



# **eMedNY**

## **Submitter Dashboard**

### **User Manual**



**eMedNY is the name of the electronic New York State Medicaid system. The eMedNY system allows New York Medicaid providers to submit claims and receive payments for Medicaid-covered services provided to eligible clients.**

**eMedNY offers several innovative technical and architectural features, facilitating the adjudication and payment of claims and providing extensive support and convenience for its users. CSC is the eMedNY contractor and is responsible for its operation.**

**The information contained within this document was created in concert by eMedNY DOH and eMedNY CSC. More information about eMedNY can be found at [www.emedny.org](http://www.emedny.org).**

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***For eMedNY Submitter Dashboard questions, please contact  
the eMedNY Call Center at 1-800-343-9000  
or email [eMedNYProviderServices@csc.com](mailto:eMedNYProviderServices@csc.com).***

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# 1. Purpose Statement

The eMedNY Submitter Dashboard is designed to assist Trading Partners in tracking the status of batch submissions made to New York Medicaid. Trading Partners can follow the progress of their batch submissions here.

This manual is designed specifically for submitters of electronic transactions and describes the eMedNY Submitter Dashboard features, including:

- Logging In
- Viewing Status
- Searching for Files
- Viewing Errors.

Each section includes screen shots, field definitions, and instructions on how to perform the various tasks.

*This manual does not go into detail about the specific errors that occur with submitted files. The errors are viewable through the Submitter Dashboard, however these issues must be resolved by downloading and processing the response files returned to the submitter by eMedNY. Where appropriate, we have provided links to other manuals or web pages for further information and/or clarification.*

## 2. HIPAA Security and Privacy

Health Insurance Portability and Accountability Act of 1996(HIPAA) is a federal law that protects health insurance coverage for workers and their families when they change or lose employment. It includes the Privacy Rule (enacted April 14, 2003), which establishes regulations for the use and disclosure of Protected Health Information (PHI), the Security Rule (enacted April 25, 2005), which addresses electronic PHI (ePHI) and establishes the requirements to protect the confidentiality, integrity and availability of PHI created, maintained and transmitted in electronic format, and Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) which strengthens the HIPAA regulations. HIPAA is intended to:

- Provide better access to health insurance.
- Limit fraud and abuse.
- Reduce the administrative costs of providing health care.
- Standardize the content and format of electronic health care transactions and promote their use.
- Ensure privacy & security of paper and electronic Protected Health Information (PHI).

Under HIPAA users are to:

- Utilize unique user id and passwords for each user.
- Share PHI with co-workers who have a “need to know” and the appropriate access.
- Discuss PHI in private areas, not in public areas or in telephone conversations that can be easily overheard by others.
- Keep and protect written and electronic health information from the eyes of others who do not need the information in order to perform their assigned jobs.
- Make sure that casual visitors cannot wander into areas in which clinical or billing information is kept.
- Know when a person’s PHI can be shared without the person’s permission, and when written or oral permission is required.
- Ensure that all policies or procedures for safeguarding the confidentiality of (PHI) or other sensitive material are followed.
- Investigate and report to the Compliance Officer or designee any incident where the acquisition, access, use or disclosure PHI is in a manner not permitted or which compromises the security or privacy of PHI.
- Properly dispose of printed and electronic protected health information.
- Access PHI on company owned equipment in secured locations and not in public settings such as the mall or libraries.

*eMedNY Submitter Dashboard users are responsible for the preservation, privacy, and security of data in their possession. While using the application the user has access to data that contains Protected Health Information (PHI) and must be guarded and disposed of appropriately if downloaded by the user. As covered entities (or vendors operating on behalf of a covered entity), any inappropriate use or disclosure of PHI must be handled as prescribed in the above mentioned federal regulations.*

## 3. Accessing the eMedNY Submitter Dashboard

### 3.1 Requirements

To utilize the eMedNY Submitter Dashboard, submitters must have an active eXchange, FTP, FTS SOAP or VPN account with valid credentials to submit transactions to eMedNY.

