Nevada Medicaid

HIPAA Transaction

Standard Companion Guide

Refers to the Technical Report Type 3
Document
Based on ASC X12N version: 005010X221A1

Health Care Payment/Advice (835)

The information in this Companion Guide is valid to use for the certification/testing to transition to the modernized MMIS and upon implementation of the MMIS Modernization Project

March 26, 2019

Medicaid Management Information System (MMIS)

Department of Health and Human Services (DHHS)

Division of Health Care Financing and Policy (DHCFP)

Disclosure Statement

The following Nevada Medicaid companion guide is intended to serve as a companion document to the corresponding Accredited Standards Committee (ASC) X12N/005010X221 Health Care Payment/Advice (835), its related Addenda (005010X221A1), and its related Errata (005010X221E1). The companion guide further specifies the requirements to be used when preparing, submitting, receiving, and processing electronic health care administrative data. The companion guide supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X221 in a manner that will make its implementation by users to be out of compliance.

NOTE: Type 1 Technical Report Type 3 (TR3) Errata are substantive modifications, necessary to correct impediments to implementation and are identified with a letter "A" in the errata document identifier. Type 1 TR3 Errata were formerly known as Implementation Guide Addenda.

Type 2 TR3 Errata are typographical modifications and are identified with a letter "E" in the errata document identifier.

The information contained in this companion guide is subject to change. Electronic Data Interchange (EDI) submitters are advised to check the Nevada Medicaid EDI webpage at https://www.medicaid.nv.gov/providers/edi.aspx regularly for the latest updates.

Gainwell Technologies is the fiscal agent for Nevada Medicaid and is referred to as Nevada Medicaid throughout this document.

About DHCFP

The Nevada Department of Health and Human Services' Division of Health Care Financing and Policy (DHCFP) works in partnership with the Centers for Medicare & Medicaid Services (CMS) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. The medical programs are known as Medicaid and Nevada Check Up.

DHCFP website: Medicaid Services Manual, rates, policy updates, public notices: http://dhcfp.nv.gov.

Preface

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

This companion guide to the 5010 ASC X12N TR3 documents and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with Nevada Medicaid. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 documents, are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N TR3 documents adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3 documents.

Table of Contents

1 Introduction

This section describes how TR3 Implementation Guides, also called 835 ASC X12N (version 005010X221), adopted under HIPAA, will be detailed with the use of a table. The tables contain a Notes/Comments column for each segment that Nevada Medicaid has information additional to the TR3 Implementation Guide. That information can:

- Limit the repeat of loops, or segments

- Limit the length of a simple data element

- Specify a sub-set of the implementation guide's internal code listings

- Clarify the use of loops, segments, composite and simple data elements

- Provide any other information tied directly to a loop, segment, and composite, or simple data element pertinent to trading electronically with Nevada Medicaid

In addition to the row for each segment, (highlighted in blue in the tables), one or more additional rows are used to describe Nevada 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. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a Notes/Comments column to provide additional information from Nevada Medicaid for specific segments provided by the TR3 Implementation Guide. The following is just an example of the type of information that would be spelled out or elaborated on in the Section 10: Transaction Specific Information.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10 percent and notes or comments about the segment itself go in this cell.
193	2100C	NM109	Subscriber Primary Identifier	00	15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by Nevada Medicaid Management

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Information System (NVMMIS).
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first three columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
241	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1 Scope

This section specifies the appropriate and recommended use of the companion guide.

This companion guide is intended for Trading Partner use in conjunction with the TR3 HIPAA 5010 835 Implementation Guide for the purpose of receiving health care payment/advice information. This companion guide is not intended to replace the TR3 Implementation Guide. The TR3s define the national data standards, electronic format, and values for each data element with an electronic transaction. The purpose of this companion guide is to provide Trading Partners with a companion guide to communicate Nevada Medicaid-specific information required to successfully exchange transactions electronically with Nevada Medicaid. The instructions in this companion guide are not intended to be stand-alone requirements. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to EDI Trading Partners that exchange X12 information with the Nevada Medicaid Agency.

This companion guide provides specific requirements for receiving health care payment advice transactions (835).

1.2 Overview

This section specifies how to use the various sections of the document in combination with each other.

Nevada Medicaid created this companion guide for Nevada Trading Partners to supplement the X12N Implementation Guide. This guide contains Nevada Medicaid specific instructions related to the following:

- Data formats, content, codes, business rules and characteristics of the electronic transaction

- Technical requirements and transmission options

- Information on testing procedures that each Trading Partner must complete before transmitting electronic transactions

This companion guide must be used in conjunction with the TR3 instructions. The companion guide is intended to assist Trading Partners in implementing electronic 835 transactions that meet Nevada Medicaid processing standards by identifying pertinent structural and data-related requirements and recommendations. Updates to this companion guide will occur periodically and new documents will be posted on the Nevada Medicaid EDI webpage at https://www.medicaid.nv.gov/providers/edi.aspx.

1.3   References

This section specifies additional documents useful for the read. For example, the X12N Implementation Guides adopted under HIPAA to which this document is a companion.

The TR3 Implementation Guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer or government agency. The TR3 Implementation Guide contains requirements for the use of specific segments and specific data elements within those segments and applies to all health care providers and their Trading Partners. It is critical that your IT staff or software vendor review this document in its entirety and follow the stated requirements to exchange HIPAA-compliant files with Nevada Medicaid.

The implementation guides for X12N and all other HIPAA standard transactions are available electronically at https://www.wpc-edi.com/.

1.4   Additional Information

The intended audience for this document is the technical and operational staff responsible for generating, receiving, and reviewing electronic health care transactions.

2 Getting Started

This section describes how to interact with Nevada Medicaid's EDI Help Desk.

The Nevada Medicaid EDI Help Desk can be contacted at (877) 638-3472 options 2, 0, and then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays. You can also send an email to nvmmis.edisupport@gainwelltechnologies.com.

