

GPNet

Communications

Manual



PLEASE NOTE: The *GPNet Communications Manual* is subject to change. We will post updated version of this and other EDI related documents on our website. Please visit the CGS Web page at <http://www.cgsmedicare.com>.

TABLE OF CONTENTS

UNDERSTANDING GPNET	2
Submissions	2
Technical Support	2
ANSI 837 COMPLETION INFORMATION	3
Version 5010	3
Payer ID Information	3
Response Examples	4
NETWORK DATA MOVER (NDM) SPECIFICATIONS	5
NDM Node Connection	5
Report Retrieval	5
837 Claims Submission Dataset Names	6
CONNECT USING SFTP	7
Connect to CGS using SFTP:	7
Sending files:	7
CONNECT USING SFTP CLIENT SERVER	9
Connect to CGS using a SFTP Client Server	9
Sending and Receiving Files	10
5010 RESPONSES	11
TA1	11
999	11
277CA	11
ACCEPTED	12
REJECTED	13
835	13



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UNDERSTANDING GPNET

GPNet is the EDI gateway to CGS.

GPNET supports file transfers via Connect: Direct, also known as Network Data Mover (NDM) and through a Network Service Vendor (NSV). Specifications on these options are included later in this manual. In addition, we encourage the use of PKZIP compatible compression software. GPNet is defaulted to send uncompressed files; therefore, if you wish to receive all of your files in a compressed format, contact the EDI Helpdesk for maintenance to the database.

Submissions

GPNet currently supports versions 5010A1/A2 of the ANSI (American National Standards Institute) ASC X12N-837 claim submission.. ASC X12 TR3 Implementation Guides for v5010 transactions are available through <http://store.x12.org/>.

The GPNet platform is available 24 hours a day, seven days a week, with the exception of infrequent maintenance performed on Sundays. The real time editing system is down from 11:30 p.m. to 5:00 a.m. EST. If the editing system is not available, you may still upload a file to GPNet. As soon as the editing system resumes processing, files in GPNet will be edited. The response files will be built and loaded into your mailbox for retrieval at your convenience within one business day.

ANSI v5010

An ANSI 999 Functional Acknowledgement will be returned to you upon completion of initial editing. If the file was accepted, a 277CA will also be generated.

Technical Support

If you have questions regarding HIPAA and its implementation requirements, please call the CGS EDI Support Desk at.

- Ohio and Kentucky Part B 1.866.276.9558
- Ohio and Kentucky Part A 1.866.590.6703
- Home Health & Hospice 1.877.299.4500

ANSI 837 COMPLETION INFORMATION

To ensure that your claim files are processed correctly, please include the following information in the appropriate ANSI fields:

Version 5010

ANSI Field	Test Claim File	Production Claim File
ISA06 GS02	Enter your Submitter ID.	
ISA08 GS03 1000B/NM109 2010BB/NM109	Enter the appropriate Payer ID (see Payer ID chart below).	
ISA15	Enter T when submitting a test claim file.	Enter P when submitting a production claim file.
GS08	<p align="center">Institutional Claims (Part A) Enter 005010X223A2 when submitting a test claim file</p> <p align="center">Professional Claims (Part B) Enter 005010X222A1 when submitting a test claim file.</p>	

Payer ID Information

Enter the appropriate Payer ID:

Line of Business	Payer ID
Ohio Part B	15202
Home Health + Hospice	15004
Ohio Part A	15201
Kentucky Part B	15102
Kentucky Part A	15101

List Files in Mailbox

All files listed in your mailbox are presented in a similar format; the DOS-compliant, download file name followed by a file description. Examples are shown in the following table:

