

New York State Department of Health
Office of Health Insurance Programs

eMedNY

Provider Testing Environment

User Guide

Trading Partner: eMedNY

Version: 1.1

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Office of Health Insurance Programs

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CG MODIFICATION TRACKING:

10/01/2009 – Removed reference to limit of two batch submissions per day from Limits section. Renamed Encounter Reporting section to Medicaid Encounter Data (MEDS II) Reporting and replaced URL to ITF Users Guide with URL to Managed Care Reference Guide for Encounter Data Reporting.

09/09/2009 – Added the 820 as response to 837I for Managed Care Capitation Premium Billing.

03/05/2009 – Removed “As of the publication date...” note from System Overview section. Added paragraph about tester responsibility for preservation, privacy, and security of data. Modified File Naming Convention for accuracy.

10/09/2008 – Added “Transmission Type Identification” section. Added detail to “System Availability and Submission Cutoff” section.

09/08/2008 – Added BBS to “Non-supported Transactions and/or Activities section”.

08/08/2008 – Updated CSC logo in trailer and title page.

08/02/2008 – Added note in section “Non-supported Transactions and/or Activities” that Real-time transactions are not supported in the Provider Test Environment.

06/20/2008 – Initial version for publication.

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System Overview

The eMedNY Provider Testing Environment (PTE) is a platform designed to enable NYS Medicaid trading partners to test batch EDI (Electronic Data Interchange) transactions using the same validation and adjudication logic and methods as the eMedNY production environment.

PLEASE NOTE: 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.

Test transactions submitted to the eMedNY Provider Testing Environment will 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 will receive, in most cases, the same system responses at each step.

There are, however, some unavoidable constraints that prevent the PTE from returning identical responses to what the production environment would return in response to the same inbound transaction. For example, edits involving duplicate and near-duplicate claims or prior authorization submissions are not applied so as to allow for iterative testing. Also no claims or authorization requests will be pended.

1. Supported Transactions

The eMedNY PTE supports testing of “HIPAA” electronic health care transactions. The table below lists the inbound and expected outbound transactions as defined in the eMedNY Companion Guides for the supported transaction types.

To view or download eMedNY Companion Guides, please visit

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

Transaction Inbound to eMedNY PTE	eMedNY PTE Response
270 Eligibility, Coverage or Benefit Inquiry	271 Eligibility, Coverage or Benefit Information
278 Health Care Services Review - Request for Review (DVS/SA)	278 Health Care Services Review - Response to Request for Review (DVS/SA)
278 Health Care Services Review - Request for Review (PA)	278 Health Care Services Review - Response to Request for Review (PA)
278 Health Care Services Review – Inquiry (Confirmation)	278 Health Care Services Review - Response (Confirmation)
276 Health Care Claim Status Request	277 Health Care Claim Status Notification
837 Health Care Claim: Dental	835 Health Care Claim: Payment Advice - and - 835 Supplementary File Information
837 Health Care Claim: Professional	835 Health Care Claim: Payment Advice - and - 835 Supplementary File Information
837 Health Care Claim: Professional for Non-Emergency Transportation	835 Health Care Claim: Payment Advice - and - 835 Supplementary File Information

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Transaction Inbound to eMedNY PTE	eMedNY PTE Response
837 Health Care Claim: Institutional	835 Health Care Claim: Payment Advice - and - 835 Supplementary File Information
837 Health Care Claim: Institutional for Managed Care Capitation Premium Billing	820 Payroll and Other Group Premium Payment for Insurance Products - and - 820 Supplementary File Information

Providers who have chosen to receive a paper Remittance Advice will not receive the 835/820 Remittance Advice and Supplementary Information files. These providers will receive a paper Remittance Advice with a “TEST” watermark.

2. Non-supported Transactions and/or Activities

- Real-time transactions are not supported in the Provider Test Environment.
- Encounter transactions are not supported in the Provider Test Environment. Please refer to the Encounter Testing User Guide for instructions to test encounters.
- All other proprietary (not HIPAA – regulated) transactions are not supported in the PTE.
- ePACES is not supported in the PTE.
- Bulletin Board (BBS) submission is not supported in the PTE.
- Paper transactions are not supported in the PTE.
- Regeneration of remittance files is not supported in the PTE.
- Remittance and other response files will not be re-queued.

