



Mississippi Medicaid Companion Guide to the ASC X12N 837 Professional **Conduent EDI Solutions, Inc.**

ANSI ASC X12N 837

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At a Glance

Chapter 1, Introduction

Chapter 1 includes a brief overview of Conduent EDI Solutions and the services it provides.

Chapter 2, EDI Enrollment and Contact

Chapter 2 includes information on Enrollment and Conduent EDI Support Unit contact information.

Chapter 3, Transmission Methods

Chapter 3 discusses the asynchronous (modem) dial-up transmission method for electronic data interchange with Conduent EDI Solutions.

Chapter 4, Transmission Responses

Chapter 4 discusses confirmation and error responses to transactions submitted.

Chapter 5, Data Retrieval Methods

Chapter 5 highlights various means of electronic data interchange retrieval from the Conduent EDI Solutions.

Chapter 6, Data Retrieval Instructions

Chapter 6 shows users how to access data from the Conduent EDI Solutions web site.

Chapter 7, Testing

Chapter 7 discusses transaction-testing procedures.

Chapter 8, Transaction Description – V5010.A1

Chapter 8 offers Mississippi Medicaid-specific data clarification for developers to use in conjunction with the ANSI X12N Implementation Guides.

Chapter 9, Appendix

Examples for regular COB claim and Medicare Advantage Crossover claim.

Chapter 1: Introduction

Conduent EDI Solutions, Inc. ., a leader in healthcare technology, provides clearinghouse services to providers enrolled in contracted healthcare plans. Our electronic transaction services provide the following functionalities:

- Submit all transactions to one source
- Submit transactions twenty-four hours a day, seven days a week
- Receive confirmation of receipt of each file transferred

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) engine. The Conduent SHCH provides connectivity for the flow of electronic health care transactions between medical providers, billing services, vendors, other clearinghouses and the Envision system. Additionally, Conduent SHCH provides translation to and from ANSI ASC X12N standard formats.

The 837 Institutional, Professional, and Dental transaction data will be submitted to the Conduent SHCH for processing and the Conduent SHCH validates submission of the ANSI X12N format(s). Please refer to Chapter 4 for more information regarding transmission responses.

Audience

This 837 Claim Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N 837 National Electronic Data Interchange Transaction Set Implementation Guides (Professional, Dental and Institutional). The ANSI ASC X12N Implementation Guides can be accessed at <http://www.wpc-edi.com/>. This Companion Guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with Conduent EDI Solutions, Inc. . and specifies data clarification where applicable.

Chapter 2: EDI Enrollment and Contact

Enrollment Information

All entities that send electronic claims to Conduent EDI Solutions for processing and retrieves reports and responses must complete an enrollment package. This package provides Conduent EDI Solutions the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to retrieve electronic transactions. To obtain the EDI enrollment package, contact the Conduent EDI Support Unit or download the EDI enrollment package from our website at <https://www.ms-medicaid.com/msenvision/>.

EDI Support

The Conduent EDI Support Unit assists users with questions about electronic submission. The Conduent EDI Support Unit is available to all Mississippi Medicaid providers Monday through Friday from 7:00 a.m. to 5:00 p.m. Central Time at (866) 225-2502. The Conduent EDI Support Unit:

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

Transmission Telephone Numbers

Conduent EDI Solutions provides availability for transmission 24 hours a day, 7 days a week. There are no restrictions on the number or frequency of transmissions. The transmission telephone numbers are (800) 334-2832 and (800) 334-4650.

Tracking Transmission/Production Problems

Please have the following information available when calling the Conduent EDI Support Unit 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 Conduent EDI Support Unit.

Logon Name and Logon User ID: These allow modem submitters access to the host system for claim submission. The Conduent EDI Support Unit uses this information to reference your submitted data.

Highlights

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

- Each user is assigned a six-digit Trading Partner ID.
- Login User IDs (passwords) are nine characters.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The same phone number will be used for transmitting test and production.
- Mississippi Medicaid Provider IDs are eight characters long. For provider IDs that are seven characters long, please populate with a leading zero to make a total of 8 characters.

Mississippi Medicaid Recipient IDs are typically nine numeric characters long. This can be a ten-character alphanumeric field if you are including a co-pay indicator after the recipient ID. Please see below for a list of valid Co-pay Exclusion Codes:

Valid Value	Short	Long	Mnemonic
C	ChildUnd18	Children under 18	CHILD-UNDER-18
E	Emergency	True Emergency	EMERGENCY
F	FamPlan	Family Planning	FAMILY-PLANNING
K	Newborn	Newborn	NEWBORN
N	NursHmRes	Nursing Home Resident	NURSING-HOME-RES
P	Pregnant	Pregnant	PREGNANT

The Payer ID for Mississippi Medicaid is **77032**. Transmissions without this value in the appropriate fields will not be processed.

The Trading Partner Enrollment Form determines where reports and response will be delivered.

Provider Taxonomy codes will be accepted. However, Mississippi will not consider pricing from this information until the National Provider Identification (NPI) rule is final.

