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ACS Pharmacy Benefits Management Inc.

Colorado Medical Assistance Program

Department of Health Care Policy and Financing (DHCPF)

1.1/5.1 NCPDP Batch Companion Guide

April 22, 2010

ACS PBM, INC.

TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION **1**
Scope 1
Overview 1

CHAPTER 2 DATA TRANSMISSION **2**

CHAPTER 3 TRANSACTION FLOW CHART **3**

CHAPTER 4 TESTING & GENERAL SUBMITTING GUIDELINES **4**

CHAPTER 5 - BATCH FILE FORMAT / PAYER SHEET **5**

APPENDIX A **13**

Chapter 1 Introduction

Scope

This Companion Guide is intended for Colorado Medical Assistance Program Managed Care Organizations to use along with the NCPDP Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for the Colorado Medical Assistance Program.

Submitters are encouraged to check the Colorado Medical Assistance website periodically for updates to the companion guides at the following website:
http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1218102958082

Overview

Effective April 1, 2010 encounter pharmacy claims must be submitted to ACS in a batch format. ACS will be using the NCPDP 1.1/5.1 Batch Claims Format; a copy of this format is referenced later in this section. This Companion Guide has been created to assist providers and vendors in preparing their systems to meet the technical requirements of the State of Colorado Department of Health Care Policy and Financing, including setup, communication requirements and record layouts. This Companion Guide only refers to the batch billing of encounter pharmacy drug claims. You must reference the Colorado Medicaid Pharmacy Provider Manual at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542395673 for other types of claim and or Point of Sale (POS) submission procedures.

Chapter 2 Data Transmission

Registration for Batch Submissions:

All providers that wish to submit batch claims to ACS on or after April 1, 2010 are required to register with ACS to obtain a sender ID. The sender ID is used in the batch layout in the Sender ID field of the batch header (field 880-K1). Those providers indicating web site transmission will be issued a secure FTP site, secure web ID and password to transmit the claims to the ACS system.

To submit batch claims after April 1, 2010, please notify the ACS Colorado Pharmacy Services Manager by e-mail lorin.meskin@acs-inc.com. To receive a sender ID and/or secure web ID you must include the following information in your initial correspondence:

- Complete provider name
- Complete provider address
- CO Medicaid ID number
- Contact name
- Contact phone number
- Contact/Provider email address
- Indicate sender will use Web site transmission

ACS will confirm the notification by sending the submitting organization an ACS FTP-Form, which will need to be returned to ACS PBM for approval and FTP set-up. Once the form is approved the sender will receive a sender ID, secure FTP site, secure web ID and password from ACS PBM. Providers should receive their ACS FTP-Form within 2 weeks of their initial request. If you do not receive a response within 2 weeks, please call 303-534-0109 extension 8725 to verify that your email has been received.

