Utah Department of
Health & Human Services
Integrated Healthcare

HIPAA Transaction
Standard Companion Guide

Payroll Deducted and Other Group Premium
Payment for Insurance Products (820)
ASC X12N/005010X218

July 18, 2024

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Disclosure Statement

Disclosure, distribution, and copying of this guide is permitted. However, be aware that changes to items found in this guide may occur at any time without notice.

The intended purpose and use of this guide, is to provide information supporting the Payroll Deducted and Other Premium Payment (820) transaction.

Due to the copyright protection of the 5010 Implementation Guides (TR3), Utah Medicaid will not publish items found on the ASC X12 Implementation Guides (TR3), other than to convey the Utah Medicaid system limitations and usage iterations.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronic health data with Utah Medicaid. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

The Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. It is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide will provide information regarding the exchange of an Electronic Data Interchange (EDI) transaction with Utah Medicaid regarding Payroll Deducted and Other Premium Payment transaction. It also includes information about EDI enrollment, testing, and customer support.

Utah Medicaid is publishing this Companion Guide to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N TR3 mandated by HIPAA. This Companion Guide can be accessed at https://medicaid.utah.gov/hipaa/providers/#companion-guides.

All References to Medicaid are used for simplicity, but other programs supported by the Utah Department of Health Division of Medicaid and Health Financing (DMHF) are also included, for example, Medicaid, CHIP, Integrated Medicaid, Baby Your Baby, and so forth.

Utah Medicaid provides services to eligible members using two coverage models:

- Managed Care Organizations (MCO) - Are Plans who provide medical, dental and behavioral health services to eligible Medicaid and CHIP members.

- Fee for Service (FFS) - Consists of all Medicaid plans where services are paid for a member who is not enrolled in an MCO or the service that is needed is not covered by the MCO plan.

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Tables

1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires all entities exchanging health data to comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The Accredited Standards Committees (ASC) X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) are the standards of compliance. The TR3s are published by the Washington Publishing Company (WPC) and are available at: https://x12.org/products.

This section describes how the ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of tables. The tables contain a row for each segment that, due to the Utah Medicaid system limitation and business needs, may require information in addition to, or over and above, the information in the IGs. That information can:

- Limit the repeat of loops, or segments.

- Limit the length of a simple data element.

- Specify a sub-set of the IGs internal code listings.

- Clarify the use of loops, segments, composite and simple data elements.

- Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with Utah Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe the Utah Medicaid usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail.

Table 1 specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Table 1. Columns and Usage

Page #	Loop ID	Reference	Name	Notes/Comments
48		REF01	Reference Identification Qualifier	"94" (Master Account Number)
49		REF02	Reference Identification	PRISM Provider Location ID
109	2100B	NM109	Identification Code	10-digit Beneficiary ID Number

Scope

The Companion Guide addresses the Utah Medicaid technical and connectivity specifications for the Payroll Deducted and Other Premium Payment transaction. It highlights business rules, system limitations, and data requirements for generating a successful Payroll Deducted and Other Premium Payments transaction.

Table 2. Transactions Covered by this Companion Guide

Transactions	Versions
Payroll Deducted and Other Group Premium Payment for Insurance Products (820)	005010X218
Implementation Acknowledgment for Health Care Insurance (999) Interchange Acknowledgment (TA1)	005010X231A1

Overview

The Companion Guide was written to assist providers in designing and implementing transaction standards to meet the Utah Medicaid processing methodology. The guide is organized in the following sections:

2 SECTION 1

- INTRODUCTION: Section includes scope, overview, references and additional information.

- Section 3 GETTING STARTED: Section includes information on enrolling as a Utah Medicaid Provider, EDI enrollment, and the testing process.

- Section 4 TESTING WITH UTAH MEDICAID: Section includes detailed transaction instruction on how to test with Utah Medicaid.

- Section 5 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS: Section includes information on Medicaid transmission procedures, and communication and security protocols.

- Section 6 CONTACT INFORMATION: Section includes Medicaid telephone numbers, mailing and email addresses, and other contact information.

- Section 7 CONTROL SEGMENT/ENVELOPES: Section includes information needed to create the ISA/IEA, GS/GE, and ST/SE control segments to be submitted to Utah Medicaid.

- Section 8 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS: Section includes detailed transaction testing information. Web services connection is needed to send transactions.

- Section 9 ACKNOWLEDGEMENTS AND/OR REPORTS: Section includes information on all EDI reports such as 999s, or TA1.

