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)

February 10, 2015

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 and Nevada Check Up 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 document further specifies the requirements to be used when preparing, submitting, receiving, and processing electronic health care administrative data. The document 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 website at http://www.medicaid.nv.gov/providers/edi.aspx regularly for the latest updates.

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.

- Nevada Medicaid website: Web announcements, billing manual, billing guidelines, forms, pharmacy information: https://www.medicaid.nv.gov.
- DHCFP website: Medicaid Services Manual, rates, policy updates, public notices: http://dhcfp.nv.gov.
- Contact for further information on this companion guide:
  Nevada Medicaid EDI Helpdesk
  Email: nvmmis.edisupport@hpe.com
  Phone: (877) 638-3472 options 2, 0, and then 3
  Fax: (775) 335-8594

Preface

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.

Important confidentiality notice

This document has a sensitivity rating of "high" based on Nevada Information Technology Security Standard 4.31. Those parties to whom it is distributed shall exercise a high degree of custody and care of the information included. It is not to be disclosed, in whole or in part, to any third parties without the express written authorization of DHCFP.

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1. Introduction

Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Nevada Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health and Human Services (HHS). The American National Standards Institute (ANSI) X12N implementation guides have been established as the standards of compliance for electronic health care transactions.

1.1. Scope

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

The standard adopted by HHS for electronic health care transactions is ANSI ASC X12N Version 005010 and is effective January 1, 2012. The unique version/release/industry identifier code for the Health Care Payment /Advice transaction is 005010X221A1.

This companion guide assumes compliance with all loops, segments, and data elements contained in the 005010X221A1.

This companion guide does NOT include any of the required loops, segments, or data elements defined in the 005010X221A1 with the exception of those loops, segments, or data elements that require further clarification.

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 website at http://www.medicaid.nv.gov/Home.aspx on the Electronic Claims/EDI webpage.

1.3. References

The implementation guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer or government agency. The 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 http://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

2.1. Working with Nevada Medicaid

This section describes how to interact with the Nevada Medicaid EDI department. DXC Technology is the fiscal agent for Nevada Medicaid and is referred to as Nevada Medicaid throughout this document.

Nevada Medicaid trading partners should exchange electronic health care transactions with HPE via the Secure File Transfer Protocol (SFTP). In the future, HTTP over SSL (HTTPS) will also be made available.

After establishing a transmission method, each trading partner must successfully complete testing. No testing is required for the 835 transactions. Additional information is provided in the next section of this companion guide. After successful completion of testing, production transactions may be exchanged.

2.2. Trading partner registration

This section describes how to register as a trading partner with HPE. EDI enrollment forms can be found at http://www.medicaid.nv.gov/providers/edi.aspx.

2.2.1. EDI enrollment forms

- FA-35 Electronic Transaction Agreement for Service Center – This form is required to enroll as a new Service Center.
- FA-36 Service Center Operational Information – Each Service Center must complete and submit this form for processing. This form notifies of the Service Center's contact information, electronic transaction types, and software vendor information. Each box must be checked for each electronic transaction they will provide. They must test each of these transactions prior to being able to submit or retrieve them in production. Service Centers are required to notify HPE of any change to information presented on this form within five business days. To change the Service Center information, the box near the top of the form next to "This is a change to my previous information on file with Nevada Medicaid" should be marked. The form is required to enroll as a new Service Center.
- FA-37 Service Center Authorization Form – This form notifies that a provider or Service Center wishes to authorize or terminate electronic transaction services. Providers sending and receiving electronic transactions on their own behalf must complete and submit this form designating their own practice as the Service Center. Providers must submit a Service Center Authorization for each National Provider Identifier (NPI) or Atypical Provider Identifier (API) used when submitting claims to HPE. For example, if a provider has three different NPIs, that provider must submit three Service Center Authorizations.

  A provider uses the Service Center Authorization to: Authorize transactions with a Service Center, Terminate transactions with a Service Center, Authorize a Service Center to process the provider's Remittance Advice, and terminate authorization for a Service Center to process the provider's Remittance Advice.

The forms must be signed and mailed to the HPE EDI department. Forms must be mailed to: Attention: EDI Coordinator, Nevada Medicaid, PO Box 30042 Reno, Nevada 89520-3042. The forms can also be emailed Attention: Nevada Medicaid EDI Coordinator nvmmis.edisupport@dxc.com or faxed to (775) 335-8502.