Chapter 3: Transmission Methods

Modem Dial-Up

Conduent EDI Solutions provides an interactive, menu-driven bulletin board system that allows you to upload your transaction files and receive immediate confirmation of the status of your transfer. This bulletin board system (BBS) can be accessed using a standard modem and supports modem speeds of up to 56,000 bps. Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled host downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible. Conduent EDI Solutions notifies the Mississippi Fiscal Agent Services EDI Support Unit during this process.

Communication Protocols

Conduent currently supports the following communication options:

XMODEM, YMODEM, ZMODEM, Kermit

Teleprocessing Requirements

The general specifications for communication with Conduent are:

Telecommunications	Hayes-compatible 2400-56K bps asynchronous modem.
File Format	ASCII text data.
Compression Techniques	PKZIP will compress one or more files into a single ZIP archive. WINZIP will compress one or more files into a single ZIP archive. Conduent accepts transmission with any of the above compression techniques, as well as non-compression files.
Data Format	8 data bit, 1 stop bit, no parity, full duplex.

Transmission Protocol

ZMODEM uses 128 byte to 1024 byte variable packets and a 16-bit or 32-bit Cyclical Redundancy Check (CRC).

XMODEM uses 128 byte blocks and a 16-bit CRC.

YMODEM uses 1024 byte blocks and a 16-bit CRC.

KERMIT can be accepted if X, Y, or ZMODEM capabilities are not available with your communication software.

Teleprocessing Settings

ASCII Sending

Send line ends with line feeds (should not be set).

Echo typed characters locally (should not be set).

Line delay 0 milliseconds.

Character delay 0 milliseconds.

ASCII Receiving

Append line feeds to incoming line ends should not be checked.

Wrap lines that exceed terminal width.

Terminal Emulation

VT100 or Auto.

Transmission Procedures

<u>SUBMITTER</u>	<u>HOST SYSTEM</u>
------------------	--------------------

1. Dials Conduent Host	
-------------------------------	--

Answers call, negotiates a common baud rate, and sends to the Trading Partner:

“Please enter your Login=>”

2. Enters Login Name <CR>	
--	--

Receives User Name (Login Name) and sends to the Trading Partner:

“Please enter your password=>”

3. Enters Password <CR>	
--------------------------------------	--

Receives Login and verifies if Trading Partner is an authorized user:

Sends HOST selection menu followed by a user prompt:

“Please Select from the Menu Options Below=>”

4. Enters Desired Selection <CR>

#1. Electronic Claims Submission: Assigns and sends the transmission file name then waits for ZMODEM (by default) file transfer to be initiated by the Trading Partner.

#2. View Submitter Profile

#3. Select File Transfer Protocol: Allows you to change the protocol for the current submission only. The protocol may be changed to (k)ermit, (x)Modem, (y)Modem, or (z)Modem. Enter selection [k,x,y,z]:

#4. Download Confirmation

#9. Exit & Disconnect: Terminates connection.

5. Enters "1" to send file <CR>

Receives ZMODEM (or other designated protocol) file transfer. Upon completion, initiates file confirmation. Sends file confirmation report.

Sends HOST selection menu followed by a user prompt=>

"Please Select from the Menu Options Below=>"

Web Portal

The web portal method allows a Trading Partner to initiate the submission of a batch file for processing. The Trading Partner must be an authenticated portal user who is a provider. Only active Mississippi providers are authorized to access files via the web. The provider accesses the web portal via a web browser and is prompted for login and password. The provider may select files from their PC or work environment using the "Browse" function in conjunction with the "Add" and "Remove" functions. To transmit the selected files for processing, the Trading Partner must click the "Submit" link. All files submitted must meet the ANSI ASC X12N 837 standard.

