



ALASKA MEDICAID  
Companion Guides and Testing Requirements



# 5010 Companion Guides and Testing Requirements

## Overview of 5010 Changes



[Title slide only.]



Welcome



Thank you for attending this webinar session on the 5010 Companion Guides.

Let's get started.



## Overview

- Introduction
- 4010 vs. 5010 Companion Guides
- Where to Find the 5010 Companion Guides
- The Table of Contents as a Map
- Details of Communications/Connectivity
- 5010 Syntactical and Certification Testing

In this session, we will explain how to work with the Companion Guides.

We'll start by setting some ground rules, including terminology and a clarification of what the companion guides contain.

Next, the differences between 4010 and 5010 Companion Guides are significant, so we'll introduce those at a high level.

Of course, you'll need to know where to find the Guides, so we'll cover that.

The main portion of our discussion will be going through the Companion Guide format, to explain each section.

Since the format for each document is the same, we can use the Table of Contents as a starting point and map throughout.

Testing for 5010 is very important, so we will spend some time going over the requirements and procedures for successful testing of your 5010 files.



## Objectives

- By the end of this segment, you will
  - Be familiar with the 5010 Companion Guide format
  - Know where to find the Alaska Medical Assistance Program 5010 Companion Guides
  - Understand the contents and limitations of the Companion Guides
  - Be aware of other 5010 available training

We will cover quite a lot of ground in this session. By the end, you will know how to use the Companion Guides to determine specific requirements for submitting electronic transactions to the Alaska Medical Assistance program.



## Terminology

- CG - Companion Guide
- CI - Communications/Connectivity Instruction
  - How providers conduct transactions through the ACS EDI Gateway
- CMS - Centers for Medicare & Medicaid Services
- EDI - Electronic Data Interchange
- TI - Transaction Instruction
  - Requirements for data structure format

*-continued*

Let's make sure we all understand these terms.

There is, of course, a great deal of specialized vocabulary, but the terms shown here are central to being able to navigate the CG.



### Terminology, *continued*

- TR3 - Technical Report, Type 3
  - Detailed guide for implementing 5010 transactions
- Data structure terms
  - Loop - Highest level of EDI transaction data
  - Segment - Middle level of data
  - Element - Individual data fields

Information hierarchies exist within each transaction. These are represented by a basic loop, segment and element structure. Loops are the highest level of information. Segments provide more specific information within a loop. Elements (data fields) within segments are the most specific level. For example, the patient name loop is the highest level of information about the patient's name. Segments within this loop break out patient information such as a name segment, an address segment, and demographic information segments. Elements within a segment, such as first name, last name, middle initial and name suffix within the patient name segment, allow for reporting the most specific information.

A loop, segment, or element that is used in one transactions may not be used in another. These unused components are documented in Companion Guides and TR3s.



### Whose Companion Is It?

- Documents for 5010-format Alaska Medical Assistance Program EDI Transactions
- “Companions” for users and the 5010 TR3s.

This point may seem obvious, but it’s important for you to know that the guides for 5010 are different from 4010 in a significant way.

For 4010, they were *state-defined* companions between the user and the nationally-formatted “Implementation Guides”.

For 5010, they are *nationally-defined* companion between the user and the TR3s.

Just as with 4010, there is one companion guide for each type of transaction.

For example, there is only one CG for 835, since there is only one 835 transaction.

There are, however, three 837 CGs. One is for 837P, or Professional; another is 837I, Institutional, and 837D, Dental.



### A Note About Companion Guide Format

- Pre-defined template for Companion Guides
  - No deviation from the template is allowed
  - Avoid infringing copyright laws
- The specification states the CG level of detail
  - CGs are not stand-alone requirement documents

Just to let you know, when you look at the CGs, you will notice that they do not have the same level or quantity of detail as the 4010 versions.

These limitations are for the most part based on use of pre-defined templates. Use of these templates was strongly advised by CMS and the WEDI/X12 groups to avoid infringement of copyright laws. This reinforces the requirement that users will need to purchase the TR3s to obtain the full mapping requirements.

The companion guides now contain only the information specific to the Alaska Medical Assistance Program.



## Where To Find The 5010 Companion Guides

- 5010 Companion Guides are located here:  
<http://medicaidalaska.com/providers/hipaa/guide.shtml>

Before you can use a CG, you'll need to know where to find it.  
All CGs are located on the [medicaidalaska.com](http://medicaidalaska.com) website, in the link shown.  
It's better to refer to this site often rather than saving a copy of the documents, because the documents may undergo changes as information is added or revised.