2.1 Trading Partner Enrollment

This section describes how to enroll as a Trading Partner with Nevada Medicaid.

In order to submit and/or receive transactions with Nevada Medicaid, Trading Partners must complete a Trading Partner Profile (TPP) agreement, establish connectivity, and certify transactions.

- A Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all Trading Partners to complete a TPP agreement regardless of the trading partner type listed below

- Vendor is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.

  o Software vendor is an entity that creates software used by billing services, clearinghouses, and providers/suppliers to conduct the exchange of electronic transactions

  o Billing service is a third party that prepares and/or submits claims for a provider

  o Clearinghouse is a third party that submits and/or exchanges electronic transactions on behalf of a provider

Establishing a Trading Partner Profile (TPP) agreement is a simple process which the Trading Partner completes using the Nevada Medicaid Provider Web Portal. The Provider Web Portal is located at: https://www.medicaid.nv.gov/hcp/provider.

Trading Partners must agree to the Nevada Medicaid Trading Partner Agreement at the end of the Trading Partner Profile enrollment process. Once the TPP application is completed, an 8-digit Trading Partner ID will be assigned.

After the TPP Agreement has been completed, the Trading Partner must submit a Secure Shell (SSH) public key file to Nevada Medicaid to complete their enrollment. Once the SSH key is received, users will be contacted to initiate the process to exchange the directory structure and authorization access on the Nevada Medicaid external SFTP servers.

Failure to provide the SSH key file to Nevada Medicaid will result in the TPP application request being rejected and you will be unable to submit transactions electronically to Nevada Medicaid. Please submit the SSH public key via email within five business days of completing the TPP application. Should you require additional assistance with information on SSH keys, please contact the Nevada EDI Help Desk at (877) 638-3472 options 2, 0, and then 3.

2.2 Certification and Testing Overview

This section provides a general overview of what to expect during certification and testing phases.

All Trading Partners who submit electronic transactions with Nevada Medicaid will be certified through the completion of Trading Partner testing. This includes Clearinghouses, Software Vendors, Provider Groups, and Managed Care Organizations (MCOs).

Providers who use a billing agent, clearinghouse, or software vendor will not need to test for those electronic transactions that their entity submits on their behalf.

3 Testing with Nevada Medicaid

This section contains a detailed description of the testing phase.

Testing is conducted to ensure compliance with HIPAA guidelines. Outbound 835 transactions are validated through Strategic National Implementation Process (SNIP) Level 4. Refer to Appendix B for a list of SNIP Level 4 edits.

The following transaction types are available for testing:

- 270 Eligibility Request/271 Eligibility Response

- 276 Claim Status Request/277 Claim Status Response

- 837D Dental Claim

- 837P Professional (CMS-1500) Claim

- 837I Institutional (UB-04) Claim

- 835 Payment/Advice (sample 835 file available on the EDI webpage at https://www.medicaid.nv.gov/providers/edi.aspx)

3.1 Testing Process

The following points are actions that a Trading Partner will need to take before receiving production files from Nevada Medicaid:

- Enroll by using the Trading Partner Enrollment Application on the Nevada Medicaid Provider Web Portal to obtain a new Trading Partner ID

- Register on the Nevada Medicaid Provider Web Portal

- Receive EDI Trading Partner Welcome Letter indicating Trading Partner Profile (TPP) has been approved for testing

- Review a sample file of the 835 Payment/Advice

- Receive Production Authorization letter containing the list of approved transactions that could be submitted to the production environment along with the connection information

To begin the testing process, please review the Nevada Medicaid Trading Partner User Guide located at: https://www.medicaid.nv.gov/providers/edi.aspx.

3.2 File Naming Standard

The following naming standards are used when receiving 835 outbound files from Nevada Medicaid:

- File Tracking ID_Correlated file Tracking ID_Checksum_Transaction Type, X12BATCH_number of CLP segments_Trading Partner ID.filetype.

Examples are as follows:

- 1709777_0_A83899BE 835X12BATCH_3_TPID1234.835

- 1715283_0_4D960549 835X12BATCH_1234_TPID1234.835

Note: The files are in plain text and can be opened with any text editor.

3.3   File Retention

All electronic files that have been made available for download will remain available online for download for sixty days. This applies to Web Portal and SFTP Trading Partners.

After the sixty days' time frame, the files will be removed from the list and will no longer be available for download. This applies to testing and production environments.

3.4   Payer Specific Documentation

For additional information in regards to business processes related to eligibility, prior authorization and claims processing, please review the Billing Manual located on the Nevada Medicaid Provider Billing Information webpage at: https://www.medicaid.nv.gov/providers/BillingInfo.aspx.

4   Connectivity with Nevada Medicaid/ Communications

This section describes the process to receive HIPAA 835 transactions, along with retrieval methods, security requirements, and exception handling procedures.

Nevada Medicaid supports multiple methods for exchanging electronic healthcare transactions depending on the Trading Partner's needs. For HIPAA 835 transactions, the following can be used:

- Secure File Transfer Protocol (SFTP)

- Nevada Medicaid Provider Web Portal

- ACA CORE SOAP Safe Harbor HTTPS – Hyper Text Protocol with Secure Sockets Layer (SSL)

