New Mexico Health Care Authority
Medical Assistance Division
Conduent State Healthcare, LLC

CONDUENT

HEALTH CARE AUTHORITY

# Data Reporting Acknowledgment Companion Guide

## New Mexico Health Care Authority MMISR Financial Services Project

Version 2.1

# Revision History

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# Disclosure Statement

This companion guide has been created for use in conjunction with the ASC *(Accredited Standards Committee)* X12 TR3s. It should not be considered a replacement but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for the State of New Mexico. The guide also includes useful information about sending and receiving data to and from Conduent Electronic Data Interchange (EDI) Solutions, Inc.

Submitters are therefore encouraged to check the New Mexico Health Care Authority (HCA) Medical Assistance Division (MAD) website periodically for updates to the companion guides at the following website: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/.

# Preface

This companion guide to the *v5010 ASC X12N Implementation Guides - Technical Report Type 3 (TR3)* and associated errata adopted under HIPAA, clarifies, and specifies the data content when exchanging electronically with the New Mexico Medicaid program. Transmissions based on this companion guide, used in tandem with the *v5010 ASC X12N Implementation Guides (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 *v5010 ASC X12N Implementation Guides (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 *v5010 ASC X12N Implementation Guides (TR3)*.

# Disclaimer

For accurate and precise New Mexico Medicaid co-pay, eligibility, and other New Mexico Medicaid specific information the reader or user of this guide is directed to:

- New Mexico Health Insurance Portability and Accountability Act (HIPAA) Helpdesk via email at: HIPAA.DeskNM@hca.nm.gov or telephone 800-299-7304.
- Provider Relations Call Center at: 800-299-7304.
- New Mexico Health Care Authority (HCA) Medical Assistance Division (MAD) at: https://www.hca.nm.gov.

This guide attempts to provide the best information available at the time of publication, however, that information may not be the most current or accurate at the time the guide is being utilized by the reader or user.

# 1. Introduction

Conduent EDI Solutions, Inc., a leader in healthcare technology, provides Electronic Data Interchange (EDI) clearing house services to provider enrolled with various insurance companies and in contracted healthcare plans. This document outlines the procedures necessary for engaging EDI with Conduent EDI and provides specific data clarifications where applicable. Our electronic transactions acquisition services provide an array of tools that allow you to:

- Easily submit all your transactions to one source.
- Submit transactions twenty-four hours a day, seven days a week.
- Receive confirmation of receipt of each file transferred.
- Receive remittance notification from health care plans on a regular basis.

As an EDI Gateway Service, we provide connectivity to various healthcare plans and states where Conduent is the fiscal agent, third-party administrator, or contracted clearinghouse. Healthcare plans that participate with Conduent EDI Solutions, Inc. are referred to as payers. Transactions are accepted electronically into our data center and are processed through the Conduent State Healthcare Clearinghouse (SHCH).

The Conduent SHCH provides connectivity for the flow of medical information and data between medical providers, facilities, vendors, claim payment agencies, and other clearinghouses and the Front-end Online Transaction Processor (OLTP). Beyond the receipt and delivery of this data, Conduent SHCH provides translation to and from ANSI ASC X12N standard formats.

## 1.1. Scope

This companion guide is intended to be used by Trading Partners for the retrieval of the X12N 277DRA transaction from Conduent EDI Solutions. This guide is to be used in conjunction with the *ANSI ASC X12N 5010 National Implementation Guide*. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for NM Medicaid. This companion guide is subject to change.

## 1.2. Overview

This document provides the following information for NM Medicaid Trading Partners:

- X12N 277DRA Data Reporting Information
- Data Retrieval Methods

## 1.3. References

This companion guide is intended for New Mexico Medicaid Trading Partner use in conjunction with the *ANSI ASC X12N Standards for Electronic Data Interchange Technical Report Type 3 (TR3) Health Care Claim Acknowledgement (277DRA)*.These are available at: https://x12.org/products/technical-reports.

