



SSIS Interface Specification

SSIS/MMIS 

Prepared By: Jayson Carrigan, Jack Kinzer

Project Manager: Kate Stolpman

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SECTION ONE: INTRODUCTION

1.0 Introduction

This document is the interface specification for data interchange between SSIS and MMIS (Minnesota Medicaid Information System). This interface specification describes the data, the transport method, and protocol for transfer between the systems.

The SSIS/MMIS Interface will use SSIS's Generic Interface tool (DEX) in order to process the MMIS Health Care claiming files. DEX is an any-to-any business integration tool. Data can flow from any source to any target with complex transformation abilities. Refer to the Generic Interface Specification for specific information about DEX.

1.1 MMIS Health Care Claiming Overview

The deployment diagram in Figure 1-2 depicts the environment and systems involved in the data transfer for the health care claiming module. The MMIS Health Care Claiming module consists of the following processes:

- **Process Claim Submission:** Converts data from SSIS Oracle database to a text file using the Electronic Data Interchange (EDI) Format. After creating the EDI file the DEX process will upload the file to the Counties MN-ITS mailbox.
- **Receive Claim Transaction Acknowledgement:** MMIS picks up the claims from the mailbox, returns an acknowledgement of receipt for the batch, then sends the claims on for processing. A SSIS DEX process updates the "Status" field on the Claim Batch with the acknowledgement of receipt.
- **Receive Claim Status:** MMIS sends a nightly Claim Status file to the county mailbox for claims that have been processed that day with a "To be paid" or "To be denied" status. A DEX process reads that file and updates information on the corresponding claims. If the claim has exception codes or rate adjustments, MMIS also sends that information which is updated on the claim.
- **Receive Remittance Advice:** MMIS sends a Remittance Advice EDI file to the county mailbox every two weeks for claims that have been processed during a warrant cycle. A DEX process reads that file and updates information on the corresponding claims. Adjustment information for the claims is also updated.

