



COLORADO
Department of Health Care
Policy & Financing

COLORADO

MEDICAL ASSISTANCE PROGRAM

DSH Electronic Data Interchange (EDI) Submitter Enrollment & Agreement

The Colorado Medical Assistance Program

PO Box 1100
Denver, Colorado 80201-1100
1-800-237-0757



DSH ELECTRONIC DATA INTERCHANGE SUBMITTER ENROLLMENT

Note: All vendors, hospitals and clearinghouses that submit DSH electronic transactions to the Colorado Medical Assistance Program are required to complete and return the attached DSH EDI Submitter Enrollment Packet.

Xerox State Healthcare will serve as the fiscal agent for the Colorado Department of Health Care Policy and Financing (DHCPF), and the EDI Gateway, Inc. will be the entry-point for all electronic transactions on behalf of DHCPF. All vendors, hospitals and clearinghouses planning to submit or receive DSH electronic transactions must return the completed DSH EDI Submitter Enrollment Form and executed Trading Partner Agreement to the following address:

DSH EDI Enrollment
Colorado Medical Assistance Program
DSH EDI Submitter Services
P.O. Box 1100
Denver, CO 80201-1100

If you need additional assistance, please call Provider Services DSH EDI Support at 1-800-237-0757, Monday-Friday 7 a.m.-6 p.m. MT, or visit colorado.gov/hcpf ➔ [For Our Providers](#) ➔ [Provider Services](#) ➔ [Provider Information](#) ➔ [EDI Support](#).



DSH EDI SUBMITTER ENROLLMENT INSTRUCTIONS

NOTE: All Sections are required, unless otherwise indicated.

Section 1. Classification

Please indicate whether you are a software vendor or clearinghouse. A software vendor equips providers with software that allows them to submit data directly. A clearinghouse accepts provider submissions and passes those along to multiple payers. A switch vendor is considered a clearinghouse.

Section 2. Submission Method

Please indicate how you will be submitting DSH electronic transactions. You may submit by any of the following methods: Asynchronous (batch), the State's Provider Web Portal (interactive), or TCP/IP (interactive).

Section 3. Submitter Information

Please complete the appropriate DSH EDI submitter information. Your email address will be kept confidential, and will only be used as a means of distributing general information to Colorado Medical Assistance Program submitters.

Section 4. Contact Information

Sub-Section 4a. Primary Contact Information

Please indicate a specific contact person, if different from the submitter information in Section 3.

Sub-Section 4b. Secondary Contact Information

Please indicate additional contact information, if any

Section 5. Software Vendors Only

If you are a software vendor, please complete this section.

Section 6. Transmission Transactions

Please verify the transaction you will be submitting to the EDI Gateway or through the State's Provider Web Portal.

Section 7. Delimiter Information

For X12N transactions submitted directly to the EDI Gateway, please indicate any alternate delimiter to be used as the data element separator, sub-element separator, or segment terminator. If left blank, the default delimiters will be used as follows: asterisk (*) for the data element separator, colon (:) for the sub-element separator, and tilde (~) for the segment terminator.

Section 8. Report Transactions

Please select the report transactions you want to receive through the State's Provider Web Portal.

Section 9. Hospital Association List

Please list all the hospitals with their corresponding Medicaid and NPI numbers that you are associating with this DSH EDI TPID.



Hospital Provider Authorization required for Clearinghouses

Your hospital providers must individually authorize you to submit or retrieve on their behalf. Due to HIPAA Privacy Regulations, the State will not accept only lists of hospital providers from clearinghouses.

The Hospital Provider Authorization Form, attached for your reference, authorizes a clearinghouse to submit and/or retrieve transactions on behalf of a hospital provider. No Hospital Provider Authorization Form or DSH EDI Submitter Enrollment form is required for testing by clearinghouses, but both will be required prior to production.

Please ensure that all of your hospital providers listed on page 7 have submitted the authorization contained on page 8. If additional copies are required, *please copy page 8 as needed*. A separate authorization form must be submitted for each of your hospital providers before you can submit or retrieve information on their behalf.



DSH EDI SUBMITTER ENROLLMENT FORM

Please print or type. Complete all areas, unless otherwise indicated.

Section 1. Classification

Please indicate your classification.

Software Vendor

Clearinghouse / Switch Vendor

Section 2. Submission method

Please indicate how you plan to submit your electronic transactions.

Asynchronous
Batch

State's Provider Web Portal
(Interactive)

TCP/IP
(Interactive)

Section 3. DSH EDI Trading Partner/Submitter Information

Legal Name: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email address: _____



DSH EDI SUBMITTER ENROLLMENT FORM

Section 4. Contact Information

Sub-Section 4a. Primary Contact Information

Contact Individual Name: _____ Contact Title: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email address: _____

Sub-Section 4b. Secondary Contact Information

Contact Individual Name: _____ Contact Title: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email address: _____

Section 5. Software Vendors Only

If you are a software vendor, please provide the following information.