The eMedNY Submitter Dashboard features an automatic logout that is triggered when there is no activity within the application for 15 minutes. The user will be routed back to the login page when the session expires. The user is required to login again to access the eMedNY Submitter Dashboard.

Claim Submitters using any of the following batch access methods are able to use the eMedNY Submitter Dashboard to track the status of a submitted file:

- FTP
- eMedNY eXchange
- VPN
- eMedNY File Transfer Service (FTS) using SOAP

*Claims submitted through ePACES, paper claim forms, or real time transactions are not visible through the eMedNY Submitter Dashboard.*

For more information on available access methods, refer to the [eMedNY Trading Partner Information Companion Guide](#).

### 3.2 Accessing the Application

In order to utilize the eMedNY Submitter Dashboard the submitter must have an active account with valid credentials to submit transactions to eMedNY.

The user ID credentials used to log into the Dashboard can ONLY access files submitted by that user. To view files submitted through a difference access method, the user must log in under that submission type.

Users cannot access files submitted by another user ID.

1. Go to the [www.emedny.org](http://www.emedny.org).



2. Click the Submitter Dashboard button to access the application. The Login Page appears.



3. Enter the assigned username.
4. Enter the password.

5. Choose the Submission Source:

- EMEX-Exchange - eMedNY eXchange
- FTP - File Transfer Protocol
- FTS-SOAP - File Transfer Service via Simple Object Access Protocol (SOAP)
- VPN - Virtual Private Network

For more information on submission sources, please refer to the [eMedNY Trading Partner Information Companion Guide](#).

*Note: Ensure the submission source selected matches the method used to submit batch files to eMedNY.*

6. Check the Agree check box. This must be checked before clicking the Login Button.
7. Click the Login button.

After the second unsuccessful login attempt, the user will be presented with the following:

**eMedNY dashboard** **Production**

... welcome to **eMedNY**

**Invalid Credentials**

**Username:**

**Password:**

**Submission source:**

Please type the characters as shown:

**Please Note:** Medicaid recipient level data is confidential and is protected by state and federal laws and regulations. It can be used only for the purposes directly connected to the administration of the Medicaid program. You are required to read, understand and comply with these regulations. There are significant state, civil and federal criminal penalties for violations.  
[View Medicaid Confidentiality Regulations.](#)

**I have read and I agree to the Medicaid Confidentiality Regulations**

**Agree / Login**

If you are having trouble logging in, please call 800-343-9000 for assistance.

**DCH** New York State Department of Health [Home](#) | [Privacy Policy](#)

8. Enter the characters shown in the image and check the Agree check box.
9. Click the Agree/Login button.

If the non-scannable image is unreadable, click the refresh button to refresh the image shown.

*Note: Users cannot lock themselves out of their submission source by entering invalid login information.*

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## 4. Profile Creation

After successfully entering login credentials for the first time, the user must create a profile. Until there is at least a First and Last Name entered in the profile, this will always be the homepage.

To create a profile:

1. Enter their First Name – Required.
2. Enter their Last Name – Required.
3. Enter at least one valid email address. This will be used to notify eMedNY Submitter Dashboard users of any changes to the application.
4. Click the Save button.

**My Profile**  
This page appears as your homepage till the fields "First Name" of "Last Name" is not empty.

First Name :

Last Name :

Email address #1 :

Email address #2 :

Email address #3 :

Email address #4 :

Email address #5 :

5. The following message will appear when the profile was successfully saved or updated:

**My Profile**  
Successfully updated

First Name :

Last Name :

Email address #1 :

Email address #2 :

Email address #3 :

Email address #4 :

Email address #5 :

6. To navigate to the Dashboard screen, click on the Home link in the upper right corner of the screen.

## 5. The Submitter Dashboard

The Dashboard screen will display the progress of all files for providers that were submitted by the User logged in for the current day as well as the previous day based on submitted search criteria.

Submitters can search for *only* those files that were submitted under the User ID and Submission Source used to login.

