HIPAA Transaction Standard Companion Guide

Health Care Claim: Institutional (837I) ASC X12N/005010X223A2

February 2015

Disclosure Statement

Disclosure, distribution and copying of this guide is permitted, however, changes to items found in this guide may occur at any time without notice.

The intended purpose and use of this guide is to provide information in reference to the Health Care Claim: Institutional (837I).

Due to the copyright protection of the 5010 Implementation Guides (TR3), Utah Medicaid will not publish items found on the ASC X12 Implementation Guides (TR3), other than to convey Utah Medicaid's system limitations and usage iterations.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronic health data with Utah Medicaid. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

The Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. It is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide will provide information regarding the exchange of Electronic Data Interchange (EDI) transaction with Utah Medicaid regarding Institutional claims and its acknowledgements (999 & 277CA). It also includes information about EDI enrollment, testing, and customer support.

Utah Medicaid is publishing this Companion Guide to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of the ASCX12N TR3s for all transactions mandated by HIPAA. The Companion Guide can be accessed at https://health.utah.gov/hipaa/guides.htm.

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1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) require all entities exchanging health data to comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The Accredited Standards Committees (ASC) X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) are the standard of compliance. The TR3s are published by the Washington Publishing Company (WPC) and are available at http://www.wpc-edi.com/.

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that due to Utah Medicaid's system limitation and business needs may require in addition to, over and above the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements.
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with Utah Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe Utah Medicaid's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
140	2010BB	REF01	Reference Identification Qualifier	G2	2	For Atypical Provider only
140	2010BB	REF02	Reference Identification		12	Provider's 12-digit Payment Contract

Scope

The Companion Guide addresses Medicaid's technical and connectivity specifications for the Health Care Claim: Institutional transactions and its acknowledgements (999 - Implementation Acknowledgement for Health Care Insurance & 277CA – Health Care Claim Acknowledgement).

Transactions	Versions
Health Care Claim: Institutional (837I)	005010X223A2
Implementation Acknowledgment for Health Care Insurance (999) Interchange Acknowledgment (TA1)	005010X231A1
Health Care Claim Acknowledgement (277CA)	005010X214
Health Care Claim Payment/Advice (835)	005010X221A1

Overview

The Companion Guide was written to assist providers in designing and implementing transaction standards to meet Utah Medicaid's processing methodology. The guide is organized in the sections listed below:

- Getting Started: Section includes information on enrolling as a Utah Medicaid Provider, EDI enrollment, and testing process.

- Testing With The Payer: Section includes detailed transaction instruction on how to test with Utah Medicaid.

- Connectivity With The Payer/Communications: Section includes information on Medicaid's transmission procedures, as well as communication and security protocols.

- Contact Information: Section includes Medicaid's telephone numbers, mailing and email addresses, and other contact information.

- Control Segments/Envelopes: Section contains information needed to create the ISA/IEA, GS/GE, and ST/SE control segments to be submitted to Utah Medicaid.

- Payer Specific Business Rules and Limitation: Section includes detailed transaction testing information. Web services connection is needed to send transactions.

- Acknowledgements and/or Reports: Sections contains information on all EDI reports such as electronic claims (837I), 999/TA1 and 277CA.

- Trading Partner Agreements: Section contains information regarding Trading Partner EDI Enrollment requirements for the electronic Institutional claims (837I) transactions.

- Transaction Specific Information: Section contains specific information regarding electronic claims (837I) transactions, system limitations, scheduled and non-scheduled system downtime notification, holiday hours and other information that would be helpful to Trading Partners.

- Appendices: This section will lay out transmission examples, frequently asked questions, implementation checklist, business scenarios and change summary.

References

5010 ASC X12 Technical Report Type 3 (TR3) Guides
Due to system limitation and business needs, Utah Medicaid will identify loops, segments and data elements to convey additional information in order to process electronic requests successfully.

The TR3s may be purchased through Washington Publishing Company (WPC) at http://www.wpc-edi.com.

Utah Health Information Network (UHIN) Standards and Specifications
All payers in Utah, including Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value added network serving providers and payers in Utah.

UHIN Home Page: http://www.uhin.org

The UHIN Standards can be found at: http://www.uhin.org/standards-documents

UHIN UTRANSEND Technical Reference Manual (TRM)
http://www.uhin.org/system/files/documents/UTRANSEND%20TRM.v1%2020141104.pdf

UHIN's EDI Enrollment Specification:
http://www.uhin.org/system/files/documents/EDI%20Enrollment%20Specification%20v1%2020110510%20approved.pdf

Council For Affordable Quality Healthcare (CAQH) Committee On Operating Rules for Information Exchange (CORE)

For information regarding CORE Rules which governs additional requirements with the Health Care Eligibility Benefit Inquiry and Response (electronic claims (837I), see the Committee On Operating Rules for Information Exchange (CORE) website at: http:///www.caqh.org

Washington Publishing Company (WPC): http://www.wpc-edi.com/
WPC Code List: http://www.wpc-edi.com/codes
WPC complete product list: http://www.wpc-edi.com/content/view/661/393/

CMS transaction and Code Sets Standards:
http://www.cms.gov/TransactionCodeSetsStands

CMS Electronic Billing & EDI Transactions Help Lines (Part A and B)
http://www.cms.gov/ElectronicBillingEDITrans

Accredited Standards Committee (ASC): http://www.x12.org

Additional Information

Utah Medicaid does not offer EDI software. Some software vendors charge for each electronic transaction type (claims, eligibility, reports, and remittance advice). There is no regulation as to what software vendors can charge for the software license or their services. It is the responsibility of the provider to procure software that best fit their business needs.

