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ASC X12N/005010X221A1 Health Care Claim Payment/Advice (835)

Alaska Medical Assistance Companion Guide Version 2.00 - Legacy

ACS EDI Gateway, Inc
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Standard Companion Guide Transaction Information

Instructions related to Transactions based on ASC X12N/005010X221A1 Health Claim Payment/Advice (835)

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.

Table of Contents

	Preface	3
1.	TI Introduction	1-3
1.1	Background	1-3
1.1.1	Overview of HIPAA Legislation	1-3
1.1.2	Compliance according to HIPAA.....	1-3
1.1.3	Compliance according to ASC X12.....	1-3
1.2	Intended Use	1-4
2.	Included ASC X12 TR3s.....	2-4
3.	Instruction Tables.....	3-4
4.	TI Additional Information.....	4-9
4.1	Business Scenarios.....	4-9
4.2	Payer Specific Business Rules and Limitations.....	4-9
4.2.1	Claim Overpayment Recovery	4-10
4.2.2	Scheduled Maintenance.....	4-10
4.3	Frequently Asked Questions.....	4-10
4.4	Other Resources.....	4-11
5.	TI Change Summary	5-13
6.	Communications/Connectivity Information (CCI)	6-13
6.1	Communications/Connectivity Introduction	6-13
6.1.1	Scope	6-13
6.1.2	Overview.....	6-15
6.1.3	References.....	6-16
6.1.4	Additional Information.....	6-16
6.2	Getting Started	6-16
6.2.1	Working Together.....	6-16
6.2.2	Trading Partner Registration.....	6-18
6.2.3	Certification and Testing Overview.....	6-18
6.3	Testing with the Payer.....	6-18
6.4	Connectivity with the Payer/Communications	6-19
6.4.1	Process flow	6-20
6.4.2	Transmission Administrative Procedures	6-21
6.4.3	Communication Protocols.....	6-21
6.5	Contact information.....	6-23
6.5.1	EDI Customer Service/EDI Unit	6-23
6.5.2	5010 EDI Technical Assistance/Testing	6-23
6.5.3	Provider Service.....	6-24
6.6	Control Segments / Envelopes.....	6-24

6.6.1	ISA-IEA.....	6-24
6.6.2	GS-GE.....	6-26
6.6.3	ST-SE.....	6-26
6.7	Acknowledgments and Reports.....	6-26
6.7.1	Report Inventory.....	6-26
6.7.2	ASC X12 Acknowledgments.....	6-26
6.8	CCI Change Summary	6-26
6.9	CCI Additional Information.....	6-26

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 Technical Report Type 3 (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
005010X221A1	Health Care Claim Payment/Advice (835)

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.

ASC X12N/005010X221A1 Health Care Claim Payment/Advice (835)

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	HP	
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)
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)

ID	Elem	Use	Name	Codes (Represent codes used by Alaska Medicaid)	AK Medicaid Notes
ENV	GS08	R	Version / Release / Industry Identifier Code	005010X221A1	
HDR	ST	R	Transaction Set Header		
HDR	ST01	R	Transaction Set Identifier Code	835	
HDR	BPR	R	Financial Information		
HDR	BPR01	R	Transaction Handling Code	H, I	Alaska Medicaid will send value H when RA total payment is zero and value I for all other RA's
HDR	BPR03	R	Credit or Debit Flag Code	C	
HDR	BPR04	R	Payment Method Code	CHK, NON	
HDR	TRN	R	Reassociation Trace Number		
HDR	TRN03	R	Payer Identifier		The tax ID number for the State of Alaska will be reported here.
HDR	CUR	S	Foreign Currency Information		This segment is not used by Alaska Medical Assistance
HDR	REF	S	Receiver Identification		Alaska Medicaid sends the Receiver Identification Number per the provider's enrollment record.
HDR	REF	S	Version Identification		This segment is not used by Alaska Medical Assistance
1000A		R	Payer Identification		
1000A	N1	R	Payer Identification		
1000A	N102	R	Payer Name		Alaska Medical Assistance will send 'AK MEDICAID'
1000A	N3	R	Payer Address		
1000A	N301	R	Payer Address Line		PO Box 240729
1000A	N4	R	Payer City, State, Zip Code		
1000A	N401	R	Payer City Name		ANCHORAGE
1000A	N402	S	Payer State Code		AK
1000A	N403	S	Payer Postal Zone or ZIP Code		99524-0729
1000A	REF	S	Additional Payer Identification		This segment is not used by Alaska Medical Assistance
1000A	PER	S	Payer Business Contact Information		This segment is not used by Alaska Medical Assistance
1000A	PER	R	Payer Technical Contact Information		
1000A	PER02	S	Payer Technical Contact Name		Alaska Medical Assistance will send 'AK Medicaid'
1000A	PER03	S	Communication Number Qualifier	TE	
1000A	PER04	S	Payer Contact Communication Number		The Alaska Medical Assistance support contact number will be returned in this element. See Section 6 for contact details.
1000A	PER	S	Payer Web Site		This segment is not used by Alaska Medical Assistance
1000B		R	Payee Identification		
1000B	N1	R	Payee Identification		

