

# North Dakota MMIS

## Companion Guide to the 005010X222A1 Health Care Encounter: Professional (837)

ND Medicaid  
March 2024



# 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.

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# 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 837P Encounter transactions to ND Medicaid. It is to be used in conjunction with the ASC X12N 837P 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
193	2100C	NM1	Subscriber 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 go in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
197	2100C	REF01	Reference Identification Qualifier	18,49, 6P, HJ, N6		These are the only codes transmitted by the payer.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and how to specify that only one code value is applicable.

## Scope

This Companion Guide is intended for use by North Dakota Medicaid MCO Trading Partners for the submission of the X12N 837P Encounter transactions to North Dakota Medicaid. This Companion Document is to be used in conjunction with the 837P 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 Professional 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 as 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 3<sup>rd</sup> Monday in January
- President's Day, the 3<sup>rd</sup> Monday in February
- Memorial Day, the last Monday in May
- Independence Day, July 4
- Labor Day, the 1<sup>st</sup> Monday in September
- Veteran's Day, November 11
- Thanksgiving Day, the 4<sup>th</sup> 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

The screenshot shows the North Dakota MMIS Web Portal Home page. At the top, there is a navigation bar with the following items: Home, Program, Member, Provider, Documentation, and Directories. The date "May 25, 2017" is displayed in the top right corner. Below the navigation bar is a large banner image showing a collage of healthcare-related photos: a newborn baby being held, a doctor examining an elderly patient, a close-up of hands, a doctor's stethoscope, and a doctor talking to a patient. Below the banner are four portlets: "Welcome" (with a maintenance window notice), "Provider Registration" (with a registration notice), "Quick Links" (with links to Find a Healthcare Provider, Benefits Overview, Provider Enrollment, and Report Fraud & Abuse), and "Sign In" (with a role-based login notice). At the bottom, there is a copyright notice for 2017 Affiliated Computer Services, Inc. and links for Privacy Policy, Site Map, Terms of Use, Browser Requirements, and Accessibility Compliance.

## Scheduled downtime – Login Screen

The screenshot shows the North Dakota MMIS Web Portal Login page. At the top, there is a navigation bar with the following items: Home, Program, Member, Provider, Documentation, and Directories. The date "May 25, 2017" is displayed in the top right corner. Below the navigation bar is a large banner image showing a collage of healthcare-related photos: a newborn baby being held, a doctor examining an elderly patient, a close-up of hands, a doctor's stethoscope, and a doctor talking to a patient. Below the banner are four portlets: "Quick Links" (with links to Enrollment, Provider Manuals, FAQ, Billing Manuals, Messages & Announcements, and News), "Provider" (with a notice about the ACS Health Enterprise Portal), "Provider Login" (with a login form for User ID and Password, and a "Forgot User Name or Password?" link), and "News" (with a notice about the Governor's Task Force on Access to Affordable Health Insurance). At the bottom, there is a copyright notice for 2017 Affiliated Computer Services, Inc. and links for Privacy Policy, Site Map, Terms of Use, Browser Requirements, and Accessibility Compliance.

## 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

North Dakota MMIS Web Portal

Oct 1, 2016

Skip Navigation | Contact Us | Help | Search

Home Program Member Provider Documentation Directories

**Welcome** Print | - □

Welcome to the North Dakota MMIS Web Portal.  
ND MMIS has established a maintenance window from 9:00 PM to 4:00 AM every two weeks Thursday to apply scheduled system upgrades. During the maintenance window, the system may not be accessible.

**Provider Registration** - □

To obtain a user id and password, Providers and Trading Partners must have an approved enrollment with North Dakota and have received their Provider or Trading Partner ID.  
[Register](#)

**Quick Links** - □

- FAQ
- Find a Healthcare Provider
- Benefits Overview
- Provider Enrollment
- Report Fraud & Abuse

**Sign In** - □

Log into the system based upon your role:

- Providers
- Members
- Internal Users

The ND MMIS and File Transfer systems will be unavailable between 10/01/2016 12:00 AM – 10/01/2016 04:00 PM for maintenance activities.

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

North Dakota MMIS Web Portal

Oct 1, 2016

Skip Navigation | Contact Us | Help | Search

Home Program Member Provider Documentation Directories

**Quick Links** - □

- Enrollment
- ProviderManuals
- FAQ
- Benefits Overview
- Billing Manuals
- Messages & Announcements

**News** - □

Governor's Task Force on Access to Affordable Health Insurance.  
ND MMIS has established a maintenance window from 9:00 PM to 4:00 AM every two weeks Thursday to apply scheduled system upgrades. During the maintenance window, the system may not be accessible.

**Provider**

The ACS Health Enterprise Portal is a state-of-the-art electronic health care administration system that gives patients, doctors, pharmacists and other users easy, secure and efficient access to health care information.

**Provider Login** - □

To access secure areas of the portal, please log in by entering your User ID and Password.

\* User ID:

\* Password:

[Forgot User Name or Password ?](#)

The ND MMIS and File Transfer systems will be unavailable between 10/01/2016 12:00 AM – 10/01/2016 04:00 PM for maintenance activities.

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

North Dakota MMIS Web Portal Oct 1, 2016  
Skip Navigation | Contact Us | Help | Search

**Home** | Program | Member | Provider | Documentation | Directories

**Welcome** Print | - □  
Welcome to the North Dakota MMIS Web Portal.  
ND MMIS has established a maintenance window from 9.00 PM to 4.00 AM every two weeks Thursday to apply scheduled system upgrades. During the maintenance window, the system may not be accessible.

**Provider Registration** - □  
To obtain a user id and password, Providers and Trading Partners must have an approved enrollment with North Dakota and have received their Provider or Trading Partner ID.  
[Register](#)

**Quick Links** - □  

- FAQ
- Find a Healthcare Provider
- Benefits Overview
- Provider Enrollment
- Report Fraud & Abuse

**Sign In** - □  
Log into the system based upon your role:  

- Providers
- Members
- Internal Users

 The ND MMIS File Transfer system will be unavailable 10/01/2016 12:00 AM – 10/02/2016 04:00 PM. However, the web portal will remain available during this time.

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

North Dakota MMIS Web Portal Oct 1, 2016  
Skip Navigation | Contact Us | Help | Search

**Home** | Program | Member | Provider | Documentation | Directories

**Quick Links** - □  

- Enrollment
- Application Status
- ProviderManuals
- FAQ
- Benefits Overview

**News** - □  
Governor's Task Force on Access to Affordable Health Insurance.  
ND MMIS has established a maintenance window from 9.00 PM to 4.00 AM every two weeks Thursday to apply scheduled system upgrades. During the maintenance window, the system may not be accessible.

**Internal**  
The North Dakota MMIS Web Portal is a state-of-the-art electronic health care administration system that gives patients, doctors, pharmacists and other users easy, secure and efficient access to health care information.

**EnterpriseLogin** Print | - □  
To access secure areas of the portal, please log in by entering your User ID and Password.  
 \* User ID:   
 \* Password:   
 Forgot User Name or Password? Please contact your Organization Administrator for your User ID or to have your password reset.  
[Forgot User Name or Password ?](#) [Login](#) [Reset](#)  
 The ND MMIS File Transfer system will be unavailable 10/01/2016 12:00 AM – 10/02/2016 04:00 PM. However, the web portal will remain available during this time.

