New Mexico Health Insurance Exchange

INDIVIDUAL MARKET 820 COMPANION GUIDE

Version 1.2

Contents

1 PREFACE 4
2 INTRODUCTION 4
3 GETTING STARTED 5
4 TESTING 5
5 CONNECTIVITY 6
5.1 CONNECTIVITY SPECIFICS 6
5.1.1 Data Collection 6
5.1.2 SFTP Server Security 7
5.1.3 SFTP Server Accounts 7
5.1.4 SFTP Server Folder Structure 7
5.1.5 SFTP Server Testing 7
6 ACKNOWLEDGEMENTS 8
7 FILE NAMING CONVENTIONS 8
7.1 FILENAME FORMAT (SBE TO ISSUER) 8
7.2 FILENAME FORMAT (ISSUER TO SBE) 8
7.3 FILENAME RESTRICTIONS 8
8 BUSINESS RULES 9
8.1 820 (Member Responsibility) 9
8.2 820b (New Mexico State Premium Assistance) 9
8.3 820c (New Mexico State Premium Buy Down) 10
8.4 GENERAL BUSINESS RULES 10
9 PAYMENT TRANSACTIONS BUSINESS RULES 10
10 DETAILED INFORMATION IN THE 820 BY BUSINESS USE 11
APPENDIX A GLOSSARY OF TERMS, ACRONYMS, AND DEFINITIONS 16
APPENDIX B - REFERENCED DOCUMENTS 18

Table of Figures and Tables

Table 1 - SBE to Issuer Filenames..... 8
Table 2 - Issuer to SBE Filenames..... 8
Table 3 - Detailed information in the 820 by Business Use..... 11

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1 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 transactions with the New Mexico Health Insurance Exchange for the purpose of sending and receiving payment information. 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. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide is based on, and must be used in conjunction with, the ASC X12 X12N/005010X306 Type 3 Technical Report (TR3). The instructions in this companion guide conform to the requirements of the TR3, ASC X12 syntax and semantic rules as well as the ASC X12 Fair Use Requirements. In case of any conflict between this Companion Guide and the instructions in the TR3, the TR3 takes precedence.

This Companion Guide must be used in conjunction with the instructions published in the New Mexico Health Insurance ExchangeCarrier Enrollment and Payment Process Guide for the Individual Market.

2 INTRODUCTION

2.1 BACKGROUND

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (P.L.111-148). On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) was signed into law. The two laws are collectively referred to as the Affordable Care Act (ACA). The ACA creates new competitive private health insurance markets – called Exchanges – thatprovide millions of Americans and small businesses access to affordable coverage and the same insurance choices as members ofCongress. Exchanges help individuals and small employers shop for, select, and enroll in high quality, affordable private health plans that fit their needs at competitive prices.

The act and subsequent rules outline the standards to be used between the Exchange and covered entities. The Exchange is required to use the standards, implementation specifications, operating rules, and code sets adopted by the Secretary in 45 CFR parts 160 and 162. Further, the Exchange is required to incorporate interoperable and secure standards and protocols developed by the Secretary in accordance with section 3021 of the PHS Act.

This companion guide contains detailed information about how the New Mexico Health Insurance Exchange will use the Payroll Deducted and Other Group Premium Payment for Insurance Products (820) transaction, based on the 005010X306 ImplementationGuide.

2.2 COMPANION GUIDES

Companion guides (CG) are documents created to supplement ASC X12 Type 3 Technical Reports (TR3). TR3s, commonly known as Implementation Guides (IG), define the data content and format for specific business purposes. This CG was created for distribution to health care Carriers, clearinghouses, and software vendors. The instructions in this CG are not intended to be stand-alone requirements, the CG must be used in conjunction with the ASC X12/005010X306 Payroll Deducted and Other Group Premium Payment for Insurance Products (820) transaction TR3. ASC X12 TR3s are copyrighted documents and may be purchased at http://store.x12.org.