## 5010 Companion Guide Table of Contents

### Preface

1. TI Introduction
2. Included ASC X12 TR3s
3. Instruction Tables
4. TI Additional Information
5. TI Change Summary
6. Communications/Connectivity Information

The Companion Guides are written to pre-defined templates.

One advantage to that is that the Table of Contents for every CG is identical.

We'll discuss each section.

The sections with the most detailed information are 3 - Instruction Tables, and 6 – Communications/Connectivity Information.

We will be covering these sections in more detail later.



## Preface to the Companion Guide

- Provides an explanation of the CG's content
  - Two types of content
    - Communications/Connectivity Instructions (CI)
    - Transaction Instructions (TI)

The Preface is a straightforward statement about the Companion Guides' content. The purpose of the CGs is to cover instructions in two major areas: Communications and Connectivity, and Transactions. The other information in the CGs supports these two areas.



## 1. Transaction Instruction (TI) Introduction

- 1.1 TI Background
  - 1.1.1 Overview of HIPAA Legislation
  - 1.1.2 Compliance According to HIPAA
  - 1.1.3 Compliance According to ASC X12
- 1.2 Intended Use
  - Use limitations and compliance requirements for TR3s

The introduction begins with a brief description of HIPAA.

HIPAA is the Health Insurance Portability and Accountability Act. This national legislation was signed into law in 1996. Components of the law include electronic transaction standards (version 4010 currently in use, version 5010 required by 1/1/2012), privacy standards, security standards, code set standards (e.g., place of service codes are national codes), National Provider Identifier (NPI), national plan identifier, and national patient identifier. ASC X12 is the organization having responsibility for the electronic transactions standards and certain code set values.



## 2. Included ASC X12 TR3s

- This section lists which X12N TR3s apply
  - Includes

Unique ID      Name

Unique ID	Name
005010X221A1	Health Care Claim Payment/Advice (835)

This section tells you which TR3s you will need to have access to—that probably means “purchase”—in order to use this Companion Guide. The TR3s are available from Washington Publishing Group. These are technical documents structured for use of software developers/programmers and other software or clearinghouse technical staff. Claim billers and office managers should coordinate with their software vendors and clearinghouses to insure HIPAA 5010 Alaska specific business rules are incorporated into your billing software.

By way of comparison, the Companion Guide is about 60 pages. The TR3 mentioned here is over 300 pages in length, and others are much longer still.

Just by way of a note, throughout this training we will use screen captures from the actual Companion Guides as examples, such as the image shown.



### 3. Instruction Tables

The *Instruction Tables* provide the detailed explanations required by some segments.

Note the *Legend*, which explains the shaded areas

*Loops and segments* are shaded.

*Data elements* are non-shaded.

**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/005010X222A1 Health Care Claim: Professional (837)**

ID	Elem	Use	Name	Codes (Program codes used by Alaska Medicaid)	AK Medicaid Notes
ENV	GS	R	Functional Group Header		
ENV	GS01	R	Functional Identifier Code	HC	
ENV	GS02	R	Application Sender's Code		Use the Submitter ID assigned by Alaska Medicaid Associates.
ENV	GS03	R	Application Receiver's Code		Use AK Payer ID 77200
ENV	GS08	R	Version / Release / Industry Identifier Code	005010X222A1	
HDR	ST	R	Transaction Set Header		
HDR	ST01	R	Transaction Set Identifier Code	837	

September 2011 005010 34

Here's what an Instruction Table looks like.

The tables use shaded text to identify different parts of the data.

Dark shading is for Loops.

Light shading is for Segments.

Unshaded text is for Elements.

We will talk about what sort of information the Instruction Tables contain on the next page.



Instruction Tables, *continued*

Codes field shows information specific to Alaska Medical Assistance Program

Notes field for information specific to the Alaska Medical Assistance Program

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. This segment is not used by Alaska Medical Assistance
HDR	REF	S	Version Identification		
1000A		R	Payer Identification		
1000A	NT	R	Payer Identification		
1000A	NT02	R	Payer Name		Alaska Medical Assistance will send 'AK MEDICAID'

Notes offer details of loops, segments, or elements.

There can be a *lot* of these tables in a typical CG. Just to give one example, the 837I CG has several dozen lines that tell users how many characters will be processed in particular fields.

This is where users can find Alaska-specific rules for the 5010 transaction standards. Column headings show details about the data, codes used by the Alaska Medical Assistance Program (top left arrow), and notes about the details of how that data is used (top right arrow).

In the example shown on this page, the bottom two arrows show an explanation that Alaska Medical Assistance does not work with foreign currencies.



