ACS EDI GATEWAY, INC.

ANSI ASC X12N V5010 276/277 HEALTH CARE CLAIM STATUS REQUEST AND RESPONSE
COLORADO MEDICAL ASSISTANCE PROGRAM
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING (DHCPF)
COMPANION GUIDE

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Chapter 1 Introduction

Scope

This Companion Guide is intended for trading partner use in conjunction with the *ANSI ASC X12N/005010X212, Based on Version 5, Release 1, ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3), Health Care Claim Status Request and Response (276/277).* The ANSI ASC X12N TR3 can be accessed at http://www.wpc-edi.com/. This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with ACS EDI Gateway, Inc. and specifies data clarification where applicable.

Overview

ACS EDI Gateway, Inc., a leader in health care technology, provides EDI gateway services to providers enrolled in contracted health care plans. 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

Health care plans that participate with ACS EDI Gateway, Inc. are referred to as payers. Transactions are accepted electronically into our data center and processed. 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.

Chapter 2 Transmission Methods

Trading partners are offered the following transmission methods:

Asynchronous Dial-Up

ACS EDI Gateway provides an interactive, menu-driven Host Data Exchange System (HDE) that allows you to upload your transaction files and receive immediate confirmation of the status of your transfer. The Host Data Exchange can be accessed using a standard modem and supports modem speeds of up to 56,000 BPS. Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible.

Communication Protocols

ACS currently supports the following asynchronous dial-up communication options:

XMODEM, YMODEM, ZMODEM, Kermit

Teleprocessing Requirements

The general specifications for asynchronous dial-up communication with ACS are:

Telecommunications	Hayes-compatible 2400-56K BPS asynchronous modem.
File Format	ASCII text data.
Compression Techniques	PKZIP will compress one or more files into a single ZIP archive. WINZIP will compress one or more files into a single ZIP archive. ACS accepts transmission with any of the above compression techniques, as well as non-compression files.
Data Format	8 data bit, 1stop bit, no parity, full duplex.

Transmission Protocol	ZMODEM uses 128 byte to 1024 byte variable packets and a 16-bit or 32-bit Cyclical Redundancy Check (CRC). XMODEM uses 128 byte blocks and a 16-bit CRC. YMODEM uses 1024 byte blocks and a 16-bit CRC. KERMIT can be accepted if X, Y, or ZMODEM capabilities are not available with your communication software.

Teleprocessing Settings

ASCII Sending	Send line ends with line feeds (should not be set). Echo typed characters locally (should not be set). Line delay 0 milliseconds. Character delay 0 milliseconds.
ASCII Receiving	Append line feeds to incoming line ends should not be checked. Wrap lines that exceed terminal width.
Terminal Emulation	VT100 or Auto.

Transmission Procedures

SUBMITTER	HOST SYSTEM
1. Dials ACS Host	Answers call, negotiates a common baud rate, and sends to the trading partner: **"Please enter your Login=>"**
2. Enters Login Name <CR>	Receives User Name (Login Name) and sends to the trading partner: **"Please enter your password=>"**
3. Enters Password <CR>	Receives Login and verifies if trading partner is an authorized user: Sends HOST selection menu followed by a user prompt: **"Please Select from the Menu Options Below =>"**
4. Enters Desired Selection <CR>	**#1. Electronic Claims Submission:** Assigns and sends the transmission file name then waits for ZMODEM (by default) file transfer to be initiated by the trading partner. **#2. View Submitter Profile** Allows submitters to view the transaction types for which they are currently enrolled. **#3. Select File Transfer Protocol:** Allows submitters to change the protocol for the current submission only. The protocol may be changed to **(K)**ermit, **(X)**Modem, **(Y)**Modem, or **(Z)**Modem. Enter the first letter of the protocol that you wish to use. Enter selection **[K,X,Y,Z]:**

	#4. Download Confirmation Allows submitters to download confirmation reports. **#9. Exit & Disconnect:** Terminates connection.
5. Enters "1" to send file <CR>	Receives ZMODEM (or other designated protocol) file transfer. Upon completion, initiates file confirmation. Sends file confirmation report. Sends HOST selection menu followed by a user prompt=>

For Transmission Phone numbers please refer to Chapter 6.

Interactive Transmissions

Interactive transmission may be submitted through the State's Provider Web Portal. The State's Provider Web Portal will include a File and Reports Services (FRS) for file and report retrieval. For information on the State's Provider Web Portal, watch the "What's New" section of the Colorado Medicaid website at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542697178.