- Section 10 TRADING PARTNER AGREEMENTS: Section contains information regarding Trading Partner EDI Enrollment requirements for the 820 transaction.

- Section 11 TRANSACTION SPECIFIC INFORMATION: Section contains specific information regarding 820 transactions, system limitations, scheduled and non-scheduled system downtime notifications, holiday hours, and other information that would be helpful to Trading Partners.

- APPENDICES: This section will lay out transmission examples, frequently asked questions, an implementation checklist, business scenarios, and a change summary.

References

- **5010 ASC X12 Technical Report Type 3 (TR3) Guides:**

  Due to system limitation and business needs, Utah Medicaid will identify loops, segments, and data elements to convey additional information to process electronic requests successfully.

  The TR3s may be purchased through Washington Publishing Company (WPC) at https://x12.org/products.

- **Utah Health Information Network (UHIN) Standards and Specifications:**

  All payers in Utah, including Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value added network serving providers and payers in Utah. To access specific documents such as Standards, Technical Manuals, Specifications, and so forth, a provider must request access to https://my.uhin.org from UHIN.

  - UHIN Home Page: http://www.uhin.org

  - UHIN Standards: https://support.uhin.org/hc/en-us/categories/360002051651-Standards

  - UHIN UTRANSEND Technical Reference Manual (TRM): https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2

  - UHIN EDI Enrollment Specification: https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1

- **Washington Publishing Company (WPC):**

  https://www.wpc-edi.com/

- **WPC Code List:**

  https://x12.org/codes

- **CMS transaction and Code Sets Standards:**

  https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/AdoptedStandardsandOperatingRules.html

- **CMS Electronic Billing and EDI Transactions Help Lines (Part A and B):**

  http://www.cms.gov/ElectronicBillingEDITrans

- **Accredited Standards Committee (ASC):**

  https://x12.org/

Additional Information

Utah Medicaid does not offer EDI software. Some software vendors charge for each electronic transaction type (claims, eligibility, reports, and remittance advice). There are no regulations as to what software vendors can charge for the software license or their services. It is the responsibility of the provider to procure software that best fits their business needs.

Things to consider when looking for EDI software:

1. Fees and Function – What EDI transactions are included with the software license? Examples include:

   a. Health Care Eligibility Benefit Inquiry and Response (270/271)

b. Health Care Claim Status Request and Response (276/277)

c. Health Care Claims: Professional (837P), Institutional (837I), Dental (837D)

d. Health Care Claim Acknowledgment (277CA)

e. Acknowledgment Reports (Interchange Acknowledgement (TA1), Implementation Acknowledgment for Health Care Insurance (999))

f. Health Care Claim Payment/Advice (835)

g. Health Care Services Review - Request for Review and Response (278)

h. Payroll Deducted and Other Group Premium Payments for Insurance Products (820)

i. Benefits Enrollment and Maintenance (834)

2. Software License – Will the license include free regulatory updates?

3. Technical Support – Is the installation, set-up, and any subsequent assistance included with the subscription?

4. System Requirements – Will the software function with your current Operating System, hardware, and Practice Management software, or will new Operating System, Practice Management software, or hardware be needed?

5. Reports – Are data elements on received transactions viewable, for example, Claims Adjustment Reason Codes, Remittance Remark Codes, PLB segments on the 835, and so forth?

6. UHIN provides software for their members. Contact UHIN at (877) 693-3071 for more information.

7. Providers that use a billing company or clearinghouse, contact the billing company or clearinghouse for software.

8. Proprietary software can be used provided it meets HIPAA standards and mandated CORE requirements.

3 GETTING STARTED

Working with Utah Medicaid

Providers must enroll as a Utah Medicaid provider. The Utah Medicaid Provider Enrollment team may be reached at (801) 538-6155 or (800) 662-9651, option 3, then option 4, for questions regarding provider enrollment. Provider Enrollment forms, instructions, and contact information are available on the Utah Medicaid website: https://medicaid.utah.gov/become-medicaid-provider.

A provider who enrolled online will receive a Welcome Letter to access provider enrollment information.

Providers who wish to employ UHIN and use their tools and services to submit EDI Health Care Claims, Client Eligibility and Response, Claim Status Inquiry and

Response, Health Care Services Review - Request for Review and Response, or receive Electronic Remittance Advice may contact UHIN at (877) 693-3071 or see the UHIN EDI Enrollment Specification at: https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1. The Provider must ask UHIN for membership information and how to obtain an Electronic Data Interchange (EDI) Trading Partner Number (TPN).