3. Requirements

In order to utilize the eMedNY Provider Testing Environment the following components are required:

- An active NYS license, for all medical related transactions
- For HIPAA-regulated providers (health care providers) - registration of NPI
- For facilities - reporting of affiliated NPIs
- For non-HIPAA-regulated providers (non-health care providers) - an active New York State Medicaid Provider ID
- An active and certified New York State Electronic Transmitter Identification Number (ETIN)
- An active ePACES/eMedNY Exchange User-ID, if testing via eMedNY Exchange
- An active FTP User-ID, if testing via dial-up FTP
- A broadband network connection (limited availability) – for testing via CPU-CPU (generally mainframe or mid-range).

4. Enrollment and Support

For all support issues regarding the NPI, NYS Medicaid Provider ID, ETIN, or User-ID contact the eMedNY Call Center at 1-800-343-9000 and request Provider Enrollment. Note that provider profiles are copied from the eMedNY production environment and updated weekly. Since enrollment occurs in the production environment there is no separate enrollment necessary for the Provider Test Environment.

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For technical support regarding connectivity or for assistance in troubleshooting rejected transactions call the Call Center or send an email to:

eMedNYProviderServices@csc.com

5. Access Methods

Users of the eMedNY Provider Testing Environment use their existing FTP or eXchange mailboxes and User-ID accounts for testing.

For this reason it is critical that the “Test Indicator” in ISA15 is set to “T”. Otherwise test transactions will be processed through the production environment.

6. ISA Segment Usage Indicator

The only difference between transactions to be routed to the Provider Test Environment on those sent to the eMedNY production environment is the value of “T” in Data Element ISA15, the Usage Indicator, as shown below.

ISA*00* *00* *ZZ*SK6 *ZZ*EMEDNYBAT *040324*1428*U*00401*000000485*0*T*::~

For more information about the ISA and GS segments please refer to the FAQ list at the following URL.

http://www.emedny.org/hipaa/FAQs/ISA_and_GS_Segments.html

7. Transmission Type Identification

The Transmission Type Identification REF segment must have the correct value for the transaction type being submitted. The values for a “pilot transaction” will result in the transaction being rejected.

Transaction	Transmission Type Identification
270	004010X092A1
278	004010X094A1
276	004010X093A1
837 Dental	004010X097A1
837 Professional	004010X098A1
837 Institutional	004010X096A1

8. System Availability and Submission Cutoff Times

The eXchange and FTP mailboxes are generally available for submitting test transactions (normal system maintenance may affect availability). Transactions submitted before 2:00PM Monday - Friday will be passed to the eMedNY host mainframe systems for final processing the same evening. Those submitted after the 2:00PM cutoff will be processed the following day, contingent upon system availability. Submitters can expect transactions submitted before 2:00PM on Fridays to be processed in that weekend's cycle. During periods of heavy workload in the eMedNY production environment, the Provider Test Environment may experience processing delays because the production environment is given higher priority than the test

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environment. Although such delays are uncommon, on occasion transactions submitted after the Thursday 2:00PM cutoff will be processed in the following week's cycle.

9. Response Timeframe

The PTE will respond to an uploaded transaction as follows:

- with a text file acknowledgement generally within 2 hours.
- with a Functional Acknowledgement transaction generally within 48 hours
- for Eligibility, Claim Status Inquiry, and Prior Authorization, Service Authorization, or DVS transactions, with a response EDI transaction as listed above in Section 2, generally within 48 hours
- for Health Care Claims transactions submitted before 2:00PM on Friday, the PTE will send a Remittance Advice (paper or electronic) to the submitter's eXchange or FTP mailbox early the following week, after the completion of the Financial Cycle over the weekend. Submitters who receive an electronic Remittance Advice will also receive the Supplementary File Information, if any claims that were adjudicated in the cycle hit any system edits and were denied or pended.

