



**COMMUNICATIONS/CONNECTIVITY INFORMATION (CCI)
COMPANION GUIDE
VERSION 4.0**

FEBRUARY 2023

DISCLOSURE STATEMENT

This Communications/Connectivity Information (CCI) 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 this document, please open a ticket through servicedesk@azahcccs.gov and make sure it is assigned to the AHCCCS EDI Team.

PREFACE

The CCI Companion Guide to the v5010 ASC X12N Implementation Guides, NCPDP PAH 2.2 Guide, and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with AHCCCS. Transmissions based on this CCI Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides and NCPDP PAH 2.2 Guide, are compliant with both ASC X12 syntax and those guides. This CCI Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The CCI Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

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1 INTRODUCTION

The CCI Companion Guide must be used in conjunction with an associated ASC X12N Implementation Guide and NCPDP PAH 2.2 Guide. The instructions in this CCI Companion Guide are not intended to be stand-alone requirements documents. This conforms to all the requirements of any associated ASC X12 Implementation Guides and NCPDP PAH 2.2 Guide. It is in conformance with ASC X12's Fair Use and Copyright statements.

1.1 Scope

This document is to be used for the implementation of the ASC X12N transactions and NCPDP PAH 2.2 as mandated under HIPAA and is not intended to replace the TR3.

1.2 Overview

This CCI Companion Guide is intended to supplement the standard HIPAA Implementation Guides. It is a technical document describing the specific technical and procedural requirements for interfaces between AHCCCS and its trading partners. 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.

1.3 References

For more information regarding the ASC X12N Standards for EDI and to purchase copies of the TR3 documents, consult the ASC X12 store web site at <https://x12.org/products>

Refer to the NCPDP Post Adjudication Transaction Standard Implementation Guide Version 2.2 (Post Adjudication History [PAH]), Data Dictionary (June 2010), and External Code List (June 2010) for further information on the various segments and fields allowed. Additional information for National Council for Prescription Drug Programs is found at <https://www.ncpdp.org/>

2 GETTING STARTED

2.1 Working with AHCCCS

The AHCCCS Information Services Division (ISD) Service Desk is the first point of contact for all questions related to submission of electronic transactions and data. The preferred method of contact is email. **(Note: If providing PHI data, please make sure your email is secured)**

All inquiries/requests will result in a Customer Support Ticket Number assignment. Contact information:

Email: servicedesk@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
- Customer Email Address
- Customer Telephone Number
- Provider Name
- Provider ID and NPI, Submitter ID (as applicable), or Health Plan ID
- Transaction Type (835, 837, 270, etc.)
- Applicable ISA/GS Control Numbers
- Detailed information on problem or specific inquiry/request (setup, connectivity, etc.)

2.2 Certification and Testing Overview

Each AHCCCS trading partner is responsible for ensuring that its transactions are compliant with HIPAA mandates based on the types of testing described below.

AHCCCS encourages providers and other entities to use either a third party tool or AHCCCS' Community Manager tool to certify that the entity can produce and accept HIPAA compliant transactions. Success is determined by the ability to pass the seven types of compliance tests listed below. The initial four of the seven types of testing are also used as categories for edits performed by the AHCCCS translator.

The testing types have been developed by the Workgroup for Electronic Data Interchange (WEDI), a private sector organization concerned with implementation of electronic transactions. They are:

1. Integrity Testing: This kind of testing validates the basic syntactical integrity of the provider's EDI file.
2. Implementation Guide - Requirements Testing: This kind of testing involves requirements imposed by the transaction's HIPAA Implementation Guide, including validation of data element values specified in the Guide.
3. Balancing Testing: Balancing verification requires that summary-level data be numerically consistent with corresponding detail level data, as defined in the transaction's Implementation Guide.
4. Inter-Segment Situation Testing: Situation testing validates inter-segment situations specified in the Implementation Guide.
5. External Code Set Testing: This kind of testing validates code set values for HIPAA mandated codes defined and maintained outside of Implementation Guides. HCPCS Procedure Codes and NDC Drug Codes are examples.
6. Product Type or Line of Service Testing: This kind of testing validates specific requirements defined in the Implementation Guide for specialized services such as durable medical equipment (DME).
7. Trading Partner-Specific Testing: Testing of trading partner requirements involves Implementation Guide requirements for transactions to or from Medicare, Medicaid and Indian Health Services. For AHCCCS trading partners, trading partner requirement testing includes testing of the approaches that AHCCCS has taken to accommodate necessary data within HIPAA compliant transactions and code sets.

2.3 Test Data and Privacy

AHCCCS believes that, when possible, using real-life production data enhances the overall value of the compliance testing process. If a covered entity elects to use production data in testing, it must ensure that it remains in compliance with all federal and state privacy regulations. Data (e.g., names and identification numbers) that would make it possible to identify particular individuals should be removed or encrypted. AHCCCS expects that patient identifiable information will be encrypted or eliminated from test data submitted to the certification testing system unless the testing system is in compliance with all HIPAA regulations concerning security, privacy, and business associate specifications.



3 TESTING WITH AHCCCS

There are two separate processes for testing with AHCCCS: TIBCO Community Manager or file submissions using the Trading Partner’s TEST/EDI-IN (SFTP) directory.

3.1 Community Manager Testing

The TIBCO Community Manager test site is a platform for trading partners to conduct EDI testing and validation of electronic data.

All 837 trading partners must satisfy the TIBCO Community Manager scenario profile/test scenarios assigned to them prior to conducting end to end testing phase.

All 270/271 and 276/277 trading partners must successfully validate at least two 270/276 files in TIBCO Community Manager prior to conducting end to end processing.