#### 4. TI Additional Information

- 4.1 Business Scenarios
- 4.2 Payer-Specific Business Rules and Limitations
- 4.3 Frequently-Asked Questions
- 4.4 Other Resources

We will not go through each of these subsections in great detail, because this is fairly compact, just a page or two in the CG.

- Business Scenarios means details about changes to specific transactions covered by this Companion Guide.
- Payer-Specific Business Rules and Limitations has details about technical content and business process changes.
- Frequently-Asked Questions have been gathered from previous users.
- Other Resources contains links to websites and other sources of information.



### 4.3 Frequently Asked Questions

- FAQ sections contain answers to questions that users have encountered while preparing for 5010.

One section we'd like to call your attention to is the Frequently Asked Questions. If you have a question about a particular topic, there's a chance other have the same issue. In section 4.3 you can find the most common questions that other users have already asked, and the answers to those questions.

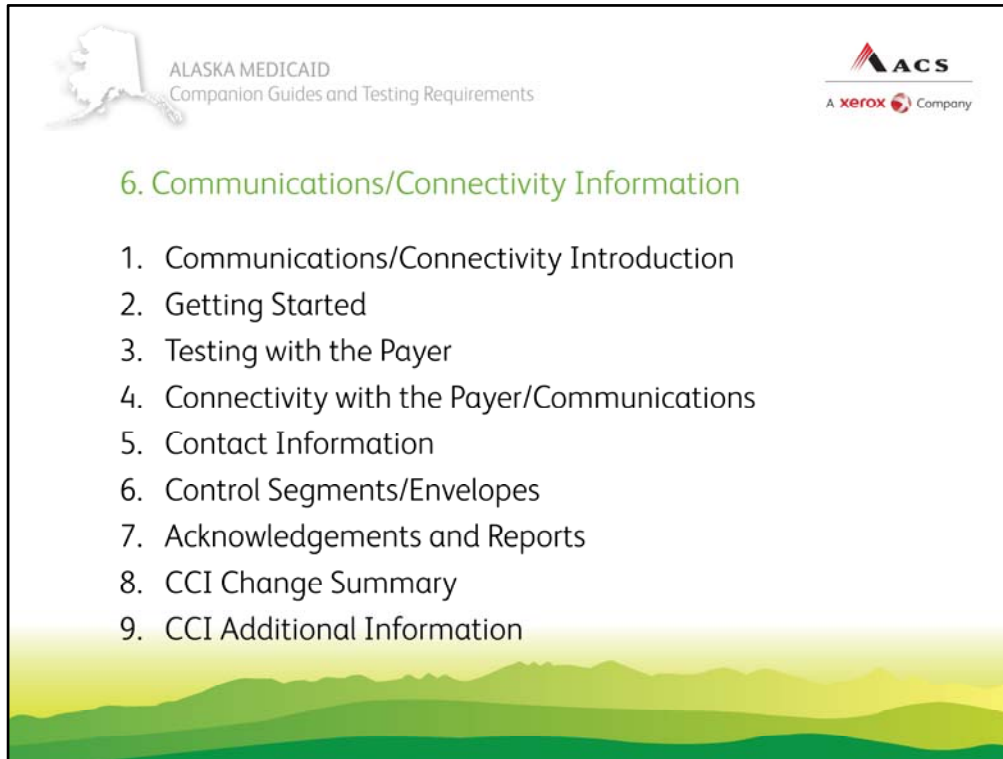


## 5. TI Change Summary

- Changes to the document in sections 1-4

In any technical document, it's important to record any changes. This section is where the record of changes is located, for Sections 1-4 only.

Section 6 has its own change summary, which we will see later.



This is where the details of working with the TR3 and submitting files (beginning with testing) takes place.

The information is broken down to nine parts:

1. Communications/Connectivity Introduction (CI)
2. Getting Started
3. Testing with the Payer
4. Connectivity with the Payer/Communications
5. Contact Information
6. Control Segments/Envelopes
7. Acknowledgements and Reports
8. CCI Change Summary
9. CCI Additional Information

We'll spend a fair amount of time going over each of these sections, to explain the content and where it fits in the bigger picture.