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[Privacy Policy](#) | [Site Map](#) | [Terms of Use](#) | [Browser Requirements](#) | [Accessibility Compliance](#)

## 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 the North Dakota Customer Service Unit 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 EDIFICS 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.

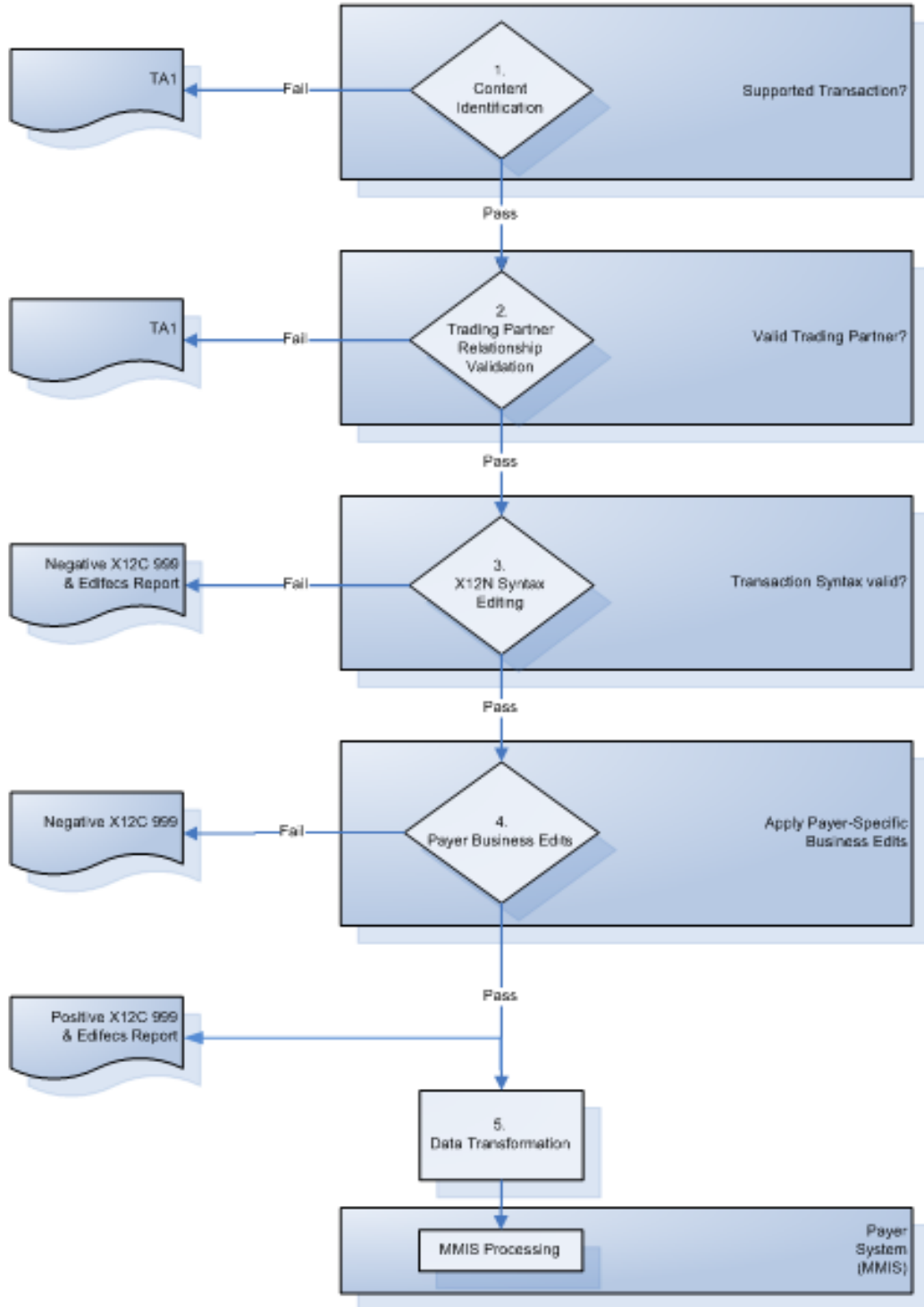
For each file submission, the Trading Partner will receive an X12C 999 response file and an Edifecs Error Report in the trading partner's mailbox. The X12C 999 contains ACCEPT, REJECT or PARTIAL status. Should Trading Partners receive a test status of "REJECT" or "PARTIAL", then the Trading Partner should 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 the ND Customer Service Unit by email at [NDMMISED@nd.gov](mailto:NDMMISED@nd.gov), or call 701-328-2325 or 1-844-848-0844.

# 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 Professional 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 the Customer Service Unit by email at [NDMMISEDI@nd.gov](mailto: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 the ND Customer Service Unit by email at NDMMISED@nd.gov or call 701-328-2325 or 844-848-0844.

Please have the following information available when calling the North Dakota Customer Service Unit regarding transmission and production issues.

- Trading Partner ID
- Web Portal Login Name (if using the Web Portal)
- Enterprise Managed File Transfer (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.

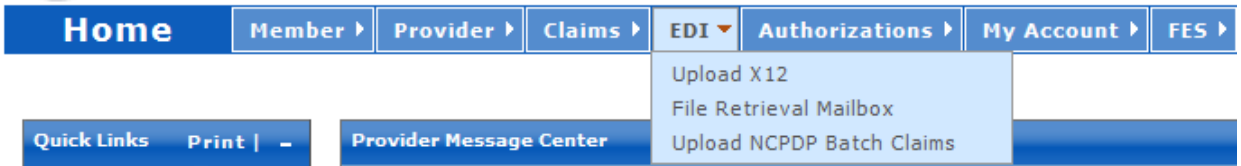
**Note:** All files submitted via the Web Portal must be less than 10MB. The File Name can be a maximum of 80 Characters. A “space” is not allowed in the file name. An “underscore” may be used in the file name instead of a space.

## Web Portal Upload Procedures

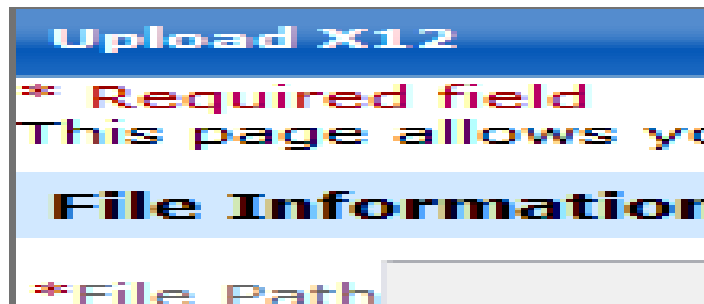
1. In your Web browser, log on to the **North Dakota MMIS Health Enterprise Portal** at <https://mmis.nd.gov>
2. From the **EDI** menu, select **Upload X12**.