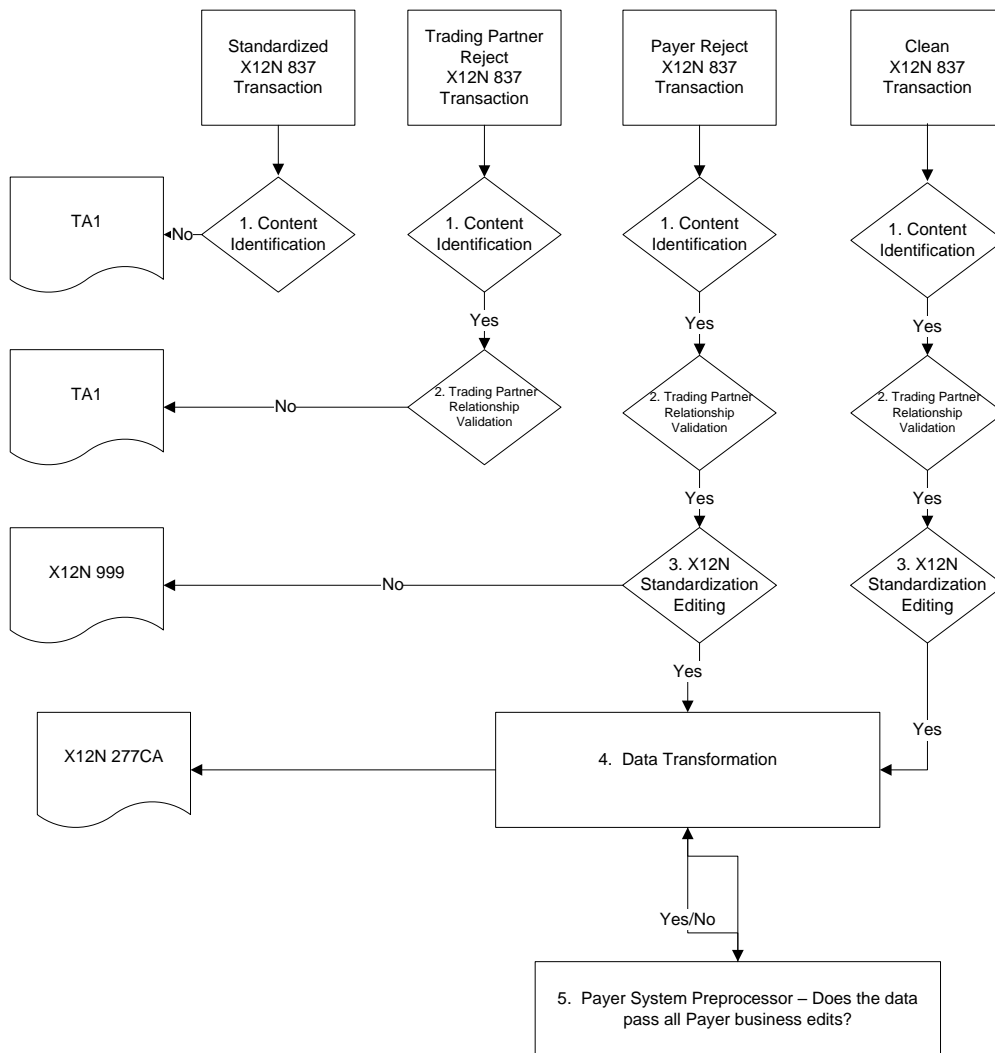
Chapter 4: Transmission Responses/Reports

The acceptance/rejection reports pertain to accuracy within EDI transaction format syntax and transaction implementation guide compliance.

A transaction contains four levels of editing. If the transaction fails an edit, the edit level in which the error occurs designates rejection of an entire batch or a single claim. The four levels are:

- Interchange Level Errors
- Functional Group Level Results
- Transaction Set Level Syntax Results
- Implementation Guide Level Results

Editing and Validation Flow Diagram



LEGEND:

- Content Identification:** Data identification is attempted. If the data is corrupt or intended for another resource, a TA1 (Interchange Acknowledgement) will be returned. If the data can be identified, it is then checked for Trading Partner Relationship Validation.
- 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 be passed for X12N syntax validation.
- X12N Syntax Validation:** A determination will be made as to whether the data is ANSI ASC X12N. A 999 (Functional Acknowledgement) will be returned to the submitter. The 999 contains ACCEPT or REJECT 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 syntax validation, payer business edits will be performed.
- Data Transformation:** The data is transformed and sent to the payer system for pre-processor business edit check.
- Payer Business Edits:** Front-end editing of the data will occur. An X12N 277 Claim Acknowledgement will be sent detailing acceptance or rejection errors. If the data passes this level, it will proceed to the payer system for processing. After the accepted claims are adjudicated by the payer system, an ANSI ASC X12N 835 will be returned for submitter pickup. Please refer to the 835 Companion Guide for further details.

In the description below, the four levels and their affiliated acceptance/rejection reports are discussed.

Interchange Level Errors and TA1 Rejection Report

This segment acknowledges the reception of an X12 interchange header and trailer from a previous interchange. If the header /trailer pair is received corrected, the TA1 reflects a valid interchange, regardless of the validity of the contents for the data included inside the header/trailer envelope. Receipt of the TA1 is subject to trading partner agreement. Any X12N syntax error that occurs at this level will result in the entire transaction being rejected. These rejections are reported on a TA1 Interchange Acknowledgement.

If the data can be identified, it is then checked for trading partner relationship validation. Once validated, if the trading partner information is invalid, a TA1 report is forwarded to the submitter. If the trading partner information is valid, the data is passed for X12N syntax validation.

EXAMPLE:

The transaction was built with incorrect sender information or incorrect total of groups at the end of the transaction:

**ISA (contains sender
information) GS**

ST

Detailed Segment
Information-1 SE ST

Detailed Segment
Information-2 SE ST

Detailed Segment
Information-3 SE **GE**

IEA (contains a number total of all functional groups within the batch)

For an additional example of this report, please see the ANSI ASC X12N 837 Implementation Guide.

Transaction Set Level Syntax Results and 999 Rejection Report

This edit is enforced by transaction set level syntax problems for all transactions within each functional group. These edits check the ST and SE level segments and the data content within these segments. These segments consist of the entire detailed information within a transaction. Any X12N syntax error that occurs at this level will result in the entire transaction being rejected. However, if the functional group consists of additional transactions without errors, these will be processed. The rejections are reported on a 999.