3 GETTING STARTED

In order to send and / or receive transactions from the New Mexico Health Insurance Exchange, Trading Partners must complete a trading partner agreement, share submitter information and establish connectivity. The following sections outline the steps.

3.1 TRADING PARTNER AGREEMENT

The State and Carriers are working to resolve the Trading Partner Agreement. The Exchange expects this process to be complete in time for connectivity testing with the Carriers.

4 TESTING

Before 820 transactions can be processed between the New Mexico Health Insurance Exchange and a Carrier, both sides must ensure that the transactions meet defined Syntax Integrity and Syntax Requirement specifications. The New Mexico Health Insurance Exchange team will work with Carriers throughout the testing and operational readiness processes. Additional information about the architecture of testing is located in section 5 “Connectivity” of this document.

4.1 VALIDATION OVERVIEW

Completion of the validation process must occur prior to production file retrieval from the Electronic File Transfer. Validation is conducted to ensure compliance with HIPAA guidelines as related to:

- Syntactical integrity: EDI files must pass verification checks related to valid segment use,

segment order, element attributes, proper transmission of numeric values, validation of ASC X12 syntax, and compliance with ASC X12 rules.

- Syntactical requirements: EDI files must be validated for compliance with HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts and the use of qualifiers, codes, elements and segments. Validation also includes verifying intra-segment situational data elements, non-medical code sets and values used according to the Implementation Guide and this Companion Guide instructions.

It's important to know that additional verification activities may be required after approval is granted. Additional activities may be required when the system is upgraded, when business requirements change, or when new versions of the ASC X12 820 implementation guide are implemented.

5 CONNECTIVITY

Trading Partners will connect to the Exchange for exchange of EDI transactions (enrollment, acknowledgement, payment, etc.) via SFTP, which is a batch system. Real-time transmission of data is not supported.

5.1 CONNECTIVITY SPECIFICS

The SBE will host two SFTP servers to facilitate data transmission between the Exchange and Trading Partners. One SFTP serverwill be allocated for the exchange of production data (Production); the other will be used for testing (non-Production).

5.1.1 Data Collection

The SBE will engage each Trading Partner to collect data necessary to establish connectivity. This will be done via online form. The form will request the following information:

- Trading Partner's primary technical contact
- List of Trading Partner's outbound IPs
- File transfer automation capability of the Trading Partner
- Trading Partner's ability to support the use of public and private SSH keys for SFTP authentication

If the Trading Partner supports the use of public and private SSH keys, the Trading Partner will be asked to provide the SBE with a copy of their public key.

5.1.2 SFTP Server Security

SFTP servers will be secured using the following control measures:

- Unique user name and password
- Public / Private SSH Keys
- IP Whitelisting

5.1.3 SFTP Server Accounts

Each Trading partner will be provided a user account to access the Production SFTP server and a user account to access the non- production SFTP server. The user names and passwords associated with each of the accounts will be unique. The SBE will share the login info over secure email.

5.1.4 SFTP Server Folder Structure

Trading Partner SFTP accounts will be locked to their own parent folder that only the SBE and the Trading Partner will be able to access. Within the parent folder will be two sub-folders, one for files from the Trading Partner to the SBE and another for files from the SBE to the Trading Partner. Below is an example of folder naming and structure:

- **From Trading Partner:** \trading-partner\trading-partner-to-sbe\
- **From SBE:** \trading-partner\sbe-to-trading-partner\

5.1.5 SFTP Server Testing

When the SBE has completed the configuration of the Trading Partner's SFTP access, the SBE will share the following data to facilitate a set of connectivity tests between the Trading Partner and SBE:

- Connectivity guide document
- IP / Host Name and port for both SFTP servers
- User name and passwords over secure email
- Testing instructions

The Trading Partner will then conduct an initial set of connectivity tests to confirm they can complete the following actions against both SFTP servers:

- Connect
- Upload a file
- Download a file

The SBE will review results to confirm connectivity has been established between the Trading Partner

and SBE.

