



**SC MEDICAID**

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**Communication  
Guide**

**ASC X12N Transactions**

*Version 4.0  
October 18, 2011*

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## GENERAL INFORMATION

### EDI Gateway

McaidNET is the EDI gateway to SC Medicaid. Effective 03/01/2009, no new modem accounts will be created. Effective 07/01/2009, the modem server will no longer be available. The following are communication packages that will be supported:

- SecureFTP
- WS\_FTP Pro v8.0 or higher

McaidNET is defaulted to send uncompressed files.

**Note:** McaidNET supports file transfers via secure File Transfer Protocol (FTP). Specifications on these options are included later in this manual.

SC Medicaid accepts the following ASC X12N Version 5010 (Errata) transactions, required with the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA):

- Dental Claim: ASC X12N 837D 005010X224A2 - Health Care Claim: Dental
- Professional Claim: ASC X12N 837P 005010X222A - Health Care Claim: Professional
- Institutional Claim: ASC X12N 837I 005010X223A2 - Health Care Claim: Institutional
- Health Claim Status: ASC X12N 276/277 005010X212 - Health Care Claim Status Request
- Eligibility for a Health Plan: ASC X12N 270/271 005010X279A1 - Health Care Eligibility Benefit Inquiry
- Premium Payment: ASC X12N 820 005010X218A1
- Enrollment: ASC X12N 834 005010X220A1
- Claim Payment: ASC X12N 835 005010X221A1

ASC X12 transaction envelopes (i.e., ISA, IEA, GS and GE segments) should be populated per instructions found in Example 1A on the following page. Transactions returned by SC Medicaid to the Trading Partner will be enveloped consistent with the specifications described in Example 1B. ASC X12 transaction record formats are available as downloads from the Washington Publishing Company (WPC) Web site (<http://wpc-edi.com/>).

The McaidNET platform is available 24 hours a day, seven days a week, with the exception of infrequent maintenance performed on Sundays.

If you have any questions regarding the McaidNET platform, please call the SC Medicaid EDI Support Center toll-free at 1-888-289-0709, Option 1 then Option 1.

## Example 1A –Enveloping X12 Inbound Transactions

Segment Identifier	Data Element	Description
ISA01	Authorization Info Qualifier	00
ISA02	Authorization Information	Blank (Enter 10 Blanks)
ISA03	Security Information Qualifier	00
ISA04	Security Information	Blank (Enter 10 Blanks)
ISA05	Interchange ID Qualifier	ZZ
ISA06	Interchange Sender ID	SC Medicaid-assigned Submitter Number Left Justified (15 Characters)
ISA07	Interchange ID Qualifier	ZZ (indicating mutually defined qualifier)
ISA08	Interchange Receiver ID	SCMedicaid Left justified (15 Characters)
ISA09	Interchange Date	Populated by the Submitter Format YYMMDD
ISA10	Interchange Time	Populated by the Submitter Format HHMM
ISA11	Repetition Separator	Default to Carat " ^ "
ISA12	Interchange Control Version Number	00501
ISA13	Interchange Control Number	Assigned by the Submitter Must be identical to Interchange Trailer IEA02
ISA14	Acknowledgment Requested	Assigned by the Submitter To receive TA1 use "1" No TA1 use "0"
ISA15	Usage Indicator	Value "P" Production Date , Value "T" Test Data
ISA16	Component Element Separator	Assigned by the Submitter Default to ":"
GS01	Functional Identifier Code	Populated by Submitter
GS02	Application Sender Code	SC Medicaid-assigned Submitter ID
GS03	Application Receiver Code	SCMedicaid
GS04	Date	Populated by Submitter Format CCYYMMDD
GS05	Time	Populated by Submitter Format HHMM
GS06	Group Control Number	Assigned by the Submitter
GS07	Responsible Agency Code	"X" - Accredited Standards Committee X12
GS08	Version/Release/Industry Identifier Code	Version indicated by Companion Guide

\* If the provider is using a Value Added Network, then the GS02 and GS03 could differ from the ISA06 and ISA08.

## Example 1B – Enveloping X12 Outbound Transactions

Segment Identifier	Data Element	Description
ISA01	Authorization Info Qualifier	00
ISA02	Authorization Information	Blanks
ISA03	Security Information Qualifier	00
ISA04	Security Information	Blanks
ISA05	Interchange ID Qualifier	ZZ (indicating mutually defined qualifier)
ISA06	Interchange Sender ID	SCMedicaid
ISA07	Interchange ID Qualifier	ZZ
ISA08	Interchange Receiver ID	SC Medicaid-assigned Trading Partner ID
ISA09	Interchange Date	Populated by SC Medicaid Format YYMMDD
ISA10	Interchange Time	Populated by SC Medicaid Format HHMM
ISA11	Repetition Separator	Hardcode Caret ^
ISA12	Interchange Control Version Number	00501
ISA13	Interchange Control Number	Assigned by SC Medicaid
ISA14	Acknowledgment Requested	Assigned by the Submitter Default to '0' = No Interchange Acknowledgement Requested.
ISA15	Usage Indicator	P, T (Production or Test indicator)
ISA16	Component Element Separator	Populated by SC Medicaid Hardcode colon ":"
GS01	Functional Identifier Code	Populated by SC Medicaid
GS02	Application Sender's Code	SCMedicaid*
GS03	Application Receiver's Code	SC Medicaid-assigned Trading Partner ID*
GS04	Date	Populated by SC Medicaid Format CCYYMMDD
GS05	Time	Populated by SC Medicaid Format HHMM
GS06	Group Control Number	Assigned by SC Medicaid
GS07	Responsible Agency Code	X
GS08	Version/Release/Industry Identifier Code	Populated by SC Medicaid

\* If the provider is using a Value Added Network, then the GS02 and GS03 could differ from the ISA06 and ISA08.

## Trading Partner Agreement Enrollment form

The *Trading Partner Agreement Enrollment Form* is required for all providers. It is important that instructions are followed and that all required information is completed. Incomplete forms will be returned to the applicant, thus delaying the enrollment process.