If you have already completed these forms, you will not be required to complete them again.

Trading partners must also submit a Secure Shell (SSH) public key file to Nevada Medicaid to complete their enrollment. Once the SSH key is received, you will be contacted to initiate the process to exchange the directory structure and authorization access on the Nevada Medicaid external SFTP servers. If you have not already supplied HPE with an SSH key, please do so now.

Failure to submit the requested forms and SSH key file to HPE will result in the rejection of your trading partner enrollment request and the inability for you to submit transactions electronically to Nevada Medicaid/Nevada Check Up. Please submit your SSH public key via email within five business days. Should you require additional assistance with information on SSH keys, please contact the Nevada Medicaid EDI helpdesk at (877) 638-3472 option 2, 0, and then 3.

2.3. Certification and testing overview

All trading partners will be certified through the completion of trading partner testing.

All trading partners that exchange electronic transactions with Nevada Medicaid must complete trading partner testing. This includes billing agents, clearinghouses or software vendors.

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

Before exchanging production transactions with Nevada Medicaid, each trading partner must complete testing. All trading partners who plan to exchange transactions must contact the HPE EDI Helpdesk at (877) 638-3472 options 2, 0, and then 3 in advance to discuss the testing process, criteria and schedule. Trading partner testing includes HIPAA compliance testing, as well as validating the use of conditional, optional and mutually defined components of the transaction.

4. Connectivity with Nevada Medicaid/Communications

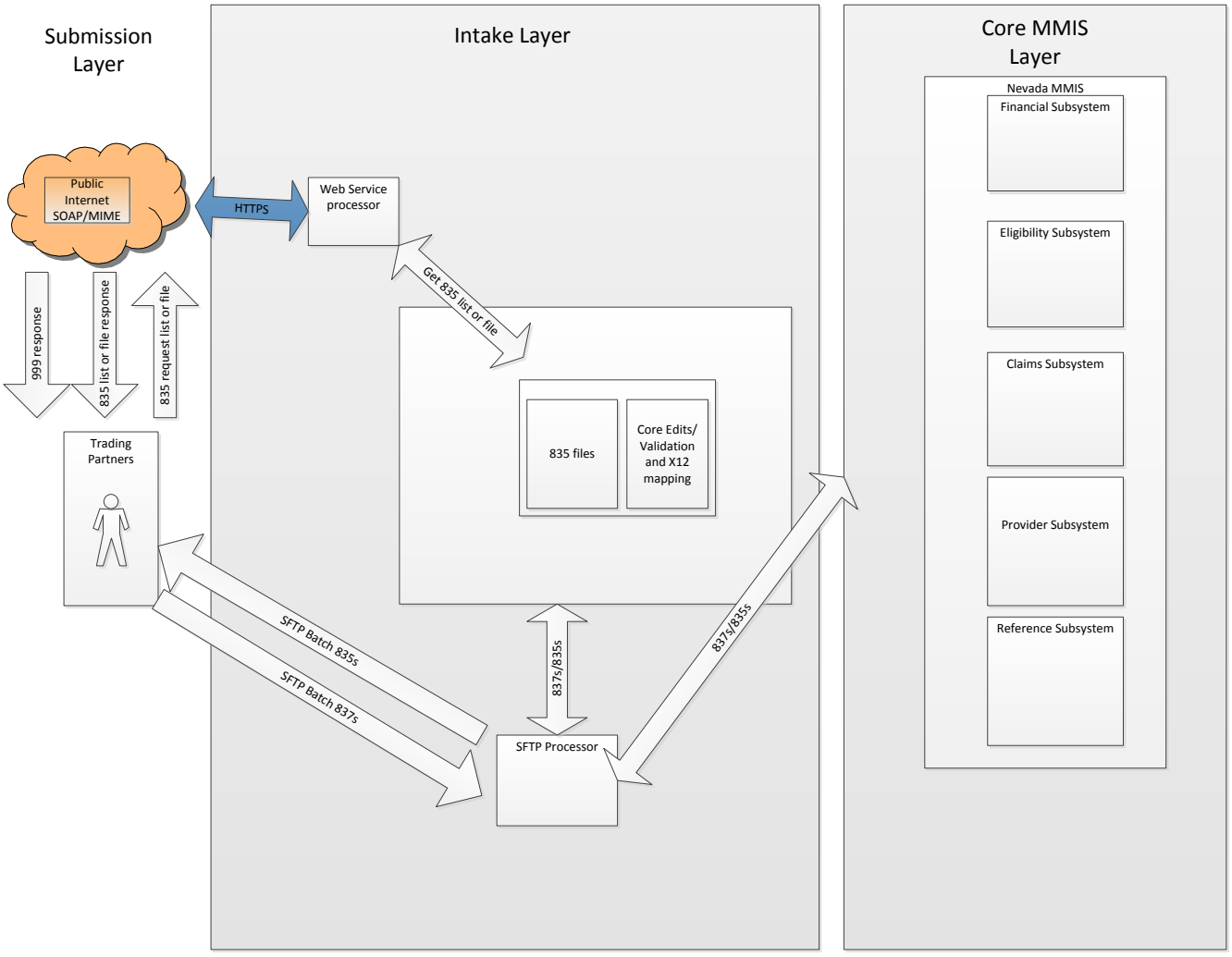
This section describes the process to receive HIPAA 835 transactions, along with submission method, security requirements, and exception handling procedures.

