North Dakota MMIS
Companion Guide to the 005010X223A2 Health Care Encounter: Institutional (837)

ND Medicaid
May 2023

Preface

This Companion Guide to the Accredited Standards Committee (ASC) X12 Technical Report Type 3 (TR3) and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with the North Dakota MMIS. Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Technical Report Type 3 (TR3), are compliant with both ASC X12N syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the TR3 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 TR3.

Table of Contents

1 Introduction

This Companion Guide is intended for use by North Dakota Medicaid Managed Care Organization (MCO) Trading Partners for the submission of the X12N 837I Encounter transactions. It is to be used in conjunction with the ASC X12N 837I National Electronic Data Interchange Technical Report Type 3 (TR3). The TR3 can be accessed at https://x12.org/products/technical-reports (Note: select Implementation Guide – Type 3 (TR3). System will then prompt you to create a unique user ID and login password).

This Companion Guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with the North Dakota MMIS and specifies data clarification where applicable. Section 10 Transaction Specific Information contains data clarifications for fields and values that are specific for the ND MMIS.

Transaction specific data will be detailed using a table. Each row on the table will contain information on the loop, segment, or data element that is specific to the ND MMIS. The table format is as described below:

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
84	2010AA	NM1	Billing Provider Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comments about the segment itself goes in this cell.
86	2010AA	NM109	Identification Code		15	This type of row exists to limit the length of the specified data element.
109	2000B	SBR	Subscriber Information			
109	2000B	SBR01	Payer Responsibility Sequence Number Code	A, B, C, D, E, F, G, H, P ,S, T		These are the only codes transmitted by the payer.

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Payer Responsibility Eleven	H		This type of row exists when a note for a particular code value is required. For example, this note may say that value H will be used for all sequences beyond 10. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.
424	2400	SV2	Institutional Service Line			
425	2400	SV202-1	Product/Service ID Qualifier	HC, HP		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only certain values are applicable.

Scope

This Companion Guide is intended for use by North Dakota Medicaid Trading Partners for the submission of the X12N 837I Encounter transactions to ND Medicaid. This Companion Document is to be used in conjunction with the 837I TR3.

ND Medicaid provides connectivity for the flow of medical information and data between medical providers, facilities, vendors, claim payment agencies, clearinghouses, and the

Front-end Online Transaction Processor (OLTP). Beyond the receipt and delivery of this data, ND Medicaid provides translation to and from ASC X12N standard formats.

The 837 Institutional Encounter transaction data will be submitted to ND Medicaid for processing and validation of the X12N format(s). Please refer to Section 4 Connectivity with the North Dakota MMIS for more information regarding transmission methods.

Overview

This Companion Guide is divided into 10 Sections. Each section will describe the process or requirement that each Trading Partner must complete to submit and receive X12N transactions for North Dakota Medicaid.

Each section will provide the needed information of how Trading Partners will be required to complete successful transmissions to the North Dakota Medicaid MMIS.

This Companion Guide will provide contact information for obtaining assistance from the North Dakota Medicaid MMIS, as well providing data clarifications, including North Dakota Medicaid specific data requirements.

References

This document serves as a companion to the ASC X12N Electronic Data Interchange Technical Report Type 3 (TR3) as adopted under HIPAA. These can be accessed at: https://x12.org/products/technical-reports (Note: select Implementation Guide – Type 3 (TR3). System will then prompt you to create a unique user ID and login password).

Additional Information

For more information on North Dakota Medicaid EDI services for providers, including provider enrollment and claim transaction information, please visit: http://www.hhs.nd.gov

2 Getting Started

Working with North Dakota Medicaid

We provide availability for transaction transmission and download retrieval 24 hours a day, seven days a week. This availability is subject to scheduled and unanticipated non-scheduled downtime.

Scheduled Downtime

Holiday Schedule

The following days are recognized as official State holidays. Please note that during these days assistance with system issues will be very limited.

- New Year's Day, January 1

- Martin Luther King Day, the 3rd Monday in January

- President's Day, the 3rd Monday in February

- Memorial Day, the last Monday in May

- Independence Day, July 4

- Labor Day, the 1st Monday in September

- Veteran's Day, November 11

- Thanksgiving Day, the 4th Thursday in November

- Christmas Day, December 25

- Every day appointed by the President of the United States, or by the Governor of North Dakota for a public holiday

Routine Maintenance

It is operational policy to schedule preventative maintenance periods on the second Thursday of the month from 09:00PM to 4:00AM CT. Any alteration from this schedule will be noted in the notification message as described below.

For Scheduled downtime, a notification message will be published on the home screen and login screen.

Scheduled downtime – Home Screen

Scheduled downtime – Login Screen

Non-Scheduled Downtime

In the event of a non-scheduled downtime, North Dakota Medicaid will resolve the outage as quickly as possible. A notification message will be displayed near the Sign In portlet of the HOME page and near the Login portlet of the Login screen, as noted below. The anticipated timeframe for resolution will be noted on the message. Also, the message will state the extent of the disruption, whether it affects the MMIS functionality only, or if it also affects electronic file transfer processing.

In the event that the file transfer processing is affected, trading partners will receive an email notification.

Non – Routine Downtime (MMIS and File Transfer affected)– Home Screen

Non – Routine Downtime (MMIS and File Transfer affected)– login Screen

Non – Routine Downtime (File Transfer affected)– Home Screen

Non – Routine Downtime (File Transfer affected)– login Screen

Unscheduled/Emergency Downtime

North Dakota Medicaid will resolve the outage as expeditiously as possible, for Unscheduled/Emergency Downtime. Along with the MMIS notification messages outlined above, the system sends an email notification to the trading partners.

Trading Partner Registration

All entities that send electronic transactions to ND Medicaid for processing and retrieve reports and responses must enroll as EDI Trading Partners. The completed Trading Partner enrollment application provides ND Medicaid Claim Customer Service the information necessary to assign a Login Name, Login ID, and Trading Partner ID, which are required to send or retrieve electronic transactions. The Trading Partner enrollment application is available on the North Dakota Medicaid Web site at https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment

Certification and Testing Overview

X12N transaction files are certified by EDIFECS Transaction Manager software. Transaction Manager provides accurate trading partner verification and validation of HIPAA transactions (Type 1 EDI Syntax, Type 2 HIPAA Syntax, and some Type 7 ND Trading Partner Specific). ND Medicaid requires transaction testing with all enrolling Trading Partners.

Once a Trading Partner has successfully enrolled with North Dakota Medicaid, they will be contacted by a ND EDI Specialist. The EDI Specialist will guide the Trading Partner through the testing process.

.

3 Testing with the North Dakota MMIS

Before submitting production files to ND Medicaid, the Trading Partner must submit two valid test files for each transaction type. If the Trading Partner has received a test status of "Pass", then ND Medicaid will contact the Trading Partner and update the Trading Partner status to Production.

These tests verify a Trading Partner's ability to submit a specific transaction type containing valid data in the required format. Trading Partners are encouraged to include a minimum of 10 unique claims per test file to ensure more comprehensive testing.

For each file submission, the Trading Partner will receive an X12C 999 response file and an Edifecs Error Report in the trading partner's mailbox. The X12C 999 contains ACCEPT, REJECT or PARTIAL status. Should Trading Partners receive a test status of "REJECT" or "PARTIAL", then the Trading Partner should review the error(s) using the EDIFECS Error Report. The Trading Partner should correct and resubmit their test file until it receives a status of "ACCEPT". If Trading Partners require further assistance with testing or resolving errors, please contact ND Medicaid Claim Customer Service by email at NDMMISEDI@nd.gov, or call 701-328-2325 or 1-8844-848-0844.

4 Connectivity with the North Dakota MMIS

Process Flows

Editing and Validation Flow Diagram

Inbound Process Flow
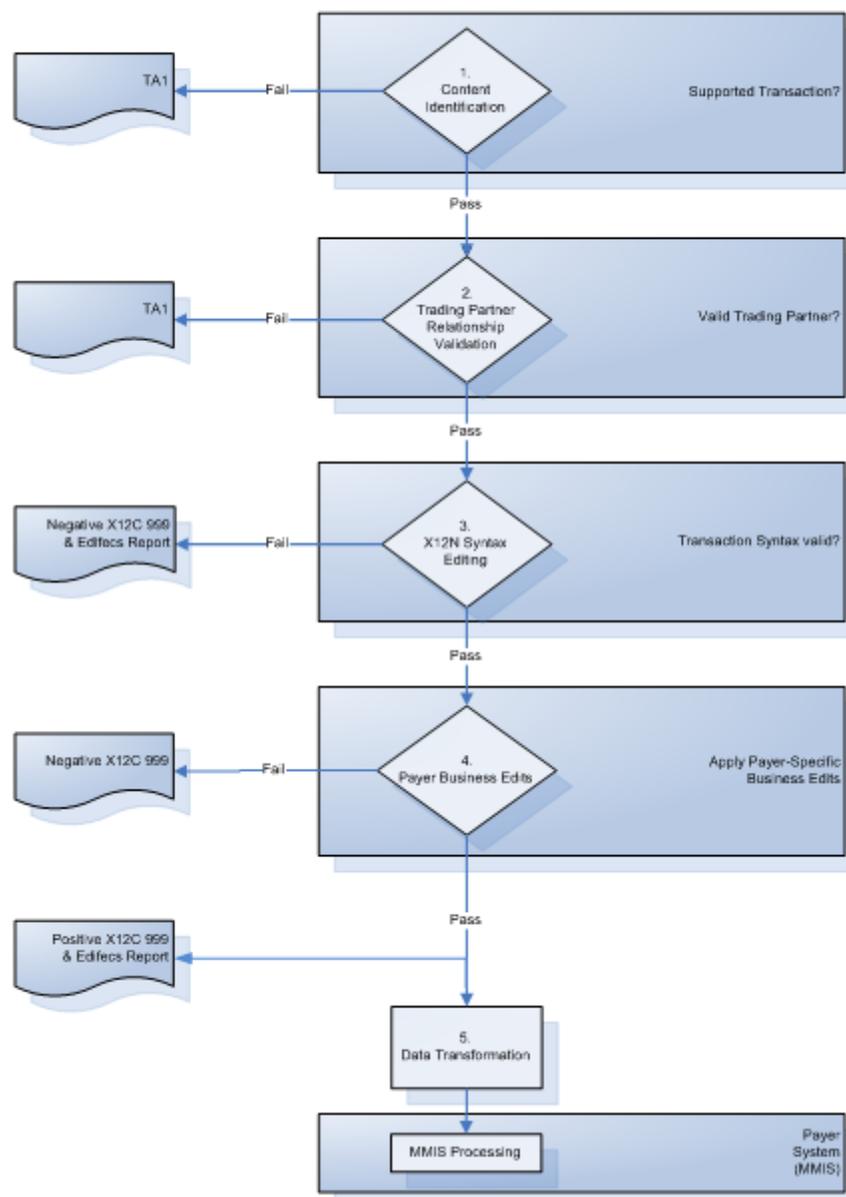
Legend:

