New York Medicaid
HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

CORE v5010 Master Companion Guide Template
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Preface
This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when performing Electronic Data Interchange (EDI) with New York Medicaid. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides (Type 3 Technical Reports or TR3s), are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

1 The Health Insurance Portability and Accountability Act of 1996
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1. INTRODUCTION
This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. Please refer to Section 10, where New York Medicaid has provided tables to describe additional information, over and above, the information in the IGs. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the IGs internal code listings
- Clarify the use of loops, segments, composite and simple data elements
- Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with New York Medicaid.

Scope
This HIPAA Transaction Standard Companion Guide is limited to discussion of the Eligibility Inquiry and Response, the Claim Status Inquiry and Response, and the Health Care Claim Payment Advice transactions as of the publication date. This document is intended as a resource to assist providers, clearinghouses, service bureaus, and all other trading partners of the New York State Department of Health (NYSDOH) in successfully conducting EDI of administrative health care transactions. This document provides instructions for enrolling as a NYSDOH 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.

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12’s Fair Use and Copyright statements.

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, and exchange test and production transactions with NYSDOH.

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

HIPAA includes provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

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

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 NYSDOH. The enrollment process is described in detail in the Provider Enrollment Guide:

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

This table lists the X12N Implementation Guides for which specific transaction instructions apply and which are included in Section 10 of this document.

<table>
<thead>
<tr>
<th>Unique ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>005010X279A1</td>
<td>Health Care Eligibility Benefit Inquiry and Response (270/271)</td>
</tr>
<tr>
<td>005010X212</td>
<td>Health Care Claim Status Request and Response (276/277)</td>
</tr>
<tr>
<td>005010X221A1</td>
<td>Health Care Claim Payment/Advice (835)</td>
</tr>
</tbody>
</table>

The Implementation Guides are available at http://store.x12.org/

Additional Information

It is assumed that the readers of this document are familiar with HIPAA and its associated Regulations and with EDI standards as developed by the Accredited Standards Committee X12 (ASCX12) and published in the implementation guides (Type 3 Technical Reports) for the included transactions.

The authors of this document address its contents to both technical and non-technical readers tasked with designing, implementing, and/or supporting EDI with New York Medicaid.

HIPAA Privacy and Security

Trading Partners are responsible for the preservation, privacy, and security of data in their possession. While using the application the user has access to data that contains Protected Health Information (PHI). This information must be handled in accordance with federally prescribed regulations.

2. GETTING STARTED

Working with New York Medicaid

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: eMedNYHIPAASupport@csc.com
- Enrollment Inquiries: emedny_enrollment@csc.com
- Connectivity, POS Device, other technical issues: emednyproviderservices@csc.com

Trading Partner Registration

New York Medicaid Program Enrollment

NYSDOH requires any entity exchanging electronic data with New York Medicaid to be enrolled in the New York Medicaid Program. This requirement applies to Clearinghouses and Service Bureaus as well as to Providers. New York Medicaid Enrollment Forms and instructions are available at:

https://www.emedny.org/info/ProviderEnrollment/index.aspx
Successful enrollment is required before proceeding with EDI.

**Requirements for Electronic Data Interchange**

An 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.

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

- **ETIN (Electronic Transmitter Identification Number)**
  NYSDOH requires any entity that plans to exchange electronic data with New York Medicaid obtain an ETIN. An ETIN is used to identify a submitter. An ETIN may also be used, in conjunction with a Provider ID, to set up electronic routing of Remittance Advices. There are two types of ETIN applications:
  - Provider ETIN Application:
    [https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/401101_ETIN_APPPL_Provider_Electronic_Paper_ETIN_Application.pdf](https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/401101_ETIN_APPPL_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 New York Medicaid provider.

- **TPA (Trading Partner Agreement)**
  All Trading Partners must have a TPA on file. The TPA can be executed only upon successful enrollment into the New York Medicaid Program and upon receiving an ETIN.
  - The TPA is available at:
    [https://www.emedny.org/info/providerenrollment/providermaintforms/801101_trdprtgr_trading_partner_agreement.pdf](https://www.emedny.org/info/providerenrollment/providermaintforms/801101_trdprtgr_trading_partner_agreement.pdf)

**Certification and Testing Overview**

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

**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](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. NYSDOH requires re-certification annually.

**eMedNY Provider Test Environment (PTE)**

The eMedNY PTE is designed to enable New York Medicaid trading partners to test batch and real-time EDI 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.

**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.

- **PTE Provider Support**
  Email eMedNYHIPAASupport@csc.com
  eMedNY Call Center: (800) 343-9000.

3. **TESTING WITH THE PAYER**

The eMedNY PTE enables Trading Partners to conduct end-to-end testing.