All searches require:

- A From/To Date Range
- A selection from the Status drop-down list.

*For files submitted within 28 days from the current system date*, the submitted files and the corresponding raw data are available. See Section 6 for instructions.

Raw data is not available through the eMedNY Submitter Dashboard for any batch file submitted beyond the 28 day window.

### Home

The Home link will bring the submitter back to the eMedNY Dashboard page.

## UserInfo

This link will bring display information pertaining to the submitter that is currently logged into the application.

## Help

This link will open the eMedNY Submitter Dashboard User Manual in a new window.

## Logout

Click this link to log out of the application.

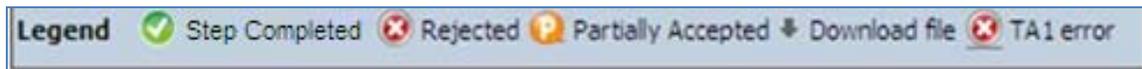
## New York State Department of Health

Clicking this will display the New York State Department of Health home page in a new window.

## Privacy Policy

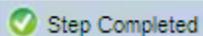
This link displays the New York State Department of Health's Privacy Policy page in a new window.

## 5.1 Legend



The Legend at the bottom of the Submitter Dashboard screen explains icons that may be found in the following columns:

- File Name
- File Accepted
- File Validated
- File Sent to Adjud
- File Adjudicated



Step Completed

The Step Completed icon indicates that the submitted file has completed the corresponding stage.

*Step Completed does **not** mean that the claims were accepted and will be paid;* it only means that the batch was accepted and processed.

The submitter will need to review all of their response files related to their submissions to determine if their batches were accepted or rejected. Additionally, the submitter must review the files related to the batch to see which claims were adjudicated and which were not.

*Note: All 5010 claim batches receive a 277CA Response File. This response file must be examined with the submitters' software to determine which claims passed on to adjudication and which ones did not. The Step Completed check mark cannot relay this information to the user.*

 Rejected

Rejected indicates that the submitted file will not progress past the corresponding stage.

*Note: Files which display the Rejected icon in any of columns are considered to have a status of Complete, since processing has stopped.*

 Partially Accepted

A file is partially accepted when the file has multiple GS segments and one or more of these have been rejected.

 Download file

By clicking the download file arrow, users can download the associated inbound or outbound file. See Section 6 for more information.

 TA1 error

A TA1 Interchange Acknowledgment with an error has been returned to the claim submitter. This error only occurs in the File Accepted column. For more information on this error, see Section 7.1.

## 5.2 File Submitted Search Fields

### From Date/To Date

Select a date range for the application to find submitted files received after July 21, 2011. The From and To dates are required fields. To change the date, click in either field to display the calendar as shown in this example:

October 2011						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

These fields default to prior day and the current day.

*Note: Files over 28 days old do not display raw data.*

## Name

Enter the name of the file submitted if it is known to the user. This field is optional.

## Status

From the drop-down menu, select the status of submitted batches from the following list:

- **All Status** - All completed and in process results will be display. This is the default selection.
- **Completed** - Searches for only those files that are complete.
- **In Process** - Brings up only files that have not been completed.
- **277 Errors** - The search will only return batches that contain 277 errors. Batches that have positive 277 responses are NOT included.

*Note: To view other results after Completed, In Process, or 277 errors have been selected, users must change the option selected in this field and click the Find button.*

## Outbound

Select the type of file returned to the user from the following options. This field is optional:

- **820** - Health Plan Remittance Advice
- **820S** - Health Plan Supplemental Remittance Advice (Proprietary, formatted file)
- **835** - Health Care Claim Remittance Advice
- **835S** - Health Care Claim Supplemental Remittance Advice (Proprietary Formatted file)
- **Remittance PDF** - PDF Formatted Paper Remittance Advice
- **PA** - PDF Formatted Paper Prior Approval Roster
- **277U** - Unsolicited 277 response to a 4010 version batch.
- **277** - Claim status response to a 276 Request.
- **FRSP** - Response due to a corrupt file that was submitted to eMedNY.
- **277C** - Unsolicited Claim Acknowledgement to a5010 version batch.
- **MEDA** - MEDS Acknowledgment Report
- **MCR** - MEDS CLAIMS RESPONSE FILE
- **NPIR** - NPI Batch Affiliation Response
- **278P** - Batch Prior Approval/DVS Response
- **NCPD** - NCPDP – Batch Pharmacy Response
- **271** - Response for 270 Eligibility File
- **DWPX** - Internal CSC use only
- **MEDS** - Med Encounter Data from Health Plans
- **999** - Functional Acknowledgment for a version 5010 batch. This is the same as the R file or 997 released for claims processed in 4010 formatted transactions.
- **997** - Functional Acknowledgment for a version 4010 batch. This is the same as the R file or 999 released for claims processed in 5010 formatted transactions.

- **TA1** - Batch Rejection validates the syntax and format of the outer envelope and functional groups. Batches rejected at the front end are not subjected to pre-adjudication editing.

## Find

Click the Find button to search for and display results which match the desired criteria.

## 5.3 File Submitted Search Results

### File ID

This is a unique ID generated by the eMedNY system in order to identify a submitted file for tracking purposes.

By clicking the link, users may view further information about the file. See Section 6 for instructions.

### File Name

The File Name varies depending on the submission method used:

- For FTP and VPN, it is the name of the ZIP file submitted to CSC.
- For FTS Batch and eXchange, it is the R-file name assigned by eMedNY to the inbound file.

By clicking the link, the user can open up and view the raw data that was submitted for files that are up to 28 days old.

For more information on downloading and viewing a file, see section 6.

### File Size

This is the size of the submitted batch file. File size is shown in either megabytes or kilobytes.

### File Status

The File Status column indicates whether the batch is being processed or if it has been completed. There are two options for this column:

- **Completed** - The batch has finished processing. Completed file status occurs in two situations:
  - The file has registered an error during one of the Validation steps: File Accepted, File Validated, or File Sent to Adjud.
  - The file has completed adjudication.

*Note: Some claims may have failed pre-adjudication edits. Submitters must review and process their 277 response files to see which claims passed on to adjudication and which claims failed pre-adjudication.*

In the example below, the file has completed all four validation steps and is being adjudicated by eMedNY.

#	File ID	File Name	File Size	File Status	Submitted Date	Last Update	File Accepted	File Validated	File Sent to Adjud	File Adjudicated
1	<a href="#">1234567891123456AB</a>	<a href="#">AUSER_123456789112</a>	↓ 219K	Completed	10/25/11	10/25/11 21:09	✓	✓	✓	✓

- **In Process** - The batch is still processing.

#	File ID	File Name	File Size	File Status	Submitted Date	Last Update	File Accepted	File Validated	File Sent to Adjud	File Adjudicated
1	<a href="#">1234567891123456AB</a>	<a href="#">AUSER_123456789112</a>	↓ 2K	In Process	10/25/11	10/25/11 21:09	✓	✓	✓	

*Note: If a file has been in the In Process status for over 72 hours, contact the eMedNY Call Center at 18003439000.*

## Submitted Date

This is the date on which the file was uploaded to eMedNY.

## Last Update

- **While a file has a status of In Process**, this date is updated as the file advances to the next stage of processing.
- **When a file has a status of Complete**, this is the file completion date. See the discussion of the File Status field above for further information.

## File Accepted

This column indicates whether the file has passed or failed TA1 Envelope Standards editing.

## File Validated

This column indicates whether the file has passed or failed Standards editing.

## File Sent to Adjud

This column indicates whether the file was forwarded to eMedNY for further adjudication.

## File Adjudicated

This column indicates whether the adjudication process has completed and a response has been sent.

