISA11 defines the repetition separator to be used throughout the entire transaction. The recommend repetition separator is a caret (^).

Component-Element: ISA16 defines the component element delimiter to be used throughout the entire transaction. The recommended component-element delimiter is a colon (:).

Data Segment: Byte 106 of the ISA segment defines the segment terminator used throughout the entire transaction. The recommended data segment delimiter is a tilde (~).

7 Georgia Medicaid Specific Business Rules and Limitations

This section contains Payer specific business rules and limitations for the 820 health care premium payment transaction.

Before receiving electronic health care premium payment transactions from GAMMIS, please review the appropriate HIPAA Technical Report Type 3 (TR3) Implementation Guide and Georgia Medicaid companion guide.

7.1 Prospective, Adjusted, Retroactive, and Recouped Payments

Formula used:

2300B and 2320B Loop

RMR04 present, RMR05 not present and ADX segment is not present (prospective payments).
RMR04 present, RMR05 not present and ADX01, if ADX segment is present (all other transactions).

This is a sample of the 2100 and 2300 loops that would accompany each of the different types of transactions:

2100B Loop

NM103: DOE

NM104: JOHN

NM105: E

NM109: 123456789012 (Medicaid ID number)

2300B Loop

Example: Region 04 for a GF capitation payment

2300B-REF02, where REF01=ZZ: M606171199601210420100205PP111111111C 201002

7.2 Prospective Payment

Example: Payment for the upcoming month:

2300B Loop

RMR02: 1 (Transaction ID)

RMR04: 250.25

RMR05: Not Present

DTM06: 20100201-20100228

7.3 Retroactive Payout

Example: Newborn payments, reconciliation-identified payouts:

2300B and 2320B Loop

RMR02: 2 (Transaction ID)

RMR04: 1400.76

RMR05: 0

DTM06: 20100203-20100228

ADX01: 1400.76

ADX02: 53

7.4 Retroactive Full Month Recoupment

Example: Death, duplicate payment identified in member merge, loss of eligibility, reconciliation identified recoupment's:

2300B and 2320B Loop

RMR02: 6 (Transaction ID)
RMR04: -122
RMR05: 0
DTM06: 20100201-20100228
ADX01: -122
ADX02: 52

7.5 Retroactive Partial Month Adjustment

Example: Prorated payment for month of death (in this example, cut a \$300 payment in half):

2300B and 2320B Loop

RMR02: 7 (Transaction ID)
RMR04: -300
RMR05: 0
DTM06: 20100201-20100228
ADX01: -300
ADX02: 52

2300B and 2320B Loop

RMR02: 8 (Transaction ID)
RMR04: 150
RMR05: 0
DTM06: 20100201-20100214
ADX01: 150
ADX02: 53

7.6 Retroactive Rate Adjustment (Increase)

Example: \$100 rate increase:

2300B and 2320B Loop

RMR02: 9 (Transaction ID)
RMR04: -418.26
RMR05: 0
DTM06: 20100201-20100228
ADX01: -418.26
ADX02: 52

2300B and 2320B Loop

RMR02: 10 (Transaction ID)

RMR04: 518.26
RMR05: 0
DTM06: 20100201-20100228
ADX01: 518.26
ADX02: 53

7.7 Retroactive Rate Adjustment (Decrease)

Example: \$18.26 rate decrease:

Note: This is identical to a retroactive partial month adjustment

2300B and 2320B Loop

RMR02: 11 (Transaction ID)
RMR04: -418.26
RMR05: 0
DTM06: 20100201-20100228
ADX01: -418.26
ADX02: 52

2300B and 2320B Loop

RMR02: 12 (Transaction ID)
RMR04: 400
RMR05: 0
DTM06: 20100201-20100228
ADX01: 400
ADX02: 53

7.8 Capitation Category

Capitation Category Codes and Descriptions:

