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

Companion Guide Version Number: 3.1
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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 visit www.emedny.org or contact the eMedNY Call Center at: 1-800-343-9000.

1.4 References

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

Eligibility information, including Eligibility Benefits Descriptions, is published in the MEVS/DVS Provider Manual at:
https://www.emedny.org/ProviderManuals/5010/MEVS/MEVS_DVS_Provider_Manual_(5010).pdf

Related resources such as FAQs, Crosswalks, and the complete set of eMedNY Companion Guides are provided at:
https://www.emedny.org/HIPAA/5010/index.aspx

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:
https://www.emedny.org/info/ProviderEnrollment/index.aspx

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 for HIPAA/EDI related issues can also be obtained by emailing:

Privacy Issues:
emedny_HIPAA_privacy_and_security@gdit.com

Connectivity, other technical issues:
emednyproviderservices@gdit.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.

Medicaid Enrollment Forms and instructions are available at:
https://www.emedny.org/info/ProviderEnrollment/index.aspx

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:

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/401101_ETIN_aPPL_Provider_Electronic_Paper_ETIN_application.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.

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/403101_ETIN_SBaP_ETIN_Service_Bureau_application.pdf

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

Certification Statement for Existing ETINs

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:

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/490501_ETIN_CERT_Certification_Statement_Cert_Instructions_for_Existing_ETINs.pdf

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

NYS DOH requires re-certification annually.

Default ETIN Selection Form

In order to receive claims adjudication information in an Electronic Remittance Advice for Medicare crossover claims, claims that were submitted on paper, and State-submitted adjustments and voids, a **Default ETIN** must be designated. If the default ETIN option was not selected on the Electronic Remittance Request Form, this can be accomplished by filing the Default Electronic Transmitter Identification Number (ETIN) Selection Form,

available at:

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/401103_ETIN_DFLT_Default_ETIN_Selection_Form.pdf.

Only one Default ETIN is allowed for a provider. Electronic remittances reporting Medicare Crossover claims, paper claims, and State-submitted adjustments and voids will be generated for the provider's default ETIN only.

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/ProviderMaintForms/801101_TRDPRTaGR_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 the mandated version of all applicable 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 are available at:
https://www.emedny.org/HIPAA/5010/transactions/index.aspx

	DIRECT RESPONSE(S)		ROUTED RESPONSE(S)
REQUEST	**BATCH**	**REAL-TIME**	**BATCH ONLY**
270	F-FILE; TA1; 999; 271	GS99; TA1; 999; 271	*N/A*
276	F-FILE; TA1; 999; 277	*N/A*	*N/A*

	DIRECT RESPONSE(S)		ROUTED RESPONSE(S)
REQUEST	**BATCH**	**REAL-TIME**	**BATCH ONLY**
278 DVS	*N/A*	GS99; TA1; 999; 278 DVS	*N/A*
278 PA	F-FILE; TA1; 999; 278 PA	GS99; TA1; 999; 278 PA	PA Rosters (PDF)
834* **	F-FILE; TA1; 999	*N/A*	*N/A*
837I*	F-FILE; TA1; 999; 277CA	*N/A*	835 & Pended Claims Report or 820 & Pend and Deny Report
837P **	F-FILE; TA1; 999; 277CA	GS99; TA1; 999; U277	835 & Pended Claims Report
837D	F-FILE; TA1; 999; 277CA	*N/A*	835 & Pended Claims Report
NCPDP	F-FILE; NCPDP D.0 & 1.2	GS99; NCPDP D.0	835 & Pended Claims Report

** 837I is also used for Managed Care Capitation Premium Billing.*
*** 837P is also used for Non-Emergency Transportation Billing.*
**** See the* MCE 834 Companion Guide *at eMedNY.org for information about Managed Care enrollment, verification, and effectuation.*

IMPORTANT NOTES:

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 Contact Information, Section 5 in this guide.

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. Pharmacies can contact their Clearinghouses to arrange real-time testing.

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. Anything sent as a test file through these three access methods will reject with a File Type Unknown message in either a TA1 or an F-File;*

CORE Web Services
File Transfer Service (FTS)
Meds History Service (MHS

Note: **PTE Supported Transactions**
The eMedNY PTE supports testing of all HIPAA mandated transactions supported in the eMedNY Production Environment. For more information, refer to Supported Transactions Table, 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 and Pended Claims Report (for contracted Managed Care Organizations, the 820 and MCO Premium Pended and Denied Claims Report). The Paper Remittance Advice will contain a "TEST" watermark.