999 - Functional Acknowledgement

When Conduent SHCH validates submission of the ANSI format, the Conduent SHCH generates a 999 Functional Acknowledgement. The 999 contains **ACCEPT** or **REJECT** information; if the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported on the 999. For an example of this report, please see the ANSI ASC X12N 837 Implementation Guide. The Trading Partner Agreement between Conduent EDI Solutions and the Trading Partners requires this method of acknowledgement.

If the data passes X12N syntax validation, payer business edits is performed.

EXAMPLE:

The batch was built with incorrect segment data: ISA

GS

ST

Detailed Segment Information-1

SE (contains detailed information within a transaction) ST

Detailed Segment Information-2

SE (contains detailed information within a transaction)

ST

Detailed Segment Information-3

SE (contains detailed information within a transaction)

GE IEA

Implementation Guide Level Edits and the 277CA Application Advice

This edit is enforced by the implementation guide rules for the particular transaction. These edits will vary depending on the rules set by the implementation guide, code sets, and looping structures. Any errors that occur at this level will result in the data content within that claim being rejected. However, if the batch consists of additional claims without errors, these will be processed.

277CA - Application Advice

If a business edit fails during the translation of the ANSI ASC X12N 837 transaction, a 277CA - application advice will be returned to the submitter. It will detail what errors are present, and if necessary, what action the submitter should take. The use of the 277CA transaction is not required by HIPAA; however is useful in detailing information outside the scope of the 999. For an example of this report, please see the ANSI ASC X12N 277CA Implementation Guide.

EXAMPLE:

The batch was built with incorrect transaction "required field" data:

ISA

GS

ST

Detailed Segment Information-1 (contains HIPAA required field data)

SE

ST

Detailed Segment Information-2 (contains HIPAA required field data)

SE

ST

Detailed Segment Information-2 (contains HIPAA required field data)

SE

GE

IEA

For further explanation, please see Chapter 4, "Editing and Validation Flow Diagram" for a visual depiction of the error process/responses.

Chapter 5: Data Retrieval Methods

Mississippi Data Exchange

This innovative use of Internet technology provides for easy and efficient access to reports and responses 24 hours a day and 7 days a week.

The Electronic Data Interchange (EDI) Support Unit can assist users who have questions about Data Exchange. The Conduent EDI Support Unit is available to all Mississippi Medicaid providers Monday through Friday from 7:00 a.m. to 5:00 p.m., Central Time. To contact the EDI Support Unit, please call 1-866-225-2502. EDI Support will:

- Provide information on available services
- Assist in registering users for Data Exchange
- Provide user names and user numbers for Mississippi Data Exchange

Chapter 6: Data Retrieval Instructions

Site Access



The image shows the login interface for the Conduent EDI Online Trading Partner portal. At the top left is the Conduent logo, which consists of the word "CONDUENT" in a bold, black, sans-serif font next to a stylized orange geometric icon. Below the logo, the text "EDI Online Trading Partner Login" is displayed in a large, black, sans-serif font. Underneath this, the text "Authorized Users Only" is shown in a smaller, black, sans-serif font. The main part of the form is a white rectangular box with a thin gray border. Inside this box, there are two input fields: the first is labeled "Username:" and the second is labeled "Password:". Both labels are in a black, sans-serif font. Below the password field is a blue button with the word "login" in white, lowercase, sans-serif font.