10. Financial Cycle

As is the case with the eMedNY production environment, the Provider Test Environment 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 an Electronic Funds Transfer (EFT).

10.1. Cycle Numbers in the PTE

The Provider Test Environment financial cycles have cycle numbers that differ from the production environment cycle numbers. The first PTE cycle number is 8000. This number is incremented by 1 every cycle.

10.2. 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 (BPR13 & 14) will be defaulted to all 9s.

11. The Inbound Process

There are several steps involved in processing inbound transactions. Each step causes a response file to be generated and placed in the submitter's FTP or eXchange mailbox. Upon a successfully completed upload the first response file sent back to the submitter is a human-readable text format file, the "F-file", which serves as a confirmation receipt of the transmission. This response is generally sent immediately after the transmission

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has been received, although during periods of heavy system load it can take several hours. The process that causes the “F-file” to be generated includes a scan of the inbound transaction to verify that it can be recognized and processed in the next step. Successful completion of this initial process is indicated with the following message at the end of the “F-file”:

*** FILE ACCEPTED FOR FURTHER PROCESSING ***

The next response sent to the submitter is the “R-file”, which contains the 997 Functional Acknowledgement transaction. Depending on system load the 997 response might be sent within a few minutes, while, in other cases, it may take several hours. Submitters can expect a 997 response within 48 hours after successful transmission. The process that creates the 997 also restructures the inbound data into a form that can be passed to the host system.

The 997 might be accompanied by an Unsolicited 277 (U277) in the same “R” file, only if there are front-end errors detected. In most cases if the U277 is present it indicates a problem with the billing provider identifier (NPI or Provider ID) and/or the ETIN (Electronic Transmitter Identification Number). For a list of the error codes reported in the U277 and their definitions, please refer to the “277 Unsolicited Status Code Explanations” posted on the nyhipaadesk.com website in the CSC News folder (URL below):

http://www.emedny.org/hipaa/News/csc_emedny_news/277_Status_Code_Explanations.pdf

The electronic Remittance Advice (835 or 820, depending on the type of provider) is placed in the provider’s FTP or eXchange mailbox on Monday after each cycle. As is the case in the production environment, remittances are generated and routed based on the combination of NPI or Provider ID, 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.

12. System Response to Transactions

12.1. File Naming Convention

All “F-files” and “R-files” (see below) returned in response to test transactions include the character “T” in the last byte of the first “node” of the filename.

All remittance files from the PTE include the character “T” as a new fourth “node” of the filenames.

There are no other differences in the file naming conventions of the test and production environments. See examples of “F-file”, “R-file”, and remittance filenames in the sections below.

For more information about the eMedNY system response files please review the FAQ at the following URL:

http://www.emedny.org/hipaa/FAQs/response_files.html.

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12.2. Remittance File Naming Convention

As is the case with the “F-files” and “R-files”, the character “T” is added to the filenames for PTE-generated files files (“.TAR” archive files do not have “T” in the filename, but the test files contained within do). Below are examples of remittance filenames for receivers of the 835 transaction.

FTP:

R090522085200.8524.835-.T.00

eXchange:

R090615102526.8524.835-.T.00.x12.txt

12.3. “F-file” Upload Acknowledgement

The system responds to a file upload with a simple text file that indicates that the file was accepted for further processing or was rejected due to structural problems. The process that generates this file performs a minimal check of basic file structure – it does not perform HIPAA compliance checking or code set validation. The file name of the text file produced begins with a capital letter “F” followed by the user’s mailbox ID (for eXchange users) and the date and 24-hour time of the file upload. It is usually referred to by eMedNY support personnel as the “F-file”. An example of the filename of an “F-file” from the PTE system for fictitious eXchange user MYUSERID follows:

F-MYUSERID-080618145234-00-ISA-00-T.x12.txt

The shorter filenames for FTP users also have the “T” in the last byte:

F0805221234T

12.4. “R-file” 997 Functional Acknowledgement

The 997 Functional Acknowledgement transaction is produced by the second processing step, EDI validation and translation, in which the inbound transaction is processed and examined for EDI and HIPPA compliance (the former refers to the requirement that the transaction is consistent with the standard as defined by the X12 organization, and the later refers to consistency with additional requirements for content and structure mandated by the Federal HIPAA regulations).