2.3.4 PTE Non-supported Transactions/Activities

- 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.

2.3.5 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.*

2.3.6 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 bi-

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.

2.3.7 PTE Financial Cycles

The eMedNY Financial Cycle is a weekly processing event in which Remittance Advice and associated Pended Claims Report (for receivers of the 835) or Pend/Deny Report (for receivers of the 820) files are prepared.

As is the case with the eMedNY production environment, the eMedNY PTE has a Financial Cycle. 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. The PTE cycle cutoff is 2:00PM every Friday. Remittance advices are released no later than the following Monday.

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 July 1, 2012, the eMedNY Provider Test Environment accepts and processes only:

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

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 per hour 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
278	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.

ASC X12 Transactions (Batch/Real-time)

For all ASC X12 Transactions, set the Usage Indicator (Data Element ISA15) to a value of "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 1.2 / D.0 Transaction	
00T12345678911	201121820110721123 4***T***12EMEDNYBAT

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

3.1.4 PTE Response File Naming Conventions

See Section 7.1.1 for a discussion of eMedNY response files and naming conventions.

Response file naming in the PTE is nearly identical to the file naming convention used in the production environment. Response filenames returned in the PTE contain a ‘T’ for test in the last byte of the first node. Remittance filenames have a second “T” in front of the filename extension.

“F-file”

Here is an example PTE response filename in eMedNY eXchange:

F150101063030***T***.020001.txt

Here is an example PTE response filename in an FTP Account:

F150101063030***T***.020001.x12

“R-file”

Here are examples of PTE “R-file” filenames for a 999 and a 277CA.

eXchange

R151008043159***T***.030001.txt

R150824043138***T***.050001.txt

FTP

R151008043159***T***.030001.x12

R150824043138***T***.050001.x12

Remittance Filenames

Consistent with response file naming, Electronic Remittance filenames in PTE have a “T” in the last byte of the first node of the delivery archive filename. Remittance

filenames also have a second “T” in a separate node following the sequence number.

835 – PTE eXchange

R150101063030***T***.1951.835-.tar

R150101123456***T***.1951.835.0001.***T***.txt

R150101123456***T***.1951.835.0002.***T***.txt

820 – PTE eXchange

R150101063030***T***.1951.820-.tar

R150101123456***T***.1951.820.0001.***T***.txt

R150101123456.1951.820.0002.***T***.txt

For FTP, the remittance delivery archive file is in a ZIP file format with no extension. See the FTP user manual for ZIP file specifications.

835 – PTE FTP

R150921072219***T***.1985.835.0000

R150101063030***T***.1951.835.***T***.0001.x12

R150101063030***T***.1951.835.***T***.0002.x12

820 – PTE FTP

R150921072219***T***.1985.820.0000

R150101063030***T***.1951.820.***T***.0001.x12

R150101063030***T***.1951.820.***T***.0002.x12

3.1.5 PTE Final Processing – EDI Response Files

Submitted files are passed through four steps;

- File validation (file type must be recognized and supported)
- File validation (X12 and HIPAA Syntax)
- Pre-processing/pre-adjudication edits
- 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 Supported Transactions, 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.

For the 270/278/276 transactions, NYDOH expects the GS02 to be the ETIN certified to the submitter identified in the transaction.