Capitation Category	Category Description
401	MCHB – INTER PREGNANCY CARE
402	MCHB – FAMILY PLANNING
403	MCHB – ROMC-LIM ABD
502	FC - FC/DJJ YOUTH
503	FC - AA MEDICAID (YRS 0-5)
504	FC - AA MEDICAID (YRS 6-10)
505	FC - AA MEDICAID (YRS 11-17)
506	FC - AA MEDICAID (YRS 18+)
601	GF – MEDICAID (MNTHS 0-2)
602	GF – MEDICAID (MTHS 3-11)
603	GF – MEDICAID (YRS 1-5)
604	GF – MEDICAID (YRS 6-13)
605	GF – MEDICAID (YRS 14-20 F)

Capitation Category	Category Description
606	GF – MEDICAID (YRS 14-20 M)
607	GF – MEDICAID (YRS 21-44 F)
608	GF – MEDICAID (YRS 21-44 M)
609	GF – MEDICAID (YRS 45+ F)
610	GF – MEDICAID (YRS 45+ M)
611	GF – PCK (MTHS 0-2)
612	GF – PCK (MTHS 3-11)
613	GF – PCK (YRS 1-5)
614	GF – PCK (YRS 6-13)
615	GF – PCK (YRS 14-20 F)
616	GF – PCK (YRS 14-20 M)
617	GF – BCC
618	GF – DELIVERY PAYMENTS
619	GF – NICU
620	ACA Chip – Ages 6-13 - Male and Female
621	ACA Chip – Ages 14-18 - Female
622	ACA Chip – Ages 14-18 - Male

7.9 Capitation Reason Code

Capitation Reason Codes and Descriptions:

Capitation Reason Code	Capitation Reason Description
RA	Rate Adjustment Recoupment
PA	Rate Adjustment Payout
RE	Loss of Medicaid Eligibility
PG	Member Merge Payout
RG	Member Merge Recoupment
RH	History-Only Recoupment
PH	History-Only Payout
RI	Incarcerated Notification
RK	Delivery Recoupment
PK	Delivery Payment
RL	Member Moved Notification
PM	Manual Payment
RM	Manual Recoupment
PN	Retro Payment: Newborn
PO	Retro Payment: Other
PP	Prospective Payment
RR	Reconciliation: Recoupment
PR	Reconciliation: Payout
RS	System Requested Recoupment

Capitation Reason Code	Capitation Reason Description
PS	System Requested Payout
RV	History-Only Voided
RY	Member Death-MMIS Recoupment
PY	Member Death-MMIS Payout
RZ	Member Death-CMO Recoupment
PZ	Member Death-CMO Payout

7.10 Aid Category

Aid Category Codes and Descriptions:

Aid Category	Aid Category Description
104	LIM – Adult
105	LIM – Child
118	LIME – 1st Yr Trns Med Ast Adult
119	LIM – 1st Yr Trans Med Ast Child
122	CS Adult 4 Month Extended
123	CS Child 4 Month Extended
124	Uncompensated Care Pool – Adult
125	Uncompensated Care Pool – Child
126	Stepchild
131	Child Welfare Foster Care
132	State Funded Adoption Assistnc
133	Foster Care IV-E
134	Adopt Asssit IV-E
135	Newborn Child
136	PCK/MA
137	PCK/MA Foster Care
138	PCK/MA DJJ
139	PCK/MA DJJ/RYDC
140	PCK/MA IVB Children
147	Family Med. Needy Spenddown
148	Preg Woman Med Needy Spenddown
150	Department of Juvenile Justice
151	CHAFFEE Medicaid
152	Former Foster Care Children
153	Waiver child with a Foster Care placement
154	Waiver child with a Department of Juvenile Justice placement
155	Waiver child with an Adoption Assistance placement
156	Waiver child that has lost Foster Care placement
157	Waiver child that has lost Department of Juvenile Justice placement
170	RSM Pregnant Woman
171	RSM Child