Note that separate instructions are included for providers and clearinghouses/vendors.

### Trading Partner Agreement Enrollment

Fax to (803) 870-9021 or mail to SC Medicaid TPA, PO Box 17, Columbia, SC 29202

Date	_____		
Action Requested	<input type="checkbox"/> New Trading Partner ID	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
Trading Partner Name	_____		
Trading Partner ID (if applicable)	_____		
NPI	_____		
SC Medicaid Provider ID	_____		
Type of Business:	<input type="checkbox"/> Medicaid Provider	<input type="checkbox"/> Clearinghouse	<input type="checkbox"/> Software Vendor
	<input type="checkbox"/> Billing Service	<input type="checkbox"/> Other (please specify) _____	
<b>South Carolina Medicaid Web-Based Claims Submission Tool</b>			
Select one	<input type="checkbox"/> Requesting access	Number of IDs requested _____	
	<input type="checkbox"/> No access needed	_____	
	<input type="checkbox"/> Link to existing IDs	_____	
Protocol	<input type="checkbox"/> Secure FTP	<input type="checkbox"/> WS-FTP Pro	
	<input type="checkbox"/> CD	<input type="checkbox"/> Diskette	
	<input type="checkbox"/> I have read, understand, and agree with the conditions set forth in the South Carolina Medicaid Trading Partner Agreement for Electronic Claims and Related Transactions.		
Signature	_____		
Print Name	_____		
<b>Contact information</b>			
Name	_____		Email _____
Address	_____		
City	State	Zip _____	
Phone	( ) - _____	Fax	( ) - _____
Software Vendor or Billing Agent	_____		
<b>Transactions Requested</b>			
Y <input type="checkbox"/> N <input type="checkbox"/>	270 - Eligibility IN	Y <input type="checkbox"/> N <input type="checkbox"/>	835 - Electronic Remittance
Y <input type="checkbox"/> N <input type="checkbox"/>	271 - Eligibility OUT	Y <input type="checkbox"/> N <input type="checkbox"/>	837I - Institutional Claims
Y <input type="checkbox"/> N <input type="checkbox"/>	276 - Claims Status IN	Y <input type="checkbox"/> N <input type="checkbox"/>	837P - Professional Claims
Y <input type="checkbox"/> N <input type="checkbox"/>	277 - Claims Status OUT	Y <input type="checkbox"/> N <input type="checkbox"/>	837D - Dental Claims
		Y <input type="checkbox"/> N <input type="checkbox"/>	820 - Premium Payments
		Y <input type="checkbox"/> N <input type="checkbox"/>	278 - Authorization
		Y <input type="checkbox"/> N <input type="checkbox"/>	834 - Benefit Enrollment

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## Trading Partner Agreement Enrollment Instructions for Vendors and Clearinghouses

The Trading Partner Agreement Enrollment (TPA) form may be found online at  
<http://www.dhhs.state.sc.us/dhhsnew/hipaa/webfiles/TradingPartnerEnrollmentForm.pdf>

Please use the instructions below to fill out the TPA. Incomplete or incorrect TPAs will not be processed.

FIELD	INSTRUCTIONS
<b>Date</b>	Enter today's date.
<b>Action Requested</b>	Check "New" to request a new SC Medicaid Submitter ID. Check "Change" or "Cancel" to add or remove providers on an existing Submitter ID.
<b>Trading Partner Name</b>	Enter the name of the Clearinghouse or Vendor.
<b>Trading Partner ID</b>	Enter the X12 Submitter ID for the Clearinghouse or Vendor.
<b>NPI</b>	List the Medicaid Provider's 10 digit NPI. If you are requesting links for multiple providers, list them on page 2.
<b>SC Medicaid Provider ID</b>	Enter the 6-digit alphanumeric SC Medicaid Provider number here. If you are requesting links for multiple providers, list them on page 2.
<b>Type of Business</b>	Select the appropriate option for your company.
<b>South Carolina Medicaid Web Based Claims Submission Tool</b>	If you would like access to the SC Medicaid Web Tool, check the box. Indicate the number of IDs you require. Each person needs his own ID for access.  Use page 2 to indicate the providers for linking.
<b>Protocol</b>	Select the appropriate submission or retrieval method for X12 transactions.
<b>Contact Information</b>	Enter the contact information for the person who completed this form. We will contact this person if we need additional information to complete processing or if the form was not completed properly and cannot be processed. This information must be complete and accurate.
<b>Transactions Requested</b>	Select the transactions you wish to send and receive.
<b>Page 2</b>	Complete all columns for each provider. Providers listed for linking must have a Trading Partner Agreement on file for the Submitter listed on page 1 or the request will not be processed.

## Trading Partner Agreement Enrollment Instructions for Providers

The Trading Partner Agreement Enrollment (TPA) form may be found online at <http://www.dhhs.state.sc.us/dhhsnew/hipaa/webfiles/TradingPartnerEnrollmentForm.pdf>

Please use the instructions below to fill out the TPA. Incomplete or incorrect TPAs will not be processed.