Mailbox Listing	Description
ssssss.<date>.Tnnnnn.INV	Invalid File Header (see Response Example)
ssssss.<date>.Tnnnnn.INV	Unable to Process This Zipped File
ssssss.<date>.Tnnnnn.RSP	Login ID and Submitter ID in file do not match (see Response Example)
ssssss.<date>.Tnnnnn.835	Medicare ASC Z12 835 Electronic Remittance File
ssssss.<date>.Tnnnnn.835.ZIP	Medicare ASC X12 835 Electronic Remittance File - Zipped
ssssss.<date>.Tnnnnn.MSG	Message - Translation Error or other informational message (see Response Example)
ssssss.<date>.Tnnnnn.PDF	EDI Correspondence/Notifications
ssssss.<date>.Tnnnnn.PDF.ZIP	EDI Correspondence/Notifications - Zipped
ssssss.<date>.Tnnnnn.INV	5010 Invalid text or production claim (see INV Message example below)
ssssss.<date>.Tnnnnn.TA1	TA1 Interchange Acknowledgement Response
ssssss.<date>.Tnnnnn.999	999 Functional Acknowledgement Response
ssssss.<date>.Tnnnnn.277CA	277CA Claim Response File
ssssss.<date>.Tnnnnn.277CA.ZIP	277CA Claim Response File - Zipped
ssssss.<date>.Tnnnnn.277	277 Claim Status Inquiry Response
ssssss.<date>.Tnnnnn.277.ZIP	277 Claim Status Inquiry Response - Zipped

nnnnn represents a sequential number.

- ssssss represents the submitter id
- <date> represents the date file was created. Format is 3 alpha month and 2 digit date (Ex: MAR05)

Example of INV Message:

```
Interchange Control Number 407330100 for Receiver ID 00884
cannot be processed at this time due to the following error:
```

```
Not accepting 5010 transactions for Receiver ID 00884
```

Response Examples

INFORMATIONAL MESSAGE

sssss.<date>.Tnnnnn.MSG

When the file submitted is unable to be translated, you will receive the following response message:

```
WE ATTEMPTED TO TRANSLATE YOUR FILE BUT IT HAS FAILED. PLEASE CALL
YOUR EDI HELPDESK FOR DETAILS.
```

INVALID FILE HEADER

(sssss.<date>.Tnnnnn.INV)

The first three characters of the file must equal ISA or you will receive the following response:

```
INVALID _ FILE _ HDR=
```

REJECTED ID

(sssss.<date>.Tnnnnn.RSP)

The GPNet Login ID used when logging into GPNet and Submitter ID included in the file must match or you will receive the following response:

```
SUBMITTER ID IN FILE DOES NOT MATCH THE LOGIN ID
SUBMITTER_ID=(submitter ID in file will display)
LOGIN_ID =(submitter ID logged in with will display)
```

NETWORK DATA MOVER (NDM) SPECIFICATIONS

If you use NDM for claim submission, please complete this page and fax it to the following number:

HH+H	1.615.664.5947	Kentucky Part B	1.615.664.5917
Ohio Part B	1.615.664.5927	Kentucky Part A	1.615.664.5943
Ohio Part A	1.615.664.5945		

NDM Node Connection

The NDM Node connection is defined as follows:

NET ID: _____ SCA

NODE ID: _____ A70NDM.MC

APPLID: _____ A70NDMMC

AT&T GNS ID: _____ PGBA

Please enter your NDM information (required):

NET ID: _____

NODE ID: _____

APPLID: _____

AT&T GNS ID: _____

Your NDM User ID and password (if datasets are RACF protected):

User ID: _____

Password: _____

Report Retrieval

We will be returning our reports to you in the following Dataset Names (DSNs):

1. Edit/Transmission Reports (Professional and Institutional front-end reports go to same dataset)

Frequency: _____ Daily

DSN:

Responses	
Reports	
Remittances*	

X12 Reports: DCB=(DSORG=PS,LRECL=100,RECFM=FB,BLKSIZE=27900)

837 Claims Submission Dataset Names

LOB	Testing	Production
Part A	MAB.PROD.NDM.ECS.TCLMA.UBF.submitter (+1)	MAB.PROD.NDM.ECS.CLMA.UBF.submitter (+1)
Part B	MAB.PROD.NDM.ECS.TCLMA.NSF.submitter (+1)	MAB.PROD.NDM.ECS.CLMA.NSF.submitter (+1)

In the DSN noted above, **submitter** equals your Submitter ID.