6 ACKNOWLEDGEMENTS

The Exchange expects to receive a TA1/999 transactional acknowledgement for every group in every outbound 820 file sent.

7 FILE NAMING CONVENTIONS

7.1 FILENAME FORMAT (SBE TO ISSUER)

Table 1 - SBE to Issuer Filenames

File	HIOS ID	FuncCode	Date	Time	Env	Direction
Length/Format	5	1-6	DYYMMDD	THHMMSSmmm	1	3
File	HIOS ID	FuncCode	Date	Time	Env	Direction
820	12345	I820	D200814	T124715351	P	OUT
820b	12345	I820b	D200814	T124715351	P	OUT
820c	12345	I820c	D200814	T124715351	P	OUT

Example: 12345.I820.D200814.T24715351.P.OUT

7.2 FILENAME FORMAT (ISSUER TO SBE)

Table 2 - Issuer to SBE Filenames

File	HIOS ID	AppID	FuncCode	Date	Time	Env	Direction
Length/Format	12345	3	1-6	DYYMMDD	THHMMSSmmm	1	3
File	HIOS ID	AppID	FuncCode	Date	Time	Env	Direction
TA1	12345	NM1	TA1	D200814	T124715351	P	IN
999	12345	NM1	999	D200814	T124715351	P	IN

Example: 12345.NM1.TA1.D200814.T24715351.P.IN

7.3 FILENAME RESTRICTIONS

Section	Length	Comments
Application ID	3	NM HIX Application ID (NM1)

Section	Length	Comments
Date	7	**D**YYMMDD where first character **D** is static text and remaining characters are date in YYMMDDformat
Direction	2-3	IN for files coming into CMS and OUT for files going out of CMS
EnvironmentCode	1	P for PROD, T for TEST
Function Code	3-6	TA1, 999, I820, I820b, etc.
Time	10	THHMMSSmmm where character T is static text and remaining characters are time inHHMMSSmmm format
TP ID	5-10	Identifies TP transmitting/receiving files with NM HIX

8 BUSINESS RULES

8.1 820 (Member Responsibility)

- Carriers will receive an 820 monthly.
- The 820 file will accompany and support the ACH payment to the carriers.
- Transactions will be sent at the per subscriber, per plan, per coverage month level.
- The Exchange will send payments only for those individuals who have made a full payment across all plans – regardless ofhow many carriers – for a given coverage month. Partial payments will be held by the Exchange until such time as either:
    - The remaining amount is paid, in which case the carrier(s) will receive payment on the next monthly file
    - The customer terms for non-payment, and whatever partial payment is split equally across carriers and plans.Equally will be determined at the sole discretion of the Exchange
- A customer will be considered fully paid for a coverage month if he/she has made payment for all coverage for the account within a $10 threshold.
- APTC payments are remitted directly from CMS to the carriers, therefore the outbound 820 will not include APTCpayments.
- If the Exchange receives two or more payments within a remittance period for the same subscriber, plan and coverage

  month, the 820 will record a single record aggregating the multiple payments.

8.2 820b (New Mexico State Premium Assistance)

- Carriers will receive an 820b monthly (for the life of the New Mexico HCAF program).
- The 820b file will convey New Mexico State Premium Assistance only
- The 820b is constructed and functions synonymously with the 820, with no customization
- The 820b file will accompany and support the ACH payment to the carriers, which will be paid directly from OSI (Sponsor).

- Transactions will be sent at the per subscriber, per plan, per coverage month level.
- There will not be partial subsidy payments as OSI will pay the full amount of subsidy sent in the enrollment 834.