FIELD	INSTRUCTIONS
Date	Enter today's date.
Action Requested	Leave Blank
Trading Partner Name	Provider or Group Organization name. Some providers have both. In this case, you will complete a separate TPA for each provider or group SC Medicaid Provider Number.
Trading Partner ID	Leave blank, unless you have an X12 Submitter ID.
NPI	Enter the 10-digit NPI for the provider indicated on Trading Partner Name.
SC Medicaid Provider ID	Enter the 6-digit alphanumeric SC Medicaid Provider number here. If you are submitting this form as a part of your SC Medicaid Provider Enrollment packet, leave this field blank. If you wish to become a SC Medicaid Provider, contact Provider Enrollment at 888 289 0709 Option 1 then Option 1 for an enrollment packet.
Type of Business	Select "Medicaid Provider"
South Carolina Medicaid Web Based Claims Submission Tool	<p>If you would like access to the SC Medicaid Web Tool, check the box. Indicate the number of IDs you require. Each person needs his own ID for access.</p> <p>If you bill as part of a group and the group already has access, you may leave this section blank. If you have an existing Web Tool ID and you would like the NPI on this TPA linked, you may request the link on this form. Write the Web Tool User ID in the space provided.</p> <p>The SC Medicaid Web Tool provides access to remittance advice, recipient eligibility, claims status and claims entry. Remittance Advice information is only available electronically; we no longer mail Remittance Advice information to providers.</p>
Protocol	Leave blank, unless you plan to submit your claim in X12 format directly to SC Medicaid.
Check Box	Read the 4 page EDI Agreement at <a href="http://www.scdhhs.gov/dhhsnew/hipaa/webfiles/TradingPartnerAgreement3.pdf">http://www.scdhhs.gov/dhhsnew/hipaa/webfiles/TradingPartnerAgreement3.pdf</a> and check the box.
Signature/Print Name	Signature of the provider or an authorized representative is required. A signature or name from the clearinghouse or software vendor is not valid.
Contact Information	<p>Enter the contact information for the person in the provider's office who completed this form. <i>Do not use contact information for your vendor or clearinghouse.</i></p> <p>We will contact this person if we need additional information to complete processing or if the form was not completed properly and cannot be processed. This information must be complete and accurate.</p>
Software Vendor/Billing Agent	List your clearinghouse here. If you will only use the Web Tool, write "Web Tool" here. You may use both a clearinghouse and the Web Tool concurrently.
Transactions Requested	Leave blank, unless you have an X12 Submitter ID.
Page 2	Leave blank, unless you have an X12 Submitter ID. Do not list group members on this page. A separate TPA is required for providers belonging to a group.

## Additional Resources

The SC Medicaid EDI Support Center will provide Companion Guides, which outline specific requirements to be used in submitting HIPAA ASC X12N transactions to SC Medicaid. For information, contact the support center toll-free at 1-888-289-0709, Option 1 then Option 1 or the EDI HIPAA website at [www.scMedicaidprovider.org](http://www.scMedicaidprovider.org)

**For Trading Partner Agreements and Enrollment Forms:** Go to [www.scMedicaidprovider.org](http://www.scMedicaidprovider.org), click on **EDI Resources**, then click on **Forms**. Mail to the address or fax to the number on the form and you will be contacted when your submitter ID is assigned.

**For The Technical User Guide (Communications Guide):** Go to the above Web address, click on **EDI Resources**, then click on the **TP Enrollment** link, then on the **Communication Guide** link.

**For SC Medicaid Companion Guide:** Go to the Web address above, click **EDI Resources**, then on **SC Companion Guides** link, then on the specific X12 transaction. This guide is the state-specific implementation guide for SC Medicaid HIPAA Specifications. Use in conjunction with the government HIPAA Implementation Guides.

**For the X12 Implementation Guides (IG):** Go to the Washington Publishing Company at <http://www.wpc-edi.com/>

**For National Provider Identifier – NPI:** Go to the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov> or call (800) 465-3203 or (800) 692-2326 (TTY), or E-mail [Customerservice@npienumerator.com](mailto:Customerservice@npienumerator.com), or write to NPI Enumerator, PO Box 6059, Fargo, ND 58108-6059.

**For Taxonomy Codes:** Go to the Washington Publishing Company at <http://www.wpc-edi.com/codes/taxonomy>.

**Sharing your NPI:** Providers have the responsibility of informing payers and plans of their NPI. To share your NPI with SC Medicaid, you can register online at <https://secure.dhhs.state.sc.us/npi/index.asp>. or send a copy of your NPI enumeration document to: Medicaid Provider Enrollment, PO Box 8809, Columbia, SC 29202-8809; Fax: 803-870-9022 or e-mail to [provider.enrollment@bcbsc.com](mailto:provider.enrollment@bcbsc.com).

**SC Medicaid EDI Support Center:** Phone 1-888-289-0709, Option 1 then Option 1, and Fax 803-870-9021

## TESTING PROCEDURES

### Overview

Becoming HIPAA compliant will require that most healthcare payers, clearinghouses and providers make significant changes to their existing Electronic Data Interchange (EDI) processes. Process change inevitably includes testing for results validation. This testing can be one of the most time-consuming efforts in the development cycle. SC Medicaid expects the following approach will optimize test time and expedite our Trading Partners' transition from test to production status.

### Testing

The following must be performed for each different transaction type that a Trading Partner is approved to submit to SC Medicaid.

Test Step	Description
<b>Test Plan</b>	The SC Medicaid EDI Support Center and the Trading Partner will agree to a predefined set of test data with expected results. The matrix will vary by transaction and Trading Partner. Also, we will develop a plan for test-to-production transition that considers volume testing and transaction acceptance ratios.
<b>Security</b>	The SC Medicaid EDI Support Center will verify approved Trading Partners have a valid User ID and password.
<b>Connectivity and Transmission Integrity</b>	SC Medicaid Axiom translator-supported connectivity protocols are outlined in the "Understanding Access to SC Medicaid" section of this manual. This first level of testing is complete when the Trading Partner has successfully sent to and received from SC Medicaid Axiom translator a test file via one of the SC Medicaid Axiom translator-supported connectivity options.  The SC Medicaid EDI Support Center suggests the Trading Partner limit transactions to small volume (one percent of estimated daily transactions) for this test phase.
<b>Transaction Validation</b>	The SC Medicaid EDI Support Center will verify that approved Trading Partners are submitting transactions allowed per our enrollment applications.
<b>Data Integrity</b>	Data integrity is determined by X12 and HIPAA Implementation Guide (IG) Level 4 compliance edits performed by the SC Medicaid Axiom translator translator.  The SC Medicaid EDI Support Center will ask a Trading Partner to first submit low volume files. When these are successfully processed, the SC Medicaid EDI Support Center will ask for larger volume files (five percent of estimated daily transactions).  The SC Medicaid Axiom translator returns transmission acknowledgement and edit result response transactions from this process. The Trading Partner should correct transactions reported as errors and resubmit them.  Data integrity testing is successfully completed when the Trading Partner's data has no compliance errors; i.e., achieves 100% acceptance.
<b>Acknowledgement and Response Transactions</b>	Trading Partners must demonstrate the ability to receive acknowledgement and response transactions. The SC Medicaid Axiom translator expects Trading Partners will also implement balancing or reconciliation processes and report transmission discrepancies to us immediately.
<b>Results Analysis</b>	SC Medicaid EDI Support Center and the Trading Partner will review acknowledgement and response transactions for consistency with the predefined expected results.