Things to consider when looking for an EDI software:

1. Fees and Function – what EDI transactions are included with the software license? (i.e., Claims: Institutional 837I, Institutional 837I, and Dental 837D).

    a. Health Care Benefit Eligibility Inquiries/Response (electronic claims (837I).

    b. Health Care Claim Status Request and Response (276/277).

    c. Health Care Claims: 837I (Institutional), 837I (Institutional), 837D (Dental)

    d. Acknowledgment Reports (999 and 277CA).

    e. Health Care Claim Payment/Advice (835).

    f. Health Care Service Review (278)

    g. 820 Premium Payment (HMO only)

    h. Benefits Enrollment and Maintenance (HMO only)

2. Software License – will the license include free regulatory updates?

3. Technical Support – is the installation, set-up and subsequent assistance included with the subscription?

4. System Requirements – will the software function with your current Operating System and/or Practice Management software or will new hardware be needed?

5. Reports – are data elements on received transactions viewable, i.e., Claims Adjustment Reason Codes, Remittance Remark Codes, PLB segments on the 835, etc?

6. UHIN provides a UHINt software for their members. Members of UHIN can download the UHINt software from www.uhin.org or contact UHIN for user name and password.

7. Providers using a billing company or clearinghouse, contact the billing company or clearinghouse for software.

8. Proprietary software can be used provided it meets HIPAAA 5010 standards and CORE requirements.

2 GETTING STARTED

Working with Utah Medicaid

Providers must enroll as a Utah Medicaid provider. Medicaid Provider Enrollment team may be reached at (801) 538-6155 or (800) 662-9651, option 3 and option 4 for questions regarding provider enrollment. Provider Enrollment forms, instructions and contact information are available on the Medicaid website at: http://health.utah.gov/medicaid/provhtml/providerenroll.htm

Once enrolled as a Utah Medicaid provider, contact UHIN for membership information and to obtain an Electronic Data Interchange (EDI) Trading Partner Number (TPN), in order to submit and/or receive electronic transactions to/from Utah Medicaid. Providers must obtain a Trading Partner Number (TPN) from UHIN. Contact UHIN at www.uhin.org or call (801) 716-5901 for membership enrollment information and web services connection.

Providers who wish to employ UHIN and use their tools and services to submit EDI claims, Client Eligibility and Response, Claim Status Inquiry and Response or receive Electronic Remittance Advice should contact UHIN at (801) 716-5901 or see UHIN's EDI Enrollment Specification at:
http://www.uhin.org/system/files/documents/EDI%20Enrollment%20Specification%20v1%2020110510%20approved.pdf

Providers who elect to transmit/receive electronic transactions using a third party, such as a billing agent, clearinghouse or network service, do not need to contact UHIN or acquire a TPN if the billing agent, clearinghouse or network service is a member of UHIN. In this case, providers must obtain the billing company's TPN to complete Medicaid's EDI enrollment on line.

Trading Partner Registration

Utah Medicaid requires all trading partners to complete the Medicaid EDI Enrollment Form on line at https://mmcslive.health.utah.gov/hcfenroll2/index.jsp, using the TPN assigned by UHIN or the clearinghouse or the network service TPN. Utah Medicaid does not accept any other form of EDI Enrollment.

Use the provider NPI and the Tax ID to fill out the EDI Enrollment Form on line. Fill out the form completely and associate the TPN to each transaction based on business needs. Various and different TPNs may be used for each transaction.

A clearinghouse or billing agency may complete the EDI enrollment for the provider using the established TPN owned by the clearinghouse or billing agency.

Click on the link for the EDI Enrollment tutorial:
https://medicaid.utah.gov/Documents/pdfs/EDI_Tutorial2014.pdf

Certification and Testing Overview

All payers in Utah, including Medicaid, have adopted the UHIN Standards and Specifications set fort by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value added network serving providers and payers in Utah.

Medicaid requires all providers to test with UHIN prior to submission of electronic 5010 transactions. Contact UHIN at (877) 693-3071 to coordinate 5010 acceptance testing.

3 TESTING WITH UTAH MEDICAID

Contact UHIN Help Desk at (801) 716-5901 for security access to their Test environment. Coordinate Acceptance Testing with UHIN first. UHIN will validate your EDI transactions and notify Utah Medicaid when Acceptance Testing is completed.

Ensure your Trading Partner Number (TPN) is registered with Utah Medicaid prior to testing. Associate the TPN, obtained through UHIN to each transaction based on business needs. Registration can be done through the EDI Enrollment on line at the Medicaid's website:
https://mmcslive.health.utah.gov/hcfenroll2/index.jsp.

Providers should coordinate testing with Utah Medicaid after completion of the Acceptance Testing with UHIN, by calling the EDI Customer Support at (801) 538-6155, option 3, option 5. Medicaid EDI Customer Support will assist with testing issues and errors.

Providers using the UHINt software are not required to test. Contact UHIN Member Relations Team at (801) 716-5901 for technical support.

Providers using a third party software or a practice management software need to work directly with their software vendor for software upgrade and technical support.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Web Services connection is required to send electronic 5010 837I transactions. For more information, see UHIN standards at http://www.uhin.org/, under Standards & Specifications.

To initiate a Trading Partner relation with UHIN, contact UHIN at (801) 716-5901 or (877) 693-3071 for more information, or email at: customerservice@uhin.com.