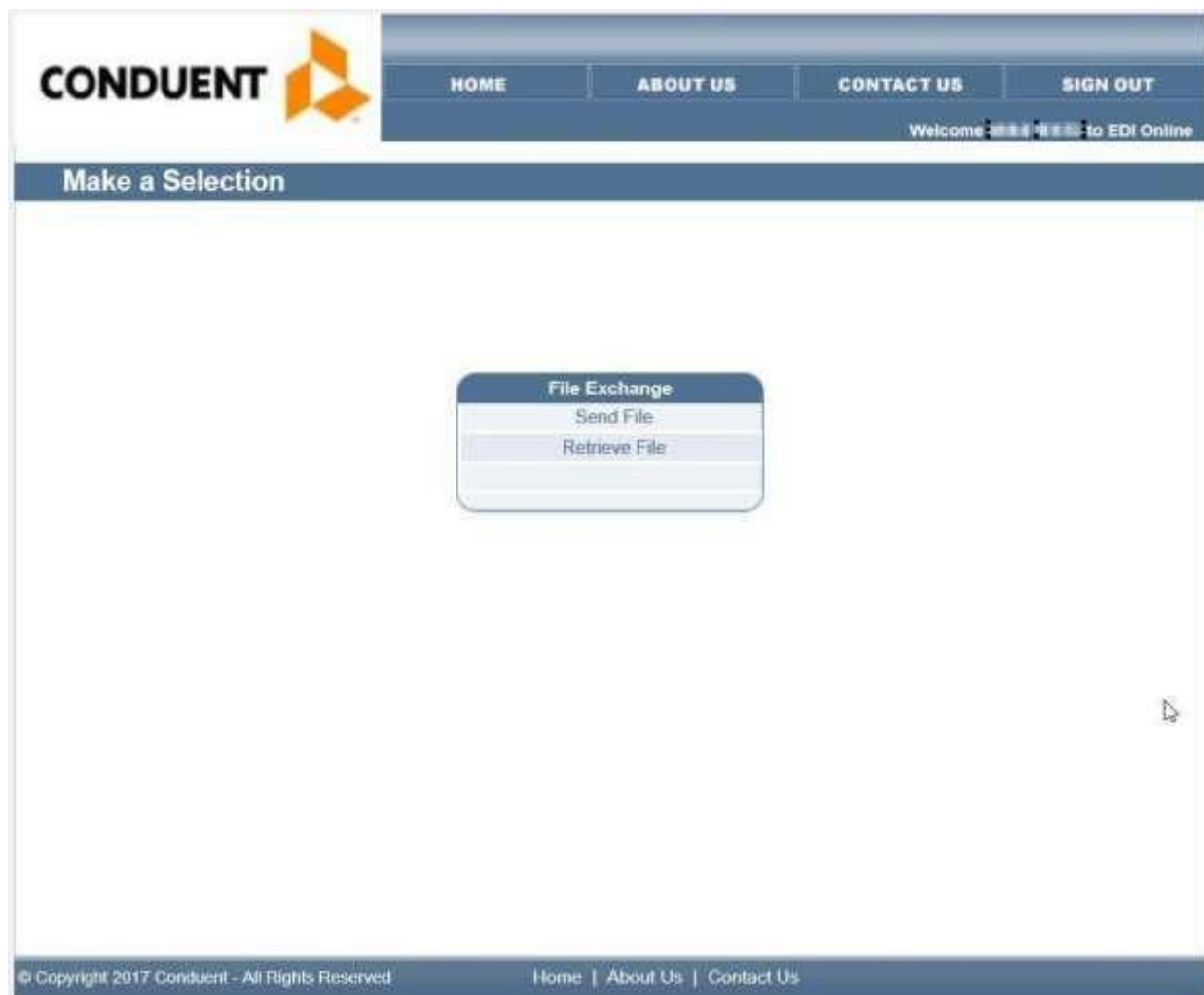
The web address to access data from Conduent EDI Solutions is <https://edionline.portal.conduent.com/EDIOOnline/redirect.action>. Web browsers must be able to support 128-bit encryption to enter the Data Exchange area of the site. We recommend using Internet Explorer 5.5 or above for best results. Upon reaching the site, enter a valid User Name and User Password (issued by Conduent EDI Support Unit). Click on the "Submit" button to request access to the secure Data Exchange area.

Site Access Error Screen

Entering an invalid User Name or User Password, will cause an error screen to show and entry will not be allowed. Remember to enter access information exactly as it is specified, including case and spaces, if any. If the correct user name and password have been entered to access the Data Exchange area and a failure occurs, please contact our EDI Support Unit at 1-866-225-2502 for assistance.

Access Reports


Click on 'Send' to send a file to EDI. Click on 'Retrieve' to get a file from EDI.



Send File



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Welcome  to EDI Online



Send File

To **Send** a file, click the Browse button on the form below. It will open a window in your browser, that will allow you to navigate to where the file is located on your computer. Select it and then press the open button. The file will then appear in the Send File box below. When you are satisfied with your selection, press the Submit.

Select a File [Browse...](#)


[Submit](#)

****You can send a X12 file in any of the following formats - plain text, zip, cab, gzip.**


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Receive File



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Welcome  to EDI Online

Retrieve File

[Mississippi 5010 TA1](#)

[Confirmation Reports](#)

[Mississippi5010999](#)

[Mississippi5010 Z70TPL](#)

[Mississippi5010 271](#)

[Mississippi5010 837](#)

[Mississippi5010 Z77CA](#)

[Mississippi 5010 ERROR REPORT](#)

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Report Selection – Claims Rejection Report

The Claims Rejection Report

The Claims Rejection Reports are available from the Report Selection page. Click on “Reports” under “Reject Reports” (see above). A list of available reports will appear. All reports on this site can be viewed online or downloaded to a workstation for viewing and printing. To view online, select “View” below the desired report in the report listing. The selected report will display on screen. An example of the report appears on the next page. To print the report, download it to your computer. Select

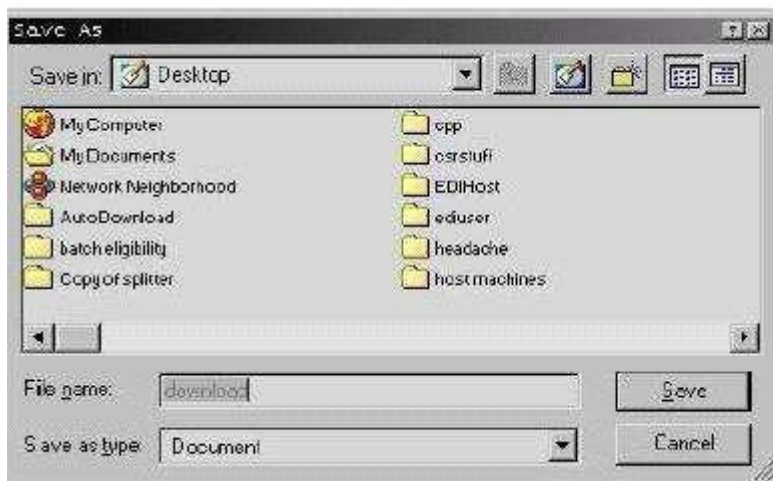
”Download” below the desired report. For more information on downloading data, see “Downloading Reports and Files.”