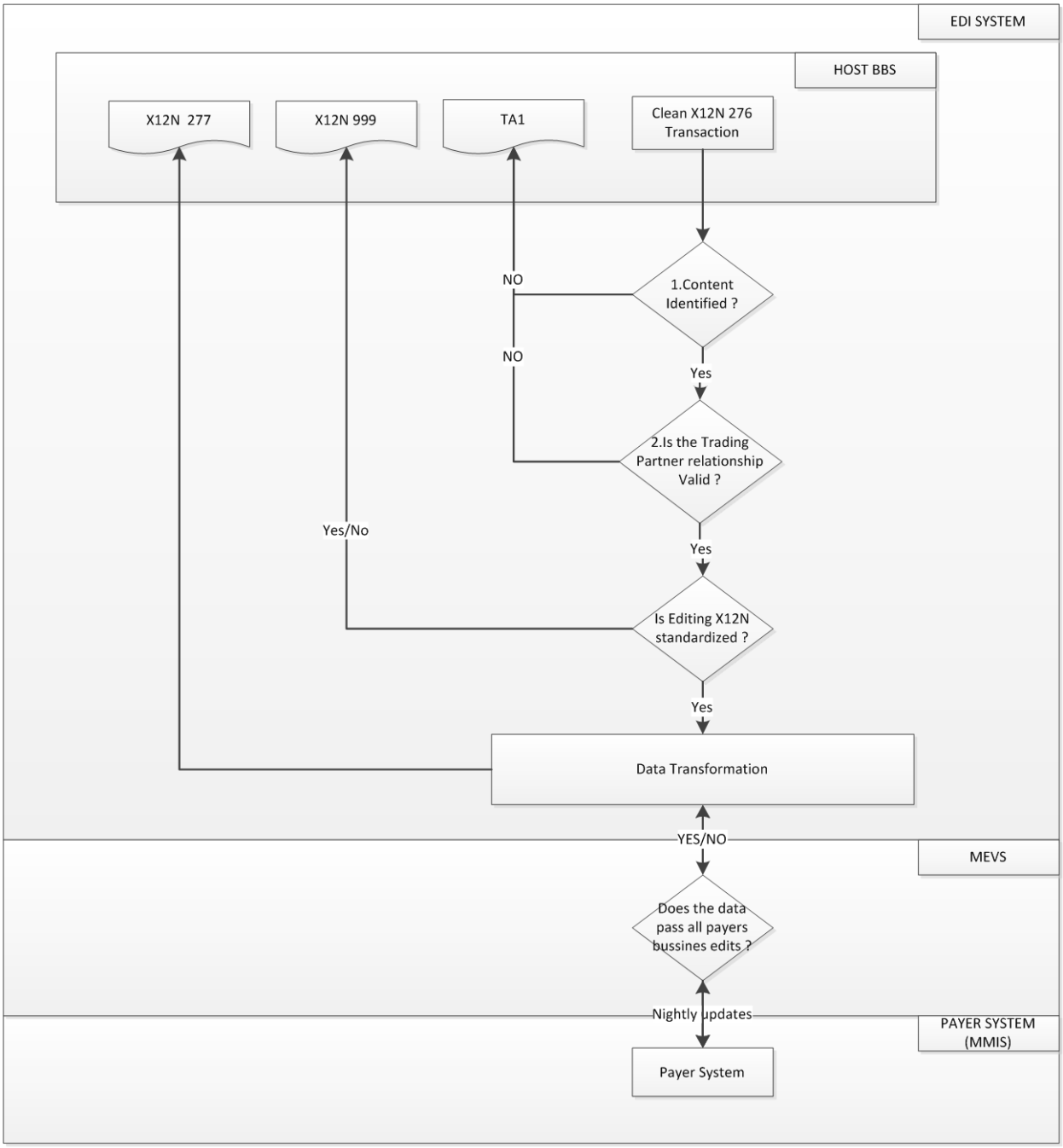
Chapter 3 Transmission Responses

The X12N 276 transaction, requesting claim status information will be submitted to the ACS EDI Gateway for processing. The clearinghouse validates submission of ANSI X12N format(s). The TA1 Interchange Acknowledgement reports the syntactical analysis of the interchange header and trailer. If the data is corrupt or the trading partner relationship does not exist within the ACS system, the interchange will reject and a TA1 along with the data will be forwarded to an ACS Business Analyst for review and follow-up with the sender.