UHIN membership is required to access the Security Specification, Hardware Requirements and Connectivity Companion Guides through the UHIN website.

For complete information on the Connectivity requirements, click on UHIN's website at the link below:
http://www.uhin.org/system/files/documents/Connectivity%20Companion%20Guide%20v1.1%2020140826.pdf

UHIN's Technical Specifications are available in the UHIN UTRANSEND Technical Reference Manual. UHIN UTRANSEND Technical Reference Manual can be found at:
http://www.uhin.org/system/files/documents/UTRANSEND%20TRM.v1%2020141104.pdf

For information pertaining to the Hardware requirements, click on the link below:
http://www.uhin.org/system/files/Minimum_Technical_Requirements_0.pdf

5 CONTACT INFORMATION

EDI Customer Service

Trading Partners may call Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data and/or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

Utah Medicaid EDI Customer Support team may be reached by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, option 5. You may also email the EDI Customer Support team at: HCF_OSD@utah.gov

Note: Do not send PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Information%20Bulletins/Traditional%20Medicaid%20Program/2014/October2014-MIB.pdf

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M. On Thursday, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M. Utah Medicaid is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, the ListServe and through UHIN alerts for unexpected system down time, delay in generation and transmission of EDI reports, delay in the release of provider payments, and to announce the release of new or interim Medicaid Information Bulletin (MIB), etc.

To sign up for the Medicaid ListServe, click on the URL below:
https://medicaid.utah.gov/utah-medicaid-official-publications

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at:
http://uhin.org/members/uhin-alerts

Utah Medicaid's mailing address is:
Bureau of Medicaid Operations
PO Box 143106
Salt Lake City, UT. 84114-3106

EDI Technical Assistance

Contact the EDI Customer Support team for error resolutions and questions regarding EDI errors. EDI Customer Support team may be reached by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, option 5. You may also email the EDI Customer Support team at: HCF_OSD@utah.gov

Note: Do not send PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the

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https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Information%20Bulletins/Traditional%20Medicaid%20Program/2014/October2014-MIB.pdf

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M. On Thursday, EDI Customer Service phone lines are open from 11 A.M. to 5 P.M. Utah Medicaid is closed during Federal and State Holidays.

Applicable Websites/E-mail

Utah Medicaid EDI's email address is: HCF_OSD@utah.gov. (there is an underscore between HCF and OSD).

Note: Do not send PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Information%20Bulletins/Traditional%20Medicaid%20Program/2014/October2014-MIB.pdf

Utah Medicaid Web Page: http://health.utah.gov/medicaid

Utah Medicaid 5010 Companion Guide: http://health.utah.gov/hipaa/guides.htm

Utah Medicaid EDI Enrollment:
https://mmcslive.health.utah.gov/hcfenroll2/index.jsp

EDI Enrollment Tutorial:
https://medicaid.utah.gov/Documents/pdfs/EDI_Tutorial2014.pdf

Sign up for the Medicaid ListServe:

https://medicaid.utah.gov/utah-medicaid-official-publications

UHIN: http://www.uhin.org

UHIN Help Desk: customerservice@uhin.com

UHIN Standards and Specifications:
http://www.uhin.org/standards-documents

Connectivity requirements, click on UHIN's website at the link below:
http://www.uhin.org/system/files/documents/Connectivity%20Companion%20Guide%20v1.1%2020140826.pdf

Sign up to receive UHIN alerts:
http://uhin.org/members/uhin-alerts

UHIN's Hardware Requirements, click on the link below:
http://www.uhin.org/system/files/Minimum_Technical_Requirements_0.pdf

All documentation submitted for review through Fax, E-mail or paper, must be submitted with a completed Utah Medicaid Documentation Submission Form. The form must be the first page of the documentation and must be filled out completely. The form is available at:
http://health.utah.gov/medicaid/provhtml/forms.htm

6 CONTROL SEGMENT/ENVELOPES

In all transactions except the 999 and other fast batch responses transactions, the ISA06 and ISA08 hold the designated Trading Partner Number (TPN) of the submitter and receiver, respectively. The trading partner defines the value carried in the GS02 and GS03. If there is not an agreement between trading partners as to the value carried in these segments, then the default will be TPN of the submitter and receiver (i.e., the same numbers that are in ISA06 and ISA08, respectively).

For security purposes, neither the ISA04 nor the GS02 will be used to carry the Trading Partner Password or User ID. The Password and Use ID values will be transmitted in outside wrapping of the transaction for authentication. For this reason the ISA01 and ISA03 values are '00' and the ISA02 and ISA04 are space filled.

Interchange Control Number
To facilitate tracking and debugging the Interchange Control number used in the ISA13 must be unique for each transaction. The numbers may not be reused for a minimum of one year.

Interchange Sender ID
The information that is sent in the XML Header (SOAP wrapper) sender_id must be consistent with that sent in the Interchange Sender ID – ISA06. Failure may result in the receiver rejecting the file with an "ND" XML error code.

Group Control Number
To facilitate tracking and debugging the Group Control number used in the GS06 must be unique. The numbers may not be reused for a minimum of one year.

In a 999 Acknowledgement or interactive response transaction, the GS03 carries the value sent in the GS02 of the electronic claims (837I) transaction that is being acknowledged. The table below identifies the values to be carried in the ISA and GS of the transaction acknowledgment.