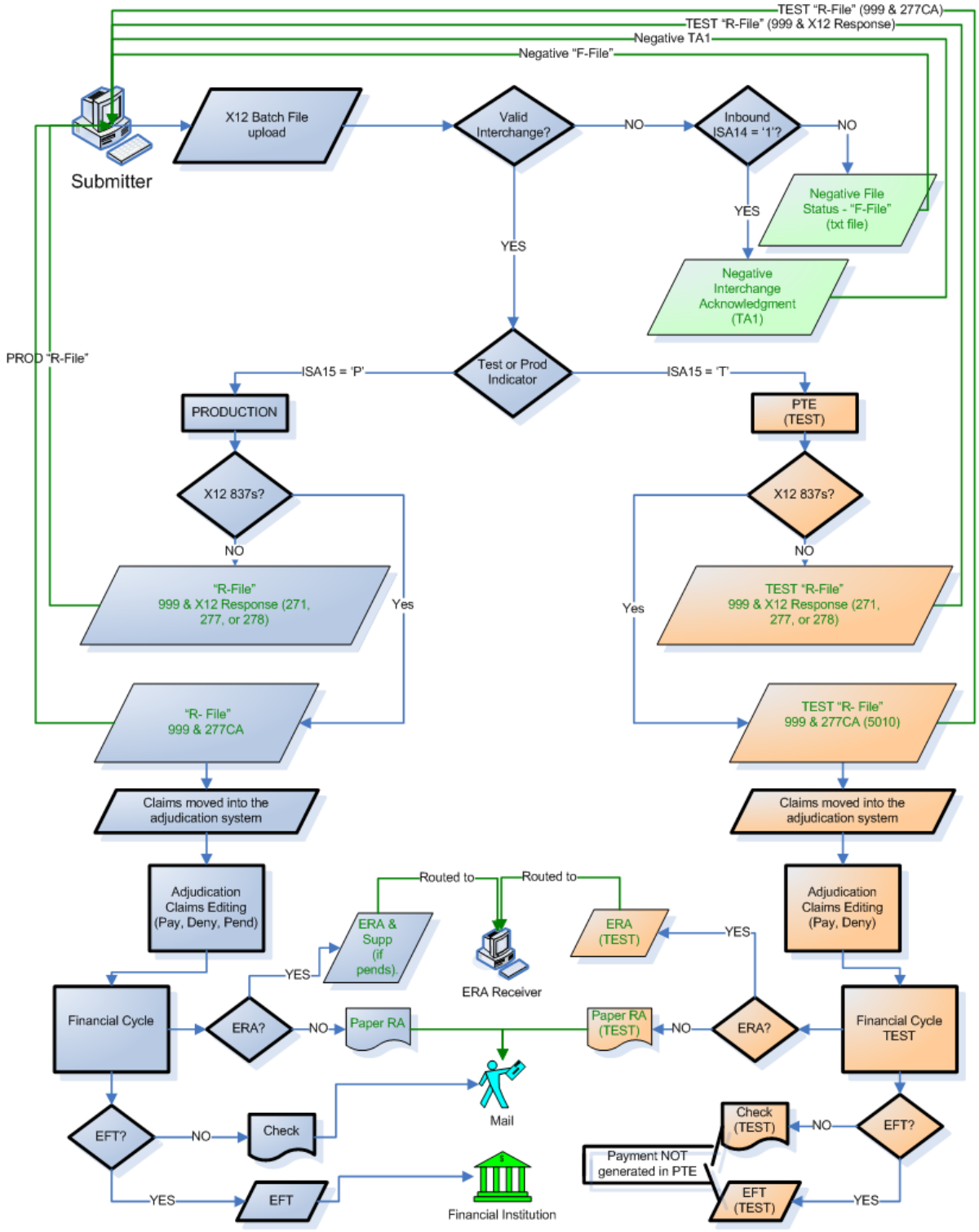
4. Connectivity / Communications

4.1 Process Flows

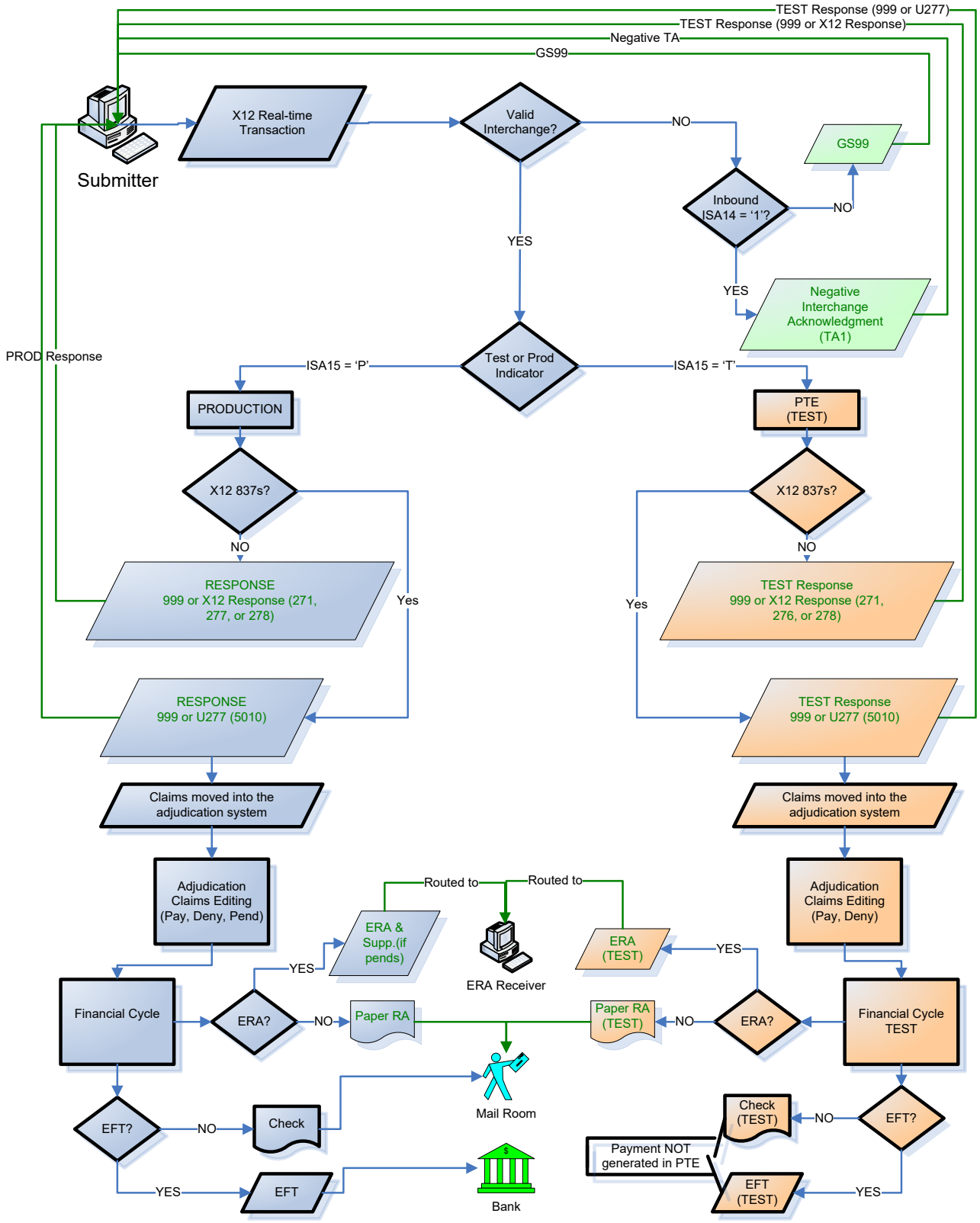
Trading Partner:

- 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 Communication Protocols, 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 (eMedNY Access Methods) are available for the exchange of electronic transactions with NYS Medicaid;

- ePACES
- eMedNY eXchange
- FTP
- eMedNY File Transfer Service using SOAP
- CORE Web Services

4.3.1 ePACES

NYS Medicaid provides a HIPAA-compliant **direct data entry** 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.org website;

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

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:

https://www.emedny.org/selfhelp/exchange/faq.aspx

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.org website at;

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

FTP Batch Procedure Instructions are available at:

https://www.emedny.org/providermanuals/allproviders/mevs/mevs_batch_auth/ftp%20batch%20instructions%20manual.pdf

and an FAQ list about FTP is available here;

https://www.emedny.org/selfhelp/FTP-bbs/ftp_faq.aspx.

4.3.4 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/selfhelp/SOAP/soap_web_services.aspx

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

emednyproviderservices@gdit.com.

4.3.5 CORE Web Services

The eMedNY CORE Web Service is designed to facilitate the exchange of X12 270/271 Health Care Eligibility Benefit Inquiry and Response information, and 276/277 Health Care Claim Status Request and Response information, for interactive (real-time) transactions and batch files according to CORE standards. eMedNY CORE Web services can also be used to retrieve certain eMedNY generated files. These include the x12 remittance advice (835/820).