Georgia DCH Companion Guide
5010 820 Health Care Premium Payment

Aid Category	Aid Category Description
180	P4HB Inter Pregnancy Care
181	P4HB Family Planning
182	P4HB RMOC-LIM
183	P4HB RMOC-ABD
194	RSM Expansion Pregnant Woman
195	RSM Expansion Child < 1 Yr
196	RSM Expn Chld w/DOB <=10/1/83
197	RSM Preg Woman Income>185 FPL
210	Nursing Home – Aged
211	Nursing Home – Blind
212	Nursing Home – Disabled
218	Protected Med/1972 Cola-Aged
219	Protected Med/1972 Cola-Blind
220	Protected Med/1972 Cola-Dsab
221	Disabled Widower 1984 Cola-Agd
222	Disabled Widower 1984 Cola-Bld
223	Disabled Widower 1984 Cola-Dsb
224	Pickle – Aged
225	Pickle – Blind
226 -	Pickle – Disabled
227	Disabled Adult Child – Aged
228	Disabled Adult Child – Blind
229	Disabled Adult Child – Disabled
230	Disabled Widower Age 50-59 – Age
231	Disabled Widower Age 50-59 – Blind
232	Disabled Widower Age 50-59 – Disabled
233	Widower Aged 60-64 – Aged
234	Widower Aged 60-64 – Blind
235	Widower Aged 60-64 – Disabled
236	3 Mo. Prior Medicaid – Aged
237	3 Mo. Prior Medicaid – Blind
238	3 Mo. Prior Medicaid – Disabled
239	Abd Med. Needy Defacto – Aged
240	Abd Med. Needy Defacto – Blind
241	Abd Med. Needy Defacto – Diabled
242	Abd Med. Spenddown – Aged
243	Abd Med. Spenddown – Blind
244	Abd Med. Spenddown – Disabled
245	BCC Waiver
246	GA Medicaid For Working Disabled Individual
250	Deeming Waiver
251	Independent Waiver
252	Mental Retardation Waiver

Aid Category	Aid Category Description
256	NOW – New Option Waiver Service
257	COMP – Comprehensive Services
259	Community Care Waiver
280	Hospice – Aged
281	Hospice – Blind
282	Hospice Disabled
283	LTC Med. Needy Defacto – Aged
284	LTC Med. Needy Defacto – Blind
285	LTC Med. Needy Defacto – Disabled
286	LTC Med. Ndy Spenddown – Aged
287	LTC Med. Ndy Spenddown – Blind
288	LTC Med. Ndy Spenddown – Disabled
289	Institutional Hospice – Aged
290	Institutional Hospice – Blind
291	Institutional Hospice – Disabled
301	SSI – Aged
302	SSI – Blind
303	SSI – Disabled
304	SSI Appeal – Aged
305	SSI Appeal – Blind
306	SSI Appeal – Disabled
307	SSI Work Continuance – Aged
308	SSI Work Continuance – Blind
309	SSI Work Continuance – Disabled
315	SSI Zebley Child
321	SSI E02 Month – Aged
322	SSI E02 Month – Blind
323	SSI E02 Month – Disabled
387	SSI Trans. Medicaid – Aged
388	SSI Trans. Medicaid – Blind
389	SSI Trans. Medicaid – Disabled
410	Nursing Home – Aged
411	Nursing Home – Blind
412	Nursing Home – Disabled
424	Pickle – Aged
425	Pickle – Blind
426	Pickle – Disabled
427	Disabled Adult Child – Aged
428	Disabled Adult Child – Blind
429	Disabled Adult Child – Disabled
445	N07 Child
446	Widower – Aged
447	Widower – Blind