The filename of the 997 begins with a capital letter “R” It is usually referred to by eMedNY support personnel as the “R-file”. Examples of the filenames of an “R-file” from the PTE system for eXchange and FTP follow:

R080618144849T.x12

R080519112301T

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

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http://www.emedny.org/hipaa/News/csc_emedny_news/Functional_Acknowledgements_997.pdf

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

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

12.5. Unsolicited Claim Status

For claims (837) transactions, after the EDI validation and translation but before adjudication processing an intermediate step of additional validation occurs. This process can result in the rejection of individual claims and the generation of an Unsolicited Claim Status transaction (X12 277, or “U277”), which is appended to the Functional Acknowledgement 997 contained in the “R-file” response. In most cases the “U277” is produced either because of an invalid or unrecognized billing or pay-to provider identifier, or because the billing provider identifier is not associated with the ETIN sent in loop 1000A, in Data Element NM109. The process that creates the U277 transaction can reject claims on a claim-by-claim basis. However, when all claims in a transaction have the same billing or pay-to provider and the provider identifier is not known to the eMedNY system or is not associated with the ETIN sent, all the claims will be rejected and reported in the U277.

For a more complete discussion of the Unsolicited Claim Status transaction used by eMedNY, please review the “277 Unsolicited Status Codes Explanation” document at:

http://www.emedny.org/hipaa/News/csc_emedny_news/277_Status_Code_Explanations.pdf.

13. Final Processing – EDI Response Files

When a submitted transaction passes successfully through the validation steps discussed above it will undergo final processing in the NYS Medicaid systems. The response files that are created are listed in the table shown in the “Supported Transactions” section above.

The system output from the PTE cannot be regenerated or re-queued. If Remittance Advice, Claim Status Response, Eligibility Response, or Prior Authorization/Service Authorization/DVS transactions are not retrieved in a timely manner or are retrieved and lost, the only way to obtain a new copy is to resubmit the original transaction.

13.1. Claims

For successfully adjudicated claims transactions the 835 or 820 Remittance Advice that is generated contains all the claims that were submitted in time for the completed Cycle. No claims are pended in the Provider Test Environment. Claims that hit adjudication system edits and were denied will also be reported in the Supplementary File.

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

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Please note: Because the duplicate claim edits are turned off in the PTE, claims submitted multiple times during the same cycle may not be reported as duplicates.

13.2. Other Transaction Types

Provider Test Environment responses to the following transaction types may differ in some cases from responses in the production environment because client eligibility and provider credentialing information is not updated continuously. However the format and structure of the system responses are identical, with the one exception of the Usage Indicator in ISA15.

13.2.1. Prior Authorization

In the case of Prior Authorization requests sent to the PTE, the Prior Authorization Number generated for successful requests will not differ in format from those generated in the eMedNY production environment.

13.2.2. Service Authorization/DVS, Eligibility, Claim Status

Service Authorization/DVS, Eligibility, and Claim Status requests will also receive the same messages the production environment would generate, except when there were recent changes to client or provider information in the production environment that have not yet been copied to the Provider Test Environment by the weekly update process.

14. Limits

Although the PTE system is generally available for testing, there are utilization and transaction size limits set that differ from the eMedNY production environment limits.

- All electronic batch file submissions will be limited to 50 records or transactions. The specific data item that will be counted for this restriction varies from transaction to transaction.
- Front-end edits will be used, based on the guidelines shown below, to police the transaction activity from each trading partner.

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.

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15. Provider's Profile in the Provider Test Environment

The Provider Test Environment contains essentially the same 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 on a weekly basis. This means that client, provider, payment rate, and other information that is subject to update from time to time will differ between the two systems.