1. **Content Identification:** Data identification is attempted. If the data can be identified, it is then checked for Trading Partner Relationship Validation.
2. **Trading Partner Relationship Validation:** The Trading Partner information is validated. If the Trading Partner relationship is valid, the data will be passed for X12N syntax validation.
3. **X12N Syntax Validation:** A determination will be made as to whether the data is ASC X12N. An X12C 999 (Implementation Acknowledgement) will be sent to the mailbox of the submitter. The X12C 999 contains **ACCEPT**, **REJECT or PARTIAL** status. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported in the X12C 999, and will be further detailed in the EDIFECS Report..
4. **Payer Business Edits:** If the data passes X12N syntax validation, payer business edits, such as the NPI "check digit" validation" will be performed. Any errors found will be returned in an X12C 999, with details explaining the segment(s) and element(s) where the error(s) occurred. The X12C 999 will be sent to the Mailbox System for submitter retrieval.
5. **Data Transformation:** Inbound X12N data is translated to XML format and passed to the North Dakota MMIS for processing.

Transmission Administration Procedures

Enrolled North Dakota Trading Partners will submit X12N 837 Institutional transaction data to ND Medicaid for processing. ND Medicaid validates submission of X12N format(s). The TA1 Interchange Acknowledgement reports the syntactical analysis of the interchange header and trailer. If the data (Interchange Envelope) is invalid, the file will be rejected. A TA1 will be delivered to the Trading Partner mailbox and a copy forwarded to the Trading Partner Support Specialist for review. If the Trading Partner/Transaction Type relationship does not exist in the Trading Partner Management Database (a missing or invalid Trading Partner ID), then a TA1 will not be generated because the relationship does not exist within the ND Medicaid EDIFECS Trading Partner Management Database. A report of the TA1 will be generated and delivered to the Trading Partner Support Specialist for additional review.

An X12C 999 Implementation Acknowledgement is generated when a file has passed the interchange header and trailer validation. A negative X12C 999 is generated if the file contains one or more Type 1 or Type 2 EDI or HIPAA Syntax errors or Type 7 ND Trading Partner Specific errors. The segment(s) and element(s) where the error(s) occurred will be reported to the submitter in the X12C 999 response.

If you have questions or require assistance with your TA1 or X12C 999 please contact ND Medicaid Claim Customer Service by email at NDMMISEDI@nd.gov, or call 701-328-2325 or 844-848-0844.

Re-Transmission Procedures

Transmission/Production Issues

When file transmission or technical production issues occur, which could require the re-submission of files, please contact ND Medicaid Claim Customer Service by email at NDMMISEDI@nd.gov, or call (701) 328-2325 or (844) 848-0844.

Please have the following information available when calling ND Medicaid Claim Customer Service regarding transmission and production issues.

- Trading Partner ID

- Web Portal Login Name (if using the Web Portal)

- Enterprise Managed File Transfer (MFT) (if using Secure FTP)

Communication Protocol Specifications

North Dakota Trading Partners can submit X12N files and download files such as the X12N 835, X12N 277CA, TA1, and X12C 999 via the ND Health Enterprise MMIS Web Portal and/or Managed File Transfer (MFT).

Web Portal

The Web Portal method allows a Trading Partner to initiate the submission of a batch file for processing by ND Medicaid. A Trading Partner must be an authenticated portal user who is either an active North Dakota Provider, or an authorized representative of the Provider. The Trading Partner accesses the Web Portal via a Web browser and is prompted for a login and password. Trading Partners may select files for upload from their PC or work environment using the "Browse" function. All 837 files submitted must meet the ASC X12N 837 standard.

Note: All files submitted via the Web Portal must be less than 10MB. The File Name can be a maximum of 80 Characters. A "space" is not allowed in the file name. An "underscore" may be used in the file name instead of a space.

Web Portal Upload Procedures

1. In your Web browser, log on to the **North Dakota MMIS Health Enterprise Portal** at https://mmis.nd.gov

2. From the **EDI** menu, select **Upload X12**.
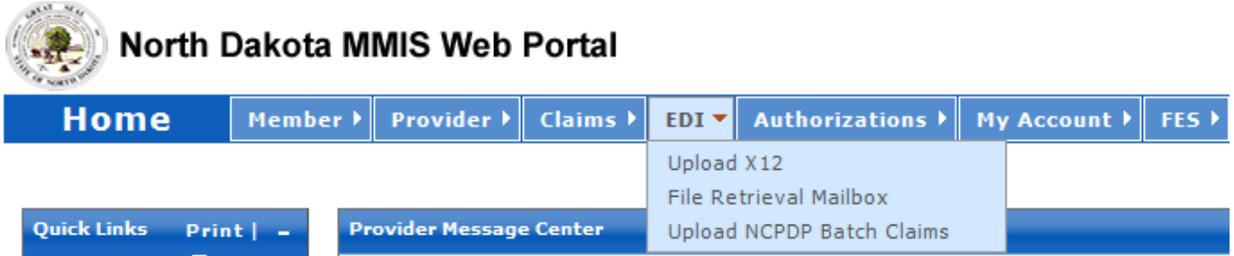
3. Navigate to the file you wish to upload using the Browse button, or type the path and filename into the File Information field.

4. Click **Submit**. Information on the file submitted is displayed in the **Upload Completed** screen.

5. To retrieve the file confirmation, click on the **Message Center** button to go to your mailbox.

Web Portal Data Retrieval Procedures

The Web Portal allows a Trading Partner to initiate file retrieval. Once logged into the Provider Homepage, multiple functions such as File Retrieval are available.

Downloading Files from the Web Portal

1. In your Web browser, log on to the **North Dakota MMIS Health Enterprise Portal** at https://mmis.nd.gov.

2. From the **EDI** menu, select **File Retrieval Mailbox**.

3. Select the **X12** radio button; select a file type; and if desired, enter beginning and end dates for the search.

4. Click the **Search** button. The **Results** view displays files matching the search criteria. From the **Results** view, click the Creation Date of the file for downloads.

   Note: After the first time selecting the files, the **Show All** box needs to be checked to retrieve them again

5. Click **Save**, to save the file to your PC.
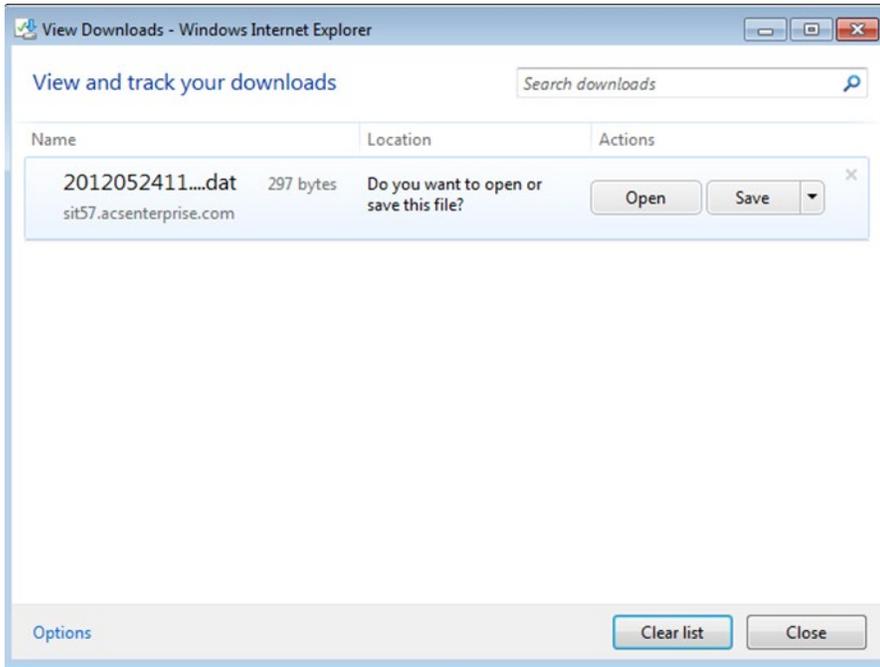
6. Specify a path for download, and click **Save** again.
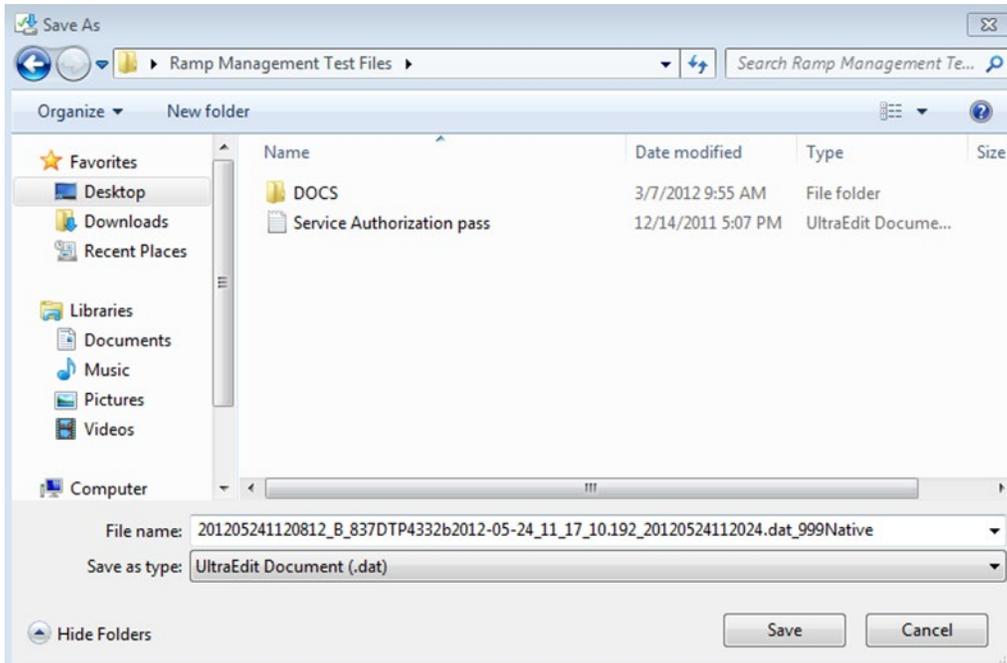
ND Enterprise Managed File Transfer