Georgia DCH Companion Guide
5010 820 Health Care Premium Payment

Aid Category	Aid Category Description
448	Widower – Disabled
460	Qualified Medicare Beneficiary
466	Spec. Low Inc. Mcare Benefic
471	RSM Child
506	Refugee (DMP) – Adult
507	Refugee (DMP) – Child
508	Post Ref Extended Med – Adult
509	Post Ref Extended Med – Child
510	Refugee MAO – Adult
511	Refugee MAO – Child
571	Refugee RSM Child
575	Refugee Med. Needy Spenddown
595	Refugee RSM Exp. Chld <1
596	Ref. RSM Exp. Chld DOB <=/=100183
660	Qualified Medicare Beneficiary
661	Spec. Low Income Mcre Benefic
662	Q11 Beneficiary
664	Qualified Working Disabled Individuals
790	Peachcare 101-150% FPL
791	Peachcare 151-200% FPL
792	Peachcare 201 – 235% FPL
793	Peachcare >235% FPL
794	360 Peach 101-150% FPL
795	360 Peach 151-200% FPL
796	360 Peach 201-247% FPL
797	360 Peach >247% FPL
800	Presumptive BCC
804	Lim REI Adult
805	Lim REI Child
815	Aged Inmate
817	Disabled Inmate
818	TMA REI Adult
819	TMA REI Child
835	Newborn
836	Newborn (DHACS)
865	Presumptive Preg. Woman
870	Emergency Alien – Adult
871	RSM (DHACS)
873	Emergency Alien – Child
876	RSM Preg Woman (DHACS)
894	RSM Exp. Preg Woman (DHACS)
895	RSM Exp. Chld. <1 (DHACS)
897	RSM Preg Wom Inc >185% FPL (DHACS)

Aid Category	Aid Category Description
898	RSM Child <1 Moth Aid=897 (DHACS)
915	Aged MAO
916	Blind MAO
917	Disabled MAO
918	LIM Adult
919	LIM Child
920	Refugee Adult
921	Refugee Child
924	Foster Care
931	Child Welfare Foster Care
983	Aged Medically Needy
984	Blind Medically Needy
985	Disabled Medically Needy

8 Acknowledgements and/or Reports

8.1 Acknowledgement

The 820 is an outbound transaction and there are no associated responses.

9 Trading Partner Agreements

Providers who intend to conduct electronic transactions with Georgia Medicaid must sign the Georgia Medicaid Trading Partner Agreements. A copy of the agreement is available on the GAMMIS Web Portal page [EDI](#) >> [Registration Forms](#).

Trading Partners

An Electronic Data Interchange (EDI) Trading Partner is defined as any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that conducts electronic transactions with Georgia Medicaid. The Trading Partner and Georgia Medicaid acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Each part agrees to take all steps reasonably necessary to ensure that all electronic transactions between them conform to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated there under.

Payers have EDI Trading Partner Agreements 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.

10 Transaction Specific Information

This section describes how ASC X12N Technical Report Type 3 (TR3) Implementation Guides adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Georgia Medicaid has something additional, over and above, the information in the TR3s. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the TR3s internal code listings
- Clarify the use of loops, segments, composite and simple data elements
- Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Georgia Medicaid

In addition to the row for each segment, one or more additional rows are used to describe Georgia Medicaid'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.

10.1 820 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
37		BPR	Financial Information			
37		BPR01	Transaction Handling Code	C, D, I, P, U, X		
			Remittance Information Only	I	1	
37		BPR02	Monetary Amount		1/10	Total Capitation Payment
38		BPR03	Credit Debit Flag	C	1	'Credit'
39		BPR04	Payment Method Code	ACH, BOP, CHK, FWT, NON, SWT		
			Non-Payment Data	NON	3	
40		BPR10	Payer Identifier		10	Georgia Tax ID preceded by '1'.
43		TRN	Reassociation Trace Number			

Georgia DCH Companion Guide
5010 820 Health Care Premium Payment

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
43		TRN01	Trace Type Code	1, 3		
			Financial Reassociation Trace Number	3	1	
44		TRN02	Reference Identification Number		1/50	Value will equal Check Number or EFT Number.
48		REF	Premium Receivers Identification Key			
48		REF01	Reference Identification Qualifier	14, 17, 18, 2F, 38, 72, LB		
			Master Account Number	14	2	
49		REF02	Premium Receiver Reference		10	Provider ID of Payee.
56	1000A	N1	Premium Receiver's Name			
57	1000A	N103	Identification Code Qualifier	1, 9, EQ, FI, XV		
			Federal Taxpayer's Identification Number	FI	2	
57	1000A	N104	Identification Code		10	Receiver's Tax ID.
64	1000B	N1	Premium Payer's Name			
64	1000B	N102	Premium Payer Name		47	'DEPARTMENT OF COMMUNITY HEALTH GEORGIA MEDICAID'
Note: 2000A-2320A Organization Summary Remittance will not be used for Georgia Medicaid.						
103	2000B	ENT	Individual Remittance			
106	2000B	ENT01	Assigned Number		1/6	Unique number/ID within transaction set (incremented by 1 for each member for example '1', '2', '3', etc.)
106	2000B	ENT03	Identification Code Qualifier	34, EI, II		
			Employee Identification Number	EI	2	