**PTE Access Methods**

eMedNY PTE can be accessed using any of your existing eMedNY Access Methods (please reference the Communication Protocol Specifications heading under Section 4 of this document) with a few exceptions (see PTE Access Exceptions 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 test ASC X12 transactions, including 270 and 276: “Test Indicator” in ISA15 is set to “T”

**Important Note:** If the appropriate indicator for a transaction is not set to Test (T), 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.

**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.
**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.

**Testing and Certification Requirements**

Requirements for using the eMedNY PTE are the same as for Production. In order to utilize the eMedNY PTE the following components are required:

- An active New York State Medicaid 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 NPI's

For more information about Trading Partner Agreement refer to the Provider Maintenance Forms at eMedNY.org;

[https://www.emedny.org/info/ProviderEnrollment/allforms.aspx](https://www.emedny.org/info/ProviderEnrollment/allforms.aspx)

**X12 Transaction Versions**

The eMedNY Provider Test Environment accepts and processes only ASC X12 version 5010.

**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 batch 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 the inbound 270 and 276 are:

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Loop – Segment</th>
<th>Counting Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>270</td>
<td>2100C – NM1*IL</td>
<td>Each NM1 Segment in loop 2100C constitutes a Subscriber</td>
</tr>
<tr>
<td>276</td>
<td>2200D – TRN</td>
<td>Each TRN Segment in loop 2200D constitutes a claim inquiry</td>
</tr>
</tbody>
</table>

**Routing Test Files to PTE**

Test transactions are routed into the eMedNY PTE simply by setting the appropriate indicator on the inbound file. For ASC X12 Transactions, set the Usage Indicator (Data Element ISA15) to a value of “T”.

```
ISA*00*  *00*  *ZZ*ETIN  *ZZ*EMEDNYBAT  *040324*1428**00501*000000485*0*T*:~
```
PTE Response File Naming Conventions

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

- “F-file”
  A proprietary “F-file” is returned only in response to an unrecognized or unsupported file type 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.

  - Here is an example response filename in eMedNY eXchange:
    F-USERID-120530123456T-.020001.x12

  - Here is an example response filename in an FTP Account:
    F120328152041T.020001.txt

- “R-files”
  With the exception of the “F-file” as noted earlier, the filenames of all PTE system response transactions, including acknowledgments and remittance files, begin with a capital letter “R”, followed by a 12 digit date and time stamp (24-hour time, in the format YYMMDDHHMMSS). All PTE “R-files” include the character “T”, sent as an indicator in the last byte of the first “node” of the filename, except for Electronic Remittances, which have a “T” in the fourth node of the filename.

  - Here is an example of PTE “R-file” name for eXchange and FTP accounts:
    R110519112301T

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Process Flows

Trading Partner:

- Establishes communications link
- Selects type of transaction to send
- Uploads file
ASC X12 EDI Validation (Batch File)
Transmission Administrative Procedures
Determine if the transmission you are sending is Test or Production and is using the appropriate indicator. For details about available eMedNY Access Methods, refer to the Communication Protocol Specifications section below.

Re-transmission Procedure
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.

Communication Protocol Specifications
The following communication methods are available for the exchange of electronic transactions with New York Medicaid:

- ePACES
- eMedNY eXchange
- FTP
- eMedNY File Transfer Service using SOAP

ePACES
This method utilizes a web portal where users enter their information in a direct data entry format. Users can submit eligibility requests, prior approval requests, and all claims types, (with the exception of NCPDP D.0 pharmacy claims, only real time or batch is available for this claim type.) Access is free; however the user must have an internet connection to access the web application.

eMedNY eXchange
eMedNY eXchange is a web-based access method used to exchange transaction files. The application works similarly to a typical FTP (File Transfer Protocol) 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 eMedNYHIPAASupport website. 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.

FTP
This method is the standard process for submitting batch transmissions. FTP allows users to transfer ZIP files from their computer to another computer (upload) or from another computer to their computer (download). Each batch file transmission is required to complete within two hours. Any transmission exceeding two hours will be disconnected. FTP is strictly a dial-up connection.

SOAP
Simple Object Access Protocol (SOAP) is a protocol for exchanging structured information in XML format used in the implementation of web services delivered over Hyper Text Transfer Protocol (HTTP) and other protocols. The structured information exchange is defined by a WSDL (Web Service Definition Language) file and XSD (XML Schema Definition) files appropriate for each service. WSDL and XSD are W3C (World Wide Web Consortium) standards.

Please go to the following URL for more detailed information:
https://www.emedny.org/selfhelp/index.aspx
Or contact the eMedNY Call Center at 1-800-343-9000.

**Passwords**
The ePACES and eMedNY eXchange applications both utilize the same password. These passwords require a reset every 60 days. The passwords are maintained by the external user. If a general user needs a password reset, they must contact the Administrator of the ePACES account. eMedNY Call Center representatives can only make changes to Administrator accounts.

