New York State

Department of Health (NYS DOH)

Office of Health Insurance Programs (OHIP)

Standard Companion Guide
Trading Partner Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 5010

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Trading Partner Information) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 Implementation Guide (IG) (Transaction Instructions). Either the Trading Partner Information component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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Trading Partner Information

1. Introduction

1.1 Purpose

This document is intended to provide information from the author of this guide to trading partners to give them the information they need to exchange EDI data with the author. This includes information about registration, testing, support, and specific information about control record setup.

1.2 Scope

This Trading Partner Information Companion Guide is intended as a resource to assist providers, clearinghouses, service bureaus, and all other trading partners of the New York State Department of Health (NYS DOH) in successfully conducting Electronic Data Interchange (EDI) of administrative health care transactions. This document provides instructions for enrolling as a NYS DOH Trading Partner, obtaining technical assistance, initiating and maintaining connectivity, sending and receiving files, testing, and other related information. This document does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

1.3 Overview

This guide provides communications-related information a Trading Partner needs to enroll as a Trading Partner, obtain support, format the ISA and GS envelopes, exchange test and production transactions with NYS DOH.

Providers who are not enrolled in NYS Medicaid cannot enroll as a Trading Partner until registered and credentialed with the NYS DOH. Please contact NYS DOH Enrollment at (518) 474-8161.

1.4 References

For billing instructions specific to practice or facility types, reference the NYS DOH Provider Manuals posted at http://www.emedny.org/providermanuals/index.html.

Related resources such as FAQs, Crosswalks, and the complete set of eMedNY Companion Guides are provided at www.eMedNY.org.

The eMedNY website also contains links to all forms and related information for enrollment as a Trading Partner of NYS DOH. The enrollment process is described in

detail in the Provider Enrollment Guide:
http://www.emedny.org/info/ProviderEnrollment/enrollguide.html

1.5 Additional Information

2. Getting Started

2.1 Working Together

All eMedNY support services can be accessed through the eMedNY Call Center by calling **(800) 343-9000**.

Technical assistance can also be obtained by emailing eMedNYHIPAASupport@csc.com.

2.2 Trading Partner Registration

2.2.1 NYS Medicaid Program Enrollment

NYS DOH requires any entity that wishes to exchange electronic data with NYS Medicaid to be enrolled in the NYS Medicaid Program.

NYS Medicaid Enrollment Forms and instructions are available at:

http://www.emedny.org/info/ProviderEnrollment/index.html

Successful enrollment is required before proceeding with Electronic Data Interchange (EDI).

Important Note: *Clearinghouses, Service Bureaus or any entity that intends to exchange electronic data with NYS Medicaid must be enrolled in the NYS Medicaid Program.*

2.2.2 Requirements for Electronic Data Interchange

An Electronic Data Interchange (EDI) Trading Partner is any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits electronic data to or receives electronic data from another entity.

For information about available eMedNY Access methods, refer to the Communication Protocols in Section 4.3.

Prior to establishing access with eMedNY the following requirements must be satisfied.

Electronic Transmitter Identification Number

NYS DOH requires any entity that plans to exchange electronic data with NYS Medicaid obtain an Electronic Transmitter Identification Number (ETIN).There are two types of ETIN applications:

Provider ETIN Application:

http://www.emedny.org/info/ProviderEnrollment/FFS%20Enrollme nt%20Packets/4010-ETIN%20Provider/4010-ETIN%20Provider.pdf

Service Bureau/Billing Agency ETIN Application:

A service Bureau/Billing Agency ETIN Application is used only by entities who submit transactions on behalf of an enrolled NYS Medicaid provider.

http://www.emedny.org/info/ProviderEnrollment/FFS%20Enrollme nt%20Packets/4030-ETIN%20Service%20Bureau/4030-ETIN%20Service%20Bureau.pdf

An ETIN is used to identify a submitter. An ETIN may also be used, in conjunction with a Provider ID, to set up electronic routing of Remittance Advices.

Certification Statement for Provider Billing Medicaid

A notarized Certification Statement must be submitted for each enrolled Provider ID and ETIN combination. The Certification Statement, is packaged with the ETIN Application download and is also available as a standalone document at:

http://www.emedny.org/info/ProviderEnrollment/Provider%20Maintenance %20Forms/Certification%20Statement-Cert%20Instructions%20for%20Existing%20ETINs.pdf

Note: *To add a provider to an existing ETIN only the Certification Statement is required.*

NYS DOH requires re-certification annually.

Trading Partner Agreement

All Trading Partners must have a Trading Partner Agreement (TPA) on file.

You may do so only after successful enrollment into the NYS Medicaid Program and upon receiving an ETIN. The TPA is available at:

https://www.emedny.org/info/ProviderEnrollment/Provider%20Maintenance %20Forms/Trading_Partner_Agreement.pdf

Institutional Provider Facility Affiliation of Practitioners

Institutional providers must provide the NPI of all affiliated practitioners who will be reported as the Attending Provider in 837 Institutional claims. Instructions are available at:

https://npi.emedny.org/Facility/

Requirements for Electronic Remittances and other reports are available in the [Report Inventory Section 7.2](#).

2.2.3 Supported Transactions

eMedNY supports all HIPAA electronic health care transactions. The table below lists the inbound and possible outbound transactions for the supported transaction types.

As implied, "Direct Response(s)" are returned directly to the Trading Partner that submitted the request. "Routed Response(s)" must be set up using appropriate forms available on www.eMedNY.org .

The eMedNY Companion Guides (Transaction Instructions component), for ASC X12 Version 5010 and NCPDP Version D.0/1.2, are published separately from this document and available at:

http://www.emedny.org/HIPAA/5010/transactions/index.html

Note: *During the* **Transition Period***, eMedNY will support enhanced versions of ASC X12 4010 and NCPDP 5.1 (Batch 1.1) Pharmacy transactions. Supporting Documents for these enhanced versions of 4010 and 5.1 transactions will be available at:*

http://www.emedny.org/hipaa/emedny_transactions/transactions.html

		DIRECT RESPONSE(S)		ROUTED RESPONSE(S)
REQUEST		BATCH	REAL-TIME	BATCH ONLY
270	*4010*	*F-FILE; 997; 271*	*GS99; 997; 271*	*N/A*
	5010	F-FILE; TA1; 999; 271	GS99; TA1; 999; 271	
276	*4010*	*F-FILE; 997; 277*	*N/A*	*N/A*
	5010	F-FILE; TA1; 999; 277	N/A	
278 DVS	*4010*	*F-FILE; 997; 278 DVS*	*GS99; 997; 278 DVS*	*N/A*
	5010	F-FILE; TA1; 999; 278 DVS	GS99; TA1; 999; 278 DVS	
278 PA	*4010*	*F-FILE; 997; 278 PA*	*GS99; 997; 278 PA*	PA Rosters (PDF)
	5010	F-FILE; TA1; 999; 278 PA	GS99; TA1; 999; 278 PA	
834	*4010*	*F-FILE; 997;*	*N/A*	*N/A*
	5010	F-FILE; TA1; 999;	N/A	
837I*	*4010*	*F-FILE; 997; U277;*	*N/A*	835 & 835 Supp.***

		DIRECT RESPONSE(S)		ROUTED RESPONSE(S)
REQUEST		BATCH	REAL-TIME	BATCH ONLY
	5010	F-FILE; TA1; 999; 277CA	*N/A*	or 820 & 820 Supp.***
837P**	*4010*	*F-FILE; 997; U277;*	*GS99; 997; U277*	835 & 835 Supp.***
	5010	F-FILE; TA1; 999; 277CA	GS99; TA1; 999; U277	
837D	*4010*	*F-FILE; 997; U277;*	*N/A*	835 &835 Supp.***
	5010	F-FILE; TA1; 999; 277CA	*N/A*	
NCPDP	*5.1*	*F-FILE; NCPDP 5.1 & 1.1*	*GS99; NCPDP 5.1*	835 &835 Supp.***
	D.0	F-FILE; NCPDP D.0 & 1.2	GS99; NCPDP D.0	

 * - 837I is also used for Managed Care Capitation Premium Billing.

 ** - 837P is also used for Non-Emergency Transportation Billing.

*** - During the Transition Period, providers may elect either version 4010 or 5010 Electronic Remittance Advice. The 'ERA Version Selection Form' may be accessed here:
http://www.emedny.org/info/ProviderEnrollment/allforms.html

IMPORTANT NOTES:

eMedNY will terminate support for X12 v 4010 transactions and NCPDP Version 5.1 (w/ Batch 1.1) on March 31, 2012 at 11:59PM, or as otherwise directed by NYS DOH.