Providers who elect to transmit or receive electronic transactions using a third party, such as a billing agent, clearinghouse, or network service, do not need to contact UHIN or acquire a TPN if the billing agent, or network service is a member of UHIN. In this case, providers must obtain the billing company's TPN to complete the Utah Medicaid EDI enrollment online.

Trading Partner Registration

Utah Medicaid requires all trading partners to complete the Utah Medicaid EDI Enrollment online. Any other form of EDI Enrollment is not accepted. To become a trading partner with Utah Medicaid, visit our website at https://medicaid.utah.gov/become-medicaid-provider.

Using the information provided in the Welcome Letter (when you first enrolled to become a Utah Medicaid provider), you may access and complete or modify the EDI Enrollment. If a Welcome Letter was not received, contact Medicaid Provider Enrollment at (801) 538-6155 or (800) 662-9651, option 3, then option 4, to request one.

Providers may need to obtain the TPN for each EDI transaction from their clearinghouse or billing agency prior to EDI enrollment.

For Brand New Providers – Never Validated:

1. Acquire a Utah Identification (ID) from https://id.utah.gov/login if you do not have one.

    a. Create an Account

    b. Complete all the required fields

    c. Set the password interval to 90 days, using the following State of Utah password requirements:

      ▪ Minimum of 8 characters

      ▪ Upper case letters

      ▪ Lower case letters

      ▪ At least 1 number

      ▪ Special characters

2. Visit our website at: https://medicaid.utah.gov/become-medicaid-provider.

3. Click the PRISM Portal hyperlink.

4. Enter your Utah ID and password to log in.

5. Click the Submit Enrollment Access (Converted Providers Accessing the New PRISM System for the First Time).

6. Complete and Submit Enrollment Access form. Upon successful validation, the system will redirect you to the profile selection domain page.

7. Click Manage Provider Information.

8. Complete all the validation requirements in Steps 1-3.

9. Complete all the steps for EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the Trading Partner Number (TPN) to each EDI transaction based on business needs. A different TPN may be used for each EDI transaction.

10. Click the Submit button in the last step to submit the form for processing.

For Existing Providers – Validated:

1. Visit our website at https://medicaid.utah.gov/become-medicaid-provider/.

2. Click the PRISM Portal hyperlink.

3. Enter your Utah ID and password to log in.

4. Select a Domain and Profile.

5. Click the Manage Provider Information.

6. Complete all the steps that pertain to the EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the TPN to each EDI transaction based on business needs. Different TPNs may be used for each EDI transaction.

7. Click the Submit button in the last step to submit the form for processing.

Training is available by clicking the link for the Provider Enrollment and EDI Enrollment tutorial: https://medicaid.utah.gov/pe-training.

Certification and Testing Overview

All payers in Utah, including Utah Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value added network serving providers and payers in Utah.

All providers who wish to submit EDI transactions through UHIN, must test with UHIN prior to submission of electronic transactions. Contact UHIN at (877) 693-3071 to coordinate acceptance testing.

4 TESTING WITH UTAH MEDICAID

Providers who wish to submit EDI transactions through the PRISM Electronic batch are not required to do testing. If a provider wants to test prior to production, send test transactions to the Medicaid Test Trading Partner Number: HT000004-003.

Providers who wish to submit EDI transactions through UHIN, contact UHIN Help Desk at (877) 693-3071 for security access to their Test environment. Coordinate Acceptance Testing with UHIN first. UHIN will validate your EDI transactions and notify Utah Medicaid when Acceptance Testing is completed.

During provider enrollment, ensure that your UHIN Trading Partner Numbers (TPN) are associated for each transaction based on business needs prior to testing with Utah Medicaid. Registration can be done through EDI Enrollment online at the Medicaid website: https://medicaid.utah.gov/become-medicaid-provider/. See detailed instructions under the Trading Partner Registration section.

Providers should coordinate testing with Utah Medicaid, after completion of the Acceptance Testing with UHIN, by contacting the Medicaid Managed Care EDI Customer Support team at MHC-EDI@utah.gov. Medicaid Managed Care EDI Customer Support will assist with testing issues and errors.

Send your test transactions to the Medicaid Test Trading Partner Number: HT000004-003.

Providers using the UHIN software are not required to test. Contact UHIN Member Relations Team at (877) 693-3071 for technical support.

Providers using a third-party software or practice-management software need to work directly with their software vendor for software upgrades and technical support.