An X12N 999 Functional Acknowledgement is generated when a file that has passed the header and trailer check passes through the clearinghouse. If the file contains syntactical error(s), the segment(s) and elements(s) where the error(s) occurred will be reported in the 999 Functional Acknowledgement.

The 999 Functional Acknowledgment will be returned to the Colorado Medicaid File and Reports Services for retrieval. If the file passes syntax validation, and the X12N 276 Request has processed, the clearinghouse will return an X12N 277 response transaction containing claim status information via the Colorado Medicaid File and Reports Services.

Editing and Validation Flow Diagram



LEGEND:

1. **Content Identification:** Data identification is attempted. If the data is corrupt or intended for another resource, a TA1 (Interchange Acknowledgement) is forwarded to the ACS clearinghouse call center for review and follow-up with the submitter. If the data can be identified, it is checked for trading partner relationship validation.

2. **Trading Partner Relationship Validation:** The trading partner information is validated. If it is invalid, a TA1 (Interchange Acknowledgement) will be forwarded to the ACS clearinghouse call center for review and follow-up with the submitter. If the trading partner relationship is valid, the data will be passed for X12N syntax validation.
3. **X12N Syntax Validation:** A determination will be made as to whether the data is ANSI ASC X12N. An X12N 999, Implementation Acknowledgement, will be returned to the submitter containing either **ACCEPT** or **REJECT** information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. If the data passes X12N syntax validation, payer business edits will be performed.
4. **Payer Business Edits:** Data is edited on the front-end. If the data does not pass this edit level, an X12N 277 is sent detailing errors. If the data passes this level, it proceeds to the payer system for processing.

Transmission Errors and Reports

HIPAA not only gave the health care community the ability to standardize transactions, but also the ability to standardize front-end edits and the acceptance/rejection reports associated with the edits. The acceptance/rejection reports pertain to precision within EDI transaction format syntax and transaction TR3 compliance. When a report is generated, the type of report returned is dependent on the edit level that is invalid.

A transaction contains three levels where edits are present. The edit level the error occurs in designates rejection of an entire batch or a single file.

The three levels are:

- Interchange Level Errors
  - ISA and IEA
- Functional Group Level Results
  - GS and GE
- Transaction Set Level Syntax Results
  - ST and SE

In the description below, the three levels and their affiliated acceptance/rejection reports are discussed.

Interchange Level Errors and TA1 Rejection Report

This edit is enforced by interchange level problems. These edit check the ISA and IEA level segments and the data content within these segments, which consist of the header and footer batch information. Any X12N syntax error that occurs at this level will result in the entire transaction being rejected. These rejections are reported on a TA1. In some cases, an error in the GS and GE can initiate a TA1 rejection. This will occur if the GS and GE envelope cannot be identified.

TA1-Interchange Acknowledgement

A TA1 is an ANSI ASC X12N Interchange Acknowledgement segment used to report receipt of individual interchange envelopes. An interchange envelope contains the sender, receiver, and data type information within the header. The TA1 reports the syntactical analysis of the interchange header and trailer. If invalid (e.g., the data is corrupt or the trading partner relationship does not exist within the ACS system) the interchange will reject and a TA1, along with the data, will be forwarded to the ACS EDI Gateway technical support for review and follow-up with the submitter.

EXAMPLE:

The transaction was built with incorrect Interchange Control Number at the end of the transaction. Control Number for IEA02 does not match with ISA11

ISA* 00* * 00* * ZZ* TradingP.ID* ZZ*100000* 111230* 0824* ^* 00501* **000000478***1*T*:~

GS*HR*TradingP.ID*77016*20111230*0824*19*X*005010X212~

ST*276*0001*005010X212~
BHT*0010*13*ABC276*20111230*1425~
HL*1**20*1~
NM1*PR*2*COMEDICAID*****PI*77016~
HL*2*1*21*1~
NM1*41*2*COLORADOTEST5*****46*100007~
HL*3*2*19*1~
NM1*1P*1*BILLINGLEGACY*****SV*12345678~
HL*4*3*22*0~
DMG*D8*99990114*M~
NM1*IL*1*TEST*HARPREET****MI*A123456~
TRN*1*TEST~
AMT*T3*0~
DTP*472*RD8*20110907-20110907~
SE*15*0001~