**Table 1: Reference Materials**

| ANSI ASC 5010 Implementation Guides | |
|---|---|
| EDI Online | https://edionline.portal.conduent.com/EDIOnline/redirect.action |
| HCA FAQ's | https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/ |
| NM Helpdesk | HIPAA.DeskNM@hca.nm.gov |
| NM MOVEit | https://pbmazuremoveit.services.conduent.com |
| Trading Partner Agreement Form | https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/ |

# 2. X12N 277DRA Process

## 2.1. Working with 277DRA

To receive an X12N 277DRA Health Care Claim Acknowledgement, a provider must be enrolled in the Trading Partner Management System (TPMS) and request that 277DRAs be delivered.

After a PACDR transaction is received, an X12N 277DRA will be generated and delivered to the trading partner's mailbox.

For any inquiries related to 277DRAs, please contact HIPAA.DeskNM@hca.nm.gov. To receive assistance, provide your Trading Partner and Billing Provider Medicaid ID.

**Contents of 277DRA transaction**

The 277DRA file contains status information for PACDR files that have been either accepted or rejected.

- For each PACDR claim included in the file, a corresponding 277DRA (Health Care Claim Acknowledgment) is generated. This acknowledgment indicates whether each claim is accepted or rejected by CMdS. The 277DRA file represents the highest level of acknowledgment and provides status information for each individual PACDR claim within the submitted file.
- A status code of **DR02** indicates that a PACDR claim is **accepted**.
- Status codes **DR04, DR03, and DR06** indicate that a PACDR claim is **rejected**.
- For a comprehensive list of file rejection reason codes, please refer to Appendix A.
- Please see the *ANSI ASC X12N 277DRA TR3 Implementation Guide* for details on the ANSI ASC X12N 277DRA.

## 2.2. Files Received

Each trading partner will receive one X12N 277DRA transaction file for all PACDR transactions the State has received for a given time frame. If no PACDR transactions have been received during that given time frame, the X12N 277DRA file will not be produced.

277DRAs are available for MCOs to retrieve each day. New Mexico trading partners will have the option of retrieving their 277DRA files via MOVEit DMZ/Transfer. EDI sends the 277DRA file to the trading partner's DMZ/Transfer folder.

Following is the example for the naming convention of X12N 277DRA:

File name: NM_YYMMDD_[Payer]_O_[Out File ID] _[Inbound Tracking ID]_[Transaction]_[TPID]_[Transaction].001NM_241215_77048_O_1096493_ pppppppp _277DRA_ tttttt _277DRA.001

NM = New Mexico Medicaid
241215 = file date in YYMMDD format
77048= NM Payer ID
O = constant letter 'O' for Outbound

1096493 = Tracking Number
pppppppp = Provider's 8-character NM Medicaid Billing Provider
ID 277DRA = Transaction Type
tttttt = 6-character Trading Partner ID
277DRA= Transaction Type
001= File Sequence Number

## 2.3. Tracking Transmission/Production Problems

Please have the following information available when calling the NM HIPAA Helpdesk regarding transmission and production issues.

- **Trading Partner ID**: Your Trading Partner ID is our key to accessing your trading partner information. Please have this number available each time you contact the NM HIPAA Helpdesk.
- **Logon Name and Logon User ID**: These allow asynchronous Trading Partners access to the host system for claims submission. The NM HIPAA Helpdesk uses this information to reference your submitted data.
- **Submitter ID**: Use your Conduent EDI Solutions submitter ID number in conjunction with your software application to transmit files to Conduent EDI Solutions.

# 3. Connectivity with the Payer(s)/Communications

This section describes the process to submit HIPAA X12N PACDR transactions, along with various submission methods, security requirements, and exception handling procedures.