FTP passwords are permanent until changed, by request only. If the password on an FTP account needs to be changed, the user must contact the eMedNY Call Center and provide the User ID and the Unique Identifier that was listed on the Security Packet B.

The two systems utilizing SOAP protocols use different password procedures. File Transfer System (FTS) uses the eXchange credentials to submit batch files - it therefore follows the same rules for passwords as eXchange (and ePACES.) Meds History System (MHS) uses the Certificate Administrator's login as the UserID and maintains a separate password set up through eMedNY. Providers should email emednyproviderservices@csc.com to set up or change the MHS password.

**Reminder:** strong security precautions should be taken with passwords. For example, password complexity should be used. Passwords must not be shared, or written down where persons other than the authorized party can access them.

5. **CONTACT INFORMATION**

**EDI Customer Service**
(See contact information below)

**EDI Technical Assistance**
(See contact information below)

**Provider Services Number**
(See contact information below)

For each of the above services or for assistance in troubleshooting rejected transactions, or for technical support regarding connectivity please contact:

eMedNY Call Center at (800) 343-9000

Send an email to:
emednyHIPAASupport@csc.com.

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

For enrollment issues send email to:
emedny_enrollment@csc.com.

Note: Please have the applicable provider identifier – the NPI for Health Care Providers or the NYS Medicaid Provider ID for Atypical Providers available for tracking and faster issue resolution.
Applicable Websites/e-mail

The New York State Department of Health: Resources

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

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

The New York Medicaid Fiscal Agent

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

Other Useful Websites

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

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

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

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

- Information from CMS about ICD-10 codes:
  http://www.cms.gov/Medicare/Coding/ICD10/Index.html
  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 and Internet Only Manuals (IOM) system, including 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:
6. CONTROL SEGMENTS/ENVELOPES

ISA-IEA
Sender and Receiver Codes:

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Transaction Code</th>
<th>ISA06 (Interchange Sender ID)</th>
<th>ISA08 (Interchange Receiver ID)</th>
</tr>
</thead>
<tbody>
<tr>
<td>270 interactive</td>
<td>270 interactive</td>
<td>Submitter’s ETIN</td>
<td>EMEDNYREL</td>
</tr>
<tr>
<td>271 interactive</td>
<td>271 interactive</td>
<td>EMEDNYREL</td>
<td>Submitter’s ETIN</td>
</tr>
<tr>
<td>270 batch</td>
<td>270 batch</td>
<td>Submitter’s ETIN</td>
<td>EMEDNYBAT</td>
</tr>
<tr>
<td>271 batch</td>
<td>271 batch</td>
<td>EMEDNYBAT</td>
<td>Submitter’s ETIN</td>
</tr>
<tr>
<td>276 batch</td>
<td>276 batch</td>
<td>Submitter’s ETIN</td>
<td>EMEDNYBAT</td>
</tr>
<tr>
<td>277 batch</td>
<td>277 batch</td>
<td>EMEDNYBAT</td>
<td>Submitter’s ETIN</td>
</tr>
<tr>
<td>835</td>
<td>835</td>
<td>EMEDNYBAT</td>
<td>Submitter’s ETIN</td>
</tr>
</tbody>
</table>

GS-GE
Sender and Receiver Codes:

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Transaction Code</th>
<th>GS02 (Interchange Sender ID)</th>
<th>GS03 (Interchange Receiver ID)</th>
</tr>
</thead>
<tbody>
<tr>
<td>270 interactive</td>
<td>270 interactive</td>
<td>Submitter’s ETIN</td>
<td>EMEDNYREL</td>
</tr>
<tr>
<td>271 interactive</td>
<td>271 interactive</td>
<td>EMEDNYREL</td>
<td>Submitter’s ETIN</td>
</tr>
<tr>
<td>270 batch</td>
<td>270 batch</td>
<td>Submitter’s ETIN</td>
<td>EMEDNYBAT</td>
</tr>
<tr>
<td>271 batch</td>
<td>271 batch</td>
<td>EMEDNYBAT</td>
<td>Submitter’s ETIN</td>
</tr>
<tr>
<td>276 batch</td>
<td>276 batch</td>
<td>Submitter’s ETIN</td>
<td>EMEDNYBAT</td>
</tr>
<tr>
<td>277 batch</td>
<td>277 batch</td>
<td>EMEDNYBAT</td>
<td>Submitter’s ETIN</td>
</tr>
<tr>
<td>835</td>
<td>835</td>
<td>EMEDNYBAT</td>
<td>Submitter’s ETIN</td>
</tr>
</tbody>
</table>

ST-SE
NYSDOH 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. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Electronic Transmitter Identification Number
Every entity that exchanges transactions with eMedNY systems must enroll as a Trading Partner with eMedNY using a unique Electronic Transmitter Identification Number (ETIN). Trading Partners who exchange transactions in batch mode will be assigned a mailbox and User ID.