ST*276*0001*005010X212~
BHT*0010*13*ABC276*20111230*1425~
HL*1**20*1~
NM1*PR*2*COMEDICAID*****PI*77016~
HL*2*1*21*1~
NM1*41*2*COLORADOTEST5*****46*100007~
HL*3*2*19*1~
NM1*1P*1*BILLINGLEGACY*****SV*12345678~
HL*4*3*22*0~
DMG*D8*99990114*M~
NM1*IL*1*TEST*HARPREET****MI*A123456~
TRN*1*TEST~
AMT*T3*0~
DTP*472*RD8*20110907-20110907~
SE*15*0001~

GE*1*19~

IEA *1***000004078**~

For additional information regarding the TA1, please refer to Appendix B in the *ASC X12N/005010X212, Based on Version 5, Release 1, ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, Health Care Claim Status Request and Response (276/277).*

Functional Group Level Errors and 999 Rejection Report

ACS clearinghouse validates submission of ANSI ASC X12N format(s). An ANSI ASC X12N 999, or Functional Acknowledgement, is generated when an EDI file, e.g., an ANSI ASC X12N file that has passed the header and trailer check, passes through the clearinghouse. The X12N 999 **REJECT** is generated if the file contained syntactical errors. The segment(s) and element(s) where the error(s) occurred will be reported. For an example of this report, please see the *ASC X12N/005010X212, Based on Version 5, Release 1, ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, Health Care Claim Status Request and Response (276/277).* Trading partner Agreement between ACS EDI Gateway and the trading partners requires this method of acknowledgement.

EXAMPLE:

The transaction was built with incorrect Total Number of transaction sets at the Functional Group Trailer. GE01 should be 2 as Functional Group contains two GS to GE transactions.

```
ISA* 00* * 00* * ZZ* TradingP.ID* ZZ*100000* 111230* 0824* ^* 00501* 000000478* 1*T*:~

GS*HR*TradingP.ID*77016*20111230*0824* 19*X*005010X212~

ST*276*0001*005010X212~
BHT*0010*13*ABC276*20111230*1425~
HL*1**20*1~
NM1*PR*2*COMEDICAID*****PI*77016~
HL*2*1*21*1~
NM1*41*2*COLORADOTEST5*****46*100007~
HL*3*2*19*1~
NM1*1P*1*BILLINGLEGACY*****SV*12345678~
HL*4*3*22*0~
DMG*D8*99990114*M~
NM1*IL*1*TEST*HARPREET****MI*A123456~
TRN*1*TEST~
AMT*T3*0~
DTP*472*RD8*20110907-20110907~
SE*15*0001~


ST*276*0001*005010X212~
BHT*0010*13*ABC276*20111230*1425~
HL*1**20*1~
NM1*PR*2*COMEDICAID*****PI*77016~
HL*2*1*21*1~
NM1*41*2*COLORADOTEST5*****46*100007~
HL*3*2*19*1~
NM1*1P*1*BILLINGLEGACY*****SV*12345678~
HL*4*3*22*0~
DMG*D8*99990114*M~
NM1*IL*1*TEST*HARPREET****MI*A123456~
TRN*1*TEST~
AMT*T3*0~
DTP*472*RD8*20110907-20110907~
SE*15*0001~

GE*1*19~

IEA *1*000000478~
```

For additional information regarding the 999, please refer to Appendix B in the *ASC X12N/005010X212, Based on Version 5, Release 1, ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, Health Care Claim Status Request and Response (276/277).*

Transaction Set Level Syntax Results and X12N 999 Rejection Report

This edit is enforced by transaction set level syntax problems for all transactions within each functional group. These edits check the ST and SE level segments and the data content within these segments. These segments consist of the entire detailed information within a transaction. Any X12 syntax error that occurs at this level will result in the entire transaction being rejected. However, if the functional group consists of additional transactions without errors, these will be processed. The rejections are reported on an X12N 999.

X12N 999-Functional Acknowledgement

ACS clearinghouse validates submission of ANSI ASC X12N format(s). An ANSI ASC X12N 999, or Functional Acknowledgement, is generated when an EDI file, e.g., an ANSI ASC X12N file that has passed the header and trailer check, passes through the clearinghouse. The X12N 999 contains **ACCEPT** or **REJECT** information; if the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. For an example of this report, please see the *ASC X12N/005010X212, Based on Version 5, Release 1, ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, Health Care Claim Status Request and Response (276/277).* Trading Partner Agreement between ACS EDI Gateway and the trading partners requires this method of acknowledgement.