ID	Elem	Use	Name	Codes (Represent codes used by Alaska Medicaid)	AK Medicaid Notes
1000B	N103	R	Identification Code Qualifier	FI, XX	
1000B	N104	R	Payee Identification Code		Alaska Medicaid will provide the TIN of billing provider for atypical providers otherwise NPI will be sent
1000B	REF	S	Payee Additional Identification		
1000B	REF01	R	Reference Identification Qualifier	PQ	Payee Identification
1000B	REF02	R	Additional Payee Identifier		Payee's Alaska Medical Assistance Provider ID Number
1000B	RDM	S	Remittance Delivery Method		This segment is not used by Alaska Medical Assistance
2000		S	Header Number		
2000	TS3	S	Provider Summary Information		This segment is not used by Alaska Medical Assistance
2000	TS2	S	Provider Supplemental Summary Information		This segment is not used by Alaska Medical Assistance
2100		R	Claim Payment Information		
2100	CLP	R	Claim Payment Information		
2100	CLP01	R	Patient Control Number		For pharmacy claims, this is the prescription number. For all other claims, this is the patient control number reported in the 837 CLM01, Otherwise this is the Medical Record Number reported in the 2300 REF
2100	CLP02	R	Claim Status Code	1, 2, 3, 4, 22	
2100	CLP07	R	Payer Claim Control Number		The Claim Control Number assigned by Alaska Medical Assistance
2100	CAS	S	Claim Adjustment		See section 4.4 for location of the Alaska Medicaid CARC/RARC Error Codes Lookup
2100	NM1	R	Patient Name		
2100	NM108	S	ID Code Qualifier	MR	
2100	NM109	S	Patient Identifier		Alaska Medicaid Recipient ID
2100	NM1	S	Insured Name		This segment is not used by Alaska Medical Assistance
2100	NM1	S	Corrected Patient/Insured Name		
2100	NM102	R	Entity Type Qualifier	1	
2100	NM1	S	Service Provider Name		
2100	NM108	R	ID Code Qualifier	XX, MC	
2100	NM1	S	Crossover Carrier Name		This segment is not used by Alaska Medical Assistance
2100	NM1	S	Corrected Priority Payer Name		This segment is not used by Alaska Medical Assistance
2100	NM1	S	Other Subscriber Name		This segment is not used by Alaska Medical Assistance
2100	MIA	S	Inpatient Adjudication Information		See section 4.4 for location of the Alaska Medicaid

