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 **HIPAA Transaction**

**Standard Companion Guide**

**Health Care Claim Payment/Advice (835)**

**ASC X12N/005010X221A1**

**October 2018**

**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 Payment/Advice (835).

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 Health Care Claim Payment/Advice (835). It also includes information about EDI enrollment for the different EDI transactions, 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: <https://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** | **Notes/Comments** |
| 137 | 2100 | NM1 | Subscriber Name |  | This indicates that a new segment has begun |
| 137 | 2100 | NM101 | Entity Identifier Code | QC | This indicates that a new client segment has begun |
| 217 |  | PLB | Provider Level Adjustment |  | Used to report adjustment not specific to a claim.  |
| 217 |  | PLB | Provider Level Adjustment | FB | Forward Balance. Qualifier used in reporting Gross Adjustment not specific to a claim.  |
| 217 |  | PLB | Provider Level Adjustment | -10.00 | Utah Medicaid paid the provider $10.00. This amount is in addition to what Utah Medicaid paid on claims this week. It increases the payment to the provider. |

 **Scope**

 The Companion Guide addresses Medicaid’s technical and connectivity specifications for the Health Care Claim Payment/Advice (835) transaction and its acknowledgement (999-Implementation Acknowledgement for Health Care Insurance).

|  |  |
| --- | --- |
| **Transactions** | **Versions** |
| 835 Health Care Claim Payment/Advice  | 005010X221A1  |
| 999 Implementation Acknowledgment for Health Care Insurance  | 005010X231A1  |

 **Overview**

 The Health Care Claim Payment/Advice (835) Companion Guide was written to assist providers in understanding payment reporting, denial reason and remark code usage, and claim payment adjustment methodology. The guide is organized in the sections listed below:

* Getting Started: Section includes information on enrolling as a Utah Medicaid Provider and EDI Trading Partner registration enrollment.
* Testing With Utah Medicaid: 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 Health Care Claim Payment/Advice (835) transaction information.
* Acknowledgements and/or Reports: Section contains information on Health Care Claim Payment/Advice (835) and the Implementation Acknowledgment For Health Care Insurance (999).
* Trading Partner Agreements: Section contains information regarding Trading Partner EDI Enrollment requirements for the Health Care Claim Payment/Advice (835) transaction.
* Transaction Specific Information: Section contains specific information regarding electronic Health Care Claim Payment/Advice (835) transaction, system limitation, 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 report pertinent payment methodology.

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

**Washington Publishing Company (WPC):**  <http://www.wpc-edi.com/>

 Washington Publishing Company Code Lists can be found at:

<http://www.wpc-edi.com/codes>.

1. Claim Adjustment Reason Code
2. Remittance Advice Remark Code
3. Claim Status Category Code
4. Claim Status Codes
5. Entity Code

WPC complete product list: <http://www.wpc-edi.com/content/view/661/393/>4

**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. The UHIN Standards can be found at:

<https://standards.uhin.org/>

UHIN UTRANSEND Technical Reference Manual

[https://standards.uhin.org/technical-reference-manual-trm](https://standards.uhin.org/technical-reference-manual-trm/)

UHIN Home Page: <https://uhin.org>

UHIN’s EDI Enrollment Specification:

[https://standards.uhin.org/edi-enrollment-specification-v1-1](https://standards.uhin.org/edi-enrollment-specification-v1-1/)

**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 Claim Payment/Advice (835) transaction, see the Committee On Operating Rules for Information Exchange (CORE) website at: <http:///www.caqh.org>

**Washington Publishing Company (WPC):** <https://wpc-edi.com/>

 Washington Publishing Company Code List: <http://www.wpc-edi.com/codes>

Washington Publishing Company 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: Professional 837P, Institutional 837I, and Dental 837D).
	1. Health Care Benefit Eligibility Inquiries/Response (electronic claims (837P).
	2. Health Care Claim Status Request and Response (276/277).
	3. Health Care Claims: 837P (Professional), 837I (Institutional), 837D (Dental)
	4. Acknowledgment Reports (999 and 277CA).
	5. Health Care Claim Payment/Advice (835).
	6. Health Care Service Review (278)
	7. 820 Premium Payment (ACO/HMO only)
	8. Benefits Enrollment and Maintenance (ACO/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](http://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.
9. **GETTING STARTED**

**Working with Utah Medicaid**

Providers must enroll as a Utah Medicaid provider. Utah 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 Utah Medicaid website: <https://medicaid.utah.gov/become-medicaid-provider>.