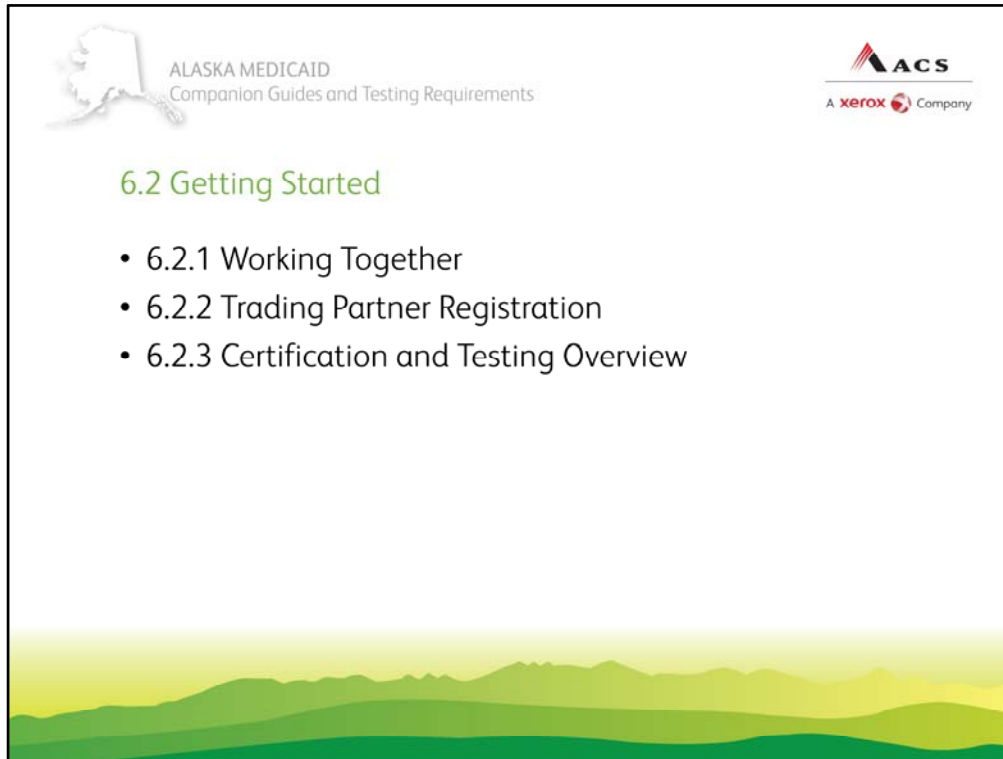


## 6.1 Introduction

- 6.1.1 Scope
- 6.1.2 Overview
- 6.1.3 References
- 6.1.4 Additional Information

6.1 establishes the ground rules: Scope, Overview, References, and Additional Information.

- *Scope* describes how to send and receive files through the ACS EDI Gateway
- *Overview* has information about how to commence and maintain EDI communication
- *References* has details about which of the TR3s is necessary for this transaction
- *Additional Information* describes the intended use and requirements



Getting Started explains how to get set up to submit files.

As a reminder, we won't cover these details in this training, only familiarize you with where to find this information in the CG.

The three major sections here cover Working Together, How Trading Partners register, and an overview of Certification and Testing.

*Working Together* includes five areas,

- System Operating Hours
- Provider Information Management
- Audit Procedures
- Confidentiality
- Authorized Release of Information

*Trading Partner Registration* contains the link to where Trading Partners can register online.

*Certification and Testing Overview* is a high level description of what to expect during certification and testing phases.



### 6.3 Testing With The Payer

- HIPAA 5010 Syntactical and Certification Testing
  - Syntactical
  - Certification
  - Called “End-to-End” in the Companion Guide

There are two types of testing, as stated here.

- Syntactical means checking that data matches TR3 format, which allows you to verify that the data for each transaction is formatted correctly.
- Certification, or “End-to-End” testing as it is called in the Companion Guide, performs the actual end-to-end testing using the 5010 format with Alaska-specific transaction processing requirements.

Because testing is such a vital part of the 5010 conversion, we will spend some time discussing these types of testing and how you can submit your test files.



# Syntactical Testing



[Title slide only.]




## Syntactical Testing Overview

- X12N Syntactical testing ensures that the data is properly formatted
- Testing is through Edifecs
  - Edifecs is a 5010 EDI testing vendor


This is a quick walk-through of the syntactical testing process, and what sorts of error reports are generated.

Edifecs is a medical software and services vendor that specializes in 5010 data testing. They have created an extensive online testing environment that allows thorough analysis of files submitted through their test environment.

- See section 6.3 for instructions on obtaining an account with Edifecs
- See section 6.4 for connectivity instructions




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### Syntactical Testing Using Edifecs

1. Request User ID and Password
  - Email: [AKHIPAASupport@acs-inc.com](mailto:AKHIPAASupport@acs-inc.com)
  - Phone: (855) 226-9391 (toll-free) or local Alaska number, (907) 644-6831
2. Login with the User ID / Password
  - <https://sites.edifecs.com/?medicaidalaska>
3. Follow the instructions for submitting 5010 test transactions



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. This help is available Monday through Friday, 8AM to 5PM Alaska time.