Georgia DCH Companion Guide
5010 820 Health Care Premium Payment

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
106	2000B	ENT04	Receiver's Individual Identifier		12	12-digit Georgia Member Medicaid ID. Note: See 2300B-REF02, where REF01=ZZ for information that was sent within this ENT04 for 4010A1.
107	2100B	NM1	Individual Name			
107	2100B	NM101	Entity Identifier Code	DD, EY, IL, QE		
			Policy Holder	QE	2	
108	2100B	NM103	Name Last or Organization Name		1/60	Georgia Member Last Name.
108	2100B	NM104	First Name		1/35	Georgia Member First Name.
108	2100B	NM105	Middle Initial		1	Georgia Member Middle Initial if available.
109	2100B	NM108	Identification Code Qualifier	34, EI, N		
			Insured's Unique Identification Number	N	1	
109	2100B	NM109	Identification Code		12	12-digit Georgia Member Medicaid ID.
112	2300B	RMR	Individual Premium Remittance Detail			
112-113	2300B	RMR01	Reference Identification Qualifier	AZ, IK		
			Health Insurance Policy Number	AZ	2	
113	2300B	RMR02	Insurance Remittance Reference Number		1/50	Georgia Transaction ID.
113	2300B	RMR04	Detail Premium Payment Amount		1/10	Amount being paid per Georgia Member.
113	2300	RMR05	Billed Premium Payment		1/10	If RMR05 is not present Prospective Payment will equal value received in RMR04. If RMR05 equals zero (0) there is no Prospective Payment.

Georgia DCH Companion Guide
5010 820 Health Care Premium Payment

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Note: Within 5010 RMR05 is not allowed to be sent if it is equal to RMR04. In order to determine Prospective Payment, above logic will need to be applied.
114	2300B	REF	Reference Information			
114	2300B	REF01	Reference Identification Qualifier	14, 18, 2F, 38, E9, LU, ZZ		
			Mutually Defined	ZZ	2	
114	2300B	REF02	Reference Identification		48	Within 4010A1 the information that is being sent within this REF02 was sent within 2000B-ENT04. This REF02 will have a string of contiguous data described below.
			Member's Gender		1	Position 1
			Capitation Category (formerly cohort)		3	Positions 2-4
			Aid Category		3	Positions 5-7
			Member's Date of Birth (CCYYMMDD)		8	Positions 8-15
			Member's Service Region	01-06	2	Positions 16-17
			Payment Issue Date (CCYYMMDD)		6	Positions 18-25
			Capitation Reason Code		2	Positions 26-27
			PMP ID		15	Positions 28-42
			Capitation Month (CCYMM)		6	Positions 43-48
115	2300B	DTM	Individual Coverage Period			
115	2300B	DTM01	Date Time Qualifier	582	3	
115	2300B	DTM05	Date Time Period Format Qualifier	RD8	3	
115	2300B	DTM06	Coverage Period		17	Month Date Range of CAP Payment.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						(CCYYMMDD-CCYYMMDD)
117	2320B	ADX	Individual Premium Adjustment for Current Payment			
117	2320B	ADX01	Adjustment Amount		1/10	Adjustment amount is present for all non-prospective transactions. Positive value for a payout and negative value for a recoupment. Some actions will require a pairing of recoupment and payout transactions, for example a retro rate increase where the previous amount is recouped in the recoupment transaction (negative ADX01 amount) and the replacement amount is paid in a payout transaction (positive ADX01 amount).
118	2320B	ADX02	Adjustment Reason Code	20, 52, 53, AA, AX, H1, H6, IA, J3		
			Credit for Overpayment	52	2	
			Remittance for Previous Underpayment	53	2	

11 Appendices

11.1 Implementation Checklist

This appendix contains all necessary steps for going live with Georgia Medicaid.