ND Enterprise Managed File Transfer (MFT), or commonly referred to as Secure FTP is an appropriate alternative to the North Dakota Web Portal for large files (i.e. files in excess of 10MB each). MFT setup is separate from Trading Partner Enrollment, but still coordinated through ND Medicaid Claim Customer Service. Trading partners may use MFT for submission and retrieval of files. Note that ND Medicaid staff will not provider technical support for applications other than MFT.

Note: File Name is a maximum of 128 Characters. A "space" is not allowed in the inbound file name. An "underscore" may be used in the inbound file name instead of a space.

Managed File Transfer Setup and Support

Upon successful Trading Partner enrollment, a Trading Partner MFT account will be created. Trading Partners set up for submission and/or retrieval of files via the MFT mechanism will receive connectivity details from ND Medicaid Claim Customer Service once setup is complete. This information will include login credentials, policies concerning passwords, file retention, and basic information on site navigation. The ND Enterprise Managed File Transfer secured website is https://mft.nd.gov/.

If the Trading Partner requires support (i.e. account becomes locked or experiences connectivity issues), the Trading Partner should contact ND Medicaid Claim Customer Service by email at NDMMISEDI@nd.gov, or call 701-328-2325 or 844-848-0844.

Passwords

Log in Credentials: In order to receive your authorized user log in credentials all Trading Partners, regardless of submission method, must be enrolled with ND Medicaid and approved as Trading Partners on the ND Health Enterprise MMIS. Log in credentials include names/ids and passwords, that will be required for the submission of transactions to ND Medicaid.

Trading Partner ID: The Trading Partner ID links the Trading Partner to their transaction data and is the ND Health Enterprise MMIS's internal key to accessing their Trading Partner information. Please have this number available each time you ND Medicaid Claim Customer Service by email at NDMMISEDI@nd.gov, or call (701) 328-2325 or (844) 848-0844.

The following login credentials are issued depending on the chosen communication method.

Web Portal User ID/Password: This Web Portal User ID allows Trading Partners access to the North Dakota MMIS Health Enterprise Portal for functions that include file submission and file retrieval. ND Medicaid Claim Customer Service also uses the logon name to access Web Portal data submissions.

MFT ID/Password: These are the login credentials for the ND Medicaid Managed File Transfer site. These allow FTP Trading Partners to access assigned folders for file submission or to retrieve responses. ND Medicaid Claim Customer Service also uses this secure FTP ID to reference your MFT data submissions.

5 Contact Information

EDI Customer Service

ND Medicaid Claim Customer Service is available to all North Dakota Medicaid Trading Partners, Monday through Friday from 8:00 a.m. to 5:00 p.m., Central Time, at the following numbers:

Toll Free: (844) 848-0844

Local: (701) 328-2325

EDI Technical Assistance

ND Medicaid Claim Customer Service assists users with questions about electronic submissions. ND Medicaid Claim Customer Service is available to all North Dakota Medicaid Trading Partners, Monday through Friday from 8:00 a.m. to 5:00 p.m., Central Time, at (844) 848-0844 or (701) 328-2325. ND Medicaid Claim Customer Service specializes in the following:

- Provides information on available services

- Creates user accounts for file submission for approved Trading Partners

- Verifies receipt of electronic transmissions

- Aids Trading Partners experiencing transmission difficulties

Provider Services Number

ND Medicaid Claim Customer Service is available to all North Dakota Medicaid Trading Partners, Monday through Friday from 8:00 a.m. to 5:00 p.m., Central Time, at (844) 848-0844 or (701) 328-2325.

Applicable Web site/E-mail

Please visit http://www.hhs.nd.gov for ND Medicaid provider and Trading Partner services information, including Trading Partner enrollment information, FAQs, manuals and related documentation.

6 Control Segments/ Envelopes

ISA-IEA

ND Medicaid will read the Interchange Control Segments to validate the Interchange Envelope of each ASC X12 file received for processing. If the Interchange Envelope is invalid, the Trading Partner will receive a TA1 Interchange Acknowledgement. In the event a TA1 is generated, the TA1 will be delivered to the Trading Partner Mailbox. The ISA table provides sender and receiver codes, authorization, and delimiter information.

GS-GE

ND Medicaid permits Trading Partners to submit single or multiple functional groups within an X12 file. If the X12 file contains multiple functional groups, ND Medicaid will split a file containing multiple functional groups in several files for processing. As a result, the Trading Partner will receive multiple X12C 999 Implementation Acknowledgments.

ST-SE

ND Medicaid will require a unique Transaction Set Control Number in the ST02. The ST02 value should match the SE02 value. Should a file contain multiple ST to SE Transaction Sets, each transaction set control number may not be duplicated within the same interchange (ISA to IEA).

7 North Dakota Medicaid Specific Business Rules and Limitations

Many of the data elements detailed in this Companion Guide reflect North Dakota business requirements, but still meet the standard requirements in the ASC X12N TR3. Inclusion of a "business-required" data field, as defined by this Companion Guide, will aid in the delivery of a positive response from the North Dakota Health Enterprise MMIS. For more information regarding North Dakota specific billing requirements, consult the applicable ND Medicaid provider billing manual, which can be downloaded from the North Dakota Medicaid Web site at: http://www.hhs.nd.gov

Note on decimal/amount fields: Even though the X12N transaction defines Amount fields as having an 18-byte maximum, there is an additional HIPAA rule that limits all decimal fields to a maximum of 10 characters, including the two implied or reported decimal places. Accordingly, for all decimal or amount fields:

- "123456789012" is not an acceptable amount, because it is greater than 10 bytes.

- "12345678.90" is acceptable because the number of digits is not greater than 10; the decimal point itself is not limited by the rule.

- However, "1234567890" is not acceptable because the X12N engine assumes that a decimal point and succeeding zeroes are implied so that the actual number being communicated is "1234567890.00", which is greater than 10 bytes.

- The 10-byte limitation applies to all decimal or amount fields, including AMT segments, but also including any other fields that hold amounts or decimals, such as 837 SV207, CAS03, CAS06, CAS09, CAS12, CAS15, CAS18, HI01-5, HI02-5, HCP02 and HCP03, etc.

For all fields not listed in these bullets, follow the guidelines in the ASC X12N Electronic Data Interchange Technical Report Type 3 (TR3), available at https://x12.org/products/technical-reports (Note: select Implementation Guide – Type 3 (TR3). System will then prompt you to create a unique user ID and login password).

8 Acknowledgements and/or Reports

Transmission Errors and Reports

Each file submission will create an acceptance or rejection report. The rejection reports which are generated depend on the severity of the error and the level where the error occurs. For submissions with errors, the result may be the rejection of an entire file or a single claim.

Transmission Errors

Transmission Errors can occur when there are errors in the ISA segment. The ISA is part of the Interchange Control. A transmission error will occur when the ISA and/or GS Sender and Receiver information is not submitted correctly or does not pass the Edifecs Trading Partner Validation process. When the file is unable to be recognized, an audit report will be generated and posted to the Trading Partner mailbox. If the Trading Partner is unable to be identified in either the ISA or GS, the audit report will still generate and post to a mailbox created for the Trading Partner ID found in the inbound file. The Trading Partner should use the audit report to correct and resubmit their X12 file.

- Example: Leading spaces before the start of the data makes the file unrecognizable. Compliance Check expects "ISA" in the first three spaces.

EDIFECS Audit Report

Error Report
Executed Thursday, March 13, 2014 01:16:42 PM (GMT)
C:\Edifecs\XEServer\profiles\Enterprise_NorthDakota_837_835_Batch\workspace\E0222F50-261B-4150-BF69-1A434F7F65E7

Powered by Edifecs

This report shows the results of a submitted data file validated against a guideline. If there are errors, you must fix the application that created the data file and then generate and submit a new data file.