When you indicate that you currently submit directly to Alaska Medical Assistance , you will receive directions on how to submit some identification information in order to proceed.

Once access has been established, you will receive an email 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 on that site 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.

Next we'll talk about certification, or end-to-end testing.



## Certification (End-to-End) Testing



[Title slide only.]



### Step 1: Obtain Submitter ID

- If currently submitting electronic transactions
  - Use current submitter ID and password
- Not currently submitting electronic transactions
  - Complete a Billing Agent Information Submission Agreement (BAISA)

The first step in certification testing is to obtain a submitter ID. But chances are, you already have one.

If you are currently submitting electronic transactions to the Alaska Medical Assistance Program, use the same submitter ID and password that is already assigned to you.

If you are not currently submitting electronic transactions, you will need to complete a Billing Agent Information Submission Agreement, or BAISA, to obtain a submitter ID and password. The BAISA form is available on the [medicaidalaska.com](http://medicaidalaska.com) website. Click on the HIPAA header and select Agreements.



## Step 2: Log into the FTP Site

- Launch your FTP software
- Establish session for repeated use with following information:
  - Site: [mft-uat.acsedigateway.com](http://mft-uat.acsedigateway.com)
  - Port: 22
  - Protocol: SFTP
  - User/submitter ID and password
    - Same as your Trading Partner ID/password
    - No password changes before 1/1/2012

The second step is to log into the testing FTP site.

To prepare your test file, be sure you use the value of “T” in Element ISA15. This is required for the test system to recognize your file.

Once your test file is ready to be submitted, launch your FTP software.

Establish a session, using the following information. It’s a good idea to save these settings for repeated use, since you will need to log into the FTP several times.

Use this information for logging into the FTP site:

The site you need to access is [mft-uat.acsedigateway.com](http://mft-uat.acsedigateway.com).

Select Port 22 for the transfer.

Be sure to use the SFTP Protocol for the transfer.

Enter your User/submitter ID and password. This information is the same as your Trading Partner ID and password.

There is one important note: Unless absolutely necessary, do not change your password between now and January 1<sup>st</sup>, 2012. |



### Step 3: Submit Test Files

- Notice two folders
  - *To EDI*: to submit test transactions
  - *From EDI*: contains test results
- Place your test files in the *To EDI* FTP folder
- “T” required in ISA 15 of test file  
*continued*

Once you are logged into the FTP site, you are ready for Step 3, which is actual submission of the test files.

You will notice that there are 2 folders.

“To EDI” is the folder that you will use to submit test transactions.

“From EDI” is the folder where the system will return test results to you.

Copy your test files in the “To EDI” FTP folder.

Remember that you must have a “T” in element ISA 15 of the your test file to signify that this is a Test. For production, this value will be a “P”.



### Step 3, *continued*

- Minimum testing requirements
  - 2 test files for each transaction code
  - 20-50 transactions per file
  - Successful test submission
- Review Companion Guides for changes

In order to be certified, you must successfully submit at least 2 test files with between 20-50 transactions (claims or eligibility requests) for each transaction code you intend to submit electronically.

Details of the information for senders and receivers may undergo changes, so be sure to review your transactions' Companion Guides before sending.



#### Step 4: ACS Processes Files

- ACS will process the test transactions
  - Compliance checking response generally completes within minutes
- Receipt of 999 or TA1
- Verification of phase 1
  - Transactions processed for adjudication

The next event, Step 4, is that ACS processes the test transactions.

This happens fairly quickly; you can usually expect to see the results complete compliance checking in 15 minutes or less unless some unforeseen problem is encountered. At this point, you will receive a 999 or TA1. These are messages that provide you with feedback about whether your test file was successful, and if not, how to interpret the results. There will be more about this on the next slide.

Once compliance checks are complete, transactions are processed through the MMIS for adjudication as though they were actual claims. They will not, of course, be sent for payment.



### Step 5: Check Your Results

- Check *From EDI* folder periodically
- Possible results include:
  - TA1:
    - Negative transaction
    - Data received, with errors
  - 999: Two possible results
    - Acceptance
    - Details of failed transactions

Step 5 is for you to check back periodically to see if the “From EDI” folder has been updated. Remember, this is where ACS places the results of your submission. You can receive several different possible results. These include a negative TA1 and a 999, which replaces the 997 in 4010.

