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# ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271) Alaska Medical Assistance Companion Guide Version 2.00 - Legacy

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# Standard Companion Guide Transaction Information

Instructions related to Transactions based on ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271)

**Companion Guide Version Number: 2.00**

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# Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.



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# 1. TI Introduction

## 1.1 Background

### 1.1.1 Overview of HIPAA Legislation

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

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

### 1.1.2 Compliance according to HIPAA

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

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

### 1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the TR3.
- Modifying any requirement contained in the TR3.

## 1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 TR3. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 TR3s and is in conformance with ASC X12's Fair Use and Copyright statements.

## 2. Included ASC X12 TR3s

This table lists the X12N TR3s for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X279A 1	Health Care Eligibility Benefit Inquiry and Response (270/271)

## 3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent "Loops and segments" in the X12N TR3.
NON-SHADED rows represent "data elements" in the X12N TR3.

### 005010X279A1 Health Care Eligibility Benefit Inquiry (270)

ID	Elem	Use	Name	Codes (Represent codes used by Alaska Medicaid)	AK Medicaid Notes
ENV	GS	R	Functional Group Header		
ENV	GS01	R	Functional Identifier Code	HS	
ENV	GS02	R	Application Sender's Code		Use the Alaska Medical Assistance assigned Submitter (Trading Partner) ID
ENV	GS03	R	Application Receiver's Code		Use AK Payer ID 77200
ENV	GS08	R	Version / Release / Industry Identifier Code	005010X279A1	
HDR	ST	R	Transaction Set Header		

ID	Elem	Use	Name	Codes (Represent codes used by Alaska Medicaid)	AK Medicaid Notes
HDR	ST01	R	Transaction Set Identifier Code	270	
HDR	ST03	R	Implementation Convention Reference	005010X279A1	
<b>HDR</b>	<b>BHT</b>	<b>R</b>	<b>Beginning of Hierarchical Transaction</b>		
HDR	BHT02	R	Transaction Set Purpose Code	13	All 270 inquiries will be treated as request inquiries
HDR	BHT03	S	Submitter Transaction Identifier		Only the first 30 characters will be used for processing.
HDR	BHT06	S	Transaction Type Code		AK Medicaid does not support additional functionality for Spend Down. If sent, it will not be used for processing.
<b>2100A</b>		<b>R</b>	<b>Information Source Name</b>		
<b>2100A</b>	<b>NM1</b>	<b>R</b>	<b>Information Source Name</b>		
2100A	NM101	R	Entity Identifier Code	PR	
2100A	NM102	R	Entity Type Qualifier	2	
2100A	NM103	R	Information Source Last or Organization Name		Use AK MEDICAID
2100A	NM108	R	Identification Code Qualifier	PI	
2100A	NM109	R	Information Source Primary Identifier		Use AK Medicaid Payer ID 77200
<b>2100B</b>		<b>R</b>	<b>Information Receiver Name</b>		
<b>2100B</b>	<b>NM1</b>	<b>R</b>	<b>Information Receiver Name</b>		
2100B	NM101	R	Entity Identifier Code	1P, 80, FA	
2100B	NM103	R	Information Receiver Last or Organization Name		Only the first 35 characters will be used for processing
2100B	NM104	S	Information Receiver First Name		Only the first 25 characters will be used for processing
2100B	NM108	R	Identification Code Qualifier	XX, SV	If provider has a National Provider Identifier (NPI), use qualifier "XX"
<b>2100B</b>	<b>REF</b>	<b>S</b>	<b>Information Receiver Additional Identification</b>		
2100B	REF01	R	Reference Identification Qualifier	1D	1D is only submitted if you are an a-typical provider enrolled with Alaska Medicaid.
2100B	REF02	R	Information Receiver Additional Identifier		Enter Medicaid Provider Number
<b>2100B</b>	<b>N4</b>	<b>S</b>	<b>Information Receiver City/State/Zip Code</b>		
2100B	N403	S	Information Receiver Postal Zone or ZIP Code		Please use 9-digit zip code
2100B	N407	S	Country subdivision Code		This element is not used for processing.
<b>2000C</b>		<b>R</b>	<b>Subscriber Level</b>		
<b>2000C</b>	<b>TRN</b>	<b>S</b>	<b>Subscriber Trace Number</b>		<b>TRN values submitted in the 270 will be returned in the 271 by Alaska Medical Assistance</b>

ID	Elem	Use	Name	Codes (Represent codes used by Alaska Medicaid)	AK Medicaid Notes
2000C	TRN02	R	Trace Number		Only the first 30 characters will be used for processing
2000C	TRN04	S	Trace Assigning Entity Additional Identifier		Only the first 30 characters will be used for processing
<b>2100C</b>		<b>R</b>	<b>Subscriber Name</b>		<b>For Alaska Medical Assistance, the patient is considered as the subscriber for all HIPAA transactions</b>
<b>2100C</b>	<b>NM1</b>	<b>R</b>	<b>Subscriber Name</b>		
2100C	NM103	S	Subscriber Last Name		Although this is a situational segment, it is strongly recommended that <b>Recipient</b> name is provided, especially if the request does not include the unique Alaska Medical Assistance <b>Recipient</b> Identification Number  Only the first 35 characters will be used for processing
2100C	NM104	S	Subscriber First Name		Although this is a situational segment, it is strongly recommended that <b>Recipient</b> name is provided, especially if the request does not include the unique Alaska Medical Assistance <b>Recipient</b> Identification Number  Only the first 25 characters will be used for processing
2100C	NM105	S	Subscriber Middle Name or Initial		Although this is a situational segment, it is strongly recommended that <b>Recipient</b> name is provided, especially if the request does not include the unique Alaska Medical Assistance <b>Recipient</b> Identification Number
2100C	NM108	S	Identification Code Qualifier	MI	
2100C	NM109	S	Subscriber Primary Identifier		Use AK Medicaid <b>Recipient</b> ID
<b>2100C</b>	<b>REF</b>	<b>S</b>	<b>Subscriber Additional Identification</b>		
2100C	REF01	R	Reference Identification Qualifier	SY	The recipient's Social Security Number is the preferred unique identification number that is contained in the Alaska Medical Assistance system. Other values may be submitted in this field, but the only unique identifiers Alaska Medical Assistance may be able to use in identifying the patient is SY.
2100C	REF02	R	Subscriber Supplemental Identifier		Only the first 30 characters will be used for processing

ID	Elem	Use	Name	Codes (Represent codes used by Alaska Medicaid)	AK Medicaid Notes
2100C	N3	S	Subscriber Address		This segment is not used for processing
2100C	N4	S	Subscriber City/State/Zip Code		This segment is not used for processing
2100C	PRV	S	Provider Information		This segment is not used for processing
2100C	DMG	S	Subscriber Demographic Information		
2100C	DMG02	S	Subscriber Birth Date		Although this is a situational segment, it is strongly recommended that date of birth is provided, especially if request does not include the unique AK Medicaid <b>Recipient</b> Identification Number.
2100C	INS	S	Multiple Birth Sequence Number		This segment is not used for processing
2100C	HI	S	Subscriber Health Care Diagnosis Code		This segment is not used for processing
2100C	DTP	S	Subscriber Date		
2100C	DTP01	R	Date/Time Qualifier	291	Alaska Medical Assistance will not return a 102 qualifier. The 307 qualifier is no longer a valid qualifier
2100C	DTP03	R	Date Time Period		Enter the date or date range for which Alaska Medical Assistance eligibility information is being requested
2110C		S	Subscriber Eligibility or Benefit Inquiry Information		
2110C	EQ	S	Subscriber Eligibility or Benefit Inquiry Information		
2110C	EQ01	S	Service Type Code	30	At this time, the Alaska Medical Assistance system is only able to support the generic request for eligibility (service type code 30).
2110C	EQ02	S	Composite Medical Procedure Identifier		This element is not used for processing
2110C	EQ05	S	Composite Diagnosis Code Pointer		This element is not used for processing
2110C	AMT	S	Subscriber Spend Down Amount		This segment is not used for processing
2110C	AMT	S	Subscriber Spend Down Total Billed Amount		This segment is not used for processing
2110C	III	S	Subscriber Eligibility or Benefit Additional Inquiry Information		This segment is not used for processing
2110C	REF	S	Subscriber Additional Information		This segment is not used for processing
2110C	DTP	S	Subscriber Eligibility/Benefit Date		
2110C	DTP01	R	Date/Time Qualifier		The 307 qualifier is no longer a valid qualifier. Only the Plan valid value will be returned

ID	Elem	Use	Name	Codes (Represent codes used by Alaska Medicaid)	AK Medicaid Notes
2110C	DTP03	R	Date Time Period		Enter the date or date range for which Alaska Medical Assistance eligibility information is being requested
2000D		S	Dependent Level		This loop is not used for processing
2100D		S	Dependent Name		This loop is not used for processing
2110D		S	Dependent Eligibility or Benefit Inquiry Information		This loop is not used for processing

### 005010X279A1 Health Care Eligibility Response (271)

ID	Elem	Use	Name	Codes (Represents codes used by Alaska Medicaid)	AK Medicaid Notes
ENV	GS	R	Functional Group Header		
ENV	GS01	R	Functional Identifier Code	HB	
ENV	GS02	R	Application Sender's Code		Alaska Medical Assistance will send AK Payer ID 77200
ENV	GS03	R	Application Receiver's Code		The receiver is the Alaska Medical Assistance assigned Submitter ID (Trading Partner ID) that was received in the 270 request.
ENV	GS06	R	Group Control Number		This number is assigned by Alaska Medical Assistance, and it will be identical to the associated Functional Group Trailer (GE02)
ENV	GS08	R	Version / Release / Industry Identifier Code	005010X279A1	
HDR	ST	R	Transaction Set Header		
HDR	ST01	R	Transaction Set Identifier Code	271	
HDR	ST03	R	Implementation Convention Reference	005010X279A1	
HDR	BHT	R	Beginning of Hierarchical Transaction		
HDR	BHT02	R	Transaction Set Purpose Code	11	
2000A		R	Information Source Level		
2000A	AAA	S	Request Validation		270 Inquiry transactions that exceeds 99 patient requests will receive a negative 999 to indicate the transaction was rejected instead of receiving an AAA segment with an error code of 04.