Requests for Service Authorization (SA) were discontinued as of July 21, 2011.

 eMedNY does not support "BLOCKED DATA" formats. Trading partners must NOT include Carriage Returns and/or Line Feeds in the inbound file.

2.3 Trading Partner Testing and Certification Process

Testers are responsible for the **preservation, privacy, and security** of data in their possession. While using production data that contains **Protected Health Information (PHI)** to conduct testing, the data must be guarded and disposed of appropriately.

2.3.1 eMedNY Provider Test Environment (PTE)

The eMedNY Provider Testing Environment (PTE) is designed to enable NYS Medicaid trading partners to test batch and real-time EDI (Electronic Data Interchange) transactions using the same validation, adjudication logic, and methods as the eMedNY production environment. Test transactions submitted to the eMedNY PTE undergo processes that verify and report on data structure and content to the same degree of stringency as live transactions sent to the eMedNY production environment, and receive, in most cases, the same system responses at each step.

For similar inquiries, the response in the PTE may not be identical to the response in the production environment. For example, edits involving duplicate and near-duplicate claims, or prior authorization submissions, are not applied in PTE, so as to allow for iterative testing. Also no claim, or authorization, requests are pended in PTE.

2.3.2 PTE Enrollment and Support

Provider Profiles

Provider profiles in the PTE are mirrored from the eMedNY production environment. Provider enrollment occurs in the production environment and there is no separate enrollment necessary for the PTE.

eMedNY Provider Support

Refer to Section 5 in this guide for contact information.

2.3.3 **PTE Access Methods**

eMedNY PTE can be accessed using any of your existing eMedNY Access Methods, with a few exceptions (*see* below).

Since existing access methods are being used for PTE access, it is critical the test indicator is valued in the inbound/outbound transactions.

For ASC X12 transactions:

> "Test Indicator" in *ISA15* is set to *"T"*

For NCPDP Batch 1.2/D.0 transactions:

> File Type *(702-MC)* field in the NCPDP Batch Header is set to *"T"*

No "Test" indicator has been defined for NCPDP Real-time transactions, therefore, a separate phone number has been established. Connect using (800) 433-1747.

Important Note: *If the appropriate indicator for a transaction is not set to Test, the transactions will be processed through the production environment.*

PTE Access Exceptions (not supported):

> ePACES
>
> VeriFone POS
>
> Audio Response Unit (ARU)
>
> Paper

Note: *Since these are internal applications maintained by eMedNY, end user testing is not necessary. User documentation has been modified for these select access methods.*

2.3.4 **PTE Supported Transactions**

The eMedNY PTE supports testing of all HIPAA mandated transactions supported in the eMedNY Production Environment. For more information, refer to the Supported Transactions Table in Section 2.2.3.

When responding to test claims transactions, providers who have elected to receive a Paper Remittance Advice will not receive the 835 or 820 Electronic Remittance Advice and Supplementary Information files. The Paper Remittance Advice will contain a "TEST" watermark.

2.3.5 **PTE Non-supported Transactions/Activities**

- Encounter transactions are not supported in the PTE. Medicaid Encounter Data (MEDS II) reporting is tested through the Integrated Test Facility (ITF). Please download the Encounter Managed Care Reference Guide for Encounter Data Reporting at the following URL:

  http://www.emedny.org/ProviderManuals/ManagedCare/PDFS/Managed Care-EncounterData.pdf

- Proprietary (not HIPAA – regulated) transactions are not supported in the PTE.
- The option for PDF versions of the paper remittance is not available in the PTE.
- Regeneration of remittance files is not supported in the PTE.
- Remittance and other response files cannot be re-queued in the PTE.

Any other Transactions/Activities not supported in the Production Environment will also not be supported in PTE.

2.3.6 **PTE Availability and Submission Cutoff Times**

Outside of normal system maintenance, the eMedNY PTE is available continuously for submitting test transactions (and receiving associated responses.

The eMedNY PTE may experience processing delays because the production environment is given higher priority than the test environment. Although such delays are uncommon, the delay may cause submissions to be processed in the following week's cycle.

Note: *Files received on weekends, holidays, or other maintenance driven down times will be processed on subsequent workdays.*

2.3.7 **PTE Synchronization to Production Environment**

The eMedNY PTE contains essentially the same dimensional data as the eMedNY production environment; however it is not synchronized continuously. Rather, it is updated to reflect the current state of the production environment, generally on a weekly basis, contingent upon system load. This means that client, provider, payment rate, and other information that is subject to update may occasionally differ between the two systems. The eMedNY PTE does not contain the same historical transaction data as the eMedNY production environment. As a result, your experience with historical edits, transaction relationship requirements, and similar transactional results may be different than in production.

2.3.8 **PTE Financial Cycles**

As is the case with the eMedNY production environment, the eMedNY PTE has a Financial Cycle, a weekly processing event in which Remittance Advice and associated Supplementary Information files are prepared. The PTE cycle emulates payments for successfully adjudicated test claims using fictitious Electronic Funds Transfer (EFT) and bank account numbers. Since the PTE only produces "dummy" payments, no checks are printed. All provider "would be" payments will be forced to process as a "dummy" EFT.

EFT Emulated Payments in the PTE

The first eight positions of the "dummy" EFT transactions from the PTE cycle are all 9's. The remaining seven positions are numeric and are system-generated. A paper EFT Notification is generated with the following notice:

"PAYMENT IN THE ABOVE AMOUNT WAS CALCULATED. NO EFTS WILL BE GENERATED IN THE PROVIDER TEST ENVIRONMENT".

In the 835 or 820 Remittance Advice, the Routing Number and Account Number (Data Elements BPR13 and BPR14) are defaulted to all 9s.

3. Testing and Certification Requirements

3.1 Testing Requirements

The eMedNY Provider Testing Environment (PTE) enables Trading Partners to conduct end-to-end testing.

In order to utilize the eMedNY PTE the following components are required:

- An active New York State Medicaid Electronic Transmitter Identification Number (ETIN)
- A notarized Certification Statement (annual re-certification required)
- Active user account and login information for accessing eMedNY.
- For HIPAA-regulated providers (health care providers) - registration of NPI
- For non-HIPAA-regulated providers (non-health care providers) - an active New York State Medicaid Provider ID
- For facilities - reporting of affiliated NPIs

For more information about Trading Partner Registration refer to Section 2.2.

3.1.1 X12 and NCPDP Transaction Versions and Dates

Starting June 13, 2011, the eMedNY Provider Test Environment accepts and processes:

- ASC X12 v 5010
- NCPDP D.0 and 1.2 Batch
- ASC X12 v 4010
- NCPDP 5.1 and 1.1 Batch

PTE is "bilingual", and therefore continues to accept all listed versions through March 31, 2012, or as otherwise directed by NYS DOH.

Remember that support for X12 v 4010 and NCPDP 5.1 and 1.1 Batch expires at **11:59PM Eastern Time on March 31, 2012**, or as otherwise directed by NYS DOH.

3.1.2 PTE Limits

Although the PTE system is generally available for testing, transaction size limits are set for inbound files that differ from the eMedNY production environment's limits.

- Front-end edits are used to enforce the transaction activity from each trading partner.

- Real-time transactions testing in the PTE must not be used for volume testing. Trading partners are allowed to submit a maximum of fifty (50) real-time test transactions <u>per hour</u> in the PTE.
- Submitters are limited to sending two transmissions (two physical files) to the PTE per 24-hour period. Also, all electronic batch file submissions are limited to 50 records or transactions. The specific data item counted in each transaction:

Transaction	Loop – Segment	Counting Instructions
837 (all)	2300 – CLM	Each CLM Segment constitutes a claim
270	2100C – NM1*IL	Each NM1 Segment in loop 2100C constitutes a Subscriber
276	2200D – TRN	Each TRN Segment in loop 2200D constitutes a claim inquiry
278s	ST-SE (the Transaction) ST*278	eMedNY limits the Subscriber count to a maximum of 1 per Transaction Set (ST – SE segment). Therefore, the number of Transaction Sets per uploaded Interchange (physical file) must not exceed 50.
NCPDP Batch (all)	Detail Data Record Segment Identifier 701 X(2) = G1	eMedNY limits the Trailer Record (751) Record Count field not to exceed 50. Header Record 701 x(2) = '00' count 1 Detail Records 701x(2) = 'G1' count 2. Trailer Record 701 x(2) = '99' count less than or equal to 50.