A provider who enrolled on-line will receive a Welcome Letter with a domain name and other Utah Medicaid system security information to access provider enrollment information.

Existing providers who have not validated in our system may contact the Provider Enrollment team to acquire a Validation Letter. The validation letter will list the domain name and other Utah Medicaid system security information to access provider enrollment information and validate the enrollment with Utah Medicaid.

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 become a member of the UHIN Network by signing the current Electronic Commerce Agreement and obtain a Trading Partner Number (TPN) from UHIN. Contact UHIN at [www.uhin.org](http://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 may contact UHIN at (801) 716-5901 or see UHIN’s EDI Enrollment Specification at:

[https://standards.uhin.org/edi-enrollment-specification-v1-1](https://standards.uhin.org/edi-enrollment-specification-v1-1/)

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 Utah Medicaid’s EDI enrollment on line.

**Trading Partner Registration**

Whether providers are currently sending EDI transactions or wish to start sending transactions, an EDI account must be activated with UHIN and Utah Medicaid.

Utah Medicaid requires all trading partners to complete the Utah Medicaid EDI Enrollment Form on line. Any other form of EDI Enrollment is not accepted. To become a trading partner with Utah Medicaid, visit our website at <https://medicaid.utah.gov/become-medicaid-provider>.

Using the domain and other security access information provided on the Welcome Letter (when you first enrolled to become a Utah Medicaid provider) or from the Validation Letter (existing providers), you may access and complete or modify the EDI Enrollment. If a Validation Letter was not received, contact Medicaid Provider Enrollment at (801) 538-6155 or (800) 662-9651, option 3 and option 4 to request for one.

 **For Brand New Providers – Never Validated:**

* Acquire a Utah Identification (ID) fromlogin.utah.gov if you don’t have one yet.
	+ Create an Account
	+ Complete all the required fields
	+ Set the password interval to 90 days, and using the following State of Utah password requirements:
		- Minimum of 8 characters
		- Upper case letters
		- Lower case letters
		- At least 1 number
		- Special characters
* Visit our website at <https://medicaid.utah.gov/become-medicaid-provider> to complete the EDI Enrollment Forms
* Click on the Health Care Providers tab.
* Select on the Provider Portal Access.
* Click on the Converted Providers Accessing the New PRISM System for the First Time.
* Enter your Utah ID and password to log in.
* Enter the Domain information from the Welcome Letter or the Validation Letter.
* Enter the Temporary ID from the Welcome Letter or the Validation Letter.
* Enter the Temporary Key from theWelcome Letter or the Validation Letter.
* Enter the SSN or Tax ID, then click on Login.
* Complete all the validation requirements in Steps 1-3.
* Complete all the steps for EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the Trading Partner Number (TPN) to each EDI transaction based on business needs. Different TPN may be used for each EDI transaction.
* Click on the Submit button in the last step to submit the form for processing.

**For Existing Providers - Validated:**

* Visit our website at <https://medicaid.utah.gov/become-medicaid-provider> to complete the EDI Enrollment Forms
* Click on the Health Care Providers tab.
* Select on the Provider Portal Access.
* Enter your Utah ID and password to log in.
* Enter the Domain information from the Welcome Letter or the Validation Letter.
* Select a Role.
* Click on the Manage Provider Information.
* Complete all the steps that pertain to the EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the TPN to each EDI transaction based on business needs. Different TPNs may be used for each EDI transaction.
* Click on the Submit button in the last step to submit the form for processing.

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

Training is available by clicking on the link for the Provider Enrollment and EDI Enrollment tutorial: https://medicaid.utah.gov/pe-training

**Certification and Testing Overview**

All payers in Utah, including Utah 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.

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.

1. **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://medicaid.utah.gov/become-medicaid-provider.

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.

Send your test transaction to Medicaid’s Test Trading Partner Number:

HT000004-003

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.

1. **CONNECTIVITY/COMMUNICATIONS**

Web Services connection is required to send electronic 5010 837P transactions. For more information, see UHIN standards at [<https://uhin.org/>](http://www.uhin.org/pages/standards-specifications/web-services-network-connection-specification/php), 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:

[https://standards.uhin.org/edi-enrollment-specification-v1-1](https://standards.uhin.org/edi-enrollment-specification-v1-1/)

UHIN’s Technical Specifications are available in the UHIN UTRANSEND Technical Reference Manual. UHIN UTRANSEND Technical Reference Manual: [https://standards.uhin.org/technical-reference-manual-trm](https://standards.uhin.org/technical-reference-manual-trm/)

For information pertaining to the Hardware requirements, click on the link below: [https://standards.uhin.org/edi-enrollment-specification-v1-1](https://standards.uhin.org/edi-enrollment-specification-v1-1/)

1. **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 Medicaid ListServe and through UHIN alerts for unexpected system down time, delay in generation and transmission of EDI reports such as the Health Care Claim Payment/Advice (835), 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://www.uhin.org](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 (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.