For more information regarding the use of ISA/IEA and GS/GE control segments, see the Utah Standards available on the UHIN website at:
http://www.uhin.org/standards-documents

Page #	Reference	Name	Value	Notes/Comments
C.3	ISA05	Interchange ID Qualifier	ZZ	Utah Medicaid accepts 'ZZ' qualifier only.
C.3	ISA06	Interchange Sender ID	HTxxxxxx-xxx	Sender's Trading Partner Number. Use the same value for GS02.
C.3	ISA07	Interchange ID Qualifier	ZZ	Utah Medicaid accepts 'ZZ' qualifier only.
C.3	ISA08	Interchange Receiver ID	HT000004-001	Utah Medicaid's Trading Partner Number. Use the same value for GS03.
C.3	ISA13	Interchange Control Number	Nine numeric value	Set of 9 numbers must be unique and may not be reused for a minimum of one year.
C.3	ISA14	Acknowledgment Requested	1	Always use number "1" for Interchange Acknowledgment Requested (TA1). Acknowledgment will be NOT be returned for the submitted transaction if an error on the ISA segment is

				detected. And the submitted EDI file will not be processed.
C.3	ISA15	Interchange Usage Indicator	P	Always use "P" for Production Data. EDI files marked with a "T" for Test will not be acknowledged or processed.
C.7	GS06	Group Control Number	Nine numeric value	Set of 9 numbers must be unique and may not be reused for a minimum of one year.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Utah Medicaid supports the Batch submission of Institutional Health Care Claim, (837I) transactions. At this time, only 837I transactions submitted through UHINet will be accepted.

You may transmit electronic claim transactions anytime 24 hours a day, 7 days a week.

Medicaid's cut-off for electronic claims submission is the end of business Thursday.

Clean claims received before the cut-off should be included in the week's adjudication. Clean claims received after the cut off will miss the current week's adjudication cycle and will process the following weekend.

Utah Medicaid Customer Service staff cannot access claims until after the adjudication cycle. However, you may contact the EDI unit at 801-538-6155, option 3, option 5 for assistance in EDI transmission errors reported on the 997 Acknowledgement and 277CA Acknowledgement.

You may send up to nine hundred ninety-nine (999) service lines in an Institutional claim. Medicaid recommends submitting up to fifty nine (59) or fewer lines for each Institutional claim. Claims with more than fifty nine (59) service lines will be split. Transaction Control Number (TCN) will be returned in the 277CA for each split claim.

See provider manuals for specific billing instructions. Manuals are available at http://health.utah.gov/medicaid/accept.php.

Medicaid Trading Partner Numbers (TPN)

Providers, billers, and clearinghouses must separate batches by receiving TPN (HT000004-001 and HT000004-005). If submitted as one batch, claims will be applied to the first receiver TPN on the submission.

HT000004-001 – Fee for Service

This is Medicaid's main Trading Partner ID. Unless listed below, EDI transactions should be submitted to this TPN.

HT000004-005 - Medicaid/Medicare Crossover

Submit all Medicaid/Medicare COB crossover claims to this Trading Partner ID. Services not covered by Medicare should be billed to Medicaid Fee for Service using the policy and procedures of Medicaid (See Section 10 – Transaction Specific Information, Coordination of Benefits for additional information).

Regular Scheduled System Downtime

Utah Medicaid's systems are available to process batch Institutional claims (837I) transactions 24/7 except for our regularly scheduled system downtime, which is stated below.

Routine downtime

Regularly scheduled system downtime is Sundays, from 1 A.M. to 2 A.M.

No real-time transactions will be processed between these hours. No response and/or acknowledgement will be returned during scheduled and non-scheduled downtime.

Non-routine downtime

Medicaid will notify providers through email list serve, UHIN alerts or message broadcast through the phone system for unscheduled and/or emergency downtime within one hour of discovery.

No response and/or acknowledgement will be returned during scheduled or non-scheduled downtime.

System Holiday Schedule

Utah Medicaid's systems are available to process Real Time and Batch transactions 24 hrs a day, 7 days a week except for our regularly scheduled system downtime, as stated above.

Business Rules & Limitations

Page #	Loop ID	Reference	Name	Codes	Limitation	Notes/Comments
423	2400	LX	Service Line	LX	59	Maximum

			Number			number of service lines for Institutional Claims. Medicaid will split claims over 59 lines

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Implementation Acknowledgement For Health Care Insurance (999) - ASC X12N/005010X231

A 999 Implementation Acknowledgement edits for syntactical quality of the functional group and the implementation guide compliance. 999 acknowledgement is returned for each electronic claims transmission.

The 999 Acknowledgement is available for download within two (2) hours after receipt of electronic Institutional claims (837I) transmission.

a. An Accepted 999 acknowledgement means the transaction file was accepted and will be responded to by the next business day with a 277CA Health Care Claim Acknowledgment.

b. A Rejected 999 acknowledgement means the file transmitted does not comply with the HIPAA standards identified by the syntactical analysis or implementation guide compliance.

   Errors in the 999 acknowledgement will identify the segment name, segment location and data element in error. Error(s) must be corrected before resubmitting the 837I transaction.

   All claims within the transmission must be re-billed.

Interchange Acknowledgment (TA1) – This report provides the capability for the interchange receiver to notify the sender that a valid envelope was received or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. It is unique in that it is a single segment transmitted without the GS/GE envelope structure.

The TA1 Acknowledgment encompasses the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange.

TA104, Interchange Acknowledgment Code indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors.

