

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

**NCPDP Post Adjudicated History (PAH) 2.2
Companion Guide**

Encounter Transactions

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Version 1.3**

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NCPDP Batch Transaction Standard Implementation Guide Version 1.2 defines the data structure and content of batch pharmacy transmissions only. NCPDP Telecommunication Standard Implementation Guide Version 5.1 defines the data structure and content of a single NCPDP standard transmission only.

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 www.ncdp.org

Revision History

Date	Version	Description	Author
1.26.2012	0.2	Draft Transaction Notes published to for distribution to health plans.	5010 Project Team
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1 Introduction

Companion Documents

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

Disclaimer

These specifications cover the required fields per the NCPDP Post Adjudication Transaction Standard Implementation Guide Version 2.2 as well as the required fields needed for claims processing by AHCCCS. When additional segments and/or fields that are allowed within the supported NCPDP versions are provided, AHCCCS will accept the transaction but only those segments and fields pertinent to claims processing will be utilized. Any NCPDP transaction that is not supported by AHCCCS will be rejected.

AHCCCS supports the following NCPDP transactions:

- Post Adjudication History 2.2

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

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

2. NCPDP Transactions

2.1 Overview

NCPDP Overview The NCPDP PAH 2.2 transaction is used by the AHCCCS contracted health plans to report post adjudicated pharmacy encounters.

AHCCCS accepts NCPDP PAH 2.2 transactions from the contracted health plans, completes a validation check, translates files that pass validation and then forwards the file to the adjudication system for processing.

File Submission To exchange electronic data with AHCCCS, Trading Partners must establish individual user accounts to the secure file transfer server (SFTS, aka EFT). When permissions have been granted to the SFTS, Trading Partners will upload their NCPDP PAH 2.2 transactions for processing.

Note: Files such as Microsoft Office Productions, Zip and zero byte files will be removed from the server and no notification will be provided to the Trading Partner.

Validation AHCCCS validates NCPDP PAH 2.2 transactions for compliance. Files that pass validation will be forwarded to the translator. Files that fail validation will discontinue processing and the Trading Partner will receive a response file with a .REJECT extension.

Translation Files that pass validation will be translated and sent to the adjudication system for processing.

Submission Schedule Encounter submitters can transmit NCPDP PAH 2.2 transactions to AHCCCS at any time. AHCCCS typically processes files each evening, Monday through Friday.

3 Technical Infrastructure and Procedures

3.1 Technical Environment

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

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

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

Note: If you are a Health Plan, the first point of contact should be AHCCSEncounters@azahcccs.gov

3.2 Directory and File Naming Conventions

SFTS Directory Structure

The SFTS Directory Structure is as follows:

XXX/Environment/Type and Direction

- **XXX**-Three byte Health Plan Identifier
- **Environment**
Dev is for internal AHCCCS development staff
Other is for sending/receiving large files that cannot be sent in an email or contains PHI.
Prod is for sending/receiving production files
Test is for sending/receiving test files
- **Type and Direction**
EDI-IN is for sending HIPAA X12 and NCPDP PAH 2.2 transaction files only. Zipped files will not be allowed.
EDI-OUT is for receiving HIPAA X12 NCPDP PAH 2.2 response files.
IN is for sending proprietary files.
OUT is for receiving proprietary files.

File Naming Conventions

File naming convention is as follows:

- Inbound filenames can be any name designated by the Health Plan/Program Contractor, but should not exceed 29 characters.
 - Files should be rendered in a standard text file format and should not have a .tmp, .zip and/or any other application file extension.
 - NCPDP PAH 2.2 files that fail validation will be returned to the Health Plan EDI-Out directory with the original filename and a .REJECT file extension.
-

4 NCPDP Post Adjudication History (PAH) 2.2 File Information

4.1 Overview

The batch specifications contained in this document include the header, detail and trailer. Batch files should contain one header record, one trailer record (including count of records) and at least one detail record; there currently is no maximum limit of detail records. It is suggested to limit file sizes to less than 75 MB to facilitate faster file transfer.

- Post Adjudication History Header (Occurs 1);
- Post Adjudication History Detail (Occurs 1 to ____,__);
- Post Adjudication History Compound Detail 1 (Occurs 1 as Applicable with Detail Record);
- Post Adjudication History Compound Detail 2 (Occurs 1 as Applicable with Detail Record); and,
- Post Adjudication History Trailer (Occurs 1).

4.2 Over Punch Signs

Positive Signed		Negative Signed	
Numeric	Graphic	Numeric	Graphic
0	{	0	}
1	A	1	J
2	B	2	K
3	C	3	L
4	D	4	M
5	E	5	N
6	F	6	O
7	G	7	P
8	H	8	Q
9	I	9	R

Examples:

1. 104} is -1040
2. 23B is 232

Decimal points are usually implied not explicit in the text. Ex of a number with two decimal digits:

2903} is -290.32

4.3 Table Format

Following is a list of the field, use, field name and values/comments for AHCCCS PAH 2.2 Transactions.

The following definitions are given to ensure consistency of interpretation:

- **Field** – The Post Adjudication Transaction Standard Version 2.2 field number.
- **Field Name** – The Post Adjudication Transaction Standard Version 2.2 field name;
- **Mandatory or Situational (M/S)** – Field designation, Indicates whether a field is mandatory or situational. Mandatory fields may be mandatory by the NCPCP Post Adjudication Transaction Standard Version 2.2 and/or required by the processor. If a field is situational and data does not exist for the field, the field **MUST** be populated with the appropriate padding;
 - a. **M** – Mandatory field;
 - b. **S** – Situational field;
- **Format** – Field format values
- **Size** – The field length size
 - a. **A/N** – Alpha/Numeric, upper case when alpha, always left justified, space filled, upper case, printable characters and default values of spaces;
 - Example: X(14) represents “1234ABC44bbbb” where “b” is a space;
 - b. **N** – Unsigned Numeric, always right justified, zero filled and when used for dollar fields, have default values of zeros;
 - Example: 9(7)v999 represents “9999999999”;
 - c. **D** - Signed Numeric, sign is internal and trailing (see previous section Over punch Signs), zero always positive, always right justified, zero filled dollar-cents amount with 2 positions to the right of the implied decimal point, all other positions to the left of the implied decimal point and when used for dollar fields, have default values of zeros.
 - Example: "D" fields of length 8 represent \$\$\$\$\$\$cc
- **Size** – The field length size
- **Start** – The starting position in the record of the field
- **End** – The ending position in the record of the field
- **Values/Comments** – Defines the AHCCCS required values or default values for each field.
- **AHCCCS Usage** – Clarification on what fields are expected

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

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

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

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

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