CORE standards require the use of Hypertext Transfer Protocol Secure (HTTPS) over the public Internet. The X12 payload is required to be enclosed within a message envelope that meets the CORE standards for the following two protocols:

- HTTP MIME Multipart
- SOAP + WSDL

Access to the eMedNY CORE Web Services must be obtained through the eMedNY Web Portal.

Minimum requirements for enrollment include an ETIN and Certification Statement for the enrollee's Provider ID, obtained prior to CORE Web Services enrollment.

Information about getting started with CORE Web Services is available at: https://www.emedny.org/selfhelp/CORE_Web_Services_User_Guide.pdf

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

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

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:
eMedNYHIPAASupport@gdit.com**.**

For all EDI syntax and/or HIPAA transaction compliance issues send an email to:
eMedNYHIPAASupport@gdit.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.ny.gov/health_care/medicaid/

The monthly publication "Medicaid Update":
http://www.health.ny.gov/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 Resources

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-10 codes:
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 are listed in the Medicare Claims Processing Manual and are maintained by (CMS), available online at: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf

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

Transaction	GS02 (Application Sender's Code)	GS03 (Application Receiver's Code)
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 Production Response Files and Naming Conventions

A proprietary "F-file" is returned only in response to a file type that is unreadable or unrecognized or for Interchange errors when the "Acknowledgment Requested" Data Element in ISA14 is set to "0". This file is a short text message describing the nature of the error.

Response files from the eMedNY production environment are named according to the following conventions;

"F-file"

The "F-file" filename begins with a capital letter "F", followed by a 12 digit date and time stamp (24-hour time, in the format YYMMDDHHMMSS) in the first node of the file name. Here is an example response filename for an eMedNY eXchange account, generated on 01/01/2015, at 30 seconds past 6:30AM:

F150101063030.020001.x12

Once unzipped, the file from an FTP account has the same name:

F150101063030.020001.txt

"R-file"

With the exception of the "F-file" as noted above, the filenames of all 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) in the first node of the file name.

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

R15010163030.030023

Type of Response Transaction

The type of response transaction is indicated in the first two digits of a 6 digit sequence number in the second node of the filename (the 835 transaction's naming convention is discussed below).

010001 – TA1 (TA1 is only sent when requested (ISA14=1) and Interchange-level errors exist)

020001 – F-File (which will only be sent if the input file was structurally wrong and had to be rejected)

030001 – 999

050001 – 277CA

070001 – 278

090001 – 277

100001 – 271

For example – R15010163030.030023 depicts a 999 Response with a sequence number of 0023.

Remittance Filenames

Electronic Remittance filenames include the Cycle Number and the type of transaction added in the second and third nodes. The fourth node is a sequence number; if there are multiple remittances in the TAR file, this number may increase by 1 incrementally. Sequence number ONLY applies to the remit file within the TAR or FTP ZIP file. Here are examples of remittance filenames for eMedNY eXchange and FTP.

For eMedNY eXchange the ".tar" file is the delivery file. There can be one or more 835 or 820 remits inside this TAR file. These examples show two.

835 – eXchange

R150101063030.1951.835-.**tar**

R150101123456.1951.835.**0001**.x12

R150101123456.1951.835.**0002**.x12

820 – eXchange

R150101063030.1951.820-.**tar**

R150101123456.1951.820.**0001**.x12

R150101123456.1951.820.**0002**.x12

For FTP, the files come in a ZIP file. See the FTP user manual for ZIP file specifications.

835 – FTP

R150101063030.1951.835.**0001**.x12

820 – FTP

R150101063030.1951.820.**0001**.x12

7.1.2 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. Header or envelope level errors are frequently caused by establishing a character as delimiter that is also present in the data content. To avoid these errors delimiters must not be alpha or numeric characters or space.

- 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 ASC X12 (5010) and NCPDP (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 are published in ASC X12C/005010X231 Implementation Guide Acknowledgment for Health Care Insurance (999).

7.1.3 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).

Implementation Acknowledgment (999)

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).