TA105, Interchange Note Code is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

EDI submitters wishing to receive a TA1 Acknowledgment must request it through data elements ISA14 using data element "1" in the transmitted interchange. If a TA1 Acknowledgment is not requested and the submitted EDI file has an enveloping error, Medicaid will not generate or send an acknowledgment for the Rejected file.

Health Care Claim Acknowledgements 277CA - ASC X12N/005010X214

A 277CA Health Care Claim Acknowledgment reports status of all claims submitted the day before that were Accepted on the 999 Acknowledgement.

The 277CA is available for download the next business day after the transmission of the 837I transaction.

a. An Accepted claim on the 277CA Acknowledgement is assigned a TCN and sent to the adjudication system.

b. A Rejected claim on this report is being returned as unprocessed Institutional claim, therefore, the claim must be corrected and resubmitted.

   Claims returned as unprocessed will not be in our system for future calls and claims status inquiry.

   Use the Claim Status Codes from the HIPAA Code Listing at http://www/wpc-edi.com/reference/ to determine why the claim was rejected.

The provider is notified through the 277CA Acknowledgement when Medicaid splits health care claims.

If an accepted 999 Acknowledgement is sent and a 277CA Acknowledgement transaction is not generated the next day, contact Utah Medicaid EDI Customer Support at (801) 538-6155, Option 3, Option 5.

Health Care Claim Payment/Advice (835) - ASC X12N/005010X221

The 835 Remittance reports Paid and Denied claims only. The 835 is used to report the final financial statement of adjudicated claims/encounters.

The 835 is available for download on Monday morning and will remain available for pickup for one month.

If an 835 transaction is not generated, contact Utah Medicaid EDI Customer Support at (801) 538-6155, Option 3, Option 5.

Denial reasons can be found using the Claim Adjustment Reason Codes and the Remittance Advice Remark Codes from the HIPAA Code Listing. The HIPAA Code List can be accessed through Washington Publishing Company website at: http://www/wpc-edi.com/reference/.

9 TRADING PARTNER AGREEMENTS

Contact UHIN at www.uhin.org or call (801) 716-5901 for membership enrollment information and Web Services connection. UHIN will assign a Trading Partner Number (TPN) for EDI.

Providers who elect to submit/receive electronic transactions using a third party such as a billing agent, clearinghouse or network service do not need to contact UHIN or acquire a TPN if the billing agent, clearinghouse or network service is a member of UHIN. Clearinghouse or billing agency may complete the EDI enrollment for the provider or obtain the billing company's TPN if you elect to complete the EDI enrollment on our website.

Providers who wish to exchange electronic transaction with Medicaid must submit an Electronic Data Interchange (EDI) Enrollment through the Medicaid's website: https://mmcslive.health.utah.gov/hcfenroll2/index.jsp. Provider will need the National Provider Identifier (NPI) or 12-digit payment contract, and Tax ID to complete the EDI enrollment on line.

Associate the TPN to each transaction (based on business needs). Different TPN's may be used for each transaction.

Utah Medicaid does not offer an EDI software. It is the responsibility of the provider to procure software capable of generating a 5010 X12 transaction, and is compatible with the practice management system to meet business needs.

Some software vendors charge for each transaction type (claims, eligibility, reports, and remittance advice). There is no federal regulation as to how much a software vendor can charge for the software license or their services.

UHIN provides the UHINt software for UHIN members, and can be downloaded from www.uhin.org. For assistance with the download, contact UHIN at (801) 716-5901 or (877) 693-3071.

Providers using a billing company or clearing house, contact the billing company or clearing house for software. Proprietary software can be used provided it meets HIPAA 5010 standards and the CAQH CORE Operating Rules requirements.

10 TRANSACTION SPECIFIC INFORMATION

The information, when applicable under this section is intended to help the trading partner understand the business context of the Health Care Claim: Institutional (837I) transaction.

See provider manuals for specific billing instructions. Provider Manuals are available on line at: http://health.utah.gov/medicaid/accept.php

Provider NPI and Tax ID must match to a single Medicaid contract for a claim to successfully adjudicate. If a provider affiliates their NPI to more than one Medicaid contract, a unique Taxonomy Code and unique service address must be affiliated to their contract.

When provider's NPI and Tax ID are used for multiple provider payment contracts, include the service location in the billing address loop and/or taxonomy code as entered in the provider contract.

The 9-digit zip code associated with the service location is required in the billing loop.

With Utah Medicaid, the subscriber is always the patient. There are no dependents in the Medicaid program.

The Patient Control Number in the 837 transaction needs to be unique to each claim/encounter. This number is returned in the 277CA Health Care Claim Acknowledgment for matching to the claim/encounter.

Utah Medicaid does not accept a line with a negative submitted charge (method used by Medicare for adjusting claims). A negative amount will generate the 484 error code (Business Application Currently Not Available) on the 277CA Acknowledgment.

Outpatient claims require the reporting of HCPCS/CPT code for most Revenue Codes.

Inpatient claims require the Present On Admission indicator for Diagnosis Codes.

30 day re-admits should be combined if for same/like service.

To avoid duplicate denials, do not bill the same procedure code for the same date of service on separate claims.

You may send up to nine hundred ninety-nine (999) service lines in an Institutional claim. Medicaid recommends submitting fifty nine (59) or fewer service lines for each Institutional claim. Claims submitted with more than fifty nine (59) service lines will be split.

When Medicaid splits health care claims, the provider is notified through the 277CA Health Care Claim by returning a Transaction Control Number (TCN) for each split claim that is accepted.