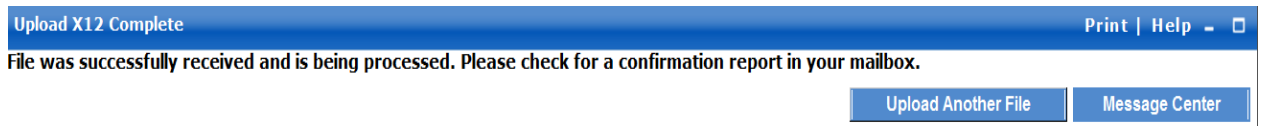
### North Dakota MMIS Web Portal



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

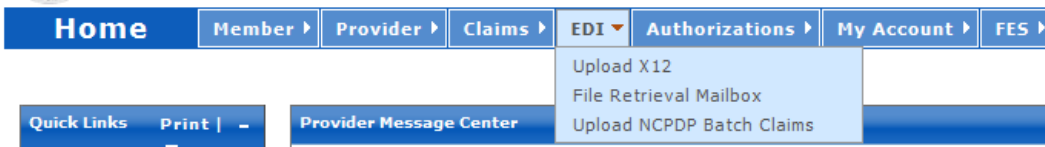
The Web Portal allows a Trading Partner to initiate file retrieval. Once logged into the Provider Homepage, multiple functions such as File Retrieval are available.

### 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**.



### North Dakota MMIS Web Portal



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

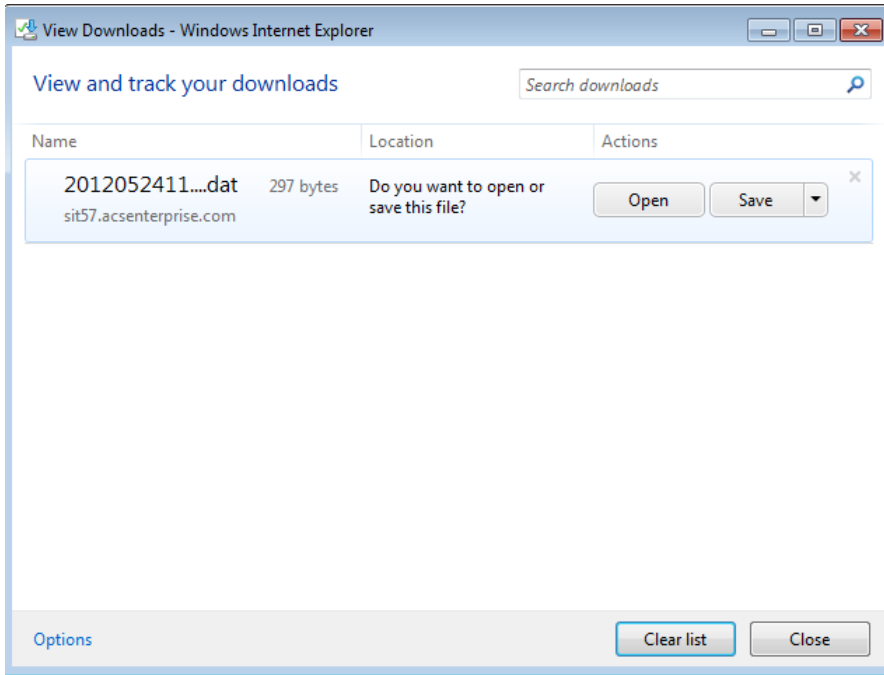
4. Click the **Search** button. The **Results** view displays files matching the search criteria. From the **Results** view, click the Creation Date of the file for downloads.

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

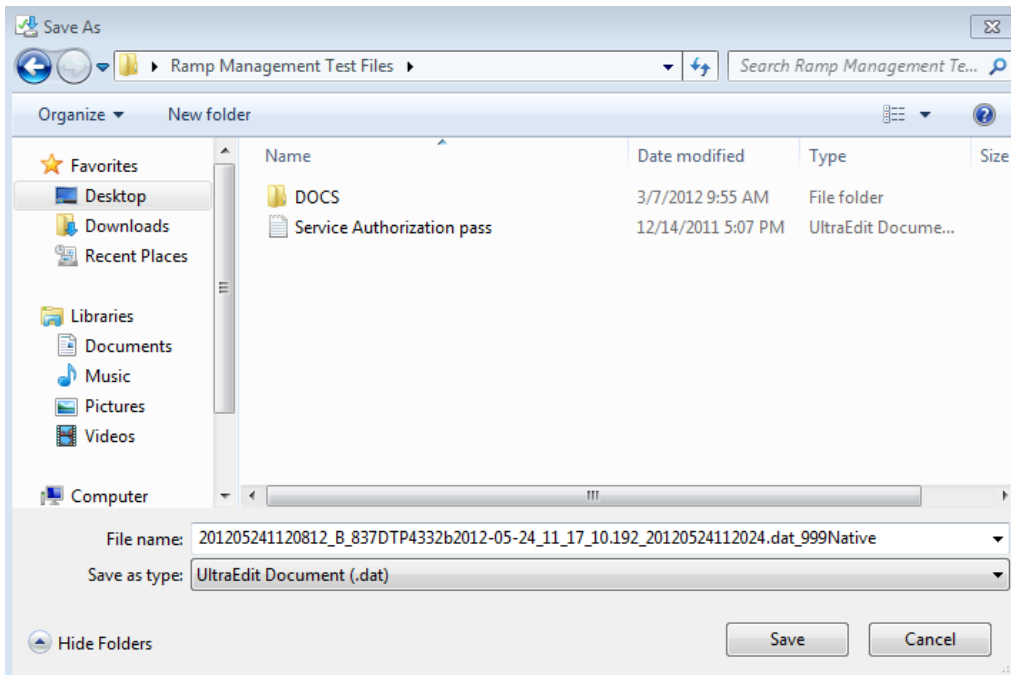
Creation Date	Filename	File Size
Sep 06, 2012	201209061025750_B_201209061025538_B_270_TP045_20120906102509_20120906102509.dat_999Native.dat	296
Sep 06, 2012	201209061025818_B_201209061025729_B_278_TP045_2_20120906102510_20120906102514.dat_999Native.dat	279
Sep 06, 2012	201209061025766_B_201209061025683_B_276_TP045_2_20120906102510_20120906102510.dat_999Native.dat	279
Sep 06, 2012	201209061025251_B_201209061025184_B_837ITP045_20120906102511_20120906102511.dat_999Native.dat	296
Sep 06, 2012	201209061025849_B_201209061025822_B_837D_TP045_2_20120906102510_20120906102514.dat_999Native.dat	333
Sep 06, 2012	201209060745844_B_201209060745662_B_WhiteSpaceInpnt_20120906074505_20120906074505.dat_999Native.dat	318
Sep 06, 2012	201209060740935_B_201209060740475_B_InvalidProv_20120906074006_20120906074006.dat_999Native.dat	296
Sep 06, 2012	201209060720439_B_201209060720133_B_ProfInvalid_20120906072004_20120906072004.dat_999Native.dat	296
Sep 06, 2012	201209060715584_B_201209060715210_B_LFIInpnt_20120906071508_20120906071508.dat_999Native.dat	318
Sep 06, 2012	201209060428407_B_201209060428037_B_201209050839111_B_201209050839339_B_Prof_McarIns1_20120905083915_20120905083922.dat_20120906042817_20120906042817.dat_999Native.dat	296

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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 more than 10MB each). MFT setup is separate from Trading Partner Enrollment, but still coordinated through the North Dakota Customer Service Unit. Trading partners may use MFT for submission and retrieval of files. Note that ND Medicaid staff will not provide 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 the Customer Service Unit 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 the ND Customer Service Unit by email at [NDMMISED@nd.gov](mailto:NDMMISED@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 contact the ND Customer Service Unit by email at NDMMISED1@nd.gov or call 701-328-2325 or 1-844-848-0844.