## Inbound Responses

The SC Medicaid Axiom translator will return an ASC X12 997 to the Trading Partner in response to every authorized inbound ASC X12N transaction. The ASC X12 997 reports functional group transaction set acknowledgement and Implementation Guide Edit results.

## Outbound Responses

Any time a SC Medicaid Axiom translator Trading Partner receives a non-acknowledgment transaction, a 997 acknowledgement and a Trace report are expected. The format of the Trace Report has changed. There will be examples on what has changed in the Medic (Trace Reports). Examples will be given to show Compliant and Non-Compliant Reports.

## Transition from Test to Production Status

The Trading Partner must complete testing for each of the transactions it will implement and will not be allowed to exchange data with SC Medicaid in production mode until testing is satisfactorily passed. SC Medicaid will accept certification from any third-party testing and certification entity that has been identified by the Workgroup for Electronic Data Interchange, Strategic National Implementation Process (WEDI/SNIP) in lieu of a Trading Partner being tested by SC Medicaid. Such certification must be at least level 4 as defined by WEDI.

When the test results have been satisfied, the Trading Partner's submission status will be changed from test to production. At this time, the Trading Partner can begin to send production transaction data to SC Medicaid.

## Privacy

SC Medicaid and our Trading Partners are committed to protecting the privacy of patient information.

## How To Read a 997 Functional Acknowledgement

**If you do not get a 997 .edi file (xxxxxxx.edi) along with the Medic file (TRxxxxxxx.dat) call the SC Medicaid EDI Support Center for assistance at 888-289-0709 Option 1, then Option 3. This indicates a problem with your file. The 997 and trace always come in a pair with matching numeric values.**

Part of the testing and production procedures will be to retrieve a valid 997 Functional Acknowledgment for your claims submission. Below is a Sample of a 997 Functional Acknowledgement and a description of the fields you will need to be able to read in order to determine if your submission was successful. Please note that the following record has been reformatted for the purpose of identifying the segments you will need to use.

In this example 997 Functional Acknowledgement we are told that the CLM segment has data element errors and that the data element has an invalid value in the 5<sup>th</sup> element of the segment and that the invalid value is '01'.

This error would need to be corrected and then resubmitted.

ISA\*00\* \*00\* \*ZZ\*745698161 \*ZZ\*501000011  
\*030130\*1454\*U\*00401\*000000003\*0\*T\*:  
~GS\*FA\*745698161\*501000011\*20030130\*145444\*3\*X\*004010X098A1  
~ST\*997\*3001  
~AK1\*HC\*134  
~AK2\*837\*000000001

~AK3\*CLM\*19\*\*8      The AK3 Segment reports any segment errors  
                      `AK3' is the segment name  
                      `CLM' (AK301) position of the error  
                      `8' (AK304) segment error code (see  
                      Implementation Guide for all error codes)

~AK4\*5:1\*\*7\*01      The AK4 Segment reports any element errors  
                      `AK4' is the segment name  
                      `5:1' (AK401) position of the error in segment  
                      `7' (AK403) data element error code (see the  
                      Implementation Guide for all error codes)  
                      `01' (AK404) displays erroneous data element

~AK3\*DTP\*20\*\*3  
~AK3\*DTP\*21\*\*3  
~AK3\*REF\*22\*\*8  
~AK4\*1\*\*7\*EA  
~AK3\*REF\*22\*\*8  
~AK4\*2\*\*7\*EDOT117TC4  
~AK3\*REF\*22\*\*7  
~AK3\*REF\*22\*\*8  
~AK4\*2\*\*2  
~AK3\*HI\*23\*\*3  
~AK3\*NM1\*24\*\*3  
~AK3\*PRV\*25\*\*3

~AK5\*R\*5            The AK5 Segment is the Transaction Set Response  
                      `AK5' is the segment name  
                      `R' (AK501) indicates Rejection or Acceptance

of transaction  
'5' (AK502) syntax error code (see the  
Implementation Guide for all error codes)

~AK9\*R\*1\*1      The AK9 Segment is the Functional Group  
'AK9' is the segment name  
'R' (AK901) indicates Acceptance or Rejection  
of functional group  
'1' (AK902) indicates the number of  
transaction set in the group

'1' (AK903) indicates the number of received  
transaction sets.

' ' (AK904) indicates the number of accepted

~SE\*20\*3001  
~GE\*1\*3  
~IEA\*1\*000000003  
~

For more detailed information on the 997 Functional Acknowledgment, please refer to Appendix B of the appropriate Implementation Guide.