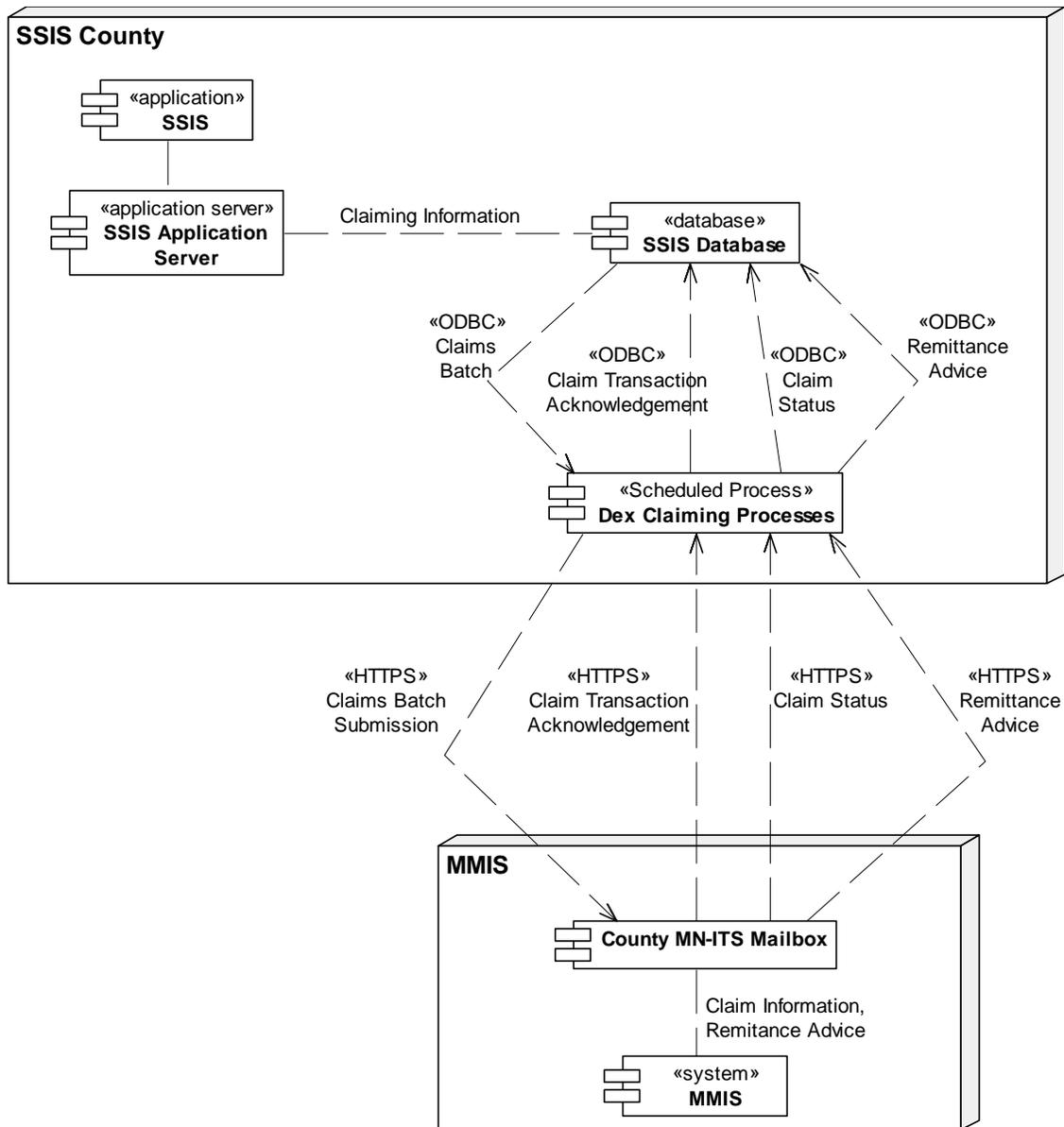


Figure 1-1 Health Care Claiming Deployment Diagram

SECTION TWO: DATA INTERCHANGE REQUIREMENTS

2.0 Introduction

This section describes the data exchange format and messaging between the SSIS and MMIS systems.

2.1 Data Exchange Format for the Health Care Claiming Module

This section outlines the data exchange format for the claiming interfaces.

- **Claim Submission:** The data exchange format is a database to an EDI X12 compliant 837 file. The exchange of claim submissions are made by SSIS, which gets claim records that have been generated by SSIS, and converts them to the 837 EDI format and submits the EDI file to the counties MN-ITS mailbox.
- **Claim Transaction Acknowledgement:** The data exchange format is an EDI X12 compliant 997 file to the SSIS Database. The exchange of the Claim Acknowledgement file is made by SSIS, which retrieves and parses the EDI file, and then stores the status of the file in a county's SSIS database on the Claim batch created in the Claim Submission process.
- **Claim Status:** The data exchange format is flat file to database. The exchange of claim status data is made by SSIS, which retrieves and parses the flat file, and updates the Claim records submitted by the Claim submission process with the current status of the claim records on the county's SSIS database.
- **Remittance Advice:** The data exchange format is an EDI X12 compliant 835 file. The exchange of the remittance advice data is made by SSIS, which retrieves and parses the EDI file, and then updates claim records with the claiming information.

2.2 Data File Naming Conventions for the Health Care Claiming Module

This section describes the file naming convention for the claiming interface files that are exchanged with MMIS.