### Notes:

- *It is important to note that a Step Completed icon in any of these four columns for an 837 claim batch does not indicate that the claims submitted within the file have been paid, only that the acceptance, validation, and adjudication steps have been completed by the eMedNY system. Submitter must review the weekly remittance for final claim determination. See section 7 for more details.*
- *For NCPDP claims only, response files do contain adjudication information.*

## 6. Downloading and Viewing Raw Data

### 6.1 Downloading Data

The search result panel will have File ID and File Name hyperlinks.

#	File ID	File Name
1	<a href="#">1234567890123456AB</a>	<a href="#">AUSER 1233456789012 ...</a> ↓
2	<a href="#">1234567890123456AB</a>	<a href="#">AUSER 1233456789012 ...</a> ↓
3	<a href="#">1234567890123456AB</a>	<a href="#">AUSER 1233456789012 ...</a> ↓

1. Click on File Name.
2. The File Download dialog box is displayed. **It is not recommended that a submitter use this function.**



3. Click Open and the raw data file will appear in a .txt file or in html based on the user's PC settings, or click Save. This will store the contents of the file to the user's desktop.

*Batch files saved to the desktop contain PHI, as defined by HIPAA. See section 2 above.*

Alternately, the user may click on the  icon to the right of the File Name. Once clicked, the file will be opened in a delimited text file using the user's default application.

## 7. Analysis of Dashboard Information for 837 Submissions

This section explains the three most common Dashboard responses and provides instructions on how to analyze each:

### File Accepted Error

File ID	File Name	File Size	File Status	Submitted Date	Last Update	File Accepted	File Validated	File Sent to Adjud	File Adjudicated
12345678901234568AB	<u>AU BER 1234567890123</u>	4 939B	Completed	04/22/11	04/22/11 08:06				

### File Validated Error

File ID	File Name	File Size	File Status	Submitted Date	Last Update	File Accepted	File Validated	File Sent to Adjud	File Adjudicated
<u>123456789012345AB</u>	<u>SAMMY SAMPLE 1234567890</u>	4 252K	Completed	10/11/11	10/11/11 06:51				

### All steps completed

File ID	File Name	File Size	File Status	Submitted Date	Last Update	File Accepted	File Validated	File Sent to Adjud	File Adjudicated
<u>123456789012345AB</u>	<u>SAMMY SAMPLE 1234567890</u>	4 198K	Completed	10/04/11	10/04/11 19:59				

### 7.1 File Accepted/TA1 Error

A “TA1” error occurs when eMedNY rejects the Interchange Envelope of the transaction sent by the submitter. The batch was rejected due to an EDI/Syntax error in the envelope. As a result, the batch will not be processed.

Here is an example of a “TA1” error displayed on the Dashboard:

File ID	File Name	File Size	File Status	Submitted Date	Last Update	File Accepted	File Validated	File Sent to Adjud	File Adjudicated
12345678901234568AB	<u>AU BER 1234567890123</u>	4 939B	Completed	04/22/11	04/22/11 08:06				

To determine the cause of the TA1 error:

1. Click on .
2. The Errors Pop-Up window will display, as shown in the example below.



### 7.1.1 Errors Pop-Up Window

#### Error Code

This area will show the code of the error being reported.

#### Error Description

This area shows the description of the error encountered by eMedNY.

#### TA1 File

A description of the error returned to the user will be relayed here.

## 7.2 File Validated Error

When  appears in the File Validated column, the file is not processed due to an EDI/Syntax error in the batch. This could be due to an extra segment or the batch is missing a required data element or segment. The batch will not be processed.

File ID	File Name	File Size	File Status	Submitted Date	Last Update	File Accepted	File Validated	File Sent to Adjud	File Adjudicated
<a href="#">123456789012345AB</a>	<a href="#">SAMMY SAMPLE_1234567890</a>	295K	Completed	10/11/11	10/11/11 06:51				

1. Click on the File ID.
2. The GS Sub-Panel will be displayed:

GS Seq	GS Cntl Num	Version	Txn Type	ST Count	Txn Count	Ack	Status	Response	Completed?
1	573461542	004010X096A1	837I	1	299	997	SPLIT XML		Yes

## 7.2.1 GS Sub-Panel for 837 X12 Transactions

### GS Seq

GS Functional Group Occurrence is a hyperlink. When clicked, the link will open further details about the file. See section 7.3.2.1 for this information.