3.1.3 Routing Test Files to PTE

Test transactions are routed into the eMedNY Provider Test Environment simply by setting the appropriate indicator on the inbound file.

<u>**ASC X12 Transactions (Batch/Real-time)**</u>

For all ASC X12 Transactions, set the Usage Indicator (Data Element ISA15) to a value of "T".

Version 4010 inbound
ISA*00*   *00*   *ZZ*ETIN   *ZZ*EMEDNYBAT   *040324*1428*U*00401*000000485*0*_T_*:~

Version 5010 inbound
ISA*00*   *00*   *ZZ*ETIN   *ZZ*EMEDNYBAT   *040324*1428*^*00501*000000485*0*_T_*:~

NCPDP Transactions (Batch Only)

For all Batch NCPDP Transactions, set the Batch Header File Type (702-MC) to a value of "T".

Batch Header 1.1 / 5.1 Transaction
00T12345678911   2011218201107211234_T_11EMEDNYBAT

Batch Header 1.2 / D.0 Transaction
00T12345678911   2011218201107211234_T_12EMEDNYBAT

For more information about Real-time NCPDP transaction testing in the PTE, refer to the PTE Access Methods in Section 2.3.3.

3.1.4 PTE Response File Naming Conventions

Response file naming in PTE is nearly identical to file naming convention used in the production environment. The only difference is that the responses returned in PTE contain a 'T' for test.

"F-file"

Here is an example response filename in eMedNY eXchange:

F-USERID-110618145234-00-ISA-00-_T_.x12.txt

Here is an example response filename in an FTP Account:

F110522124365_T_

"R-files"

With the exception of the "F-file" as noted earlier, the filenames of all PTE system response transactions, including acknowledgments and remittance files, begin with a capital letter "R", followed by a 12 digit date and time stamp (24-hour time, in the format YYMMDDHHMMSS).

All PTE "R-files" include the character "T", sent as an indicator in the last byte of the first "node" of the filename, except for Electronic Remittances, which have a "T" in the fourth node of the filename.

Here is an example of PTE "R-file" name for eXchange and FTP accounts:

R110519112301*T*

Remittance Filenames

Electronic Remittance filenames include the Cycle Number and the type of transaction added in the second and third nodes. Here are examples of remittance filenames for eXchange and FTP, respectively:

R110330115535.8999.835-.*T*.tar

R110522085200.8999.835-.*T*.00

3.1.5 **PTE Final Processing – EDI Response Files**

Submitted files are passed through three primary steps.

1. File validation (Syntax)

2. Pre-processing/pre-adjudication edits

3. Final system processing

The system output from the PTE cannot be regenerated or re-queued. If PTE response transactions are not retrieved in a timely manner or are lost, the only way to obtain a new copy is to resubmit the original transaction.

PTE Inquiry and Request Transaction Types

- PTE response files are similar to production response files which are listed in the Supported Transactions Table in Section 2.2.3.

- Test PA Rosters will not be generated in PTE

PTE Remittance Advice

The Remittance Advice (835 or 820) contains all claims submitted in time for the completed Cycle. Claims are not pended in the Provider Test Environment.

Note: *Because duplicate claim edits are turned off in the PTE, claims submitted and adjudicated multiple times during the same cycle will not be reported as duplicates.*

Remittance Advice transactions (or hardcopy) are generated according to a financial cycle. For claims transactions submitted before the cycle cutoff, the PTE sends a Remittance Advice to the submitter after the completion of the Financial Cycle over the weekend. Electronic

Remittance Advices are available to each submitter on Monday after each cycle.

Remittance Delivery

As is the case in the production environment, remittances are generated and routed based on the combination of NPI (or Provider ID for Atypical Providers), and ETIN. Paper remittances are mailed the same day. Receivers of paper remittances do not experience the two week wait time of the production environment, although there may be minor delays due to the fact that production processing has priority over test processing.

Important Note: *In PTE, the option for PDF versions of the Paper Remittance is NOT available, therefore the Paper Remittance will be mailed to the 'pay-to-address' on file.*

Transaction Control Number (TCN)

For all adjudicated claims sent to the PTE, the 16-digit Transaction Control Number (TCN) reported in the Remittance Advice does not differ in format from those reported in production environment remittances.

3.2 Certification Requirements

NYS DOH does not certify transaction compliance nor does it require certification from any external entity.

Using the Electronic Transmitter Identification Number (ETIN)

Every entity that opts to exchange electronic transactions with eMedNY systems must register as a Trading Partner to obtain an ETIN.

The ETIN of the Trading Partner sending the transaction is expected in the outside envelope data element ISA06, Interchange Sender ID. The ETIN of the Trading Partner who created the Functional Group is expected in data element GS02, Application Sender's Code. These will often be the same.

For claims transactions, the ETIN sent as the Submitter Identification Code, in Loop 1000A NM109, will be used to determine the format and routing information of the Remittance Advice. For more information about ERA and Routing refer to Section 7.2.1 – Electronic Remittance Advice (ERA).

NYS DOH requires the Billing Provider to be currently certified with the ETIN submitted in NM109 of loop 1000A.

4. Connectivity / Communications

4.1 Process Flows

Trading Partner:

- Establishes communications link
- Selects type of transaction to send
- Uploads file