## 3.1. Process Flows

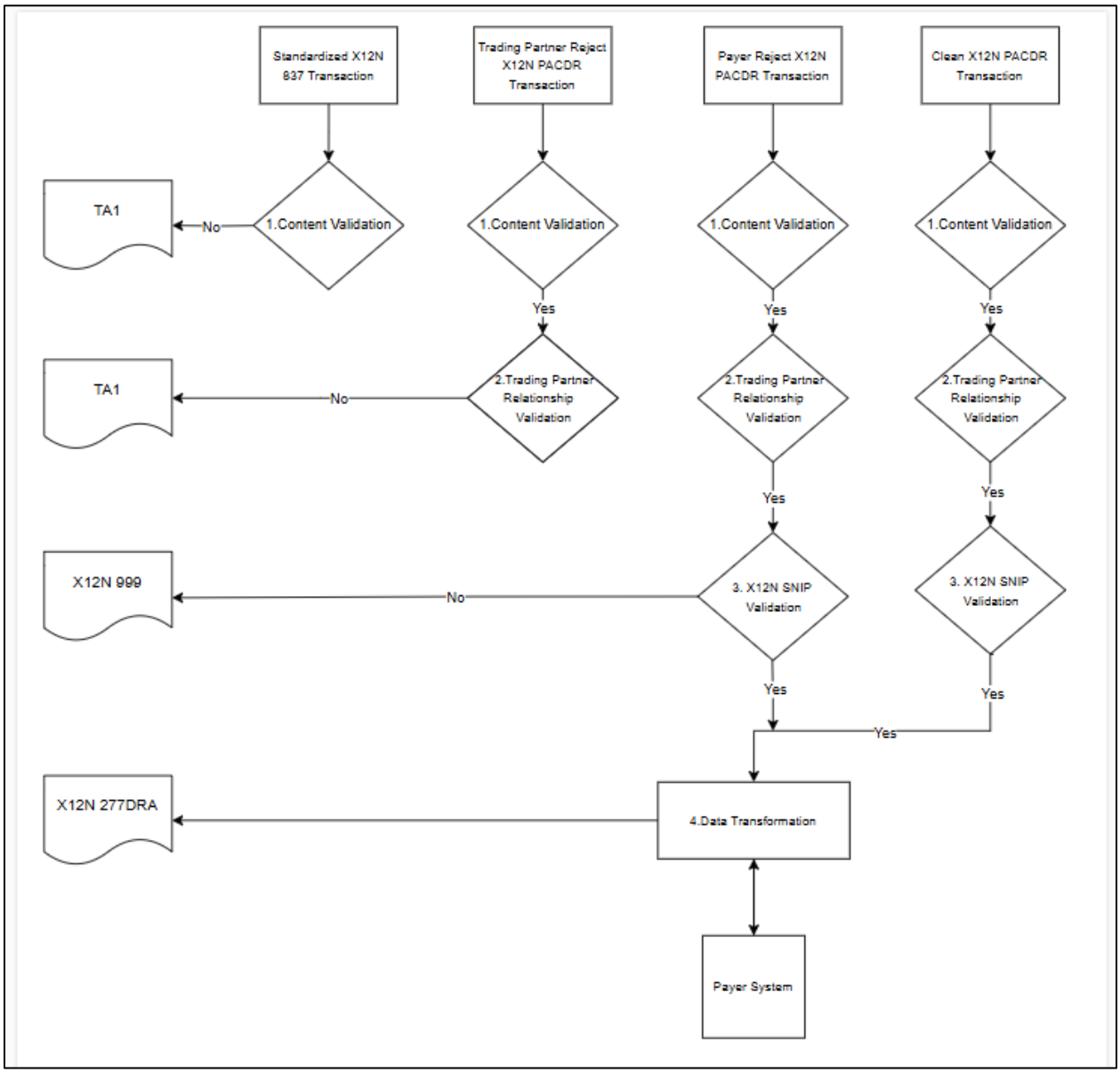



*Figure 1: Editing and Validation Flow Diagram*

## LEGEND:

1. **Content Identification**: The process starts with three types of X12N PACDR transactions. Each type goes through a "Content Identification" check. If the content does not pass the identification check, a TA1 Report is generated, and the process stops for that transaction.

| | |
|---|---|
| • **Standardized X12N PACDR Transaction**<br>• **Trading Partner Reject X12N PACDR Transaction** | • **Payer Reject X12N PACDR Transaction**<br>• **Clean X12N PACDR Transaction** |

2. **Trading Partner Relationship Validation:** The trading partner information is validated. If the trading partner information is invalid, a TA1 (Interchange Acknowledgement) will be returned to the submitter. If the trading partner relationship is valid, the data will pass for X12N syntax validation.
3. **X12N SNIP 1&2 Validation:** A determination will be made as to whether the data is ANSI ASC X12N. A X12 N 999 (Implementation Acknowledgement) will be returned to the submitter. The X12 N 999 contains ACCEPT information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. If the data passes X12N SNIP 1 and 2 validations, it is then sent to the adjudication system.