### GS Cntl Num

The Group Control Number comes from the GS06 field in the batch.

### Version

The X12 Version of the submitted batch will either begin with 005010, indicating it is in a 5010 format or a 004010 for a 4010 transactions.

### TXN Type

The TXN Type indicates the type of X12 transaction submitted. When clicked, the raw data from the submitted file can be accessed. See section 6

### ST Count

Total number of transaction sets.

### TXN Count

Number of transactions included in the set.

### ACK

If submitter clicks on the hyperlink, the file that was sent will display here.

### Status

This indicates the type of file returned in for the GS Sub Panel. See [Appendix A - GS-1 Sub-Panel Status Events](#)

### Response

Type of secondary response returned will be one of the following:

- 277
- 277U for 4010 formatted response transaction
- 277C for a 5010 formatted response transaction



## ST Seq

This area shows the total number of transaction sets in the submitted batch.

## ST Cntl Num

This is the Transaction Set Control Number.

## TXN Count

Transaction count is the number of transactions in the ST group displayed.

## Status

The status field will display:

- Accepted if the file was accepted into adjudication.
- Rejected if the file was rejected.
- Show Errors if there were errors in the batch. See section 7.3.2 for information on viewing errors.

## 7.3.2 Viewing Errors

Errors encountered during the processing of a submitted batch file may be viewed with the Submitter Dashboard.

*Errors are only visible to users after following the steps detailed below. The Step Completed icons shown in the last 4 columns of the Dashboard page do not guarantee that the claims submitted were accepted into adjudication.*

1. Click on file name. This will bring up the GS Seq subpanel. See Section 7.3.2.1 for more information.
2. Click on the l hyperlink under GS Seq. The ST Seq subpanel will appear.

GS Seq	GS Cntl Num	Version	Txn Type	ST Count	Txn Count	Ack	Status	Response	Completed?
1200000000000009XF	573461982	004010X096A1	837I	1	125	99Z	BATCH RESPONSE		Yes

ST Seq	ST Cntl Num	Txn Count	Status
1	000009347	125	Accepted

3. Click on the show errors link found in the status section of the ST Seq sub panel.
4. The GS Functional Group Pop up will be displayed. See section 7.3.3 below.

### 7.3.2.1 GS Functional Group Pop-Up

The GS Functional Group Pop Up displays the validation errors that occurred during processing. The example below does not reflect all possible errors that may be encountered during processing and is for informational purposes only.

All of the values reported on this pop-up are from the 999/997 Functional Acknowledgement. It is strongly recommended users processes that file, and NOT use these screens as anything but confirmation of the rejection information.

The screenshot shows a window titled "(GS) Functional Group" with the following content:

Group Control Number: 573461915

(ST) Transaction Set : 1

Transaction ID 837 Transaction Control Number 000009280

Loop	Segment			Element		
	Reference	Position	Error	Reference	Position	Error
-	CLM	1604	3 - Mandatory segment missing	-	-	-

Transaction Set Trailer Error: One or More Segments in Error

#### Group Control Number

This refers to the GS segment the user clicked on.

#### ST Transaction Set

This is the ST transaction number.

#### Loop Section

This area will show the user where in raw data an issue occurred, when applicable.

#### Segment Section

This is the segment within the Loop where an error occurred.

#### Reference

This area will provide the segment within the Loop where an issue occurred.

## **Position**

This is the line with in the raw data the error occurred in.

## **Error**

This is the error being reported in the raw data.

## **Element Section**

This section details the element within the Loop and segment of raw data submitted that encountered the error.

## **Reference**

The Data Element Reference is the number of the Segments in error

## **Position**

This is the Data Element position in error.