1. Call the HP Enterprise Services EDI Services Team with any questions at the Toll Free Number.
2. Check the Georgia Web Portal <http://www.mmis.georgia.gov> regularly for the latest updates.
3. Confirm you have completed your TPA Agreement and been assigned a Trading Partner ID.
4. Make the appropriate changes to your systems/business processes to support the updated companion guides:

- If you use third party software, work with your software vendor to have the appropriate software installed.
 - If testing system-to-system (Real-Time) interface the Trading Partner or provider must work with your software vendor to have the appropriate software installed at their sites(s) prior to performing testing with Georgia Medicaid.
5. Identify the transactions you will be testing:
 - Health Care Eligibility/Benefit Inquiry and Information Response (270/271)
 - Health Care Claim Status Request and Response (276/277)
 - Health Care Premium Payment (820)
 - Health Care Benefit Enrollment and Maintenance (834)
 - Health Care Payment/Advice (835)
 - Health Care Claim: Dental (837D)
 - Health Care Claim: Institutional (837D)
 - Health Care Claim: Professional (837P)
 6. Confirm you have reported all the NPIs you will be using for testing by validating them with Georgia Medicaid. Make sure your claim(s) successfully pay to your correct Provider ID, if you have associated multiple Georgia Medicaid provider IDs to one NPI and/or taxonomy code.
 - If the entity testing is a billing intermediary or software vendor, they should use the provider's identifiers on the test transaction.
 7. When submitting test files, make sure the members/claims you submit are representative of the type of service(s) you provide to Georgia Medicaid members.
 8. Schedule a tentative week for the initial test.
 9. Confirm the email/phone number of the testing contact and confirm that the person you are speaking with is the primary contact for testing purposes.

11.2 Transmission Example

This is an example of a batch file containing two members. For Georgia Medicaid batch files have the ability to loop at the functional group, transaction and hierarchical levels. Each functional group within an interchange has to be the same transaction type.

```
ISA*00*      *00*      *ZZ*TPID      *ZZ*77034      *130326*0800*^*00501*505043666*0 *T*::~~
GS*HC*TPID*77034*20130326*0800*135260*X*005010X218~
ST*820*000000001*005010X218~
BPR*I*8.64*C*NON*****1581282972*****20130326~
TRN*3*023456789~
REF*14*111111111A~
DTM*582****RD8*20130101-20130131~
N1*PE**FI*581234567~
N1*PR*DEPARTMENT OF COMMUNITY HEALTH GEORGIA MEDICAID~
ENT*1*2J*EI*222222222222~
NM1*QE*1*MEMLNAME*MFNAME****N*222222222222~
```

RMR*AZ*0234567890**4.32~
REF*ZZ*M800104198203110120120504PP11111111D201205~
DTM*582****RD8*20130101-20130131~
ENT*2*2J*EI*333333333333~
NM1*QE*1*LNAMEMEM*FNAMEMEM*T***N*333333333333~
RMR*AZ*0562721771**4.32~
REF*ZZ*M800105200411080120120504PP11111111D201205~
DTM*582****RD8*20130101-20130131~
SE*18*000000001~
GE*1*135260~
IEA*1*505043666~

11.3 Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to Georgia Medicaid and its providers.

Q: As a trading partner or clearinghouse, who should I contact if I have questions about testing, specifications, trading partner enrollment or if I need technical assistance with electronic submission?

A: EDI testing and trading partner enrollment support is available Monday through Friday 8a.m.-5p.m. by calling toll-free at (877) 261-8785 or locally at (770) 325-9590.

Q: Who should I contact if I have questions pertaining to billing or to check on the status of a submitted claim?

A: Providers should contact the Provider Contact Center for any non-EDI related questions or GAMMIS Web Portal assistance by calling the Interactive Voice Response System (IVRS) toll-free at (800) 766-4456 or locally at (770) 325-9600.

Q: After I submit my EDI Trading Partner Agreement Form, when should I expect to receive my Trading Partner ID?