4.1   Process Flows

This section contains a process flow diagram and appropriate text.
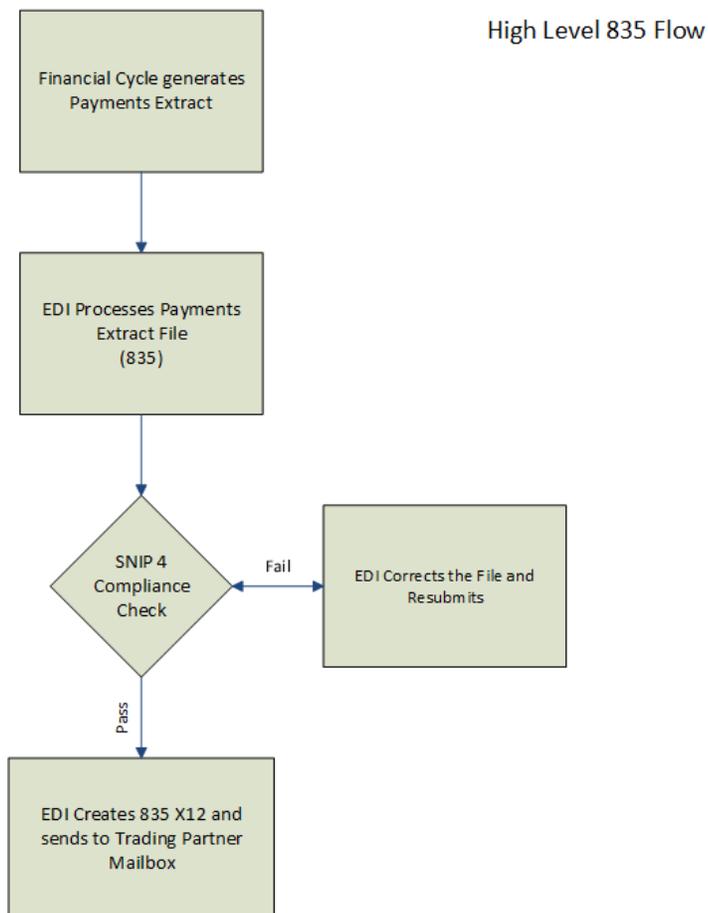
4.2   Health Care Response

Financial generates a file and sends to EDI. EDI processes the file and runs SNIP 4 compliance check. The X12 835 file is delivered to the Trading Partners mailbox.

4.3   Transmission Administrative Procedures

This section provides Nevada Medicaid's specific transmission administrative procedures.

For details about available Nevada Medicaid Access Methods, refer to the Communication Protocol Specifications section below.

Nevada Medicaid is only available to authorized users. The submitter/receiver must be a Nevada Medicaid Trading Partner. Each submitter/receiver is authenticated using the Username and private SSH key provided by the Trading Partner as part of the enrollment process.

4.4   System Availability

The system is typically available 24X7 with the exception of scheduled maintenance windows as noted on the Nevada Medicaid website at https://www.medicaid.nv.gov/.

4.5   Provider Web Portal Size Limitation

Nevada Medicaid Provider Web Portal contains the following size limitation.

Transactions	Submission Method	File Size Limit	Other Conditions
835	Web Portal	4 MB	
835	SFTP		BPR02 less than 12 characters excluding negative sign

4.6   Communication Protocol Specifications

This section describes Nevada Medicaid's communication protocol(s).

- **Secure File Transfer Protocol (SFTP)**: Nevada Medicaid allows Trading Partners to connect to the Nevada Medicaid SFTP server using the SSH private key and assigned user name. There is no password for the connection.

- **Nevada Medicaid Provider Web Portal**: Nevada Medicaid allows Trading Partners to connect to the Nevada Medicaid Provider Web Portal. Refer to the Trading Partner User Guide for instructions.

- **ACA CORE SAFE HARBOR**: Nevada Medicaid allows Trading Partners to connect to the Nevada Medicaid web services endpoints over Hyper Text Protocol with Secure Sockets Layer (SSL) as per ACA CORE standards

4.7   Passwords

Trading Partners must adhere to Nevada Medicaid's use of passwords. Trading Partners are responsible for managing their own data. Each Trading Partner must take all necessary precautions to ensure that they are safeguarding their information and sharing their data (e.g., granting access) only with users and entities who meet the required privacy standards. It is equally important that Trading Partners know who on their staff is linked to other providers or entities, in order to notify those entities whenever they remove access for that person in your organization(s).

5 Contact Information

Refer to this companion guide with questions and use the contact information below for questions not answered by this guide.

5.1 EDI Customer Service

This section contains detailed information concerning EDI Customer Service, especially contact numbers.

Most questions can be answered by referencing materials posted on the Nevada Medicaid website at https://www.medicaid.nv.gov.

If you have questions related to the Nevada Medicaid 835 transaction, you may contact the EDI Help Desk at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays, or send an email to nvmmis.edisupport@gainwelltechnologies.com.

5.2 EDI Technical Assistance

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

The Nevada Medicaid EDI Help Desk can help with connectivity issues or transaction formatting issues at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays, or send an email to nvmmis.edisupport@gainwelltechnologies.com.

Please have your 8-digit Trading Partner ID available. Trading Partners should have this number available each time they contact the Nevada Medicaid EDI Help Desk.

For written correspondence:

Nevada Medicaid
PO Box 30042
Reno, Nevada 89520-3042

5.3 Customer Service/Provider Enrollment

This section contains information for contacting Customer Service and Provider Enrollment.

Customer Service should be contacted instead of the EDI Help Desk for questions regarding claim status information and provider enrollment.

Customer Service

- Phone: (877) 638-3472 (select option 2, option 0 and then option 2)

- Billing Manual can be found at:
  https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_General.pdf

Provider Enrollment

- Phone: (877) 638-3472 (select option 2, option 0 and then option 5)

- E-mail: nv.providerapps@gainwelltechnologies.com

- Provider Enrollment Information Booklet can be found at:
https://www.medicaid.nv.gov/Downloads/provider/NV_Provider_Enrollment_Information_
Booklet.pdf

5.4   Applicable Websites/Email

This section contains detailed information about useful websites. Additional information is available on the following websites:

- Accredited Standards Committee (ASC X12): ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org.

- Accredited Standards Committee (ASC X12N): ASC X12N develops and maintains X12 EDI and XML standards, standards interpretations, and guidelines as they relate to all aspects of insurance and insurance-related business processes. www.x12.org.