4.1.1 ASC X12 EDI Validation (Batch File)
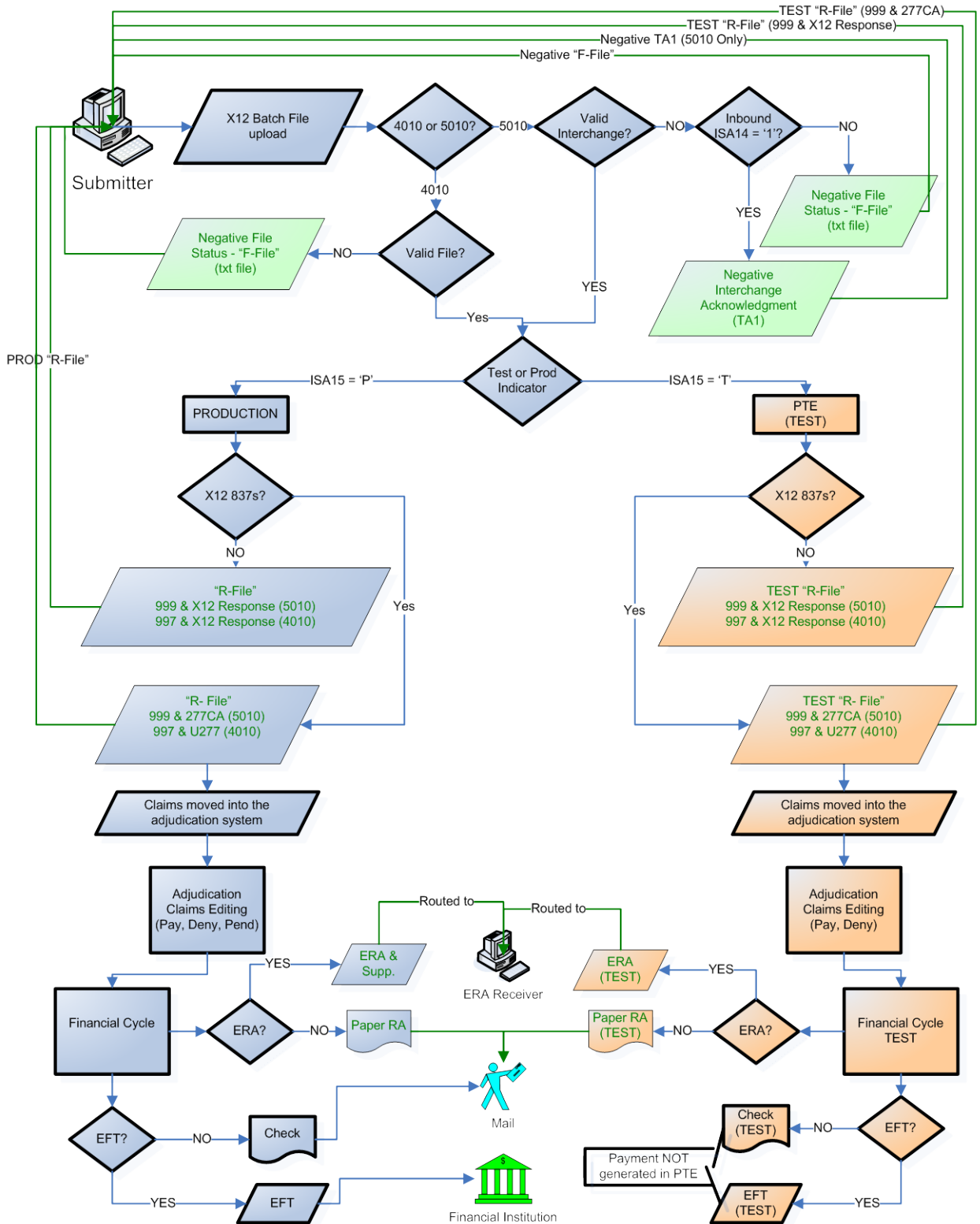
4.1.2 ASC X12 EDI Validation (Real – Time)
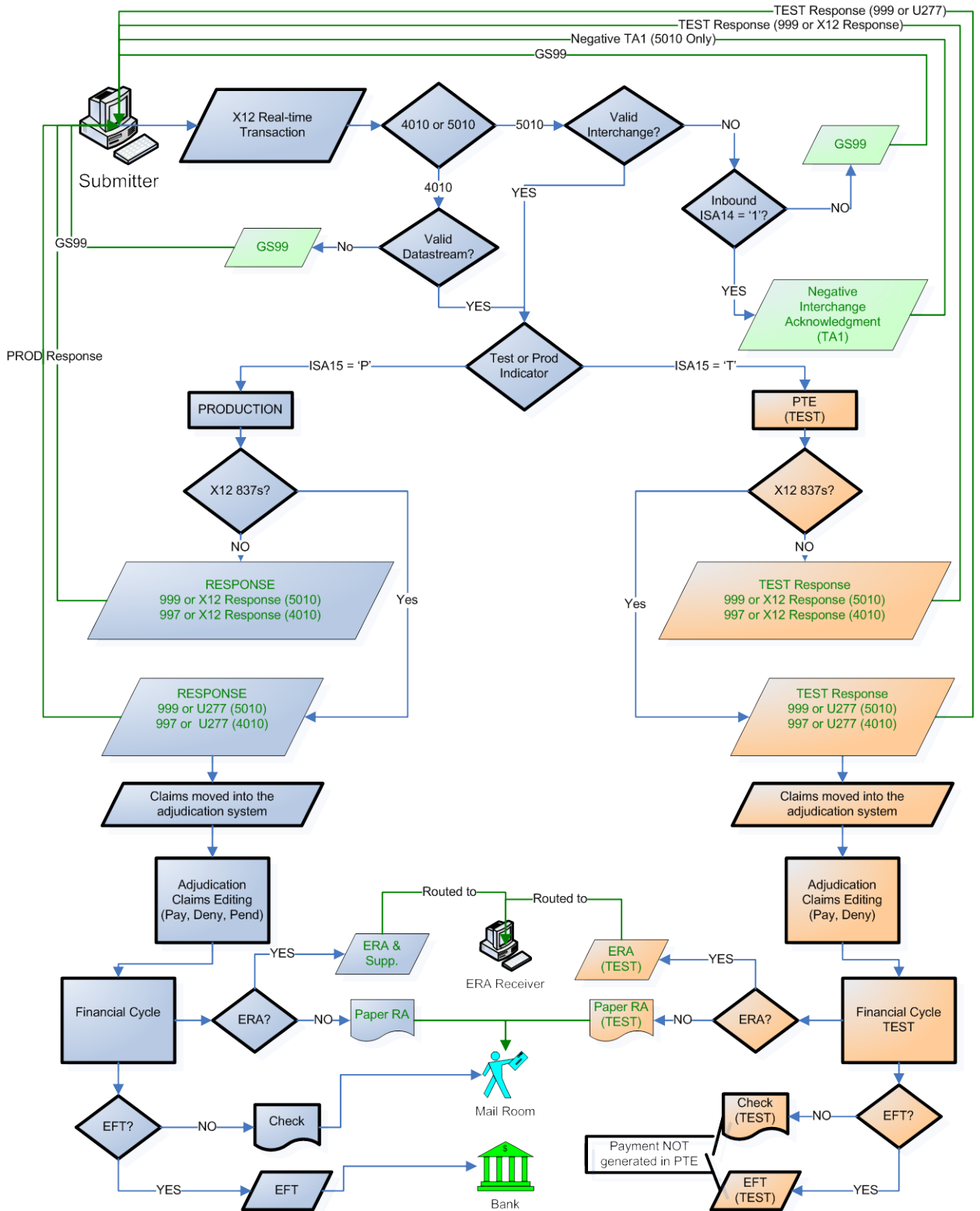
4.2 Transmission Administrative Procedures

Determine if the transmission you are sending is Test or Production and is using the appropriate indicator. For details about available eMedNY Access Methods, refer to the Communication Protocols in Section 4.3.

4.2.1 Re-transmission procedures

In the event of an interrupted communications session the Trading Partner only has to reconnect and initiate their file transfer as they normally do.

If a file fails the pre-adjudication process, errors must be corrected before re-transmission. It is recommended that transmitted files that were rejected be assigned new Interchange, Group, and Transaction Control Numbers.

4.3 Communication Protocols

The following communication methods are available for the exchange of electronic transactions with NYS Medicaid, also known as **eMedNY Access Methods**:

- ePACES
- eMedNY eXchange
- FTP
- PC-to-Host
- CPU-to-CPU
- eMedNY File Transfer Service using SOAP

4.3.1 ePACES

NYS Medicaid provides a HIPAA-compliant web-based application that is customized for specific transactions, including the 837I. ePACES, which is provided free of charge, is ideal for providers with small-to-medium claim volumes.

The requirements for using ePACES include:

- An ETIN and Certification Statement
- Internet browser that supports 128-bit encryption and cookies
- Minimum connection speed of 56K
- An accessible email address

The following transactions may be submitted. The corresponding responses will be presented through ePACES:

- 270/271 - Eligibility Benefit Inquiry and Response
- 276/277 - Claim Status Request and Response
- 278 - Prior Approval/Prior Authorization
- 837 - Dental, Professional, and Institutional Claims

ePACES also features real time claim submission of the 837 Professional transaction. When this functionality is used, claim adjudication information is sent to the submitter shortly after submission.

To take advantage of ePACES, providers need to complete an enrollment process. Enrollment information is available in the Self Help section of the eMedNY website.

4.3.2 eMedNY eXchange

eMedNY eXchange is a web-based access method used to exchange transaction files and works similarly to a typical ftp interface. Users are assigned a directory and are able to upload and download transaction files. When

uploaded, the files are sent to eMedNY for processing. The responses are delivered back to the user's directory where they can be downloaded and saved locally.

For security reasons, the eMedNY eXchange is accessible only through the eMedNY website, www.emedny.org.

eMedNY eXchange is accessed using the login and password established during the ePACES enrollment process. At least one login attempt into ePACES must be successful before eXchange may be accessed. Additional information is available at:

http://www.emedny.org/selfhelp/exchange/faq.html#enroll

4.3.3 FTP

File Transfer Protocol (FTP) is the standard process for batch authorization transmissions. FTP allows users to transfer files from their computer directly to eMedNY. FTP is strictly a dial-up connection.

FTP access is obtained through an enrollment process. To obtain a user name and password, trading partners must complete and return a Security Packet B available on the Provider Enrollment Forms page, on the eMedNY website.

FAQs and FTP Batch Procedure Instructions are available at:

http://www.emedny.org/selfhelp/FTP-bbs/ftp_faq.html

4.3.4 PC-to-Host

Real-time communication is established with the Medicaid Eligibility Verification System (MEVS) and/or the Dispensing Validation System (DVS) via a PC modem (1200 baud minimum) using VISA2 link level protocol.

For additional information, contact the eMedNY Call Center at **(800) 343-9000**.

4.3.5 CPU to CPU

This method consists of a direct connection established between the submitter and the processor and it is most suitable for submitters exchanging substantially large transaction volumes with eMedNY.

For additional information, contact the eMedNY Call Center at **(800) 343-9000**.

4.3.6 eMedNY File Transfer Service using SOAP

The eMedNY File Transfer Service (FTS) communication method allows trading partners to submit files via the internet using Service Oriented Architecture (SOA)

with the Simple Object Access Protocol (SOAP). It is most suitable for users who prefer to develop an automated, systemic approach to file submission.