Claim Submission:

- [Claim Batch ID]_[Date Time Stamp].837
- Format: SSIS.CLM_BATCH.CLM_BATCH_ID_YYYY_MM_DD_HH_MMSSZZZ.837
- Example: 78140120_2007_04_13_16_2029034.837

Claim Acknowledgement:

- [Provider #]_997_837P_[Corresponding Claim Submission File name]

- Example: 000010800_997_837P_78140120_2007_04_13_16_2029034.837

Claim Status:

- [Provider number]_clmstat_[Date Time Stamp].dat
- Format: Prov#_clmstat_YYYY+MM+DD_HH+MM+SS+ZZZZ.dat
- Example: 000010800_clmstat_20070327203231269010.dat

Remittance Advice:

- [Provider #]_835_[Date Time Stamp].dat
- Format: Prov#_835_YYYYMMDDHHSSZZZZ.dat
- Example: 000010800_835_20070415110600.dat

2.3 Volume Estimate for the Health Care Claiming Module

2.4 Periodicity/Timing for the Health Care Claiming Module

The Claiming interface processes can be set up by counties in Admin. See Appendix I Setup Claiming Interface Settings, for the recommended settings for counties.

2.5 Interchange Protocol for the Health Care Claiming Module

This section contains the sequence diagrams for the Health Care Claiming Interfaces. A secure HTTPS connection is used to send and receive electronic data files.

2.5.1 Claim Submission

The sequence diagram in Figure 2-1 depicts the creation of the 837 EDI document and submitting the file to the counties MN-ITS mailbox.

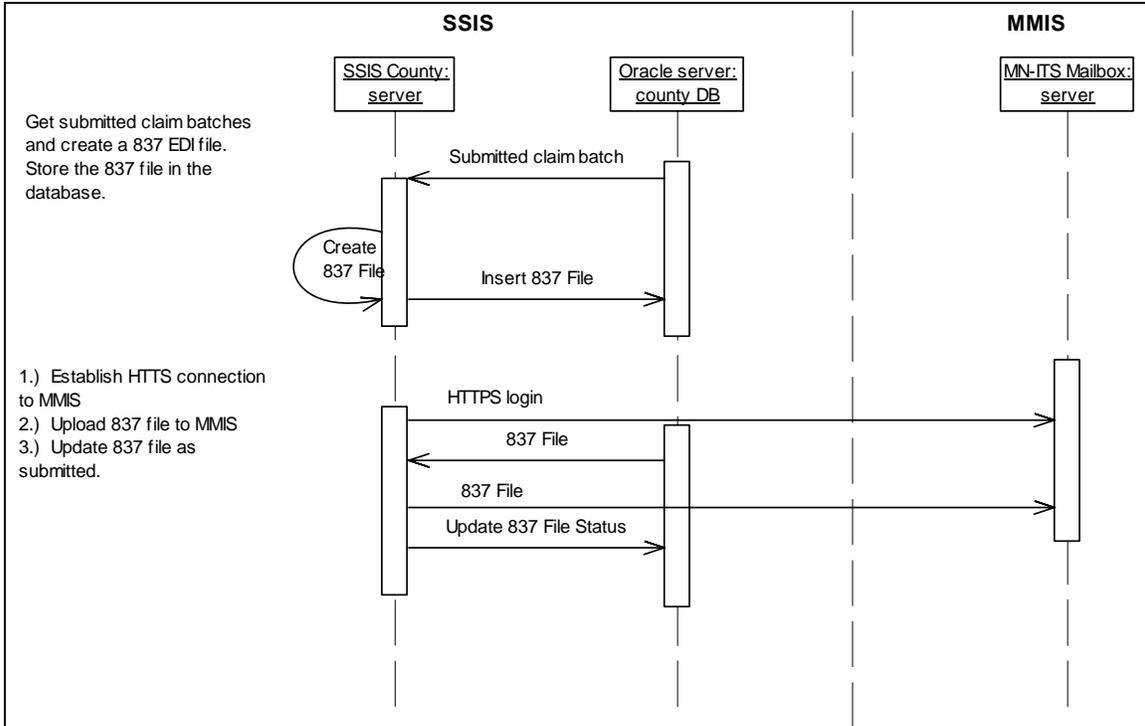


Figure 2-1 Claim Submission Sequence Diagram

2.5.2 Claim Acknowledgement

The sequence diagram in Figure 2-2 depicts the process of retrieving the 997 Claim Acknowledgement file and Updating the claim batch with the correct status.