Downloading Reports and Files

Choose a folder location to save the file and enter a name for the file on the “File name:” text field. To continue, click “Save.” While the file is being transmitted from the server to the destination folder, a progress bar appears.



Click “OK” to continue. A window similar to the one below displays:



Choose a folder location to save the file and enter a name for the file on the “File name:” text field. To continue, click “Save.” While the file is being transmitted from the server to the destination folder, a progress bar appears.

Chapter 7: Testing

Completion of the testing process is required prior to electronic submission of production data to Conduent EDI Solutions. Assistance from Conduent EDI Support Unit Business Analysts is available throughout this process. Each test transmission is inspected thoroughly to ensure no format errors are present. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, we request that you send real transmission data. The number of test transmissions required depends on the number of format errors on a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to *Envision*. Also, changes to the X12N formats may require additional testing.

Trading Partner Testing Procedures

1. Companion Guides and enrollment packages are available for download via the web at <http://edisolutionsmmis.portal.conduent.com/gcro/>.
2. The Trading Partner completes enrollment package and submits it to Conduent EDI Support Unit.
3. The Trading Partner is assigned Logon Name and Logon User ID.
4. The Trading Partner contacts the Conduent EDI Support Unit Business Analyst department to arrange a testing schedule.
5. The Trading Partner executes test cases and sends the data to Conduent EDI Solutions.
6. The Conduent EDI Support Unit Business Analyst evaluates the flow of test data through the Conduent SHCH.
7. If test cases are completed successfully, the Business Analyst contacts the Trading Partner and the Trading Partner is approved for placement into the production environment when available. If the testing entity is a software vendor, they will be required to provide a list of submitters using the approved software package.
8. If test cases are unsuccessful, the Business Analyst will contact the Trading Partner. The Trading Partner will remain in the testing environment until test cases are completed successfully.

Chapter 8: Transaction Description – V5010.A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the implementation guide that provide options.

Many of the data elements included in the Companion Guides are business requirements and are not standardization-required elements. Inclusion of a “business-required” data field, as defined by this Companion Guide, will aid in the delivery of a positive response.

In order to expedite claims processing, please limit the number of claims submitted to **5,000** per transmission.

****Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for this transaction. If there is no clarification provided in the comments column, please refer to your ANSI ASC X12N 837 Implementation Guide for further details.***

837- Professional

ENVELOPE HEADER						
X12 IG PAGE REF	LOOP	SEGMENT	REF. DES.	IG USAGE	MS DOM USAGE	COMMENTS
C.4		ISA	ISA01	R	R	Value is '00'.
C.4			ISA02	R	R	Please use 10 spaces.
C.4			ISA03	R	R	Value is '00'.
C.4			ISA04	R	R	Please use 10 spaces.
C.4			ISA05	R	R	Value is 'ZZ'.
C.4			ISA06	R	R	Value is the trading partner ID provided during the enrollment process. Please make sure this ID is left

ENVELOPE HEADER						
X12 IG PAGE REF	LOOP	SEGMENT	REF. DES.	IG USAGE	MS DOM USAGE	COMMENTS
						justified with trailing spaces.
C.4			ISA07	R	R	Value is 'ZZ'.
C.5			ISA08	R	R	Value is '100000'. Please make sure this element is left justified with trailing.
C.7		GS	GS02	R	R	Value is the trading partner ID provided during the enrollment process.
C.7			GS03	R	R	Value is '77032'.

TABLE 1: TRANSACTION HEADER						
X12 IG PAGE REF	LOOP	SEGMENT	REF. DES.	IG USAGE	MS DOM USAGE	COMMENTS
74	1000A	NM1	NM103	R	R for Medicare Advantage/ Part-C claims	Submitter name should be "ADVANTAGE/MEDICARE-PART-C" for Medicare Advantage/ Part-C Claims
74	1000A	NM1	NM109	R	R	Please use the Trading Partner ID provided during the enrollment process.
77		PER	PER05	S	R	For CCOs, use the "EM" qualifier to indicate Certification Statement.
78			PER06	S	R	For CCOs, submit the Certification Statement "TOMYKNOWLEDGEINFORMATIONAND BELIEFTHE DATA IN THIS FILE IS ACCURATE COMPLETE AND TRUE"

TABLE 1: TRANSACTION HEADER						
80	1000B	NM1	NM103	R	R	Value is 'Mississippi Division of Medicaid'
80			NM109	R	R	Value is '77032'

