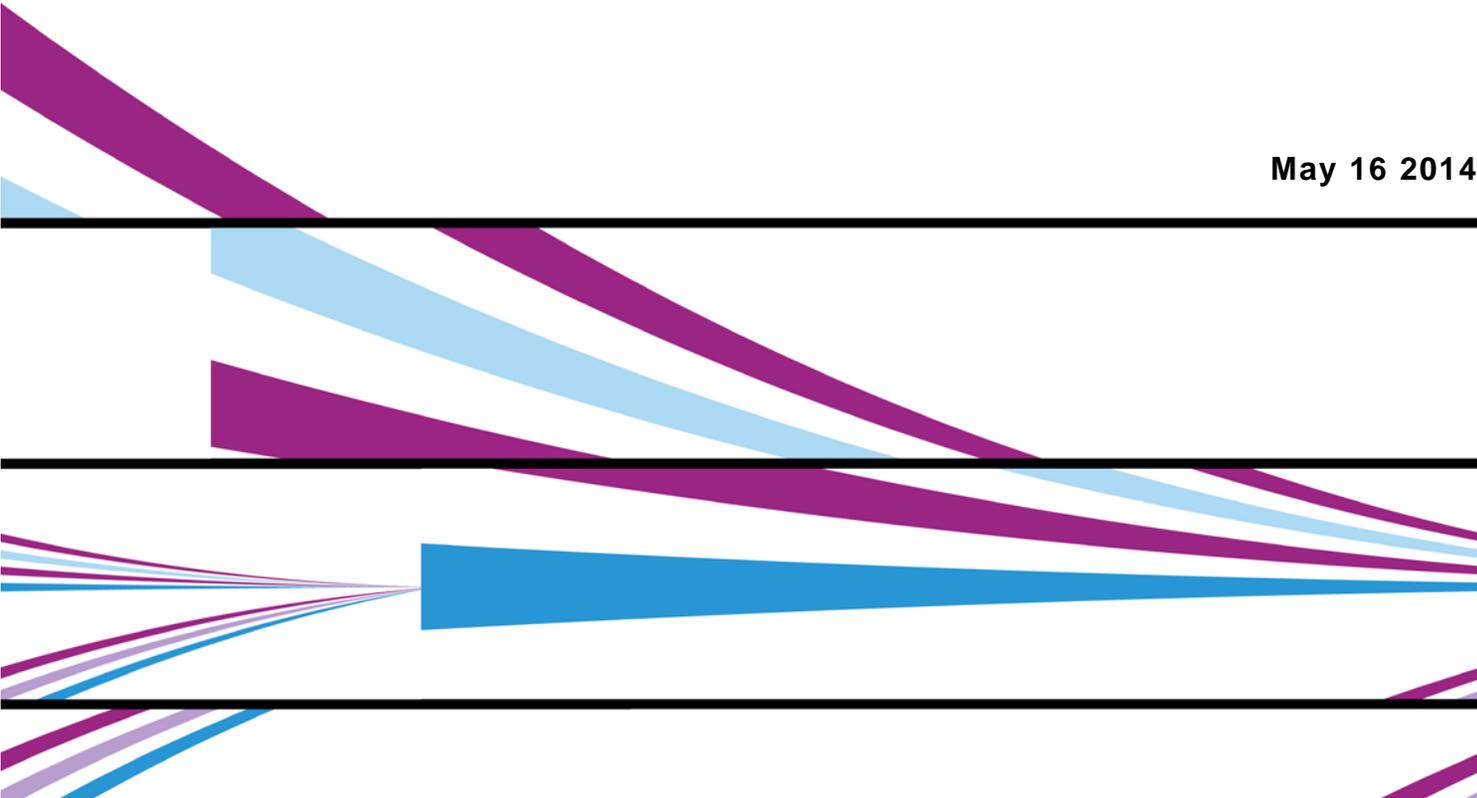


XEROX EDI GATEWAY, INC.

***ANSI ASC X12N 835 HEALTH CARE CLAIM PAYMENT/ADVICE
COLORADO MEDICAL ASSISTANCE PROGRAM
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING (DHCPF)
COMPANION GUIDE***

May 16 2014





Xerox EDI GATEWAY, INC.

**ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide**

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Document Version: 1.0 (August 2013).



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
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Companion Guide

Disclaimer

Purpose of the ANSI ASC X12N 5010 835 Health Care Claim Payment/Advice (835) Colorado Medicaid Companion Guide

This companion guide is for use along with the ANSI ASC X12N 5010 Health Care Claim Payment/Advice (835) 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 Medicaid program.