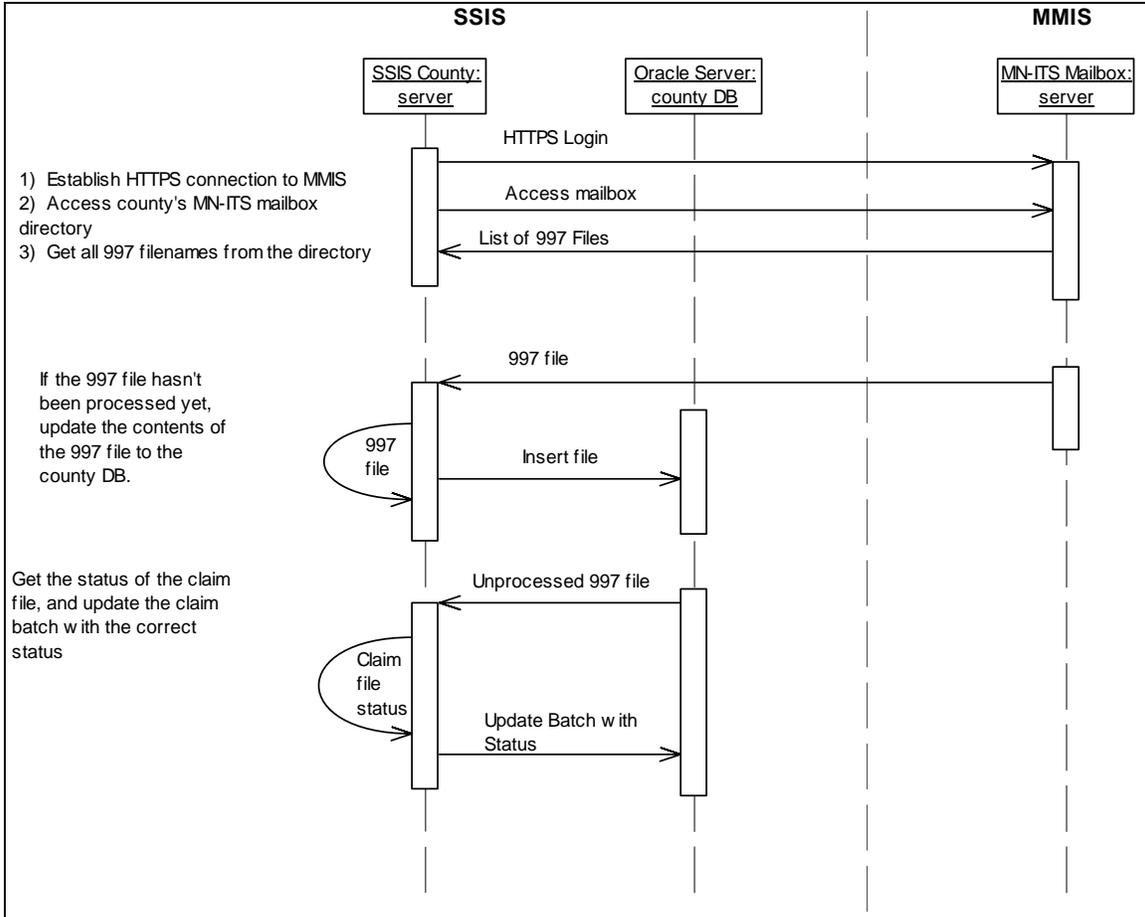


Figure 2-2 Claim Acknowledgement Sequence Diagram

2.5.3 Claim Status

The sequence diagram in Figure 2-3 depicts the process of retrieving the Claim Status file and Updating the claim records with the correct claim information.