DISP: (NEW,CATLG,DELETE)
UNIT: SYSDG
SPACE: (CYL,(75,10),RLSE)
DCB: (RECFM=FB,LRECL=80,BLKSIZE=27920)

CONNECT USING SFTP

Connect to CGS using SFTP:

The **PORT ID** must equal: **22** and the **HOST ID** has not changed. For information regarding the HOST ID, please contact the CGS EDI Helpdesk. Please consult with your Network Service Provider if utilizing SFTP.

Once connected via SFTP, you will be prompted for a password. Current passwords will be transferred to the new application. The format for user id is as follows: userid/userid

```
a70lppaltbco001:/home/tibco >sftp -o port=2020 S00001/S00001@
Connecting to
Illegal access will be prosecuted!
S00001/S00001@          password:
sftp> bye
a70lppaltbco001:/home/tibco >sftp -o port=2020 S00001/S00001@
Connecting to
S00001/S00001@          password:
sftp>
```

Basic ftp commands will work. An “ls” command shows “inbox” and “outbox.” Inbox is for **REPORTS (999’s, 277CA’s, 277’s, and 835’s)** that will be retrieved, and outbox is for submission of **FILES (837’s, 276’s)**. Below are steps for submission and retrieval.

Sending files:

At the sftp> command prompt type: **cd outbox/EZComm/BC/1.0/Notify** To show current working directory type **pwd**

```
S00018/S00018@10.243.9.10's password:
sftp> ls
inbox  outbox
sftp> cd outbox/EZComm/BC/1.0/Notify
sftp> pwd
Remote working directory: /outbox/EZComm/BC/1.0/Notify
sftp>
```

Once in the outbox/EZComm/BC/1.0/Notify directory, using the “put” command, enter the file name to upload. For example: **put x12claims.txt**. The screen will show the file uploading and the sftp> prompt will appear once uploading is completed.

```
sftp> ls
sftp> put SS00001*
Uploading SS00001.Jun25.T114054408.0010871 to /outbox/B2B-X12/EDI/Inbound/Interchange/SS00001.Jun25.T114054408.0010871
SS00001.Jun25.T114054408.0010871          100% 1096      0.4KB/s   00:03
Uploading SS00001.Jun25.T114119776.005844 to /outbox/B2B-X12/EDI/Inbound/Interchange/SS00001.Jun25.T114119776.005844
SS00001.Jun25.T114119776.005844          100% 1310      1.3KB/s   00:00
sftp>
```

Receiving files:

If you maintain the connection from sending files, change to the inbox directory by typing: **cd /inbox**

NOTE: If a separate ID is utilized for receiving 835’s, the customer **MUST** login using the receiver id. Please refer to the Connect to CGS using SFTP for login information.

Once in the inbox/EZComm/BC/1.0/Notify directory, using the “get” command enter the file name to download. For example: **get *.***. The screen will show the file downloading and the sftp> prompt will appear once uploading is completed.

GPNet Communications Manual

```
S00018/S00018@10.243.9.10's password:  
sftp> cd inbox/EZComm/BC/1.0/Notify  
sftp> pwd  
Remote working directory: /inbox/EZComm/BC/1.0/Notify  
sftp> █
```