Diagnosis code is required. Be sure and report to the furthest detail (up to 5 digits).

Report the National Drug Code (NDC) in addition to HCPCS/CPT code if billing physician administered drugs.

When submitting a National Drug Code (NDC), enter all 11 digits. Zero fill if not 5-4-2 format (example: 186-868-44 report as 00186086844). Do not submit hyphens, spaces or special characters.

Medicaid Customer Service agents are unable to see claims that have not processed through a weekend adjudication cycle.

The 835 Health Care Claim Payment/Advice will report each portion of the split claim as it adjudicates.

Providers, billers, and clearinghouses must separate batches by the receiving TPN, (HT000004-001 and HT000004-005).

Medicaid Trading Partner Numbers (TPN)

Providers using NPI to bill should submit electronic Institutional claim (837I) transactions to the following Trading Partner ID:

HT000004-001 – Fee for Service

HT000004-005 – Crossover Claims

Coordination of Benefits

Before submitting a claim to Medicaid, a provider must submit and secure payment from all other liable parties such as Medicare Part A and B. (For more information refer to the Medicaid Manual, General Information Section, 11-4).

Claims denied from Medicare as non-covered services should be submitted to Medicaid Fee-for-Service, not to Crossovers.

On Crossover claims, report third party payment information the same as the Medicare EOMB (at line level if possible).

Fee-for-Service uses claim level third party payment information for adjudication.

Report all Reason Codes as reported by other payer(s) and amounts (contractual obligation or write-offs). If no reason codes given by other payer, report all contractual obligations using “CO:45”. If no reason code is available from other payer(s) to identify the patient responsibility use “PR:01” reason code. Report the total payments and the final patient responsibility. Medicaid calculates payment based on Patient Responsibility.

Do not include co-payments received from the patient in the Third Party Liability (TPL) reporting.

A service paid by a primary payer may be billed under a different procedure code than Medicaid requires for adjudication. Providers must follow Medicaid billing guidelines on their FFS secondary claims.

Third party payment information must be submitted for all prior payers. Ensure your software allows for reporting of multiple payer coordination of benefits information.

Utah Medicaid Trading Partner Number for COB claim submission:

HT000004-001 - Medicaid Fee-for-Service
HT000004-005 - Utah Medicaid Crossovers

If primary payer	When primary payer is	Transmit electronic claim to TPN
Pays	Medicare	HT000004-005
	Commercial	HT000004-001
Pays zero	Medicare	HT000004-005
	Commercial	HT000004-001
Denies	Medicare	HT000004-001
	Commercial	HT000004-001

Timely Filing

Claims and adjustment for services must be received by Medicaid within 365 days from the date of service. The timely filing period is determined by the “from” date of service.

Original claims received past the 365 day filing deadline will be denied.

Medicare/Medicaid Crossover Claims and adjustments must be received within 365 days or six months (180) days from notification of the Medicare decision. Medicare paid date must be submitted on the claim.

Replacement/Adjustment of a claim must also be processed within the same 365 day time frame.

Providers may request a change to correct a claim outside of the timely deadline. However, no additional reimbursement will be made. Example: Claim to be replaced was denied, the payment on the replacement claim will be zero.

Replacement and Void Claims

Providers should submit their own corrections by submitting either a replacement or void claim.

If the original claim was denied, it is necessary to submit a replacement claim. Make the necessary correction(s) and resubmit claim as an original claim.

Use “7” as the Claim Resubmission Code for Replacement claim and “8” for Void claims.

The provider NPI on the original claim must match the provider NPI being submitted on the Replacement or Void claim, otherwise the claim will reject.

The TCN of the claim to be replaced or voided must be reported. Do not submit hyphens or spaces.

If the TCN of the original claim cannot be identified in the Medicaid system, or the claim has already been reprocessed, the replacement/void claim will be rejected.

Replacement claim(s) void the original claim. The replacement claim is then processed in the Medicaid system as an original claim.

If there is a line item that did not pay on the original claim, it is not necessary to submit a replacement claim. You may submit a new claim showing only the services not paid on the original claim.

If additional units are being added to an already paid procedure code, or you are changing procedure codes, a replacement claim must be submitted.

If wanting to replace a total original claim that was split by Medicaid for processing, it is necessary to submit a void claim for each of the split claims relating to the original claim. A new original claim could then be submitted for processing and split in the Medicaid system.

If replacing only the information for a single portion or a split claim, you may replace just that specific claim portion, realizing the individual claim and charges will be voided and the new claim treated as an original.

If a claim is paid under the wrong provider, submit a void claim with the provider NPI of the original claim and a new original claim with the correct NPI/Payment Contract Number.

Reprocessed or corrected claim will return the same TCN as on the original claim in the 835.

Claim Attachments:

A HIPAA electronic standard has not been mandated for attachments. There are multiple methods of submitting supporting documentation to Utah Medicaid:

a. Electronic (Fax, Email or UHIN software. Contact UHIN for software options).