All test files uploaded to TIBCO Community Manager should be 1MB or less. **There are no TIBCO Community Manager test requirements for 835 and 275 Transaction trading partners.**

3.2 Trading Partner’s Test File Submission at SFTP

SFTP File Path: AZ/HEALTH PLAN, PROVIDERID, OR CLEARINGHOUSE/TEST/EDI-IN

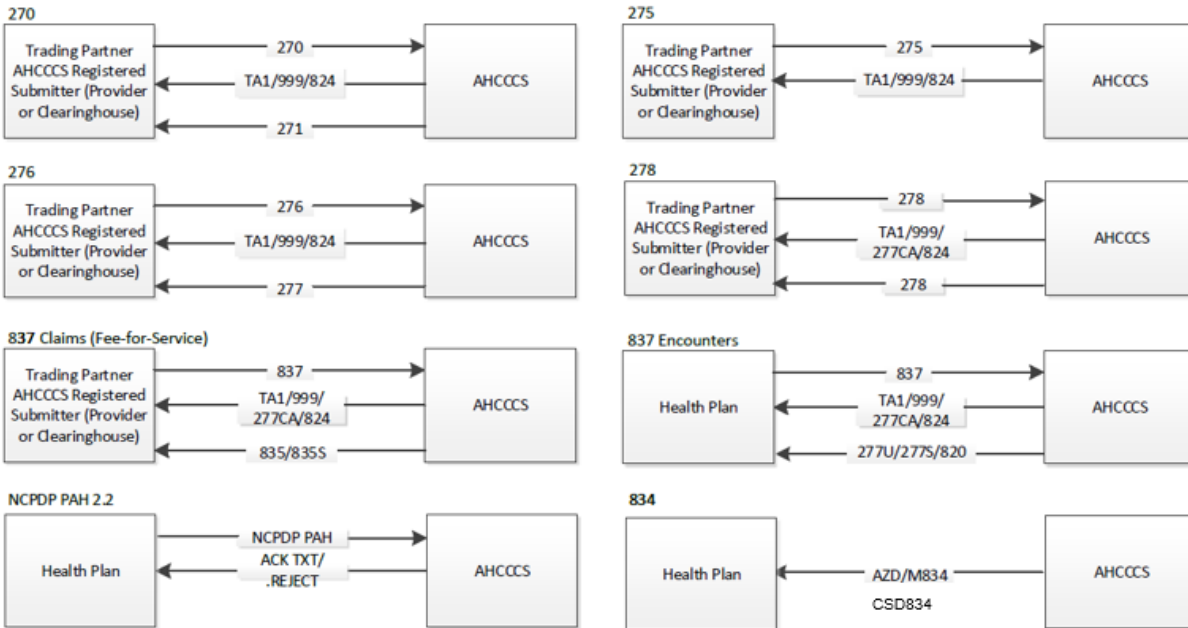
ISD Testing Mainframe Processing Schedule

EDI TRANSACTION	DAYS	TIME (ARIZONA)
270	Sunday – Saturday	7:00 PM
276	Monday – Friday	8:30 PM
278	Sunday – Saturday	7:00 PM
837 Claims	Monday – Friday	6:30 PM
837 Encounters	Monday – Friday	3:00 PM
NCPDP PAH 2.2	Monday – Friday	3:00 PM

Note: File size limitation - Testing files cannot exceed 500 KB

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1 Process flows



Note: An inbound 837 Fee-For-Service Claims file does not necessarily mean that a trading partner will receive the corresponding 835.

4.2 Transmission Administrative Procedures

Providers can only directly connect with either AHCCCS or through an AHCCCS certified Clearinghouse.

AHCCCS Secured File Transfer Protocol (SFTP): <https://sftp.statemedicaid.us>

If the provider wishes to setup 835, 275, 270/271, or 276/277 with AHCCCS directly, provider must open a service request (servicedesk@azahcccs.gov) to get the EDI transaction setup first. EDI Team will then work with the provider or clearinghouse to get the SFTP folder/process started.

For those trading partners who already has an established an SFTP folder and wishes to add more employees to access their SFTP folder, you must open a service request to servicedesk@azahcccs.gov and make sure to assign it to ISD Data Security.

Complete these forms and attach these to your ticket: **Electronic Data Exchange Request** and **External User Affirmation Statement** found at: <https://www.azahcccs.gov/PlansProviders/ISDresources.html>

Trading partners may conduct Community Manager testing of the 270/271, 276/277, 278 and 837 transactions pending their SFTP account setup.

Clearinghouse

If your software vendor cannot connect directly to AHCCCS, the following information will assist you with connecting through a third party AHCCCS registered clearinghouse:

- Contact your software vendor to see if they are affiliated with a clearinghouse. Some software vendors will require that the provider/submitter connect through a designated clearinghouse.
- The third party clearinghouse is responsible for assisting the provider/submitter with EDI file submissions or retrieval to AHCCCS.

Note: If you are going through a clearinghouse and need access to your files such as 835 or 271 files, you must work directly with your clearinghouse to access your EDI files.