7.1.4 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 an 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 Health Care Claim Acknowledgment (277). The specification for this transaction is defined in the TR3 (implementation guide) **ASC X12N/005010X214.**

277 Health Care Information Status Notification (277)

In response to **5010 real-time 837 Transaction Set**, a 277 Health Care Information Status Notification (277) 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 277 Health Care Information Status Notification. The specification for this transaction is defined in the TR3 (implementation guide) **ASC X12N/005010X212.**

7.1.5 Responses to Other Batch Transaction Types

Eligibility, Claim Status Inquiry, or Prior Authorization 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 denied claims
- Other financial information such as recoupments (monetary recoveries), 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, or SOAP (batch). To request the electronic remittance advice (835), providers must complete the Electronic Remittance Request Form, which is available at;
https://www.emedny.org/info/ProviderEnrollment/allforms.aspx

from www.eMedNY.org, click on the "Provider Enrollment" tab. Then follow the link to the web page at: Provider Maintenance Forms.

The NYS Medicaid Companion Guides for the 835 transaction are available at https://www.emedny.org/HIPAA/5010/index.aspx

Providers who submit claims under multiple ETINs will receive a separate 835 for each ETIN and a separate check or EFT 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 Health Care Claim Payment Advice (electronic remittance advice) may elect to receive the status of paper claim submissions and state-submitted adjustments and voids in their 835. The request must be submitted using the

Electronic or PDF Remittance Advice Request Form

located at

https://www.emedny.org/info/ProviderEnrollment/allforms.aspx

If this option is chosen, no pdf format 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 Pended Claims Report file, which will be sent along with the 835 transaction for any processing cycle that produces pended claims.

Medicare Crossover claims and paper claims come to eMedNY without an ETIN for remit routing. In order to route the remits for these claims, providers must have a designated Default ETIN (see Trading Partner Registration, Section 2).

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

7.2.2 Remittance Advice Format

Providers are encouraged to select the electronic ASC X12 835 Remittance Advice. Remittance advices are also available as "paper equivalent" pdf files. Providers who

bill electronically but do not specifically request to receive the 835 transaction can elect to receive pdf remittance advices.

Upon enrollment, NYS Medicaid Providers select their remittance format. For more information, refer to the Electronic or PDF Remittance Advice Request Form at: https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/700201_ELECRMTREQ_ERa_PDF_Remit_Form.pdf

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, available at;

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/700302_PaPRRMTSRT_Paper_Remittance_Sort_Request.pdf

7.2.4 Delivery Options for Pended Claims

Providers can control how information about pended claims is sent by completing the Pended Claim Recycle Request Form

Available at;

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/703101_PNDCLMFORM_PENDED_CLaIM_RECYCLE_REQUEST_FORM.pdf.

Either paper or the Pended Claims Report (receivers of 835)/MCO Premium Pended and Denied Claims Report (receivers of 820) can be selected.

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 https://www.emedny.org/ under the Provider Enrollment tab.

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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**.

7.2.5 Managed Care Organization Premium Payment

Contracted Managed Care Organizations (MCOs) receive the ASC X12 820 transaction. The NYS Medicaid Companion Guide for this transaction is available at;

https://www.emedny.org/HIPAA/5010/transactions/eMedNY_Transaction_Information_CG_X12_version_5010.pdf

The specification for the MCOs Pended Claims Report is at;

https://www.emedny.org/HIPAA/5010/transactions/MCO_Premium_Claims_Pend_and_Deny%20Report_Specifcation.pdf

8. Additional Trading Partner Information

8.1 Implementation Checklist

NYS DOH does not publish a trading partner Implementation Checklist.

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.

8.2.1 Batch Transaction Size Limitations

X12 Transactions

NYS DOH has set a limit of 5,000 Transaction Sets (ST-SE) within a Functional Group (GS-GE). There are no limits being imposed at this time to the number of Functional Groups (GS-GE) that can be sent within an Interchange (ISA-IEA).

Additionally, the following limits apply within each X12 Transaction Set (ST-SE):

270 Eligibility Inquiry

NYS DOH expects no more than 5,000 Subscriber Levels (Loop 2000C) per Transaction Set (ST-SE).

276 Claim Status Inquiry

NYS DOH expects no more than 5,000 Subscriber Levels (Loop 2000D) per Transaction Set (ST-SE).

278 Health Care Services Review

Any limits within the Transaction Set (ST-SE) as specified in the ASC X12/005010X217 Health Care Services Review - Request for Review and Response (278).

837 Health Care Claims

NYS DOH expects no more than 5000 Claim Information Loops (Loop 2300) per Transaction Set (ST- SE), and further recommends a maximum of 100,100 claims within each Functional Group.