ID	Elem	Use	Name	Codes (Represent codes used by Alaska Medicaid)	AK Medicaid Notes
					CARC/RARC Error Codes Lookup
2100	MOA	S	Outpatient Adjudication Information		See section 4.4 for location of the Alaska Medicaid CARC/RARC Error Codes Lookup
2100	REF	S	Other Claim-Related Identification		
2100	REF01	R	Reference Identification Qualifier	G1, F8	
2100	REF	S	Rendering Provider Identification		
2100	REF01	R	Reference Identification Qualifier	1D	
2100	REF02	R	Rendering Provider Secondary Identifier		For atypical providers enrolled with Alaska Medicaid, the Medicaid ID number will be returned.
2100	DTM	S	Coverage Expiration Date		
2100	DTM02	R	Date		Alaska Medicaid will populate this element when edit 225 or 258 set on a claim line
2100	PER	S	Claim Contact Information		This segment is not used by Alaska Medical Assistance
2100	AMT	S	Claim Supplemental Information		
2100	AMT01	R	Amount Qualifier Code	AU, DY, F5,	
2100	QTY	S	Claim Supplemental Information Quantity		
2100	QTY01	R	Quantity Qualifier	CA, NE	
2110		S	Service Payment Information		
2110	SVC	S	Service Payment Information		
2110	SVC01-1	R	Product or Service ID Qualifier	AD, HC, N4, NU	
2110	CAS	S	Claim Adjustment		See section 4.4 for location of the Alaska Medicaid CARC/RARC Error Codes Lookup
2110	REF	S	Service Identification		
2110	REF01	R	Reference Identification Qualifier	G1	
2110	REF	S	Rendering Provider Information		
2110	REF01	R	Reference Identification Qualifier	1D	
2110	REF02	R	Rendering Provider Secondary Identifier		For atypical providers enrolled with Alaska Medicaid, the Medicaid ID number will be returned.
2110	REF	S	HealthCare Policy Identification		This segment is not used by Alaska Medical Assistance
2110	AMT	S	Service Supplemental Amount		
2110	AMT01	R	Amount Qualifier Code	B6	

ID	Elem	Use	Name	Codes (Represent codes used by Alaska Medicaid)	AK Medicaid Notes
2110	LQ	S	Health Care Remark Codes		See section 4.4 for location of the Alaska Medicaid CARC/RARC Error Codes Lookup
TRL	PLB	S	Provider Adjustment		
TRL	PLB01	R	Provider Identifier		If provider is enrolled as an Atypical Provider, the Alaska Medical Assistance Billing Provider ID Number is returned here. Otherwise the Billing NPI Number is returned.
TRL	PLB02	R	Fiscal Period Date		Provider's Fiscal year end date from the Alaska Medical Assistance provider file.
TRL	PLB03-1	R	Adjustment Reason Code	72, B3, CS, FB, PI, PL, WO	
TRL	PLB05-1	R	Adjustment Reason Code	72, B3, CS, FB, PI, PL, WO	
TRL	PLB07-1	R	Adjustment Reason Code	72, B3, CS, FB, PI, PL, WO	
TRL	PLB09-1	R	Adjustment Reason Code	72, B3, CS, FB, PI, PL, WO	
TRL	PLB11-1	R	Adjustment Reason Code	72, B3, CS, FB, PI, PL, WO	
TRL	PLB13-1	R	Adjustment Reason Code	72, B3, CS, FB, PI, PL, WO	

4. TI Additional Information

4.1 Business Scenarios

Non-covered days are no longer reported in the 2100 QTY segment and are now reported in the 2100 CAS segment. See below for details:

2100 Loop - CAS segment

CAS01 = CO

CAS02 = 78

CAS03 = 0

CAS04 = Number of non-covered days

4.2 Payer Specific 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.

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.

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

How do I test the Health Care Claim Payment/Advice transaction?

During end-to-end testing, submitters will be required to test Health Care Claim transactions. As the end result, an ASC X12N/005010X221A1 Health Care Claim Payment/Advice (835) will be generated and returned to the submitter.

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, 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

- 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/produces/publications> - 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 following link: <http://www.medicidalaska.com/providers/Billing1.shtml>

For questions 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.

- An Alaska Medicaid specific CARC/RARC error code lookup option can be access by visiting the Alaska Medicaid website at: <http://www.medicaidalaska.com/providers/ErrorCodes.asp>

- The complete 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 section 1- 4, 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 Health Care Claim Payment/Advice transaction data will be sent to the ACS SHCH for ANSI ASC X12N format(s) validation.