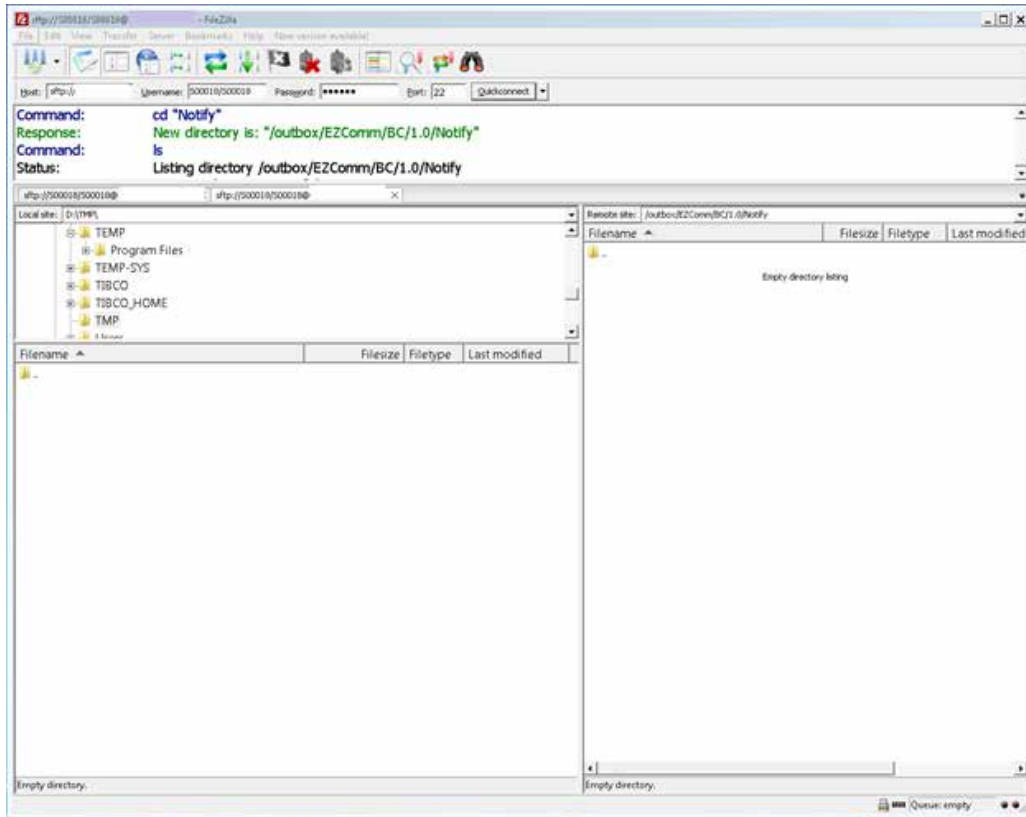

CONNECT USING SFTP CLIENT SERVER

Connect to CGS using a SFTP Client Server:

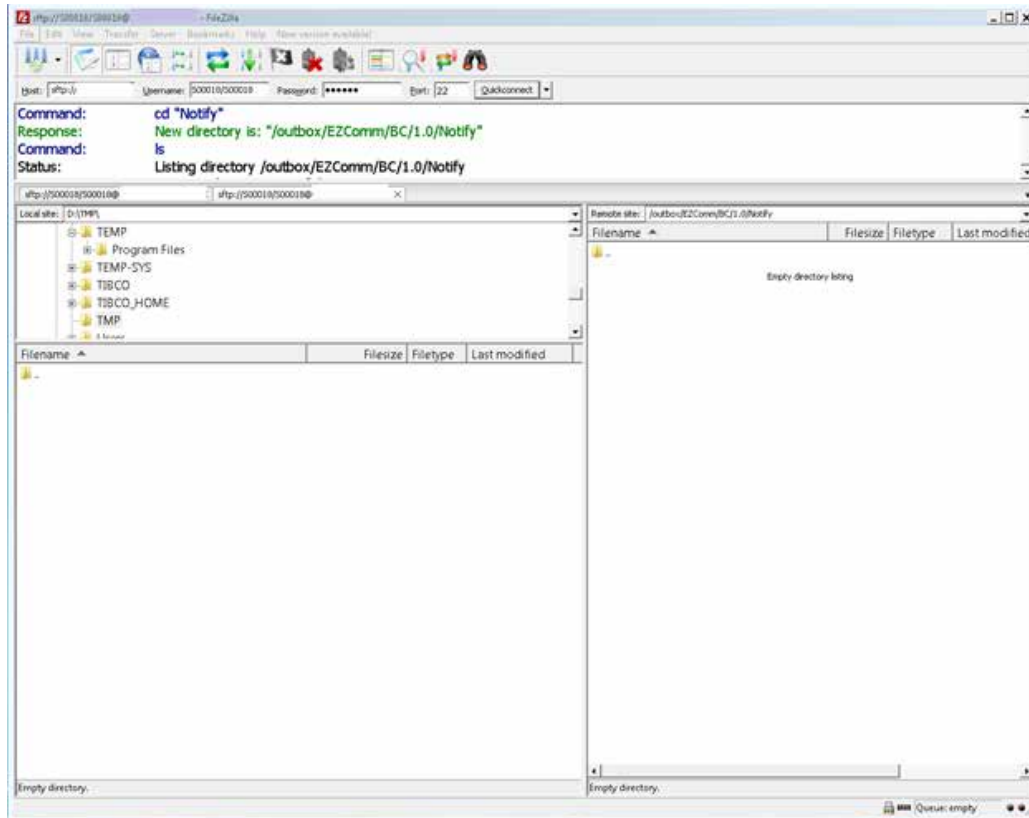
The **PORT ID** must equal: **22** and the **HOST ID** has not changed. For information regarding the HOST ID, please contact the CGS EDI Help Desk.