IMPORTANT NOTE: ***Transaction Sets exceeding these limits are subject to REJECTION.***

NCPDP D.0 Transactions

NYS DOH strongly recommends that submitters set a limit of 5,000 total transactions (including all transaction types such as claim, eligibility, etc.) within a single NCPDP batch transmission. Larger file submissions could result in processing delays and/or failures.

8.3 Frequently Asked Questions

Please visit the www.eMedNY.org website,"eMedNYHIPAASupport" tab, for an updated list of Frequently Asked Questions.
http://www.emedny.org/HIPAA/5010/FAQs/Complete_5010_D-0_FAQs.pdf

and

https://www.emedny.org/HIPAA/5010/FAQs/FAQs.aspx?cat=*

8.4 Other Resources

The NYS Medicaid HIPAA Open Trading Partner Information Resource is available at:
https://www.emedny.org

8.5 Examples

Examples of ASC X12 files are available at;

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

Examples of eMedNY's response files are shown below.

8.5.1 Acknowledgments - Accepted

Accepted Transaction and Functional Group

999 Implementation Acknowledgment

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

```
ISA*00*          *00*          *ZZ*EMEDNYBAT      *ZZ*ETIN           *120311*0521*^*00501*052127406*0*P*|~
GS*FA*EMEDNYBAT*ABCD*20120311*0521*52127406*X*005010X231A1~
ST*999*5001*005010X231A1~
AK1*HC*28*005010X223A2~
AK2*837*0028~
IK5*A~
AK9*A*1*1*1~
SE*6*4001~
GE*1*52127406~
IEA*1*052127406~
```

Accepted Claim: 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 batch ASC X12N 837 transactions only.

```
ISA*00*          *00*          *ZZ*EMEDNYBAT      *ZZ*ETIN           *120311*1008*^*00501*000014420*0*P*:~
GS*HN*EMEDNYBAT*XDZ*20120311*100831*14420*X*005010X214~
ST*277*000014420*005010X214~
BHT*0085*08*000000674*20120311*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

Negative File Transfer Status: F-file

The “F-file” shows how rejected files are reported for unrecognized file types or unsupported versions (see Supported Transactions, Section 2.2.3) or when rejection occurs at the first processing step for any other reason, such as invalid characters in the data stream.

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 ***

Rejected Interchange: 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           *120311*0948*^*00501*110700948*0*T*:~
TA1*000000028*110308*1829*R*006~
IEA*0*110700948~
```

Rejected Transaction and Functional Group: 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           *120311*0958*^*00501*095832987*0*T*|~
GS*FA*EMEDNY*ABCD*20120311*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~
```

Rejected Claim (Batch 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 ASC X12N 837 batches only.

```
IISA*00*          *00*          *ZZ*EMEDNYBAT      *ZZ*ETIN           *120311*0512*^*00501*000001120*0*T*|~
GS*HN*EMEDNYBAT*ABCD*20120311*051225*1120*X*005010X214~
ST*277*000001120*005010X214~
BHT*0085*08*3920394930203*20120311*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~
```

Rejected Claim (Real-time ASC X12N 837 only): 277 Health Care Information Status Notification (005010X212)

The “R-file” below reports that a file of claims was accepted during EDI Translation, as shown by the positive 999. However, a claim was rejected, as reported in the 277 that is shown after the 999. The claim was identified in the 837 as “010000098765” and this value is echoed back in the TRN segment. The 277 is returned in response to ASC X12N 837 claims in real-time.

```
ISA*00*NA       *00*NA       *ZZ*EMEDNYBAT     *ZZ*ETIN          *0802011130*^*00501*999888777*0*P*|~
GS*FA*EMEDNYBAT*LMN*20080201*1130*11300012*X*005010231A1~
ST*999*5001*005010X231A1~
AK1*HC*999888777*005010X222A1~
AK2*837*0004~
IK5*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*^*00501*173138244*0*P*|~
GS*HN*EMEDNYBAT*LMN*20080124*1130*113000080*X*005010X212~
ST*277*0002*005010X212~
BHT*0010*08*173138244*20130201**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: XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4                 DATE: 99/99/9999
                                                                 REMITTANCE NO:99999999999
                                                                 PROV ID:99999999/9999999999