- American Dental Association (ADA): Develops and maintains a standardized data set for use by dental organizations to transmit claims and encounter information. www.ada.org.

- American Hospital Association Central Office on ICD-10-CM/ICD-10-PCS (AHA): This site is a resource for the International Classifications of Diseases, 10th edition, Clinical Modification (ICD-10-CM) codes, used for reporting patient diagnoses and (ICD-10-PCS) for reporting hospital inpatient procedures. www.ahacentraloffice.org.

- American Medical Association (AMA): This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org.

- Centers for Medicare & Medicaid Services (CMS): CMS is the unit within HHS that administers the Medicare and Medicaid programs. Information related to the Medicaid HIPAA Administrative Simplification provision, along with the Electronic Health-Care Transactions and Code Sets, can be found at https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/.

  This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). www.cms.hhs.gov/HCPCSReleaseCodeSets/.

- Committee on Operating Rules for Information Exchange (CORE): A multi-phase initiative of Council for Affordable Quality Healthcare, CORE is a committee of more than 100 industry leaders who help create and promulgate a set of voluntary business rules focused on improving physician and hospital access to electronic patient insurance information at or before the time of care. www.caqh.org/CORE_overview.php.

- Council for Affordable Quality Healthcare (CAQH): A nonprofit alliance of health plans and trade associations, working to simplify healthcare administration through industry collaboration on public-private initiatives. Through two initiatives – the Committee on Operating Rules for Information Exchange and Universal Provider Datasource, CAQH aims to reduce administrative burden for providers and health plans. www.caqh.org.

- Designated Standard Maintenance Organizations (DSMO):   This site is a resource for information about the standard-setting organizations and transaction change request system. www.hipaa-dsmo.org.

- Health Level Seven (HL7): HL7 is one of several ANSI-accredited Standards Development Organizations (SDOs), and is responsible for clinical and administrative data standards. www.hl7.org.

- Healthcare Information and Management Systems (HIMSS): An organization exclusively focused on providing global leadership for the optimal use of IT and management systems for the betterment of health care. www.himss.org.

- National Committee on Vital and Health Statistics (NCVHS): The National Committee on Vital and Health Statistics was established by Congress to serve as an advisory body to the Department of Health and Human Services on health data, statistics, and national health information policy. www.ncvhs.hhs.gov.

- National Council of Prescription Drug Programs (NCPDP): The NCPDP is the standards and codes development organization for pharmacy. www.ncpdp.org.

- National Uniform Billing Committee (NUBC): NUBC is affiliated with the American Hospital Association. It develops and maintains a national uniform billing instrument for use by the institutional health-care community to transmit claims and encounter information. www.nubc.org.

- National Uniform Claim Committee (NUCC): NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org.

- Nevada Department of Health and Human Services (DHHS) Division of Health Care Financing and Policy (DHCFP): The DHCFP website assists with policy questions: dhcfp.nv.gov and this website assists providers with billing and enrollment support: www.medicaid.nv.gov.

- Office for Civil Rights (OCR): OCR is the office within the Department of Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa.

- United States Department of Health and Human Services (HHS): The DHHS website is a resource for the Notice of Proposed Rule Making, rules, and their information about HIPAA. www.aspe.hhs.gov/admnsimp.

- Washington Publishing Company (WPC): WPC is a resource for HIPAA-required transaction technical report type 3 documents and code sets. www.wpc-edi.com.

- Workgroup for Electronic Data Interchange (WEDI): WEDI is a workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org.

6 Control Segments/Envelopes

The page numbers listed below in each of the tables represent the corresponding page number in the X12N 835 HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

6.1 ISA-IEA

This section describes Nevada Medicaid's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

To promote efficient, accurate electronic transaction processing, please note the following Nevada Medicaid specifications:

- Each Trading Partner is assigned a unique Trading Partner ID

- All dates are in the CCYYMMDD format, with the exception of the ISA09 which is YYMMDD

- All date/times are in the CCYYMMDDHHMM format

- Nevada Medicaid Payer ID is NVMED

- Only one ISA/IEA will be present within a logical file

Transactions transmitted during a session or as a batch are identified by an ISA header segment and IEA trailer segment, which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The tables below represent the interchange envelope information.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00	2	
C.4		ISA02	Authorization Information		10	Space fill
C.4		ISA03	Security Information Qualifier	00	2	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4		ISA04	Security Information		10	Space fill
C.4		ISA05	Interchange ID Qualifier	ZZ	2	
C.4		ISA06	Interchange Sender ID	NVMED	15	NV Medicaid Trading Partner ID, left justified and space filled.
C.4		ISA07	Interchange ID Qualifier	ZZ	2	
C.4		ISA08	Interchange Receiver ID		15	8-digit Trading Partner ID supplied by Nevada Medicaid, left justified, and space filled.
C.5		ISA09	Interchange Date		6	Format is YYMMDD
C.5		ISA10	Interchange Time		4	Format is HHMM
C.5		ISA11	Repetition Separator	^	1	The repetition separator is a delimiter and not a data element. It is used to separate repeated occurrences of a simple data element or a composite data structure. This value must be different from the data element separator, component element separator, and the segment terminator.
C.5		ISA12	Interchange Control Version Number	00501	5	
C.5		ISA13	Interchange Control Number		9	This value will be identical to the value in the IEA02.
C.6		ISA14	Acknowledgment Requested	0	1	
C.6		ISA15	Usage Indicator	T, P		P = Production Data T = Test Data
C.6		ISA16	Component Element Separator	:	1	The component element separator is a delimiter and not a data element. It is used to separate component data elements within a composite data structure.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups		1/5	Number of included Functional Groups.
C.10		IEA02	Interchange Control Number		9	The control number assigned by the interchange sender. This value will be identical to the value in the SA13.

6.2 GS-GE

This section describes Nevada Medicaid's use of the functional group control segments.