ID	Elem	Use	Name	Codes (Represents codes used by Alaska Medicaid)	AK Medicaid Notes
2100A		R	Information Source Name		
2100A	NM1	R	Information Source Name		
2100A	NM101	R	Entity Identifier Code	PR	
2100A	NM102	R	Entity Type Qualifier	2	
2100A	NM103	R	Information Source Last Name or Organization Name		Sending AK MEDICAID
2100A	NM108	R	Identification Code Qualifier	PI	
2100A	NM109	R	Information Source Primary Identifier		Alaska Medical Assistance will send Payer ID 77200
2100A	PER	S	Information Source Contact Information		This segment is not used by Alaska Medical Assistance
2100A	AAA	S	Request Validation		
2100A	AAA01	R	Valid Request Indicator	Y	
2100A	AAA03	R	Reject Reason Code	79	A '79' will be returned if the Alaska Medical Assistance assigned Submitter (Trading Partner) ID is invalid, or if the Application Receiver's Code is not '77200'
2100A	AAA04	R	Follow-up Action Code	C	
2000B		S	Information Receiver Level		
2000B	HL	S	Information Receiver Level		
2000B	HL04	R	Hierarchical Child Code	1	
2100B		R	Information Receiver Name		
2100B	NM1	R	Information Receiver Name		The values used in this segment will reflect the values received by Alaska Medical Assistance in the 270
2100B	REF	S	Information Receiver Additional Identification		
2100B	REF01	R	Reference Identification Qualifier		The value reported here will be the same value that was received by Alaska Medical Assistance in the 270 Inquiry transaction.
2100B	REF02	R	Reference Identification Qualifier		The value reported here will be the same value that was received by Alaska Medical Assistance in the 270 Inquiry transaction.
2100B	N3	S	Information Receiver Address		This segment is not used by Alaska Medical Assistance
2100B	N4	S	Information Receiver City, State, Zip Code		This segment is not used by Alaska Medical Assistance
2100B	AAA	S	Information Receiver Request Validation		
2100B	AAA01	R	Valid Request Indicator	Y	

ID	Elem	Use	Name	Codes (Represents codes used by Alaska Medicaid)	AK Medicaid Notes
2100B	AAA03	R	Reject Reason Code	51	If the provider cannot be validated for the period for which information is requested, reject reason code '51' (Provider Not on File) will be returned; the information requested will not be returned.
2100B	AAA04	R	Follow-up Action Code	C	
2100B	PRV	S	Information Receiver Provider Information		<b>This segment is not used by Alaska Medical Assistance</b>
2000C		S	Subscriber Level		
2000C	HL	S	Subscriber Level		
2000C	HL04	R	Hierarchical Child Code	0	
2000C	TRN	S	Subscriber Trace Number		
2000C	TRN03	R	Trace Assigning Entity Identifier		Alaska Medical Assistance will return 977200 when TRN01 = 1.
2100C		R	Subscriber Name		
2100C	NM1	R	Subscriber Name		<b>The values used in this segment for Subscriber Name will reflect the values received by Alaska Medical Assistance in the 270</b>
2100C	NM102	R	Entity Type Qualifier	1	
2100C	NM103	S	Subscribers Last Name		The value reported here will be the same value that was received by Alaska Medical Assistance in the 270 Inquiry transaction.
2100C	NM108	S	Identification Code Qualifier	MI	
2100C	NM109	S	Subscriber Primary Identifier		The Alaska Medical Assistance Recipient ID Number will be returned as it was received in the 270 Inquiry transaction. If no other value was received in the 270 transaction, either nothing will be returned or the Alaska Medical Assistance system will return the Recipient ID number that matches one unique recipient record according to other identifying information supplied in the 270 transaction (such as Social Security Number, name & date of birth, etc).
2100C	REF	S	Subscriber Additional Identification		<b>The values used in this segment will reflect the values received by Alaska Medical Assistance in the 270</b>
2100C	REF01	R	Reference Identification Qualifier		The value reported here will be the same value that was received by Alaska Medical Assistance in the 270 Inquiry transaction.
2100C	REF03	S	Plan, Group or Plan		This element is not used by

ID	Elem	Use	Name	Codes (Represents codes used by Alaska Medicaid)	AK Medicaid Notes
			Network Name		Alaska Medical Assistance
2100C	N3	S	Subscriber Address		This segment is not used by Alaska Medical Assistance
2100C	N4	S	Subscriber City/State/Zip Code		This segment is not used by Alaska Medical Assistance
2100C	PER	S	Subscriber Contact Information		This segment is not used by Alaska Medical Assistance
2100C	AAA	S	Subscriber Request Validation		
2100C	AAA01	R	Valid Request Indicator	Y	
2100C	AAA03	R	Reject Reason Code	42, 52, 58, 61, 71, 72, 73, 75, 76	<p>A '42' will be returned if the Alaska Medical Assistance system files are closed or unable to process. The provider/trading partner should resend their request.</p> <p>A '52' will be returned if the provider was not enrolled with Alaska Medicaid for the dates requested in the 270</p> <p>A '58' will be returned if the 270 Request is missing Date of Birth</p> <p>A '61' will be returned if the patient Date of Death submitted in the 270 Request precedes the date(s) of service</p> <p>A '71' will be returned if the patient date of birth submitted in the 270 Request does not match that on the Alaska Medical Assistance System Recipient file.</p> <p>A '72' will be returned if the Recipient SSN number was not found on the Alaska Medical Assistance System Recipient file.</p> <p>A '73' will be returned if the Recipient Name reported in the (Subscriber/Insured name) 270 Request does not match exactly with one unique Recipient in the Alaska Medical Assistance System Recipient file.</p> <p>A '75' will be returned if the Recipient number was not found on the Alaska Medical Assistance System Recipient file.</p> <p>A '76' will be returned if the Recipient's last name and date of birth search returns more than one match.</p>
2100C	AAA04	R	Follow-Up Action Code	C, R	An 'R' will be returned when AAA03 is '42' else a 'C' will be returned
2100C	PRV	S	Provider Information		This segment is not used by Alaska Medical Assistance

ID	Elem	Use	Name	Codes (Represents codes used by Alaska Medicaid)	AK Medicaid Notes
2100C	DMG	S	Subscriber Demographic Information		The values used in this segment will reflect the values received by Alaska Medical Assistance in the 270
2100C	INS	S	Subscriber Relationship		This segment is not used by Alaska Medical Assistance
2100C	HI	S	Subscriber Health Care Diagnosis Code		This segment is not used by Alaska Medical Assistance
2100C	DTP	S	Subscriber Date		When eligibility is for multiple plans or multiple plan periods apply, the plan date will be returned in the 2110C  When eligibility is for a single plan and a single plan period, the plan date will be returned in the 2100C.
2100C	DTP03	R	Date Time Period		Eligibility or Benefit Begin and End Date are based on the date/date range submitted in DTP03 of Loop 2100C or 2110C of the 270 Request transaction.
2100C	MPI	S	Subscriber Military Personnel Information		This segment is not used by Alaska Medical Assistance
2110C		S	Subscriber Eligibility or Benefit Information		This loop will repeat as needed to convey the Alaska Medical Assistance eligibility response detail generated in response to the inquiry  The loop information will be returned in the following order (Medicaid, Lock-In, TPL, LTC, Medicare A, Medicare B, and Medicare D).
2110C	EB	S	Subscriber Eligibility or Benefit Information		
2110C	EB02	S	Benefit Coverage Level Code	IND	
2110C	EB03	S	Service Type Code		In response to the 270 EQ01 value of '30', a set of up to 10 service type codes will be returned.  The service type component of Infertility (83) is excluded from coverage when service type code = '1' for Medical Care is returned.  When the EB05 value is 19-xx, 21-xx, or 25-xx (where xx is an alphanumeric value), the only valid service type components are consultation (3) and diagnostic medical (73) when service type code in EB03= '1' for Medical Care is returned