Software Product Name: _____ Software Version: _____



DSH EDI SUBMITTER ENROLLMENT FORM

Section 6. Available Transmission Transactions

X12N 270 (Eligibility Inquiry)

Section 7. Delimiter Information

For X12N transactions submitted directly to the EDI Gateway, please provide an alternate delimiter, if required. If left blank, the default delimiter will be used.

Element Delimiter to be used:

Default Delimiter (asterisk) *

Sub-Element Delimiter to be used:

Default Delimiter (colon) :

Segment Delimiter to be used:

Default Delimiter (tilde) ~

Section 8. Report Transactions

Colorado Medical Assistance Program DSH EDI submitters can receive X12N and/or proprietary electronic reports. Please select the reports that you want to receive through the State's Provider Web Portal.

X12N 277CA (Payer Specific Error Report) Will by default be returned to submitting TP ID

X12N 999 (Acknowledgement of a sent transaction) Will by default be returned to submitting TP ID

X12N 271 (Eligibility Response) Will by default be returned to submitting TP ID

Section 9. Hospital Association List

List all hospitals that you are associating with this DSH EDI TPID.

Hospital Name	Medicaid Provider Number	NPI
<i>Please use additional sheets, if necessary.</i>		



HOSPITAL PROVIDER AUTHORIZATION FORM

Must be completed for each Authorizing Hospital Medicaid provider number

This authorization must be completed and signed by the billing provider who wishes to authorize a billing agent, clearinghouse, or other provider to maintain, control, submit and/or retrieve designated reports/transactions.

The billing agent, clearinghouse, or other provider will **not** be allowed to access information on a provider's behalf without the submission of this explicit authorization.

Provider, _____ hereby appoints
Provider Name (please print)

Billing Agent/Clearinghouse/Other Provider Name (please print)

Billing Agent/Clearinghouse/Other Provider Trading Partner or Submitter ID

to act as an authorized agent for the purpose of **submitting** health care transactions electronically on Provider's behalf to the Colorado Medical Assistance Program.

Provider must also check one box below:

Provider authorizes the agent listed above to **retrieve** some or all electronic reports/responses on Provider's behalf

OR

Provider does NOT authorize the agent listed above to **retrieve** electronic reports/responses on Provider's behalf.

Provider/Provider Representative Name (please print)

Provider/Provider Representative Signature

Date

Provider Number

This Authorization may be modified or revoked at any time in writing.
It is considered in effect until modified or revoked.



DSH EDI TRADING PARTNER AGREEMENT

THIS TRADING PARTNER AGREEMENT ("Agreement") is by and between **SUBMITTER** ("Submitter") and the **EDI GATEWAY, INC.** ("Trading Partner"), subcontractor of Xerox State Healthcare, agent of the Colorado Department of Health Care Policy and Financing. Submitter and Trading Partner are collectively to be considered "the Parties."

Whereas, Submitter desires to transmit Transactions to Trading Partner for the purpose of submitting data to the health plan;

Whereas, Trading Partner desires to receive such Transactions for this purpose; and

Whereas, Submitter is subject to the Transaction and Code Set Regulations with respect to the transmission of such Transactions.

Now, therefore, the Parties agree as follows:

1. Definitions

Trading Partner means the EDI Gateway, Inc.

Submitter means the party identified as "Submitter" on the signature line of this Agreement.

Standard is defined in 45 C.F.R. 160.103.

Transaction is defined in 45 C.F.R. 160.103.

Transactions and Code Set Regulations means those regulations governing the transmission of certain health claims transactions as published by the U.S. Department of Health and Human Services (DHHS).

2. Obligations of the Parties Effective Upon Execution of this Agreement by Submitter

A. The Parties agree, in regard to any electronic Transactions between them:

- (1) They will exchange data electronically using only those Transaction types as selected by Submitter on the Submitter Enrollment Form.
- (2) They will exchange data electronically using only those formats (versions) as specified on the Submitter Enrollment Form.
- (3) They will not change any definition, data condition, or use of a data element or segment in a Standard Transaction they exchange electronically.
- (4) They will not add any data elements or segments to the Maximum Defined Data Set.
- (5) They will not use any code or data elements that are not in or are marked as "Not Used" in a Standard's implementation specification.
- (6) They will not change the meaning or intent of a Standard's implementation specification.