8.3 820c (New Mexico State Premium Buy Down)

- Carriers will receive an 820c monthly (for the life of the New Mexico HCAF program).
- The 820c file will convey New Mexico State Buy Down only
- The 820c is constructed and functions synonymously with the 820with no customization
- The 820c file will accompany and support the ACH payment to the carriers, which will be paid directly from OSI (Sponsor).
- Transactions will be sent at the per subscriber, per plan, per coverage month level.
- There will not be partial subsidy payments as OSI will pay the full amount of subsidy sent in the enrollment 834.

8.4 GENERAL BUSINESS RULES

Payer

The payer is the party that is responsible for remitting payment to the receiver (payee).

Payee

The payee is the party that receives the premium payment remitted from the payer.

Sponsor

A sponsor is the party that ultimately pays for the coverage, benefit, or product. A sponsor can be an employer, union, government agency, association, or insurance agency.

Subscriber

The Subscriber is the person who elects the benefits and is responsible for the individual responsibility on premiums and the co-payments on claims.

Insured or Member

An insured individual or member is a subscriber or dependent who has been enrolled for coverage under an insurance plan.

9 PAYMENT TRANSACTIONS BUSINESS RULES

Each payment remittance record (RMR Segment) will be sent as one transaction per subscriber for each coverage month and each plan. If multiple payments exist for a coverage month and plan, the payment

value sent in the RMR segment will be an aggregate of all payments. If a net negative transaction occurs (for example, Non-Sufficient Funds), this will be indicated as an adjustment (ADJ) in the 2000B loop.

The grouping of each transaction set header (ST) and trailer (SE) will be done per individual. The BPR (Beginning Payment Remittance) segment will indicate a sum of all payment and adjustment transactions within this grouping.

10 DETAILED INFORMATION IN THE 820 BY BUSINESS USE

Transmissions will be created according to the instructions in the 005010X306 TR3, please refer to that TR3 for a complete understanding of 820 transmission requirements. The table below provides additional information and/or usage clarifications specific to the New Mexico Individual Exchange implementation.

Note: Segments that are not explicitly referenced will not be used.

O=Optional, M=Mandatory, C=Conditional

Table 3 - Detailed information in the 820 by Business Use

Segment/ Element Supported	Loop ID/ Element ID	Length Min/ Max	Description	O M C	Special Handling / Value Required
Header Level Loop					
ISA			**Interchange Control Header**		
ISA01	101	2/2	Authorization Information Qualifier	M	'00'= No Information Present
ISA02	102	10/10	Authorization Information	M	10 blanks
ISA03	103	2/2	Security Information Qualifier	M	'00'= No Security Information
ISA04	104	10/10	Security Information	M	10 blanks
ISA05	105	2/2	Interchange ID Qualifier	M	'ZZ' – Mutually Defined
ISA06	106	15/15	Interchange Sender ID	M	NMHIX Trading Partner ID
ISA07	105	2/2	Interchange ID Qualifier	M	'ZZ' – Mutually Defined
ISA08	107	15/15	Interchange Receiver ID	M	Issuer Trading Partner ID
ISA09	108	6/6	Interchange Date	M	Date format "YYMMDD"
ISA10	109	4/4	Interchange Time	M	System time format "HHMM"
ISA11	110	1/1	Interchange Control Standards Identifier	M	"^"
ISA12	111	5/5	Interchange Control Version Number	M	00501
ISA13	112	9/9	Interchange Control Number	M	Control Number. Must be equal to IEA02
ISA14	113	1/1	AcknowledgmentRequested	M	'0' = No Interchange Acknowledgement Requested
ISA15	114	1/1	Usage Indicator	M	'P'= Production Data 'T'= Test Data
ISA16	115	1/1	Component Element Separator	M	' : '
GS			**Functional Group Header**		
GS01	479	2/2	Functional Identifier Code	M	RA= Remittance Advice
GS02	142	2/15	Application Sender's Code	M	NMHIX Trading Partner ID
GS03	124	2/15	Application Receiver's Code	M	Issuer Trading Partner ID
GS04	373	8/8	Date	M	File Creation Date. Format = "YYMMDD"
GS05	337	4/8	Time	M	System Time Format = "HHMMSS"
GS06	28	1/9	Group Control Number	M	Assigned number originated and maintained by sender.
GS07	455	1/2	Responsible Agency Code	M	X
GS08	480	1/12	Version/Release/Industry Identifier Code	M	005010X306