Report Summary	Error Severity Summary		File Information	
Failed **1 Error(s)**	Rejecting	Normal:1	Interchange Received: Interchange Accepted:	1 0

1 Interchange

Interchange Status: Rejected

FunctionalGroup Received: 1 FunctionalGroup Accepted: 0	Sender ID: ND1746 Receiver ID: ND00994 Control Number: 800065404 Date: 130501	Sender Qualifier: ZZ Receiver Qualifier: ZZ Version: 00501 Time: 1230

1.1 FunctionalGroup

FunctionalGroup Status: Rejected

TransactionSets Received: 1 TransactionSets Accepted: 0	Sender ID: ND1746 Control Number: 131210002 Date: 20130501	Receiver ID: ND00994 Version: 005010X223A2 Time: 1230

1.1.1 Transaction

Transaction Status: Rejected

Provider Received: 1 Provider Accepted: 0	Control Number: 0001	Transaction ID: 837

#	Error ID	Error	Error Data	SNIP Type	Severity	Guideline Properties
1	0x810005	The number of submitted segments in your file is 46. Number of included segments (SE01) has a value of '47'. Please review the specification and re-submit a test. This error was detected at: Segment Count: 46 Element Count: 1 Characters: 1335 through 1337 Business Message: The values are not equal. Business path: SE/96	SE* **47** *0001	1	Normal	ID: 96 IID: 54430 Name: Number of Included Segments Standard Option: Mandatory User Option: Must Use Max Use: 1 Min Length: 1 Max Length: 10 Type: Numeric with implied decimal

Report Inventory

The three acceptance/rejection reports are:

- TA1 Interchange Acknowledgement

- X12C 999 Implementation Acknowledgement

- EDIFECS Error Report

TA1 Interchange Acknowledgement Rejection Report

The ISA and GS segments contain the header and trailer information within the Interchange (ISA-IEA) and Functional Group (GS-GE) envelopes. Some ISA-IEA and GS-GE problems will result in the entire submission being rejected resulting in the generation of a TA1 to be delivered to the Trading Partner mailbox. If the Trading Partner relationship does not exist (a missing or invalid Trading Partner ID), a TA1 will not be generated because the relationship does not exist within the ND Medicaid Trading Partner Management Database (TPMS).

A report of the TA1 will be generated daily and delivered ND Medicaid Claim Customer Service for additional review. For additional information regarding the TA1, please refer to the ASC X12C 999 (v005010X231A1) Electronic Data Interchange Technical Report Type 3 (TR3).

The TA1 Interchange Acknowledgement Report may result from various sources:

- The submitted file is not recognized as an X12N file due to file corruption or data errors in the ISA-IEA or GS-GE envelopes.

- The submitted file has errors that would prevent the translation engine from uniquely identifying the file, transaction type, or submitter.

- The ISA01 contains a value other than 00 or 03.

Interchange-Level Errors and the TA1 Rejection Report

Envelope data and/or format issues may make it impossible to identify the ISA-IEA envelope will result in a TA1 Interchange Acknowledgement rejection of the entire submission.

An example of an Interchange-Level error that will result in a TA1:

- The Header Interchange Control Number in ISA13 ("014640000") does not match the Trailer Interchange Control Number in IEA02 ("014640001"). The interchange envelope cannot be validated when the ISA13 and IEA02 do not contain the same values.

```
ISA*00*          *00*          *ZZ*654321*ZZ*NDDHSMED
*120712*0800*^*00501*014640000*1*T*:~
GS*HC*654321*NDDHSMED*20120712*0800*19990000*X*005010X223A2~
```

```
ST*837*1367*005010X223A2~
    BHT*0019*00*00020098*20120712*1533*RP~
    NM1*41*2*MEMORIAL MEDICAL CENT*****46*103550~
    PER*IC*DALE JAMES*TE*9125551212*FX*912551313~
    NM1*40*2*ND MEDICAID*****46*NDDHSMED~
    HL*1**20*1~
    PRV*BI*PXC*193200000X~
    NM1*85*2*BILLING PROVIDER*****XX*1104922392~
    N3*2010AA ADRESS LINE 1*2010AA ADDRESS LINE 2~
    N4*BILLING CITY*ND*033011234~
    REF*EI*264646464~
    PER*IC*CONTACTNAME*TE*3055551212*EX*2012*FX*3055551313~
    HL*2*1*22*0~
    SBR*P*18*******MC~
    NM1*IL*1*SMITH*JOHN*T***MI*11002225879~
    N3*1111 TRAIL PLACE*APT 9S~
    N4*SAVANNAH*ND*314011548~
    DMG*D8*19530531*M~
    NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
    N3*PO BOX 5000~
    N4*MCRAE*ND*310555000~
    CLM*0630700323*778.18***11:A:1*Y**Y*Y*********Y~
    DTP*096*TM*1300~
    DTP*434*RD8*20120712-20120712~
    DTP*435*DT*201207120000~
    CL1*3*1*01~
    REF*9C*000080335910000010000001~
    REF*G1*62362623~
    REF*EA*00411733~
    NTE*ADD*20120713~
    HI*BK:7810~
    HI*BJ:7810~
    HI*BF:3441*BF:4019*BF:07070*BF:0549~
    HI*BH:11:D8:20120712*BH:A1:D8:19530531~
    NM1*71*1*ATTENDING*PROVIDER*X***XX*1104922392~
    PRV*AT*PXC*208600000X~
    SBR*P*18******HM~
    AMT*D*500~
    LX*1~
    SV2*0250**547.55*UN*25~
    DTP*472*RD8*20120712-20120712~
    LX*2~
    SV2*0258**100.8*UN*2~
    DTP*472*RD8*20120712-20120712~
    LX*3~
    SV2*0730*HC:93005*129.83*UN*1~
    DTP*472*RD8*20120712-20120712~
    NM1*72*1*2420BLASTNAME*2420BFIRSTNAME****xx*123456789~
    NM1*DN*1*2420CLASTNAME*2420CFIRSTNAME****XX*123456789~
    SVD*1234*129.83*HC:00100:22:23*0001*12~
    DTP*573*D8*20120712~
    SE*51*1367~
GE*1*19990000~
IEA*1*014640001~
```

Functional Group Level Errors and the TA1 Rejection Report

When the ISA-IEA and GS-GE envelopes are identifiable, but the Trading Partner is not authorized for the transaction, the entire submission is rejected with a TA1.

Example of a Functional-Group-Level error that will result in a TA1 rejection:

- If an invalid Receiver ID is transmitted in the GS.

```
ISA*00*          *00*          *ZZ*654321          *ZZ*NDDHSMED
*120712*0800*^^00501*014640000*1*P*:~
    GS*HC*654321*NDDHSMED*20120712*0800*19990000*X*005010X223A2~
      ST*837*1367*005010X223A2~
        BHT*0019*00*00020098*20120712*1533*RP~
        NM1*41*2*MEMORIAL MEDICAL CENT*****46*103550~
        PER*IC*DALE JAMES*TE*91255512124*FX*9125551313~
        NM1*40*2*ND MEDICAID*****46*NDDHSMED~
        HL*1**20*1~
        PRV*BI*PXC*193200000X~
        NM1*85*2*BILLING PROVIDER*****XX*1104922392~
        N3*2010AA ADRESS LINE 1*2010AA ADDRESS LINE 2~
        N4*BILLING CITY*ND*033011234~
        REF*EI*264646464~
        PER*IC*CONTACTNAME*TE*3055551212*EX*2012*FX*3055551313~
        HL*2*1*22*0~
        SBR*P*18*******MC~
        NM1*IL*1*SMITH*JOHN*T***MI*11002225879~
        N3*1111 TRAIL PLACE*APT 9S~
        N4*SAVANNAH*ND*314011548~
        DMG*D8*19530531*M~
        NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
        N3*PO BOX 5000~
        N4*MCRAE*ND*310555000~
        CLM*0630700323*778.18***11:A:1*Y**Y*Y*********Y~
        DTP*096*TM*1300~
        DTP*434*RD8*20120712-20120712~
        DTP*435*DT*201207120000~
        CL1*3*1*01~
        REF*9C*000080335910000001000001~
        REF*G1*62362623~
        REF*EA*00411733~
        NTE*ADD*20120713~
        HI*BK:7810~
        HI*BJ:7810~
        HI*BF:3441*BF:4019*BF:07070*BF:0549~
        HI*BH:11:D8:20120712*BH:A1:D8:19530531~
        NM1*71*1*ATTENDING*PROVIDER*X***XX*1104922392~
        PRV*AT*PXC*208600000X~
        SBR*P*18******HM~
        AMT*D*500~
        LX*1~
        SV2*0250**547.55*UN*25~
        DTP*472*RD8*20120712-20120712~
        LX*2~
        SV2*0258**100.8*UN*2~
        DTP*472*RD8*20120712-20120712~
        LX*3~
        SV2*0730*HC:93005*129.83*UN*1~
```

```
                DTP*472*RD8*20120712-20120712~
                NM1*72*1*2420BLASTNAME*2420BFIRSTNAME****XX*1123401478~
                NM1*73*1*2420CLASTNAME*2420CFIRSTNAME****XX*1238560147~
                SVD*1234*129.83*HC:00100:22:23*0001*12~
                DTP*573*D8*20120712~
            SE*51*1367~
        GE*1*19990000~
     IEA*1*014640000~
```

X12C 999 Implementation Acknowledgment

If the file, envelope, and submitter are recognized, the file is passed through Compliance Check to determine the syntactical validity of the X12N submission. An X12C 999 Implementation Acknowledgement is generated for all files that receive an accepted TA1. If errors are found, a rejected or partial X12C 999 will be generated. If the Trading Partner receives a rejected or partial X12C 999, the Trading Partner will review, correct, and resubmit. For additional information regarding the X12C 999, please refer to the ASC X12C 999 (v005010X231A1) Electronic Data Interchange Technical Report Type 3 (TR3). If the Trading Partner requires additional assistance with the X12C 999, please contact ND Medicaid Claim Customer Service.

Interchange Level Errors and the X12C 999 Implementation Acknowledgement

If the Interchange Header is recognizable and all elements are the proper length, but the header contains syntactically invalid data, such as invalid qualifiers or data relationships, an X12C 999 will be generated.