4.3 Production File Processing Schedule

Note: All the inbound files can be any filename with .TXT

Production File Processing Schedule (Arizona Time)

EDI TRANSACTION	DAYS	INBOUND CUT OFF TIME	MAINFRAME START TIME *
270	Monday – Sunday	6:30 PM	7:30 PM
275	Monday – Sunday	6:30 PM	7:30 PM
276	Monday – Sunday	6:30 PM	7:30 PM
277U	End of Encounter Cycle		After the encounter cycle ends (twice a month)
278	Monday – Sunday	6:30 PM	7:30 PM
820	Monday - Friday		12:30 PM
834	Monday – Sunday		7:30 PM
835	Thursday		6:00 PM
837 Claims	Monday – Friday	6:00 PM	6:30 PM
NCPDP PAH 2.2 Claims	Monday – Friday	6:00 PM	5:00 AM
837 Encounters **	Monday – Friday	6:00 PM (Thursday before the scheduled cycle)	5:00 AM
NCPDP PAH 2.2 Encounters	Monday – Friday	6:00 PM	5:00 AM

Note:

* Mainframe Start Time is subject to change depending on system resources and volume of files being processed. This could impact the availability of the 834 or 271/277 response files.

** **On deadline days (Thursday before the scheduled cycle), encounter file(s) must arrive at AHCCCS by 6:00 PM.** Please do not wait until the last minute to send encounter files, which could result in missing the encounter cycle, due to other transactions being processed.

4.4 File Naming Convention

Note: Inbound files (270, 276, 278 and 837) can be any name as long as there is **no space in the filename.**

1) 270/271 Transaction

The 270 files are processed Monday-Sunday at 7:30 PM Arizona Time

271 Response File:

AZD271-nnnnnn-YYMMDD-nnnnnnnnn.TXT

- AZ (State)
- D (Daily)
- 271 (Transaction Code)
- nnnnnn (Provider ID)
- YYMMDD (Cycle Order Date – ODATE)
- nnnnnnnnn (This is the ISA13 from inbound 270)
- TXT (File Extension)

2) 275 Inbound/Outbound Transaction

The Inbound 275 files are processed Monday-Sunday at 7:30 PM Arizona Time

AZD275-nnnnn-YYMMDD.TXT

- AZ (State)
- D (Daily)
- 275 (Transaction Code)
- nnnnn (Submitter ID)
- YYYYMMDDhhmmss (Cycle Order Date – ODATE)
- TXT (File Extension)

3) 276/277 Transaction

The 276 files are processed Monday-Sunday at 7:30 PM Arizona Time

277 Response File:

AZD277-nnnnnn-YYMMDD-nnnnnnnnn.TXT

- AZ (State)
- D (Daily)
- 277 (Transaction Code)
- nnnnnn (Provider ID)
- YYMMDD (Cycle Order Date – ODATE)
- nnnnnnnnnnn – (This is the ISA13 of 276)
- TXT (File Extension)

4) 277U Transaction

The 277U Encounter Status Transaction is produced at the end of the Encounter cycle, and it contains all adjudicated and pending encounters.

AZU277-nnnnnn-YYMMDD.TXT

- AZ (State)
- U (Unsolicited)
- 277 (Transaction Code)
- nnnnnn (Health Plan ID)
- YYMMDD (Process Date)
- TXT (File Extension)

5) 278 Inbound/Outbound Transaction

The Inbound 278 files are processed Monday-Sunday at 7:30 PM Arizona Time

AZD278-nnnnnn-YYMMDD-nnnnnnnnnn.TXT

- AZ (State)
- D (Daily)
- 278 (Transaction Code)
- nnnnnn (Provider ID)
- YYMMDD (Cycle Order Date – ODATE)
- nnnnnnnnnnn – (This is the ISA13 of 278)
- TXT (File Extension)

6) 820 Transaction

The 820 files are processed Monday to Friday at 12:30 PM Arizona Time

AZD820-nnnnnn-YYMMDD.TXT

- AZ (State)
- D (Daily)
- 820 (Transaction Code)
- nnnnnn (Health Plan ID)
- YYMMDD (Cycle Order Date – ODATE)
- TXT (File Extension)

7) 834 Transaction (Daily)

The Daily 834 files are processed Monday to Sunday at 7:30 PM Arizona Time

Note: The following extra codes (AC, BH, SO) only apply to certain Health Plans

- AC (AHCCCS Complete Care)
- BH (Behavioral Health)
- SO (State Only)

- AZ (State)
- D (Daily)
- 834 (Transaction Code)
- nnnnnn (Health Plan ID)
- YYMMDD (Cycle Order Date – ODATE)
- AC (AHCCCS Complete Care)
- BH (Behavioral Health)
- SO (State Only)
- TXT (File Extension)

Sample 834 Daily Files:

AZD834-nnnnnn-YYMMDD.TXT

AZD834-nnnnnn-YYMMDD-AC.TXT

AZD834-nnnnnn-YYMMDD-BH.TXT

AZD834-nnnnnn-YYMMDD-SO.TXT

8) 834 CSD Transaction (Daily)

The CS Daily 834 files are processed Monday to Sunday at 7:30 PM Arizona Time

CSD834-nnnnnn-YYMMDD.TXT

- CS
- D (Daily)
- 834 (Transaction Code)
- nnnnnn (Health Plan ID)
- YYMMDD (Cycle Order Date – ODATE)
- TXT (File Extension)

9) 834 Transaction (Monthly)

The Monthly 834 files are processed once around the end month at 7:30 PM Arizona Time

Note: The following extra codes (AC, BH, SO) only apply to certain Health Plans

- AC (AHCCCS Complete Care)
- BH (Behavioral Health)
- SO (State Only)

- AZ (State)
- M (Monthly)
- 834 (Transaction Code)
- nnnnnn (Health Plan ID)
- YYMMDD (Cycle Order Date – ODATE)
- AC (AHCCCS Complete Care).
- BH (Behavioral Health)
- SO (State Only)
- TXT (File Extension)

Sample 834 Monthly Files:

AZM834-nnnnnn-YYMMDD.TXT

AZM834-nnnnnn-YYMMDD-AC.TXT

AZM834-nnnnnn-YYMMDD-BH.TXT

AZM834-nnnnnn-YYMMDD-SO.TXT

10) 835 Transaction

The 835 files are processed on Thursday at 6 PM Arizona Time

AZD835-nnnnnn-nn-YYMMDD-HHMMSS.TXT

- AZ (State)
- D (Daily)
- 835 (Transaction Code)
- nnnnnn (Provider ID)
- nn (Pay To Code)
- YYMMDD (Cycle Order Date – ODATE)
- HHMMSS (When the file was processed in mainframe)
- TXT (File Extension)

11) 835 Supplemental Transaction

The 835 Supplemental Files are processed on Thursday at 6 PM Arizona Time

AZS835-nnnnnn-YYMMDD-HHMMSS.TXT

- AZ (State)
- S (Supplemental)
- 835 (Transaction Code)
- nnnnnn (Provider ID)
- nn (Pay To Code)
- YYMMDD (Cycle Order Date – ODATE)
- HHMMSS (When the file was processed in mainframe)
- TXT (File Extension)

12) 837 Fee-For-Service (FFS) Transaction

The 837 files are processed Monday to Friday at 6:30 PM Arizona Time

- AZ (State)
- D (Daily)
- 837 (Transaction Code)
- nnnnn (Submitter ID)
- YYMMDDHHMMSSSm
- Original file name from submitter
- 999, 277, 824, TA1 (File Extension)

Sample Fee-For-Service Acknowledgement File:

AZD837.nnnnn.YYMMDDHHMMSSss.Original file name from submitters.999

13) 837 Encounter Transaction

The 837 Encounter files are processed Monday to Friday at 5:00 AM Arizona Time

- AZ (State)
- E (Encounter)
- PID (Professional, Institutional, Dental)
- HPnnnnnn (Health Plan ID)
- YYMMDDHHMMSSss (Cycle Order Date – ODATE)
- Original filename from submitter (Health Plan)
- TXT (File Extension)

Sample Encounter Acknowledgement File:

AZEP_HPnnnnnn_YYMMDDHHMMSSss_original file name from submitters.999

AZEP_HPnnnnnn_YYMMDDHHMMSSss_original file name from submitters.277

14) NCPDP PAH 2.2 Transaction

The NCPDP PAH 2.2 files are processed Monday to Friday at 5:00 AM Arizona Time

Encounter NCPDP:

- AZ (State)
- D (Daily)
- NCPDP (Transaction Code)
- nnnnnn (Health Plan ID)
- YYYYMMDD (Cycle Order Date – ODATE)
- TXT (File Extension)

Sample Encounter Acknowledgment File:

AZENACK_HPnnnnnn_YYYYMMDDMMHHSSss_Original File name from Health Plan.TXT

AZENACK_.....REJECT.TXT

Fee-For-Service NCPDP:

- AZ (State)
- D (Daily)
- NCPDP (Transaction Code)
- nnnnnn (Submitter ID)
- YYYYMMDD (Cycle Order Date – ODATE)
- TXT (File Extension)

Sample Fee For Service Acknowledgement File:

AZNCPDPACK.HPnnnnn.YYYYMMDDMMHHSSss. Original File name from PBM

AZNCPDPACK....REJECT.TXT

4.5 File Renaming Process

There is a file renaming process for the following inbound transactions: 270, 276 and 278. For example:

AZD270-pppppp-yymmdd-nnnnnnnnn.999/824/TA1

- pppppp is the 6-digit AHCCCS Provider ID (pos 1-6 of element GS02 in the 270 file)
- yymmdd is the process date
- nnnnnnnnn is element ISA13 Interchange Control Number from the 270 file

4.6 File Size/Length and Volume Limits (Inbound Transmissions)

- A file cannot exceed 75 MB
- No spaces in the filename
- 270: The number of requests on a 270 cannot exceed 10,000 requests per file
- 275: The web upload attachment file cannot exceed 64 MB
- 276: The number of requests on a 276 cannot exceed 10,000 requests per file
- 837 Encounters: The filename (including file extension) cannot exceed 29 characters
- NCPCH PAH 2.2: The filename (including file extension) cannot exceed 29 characters
- NCPDP PAH 2.2 file record must be a length of 3700. The file should be in DOS format with CR/LF at the end of each 3700 byte record

4.7 ISA13 Interchange Control Number

For X12 transactions, the trading partner/submitter assigns the Interchange Control Number. The Interchange Control Number is used by AHCCCS for tracking purposes in order to guard against duplicate file submissions. ISA13 must be **unique** within all transmissions (files) submitted to AHCCCS. ISA13 must also be identical to the Control Number in the Interchange Trailer element IEA02.

4.8 Re-Transmission Procedure

- 1) Correct your data
- 2) Re-increment the ISA13 Interchange Control Number
- 3) Resubmit the file

4.9 AHCCCS User accounts

All users who have access to the AHCCCS computer network and data are bound by applicable laws, rules and AHCCCS directives, including but not limited to, AHCCCS Administrative Policies and Procedures, AHCCCS Privacy and Security Policies (HIPAA), ARS 13-2316, ARS 41-770, and ARS 38-448.