Below is an example of how screens may look like if using FileZilla (a widely available ftp client application). CGS recommends consulting with the Network Service Vendor on a compatible SFTP Client Server Application.

Customers will be required to enter their submitter ID and password issued to them. Please utilize the userid/userid format when entering the submitter ID.



Once connected, the right-hand side of the screen provides information for the “remote site.” Remote site is Palmetto GBA. Two folders will be listed. Inbox is for **REPORTS (999’s, 277CA’s, 277’s and 835’s)** that will be retrieved, and outbox is for submission of **FILES (837’s, 276’s)**.



Sending and Receiving Files:

To send files (837, 276) to CGS/Palmetto GBA, please expand all folders listed underneath the OUTBOX. To receive reports (999, 277CA, 277 and 835) from CGS/Palmetto GBA, please expand all folders listed underneath INBOX.

Please consult the FileZilla (or other FTP client server) user guide for instruction to Transfer/Send/Receive files.

5010 RESPONSES

Below is a list of the ANSI v5010 transactions and version numbers:

ANSI Transaction	Description	Base Version	Errata Version
270/271	Health Care Eligibility Benefit Inquiry and Response		005010X279A1
837P	Health Care Claim: Professional		005010X222A1
837I	Health Care Claim: Institutional		005010X223A2
999	Implementation Acknowledgment For Health Care Insurance		005010X231A1
835	Health Care Claim Payment/Advice		005010X221A1
276/277	Status Inquiry and Response	005010X212	N/A
277CA	Claim Acknowledgement	005010X214	N/A

The 999 (Functional Acknowledgement) and 277CA (Claims Acknowledgement) may not be readable without translation software. While these transactions are not HIPAA-mandated, the Centers for Medicare & Medicaid Services (CMS) require these transactions for all Medicare business. The TA1 Interchange Acknowledgement report will be produced for X12 v5010 transactions only when the interchange is rejected. The report will also not be readable without translation software. It is important for providers to ensure their software will be able to accommodate these new files.

TA1

The TA1 Interchange Acknowledgement report will be produced for X12 v5010 transactions only when the interchange is rejected. The report will also not be readable without translation software. When a TA1 is received, you will need to correct and resubmit the entire ISA-IEA Interchange. Note: The TA1 will only be produced if the interchange is rejected.