Access to the eMedNY FTS via SOAP must be obtained through an enrollment process that results in the creation of an eMedNY SOAP Certificate and a SOAP Administrator. Minimum requirements for enrollment include:

- an ETIN and Certification Statement for the enrollee's Provider ID obtained prior to FTS enrollment
- the enrollee must be a Primary ePACES Administrator

    OR

- the enrollee must have existing FTP access to eMedNY.

Information about 'Getting Started with eMedNY FTS' is available at:

https://www.emedny.org/HIPAA/5010/transactions/index.aspx

NOTE: For additional information about eMedNY Access Methods, contact the eMedNY Call Center at (800) 343-9000 or,
send an email to eMedNYProviderServices@csc.com

4.4 Security Protocols

eMedNY will share appropriate Security Protocols with Trading Partners as part of the process for establishing selected access with eMedNY.

5. Contact information

5.1 EDI Customer Service

eMedNY Call Center: **(800) 343-9000**

5.2 EDI Technical Assistance

For technical support regarding connectivity or for assistance in troubleshooting rejected transactions contact the eMedNY Call Center at **(800) 343-9000**
or send an email to:
eMedNYProviderServices@csc.com

For all EDI syntax and/or HIPAA transaction compliance issues send an email to:
eMedNYHIPAASupport@csc.com

5.3 Provider Services

eMedNY Call Center: **(800) 343-9000**

Note: Please have the NPI or NYS Medicaid Provider ID (Atypical Only) available for tracking and faster issue resolution

5.4 Applicable websites / e-mail

The New York State Department of Health

Publicly available information about the Medicaid Program is at:
http://www.health.state.ny.us/health_care/medicaid/

The monthly publication "Medicaid Update":
http://www.health.state.ny.us/health_care/medicaid/program/update/main.htm

The NYS Medicaid Fiscal Agent

Information about a variety of topics essential to Medicaid providers and their Business Associates, including topics such as provider enrollment, training, and how to establish and use the various communication channels for exchanging electronic claims and related transactions is publicly available at:
www.eMedNY.org

Other Useful Websites

The registry for the NPI (National Provider Identifier) is the National Plan and Provider Enumeration System (NPPES), at:
https://nppes.cms.hhs.gov/NPPES/Welcome.do

Other resources pertaining to the National Provider Identifier:
http://www.cms.hhs.gov/NationalProvIdentStand/

Implementation Guides and Non-medical code sets are at:
http://store.x12.org/

The HIPAA statute, Final Rules, and related NPRMS (Notices of Proposed Rulemaking) are available at:
http://www.cms.hhs.gov/HIPAAGenInfo/

http://aspe.hhs.gov/datacncl/adminsim.shtml

Information from CMS about ICD-9 and ICD-10 codes:
http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/01_overview.asp#TopOfPage

https://www.cms.gov/ICD10/

Quarterly updates to the HCPCS code set are available from CMS at:
http://www.cms.hhs.gov/HCPCSReleaseCodeSets/

(CPT-4, or Level 1 HCPCS, is maintained and licensed by the American Medical Association and is available for purchase in various hardcopy and softcopy formats from of variety of vendors.)

Information at the Federal level about Medicaid can be found at:
http://www.cms.hhs.gov/home/medicaid.asp

The CMS online Manuals system includes Transmittals and Program Memoranda at:
http://www.cms.hhs.gov/Manuals/

Place of Service Codes maintained by (CMS) online:
http://www.cms.gov/place-of-service-codes/

6. Control Segments / Envelopes

6.1 ISA-IEA

Sender and Receiver Codes

Transaction	ISA06 (Interchange Sender ID)	ISA08 (Interchange Receiver ID)
270 interactive	Submitter's ETIN	EMEDNYREL
270 batch	Submitter's ETIN	EMEDNYBAT
276 batch	Submitter's ETIN	EMEDNYBAT
278 interactive (DVS)	Submitter's ETIN	EMEDNYREL
278 batch (PA)	Submitter's ETIN	EMEDNYPA
834 batch	Submitter's ETIN	EMEDNYBAT
837D batch	Submitter's ETIN	EMEDNYBAT
837I batch	Submitter's ETIN	EMEDNYBAT
837P batch	Submitter's ETIN	EMEDNYBAT
837P interactive	Submitter's ETIN	EMEDNYREL

6.2 GS-GE

Sender and Receiver Codes

Transaction	GS02 (Application Sender's Code)	GS03 (Application Receiver's Code)
270 interactive	Submitter's ETIN	EMEDNYREL
270 batch	Submitter's ETIN	EMEDNYBAT
276 batch	Submitter's ETIN	EMEDNYBAT
278 interactive (DVS)	Submitter's ETIN	EMEDNYREL
278 batch (PA)	Submitter's ETIN	EMEDNYPA
834 batch	Submitter's ETIN	EMEDNYBAT
837D batch	Submitter's ETIN	EMEDNYBAT
837I batch	Submitter's ETIN	EMEDNYBAT
837P batch	Submitter's ETIN	EMEDNYBAT
837P interactive	Submitter's ETIN	EMEDNYREL

6.3 ST-SE

NYS DOH has no requirements for the contents of the ST and SE segments other than those specified in the Type 3 Technical Reports published by ASC X12N.

7. Acknowledgements and Reports

7.1 ASC X12 Acknowledgments

7.1.1 Negative Interchange Acknowledgment (TA1) or Negative File Transfer Status (F-File)

A file containing one of these responses will be returned only when a negative response is necessary because the file cannot be processed any further. If produced, a submitter will receive this response generally within 2 hours after the file is uploaded to eMedNY.

- Negative Interchange Acknowledgment (TA1) is returned only if the interchange control (ISA/IEA) structure validation fails **AND** if a TA1 was requested (inbound ISA14 = '1'). The TA1 may be returned only in response to a 5010 request.
- If a TA1 was not requested (inbound ISA14 ≠ '1') and the ASC X12 interchange control (ISA/IEA) structure fails validation, a text file is returned instead with the negative File Transfer Status (F-File). The F-File may be returned in response to both versions of ASC X12 (4010/5010) and NCPDP (5.1/D.0).

Important Note: *The TA1 Interchange Acknowledgment as implemented in eMedNY contains no values specific to NYS DOH requirements or processing. Specifications for the TA1 Segment is published in ASC X12C/005010X231 Implementation Guide Acknowledgment for Health Care Insurance (999).*

7.1.2 Response Specific Information

The contents of this "R-file" will vary based upon the requested transaction type and may also contain one or more interchanges (ISA/IEA) within a single file. Refer to the Supported Transactions Table for a listing of inbound request(s) and their associated response(s).

Functional Acknowledgment (997) (4010 Only)

The Functional Acknowledgment (997) transaction is produced by the second processing step, EDI validation and translation, in which the inbound transaction is processed and examined for EDI and HIPAA compliance. A distinct Functional Acknowledgement (997) file will be generated for each Functional Group within the batch file submission. The 997 is placed in a file named according to the "R-File" naming convention.

For a guide to the various code values used to report structure and syntax errors refer to the document posted at:

http://www.emedny.org/hipaa/News/csc_emedny_news/Functional_Acknowledgments_997.pdf

The full Implementation Guide for the 997 is published as Appendix B.2 in each of the "HIPAA" v 4010 Implementation Guides.

Other than the filename indicating a test transaction, there is no difference between the 997s produced by the PTE and those produced by the production environment.

The 997 Functional Acknowledgment as implemented in eMedNY contains no values specific to NYS DOH requirements or processing. Readers of this document are directed to Appendix B.2 of any version 4010 ASC X12 Health Care Claim Implementation Guide.

This transaction will be used to acknowledge ONLY version 4010 transactions during the eMedNY 5010 transition period.

Implementation Acknowledgment (999) (5010 Only)

An Implementation Acknowledgment (999) transaction is returned to report the status of the Functional Group and each Transaction set it contains. It is generally available within 2 hours, unless the Interchange was rejected.

The 999 Implementation Guide Acknowledgment as implemented in eMedNY contains no values specific to NYS DOH requirements or processing. Readers of this document are directed to the Type 3 Technical Report **ASC X12C/005010X231** Implementation Acknowledgment for Health Care Insurance (999).

7.1.3 Pre-Adjudication Editing

After EDI validation and translation but before adjudication, an intermediate validation process occurs, which examines and accepts or rejects transactions individually. This process is called pre-adjudication processing.