Submitters are therefore encouraged to check the Department of Health Care policy and Financing website periodically for updates to the companion guides at the following website:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1218102958082>

Preface

This Companion Guide to the v5010 ASC X12N 835 Implementation Guide and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Xerox EDI Gateway. Transmissions based on this companion guide, used in tandem with the v5010ASC X12N 835 Implementation Guide, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N 835 Implementation Guide adopted for use under HIPAA. The Companion Guide are not intended to be stand-alone requirements documents. This companion guide conforms to all requirements of data expressed in the Implementation Guide.



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION	3
Scope of the Document	3
Overview of Xerox EDI Gateway Services.....	3
Overview of X12N 835 Health Care Claim Payment/Advice(Remittance Advice.....	4
References	4
CHAPTER 2 GETTING STARTED.....	5
Working with Xerox EDI Gateway	5
Trading Partner Registration	5
File and Reports Service.....	5
CHAPTER 3 TESTING WITH THE COLORADO EDI	6
EDI Support.....	6
Enrollment Information	6
CHAPTER 4 CONNECTIVITY WITH THE COLORADO MMIS.....	7
Process Flows	7
Tracking Transmission Procedures /Production Problems.....	8
CHAPTER 5 CONTACT INFORMATION.....	10
EDI Customer Service.....	10
EDI Technical Assistance.....	10
Provider Services Number.....	10
Applicable Web site/E-mail.....	10
CHAPTER 6 CONTROL SEGMENTS/ENVELOPES	11
ISA.....	11
GS	11
ST-SE	11
CHAPTER 7 COLORADO MEDICAID SPECIFIC BUSINESS RULES AND LIMITATIONS	12
CHAPTER 8 ACKNOWLEDGEMENTS AND/OR REPORTS	13
CHAPTER 9 TRADING PARTNER AGREEMENTS	14
Trading Partners	14
CHAPTER 10 TRANSACTION SPECIFIC INFORMATION	15



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

APPENDICES 17
 Implementation Checklist..... 17
 Business Scenarios 17

REVISION HISTORY 18



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Chapter 1 Introduction

Scope of the Document

This Companion Guide is intended for Colorado Medical Assistance Program Trading Partner use in conjunction with the ANSI ASC X12N Standards for Electronic Data Interchange Technical Report Type 3 (TR3) Health Care Claim Payment/Advice (835).

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

Overview of Xerox EDI Gateway Services

Xerox 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
- Receive remittance notification from health care plans on a regular basis

Health care plans that participate with Xerox 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 Xerox EDI Gateway, Inc. is the fiscal agent, third-party administrator, or contracted clearinghouse.

Xerox EDI Gateway 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, Xerox EDI Gateway provides translation to and from ANSI ASC X12N standard formats.



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Overview of X12N 835 Health Care Claim Payment/Advice(Remittance Advice

An X12N 835 Remittance Advice may be requested. After claim adjudication, an X12N 835 Remittance Advice will be delivered to the Colorado Medical Assistance Program FRS (File Reporting System). The ANSI ASC X12N 835 contains information related to payees, payers, dollar amounts and payments. Please see the ANSI ASC X12N 835 TR3 for details on the ANSI ASC X12N 835.

The X12N 835 Healthcare Claim Payment Advice transaction displays information on paid and denied (adjudicated) fee-for-service claims received and processed from X12N 837 claim transactions (Web Portal/Batch) and paper claims. The X12N 835 is not designed to handle the bundling of remittances for numerous payments made to multiple providers into one remittance for a company. Companies that currently receive one remittance advice listing multiple providers will receive one X12N 835 transaction for each provider.

The X12N 835 contains information on fee-for service claims and Provider adjustments. The X12N 835 transaction will include information on paid claims, denied claims, adjusted claims, coordination of benefit claims, PCP claims, pharmacy claims, and accounts receivable balances.

The X12N 835 transaction will NOT include information on rejected claims, suspended claims, managed care capitations, managed care financial transactions, and history-only adjustments. For suspended claims, this represents a change in current functionality as they are now included on the Provider Claim Report.

Group premium payment (capitation) information is reported on the X12N 820 Payroll Deducted and Other Group Premium Payment for Insurance Products transaction. Although payment information is contained on both the X12N 835 and X12N 820, providers will receive only one check reflecting total payment for all fee-for-service and/or capitation claims. Payments for the carved-out HMO services, such as the deliveries, will also be included on the X12N 820 transaction in the form of a header level financial transaction.