ID	Elem	Use	Name	Codes (Represents codes used by Alaska Medicaid)	AK Medicaid Notes
2110C	EB04	S	Insurance Type Code	MC, OT, LC, MA, MB	OT will be returned to communicate Lock-In, TPL and Medicare Part D
2110C	EB14	S	Composite Diagnosis Code Pointer		This element is not used by Alaska Medical Assistance
2110C	HSD	S	<b>Health Care Services Delivery</b>		<b>This segment is not used by Alaska Medical Assistance</b>
2110C	REF	S	<b>Subscriber Additional Identification</b>		<b>This segment is not used by Alaska Medical Assistance</b>
2110C	DTP	S	<b>Subscriber Eligibility/Benefit Date</b>		<b>This segment will contain eligibility dates specific to the preceding EB segment</b>  <b>When eligibility is for multiple plans or multiple plan periods, apply the plan date will be returned in the 2110C</b>  <b>When eligibility is for a single plan and a single plan period, the plan date will be returned in the 2100C.</b>
2110C	DTP02	R	Date Time Period Format Qualifier	RD8	
2110C	DTP03	R	Eligibility or Benefit Date Time Period		Eligibility or Benefit Begin and End Date based on date/date range submitted in DTP03 of Loop 2100C or 2110C of the 270 Request transaction.
2110C	AAA	S	<b>Subscriber Request Validation</b>		<b>This segment is not used by Alaska Medical Assistance</b>
2110C	MSG	S	<b>Message Text</b>		<b>This segment is not used by Alaska Medical Assistance</b>
2115C		S	<b>Subscriber Eligibility or Benefit Additional Information</b>		
2115C	III	S	<b>Subscriber Eligibility or Benefit Additional Information</b>		<b>This segment is not used by Alaska Medical Assistance</b>
2120C		S	<b>Subscriber Benefit Related Entity Name</b>		
2120C	NM1	S	<b>Subscriber Benefit Related Entity Name</b>		<b>This segment may be sent to identify Long Term Care Providers or Primary Care Lock-in Providers as applicable.</b>
2120C	NM101	R	Entity Identifier Code	P3, FA	P3 will be returned for Lock-In and FA will be returned for Long Term Care
2120C	NM108	S	Identification Code Qualifier	XX	XX will be returned for Lock-In and Long-Term Care
2120C	N3	S	<b>Subscriber Benefit Related Entity Address</b>		<b>This segment will be returned for Lock-In and Long-Term Care</b>
2120C	N4	S	<b>Subscriber Benefit Related Entity city, State, ZIP Code</b>		<b>This segment will be returned for Lock-In and Long-Term Care</b>
2120C	N404	S	Country Code		This element is not used by Alaska Medical Assistance

ID	Elem	Use	Name	Codes (Represents codes used by Alaska Medicaid)	AK Medicaid Notes
2120C	N405	S	Benefit Related Entity Location Qualifier		This element is not used by Alaska Medical Assistance
2120C	N406	S	Benefit Related Entity DOD Health Service Region		This element is not used by Alaska Medical Assistance
2120C	N407	S	Country Subdivision Code		This element is not used by Alaska Medical Assistance
2120C	PER	S	Subscriber Benefit Related Entity Contact Information		This segment is not used by Alaska Medical Assistance
2120C	PRV	S	Subscriber Benefit Related Entity Provider Information		This segment is not used by Alaska Medical Assistance
2000D		S	Dependent Level		This loop is not used by Alaska Medical Assistance
2100D		S	Dependent Name		This loop is not used by Alaska Medical Assistance
2110D		S	Dependent Eligibility or Benefit Information		This loop is not used by Alaska Medical Assistance
2115D		S	Dependent Eligibility or Benefit Additional Information		This loop is not used by Alaska Medical Assistance
2120D		S	Dependent Benefit Related Entity Name		This loop is not used by Alaska Medical Assistance

## 4. TI Additional Information

### 4.1 Business Scenarios

When a 270 request is received, Medicaid eligibility status is returned for each request only when the requesting provider is eligible to receive the information. If Alaska Medicaid cannot return coverage for the requested dates, you will receive a loop specifying inactive eligibility (EB01= 6).

Additional information regarding Medicare, TPL, Lock-In, and LTC, may be returned when applicable to the recipient. For TPL Coverage, only the carrier name and associated dates will be returned. For Medicare, only the Medicare type code A, B or D and associated dates will be returned.

If a specific date range is requested, the response may include more than one segment of active eligibility to encompass the date range requested.

### 4.2 Business Rules and Limitations

This section contains data clarifications, including Alaska-specific data requirements. Inclusion of a 'business-required' data field, as defined by this Companion Guide, will aid in the

delivery of a positive response from Alaska Enterprise. It is recommended in the TR3 that trading partners limit the size of the 005010X279AI Health Care Eligibility Benefit Inquiry (270) transaction to ninety-nine patient requests when submitting via batch and to limit the size to one patient request when submitting via real-time mode (Refer to section 1.3.2 for further information).

Any trading partner who decides on batch usage should be aware that resources are limited when processing batch transactions in "Real Time". Thus the trading partner is aware and agrees on a 24-hour turnaround on batch responses.

**Note on decimal/amount fields:** Even though the X12N transaction defines Amount fields as having an 18-byte maximum, there is an additional HIPAA rule in section B.1.1.3.1.2 Decimal, in the TR3 that limits all decimal fields to a maximum of 10 characters, including the 2 implied or reported decimal places. Accordingly:

- "123456789012" is not an acceptable amount, because it is greater than 10 bytes.
- "12345678.90" is acceptable because the number of digits is not greater than 10; the decimal point itself is not limited by the rule.
- However, "1234567890" is not acceptable because the X12N engine assumes that a decimal point and succeeding zeroes are implied so that the actual number being communicated is "1234567890.00", which is greater than 10 bytes.
- The 10-byte limitation applies to all decimal or amount fields, including AMT segments, but also including any other fields that hold amounts or decimals, such as EB07 in the 271 transaction.

For all fields not listed here, follow the guidelines in the ANSI ASC X12N TR3s, available at: <http://www.wpc-edi.com/products/publications>. - ASC X12 TR3 Schemas

#### **4.2.1 Claim Overpayment Recovery**

Providers will be contacted in cases of overpayment recovery.

#### **4.2.2 Scheduled Maintenance**

It is operational policy to schedule preventative maintenance periods on weekends whenever possible. The ACS EDI Unit notifies the Alaska Fiscal Agent during this process. In the event of unscheduled downtime,

ACS EDI Unit will notify the Alaska Fiscal Agent, and will resolve the outage as quickly as possible.

### 4.3 Frequently Asked Questions

Disclaimer: The following frequently asked questions are valid and current at the time of publication. For updated and additional FAQs please visit the Alaska Medicaid website at [www.MedicaidAlaska.com](http://www.MedicaidAlaska.com)

#### **Can I do end-to-end 5010 testing now?**

The system is not ready for end-to-end 5010 testing.

#### **If/when testing, is the transaction tested against all Errata?**

When testing is available it will include all Errata that have been approved/mandated.

#### **Will files be tested on actual content or only on 5010 format?**

The test will not take into consideration any data content necessary to process/adjudicate the claim. During end-to-end Trading Partner Certification/Testing data content will be taken into consideration.

#### **Once testing is approved will your team grant blanket approval at software level or are all submitters required to test?**

All submitters are required to test.

#### **I submit through a clearinghouse. Will I have to test for 5010?**

No! The clearinghouse will test their 5010 submissions.

#### **How can I obtain a User ID and Password to access the testing website?**

Providers may request a User ID and Password to access the testing website, either by email at [AKHIPAASupport@acs-inc.com](mailto:AKHIPAASupport@acs-inc.com), or by calling the toll free number 855-226-9391.

Once an ID and Password have been assigned, providers may log into the testing website, <https://sites.edifecs.com/?medicaidalaska>, and follow the instructions for submitting 5010 test transactions. Providers will receive immediate feedback regarding any detected format errors. The transactions can then be corrected and retested until they are error-free.

#### 4.4 Other Resources

The following are resources designed to assist providers during and after the HIPAA 5010 implementation process:

[http://www.cms.gov/ElectronicBillingEDITrans/18\\_5010D0.asp](http://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp)

This CMS website offers providers additional information regarding HIPAA 5010 implementation including key deadlines and downloadable documents that offer side-by-side comparisons highlighting the differences between versions 4010A1 and 5010 of the X12 standards.

<http://www.wpc-edi.com/content/view/817/1> - ASC X12 TR3 Schemas

You can obtain a copy of the latest 5010 TR3 from this Washington Publishing Company website.

<http://www.medicidalaska.com/providers/Billing1.shtml>

The billing manuals for the Alaska Medical Assistance Program can be obtained or reviewed by access the above link: **Error! Hyperlink reference not valid.**

For any question on the billing manuals, please call Provider Services. Providers that are calling from within Anchorage or outside the state of Alaska use (907)644-6800, all other Alaska locations can call (800)770-5650.