**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. The ND Customer Service Unit 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. The ND Customer Service Unit also uses this secure FTP ID to reference your MFT data submissions.

# 5 Contact Information

## EDI Customer Service

The North Dakota Customer Service Unit 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: 1 (844) 848-0844**

**Local: (701) 328-2325**

## EDI Technical Assistance

The North Dakota Customer Service Unit assists users with questions about electronic submissions. The North Dakota Customer Service Unit 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 **1-(844)-848-0844** (toll-free) or **(701) 328-2325**. (local). The Customer Service Unit 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

The North Dakota Customer Service Unit 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

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

1 Interchange						
<b>Interchange Status: Rejected</b>						
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					
<b>1.1 FunctionalGroup</b>						
<b>FunctionalGroup Status: Rejected</b>						
TransactionSets Received: 1 TransactionSets Accepted: 0	Sender ID: ND1746 Control Number: 131210002 Date: 20130501					
	Receiver ID: ND00994 Version: 005010X223A2 Time: 1230					
<b>1.1.1 Transaction</b>						
<b>Transaction Status: Rejected</b>						
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		Normal	ID: 96 IID: 54430 Name: Number of Included Segments Standard: Mandatory Option: Must Use 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 to the ND Customer Service Unit 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, which 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  
 \*120716\*0800\*^\*00501\***014640000**\*1\*T\*:~  
 GS\*HC\*654321\*NDDHSMED\*20120716\*0800\*19990000\*X\*005010X222A1~  
 ST\*837\*1001\*005010X222A1~  
 BHT\*0019\*00\*201207160918\*20120716\*0918\*RP~  
 NM1\*41\*2\*MTBC\*\*\*\*\*46\*164509~  
 PER\*IC\*LORAINESMITH\*TE\*7018735133\*TE\*7018735133\*TE\*7018735133~  
 NM1\*40\*2\*ND MEDICAID\*\*\*\*\*46\*NDDHSMED~  
 HL\*1\*\*20\*1~  
 PRV\*BI\*PXC\*207Q00000X~  
 NM1\*85\*1\*BILLING\*PROVIDER\*X\*\*\*XX\*1104922392~  
 N3\*2010AA ADDRESS LINE 1\*2010AA ADDRESS LINE 2~  
 N4\*STONE MOUNTAIN\*ND\*033011111~  
 REF\*EI\*059888888~  
 HL\*2\*1\*22\*0~  
 SBR\*P\*18\*\*\*\*\*MC~  
 NM1\*IL\*1\*SMITH\*JOHN\*\*\*MI\*11130222003~  
 N3\*2815 CLEAR VIEWPL\*AP 100~  
 N4\*CITY\*ND\*303400000~  
 DMG\*D8\*20060127\*M~  
 NM1\*PR\*2\*ND MEDICAID\*\*\*\*\*PI\*NDDHSMED~  
 N3\*PO BOX 5000~  
 N4\*MC RAE\*ND\*310550000~  
 CLM\*1233512\*131\*\*\*11:B:7\*Y\*A\*Y\*Y\*B~  
 DTP\*435\*D8\*20120712~  
 REF\*G1\*14015771~  
 REF\*F8\*98765432198765401~  
 NTE\*ADD\*20120713~  
 HI\*BK:78607\*BF:3829~  
 NM1\*82\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~  
 PRV\*PE\*PXC\*1223G0001X  
 SBR\*P\*18\*\*\*\*\*HM~  
 AMT\*D\*89~  
 LX\*1~  
 SV1\*HC:99214:25\*131\*UN\*1\*\*\*1~2~  
 DTP\*472\*D8\*20120712~  
 REF\*6R\*2165105~  
 NM1\*82\*1\*DOE\*JOHN\*C\*\*\*XX\*1234567805~  
 PRV\*PE\*PXC\*208D00000X~  
 SE\*36\*1001~  
 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
*120716*0800*^*00501*014640001*1*P*:~
GS*HC*654321*02600068*20120716*0800*19990000*X*005010X222A1~
ST*837*1001*005010X222A1~
  BHT*0019*00*201207160918*20120716*0918*RP~
  NM1*41*2*MTBC*****46*164509~
  PER*IC*LORAIN SMITH*TE*7018735133*TE*7018735133~
  NM1*40*2*ND MEDICAID*****46*NDDHSMED~
  HL*1**20*1~
  PRV*BI*PXC*207Q00000X~
  NM1*85*1*BILLING*PROVIDER*X***XX*1104922392~
  N3*2010AA ADDRESS LINE 1*2010AA ADDRESS LINE 2~
  N4*STONE MOUNTAIN*ND*03301~
  REF*EI*059888888~
  HL*2*1*22*0~
  SBR*P*18*****MC~
  NM1*IL*1*SMITH*JOHN*****MI*11130222003~
  N3*2815 CLEAR VIEWPL*AP 100~
  N4*CITY*ND*303400000~
  DMG*D8*20060127*M~
  NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
  N3*PO BOX 5000~
  N4*MC RAE*ND*310550000~
  CLM*1233512*131***11**7*Y*A*Y*Y*B~
  DTP*435*D8*20120712~
  REF*G1*14015771~
  REF*F8*98765432198765401~
  REF*F8*98765432198765401~
  NTE*ADD*20120713~
  HI*BK~78607*BF~3829~
  NM1*82*1*DOE*JANE*C***XX*1234567804~
  PRV*PE*PXC*1223G0001X~
  SBR*P*18*****HM~
  AMT*D*89~
  LX*1~
  SV1*HC~99214~25*131*UN*1***1~2~
  DTP*472*D8*20120712~
  REF*6R*2165105~
  NM1*82*1*DOE*JOHN*C***XX*1234567805~
  PRV*PE*PXC*208D00000X~
SE*36*1001~
GE*1*19990000~
IEA*1*014640001~
```

## 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 Acknowledgment 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 (v005010X231A1TR3) Electronic Data Interchange Technical Report Type 3 (TR3). If the Trading Partner requires additional assistance with the X12C 999, please contact the Customer Service Unit.

### 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*                *ZZ*100020                *ZZ*NDDHSMED
*120716*0800*K*00501*014640000*1*P*:~
GS*HC*100020*NDDHSMED*20120716*0800*19990000*X*005010X222A1~
ST*837*1001*005010X222A1~
  BHT*0019*00*201207160918*20120716*0918*RP~
  NM1*41*2*MTBC*****46*100020~
  PER*IC*LORAIN SMITH*TE*7018735133*TE*7018735133*TE*7018735133~
  NM1*40*2*ND MEDICAID*****46*NDDHSMED~
  HL*1**20*1~
  PRV*BI*PXC*207Q00000X~
  NM1*85*1*BILLING*PROVIDER*X***XX*1104922392~
  N3*2010AA ADDRESS LINE 1*2010AA ADDRESS LINE 2~
  N4*STONE MOUNTAIN*ND*03301~
  REF*EI*059888888~
  PER*IC*FRANCIS-SKOTT*KEY*TE*7019397477*FX*7019397750~
  HL*2*1*22*0~
  SBR*P*18*****MC~
  NM1*II*1*SMITH*JOHN***MI*11130222003~
  N3*2815 CLEAR VIEWPL*AP 100~
  N4*CITY*ND*303400000~
  DMG*D8*20060127*M~
  NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
  N3*PO BOX 5000~
  N4*MC RAE*ND*310550000~
  CLM*1233512*131***11:B:7*Y*A*Y*Y*B~
  DTP*435*D8*20120712~
  REF*G1*14015771~
  NTE*ADD*20120713~
  HI*K~78607*BF~3829~
  NM1*82*1*DOE*JANE*C***XX*1234567804~
  PRV*PE*PXC*1223G0001X~
```



```

SBR*P*18*****HM~
AMT*D*89~
LX*1~
SV1*HC~99214~25*131*UN*1***1~2~
DTP*472*D8*20120712~
NM1*82*1*DOE*JOHN*C***XX*1234567805~
PRV*PE*PXC*208D00000X~
SE*35*1001~
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*100020                *ZZ*NDDHSMED
*120716*0800*^*00501*014640000*1*P*:~
GS*HC*100020*NDDHSMED*20120716*0800*19990000*X*005010222*1~
ST*837*00001*005010X222A1~
BHT*0019*00*201207160918*20120716*0918*RP~
NM1*41*2*MTBC*****46*10020~
PER*IC*LORAIN SMITH*TE*7018735133*TE*7018735133*TE*7018735133~
NM1*40*2*ND MEDICAID*****46*77028~
HL*1**20*1~
PRV*BI*PXC*207Q00000X~
NM1*85*1*BILLING*PROVIDER*X***XX*1104922392~
N3*2010AA ADDRESS LINE 1*2010AA ADDRESS LINE 2~
N4*STONE MOUNTAIN*ND*033010000~
REF*EI*059888888~
PER*IC*FRANCIS-SCOTT, KEY*TE*7019397477*FX*7019397750~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*SMITH*JOHN***MI*11130222003~
N3*2815 CLEAR VIEWPL*AP 100~
N4*CITY*ND*303400000~
DMG*D8*20060127*M~
NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
N3*PO BOX 5000~
N4*MCRAE*ND*310550000~
CLM*1233512*131***11:B:7*Y*A*Y*Y*B~
DTP*435*D8*20120712~
REF*G1*14015771~
REF*F8*98765432198765401~
NTE*ADD*20120713~
HI*BK~78607*BF~3829~
NM1*82*1*DOE*JANE*C***XX*1234567804~
PRV*PE*PXC*1223G0001X~
SBR*P*18*****HM~
AMT*D*89~
LX*1~