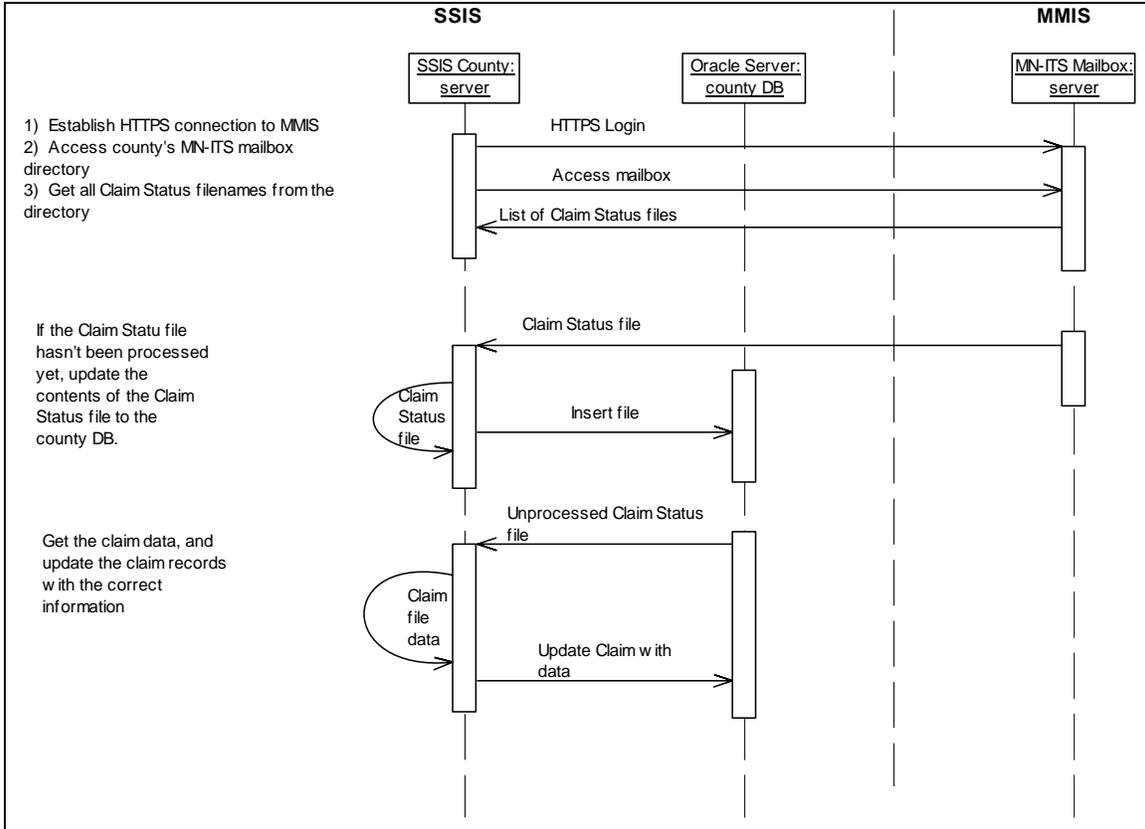


Figure 2-3 Claim Status Sequence Diagram

2.5.4 Remittance Advice

The sequence diagram in Figure 2-4 depicts the process of retrieving the Remittance Advice file and Updating the claim records with the correct claim information. The Remittance Advice File from MMIS is in an X12 835 format.