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

- Secure File Transfer Protocol (SFTP) (Batch Only)
- HTTPS – Hyper Text Protocol with Secure Sockets Layer (SSL).

4.1. Process flows

Each transaction prior to being sent to the trading partner is validated to ensure that the 835 complies with the 005010X221A1 TR3 Implementation Guide.



4.2. 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 a Username and private SSH key provided by the trading partner.

4.2.1. System availability

The system is typically available 24X7, with the exception of scheduled maintenance windows.

4.2.2. Downtime notification

HPE will notify the trading partners in the case of any planned downtime or unexpected downtime using email distribution.

4.2.3. Production file-naming convention

Each file name will contain the 4-digit trading partner ID, filetype, and datestamp.dat.

Example: 0123_Filetype [Transaction type examples -- 270, 276, 837P, 837D, 837I, or 835]_DATETIMESTAMP [CCYYMMDDHHMMSSS].dat

Here is an example of file naming convention:

- 0123_835_201208301140512.dat

4.3. Re-transmission procedure

Nevada Medicaid does not require any identification of a previous transmission of a file. All files sent should be marked as original transmissions.

Trading partners may call HPE for assistance in researching problems with submitted transactions. HPE will not edit trading partner data and/or resubmit transactions for processing on behalf of a trading partner. The trading partner must correct any errors found and resubmit.

4.4. Communication protocol specifications

This section describes Nevada Medicaid's communication protocols.

- SFTP: Nevada Medicaid allows submitters to connect to the HPE SFTP server using your SSH private key and your assigned user name (Trading Partner ID). There is no password for the connection.
- HTTPS: This is a safe harbor connection that requires the use of the HTTPS transport protocol over the public internet. This connection requires your assigned user name (Trading Partner ID) and password.

4.5. Passwords

Providers must adhere to Nevada Medicaid's use of passwords. Providers are responsible for managing their own data. Each provider is responsible for managing access to their organization's data through the MMIS security function. Each provider 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 providers 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 organizations.

For more information regarding passwords and use of passwords, contact the HPE EDI Helpdesk at (877) 638-3472 options 2, 0, and then 3.

5. Contact information

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

5.1. EDI Customer Service

The Customer Service Contact Center should be contacted instead of the EDI Customer Service Helpdesk for questions regarding the details of a Recipient's benefits, claim status information, credentialing, and many other services. Customer Service Contact Center is available at (877) 638-3472, Monday through Friday, 8:00 a.m. to 5:00 p.m. PST, with the exception of holidays.

Have the applicable provider identifier, the NPI for health care providers, or the Medicaid API available for tracking and faster issue resolution.

5.2. EDI technical assistance

HPE EDI Helpdesk 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. PST, with the exception of holidays.

Trading Partner ID: The 4-digit Trading Partner ID is Nevada Medicaid's key to accessing trading partner information. Trading partners should have this number available each time they contact the HPE EDI Services team. This used to be referred as the Service Center ID.