## 3.2. Transmission Administrative Procedures

When file transmission or technical production issues occur, which could require the re-submission of files, please contact the NM HIPAA helpdesk at 1 **(800)-299-7304 or by email at HIPAA.DeskNM@hca.nm.gov**.

## 3.3. Communication Protocol Specifications

**EDI DMZ/Transfer (SFTP)**

We offer EDI DMZ/Transfer (SFTP) transmission methods for Trading Partners:

Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled maintenance downtime. It is an operational policy to schedule preventative maintenance periods on weekends whenever possible.

MOVEit DMZ/Transfer is appropriate for submitters of large transaction files. MOVEit DMZ/Transfer is a software product that transports data via secure FTP across the Internet. MOVEit DMZ/Transfer is a software product that manages logins, folders, and data as an Internet-exposed secured landing zone. Only secured communications protocols may be used to access the TRANSFER. These include HTTPS and SFTP. Data is stored in encrypted format while residing on the TRANSFER.

Uploading files through a secure website https://pbmazuremoveit.services.conduent.com

## 3.4. Passwords

Trading partners are assigned a **Logon Name** and **Logon User ID** during the enrollment process with NM Medicaid. Login User IDs (passwords) can be up to 50 characters.

**Secure file transfer ID/Password:** These are the login credentials for the Conduent DMZ site. These allow FTP Trading Partners to access assigned folders for file submission or to retrieve responses. The Conduent HIPAA Helpdesk also uses this Secure file transfer ID to reference your DMZ data submissions.

# 4. Contact Information

Access to the site for New Mexico Medicaid Trading Partners is administered through the New Mexico NM HCA HIPAA Helpdesk (HIPAA.DeskNM@hca.nm.gov).

**EDI Customer Service/Technical Assistance**

The Conduent HIPAA Helpdesk assists users with questions about electronic submission. The Conduent HIPAA Helpdesk is available to all New Mexico Providers Monday through Friday from 8:00 a.m. to 5:00 p.m. MT at **1 (800)-299-7304 or by email at HIPAA.DeskNM@hca.nm.gov**. The Conduent HIPAA Helpdesk:

- Provides information on available services.
- Enrolls users for electronic submission.
- Verifies receipt of electronic transmissions.
- Provides technical assistance to users who are experiencing transmission difficulties.

# 5. Control Segments/Envelopes

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted.
- Parameters in the implementation guide that provides options.

Many of the data elements included in the companion guides are business requirements and are not standardization-required elements. The inclusion of a **business-required** data field, as defined by this companion guide, may aid in the delivery of a positive response.

## 5.1. ISA-IEA

Conduent EDI Solutions will read the Interchange Control Segments to validate the Interchange Envelope of each ASC X12 file received for processing. If the InterchangeEnvelope 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. Table 2: ISA-IEA Segment provides sender and receiver codes, authorization, and delimiter information.

**Table 2: ISA-IEA Segment**

| Loop | Segment | Data Element | Description |
|---|---|---|---|
| Header | ISA | 01 | The value to be used 00 |
| Header | ISA | 03 | The value to be used 00 |
| Header | ISA | 05 | The value to be used ZZ (Mutually Defined) |
| Header | ISA | 06 | Interchange Sender ID:’100000’ |
| Header | ISA | 07 | The value to be used **ZZ** (Mutually Defined) |
| Header | ISA | 08 | Interchange Receiver ID: MCO Trading partner ID |
| Header | ISA | 09 | This field indicates the creation date of the interchange control structure and formatted as (YYMMDD). |
| Header | ISA | 10 | This field indicates the creation time of the interchange control structure and formatted as (HHMM). |
| Header | ISA | 11 | Repetition Separator ‘^’ |

| Loop | Segment | Data Element | Description |
|---|---|---|---|
| Header | ISA | 14 | Acknowledgement indicator: 0 (Not requested) |
| Header | ISA | 15 | Use one of the following values:<br>**T=** Test data<br>**P=** Production data |