Following is the example for the naming convention of X12N 835:

CO.835.110123080859_123456789999.x12

CO = Colorado Medical Assistance Program

835 = Transaction Type

110123080859 = YYMMDD + HHMMSS

123456789999 = 12 Byte tracking number

X12 = Transaction Format

References

The ANSI ASC X12N 835 Implementation Guide or TR3 should be used in conjunction with this Companion Guide. TR3's are available for purchase at <http://store.x12.org/store>.



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Chapter 2 Getting Started

Working with Xerox EDI Gateway

Xerox 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.

Trading Partner Registration

All entities that send electronic transactions to Xerox for processing and report retrieval, and other responses must first enroll as EDI Trading Partners. The Colorado HIPAA Helpdesk administers the access into the Colorado Medicaid Trading Partners site. If you need further information about EDI Online, please contact the Colorado call center number 1-800-237-0757

File and Reports Service

The State's Provider Web Portal will include a File and Reports Service for file and report retrieval. Billing Agents and clearinghouses will have the option of retrieving the transaction responses and reports themselves 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, go to

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542697178>

X12N 835 will not be delivered at the same time as the Provider Claim Report. It will be delivered one week later, the following Monday morning. For example, for claims processed on Friday the 12th, the X12N 835 transaction will be sent to the file and reports service on Monday the 22nd.



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Chapter 3 Testing with the Colorado EDI

EDI Support

Xerox 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 Medical Assistance Program 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 wishing to receive the Healthcare Claim Payment/ Advice transaction through Xerox EDI Gateway must complete a Provider Enrollment package or Submitter Enrollment package. This package provides Xerox EDI Gateway the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to submit electronic transactions supported by Colorado Medicaid..

You may obtain an enrollment package by contacting Xerox State Healthcare at 1-800-237-0757 or by downloading it from our website at:

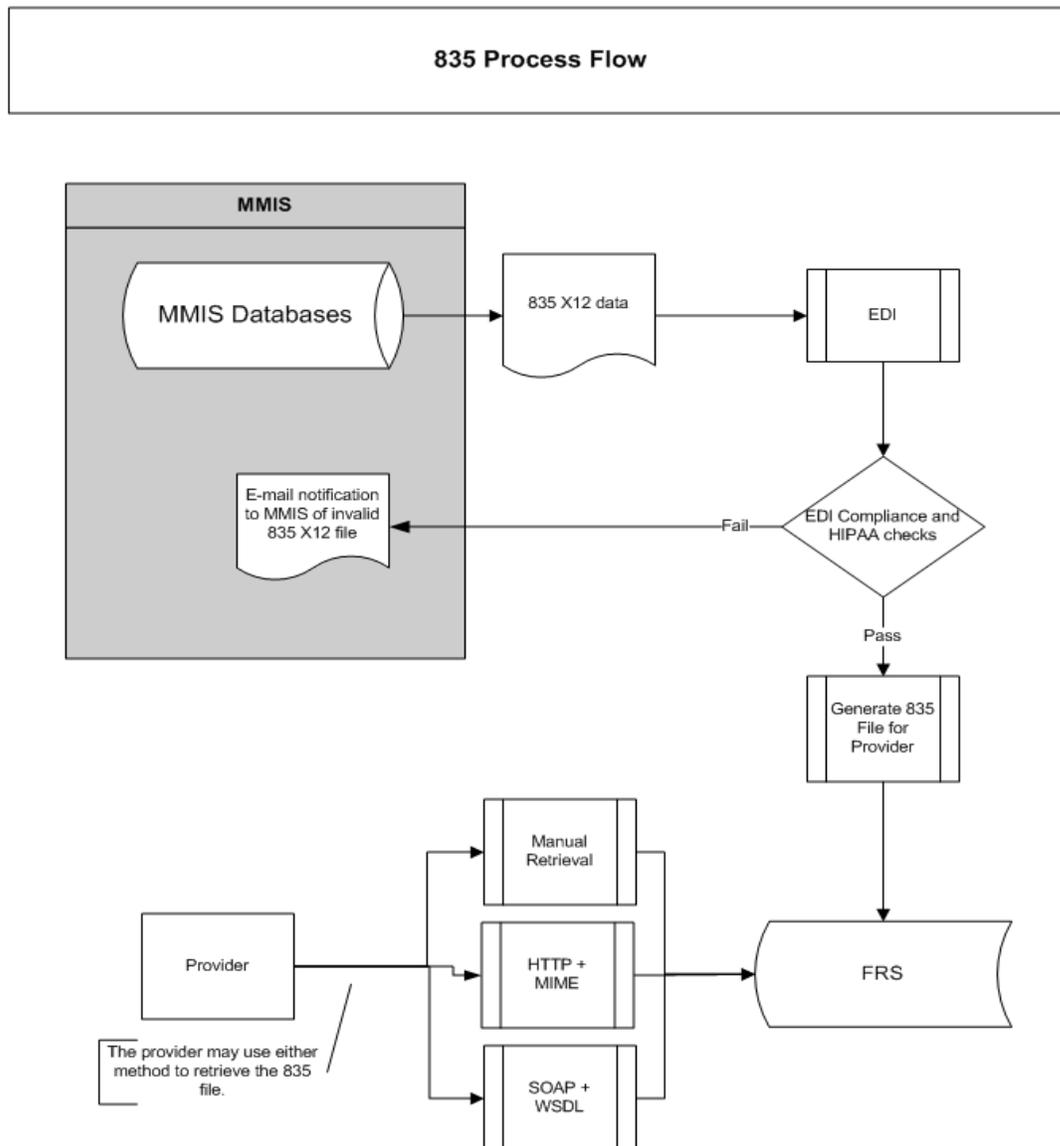
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696393>