Example of an Interchange-Level error that will result in an X12C 999:

- "K" is technically a valid repetition separator. An accepted TA1 will be produced. However, if "K" is used anywhere in the file, it will be classified as a repetition separator and it will fail as a syntax error on the X12C 999. ND Medicaid recommends using a caret (^) as the repetition separator.

```
ISA*00*          *00*          *XX*654321        *ZZ*NDDHSMED
*120712*0800K*00501*014640000*1*T*:~
   GS*HC*654321*NDDHSMED*20120712*0800*19990000*X*005010X223A2~
     ST*837*1367*005010X223A2~
           BHT*0019*00*00020098*20120712*1533*RP~
           NM1*41*2*MEMORIAL MEDICAL CENT*****46*103550~
           PER*IC*SKOTT JAMES*TE*9125551212*FX*9125551313~
           NM1*40*2*ND MEDICAID*****46*NDDHSMED~
           HL*1**20*1~
           PRV*BI*PXC*193200000X~
           NM1*85*2*BILLING PROVIDER*****ZZ*1104922392~
           N3*2010AA ADRESS LINE 1*2010AA ADDRESS LINE 2~
           N4*BILLING CITY*ND*033011234~
           REF*EI*264646464~
           PER*IC*CONTACTNAME*TE*3055551212*EX*2012*FX*3055551313~
           HL*2*1*22*0~
           SBR*P*18*******MC~
           NM1*IL*1*SMITH*JOHN*T***MI*11002225879~
           N3*1111 TRAIL PLACE*APT 9S~
           N4*SAVANNAH*ND*314011548~
```

```
                DMG*D8*19530531*M~
                NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
                N3*PO BOX 5000~
                N4*MCRAE*ND*310555000~
                CLM*0630700323*778.18***11:A:1*Y**Y*Y*********Y~
                DTP*096*TM*1300~
                DTP*434*RD8*20120703-20120708~
                DTP*435*DT*201207070000~
                CL1*3*1*01~
                REF*9C*00008033591000001000001~
                REF*G1*62362623~
                REF*EA*00411733~
                NTE*ADD*20120713~
                HI*BK:7810~
                HI*BJ:7810~
                HI*BF:3441*BF:4019*BF:07070*BF:0549~
                HI*BH:11:D8:20120707*BH:A1:D8:19530531~
                NM1*71*1*ATTENDING*PROVIDER*X***XX*1104922392~
                PRV*AT*PXC*208600000X~
                SBR*P*18******HM~
                AMT*D*500~
                LX*1~
                SV2*0250**547.55*UN*25~
                DTP*472*RD8*20120707-20120707~
                LX*2~
                SV2*0258**100.8*UN*2~
                DTP*472*RD8*20120707-20120707~
                LX*3~
                SV2*0730*HC:93005*129.83*UN*1~
                DTP*472*RD8*20120703-20120703~
                NM1*72*1*2420BLASTNAME*2420BFIRSTNAME****XX*1123401478~
                NM1*73*1*2420CLASTNAME*2420CFIRSTNAME****XX*1238560147~
                SVD*1234*129.83*HC:00100:22:23*0001*12~
                DTP*573*D8*20120703~
        SE*51*1367~
     GE*1*19990000~
IEA*1*014640000~
```

Functional Group Level Errors and the X12C 999 Implementation Acknowledgement

When the GS and GE segments are identifiable and the Trading Partner is authorized for the transaction, but a syntactical error is identified in the GS or GE segments, the entire functional group (from GS to GE) is rejected with an X12C 999.

Example of Functional Group Level Error that will result in an X12C 999:

- The transaction was built with incorrect Total Number of transaction sets at the Functional Group Trailer. GE01 should be 2 because the Functional Group contains two ST to SE transaction sets.

```
ISA*00*          *00*          *ZZ*654321         *ZZ*NDDHSMED
*120712*0800*^*00501*014640000*1*T*:~
   GS*HC*654321*NDDHSMED*20120712*0800*19990000*X*005010X223A2~
      ST*837*0001*005010X223A2~
            BHT*0019*00*00020098*20120712*1533*RP~
            NM1*41*2*MEMORIAL MEDICAL CENT*****46*103550~
```

```
PER*IC*DALE JAMES*TE*9125551212*FX*9125551313~
NM1*40*2*ND MEDICAID*****46*NDDHSMED~
HL*1**20*1~
PRV*BI*PXC*193200000X~
NM1*85*2*BILLING PROVIDER*****XX*1104922392~
N3*2010AA ADRESS LINE 1*2010AA ADDRESS LINE 2~
N4*BILLING CITY*ND*033011234~
REF*EI*264646464~
PER*IC*CONTACTNAME*TE*3055551212*EX*2012*FX*3055551313~
HL*2*1*22*0~
SBR*P*18*******MC~
NM1*IL*1*SMITH*JOHN*T***MI*11002225879~
N3*1111 TRAIL PLACE*APT 9S~
N4*SAVANNAH*ND*314011548~
DMG*D8*19530531*M~
NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
N3*PO BOX 5000~
N4*MCRAE*ND*310555000~
CLM*0630700323*778.18***11:A:1*Y**Y*Y*********Y~
DTP*096*TM*1300~
DTP*434*RD8*20120703-20120708~
DTP*435*DT*201207070000~
CL1*3*1*01~
REF*9C*00008033591000001000001~
REF*G1*62362623~
REF*EA*00411733~
NTE*ADD*20120713~
HI*BK:7810~
HI*BJ:7810~
HI*BF:3441*BF:4019*BF:07070*BF:0549~
HI*BH:11:D8:20120707*BH:A1:D8:19530531~
NM1*71*1*ATTENDING*PROVIDER*X***XX*1104922392~
PRV*AT*PXC*208600000X~
SBR*P*18******HM~
AMT*D*500~
LX*1~
SV2*0250**547.55*UN*25~
DTP*472*RD8*20120707-20120707~
LX*2~
SV2*0258**100.8*UN*2~
DTP*472*RD8*20120707-20120707~
LX*3~
SV2*0730*HC:93005*129.83*UN*1~
DTP*472*RD8*20120703-20120703~
NM1*72*1*2420BLASTNAME*2420BFIRSTNAME****XX*1123401478~
NM1*73*1*2420CLASTNAME*2420CFIRSTNAME****XX*1123856014~
SVD*1234*129.83*HC:00100:22:23*0001*12~
DTP*573*D8*20120703~
SE*51*0001~
ST*837*0002*005010X223A2~
BHT*0019*00*00020098*20120712*1533*RP~
NM1*41*2*MEMORIAL MEDICAL CENT*****46*103550~
PER*IC*DALE JAMES*TE*9125551212*FX*9125551313~
NM1*40*2*ND MEDICAID*****46*NDDHSMED~
HL*1**20*1~
PRV*BI*PXC*193200000X~
NM1*85*2*BILLING PROVIDER*****XX*1104922392~
N3*2010AA ADRESS LINE 1*2010AA ADDRESS LINE 2~
N4*BILLING CITY*ND*033011234~
REF*EI*264646464~
PER*IC*CONTACTNAME*TE*3055551212*EX*2012*FX*3055551212~
HL*2*1*22*0~
SBR*P*18*******MC~
```

```
            NM1*IL*1*SMITH*JOHN*T***MI*11002225879~
            N3*1111 TRAIL PLACE*APT 9S~
            N4*SAVANNAH*ND*314011548~
            DMG*D8*19530531*M~
            NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
            N3*PO BOX 5000~
            N4*MCRAE*ND*310555000~
            CLM*0630700323*778.18***11:A:1*Y**Y*Y*********Y~
            DTP*096*TM*1300~
            DTP*434*RD8*20120703-20120708~
            DTP*435*DT*201207070000~
            CL1*3*1*01~
            REF*9C*0000803359100001000001~
            REF*G1*62362623~
            REF*EA*00411733~
            NTE*ADD*20120713~
            HI*BK:7810~
            HI*BJ:7810~
            HI*BF:3441*BF:4019*BF:07070*BF:0549~
            HI*BH:11:D8:20120707*BH:A1:D8:19530531~
            NM1*71*1*ATTENDING*PROVIDER*X***XX*1104922392~
            PRV*AT*PXC*208600000X~
            SBR*P*18******HM~
            AMT*D*500~
            LX*1~
            SV2*0250**547.55*UN*25~
            DTP*472*RD8*20120707-20120707~
            LX*2~
            SV2*0258**100.8*UN*2~
            DTP*472*RD8*20120707-20120707~
            LX*3~
            SV2*0730*HC:93005*129.83*UN*1~
            DTP*472*RD8*20120703-20120703~
            NM1*72*1*2420BLASTNAME*2420BFIRSTNAME****XX*1123401478~
            NM1*73*1*2420CLASTNAME*2420CFIRSTNAME****XX*1123856014~
            SVD*1234*129.83*HC:00100:22:23*0001*12~
            DTP*573*D8*20120703~
         SE*51*0002~
      GE*1*19990000~
IEA*1*014640000~
```

Transaction Set Level Errors and the X12C 999

If an error is identified within the Submitter, Receiver, or Provider loops, the entire Transaction Set (ST and SE segments and all segments in between) is rejected with an X12C 999. However, if the functional group consists of additional transactions without errors, the other transactions will be processed.