The Health Care Code list and the Property & Casualty Codes lists can be found on the Washington Publishing Company (WPC) website at <http://www.wpc-edi.com/content/view/711/401/>

##### Health Care Codes lists

- Claim Adjustment Reason Codes (CARC)
- Remittance Advice Remark Codes (RARC)
- Claim Status Codes (CSC)
- Claim Status Category Codes (CSCC)
- Health Care Service Typed Codes (HCSTC)
- Health Care Provider Taxonomy Code Set (HCPTCS)
- Provider Characteristics Codes (PCC)
- Health Care Services Decision Reason Codes (HCSDRC)
- Insurance Business Process Application Error Codes (IBPAEC)

##### Property & Casualty

- Several EDI-related P&C Code Lists

## 5. TI Change Summary

There are no changes to the TI section, as this **version 2.00** is the **first publication** of the 5010 Alaska Medical Services companion document.

Section	Description

## 6. Communications/Connectivity Information (CCI)

### 6.1 Communications/Connectivity Introduction

#### 6.1.1 Scope

The CCI addresses how Providers, or their business associates, conduct Professional Claim, Institutional Claim, Dental Claim, Claim Acknowledgment, Claim Payment Advice, Claim Status, Eligibility, and Services Review HIPAA standard electronic transactions through the ACS EDI Gateway for Alaska Medical Assistance. This guide also applies to the above referenced transactions that are being transmitted to ACS EDI Gateway, Inc. (ACS) by a clearinghouse.

An Electronic Data Interchange (EDI) Trading Partner is defined as any Alaska Medical Assistance customer (Provider, Billing Service, Software Vendor, Employer Group, Financial Institution, etc.) that transmits to, or receives electronic data from, ACS on behalf of Alaska Medical Assistance.

ACS EDI transaction system supports transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide

ACS EDI Gateway, Inc. (ACS), a leader in health care technology, provides Electronic Data Interchange (EDI) gateway services to providers enrolled in contracted health care plans, as well as facilities, vendors, claim payment agencies, and other clearinghouses. Our electronic

Transactions acquisition services provide an array of tools that allow you to:

- Easily submit all of your transactions to one source
- Submit transactions twenty-four hours a day, seven days a week
- Receive confirmation of receipt of each file transferred
- Receive remittance notification from health care plans on a regular basis

Health care plans, such as Alaska Medical Assistance, that participate with ACS EDI Gateway, Inc. are referred to as payers. Transactions are accepted electronically into our data center in Tallahassee, Florida and are processed through the ACS State Healthcare Clearinghouse (SHCH). As an EDI gateway service, we provide connectivity to various health care plans and states where ACS EDI Gateway, Inc. is the fiscal agent, third-party administrator, or contracted clearinghouse.

The ACS State Healthcare Clearinghouse (SHCH) provides connectivity for the flow of medical information and data between medical providers, facilities, vendors, claim payment agencies, and other clearinghouses and the Front-end Online Transaction Processor (OLTP). Beyond the receipt and delivery of this data, ACS SHCH provides translation to and from ANSI ASC X12N standard formats.

The 270 Health Care Eligibility Benefit Inquiry transaction data will be submitted to the ACS SHCH for processing and the ACS SHCH validates submission of the ANSI ASC X12N format(s). Please refer to Chapter 3 for more information regarding transmission methods.

### **Audience**

This 270/271 Health Care Eligibility Benefit Inquiry and Response Companion Guide is intended for trading partners to use in conjunction with the ANSI ASC X12N 270/271 Health Care Eligibility Benefit Inquiry and Response TR3.

The ANSI ASC X12N TR3s can be accessed at <http://www.wpc-edi.com/products/publications>. This Companion Guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with ACS EDI Gateway, Inc. and specifies data clarification where applicable.

### 6.1.2 Overview

This CCI includes information needed to commence and maintain communication exchange with ACS EDI Unit. This information is organized in the sections listed below.

- **Getting Started:** This section includes information related to system operating hours, provider information management, audit procedures, confidentiality and authorized release of information, Information concerning Trading Partner registration and the Certification and testing overview are also included in this section.
- **Testing with Payer:** This section includes HIPAA 5010 Syntactical/End to End detailed transaction testing information as well as other relevant information needed to complete transaction testing with ACS EDI Unit.
- **Connectivity with the Payer/Communications:** This section includes information on ACS EDI Units transmission administrative procedures as well as communication and security protocols.
- **Contact Information:** This section includes telephone and fax numbers for the ACS EDI Unit as well as applicable website/email information
- **Control Segments/Envelopes:** This section contains information needed to create the ISA/IEA, GS/GE and ST/SE control segments for transactions to be submitted to the ACS EDI Unit.
- **Acknowledgments and Reports:** This section contains information on all transaction acknowledgments sent by the ACS EDI Unit. These include the Edifecs Error Report,TA1 and an ASCX12N/005010X231A1 Implementation Acknowledgment for Health Care Insurance (999).

- CCI Change Summary: This section lists the changes made to this companion guide since the last version
- CCI Additional Information: This section contains links to Alaska Medical Assistance's/ACS EDI Units Trading Partner Agreements and Other Resources

### 6.1.3 References

Trading Partners must use the ASC X12 TR3s adopted under the HIPAA Administrative Simplification Electronic Transaction rule and the ACS EDI Unit EDI Companion guidelines for development of the EDI transactions. The ASC X12 National TR3s can be obtained by accessing the following website:

<http://store.x12.org/>

### 6.1.4 Additional Information

This CCI is intended for trading partner use in conjunction with the ANSI ASC X12N 270/271 National EDI Transaction Set TR3s. The ANSI ASC X12N TR3s can be accessed at <http://www.wpc-edi.com/products/publications>. This Companion Guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with ACS EDI Gateway, Inc. and specifies data clarification where applicable.

## 6.2 Getting Started

### 6.2.1 Working Together

#### System Operating Hours

ACS EDI Gateway is available for transaction transmissions and download retrieval 24 hours a day, seven days a week. This availability is subject to scheduled host downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible. The ACS EDI Unit notifies the Alaska Fiscal Agent during this process. In the event of unscheduled downtime, ACS EDI Unit will notify the Alaska Fiscal Agent, and will resolve the outage as quickly as possible.

## **Provider Information Management**

Before submitting claims to the Alaska Medical Assistance Program, you must first enroll as a Medical Assistance Provider

Provider enrollment information may also be obtained by calling Affiliated Computer Services, Inc., Provider Services Department. Providers that are calling from within Anchorage or outside the state of Alaska use (907)644-6800, all other Alaska locations can call (800)770-5650. . Provider Enrollment Applications can be obtained by accessing the following link:

<http://www.medicaidalaska.com/providers/Enrollment.shtml>

## **Audit Procedures**

The Trading Partner ensures that input documents and medical records are available for every automated claim for audit purposes.

Alaska Medical Assistance/ACS EDI Unit may require access to the records at any time.

The Trading Partner's automated claim input documents must be kept on file for a period of ten years after date of service for auditing purposes. Microfilm/microfiche copies of Trading Partner documents are acceptable. The Trading Partner, not his billing agent, is held accountable for accurate records.

The audit consists of verifying a sample of automated claim input against medical records. Retention of records may also be checked. Compliance to reporting requirements is sample checked to ensure proper coding technique is employed. Signature on file records may also be verified.

In accordance with the Trading Partner Agreement, Alaska Medical Assistance may request, and the Trading Partner is obligated to provide, access to the records at any time.

## **Confidentiality**

Alaska Medical Assistance and its Trading Partners will comply with the privacy standards for all EDI transactions as outlined in the Alaska Medical Assistance Billing Agent Information Submission Agreement.

## **Authorized Release of Information**

When contacting EDI Operations concerning any EDI transactions, you will be asked to confirm your Trading Partner information.

### **6.2.2 Trading Partner Registration**

All entities that send electronic claims to ACS EDI Gateway for processing and retrieve reports and responses must enroll as EDI Trading Partners. The completed Trading Partner enrollment application provides the ACS EDI Unit the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to send or retrieve electronic transactions. The Trading Partner enrollment application is available on the Alaska Medicaid Health Enterprise Portal site at:

<http://www.medicaidalaska.com/providers/hipaa/agreements.shtml>

### **6.2.3 Certification and Testing Overview**

This section provides a general overview of what to expect during certification and testing phases.

All Trading Partners must be approved to submit 5010 transactions. They must first comply with the 5010 Syntactical Testing as described in section 6.3.

Once end-to-end testing become available, submitters will be required to end-to-end test.

## 6.3 Testing with the Payer

### HIPAA 5010 Syntactical Testing

The Alaska Medicaid Program is supporting syntactical provider testing of 5010 X12 transactions through the use of a free testing website sponsored by Edifecs, Inc. Edifecs has been set up for Alaska Trading Partner testing to validate syntactical compliance for 5010. Utilization of the Edifecs 5010 transaction testing website will enable providers to validate that their 5010 transactions comply with the minimum X12 standards for 5010 transaction data format.

This early testing opportunity will NOT validate Alaska-specific X12 data content requirements. Testing for end-to-end compliance with specific State data requirements will occur later and will be communicated to providers at the appropriate time.