5 CONTACT INFORMATION

5.1 Customer Support/Technical Assistance

The AHCCCS Information Services Division Customer Support Center is the first point of contact for all questions related to submission of electronic transactions and data. The preferred method of contact is email. **Note: If providing PHI data, please make sure your email is secured.**

All inquiries/requests will result in a Customer Support Ticket Number assignment. Contact information:

Email: servicedesk@azahcccs.gov
Telephone Number: (602) 417-4451
Hours: 7:00 AM – 5:00 PM Arizona Time, Monday through Friday, excluding the following holidays:

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day
- Columbus Day
- Thanksgiving Day
- Christmas Day

Information required for initial inquiry:

- Customer Name
- Customer Email Address
- Customer Telephone Number
- Provider Name
- Health Plan ID, Provider ID and/or NPI, Submitter ID (as applicable)
- Transaction Type (835, 837, 270, etc.)
- Applicable IS/GS Control Numbers
- Detailed information on problem or specific inquiry/request (setup, connectivity, etc.)

Information required for follow up inquiry:

- Service Request/Incident Number assigned by ISD Customer Support/Service Desk

5.2 Health Plan Customer Support

If you are a Health Plan/Contractor, the first point of contact for encounter assistance, training, Transaction Insight account setup/log in issues or validation and/or translation questions should be emailed to AHCCCSEncounters@azahcccs.gov

5.3 System Availability

AHCCCS SFTP is available Monday to Sunday from 12:00 am to 11:59 pm (Arizona Time)

5.4 Applicable Websites

- AHCCCS Website: <https://www.azahcccs.gov>
- AHCCCS Electronic Data Interchange (EDI) Technical Documents: <https://www.azahcccs.gov/Resources/EDI/EDITECHNICALDOCUMENTS.HTML>
- AHCCCS EDI email notifications/updates sign up form: https://visitor.r20.constantcontact.com/manage/optin?v=001YVFzdwcJnTCjxhymZCzqm9rGeGhOIGK_c68j79SkAuymNF8Z8wgww-9elFoFBWx3wTuzeaSCSGJq_c4h7M6GoBKoL9j_ryvwwyFKBqC6CQ8%3D
- AHCCCS Encounter Manual: <https://www.azahcccs.gov/PlansProviders/HealthPlans/encountermanual.html>
- AHCCCS Fee-For-Service Provider Manual: <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>
- AHCCCS IHS/Tribal Provider Billing Manual <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>
- AHCCCS Online Provider Website: <https://www.azahcccs.gov/PlansProviders/CurrentProviders/AHCCCSonline.html>
- AHCCCS SFTP: <https://sftp.statemedicaid.us>
- AHCCCS Data Access Forms for Electronic Data Exchange Request/External User Affirmation Statement: <https://www.azahcccs.gov/PlansProviders/ISDresources.html>
- Centers for Medicare & Medicaid Services (CMS) HIPAA Code Sets: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Code-Sets/index.html>
- Committee on Operating Rules for Information Exchange (CAQH CORE): <https://www.caqh.org>
- Foresight Community Manager - Trading Partner Testing Site: <https://tradingpartnertesting.azahcccs.gov>
- Foresight Transaction Insight Portal - Production (Web Upload Attachment and Health Plan Transaction Insight users): <https://tiwebprd.statemedicaid.us>
- Foresight Transaction Insight Portal - Test (Web Upload Attachment and Health Plan Transaction Insight Users): <https://tiwebtst.statemedicaid.us>
- National Council for Prescription Drug Programs (NCPDP): <https://ncdpd.org>
- Workgroup for Electronic Data Interchange (WEDI): <http://www.wedi.org>
- X12: <https://www.x12.org>



6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA-IEA

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

Note: Only one set of ISA/IEA is accepted by AHCCCS

6.2 GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope.

Note: Multiple functional group **must be the same transaction** (not mixing 837 with 271 for example) in one ISA/IEA.

6.3 ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE).

Note: There can be multiple ST/SE sets within GS/GE

7 ACKNOWLEDGEMENTS AND REPORTS

AHCCCS will respond to all transactions with the creation of the standard Acknowledgement response files as defined in the HIPAA Implementation Guides. This table and description are included only to clarify what will be returned as a response from AHCCCS.

Transaction Set	Interchange	Functional Group/Transaction Set Syntax/IG Conformance	Pre-Application Validation Business Edits	Application/ Processing
270 Inbound*	TA1	999	824	271
275 Inbound	TA1	999	824	N/A
276 Inbound*	TA1	999	824	277
278 Inbound	TA1	999	824	278
834 Inbound	TA1	999	824	834
837 FFS Inbound*	TA1	999	277 824	835/Paper Remit
837 ENC Inbound*	TA1	999	277 824	277U/277S/820
NCPDP PAH 2.2	N/A	N/A	N/A	N/A

***Note:** For these transactions, EDI system will not reject the whole file but will be split to good/bad records. An acknowledgement is produced accordingly, and the good documents will continue for further processing.

7.1 TA1 Interchange Acknowledgement

The TA1 acknowledgment is used by AHCCCS to notify the Trading Partners of problems found only in the envelope of the X12 interchange control structure.

7.2 999 Implementation Acknowledgement for Health Care Insurance

The 999 Functional Acknowledgement is used by AHCCCS to acknowledge receipt of functional group that has passed translator edits. It also reports functional group that has failed translator edits or standard syntax errors.

7.3 277CA Health Care Claim Acknowledgement

The 277CA is an acknowledgement to an 837 claim/encounter transaction at the pre-adjudication stage. This transaction identifies claims/encounters that are accepted or rejected for adjudication.

A summary level as well as an individual claim/encounter level pre-adjudication status is included in the 277CA.

7.4 824 Applications Reporting for Insurance

The 824 acknowledgement is used by AHCCCS to report syntactical problems or data structure errors.