All transactions that pass the previous validation/translation shall be included in a response specific to the requesting transaction type. When a given transaction fails a pre-adjudication edit, it will be returned in the response – typically in a AAA Segment for non-claim transactions and in a Status Information (STC) Segment for claim transactions.

A 16-digit Transaction Control Number (TCN) is assigned to each claim reported, regardless of whether the claim was accepted or rejected.

Note that any transaction that fails pre-adjudication edits during this process will not proceed into the eMedNY adjudication system, therefore it is very important for all submitters' to process all response information returned by eMedNY.

Health Care Claim Acknowledgment (277CA)

In response to a **5010 batch 837 Transaction Set**, a Health Care Claim Acknowledgment (277CA) Transaction Set is returned to report the status of each claim as rejected or accepted, generally within 4 hours, unless the Interchange or Functional Group was rejected.

Refer to the eMedNY Transaction Information Companion Guide for an overview of the NYS DOH implementation of the **ASC X12N/005010X214** Health Care Claim Acknowledgment (277).

277 Health Care Information Status Notification (Unsolicited) - (U277)

In response to **5010 real-time 837 Transaction Set**, a 277 Health Care Information Status Notification (U277) Transaction Set is returned to report the status of each claim as rejected or accepted, generally within seconds, unless the Interchange or Functional Group was rejected.

Refer to the eMedNY Transaction Information Companion Guide for an overview of the NYS DOH implementation of the **ASC X12N/005010X212** 277 Health Care Information Status Notification

277 Health Care Information Status Notification (Unsolicited) - (U277)

In response to **4010 batch or real-time 837 Transaction Set**, a 277 Health Care Information Status Notification (U277) Transaction Set is returned to report the status of each claim as rejected or accepted, generally within seconds, unless the Interchange or Functional Group was rejected.

Refer to the eMedNY Transaction Information Companion Guide for an overview of the NYS DOH implementation of the **ASC X12N/004010X093** 277 Health Care Information Status Notification

7.1.4 Responses to Other Batch Transaction Types

Eligibility, Claim Status Inquiry, Prior Authorization, or DVS transactions are responded to, generally within 24 hours, with a response EDI transaction as listed in the Supported Transactions Table in Section 2.2.3. The response is always in the same version as the inbound (Request or Inquiry) transaction.

7.2 Report Inventory

eMedNY produces remittance advices on a weekly processing cycle basis. Weekly remittance advices contain the following information:

- A listing of all claims (identified by several pieces of information as submitted on the claim) that have entered the adjudication processing system during the corresponding cycle
- The status of each claim (deny/paid/pend) after processing
- The eMedNY edits (errors) failed by pending or denied claims
- Other financial information such as recoupment's, negative balances, etc.

The remittance advice, in addition to showing a record of claim transactions and assisting providers in identifying and correcting billing errors, plays an important role in the communication between the provider and the eMedNY Contractor for resolving billing or processing issues.

Remittance advices are available in electronic and paper formats, which are described in the sections below.

7.2.1 Electronic Remittance Advice (ERA)

The electronic HIPAA 835 transaction (Remittance Advice) is available via the eMedNY eXchange, FTP, SOAP (batch). To request the electronic remittance advice (835), providers must complete the Electronic Remittance Request Form, which is available at www.emedny.org by clicking on the link to the web page as follows: Provider Maintenance Forms.

The NYS Medicaid Companion Guides for the 835 transaction are available at www.emedny.org by clicking on the link to the web page that follows: eMedNY Companion Guides and Sample Files.

Providers who submit claims under multiple ETINs will receive a separate 835 for each ETIN and a separate check for each 835. Also, any 835 transaction can contain a maximum of ten thousand (10,000) claim lines; any overflow will generate a separate 835 and a separate check.

Providers with multiple ETINs who choose to receive the 835 electronic remittance advice may elect to receive the status of paper claim submissions and state-submitted adjustments/voids in the 835 format. The request must be submitted using the Electronic Remittance Request Form located at www.emedny.org. If this option is chosen, no paper remittance will be produced and the status of claims will appear on the electronic 835 remittance advice for the ETIN indicated on the request form. Retro-adjustment information is also sent in the 835 transaction format. Pending claims do not appear in the 835

transaction; they are listed in the Supplemental file, which will be sent along with the 835 transaction for any processing cycle that produces pends.

NOTE: Electronic remittances reporting Medicare Crossover claims will be generated for the provider's default ETIN only.

Providers with only one ETIN who elect to receive an electronic remittance will have the status of any claims submitted via paper forms and state-submitted adjustments/voids reported on that electronic remittance.

For providers with multiple ETINs, if the default ETIN option was not selected on the Electronic Remittance Request Form, use the Default Electronic Transmitter Identification Number (ETIN) Selection Form, available on emedny.org:

Provider Enrollment Forms.

For additional information, providers may also call the eMedNY Call Center at 800-343-9000.

Default Electronic Transmitter Identification Number (ETIN) Selection Form

Note: This process is completed at the provider's discretion

In order to receive adjudication information in an Electronic Remittance Advice for claims that were submitted on paper, Medicare crossover claims, and State-submitted adjustments and voids, a "Default ETIN" must be designated (these claim types are reported on paper by default). This form is located at:

http://www.emedny.org/info/ProviderEnrollment/Provider%20Maintenance%20Forms/DEFAULT%20ETIN%20SELECTION%20FORM.pdf

7.2.2 Paper Remittance Advice

Remittance advices are also available on paper. Providers who bill electronically but do not specifically request to receive the 835 transaction are sent paper remittance advices.

Providers may also elect to receive the New York Medicaid paper remittance advice in a PDF format through eMedNY eXchange. For more information, refer to:

http://www.emedny.org/info/ProviderEnrollment/Provider%20Maintenance%20Forms/EFT-PDF%20Paper%20Remittance%20Request%20Form.pdf

NOTE: Providers submitting crossover claims who do not set their default ETIN will receive a paper remittance advice. Also, if ERA has not been selected, by default, NYS DOH will print a paper Remittance Advice.

7.2.3 Paper Remittance Sorts

The default sort for the paper remittance advice only:

Claim Status (denied, paid, pending) – Patient ID – TCN

Providers can request other sort patterns that may better suit their accounting systems. The additional sorts available are as follows:

TCN – Claim Status – Patient ID – Date of Service

Patient ID – Claim Status – TCN

Date of Service – Claim Status – Patient ID

To request a sort pattern other than the default, providers must complete the Paper Remittance Sort Request Form.

7.2.4 Delivery Options for Pended Claims

Providers can control how information about pended claims (Paper or Supplemental ERA) is sent by completing the Pended Claim Recycle Request Form.

THREE OPTIONS FOR PAPER REMITTANCES

A provider can choose from any of the 3 following pended claim delivery options:

FIRST REMIT ONLY: This option would report pending claims in ONLY the first "new pend" remittance and not appear again until the status changes to a paid or denied claim, or

CUMULATIVE EVERY 4th WEEK: This option would report pending claims in the first "new pend" remittance and again every 4th weekly cycle. The 4th cycle references weekly cycle numbers that are divisible by 4 (for example 1484, 1488, 1492 and so on). This means that every 4th cycle a provider would receive a cumulative list of all claims pending at that point in time, regardless of when a claim was first pended, or

EVERY WEEK: This option would report a cumulative list of all pending claims on every weekly remittance.

TWO OPTIONS FOR ERA

A provider can choose from any of the 2 following pended claim delivery options:

FIRST REMIT ONLY: This option would report pending claims in ONLY the first "new pend" remittance and not appear again until the status changes to a paid or denied claim, or

EVERY WEEK: This option would report a cumulative list of all pending claims on every weekly remittance.

Note: *Any request to change options for electronic remittances must include the ETIN.*

All Provider Enrollment Forms including such Maintenance Forms are available at www.emedny.org.

More details about remittances and billing guidelines may be accessed via Provider Manuals, available on the eMedNY website. Billing Guidelines are arranged by specific provider type(s).

For additional information, providers may also contact the eMedNY Call Center at **(800) 343-9000**.

8. Additional Trading Partner Information

8.1 Implementation Checklist

NYS DOH does not publish a trading partner Implementation Checklist.