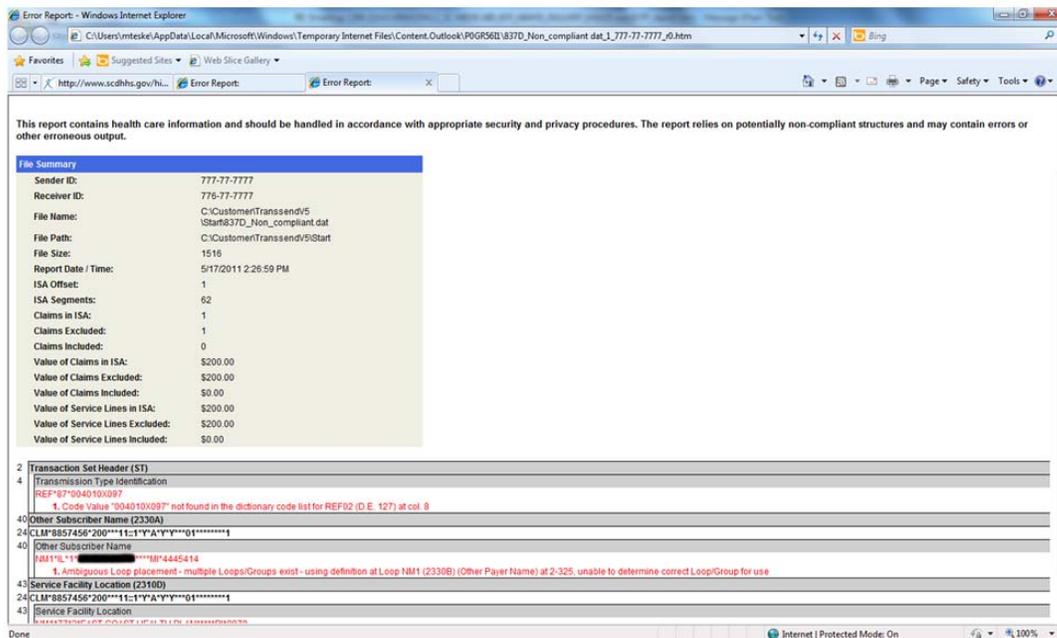
ST\*997\*268001  
AK1\*HC\*368  
AK2\*837\*5239  
AK5\*A\*5  
AK9\*A\*1\*1  
SE\*7\*268001  
GE\*1\*268  
IEA\*1\*000000733

The sample above shows an 'Accepted' 997 Functional Acknowledgement. There are no segments AK3 & AK4 and AK5 & AK9 both indicate an 'A'.

## Viewing Medic File Report Information

The Medic report provides an HTML view of high level file statistics such as number of claims and associated dollar values for both compliant and excluded (non-compliant) claims. The report shows different errors encountered in the file and the locations of those impacted segments. This provides a starting point to analyze the actual EDI file.

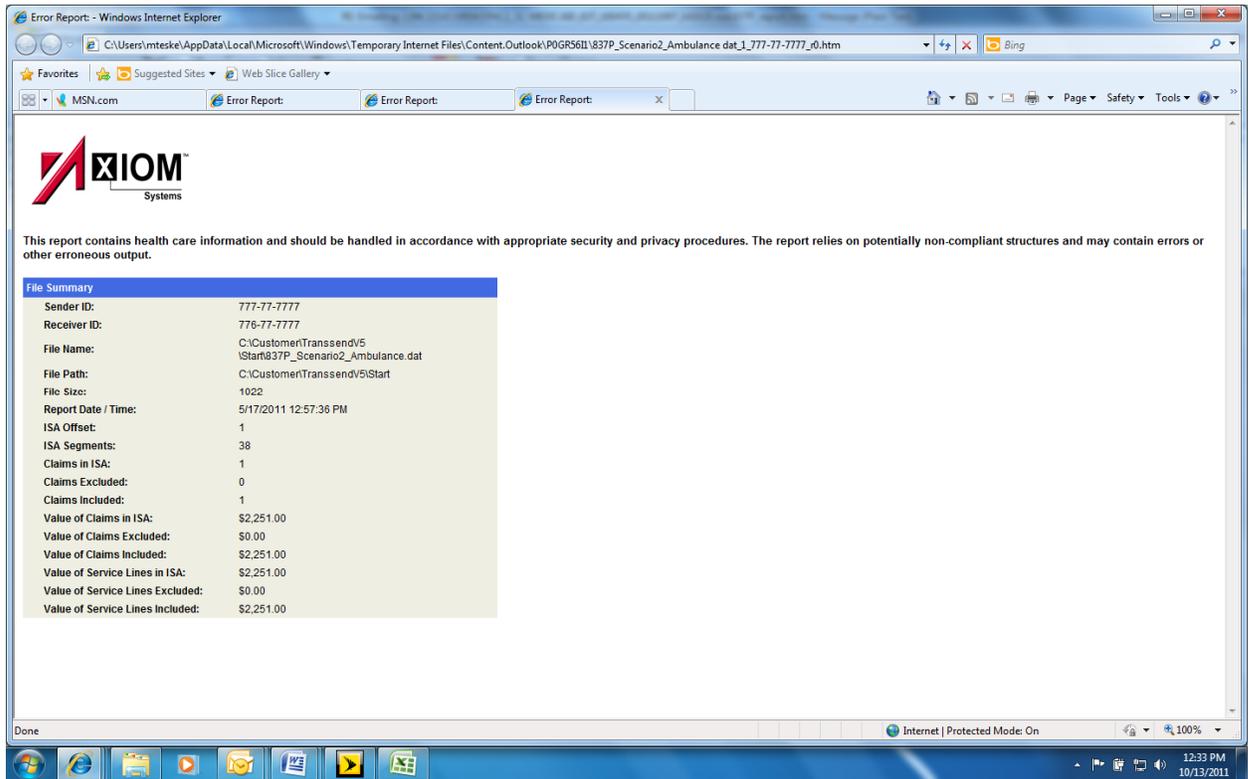
A sample Error Report. This shows the **File Summary** and **Interchange Control Header (ISA)** and **Interchange Control Trailer** information that describes the compliance errors for the selected file.