5 CONNECTIVITY WITH THE PAYER/ COMMUNICATIONS

Web Service connection is required to send electronic transactions through UHIN. For more information, see UHIN standards at: https://support.uhin.org/hc/en-us/categories/360002051651-Standards.

To initiate a Trading Partner relation with UHIN, contact UHIN at (877) 693-3071 for more information, or email at: customerservice@uhin.org.

UHIN Technical Specifications are available at: https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2.

6 CONTACT INFORMATION

EDI Customer Service

The UHIN Help Desk can be contacted at either (877) 693-3071 or by email at customerservice@uhin.org.

Trading Partners may call Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

Utah Medicaid Manage Care EDI Customer Support team may be contacted by email: MHC-EDI@utah.gov.

Notes: Do not send non-encrypted PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third-party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M.

EDI Customer Support is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, ListServ, and through UHIN alerts for unexpected system down time, for unexpected delay in generation and transmission of EDI reports, delay in the release of provider payments, to announce the release of new or interim Medicaid Information Bulletin (MIB), and so forth.

To sign up for the Medicaid ListServ, click: https://medicaid.utah.gov/utah-medicaid-official-publications.

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at: http://www.uhin.org.

Applicable Websites/E-mail

Utah Medicaid Managed Care EDI email address is: MHC-EDI@utah.gov

Utah Medicaid Web Page: https://medicaid.utah.gov/

Utah Medicaid Companion Guide: https://medicaid.utah.gov/hipaa/providers/#companion-guides/

Utah Medicaid Provider training: https://medicaid.utah.gov/provider-training-0/

Utah Medicaid EDI Enrollment: https://medicaid.utah.gov/become-medicaid-provider/

Utah Medicaid Registration and EDI Enrollment Tutorial: https://medicaid.utah.gov/pe-training

To sign up for the Utah Medicaid ListServ: https://medicaid.utah.gov/utah-medicaid-official-publications

UHIN: https://uhin.org

UHIN Help Desk: customerservice@uhin.com

UHIN Standards and Specifications: https://support.uhin.org/hc/en-us/categories/360002051651-Standards

Connectivity requirements, click the UHIN website at this link:
https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2

To sign up to receive UHIN alerts: https://uhin.org

UHIN Hardware Requirements: https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2

7 CONTROL SEGMENT/ENVELOPES

In all transactions, the ISA06 and ISA08 must contain the designated Trading Partner Number (TPN) of the submitter and receiver, respectively. The trading partner defines the value carried in GS02 and GS03. If there is not an agreement between trading partners as to the value carried in these segments, then the default will be the TPN of the submitter and receiver (that is, the same numbers that are in ISA06 and ISA08, respectively).

For security purposes, neither the ISA04 nor the GS02 will be used to carry the Trading Partner Password or User ID. The Password and User ID values will be transmitted in an outside wrapping of the transaction for authentication. For this reason, the ISA01 and ISA03 values are '00' and the ISA02 and ISA04 are space filled. See Table 3 for proper usage and required value for various data elements in the ISA and GS segments.

ISA-IEA (Interchange Control Number)

To facilitate tracking and debugging, the Interchange Control number used in the ISA13 must be unique for each transaction.

Group Control Number

To facilitate tracking and debugging, the Group Control number used in the GS06, must be unique.

For more information regarding the use of ISA/IEA and GS/GE control segments, see the Utah Standards available on the UHIN website at: https://support.uhin.org/hc/en-us/categories/360002051651-Standard.

Table 3. 820 – Payroll Deducted and Other Premium Payment Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA		**Segment – Interchange Control Header**	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present)
	ISA	ISA02	Authorization Information	10 Spaces
	ISA	ISA03	Security Information Qualifier	"00" (no security information present)
	ISA	ISA04	Security Information	10 Spaces
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA06	Interchange Sender ID	"HT000004-002" "HT000004-003" – Test followed by spaces.
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA08	Interchange Receiver ID	Receiver Trading Partner ID associated to this transaction as part of Provider EDI Enrollment (HTXXXXXX-XXX) left justified, followed by spaces.
	ISA	ISA13	Interchange Control Number	<Interchange Control Number>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				PRISM will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
	ISA	ISA14	Acknowledgment Requested	"0" (no acknowledgment requested)
	ISA	ISA15	Interchange Usage Indicator	"P" (production) "T" (test) data
	ISA	ISA16	Component Element Separator	<:>
	GS		**Segment – Functional Group Header**	**If a Trading Partner Number is shared between multiple providers, acknowledgment/response files generated for the Trading Partner Number will not be accessible from PRISM screens to download.**
	GS	GS02	Application Sender's Code	"HT000004-002" "HT000004-003" – Test
	GS	GS03	Application Receiver's Code	Receiver Trading Partner ID associated to this transaction as part of Provider EDI Enrollment (HTXXXXXX-XXX)