Audience

This Health Care Claim Payment/Advice Companion Guide is intended for trading partners to use in conjunction with the ANSI ASC X12N Health Care Claim Payment/Advice (835) TR3.

The ANSI ASC X12N TR3s can be accessed at <http://www.wpc-edi.com/products/publications> - ASC X12 TR3 Schemas. 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 authorization 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 websites/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.
- **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/005010X221A1 Health Care Claim Payment/Advice (835) National EDI Transaction Set TR3s. The ANSI ASC X12N TR3s can be accessed at [http://www.wpc-edi.com/products/publications - ASC X12 TR3 Schemas](http://www.wpc-edi.com/products/publications-ASC-X12-TR3-Schemas). 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 retrieving files from 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 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 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 becomes available, submitters will be required to end-to-end test.

6.3 Testing with the Payer

HIPAA 5010 Syntactical and End-To-End Testing

Stand alone testing will not occur for the ASC X12N/005010X221A1 Health Care Claim Payment/Advice (835). However, during Trading Partner end-to-end testing for Health Care Claim transactions, an ASC X12N/005010X221A1 Health Care Claim Payment/Advice (835) will be generated and returned to Trading Partners as the end result.

Providers may request a User ID and Password to access the testing website, either by email at 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>

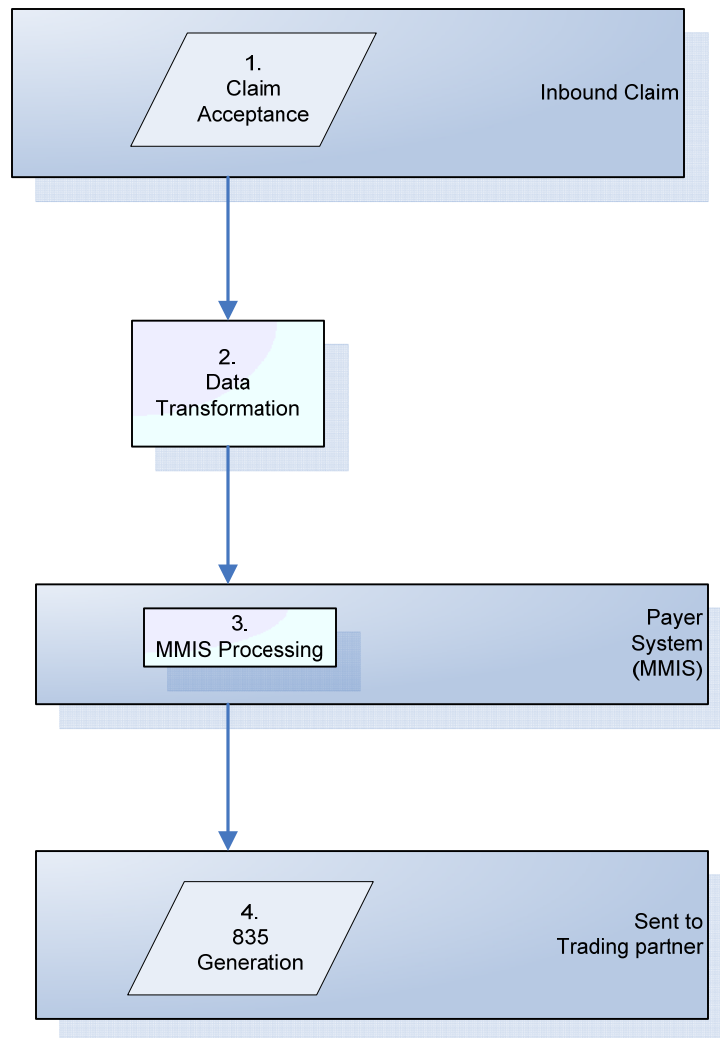
6.4 Connectivity with the Payer/Communications

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

- The web portal method allows a Trading Partner to initiate the submission of a batch file for EDI processing.
- File Transfer Protocol (FTP) through a secure Internet connection is available for transactions in batch mode.
- Hypertext Terminal Protocol Secure (HTTPS) through an Internet web service is available for transactions in real-time mode.

