

Wyoming Medicaid ECS Survey

Section A: Demographic Information

Name of Business: _____

Address: _____

Telephone: _____ Fax: _____
 Contact: _____ E-mail: _____

Section B: Type of Business

Please complete the section that best describes your organization

Software Vendors	Yes	No	N/A
Do you develop healthcare practice management systems for resale?			
If yes, please specify the name of your product:			
What communications protocol is your software defaulted to?			
Xmodem			
Zmodem			
Kermit			
Other (please specify):			
Is your software used to submit transactions/claims for any other ACS payers? If yes, please list the payers:			
•			
•			
•			
•			
Are any of your trading partners using a bisynchronous modem with your software application?			

Billing, Agents, and Clearinghouses	Yes	No	N/A
Is your claims submission software developed internally?			
If purchased from a software vendor or retail facility, please provide the name of your software application:			
What communications protocol is your software defaulted to?			
Xmodem			
Zmodem			
Kermit			
Other (please specify):			
Do you submit transactions for any other ACS payer? If yes, please provide your:			
Logon Name:			
Logon ID:			
Please estimate current monthly electronic transaction/claims volume for Wyoming Medicaid:			
Do you currently submit/receive any transactions via bisynchronous modem, magnetic tape, or cartridge?			
If yes, please specify all that apply:			
Do you use the Internet to submit and receive electronic transactions for any payer or health plan?			

Providers	Yes	No	N/A
Is your transaction processing/claims submission software developed internally, or was it purchased from a software reseller/vendor?			
If purchased from a vendor, please provide vendor name:			
What communications protocol is your software defaulted to?			
Xmodem			
Zmodem			
Kermit			
Other (please specify):			
Please estimate your monthly electronic transaction/claim volume for Wyoming Medicaid			
What is your monthly Wyoming Medicaid paper claim volume?			
Do you currently submit/receive Wyoming Medicaid transactions/claims via bisynchronous modem, magnetic tape, or cartridge?			
If yes, please specify:			

Section C: ANSI X12N Transaction Development

Please complete for each ANSI X12N transaction

Transaction	Description	Transaction Ready for Testing		
		Yes	No	If no, Target Date for Testing?
270/271	Eligibility Inquiry and Response			
276/277	Claims Status Inquiry and Response			
278	Prior Authorization and Referral Req/Resp			
824	Application Advice			
835	Health Care Claim Payment/Advice			
837	Health Care Claim: Professional			
837	Health Care Claim: Dental			
837	Health Care Claim: Institutional			
997	Request/Response			