A: Once we receive your EDI enrollment in the mail and process it, which takes 1-5 days, you should receive your trading partner Web Portal logon credentials by e-mail immediately. You will also receive your EDI Welcome Letter by mail within 5-7 business days of your application being approved. If your trading partner logon credentials were not received, contact EDI Services Monday-Friday 8a.m.-5p.m. EST at (877) 261-8785 or locally at (770) 325-9590, or submit a [Contact Us](#) Inquiry on the GAMMIS Web Portal. For authentication purposes, please be prepared with your Trading Partner Name, Trading Partner ID assigned, and Mailing Address.

Q: What are the steps that Providers need to take to begin sending EDI Transactions and testing with HP Enterprise Services?

A: All providers must already be enrolled with Georgia Medicaid to apply for EDI Enrollment, unless using a clearinghouse, software vendor, or billing agent. However, providers may also enroll as direct electronic submitters using the EDI Trading Partner Agreement. A copy of the EDI Agreement can be downloaded from the GAMMIS Web Portal on the [EDI >> Registration Forms](#) page. Once approved to send EDI transactions, all providers/submitters (except those using an enrolled clearinghouse, software vendor, or billing agent) will be required to go through testing using their chosen EDI software, clearinghouse, or vendor. Testing is not required for use of the PES software. Providers can contact EDI Services toll-free at (877) 261-8785 or locally at (770) 325-9590 for additional details regarding EDI transactions, testing, and PES training. Providers can begin testing files in Ramp Manager immediately. Once testing is passed, providers should submit the necessary

EDI trading partner agreement (if enrolling for the first time) or the EDI Update form (if making a change to their transaction) to be made active in Production.

Q: How do I access Ramp Manager to test my transactions?

A: You can access Ramp Manager online by visiting the Georgia Health Partnership Ramp Management System at <https://sites.edifecs.com/index.jsp?gamedicaid>.

Q: Is there a certain number of test files that need to be sent through Ramp Manager?

A: No; however, HP Enterprise Services requires a test file to pass compliance for each transaction type and trading partner that will be sending files. The status of each transaction should show "PASS" in Ramp Manager to show that you have successfully passed compliance before HP Enterprise Services can make you active.

Q: I am a provider. How do I enroll to receive my Remittance Advice electronically (835-ERA)?

A: Providers must complete and submit an HP Submitter Update Form indicating that they would like to receive an ERA835 for the payee ID. If you wish to delegate access to these 835 ERAs (Electronic Remittance Advice) so that your clearinghouse, software vendor, or billing agent can access these on your behalf, you must provide them access to your file downloads. Contact your clearinghouse, software vendor, or billing agent to get the e-mail address and username that you should grant access to, then follow the instructions in the GAMMIS Web Portal User Account Management Guide on the [Provider Information](#) >> [Provider Manuals](#) page. Refer to section 3.2, titled "Providers or Trading Partners Delegating Access to a Billing Agent or Trading Partner Account" for detailed instructions. You will need to grant the "Trade Files Download" role for a user to have access to your 835 ERA file.

Q: After I submit my provider enrollment application, when should I expect to receive my PIN letter in the mail?

A: You should receive your PIN letter within 5-7 business days of your Provider Enrollment application being approved. If you do not receive your PIN letter within this timeframe, please contact EDI Services Monday-Friday 8am-5pm EST at (877) 261-8785 or locally at (770) 325-9590, or submit a [Contact Us](#) Inquiry on the GAMMIS Web Portal. For authentication purposes, please be prepared with the provider's account information: provider's Name, provider ID, Tax ID/SSN, and the Mailing Address.

Q: Where is my PIN letter being sent?

A: PIN letters are sent to the provider's mailing address on file. If the mailing address shown on file is incorrect, providers must submit the Medicaid Change of Information form (as shown on the GAMMIS Web Portal under the [Provider Information](#) >> [Provider Manuals](#) page) to ensure the address is up-to-date before the PIN letter reissue request can be processed.

Q: How do I request and submit EDI files through the Web Portal?

A: Establish an internet connection to the provider secure Web Portal using your trading partner account logon credentials. Select the Trade Files menu in order to download and/or upload EDI files.