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 sending the Functional Group is expected in data element GS02, Application Sender’s Code. These will often be the same.

Additional information about the setup and use of an ETIN is included in the Trading Partner Information Companion Guide, available on the eMedNYHIPAASupport.com website under Transaction Instructions.

8. ACKNOWLEDGEMENTS AND/OR REPORTS

Report Inventory
Inbound ASC X12 Eligibility Inquiry (270) and Claim Status Inquiry (276) transactions are responded to as follows:

<table>
<thead>
<tr>
<th>REQUEST</th>
<th>BATCH RESPONSE</th>
<th>REAL-TIME RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>270</td>
<td>F-FILE; TA1; 999; 271</td>
<td>GS99; TA1; 999; 271</td>
</tr>
<tr>
<td>276</td>
<td>F-FILE; TA1; 999; 277</td>
<td>N/A</td>
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</tbody>
</table>
9. TRADING PARTNER AGREEMENTS
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.

Trading Partners
An EDI Trading Partner is defined as any New York Medicaid customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from eMedNY.

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.

10. TRANSACTION SPECIFIC INFORMATION
The tables in this section list specific transaction Instructions applicable to ASC X12 Eligibility, Claim Status, and Payment Advice transactions:

<table>
<thead>
<tr>
<th>Unique ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>005010X279A1</td>
<td>Health Care Eligibility Benefit Inquiry and Response (270/271)</td>
</tr>
<tr>
<td>005010X212</td>
<td>Health Care Claim Status Request and Response (276/277)</td>
</tr>
<tr>
<td>005010X221A1</td>
<td>Health Care Claim Payment/Advice (835)</td>
</tr>
</tbody>
</table>

The implementation guides (Type 3 Technical Reports) are available at: [http://store.x12.org/](http://store.x12.org/)
### ASC X12/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271)