Example of a Transaction Set Level Error:

- The following example contains an invalid Payer ID of 77101. The Payer ID for ND Medicaid is NDDHSMED.

```
ISA*00*          *00*          *ZZ*654321          *ZZ*NDDHSMED
*120712*0800*^^00501*014640000*1*T*:~
   GS*HC*654321*NDDHSMED*20120712*0800*19990000*X*005010X223A2~
     ST*837*1367*005010X223A2~
         BHT*0019*00*00020098*20120712*1533*RP~
```

```
            NM1*41*2*MEMORIAL MEDICAL CENT*****46*103550~
            PER*IC*DALE JAMES*TE*9125551212*FX*9125551313~
            NM1*40*2*ND MEDICAID*****46*77101~
            HL*1**20*1~
            PRV*BI*PXC*193200000X~
            NM1*85*2*BILLING PROVIDER*****ZZ*1104922392~
            N3*2010AA ADRESS LINE 1*2010AA ADDRESS LINE 2~
            N4*BILLING CITY*ND*033011234~
            REF*EI*264646464~
            PER*IC*CONTACTNAME*TE*3055551212*EX*2012*FX*3055551313~
            HL*2*1*22*0~
            SBR*P*18*******MC~
            NM1*IL*1*SMITH*JOHN*T***MI*11002225879~
            N3*1111 TRAIL PLACE*APT 9S~
            N4*SAVANNAH*ND*314011548~
            DMG*D8*19530531*M~
            NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
            N3*PO BOX 5000~
            N4*MCRAE*ND*310555000~
            CLM*0630700323*778.18***11:A:1*Y**Y*Y*********Y~
            DTP*096*TM*1300~
            DTP*434*RD8*20120703-20120708~
            DTP*435*DT*201207070000~
            CL1*3*1*01~
            REF*9C*000080335910000001000001~
            REF*G1*62362623~
            REF*EA*00411733~
            NTE*ADD*20120713~
            HI*BK:7810~
            HI*BJ:7810~
            HI*BF:3441*BF:4019*BF:07070*BF:0549~
            HI*BH:11:D8:20120707*BH:A1:D8:19530531~
            NM1*71*1*ATTENDING*PROVIDER*X***XX*1104922392~
            PRV*AT*PXC*208600000X~
            SBR*P*18******HM~
            AMT*D*500~
            LX*1~
            SV2*0250**547.55*UN*25~
            DTP*472*RD8*20120707-20120707~
            LX*2~
            SV2*0258**100.8*UN*2~
            DTP*472*RD8*20120707-20120707~
            LX*3~
            SV2*0730*HC:93005*129.83*UN*1~
            DTP*472*RD8*20120703-20120703~
            NM1*72*1*2420BLASTNAME*2420BFIRSTNAME*****XX*1123401478~
            NM1*73*1*2420CLASTNAME*2420CFIRSTNAME*****XX*1123856014~
            SVD*1234*129.83*HC:00100:22:23*0001*12~
            DTP*573*D8*20120703~
        SE*51*1367~
    GE*1*19990000~
IEA*1*014640000~
```

Claim-Level Errors and the X12C 999

In a case where header, submitter, receiver, provider, and subscriber loops are all valid, but an error occurs in a single claim, only the claim containing the error is rejected.

Example of a Claim-Level Error:

- In the following example, the Segment ID "REN" is not a valid X12N 837 segment. The highlighted claim (CLM and subsidiary segments) would be rejected with an X12C 999. The claim above it would be passed on for processing.

```
ISA*00*          *00*          *ZZ*654321        *ZZ*NDDHSMED
*120712*0800*^^00501*014640000*1*T*:~
  GS*HC*654321*NDDHSMED*20120712*0800*19990000*X*005010X223A2~
    ST*837*0001*005010X223A2
          BHT*0019*00*00020098*20120712*1533*RP~
          NM1*41*2*MEMORIAL MEDICAL CENT*****46*103550~
          PER*IC*DALE JAMES*TE*9125551212*FX*9125551313~
          NM1*40*2*ND MEDICAID*****46*NDDHSMED~
          HL*1**20*1~
          PRV*BI*PXC*193200000X~
          NM1*85*2*BILLING PROVIDER*****XX*1104922392~
          N3*2010AA ADRESS LINE 1*2010AA ADDRESS LINE 2~
          N4*BILLING CITY*ND*033011234~
          REF*EI*264646464~
          PER*IC*CONTACTNAME*TE*3055551212*EX*2012*FX*3055551212~
          HL*2*1*22*0~
          SBR*P*18*******MC~
          NM1*IL*1*SMITH*JOHN*T***MI*11002225879~
          N3*1111 TRAIL PLACE*APT 9S~
          N4*SAVANNAH*ND*314011548~
          DMG*D8*19530531*M~
          NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
          N3*PO BOX 5000~
          N4*MCRAE*ND*310555000~
          CLM*0630700323*778.18***11:A:1*Y**Y*Y*********Y~
          DTP*096*TM*1300~
          DTP*434*RD8*20120703-20120708~
          DTP*435*DT*201207070000~
          CL1*3*1*01~
          REF*9C*00008033591000001000001~
          REF*G1*62362623~
          REF*EA*00411733~
          NTE*ADD*20120713~
          HI*BK:7810~
          HI*BJ:7810~
          HI*BF:3441*BF:4019*BF:07070*BF:0549~
          HI*BH:11:D8:20120707*BH:A1:D8:19530531~
          NM1*71*1*ATTENDING*PROVIDER*X***XX*1104922392~
          PRV*AT*PXC*208600000X~
          SBR*P*18******HM~
          AMT*D*500~
          LX*1~
          SV2*0250**547.55*UN*25~
          DTP*472*RD8*20120707-20120707~
          LX*2~
          SV2*0258**100.8*UN*2~
          DTP*472*RD8*20120707-20120707~
          LX*3~
          SV2*0730*HC:93005*129.83*UN*1~
          DTP*472*RD8*20120703-20120703~
          NM1*72*1*2420BLASTNAME*2420BFIRSTNAME****XX*1123401478~
          NM1*73*1*2420CLASTNAME*2420CFIRSTNAME****XX*1123856014~
          SVD*1234*129.83*HC:00100:22:23*0001*12~
          DTP*573*D8*20120703~
          SE*51*0001
    ST*837*0002*005010X223A2~
```

```
BHT*0019*00*00020098*20120712*1533*RP~
NM1*41*2*MEMORIAL MEDICAL CENT*****46*103550~
PER*IC*DALE JAMES*TE*9125551212*FX*9125551313~
NM1*40*2*ND MEDICAID*****46*NDDHSMED~
HL*1**20*1~
PRV*BI*PXC*193200000X~
NM1*85*2*BILLING PROVIDER*****ZZ*1104922392~
N3*2010AA ADRESS LINE 1*2010AA ADDRESS LINE 2~
N4*BILLING CITY*ND*033011234~
REF*EI*264646464~
PER*IC*CONTACTNAME*TE*3055551212*EX*2012*FX*3055551313~
HL*2*1*22*0~
SBR*P*18*******MC~
NM1*IL*1*SMITH*JOHN*T***MI*11002225879~
N3*1111 TRAIL PLACE*APT 9S~
N4*SAVANNAH*ND*314011548~
DMG*D8*19530531*M~
NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
N3*PO BOX 5000~
N4*MCRAE*ND*310555000~
CLM*0630700322*778.18***11:A:1*Y**Y*Y*********Y~
DTP*096*TM*1300~
DTP*434*RD8*20120703-20120708~
DTP*435*DT*201207070000~
CL1*3*1*01~
REF*9C*00008033591000001000001~
REN*G1*62362623~
REF*EA*00411733~
NTE*ADD*20120713~
HI*BK:7810~
HI*BJ:7810~
HI*BF:3441*BF:4019*BF:07070*BF:0549~
HI*BH:11:D8:20120707*BH:A1:D8:19530531~
NM1*71*1*ATTENDING*PROVIDER*X***XX*1104922392~
PRV*AT*PXC*208600000X~
SBR*P*18*****HM~
AMT*D*500~
LX*1~
SV2*0250**547.55*UN*25~
DTP*472*RD8*20120704-20120707~
LX*2~
SV2*0258**100.8*UN*2~
DTP*472*RD8*20120704-20120707~
LX*3~
SV2*0730*HC:93005*129.83*UN*1~
DTP*472*RD8*20120701-20120703~
NM1*72*1*2420BLASTNAME*2420BFIRSTNAME****XX*1123401478~
NM1*73*1*2420CLASTNAME*2420CFIRSTNAME****XX*1123856014~
SVD*1234*129.83*HC:00100:22:23*0001*12~
DTP*573*D8*20120703~
SE*51*0002~
GE*2*19990000~
IEA*1*014640000~
```

EDIFECS Error Report

Every X12N transaction that does not receive a TA1 or X12C 999 transaction rejection will pass through the EDIFECS Compliance Check engine. EDIFECS generates a full report of all Loops, Segments, Elements, along with the data contained within them, and explanations of the errors, if any. This report is especially useful in troubleshooting errors when it is combined with the X12C 999. The EDIFECS reports will be available to Trading Partners in their mailbox.

Below is an abbreviated sample Error Report that shows the level of detail contained in the EDIFECS Error Report. Note that the invalid data is shown in **bold** type, and the full explanation of the error is given in the "Error Message" column.

Sample EDIFECS Error Report

Error Report
Submitted: Sunday, August 26, 2012 11:36:50 (Central Time)
Guideline: Spec7.ecs
Data File: I:\CustomerImplementation\North Dakota\Test Data\837\x12s only\837I – Test

This report shows the results of a submitted data file validated against a guideline. If there are errors, you must fix the application that created the data file and then generate and submit a new data file.

Summary Report

Total Errors: 6
Total Warnings: 0
Total Information: 0

Error Count by WEDI SNIP Type		
SNIP Type	**SNIP Name**	**Counts**
0	System	0
1	EDI Syntax	1 Errors 0 Warnings 0 Information
2	HIPAA Syntax	5 Errors 0 Warnings 0 Information

Sample EDIFECS Error Report

#	Error ID	Error Message	Error Data	SNIP Type	Severity	Guideline Properties	

1	0x810024	Element ISA07 (Interchange ID Qualifier) does not contain a valid identification code: 'PP' is not allowed. Segment ISA is defined in the guideline at position N/A.
		