```

SV1\*HC~99214~25\*131\*UN\*1\*\*\*1~2~  
DTP\*472\*D8\*20120712~  
REF\*6R\*2165105~  
NM1\*82\*1\*DOE\*JOHN\*C\*\*\*XX\*1234567805~  
PRV\*PE\*PXC\*208D00000X~

**SE\*37\*00001~**

**ST\*837\*00002\*005010X222A1~**

BHT\*0019\*00\*201207160918\*20120716\*0918\*RP~  
NM1\*41\*2\*MTBC\*\*\*\*\*46\*100020~  
PER\*IC\*LORAIN SMITH\*TE\*7328735133\*TE\*7018735133\*TE\*7018735133~  
NM1\*40\*2\*ND MEDICAID\*\*\*\*\*46\*NDDHSMED~  
HL\*1\*\*20\*1~  
PRV\*BI\*PXC\*207Q00000X~  
NM1\*85\*1\*BILLING\*PROVIDER\*X\*\*\*XX\*1104922392~  
N3\*2010AA ADDRESS LINE 1\*2010AA ADDRESS LINE 2~  
N4\*STONE MOUNTAIN\*ND\*03301~  
REF\*SY\*123456789~  
PER\*IC\*FRANCIS-SCOTT, KEY\*TE\*7019397477\*FX\*7019397750~  
HL\*2\*1\*22\*0~  
SBR\*P\*18\*\*\*\*\*MC~  
NM1\*IL\*1\*SMITH\*JOHN\*\*\*\*MI\*11130222003~  
N3\*2815 CLEAR VIEWPL\*AP 100~  
N4\*CITY\*ND\*303400000~  
DMG\*D8\*20060127\*M~  
NM1\*PR\*2\*ND MEDICAID\*\*\*\*\*PI\*77101~  
N3\*PO BOX 5000~  
N4\*MCRAE\*ND\*310550000~  
CLM\*1233512\*131\*\*\*11~7\*Y\*A\*Y\*Y\*B~  
DTP\*435\*D8\*20120712~  
REF\*G1\*14015771~  
REF\*F8\*98765432198765402~  
NTE\*ADD\*20120713~  
HI\*BK~78607\*BF~3829~  
NM1\*82\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~  
PRV\*PE\*PXC\*1223G0001X~  
SBR\*P\*18\*\*\*\*\*HM~  
AMT\*D\*89~  
LX\*1~  
SV1\*HC~99214~25\*131\*UN\*1\*\*\*1~2~  
DTP\*472\*D8\*20120712~  
REF\*6R\*2165105~  
NM1\*82\*1\*DOE\*JOHN\*C\*\*\*XX\*1234567805~  
PRV\*PE\*PXC\*208D00000X~

**SE\*37\*00002~**

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*100020                *ZZ*NDDHSMED
*120716*1234*^^*00501*987654321*0*T*~
GS*HC*100020*NDDHSMED*20120718*16265868*900000201*X*005010222^1~
ST*837*1001*005010X222A1~
  BHT*0019*00*201207160918*20120716*0918*CH~
  NM1*41*2*MTBC*****46*100020~
  PER*IC*LORAIN SMITH*TE*7018735133*TE*7018735133*TE*7018735133~
  NM1*40*2*ND MEDICAID*****46*77101~
  HL*1**20*1~
  PRV*BI*PXC*207Q00000X~
  NM1*85*1*BILLING*PROVIDER*X***XX*1104922392~
  N3*2010AA ADDRESS LINE 1*2010AA ADDRESS LINE 2~
  N4*STONE MOUNTAIN*ND*033010000~
  REF*EI*059888888~
  PER*IC*FRANCIS-SCOTT, KEY*TE*7019397477*FX*7019397750~
  HL*2*1*22*0~
  SBR*P*18*****MC~
  NM1*IL*1*SMITH*JOHN*****MI*11130222003~
  N3*2815 CLEAR VIEWPL*AP 100~
  N4*CITY*ND*303400000~
  DMG*D8*20060127*M~
  NM1*PR*2*ND MEDICAID*****PI*NDDHSMED~
  N3*PO BOX 5000~
  N4*MC RAE*ND*310550000~
  CLM*1233512*131***11:B:7*Y*A*Y*Y*B~
  DTP*435*D8*20120712~
  REF*G1*14015771~
  REF*F8*98765432198765403~
  NTE*ADD*20120713~
  HI*BK~78607*BF~3829~
  NM1*82*1*DOE*JANE*C***XX*1234567804~
  PRV*PE*PXC*1223G0001X~
  SBR*P*18*****HM~
  AMT*D*89~
  LX*1~
  SV1*HC~99214~25*131*UN*1***1~2~
  DTP*472*D8*20120712~
  REF*6R*2165105~
  NM1*82*1*DOE*JOHN*C***XX*1234567805~
  PRV*PE*PXC*208D00000X~
SE*36*1001~
GE*1*900000201~
IEA*1*987654321~

```

## 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*100020                *ZZ*NDDHSMED
*120716*0800*^^*00501*014640000*1*P*~
GS*HC*100020*NDDHSMED*20120716*0800*19990000*X*005010222^1~
ST*837*00001*005010X222A1~
  BHT*0019*00*201207160918*20120716*0918*RP~