Acrobat Reader supports this form. It must be printed, completed and mailed to the appropriate address listed on the form.



Chapter 4 Connectivity with the Colorado MMIS

Process Flows



X12N 835 transactions are created and validated through the HIPAA Validator. The valid X12 transaction is sent to the FRS for the provider to access. If an X12 file fails the HIPAA validator, an email notification is sent to the MMIS.



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Tracking Transmission Procedures /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.

Submitter ID: Use your Xerox EDI Solutions submitter ID number in conjunction with your software application to transmit files to Xerox EDI Solutions.

Highlights

To promote efficient, accurate electronic remittance reporting, please note:

- Each user is assigned a Xerox 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 Medical Assistance Program Provider IDs are eight characters long.

The EDI assigned Payer ID for Colorado Medical Assistance Program is **77016**



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

X12N 835 Retrieval Methods

The EDI solution provides the Colorado trading partners with three methods for accessing their 835 files:

- Retrieving the latest 835 file
- Retrieving the list of all 835s in trading partners mailbox
- Retrieving a specific 835 using the filename/Payload ID

Please refer to EDI's [SOAP WSDL & HTTP MIME REST Web Services Companion Guide](#) for more details on these three methods. The guide is located in the Colorado website <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1218102958082> under the section '5010 Companion Guides'.



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Chapter 5 Contact Information

EDI Customer Service

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.

EDI Technical Assistance

See EDI Customer Service, above.

Provider Services Number

Please call 1-800-237-0757.

Applicable Web site/E-mail

Please visit the link below for CO Medicaid provider information

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197364127336>



Chapter 6 Control Segment/Envelopes

ISA

The interchange control segment contain the envelope information that is transmitted between the trading partner and the MMIS. The following table includes the sender and receiver codes, authorization information and delimiters used.

*Page	Loop	Segment	Data Element	Comments
C.3	Header	ISA	01	Authorization Qualifier: '00' (No Auth Info Present)
C.3	Header	ISA	02	Authorization Information
C.3	Header	ISA	03	Security Qualifier: '00' (No Security Info Present)
C.3	Header	ISA	04	Security information
C.3	Header	ISA	05	Interchange ID Qualifier: 'ZZ' (Mutually defined)
C.3	Header	ISA	06	Interchange Sender ID: '10000'
C.3	Header	ISA	07	Interchange ID Qualifier: 'ZZ'
C.3	Header	ISA	08	Interchange Receiver ID: Trading Partner ID
C.3	Header	ISA	14	Acknowledgement indicator: '0' (Not requested)
C.3	Header	ISA	16	Component Element Separator '~'

GS

The functional group segment identifies one or more related transaction sets and provides a sender code and application receiver code. The following table includes the sender code and application receiver's code for the MMIS.

*Page	Loop	Segment	Data Element	Comments
C.7	Header	GS	02	Sender code: '77016'
C.7	Header	GS	03	Trading Partner ID

ST-SE

The ST transaction set header and trailer (ST/SE) is used to identify the start of a transaction set. It also specifies the transaction set control number (ST02), which is unique to each transaction set. The transaction set control number is generated by the MMIS and aids in error resolution research.



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Chapter 7 Colorado Medicaid Specific Business Rules and Limitations

N/A



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Chapter 8 Acknowledgements and/or Reports

Report Inventory

The Colorado MMIS does not process acknowledgements (999) from the trading partner for receipt of the X12N 835.