ST			**Transaction Set Header**		
ST01	143	3/3	Transaction Set Identifier Code	M	'820'= Payment Order/Remit
ST02	329	4/9	Transaction Set Control Number	M	Must Be Identical to SE02
ST03	1705	1/35	Implementation Convention Reference	M	005010X306 (Same as GS08)
BPR			**Beginning Segment for Payment Order/Remittance Advice**		
BPR01	305	1/2	Transaction handling Code	M	'I'= Remittance Information
BPR02	782	1/18	Monetary Amount	M	Total Payment Amount
BPR03	478	1/1	Credit/Debit Flag Code	M	'C'- Credit
BPR04	591	3/3	Payment Method Code	M	NON
BPR16	373	8/8	Date	M	Payment Date Format - CCYYMMDD
TRN			**Trace**	**M**	
TRN01	481	1/2	Trace Type Code	M	'3' Financial Re-association Trace Number
TRN02	127	1/30	Reference Identification	M	Timestamp - Use Format "YYYYMMDDHHMMSS"
Loop ID 1000A - Premium Payee Name					
N1			**Premium Receiver'sName**	**M**	
N101	98	2/3	Entity Identifier Code	M	'PE'= Payee
N102	93	1/60	Payee Name	M	Carrier Name
N103	66	1/2	Identification Code Qualifier	M	'FI'= Federal Taxpayer's ID - Payee
N104	67	2/80	Identification Code	M	Federal Taxpayer ID of Issuer
Loop ID 1000B - Premium Payer's Name					
N1			**Premium Payer's Name**	**M**	
N101	98	2/3	Entity Identifier Code	M	'RM'= One that remits payment
N102	93	1/60	Payer Name	M	NM1
N103	66	1/2	Identification Code Qualifier	M	58
N104	67	2/80	Identification Code	M	NM1
Loop ID 2000 –Remittance Information					
ENT			**Entity**	M	
ENT01	554	1/6	Assigned Number	M	Sequence Number

Loop ID 2100 - Individual Name					
NM1			**Individual Name**	**M**	
NM101	98	1/1	Entity Identifier Code	M	'IL'= Insured or Subscriber
NM102	1065	1/1	Entity Type Qualifier	M	'1'= Person
NM103	1035	1/60	Subscriber Last Name	M	Less than 60 characters
NM104	1036	1/35	Subscriber First Name	M	Less than 35 characters
NM105	1037	1/25	Subscriber Middle Name	O	<25 Bytes (*Middle Initial)*
NM106	1038	1/10	Subscriber Name Prefix	O	<10 Bytes
NM107	1039	1/10	Subscriber Name Suffix	O	<10 Bytes
NM108	66	1/2	Identification Code Qualifier	M	'C1' = Insured or Subscriber
NM109	67	2/80	Identification Code	M	Exchange Assigned Subscriber Identifier
REF			**Reference Information**	M	
REF01	128	2/3	Reference Identification Qualifier	M	'38' - Plan Number
REF02	127	1/50	Reference Identification	M	QHP/QDP Identifier of subscribers plan
REF			**Reference Information**	M	
REF01	128	2/3	Reference Identification Qualifier	M	'POL' – Exchange Assigned Policy Number
REF02	127	1/50	Reference Identification	M	Exchange Assigned Policy ID
Loop ID 2300 - Individual Premium Remittance Detail					
RMR			**Remittance Advice Accounts Receivable Open Item Reference**	**M**	
RMR01	128	2/3	Reference Identification Qualifier	M	'ZZ' Exchange Payment Type
RMR02	127	1/50	Positive or Negative Adjustment Amount Indicator	M	'PAY'= for a positive payment amount 'ADJ'= for a claw back of the amount previously paid due to NSF, termination, or enrollment change.
RMR04	782	1/18	Monetary Amount	M	Detail Premium Payment Amount
DTM			**Date/Time Reference**	**M**	
DTM01	374	3/3	Date/Time Qualifier	M	'582'= Report Period
DTM05	1250	2/3	Date Time Period Format Qualifier	M	RD8
DTM06	1251	1/1	Date Time Period	M	Reporting Period CCYYMMDD-CCYYMMDD
Trailer Level Loop					
SE			**Transaction Set Trailer**	**M**	