#### 270 Health Care Benefit Inquiry

<table>
<thead>
<tr>
<th>Page #</th>
<th>Loop ID</th>
<th>Referencing</th>
<th>Name</th>
<th>Codes</th>
<th>Length</th>
<th>Notes/Comments</th>
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<tbody>
<tr>
<td>63</td>
<td>BHT</td>
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<td>Beginning of Hierarchical Transaction</td>
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</tr>
<tr>
<td>64</td>
<td>BHT02</td>
<td></td>
<td>Transaction Set Purpose Code</td>
<td>13</td>
<td>2</td>
<td>NYSDOH expects to receive ‘13’. NYSDOH does not support Cancellation via 270 Inquiry.</td>
</tr>
<tr>
<td>69</td>
<td>2100A</td>
<td>NM1</td>
<td>Information Source Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>2100A</td>
<td>NM101</td>
<td>Entity Identifier Code</td>
<td>PR</td>
<td>2</td>
<td>NYSDOH expects to receive ‘PR’.</td>
</tr>
<tr>
<td>70</td>
<td>2100A</td>
<td>NM102</td>
<td>Entity Type Qualifier</td>
<td>2</td>
<td>1</td>
<td>NYSDOH expects to receive ‘2’.</td>
</tr>
<tr>
<td>71</td>
<td>2100A</td>
<td>NM108</td>
<td>Identification Code Qualifier</td>
<td>FI</td>
<td>2</td>
<td>NYSDOH expects to receive ‘FI’.</td>
</tr>
<tr>
<td>71</td>
<td>2100A</td>
<td>NM109</td>
<td>Information Source Primary Identifier</td>
<td>9</td>
<td></td>
<td>NYSDOH expects to receive “141797357”.</td>
</tr>
<tr>
<td>75</td>
<td>2100B</td>
<td>NM1</td>
<td>Information Receiver Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>2100B</td>
<td>NM101</td>
<td>Entity Identifier Code</td>
<td>1P, 2B, 80, FA, GP</td>
<td>2</td>
<td>NYSDOH only recognizes Provider, Third-Party Administrator, Hospital, Facility, or Gateway Provider.</td>
</tr>
<tr>
<td>77</td>
<td>2100B</td>
<td>NM108</td>
<td>Identification Code Qualifier</td>
<td>SV, XX</td>
<td>2</td>
<td>NYSDOH only recognizes Service Provider Number or Centers for Medicare and Medicaid Services National Provider Identifier</td>
</tr>
<tr>
<td>79</td>
<td>2100B</td>
<td>REF</td>
<td>Information Receiver Additional Identification</td>
<td></td>
<td></td>
<td>NYSDOH expects to receive this segment ONLY if the Entity identified in GS02 is different from the Entity identified in the NM1 Segment (Loop 2100B), such as when the submitter is acting as a Service Bureau on behalf of the provider. Otherwise, when both are the same Entity, DO NOT SEND this REF segment.</td>
</tr>
<tr>
<td>79</td>
<td>2100B</td>
<td>REF01</td>
<td>Reference Identification Qualifier</td>
<td>EO</td>
<td>2</td>
<td>NYSDOH only recognizes the qualifier for Submitter Identification Number.</td>
</tr>
<tr>
<td>80</td>
<td>2100B</td>
<td>REF02</td>
<td>Information Receiver Additional Identifier</td>
<td></td>
<td>8</td>
<td>NYS DOH expects to receive the <strong>8-digit MMIS Identification Number</strong> of the entity identified in GS02. Please Note: This MMIS-ID must be currently certified with the ETIN in GS02.</td>
</tr>
<tr>
<td>92</td>
<td>2100C</td>
<td>NM1</td>
<td>Subscriber Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page #</td>
<td>Loop ID</td>
<td>Reference Code</td>
<td>Name</td>
<td>Codes</td>
<td>Length</td>
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</tr>
<tr>
<td>96</td>
<td>2100C</td>
<td>NM109</td>
<td>Identification Code</td>
<td></td>
<td>8</td>
<td>NYSDOH expects the Member’s NY Medicaid Identification Number. (ex. LL#####L) For more information about the different Common Benefit ID Cards (CBIC), refer to the MEVS/DVS Provider Manual.</td>
</tr>
<tr>
<td>122</td>
<td>2100C</td>
<td>DTP</td>
<td>Subscriber Date</td>
<td></td>
<td></td>
<td>NYSDOH expects to receive Date of Service (DoS). NYSDOH supports an inquiry for any date within the current month even if it is a future date. Eligibility requests for dates in subsequent months will not be allowed. For example on July 1, 2013 a request may be submitted for any date during the month of July. NOTE: NYS DOH strongly recommends checking eligibility on the date of service as the member’s benefits may be updated at any time. If this segment is not valued on a 270 Inquiry, the request will be processed for the current DoS. NYSDOH does not support eligibility requests for a range of dates. If submitted as such, the determination will be based upon the from date.</td>
</tr>
<tr>
<td>123</td>
<td>2100C</td>
<td>DTP01</td>
<td>Date/Time Qualifier</td>
<td></td>
<td>291</td>
<td>NYSDOH expects to receive the qualifier for Plan.</td>
</tr>
<tr>
<td>124</td>
<td>2110C</td>
<td>EQ</td>
<td>Subscriber Eligibility or Benefit Inquiry</td>
<td></td>
<td></td>
<td>NYSDOH supports either a generic eligibility inquiry (using service type ‘30’) or Explicit inquiries using select service type codes. NYS DOH supports a maximum of 99 explicit service type inquiries per transaction.</td>
</tr>
<tr>
<td>Page #</td>
<td>Loop ID</td>
<td>Reference</td>
<td>Name</td>
<td>Codes</td>
<td>Length</td>
<td>Notes/Comments</td>
</tr>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>126</td>
<td>2110C</td>
<td>EQ01</td>
<td>Service Type Code</td>
<td>1;2;4;5;6;7;8;12;13;18;20;30;33;35;40;42;45;47;48;50;51;52;53;62;65;68;73;76;78;80;81;82;86;88;93;98;99;A0;A3;A6;A7;A8;AD;AE;AF;AG;AI;AL;BG;BH;MH;UC</td>
<td>1-2</td>
<td>NYS DOH supports Explicit Service Type Inquiry using fifty one (51) Service Type Codes. NYS DOH supports EQ01 to be repeated, up to 99 times, using the Repetition Separator identified in ISA11. For all Generic Inquiries, NYS DOH expects to receive Service Type Code ‘30’. All other Service Type Codes submitted will result in this transaction to be treated as a generic inquiry, same as if Service Type Code ‘30’ was submitted on the Inquiry.</td>
</tr>
<tr>
<td>146</td>
<td>2000D</td>
<td>HL</td>
<td>Dependent Level</td>
<td></td>
<td></td>
<td>NYSDOH does not support the Dependent Loop since all NYS Medicaid patients can be uniquely identified at the Subscriber Level (loop 2000C).</td>
</tr>
</tbody>
</table>
### 271 Health Care Benefit Response