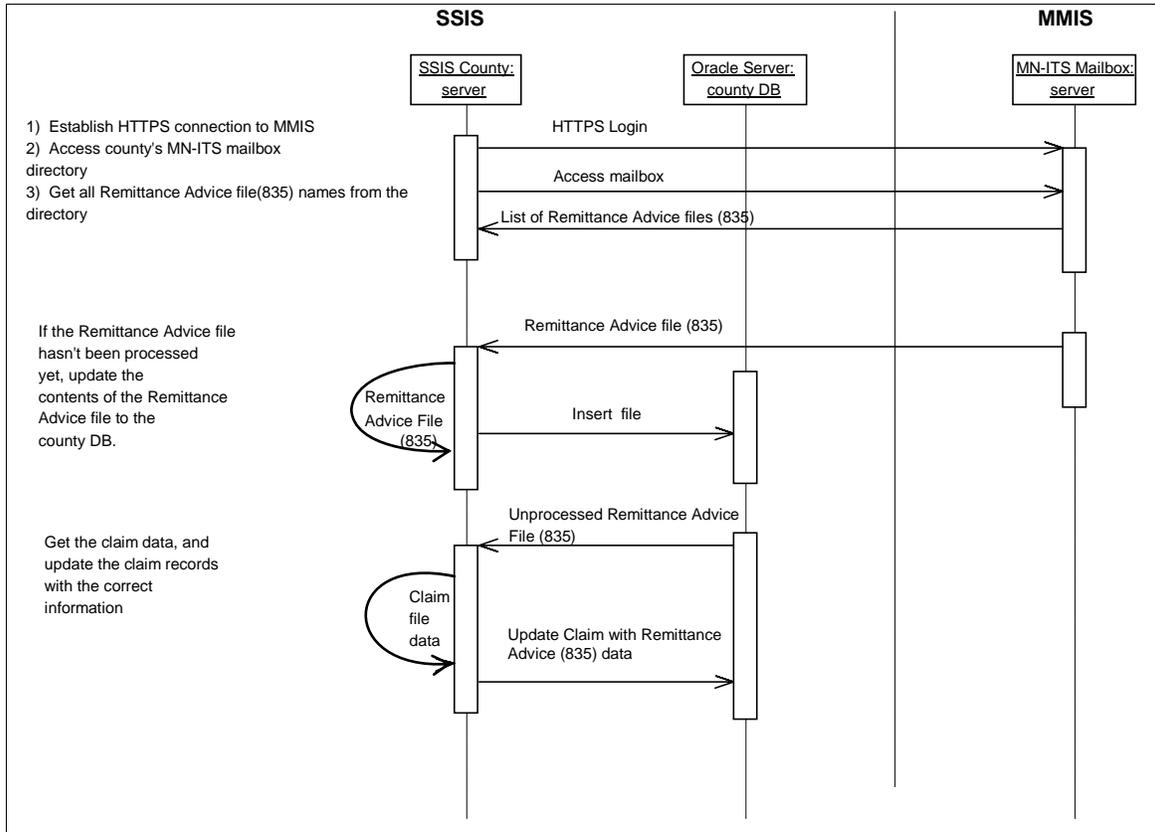


Figure 2-4 Remittance Advice Sequence Diagram

SECTION THREE: DATA EXCHANGE LAYOUT

3.0 Introduction

This section describes the data exchanged between SSIS and MMIS. It provides a simple layout of the data on each end of the interface, data definitions, and data formats.

3.1 Data Exchange Layout for the Health Care Claiming Module

- Claim Submission: Data for claim submission is extracted from SSIS Oracle tables. Appendix A shows the data model for the claim data sent to MMIS.
- Claim Transaction Acknowledgement:
- Claim Status:
- Remittance Advice:

3.2 Data Definitions for the Health Care Claiming Module

The following sections outline the data definitions for the Claiming interfaces.

3.2.1.1 Claim Submission

Table 3-5 lists the elements for the 837 file.

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
I. Start Interchange Envelope: Get all CLM_HEALTHCARE records per unclaimed CLM_BATCH record using CLM_BATCH_XREF. We will create a new 837 for each claim batch.				
Interchange Control Header				
ISA	Interchange Control Header	C	ISA	*
ISA01		C	00	*
ISA02		C	(10 spaces)	*
ISA03		C	00	*
ISA04		C	(10 spaces)	*
ISA05		C	ZZ	*

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
ISA06	<i>Provider #: 9 digit County DHS Prov # plus 6 spaces.</i> <i>Starting 5/07: 10 digit UMPI # plus 5 spaces CNTY_CLM_CONTROL.NPI.</i>	S + C	CNTY_CLM_CONTROL. MMIS_PROV_NUM + (6 Spaces)	*
ISA07		C	30	*
ISA08		C + C	41-1674742 + (5 Spaces)	*
ISA09	Date Created – Get current Date file is created	D	[YYMMDD]	*
ISA10	Time Created – Time file is created	D	[HHmm]	*
ISA11		C	U	*
ISA12		C	00401	*
ISA13	Interchange Control Number – Need to get CNTY_CLM_CONTROL. ISA_CTRL_NUM and Increment by 1. Then Update SSIS database with new ISA Ctrl #.	D	[000000009]	*