7.5 Acknowledgement File Name Examples:

Each of the acknowledgement reports will have the file extension corresponding to the type of transaction. For example, a 999 acknowledgement will end with .999. A variety of extensions will be used in the following examples solely to demonstrate this. One exception to this is the NCPDP PAH 2.2 file acknowledgement. Acknowledgement Examples:

- **837 Claims (FFS)**
AZCx.12345.CCYMMDDHHMSSss.originalFilename.TXT
AZCP837.12345.2017030917595346.SI10910003213226.999
- **837 Encounters (ENC)**
AZEx_HP123456_CCYMMDDHHMSSmm_originalFilename.TXT
AZED_HP123456_2017032014210416_A987654321.277
- **270**
AZDxxx.123456.YYMMDD.ISA13of270.TXT
AZD270.123456.170315.000150861.999
- **276**
AZDxxx-123456-YYMMDD-ISA13of276.TXT
AZD276-123456-170523-000025272.824

- **278**
AZI278-123456-YYMMDD-ISA13of278.TXT
AZI278-123456-170523-000025272.824

- **NCPDP PAH 2.2 Acknowledgements**

Correct files that are accepted will simply add “ACK” to the first section of the filename. For Example:

AZENACK_HP123456_2016052617290989_AZNCPDP1100070401052316.002.TXT (this is the original filename)

Incorrect files that are rejected will also add the “ACK” to the first section of the filename and add the word REJECT to the end of the filename just before the extension. For Example:

AZENACK_HP123456_2016060216105814_2016052319580898NCPDP.REJECT.TXT

8 TRADING PARTNER AGREEMENT (TPA)

8.1 Trading Partner/AHCCCS TPA

An EDI Trading Partner is defined as any AHCCCS customer (Health Plan, Provider or Clearinghouse) that transmits to, or receives electronic data from AHCCCS. 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.

The electronic AHCCCS TPA (see Appendix 1) that each trading partner is required to accept is executed from the Community Manager (CM) web portal. Only an authorized individual from within the provider's office can accept the electronic TPA as it is a contractual agreement between the provider and AHCCCS.

Note: The provider's CM account activation cannot be done by the provider's clearinghouse, software vendor or billing service.

9 TRANSMISSION GUIDELINES

9.1 AHCCCS Delimiters

Inbound Delimiters

- AHCCCS will accept any delimiter for inbound transactions as defined in Section B of the TR3.
- **Important!** The use of asterisk *, colon :, caret ^, and tilde ~ other than as a delimiter is expressly prohibited.

Outbound Delimiters

- AHCCCS will use the following delimiters on outbound transactions:

Delimiters Character	Purpose
Left Rounded Bracket ({)	Used to separate elements within a segment
Pipe ()	Used for composite elements
Tilde (~)	Represents the end of a segment

9.2 Secured File Transfer Protocol (SFTP) Directory Structure

Provider ID, Health Plan ID or Clearinghouse/Environment/Type and Direction

- XXXXXX or XXX – AHCCCS Provider ID or three byte Health Plan Identifier
 - **Environment**
 - **DEV** is for internal AHCCCS development staff
 - **TEST** is for sending/receiving test files
 - **PROD** is for sending/receiving production files
 - **OTHER** is for sending/receiving large files that cannot be sent in an email or contains PHI.
 - **Type and Direction**
 - **EDI-IN** is for sending HIPAA X12 and NCPDP PAH 2.2 transaction files only
 - **EDI-OUT** is for receiving HIPAA X12 and NCPDP PAH 2.2 response files
 - **IN** is for sending proprietary files
 - **OUT** is for receiving proprietary files

10. CHANGE SUMMARY:

Ver #	Location & Section	Revision	Revision Date
1.0		<ul style="list-style-type: none"> Original Version 	July 2017
2.0	4.1 Process Flow 5.1 Production File Processing Schedule	<ul style="list-style-type: none"> Effective 8/1/2018, RBHAs will no longer transmit Inbound 834 files to the EDI-IN. Any reference to Inbound 834 has been removed. 	February 2019
3.0	2.1 Working with AHCCCS 5.1 EDI Customer Support/Technical Assistance Appendix 2: Frequently Asked Questions (FAQs)	<ul style="list-style-type: none"> Updated using new template Replaced EDICustomerSupport@azahcccs.gov to servicedesk@azahcccs.gov 	June 2021
4.0	4.4 File Naming Convention	<ul style="list-style-type: none"> Added transaction specifications in Section 4.4 Moved/Updated Production Files Processing Schedule from Section 5.3 to Section 4.3 	February 2023

APPENDICES

Appendix 1: Electronic Trading Partner Agreement

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM TRADING PARTNER AGREEMENT

THIS AGREEMENT is entered into between Arizona Health Care Cost Containment System Administration (AHCCCSA) and _____, a covered entity ("TRADING PARTNER") who transmits any health information in electronic form in connection with a transaction covered by 45 CFR Parts 160 and 162.

The TRADING PARTNER agrees to perform functions or activities that are subject to transaction standards and WHEREAS, the TRADING PARTNER agrees to conduct these transactions according to this agreement.

NOW THEREFORE, the TRADING PARTNER and AHCCCSA agree as follows:

- 1) **Definitions.** The following terms shall have the meaning ascribed to them in this section.
 - a) **Agreement** shall refer to this document.
 - b) **Third Party** shall refer to parties authorized to exchange EDI transactions on the provider's behalf.
 - c) **Trading Partner Agreement** shall mean the AHCCCSA TRADING PARTNER AGREEMENT.
 - d) **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a transaction covered by 45 CFR Parts 160 and 162.
 - e) **AHCCCSA** shall mean the Medicaid agency of Arizona.
 - f) **Transactions** shall mean the electronic exchange of information between two parties to carry out financial or administrative activities related to health care as defined by 45 CFR Part 160.103.
 - g) **Individual** shall mean the person who has the authority to act on behalf of the TRADING PARTNER to execute this agreement.