8 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

The System will generate a single 820 file for all locations under an active MCO enrollment and the file will be generated using the Trading Partner Number associated to the first active MCO location. Each location level payment information will be reported in a separate ST segment inside the 820 file. Utah Medicaid reports a unique value in the ISA13 and GS06 for all X12 820 transactions.

Regular Scheduled System Downtime

Utah Medicaid systems are available to process Batch transactions 24/7 except during regularly scheduled system downtime, defined as:

Routine downtime

Regularly scheduled system downtime is Sundays, from 1 A.M. to 2 A.M.

Non-routine downtime

Medicaid will notify providers through the email ListServ, UHIN alerts, or message broadcast through the phone system, for unscheduled or emergency downtime, within one hour of discovery.

No response or acknowledgment will be returned during scheduled or non-scheduled downtime.

System Holiday Schedule

Utah Medicaid systems are available to process Batch X12 transactions 24 hours a day, 7 days a week except for our regularly scheduled system downtime, as stated previously.

Business Limitations:

- **ANSI ASC X12 820 - Transaction Set Companion Guide Rules**

Table 4. 820 Transaction Set Companion Guide Rules Outbound

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ST		**Segment - Transaction Set Header**	
	ST	ST02	Transaction Set Control Number	\<Transaction set control number\> PRISM will assign a unique number within the transaction set, to indicate the start of the transaction. PRISM will transmit identical transaction set control numbers in ST02 and SE02.
			Segment - Financial Information	
	BPR	BPR01	Transaction Handling Code	"I" (remittance information only) "U" (Split Payment and Remittance)
	BPR	BPR03	Credit/Debit Flag code	"C" (credit)
	BPR	BPR04	Payment Method	"ACH" (electronic funds transfer) reflects a payment made via EFT "NON" (Non-Payment) sent when warrant amount is zero "CHK" (Check)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	BPR	BPR05	Payment Format Code	"CCP" (to indicate that payment and remittance data are sent separately only included when payment method is ACH)
	BPR	BPR06	DFI ID Number Qualifier	"01" (Report when payment method is ACH)
	BPR	BPR07	DFI Identification Number	"124002890" (Report when payment method is ACH)
	BPR	BPR08	Account Number Qualifier	"DA" (Report when payment method is ACH)
	BPR	BPR09	Account Number	"153100367793" (Report when payment method is ACH)
	BPR	BPR10	Originating Company Identifier	<Payer Identifier> "1876000545"
	BPR	BPR12	(DFI) ID Number Qualifier	"01" (Report when payment method is ACH)
	BPR	BPR13	(DFI) ID Number	<Receiving Depository Financial Institution (DFI)> (Report when payment method is ACH)
	BPR	BPR14	Account Number Qualifier	"DA" (Report when payment method is ACH)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	BPR	BPR15	Account Number	\<Receiver Bank Account Number\> (Report when payment method is ACH)
	BPR	BPR16	Date	\<Check Issue or EFT Effective Date\>
TRN			**Segment - Reassociation Key**	
	TRN	TRN01	Trace Type Code	"3" (financial reassociation trace number)
	TRN	TRN02	Reference ID	\<Check or EFT Trace Number\>
	TRN	TRN03	Originating Company Identifier	"1386000134"
REF			**Segment – Premium Receivers Identification Key**	
	REF	REF01	Reference ID Qualifier	"14" (master account number)
	REF	REF02	Reference ID	Report Health Plan's PRISM MMIS Location Identifier
DTM			**Segment – Coverage Period**	
	DTM	DTM06	Date Time Period	\<Coverage Period\> Report least of coverage start and max of coverage end date