Providers may request a User ID and Password to access the testing website, either by email at [AKHIPAASupport@acs-inc.com](mailto:AKHIPAASupport@acs-inc.com), or by calling the toll free number (855) 226-9391 or the local Alaska number at (907) 644-6831. Once your access has been set up, an email will be sent containing a new ID and Password. Upon receipt of the email, you may log into the testing website, <https://sites.edifecs.com/?medicaidalaska>. Follow the instructions for submitting 5010 test transactions. Immediate feedback will be received regarding any format errors that are detected. The transactions can then be corrected and retested until they are error free.

### HIPAA 5010 End to End Testing

Testing for end-to-end compliance with specific State data requirements will occur later and will be communicated to providers at the appropriate time.

Trading Partner will be required to submit 2 valid test files for each transaction type that they wish to send. Once they have passed the end-to-end testing the trading partner will be migrated to production. These files will need to successfully pass the Alaska Medical Assistance system edits specific to each transaction type tested. Once Trading Partners have successfully submitted test transactions and received the system generated response(s) please contact the ACS EDI Unit to request production status for the transaction type.

The supported transaction types for Alaska Medical Assistance requiring testing:

- ASC X12N 005010X279A1 - Health Care Eligibility Benefit Inquiry and Response (270/271)
- ASC X12N 005010X212 - Health Care Claim Status Request and Response (276/277)
- ASC X12N 005010X217 – Health Care Services Review – Request for Review and Response (278)
- ASC X12N 005010X222A1 – Health Care Claim: Professional (837)
- ASC X12N 005010X223A2 – Health Care Claim: Institutional (837)
- ASC X12N 005010X224A2 – Health Care Claim: Dental (837)

This testing is required to verify a Trading Partner’s ability to submit a specific transaction type containing valid data in the required format for Alaska Medical Assistance

For questions about early 5010 transaction testing on the Edifecs test site, please contact us at [AKHIPAASupport@acs-inc.com](mailto:AKHIPAASupport@acs-inc.com) or by calling the toll free number (855) 226-9391 or the local Alaska number at (907) 644-6831.

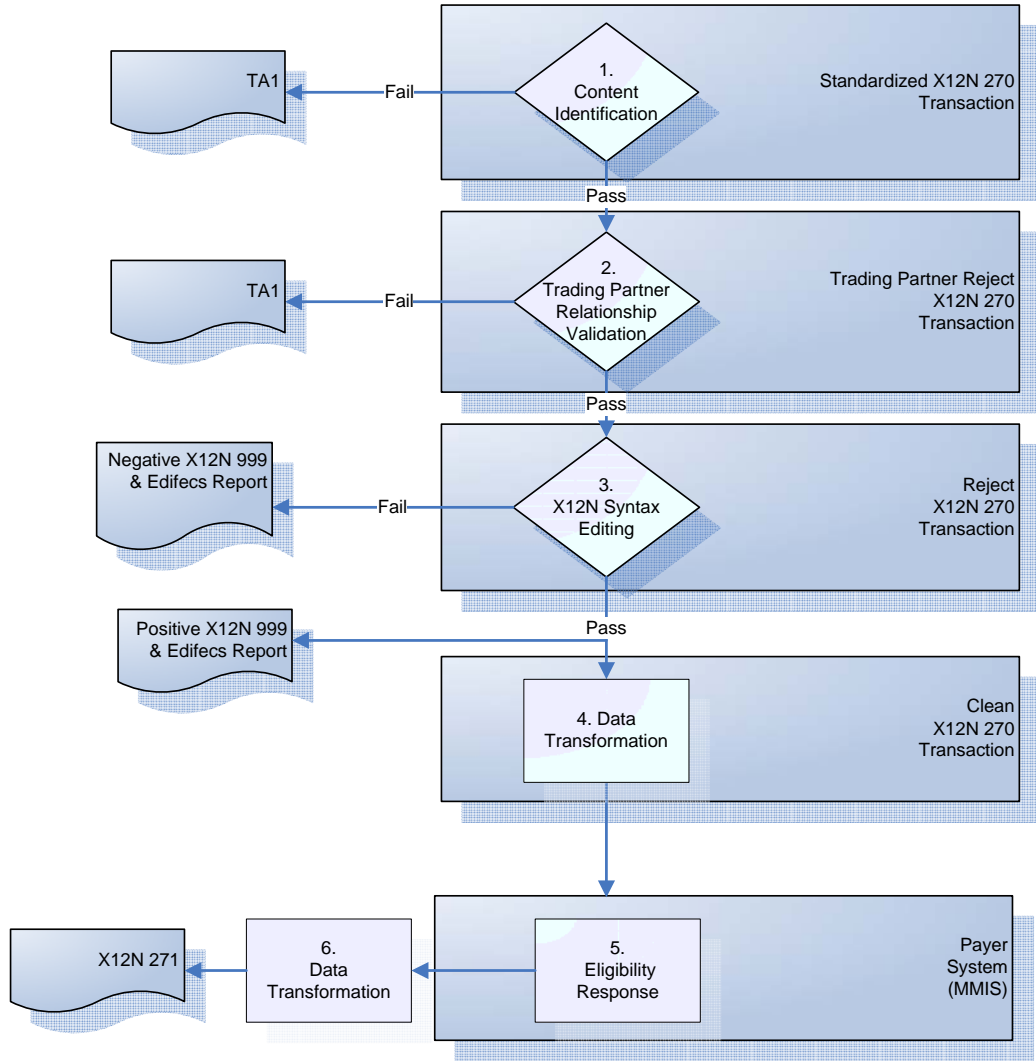
#### **6.4 Connectivity with the Payer/Communications**

Alaska Medical Assistance offers its Trading Partners three types of communication methods for transferring data electronically.

- File Transfer Protocol (FTP) through a secure Internet connection is available for transactions in batch mode.

### 6.4.1 Process flows

#### Editing and Validation Flow Diagram



## LEGEND:

1. **Content Identification:** Data identification is attempted. If the data is corrupt or intended for another resource, a TA1 (Interchange Acknowledgement) will be forwarded to the EDI UNIT call center for review and follow-up with the submitter. If the data can be identified, it is then checked for Trading Partner Relationship Validation.
2. **Trading Partner Relationship Validation:** The trading partner information is validated. If the trading partner information is invalid, a TA1 (Interchange Acknowledgement) will be forwarded to the EDI UNIT call center for review and follow-up with the submitter. If the trading partner relationship is valid, the data will be passed for X12N syntax validation.
3. **X12N Syntax Editing:** A determination will be made as to whether the data is ANSI ASC X12N. An ASC X12N/5010X231A1 Implementation Acknowledgement for Health Care Insurance(999) will be returned to the submitter. The Implementation Acknowledgement For Health Care Insurance contains **ACCEPT**, **ACCEPT with ERRORS** and/or **REJECT** information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported in the ASC X12N/005010X231A1 Implementation Acknowledgement for Health Care Insurance (999), and will be further detailed in the Edifecs Report.
4. **Data Transformation:** If the data passes X12N syntax validation, payer business edits, such as the NPI "check digit" validation" will be performed. Any errors found will be returned in detail in the Edifecs Report. Inbound X12N data is translated to XML format, and passed to the MMIS for processing.
5. **Eligibility Response:** The payer system (MMIS) formulates the requests results in XML format.
6. **Data Transformation:** The XML format is translated to X12N 271 for transmission back to the submitter's mailbox.

### 6.4.2 Transmission Administrative Procedures

Not applicable at this time

#### 6.4.2.1 Re-transmission procedures

Not applicable at this time

### 6.4.3 Communication Protocols

#### Secure FTP Guidelines

HIPAA Standard Transactions will require that all Trading Partners (Billing Agents) use some form of FTP Server/Client Software for sending or receiving electronic data. Billing Agents will be required to test this software with transactions and code sets prior to submitting them in production.

**Note:** DHSS is requiring that clearinghouses, intermediaries, and software vendors provide proof of transaction testing and certification through Level 3, as outlined by WEDI. This certification is a prerequisite for business-to-business testing with DHSS. Alaska Medical Assistance is implementing a secure method of transferring files: a File Transfer Protocol (FTP) server that requires a secure (SSH) connection by the Billing Agent to ensure that user login and data transmission meets HIPAA privacy and security requirements. All transmissions of data over the FTP connection will be encrypted. All electronic files sent to and received from FHSC must utilize this SSH FTP connection and must be in the HIPAA compliant format (currently ANSIX12N Version 4010A1). The login to the SFTP server is encrypted as is the actual transferring of files. By using SSH encrypted FTP (SFTP), the Billing Agent and FHSC can safely and securely transmit and receive files over the Internet or Dial-Up connections. SSH encrypts all communications to and from the client and server. To successfully connect to the SFTP server, the user is required to have client FTP software that

- Is compatible with the WS-FTP product used by Alaska Medical Assistance
- Supports SSH connections
- Complies with the Internet Standards for SSH FTP protocol (RFC 4253 and RFC 4254 define the SSH FTP standards and can be found at [www.ietf.org](http://www.ietf.org))

There are several commercially available client software packages as well as a few software packages available for download.