EXAMPLE:

The following example was built with incorrect Payer ID. The Payer ID for Colorado Medicaid is 77016.

ISA* 00* * 00* * ZZ* TradingP.ID* ZZ*100000* 111230* 0824* ^* 00501* 000000478* 1* T*:~

GS*HR*TradingP.ID*77016*20111230*0824* 19*X*005010X212~

ST*276*0001*005010X212~
BHT*0010*13*ABC276*20111230*1425~
HL*1**20*1~
NM1*PR*2*COMEDICAID*****PI***7702**~
HL*2*1*21*1~
NM1*41*2*COLORADOTEST5*****46*100007~
HL*3*2*19*1~
NM1*1P*1*BILLINGLEGACY*****SV*12345678~
HL*4*3*22*0~
DMG*D8*99990114*M~
NM1*IL*1*TEST*HARPREET****MI*A123456~
TRN*1*TEST~
AMT*T3*0~
DTP*472*RD8*20110907-20110907~
SE*15*0001~

GE*1*19~

IEA *1*000000478~

For additional information regarding the X12N 999, please refer to Appendix B in the ANSI ASC X12N 276/277 TR3.

Chapter 4 Data Retrieval Methods

File and Reports Services

The State's Provider Web Portal will include a File and Reports Services for file and report retrieval. Billing Agents and clearinghouses will have the option of retrieving the transaction responses and reports themselves and/or allowing each individual provider the option of retrieval. The trading partner will access the system using a login and password assigned to them. For information on the State's Provider Web Portal, watch the "What's New" section of the Colorado Medicaid website at
http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542697178.

Chapter 5 Testing

Completion of the testing process must occur prior to electronic submission to ACS EDI Gateway. Assistance from EDI Support Unit representatives 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 ANSI formats may require additional testing.

In order to expedite testing, ACS EDI Gateway requires providers to submit all X12N test transactions to EDIFECS prior to submitting them to ACS EDI Gateway. The EDIFECS service is free to providers to certify X12N readiness. EDIFECS offers submission and rapid result turn-around 24 hours a day, 7 days a week. For more information, providers can log on to <http://www.edifecs.com>. During Pilot Submitter Testing, an EDI Support Unit representative may be contacted at 1-800-237-0757 to answer questions related to EDIFECS, testing, enrollment, and companion guides.

Pilot Submitter Testing Procedure

After the initial phone interview with the pilot submitter, the EDI Support Unit representative will direct the pilot submitter to the EDIFECS website where the submitter may deliver their X12N test files for analysis. Each test file will be analyzed based on the seven types of testing defined by WEDI SNIP. The submitter will be required to address any errors discovered by EDIFECS during this interrogation before moving on to the next stage of testing with the clearinghouse. After EDIFECS has approved each test file for a particular pilot submitter, the EDI Support Unit representative will schedule a communications test with them. They will also work with them to verify connectivity with both the EDI Gateway and the Host Data Exchange (HDE) following successful completion of this test effort, a testing schedule will be established for each pilot submitter.

Upon receipt of the test files, the EDI Support Unit representative will track each file through the clearinghouse to ensure that all data is transformed properly, and all functions within the EDI Gateway are working as designed. The EDI Support Unit representative will advise the pilot submitter of any problems with the content of the test file, as well as, any problems within the clearinghouse that are discovered during this test phase. If issues are discovered that require a change within the clearinghouse, a second round of testing will be scheduled with that pilot submitter. The timeframe for retest will be dependent on the complexity of the change needed, as well as consideration for the appropriate amount of time needed for unit, systems, and regression testing.

The next stage of pilot submitter testing will occur after all issues have been resolved and all test files have been successfully executed by a particular pilot submitter. At this point, the test file will be run through the clearinghouse and delivered on through to the Colorado Medicaid Management System (MMIS) for processing. The Colorado MMIS testing team will provide feedback to an EDI Support Unit representative who will in turn keep pilot submitters updated on the status of their test files.

The EDI Support Unit representative will verify that the pilot submitter does not have any additional questions or concerns before completing the test.