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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/](http://health.utah.gov/hipaa/guides.htm)

Utah Medicaid EDI Enrollment:

<https://medicaid.utah.gov/become-medicaid-provider>

EDI Enrollment Tutorial:

<https://medicaid.utah.gov/pe-training>

Sign up for the Medicaid ListServe:

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

UHIN: <https://uhin.org>

UHIN Help Desk: customerservice@uhin.com

UHIN Standards and Specifications:

[https://standards.uhin.org/](http://www.uhin.org/standards-and-specifications)

Connectivity requirements, click on UHIN’s website at the link below:

[https://standards.uhin.org/technical-reference-manual-trm](https://standards.uhin.org/technical-reference-manual-trm/)

Sign up to receive UHIN alerts:

<https://uhin.org>

UHIN’s Hardware Requirements, click on the link below: [https://standards.uhin.org/technical-reference-manual-trm](https://standards.uhin.org/technical-reference-manual-trm/)

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>.

1. **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 three years.

**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 three years.

In a 999 Acknowledgement or interactive response transaction, the GS03 carries the value sent in the GS02 of the electronic claims (837P) 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: https://standards.uhin.org/

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Page #** | **Reference** | **Name** | **Value** | **Notes/Comments** |
| C.3 | ISA05 | Interchange ID Qualifier | ZZ | Utah Medicaid uses ‘ZZ’ qualifier only. |
| C.3 | ISA06 | Interchange Sender ID | HT000004-001 | Utah Medicaid’s Trading Partner Number used in the 835 transaction. This is the same value for GS02. |
| C.3 | ISA07 | Interchange ID Qualifier | ZZ | Utah Medicaid accepts ‘ZZ’ qualifier only. |
| C.3 | ISA08 | Interchange Receiver ID | HTxxxxxx-xxx | Provider’s Trading Partner Number. This is the same value for GS03. |
| C.3 | ISA13 | Interchange Control Number | Nine numeric value | The interchange control number is unique for each 835 transaction.  |
| C.7 | GS06 | Group Control Number | Nine numeric value | The group control number is unique for each 835 transaction.  |

1. **PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS**

Utah Medicaid adjudicates claims every Friday night. As a result, the Health Care Claim Payment/Advice (835) is available for download on Monday morning and will remain available for pickup for one month.

Utah Medicaid is requiring unique values in the ISA13 and GS06 for all X12 transactions. If either ISA13 or GS06 are repeated within a twelve month period, the transaction will be rejected as a duplicate.

**Regular Scheduled System Downtime**

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

**Routine downtime**

Regularly scheduled system downtime is Sunday, 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 hours a day, 7 days a week except for our regularly scheduled system downtime, as stated above.

1. **ACKNOWLEDGEMENTS AND/OR REPORTS**

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

Trading Partners are not required to return a 999 Implementation Acknowledgement for the Health Care Claim Payment/Advice (835) sent by Utah Medicaid. If an Accepted 999 Acknowledgement is received, Utah Medicaid will reconcile and will not send another 999 Acknowledgement.

If a Rejected 999 Acknowledgement is received from Trading Partners, Utah Medicaid will research the original Health Care Claim Payment/Advice 835 transaction and will re-send a corrected file.

Contact Utah Medicaid EDI Customer Support at (801) 538-6155, Option 3, Option 5 if a corrected file is not received.

**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.

The HIPAA Code List used on the 835 transaction can be accessed through the Washington Publishing Company website at: https://wpc-edi.com. The following are the HIPAA Code Listings used to determine Claim Status and Claim Denial reasons:

1. Claim Adjustment Reason Code
2. Remittance Advice Remark Code
3. Claim Status Category Code
4. Claim Status Codes
5. Entity Code

**Health Care Claim Status Request and Response (276/277) - ASC X12N/005010X212**

Adjudicated claims not listed on the 835 are in “Suspend” status. Use the 276/277 transaction to get a status of the suspended claims. See the Companion Guide for the Health Care Claim Status Request and Response (276/277) transaction for more information.