File Medic Error Information View

0	<b>Interchange Control Header (ISA)</b>
0	Interchange Control Header ISA*00*Authorizat*00*Security I*30*55-5555555 *30*BCM01 *080118*1037* <*00501*000031033*0*T*: 1. (MedicareA) The Interchange ID Qualifier (ISA05) must be equal to 27, 28, or ZZ. 2. (MedicareA) The Interchange ID Qualifier (ISA07) must be equal to 27, 28, or ZZ.
2	<b>Transaction Set Header (ST)</b>
2	Transaction Set Header ST*837*0041*005010X223A2 1. Partner Automation could not find standard by using Criteria : (005010X223A2,HC,30,55-5555555,30,BCM01,55-5555555,BCM01,20110418,20110418) 2. Guideline Selected Based On Best Fit Selection
9	<b>Billing Provider Name (2010AA)</b>
9	Billing Provider Name NM1*85*2* [REDACTED] *****X*55-5555555 1. (MedicareA) The HIPAA National Provider Identifier (NPI) (2010AA, NM109) must begin with the number 1. 2. The Billing Provider Name ID Code (Loop 2010AA, NM109) is not a valid National Provider ID number.
9	<b>Billing Provider Name (2010AA)</b>
11	Billing Provider City, State, ZIP Code N4* [REDACTED] 1. When reporting the ZIP code for U.S. (2010AA, N403) addresses, the full nine digit ZIP code must be provided
15	<b>Subscriber Name (2010BA)</b>
15	Subscriber Name NM1*IL*1* [REDACTED] *****MI*8857456 1. (MedicareA) The Subscriber Identification Code (2010BA, NM109) must be either 10 - 11 positions in the format of NNNNNNNNNA or NNNNNNNNNAA or NNNNNNNNNAN where ?A? represents an alpha character and ?N? represents a numeric digit. Or, 7 - 12 positions in the format of ANNNNNNN or AANNNNNNN or AANNNNNNNNN or AAANNNNNNN or AAANNNNNNNNN.

### Sample Medic Report, No Errors



## COMMUNICATION PROTOCOLS

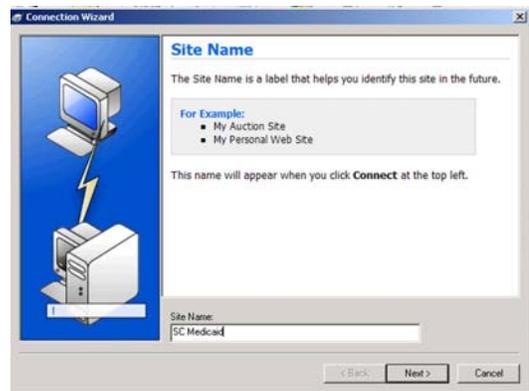
### File Transfer Protocol (FTP)

The File Transfer Protocol (FTP) currently offered by the SC Medicaid EDI Support Center is an Internet connection. There are two recommended FTP software packages, SecureFX or WSFTP\_Pro 8.0 (or higher). Both SecureFTP and WSFTP\_Pro 8.0 offer a secure connection (SSH Level 2 - Secure Shell), which is a requirement for connecting to the Gateway. These are commercial software programs. These packages come with product support for easy installation, implementation and use. They are also user-friendly through the use of a graphical user interface. This section includes instructions on connecting to the secure server via SecureFTP and WS\_FTP Pro 12.3 once the software is installed.

# WS\_FTP PRO 12.3

## Set up instructions

1. Launch application
2. Click on Connection Wizard (figure 1)
3. Enter Site Name [SC Medicaid] (figure 2)
4. Press Next
5. Select Connection Type from drop down [SFTP/SSH] (figure 3)
6. Enter Service Address [claims.scMedicaid.com](figure 4)



7. Enter User Name [Submitter ID] and Password (figure 5)

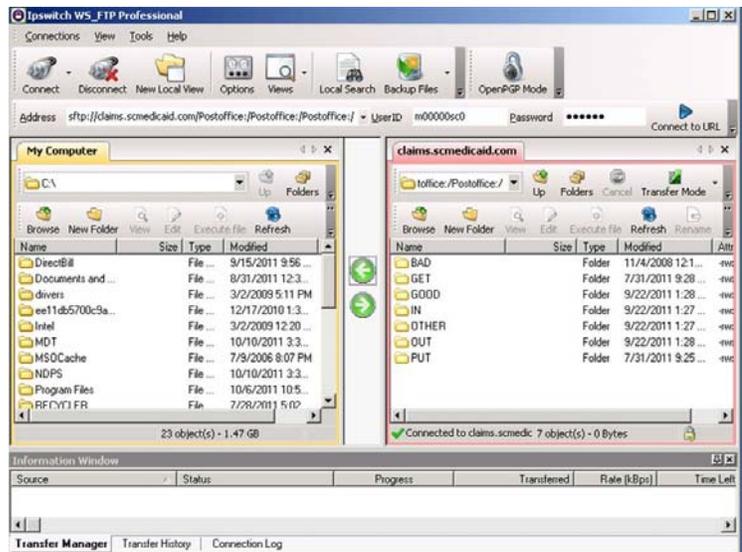


8. Click Finish (figure 6)



9. You will then be connected to your mailbox.
  - a. For Inbound transactions place them in the "PUT" folder.
  - b. For Outbound transaction retrieve them from the "GET" folder

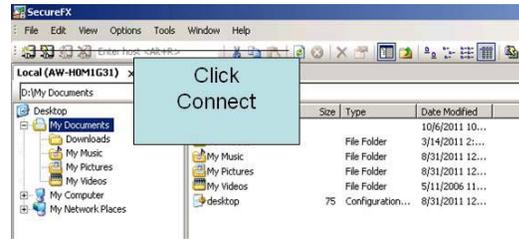
**\*\*Note: The In and Out folders will not be present for 5010.**



# SECUREFX

## Setup Instructions

1. Open application and Click on Connect Button (figure 1)



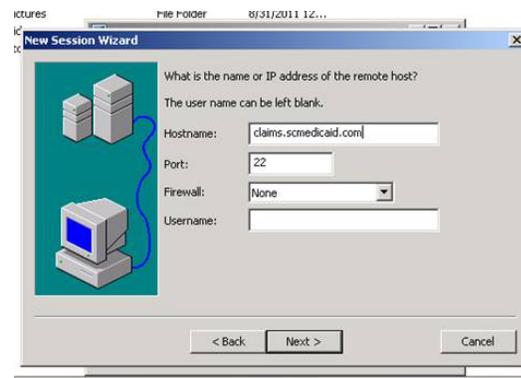
2. Click New Session Icon (figure 2)