It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Nevada Medicaid will send functional groups. These discussions will describe how similar transaction sets will be packaged and Nevada Medicaid's use of functional group control numbers. The tables below represent the functional group information.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS01	Functional ID Code	HP	2	
C.7		GS02	Application Sender's Code	NVMED	5	NV Medicaid Trading Partner ID.
C.7		GS03	Application Receiver's Code		8	The 8-digit Trading Partner ID.
C.7		GS04	Date		8	Format is CCYYMMDD
C.8		GS05	Time		6	Format is HHMMSS
C.8		GS06	Group Control Number		9	Will be identical to GE02.
C.8		GS07	Responsible Agency Code	X	1	
C.8		GS08	Version/Release/Industry ID Code		12	005010X221A1

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included		1/6	Number of included Transaction Sets.
C.9		GE02	Group Control Number		1/9	This value will be Identical to the value in the GS06.

6.3 ST-SE

This section describes Nevada Medicaid's use of transaction set control numbers.

Communications transport protocol transaction set header segment. The ST segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

The SE segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
35		ST	Transaction Set Header			The 835-ERA file may contain multiple ST/SE segments.
35		ST01	Transaction Set Identifier Code	835	3	
35		ST02	Transaction Set Control Number		4/9	This value will be Identical to the value in the SE02.
35		ST03	Implementation Convention Reference		12	005010X221A1 This value will be Identical to the value in the GS08.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
119		SE	Transaction Set Trailer			
119		SE01	Number of Included Segments		1/10	Total number of segments included in a transaction set including ST and SE segments.
119		SE02	Transaction Set Control Number		4/9	This value will be Identical to the value in the ST02.

7 Nevada Medicaid Specific Business Rules and Limitations

This section describes Nevada Medicaid's specific business rules and limitations for the 835 Health Care Payment/Advice transaction.

Before receiving electronic health care payment/advice transactions from Nevada Medicaid, please review the appropriate HIPAA Technical Report Type 3 (TR3) Implementation Guide and Nevada Medicaid Companion Guide.

7.1 835-ERA Availability

835-ERA files will be available to download every Wednesday, beginning at 12:01 a.m. Pacific Time.

8 Acknowledgements and/or Reports

The 835 is an outbound transaction and there are no associated responses.

8.1 Report Inventory

There are no acknowledgement reports at this time.

9 Trading Partner Agreements

Trading Partners who intend to conduct electronic transactions with Nevada Medicaid must agree to the terms of the Nevada Medicaid Trading Partner Agreement.

An EDI Trading Partner is defined as any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that conducts electronic transactions with Nevada Medicaid. The Trading Partner and Nevada Medicaid acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Each party agrees to take all steps reasonably necessary to ensure that all electronic transactions between them conform to all HIPAA regulations.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

A copy of the agreement is available on the Nevada Medicaid EDI webpage at
https://www.medicaid.nv.gov/providers/edi.aspx.

10 Transaction Specific Information

This section describes how ASC X12N TR3 Implementation Guides adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Nevada Medicaid has something additional, over and above, the information in the TR3s. That information can:

- Limit the repeat of loops or segments

- Limit the length of a simple data element

- Specify a sub-set of the TR3 internal code listings

- Clarify the use of loops, segments, composite, and simple data elements

- Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with Nevada Medicaid

In addition to the row for each segment, one or more additional rows are used to describe Nevada 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. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

10.1 Health Care Payment/Advice (835)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
69		BPR	Financial Information			
70-71		BPR01	Transaction Handling Code	C, D, H, I, P, U, X		
			Remittance Information Only	I	1	
			Notification Only	H	1	
71		BPR03	Credit Debit Flag	C, D		
			Credit	C	1	
72		BPR04	Payment Method Code	ACH, BOP, CHK, FWT, NON		
			Automated Clearing House	ACH	3	
			Check	CHK	3	
			Non-Payment Data	NON	3	
74		BPR10	Payer Identifier			DHCFP Fed Tax ID '1388600002'

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
76		BPR16	Date (Check Issue or EFT Effective Date)		8	Cycle Date (CCYYMMDD)
77		TRN	Reassociation Trace Number			
77		TRN01	Trace Type Code	1		
77		TRN02	Check or EFT Trace Number		1/50	The check number is populated in the TRN02 field. If the check number is not available (for example, in case of all denied claims), then the RA number is populated in the TRN02 field.
78		TRN03	Originating Company Identifier (Payer Identifier)		10	DHCFP Fed Tax ID '1388600002'
82		REF	Receiver Identification			
82		REF01	Reference Identification Qualifier	EV	2	
82		REF02	Receiver Identifier		4	Nevada Medicaid Trading Partner ID
85		DTM	Production Date			
86		DTM02	Date (Production Date)		8	Weekly End Date. (CCYYMMDD)
87	1000A	N1	Payer Identification			
87	1000A	N102	Name (Payer Name)		43	'DIVISON OF HEALTH CARE FINANCING AND POLICY'
89	1000A	N3	Payer Address			
89	1000A	N301	Payer Address Line		24	'1100 EAST WILLIAM STREET'
89	1000A	N302	Payer Address Line		9	'SUITE 101'
90	1000A	N4	Payer City, State, Zip Code			
90	1000A	N401	City Name		11	'CARSON'
91	1000A	N402	State or Province Code		2	'NV'
91	1000A	N403	Postal Code		5	'89701'