<table>
<thead>
<tr>
<th>Page #</th>
<th>Loop ID</th>
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<th>Name</th>
<th>Codes</th>
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<th>Notes/Comments</th>
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</thead>
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<tr>
<td>289</td>
<td>2110C</td>
<td>EB</td>
<td>Subscriber Eligibility or Benefit Inquiry Information</td>
<td></td>
<td></td>
<td>NYS DOH repeats the EB segment for each Service Type.</td>
</tr>
<tr>
<td>291</td>
<td>2110C</td>
<td>EB01</td>
<td>Eligibility or Benefit Information</td>
<td>1;6;B;F;I;J;N;R;U;Y</td>
<td>1</td>
<td>NYS DOH returns these codes.</td>
</tr>
<tr>
<td>291</td>
<td>2110C</td>
<td>EB01</td>
<td>Eligibility or Benefit Information</td>
<td>F</td>
<td></td>
<td>When EB01 = ‘F’, the limitation being expressed is the patient has met their Utilization Threshold (UT) for the service type identified in EB03.</td>
</tr>
<tr>
<td>292</td>
<td>2110C</td>
<td>EB01</td>
<td>Eligibility or Benefit Information</td>
<td>J</td>
<td></td>
<td>When EB01 = ‘J’, member’s Principal Provider Excess Resource amount is conveyed in EB07. This value is returned with Service Type Codes ‘AG’ or ‘48’ in EB03.</td>
</tr>
<tr>
<td>292</td>
<td>2110C</td>
<td>EB01</td>
<td>Eligibility or Benefit Information</td>
<td>N</td>
<td></td>
<td>When EB01 = ‘N’, the patient has provider restrictions for the service type identified in EB03. The provider the patient is restricted to is reported in Loop 2120C.</td>
</tr>
<tr>
<td>292</td>
<td>2110C</td>
<td>EB01</td>
<td>Eligibility or Benefit Information</td>
<td>R</td>
<td></td>
<td>When EB01 = ‘R’, another payer is expected to pay or process before NYSDOH will pay. The payer is identified in Loop 2120C.</td>
</tr>
<tr>
<td>292</td>
<td>2110C</td>
<td>EB01</td>
<td>Eligibility or Benefit Information</td>
<td>U</td>
<td></td>
<td>The patient’s benefits are administered by another payer. Whether this is because the patient is enrolled in a managed care plan or Family Health Plus will be indicated in EB05. The payer is identified in Loop 2120C. If any services are carved-out, additional iteration(s) of the EB segment may be returned to indicate active coverage for those covered services.</td>
</tr>
<tr>
<td>292</td>
<td>2110C</td>
<td>EB01</td>
<td>Eligibility or Benefit Information</td>
<td>Y</td>
<td>1</td>
<td>When EB01 = ‘Y’, member’s NAMI amount is conveyed in EB07. This value is returned with Service Type Codes ‘AG’ or ‘48’ in EB03.</td>
</tr>
<tr>
<td>293</td>
<td>2110C</td>
<td>EB03</td>
<td>Service Type Code</td>
<td>1;4;5;30;3;35;47;48;50;54;82;86;88;98;A;L;AG;MH;UC</td>
<td>1/2</td>
<td>NYS DOH returns all these service type codes, when applicable, in response to a Generic Eligibility Inquiry (EQ01 = ‘30’ or any service type code which are not supported for Explicit Inquiry). NYS DOH does not repeat this data element, instead will repeat the EB segment to convey eligibility or benefit information, if available, for each Service Type Code.</td>
</tr>
<tr>
<td>Page #</td>
<td>Loop ID</td>
<td>Reference</td>
<td>Name</td>
<td>Codes</td>
<td>Length</td>
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</tr>
<tr>
<td>299</td>
<td>2110C</td>
<td>EB05</td>
<td>Plan Coverage Description</td>
<td></td>
<td></td>
<td>When EB01='1', '6' or 'U' and EB03 = '30, NYS DOH may return a Plan Coverage Description.</td>
</tr>
<tr>
<td>299</td>
<td>2110C</td>
<td>EB06</td>
<td>Time Period Qualifier</td>
<td>26,27;29;34</td>
<td>2</td>
<td>NYSDOH does not value this field when EB01='B' and EB03 = '4', '5', '88', '91' or '92', although EB07 may still contain a copay amount associated with these five service types. Otherwise, NYS DOH returns one of the values in the Codes column, when there is a benefit amount in EB07.</td>
</tr>
<tr>
<td>300</td>
<td>2110C</td>
<td>EB07</td>
<td>Benefit Amount</td>
<td></td>
<td></td>
<td>When EB01 = B, the amount reported here is the copay amount. When EB01 = Y, the amount reported here is the Net Available Monthly Income (NAMI) amount. When EB01 = J, the amount reported here is the Principal Provider Excess Resource amount.</td>
</tr>
<tr>
<td>314</td>
<td>2110C</td>
<td>REF</td>
<td>Subscriber Additional Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>315</td>
<td>2110C</td>
<td>REF01</td>
<td>Reference Identification Qualifier</td>
<td>18, 6P</td>
<td></td>
<td>NYSDOH may send the Plan and/or Policy number which applies to the Subscriber Benefit Related Entity Name in Loop 2120C NM1 segment.</td>
</tr>
<tr>
<td>317</td>
<td>2110C</td>
<td>DTP</td>
<td>Subscriber Eligibility/Benefit Date</td>
<td></td>
<td></td>
<td>When applicable, NYSDOH returns date(s) associated with NAMI or Excess Resource amounts</td>
</tr>
<tr>
<td>317</td>
<td>2110C</td>
<td>DTP01</td>
<td>Date Time Qualifier</td>
<td>291</td>
<td></td>
<td>NYS DOH will return this code.</td>
</tr>
<tr>
<td>318</td>
<td>2110C</td>
<td>DTP02</td>
<td>Date Time Period Format Qualifier</td>
<td>D8, RD8</td>
<td></td>
<td>When DTP02 = &quot;D8&quot;, NYSDOH will return the NAMI Begin Date in DTP03. When DTP02 = &quot;RD8&quot;, NYSDOH will return the Principal Provider (Excess Resource) Begin Date and End Date as a Range.</td>
</tr>
<tr>
<td>322</td>
<td>2110C</td>
<td>MSG</td>
<td>Message Text</td>
<td></td>
<td></td>
<td>NYSDOH may send multiple iterations of MSG Segment</td>
</tr>
<tr>
<td>323</td>
<td>2110C</td>
<td>MSG01</td>
<td>Free Form Message Text</td>
<td></td>
<td></td>
<td>NYSDOH may send up to 10 Exception Codes. Refer to the MEVS Provider Manual for translation of these codes. NYSDOH may also send the Client’s Recertification Month here. Example: “RECERT MONTH = 09”</td>
</tr>
<tr>
<td>329</td>
<td>2120C</td>
<td>NM1</td>
<td>Subscriber Benefit Related Entity Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page #</td>
<td>Loop ID</td>
<td>Reference</td>
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<td>Codes</td>
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<tr>
<td>330</td>
<td>2120C</td>
<td>NM101</td>
<td>Entity Identifier Code</td>
<td>P3</td>
<td></td>
<td>When NM101 = P3, the entity being identified is the provider the patient is</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>restricted to for the service type reported in EB03.</td>
</tr>
<tr>
<td>330</td>
<td>2120C</td>
<td>NM101</td>
<td>Entity Identifier Code</td>
<td>P4</td>
<td></td>
<td>When NM101 = P4, the entity being identified is a payer deemed primary to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Medicaid.</td>
</tr>
<tr>
<td>330</td>
<td>2120C</td>
<td>NM101</td>
<td>Entity Identifier Code</td>
<td>PR</td>
<td></td>
<td>When NM101 = PR, the entity being identified is a Family Health Plus payer.</td>
</tr>
<tr>
<td>61</td>
<td>2120C</td>
<td>NM101</td>
<td>Entity Identifier Code</td>
<td>Y2</td>
<td></td>
<td>When NM101 = Y2, the entity being identified is a Managed Care Plan.</td>
</tr>
<tr>
<td>333</td>
<td>2120C</td>
<td>NM108</td>
<td>Identification Code Qualifier</td>
<td>PI</td>
<td></td>
<td>NYSDOH will send ‘PI’ for Managed Care plans, Other payers, or Family Health Plus plans.</td>
</tr>
<tr>
<td>33</td>
<td>2120C</td>
<td>NM108</td>
<td>Identification Code Qualifier</td>
<td>XX</td>
<td></td>
<td>NYSDOH will send ‘XX’ when identifying a Restricted Provider.</td>
</tr>
<tr>
<td>347</td>
<td>2000D</td>
<td>HL</td>
<td>Dependent Level</td>
<td></td>
<td></td>
<td>NYSDOH does not support the Dependent Loop since all NYS Medicaid patients can be uniquely identified at the Subscriber Level (loop 2000C).</td>
</tr>
</tbody>
</table>
### ASC X12/005010X212 Health Care Claim Status Request and Response (276/277)