1. **TRADING PARTNER AGREEMENTS**

Contact UHIN at <https://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 receive the electronic remittance advice (ERA) 835 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 already 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.

**EDI Enrollment**

Providers who wish to exchange electronic transaction with Utah Medicaid must submit an Electronic Data Interchange (EDI) Enrollment through the Utah Medicaid’s website: <https://medicaid.utah.gov/become-medicaid-provider>. Provider will need the National Provider Identifier (NPI) or 12-digit payment contract, and Tax ID to complete the EDI enrollment on line.

An EDI Enrollment Tutorial is available to help ease the EDI enrollment process. Click on the link to view the tutorial on line: https://medicaid.utah.gov/pe-training.

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 their business needs.

Software vendors charges providers to receive and translate for the 835 transaction for providers. 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 [https.//uhin.org](http://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.

1. **TRANSACTION SPECIFIC INFORMATION**

The Health Care Claim Payment/Advice (835) reports **Paid** and **Denied** claims only. It 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.

Suspended claims are not reported on the 835 transaction. For status of suspended claims, submit a Health Care Claim Status Request and Response (276/277) transaction. The 276/277 transactions are available in both real time and batch. See the Companion Guide for the 276/277 transactions for more details.

The Patient Control Number submitted in the 837 transaction is used in the 835 transaction for ease of matching payments to clients.

Denial codes used in the 835 transaction are the Claims Adjustment Reason Codes and Remittance Advice Remark Codes available through the Washington Publishing Company website at: <http://www.wpc-edi.com/reference/>

When Utah Medicaid splits an 837 healthcare claim, the provider is notified through the 277CA Acknowledgement. The 835 will report each portion of the split claim as it adjudicates.

Payment adjustments not specific to a claim are reported under the Provider Adjustment (PLB) segment. Adjustments reported in the PLB segment of the 835 decreases the payment when the adjustment amount is positive, and increases the payment when the adjustment amount is negative. Provider should ensure reports generated from the 835 transaction contain all essential data elements (including the PLB segments) and denial and remark reasons. Verify with your software vendor whether the PLB segment of the 835 transaction is translated and reported as it is an integral part when balancing the 835.

For an 835 transaction to balance, the sum of all submitted charges minus the sum of all provider adjustments must equal the total payment amount.

A crosswalk identifying Utah Medicaid’s internal edits to National Standard codes is available on the Utah Medicaid website located at <http://health.utah.gov/Medicaid/pdfs/835_errorcodes7.pdf>

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

**APPENDICES**

 **Implementation Checklist**

1. Acquire a Utah ID at login.utah.gov

2. Create an account (username and password).

3. Enroll as a Utah Medicaid Provider.

4. Acquire a Trading Partner Number from UHIN.

5. Register Trading Partner Number on-line with Utah Medicaid.

6. Contact UHIN for Acceptance Testing and Connectivity testing.

7. Test with Utah Medicaid.

8. Go live with Utah Medicaid.

 **Business Scenarios**

A. Provider Level Adjustment (PLB) Segment – Reports adjustments to the actual payment that are NOT specific to a particular claim or service. The adjustment can either decrease the payment (a positive number) or increase the payment (a negative number).

 **Transmission Examples:**

1. Provider Level Adjustment (PLB) Segment:

|  |
| --- |
| **PLB Segment – Gross Adjustment** |
| **Segment** | **Name** | **Code** | **Amount** | **Notes/Comments** |
| PLB01 | Provider Identifier |  |  | Provider Identifier assigned by Utah Medicaid. |
| PLB02 | Date | CCYYMMDD format |  | Utah Medicaid Fiscal Period Date is December 31 of each year. (i.e. 20151231) |
| PLB03 | Adjustment Identifier | FB |  | Forwarding Balance. Qualifier used in reporting payment or take back through Gross Adjustment process. |
| PLB04 | Adjustment Amount |  | -20.98 | Utah Medicaid paid the provider $20.98. This payment is not related to any particular claim(s).This amount is in addition to what Utah Medicaid paid on claims this week. It increases the payment to the provider.  |