- d) **Companion Documents.** AHCCCSA makes available Companion Documents which serve as a supplement to the standard electronic transaction description. They contain specific instructions for conducting each transaction. The TRADING PARTNER agrees to conform and comply with the requirements set forth in these Companion Documents.
- 4) **Adequate Testing.** The TRADING PARTNER agrees that it will cooperate with AHCCCSA in testing processes. TRADING PARTNER agrees to adequately test business rules appropriate to its types and specialties.
- 5) **Deficiencies.** The TRADING PARTNER agrees to be responsible for incorrect data, including errors, omissions, deletions or erroneous data submitted by the TRADING PARTNER, and that it will correct Transaction errors or deficiencies identified by AHCCCSA.
- 6) **Code Set Retention.** Both Parties understand and agree to maintain code sets being processed or used in this Agreement for at least the current contract year, state fiscal year, or any appeal period, whichever is longer.
- 7) **Privacy:**
 - a) **Protected Health Information (PHI).** AHCCCSA and the TRADING PARTNER will comply with all applicable State and Federal privacy statutes and regulations concerning the treatment of PHI.
 - b) **Notice of Unauthorized Disclosures and Uses.** AHCCCSA and the TRADING PARTNER will promptly notify the other Party of any unlawful or unauthorized use or disclosure of PHI which disclosure may have an impact on the other Party that comes to the Party's attention and will cooperate with the other Party in the event that any litigation arises concerning the unlawful or unauthorized disclosure or use of PHI.
 - c) **Injunctive Relief.** AHCCCSA retains all rights to seek injunctive relief to prevent or stop the unauthorized use or disclosure of PHI by TRADING PARTNER, its THIRD PARTY, or any agent, or contractor that received PHI from TRADING PARTNER.
- 8) **Security:**

- a) **Data Security.** AHCCCSA and the TRADING PARTNER will maintain reasonable security procedures to prevent unauthorized access to data, data transmissions, security access codes, backup files, and source documents. Each Party will immediately notify the other Party of any unauthorized attempt to obtain access to or otherwise tamper with data, data transmissions, security access codes, backup files, source documents or the other Party's operating system which attempt may have an impact on the other Party.
 - b) **Systems Security.** AHCCCSA and the TRADING PARTNER will develop, implement, and maintain appropriate security measures for its own systems. AHCCCSA and the TRADING PARTNER will document and keep current its security measures.
- 9) **Termination of Agreement.** The TRADING PARTNER agrees that AHCCCSA has the right to immediately terminate this Agreement if AHCCCSA determines that the TRADING PARTNER or its THIRD PARTY has violated any terms of this Agreement
- 10) **Choice of Law.** This Agreement shall be governed by the law of the State of Arizona.
- 11) **Liability.** AHCCCSA shall not be responsible to TRADING PARTNER nor anyone else for any damages caused by delay, rejection, error, omission, deletion, erroneous input, loss or any misadventure affecting transactions.
- 12) **Binding Nature and Assignment.** This Agreement shall be binding on the Parties hereto and their successors and assigns, but neither Party may assign this Agreement without the prior written consent of the other, which consent shall not be unreasonably withheld.
- 13) **Notices.** Whenever under this Agreement one Party is required to give notice to the other, such notice shall be deemed given if mailed by First Class United States mail, postage prepaid, and addressed as follows:

AHCCCSA
Information Services Division
801 E. Jefferson

MD 2800
Phoenix, AZ 85034

- 14) **Electronic Claims Submission.** For each electronic claim submission, the TRADING PARTNER certifies that the claim information is true, accurate, and complete.

I understand that payment of claims (including claims submitted electronically) will be from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws (42 CFR 455.18).

- 15) **Acceptance of Agreement.** By clicking on “I Accept the Terms of the Agreement,” the TRADING PARTNER agrees to the terms and conditions of this TRADING PARTNER Agreement, and that the individual accepting the agreement has the authority to act on behalf of the TRADING PARTNER and to bind it to the terms and conditions of this TRADING PARTNER Agreement.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Appendix 2: Frequently Asked Questions (FAQs)

Q: What are the different types of batch EDI transactions AHCCCS exchanges?

A: The following are the EDI transactions AHCCCS exchanges:

- 270 005010X279A1 Eligibility, Coverage, or Benefit Inquiry
- 271 005010X279A1 Eligibility, Coverage, or Benefit Information
- 275 005010X210 Additional Information to Support a Health Care Claim or Encounter (275)
- 276 005010X212 Health Care Claim Status Request
- 277 005010X212 Health Care Claim Status Response
- 277CA* 005010X214 Health Care Claim Acknowledgement
- 277U 003070X070 Health Care Payer Unsolicited Claim Status
- 278 005010X217 Health Care Services Request/Response
- 820 005010X218 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 824* 005010X186A1 Application Reporting for Insurance
- 834 005010X220A1 Benefit Enrollment and Maintenance
- 835 005010X221A1 Health Care Claim Payment/Advice
- 837P 005010X222A1 Health Care Claim: Professional
- 837I 005010X223A2 Health Care Claim: Institutional
- 837D 005010X224A2 Health Care Claim: Dental
- 999* 005010x231A1 Implementation Acknowledgement for Health Care Insurance
- NCPDP PAH 2.2 - report post adjudicated pharmacy encounters
- TA1*

***Note:** AHCCCS does not provide a Companion Guide for these transactions as they follow what is identified in the TR3.

Q: Does AHCCCS provide Real-Time 270/271 processing?