General Testing Procedures for Colorado Medicaid

Trading partner testing is designed to ensure transactions submitted to ACS EDI Gateway are properly formatted and may be processed through the ACS clearinghouse system to the Colorado MMIS.

Software Vendors are required to test all transactions supported by their products successfully before distributing their products for use. Trading partners that elect to use approved Software Vendor are exempt from testing.

Trading partner testing will consist of a combination of ACS clearinghouse error checks by an EDI Support Unit representative. These tests verify a trading partner’s ability to submit a specific transaction type containing valid data in the required format. Once all tests are passed, the partner is approved for production.

Chapter 6 Payer Specific Data

EDI Support

ACS has an Electronic Data Interchange (EDI) Support Unit to assist providers and trading partners with their questions and concerns about EDI. The following is a list of services that are provided by the EDI Support Unit:

- Assistance with enrollment
- Explanation of the various EDI submission methods
- Assistance with EDI transmission problems
- Assistance with approved Software Vendor verification

The EDI Support Unit is available to all Colorado Medicaid clients and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. MT at 1-800-237-0757.

Enrollment Information

Any entity sending an electronic eligibility verification request to ACS EDI Gateway for processing where reports and responses will be delivered must complete a Provider Enrollment package or Submitter Enrollment package. This package provides the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to submit electronic eligibility verification request submission. You may obtain an enrollment package by contacting ACS State Healthcare at 1-800-237-0757 or by downloading it from our website at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696393 (click Provider Enrollment or Submitter Enrollment). Acrobat Reader supports this form. It must be printed, completed and mailed or faxed to the appropriate address/fax number listed on the form.

Transmission Telephone Number

ACS provides availability for electronic transmission 24 hours a day, 7 days a week. There are no restrictions on the number or frequency of transmissions. The transmission telephone numbers are 1.800.334.2832 or 1.800.334.4650.

Tracking Transmission/Production Problems

Please have the following information available when calling the EDI Support Unit regarding 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 EDI Support Unit.

Logon Name and Logon User ID: These allow asynchronous trading partners access to the host system for claims submission. The EDI Support Unit uses this information to reference your submitted data.

Highlights

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

- Each user is assigned an ACS EDI Trading Partner ID.
- Logon User IDs (passwords) are nine characters.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The same phone number will be used for transmitting test and production.
- Colorado Medicaid Provider IDs are eight characters long.
- The Payer ID for Colorado Medicaid is **77016**. Transmissions without this value in the appropriate fields will not be processed.

Chapter 7 X12N Claim Status Request and Response-V5010.A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the TR3 that provide options

The following are access methods supported by Colorado Medicaid:

- Provider ID
- Client ID
- Access by TCN Number
- Access by claim beginning date of service
- Access by claim end date of service

The ACS clearinghouse will use the following search criteria:

- The First Priority in Search Criteria will be Provider ID. If the Provider ID is invalid, the search will end and a code indicating the search could not continue due to invalid Provider ID will be returned. If the Provider ID is valid, MEVS will initialize the Second Priority in Search Criteria, the Client ID.
- If the Client ID is invalid, the search will end and a code indicating the Client ID is invalid will be returned. If the Client ID is valid, the Third Search Criteria based on TCN is initialized.
- The maximum number of TCN's allowed for the search is 180. If the maximum number is reached, MEVS will process the first 180, an E1 will be returned in STC1-01 and a 0 will be returned in STC1-02 of the 277 with the verbiage "cannot provide further status electronically."
- The Fourth Search Criteria is based on dates. If no TCN's are submitted the search moves to check for the date or date range requested. If a beginning date is submitted but no end date, the end date is defaulted to be the same as the beginning date. If the range of dates exceeds 31 days, MEVS will return the first 31 dates per request, a code of E1 will be returned in STC1-01 and a 0 will be returned in STC1-02 with the verbiage "cannot provide further status electronically." The date range search criteria is based on a search per client to provider relationship. If the provider submits a request for a max range of dates for multiple clients within a single 276 request, the file will process. The date range is based on the client to provider relationship.

Many of the data clarifications included in this Companion Guide represent business requirements, not standardization requirements. Inclusion of "Business-Required" clarifications will contribute to more efficient transaction processing.

***Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N TR3 for this transaction (ASC X12N/005010X212, Based on Version 5, Release 1, ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, Health Care Claim Status Request and Response (276/277)).**

X12N 276 Claim Status Request

*The below mentioned Loops, Segments and Data Elements are for Colorado Medicaid specifically. For additional information regarding the X12 5010 format, please refer to the TR3 implementation guide.