The following settings are the minimum requirements needed to access the server:

- Hostname: mft.acsedigateway.com
- Port: 22
- A valid username and password

### Directory Setup

After establishing a secure SSH FTP connection, the only directories that will be viewable are those associated with the Trading Partner logon. They will be

- INCOMING
- OUTGOING
- TEST
- HOLD

**INCOMING** – A directory for dropping off any transaction, such as a ASC X12N 005010X279A1 - Health Care Eligibility Benefit Inquiry and Response (270/271), ASC X12N 005010X212 - Health Care Claim Status Request and Response (276/277), SC X12N 005010X217 – Health Care Services Review – Request for Review and Response (278), or ASC X12N 005010X223A2 – Health Care Claim: Institutional (837), that is to be put into Production. If the Trading Partner has not successfully tested and been approved for Production, the file will reject and a 999 or TA1 transaction will be generated stating that the file was rejected. If the Trading Partner/Billing Agent has successfully tested and been approved for Production, the file will be processed through the Alaska Medical Assistance system and the proper response will be placed, after processing, in the OUTGOING directory.

**OUTGOING**- A directory for any file waiting for you to retrieve, such as a ASC X12N 005010X279A1 - Health Care Eligibility Benefit Inquiry and Response (270/271), ASC X12N 005010X212 - Health Care Claim Status Request and Response (276/277), ASC X12N 005010X217 – Health Care Services Review – Request for Review and Response (278), ASC X12N/005010X221 Health Care Claim Payment/Advice (835) , TA1, or ASC X12N/005010X231A1 Implementation

Acknowledgement For Health Care Insurance (999), . All files in this directory will remain on the system for 45 days. After that time, the file will be deleted automatically by the system. When you log in, you will be able to retrieve any files still in the directory. It is imperative that you download files regularly and often.

**TEST-** A directory for dropping off a transaction that you desire to have tested. No processing will be done to any file dropped off in the TEST directory until you notify the Department who your Trading Partner is, what you are testing, and who should be notified about the test results. Files in this directory will be deleted every 30 days or once testing of the transaction is completed. You can notify the EDI Department by email at AKHIPAA [Support@acs-inc.com](mailto:Support@acs-inc.com), or by calling the toll free number (855) 226-9391 or the local Alaska number at (907) 644-6831

**HOLD –** A directory used by Alaska Medical assistance during the processing of files. Nothing should be dropped off, picked up, or deleted from this directory.

### **Data Retrieval Methods**

Files may be retrieved via Secure FTP and Web Portal download.

Alaska Trading Partners can download files such as the ASC X12N/005010X221 Health Care Claim Payment/Advice (835) and ASC X12N/005010X231A1 Implementation Acknowledgement for Health Care Insurance (999), by Secure FTP and Web Portal download.

## 6.5 Contact information

### 6.5.1 EDI Customer Service/EDI Unit

The ACS EDI Unit assists users with questions about electronic submission. The ACS EDI Unit is available to all Alaska Medical Assistance Trading Partners, Monday through Friday from 8:00 a.m. to 5:00 p.m. Alaska Time. Providers that are calling from within Anchorage or outside the state of Alaska use (907)644-6800, all other Alaska locations can call (800)770-5650.

The ACS EDI Unit:

- Provides information on available services
- Enrolls users for file submission
- Verifies receipt of electronic transmissions
- Provides assistance to users who are experiencing transmission difficulties

Or

#### **Affiliated Computer Services, Inc.**

HIPAA Provider Support Team  
P.O. Box 240808  
Anchorage, Alaska 99524-0808

When contacting ACS EDI Unit, have your Trading Partner Number and Logon ID available. These numbers facilitate the handling of your questions.

### 6.5.2 5010 EDI Technical Assistance/Testing

ACS EDI 5010 technical support can be reached by telephone or email Monday through Friday from 8:00 a.m. to 5:00 p.m. Alaska Time

TELEPHONE NUMBER: Toll Free (855) 226-9391 or (907) 644-6831.

EMAIL ADDRESS: [AKHIPAASupport@acs-inc.com](mailto:AKHIPAASupport@acs-inc.com),

When contacting ACS EDI Unit, have your Trading Partner Number and Logon ID available. These numbers facilitate the handling of your questions.

### **6.5.3 Provider Service**

Inquiries pertaining to Alaska Medical Assistance Private Business Medical/ Surgical or Professional claims should be directed to the appropriate Customer Service Provider enrollment information may also be obtained by calling Affiliated Computer Services, Inc. (ACS), Provider Services Department. Providers that are calling from within Anchorage or outside the state of Alaska use (907)644-6800, all other Alaska locations can call (800)770-5650.

### **6.5.4 Applicable websites / e-mail**

EDI specifications, including this companion guide, can be accessed by clicking on the link below and selecting HIPAA and the applicable selection.

<http://www.medicaidalaska.com/>

## **6.6 Control Segments / Envelopes**

Interchange Control (ISA/IEA) and Function Group (GS/GE) envelopes must be used as described in the national TR3s.

Alaska Medical Assistance's expectations for inbound ISAs and a description of data on outbound ISAs are detailed in this chapter. Specific guidelines and instructions for GS and GE segments are contained in each transaction chapter of the Transaction Information Companion Guide.

Note - Alaska Medical Assistance only supports one interchange (ISA/IEA envelope) per incoming transmission (file). A file containing multiple interchanges will be rejected for a mismatch between the ISA Interchange Control Number at the top of the file and the IEA Interchange Control Number at the end of the file.

### **6.6.1 ISA-IEA**

#### **Delimiters**

As detailed in the national TR3s, delimiters are determined by the characters sent in specified, set positions of the ISA for 005010X279AI Health Care Eligibility Benefit Inquiry (270) header.

#### **Data Detail and Explanation of Incoming ISA to Alaska Medical Assistance**

Segment: ISA Interchange Control Header (Incoming)

Note: This 156 character fixed record length segment must be used in accordance with the guidelines in Appendix B of the national transaction TR3s, with the clarifications listed below.

## ISA Data Element Summary

The ISA segment and its elements with Alaska Medical Assistance payer requirements and/or variances between version 4010A1 and 5010 are noted in the chart below. Segments and elements not represented are an indication that there are no Alaska Medical Assistance Payer requirements and that there were no variances between version 4010A1 and 5010. You should refer to the Applicable TR3 for further reference and instructions.

### ISA for 005010X279AI Health Care Eligibility Benefit Inquiry (270)

ID	Elem	Use	Name	Codes (Represents Codes used by Alaska Medicaid)	AK Medicaid Notes
ENV	ISA	R	Interchange Control Header		The ISA is the only fixed length segments in the transactions. It must be a total length of 156
ENV	ISA01	R	Authorization Information Qualifier	00	
ENV	ISA02	R	Authorization Information		Use 10 spaces
ENV	ISA03	R	Security Information Qualifier	00	
ENV	ISA04	R	Security Information		Use 10 spaces
ENV	ISA05	R	Interchange ID Qualifier	ZZ	
ENV	ISA06	R	Interchange Sender ID		Use the Alaska Medical Assistance assigned Submitter (Trading Partner) ID
ENV	ISA07	R	Interchange ID Qualifier	ZZ	
ENV	ISA08	R	Interchange Receiver ID		Use AK Payer ID 100000
ENV	ISA09	R	Interchange Date		Interchange Date data element in the ISA (and TA1) are the only Dates in the YYMMDD format
ENV	ISA10	R	Interchange Time		
ENV	ISA11	R	Repetition Separator	^	
ENV	ISA12	R	Interchange Control Version Number	00501	
ENV	ISA13	R	Interchange Control Number		Use your own control number value in this field  (Helpful note: This Interchange Control number is the value that will be returned in the TA101 if the file is rejected at the enveloping level.)

ID	Elem	Use	Name	Codes (Represents Codes used by Alaska Medicaid)	AK Medicaid Notes
ENV	ISA14	R	Acknowledgment Requested	0	A TA1 will be generated when the incoming interchange is rejected due to errors at the interchange or functional group envelop.
ENV	ISA15	R	Interchange Usage Indicator		Submitters should send a T while testing and a P once approved for production.
ENV	ISA16	R	Component Element Separator		Alaska Medical Assistance does not dictate what Component Element Separator to use, however the most common used is the :

### ISA for 005010X279A1 Health Care Eligibility Response (271)

ID	Elem	Use	Name	Codes (Represents codes used by Alaska Medicaid)	AK Medicaid Notes
ENV	ISA	R	Interchange Control Header		The ISA is the only fixed length segments in the transactions. It must be a total length of 156
ENV	ISA01	R	Authorization Information Qualifier	00	
ENV	ISA02	R	Authorization Information		10 spaces
ENV	ISA03	R	Security Information Qualifier	00	
ENV	ISA04	R	Security Information		10 spaces
ENV	ISA05	R	Interchange ID Qualifier	ZZ	
ENV	ISA06	R	Interchange Sender ID		AK Payer ID 100000
ENV	ISA07	R	Interchange ID Qualifier	ZZ	
ENV	ISA08	R	Interchange Receiver ID		The receiver is the Alaska Medical Assistance assigned Trading Partner/Submitter ID that was sent in the 270 request (ISA06)
ENV	ISA09	R	Interchange Date		YYMMDD Date of the Interchange
ENV	ISA10	R	Interchange Time		HHMM Time of the Interchange
ENV	ISA11	R	Repetition Separator	^	
ENV	ISA12	R	Interchange Control Version Number	00501	
ENV	ISA13	R	Interchange Control Number		
ENV	ISA14	R	Acknowledgment Requested	0	

ID	Elem	Use	Name	Codes (Represents Codes used by Alaska Medicaid)	AK Medicaid Notes
ENV	ISA15	R	Interchange Usage Indicator		
ENV	ISA16	R	Component Element Separator	:	

Segment: IEA Interchange Control Trailer Segment

Note: Refer to Appendix C on the TR3 for Segment instructions.