   Electronic software submission must provide metadata matching the data on the document submission form.

b. Paper

   All documentation submitted for review through Fax, E-mail or postal mail must be submitted with a completed Utah Medicaid Documentation Submission Form. The form must be the first page of the documentation and must be filled out completely. Any documents submitted without this form will be returned. The form is available at: http://health.utah.gov/medicaid/provhtml/forms.htm

   Medicaid's mailing address:

   Bureau of Medicaid Operation
   PO Box 143106
   Salt Lake City, Utah 84114-3106

   Medicaid's Fax numbers:

   GENERAL Fax……801-538-6805
   Manual Review……801-536-0463
   Emergency Only Program……801-536-0475
   Timely Filing ……..801-536-0164
   Crossovers……..801-323-1584
   Sterilizations ……..801-237-0745
   PPC (Provider Preventable Condition) 801-536-0974
   Custody Medical ……..801-538-9128
   Baby Your Baby ……..801-538-9428
   Provider Enrollment ……801-536-0471
   Pharmacy ……801-536-0464

APPENDICES

Implementation Checklist

1. Enroll as a Medicaid Provider.

2. Acquire a Trading Partner Number from UHIN.
2. Register Trading Partner Number on-line with Utah Medicaid.
3. Contact UHIN for Acceptance Testing and Connectivity testing.
4. Test with Utah Medicaid.
5. Go live with Utah Medicaid.

Business Scenarios

A. Trading Partners are required to submit provider information. Utah Medicaid will validate the NPI and Tax ID for all providers sending electronic claims (837I) transactions.

B. Billing provider address must be a street address where service was rendered. Medicaid uses this address to identify the appropriate payment contract in order to pay claims.

C. Use the group taxonomy code in the billing loop if billing as a Group or FQHC.

D. Billing Replacement and Void Claims.
Use Claim Resubmission Code "7" for Replacement claim, and "8" for Void Claims.

E. Report the NDC in addition to the HCPCS/CPT code when billing for physician administered drug.

F. Procedure code 01996 is the only anesthesia code reported as a single unit. Multiple units are not allowed for this code. Units should be reported in full units. The Division of Medicaid and Health Financing's policy is to round to the nearest unit.

G. Time should be reported in minutes when billing for anesthesia procedures (including 41899).

Transmission Examples:

A. NPI and Tax ID validation:

NPI Providers					
Loop	**Segment**	**Name**	**Code**	**Length**	**Notes/Comments**
2010AA	NM108	Identification Code Qualifier	XX		Qualifier for the National Provider ID (NPI) must be submitted
2010AA	NM109	Billing Provider Identifier		10	The NPI must be submitted
2010AA	REF01	Employer's	EI	2	Tax ID qualifier

		Identification Qualifier			
2010AA	REF02	Reference Identification		9	Billing Provider Tax ID Number without dash or special characters.

B. Billing Provider Address

Billing Provider Address					
Loop	**Segment**	**Name**	**Code**	**Length**	**Notes/Comments**
2010AA	N301	Billing Provider Address Line			Street address of the service location. (Post Office Box or Lock Box address is not allowed in this loop.
2010AA	N302	Billing Provider Address Line			Street address of the service location. (Post Office Box or Lock Box address is not allowed in this loop.
2010AA	N401	Billing Provider City Name			City name
2010AA	N402	Billing Provider State or Province Code			State
2010AA	N403	Billing Provider Postal Zone or ZIP Code		9	9-digit Zip Code associated with the service location without a dash or special characters.

C. Billing Provider Specialty Information

Billing Provider Address					
Loop	**Segment**	**Name**	**Code**	**Length**	**Notes/Comments**
2000A	PRV01	Provider Code	BI		Qualifier for billing provider
2000A	PRV02	Health Care Provider Taxonomy Code	PXC		Qualifier for the taxonomy code

2000A	PRV03	Provider Taxonomy Code		10	Billing provider taxonomy code

D. Replacement and Void Claim

Replacement Claim					
Loop	**Segment**	**Name**	**Code**	**Length**	**Notes/Comments**
2300	CLM05-3	Claim Frequency Code	7		Replacement of Prior Claim (This is the third position of the Uniform Billing Claims Form Bill Type)
2300	REF01	Reference Identification Qualifier	F8		Original reference number qualifier
				17	TCN of the claim being replaced

Void Claim					
Loop	**Segment**	**Name**	**Code**	**Length**	**Notes/Comments**
2300	CLM05-3	Claim Frequency Code	8		Void/Cancel of Prior Claim (This is the third position of the Uniform Billing Claims Form Bill Type)
2300	REF01	Reference Identification Qualifier	F8		Original reference number qualifier
				17	TCN of the claim being voided

E. Billing for Physician Administered Drug

Physician Administered Drug					
Loop	**Segment**	**Name**	**Code**	**Length**	**Notes/Comments**
2410	LIN02	National Drug Code	N4		Use this qualifier to

					report an NDC
2410	LIN03	National Drug Code		11	NDC code (Do not use special characters. Leading zero should be used if NDC code is less than 11 digits.)

F. Anesthesia Procedures Codes 01996 - Unit or Basis of Measure Code (UN-Units)

Loop	Segment	Name	Code	Length	Notes/Comments
2400	SV101	Composite Medical Procedure Identifier			
2400	SV101-1	Product or Service ID Qualifier	HC		Health Care Financing Administration Common Procedural Coding System Code
2400	SV101-2	Procedure Code	01996		Anesthesia code
2400	SV102	Line Item Charge Amount			Charge amount
2400	SV103	Unit or Basis of Measurement Code	UN		Qualifier for Unit as the Unit or Basis of Measure Code
2400	SV104	Service Unit Count	1		Always use 1. Multiple units are not allowed for this procedure code.