## **Error**

This is the error being reported in the raw data.



## 8.1 Error Pop-Up Window

### Txn #

This is the transaction number in the batch.

### TCN

This is the Transaction Control Number assigned by eMedNY to the claim.

### Claim Line

This is the line number in the claim where the error occurred within the transaction set.

### Error Number

These error numbers are for eMedNY use only.

### Description

The description is the reason for the error.

## 8.2 Using the Pre-Adjudication Crosswalks

In addition to the dashboard, raw data from the 277 response file may be interpreted using the 277 PreAdjudication Crosswalks available on [www.emedny.org](http://www.emedny.org). Follow the steps below or consult your local library

1. In the GS panel, click on the 277 under the Response column. The raw data will be displayed in the users default text viewer.
2. Look for the STC\*

Example: STC\*A7:33:IL\*20111115\*\*138.68\*0.00~

3. Note the A7 33 IL and go to: [eMedNY 5010 Crosswalks](#).
4. Open the NYS Medicaid Pre-Adjudication Crosswalk for Health Care Claims. (Adobe Reader is required.)

- Look for the error using the STC01 -1,-2, and -3 columns that correspond to each of the values in the data separated by a :

NYS MEDICAID PRE-ADJUDICATION CROSSWALK FOR HEALTH CARE CLAIMS																	
VERSIONS 5010 4010 (BATCH AND REAL-TIME)																	
277CA OR U277 (OUTBOUND RESPONSE TO CLAIMS)									VERSION 5010 (INBOUND CLAIM)				VERSION 4010 (INBOUND CLAIM)				
CLAIM LEVEL (LOOP 2200D)						LINE LEVEL (LOOP 2220D)			BATCH				REAL-TIME				
STC01-			STC10-			STC01-			837-				837-				
-1	-2	-3	-1	-2	-3	-1	-2	-3	NYS Medicaid Conditions								
									INST	PROF	DENT	PROF	INST	PROF	DENT	PROF	
A3	400	85							Claim is out-of-balance (charges)	✓	✓	✓	✓	✓	✓	✓	✓
A3	400	P4							Claim is out-of-balance (Coordination of Benefits)				✓				
A3	400	PR							Claim is out-of-balance (Coordination of Benefits)	✓	✓	✓					
A3	479	P4							Coordination of Benefits payer at line level (loop 2430 SVD01) not matched to claim level (loop 2330B NM109)				✓				
A3	479	PR							Coordination of Benefits payer at line level (loop 2430 SVD01) not matched to claim level (loop 2330B NM109)	✓	✓	✓					
A3	742								Invalid or repeated Payer Responsibility Sequence Number Code (same code occurred more than once in a claim or code "U" in non-crossover claim)	✓	✓	✓	✓	✓	✓	✓	✓
A7	26	1P							Billing Provider (NPI or Medicaid ID) not on file or not active on date of service (for Inpatient claims with Rate Codes 2946 or 2953 the "Through" Statement Date is used)					✓	✓	✓	✓
A7	33	IL							Invalid client ID (CIN#)	✓	✓	✓	✓	✓	✓	✓	✓
A7	33	IL							Client is not on file	✓	✓	✓	✓	✓	✓	✓	✓
A7	05	A1							ETIN Not Certified for Use	✓	✓	✓					

- The error is described in the NYS Medicaid Conditions Column. In the example above, the error is "Invalid client ID (CIN#)". The description found in this column corresponds with the Description field shown in section 8.1 above. In the example above, the description would be states and provinces - subscriber for line 1. This is described in Section 8 above.

## 9. Analysis of Dashboard Information for NCPDP and NPI Submissions

When viewing these files through the Submitter Dashboard, hyperlinks are not available to allow users to view further information about the batch because these files are processed in real time.

As a result, submitters receive an instant response back from eMedNY.