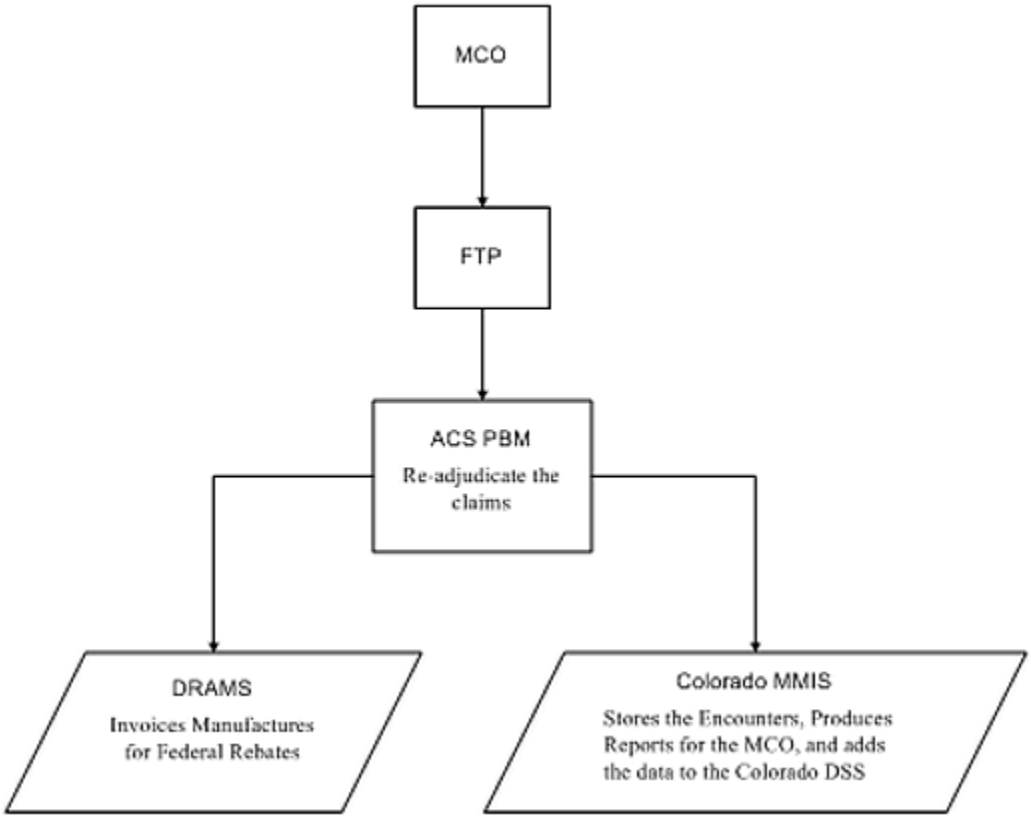
Secure FTP

Once the ACS FTP-Form is approved the sender will receive a sender ID, secure FTP site, secure web ID and password from ACS PBM. Encounter files should be loaded to the FTP site in a .ZIP format so they can be sent to ACS PBM for adjudication. ACS uses MOVEit DMZ to move the data securely across the Internet to ACS PBM for processing/adjudication.

MOVEit DMZ is appropriate to be used for submitters of large transaction files because it eliminates some of the transmission problems inherent in sending large files via modem dial-up. If needed ACS works with each organization individually to assist them and to establish MOVEit DMZ accounts.

Chapter 3 Transaction Flow Chart

Colorado Encounter Pharmacy Claims Processing



Chapter 4 Testing & General Submitting Guidelines

Completion of the testing process must occur prior to electronic submission to ACS PBM. Assistance from the ACS PBM Support Unit is available throughout this process. Each test transmission is inspected thoroughly to ensure no format errors are present. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, we request that you send real transmission data. The number of test transmissions required depends on the number of format errors on a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to ACS's system. Also, changes to the NCPDP formats may require additional testing.

In order to expedite testing, ACS PBM requires providers to submit all NCPDP 1.1/5.1 Batch test transactions to ACS PBM. The PBM service is free to providers for Colorado Medical Assistance Program to certify NCPDP 1.1/5.1 readiness. For more information, providers can log on to www.colorado.gov/hcpf.

During Testing an ACS PBM Support Unit representative may be contacted at 303-534-0109 extension 8725 to answer questions related to Batch Submission, testing, enrollment, and companion guides.

Submitting Encounters:

To promote efficient, accurate electronic claims processing, please note:

- Each user is assigned an FTP site, user ID and password once the ACS FTP- Form has been approved
- Each Managed Care Organization will be assigned a XXXXX-Digit Sender ID
- All dates must be in the CCYYMMDD format.
- All date/times must be in the CCYYMMDDHHMM format.
- The Colorado Medical Assistance Program uses the 10 digit NPI as the Provider IDs.
- Encounter files may not contain more than 100,000 Encounters
- Submit Encounters **Saturday through Thursday**. Do NOT submit Encounters on Friday
- Submit Batches containing greater than 2,500 Encounters after 5:00 MT
- Submit a maximum total of 1 Encounter file containing no more than 100,000 encounters daily

Chapter 5 - Batch File Format / Payer Sheet

NCPDP Pharmacy Claim Transaction

The batch file will consist of 3 sections: the header, data, and trailer. The header and trailer must be present in every transmission.

Transaction Header -1 per File
Transaction Detail Data - Up to 100,000 records per file
Transaction Trailer - 1 per File

Start of Text and End of Text is used to mark the beginning and ending of each record within a file. If a Processor wishes to send the Detail Records to an on-line system, the Start and End of Text fields can be used to easily feed into current real-time processing. The Start and End of Text fields are also used to delimit the records within the file since variable length Detail Records may be sent in the file.

Separator Characters

Segment Separator (hex character "1E", decimal "3Ø") delineates each segment within the transaction.
A Group Separator (hex character "1D", decimal "29") denotes the start of each transaction in the transmission.
A Field Separator (hex character "1C", decimal "28") separates each field in a transaction's segments.
Each field has a unique identifier code that, when used in conjunction with the Field Separator, shows the start of a new field in the record (for example, FB refers to Field 511-FB, Reject Code).