6.4.1 Process flow

Editing and Validation Flow Diagram



LEGEND:

1. **Claim Acceptance:** Claim is submitted and accepted.
2. **Data Transformation:** The claim's data is translated and passed to the MMIS for processing.
3. **MMIS Processing:** Claim is processed to a final adjudicated status.
4. **835 Generation:** An ASC X12N/005010X221A1 Health Care Claim Payment/Advice (835) is generated and returned to the Trading Partner who submitted the inbound claim.

6.4.2 Transmission Administrative Procedures

Web Portal Upload

Refer to the Claims Companion Guides for upload instructions.

6.4.2.1 Re-transmission procedures

Not applicable for this transaction.

6.4.3 Communication Protocols

Secure FTP

Secure FTP is appropriate for submitters of large transaction files who benefit from secure server to server exchange. For the submission and retrieval of files via FTP, MOVEit DMZ is available free of charge. However, any FTP product that is compatible with MOVEit DMZ may be used for file submission and retrieval. For information on FTP product compatibility please see the General Information/Client Support information available at the following location: <https://grabit.acs-shc.com/doc/en/help.htm>

As previously described in Chapter 2, during Trading Partner enrollment, the Secure FTP user can also register for Secure FTP through ACS. The option is available to all Alaska submitters; however secure FTP users are most often Clearinghouses or other trading partner entity types submitting on behalf of multiple providers.

Secure FTP Support

Secure FTP setup and support will be provided during Trading Partner Enrollment. For setup at a later time, or for other issues such as account lockouts, users should contact the Alaska EDI Unit.

In addition to the Alaska EDI Unit, ACS provides a Technical Helpdesk that is available for FTP related technical inquiries and support. The Alaska EDI Unit is recommended as the first point of contact for inquiries, however the Technical Helpdesk's contact information can be found by selecting the Tech Support link on the FTP secure website: <https://grabit.acs-shc.com/>.

FTP Transmission/Production Problems

Please have the following information available when calling the ACS EDI Unit regarding Secure FTP transmission and production issues.

Trading Partner ID: Your Trading Partner ID is our key to accessing your Trading Partner information. Please have this number available each time you contact the ACS EDI Unit.

Secure FTP ID: These allow FTP submitters access to the FTP folders for file submission. The ACS EDI Unit uses this information to reference your submitted data.

MOVEit DMZ

MOVEit DMZ is a software product that transports data via secure FTP across the Internet.

There are two methods for using MOVEit DMZ:

1. Uploading files through a secure website
<https://grabit.acs-shc.com/>.
2. Sending and receiving files via Secure FTP client.
MOVEit Freely is a free Secure FTP client available for download at
<http://www.ipswitchft.com/Business/Products/MoveitFreely/>

Transmission Responses

The ACS EDI Gateway will not accept Transmission Responses (i.e. Acknowledgements) from Trading Partners who have received an ASC X12N/005010X221A1 Health Care Claim Payment/Advice (835).

Data Retrieval Methods

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Alaska Trading Partners can download the ASC X12N/005010X221A1 Health Care Claim Payment/Advice (835) by Secure FTP

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

The ACS EDI 5010 Technical Assistance:

- Provides information on 5010 Testing
- Sets Trading Partners up in Test Region

Trading partners testing submitter IDs and passwords can call toll free at (855) 226-9391 or 907-644-6831, or they can send an email to: 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. Applicable websites / e-mail

EDI specifications, including this companion guide, can be accessed at 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 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 are noted in the chart(s) below. You should refer to the Applicable TR3 for further reference and instructions.

ID	Elem	Use	Name	Codes (Represent 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
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	
ENV	ISA15	R	Usage Indicator		
ENV	ISA16	R	Component Element Separator		Alaska Medical Assistance will use ':' for the Composite Sub-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) 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

Not applicable for this transaction.

6.7.2 ASC X12 Acknowledgments

Not applicable for this transaction.

6.8 CCI Change Summary

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

Section	Description

6.9 CCI Additional Information

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.

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>