		This error was detected at:
		  Segment Count: 1
		  Element Count: 7
		  Characters: 51 through 53
		
		An invalid code value was encountered.
			ISA*00* *00* *ZZ*999 99999 * **PP** *NDDHSMED *101201*1107*^* 00501*0129121 96*0*T*	2 – HIPAA Syntax	Normal	Element:
						Name:
						
						ID:
						Standard Option:
						Type:
						Min Length:
						Max Length:
						User Option:
							ISA07
							Interchange ID Qualifier
							I05
							Mandatory
							
							ID
							2
							2
							Required

2	0x810024	Element NM108 (Identification Code Qualifier) does not contain a valid identification code: 'XY' is not allowed. Segment NM1 is defined in the guideline at position 015.	NM1*85*1*BILLI NG*PROVIDER* X*** **XY** *1104922392	2 – HIPAA Syntax	Normal	Element: Name: ID: Standard Option: Type: Min Length:	NM108 Identification Code Qualifier 66 Conditional ID 1

#	Error ID	Error Message	Error Data	SNIP Type	Severity	Guideline Properties	

		This error was detected at:
		    Segment Count: 11
		    Element Count: 8
		    Characters: 443 through 445
		
		An invalid code value was encountered.
						Max Length:
						User Option:
							2
							Required

3	0x81003C	Element DMG02 (Date Time Period) contains a lexical format rule – the data in this element did not match the rule. The lexical format pattern specified in the guideline is CCYYMMDD. Segment DMG is defined in the guideline at position 032.
		
		This error was detected at:
		    Segment Count: 26
		    Element Count: 2
		    Characters: 893 through 902
		
		A lexical format mismatch occurred.
			DMG*D8*
			200601271 *M
				2 – HIPAA Syntax	Normal	Element:
						Name:
						
						ID:
						Standard Option:
						Type:
						Min Length:
						Max Length:
						User Option:
							DMG02
							Date Time Period
							1251
							Conditional
							
							AN
							1
							35
							Required

4	0x39393D2	Value of element N403 is incorrect. It should be formatted as 5 or 9 digits for US Zip Code. Segment N4 is defined in the guideline at position 030.
		
		This error was detected at:
		    Segment Count: 29
		    Element Count: 3
		    Character: 970 through 982
		
		ZIP Code is invalid in Payer City/State/ZIP Code.
			N4*MC
			RAE*ND*
			310550000000
				2 – HIPAA Syntax	Normal	Element:
						Name:
						ID:
						Standard Option:
						Type:
						Min Length:
						Max Length:
						User Option:
							N403
							Postal Code
							116
							Optional
							
							ID
							3
							15
							Required

5	0x810024	Element REF01 (Reference Identification Qualifier) does not contain a valid identification code: 'XX' is not allowed. Segment REF is defined in the guideline at position 271.	REF* **XX** *99999999	2 – HIPAA Syntax	Normal	Element: Name: ID: Standard Option: Type:	REF01 Reference Identification Qualifier 128 Mandatory ID

#	Error ID	Error Message	Error Data	SNIP Type	Severity	Guideline Properties	
		Sample EDIFECS Error Report					

		This error was detected at:
		    Segment Count: 39
		    Element Count: 1
		    Characters: 1256
		through 1258
		
		An invalid code value was encountered.
						Min Length:
						Max Length:
						User Option:
							2
							3
							Required

6	0x8100 05	Element SE02 (Transaction Set Control Number) has a value of '1001'. The expected value was '10011'. Segment SE is defined in the guideline at position 555.
		
		This error was detected at:
		    Segment Count: 87
		    Element Count: 2
		    Characters: 2238
		through 2242
		
		The values are not equal.
			SE*85* **1001**	1 – EDI Syntax	Normal	Element:
						Name:
						
						ID:
						Standard Option:
						Type:
						Min Length:
						Max Length:
						User Option:
							SE02
							Transaction Set Control Number
							329
							Mandatory
							
							AN
							4
							9
							Required

9 Trading Partner Agreements

Prior to engaging in EDI with the North Dakota MMIS Enterprise, prospective Trading Partners must complete a Trading Partner enrollment package, which includes a Trading Partner Signature Agreement Form that requires an original signature. Please follow all enrollment instructions and mail the signed Trading Partner Agreement Form to ND Medicaid, along with any other required documents to complete the enrollment application process.

Please find all North Dakota Provider/Trading Partner Enrollment information at: https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment

The mailing address is:

North Dakota Health and Human Services
Attn: ND Medicaid Claim Customer Service
600 East Boulevard Avenue, Dept 325
Bismarck, ND 58505-0250

Trading Partners

In simple terms, an EDI Trading Partner is defined as any provider or agent acting on behalf of a provider that transmits electronic transaction data to or receives electronic transaction data from a health plan.

There are three different types of Trading Partners for the North Dakota Medicaid:

First, there are Vendors, Billing Agents, Clearinghouses and Switch Vendors who engage in Electronic Data Interchange (EDI) which may include claims and eligibility inquiries on behalf of enrolled ND Title XIX providers. These Trading Partners are not enrolled providers, their only interaction with the MMIS is to submit and retrieve electronic data files.

Second, there are providers re-enrolling under the Title XIX Program who use their own software programs to engage in Electronic Data Interchange (EDI) with the North Dakota Medicaid. Some providers may use the MMIS online file upload and retrieval features via the North Dakota MMIS Health Enterprise Portal.

Third, there are Managed Care Organizations (MCOs) which have contracted with the State of North Dakota to develop a comprehensive statewide care management program for Medicaid enrollees.

10 Transaction Specific Information

This section contains data clarifications, including North Dakota-specific data requirements. For additional guidance on the use of business rules, please see Section 7 North Dakota Medicaid Specific Business Rules and Limitations.

ASC X12N 837I Health Care Encounter: Institutional

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3	N/A	ISA	Interchange Control Header			
C.4	N/A	ISA05	Interchange ID Qualifier	ZZ		
C.4	N/A	ISA06	Interchange Sender ID			Trading Partner ID assigned by North Dakota Medicaid
C.5	N/A	ISA07	Interchange ID Qualifier	ZZ		
C.5	N/A	ISA08	Interchange Receiver ID	NDDHSMED		
C.7	N/A	GS	Functional Group Header			
C.7	N/A	GS02	Application Sender's Code			Trading Partner ID assigned by North Dakota Medicaid

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7	N/A	GS03	Application Receiver's Code	NDDHSMED		
68	N/A	BHT	Beginning of Hierarchical Transaction			
69	N/A	BHT06	Transaction Type Code	RP		
71	1000A	NM1	Submitter Name			
72	1000A	NM109	Submitter Identifier			Trading Partner ID assigned by North Dakota Medicaid
76	1000B	NM1	Receiver Name			
77	1000B	NM103	Receiver Name	ND MEDICAID		
77	1000B	NM109	Receiver Primary Identifier	NDDHSMED		
80	2000A	PRV	Billing Provider Specialty Information			This segment is required.
80	2000A	PRV03	Reference Identification			Enter the Billing Provider's Taxonomy Code. See https://www.hhs.nd.gov/taxonomy for appropriate codes.

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
109	2000B	SBR	Subscriber Information			
109	2000B	SBR01	Payer Responsibility Sequence Number Code	A,B,C,D,E,F, G,H,P,S,T		
110	2000B	SBR09	Claim Filing Indicator Code	MC		
112	2010BA	NM1	Subscriber Name			
114	2010BA	NM109	Subscriber Primary Identifier			North Dakota Medicaid Subscriber ID. If there are leading zeroes in the suscriber's ID, include them in this element.
122	2010BB	NM1	Payer Name			
123	2010BB	NM103	Payer Name	ND MEDICAID		
123	2010BB	NM109	Payer Identifier	NDDHSMED		

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
129	2010BB	REF	Billing Provider Secondary Identification			It is highly recommended that this segment be submitted. Use of the 2010BB-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2010AA-NM1 has potential to be 1-many.
129	2010BB	REF01	Reference Identification Qualifier	G2		
130	2010BB	REF02	Reference Identification			ND Medicaid Provider ID
143	2300	CLM	Claim Information			
144	2300	CLM01	Claim Submitter's Identifier			MCO's TCN
145	2300	CLM05-3	Claim Frequency Type Code	7 (Replacement of Prior Claim) is NOT allowed		If an encounter claim must be adjusted, the following steps must be used (note that "7" is NOT allowed) Encounter claims are adjusted by first Voiding the original claim using CLM05-3 value of 8, followed by submission of a new original claim
152	2300	DTP	Date – Repricer Received Date			Date MCO Received the claim from the provider

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
152	2300	DTP01	Date/Time Qualifier	050		
163	2300	REF	Referral Number			If the MCO required a referral, then this segment is required
164	2300	REF	Prior Authorization			If the MCO required a prior authorization, then this segment is required
166	2300	REF	Payer Claim Control Number			
166	2300	REF01	Reference Identification Qualifier	F8		
166	2300	REF02	Reference Identification			Enter the MCO's DCN or the Claim number (MMIS TCN from 835 CLP07 Reference Identification) assigned by the MMIS to the original claim submission being voided (if applicable).
178	2300	NTE	Claim Note			
178	2300	NTE01	Note Reference Code	UPI		
179	2300	NTE02	Description			MCO Claim Receipt Date – Date claim was received from the provider. Format CCYYMMDD

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
220	2300	HI	Other Diagnosis Information			
221	2300	HI01-2	Industry Code			Report DRG used by MCO to pay claim; do not report any provider submitted DRGs
313	2300	HCP	Claim Pricing/Repricing Information			This segment is required