8.1.1 Transition Period

A "bilingual" (4010/5.1 & 5010/D.0) transition period will begin on July 21, 2011, as NYSDOH will continue to support enhanced versions of X12 4010 and NCPDP 5.1/1.1. This transition period is expected to conclude on April 1, 2012, at which time NYS DOH plans to terminate support for HIPAA X12 4010 and NCPDP 5.1 (including with 1.1 wrapper). Post transition, if a trading partner submits any of these unsupported transactions, following response shall be generated:

For HIPAA X12 4010:

TA1 with an Interchange Acknowledgment Code (TA104) of "R" (Rejected) and an Interchange Note Code (TA105) of "003". If a TA1 is not requested, a negative "F" file will be returned indicating file rejection.

For NCPDP 5.1 (including with 1.1 wrapper):

Reject response with a Version/Release Number (102-A2) of "51' (Real-Time) or "11" (Batch), and a Response Status Segment (AM21) Reject Code (511-FB) of "1R" (Version/Release Not Supported). An NCPDP batch file containing multiple versions (5.1 and D.0) will be rejected using the same response information.

Note: *Although every effort will be made to minimize impacts to the provider community for the HIPAA 4010 enhancements, changes will be required of the provider and submitter community.*

8.2 Trading Partner Agreement

EDI Trading Partner Agreements 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.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

8.3 Frequently Asked Questions

Please visit the eMedNYHIPAASupport page of the eMedNY website for an updated list of Frequently Asked Questions.

http://www.emedny.org/HIPAA/5010/FAQs/Complete_5010_D-0_FAQs.pdf

8.4 Other Resources

The NYS Medicaid HIPAA Open Trading Partner Information Resource is available at:

http://www.emedny.org/HIPAA/5010/index.html

8.5 Examples

8.5.1 Acknowledgments - Accepted

1. <u>Accepted Submission (4010 Only)</u>: 997 Functional Acknowledgment

The "R-file" below reports a successful submission from a submitter with ETIN "ABC".

```
ISA*00*NA     *00*NA     *ZZ*EMEDNYBAT    *ZZ*ETIN       *080101*0830*U*00401*999999999*0*T*|~
GS*FA*EMEDNYBAT*ABC*20080101*1130*113000123*X*004010X098A1~
ST*997*4001~
AK1*HC*555666777~
AK2*837*0007~
AK5*A~
AK9*A*1*1*1~
SE*6*4001~
GE*1*172006847~
IEA*1*172006847~
```

2. <u>Accepted Transaction and Functional Group (5010 Only)</u>: 999 Implementation Acknowledgment

The 999 reports an accepted Functional Group. It contained one Transaction Set, an 837. The 999 is returned in response to all version 5010 transactions.

```
ISA*00*      *00*      *ZZ*EMEDNYBAT    *ZZ*ETIN       *110311*0521*^*00501*052127406*0*P*|~
GS*FA*EMEDNYBAT*ABCD*20110311*0521*52127406*X*005010X231A1~
ST*999*4001*005010X231A1~
AK1*HC*28*005010X223A2~
AK2*837*0028~
IK5*A~
AK9*A*1*1*1~
SE*6*4001~
GE*1*52127406~
IEA*1*052127406~
```

3. <u>Accepted Claim (5010 Only)</u>: 277 Claim Acknowledgment

The 277CA reports an accepted claim. The claim was identified in CLM01 of the 837 as "000000674". This value is echoed back in the TRN segment in loop 2200D. The 277CA is returned in response to version 5010 claims in batch only.

```
ISA*00*      *00*      *ZZ*EMEDNYBAT   *ZZ*ETIN       *110311*1008*^*00501*000014420*0*P*:~
GS*HN*EMEDNYBAT*XDZ*20110311*100831*14420*X*005010X214~
ST*277*000014420*005010X214~
BHT*0085*08*000000674*20110311*100831*TH~
HL*1**20*1~
NM1*PR*2*NYSDOH*****FI*141797357~
TRN*1*000014420~
DTP*050*D8*20110311~
DTP*009*D8*20110311~
HL*2*1*21*1~
NM1*41*2*A NY MD GROUP*****46*ETIN~
TRN*2*000000674~
STC*A1:20*20110311*WQ*125.0~
QTY*90*1~
AMT*YU*125.0~
HL*3*2*19*1~
NM1*85*1*OCTOR*IMA*D***XX*123456789~
TRN*1*1107000000000135FF~
HL*4*3*PT~
NM1*QC*1*TPATIENT*THEBE*S***MI*XX99999X~
TRN*2*5781~
STC*A2:20*20110311*WQ*125~
REF*1K*1107000000014420~
DTP*472*D8*10010101~
SE*23*000014420~
GE*1*14420~
IEA*1*000014420~
```

8.5.2 **Acknowledgments - Rejected**

1. _Negative File Transfer Status: F-file_

The "F-file" shows how rejected files are reported when rejection occurs at the first processing step:

Incomplete ISA segment

(W) Editing of PTEUSER1-090101083030-00-ISA-00-.x12 will not continue

*** FILE REJECTED ***

Other messages that can be sent within the "F-file" are:

*** FILE REJECTED: RECORD COUNT EXCEEDS CURRENT LIMITATIONS ***

*** FILE REJECTED: FILE SUBMISSION COUNT EXCEEDS CURRENT LIMITATIONS ***

2. _Rejected Interchange (5010 Only): TA1 Interchange Acknowledgment_

The TA1 reports a rejection for a batch transaction sent with an unrecognized ETIN of ABCD. This ETIN is reported back in the TA1 as invalid (TA104="6"): The TA1 is returned only if requested by the receiver and an error exists at this level as outlined in the TR3

```
ISA*00*      *00*      *ZZ *EMEDNYBAT   *ZZ *ETIN       *110311*0948*^*00501*110700948*0*T*:~
TA1*000000028*110308*1829*R*006~
IEA*0*110700948~
```

3. _Rejected Transaction and Functional Group (4010 Only)_: 997 Functional Acknowledgment

The 997 reports a rejected Transaction Set. Because there were no accepted Transaction Sets, the Functional Group is also rejected. The 997 is returned in response to all version 4010 transactions.

```
ISA*00*NA    *00*NA    *ZZ*EMEDNYBAT    *ZZ*ETIN    *080101*1030*U*00401*555666777*0*T*|~
GS*FA*EMEDNYBAT*XYZ*20080101*0930*555666777*X*004010X096A1~
ST*997*4001~
AK1*HC*1~
AK2*837*0001~
AK3*SBR*4616*2320*8~
AK4*2*1069*1~
AK5*R*5~
AK9*R*1*1*0~
SE*8*4001~
GE*1*221648881~
IEA*1*221648881~
```

4. _Rejected Transaction and Functional Group (5010 Only)_: 999 Implementation Acknowledgment

The 999 reports a rejected Transaction Set. Because there were no accepted Transaction Sets, the Functional Group is also rejected. The 999 is returned in response to all version 5010 transactions.

```
ISA*00*    *00*    *ZZ*EMEDNYBAT    *ZZ*ETIN    *110311*0958*^*00501*095832987*0*T*|~
GS*FA*EMEDNY*ABCD*20110311*0958*95832987*X*005010X231A1~
ST*999*95832987*005010X231A1~
AK1*HC*28*005010X223A2~
AK2*837*0028~
IK3*NM*17**1~
IK5*R*5~
AK9*R*1*1*0~
SE*7*95832987~
GE*1*95832987~
IEA*1*095832987~
```

5. _Rejected Claim (Batch 5010 Only)_: 277 Health Care Claim Acknowledgment

The 277CA reports status for all claims in transactions which have received an accepted 999. The claim reported below was rejected for an invalid Billing Provider's NPI. The claim was identified in CLM01 of the 837 as "3920394930203". This value is echoed back in the TRN segment in loop 2200D. The 277CA is returned in response to version 5010 claims in batch only.

```
IISA*00*    *00*    *ZZ*EMEDNYBAT    *ZZ*ETIN    *110311*0512*^*00501*000001120*0*T*|~
GS*HN*EMEDNYBAT*ABCD*20110311*051225*1120*X*005010X214~
ST*277*000001120*005010X214~
BHT*0085*08*3920394930203*20110311*051225*TH~
HL*1**20*1~
NM1*PR*2*NYSDOH*****FI*141797357~
TRN*1*000001120~
DTP*050*D8*20110311~
DTP*009*D8*20110311~
```

```
HL*2*1*21*1~
NM1*41*1*TEST*TEST****46*ETIN~
TRN*2*11200001~
STC*A1|20*20110311*WQ*199.14~
QTY*1*1~
AMT*YU*199.14~
HL*3*2*19*1~
NM1*85*2*PROVLNAME*****XX*123456789~
TRN*1*1107000000000001FF~
HL*4*3*PT~
NM1*QC*1*CLILNAME*CLIFNAME*CLIMI***MI*XX99999X~
TRN*2*3920394930203~
STC*A7|562|85*20110311*WQ*199.14~
REF*1K*1107000000001120~
REF*BLT*731~
DTP*472*D8*20090311~
SE*24*000001120~
GE*1*1120~
IEA*1*000001120~
```