## 5.2. GS-GE

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

**Table 3: GS-GE Segment**

| Loop | Segment | Data Element | Description |
|---|---|---|---|
| Functional Group Header | GS | 02 | Sender Code 77048 |
| Functional Group Header | GS | 03 | Application Receiver code -MCO Trading Partner ID |
| Functional Group Header | GS | 04 | Functional group creation date expressed in CCYYMMDD format. |
| Functional Group Header | GS | 05 | Functional group creation time expressed in HHMM format. |
| Functional Group Header | GS | 08 | Version number ‘005010X364’. |

## 5.3. ST-SE

Conduent EDI Solutions 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).

**Table 4: ST-SE Segment**

| Loop | Segment | Data Element | Description |
|---|---|---|---|
| Transaction Set Header | ST | 02 | Refer to the X12 TR3Guide |
| Transaction Set Trailer | SE | 02 | Refer to the X12 TR3Guide |

# 6. Payer-Specific Business Rules and Limitations

To promote efficient, accurate electronic transaction processing, please note:

- Each user is assigned a Conduent EDI Solutions Trading Partner ID: 6-digits long.
- Logon Name (system generated): 9-12 characters long.
- Logon User ID (password) system generated: up to 50 characters long.
- Conduent EDI Solutions Submitter ID: 5-digits long.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The same phone number will be used for transmitting tests and production transactions.
- New Mexico Medicaid Provider ID: 8-digits long.
- The Sender ID for New Mexico is 100000 and the Payer ID for New Mexico is 77048.
- The Trading Partner Agreement determines where reports and responses will be delivered.

# 7. Trading Partner Agreements

Conduent EDI Solutions requires trading partner enrollment, which includes a trading partner agreement, for testing and submission of X12N PACDR transactions through our processing gateway. Your trading partner agreement also determines where reports and responses will be delivered.

The NM Medicaid trading partner agreement form is available at: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/.

**Trading Partners**

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

# 8. Transaction-Specific Information (Version 5010)

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted.
- Parameters in the implementation guide that provides options.

Many of the data elements included in the companion guides are business requirements and are not necessarily required per the ANSI ASC standard. Inclusion of a “Business-Required” data field, as defined by this companion guide, may aid in the delivery of a positive response.

**277DRA**

This section is used to describe the data sets on a 277 Data Reporting Acknowledgement (277DRA) from NM Medicaid. This is the file that is sent by NM Medicaid as a result of PACDR claim transaction.

**Table 5: 277DRA Transactions**

| Loop | Segment | Data Element | Description |
|---|---|---|---|
| Header | BHT | 03 | Reference Identification: EDI trace number |
| 2100A | Information Source Name | | |
| 2100A | NM1 | 01 | ACV |
| 2100A | NM1 | 03 | NM Medicaid |
| 2100A | NM1 | 08 | 46 |
| 2100A | NM1 | 09 | 856000565 |
| 2200A | TRN (Transmission Receipt Control Number) | | This segment contains the transmission receipt control identifier (EDI trace number) from the PACDR. |
| 2200A | DTP (Information Source Receipt and Process Date) | | Contains the date received (current date). |
| 2100B | NM1(Information Source Receiver Name) | | Contains the submitter’s (trading partner) information from the PACDR transactions. |
| 2200B | Information Receiver Application Trace Identifier | | |
| 2200B | TRN | 01 | 2- Referenced Transaction Trace Identifier |
| 2200B | TRN | 02 | Contains the BHT03 element from the PACDR transactions. |