#### 276 Health Care Claim Status Request

<table>
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<tr>
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<th>Loop ID</th>
<th>Reference</th>
<th>Name</th>
<th>Codes</th>
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<th>Notes/Comments</th>
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<tbody>
<tr>
<td>37</td>
<td>BHT</td>
<td></td>
<td>Beginning of Hierarchical Transaction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>BHT03</td>
<td></td>
<td>Reference Identification</td>
<td></td>
<td></td>
<td>NYSDOH may return this information on the 277 response when the transaction cannot be processed due to an invalid provider ID or ETIN/provider ID combination.</td>
</tr>
<tr>
<td>39</td>
<td>2100A</td>
<td>NM1</td>
<td>Information Source Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>2100A</td>
<td>NM109</td>
<td>Identification Code</td>
<td></td>
<td></td>
<td>NYSDOH expects to receive ‘141797357’.</td>
</tr>
<tr>
<td>49</td>
<td>2100C</td>
<td>NM1</td>
<td>Provider Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>2100C</td>
<td>NM108</td>
<td>Identification Code Qualifier</td>
<td>SV, XX</td>
<td></td>
<td>NYSDOH will only recognize codes SV for atypical providers and XX for all others.</td>
</tr>
<tr>
<td>69</td>
<td>2210D</td>
<td>SVC</td>
<td>Service Line Information</td>
<td></td>
<td></td>
<td>NYSDOH does not support Service Line specific status requests. When sent, this data will be ignored and the request will be processed using the claim level data.</td>
</tr>
<tr>
<td>75</td>
<td>2000E</td>
<td>HL</td>
<td>Dependent Level</td>
<td></td>
<td></td>
<td>NYSDOH does not support the Dependent Loop since all NYS Medicaid patients can be uniquely identified at the Subscriber Level (loop 2000D).</td>
</tr>
</tbody>
</table>
277 Health Care Claim Status Response