```

NM1\*41\*2\*MTBC\*\*\*\*\*46\*10020~  
 PER\*IC\*LORAIN SMITH\*TE\*7018735133\*TE\*7018735133\*TE\*7018735133~  
 NM1\*40\*2\*ND MEDICAID\*\*\*\*\*46\*77028~  
 HL\*1\*\*20\*1~  
 PRV\*BI\*PXC\*207Q00000X~  
 NM1\*85\*1\*BILLING\*PROVIDER\*X\*\*\*XX\*1104922392~  
 N3\*2010AA ADDRESS LINE 1\*2010AA ADDRESS LINE 2~  
 N4\*STONE MOUNTAIN\*ND\*033010000~  
 REF\*EI\*059888888~  
 PER\*IC\*FRANCIS-SCOTT, KEY\*TE\*7019397477\*FX\*7019397750~  
 HL\*2\*1\*22\*0~  
 SBR\*P\*18\*\*\*\*\*MC~  
 NM1\*IL\*1\*SMITH\*JOHN\*\*\*MI\*11130222003~  
 N3\*2815 CLEAR VIEWPL\*AP 100~  
 N4\*CITY\*ND\*303400000~  
 DMG\*D8\*20060127\*M~  
 NM1\*PR\*2\*ND MEDICAID\*\*\*\*\*PI\*NDDHSMED~  
 N3\*PO BOX 5000~  
 N4\*MCRAE\*ND\*310550000~  
 CLM\*1233512\*131\*\*\*11:B:7\*Y\*A\*Y\*Y\*B~  
 DTP\*435\*D8\*20120712~  
 REF\*G1\*14015771~  
 REF\*F8\*98765432198765401~  
 NTE\*ADD\*20120713~  
 HI\*BK~78607\*BF~3829~  
 NM1\*82\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~  
 PRV\*PE\*PXC\*1223G0001X~  
 SBR\*P\*18\*\*\*\*\*HM~  
 AMT\*D\*89~  
 LX\*1~  
 SV1\*HC~99214~25\*131\*UN\*1\*\*\*1~2~  
 DTP\*472\*D8\*20120712~  
 REF\*6R\*2165105~  
 NM1\*82\*1\*DOE\*JOHN\*C\*\*\*XX\*1234567805~  
 PRV\*PE\*PXC\*208D00000X~  
 SE\*37\*00001~  
 ST\*837\*00002\*005010X222A1~  
 BHT\*0019\*00\*201207160918\*20120716\*0918\*RP~  
 NM1\*41\*2\*MTBC\*\*\*\*\*46\*100020~  
 PER\*IC\*LORAIN SMITH\*TE\*7018735133\*TE\*7018735133\*TE\*7018735133~  
 NM1\*40\*2\*ND MEDICAID\*\*\*\*\*46\*NDDHSMED~  
 HL\*1\*\*20\*1~  
 PRV\*BI\*PXC\*207Q00000X~  
 NM1\*85\*1\*BILLING\*PROVIDER\*X\*\*\*XX\*1104922392~  
 N3\*2010AA ADDRESS LINE 1\*2010AA ADDRESS LINE 2~  
 N4\*STONE MOUNTAIN\*ND\*03301~  
 REF\*SY\*123456789~  
 PER\*IC\*FRANCIS-SCOTT, KEY\*TE\*7019397477\*FX\*7019397750~  
 HL\*2\*1\*22\*0~  
 SBR\*P\*18\*\*\*\*\*MC~  
 NM1\*IL\*1\*SMITH\*JOHN\*\*\*MI\*11130222003~  
 N3\*2815 CLEAR VIEWPL\*AP 100~  
 N4\*CITY\*ND\*303400000~  
 DMG\*D8\*20060127\*M~  
 NM1\*PR\*2\*ND MEDICAID\*\*\*\*\*PI\*77101~  
 N3\*PO BOX 5000~  
 N4\*MCRAE\*ND\*310550000~  
 CLM\*1233512\*131\*\*\*11:B:7\*Y\*A\*Y\*Y\*B  
 REN\*G1\*99995771  
 NM1\*82\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~  
 PRV\*PE\*PXC\*1223G0001X~  
 SBR\*P\*18\*\*\*\*\*HM~  
 AMT\*D\*89~  
 LX\*1

```

SV1*HC~99214~25*131*UN*1
DTP*472*D8*20120716
REF*6R*2165105~
NM1*82*1*DOE*JOHN*C***XX*1234567805~
PRV*PE*PXC*208D00000X~
SE*34*00002~
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		
<b>Error Report</b>		
Submitted: Sunday, August 26, 2012, 10:04:08 (Central Time)		
Guideline: Spec7.ecs		
Data File: C:\Users\999999\Desktop\837P_1.txt		
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		
<b>Total Errors: 6</b>		
<b>Total Warnings: 0</b>		
<b>Total Information: 0</b>		
Error Count by WEDI SNIP Type		
SNIP Type	SNIP Name	Counts
<b>0</b>	<b>System</b>	<b>0</b>
<b>1</b>	<b>EDI Syntax</b>	<b>1 Errors</b> <b>0 Warnings</b> <b>0 Information</b>
<b>2</b>	<b>HIPAA Syntax</b>	<b>5 Errors</b> <b>0 Warnings</b> <b>0 Information</b>

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	ISA*00* *00* *ZZ*999999999 * <b>PP</b>	2 – HIPAA Syntax	Normal	Element: ISA07 Name: Interchange ID Qualifier

Sample EDIFECs Error Report						
# Error ID	Error Message	Error Data	SNIP Type	Severity	Guideline Properties	
	<p>not allowed. Segment ISA is defined in the guideline at position N/A.</p> <p>This error was detected at:  Segment Count: 1  Element Count: 7  Characters: 51 through 53</p> <p>An invalid code value was encountered.</p>	*NDDHSMED *090610*1414*^^ 00501*00000183 8*1*T*:			ID: I05 Standard: Mandatory Option: Type: ID Min Length: 2 Max Length: 2 User Option: Required	
2 0x8100 24	<p>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.</p> <p>This error was detected at:  Segment Count: 11  Element Count: 8  Characters: 443 through 445</p> <p>An invalid code value was encountered.</p>	NM1*85*2*LAST NAME***** XY *1999999999	2 – HIPAA Syntax	Normal	Element: NM108 Name: Identification Code Qualifier ID: 66 Standard: Conditional Option: Type: ID Min Length: 1 Max Length: 2 User Option: Required	
3 0x8100 3C	<p>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.</p> <p>This error was detected at:  Segment Count: 26  Element Count: 2  Characters: 893 through 902</p> <p>A lexical format mismatch occurred.</p>	DMG*D8* 190000709 *F	2 – HIPAA Syntax	Normal	Element: DMG02 Name: Date Time Period ID: 1251 Standard: Conditional Option: Type: AN Min Length: 1 Max Length: 35 User Option: Required	
4 0x3939 3D2	<p>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</p>	N4*MC RAE*ND* 310550000000	2 – HIPAA Syntax	Normal	Element: N403 Name: Postal Code ID: 116 Standard: Optional Option:	

**Sample EDIFECs Error Report**

# Error ID	Error Message	Error Data	SNIP Type	Severity	Guideline Properties
	<p>030.</p> <p>This error was detected at:            Segment Count: 29            Element Count: 3            Character: 970 through 982</p> <p>ZIP Code is invalid in Payer City/State/ZIP Code.</p>				Type: ID Min Length: 3 Max Length: 15 User Option: Required
5 0x8100 7A	<p>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.</p> <p>This error was detected at:            Segment Count: 39            Element Count: 1            Characters: 1256 through 1258</p> <p>An invalid code value was encountered.</p>	REF* <b>XX</b> *99999999	2 – HIPAA Syntax	Normal	Element: REF01 Name: Reference Identification Qualifier ID: 128 Standard: Mandatory Option: Type: ID Min Length: 2 Max Length: 3 User Option: Required
6 0x8100 05	<p>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.</p> <p>This error was detected at:            Segment Count: 87            Element Count: 2            Characters: 2238 through 2242</p> <p>The values are not equal.</p>	SE*85* <b>1001</b>	1 – EDI Syntax	Normal	Element: SE02 Name: Transaction Set Control Number ID: 329 Standard: Mandatory Option: Type: AN Min Length: 4 Max Length: 9 User Option: 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: 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 837P Health Care Encounter: Professional

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			

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7	N/A	GS02	Application Sender's Code			Trading Partner ID assigned by North Dakota Medicaid
C.7	N/A	GS03	Application Receiver's Code	NDDHSMED		
71	N/A	BHT	Beginning of Hierarchical Transaction			
72	N/A	BHT06	Transaction Type Code	RP		