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.4	Interchange Control Header	ISA	01	Enter **'00'**
C.4	Interchange Control Header	ISA	02	This data element should be blank.
C.4	Interchange Control Header	ISA	03	Enter **'00'**
C.4	Interchange Control Header	ISA	04	This data element should be blank
C.4	Interchange Control Header	ISA	05	Enter **'ZZ'**
C.4	Interchange Control Header	ISA	06	Enter your ACS EDI Trading Partner ID
C.5	Interchange Control Header	ISA	07	Enter **'ZZ'**
C.5	Interchange Control Header	ISA	08	Enter **'100000'**
C.5	Interchange Control Header	ISA	11	Enter '**^**' (Repetition Separator ' Delimiter')

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.6	Interchange Control Header	ISA	16	Component Element separator **Use** '~'
C.7	Functional Group Header	GS	02	Your ACS EDI Trading Partner ID should be sent on the 276 transaction
C.7	Functional Group Header	GS	03	**'77016'** should be sent on the 276 transaction
41	2100A	NM1	03	Enter **'CO Medicaid'**
42	2100A	NM1	09	Enter **'77016'**
43	2000B	HL	02	'**1'**
44	2000B	HL	03	'**21'**
46	2100B	NM1	09	Enter your provider Electronic Transmitter Identification Number
51	2100C	NM1	09	For Non-Healthcare Providers (Non-Covered Entities): The 8-digit Colorado Medicaid Provider ID number will be sent. For Healthcare Providers (Covered Entities): The 10-digit National Provider ID will be sent.
56	2100D	NM1	02	Enter **'1'**
57	2100D	NM1	08	Enter **'MI'**
57	2100D	NM1	09	Enter the 8-digit Colorado Medicaid Client ID

X12N 277 Claim Status Response

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.4	Interchange Control Header	ISA	01	Receive **'00'**
C.4	Interchange Control Header	ISA	02	This data element should be blank.
C.4	Interchange Control Header	ISA	03	Receive **'00'**
C.4	Interchange Control Header	ISA	04	This data element should be blank
C.4	Interchange Control Header	ISA	05	Receive **'ZZ'**
C.4	Interchange Control Header	ISA	06	Receive your ACS EDI Trading Partner ID
C.5	Interchange Control Header	ISA	07	Receive **'ZZ'**
C.5	Interchange Control Header	ISA	08	Receive **'100000'**
C.5	Interchange Control Header	ISA	11	Receive '**^**' (Repetition Separator 'Delimiter')
C.6	Interchange Control Header	ISA	16	Component Element separator Use **'~'**
C.7	Functional Group Header	GS	02	**'77016'** will be returned on the X12N 277 transaction
C.7	Functional Group Header	GS	03	Your ACS EDI Trading Partner ID will be returned on the X12N 277 transaction
111	2100A	NM1	03	**'CO Medicaid'** will be sent
112	2100A	NM1	09	**'77016'** will be sent
116	2000B	HL	01	'2' will be sent

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
116	2000B	HL	02	'1' will be sent
117	2000B	HL	04	**'1'** will be sent
119	2100B	NM1	09	**Electronic Transmitter Identification Number (ETIN) that is established through Trading Partner agreement will be sent**
125	2000C	HL	04	**'1'** will be sent
128	2100C	NM1	09	For Non-Healthcare Providers (Non-Covered Entities): The 8-digit Colorado Medicaid Provider ID number will be sent. For Healthcare Providers (Covered Entities): The 10-digit National Provider ID will be sent.
136	2100D	NM1	08	**'MI'** will be sent
136	2100D	NM1	09	The 8-digit Colorado Medicaid Client ID will be sent
138	2200D	STC	01	Receive Health Care Status category code : **'A1'** **'A2'-** **'A3' – 'A4' -** **'A7' – 'EO'-** **'** **''F1' – 'F2' –'P2'**
138-139	2200D	STC01	02	Receive Health Care Claim Level Status code: '**19' -** **'3'** **'20' –** **'18' –** **'35' –** **'0' -** **'26' '33' – '65'-** **'1'- '0'** -

Revision History

VERSION NUMBER	CHECK OUT DATE	CHECK IN DATE	OWNER OF UPDATE	DESCRIPTION/LOCATION OF CHANGE