3. Select connection type [SFTP] (figure 3)



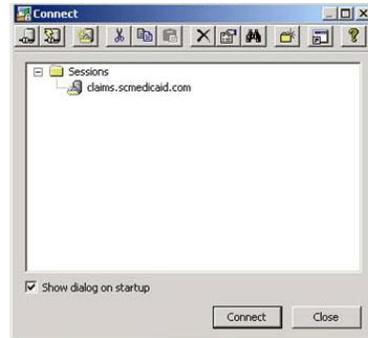
4. Enter (figure 4)
  - a. Hostname  
claims.scMedicaid.com]
  - b. Port [22]
  - c. Firewall [none]
  - d. Username: [Submitter ID]



5. Enter Session Name [claims.scMedicaid.com or you can choose your own name] (figure 5)



6. Now you see it in connection (figure 6) highlight and select Connect (figure 6)



7. Enter User Name if you didn't put it in during set up (figure 7)

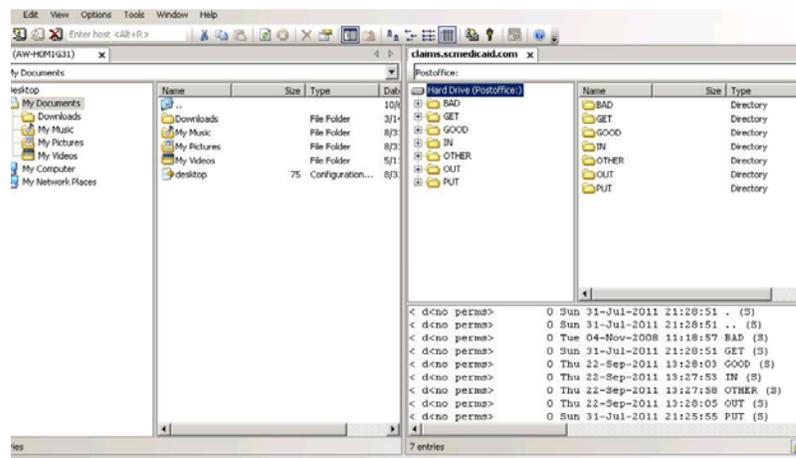


8. Enter Password (Figure 8) and click OK



9. You are now connected and ready to transmit.
  - a. For Inbound transactions place them in the "PUT" folder.
  - b. For Outbound transaction retrieve them from the "GET" folder

**\*\*Note: The In and Out folders will not be present for 5010.**



## USING THE WEB TOOL

The SC Medicaid Web-Based Claims Submission Tool (Web Tool) is currently offered by SC Medicaid as a means for the entry of claims, individual eligibility requests, and claims status inquiry. There is no additional communication testing necessary for using the Web Tool. Internet access and meeting the below technical requirements is all that is required for use. The SCMWBCST User Guide will provide the information necessary to configure the tool for the submission of transactions to Web Tool.

### To Request a Web Tool ID

- 1.) Download then complete a Trading Partner Agreement (TPA) for each provider ID, from [www.scMedicaidprovider.org](http://www.scMedicaidprovider.org), click EDI Resources then click on Forms.
- 2.) Indicate on page 6 of the TPA that you want to use the Web Tool and indicate the number of user logins you will need. Each user will need his or her own login.
- 3.) If each user will need access to more than one provider ID, you will need to complete an enrollment form as well, listing all of the provider IDs you want linked to each user ID. This form is at the same location on our Website as above.
- 4.) You can download the Web Tool user guide from the website above by clicking the link for **SC Web-Based Claims Submission Tool**. There is also a **Quick Reference Guide** and **User Guide Addenda** on this page.
- 5.) Once we receive and process the TPA, we will mail your user logins back to you with the web tool address. Our turnaround is usually one to two weeks.
- 6.) We do offer free monthly web tool classes in Columbia South Carolina; you can register for these on our website under **Training Register Now**.
- 7.) If you cannot attend a training class we encourage you to use the Medicaid E-Learning Portal at <http://Medicaidelearning.com>. We also encourage you to download the User Guide for assistance, as we are not staffed to do phone training but will be glad to answer specific questions.

**For questions and assistance call our Support Center at 888-289-0709 Option1 then Option1.**

### Technical Requirements

Internet Explorer 7.0 or higher.

Enter your user ID in uppercase, using the Shift key for any uppercase characters.

Enter password in lowercase.

### Your Web Tool ID

Your ID will consist of nine digits, the first is W followed by five numbers, followed by a two digit state code, followed by a single digit. (W00000SC1), and will be keyed in uppercase. Your password will consist of nine digits which may be all numeric or alpha-numeric and will be keyed in lowercase. Users may change passwords, and the passwords do not expire.

## ADDITIONAL INFORMATION

### ISA and Case Requirements

1. Trading Partners must envelope (ISA-IEA) different transactions separately.
2. SC Medicaid's compliance edits reject the ISA-IEA content when any transaction within that ISA-IEA is not 100% compliant.
3. SC Medicaid's processes will perform a case conversion (to UPPERCASE) on all EDI data.

### Delimiter Rules

1. The delimiters for the inbound X12 transaction sets will be:
  - \* Asterisk for data element separation
  - ^ Caret for sub-element separation

CR/LF Carriage return and line feed for segment terminator (upon request the ~ Tilde can be used for those partners unable to process the CR/LF)
2. The delimiters set by SC Medicaid for the outbound X12 transaction sets will be:
  - \* Asterisk for data element separation
  - ^ Caret for sub-element separation

CR/LF Carriage return and line feed for segment terminator (upon request the ~ Tilde can be used for those partners unable to process the CR/LF)

### Transaction Processing Schedules

1. The Trading Partner will connect to the SC Medicaid system and deliver files into its assigned electronic mailbox.
2. SC Medicaid will query mailboxes on a recurring, daily, periodic basis and process the transactions as appropriate.
3. In response to the Trading Partner-delivered message, SC Medicaid will deliver to the assigned electronic mailbox the appropriate response based on established processing schedules as outlined in the following Transaction Processing Log.