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| --- |
| **PLB Segment – Credit Balance (No Claim Payment for the week)**Suppose the provider owed Utah Medicaid $101.50, then submitted two claims that were both denied, the PLB segment entry will be: |
| **Segment** | **Name** | **Code** | **Amount** | **Notes/Comments** |
| PLB01 | Provider Identifier |  |  | Provider Identifier assigned by Utah Medicaid. |
| PLB02 | Date | CCYYMMDD format |  | Utah Medicaid Fiscal Period Date is December 31 of each year. (i.e. 20151231) |
| PLB03 | Adjustment Identifier | FB%RA Number |  | Forwarding Balance. Qualifier used in reporting what the provider owes Utah Medicaid. The Remit Number is where the first credit balance was originally identified. The 835 will refer to this number until the credit balance is fully paid. |
| PLB04 | Adjustment Amount |  | 101.50 | Provider owes Utah Medicaid $101.50, as beginning balance. A second PLB segment is sent for ending balance.  |
| PLB01 | Provider Identifier |  |  | Provider Identifier assigned by Utah Medicaid. |
| PLB02 | Date | CCYYMMDD |  | Utah Medicaid Fiscal Period Date is December 31 of each year. (i.e. 20151231) |
| PLB03 | Adjustment Identifier | FB%RA Number |  | Forwarding Balance. Qualifier used in reporting payment/take back through Gross Adjustment process. |
| PLB04 | Adjustment Amount |  | -101.50 | Provide owes Utah Medicaid $101.5. The second PLB reports the ending balance. |

|  |
| --- |
| **PLB Segment – Credit Balance (With Paid claims this week)**Suppose the provider owed Utah Medicaid $101.50, then two claims were paid $90.50, the PLB entry will be: |
| **Segment** | **Name** | **Code** | **Length** | **Notes/Comments** |
| PLB01 | Provider Identifier |  |  | Provider Identifier assigned by Utah Medicaid. |
| PLB02 | Date | CCYYMMDD |  | Utah Medicaid Fiscal Period Date is December 31 of each year. (i.e. 20151231) |
| PLB03 | Adjustment Identifier | FB%RA Number |  | Forwarding Balance. Qualifier used in reporting what the provider owes Utah Medicaid. The Remit Number is where the first credit balance was originally identified. The 835 will refer to this number until the credit balance is fully paid. |
| PLB04 | Adjustment Amount |  | 101.50 | Provider owes Utah Medicaid $101.50. A second PLB segment is sent.  |
| PLB01 | Provider Identifier |  |  | Provider Identifier assigned by Utah Medicaid. |
| PLB02 | Date | CCYYMMDD |  | Utah Medicaid Fiscal Period Date is December 31 of each year. (i.e. 20151231) |
| PLB03 | Adjustment Identifier | FB%RA Number |  | Forwarding Balance. Qualifier used in reporting payment/take back through Gross Adjustment process. |
| PLB04 | Adjustment Amount |  | -11.00 | Provide owes Utah Medicaid $11.00. This PLB reports the ending balance of what the provider owes. |

**Frequently Asked Questions**

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

1. Is there an EDI enrollment requirement to utilize the electronic Remittance Advice (835)?

Yes. In order to successfully exchange electronic data like the Health Care Claim Payment/Advice (835) transaction, providers must submit an EDI Enrollment and provide a Trading Partner Number that would receive the electronic remittance advice. See Section 9 – Trading Partner Agreement for more information.

* + 1. EDI Enrollment link to register:

<https://medicaid.utah.gov/become-medicaid-provider>.

EDI Enrollment Tutorial: <https://medicaid.utah.gov/pe-training>

2. Does Utah Medicaid require a 999 Acknowledgements when provider receives the electronic Advice (835)?

Utah Medicaid does not require providers to return a 999 Implementation Acknowledgement for Health Care Insurance when an electronic 835 is sent. If a 999 Acknowledgment is returned, Utah Medicaid will reconcile it back to the 835.

3. What is the Connectivity Requirements for Utah Medicaid?

UHIN serves as the front end to Utah Medicaid for electronic file submission. For information on connectivity requirements, see UHIN standards at <https://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: [https://standards.uhin.org/technical-reference-manual-trm](https://standards.uhin.org/technical-reference-manual-trm/)

4. Who do I call for EDI Customer Support?

Trading Partners may call Utah Medicaid EDI team 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 Utah Medicaid Information Bulletin (MIB), etc.

To sign up for the Utah 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. Added new website for Provider Enrollment and EDI enrollment.
2. Instruction on PRISM system Enrollment process.
3. Added more Payer Specific Business Rules & Limitations.
4. Added Attending and Referring Provider requirements.
5. Added the new EDI Enrollment processes and tutorial link.
6. Transmission Examples
7. Appendices