

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

**Companion Document
and
Transaction Specifications
for HIPAA
NCPDP Batch 1.1 Version 5.1
Encounter Transactions**

**January 2010
Version 1.3**

Revision History

Date	Version	Description	Author
6.26.2006	1.0	Draft for distribution to health plans.	AHCCCS Information Services Division
6.15.2007	1.1	NPI updates and Permission to Reproduce	AHCCCS Information Services Division
10.26.2007	1.2	Edits to differentiate from Implementation Guide	AHCCCS Information Services Division
01.27.2010	1.3	Removed references to NPI contingency plan. Added notation pertaining to segment order (AM04 before AM01). Added notation regarding file failure. Corrected value in 342-HC from 7 to 8, Amount Paid. When Medicare is Other Payer, "Medicare" should be reflected in 340-7C. Input Mode should be 1 in 22 nd position of Transaction Sender ID, 880-K1. Added DUR/PPS and Pricing segments to report Seasonal Flu, Pneumonia and H1N1 vaccines. Streamlined document, including the removal of website links that are no longer valid.	AHCCCS Information Services Division

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1 Introduction

Companion Documents

Companion Documents are intended to supplement the standard HIPAA Implementation Guides and are technical in nature. They are intended for technical staff members who are responsible for electronic transaction/file exchanges. This document provides specific information related to the fields and values reported.

Disclaimer

This Companion Document is intended to be a technical document describing the specific technical and procedural requirements for interfaces between AHCCCS and its trading partners. It does not supersede either health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts between this document and either the health plan contracts or operational procedure manuals, the contract or procedure manual will prevail.

Substantial effort has been taken to minimize conflicts or errors; however, AHCCCS, the AHCCCS Information Services Division, or its employees will not be liable or responsible for any errors or expenses resulting from the use of information in this document. If you believe there is an error in the document, please notify the AHCCCS Information Services Division immediately

2. NCPDP Transactions

2.1 Overview

NCPDP Overview	<p>The NCPDP 5.1 transaction is used by the AHCCCS contracted health plans to report post adjudicated pharmacy encounters.</p> <p>AHCCCS accepts NCPDP transactions from the contracted health plans, completes a validation check, translates files that pass validation and then forwards the file to the adjudication system for processing.</p>
File Submission	<p>To exchange electronic data with AHCCCS, Trading Partners must establish individual user accounts to the secure file transfer server (SFTS, aka EFT). When permissions have been granted to the SFTS, Trading Partners will upload their NCPDP transactions for processing.</p> <p>Note: Files such as Word Documents, Excel Documents and/or zero byte files will be removed from the server and no notification will be provided to the Trading Partner.</p>
Validation	<p>AHCCCS validates NCPDP transactions for compliance. Files that pass validation will be forwarded to the translator. Files that fail validation will discontinue processing and the Trading Partner will receive a response file with a .BAD extension.</p>
Translation	<p>Files that pass validation will be translated and sent to the adjudication system for processing.</p>
Submission Schedule	<p>Encounter submitters can transmit NCPDP transactions to AHCCCS at anytime. AHCCCS typically processes files each evening, Monday through Friday.</p>

3 Technical Infrastructure and Procedures

3.1 Technical Environment

Connectivity

Authorized individuals from the Trading Partner organization may connect to the AHCCCS secure file transfer server (SFTS) using a standard internet browser. To obtain an individual SFTS account, the Electronic Data Exchange Request and External User Affirmation Statement forms must be completed and submitted to AHCCCS Data Security. These forms can be obtained from the AHCCCS website.

Technical Assistance and Help

The AHCCCS Information Services Division (ISD) Customer Support Center is the primary contact for all questions related to submission of electronic transactions and data. The preferred method of contact is email. All inquiries result in Ticket Number assignment and problem tracking. The Contact information is:

- Email: EDICustomerSupport@azahcccs.gov
 - **Telephone Number:** (602) 417-4451
 - **Hours:** 7:00 AM – 5:00 PM Arizona Time, Monday through Friday
 - **Information required for initial inquiry:**
 - Customer Name
 - Organization Name
 - Customer Email Address
 - Customer Telephone Number
 - Health Plan ID/Provider ID/Submitter ID
 - Transaction ID Inquiring About
 - Applicable IS/GS Control Numbers
 - Topic/Nature of Problem (setup, connectivity, etc.)
 - **Information required for follow up inquiry:**
 - Ticket Number assigned by the Customer Support Center
-

3.2 Directory and File Naming Conventions

SFTS Directory Structure

The SFTS Directory Structure is as follows:

XXX/Environment/Type and Direction

- **XXX**-Three byte Health Plan Identifier
 - **Environment**
 - Dev** is for internal AHCCCS development staff
 - Other** is for sending/receiving large files that cannot be sent in an email or contains PHI.
 - Prod** is for sending/receiving production files
 - Test** is for sending/receiving test files
 - **Type and Direction**
 - EDI-IN** is for sending HIPAA X12 and NCPDP 5.1 transaction files only. Zipped files will not be allowed.
 - EDI-OUT** is for receiving HIPAA X12 NCPDP 5.1 response files.
 - IN** is for sending proprietary files.
 - OUT** is for receiving proprietary files.
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File Naming Conventions

File naming convention is as follows:

- Inbound filenames can be any name designated by the Health Plan/Program Contractor, but should not exceed 25 characters.
 - Files should be rendered in a standard text file format and should not have a .tmp, .zip and/or any other application file extension.
 - NCPDP 5.1 files that fail validation will be returned to the Health Plan EDI-Out directory with the original filename and a .bad file extension.
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4 Encounter Transaction Specifications – NCPDP Encounters

4.1 Overview

Transaction Specifications Table

The NCPDP Encounter Transaction Specifications for individual data elements are shown in the table starting on the next page. Definitions of table columns follow.

Segment

The name of the segment or standard grouping of data elements within a NCPDP Transaction.

Field

The data element's identifier as shown in the NCPDP Implementation Guide and Data Element Dictionary.

Field Name

The field's name as shown in the NCPDP Implementation Guide and Data Element Dictionary.

Field Definition

How the field is defined in the NCPDP Data Element Dictionary.

Value

Data element values in the Implementation Guide that are used by AHCCCS.

Comments

Definitions of valid values used by AHCCCS and additional information about AHCCCS data element requirements.

4.2 Segment Order

**Billing (B1)
Reversal (B2)
And Rebill
Transactions
(B3)**

When applicable, the AHCCCS translator prefers the AM04 Insurance segment before the AM01 Patient Segment.

AHCCCS DRUG ENCOUNTER TRANSACTION SPECIFICATIONS Based on NCPDP Telecommunication and Batch Standard					
TRANSMISSION HEADER RECORD – Appears at the beginning of transmissions of from 1 to 9,999,999,997 NCPDP Transactions					
Segment	Field	Field Name	Field Definition	Value	Comments
Transmission Header	880-K1	SENDER ID/ 24 BYTES	An identification number of the transmission sender defined by the processor.		Submitting health plans are identified by a 3-byte acronym assigned by AHCCCS followed by the submitter's Tax ID [9], AHCCCS Health Plan ID [6], a three-character Transmission Submitter Number (TSN), and a one-character Input Mode of 1.
Transmission Header	880-K7	RECEIVER ID/ 24 BYTES	A receiver identification number that "reflects valid enrollment between trading partners for batch file submission."	AHCC CS86- 600479 1	"AHCCCS" followed by the AHCCCS Federal Tax ID.

TRANSACTION DETAIL DEFINITION RECORD – Encloses each NCPDP Transaction					
Segment	Field	Field Name	Field Definition	Value	Comments
Transaction Header	202-B2	SERVICE PROVIDER ID QUALIFIER	Code qualifying the 'Service Provider ID' (201-B1).	01 05	National Provider Identifier Medicaid ID Used in the B1, B2 and B3 record.
Transaction Header	201-B1	SERVICE PROVIDER ID	ID assigned to a pharmacy or provider.		Provider Id/Pharmacy Number. Until May 22, 2007, AHCCCS Id and Location Number NNNNNLL May 23, 2007 and after, National Provider Identifier Used in the B1, B2 and B3 record.
Insurance	302-C2	CARDHOLDER ID	Insurance ID assigned to the cardholder.		The health plan member's AHCCCS ID Used in the B1 record.
Patient	332-CY	PATIENT ID	Resubmission Claim Number		The Claim Reference Number (CRN) of the original encounter being voided or replaced. Required when the original encounter is being voided or replaced. Used in the B2 and B3 record.
Claim	330-CW	ALTERNATE ID	The Medicaid unique claim identification number (also referred to as the ICN or TCN)		Health Plan CRN Used in the B1 record.
Prescriber	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	03	Prescriber Segment Used in the B1 and B3 record.
Prescriber	466-EZ	PRESCRIBER ID QUALIFIER	Code qualifying the 'Prescriber ID' (411-DB).	01 05	National Provider Identifier Medicaid ID Used in the B1 and B3 record.