For written correspondence:

HPE, Nevada Medicaid
PO Box 30042
Reno, Nevada 89520-3042

Email: nvmmis.edisupport@hpe.com

Nevada Medicaid website: http://www.medicaid.nv.gov

5.3. Provider Service

For Nevada Provider Training Phone: (877) 638-3472 (select option 2, option 0, and then option 4)

Fax: (775) 624-5979

E-mail: NevadaProviderTraining@hpe.com

For Nevada Provider Enrollment Phone: (877) 638-3472 (select option for "Provider Enrollment")

Fax: (775) 335-8593

5.4. Applicable websites/Email

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-9-CM (AHA): This site is a resource for the International Classifications of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes used in medical transcription and billing, and for Level 1 HCPCS. www.ahacentraloffice.org. Use ICD-9 codes on claims with dates of service prior to October 1, 2015
- 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. **Use ICD-10 codes on claims with dates of service on or after October 1, 2015.**
- 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. CMS provides the Electronic Health-Care Transactions and Code Sets Model Compliance Plan at www.cms.hhs.gov/HIPAAGenInfo/.

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

  This site is the resource for Medicaid HIPAA information related to the Administrative Simplification provision. www.cms.gov/medicaid/hipaa/adminsim.
- 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.
- Medicaid HIPAA Compliant Concept Model (MHCCM): This site presents the Medicaid HIPAA Compliance Concept Model, information and a toolkit. www.mhccm.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

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 NVM FHSC FA.
- 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.

835 (Outbound)

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	
C.4		ISA04	Security Information		10	Space fill
C.4		ISA05	InterChange ID Qualifier	ZZ	2	
C.4		ISA06	InterChange Sender ID		15	Value 'NVM FHSC FA' = Nevada MMIS Trading Partner ID, left justified, and space filled.
C.4		ISA07	InterChange ID Qualifier	ZZ	2	
C.4		ISA08	InterChange Receiver ID		15	4-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

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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	Must be identical to the associated interchange control trailer IEA01.
C.6		ISA14	Acknowledgment Requested	0	1	0 = No Interchange Acknowledgment Requested (TA1).
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. This value must be different from the data element separator and the segment terminator.

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. Must be identical to the value in ISA13.

6.2. GS-GE

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		2/15	Value = 'NVM FHSC FA' – Nevada MMIS Trading Partner ID.
C.7		GS03	Application Receiver's Code		2/15	4 digit Trading Partner ID supplied by Nevada Medicaid. This will equal the value in ISA06.
C.7		GS04	Date		8	Format is CCYYMMDD
C.8		GS05	Time		4/8	Format is HHMM
C.8		GS06	Group Control Number		1/9	Group control number. Identical to the value in GE02.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.8		GS07	Responsible Agency Code	X	1/2	
C.8		GS08	Version/Release/Industry ID Code		1/12	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	Total number of transaction sets included in the functional group.
C.9		GE02	Group Control Number		1/9	The functional group control number. Same value as GS06.

6.3. ST-SE

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

The 835-ERA file may contain multiple ST-SE segments.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
209		ST	Transaction Set Header			
209		ST01	Transaction Set Identifier Code	271	3	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
210		ST02	Transaction Set Control Number		4/9	Transaction control number. Identical to the value in SE02.
211		ST03	Implementation Convention Reference		1/35	005010X221A1

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

7.2. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)

The International Classifications of Diseases, 10th edition, Clinical Modification (ICD-10-CM) codes are used for reporting patient diagnoses and (ICD-10-PCS) for reporting hospital inpatient procedures. Use ICD-9 codes on claims with dates of service prior to October 1, 2015. Use ICD-10 codes on claims with dates of service on or after October 1, 2015.

8. Acknowledgements and/or Reports

8.1. Acknowledgement

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

8.2. Report Inventory

There are no acknowledgement reports at this time.

9. Trading Partner Agreements

9.1. Trading partners

Providers who intend to conduct electronic transactions with Nevada Medicaid must sign the Nevada Medicaid Trading Partner Agreements. A copy of the agreement is available on the Nevada Medicaid website at http://www.medicaid.nv.gov/providers/edi.aspx.

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.