TABLE 2: BILLING PROVIDER DETAIL						
X12 IG PAGE REF	LOOP	SEGMENT	REF. DES.	IG USAGE	MS DOM USAGE	COMMENTS
83	2000A	PRV		S	R	The PRV segment is required by Mississippi Medicaid when the Billing/Pay-to Provider has multiple entities or sub-parts that are represented by a single National Provider Identifier.
83			PRV03	R	R	Use the taxonomy code that is on file with Mississippi Medicaid for the Billing Provider. This is required to ensure that the claim processes correctly when an NPI is used

TABLE 2: SUBSCRIBER						
X12 IG PAGE REF	LOOP	SEGMENT	REF. DES.	IG USAGE	MS DOM USAGE	COMMENTS
123	2010BA	NM1	NM109	S	R	<u>Clarification</u> Value is Mississippi Medicaid Recipient ID. This field can be ten characters long if you are including your co-pay indicator.

TABLE 2: SUBSCRIBER						
X12 IG PAGE REF	LOOP	SEGMENT	REF. DES.	IG USAGE	MS DOM USAGE	COMMENTS
129		REF		S	R	Subscriber Secondary Identification
133	2010BB	NM1	NM103	R	R	Value is ' Mississippi Division of Medicaid '
134			NM109	R	R	Value is ' 77032 '
141		REF	REF02	R	R	Indicate the Mississippi Division of Medicaid provider number.

TABLE 2: PATIENT DETAIL						
X12 IG PAGE REF	LOOP	SEGMENT	REF. DES.	IG USAGE	MS DOM USAGE	COMMENTS
142	2000C	HL		S	N/A	The Patient Hierarchical Level is not applicable to Medicaid Claims since the Subscriber is always the patient. Any Claims received with a patient loop (2000C) will be returned.
184		PWK		S	S	Clarification This segment is required for FFS sterilization claims
193		REF		S	S	Clarification Use this REF segment if this is a Medicare Crossover claim.
198		REF		S	S	PAYER CLAIM CONTROL NUMBER To cancel or adjust a previously submitted claim, please submit the 17-digit

TABLE 2: PATIENT DETAIL						
X12 IG PAGE REF	LOOP	SEGMENT	REF. DES.	IG USAGE	MS DOM USAGE	COMMENTS
						transaction control number (TCN), assigned by the MS MMIS adjudication system and printed on the remittance advice for the previously submitted claim that is being replaced or voided by this claim.
211		NTE		S	R for CCO	CLAIM NOTE
211	Only Valid value		NTE01	S	R for CCO	Note Reference Code:
212			NTE02	S	R for CCO	Please submit a VALUE of 'Y/N' for In/Out of Network indicator followed by a value for ' CLAIM RECEIVED DATE ' IN CCYYMMDD format. The sample value would look something similar: 'Y20110101'
228		HI		R	R	Health Care Diagnosis Code: Mississippi process/uses four diagnosis codes only.
259	2310A	NM1	NM101	S	S	Only value DN is accepted by Mississippi Division of Medicaid. Please use the qualifier 'DN' to indicate the Referring Provider.
263			REF02	S	S	Indicate the Mississippi Division of Medicaid provider number.
267	2310B	PRV		S	R	The PRV segment is required by Mississippi Medicaid when the Rendering NPI represents multiple entities or sub-parts.

TABLE 2: PATIENT DETAIL						
X12 IG PAGE REF	LOOP	SEGMENT	REF. DES.	IG USAGE	MS DOM USAGE	COMMENTS
267			PRV03	R	R	Use taxonomy code that is on file with Mississippi Medicaid for the rendering provider.
270		REF	REF02	S	R	Indicate the Mississippi Division of Medicaid provider number.
278		REF	REF02	S	R	Indicate the Mississippi Division of Medicaid provider number.
	2320	SBR		S	R for CCO	OTHER SUBSCRIBER INFORMATION
297			SBR01	R	R for CCO	Use a value of 'T' (Tertiary)
300			SBR09	S	R for CCO and Medicare Advantage/ Part-C claims	Claim Filing Indicator Code Use a value of 'MB' to identify Medicare Advantage Payers. Otherwise, use a value of 'ZZ' to identify other payers (CCO)
307	2320	AMT		S	R for CCO and Medicare Advantage/ Part-C claims	COB PAYER PAID AMT
307	2320		AMT02	S	R for CCO and Medicare Advantage/ Part-C claims	Payer Paid Amount: This element is only required and is used to report the CCO and Medicare Advantage Paid amount for the Claim. Individual line item Payments may also be reported in Loop 2430 SVD02. (Payer Paid Amount).
323	2330B	NM1	NM109	R	R	Other Payer Primary Identifier. Value is CCO