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
1000A			**Loop – Premium Receiver's Name**	
1000A	**N1**		**Segment – Premium Receiver's Name**	
1000A	N1	N102	Name	Organization Name
1000A	N1	N103	Entity ID Code Qualifier	"FI" (Federal Taxpayer's identification number)
1000A	N1	N104	ID Code	Federal Taxpayer ID
1000B			**Loop – Premium Payer's Name**	
1000B	**N1**		**Segment – Premium Payer's Name**	
1000B	N1	N102	Name	"Utah Medicaid"
1000B	N1	N103	Identification Code Qualifier	"EQ" (Insurance Company Assigned Identification Number)
1000B	N1	N104	Identification Code	"HT000004-002"
1000B	**N3**		**Segment – Premium Payer's Address**	
1000B	N3	N301	Address Information	"P.O. Box 143108"
1000B	**N4**		**Segment – Premium Payer's City, State, Zip Code**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
1000B	N4	N401	City Name	"Salt Lake City"
1000B	N4	N402	State or Province Code	"UT"
1000B	N4	N403	Postal Code	"84114-3108"
1000B	**PER**		**Segment – Premium Payer's Administrative Contact**	
1000B	PER	PER02	Name	"Bureau of Managed Health Care"
1000B	PER	PER03	Communications Number Qualifier	"TE" (telephone)
1000B	PER	PER04	Communications Number	"8006629651"
1000B	PER	PER05	Communications Number Qualifier	"TE" (telephone)
1000B	PER	PER06	Communications Number	"8015386358"
2000A			**Loop – Organization Summary Remittance**	**Gross adjustments and negative/positive balance carry forward will be reported in this loop**
2000A	**ENT**		**Segment – Organization Summary Remittance**	
2000A	ENT	ENT01	Assigned Number	Start with <1> and increment by 1.
2000A	ENT	ENT02	Entity Identifier Code	"RGA" (Responsible Government Agency)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000A	ENT	ENT03	ID Code Qualifier	"FI" (Federal Taxpayer's Identification Number)
2000A	ENT	ENT04	Identification Code	<Health Plan's/Billing Agent's Federal Taxpayer ID (EIN)>
2300A			**Loop – Organization Summary Remittance Detail**	
2300A	RMR		Segment – Organization Summary Remittance Detail	
2300A	RMR	RMR01	Reference Identification Qualifier	"1L" (group or policy number)
2300A	RMR	RMR02	Reference Identification	Reports <PRISM Provider ID><Gross Adjustment Group Code> when reporting Gross Adjustment Amount in RMR04 Reports <00> when reporting Netting amount in RMR04
2300A	RMR	RMR04	Monetary Amount	Reports Gross Adjustment or Netting amount
2300A	**REF**		**Segment – Reference Information**	
2300A	REF	REF01	Reference Identification Qualifier	"2F" (Consolidated Invoice Number)
2300A	REF	REF02	Reference Identification	Reports Account Recoverable Number or Account Payable Number

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300A	**DTM**		**Segment – Organizational Coverage Period**	
2300A	DTM	DTM01	Date/Time Qualifier	"582" – The time period will be expressed as CCYYMMDD Populated only in cases of negative gross adjustment or OFIN adjustment
2300A	DTM	DTM06	Date Time Period	Report service start and end dates.
2320A			**Loop – Organizational Summary Remittance Level Adjustment for Current Payment**	
2320A	**ADX**		**Segment – Organizational Summary Remittance Level Adjustment for Current Payment**	
2320A	ADX	ADX01	Monetary Amount	<Amount owed to Utah Medicaid by Health Plan>
2320A	ADX	ADX02	Adjustment Reason Code	"H1"
2000B			**Loop – Individual Remittance**	
2000B	**ENT**		**Segment – Individual Remittance**	
2000B	ENT	ENT01	Assigned Number	1
2000B	ENT	ENT02	Entity Identifier Code	"2J" (individual)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000B	ENT	ENT03	Identification Code Qualifier	"34" (Social Security Number EI Employee Identification Number)
2000B	ENT	ENT04	Identification Code	Report Medicaid beneficiary Social Security Number
2100B			**Loop – Individual Name**	
2100B	**NM1**		**Segment – Individual Name**	
2100B	NM1	NM101	Entity Identifier Code	"QE" (policy holder)
2100B	NM1	NM102	Entity Type Qualifier	"1" (person)
2100B	NM1	NM104	Name First	Report "NoFirst" if Subscriber doesn't have a first name.
2100B	NM1	NM108	Identification Code Qualifier	"N" Insured's Unique Identification Number.
2100B	NM1	NM109	Identification Code	10-digit beneficiary ID number
2300B			**Loop – Individual Premium Remittance Detail**	
2300B	**RMR**		**Segment – Individual Premium Remittance Detail**	**Report this segment for all individual prospective payments and retro adjustments.**