A: AHCCCS has opted to contract with the following vendors to provide the real-time 270/271 transactions:

- Dorado Systems, Inc.
- Emdeon (Change Healthcare)
- Passport Health Communications, Inc.
- TransUnion Healthcare, Inc.

Q: Does AHCCCS provide Real-Time 276/277 processing?

A: AHCCCS is in the process of determining the best system approach using the limited resources available and have no update as it pertains to real-time 276/277 transactions to provide at this time. It is AHCCCS' intent to have the real-time 276/277 exchanged with the same vendors outlined above.

Q: How do I get setup with AHCCCS so our office/clearinghouse (if applicable) can begin exchanging electronic transactions?

A: You will need to email servicedesk@azahcccs.gov and provide the following information:

- Customer Name
- Organization Name
- Customer Email Address
- Customer Telephone Number
- 6-digit AHCCCS Provider ID and/or NPI
- Clearinghouse (if applicable)

Note: As long as the clearinghouse is an AHCCCS certified trading partner for Electronic Claim Submission (ECS) or 837 transactions, they can submit electronic claims for any AHCCCS registered provider; **there is no additional ECS setup requirement for the provider or the clearinghouse to fulfill as far as AHCCCS is concerned.**

Q: Our clearinghouse sent a request to be setup for 835, 270/271, 276/277. Why was the ticket closed without being setup?

A: A request for setup must come from an authorized individual from within the provider organization. **Ticket request cannot be initiated by the provider's clearinghouse/software vendor/billing service.** Please have the provider or an authorized individual in the provider's office submit a request for setup with (name of clearinghouse) to servicedesk@azahcccs.gov. A ticket will be opened on the provider's behalf and assigned to the ISD EDI Team to get the process started.

The authorized individual for the provider must be someone within the provider's own organization that has the authority to accept the electronic TPA executed from the Community Manager (CM) web portal. Only the provider can accept the TPA (see Appendix 1) as it is a contractual agreement between the provider and AHCCCS.

Q: When can I start submitting transactions in production?

A: For 837, 270/271, 275, 276/277 transactions, the trading partner will not be moved to production until they have successfully satisfied the AHCCCS required Community Manager testing phase and end-to-end testing phase.

Q: What is the payer ID for AZ MEDICAID/AHCCCS?

A: Payer ID's are created by vendors/clearinghouses; it is how they enumerate payers within their system so that claims are routed to the appropriate payer. It is part of the claim submission process between the provider and the clearinghouse. **AHCCCS would not have this type of information.** The payer ID for AHCCCS could be enumerated differently by the many different clearinghouses we exchange electronic transactions with. You would need to reference the Payer ID list made available on the clearinghouse website to find the appropriate payer ID.

Q: How long are files kept in the SFTP EDI-OUT directory?

A: The files are kept for only **90 days**.

Q: Why can't I see the file I just uploaded in the EDI-IN directory?

A: Files are swept immediately out of the EDI-IN directory on the AHCCCS SFTP server, which can lead a trading partner to question whether the transmission was successful or not. The best thing to do is to check the EDI-OUT directory for an acknowledgement shortly afterwards. Should it be identified that no acknowledgements are received for a file transmission, which could indicate that there is a problem, you can email servicedesk@azahcccs.gov to inquire status of your file submission.

Q: Does AHCCCS accept NON-TEXT/EDI files, such as ZIP, CSV, PDF, or MS Office (such as Word, Excel, etc.) in the EDI-IN folder?

A: AHCCCS does not accept NON-TEXT/EDI files uploaded to the EDI-IN folder. Non-Text/EDI files uploaded to the EDI-IN folder are immediately rejected/not processed. **There will be no notification to Trading Partner for this error.**

FAQs: Electronic Remittance Advice (ERA)/835

Q: We do not have an IT department; how can we view/print the 835 file?

A: If your office is retrieving your own 835 files, you can use **Medicare Remit Easy Print (MREP)** software. MREP is free software that gives providers a tool to view and print an ERA/835. MREP can be downloaded from the CMS website at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/AccessToDataApplication/MedicareRemitEasyPrint.html>

Please review the **Download/Installation instructions** on how to download and install MREP on your PC.

Q: What is the difference between 835 and 835S?

A: Filenames that start with **AZD835** are the Electronic Remittance Advice files.

Filenames that start with **AZS835** are the supplemental electronic remittance advice files, which **cannot be viewed using the MREP**. You can view this in Notepad. This supplemental file provides additional claim adjudication information not available within the 835 Transaction. The payment date is in the file naming convention (**YYMMDD**) and can be found right after the Provider ID/Pay To Code of **119794-01**.

Additional information on the 835 Supplemental File:

https://www.azahcccs.gov/Shared/Downloads/EDI/CompanionDocuments/AZ835S_CGv3_0.pdf

Q: Our billing service requested that our office be set up with 835/ERA, why was their customer support ticket closed?

A: The request for ERA setup must come from an authorized individual within the provider's organization. **Ticket request cannot be initiated by the provider's clearinghouse, software vendor or billing service.**

Please have an authorized individual within the provider office submit a request for ERA setup to servicedesk@azahcccs.gov. The email is to include the AHCCCS assigned 6-digit provider ID and/or NPI information and request that the 835/ERA be retrieved. Please specify if provider will be retrieving their own 835 or provide the name of the Clearinghouse.

For clarification purposes, the authorized individual for the provider must be someone within the provider's organization that has the authority to accept the electronic Trading Partner Agreement (TPA) executed from the Community Manager (CM) web portal. Only the provider can accept the TPA as it is a contractual agreement between the provider and AHCCCS. **The provider's CM account activation cannot be done by the provider's clearinghouse/software vendor/billing service.**