| Loop | Segment | Data Element | Description |
|---|---|---|---|
| 2200B | Information Receiver Status Information | | |
| 2200B | STC | 01-01<br>10-01<br>11-01 | Contains the information receiver status code. 'DR02' = batch accepted. 'DR03, DR04 and DR06' = batch rejected. |
| 2200B | STC | 01-2 | If STC01-1 = 'DR03, DR04 and DR06', then this field would contain an additional code specifying the reason for rejection. |
| 2200B | STC | 01-03 | 40-Receiver, 41-Submitter |
| 2200B | STC | 03 | Receiver level status information. A code of 'U' indicates that the entire file of claims has been rejected for the submitter. A code of 'WQ' indicates that at least 1 of the claims in the batch has been accepted. |
| 2200B | QTY (Total Accepted and Rejected Quantity) | | Contains the total accepted and rejected quantity. |
| 2200B | AMT (Total Accepted and Rejected Amount) | | Contains the total accepted and rejected total claim amounts. |
| 2200C | Billing/Service Provider Status Information | | |
| 2200C | STC | 01-1<br>10-1<br>11-1 | Contains the provider level status code. DR02 = provider batch accepted. 'DR03, DR04 and DR06' = provider batch rejected. |
| 2000C | STC | 01-2<br>10-2<br>11-2 | If STC01-1 = 'DR03, DR04 and DR06', then this field would contain an additional code specifying the reason for rejection. Additional codes may be found in 10-2 and 11-2 |
| 2200C | STC | 01-03 | 85= Billing Provider is the default value. |
| 2200C | STC | 03 | Patient (claim) Level status information. A code of 'U' indicates that the entire batch of claims has been rejected. A code of 'WQ' indicates that at least 1 of the claims in the batch has been accepted. |
| 2200D | Claim Level Status Information | | |
| 2200D | STC | 01-1<br>10-1<br>11-1 | Contains the patient (claim) level status code. DR02 = claim accepted. 'DR03, DR04 and DR06' = claim rejected. |

| Loop | Segment | Data Element | Description |
|---|---|---|---|
| 2200D | STC | 01-2<br>10-2<br>11-2 | If STC01-1 = 'DR03, DR04 and DR06', then this field would contain an additional code specifying the reason for rejection. Additional codes may be found in 10-2 and 11-2 |
| 2200D | STC | 03 | Patient (claim) Level status information. A code of 'U' indicates that the claim has been rejected. A code of 'WQ' indicates that at least 1 of the claims in the batch has been accepted. |
| 2200D | Data Receiver Claim Control Number | | |
| 2200D | REF | 02 | PACDR MCO TCN Number. |
| 2200D | Payer Claim Control Number | | |
| 2200D | REF | 02 | MCO TCN number from the PACDR transaction. Other payer claim control number from loop 2330B(REF*F8) when SBR06='6' in loop 2320. |

# 9. Appendices

## 9.1. 277DRA Reject Reason Codes

PACDR Claim rejects at CMdS system for the following reasons:

| Reject Reason Description | Health Care Claim Status Category Code | Health Care Claim Status Code |
|---|---|---|
| In-Process Claim Not Found | DR04 | 35 |
| Mismatch of Criteria Field Data | DR04 | 35 |
| Claim Line Counts Are Not in Sync | DR04 | 247 |
| Claim Status Is Not Applicable for Adjustment/Void Processing | DR03 | 530 |
| Other Claim ID Not Found | DR03 | 35 |
| Replaced Claim Not Found in Adjustment Void Table | DR03 | 35 |
| Replacement/Void Claim Not Found in Adjustment Void Table | DR03 | 35 |
| No Match Found for Replaced Claim | DR03 | 35 |
| Unable to Submit the Claim for Processing | DR03 | 0 |
| Payer ID Is Not Eligible for PACDR Processing | DR06 | 479 |

## 9.2. Implementation Checklist

Conduent EDI offers a high-level onboarding checklist on request.

## 9.3. Business Scenarios

Please contact the NM HIPAA Helpdesk to discuss your specific business needs.

## 9.4. Transmission Examples

N/A

## 9.5. Frequently Asked Questions

NM HCA FAQs are available here: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/.

Also, your Conduent EDI Business Analyst(s) have EDI and X12 expertise tofield all related inquiries. Please direct your questions to NM HIPAA Helpdesk.