### 6.6.2 GS-GE

#### Data Element Summary

Functional group (GS-GE) codes are transaction specific. Therefore, information concerning the GS-GE can be found with the related transaction Instruction Tables of the Transaction Information (TI) in section 3 of this Companion Guide.

### 6.6.3 ST-SE

Alaska Medical Assistance has no requirements outside the national transaction TR3s.

## 6.7 Acknowledgments and Reports

### 6.7.1 Report Inventory

#### Edifecs Error Report

Every X12N transaction that does not receive a TA1 transaction rejection will pass through the Edifecs Compliance Check engine. Edifecs generates a full report of all Loops, Segments, Elements, the data contained within them, and explanations of the errors, if any. This report is especially useful in troubleshooting errors when it is combined with the negative ASCX12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance(999). The Edifecs reports will be available to trading partners in their mailbox.

Next is an example of an 5010 Edifecs Error Report that shows the level of detail contained in the Report.

## Sample EDIFECs Error Report

### Error Report

Submitted: Monday, April 04, 2011 09:05:37 (Eastern Daylight Time)

#### Guideline:

Data File: C:\270\_5010A-guide sample.txt.processed.dat

---

This report shows the results of a submitted data file validated against a guideline. If there are errors, you must fix the application that created the data file and then generate and submit a new data file.

---

#### Report Summary

**Total Errors: 1**  
**Total Warnings: 0**  
**Total Informations: 0**

#### Error Count by WEDI SNIP Type

SNIP Type	SNIP Name	Counts
0	System	0
1	EDI Syntax	0
2	HIPAA Syntax	1 Error 0 Warnings 0 Informations
3	Balancing	0
4	Situational	0
5	External Code Set	0

Report continues on next page.

#	Data					
	<b>Document</b>					
	<b>Errors at Document level:</b> <b>Errors: 0</b> <b>Warnings: 0</b> <b>Informations: 0</b>		Interchange Received: 1 Interchange Accepted: 0			
	<b>1 Interchange</b>					
	<b>Errors at Interchange level:</b> <b>Errors: 0</b> <b>Warnings: 0</b> <b>Informations: 0</b>		Functional Group Included: 1 Functional Group Received: 1 Functional Group Accepted: 0	Sender Qualifier/ID: ZZ/3208 Control Number: 091336407 Date: 100430	Receiver Qualifier/ID: ZZ/AKMEDICAID Version: 00501 Time: 0913	
	<b>1.1 Group</b>					
	<b>Errors at Group level:</b> <b>Errors: 0</b> <b>Warnings: 0</b> <b>Information: 0</b>		Transaction Included: 1 Transaction Received: 1 Transaction Accepted: 0	Sender ID: 3208 Control Number: 1 Date: 20100430	Receiver ID: AKMEDICAID Version: 005010X279A1 Time: 0913	
	<b>1.1.1 Transaction</b>					
	<b>Errors at Transaction level:</b> <b>Errors: 1</b> <b>Warnings: 0</b> <b>Information: 0</b>		Transaction ID: 270      Control Number: 0001			
8	NM1*80*2*MEMORIAL HOSPITAL****XX*8084111118					
	#	Error ID	Error Message	SNIP Type	Severity	Guideline Properties
	1	0x39393B5	Value of element NM109 is incorrect. Expected value is National Provider ID (format is '10 digits with optional '80840' prefix and last check digit') when NM108='XX'. Segment NM1 is defined in the guideline at position 0300.  This error was detected at:  Segment Count: 8  Element Count: 9  Character: 339 through 349  National Provider ID (NPI) is invalid for Information Receiver Name.	2 - HIPAA Syntax	Normal	Element: NM109 Name: Identification Code ID: 67 Standard: Relational Option: AN Type: AN Min Length: 2 Max Length: 80 User Option: Required

## 6.7.2 ASC X12 Acknowledgments

The Health Care Claim Eligibility Benefit Inquiry transaction data will be submitted to ACS EDI Gateway for processing. The ACS SHCH validates submission of ANSI ASC X12N format(s). The TA1 Interchange Acknowledgement reports the syntactical analysis of the interchange header and trailer. If the data is corrupt or the trading partner relationship does not exist within the Gateway system, the file will be rejected and a TA1 along with the data will be forwarded to ACS EDI Unit for review and follow-up with the sender. An ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999) is generated when a file that has passed the header and trailer check passes through the clearinghouse. An Edifecs report is generated if a transaction fails any AK-specific business edits. If the file contains one or more errors, the segment(s) and element(s) where the error(s) occurred will be reported to the submitter.

Transactions are processed as they are received. Therefore the TA1 and Implementation Acknowledgement For Health Care Insurance should populate your mailbox fairly quickly (obviously depending on file size, processing time).

Files may be retrieved by Secure FTP

### Transmission Errors and Reports

The acceptance/rejection reports generated depend on the type of error, and the level where the error occurs. Depending on the error level, the result may be the rejection of an entire batch or a single claim.

The two acceptance/rejection reports are:

- TA1 Interchange Acknowledgement Rejection
- ASCX12N/0050010X231A1Implementation Acknowledgement For Health Care Insurance(999)

### TA1 Interchange Acknowledgement Rejection Report

The ISA and GS segments contain the header and footer information within the Interchange (ISA-IEA) and Functional Group (GS-GE) envelopes. Some ISA-IEA and GS-GE problems will result in the entire submission being rejected with a TA1 Interchange Acknowledgement. The TA1, along with the data, will be forwarded to the ACS EDI Unit for review and follow-up with the submitter. For additional information regarding the TA1, please refer to Appendix B in any ANSI ASC X12N TR3.

The TA1 Rejection Report may result from various sources:

- The submitted file is not recognizable as an X12N file due to file corruption or data errors in the ISA-IEA or GS-GE envelopes.
- The submitted file has errors that would prevent the translation engine from uniquely identifying the file, transaction type, or submitter.
- The data elements are not the correct length in the ISA segment. The ISA segment is the only segment in an X12 transaction that is fixed-length.
- The Trading Partner identified in GS02 is not recognized, or is not authorized to submit production files of that transaction type.

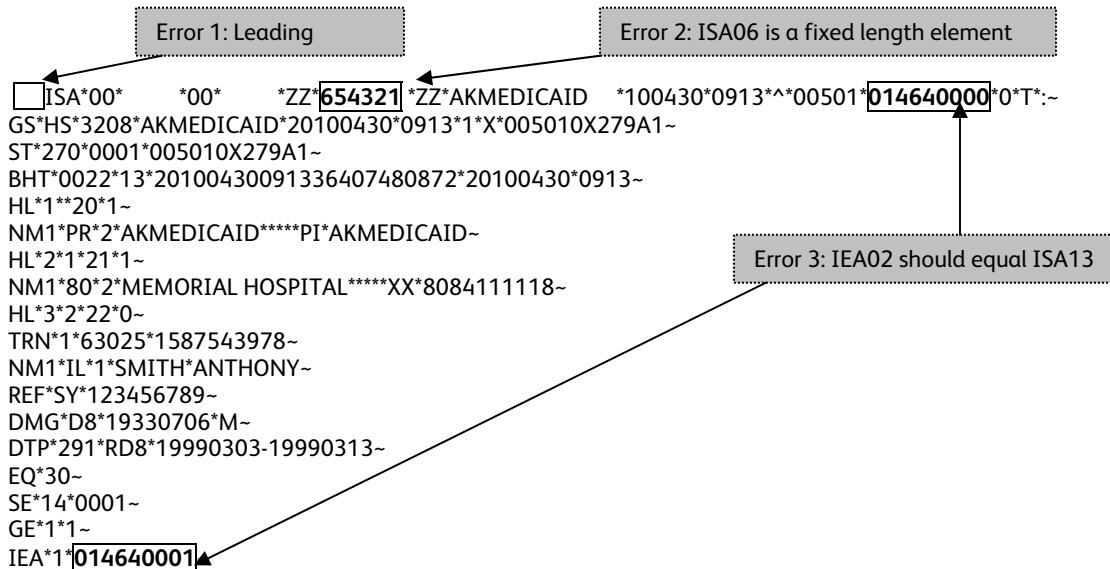
## Interchange-Level Errors and the TA1 Rejection Report

Envelope problems that make it impossible to identify the ISA-IEA envelope will result in a TA1 Interchange Acknowledgement rejection of the entire submission.

Examples of Interchange-Level errors that will result in a TA1:

1. Leading spaces before the start of the data makes the file unrecognizable. Compliance Check expects 'ISA' in the first 3 spaces.
2. The submitter ID ("654321" in ISA06) should be filled out with trailing spaces to populate the fixed-length 15-byte field. Even the blank fields in the ISA segment, such as ISA02, must be populated with the correct number of spaces.
3. The Header Interchange Control Number in ISA13 ('01464000') does not match the Trailer Interchange Control Number in IEA02 ('014640001'). This would make it impossible for Compliance Check to confirm that it is evaluating a single coherent submission.