#	File ID	File Name	File Size	File Status	Submitted Date	Last Update	File Accepted	File Validated	File Sent to Adjud	File Adjudicated
1	12000000000000000VF	P 0123456 ZIP.G0001V00	808B	Completed	01/06/12	01/06/12 14:14	✓	✓	✓	✓
2	12000000000000000VF	P 0123456 ZIP.G0001V00	1K	Completed	01/06/12	01/06/12 14:14	✓	✓	✓	✓
3	12006000000000000VF	P 012345 ZIP.G0001V00	1K	Completed	01/06/12	01/06/12 14:14	✓	✓	✓	✓

## 10. Resources

The eMedNY Submitter Dashboard User Manual is intended to assist submitters track the progress of their batch.

The additional features presented are not to be used as a substitute for following normal business processes with regards to processing X12/NCPDP response files.

eMedNY encourages submitters to explore these and other resources, listed below:

- The ASC X12N Implementation Guides and their associated addenda are available in electronic format at: <http://store.x12.org/store/>.
- Pharmacy Providers can acquire the NCPDP Implementation Guide from [www.ncdp.org](http://www.ncdp.org).
- HIPAA Health Information Privacy Standards <http://www.hhs.gov/ocr/privacy/>.
- For billing questions, contact the eMedNY Call Center at 800-343-9000.
- For EDI related information specific to NY Medicaid visit the [eMedNYHIPAASupport](#) page on [www.emedny.org](http://www.emedny.org).

## APPENDIX A

# GS-1 SUB-PANEL STATUS EVENTS

The table below lists all possible Status Events for the GS Sub-panel, along with a brief description of each Status Event.

Status Event	Description
FILE EVENT	File picked up by FPS and is being processed
VALIDATION	File validated for envelope structure(ISA/IEA), valid characters, proprietary file structures
FILE CONCATENATION PROCESS	Process to concatenate proprietary files to larger batch files for processing on the mainframe
TRANSLATION	X12 is translated to XML
SPLIT XML	XML file is split into multiple XML files, one per transaction
PRE-ADJUDICATION RESPONSE	Response is generated with pre-adjudication results
BATCH RESPONSE	Response X12 for incoming batch file
DISPATCH T11	Dispatched TA1 response to the user
DISPATCH 'F' FILE	Dispatched a proprietary negative response
DISPATCH 999	Dispatched X12 999 response - 5010 only
DISPATCH 997	Dispatched X12 997 response - 4010 only
DISPATCH 277CA	Dispatched X12 277CA response - 5010 only
DISPATCH U277	Dispatched X12 277 response for 837
DISPATCH 278	Dispatched X12 278 response for 278
DISPATCH NPI REGISTER ACK REPORT	Dispatched NPI registry acknowledgement report file
DISPATCH 277	Dispatched X12 277 response for 276
DISPATCH 271	Dispatched X12 271 response for 270
DISPATCH NCPDP	Dispatched NCPDP response
DISPATCH 835	Dispatched X12 835
DISPATCH 835 SUPPLEMENTAL	Dispatched proprietary 835 supplement
DISPATCH 820	Dispatched X12 820
DISPATCH 820 SUPPLEMENTAL	Dispatched proprietary 820 supplement
DISPATCH DW PHARMACY CARVE OUT	Dispatched Data Warehouse pharmacy carve out file
DISPATCH MEDS ACKNOWLEDGEMENT REPORT	Dispatched encounter acknowledgement report file
DISPATCH MEDS CLAIMS RESPONSE FILE	Dispatched encounter claims response file
DISPATCH DAILY MANAGED CARE REJECT REPORT	Dispatched daily managed care report file
NCPDP	File processed through NCPDP service
ARCHIVE	File archived
RESPONSE ACKNOWLEDGEMENT	Negative acknowledgement response received

# APPENDIX B

## MODIFICATION TRACKING

**4/1/2012**

**Version 2012-1**

- Reformatted the User Manual style to match Provider Billing Guidelines.
- Added information to Section 3.2 regarding new CAPTCHA functionality.
- Expanded Previous section 5.3 Viewing Responses into sections 5 through 9 of the current document.