



**COLORADO**  
Department of Health Care  
Policy & Financing



# Colorado Medical Assistance Program

**Health Care Claim Payment/Advice (835)  
Transaction Standard Companion Guide**

**Companion to Health Care Claim  
Payment/Advice  
ASC X12N 835 005010X221  
Implementation Guide**

March 2023

## **Disclosure Statement**

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## Preface

This companion guide to the Health Care Claim Payment/Advice (835) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the Department of Health Care Policy & Financing (the Department). Transmissions based on this companion guide, used in tandem with the **ASC X12N 835 005010X221 Implementation Guide and the associated addendum 005010X221A1**, are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N implementation guides adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the implementation guides.

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## 1. INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into transaction partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specifications
- Change the meaning or intent of the standards implementation specifications

Effective January 1, 2014, health plans, covered entities, and their business associates that engage in the exchange of covered transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 835 transaction. These operating rules are maintained by the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE).

### SCOPE

The companion guide is to be used with and to supplement the requirements in the HIPAA Accredited Standard Committee (ASC) X12 implementation guides and CORE Rules, without contradicting those requirements. Implementation guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the companion guide is to provide trading partners with a guide to communicate information specific to the Colorado Medical Assistance Program that is required to successfully exchange transactions.

The companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claim status request and response transactions to the fiscal agent on behalf of the Department.

### OVERVIEW

This section of the companion guide will provide guidance for establishing a relationship with the Department for the business purpose of receiving the electronic Health Care Claim Payment/Advice (835) transaction.

### REFERENCES

This section specifies additional on-line sources of helpful information related to electronic data interchange (EDI) and X12 transactions.

Workgroup for Electronic Data Interchange (WEDI) – <https://www.wedi.org>  
United States Department of Health and Human Services (DHHS) – <https://aspe.hhs.gov/>  
Centers for Medicare and Medicaid Services (CMS) – <https://www.cms.gov/>

Designated Standard Maintenance Organizations (DSMO) – <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/StandardsSettingandRelatedOrganizations>  
National Council of Prescription Drug Programs (NCPDP) – <https://www.ncdp.org/>  
National Uniform Billing Committee (NUBC) – <https://www.nubc.org/>  
Accredited Standards Committee (ASC X12) – <https://www.x12.org/>  
Washington Publishing Company (WPC) – <https://wpc-edi.com/>

Affordable Care Act (ACA) Section 1104 information is at the Centers for Medicare & Medicaid Services (CMS) website. Visit <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/StandardsSettingandRelatedOrganizations> for information on ACA Administrative Simplification information.

## **ADDITIONAL INFORMATION**

It is assumed that the trading partner has purchased and is familiar with the ASC X12 Type 3 Technical Report (TR3) being referenced in this companion guide. TR3s can be purchased from the ASC X12 store at <https://x12.org/products>.

## **2. GETTING STARTED**

### **TRADING PARTNER REGISTRATION**

Any entity intending to exchange electronic transactions with the Department must agree to the Department Trading Partner Agreement at the end of the trading partner profile process. A trading partner profile can be completed using the Provider Web Portal at <https://colorado-hcp-portal.coxix.gainwelltechnologies.com/hcp/provider/Home/tabid/135/Default.aspx>.

**Note:** Providers must be enrolled and approved before registering as a trading partner.

The Web Portal and the Secure File Transfer Protocol (SFTP) will include the ability for file and report retrieval. Billing agents and clearinghouses will have the option of retrieving the transaction responses and reports themselves and/or allowing each individual provider the option of retrieval. The trading partner will access the system using the assigned login and password. Visit <https://colorado-hcp-portal.coxix.gainwelltechnologies.com/hcp/provider/Home/tabid/135/Default.aspx> for information on the Web Portal.

### **CERTIFICATION AND TESTING OVERVIEW**

All covered entities who submit electronic transactions are required to certify. This includes clearinghouses, software vendors, provider groups, and managed care organizations (MCOs). If you submit your transactions through one of these agencies, they will certify on your behalf. However, if you submit transactions directly, you will need to certify. If you submit your transactions through an MCO, you should receive information from the MCO with certification requirements.

Results of the system's processing of your transactions are reviewed and communicated back via email. Once the test files all pass, a production ID and welcome letter will be sent confirming certification.

## **3. TESTING WITH THE PAYER**

This section contains a detailed description of the testing phase.

Before exchanging production transactions with the Department, each trading partner must complete production authorization testing.

Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

Trading partners are encouraged to submit three successful and unique submissions and receive the associated 999 (accepted) acknowledgement in response in order to obtain approval to promote to production.

Trading partner authorization testing is detailed in the Trading Partner Testing Packet for ASC X12 transactions available on the Colorado Electronic Data Interchange (EDI) Support page at <https://hcpf.colorado.gov/edi-support>.

Questions may be directed to the [Provider Services Call Center](#), or via the Contact Us link at the top of the Provider Web Portal home page at <https://colorado-hcp-portal.coxix.gainwelltechnologies.com/hcp/provider/Home/tabid/135/Default.aspx>.

#### **4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS**

##### **PASSWORDS**

Passwords are provided during initial enrollment and can be reset by contacting the [Provider Services Call Center](#). These passwords may not be shared.