A TA1 is an error with the envelope information. You will also receive a 999, which can be a positive or negative indication. You will receive a negative 999 if the transaction is rejected and a positive 999 that the file can be fully accepted or accepted with errors. Details within the 999 will help you understand how your transaction was processed.

For testing, we will not return an 835.



### Step 6: ACS Notifies You

- Successful or not, ACS calls you
  - Notification of success
  - Help with rejections/errors

Once the test file has been processed by the system and the results generated and placed in your “From EDI” folder, you are ready for the next step, which is that ACS will call you. The purpose of the call is to notify you if the test is successful or to discuss any problems with the test file. Once you have made any necessary changes to the test file, you can resubmit it.



### Step 7: You Receive Certification

- E-mail notification
- For Production, change “T” in ISA 15 to “P”
- REMEMBER: No 5010 Production submissions until January 1, 2012
  - Early submissions generate a TA1 (Failure error)

For the final step, ACS will also notify the TP contact on file via e-mail once you are certified to submit 5010 transactions. You receive the notification via whichever email address you provided when you received your user ID.

Now for some final notes about testing and production for 5010. Once you have been notified by ACS that your testing is successful and complete, you will be ready for 5010 submissions in the Production system. Here are a couple of things to keep in mind: Remember to change the “T” in ISA 15 of your files to a “P” for Production. Wait until January 1, 2012 to submit production transactions in the 5010 format. Otherwise, you will receive a TA1 (Failure error) if you submit production transactions prior to January 1<sup>st</sup>.



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### Questions About Testing?

- For questions or help with problems, contact
  - Email: [AKHIPAASupport@acs-inc.com](mailto:AKHIPAASupport@acs-inc.com)
  - Phone: (855) 226-9391 (toll-free) or local Alaska number, (907) 644-6831

If you have questions or concerns, here's a reminder of the resources available to you. This help is available Monday through Friday, 8AM to 5PM Alaska time.



## 6.4 Connectivity with the Payer/Communications

- Connection to the ACS EDI environment is via File transfer protocol (FTP)

This section is an explanation of how to connect to the ACS EDI environment using file transfer protocol, or FTP.

In the future, there may be additional connectivity options.

This is one reason why checking for updates to the Companion Guides is valuable.



## 6.5 Contact Information

- EDI Customer Service / EDI Unit / Provider Services
  - For general questions from providers about EDI submissions
  - Callers within Anchorage or outside the State of Alaska use (907) 644-6800, all other Alaska locations can call (800) 770-5650
  - Hours: Monday – Friday, 8AM – 5PM Alaska Time  
*continued*

There are several ways to get in touch with the ACS EDI team.

These contact numbers are available Monday through Friday, 8:00 AM to 5:00 PM, Alaska Time.

Space limitations prevent listing all of the contact details, but the complete list is in the CG.



### 6.5 Contact Information, *continued*

- EDI 5010 Technical Assistance / Testing
  - For detailed technical issues regarding test file submission
  - Telephone: Toll Free (855) 226-9391 or (907) 644-6831
  - Hours: Monday – Friday, 8AM – 5PM Alaska Time
  - Email address: AKHIPAASupport@acs-inc.com

There are several ways to get in touch with the ACS EDI team. These contact numbers are available Monday through Friday, 8:00 AM to 5:00 PM, Alaska Time. Space limitations prevent listing all of the contact details, but the complete list is in the CG.



## 6.6 Control Segments / Envelopes

- Technical information about data structure

Sample from ISA Interchange Control Header (Incoming)

(Small portion of the Header envelope)

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	ACS EDI Unit will only support 00 – No Authorization Information present.
ENV	ISA02	R	Authorization Information		This element must be space filled with 10 spaces.
ENV	ISA03	R	Security Information Qualifier	00	ACS EDI Unit will only support 00 – No Authorization Information present.
ENV	ISA04	R	Security Information		This element must be space filled with 10 spaces.
ENV	ISA05	R	Interchange ID Qualifier	ZZ	Use qualifier code value 'ZZ' Mutually Defined to designate a payer-defined ID.

This is very technical content that is of interest mainly to those who have to deal with the details of actually packaging the data for transmission.

EDI transactions carry an enormous amount of detailed information. To make sure it is processed correctly, transactions are contained within a series of nested data structures called “envelopes”. The outermost envelope is called “ISA”. Think of the ISA as like a truck carrying bundles of messages from one or more submitter.

Within the ISA are GS envelopes. There is one GS envelope for each submitter. These are like bags of messages that contain letters about several Medicaid members.