6. _Rejected Claim(Batch 4010 and Real-time 4010/5010): 277 (Unsolicited) Claim Status_

The "R-file" below reports that a file of claims was accepted during EDI Translation, as shown by the positive 997. However, a claim was rejected, as reported in the U277 that follows the 997. The claim was identified in the 837 as "010000098765" and this value is echoed back in the TRN segment. The 277U is returned in response to version 4010 claims in batch and version 5010 claims in real-time.

```
ISA*00*NA     *00*NA     *ZZ*EMEDNYBAT    *ZZ*ETIN       *0802011130*U*00401*999888777*0*P*|~
GS*FA*EMEDNYBAT*LMN*20080201*1130*11300012*X*004010X098A1~
ST*997*4001~
AK1*HC*999888777~
AK2*837*0004~
AK5*A~
AK9*A*1*1*1~
SE*6*4001~
GE*1*999888777~
IEA*1*999888777~
                          ISA*00*NA     *00*NA     *ZZ*EMEDNYBAT    *ZZ*ETIN
*080124*1731*U*00401*173138244*0*P*|~
GS*HN*EMEDNYBAT*LMN*20080124*1130*113000080*X*004010X093A1~
ST*277*0002~
BHT*0010*08*173138244*20080201**DG~
HL*1**20*1~
NM1*PR*2*NYS DOH*****FI*141797357~
HL*2*1*21*1~
NM1*41*2*TESTER*LMN~
HL*3*2*19*1~
NM1*1P*1*PHYSICIAN*YOUR****SV*12345678~
HL*4*3*22*0~
DMG*D8*19550130*M~
NM1*QC*1*APPLE*ARTHUR****MI*AA55555A~
TRN*2*010000098765~
STC*A7|96*20080124**110*0~
DTP*232*RD8*20070809-20070809~
SE*15*0002~
GE*1*113000080~
IEA*1*173138244~
```

8.5.3 **EFT Notification Example (PTE)**

```
XXXXXXX                                      XXXXXXX    X X XXX X


TO: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4      DATE: 99/99/9999
                                                 REMITTANCE NO:99999999999
                                                 PROV ID:99999999/9999999999
```

```
  99999999/9999999999    99/99/9999
                    XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4
                    XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4
                    XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4
                    XXXXXXXXX1XXXX, XX  99999


     XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4              $$$$$$$$$9.99

      PAYMENT IN THE ABOVE AMOUNT WAS CALCULATED. NO EFTs
           WILL BE GENERATED IN THE PROVIDER TEST ENVIRONMENT.



99999999/9999999999    99/99/9999
XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4
XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4
XXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4
XXXXXXXXX1XXXX, XX  99999
```

8.5.4 **Paper Remittance Example (PTE)**

```
XXXXXXX/XXXXXXXXXX                                                                                    XXXXXXX

                                    MEDICAID MANAGEMENT INFORMATION SYSTEM           PAGE ZZZZ9
                                    MEDICAID ASSISSTANCE (TITLE XIX) PROGRAM         DATE 99/99/9999
                                            REMITTANCE STATEMENT                     CYCLE  999
                                                                          ETIN  XXXX
       TO:   XXXXXXXXXXXXXXXXXXXXXXXXXXX                                   PRACTITIONER
             XXXXXXXXXXXXXXXXXXXXXXXXXXX                                   PROV ID 99999999/9999999999
             XXXXXXXXXXXXXXXXXXXXXXXXXXX                                   REMITTANCE NO   99999999999
             XXXXXXXXXXXXXXXXX, XX 99999



   LN. OFFICE ACCOUNT        CLIENT         CLIENT ID             DATE OF  PROC. UN-
   NO  NUMBER                NAME           NUMBER       TCN      SERVICE  CODE  ITS   CHARGED     PAID  STATUS ERRORS                  .
   99  XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXX     999999999999999 99/99/99 99999 99  ZZZ,ZZZ.99 ZZZ,ZZZ.99 XXXX XXXXX XXXXX XXXXX XXXXX
   TPL CARR NAME:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CONTACT:XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXX-XXX-XXXX EXT XXXX
   99  XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXX     999999999999999 99/99/99 99999 99  ZZZ,ZZZ.99 ZZZ,ZZZ.99 XXXX XXXXX XXXXX XXXXX XXXXX
   99  XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXX     999999999999999 99/99/99 99999 99  ZZZ,ZZZ.99 ZZZ,ZZZ.99 XXXX XXXXX XXXXX XXXXX XXXXX
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   TPL CARR NAME:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CONTACT:XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXX-XXX-XXXX EXT XXXX


                                      *   = PREVIOUSLY-PENDED CLAIM
                                      **  = NEW PEND


                     TOTAL AMOUNT ORIGINAL CLAIMS DENIED     ZZZ,ZZZ,ZZZ.99       NUMBER OF CLAIMS 999,999
                        NET AMOUNT ADJUSTMENTS DENIED        ZZZ,ZZZ,ZZZ.99-      NUMBER OF CLAIMS 999,999
                        NET AMOUNT VOIDS DENIED              ZZZ,ZZZ,ZZZ.99-      NUMBER OF CLAIMS 999,999
                        NET AMOUNT VOIDS - ADJUSTS           ZZZ,ZZZ,ZZZ.99-      NUMBER OF CLAIMS 999,999


                     TOTAL AMOUNT ORIGINAL CLAIMS PEND       ZZZ,ZZZ,ZZZ.99       NUMBER OF CLAIMS 999,999
                        NET AMOUNT ADJUSTMENTS PEND          ZZZ,ZZZ,ZZZ.99-      NUMBER OF CLAIMS 999,999
                        NET AMOUNT VOIDS PEND                ZZZ,ZZZ,ZZZ.99-      NUMBER OF CLAIMS 999,999
                        NET AMOUNT VOIDS - ADJUSTS           ZZZ,ZZZ,ZZZ.99-      NUMBER OF CLAIMS 999,999


                     TOTAL AMOUNT ORIGINAL CLAIMS PAID       ZZZ,ZZZ,ZZZ.99       NUMBER OF CLAIMS 999,999
                        NET AMOUNT ADJUSTMENTS PAID          ZZZ,ZZZ,ZZZ.99-      NUMBER OF CLAIMS 999,999
                        NET AMOUNT VOIDS PAID                ZZZ,ZZZ,ZZZ.99-      NUMBER OF CLAIMS 999,999
                        NET AMOUNT VOIDS - ADJUSTS           ZZZ,ZZZ,ZZZ.99-      NUMBER OF CLAIMS 999,999


                     MEMBER ID TOTALS 99999999/9999999999
                        VOIDS - ADJUSTS                      ZZZ,ZZZ,ZZZ.99-      NUMBER OF CLAIMS 999,999
                        TOTAL PEND                           ZZZ,ZZZ,ZZZ.99       NUMBER OF CLAIMS 999,999
                        TOTAL PAID                           ZZZ,ZZZ,ZZZ.99       NUMBER OF CLAIMS 999,999
                        TOTAL DENY                           ZZZ,ZZZ,ZZZ.99-      NUMBER OF CLAIMS 999,999
                        NET TOTAL PAID                       ZZZ,ZZZ,ZZZ.99       NUMBER OF CLAIMS 999,999
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9. Trading Partner Information Change Summary

Version	Date	Section(s) changed	Change Summary
1.0	5/31/2011		Initial publication of Trading Partner Information Companion Guide
1.1	8/30/2011	4.3.6	Change to URL
1.1	9/19/2011	5.4	Changes to URLs
1.1	9/20/2011	2.2.2	Changes to URLs
1.2	2/23/2012	3.1.2	Added the two files per day limit to the discussion of limits in the Provider Test Environment (PTE).
1.2	3/6/2012	Cover page, header, footer, 2.2.3, 2.3.7, 3.1.1, 3.1.2, 8.1.1	Modified notes for the "bilingual" transition period to reflect the CMS Compliance Enforcement Extension of April 1, 2012