Colorado Medicaid Pharmacy Encounter Batch Claim Format
NCPDP 1.1 Batch Standard

Required Transaction Header Section

Field	Field Name	*M/R/RW*	Type	Length	Value/Format
880-K4	Text Indicator	*M*	A/N	1	Start of text (Stx)=x'02'
701	Segment Identifier	*M*	A/N	2	ØØ=File Control (header)
880-K6	Transmission Type	*M*	A/N	1	T = Transaction
880-K1	Sender ID	*M*	A/N	24	MCO ID as assigned by ACS
806-5C	Batch Number	*M*	N	7	Must be 7 numeric characters, must match trailer record.
880-K2	Creation Date	*M*	N	8	Format = CCYYMMDD
880-K3	Creation Time	*M*	N	4	Format = HHMM
702	File Type	*M*	A/N	1	P = production T = Test
102-A2	Version /Release Number	*M*	A/N	2	11
880-K7	Receiver ID	*M*	A/N	24	To Be Determined
880-K4	Text Indicator	*M*	A/N	1	End of Text (Etx) = X'03'

Detail Data Record

Field	Field Name	*M/R/RW*	Type	Length	Value/Format
880-K4	Text Indicator	*M*	A/N	1	Start of Text (Stx)=X'02'
701	Segment Identifier	*M*	A/N	2	G1=Detail Data Record
880-K5	Transaction Reference Number	*M*	A/N	10	
101–A1	BIN Number	*M*	N	6	61ØØ84
102–A2	Version/Release Number	*M*	A	2	51
103–A3	Transaction Code	*M*	N	2	B1 = Billing B2 = Reversal B3 = Rebill

Field	Field Name	*M/R/RW*	Type	Length	Value/Format
104–A4	Processor Control Number	*M*	A/N	10	DRCOPROD – for Prod claims DRCOACCP – for test claims
109-A9	Transaction Count	*M*	A/N	1	1 = One Transaction (Only one claim occurrence per detail record is allowed in a batch)
202–B2	Service Provider ID Qualifier	*M*	A/N	2	Ø1 = NPI
201–B1	Service Provider ID	*M*	A/N	15	NPI or NCPDP Provider ID
401–D1	Date of Service	*M*	N	8	CCYYMMDD
110–AK	Software Vendor Certification ID	*M*	A/N	10	Populate with 1Ø zeros
111–AM	Segment Identification	*M*	A/N	2	Ø1 = Patient Segment
304-C4	Patient Date of Birth	*R*	N	8	CCYYMMDD
305-C5	Patient Gender Code	*R*	N	1	Ø =Not specified 1=Male 2=Female
307-C7	Patient Location Code	R	N	2	Ø=Not specified Ø1=Home Ø3=Nursing Home Ø6=Boarding Home
335-2C	Pregnancy Indicator	*RW*	A/N	1	Blank=Not Specified 1=Not Pregnant 2 = Pregnant
111-AM	Segment Identification	*M*	A/N	2	Ø4 = Insurance Segment
302-C2	Cardholder ID	*M*	A/N	20	Client's 7 character alpha-numeric Medicaid ID
301–C1	Group ID	*R*	A/N	15	COENCOUNTER
306-C6	Patient Relationship Code	*RW*	N	1	Ø=Not Specified 1=Cardholder
111-AM	Segment Identification	*M*	A/N	2	Ø7 = Claim Segment
455–EM	Prescription/Service Reference Number Qualifier	*M*	A/N	1	1=Rx Billing

Field	Field Name	*M/R/RW*	Type	Length	Value/Format
402–D2	Prescription/Service Reference Number	*M*	N	7	Number assigned by the pharmacy
436–E1	Product/Service ID Qualifier	*M*	A/N	2	Ø3=National Drug Code Number
407–D7	Product/Service ID	*M*	A/N	19	NDC Number
442–E7	Quantity Dispensed	*R*	N	7	9(7)V999
403–D3	Fill Number	*R*	N	2	Ø =Original Fill 1-99=Number of refill
405–D5	Days Supply	*R*	N	3	
406–D6	Compound Code	*RW*	N	1	Ø=Not Specified 1=Not a compound 2=Compound
408-D8	Dispense as Written	*RW*	A/N	1	1=Physician Request 2=Patient Request 5=Brand used as generic 7=Brand mandated by law.
414-DE	Date Prescription Written	*R*	N	8	CCYYMMDD
308-C8	Other Coverage Code	*RW*	N	2	Ø =Not specified 2=Other coverage exists – payment collected 3=Other coverage exists – this claim not covered 4=Other coverage exists – payment not collected
330-CW	Alternate ID	*R*	A/N	20	MCO's TCN is entered here
461-EU	Prior Authorization Type Code	*RW*	N	2	Ø=Not specified
111-AM	Segment Identification	*M*	A/N	2	Ø3 = Prescriber Segment
466-EZ	Prescriber ID Qualifier	*R*	A/N	2	Ø1= NPI Ø8 = State License Number 12=DEA Number
411-DB	Prescriber ID	*R*	A/N	15	State License Number or Drug Enforcement Agency (DEA) Number