74	1000A	NM1	Submitter Name			
75	1000A	NM109	Submitter Identifier			Trading Partner ID assigned by North Dakota Medicaid
79	1000B	NM1	Receiver Name			
80	1000B	NM103	Receiver Name	ND MEDICAID		
80	1000B	NM109	Receiver Primary Identifier	NDDHSMED		
83	2000A	PRV	Billing Provider Specialty Information			This segment is required.
83	2000A	PRV03	Reference Identification			Enter the Billing Provider's Taxonomy Code.  See <a href="https://www.hhs.nd.gov/taxonomy">https://www.hhs.nd.gov/taxonomy</a> for appropriate codes.

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
116	2000B	SBR	Subscriber Information			
116	2000B	SBR01	Payer Responsibility Sequence Number Code			U is currently not accepted by the adjudication engine.  This element will be the same as loop 2320 SBR01.
118	2000B	SBR09	Claim Filing Indicator Code	MC		
121	2010BA	NM1	Subscriber Name			
123	2010BA	NM109	Subscriber Primary Identifier			North Dakota Medicaid Subscriber ID. If there are leading zeroes in the subscriber's ID, include them in this element.
133	2010BB	NM1	Payer Name			
134	2010BB	NM103	Payer Name	ND MEDICAID		
134	2010BB	NM109	Payer Identifier	NDDHSMED		

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
140	2010BB	REF	Billing Provider Secondary Identification			It is highly recommended that this segment be submitted by the MCO. 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.
140	2010BB	REF01	Reference Identification Qualifier	G2		
141	2010BB	REF02	Reference Identification			ND Medicaid Provider ID
157	2300	CLM	Claim Information			
158	2300	CLM01	Claim Submitter's Identifier		20	Claim Submitter's Identifier (i.e., MCO TCN)  The MCO TCN must be a unique value for each claim.  An original MCO TCN cannot match another original TCN and cannot match any void TCN.  A void MCO TCN cannot match another void TCN and cannot match any original TCN.

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
159	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
181	2300	DTP	Date – Repricer Received Date			Date MCO Received the claim from the provider
181	2300	DTP01	Date/Time Qualifier	050		
193	2300	REF	Referral Number			If the MCO required a referral, then this segment is required on the Encounter Claim
194	2300	REF	Prior Authorization Number			If the MCO required a prior authorization, then this segment is required on the Encounter Claim
196	2300	REF	Payer Claim Control Number			
196	2300	REF01	Reference Identification Qualifier	F8		
196	2300	REF02	Reference Identification			Either 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).
209	2300	NTE	Claim Note			

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
209	2300	NTE01	Note Reference Code	ADD		
210	2300	NTE02	Description			MCO Claim Receipt Date – Date claim was received from the provider. Format CCYYMMDD.
252	2300	HCP	Claim Pricing/Repricing Information			This segment is required

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
253	2300	HCP01	Pricing Methodology	00, 07, 10		<p>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)</p> <p>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</p> <p>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</p> <p>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</p>
253	2300	HCP02	Monetary Amount			This is the MCO claim header level Allowed Amount

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
254	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)
260	2310A	REF	Referring 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.
260	2310A	REF01	Reference Identification Qualifier	G2		
261	2310A	REF02	Reference Identification			ND Medicaid Provider ID
265	2310B	PRV	Rendering Provider Specialty Information			Situational – this segment is required only if the 2310B loop is required.
265	2310B	PRV03	Reference Identification			Enter the Rendering Provider's Taxonomy Code. See <a href="https://www.hhs.nd.gov/taxonomy">https://www.hhs.nd.gov/taxonomy</a> for appropriate codes.



TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
267	2310B	REF	Rendering Provider 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.
267	2310B	REF01	Reference Identification Qualifier	G2		
268	2310B	REF02	Reference Identification			ND Medicaid Provider ID
275	2310C	REF	Service Facility Location 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.
275	2310C	REF01	Reference Identification Qualifier	G2		
276	2310C	REF02	Reference Identification			ND Medicaid Provider ID

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
283	2310D	REF	Supervising 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.
283	2310D	REF01	Reference Identification Qualifier	G2		
284	2310D	REF02	Reference Identification			ND Medicaid Provider ID
295	2320	SBR	Other Subscriber Information			The first iteration of the 2320 loop must contain information pertaining to the MCO's action on the claim
298	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
305	2320	AMT	Coordination of Benefits (COB) Payer Paid Amount			
305	2320	AMT02	Monetary Amount			The first iteration of the 2320 loop will contain the MCO payment
325	2330B	DTP	Claim Check or Remittance Date			Date MCO paid or denied the claim

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
325	2330B	DTP01	Date/Time Qualifier	573		
416	2400	HCP	Line Pricing/Repricing Information			If the claim is paid at the line, this segment is required, otherwise do not send.
417	2400	HCP01	Pricing Methodology	00, 07, 10		This value should match 2300-HCP01
417	2400	HCP02	Monetary Amount			This MCO line level Allowed Amount
417	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)
433	2420A	PRV	Rendering Provider Specialty Information			Situational – this segment required only if the 2420A loop is required.
433	2420A	PRV03	Reference Identification			Enter the Rendering Provider's Taxonomy Code. See <a href="https://www.hhs.nd.gov/taxonomy">https://www.hhs.nd.gov/taxonomy</a> for appropriate codes.
434	2420A	REF	Rendering Provider Secondary Identification			It is highly recommended that this segment be submitted. 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.

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
434	2420A	REF01	Reference Identification Qualifier	G2		
435	2420A	REF02	Reference Identification			ND Medicaid Provider ID
447	2420C	REF	Service Facility Location 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.
447	2420C	REF01	Reference Identification Qualifier	G2		