G. Anesthesia Procedures Code Including 41899 - Unit or Basis of Measure Code (MJ-Minutes)

Loop	Segment	Name	Code	Length	Notes/Comments
2400	SV101	Composite Medical Procedure Identifier			
2400	SV101-1	Product or Service ID Qualifier	HC		Health Care Financing Administration Common Procedural Coding System Code

2400	SV101-2	Procedure Code	41899		Anesthesia code
2400	SV102	Line Item Charge Amount			Charge amount
2400	SV103	Unit or Basis of Measurement Code	MJ		Qualifier for Minutes as the Unit or Basis of Measure Code (Required for Anesthesia claims)
2400	SV104	Service Unit Count			Report number of minutes (Anesthesia time is counted from the moment that the practitioner, having completed the preoperative evaluation, starts an intravenous line, places monitors, administers pre-anesthesia sedation, or otherwise physically begins to prepare the patient for anesthesia. Time continues throughout the case and while the practitioner accompanies the patient to the post-anesthesia recovery unit (PACU) Time stops when the practitioner releases the patient to the care of PACU personnel.

Frequently Asked Questions

Here's a compilation of Questions and Answers relative to Utah Medicaid and its providers.

1. Is there an enrollment requirement to utilize the electronic claims (837I)?

Yes. In order to successfully exchange electronic data like the electronic claims (837I) transaction, providers must be enrolled and currently open with Utah Medicaid for the service date.

A. Successful utilization of the electronic claims (837I) transactions requires trading partners to register the TPN on-line with Utah Medicaid, by submitting an Electronic Data Interchange (EDI) Enrollment Form. Define usage of the electronic claims (837I) transactions on the EDI Enrollment.

   Click on the link below to register.
   https://mmcslive.health.utah.gov/hcfenroll2/index.jsp.

   EDI Enrollment Tutorial:
   https://medicaid.utah.gov/Documents/pdfs/EDI_Tutorial2014.pdf

2. Does Medicaid return acknowledgements for 837I submission?

   Medicaid will return a 999 Implementation Acknowledgement for Health Care Insurance. This report will identify if the submitted 837I was Accepted or Rejected.

   Rejection on this report entails rejection of the entire file.

   This report is returned to the submitter within two hours of receipt of the 837I transaction.

   277CA Health Care Claim Acknowledgement is returned the next day of receipt of the 837I transaction that has been accepted on the 999 Acknowledgement.

   An Accepted claim on the 277CA Acknowledgement is assigned a Transaction Control Number (TCN) and sent to the adjudication system.

   A Rejected claim on this report is being returned unprocessed, therefore, the claim must be corrected and resubmitted. Unprocessed claim will not be in our system for future calls and claims status inquiry.

   Refer to the Claim Status Codes from the HIPAA Code Listing at: http://www/wpc-edi.com/reference/ to determine why the claim was rejected.

   Medicaid uses the 277CA Acknowledgement as notification when claims are split.

3. What is the Connectivity Requirements for Medicaid?

   UHIN serves as the front end to Utah Medicaid for electronic file submission. For information on connectivity requirements, see UHIN standards at http://www.uhin.org/, under Standards & Specifications.

To initiate a Trading Partner relation with UHIN, contact UHIN at (801) 716-5901 or (877) 693-3071 for more information, or email at: customerservice@uhin.com.

UHIN membership is required to access the Security Specification, Hardware Requirements and Connectivity Companion Guides through UHIN.

For complete information on the Connectivity requirements, click on UHIN's website at the link below:
http://www.uhin.org/system/files/documents/Connectivity%20Companion%20Guide%20v1.1%2020140826.pdf

4. Do you support batch submission?

   Yes, Utah Medicaid supports Batch electronic claims (837I) transactions.

5. What Trading Partner Number should provider use to send the electronic claims (837I) to?

   Providers using NPI to bill Utah Medicaid should submit electronic claims (837I) transactions to the following TPN:

   HT000004-001 Fee For Service

   HT000004-005 Crossover

6. Do you require testing?

   Providers should complete Acceptance Testing with UHIN prior to submitting testing to Utah Medicaid. Call Medicaid's EDI team to coordinate testing at (801) 538-6155, option 3, option 5.

7. Who do I call for EDI Customer Support?

   Trading Partners may call Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data and/or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

   Utah Medicaid EDI Customer Support team may be reached by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, option 5. You may also email the EDI Customer Support team at: HCF_OSD@utah.gov

   Note: Do not send PHI to this email address.

   If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Information%20Bulletins/Traditional%20Medicaid%20Program/2014/October2014-MIB.pdf

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M. On Thursday, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M. Utah Medicaid is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, the ListServe and through UHIN alerts for unexpected system down time, delay in generation and/or transmission of EDI reports, delay in the release of provider payments, and to announce the release of new or interim Medicaid Information Bulletin (MIB), etc.

To sign up for the Medicaid ListServe, click on the URL below:
https://medicaid.utah.gov/utah-medicaid-official-publications

Change Summary

This section details the changes between the current Companion Guide and the previous guide(s).

1. The Companion Guide follows the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Master Companion Guide format.

2. The previous Companion Guide included the following EDI transactions:
   837 Health Care Claim: Dental
   837 Health Care Claim: Institutional
   837 Health Care Claim: Dental
   835 Health Care Claim: Payment/Advice
   270/271 Health Care Eligibility Benefit Inquiry and Response
   276/277 Health Care Claim Status Inquiry and Response
   278 Health Care Service Review
   277CA Health Care Claim Acknowledgement
   999/TA1 Implementation Acknowledgement for Health Care Insurance