Transaction	Processing
Professional Claim: ASC X12N 837P 005010X222A - Health Care Claim: Professional	Within 15 minutes of receipt and return a 997 and Trace response.
Institutional Claim: ASC X12N 837I 005010X223A2 - Health Care Claim: Institutional	Within 15 minutes of receipt and return a 997 and Trace response.
Health Care Payment and Remittance Advice: ASC X12N 835 005010X221A1 - Health Care Payment/Advice	SC Medicaid will provide in accordance with the provider checkwrite schedule each Tuesday.
Health Claim Status: ASC X12N 276/277 005010X212 - Health Care Claim Status Request and Response	SC Medicaid will process 276 claim status responses at 2:30pm daily and deliver the 277 shortly thereafter.
Eligibility for a health plan: ASC X12N 270/271 005010X279A1 - Health Care Eligibility Benefit Inquiry and Response. It is required that the 270 transaction contains no more than 99 patient requests within one ST-SE segment, and no more than 10,000 patient requests in the entire file, and no more than 10-15 transaction sets in a single batch file.	SC Medicaid will process batch eligibility requests periodically throughout the day

<b>Transaction</b>	<b>Processing</b>
Referral Certification and Authorization: ASC X12N 278 005010X217 - Health Care Services Review - Request for Review and Response	SC Medicaid will return 278s by 6pm for files received by 5pm. Those received after 5pm will be returned by 6pm the following day.
Enrollment and Disenrollment in a Health Plan: ASC X12N 834 005010X220A1 - Benefit Enrollment and Maintenance	SC Medicaid will generate 834s twice a month, once on the first of the month and again around the 20 <sup>th</sup> .
Health Plan Premium Payments: ASC X12N 820 005010X218A1- Payment Order/Remittance Advice	SC Medicaid will generate 820s on the Tuesday proceeding the last Friday of the month.
Transmission Receipt Verification ASC X12 997 004010 - Functional Acknowledgment	SC Medicaid will produce a 997 for all inbound transactions

- The Trading Partner is responsible for checking its assigned mailbox for files in accordance with the schedule. If a 997 response indicates the file failed, AK5 and AK9 equal R or P, open up the Trace file to search for the list of errors. Make the necessary corrections and resubmit the file. A 'P' indicates a partial error and only the claims within the specified ST-SE will need to be resubmitted. An 'R' indicates the entire file needs to be resubmitted.

**Important Information about your EDI Mailbox**

This mailbox belongs to SC Medicaid and you are given access via you submitter id for the sole purpose of sending and receiving HIPAA-compliant transactions. Submitters are not permitted to create sub-folders for personal use. Any such data will be removed immediately without notice to the submitter.

**Transaction Retention in your EDI Mailbox**

We will purge on the second day of each month, keeping one complete month of files. You are responsible for downloading your 997 response, trace, and any other outbound transactions within that timeframe. Those files not downloaded and deleted by the submitter will be deleted during the purge. We recommend you pick up files as soon as you know they are available and then delete them from your mailbox. FTP users will need to manually delete the files.

## REVISION LOG

Revision numbers, version numbers, dates and brief descriptions of the purpose for revision are recorded below. As revisions are made, they will be numbered consecutively beginning with 1. Following a thorough review of all material included in a revision, discontinue use of or destroy all prior versions of this document.

Revision Number	Version	Date	Description
1	1.1	6 Jan 2004	Under Additional Information – in the first unnumbered paragraph, the statement concerning inbound (sub-paragraph 1) and outbound (sub-paragraph 2) segment terminators was changed from :  “ ~ Tilde for segment terminator”  <b>to now read</b>  “CR/LF carriage return and line feed for segment terminator (upon request the ~ Tilde can be used for those partners unable to process the CR/LF)”
2	1.2	25 June 2004	Under Additional Information - in the table under sub-paragraph 3, item 3, in the 6 <sup>th</sup> cell describing the 270/271 transaction, the following requirement was added:  “. It is required that the 270 transaction contains no more than 99 patient requests within one ST-SE segment, and no more than 10,000 patient requests in the entire file, and no more than 10-15 transaction sets in a single batch file.”
3	1.3	2 August 2005	Pages 24-28 updated WS-FTP Pro 7.5 to 8.0 or higher.
4	2.0	8 August 2006	Page 6 updated fax (803) 870-9021
	2.0	8 August 2006	Page 12 Under Additional Resources added links and information on TPA, Communications and Companion Guides, X12 IG, NPI, Taxonomy, and Sharing your NPI.
	2.0	8 August 2006	Pages 14-16 How to Read 997
	2.0	8 August 2006	Pages 17 Under Asynchronous Instructions, 2.C added test phone 656-0575
	2.0	8 August 2006	Pages 22-29 added test IP address Claimstest.SCMedicaid.com to FTP Instructions.
	2.0	8 August 2006	Pages 22 no. 6, and 28 no. 7 Trading Partner ID in UPPERCASE, password in lowercase.
	2.0	8 August 2006	Page 32 Under Using SCMWBCST added To Request Web Tool ID 1-7.
	2.0	8 August 2006	Page 33 Under Additional Information, ISA and Case Requirements, Delimiter Rules, Transaction Processing Schedule.
	2.0	8 August 2006	Pages 33-34 Added processing schedules for all transactions, and 4. Explained Trading Partner information.

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	2.0	8 August 2006	Manual Title changed to SC Medicaid Technical User Guide
	2.0	8 August 2006	Page 33 Added Important Information about Your EDI mailbox, and Transaction retention in your EDI mailbox.
	3.0	3 March 2009	Removed instructions for modems. Added that no new modem accounts will be created after 03/03/2009 and that modem server will be removed 07/01/2009.
5	4.0	18 October 2011	Updated documentation to reflect 5010 transactions.
		18 October 2011	Removed 4010 transaction information
		18 October 2011	Updated Trading Partner Agreement