<https://hcpf.colorado.gov/edi-support>

#### **5. CONTACT INFORMATION**

##### **WORKING WITH THE DEPARTMENT**

To assist the community with their electronic data exchange needs, the following options available for either contacting a help desk or referencing a website for further assistance:

Visit the Department's website at <https://hcpf.colorado.gov> for general information.

##### **ELECTRONIC DATA INTERCHANGE (EDI) SERVICES**

Contact the [Provider Services Call Center](#) with any questions.

#### **6. CONTROL SEGMENTS/ENVELOPES**

##### **ISA-IEA**

This section describes the use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters. (See Section 9 Transaction-Specific Information below.)

##### **GS-GE**

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how the Department expects functional groups to be sent and how the Department will send functional groups. These discussions will describe how similar transaction sets will be packaged and the use of functional group control numbers. (See Section 9 Transaction Specific Information below.)

## ST-SE

This section describes the use of transaction set control numbers. (See Section 9 Transaction-Specific Information below.)

### 7. ACKNOWLEDGEMENTS AND/OR REPORTS

No acknowledgements are expected for the Health Care Claim Payment/Advice (835) transactions.

### 8. TRADING PARTNER AGREEMENTS

An Electronic Data Interchange (EDI) trading partner is defined as any customer of the Department (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to or receives electronic data from the fiscal agent on behalf of the Department.

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

### 9. TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N implementation guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that contains additional information not found in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with the Department

In addition to the row for each segment, one or more additional rows are used to describe the usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

All clients of the Department are considered “subscribers,” so they all have individual loops. See the implementation guide for additional information.

The Trading Partner ID (TPID) is the number that is assigned to the provider/submitter to uniquely identify their electronic transaction. This may also be referred to as the Electronic Claim Submission (ECS) number or TPID.



**Health Care Claim Payment/Advice (835)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
<b>HEADER</b>	<b>ISA</b>	<b>Interchange Control Header</b>		The ISA is a fixed-length record with fixed-length elements.  <b>Note: Deviating from the standard ISA element sizes will cause the Interchange to be rejected.</b>
	ISA06	Interchange Sender ID	COMEDASSIST PROG	
	ISA08	Interchange Receiver ID		The Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program.
	ISA11	Repetition Separator	^	Caret
	ISA16	Component Element Separator	:	Colon
	<b>GS</b>	<b>Functional Group Header</b>		
	GS02	Application Sender's Code	COMEDASSIST PROG	
	GS03	Application Receiver's Code		The Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program.
	GS08	Version/Release/Industry Identifier Code	005010X221A1	Standards Approved for Publication by ASC X12 Procedures Review Board.
	<b>BPR</b>	<b>Financial Information</b>		
	BPR07	Sender DFI Identifier	053101561, 075911603	Colorado Medical Assistance Program will use one of the following routing numbers: 053101561 for Paper Checks 075911603 for EFTNot sent for BHA.
	BPR10	Payer Identifier	81-1725341 (TXIX) 84-0644739 (BHA)	Colorado Medical Assistance Program Tax ID. Colorado BHA Funded Services Tax ID
	<b>TRN</b>	<b>Reassociation Trace Number</b>		
	TRN03	Payer Identifier	81-1725341 (TXIX) 84-0644739 (BHA)	Colorado Medical Assistance Program Tax ID. Colorado BHA Funded Services Tax ID
<b>1000A</b>	<b>N1</b>	<b>Payer Identification</b>		

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Loop ID	Reference	Name	Codes	Notes/Comments
	N102	Payer Name	CO_TXIX or CO_BHA	
	N104	Payer Identifier	7912900843	Colorado Medical Assistance Program Health Plan ID. Not sent for BHA.
	PER04	Communication Number	hcpf.colorado.gov/provider-resources	Payer policy and other information website URL.
<b>2100</b>	<b>REF</b>	<b>Other Claim Related Identification</b>		
	REF02	Reference Identification	Benefit Plan	With a qualifier (REF01) of CE, this field will display the benefit plan that the claim was paid if at the header level.
<b>2110</b>	<b>REF</b>	<b>Healthcare Policy Identification</b>		
	REF02	Reference Identification	Benefit Plan	With a qualifier (REF02) of OK, this field will display the benefit plan that the claim was paid if at the service line level.

## **APPENDIX 1: Frequently Asked Questions**

This appendix contains a compilation of questions and answers relative to the Department and its providers.

Q1: Can I receive Health Care Claim Payment/Advice (835) transactions from Medicaid without selecting the transaction on my Trading Partner Agreement?

A1: No. All trading partners must have signed a Trading Partner Agreement and be set up for the transaction types agreed upon.

**APPENDIX 2: Change Summary**

<b>Date</b>	<b>Change</b>	<b>Responsible Party</b>
March 2017	Original Document	EDI Department
3/31/2017	Added New EDI Service Telephone Number	EDI Helpdesk
8/1/2017	Rebranding to DXC Technology	DXC, formerly HPE
7/14/2022	Rebranding to Gainwell Technologies. Updated hyperlinks. Added segments related to benefit plans.	Gainwell Technologies, formerly DXC.
10/26/2022	Added CO and Gainwell branding, updated hyperlinks and general cleanup	Gainwell Technologies
3/2/2023	Added BHA Payer information; updated Provider Web Portal links	Gainwell Technologies