The 277 Health Care Claim Status Response as implemented in eMedNY contains no values specific to NYSDOH requirements or processing. Readers of this document are directed to the Type 3 Technical Report ASC X12N/005010X212 Implementation Guide for Health Care Claim Status Response (277).

ASC X12/005010X221A1 Health Care Claim Payment/Advice (835)

835 Health Care Claim Payment/Advice

<table>
<thead>
<tr>
<th>Page #</th>
<th>Loop ID</th>
<th>Reference</th>
<th>Name</th>
<th>Codes</th>
<th>Length</th>
<th>Notes/Comments</th>
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<td>82</td>
<td>REF</td>
<td></td>
<td>Receiver Identification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>REF02</td>
<td></td>
<td>Receiver Identifier</td>
<td></td>
<td></td>
<td>NYS DOH will return the submitter’s ETIN (in the 837 this is the NM109 data element in Loop 1000A).</td>
</tr>
<tr>
<td>182</td>
<td>2100</td>
<td>AMT</td>
<td>Claim Supplemental Information</td>
<td></td>
<td></td>
<td>NYSDOH will send this segment at loop 2100 in the remittance advice for claims processed under the Health Home program.</td>
</tr>
<tr>
<td>182</td>
<td>2100</td>
<td>AMT01</td>
<td>Amount Qualifier Code</td>
<td>ZK</td>
<td></td>
<td>The value of “ZK” will be sent in this location for Health Home claims.</td>
</tr>
<tr>
<td>183</td>
<td>2100</td>
<td>AMT02</td>
<td>Monetary Amount</td>
<td></td>
<td></td>
<td>The Health Home payment amount will be reported in this location.</td>
</tr>
<tr>
<td>186</td>
<td>2110</td>
<td>SVC</td>
<td>Service Payment Information</td>
<td></td>
<td></td>
<td>The SVC segment will only be returned for Clinic claims processed under the APG (Ambulatory Patient Groups) methodology; and for Professional, Dental, and Pharmacy claims.</td>
</tr>
<tr>
<td>217</td>
<td>PLB</td>
<td></td>
<td>Provider Adjustment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>219</td>
<td>PLB03-2</td>
<td></td>
<td>Provider Adjustment Identifier</td>
<td></td>
<td></td>
<td>When assigned by the enforcement agency, this field will contain the Audit Number prefixed with FMG# for the first cycle a Negative Recoupment is reported. If no Audit Number is available, the Medicaid Financial Control Number prefixed with FCN# will be provided. Any subsequent cycle, in which the Negative Recoupment is reported, the original remittance advice number prefixed with RA# will be provided.</td>
</tr>
</tbody>
</table>
APPENDICES

1. IMPLEMENTATION CHECKLIST
NYSDOH does not publish a trading partner Implementation Checklist.

2. BUSINESS SCENARIOS
NYSDOH expects NY Medicaid providers to verify client eligibility before providing services to NY Medicaid clients. When an eligibility response transaction indicates available units of service for a Medicaid client then when the services are billed the available units remain in effect, even if the units have been utilized by another claim in the interim period between the eligibility and claim transactions.

NYSDOH encourages NY Medicaid providers to perform Claim Status Inquiry on a regular basis, generally within 48 hours of claim submission. The Claim Status Response will return useful information that will allow correction and re-submission of claims that were denied for billing errors, more timely than waiting for the remittance advice.

3. TRANSMISSION EXAMPLES
Examples of ASC X12 files are available at https://www.emedny.org/HIPAA/5010/5010_sample_files/index.aspx

4. FREQUENTLY ASKED QUESTIONS
https://www.emedny.org/HIPAA/5010/index.aspx

5. CHANGE SUMMARY
1/22/2014       Updated website link for Trading Partner Agreement

               Updated website link for Certification Statement for Existing ETINs

4/25/2013       Version 2.0 (changes effective June 21, 2013)

               Modified 005010X279A1 (270/271)

10/14/2012      Initial publication of Companion Guide based on CAQH-CORE Template
for ASC X12 Transaction Sets as defined in;

               005010X279A1 (270/271)

               005010X212 (276/277)

               005010X221A1 (835)