10. Transaction specific information

This section describes how ASC X12N TR3 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 TR3s 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. 835 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
69		BPR	Financial Information			
70-71		BPR01	Transaction Handling Code	I or H		I = Remittance information only H = Notification only

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
72		BPR04	Payment Method Code	ACH, CHK, NON	3	ACH = Automated Clearing House (if EFT is used) CHK = Paper check NON = No funds transmitted If BPR04 = CHK or NON, then BPR05 through BPR12 are blank.
74		BPR10	Payer Identifier			DHCFP Fed Tax ID '1886000022'
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	Check or EFT trace number
78		TRN03	Originating Company Identifier (Payer Identifier)		10	DHCFP Fed Tax ID '1886000022'
78		TRN04	Originating Company Supplemental Code			If BPR04 = ACH, the same value as BRP11 (Originating Company Supplemental Code) is used. If BPR04 = CHK or NON, the RA ADVICE NUMBER is used.
82		REF	Receiver Identification			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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 CITY'
91	1000A	N402	State or Province Code		2	'NV'
91	1000A	N403	Postal Code		5	'89701'
97	1000A	PER	Payer Technical Contact Information			
97	1000A	PER01	Contact Function Code	BL	2	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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@hpe.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

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.
112	2000	TS3	Provider Summary Information			
113	2000	TS301	Provider Identifier			This will usually contain the Servicing provider NPI, unless no Servicing Provider NPI existed on the claim, then the Billing Provider will be reported.
113	2000	TS302	Facility Type Code			For institutional claims, this data element reflects the bill type. For professional claims, this data element reflects the place of service. The default value is 99.
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.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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.
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 HPE 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.
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			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
131-136	2100	CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	Claim Adjustment Reason Code		1/3	Adjustment Code can be found on http://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			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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
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 http://www.wpc-edi.com.
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 http://www.wpc-edi.com
167	2100	MOA04	Reference Identification (Remark Code)		1/50	HIPAA Remark Codes can be found on http://www.wpc-edi.com
169	2100	REF	Other Claim Related Identification			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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	
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			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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	National Uniform Billing Committee Revenue Code			
190	2110	SVC05	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 Code can be found on http://www.wpc-edi.com

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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.
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 http://www.wpc-edi.com
217		PLB	Provider Adjustment			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
218		PLB01	Provider Identifier		10	Nevada Medicaid Atypical Provider Identifier (API) or 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.
217-222		PLB03-1	Adjustment Reason Code			Adjustment Reason Codes document within TR3
222-223		PLB03-2	Provider Adjustment Identifier		2	
223		PLB04	Provider Adjustment Amount			

Appendix A. Implementation Checklist

This appendix contains all necessary steps for going live with Nevada Medicaid.

1. Call the Nevada Medicaid EDI Helpdesk with any questions at (877) 638-3472 options 2, 0, and then 3.
2. Check the Nevada Medicaid provider website at www.medicaid.nv.gov regularly for the latest updates.
3. Confirm you have completed your Trading Partner Agreement and been assigned a Trading Partner ID.
4. Make the appropriate changes to your systems/business processes to support the updated companion guides.
5. 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)
6. Confirm you have reported all the NPIs you will be using for testing by validating them with Nevada Medicaid. If you have associated multiple Nevada Medicaid provider IDs to one NPI and/or taxonomy code, make sure your claim(s) successfully pay to your correct Provider ID. If the entity testing is a billing intermediary or software vendor, they should use the provider's identifiers on the test transaction.
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 tentative week for the initial test.
9. Confirm the email/phone number of the testing contact and confirm that the person you are speaking with is the primary contact for testing purposes.

Appendix B. Business Scenarios

Please contact the Nevada Medicaid EDI Helpdesk with any questions at (877) 638-3472 options 2, 0, and then 3 to discuss your specific EDI related business needs, should they not be covered in this guide.

Appendix C. Transmission Examples

This is an example of an 835 file containing three claims. 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*NVM FHSC FA *ZZ*TPID
*130331*0800*!*00501*505043666*0*T*:~
GS*HP*NVM FHSC FA*TPID*20130331*0419*68213316*X*005010X221A1~
ST*835*0001~
BPR*I*3.42*C*CHK**********20130401~
TRN*1*045112549*1581282972~
REF*EV*TPID
DTM*405*20130329~
N1*PR*DIVISON OF HEALTH CARE FINANCING AND POLICY~
N3*1100 EAST WILLIAM STREET*SUITE 101~
N4*CARSON CITY*NV*89701~
PER*BL**TE*8776383472*EM*nvmmis.edisupport@hp.com~
N1*PE*PAYEE*XX*1234567891~
N3*STREET 1~
N4*CITY*NV*897010001~
REF*TJ*8801234567~
LX*1~
TS3*1234567891*13*20131231*1*118~
CLP*CLM01PATACCT*2*118*3.42**MC*2013200100100201*21~
NM1*QC*1*MEMLNAME*MEMFNAME****MR*111000000001~
NM1*82*2******XX*1111111112~
MOA***N59*M79~
DTM*232*20121123~
DTM*233*20121123~
SVC*HC:76705:26*118*3.42**1~
CAS*CO*45*91.63*0~
REF*6R*2620023~
LQ*HE*N59~
CLP*PATACCT000000000*4*36*0**MC*2013000000003*21~
NM1*QC*1*MEMLNAME*MEMFNAME****MR*111000000001~
NM1*82*2******XX*1411111115~
MOA***N95~