TABLE 2: PATIENT DETAIL						
X12 IG PAGE REF	LOOP	SEGMENT	REF. DES.	IG USAGE	MS DOM USAGE	COMMENTS
						'provider ID'. This number must be identical to SVD01 (Loop ID-2430) for COB.
328		REF		S	R	Other Payer Secondary Identifier
333		REF		S	R for CCO	OTHER PAYER CLAIM CONTROL NUMBER
333			REF02	R	R	Original Reference Number: Submit CCO's claim reference number.
357	2400	SV1	SV104	R	R	If decimal units of service are submitted, the system will round to a whole number.
436	2420A	PRV		S	R	The PRV segment is required by Mississippi Medicaid when the Rendering NPI represents multiple entities or sub-parts.
436			PRV03	R	R	Value is the 10-byte taxonomy code applicable to the provider indicated in PRV01.
437		REF		S	R	SECONDARY ID segment is required by Mississippi Medicaid
438		REF	REF02	R	R	Indicate the Mississippi Division of Medicaid provider number.
456	2420D	REF	REF02	S	S	Indicate the Mississippi Division of Medicaid provider number.
472	2420F	REF	REF02	S	R	Indicate the Mississippi Division of Medicaid provider number.
480	2430	SVD		S	R	COB Payer Lind Paid Amount
480	2430	SVD	SVD02	S	R for	

TABLE 2: PATIENT DETAIL						
X12 IG PAGE REF	LOOP	SEGMENT	REF. DES.	IG USAGE	MS DOM USAGE	COMMENTS
					Medicare Advantage/ Part-C claims	Service Line Paid Amount: Used to report paid amount if a Medicare Advantage Payer is identified in Loop 2320 (SBR09 = 'MB').
484	2430	CAS	CAS01	S	R for Medicare Advantage/ Part-C claims	Claim Adjustment Group Code: Used to report the general category of payment adjustment if a Medicare Advantage Payer is identified in Loop 2320 (SBR09 = 'MB').
485-489	2430	CAS	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	S	R for Medicare Advantage/ Part-C claims	Claim Adjustment Reason Code: Used to report the detailed reason the adjustment was made if a Medicare Advantage Payer is identified in Loop 2320 (SBR09 = 'MB').
485-489	2430	CAS	CAS03 CAS06 CAS09 CAS12 CAS15 CAS18	S	R for Medicare Advantage/ Part-C claims	Adjustment Amount: Used to report the amount of adjustment if a Medicare Advantage Payer is identified in Loop 2320 (SBR09 = 'MB').

Chapter 9: Appendix

837P – Medicare Advantage Crossover claim – Segment Examples.

Entity	Example
1000A – NM103	NM1*41*2*ADVANTAGE/MEDICARE-PART-C*****46*89091
2320 – SBR09	SBR*P*18*****MB
2320 – AMT01,02	AMT*D*6.46
2430 – SVD02	SVD*T0152*6.46*HC:93010**1
2430 – CAS01,02	CAS*CO*253*.13**45*36.86**144*-.08
	CAS*PR*2*1.63

Companion Guide Documentation Change Control

Documentation change control is maintained in this document through the use of the Change Control Table shown below. All changes made to this companion guide after the creation date is noted along with the author, date, and reason for the change.

Change Control Table				
Author of Change	Page	Change	Reason	Date
MS 5010 DDI Team	TOC	Updated page numbers	Updated Table of Contents per content below	9/1/2011
MS 5010 DDI Team	10	Removed NDM paragraphs	This data transmission method is no longer used.	9/1/2011
MS 5010 DDI Team	12	Updated flow diagram	Corrected depiction of the 277CA	9/1/2011
MS 5010 DDI Team	26	Corrected Comments column	GS08 version number '005010X222DA1' is not valid	9/1/2011
MS 5010 DDI Team	28	Corrected IG Usage column for 2010AA REF	2010AA REF Billing Provider Tax ID is new to 5010 and required	9/1/2011
MS 5010 DDI Team	30	Added info for 2010BB Payer Name NM1	2010BB Payer Name is for MS Division of Medicaid info	9/1/2011
MS 5010 DDI Team	6	Removed 'Receiver ID'	Incorrect	12/2/2011
MS 5010 DDI Team	28	Corrected Comments Column	2010AB usage changed	12/2/2011
MS 5010 DDI Team	33	Correct Comments Column for 2300 NTE NTE02	Valid value correction	12/2/2011
MS 5010 DDI Team	38	Added comments for 2330B REF	Other Payor Control Number Segment	12/2/2011
MS 5010 DDI Team	26	Added rows for 1000A segments	Comments updated for CCOs Certification Statement	12/14/11
MS FAS Team	All	Replaced all reference to Xerox with Conduent	Conduent was formerly referred to as Xerox	10/19/2018

MS FAS Team	All	Replaced the links as below: https://edionline.acs-inc.com Replaced with https://edionline.portal.conduent.com/EDIONline/redirect.action http://www.Acs-gcro.com Replaced with http://edisolutionsmmis.portal.conduent.com/gcro/	Conduent was formerly referred to as Xerox	02/07/2018
Medicare Advantage Crossover 837 Project Team	30	SBR09 Comments column updated	Medicare Part B changes	6/13/2019
Medicare Advantage Crossover 837 Project Team	31	SVD and CAS segment details added	Medicare Part B changes	6/13/2019