999

When a 999 is received, you may: (1) recognize errors occurred and begin a correct/resubmit action, or (2) recognize that all transactions were accepted. A 999 reflects technical problems that must be addressed by the software preparing the EDI transmission. NOTE: "Trouble tickets" will likely be addressed by technical resources to identify correction needed before resubmission.

```
ISA*00*      *00*      *27*PPPPPP  *27*XXXXXX  *100914*1025*^^*00501*000000218*0*T*::~~
GS*FA*PPPPPP*XXXXXX*20100914*10251463*3*X*005010X231~
ST*999*3001*005010X231      ~
AK1*HC*2145001*005010X222~
AK2*837*000000001*005010X222~
IK5*A~
AK9*A*1*1*1~
SE*5*3001~
GE*1*3~
IEA*1*000000218~
```

277CA

When a 277CA is received, (1) recognize errors that occurred and begin a correct/resubmit action on specific claims, (2) recognize transactions were accepted and (3) use returned claim numbers for future status inquiries. A 277CA reflects a data problem that must be addressed by resources in the provider's billing area. Your billing staff will likely need reports to be produced in order to identify claim corrections before resubmission.

ACCEPTED

```
ISA*00*      *00*      *28*PPPPP      *28*XXXXXX      *100915*1002**^*00501*091536298*0*T*::~~
GS*HN*PPPPP*0*20100915*100208*26*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*091536332*20100915*09153600*TH~
HL*1**20*1~
NM1*PR*2*CARRIER NAME*****PI*PPPPP~
TRN*1*PPPPP20100915000003~
DTP*050*D8*20100915~
DTP*009*D8*20100915~
HL*2*1*21*1~
NM1*41*2*TEST SUBMITTER*****46*XXXXXX~
TRN*2*000008~
STC*A1:19:PR*20100915*WQ*4500~
QTY*90*1~
AMT*YU*4500~
HL*3*2*19*1~
NM1*85*2*PROVIDER NAME*****XX*1234567890~
TRN*1*IA92330H1..0001~
STC*A1:19:PR**WQ*4500~
QTY*QA*1~
AMT*YU*4500~
HL*4*3*PT~
NM1*QC*1*TEST**PART**A*MI*111111111F~
TRN*2*IA92330H1..0001~
STC*A2:20:PR*20100915*WQ*4500~
REF*1K*21025800000107TST~
REF*BLT*131~
DTP*472*RD8*20090701-20090701~
SE*27*000000001~
GE*1*26~
IEA*1*091536298~
```

REJECTED

```

ISA*00*      *00*      *ZZ*PPPPP  *ZZ*XXXXX  *100907*1219*^^00501*000000001*0*P*:~
GS*HN*PPPPP*0*20100907*121959*12*X*005010X214~
ST*277*0000000001*005010X214~
BHT*0085*08*10250*20100907*11360400*TH~
HL*1**20*1~
NM1*PR*2*CARRIER  NAME*****46*PPPPP~
TRN*1*PPPPP20100907000001~
DTP*050*D8*20100903~
DTP*009*D8*20100907~
HL*2*1*21*1~
NM1*41*2*SUBMITTER NAME*****46*XXXXX~
TRN*2*PA92430XX.SVD03-4~
STC*A1:19:PR*20100907*WQ*50~
QTY*AA*1~
AMT*YY*50~
HL*3*2*19*0~
NM1*85*2*PROVIDER  NAME*****XX*1234567890~
TRN*1*0~
STC*A7:500:85**U*50~
STC*A8:562:85**U*50*****A8:128:85~
STC*A7:562:85**U*50~
STC*A8:496:85**U*50~
QTY*QC*1~
AMT*YY*50~
SE*2323*0000000001~
GE*1*12~
IEA*1*0000000001~
    
```

835

The Centers for Medicare & Medicaid Services (CMS) has converted from ANSI version 4010A1 to ANSI version 5010 base and errata. This conversion process will impact the Health Care Claim Payment/Advice 835 electronic remittance transaction.