Field	Field Name	*M/R/RW*	Type	Length	Value/Format
111-AM	Segment Identification	*M*	A/N	2	Ø5 = COB/Other Payments
337-4C	Coordination of Benefits/Other Payments Count	*M*	N	1	
338-5C	Other Payer Coverage Type	*M*	A/N	2	Blank=Not Specified Ø1=Primary Ø2=Secondary Ø3=Tertiary 98=Coupon 99=Composite
339-6C	Other Payer ID Qualifier	*M*	A/N	2	Blank=Not specified Ø1=National Payer ID Ø2=Health Industry Number Ø3=Bank Information Number Ø4=National Association of Insurance Commissioners Ø9= Coupon 99= Other
340-7C	Other Payer ID	*M*	A/N	2	Blank= Not Specified 01= Primary 02=Secondary 03=Tertiary 98= Coupon 99= Composite
443-E8	Other Payer Date	*RW*	N	8	CCYYMMDD
341-HB	Other Payer Amount Paid Count	*RW*	A/N	1	
342-HC	Other Payer Amount Paid Qualifier	*RW*	A/N	2	Blank=Not specified Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative Ø5=Incentive Ø6=Cognitive Service Ø7=Drug Benefit Ø8=Sum of all
431-DV	Other Payer Amount Paid	*RW*	N	8	S9(6)v99
111-AM	Segment Identifier	*M*	A/N	2	Ø8 = DUR/PPS
439-E4	Reason for Service Code	*RW*	A/N	2	
440-E5	Professional Service	*RW*	A/N	3	
441-E6	Result of Service Code	*RW*	A/N	2	

111-AM	Segment Identifier	*M*	A/N	2	11= Pricing Segment
409-D9	Ingredient Cost Submitted	*R*	N	8	S9(6)v99
426-DQ	Usual and Customary Charge	*R*	N	8	S9(6)v99
430-DU	Gross Amount Due	*R*	N	8	Total Payment Made by MCO
423-DN	Basis of Cost Determination	*R*	A/N	2	Code indicating the method by which Ingredient Cost Submitted (4Ø9-D9) was calculated. MCOs use to indicate how the claim was paid.
880-K4	Text Indicator	*R*	A/N	1	End of Text (Etx) = X'03"

Field	Field Name	*M/R/RW*	Type	Length	Value/Format
111- AM	Segment Identifier	*M*	A/N	2	1Ø = Compound Segment
450-EF	Compound Dosage Form Description Code	*M*	A/N	2	Ø1 = Capsule Ø2 = Ointment Ø3 = Cream Ø4 = Suppository Ø5 = Powder Ø6 = Emulsion Ø7 = Liquid 1Ø = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema
451-EG	Compound Dispensing Unit Form Indicator	*M*	N	1	1 = Each 2 = Grams 3 = Milliliters
452-EH	Compound Route of Administration	*M*	N	2	1 = Buccal 2 = Dental 3 = Inhalation 4 = Injection 5 = Intraperitoneal 6 = Irrigation 7 = Mouth/Throat 8 = Mucous Membrane 9 = Nasal 1Ø = Ophthalmic 11= Oral 12 = Other/Misc 13 = Otic 14 = Perfusion 15 = Rectal 16 = Sublingual 17 = Topical 18 = Tran dermal 19 = Translingual 2Ø = Urethral 21 = Vaginal 22 = Enteral
447-EC	Compound Ingredient Component Count	*M*	N	2	
488-RE	Compound Product ID Qualifier	*M (Repeating)*	A/N	2	Ø1 = Universal Product Code (UPC) Ø3 = National Drug Code (NDC)
489-TE	Compound Product ID	*M (Repeating)*	A/N	19	
448-ED	Compound Ingredient Quantity	*M (Repeating)*	N	10	

Trailer Record

Field	Field Name	*M/R/RW*	Type	Length	Value/Format
880-K4	Text Indicator	*M*	A/N	1	Start of Text (Stx) = X'02'
701	Segment Identifier	*M*	A/N	2	99 = File Trailer
806-5C	Batch Number	*M*	N	7	Matches Header
751	Record Count	*M*	N	10	
504-F4	Message	*M*	A/N	10	
880-K4	Text Indicator	*M*	A/N	1	End of Text (Etx)=X'03'

Appendix A

Revision History

VERSION NUMBER	DATE	DESCRIPTION/LOCATION OF CHANGE
1.0	07/08/2009	PBM- Document Creation
1.1	04/22/2010	Updated Ø5 = COB/Other Payments Segment; Field 431-DV, Other Payer Amount Paid on Page 9