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
97	1000A	PER	Payer Technical Contact Information			
97	1000A	PER01	Contact Function Code	BL	2	
98	1000A	PER02	Name			Nevada Medicaid
98	1000A	PER03	Communication Qualifier	TE	2	Telephone Number
98	1000A	PER04	Payer Contact Communication Number		10	'8776383472'
98-99	1000A	PER05	Communication Qualifier	EM	2	Electronic Mail
99	1000A	PER06	Payer Contact Communication Number		10	'nvmmis.edisupport@gainwelltechnologies.com'
102	1000B	N1	Payee Identification			
103	1000B	N103	Identification Code Qualifier	FI, XX	2	XX = NPI FI = Federal Tax ID or SSN
103	1000B	N104	Identification Code		10	If N103='XX' – NPI If N103='FI' – Federal Tax Identification
105	1000B	N4	Payee City, State, Zip Code			
105	1000B	N401	City Name		2/30	'Payee City'
106	1000B	N402	State or Province Code		2	'Payee State'
106	1000B	N403	Postal Code		5/9	'Payee Zip Code'
107	1000B	REF	Payee Additional Identification			
107	1000B	REF01	Reference Identification Qualifier	PQ, TJ	2	TJ = Federal Tax ID PQ= Payee Identification Note: When N103 = XX, REF01= TJ When N103 is not = XX, REF01= PQ

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
108	1000B	REF02	Reference Identification		10	The Federal Tax ID will be returned in this segment if the NPI is returned in N104. The Atypical Provider Identifier will be returned in this segment if an NPI is not used.
123	2100	CLP	Claim Payment Information			
123	2100	CLP01	Claim Submitter's Identifier (Patient Control Number)		1/38	Claim Patient Account or Rx Number returned from 837 CLM01 If a Patient Account Number or Rx number was not provided on the claim, this field will display 0s.
124	2100	CLP02	Claim Status Code	1, 2, 4 or 22		1 = Regular Medicaid Claims. 2 = Medicare Crossover Claims. 4 = All Medicaid and Medicare Crossover claims denied. 22 = Reversal of Previous Payment.
125	2100	CLP03	Total claim charge amount		1/18	Amount can be positive, Zero or Negative.
125	2100	CLP04	Monetary Amount		1/18	Amount paid for the claim can be positive, Zero or Negative but BPR02 may not be Negative.
126	2100	CLP06	Claim Filing Indicator Code	MC	2	Medicaid
127	2100	CLP07	Payer Claim Control Number			The 16-digit Internal Control Number assigned by Nevada Medicaid is formatted as follows: 2-digit century, 2-digit year, 3-digit Julian date, 1-digit media type, 6-digit batch sequence, 2-digit line number
127	2100	CLP08	Facility Type Code (1st and 2nd position of TOB)			Type of Bill or Place of Service returned from 837 CLM05-1; Default value is 99.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
127	2100	CLP09	Claim Frequency Code (3rd position of TOB)			On 837I transactions only, this is returned from the CLM05-2 data element.
128	2100	CLP11	Diagnosis Related Group (DRG) Code		1/4	
129	2100	CLP12	Quantity (Diagnosis Related Group (DRG) Weight)		1/4	The diagnosis-related group (DRG) weight – Institutional claims only.
129	2100	CAS	Claim Adjustment			
131-136	2100	CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	Claim Adjustment Reason Code		1/3	Adjustment Codes can be found on the https://www.wpc-edi.com.
131-136	2100	CAS03, CAS06, CAS09, CAS12, CAS15, CAS18	Monetary Amount (Adjustment Amount)		1/10	Displays the Adjustment (cutback) Amount. The X12N 835 will contain information regarding the difference between the submitted charge, (Loop 2100 Segment CLP03) and the approved payment amount, (Loop 2100 Segment (CLP04). For example: If a provider bills $750.00 for a procedure that allows a maximum of $500.00, $250.00 will be reported as a cutback amount.
137	2100	NM1	Patient Name			
137	2100	NM101	Entity Identifier Code	QC	2	
138	2100	NM103	Name Last or Organization Name		1/35	Nevada Medicaid Recipient Last Name as stored on Nevada Medicaid file. If Recipient last name not found on file, the last name reported from the 837 claim will be returned.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
138	2100	NM104	Name First		1/25	Nevada Medicaid Recipient First Name as stored on Nevada Medicaid file. If Recipient first name not found on file, the first name reported from the 837 claim will be returned.
139	2100	NM108	Identification Code Qualifier	MR	2	
139	2100	NM109	Identification Code		11	11-digit Nevada Medicaid Recipient ID.
146	2100	NM1	Service Provider Name			
147	2100	NM101	Entity Identifier Code	82	2	Rendering Provider
148	2100	NM108	Identification Code Qualifier	MC, XX	2	MC = Medicaid XX = NPI
149	2100	NM109	Identification Code		10	If NM108='MC' - Nevada Medicaid Provider Number. If NM108='XX' – NPI.
153	2100	NM1	Correct Priority Payer Name			
153	2100	NM101	Entity Identifier Code	PR	2	Payer
154	2100	NM108	Identification Code Qualifier	PI	2	
154	2100	NM109	Identification Code		2/80	Primary Payer Identification
159	2100	MIA	Inpatient Adjudication Information			
160	2100	MIA01	Quantity (Covered Days or Visits Count)		1	Default to '0'. Institutional only.
161	2100	MIA04	Monetary Amount (Claim DRG Amount)		1/10	Use this monetary amount for the DRG dollar amount. Institutional only