  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
XXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4
XXXXXXXXXX1XXXX, 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:   XXXXXXXXXXXXXXXXXXXXXXXXXX                                                                   PRACTITIONER
      XXXXXXXXXXXXXXXXXXXXXXXXXX                                                                   PROV ID 99999999/9999999999
      XXXXXXXXXXXXXXXXXXXXXXXXXX                                                                   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  XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXX    999999999999999 99/99/99 99999 99  ZZZ,ZZZ.99 ZZZ,ZZZ.99 XXXX XXXXX XXXXX XXXXX XXXXX
TPL CARR NAME:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CONTACT:XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXX-XXX-XXXX EXT XXXX
99  XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXX    999999999999999 99/99/99 99999 99  ZZZ,ZZZ.99 ZZZ,ZZZ.99 XXXX XXXXX XXXXX XXXXX XXXXX
99  XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXX    999999999999999 99/99/99 99999 99  ZZZ,ZZZ.99 ZZZ,ZZZ.99 XXXX XXXXX XXXXX XXXXX XXXXX
99  XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXX    999999999999999 99/99/99 99999 99  ZZZ,ZZZ.99 ZZZ,ZZZ.99 XXXX XXXXX XXXXX XXXXX XXXXX
99  XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXX    999999999999999 99/99/99 99999 99  ZZZ,ZZZ.99 ZZZ,ZZZ.99 XXXX XXXXX XXXXX XXXXX XXXXX
99  XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXX    999999999999999 99/99/99 99999 99  ZZZ,ZZZ.99 ZZZ,ZZZ.99 XXXX XXXXX XXXXX XXXXX XXXXX
TPL CARR NAME:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CONTACT:XXXXXXXXXXXXXXXXXX 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
```

TEST

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
1.3	8/1/2012	All sections	Removed all references to previous transaction versions. Updated URLs to new eMedNY HIPAA Support page. Updated diagrams in Section 4.
1.3	8/7/2012		Typo corrections
1.31	8/18/2012	8.2.1	Added Section 8.2.1 Batch Transaction Size Limitations

Version	Date	Section(s) changed	Change Summary
1.4	10/12/2012	4.3	Removed references to no longer supported connection methods.
1.4	11/29/2012	2.2.3	Removed references to Batch DVS. DVS is currently supported only in Real Time.
1.4	9/25/2014	2.3.3	Removed reference to real-time testing of NCPDP through dial-up.
1.5	7/24/2015	2.3.4, 2.3.5	Removed references to Encounter submission.
		2.2.3	Removed old references to x12 version 4010 and to Service Authorization.
		2.2	Added information about Default ETIN to Section 2.
		4.3.2	Corrected reference to how eXchange is accessed, and updated the link.
		4.3.5	New section. eMedNY CORE Web Services
		5.4	Added link to CAQH-CORE for operating rules
1.6	10/7/2015	5.4	Removed references to ICD-9.

Version	Date	Section(s) changed	Change Summary
1.7	10/14/2015	3.1.4, 7.1.1	Revised Naming Conventions in Production and PTE Response File sections.
	11/20/2015	2.1, 8.3	Updated email addresses and references to resources on the eMedNY.org website.
1.8	7/15/2016	2.1, 8.3	Updated email addresses to @gdit.com.
	7/22/2016	7.2.1	Corrected URLs for NYSDOH and for Provider Maintenance forms. Corrected internal document bookmarks.
	10/6/2016		Fixed one broken URL.
1.9	5/9/2018	1.4, 7.1.2	Added reference to MEVS Manual and Eligibility Descriptions. Added information about delimiter related errors.
	6/24/2018	2.3.3	Added note about internal eMedNY applications and testing.
	6/28/2018	2.3.5	Corrected punctuation error.
2.9	2/8/2019		Removed references to POS devices.

Version	Date	Section(s) changed	Change Summary
3.0	9/23/2019	2.1, 4.3.4, 4.3.5, 5.2 8.2.1	Updated email address domains to @gdit.com. Added recommended claims per functional group limit for 837.
3.1	4/10/2020	2.2.3	Added reference to the Managed Care Enrollment Guide on eMedNY.org.
	8/27/2020	2.2	Corrected a typo, removed outdated email address.