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# **COLORADO**

## **MEDICAL ASSISTANCE PROGRAM**

### ***Electronic Data Interchange (EDI) Submitter Enrollment & Agreement***

**The Colorado Medical Assistance Program**

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



# Colorado Medical Assistance Program

## **ELECTRONIC DATA INTERCHANGE SUBMITTER ENROLLMENT**

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

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

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

If you need additional assistance, please call Provider Services EDI Support at 1-800-237-0757, Monday-Friday 8 a.m.-5 p.m. MT, or visit [colorado.gov/hcpf](http://colorado.gov/hcpf) ➔ [For Our Providers](#) ➔ [Provider Services](#) ➔ [Forms](#) ➔ [EDI Support](#).



## **SUBMITTER ENROLLMENT INSTRUCTIONS**

**NOTE: All Sections are required, unless otherwise indicated.**

### **Section 1. Classification**

Please indicate whether you are a software vendor, billing agent, or clearinghouse. A software vendor equips providers with software that allows them to submit data directly. A billing agent submits data on behalf of providers, but is not considered a provider itself. 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 electronic transactions. You may submit by either of the following methods: Asynchronous (batch) or the State's Provider Web Portal (interactive).

### **Section 3. Submitter Information**

Please complete the appropriate 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. Submitter/Trading Partner ID Number**

If you are currently submitting electronic transactions, please indicate your 5-digit Submitter ID **OR** 6-digit Trading Partner ID.

### **Section 5. ClearingHouses/Switch Vendors/Software Vendors**

If you are a clearinghouse/switch vendor or software vendor, please complete this section.

### **Section 6. Contact Information**

#### *Sub-Section 6a. Primary Contact Information*

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

#### *Sub-Section 6b. Secondary Contact Information*

Please indicate additional contact information, if any

### **Section 7. Transmission Transactions**

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



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## **Section 8. Delimiter Information**

For X12N transactions submitted directly to 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 9. Report Transactions**

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

### **Please Note:**

Your providers will be required to supply the Submitter or Trading Partner ID of their vendor, billing agent, or clearinghouse on their enrollment forms. Please be prepared to supply this information to your providers upon request.

### **Provider Authorization required for Billing Agents or Clearinghouses**

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

Providers have been given a Provider Authorization Form to be completed and signed by the provider or the provider's representative. (The billing agent/clearinghouse cannot sign on behalf of the provider.) The Provider Authorization Form, attached for your reference, authorizes a billing agent or clearinghouse to submit and/or retrieve transactions on behalf of a provider. No Provider Authorization Form or Provider Enrollment form is required for testing by billing agents or clearinghouses, but both will be required prior to production.

Please ensure that all of your providers have submitted the authorization. If additional copies are required, please direct providers to contact Provider Services at 1-800-237-0757. A separate authorization form must be submitted for each of your providers before you can submit or retrieve information on their behalf.

### **Implementation Guide Limits**

The Implementation Guide limits claims to 5000, and limits eligibility verifications to 99. You may not exceed these limits without receiving written permission from DHCPF to do so.



## SUBMITTER ENROLLMENT FORM

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

### Section 1. Classification

Please indicate your classification.

Software Vendor

Billing Agent

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)

### Section 3. Submitter Information

Business Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

### Section 4. Submitter/Trading Partner ID Number

If you are currently submitting electronic transactions directly to EDI Gateway, please indicate your 5-digit Submitter ID or 6-digit Trading Partner ID.



## SUBMITTER ENROLLMENT FORM

### Section 5. Clearing Houses/Switch Vendors/Software Vendors

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

Software  
Product Name: \_\_\_\_\_

Software  
Version: \_\_\_\_\_

### Section 6. Contact Information

#### *Sub-Section 6a. Primary Contact Information*

Contact Individual Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

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#### *Sub-Section 6b. Secondary Contact Information*

Contact Individual Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_



## SUBMITTER ENROLLMENT FORM

### Section 7. Available Transactions

- |  |  |
|--|--|
| <input type="checkbox"/> X12N 270 (Eligibility Inquiry)  | <input type="checkbox"/> X12N 837P (Professional Claim)  |
| <input type="checkbox"/> X12N 276 (Claim Status Inquiry) | <input type="checkbox"/> X12N 837D (Dental Claim)        |
| <input type="checkbox"/> X12N 278 (Prior Authorization)  | <input type="checkbox"/> X12N 837I (Institutional Claim) |

### Section 8. Report Transactions

Colorado Medical Assistance Program providers can receive X12N and/or proprietary electronic reports. Please select the reports that you want to receive through the State's Provider Web Portal. *Enter only one Trading Partner (TP) ID per report. You may enter a different TP ID for each selected report. Providers and submitters can no longer receive/retrieve reports through BBS/MEVSNET.*

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> X12N 277CA (Payer Specific Error Report) Will by default be returned to submitting TP ID | <input checked="" type="checkbox"/> X12N 999 (Acknowledgement of a sent transaction) Will by default be returned to submitting TP ID |
| <input checked="" type="checkbox"/> X12N 271 (Eligibility Response) Will by default be returned to submitting TP ID          | <input checked="" type="checkbox"/> X12N 277 (Claim Status Response) Will by default be returned to submitting TP ID                 |

	Receiving TP ID		Receiving TP ID
<input type="checkbox"/> X12N 820 (Client Capitation)	_____	<input type="checkbox"/> X12N 835 (Claim payment/Claim report)	_____
<input checked="" type="checkbox"/> Accept/Reject Report	_____	<input checked="" type="checkbox"/> Provider Claim Report (Previously called the Remittance Advice Report)	_____
<input type="checkbox"/> X12N 834 (Benefit Enrollment and Maintenance)	_____	<input type="checkbox"/> PCP Roster	_____
<input type="checkbox"/> PAR Letters	_____	<input type="checkbox"/> Managed Care Transactions	_____
<input type="checkbox"/> ACC Roster	_____		

### Section 9. Delimiter Information

For X12N transactions submitted directly to 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) ~



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## PROVIDER AUTHORIZATION PAGE

*Providers have been given a Provider Authorization Form to be completed and signed by the provider or the provider's representative. The Provider Authorization Form, attached for your reference, authorizes a billing agent or clearinghouse to submit and/or retrieve transactions on behalf of a provider. No Provider Authorization Form or Provider Enrollment form is required for testing by billing agents or clearinghouses, but both will be required prior to production.*

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.



## TRADING PARTNER AGREEMENT

**THIS TRADING PARTNER AGREEMENT** ("Agreement") is by and between **SUBMITTER** ("Submitter") and **EDI GATEWAY** ("Trading Partner"), subcontractor of the fiscal agent, 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 EDI Gateway

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](http://www.wpc-edi.com/hipaa/HIPAA_40.asp). Companion Guides are available from EDI Gateway at <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/121810295808>.
  - 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:**

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Signature	Date
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Printed Name and Title



Please return the completed Submitter Enrollment Form and executed Trading Partner Agreement to the following address:

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