448	2420C	REF02	Reference Identification			ND Medicaid Provider ID
452	2420D	REF	Supervising 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.
452	2420D	REF01	Reference Identification Qualifier	G2		

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
453	2420D	REF02	Reference Identification			ND Medicaid Provider ID
454	2024E	NM1	Ordering Provider Name			Situational - this segment is needed if the 2420E loop is required. The 2420E loop is required when specific services are rendered. See <a href="https://www.hhs.nd.gov/sites/www/files/documents/Codes_Requiring_Ordering_Referring_or_Prescribing_Provider_NPI.xlsx">https://www.hhs.nd.gov/sites/www/files/documents/Codes_Requiring_Ordering_Referring_or_Prescribing_Provider_NPI.xlsx</a> for further specifications
456	2420E	NM109	Identification Code			Enter the Ordering Provider's NPI
460	2420E	REF	Ordering Provider Secondary Identification			Situational – this segment is highly recommended to be submitted by the MCO if the 2420E loop is required. The 2420E loop is required when specific services are rendered. See <a href="https://www.hhs.nd.gov/sites/www/files/documents/Codes_Requiring_Ordering_Referring_or_Prescribing_Provider_NPI.xlsx">https://www.hhs.nd.gov/sites/www/files/documents/Codes_Requiring_Ordering_Referring_or_Prescribing_Provider_NPI.xlsx</a> for further specifications
460	2420E	REF01	Reference Identification Qualifier	G2		
461	2420E	REF02	Reference Identification			Enter Ordering Provider's ND Medicaid ID

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
465	2420F	NM1	Referring Provider Name			<p>Situational - this segment is needed if the 2420F loop is required.</p> <p>The 2420F loop is required when specific services are rendered.</p> <p>See <a href="https://www.hhs.nd.gov/sites/www/files/documents/Codes_Requring_Ordering_Referring_or_Prescribing_Provider_NPI.xlsx">https://www.hhs.nd.gov/sites/www/files/documents/Codes_Requring_Ordering_Referring_or_Prescribing_Provider_NPI.xlsx</a> for further specifications</p>
466	2420F	NM101	Entit Identifier Code	DN		
467	2420F	NM109	Identification Code			Enter the Referring Provider's NPI
468	2420F	REF	Referring Provider Secondary Identification			<p>It is highly recommended that this segment be submitted by the MCO.</p> <p>The 2420F loop is required when specific services are rendered.</p> <p>See <a href="https://www.hhs.nd.gov/sites/www/files/documents/Codes_Requring_Ordering_Referring_or_Prescribing_Provider_NPI.xlsx">https://www.hhs.nd.gov/sites/www/files/documents/Codes_Requring_Ordering_Referring_or_Prescribing_Provider_NPI.xlsx</a> for further specifications.</p>
468	2420F	REF01	Reference Identification Qualifier	G2		
469	2420F	REF02	Reference Identification			Enter Referring Provider's ND Medicaid ID

TR3 Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
480	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.
480	2430	SVD01	Identification Code			Indicates the payer responsible and matches to the Other Payer Primary Identifier at 2330B-NM109
481	2430	SVD02	Monetary Amount			This is the MCO line level Paid Amount

# Appendices

## Implementation Checklist

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

<b>Trading Partner Checklist</b>			
	<b>Task</b>	<b>Responsibility</b>	<b>Completed Date</b>
<input type="checkbox"/>	<b>Review Trading Partner Enrollment Toolkit at:</b> <a href="http://www.nd.gov/dhs/info/mmis.html">http://www.nd.gov/dhs/info/mmis.html</a>	<b>Trading Partner</b>	
<input type="checkbox"/>	<b>Enroll in the new MMIS as a Trading Partner at:</b> <a href="https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment">https://mmis.nd.gov/portals/wps/portal/ProviderEnrollment</a>	<b>Trading Partner and ND Medicaid</b>	
<input type="checkbox"/>	<b>Exchange Contact information for Business, Technical and/or Data contacts.</b> (Name, Phone number, Email address and Mailing Address)	<b>Trading Partner and ND Medicaid</b>	
<input type="checkbox"/>	<b>Confirm X12 Transaction selections</b>	<b>Trading Partner and ND Medicaid</b>	
<input type="checkbox"/>	<b>Establish Standard ISA and GS information</b>	<b>Trading Partner and ND Medicaid</b>	
<input type="checkbox"/>	<b>Determine communication method</b>	<b>Trading Partner and ND Medicaid</b>	



<input type="checkbox"/>	<b>Establish a schedule for testing</b>	<b>Trading Partner and ND Medicaid</b>	
<input type="checkbox"/>	<b>Complete the testing for all selected X12 Transactions</b>	<b>Trading Partner and ND Medicaid</b>	
<input type="checkbox"/>	<b>Promote Trading Partner to Production status</b>	<b>Trading Partner and ND Medicaid</b>	
<input type="checkbox"/>	<b>Production cut-over</b>	<b>ND Medicaid</b>	
<input type="checkbox"/>	<b>Begin sending X12 transactions to new MMIS for processing</b>	<b>Trading Partner</b>	

## Business Scenarios

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

## Transmission Examples

Please contact the North Dakota Customer Service Unit 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	03/21/2014	Initial Document for Deliverables	Document reformatted to CORE standard companion (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 Name, 2010BA-Subscriber, CN1-Contract Information portal home address from <a href="https://mmis.nd.gov/portal/enterpriseHome">https://mmis.nd.gov/portal/enterpriseHome</a> to <a href="https://mmis.nd.gov/portal/enterpriseHome">https://mmis.nd.gov/portal/enterpriseHome</a>
1.2	6/11/2014	Changed location of managed care payment info	Changed location of managed care payment information from iteration of 2320 Other S
1.3	05/15/2015	Added requirement for provider taxonomy codes.	Provider Taxonomy Code (PRV) when the provider This affects 2000A, 2310
1.4	05/25/2017	Updates related to HIPAA Operating Rules requirements	Updated System Availab
1.5	06/01/2018	"Replacement" claims not accepted	The system cannot accept claims (2300-CLM05-3 F Code = 7). Only Frequen 1 or 8 are accepted.
1.6	5/11/2023	Medicaid Expansion changes	CR 4371 – build changes Medicaid Expansion...cc requirements for CLM05 requirements for the HCF segment...added verbiage Secondary Identification Medicaid Provider ID
1.7	05/24/2023	Updated Logo/Phone Numbers	Updated with new State Logo and EDI Phone Numbers
1.8	03/04/2024	Added 2420E NM1 Ordering Provider Name and 2420F NM1 Referring Provider Name	Added 2420E NM1 – Ordering Provider Name and 2420F NM1 Referring Provider Name