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(7) Trading Partner will accept Transactions from Submitter according to the Submitter Enrollment Form but may subsequently deny a Transaction for further processing if the Transaction is not submitted using the data elements, formats or Transaction types set forth in the Submitter Enrollment Form. Trading Partner may return a Submitter to a test status if Submitter repeatedly submits Transactions which do not meet the criteria set forth in a Submitter Enrollment Form or if Submitter repeatedly submits inaccurate or incomplete Transactions to Trading Partner.

- B.** Submitter understands that Trading Partner or others may request an exception from the Transaction and Code Set Regulations from DHHS. If an exception is granted, Submitter will participate fully with Trading Partner in the testing, verification, and implementation of a modification to a Transaction affected by the change.
- C.** Trading Partner understands that DHHS may modify the Transaction and Code Set Regulations. Trading Partner will modify, test, verify, and implement all modifications or changes required by DHHS using a schedule mutually agreed upon by Submitter and Trading Partner.
- D.** Neither Submitter nor Trading Partner accepts responsibility for technical or operational difficulties that arise out of third party service providers' business obligations and requirements that undermine Transaction exchange between Submitter and Trading Partner.
- E.** Submitter and Trading Partner will exercise diligence in protection of the identity, content, and improper access of business documents exchanged between the two parties. Submitter and Trading Partner will make reasonable efforts to protect the safety and security of individually assigned identification numbers that are contained in transmitted business documents and used to authenticate relationships between the parties.
- F.** Trading Partner may publish data clarifications ("Companion Guides") to complement each Implementation Guide. HIPAA Implementation Guides are available at http://www.wpc-edi.com/hipaa/HIPAA_40.asp. Companion Guides are available Provider Services, [Specifications](#) on the Department's website.
- G.** Transactions are considered properly received only after accessibility is established at the designated machine of the receiving party. Once transmissions are properly received, the receiving party will promptly transmit an electronic acknowledgement that conclusively constitutes evidence of properly received transactions. Each party will subject information to a virus check before transmission to the other party.
- H.** Each party will implement and maintain appropriate policies and procedures and mechanisms to protect the confidentiality and security of PHI transmitted between the parties.

3. Miscellaneous

- A.** This Agreement is effective on the date last signed below. This Agreement shall continue until such time as either party elects to give written notice of termination to the other party or termination of Transaction services provided by Trading Partner to Submitter, whichever is earlier.
- B.** This Agreement incorporates, by reference, any written agreements between the parties relating to the subject matter hereof.



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- C.** This Agreement shall be interpreted consistently with all applicable federal and state privacy laws. In the event of a conflict between applicable laws, the more stringent law shall be applied. This Agreement and all disputes arising from or relating in any way to the subject matter of this Agreement shall be governed by and construed in accordance with Colorado law, exclusive of conflicts of law principles. The exclusive jurisdiction for any legal proceeding regarding this Agreement shall be in the courts of the State of Colorado and the parties hereby expressly submit to such jurisdiction.
- D.** Unless otherwise prohibited by statute, the parties agree that this Agreement shall not be affected by any state’s enactment or adoption of the Uniform Computer Information Transaction Act, Electronic Signature or any other similar state or federal law. Each party agrees to comply with all other applicable state and federal laws in carrying out its responsibilities under this Agreement.
- E.** This Agreement is entered into solely between, and may be enforced only by, Submitter and Trading Partner. This Agreement shall not be deemed to create any rights in third parties or to create any obligations of Submitter or Trading Partner to any third party.
- F.** No warranties, express or implied, are provided by Trading Partner under this Agreement. Trading Partner’s maximum aggregate liability for damages for any and all causes whatsoever arising out of this Agreement, regardless of the manner in which claimed or the form of action alleged, is limited to the amount(s) paid to Trading Partner by Submitter under this Agreement.
- G.** Trading Partner may provide proprietary software to Submitter to allow Submitter to submit Transactions to Trading Partner. Submitter will protect the software as it protects its own confidential information and will not, directly or indirectly, allow access to or the use of the software or any portion thereof, on any computer, server, or network, by any person, corporation, or business entity other than Submitter. Submitter may permit use of the software by contractors or agents of Submitter provided that any such contractors or agents are not competitors of Trading Partner and further provided that any such persons agree to protect the confidentiality of the software. Submitter and its contractors and agents are not permitted to use the software for any purpose other than submitting Transactions solely to Trading Partner.
- H.** This Agreement contains the entire agreement between the parties and may only be modified by an agreement signed by both parties.

SUBMITTER:

Signature	Date
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Printed Name and Title



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**DSH EDI Enrollment
Colorado Medical Assistance Program
DSH EDI Submitter Services
P.O. Box 1100
Denver, CO 80201-1100**