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Chapter 9 Trading Partner Agreements

Prior to engaging in EDI with the Colorado Medicaid, prospective Trading Partners must complete a Trading Partner enrollment package, which includes a Trading Partner Signature Agreement Form that requires an original signature. Please follow all enrollment instructions and mail the signed Trading Partner Agreement Form to the Xerox Colorado Fiscal Agent, along with any other required documents to complete the enrollment application process.

Please find all Colorado Provider/Trading Partner Enrollment information at:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542683447>

Trading Partners

In simple terms, an EDI Trading Partner is defined as any provider or agent acting on behalf of a provider that transmits electronic transaction data to or receives electronic transaction data from a health plan.

EDI Trading Partners are Switch Vendors, Billing Agents, Clearinghouses and Providers who engage in Electronic Data Interchange (EDI).



Chapter 10 Transaction Specific Information

This section must be used in conjunction with the X12N 835 TR3. The X12N 835 Health Care Claim Payment/Advice transaction will only report paid and denied claims for one pay-to provider per transaction. The X12N 820 transaction will be used to transmit electronic group premium payment remittance information, also known as capitation payments. The provider may receive an X12N 820 and X12N 835 in the same payment cycle.

***Note the page numbers listed represent the corresponding page number in the X12N 835 Health Care Claim Payment/Advice Consolidated Guide, Released February 2011.**

This table lists all loops, segments and elements for the Colorado X12N 835 Health Care Claim Payment/Advice. Other loops, segments, elements and valid values exist for this transaction but are not used in the state of Colorado.

*Page	Loop	Segment	Data Element	Comments
70	Header	BPR	07	Medical Assistance Program routing number: '102001017'
70	Header	BPR	09	Medical Assistance Program account number: '1193489208'
70	Header	BPR	10	'1840644739' identifies the company initiating the funds transfer.
70	Header	BPR	16	Payment effective Date (as CCYYMMDD)
77	Header	TRN	03	'1840644739' To identify the payer/initiator of the funds transfer.
77	Header	TRN	04	If this is an ACH payment, populate with: '000000UHA'
87	1000A	N	102	'CO Medicaid'
89	1000A	N	301	'P.O. Box 30'
90	1000A	N	401	'Denver'
90	1000A	N	402	'CO'
90	1000A	N	403	'802010030'
94	1000A	PER	02	'Medicaid Provider Services'
94	1000A	PER	04	'8002370757'
97	1000A	PER	02	'Medicaid Provider Services'
97	1000A	PER	04	'8002370757'
123	2100	CLP	01	Pharmacy Claims: Pharmacy claims will contain the 12 digit prescription number . If the prescription number is not present on the claim, the CLP01 segment will be populated with zero '0' . All Other Claims: If any claim does not contain a Patient Account Number , the CLP01 segment will be populated with zero '0' .



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

123	2100	CLP	02	Colorado Medical Assistance Program will use one of the following claim status codes: '1' (Processed as Primary) '2' (Processed as Secondary) '3' (Paid as Tertiary) '4' (Denied) '22' (Reversal of Previous Payment)
179	2100	PER	04	Populate with ' 8002370757 '
182	2100	AMT	01	Populate with qualifier ' F5 ' (Payer's Claim Office).
204	2110	REF	01	Populate with qualifier ' G1 ' (Prior Auth. Number).
207	2110	REF	01	Populate with qualifier ' 1D ' (Medicaid Provider ID) - OR- Populate with qualifier ' HPI ' (NPI).
215	2110	LQ	01	Populate with qualifier ' RX ' –OR- Populate with qualifier ' HE '



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Appendices

Implementation Checklist

Xerox does not offer an Implementation Checklist for our Trading Partner EDI services with Colorado Medicaid. The Colorado HIPAA Helpdesk assists new Trading Partners with enrollment and testing, but a formal implementation checklist is not necessary.

Business Scenarios

Please contact the Colorado HIPAA Helpdesk to discuss your specific EDI related business needs with Colorado Medicaid, should they not be covered in this guide or other available Colorado Medicaid X12N transaction companion guides.



Xerox EDI GATEWAY, INC.

ANSI ASC X12N 835
Health Care Claim Payment/Advice
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Revision History

VERSION NUMBER	CHECK OUT DATE	CHECK IN DATE	OWNER OF UPDATE	DESCRIPTION/LOCATION OF CHANGE
1.0	02/11/2014	02/11/2014	DR	Updated Companion guide as per HOpR Phase II Rule 350 & Rule 370.
2.0	05/08/2014	05/16/2014	DR	Updated Companion Guide as per CSR 2651 HOpR Phase II Rule 350 EDI Solution.