Inside the GS envelopes are ST envelopes. There is one ST envelope for each Medicaid member. All of the services for this member are within the ST envelope, like a letter for one person that lists details every diagnosis or treatment that that person has received. (Each of those is called a BHT, or Beginning of Hierarchical Transaction, but we won’t be discussing that level of detail.)

In this example, specific information is given about the length of the ISA envelope.

Something else of note is that this section of the document refers back to Section 3 for Instruction Table details reflected in the envelopes.



### 6.6.1 ISA-IEA

- Interchange Control
- One interchange per incoming transmission

As we mentioned earlier, the ISA-IEA is the outermost data envelope of the 837P transaction.

Alaska Medical Assistance only supports one interchange, that is, one ISA/IEA envelope, per incoming transmission, or file.

Other changes to the envelopes will be discussed on the next slide.



## Envelope Changes

Specific Envelope Changes to 837P / 837I / 837D / 270			
Inbound Transaction	Element	Name	Value
All	ENV ISA08	Interchange Receiver ID	100000
All	ENV GS03	Application Receiver Code	77200
837P,D,I	ENV GS01	Functional Identifier Code	HC
837P,D,I	HDR ST01	Transaction Set Identifier Code	837
270	ENV GS01	Functional Identifier Code	HS
270	HDR ST01	Transaction Set Identifier Code	270

Here is a listing of changes to the envelopes.

Two elements have a change that is common across all transactions sent to Alaska Medical Assistance. The is a change to one of the part of the Outer Envelope, ISA08. This is one of the sixteen outer envelope elements. This element allows up to fifteen characters per the TR3, but reading the Companion Guide, we see that the Alaska Medical Assistance Program payer ID is 100000. The second change is within the functional group, GS, which provides control information. The Application Receiver Code, in GS03, has changed to 77200. Using the incorrect values will cause the transaction to fail.

There are other changes that only affect certain transactions. Each of the 837 transactions, P, D, and I have two important changes: Element ENV GS01 requires “HC” as its value, and Element HDR ST01 is the transaction type, 837. Similarly, for the 270 transaction, Element ENV GS01 requires “HS” as its value and 270 for the Transaction Set Identifier Code in Element HDR ST01.



## 6.7 Acknowledgements and Reports

- 6.7.1 Report Inventory
- 6.7.2 ASC X12 Acknowledgement

This section provides a description of where the output is sent, what the output looks like, and some information on how to interpret it.

The Report Inventory includes sample reports from test submissions. The samples are well-documented with explanations of the feedback—error codes and the like.

The ASC X12 Acknowledgement lists several kinds of reports that a particular transaction may produce, and includes examples of errors.



## Edifecs Error Report (Sample)

Typically several pages in length

**Sample EDIFECs Error Report**

**Error Report**  
Generated: Wednesday, March 08, 2017 11:16:19 (Eastern Standard Time)  
Guideline: Spec3.acs  
Data File: I:\Customer\Implementation\Alaska\Text Data\837v112s only\837inst - Test Data.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**

<b>Total Errors:</b> 1
<b>Total Warnings:</b> 1
<b>Total Informations:</b> 0

**Error Count by WEDI SNIP Type**

SNIP Type	SNIP Name	Counts
0	System	0 Errors 0 Warnings 0 Informations
1	EDI Syntax	0
2	HL7A Syntax	0
3	Balancing	0 Errors 1 Warnings 0 Informations
4	Educational	0
5	External Code Set	1 Errors 0 Warnings 0 Informations

**Report Details**

Report ID	Version	Time
22-1631020047-1102	00501	1129
AMMEDIACAT-1102	00501081218A3	0520

Center Number: 000000011

Segment	Guideline Description
001010	001010
001020	001020
001030	001030
001040	001040
001050	001050
001060	001060
001070	001070
001080	001080
001090	001090
001100	001100
001110	001110
001120	001120
001130	001130
001140	001140
001150	001150
001160	001160
001170	001170
001180	001180
001190	001190
001200	001200
001210	001210
001220	001220
001230	001230
001240	001240
001250	001250
001260	001260
001270	001270
001280	001280
001290	001290
001300	001300
001310	001310
001320	001320
001330	001330
001340	001340
001350	001350
001360	001360
001370	001370
001380	001380
001390	001390
001400	001400
001410	001410
001420	001420
001430	001430
001440	001440
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001860	001860
001870	001870
001880	001880
001890	001890
001900	001900
001910	001910
001920	001920
001930	001930
001940	001940
001950	001950
001960	001960
001970	001970
001980	001980
001990	001990
002000	002000

Edifecs generates a full report of all Loops, Segments, Elements, the data contained within them, and explanations of the errors, if any.