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300B	RMR	RMR01	Reference ID Qualifier	"AZ" (health insurance policy number)
2300B	RMR	RMR02	Reference ID	(1-21) MC Payment TCN (22-24) Age (25-29) FIPS Code (30) Gender (31-35) Rate Code (36-50) Benefit Plan ID See Table 5. Benefit Plan ID and Benefit Plan Name Crosswalk
2300B	RMR	RMR04	Monetary Amount	<Premium Payment> Report individual payment amount
2300B	**DTM**		**Segment – Individual Coverage Period**	
2300B	DTM	DTM01	Date/Time Period	"582" (report period)
2300B	DTM	DTM05	DTM05 – Date/Time Period Format Qualifier	"RD8" (ranges of dates expressed in CCYYMMDD- CCYYMMDD format)
2300B	DTM	DTM06	Date/Time Period	Payment coverage period in a date range format.
2320B			**Loop – Individual Premium Adjustment for Current Payment**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320B	**ADX**		**Segment – Individual Premium Adjustment for Current Payment**	**Report this segment only if the adjustment amount is greater than zero.**
2320B	ADX	ADX01	Monetary Amount	\<Adjustment Amount\>
2320B	ADX	ADX02	Adjustment Reason Code	\<Adjustment Reason Code\>

9 ACKNOWLEDGEMENTS AND/OR REPORTS

Implementation Acknowledgment for Health Care Insurance (999) – ASC X12N/005010X231

Edits for syntactical quality of the functional group or implementation guide compliance are documented in the 999 Acknowledgement and are returned for all batch Inbound transactions.

An Accepted 999 means the transaction file was accepted into the system for processing. A Rejected 999 means the file transmitted does not comply with the HIPAA standards identified by the syntactical analysis or implementation guide compliance.

The 999 Acknowledgment will identify the segment name, segment location (line number), Loop ID, and data element in error. For multiple errors, all errors found will be listed in the 999 Implementation Acknowledgment. Errors must be corrected before resubmitting the Inbound transaction.

Interchange Acknowledgment

The Interchange Acknowledgment (TA1) report provides the capability for the interchange receiver to notify the sender that a valid envelope was received, or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. It is unique in that it is a single segment transmitted without the GS/GE envelope structure.

The TA1 Acknowledgment encompasses the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number and interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange.

TA104, the Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors.

TA105, the Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

EDI submitters wishing to receive a TA1 Acknowledgment must request it through data elements ISA14, using data element "1" in the transmitted interchange. If a TA1 Acknowledgment is not requested and the submitted EDI file has an envelope error, Medicaid will not generate or send an acknowledgment for the file.

10 TRADING PARTNER AGREEMENTS

Contact UHIN at: https://uhin.org or call (877) 693-3071 for membership enrollment information and Web Services connection. UHIN will assign a Trading Partner Number (TPN) for EDI.

Providers who elect to submit or receive electronic transactions using a third-party such as a billing agent, clearinghouse, or network service may not need to contact UHIN to acquire a TPN if the billing agent, clearinghouse, or network service has obtained a TPN on their behalf.

Providers who wish to exchange electronic transactions with Medicaid must complete the provider enrollment application through PRISM including all EDI steps.

If submitting through a billing agent, clearinghouse or UHIN, associate the TPN to each transaction (based on business needs). Different TPNs may be used for each transaction excluding 835, 834, and 820. For PRISM Electronic Batch submission, identify the transactions to be submitted through this method.

Utah Medicaid does not offer EDI software. It is the responsibility of the Provider to procure software capable of generating an X12 transaction, that is compatible with their Practice-Management software to meet their business needs.

Some software vendors charge for each transaction type (claims, eligibility, reports, and remittance advice). There is no federal regulation as to how much a software vendor can charge for the software license or their services.

UHIN provides software for UHIN members, and it can be downloaded from https://uhin.org. For assistance with the download, contact UHIN at (877) 693-3071.

Providers using a billing company or clearinghouse, contact the billing company or clearinghouse for software. Proprietary software can be used provided it meets HIPAA standards and the mandated CAQH CORE Operating Rules requirements.

11 TRANSACTION SPECIFIC INFORMATION

The information under this section is intended to help the trading partner understand the business context of the 820 Outbound transactions, where applicable.

Utah Medicaid only supports Batch 820 transactions.

Access to the 820 transactions by Batch transactions requires trading partners to register online with Medicaid and define usage of these transactions. Click the following link to register: https://medicaid.utah.gov/become-medicaid-provider/. An EDI Enrollment Tutorial is also available at: https://medicaid.utah.gov/pe-training.