DTM*232*20120523~
DTM*233*20120523~
SVC*HC:71010:26*36*0**0**1~
CAS*CO*29*0*0*B7*36*0~
REF*6R*1535886~
LQ*HE*N95~
SE*36*0001~
GE*1*68213316~
IEA*1*505043666~

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: EDI testing and trading partner enrollment support is available Monday through Friday 8 a.m.-5 p.m. by calling toll-free at (877) 638-3472 option 2, 0, and then 3.

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: Providers 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 do I request and submit EDI files through the secure Nevada Medicaid SFTP server in production?

A: Once you have satisfied testing, you will receive an approval letter via email, which will contain the URL to connect to production.

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 a 90-day period.

Q: What types of acknowledgment reports will Nevada Medicaid return following EDI submission?

A: A TA1 will be generated when errors occur within the interchange envelope ISA/IEA. A 999 acknowledgement will be returned on batch 270 (Eligibility) and 276 (Claim Status), and failed 270 Real-Time (Eligibility Requests) and 276 Real-Time (Claim Status) transaction types. For those real-time 270 and 276 transactions that pass compliance, the respective 271 and 277 transactions will be generated. The 835 (ERA) will be returned to the payee provider or trading partner delegated by the provider if the claims were accepted electronically and forwarded for claims adjudication. The 277U (Unsolicited Claim Status Report) is returned if there was a problem with the claims that prevented the claims adjudication system from processing the claims (for example, Invalid NPI or Provider Not on File).

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: 4-digit Trading Partner ID, TransactionType, DATETIMESTAMP [CCYYMMDDHHMMSSS as 201208301140512.dat

Q: Will Nevada Medicaid continue to send paper EOBs for providers that are receiving the Electronic Remittance Advice (ERA)?

A: Paper remittance advices (RAs) will continue for a four-week period, after which time, you will no longer receive paper RAs. A trading partner cannot receive both 835 and paper RAs after the four-week period.

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: Every provider who is requesting to receive an 835-ERA must complete the FA-37 form. The form is located at: http://www.medicaid.nv.gov/providers/edi.aspx.

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

A: Requests can be sent to nvmmis.edisupport@dxc.com and processed with 24-48 hours of receipt. The e-mail request needs to include the following information: Service Center 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 helpdesk within the 90-day retention period.

Q: What can I do if my trading partner will not provide me with my 835-ERA?

A: If a provider is enrolled to receive an 835 and the trading partner is not able to provide the 835 file, the provider will need to terminate their existing 835 set up in order for them to receive copies of remits through the Nevada EDI department. When the FA-37 Service Center Authorization form to terminate their 835 file is received and processed, the provider will need to e-mail nvmmis.edisupport@dxc.com. They must request all of their missing remits all at once with the dates of RAs and their NPI/API number.

Appendix E. Change Summary

The following Change History log contains a record of changes made to this document.

Published/ Revised	Section/ Nature of change
02/03/2012	Initial version
10/14/2012	Changed all Magellan/MMA references to HP Enterprise Services (HPES) and updated all contact information. Changed pagination from chapter-based to sequential. Other updates/corrections to sections 2, 3.3 and 5.1.
03/21/2014	Complete revision to comply with CAQH® (Council for Affordable Quality Healthcare) CORE™ (Committee on Operating Rules for Information Exchange) v5010 Master Companion Guide Template. Transaction specific data elements, and their values, were not changed. All previous versions are obsolete.
02/10/2015	Page 6 section 4.0, updated information for HTTPS; Page 7 section 4.4, updated information for HTTPS; pages 10 and 18 added effective dates for use of ICD-10.