### 270 Health Care Eligibility Benefit Inquiry



## Functional Group Level Errors and the TA1 Rejection Report

When the ISA-IEA and GS-GE envelopes are identifiable but the Trading Partner is not authorized for the transaction, the entire submission is rejected with a TA1.

Example of a Functional-Group-Level error that will result in a TA1 rejection:

1. The Trading Partner identified in GS02 is not recognized, or is not authorized to submit this transaction type in Production.

Transaction submitted as Production

```
ISA*00*      *00*      *ZZ*654321  *ZZ*77200  *100430*0913*^*00501*091336407*01P*:-~
GS*HS*654321*AKMEDICAID*20100430*0913*1*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*20100430091336407480872*20100430*0913~
HL*1**20*1~
NM1*PR*2*AKMEDICAID****PI*AKMEDICAID~
HL*2*1*21*1~
NM1*80*2*MEMORIAL HOSPITAL****XX*8084111118~
HL*3*2*22*0~
TRN*1*63025*1587543978~
NM1*IL*1*SMITH*ANTHONY~
REF*SY*123456789~
DMG*D8*19330706*M~
DTP*291*RD8*19990303-19990313~
EQ*30~
SE*14*0001~
GE*1*1~
IEA*1*091336407~
```

Trading Partner ID '654321' is not in Production Status

## X12N 999 Transaction Acknowledgment Report

If the file, envelope, and submitter are recognized, the file is passed through Compliance Check to determine the syntactical validity of the X12N submission. If required elements or loops are missing, or if there are errors in qualifiers, data type, or data length, a negative X12N 999 Transaction Acknowledgement will be generated. If the transaction set indicated in the AK2 loop contained errors, but was forwarded for further processing, an accept with errors 999 will be generated. If no errors are found, a positive 999 will be generated. The 999 will be returned to the submitter for correction and resubmittal. For additional information regarding the X12N 999, refer to Appendix B in any ANSI ASC X12N TR3, or refer to the ASC X12N/005010X231 Implementation Acknowledgement For Health Care Insurance (999) TR3.

### Interchange Level Errors and the X12N 999 Functional Acknowledgement

If the Interchange Header is recognizable and all elements are the proper length, but the header contains syntactically invalid data, such as invalid qualifiers or data relationships, a negative X12N 999 will be generated.

Example of an Interchange-Level error that will result in a negative 999:

1. 'XX' is not a recognized qualifier for this element. In this case, 'ZZ' was expected.

```
ISA*00*      *00*      *XX*3208      *ZZ*AKMEDICAID *100430*0913**^00501*091336407*0*T*~  
GS*HS*3208*AKMEDICAID*20100430*0913*1*X*005010X279A1~  
ST*270*0001*005010X279A1~  
BHT*0022*13*20100430091336407480872*20100430*0913~  
HL*1**20*1~  
NM1*PR*2*AKMEDICAID****PI*AKMEDICAID~  
HL*2*1*21*1~  
NM1*80*2*MEMORIAL HOSPITAL ****XX*8084111118~  
HL*3*2*22*0~  
TRN*1*63025*1587543978~  
NM1*IL*1*SMITH*ANTHONY~  
REF*SV*123456789~  
DMG*D8*19330706*M~  
DTP*291*RD8*19990303-19990313~  
EQ*30~  
SE*14*0001~  
GE*1*1~  
IEA*1*091336407~
```

ISA05 is expected to contain 'ZZ'

## Functional Group Level Errors and the ASCX12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance ( 999 )

When the GS and GE segments are identifiable and the Trading Partner is authorized for the transaction, but a syntactical error is identified in the GS or GE segments, the entire functional group (from GS to GE) is rejected with a negative ASCX12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999).

Example of Functional Group Level Error that will result in a negative ASC X12N/005010X231A1 Implementation Acknowledgement For Health Care Insurance (999):

1. The transaction was built with incorrect Total Number of transaction sets at the Functional Group Trailer.
2. GE01 should be 2 because the Functional Group contains two ST to SE transactions.

```

ISA*00*      *00*      *ZZ*3208      *ZZ*AKMEDICAID *100430*0913**^*00501*091336407*0*T*:-
GS*HS*3208*AKMEDICAID*20100430*0913*1*X*005010X279A1~
ST*270*00001*005010X279A1~
BHT*0022*13*20100430091336407480872*20100430*0913~
HL*1**20*1~
NM1*PR*2*AKMEDICAID****PI*AKMEDICAID~
HL*2*1*21*1~
NM1*80*2*MEMORIAL HOSPITAL *****XX*8084111118~
HL*3*2*22*0~
TRN*1*63025*1587543978~
NM1*IL*1*SMITH*ANTHONY~
REF*SY*123456789~
DMG*D8*19330706*M~
DTP*291*RD8*19990303-19990313~
EQ*30~
SE*14*00001~
ST*270*00001*005010X279A1~
BHT*0022*13*20100430091336407480872*20100430*0913~
HL*1**20*1~
NM1*PR*2*AKMEDICAID****PI*AKMEDICAID~
HL*2*1*21*1~
NM1*80*2*MEMORIAL HOSPITAL *****XX*8084111118~
HL*3*2*22*0~
TRN*1*63025*1587543978~
NM1*IL*1*SMITH*ANTHONY~
REF*SY*123456789~
DMG*D8*19330706*M~
DTP*291*RD8*19990303-19990313~
EQ*30~
SE*14*00001~
GE*1*1~
IEA*1*091336407~
  
```

Error 1: Indicates two Transaction Sets (ST-SE) within Functional Group (GS-GE) using the same ST02/SE02 control number

Error 2: GE01 should be '2'

## Transaction Set Level Errors and the X12N 999

If an error is identified within the Submitter, Receiver, or Provider loops, the entire Transaction Set (ST and SE segments and all segments in between) is rejected with a negative X12N 999. However, if the functional group consists of additional transactions without errors, the other transactions will be processed.

### 1. Incorrect Payer ID in the 1000B NM1 (Receiver) segment

Example of a Transaction Set Level Error:

The following example was built with incorrect Payer ID. The Payer ID for Alaska Medical Assistance is 77200.

```
ISA*00*      *00*      *ZZ*3208      *ZZ*77200      *100430*0913**^*00501*091336407*0*T*~
GS*HS*3208*AKMEDICAID*20100430*0913*1*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*20100430091336407480872*20100430*0913~
HL*1**20*1~
NM1*PR*2*AKMEDICAID****PI*77028~ ← This value should be '77200'
HL*2*1*21*1~
NM1*80*2*MEMORIAL HOSPITAL ****XX*8084111118~
HL*3*2*22*0~
TRN*1*63025*1587543978~
NM1*IL*1*SMITH*ANTHONY~
REF*SY*123456789~
DMG*D8*19330706*M~
DTP*291*RD8*19990303-19990313~SE*12*0001~
GE*1*1~
IEA*1*091336407~
```

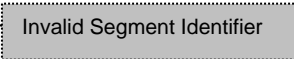
## Claim Level Errors and the X12N 999

In a case where header, submitter, receiver, provider, and subscriber loops are all valid, but an error occurs in a single claim, only the claim containing the error is rejected.

Example of a Claim Level Error:

1. In the following example, the Segment ID "REN" is not a valid X12N 270 segment. The highlighted claim would be rejected with a negative 999.

```
ISA*00*      *00*      *ZZ*3208      *ZZ*AKMEDICAID      *100430*0913**^*00501*091336407*0*T*:-
GS*HS*3208*AKMEDICAID*20100430*0913*1*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*20100430091336407480872*20100430*0913~
HL*1**20*1~
NM1*PR*2*AKMEDICAID****PI*AKMEDICAID~
HL*2*1*21*1~
NM1*80*2*MEMORIAL HOSPITAL *****XX*8084111118~
HL*3*2*22*0~
TRN*1*63025*1587543978~
NM1*IL*1*SMITH*ANTHONY~
REF*SY*123456789~
DMG*D8*19330706*M~
DTP*291*RD8*19990303-19990313~
EQ*30~
HL*4*2*22*0~
TRN*1*63025*1587543978~
NM1*IL*1*SMITH*ANTHONY~
REF*SY*123456789~
DMG*D8*19330706*M~
DTP*291*RD8*19990303-19990313~
REN*EI*521212121~
EQ*30~
SE*14*0001~
GE*1*1~
IEA*1*091336407~
```



**6.8 CCI Change Summary**

There are no changes, as this **version 2.00** is the **first publication** of the 5010 Alaska Medial Services companion document.

Section	Description

**6.9 CCI Additional Information**

**6.9.1 Other Resources**

The date for implementation/compliance for the 5010 X12N transactions is January 1, 2012. Current information on 5010 can be obtained from going to [www.cms.gov](http://www.cms.gov).

This link will take you to a list of resources you can explore for more information on HIPAA:

<http://www.medicaidalaska.com/providers/hipaa/overview.shtml>