Providers must be enrolled and open with Utah Medicaid for the date of 820 file generation.

For Outbound Transactions, colon (:) in any non-composite fields will be replaced with a space before submitting the file to providers.

Medicaid Trading Partner Numbers (TPN)

Providers must receive 820 transactions from the following mailbox:

HT000004-002

Test Trading Partner Number:

HT000004-003

Batch Transactions

The System will generate a single 820 file for all locations under an active MCO enrollment and the file will be generated using the Trading Partner Number associated to the first active MCO location. Each location level payment information will be reported in a separate ST segment inside the 820 file.

If a Trading Partner Number is shared between multiple providers, the 820 file generated for that Trading Partner Number will not be accessible from PRISM screens to download.

For questions regarding 820 transaction, Utah Medicaid Manage Care EDI Customer Support team may be contacted by email: MHC-EDI@utah.gov.

APPENDICES

Appendix A – IMPLEMENTATION CHECKLIST

1. Acquire a Utah ID at https://id.utah.gov/login.

2. Create an account (username and password).

3. Enroll as a Utah Medicaid Provider.

4. Acquire a Trading Partner Number from billing agent, clearinghouse, or UHIN (Not applicable to PRISM Electronic Batch).

5. Register transactions to be submitted to Utah Medicaid.

6. Register Trading Partner Number online with Utah Medicaid (billing agent, clearinghouse, or UHIN).

7. Contact UHIN for Acceptance Testing and Connectivity testing (billing agent, clearinghouse, or UHIN Submission).

8. Test with Utah Medicaid.

9. Go live with Utah Medicaid.

Appendix B – BUSINESS SCENARIOS

Crosswalk for Benefit Plan ID and Benefit Plan Name (2300B RMR02):

Table 5. Benefit Plan ID and Benefit Plan Name Crosswalk

Benefit Plan ID	Benefit Plan Name
MC-MED	MC Medical
MC-DENTAL	MC Dental
MC-MH	MC Mental Health
MC-HOME	MC HOME
MC-MH-SUD	MC Substance Use Disorder
MC-IMED	MC Integrated Medicaid
CHIP-MED	CHIP - Medical
CHIP-DEN	CHIP - Dental
CHIP-UDEN	CHIP - Dental (UPP)
SCHIP-MED	State CHIP – Medical

Benefit Plan ID	Benefit Plan Name
SCHIP-DEN	State CHIP - Dental
NEMT	Non Emergency Transportation - MC

Appendix C – FREQUENTLY ASKED QUESTIONS

The following is a compilation of Questions and Answers relative to Utah Medicaid and its providers.

1. What Trading Partner Number should a provider use to receive the Payroll Deducted and Other Group Premium Payment for Insurance Products transaction (820) to?

   Providers billing Utah Medicaid should receive electronic Payroll Deducted and Other Group Premium Payment for Insurance Products transaction (820) to the following TPN:

   HT000004-002

2. Does Medicaid require testing?

   MCO's are not required to test but, it is recommended to complete Acceptance Testing with UHIN prior to receiving test 820's from Utah Medicaid. Contact Medicaid's Managed Care EDI team to coordinate testing at mail to: MHC-EDI@utah.gov.

3. Who do I contact for EDI Customer Support?

   The UHIN Help Desk can be contacted at either (877) 693-3071 or by email at customerservice@uhin.org.

   Trading Partners may call Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

   Utah Medicaid Manage Care EDI Customer Support team may be contacted by email: MHC-EDI@utah.gov.

   Notes: Do not send non-encrypted PHI to this email address.

   If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third-party during transmission.

   This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M.

EDI Customer Support is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, ListServ, and through UHIN alerts for unexpected system down time, for unexpected delay in generation and transmission of EDI reports, delay in the release of provider payments, to announce the release of new or interim Medicaid Information Bulletin (MIB), and so forth.

To sign up for the Medicaid ListServ, click: https://medicaid.utah.gov/utah-medicaid-official-publications.

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at: http://www.uhin.org.

Appendix D – LEGEND

Table 6 provides the color legend for Table 3 and Table 4.

Table 6. Legend of Colors

This color signifies a Loop information.
This color signifies a Segment within a Loop.
This color signifies a Composite Element within a Segment.

Appendix E – CHANGE SUMMARY

Date	Description	Change Summary
02/26/2021	Final Submission	N/A
01/17/2023	Final Submission	N/A