16. Notes to Managed Care Organizations

16.1. Medicaid Encounter Data (MEDS II) Reporting

Medicaid Encounter Data (MEDS II) reporting is tested through the Integrated Test Facility (ITF). Please continue to use the current process to test Encounters in ITF or download the Encounter Managed Care Reference Guide for Encounter Data Reporting at the following URL:

<http://www.emedny.org/ProviderManuals/ManagedCare/PDFS/ManagedCare-EncounterData.pdf>

Encounter reporting **cannot** be tested in the Provider Test Environment.

16.2. Capitation Premium Billing

Capitation premium billing is accomplished using the 837 Institutional transaction and is to be tested in the Provider Testing Environment. The Managed Care Capitation Premium Billing Companion Guide is available for download at the following URL:

http://www.emedny.org/hipaa/emedny_transactions/837I/837I_MANAGED_CARE_CAPITATION_PREMIUM.pdf

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Appendix A – Electronic Response - Examples

A.1 F-file Example from an FTP Account

The “F-file” whose contents are shown below was named F0802041250111T. It indicates acceptance of a file submitted by an FTP user with “12345” as the numeric portion of their User-ID. The file had 40 segments and was submitted on January 1st, 2008 at 30 seconds after 8:30 AM.

```
Archive: P0012345.ZIP.G0024V00
  testing: 837P_08_032_03.dat   OK
No errors detected in compressed data of P0012345.ZIP.G0024V00.
Extract: 837P_08_032_03.dat
(I) Document Format: STREAM
"T080101083030": 40 SEGMENTS PROCESSED
```

*** FILE ACCEPTED FOR FURTHER PROCESSING ***

A.2 F-file Example from an eXchange Account

The “F-file” below was named F-PTEUSER-080101083030-00-ISA-00-T.x12.txt. It indicates acceptance of a file submitted by eXchange User-ID PTEUSER1. The file had 500 segments. It was submitted on January 1st, 2008 at 30 seconds after 8:30 AM.

```
(I) Document Format: STREAM
PTEUSER1-080101083030-00-ISA-00-.x12: 500 SEGMENTS PROCESSED
```

*** FILE ACCEPTED FOR FURTHER PROCESSING ***

Other than the filename indicating a test transaction, there is no difference between the PTE and production F-files.

A.3 F-file Examples of Rejected Submission

The “F-file” below was named PTEUSER1-090101083030-00-ISA-00-T.x12. It is included to show 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

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A.4 R-file Example of Accepted Transaction

The “R-file” below was named R080101083030T. It is acknowledging a successful submission from a submitter with ETIN “ABC”.

ISA*00*NA *00*NA *ZZ*EMEDNYBAT *ZZ*ABC *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~

A.5 R-file Example of Rejected Transaction

The “R-file” below was named R080101103030T. It shows that a file of claims was rejected because of a problem with an SBR segment. The submitter’s ETIN is “XYZ”.

ISA*00*NA *00*NA *ZZ*EMEDNYBAT *ZZ*XYZ *080101*1030*U*00401*555666777*0*P*|~
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~

A.6 R-file Example of Accepted Transaction with Claims Rejected in U277

The “R-file below shows that a file of claims was accepted during EDI Translation, as shown by the positive 997. However individual claims were rejected, as reported in the U277 that follows the 997. The submitter has an ETIN of “LMN”.

ISA*00*NA *00*NA *ZZ*EMEDNYBAT *ZZ*LMN *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*LMN *080124*1731*U*00401*173138244*0*P*|~
GS*HN*EMEDNYBAT*LMN*20080124*1130*113000080*X*004010X093A1~

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ST*277*0002~
BHT*0010*08*173138244*20080201**DG~
HL*1**20*1~
NM1*PR*2*NYSDOH*****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~

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Appendix B – Paper Response - Examples

B.1 EFT Notification Example

XXXXXXX

XXXXXXX X X XXX X

TO: XXXXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4

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

TEST

99999999/9999999999 99/99/9999
XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4
XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4
XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4
XXXXXXXXXX1XXXX, XX 99999

XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4

\$\$\$\$\$\$\$\$9.99

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

99999999/9999999999 99/99/9999
XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4
XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4
XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4
XXXXXXXXXX1XXXX, XX 99999