- Notable changes between these versions include:
- Requirement refinement: stronger definitions and usage rules
- Enhanced content to promote clarity: front matter sections have been updated to provide better direction
- Changes to descriptions, usage, length and repeats
- Standardized use of PLB reason codes, Claim Adjustment Reason Codes and Remittance Advice Remark Codes: may provide increased automation as well as cost reduction as a result of eliminating phone calls and correspondence

Loop	Segment (Identifier/Qualifier) Element	Description
Various	N4 07	Country Subdivision Code ID
1000A	PER (BL)	Payer Technical Contact Information
1000A	PER (IC)	Payer website
1000B	RDM	Remittance Delivery Method (Not Used by Medicare)
2100	CLP 14	Yes/No Condition or Response Code (Not Used)
2100	CAS 07 – 13	Claim Adjustment Group Code, Reason Code, Amount, and Quantity Repeats

GPNet Communications Manual

Loop	Segment (Identifier/Qualifier) Element	Description
2100	NM1 (QC) 12 NM1 (74) 12 NM1 (82) 12 NM1 (TT) 12 NM1 (PR) 12	Name Last or Organization Name (Not Used)
2100	NM1 (GB)	Other Subscriber Name
2100	DTM (232 or 233) 01 - 02	Statement From or To Date
2100	DTM (036) 01 - 02	Coverage Expiration Date
2100	DTM (050) 01 - 02	Claim Received Date
2110	SVC 01-8 SVC 06-8	Product Service ID (Not Used)
2110	REF (6R) 01 - 02	Line Item Control Number
2110	REF (0K) 01 - 02	Health Care Policy Identification

The following are examples of an electronic remittance transaction in ANSI Version 5010 Base. These examples are subject to change and are not inclusive. Your data will differ.

Example 1 – Showing Payment

```

ST*835*000000001~
BPR*I*297.66*C*ACH*CCP*01*111000012*DA*00000001234567894*1123456789**01*062001319*
DA*8765431190*20090901~
TRN*1*888881234*1112345678~
REF*EV*SSSSSS~
DTM*405*20090828~
N1*PR*MEDICARE PART B~
N3*1234 ANY STREET~
N4*ANYTOWN*SC*292011234~
REF*2U*PPPPP~
PER*CX*MEDICARE PART B*TE*8665551212~
PER*BL*PROVIDER SUPPORT*TE*8665551212*TE*8665551212*FX*8035551212~
N1*PE*PHYSICIANS LTD*XX*11111111~
N3*ONE MAIN STREET~
N4*ANYTOWN*SC*292011234~
REF*TJ*1123456789~
LX*1~
CLP*A9800078*19*2000*297.66*74.41*MB*2209229100360*11*1~
NM1*QC*1*SAMPLE*PATIENT*G***HN*11111111F~
NM1*74*1**PATIENCE~
NM1*TT*2*CROSSOVER COMPANY*****PI*11111~
MOA***MA01*MA18~
REF*EA*797828~
DTM*050*20090817~
SVC*HC:72141*2000*297.66**1~
DTM*472*20090815~
CAS*CO*45*1627.93~
CAS*PR*2*74.41~
REF*LU*11~
REF*6R*20793~
AMT*B6*372.07~
SE*31*000000001~
    
```

Example 2 – Showing no payment

```
ST*835*000000006~
BPR*H*0*C*NON*****20090901~
TRN*1*300000973*1112345678~
REF*EV*SSSSS~
DTM*405*20090828~
N1*PR*MEDICARE PART B~
N3*1234 ANYSTREET~
N4*ANYTOWN*SC*292011234~
REF*2U*PPPPP~
PER*CX*MEDICARE PART B*TE*8665551212~
PER*BL*PROVIDER SUPPORT*TE*8665551212*TE*8665551212*FX*8035551212~
PER*IC**UR*WWW.CIGNAGOVERNMENTSERVICES.COM~
N1*PE*JOHN SMITH MD*XX*111111111~
N3*TWO ANYSTREET ~
N4*ANYTOWN*SC*292011234~
REF*TJ*1123456789~
LX*0~
CLP*0*1*2500*0*0*MB*2709181280010*22~
NM1*QC*1*SAMPLE*PATIENCE***HN*111111111F~
NM1*74*1***M~
MOA***MA28~
DTM*050*20090630~
SVC*HC:66984:RT*2500*0**0~
DTM*472*20090222~
CAS*CO*50*2500~
REF*LU*22~
REF*6R*01~
REF*0K*L26793~
LQ*HE*M26~
LQ*HE*N115~
SE*89*000000006~
```