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
161	2100	MIA05	Reference Identification (Remark Code)		1/50	HIPAA Remark Code for Inpatient and Institutional Regular and Crossover claims. Remark Codes can be found on the https://www.wpc-edi.com web site.
164	2100	MIA20	Reference Identification (Remark Code)		1/50	HIPAA Remark Code for Inpatient and Institutional Regular and Crossover claims.
166	2100	MOA	Outpatient Adjudication Information			
167	2100	MOA03	Reference Identification (Remark Code)		1/50	HIPAA Remark Codes can be found on the https://www.wpc-edi.com.
167	2100	MOA04	Reference Identification (Remark Code)		1/50	HIPAA Remark Codes can be found on the https://www.wpc-edi.com web site.
169	2100	REF	Other Claim Related Identification			
169-170	2100	REF01	Reference Identification Code	G1, F8	2	G1 = Prior Authorization Number F8 = Original Reference Number (This refers to the Internal Control Number or ICN.)
170	2100	REF02	Reference Identification			If data element REF01 = G1, the 11-digit Authorization Number and the prior authorization line number are displayed. If data element REF01 = F8, the ICN is displayed.
173	2100	DTM	Statement From or To Date			
174	2100	DTM01	Date/Time Qualifier	232, 233	3	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
174	2100	DTM02	Claim Date (CCYYMMDD)		8	If DTM01='232' value will contain Start Date. If DTM01='233' value will contain End Date. If Invalid date received on original claim, value will contain default date of 19000101.
184	2100	QTY	Claim Supplemental Information Quantity			
184-185	2100	QTY01	Quantity Qualifier	CA, NE		CA = Covered Days NE = Non-Covered Days
185	2100	QTY02	Quantity			
186	2110	SVC	Service Payment Information			The service line segment will occur once for professional or pharmacy claims. For outpatient or home health services, this loop may occur once per revenue line.
187-188	2110	SVC01-1	Product/Service ID Qualifier	AD, HC, N4, NU	2	AD = American Dental Association Codes HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes N4 = National Drug Code (NDC) - Format 5-4-2 NU = National Uniform Billing Committee (NUBC) UB92 Codes
188	2110	SVC01-2	Product/Service ID Code			Claim procedure code, NDC drug code or Revenue code
188	2110	SVC01-3	Procedure Modifier		2	Procedure Modifier one (1). Only used if procedure code modifier applies to service line.
189	2110	SVC01-4	Procedure Modifier		2	Procedure Modifier two (2). Only used if 2nd procedure code modifier applies to service line.
189	2110	SVC01-5	Procedure Modifier		2	Procedure Modifier three (3). Only used if 3rd procedure code modifier applies to service line.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
189	2110	SVC01-6	Procedure Modifier		2	Procedure Modifier four (4). Only used if 4th procedure code modifier applies to service line.
189	2110	SVC02	Monetary Amount		1/10	Submitted Service Line Charge Amount.
190	2110	SVC03	Monetary Amount		1/10	Service Line Paid Amount.
190	2110	SVC04	Product/Service ID			National Uniform Billing Committee Revenue Code.
190	2110	SVC05	Quantity			Units of Service Paid Count.
196	2110	CAS	Service Adjustment			For outpatient services, home health services, professional claims or pharmacy claims, this segment will appear at the line level. If multiple errors are found with a claim line, or when additional benefit explanations are needed, only the first Adjustment Reason Code encountered will be used in the CAS segment. The remaining error or benefit explanation codes will be reported in the Remarks Codes.
198-203	2100	CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	Claim Adjustment Reason Code		1/3	Adjustment Codes can be found on the https://www.wpc-edi.com web site.
199-203	2100	CAS03, CAS06, CAS09, CAS12, CAS15, CAS18	Monetary Amount (Adjustment Amount)		1/10	Difference between the line billed charge and line Medicaid paid amount.
206	2110	REF	Line Item Control Number			
206	2110	REF01	Reference Identification Code	6R	2	
206	2110	REF02	Reference Identification		1/30	Original line item control number from input 837 detail line.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
215	2110	LQ	Health Care Remark Codes			
215	2110	LQ01	Code List Qualifier Code	HE, RX		HE = Claim Payment Remark Codes RX = National Council for Prescription Drug Programs Reject/Payment Codes
216	2110	LQ02	Industry Code (Remark Code)		1/30	Remark Codes if needed to communicate additional information about the denial or adjustment of a claim or service line that cannot be thoroughly explained by a Claim Adjustment Reason Code. Remark Codes can be found on the https://www.wpc-edi.com.
217		PLB	Provider Adjustment			
218		PLB01	Provider Identifier		10	Nevada Medicaid NPI
218		PLB02	Fiscal Period Date (CCYYMMDD)		8	Accounts Receivable Financial Cost Settlement Fiscal Year End Date or Set-up date for A/R transaction. For a Negative Net Payment Amount this field contains the Remittance Date.
222-226		PLB03-1, PLB05-1, PLB07-1, PLB09-1, PLB11-1, PLB13-1	Adjustment Reason Code			Adjustment Reason Codes documented within the TR3 guides.
222-226		PLB03-2, PLB05-2, PLB07-2, PLB09-2, PLB11-2, PLB13-2	Provider Adjustment Identifier		2	
223-227		PLB04, PLB06, PLB08, PLB10, PLB12, PLB14	Provider Adjustment Amount		1/10	

Appendix A: Implementation Checklist

This appendix contains all necessary steps for receiving 835 files from Nevada Medicaid.

1. Call the Nevada Medicaid EDI Help Desk with any questions at (877) 638-3472 options 2, 0, and then 3 or send an email to nvmmis.edisupport@gainwelltechnologies.com.

2. Check the Nevada Medicaid website at www.medicaid.nv.gov regularly for the latest updates.

3. Review the Trading Partner User Guide which includes enrollment and testing information. This can be found on the EDI webpage at: https://www.medicaid.nv.gov/providers/edi.aspx.

4. Confirm you have completed your Trading Partner Agreement and been assigned a Trading Partner ID.

5. Make the appropriate changes to your systems/business processes to support the updated companion guides. If you use a third party software, work with your software vendor to have the appropriate software installed

6. Identify the transactions you will be testing:

   • Health Care Eligibility/Benefit Inquiry and Information Response (270/271)

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

   • Health Care Claim: Dental (837D)

   • Health Care Claim: Institutional (837D)

   • Health Care Claim: Professional (837P)

7. When submitting test files, make sure the recipients/claims you submit are representative of the type of service(s) you provide to Nevada Medicaid providers.

8. Schedule a week for the initial test.

Appendix B: SNIP Edit (Compliance)

The Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) recommends seven types of testing to determine compliance with HIPAA. Nevada Medicaid has adopted this through SNIP Level 4 edits. At this level a claim's inter-segment relationships are validated. For example, if element A exists, then element B should be populated.