### Functional Group Level Error (Sample)

Identifies errors with:

- Segment length
- Leading spaces
- Data mismatch
- Authorization

```

ISA'00'  '00'  'ZZ'654321  'ZZ'77200  '060602'0800''00501'014640001'1'P-
GS'HI'654321'77200'20060602'0800'19990000'X'005010X223A2-
ST'837'627487922'005010X223A2-
BHT'0019'00'A74322'26090123'0501'CH-
NM1'41'2'HOSPITAL''''46'70160-
PER'IC'BILLING OFFICE'TE'8001234567-
NM1'40'2'AK MEDICAID''''46'77200-
HL'1''20'1-
PRV'BP'PXC'000D00000X-
NM1'85'2'HOSPITAL''''XX'1234567890-
N3'1 MOOSE LANE-
N4'ANCHORAGE'AK'995022903-
REF'EI'123456789-
HL'2'1'22'0-
SBR'P'18'00123-
NM1'IL'1'SMITH'JOHN'J''MI'123456789-
N3'123 WALKER WAY-
N4'ANCHORAGE'AK'99502-
NM1'PR'2'AK MEDICAID''''XV'1234588889-
CLM'256466X001X86'124.46''13.8:1'A'Y'Y-
DTP'434'RD8'20090115.20090115-
DTP'435'DT'200901151954-

```

Transaction submitted as Production.

Trading Partner ID '654321' is not in Production Status.

There are many, many possible outputs from this testing. The Companion Guide offers several detailed examples of errors and how to interpret them. The examples are not all-inclusive, however.

In this very simple sample, taken from the Companion Guide, the Trading Partner ID submitted, 654321, is not authorized to submit Production transactions.



## 6.8 CCI Change Summary

- History of changes to Section 6

Section 5, which we saw a few pages ago, is a change summary only for sections 1-4. Section 6 has its own change summary.

Like the Summary in Section 5, this indicates all of the versions of the document and when they became effective.

This will help you make sure you are always using the most current version of the Companion Guide.



## 6.9 CCI Additional Information

- Other resources
  - This section contains links to websites that offer more detailed information about 5010 and HIPAA
    - [www.cms.gov](http://www.cms.gov)
    - [www.medicaidalaska.com/providers/hipaa/overview.shtml](http://www.medicaidalaska.com/providers/hipaa/overview.shtml)

More help is available beyond the limits of the Companion Guide.

*Other Resources* contains links to websites that offer more detailed information about 5010 and HIPAA.

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>



## Summary

- Introduction
  - Terminology
  - “Companion” to what? ...Or whom?
- 4010 vs. 5010 Companion Guides
- Where to Find the 5010 Companion Guides
- The Table of Contents as a map
- Details of Communications/Connectivity
- 5010 Syntactical and Certification Testing

As a quick reminder, we have covered the following topics in this session:

First, we explained how to work with the Companion Guides.

Then we set some ground rules, including terminology and a clarification of what the companion guides contain.

Next, the differences between 4010 and 5010 Companion Guides were introduced at a high level.

You can't use the Guides if you don't know where they are, so we showed you where to find them on the [medicaidalaska.com](http://medicaidalaska.com) website.

The main portion of our discussion involved going through the Companion Guide format, explaining each section along the way. Since the format for each document is the same, we used the Table of Contents as our map.

Next, we covered how to submit files for 5010 Syntactical and Certification testing.

We concluded with some information about test results.



### Other 5010 Training

- 837P Professional Claims Transaction
- 837I Institutional Claims Transaction
- 837D Dental Claims Transaction
- 270/271 Eligibility Inquiry Transaction

This is just one of several 5010 training opportunities. Others are listed here, and you can look forward to further training being delivered on other Companion Guides as they are made available. All of the 837 presentations include information about the 835 Electronic claim payment advice transaction as well as the 999 error report.

Like all Alaska Medical Assistance training presentations, the 5010 presentations will be posted to the website for provider reference to view at your convenience.



## Q&A

- What else would you like to know?
- [www.medicaidalaska.com](http://www.medicaidalaska.com)
- RSS feed

Here's your opportunity to ask questions about what we've just covered. I may not be able to answer very specific technical questions, but I will find the answer and get back to you. There is a wealth of information on the 5010 pages at the [medicaidalaska.com](http://medicaidalaska.com) website. In addition to FAQs that are regularly updated, you can also subscribe to an RSS feed that will automatically notify you whenever something new is posted.



Thank You



Thank you for your attendance at this training segment.