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
314	2300	HCP01	Pricing Methodology	00, 07, 10		If the MCO needs to consider providers as In-Network or Out-Of-Network for processing and the provider is considered Out-Of-Network and DOES NOT meet criteria for payment, use the following: 00 – Zero Pricing (Not Covered Under Contract) If the MCO has NO NEED to consider whether providers are considered In-Network or Out-Of-Network for processing, then use the default value: 07 – Flat Rate Pricing If the MCO needs to consider providers as In-Network or Out-Of-Network for processing and the provider is considered In-Network, then use the default value: 07 – Flat Rate Pricing If the MCO needs to consider providers as In-Network or Out-Of-Network for processing and the provider is considered Out-Of-Network and meets criteria for payment, use the following: 10 – Other Pricing
314	2300	HCP02	Monetary Amount			This is the MCO claim header level Allowed Amount

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
314	2300	HCP04	Reference Identification	PH, DH, PL, DL		This element contains 2 positional values. Position 1 – Claim Status Code (P=Paid, D=Denied) Position 2 – Claim Pricing Method (H=Header-priced, L=Line-priced)
322	2310A	PRV	Attending Provider Specialty Information			Situational – this segment required only if the 2310A loop is required.
322	2310A	PRV03	Reference Identification			Enter the Attending Provider's Taxonomy Code. See https://www.hhs.nd.gov/taxonomy for appropriate codes.
324	2310A	REF	Attending Provider Secondary Identification			Situational – this segment is highly recommended to be submitted by the MCO if the 2310A loop is required. Use of the 2310A-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2310A-NM1 has potential to be 1-many.
324	2310A	REF01	Reference Identification Qualifier	G2		
235	2310A	REF02	Reference Identification			ND Medicaid Provider ID

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
329	2310B	REF	Operating Physician Secondary Identification			Situational – this segment is highly recommended to be submitted by the MCO if the 2310B loop is required. Use of the 2310B-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2310B-NM1 has potential to be 1-many.
329	2310B	REF01	Reference Identification Qualifier	G2		
330	2310B	REF02	Reference Identification			ND Medicaid Provider ID
334	2310C	REF	Other Physician Secondary Identification			Situational – this segment is highly recommended to be submitted by the MCO if the 2310C loop is required. Use of the 2310C-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2310C-NM1 has potential to be 1-many.
334	2310C	REF01	Reference Identification Qualifier	G2		
335	2310C	REF02	Reference Identification			ND Medicaid Provider ID

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
339	2310D	REF	Rendering Provider Secondary Identification			Situational – this segment is highly recommended to be submitted by the MCO if the 2310D loop is required. Use of the 2310D-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2310D-NM1 has potential to be 1-many.
339	2310D	REF01	Reference Identification Qualifier	G2		
340	2310D	REF02	Reference Identification			ND Medicaid Provider ID
347	2310E	REF	Service Facility Location Secondary Identification			Situational – this segment is highly recommended to be submitted by the MCO if the 2310E loop is required. Use of the 2310E-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2310E-NM1 has potential to be 1-many.
347	2310E	REF01	Reference Identification Qualifier	G2		
348	2310E	REF02	Reference Identification			ND Medicaid Provider ID

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
352	2310F	REF	Referring Provider Secondary Identification			Situational – this segment is highly recommended to be submitted by the MCO if the 2310F loop is required. Use of the 2310F-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2310F-NM1 has potential to be 1-many.
352	2310F	REF01	Reference Identification Qualifier	G2		
353	2310F	REF02	Reference Identification			ND Medicaid Provider ID
354	2320	SBR	Other Subscriber Information			The first iteration of the 2320 loop must contain information pertaining to the MCO's action on the claim
355	2320	SBR01	Payer Responsibility Sequence Number Code	A,B,C,D,E, F,G,H,P,S, T		Note: U is not accepted by ND Medicaid
356	2320	SBR09	Claim Filing Indicator Code			Any valid code from the TR3 is allowed
				HM		The first iteration of the 2320 loop must have HM

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
364	2320	AMT	Coordination of Benefits (COB) Payer Paid Amount			
364	2320	AMT02	Monetary Amount			The first iteration of the 2320 loop will contain the MCO payment
389	2330B	DTP	Claim Check or Remittance Date			Date MCO paid or denied the claim
389	2330B	DTP01	Date/Time Qualifier	573		
442	2400	HCP	Line Pricing/Repricing Information			If the claim is paid at the line, this segment is required, otherwise do not send
443	2400	HCP01	Pricing Methodology	00, 07. 10		This value should match 2300-HCP01
443	2400	HCP02	Monetary Amount			This is the MCO line level Allowed Amount
444	2400	HCP04	Reference Identification	PL, DL		This element contains 2 positional values. Position 1 – Line Status Code (P=Paid, D=Denied) Position 2 – Line Pricing Method (H=Header-priced, L=Line-priced)

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
459	2420A	REF	Operating Physician Secondary Identification			Situational – this segment is highly recommended to be submitted by the MCO if the 2420A loop is required. Use of the 2420A-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2420A-NM1 has potential to be 1-many.
459	2420A	REF01	Reference Identification Qualifier	G2		
460	2420A	REF02	Reference Identification			ND Medicaid Provider ID
464	2420B	REF	Other Operating Physician Secondary Identification			Situational – this segment is highly recommended to be submitted by the MCO if the 2420B loop is required. Use of the 2420B-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2420B-NM1 has potential to be 1-many.
464	2420B	REF01	Reference Identification Qualifier	G2		
465	2420B	REF02	Reference Identification			ND Medicaid Provider ID

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
469	2420C	REF	Rendering Provider Secondary Identification			Situational – this segment is highly recommended to be submitted by the MCO if the 2420C loop is required. Use of the 2420C-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2420C-NM1 has potential to be 1-many.
469	2420C	REF01	Reference Identification Qualifier	G2		
470	2420C	REF02	Reference Identification			ND Medicaid Provider ID
474	2420D	REF	Referring Provider Secondary Identification			Situational – this segment is highly recommended to be submitted by the MCO if the 2420D loop is required. Use of the 2420D-REF segment will create a 1-1 match to the Medicaid Provider, where the NPI provided in 2420D-NM1 has potential to be 1-many.
474	2420D	REF01	Reference Identification Qualifier	G2		
475	2420D	REF02	Reference Identification			ND Medicaid Provider ID

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
476	2430	SVD	Line Adjudication Information			This segment is required when the claim is priced at the line level. The first iteration of the 2430 loop must contain information pertaining to the MCO's action on the line.
476	2430	SVD01	Identification Code			Indicates the payer responsible and matches to the Other Payer Primary Identifier at 2330B-NM109
477	2430	SVD02	Monetary Amount			This is the MCO line level Paid Amount

Appendices

Implementation Checklist

The ND Medicaid Claim Customer Service assists new Trading Partners with enrollment and testing. The following checklist will help trading partners to begin exchanging information with ND Medicaid.

Trading Partner Checklist		
Task	**Responsibility**	**Completed Date**
□ **Enroll in the new MMIS as a Trading Partner at:** https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment	**Trading Partner and ND Medicaid**	
□ **Exchange Contact information for Business, Technical and/or Data contacts.** (Name, Phone number, Email address and Mailing Address)	**Trading Partner and ND Medicaid**	
□ **Confirm X12 Transaction selections**	**Trading Partner and ND Medicaid**	
□ **Establish Standard ISA and GS information**	**Trading Partner and ND Medicaid**	
□ **Determine communication method**	**Trading Partner and ND Medicaid**	
□ **Establish a schedule for testing**	**Trading Partner and ND Medicaid**	

□	**Complete the testing for all selected X12 Transactions**	**Trading Partner and ND Medicaid**	
□	**Promote Trading Partner to Production status**	**Trading Partner and ND Medicaid**	
□	**Production cut-over**	**ND Medicaid**	
□	**Begin sending X12 transactions to new MMIS for processing**	**Trading Partner**	

Business Scenarios

Please contact ND Medicaid Claim Customer Service to discuss your specific EDI related business needs, should they not be covered in this guide or other available ND Medicaid X12N transaction companion guides.

Transmission Examples

Please contact ND Medicaid Claim Customer Service for transmission examples beyond the samples already provided in this guide.

Frequently Asked Questions

For current Provider and Trading Partner FAQs, please visit the following page:
https://mmis.nd.gov/portals/wps/portal/ProviderFaq

Change Summary

Version	Date	Description	Description of Changes
1.0	03/15/2014	Initial Document for Deliverables	Document reformatted to meet CAQH CORE standard companion guide format (Phase I CORE Req. 152).
1.1	05/19/2014	Further definition of Submitter, Subscriber, and MCO Payment amount, change web portal home address	Specifications made for 1000A-Submitter Name, 2010BA-Subscriber Name, and CN1-Contract Information, change web portal home address from https://mmis.nd.gov/portals/wps/portal/EnterpriseHome to https://mmis.nd.gov
1.2	6/11/2014	Changed location of managed care payment info	Changed location of managed care payment information from CN1 to first iteration of 2320 Other Subscriber loop
1.3	10/26/2014	Change ND ID	Change ND ID from ND00994 to NDDHSMED
1.4	05/15/2015	Added requirement for provider taxonomy codes.	Provider Taxonomy Codes are required (PRV) when the provider loop is required. This affects 2000A and 2310A.
1.5	05/25/2017	Updates related HIPAA Operating Rules requirements	Updated System Availability section
1.6	6/1/2018	"Replacement claims not accepted	The system cannot accept "replacement" claims (2300-CLM05-3 Frequency Type Code = 7). Only Frequency Type Codes 1 or 8 are accepted.
1.7	5/11/2023	Medicaid Expansion changes	CR 4371 – build changes needed for Medicaid Expansion…corrected requirements for CLM05-3…added requirements for the HCP segment…added verbiage for Provider Secondary Identification using the ND Medicaid Provider ID
1.8	05/25/203	Logo and Phone Number Changes	Updated with new Logo and corrected the EDI Phone Numbers