The following SNIP Level 4 edits are applied to the 835 transaction before being sent to the Trading Partner:

LOOP	MESSAGE
BPR	BPR11 = TRN04
1000A	1000A N104 required when 1000A REF is used
1000A	1000A N102 must be different from 1000A PER_CX 02
1000A	1000A N102 must be different from 1000A PER_BL 02
1000A	TRN03 is required when 1000A REF is used
1000B	1000B REF_TJ must be absent if 1000B N103=FI
1000B	1000B RDM is not used when BPR01="C"
2000	2100 CLP06 = "MA" when 2000 TS2 is used
2100	2000 TS3 required when 2100 CLP06 = "MA"
2100	2110 DTM must be present when 2100 DTM_232
2100	2100 MIA must not be present when 2100 MOA is used
2100	2000 TS2 required when 2100 CLP06 = "MA"
2100	2100 or 2110 CAS01="PR" when 2100 CLP05 is used
2100	2100 NM101="TT" required when 2100 CLP02="19"
2100	2100 NM101="PR" is not used when 2100 NM101="TT" is used
2100	2100 NM101="IL" not used when 2100 CLP06="MA"
2100	2100 NM1_74 must be different from 2100 NM1_QC
2100	2100 NM1_74 must be different from 2100 NM1_IL
2100	2100 NM1_IL must be different from 2100 NM1_QC
2100	2110 DTM02 must be 19000101 when 2100 CLP02=25
2100	CLP02="19"

Appendix C: Transmission Examples

This is an example of an 835 file containing one claim. For Nevada Medicaid batch files, have the ability to loop at the functional group, transaction and hierarchical levels. Each functional group within an interchange has to be the same transaction type.

ISA*00*   *00*   *ZZ*NVMED   *ZZ*TPID1234   *180608*0616*^*00501*100000101*0*T*:

GS*HP*NVMED*TPID1234*20180608*061645*100000101*X*005010X221A1

ST*835*0001

BPR*I*150*C*ACH*CCP*01*121000248*DA*009600171753*1388600002**01*121000248*DA*4010011617*20180615

TRN*1*000930767*1388600002

DTM*405*20180608

N1*PR*DIVISON OF HEALTH CARE FINANCING AND POLICY

N3*1100 EAST WILLIAM STREET*SUITE 101

N4*CARSON*NV*89701

PER*BL*Nevada Medicaid*TE*8776383472*EM*nvmmis.edisupport@gainwelltechnologies.com

N1*PE*NEVADA REHAB CENTER*XX*1000000001

REF*TJ*461110537

LX*1

CLP*88859895996*1*300*150**MC*2018159000033

CAS*CO*151*50*0

CAS*OA*176*100*0

NM1*QC*1*MINNIE*SMITH****MR*00000000001

DTM*232*20180505

DTM*233*20180505

QTY*CA*2

SE*19*0001

GE*1*100000101

IEA*1*100000101

Appendix D: Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to Nevada Medicaid and its providers.

Q: As a Trading Partner or clearinghouse, who should I contact if I have questions about testing, specifications, Trading Partner enrollment or if I need technical assistance with electronic submission?

A: After visiting the EDI webpage located at: https://www.medicaid.nv.gov/providers/edi.aspx if you still have questions regarding EDI testing and Trading Partner enrollment, support is available Monday through Friday 8 a.m.-5 p.m. Pacific Time by calling toll-free at (877) 638-3472 option 2, 0, and then 3. You can send an email to nvmmis.edisupport@gainwelltechnologies.com.

Q: When will my 835-ERA file be available for download?

A: 835-ERA files will be available to download each Wednesday after 12:01 a.m. Pacific Time.

Q: Who should I contact if I have questions pertaining to billing or to check on the status of a submitted claim?

A: Trading Partners should contact the Customer Service Center for any non-EDI related questions at (877) 638-3472 and follow the prompts for the department you wish to speak with.

Q: How long will an 835 file be available for download on the secure Nevada Medicaid SFTP server?

A: 835 files will be available for 60 days.

Q: Will electronic remittances (835) be returned in one file for all providers or a separate file for each provider?

A: 835 files are returned by Trading Partner ID. There will be one file per Trading Partner ID, which will contain all providers. Financial transactions will be in a separate file.

Q: What filename will be used for the 835 files?

A: As documented in the 835 companion guides, the filename will be in this format:

- Transaction Type, X12BATCH_number of CLP segments_Trading Partner ID_filetype.dat

Q: Where can I find a copy of the HIPAA ANSI TR3 documents?

A: The TR3 documents must be purchased from the Washington Publishing Company at www.wpc-edi.com.

Q: I am a provider. How do I enroll to receive my Remittance Advice electronically (835-ERA)?

A: Providers who are requesting to receive an 835-ERA must have the Trading Partner linked to the provider. This can be done on the Nevada Medicaid Provider Web Portal by going to the Provider Registration process.

Q: Who do I contact if I am missing my 835-ERA file?

A: Requests can be sent to nvmmis.edisupport@gainwelltechnologies.com and processed with 24-48 hours of receipt. The e-mail request needs to include the following information: Trading Partner Name and number, NPI or API number, Date of the RA, RA number, check amount, SSN or FEIN, check number or EFT number. You must contact the EDI support Help Desk within the 60-day retention period to re-post an 835 file.

Appendix E: Change Summary

This section describes the differences between the current Companion Guide and previous versions of the guide.

Published / Revised	Section / Nature of change
06/28/2018	Initial version published.
03/26/2019	Updated section 2.1 to Trading Partner Enrollment. Updated Provider Web Portal link in section 2.1. Updated Provider Web Portal link in section 3.4. Removed TRN04 from the table in section 10.1 as this information is not mapped. Removed TS3 segment from the table in section 10.1 as this information is not mapped. Updated Notes/Comments column for TRN02 from the table in section 10.1.