SE01	96	1/10	Number of Included Segments	M	Remittance Records Number
SE02	329	4/9	Transaction Set Control Number	M	Will match ST02
GE			**Functional Group Trailer**		
GE01	97	1/6	Number of Transaction Sets Included	M	'1' as Designed
GE02	28	1/9	Group Control Number	M	Will match GS06
IEA			**Interchange Control Trailer**		
IEA01	116	1/5	Number of Included Functional Groups	M	Count of functional groups
IEA02	112	9/9	Interchange Control Number	M	Will Match ISA13

APPENDIX A GLOSSARY OF TERMS, ACRONYMS, AND DEFINITIONS

Term/Acronym	Definition
834	The Accredited Standards Committee (ASC) X12 Benefit Enrollment and Maintenance(834) transaction
ACA	Affordable Care Act
APTC	Advance Payments of the Premium Tax Credit
ASC	Accredited Standards Committee
Assigned Qualified Health Plan Identifier (QHP)	The Assigned Qualified Health Plan Identifier is the Standard Component Identifier plusthe Variation Component. The Standard Component ID generated by CMS is a 14 characters(alphanumeric): • A five digit Issuer ID • Two character State ID • Three digit Product Number • Four digit Standard Component NumberAn example is as follows: 12345VA0020021 The Variant Component ID is 2 characters (Numeric) with the following values anddescription • 00 - Non-Exchange variant • 01 - Exchange variant (no CSR) • 02 - Open to Indians below300%FPL • 03 - Open to Indians above300%FPL • 04 - 73% AV Level Silver PlanCSR • 05 - 87% AV Level Silver PlanCSR • 06 - 94% AV Level Silver PlanCSR Assigned Qualified Health Plan Identifier is a concatenation of the 2. An example of both the Plan Id and Variant Component ID is as follows:
	12345VA002002104
CG	Companion Guide
CMS	Centers for Medicare & Medicaid Services

Term/Acronym	Definition
CSR	Cost-Sharing Reduction
EDI	Electronic Data Interchange
Issuer	Issuer who is authorized to sell Qualified Health Plans and/or Qualified Dental Plans on the State Based Exchange
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
IG	Implementation Guide
PHS	Public Health Service
QHP	Qualified Health Plan
QDP	Qualified Dental Plan
Member	The Member information will be determined during the Application process. The Member will be located in the 2100A NM1 segment.
SBE	State Based Exchange State operates all Exchange activities
SEP	Special Enrollment Period
SFTP	Secure File Transfer Protocol
Subscriber	The Subscriber will be determined during the Application process. The Subscriber will be located in the 2100A NM1 segment with a value of "IL" in NM101 and identified in INS01 with a value of "Y".
Companion Guide TechnicalInformation (TI)	The Technical Information (TI) section of the ASC X12 Template format for a Companion Guide which supplements an ASC X12 Technical Report Type 3 (TR3)
TPA	Third Party Administrator
TR3	Type 3 Technical Report

APPENDIX B - REFERENCED DOCUMENTS

Resource	Web Address
ASC X12 TR3 Implementation Guides	http://store.x12.org
Washington Publishing Company Health Care Code Sets	http://www.wpc- edi.com/reference/
To request changes to HIPAA adopted standards	http://www.hipaa-dsmo.org/