- **File Upload**

The File Upload page allows the user to select a file from a local hard drive and upload it to the Georgia MMIS. The file extension should end in .txt. Users of the feature include clearinghouses, software vendors, third party agents, and providers that wish to upload batch EDI transactions directly, including claim and encounter submissions. To use the batch upload option, providers must use HIPAA-compliant software or vendors that can create required data in HIPAA-compliant ANSI X12 Addenda format.

- **File Download**

The File Download page allows the user to select a file from the secure GAMMIS Web Portal and download it to their system. The download process begins when the download option is checked and the user selects the download button.

Q: How long are ERA835, 277U, 824 and/or 999's available for download on the GAMMIS Web Portal?

A: All outbound EDI transactions will be made available for download on the provider portal for six weeks from the date of creation. Providers and trading partners are encouraged to download the documents as soon as they are available.

Q: What types of acknowledgment reports will HP return following EDI submission?

A: A TA1 will be generated when errors occur within the interchange envelope ISA/IEA. If no TA1 is generated, by default an 824 Acknowledgment is returned to the trading partner for all 837P, 837I, and 837D claim transaction types. A 999 acknowledgement will be returned on batch 270 (Eligibility) and 276 (Claim Status) and failed 270 Real-Time (Eligibility Requests) and 276 Real-Time (Claim Status) transaction types. For those real-time 270 and 276 transactions that pass compliance, the respective 271 and 277 transactions will be generated. The 835 (ERA) will be returned to the payee provider or trading partner delegated by the provider if the claims were accepted electronically and forwarded for claims adjudication. The 277U (Unsolicited Claim Status Report) is returned if there was a problem with the claims that prevented the claims adjudication system from processing the claims (for example, Invalid NPI or Provider Not on File).

Q: Will electronic remittances (835) be returned in one file for all providers or a separate file for each provider?

A: There will be separate files for each provider.

Q: Will our trading partner number or submitter ID, as shown in the ISA06, be returned in the remittance advice 835 file?

A: No, the ISA08 and GS03 within the remittance advice 835 will contain the Payee Provider ID.

Q: What filename will be used for the 835 files?

A: As documented in the 835 companion guides, the filename will be in this format:
BatchID_TransactionType_FileName_ProviderNumber_Sequence Number_ProcessDate.out.dat.

Q: Will HP Enterprise Services continue to send paper EOBs for providers that are receiving the Electronic Remittance Advice (ERA)?

A: No, unless specifically requested by the provider to receive both. Providers can notify EDI Services or the Provider Enrollment Unit if they wish to receive both the paper EOB and the ERA.

Q: Where can we find the Georgia Medicaid/PeachCare for Kids® HIPAA Companion Guides?

A: The companion guides are available on the Web Portal on the [EDI](#) >> [Companion Guides](#) page.

Q: Where can I find a copy of the HIPAA ANSI TR3 Implementation Guides?

A: The TR3 Implementation Guides must be purchased from the Washington Publishing Company at www.wpc-edi.com.

12 Change Summary

This section describes the differences between the current Companion Guide and previous guides(s).

Version	Date	Section/Pages	Descriptions
1.4	04/01/2013	Entire document	Complete revision to comply with CAQH® (Council for Affordable Quality Healthcare) CORE™ (Committee on Operating Rules for Information Exchange) v5010 Master Companion Guide Template. Transaction specific data elements, and their values, were not changed. All previous versions are obsolete.
2.0	4/29/2013	Logo on Cover Page Entire Document	Changed Logo on Cover Page to be the new branding logo. Changed any reference to TR3 to be TR3 Implementation Guide or Implementation Guides. Changed references to companion guide that were listed as 'document' to 'companion guide'.
2.1	12/16/2013	Entire Document	Section 7.8: Added Capitation Category 901-905. Section 7.10: Added Aid Category 150-157.
2.2	11/24/2014	Section 7	Modified: Section 7.8
2.3	2/1/2015	Section 7	Modifications for CSR 904 Section 7.8: Added 620-622, Section 7.10: Added 136-140. Modifications for CSR 871 Section 7.10: Added 794-797.