TRANSACTION DETAIL DEFINITION RECORD – Encloses each NCPDP Transaction					
Segment	Field	Field Name	Field Definition	Value	Comments
Prescriber	411-DB	PRESCRIBER ID	ID assigned to the prescriber.		Prescribing providers should use an NPI, but AHCCCS will accept submissions of both the NPI and/or other legacy identifiers (AHCCCS ID and Location Number NNNNNNLL) until March 1, 2008. Used in the B1 and B3 record.
COB/Other Payments	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	05	Coordination of Benefits (COB) Segment One occurrence of the COB/Other Payments Segment is required for health plan payment information. Subsequent iterations of the segment can be used for data on other third party payers. Used in the B1 and B3 record.
COB/Other Payments	337-4C	COORDINATION OF BENEFITS/ OTHER PAYMENTS COUNT	Count of other payment occurrences.		The number of “other coverages” involved in the claim that resulted in this encounter. Always 1 for the health plan, incremented by 1 for each additional coverage (2, for example, when the health plan member has Medicare A). Used in the B1 and B3 record.
COB/Other Payments	338-5C	OTHER PAYER COVERAGE TYPE	Code identifying the type of ‘Other Payer ID’ (340-7C).		Any valid value. Used in the B1 and B3 record.
COB/Other Payments	339-6C	OTHER PAYER ID QUALIFIER	Code qualifying the ‘Other Payer ID’ (340-7C).		Use a value of “99” when the payer is a health plan and an appropriate Implementation Guide value when the payer is an additional other carrier. Used in the B1 and B3 record.
COB/Other Payments	340-7C	OTHER PAYER ID	ID assigned to the payer.		The AHCCCS Health Plan ID and TSN for health plans. If Other Payer is Medicare, Other Payer ID must be “MEDICARE.” Any available identifier for other additional carriers is acceptable. Used in the B1 and B3 record.
COB/Other Payments	341-HB	OTHER PAYER AMOUNT PAID COUNT	Count of the payer amount paid occurrences.		The number of “other payers” (including the health plan but excluding AHCCCS) that made payments. Used in the B1 and B3 record.
COB/Other Payments	342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Code qualifying the ‘Other Payer Amount Paid’ (431-DV).		For health plan segments, the value is always “08” Amount Paid. Use the most appropriate Implementation Guide value for additional other payers. Used in the B1 and B3 record.
COB/Other Payments	431-DV	OTHER PAYER AMOUNT PAID	Amount of any payment known by the pharmacy from other sources (including coupons).		For the health plan COB Segment, the Health Plan Paid Amount. If additional other payers are involved, the amount paid by each of them. Used in the B1 and B3 record.

DUR/PPS	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	08	DUR/PPS Segment To report Seasonal Flu, Pneumonia and H1N1 vaccines for RX Billings.
DUR/PPS	473-7E	DUR/PPS CODE COUNTER	Counter number for each DUR/PPS set/logical grouping.	1	RX Billing
DUR/PPS	440-E5	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	MA	Medication Administered If dispensing and administering a covered vaccine to the member. Leave blank if only dispensing the vaccine and not providing administration of the vaccine to the member.
Pricing	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	11	Pricing Segment To report Seasonal Flu, Pneumonia and H1N1 vaccine costs.
Pricing	438-E3	INCENTIVE AMOUNT SUBMITTED	Amount represents a fee that is submitted by the pharmacy for contractually agreed upon services. This amount is included in the 'Gross Amount Due (430-DU).		Submit the Vaccine Administration Fee which shall include all supplies necessary to give the injection and administration of the vaccine. Encounter value for this fee is limited to no more than \$15.43.
Pricing	409-D9	INGREDIENT COST SUBMITTED	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (430-DU)		The amount for the vaccine ingredient cost.
Pricing	412-DC	DISPENSING FEE SUBMITTED	Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due' (430-DU).		The amount for the dispensing fee may be submitted when the vaccine is not being administered to the member by the pharmacy/pharmacist.
Pricing	426-DQ	USUAL AND CUSTOMARY CHARGE	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.		The U&C amount submitted should include the cost for the vaccine PLUS the administration fee.

TRANSMISSION TRAILER RECORD – Appears at the end of transmissions of from 1 to 9,999,999,997 NCPDP Transactions					
Segment	Field	Field Name	Field Definition	Value	Comments
Transmission Trailer	504-F4	MESSAGE/ 35 BYTES	Information regarding the batch.		The submitter should add an abbreviated attestation message that is compliant with BBA specifications. For example: "Attested John Doe CFO"