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
ISA14		C	1	*
ISA15	Usage Indicator – P: Production, T: Test	D	(P or T)	*
ISA16-1		C		:
ISA16-2		C		\r\n
II. Start Functional Group				
Functional Group Header				
GS	Functional Group Header	C	GS	*
GS01		C	HC	*
GS02	<i>Provider #: 9 digit County DHS Prov # plus 6 spaces.</i> <i>Starting 5/07: 10 digit UMPI # plus 5 spaces CNTY_CLM_CONTROL.NPI.</i>	S + C	CNTY_CLM_CONTROL. MMIS_PROV_NUM + (6 Spaces)	*
GS03		C	41-1674742	*
GS04	Date Created – Get current Date file is created	D	[YYYYMMDD]	*

Element ID	Description	Source – (C)onstant, (S)IS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
GS05	Time Created – Time file is created	D	[HHmm]	*
GS06	Group Control Number – Copy from ISA13.	S	CNTY_CLM_CONTROL. ISA_CTRL_NUM	*
GS07		C	X	*
GS08		C	004010X098A1	\r\n
III. Start Transaction				
Transaction Set Header:			Set SegmentCount = 1	
ST	Transaction Set Header	C	ST	*
ST01		C	837	*
ST02		C	0001	\r\n
Beginning of Hierarchical Transaction			SegmentCount = SegmentCount + 1	
BHT	Beginning of Hierarchical Transaction	C	BHT	*
BHT01		C	0019	*
BHT02		C	00	*
BHT03		C	0001	*

Element ID	Description	Source – (C)onstant, (S)IS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminator)
BHT04	Date Created – Get current Date file is created	D	[YYYYMMDD]	*
BHT05	Time Created – Time file is created	D	[HHmm]	*
BHT06		C	CH	\r\n
Transmission Type Identification			SegmentCount = SegmentCount + 1	
REF	Transmission Type Identification	C	REF	*
REF01		C	87	*
REF02	Transmission Type Code: 004010X098A1 – Production, 004010X098DA1 – Test	D	(004010X098A1 or 004010X098DA1)	\r\n
Submitter Name			SegmentCount = SegmentCount + 1	
NM1	Submitter Name	C	NM1	*
NM101		C	41	*
NM102		C	2	*

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
NM103		S	SYSTEM_CONTROL. AGENCY_NAME [First 35 Characters]	*
NM104 – NM107		C		****
NM108		C	46	*
NM109	<i>Provider #: 9 digit County DHS Prov # plus 6 spaces.</i> <i>Starting 5/07: 10 digit UMPI # plus 5 spaces CNTY_CLM_CONTROL.NPI.</i>	S	CNTY_CLM_CONTROL. MMIS_PROV_NUM	\r\n
Submitter EDI Contact Information			SegmentCount = SegmentCount + 1	
PER	Submitter EDI Contact Information	C	PER	*
PER01		C	IC	*
PER02		C	SSIS Help Desk	*
PER03		C	EM	*

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
PER04		C	SSISHelp@state.mn.us	*
PER05		C	TE	*
PER06		C	6514314801	\r\n
Receiver Name			SegmentCount = SegmentCount + 1	
NM1	Receiver Name	C	NM1	*
NM101		C	40	*
NM102		C	2	*
NM103		C	MN Department of Human Services	*
NM104 - NM107		C		****
NM108		C	46	*
NM109		C	41-1674742	\r\n
Billing/Pay-To Provider Hierarchical Level			SegmentCount = SegmentCount + 1	
HL	Billing/Pay-To Provider Hierarchical Level	C	HL	*

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
HL01		C	1	*
HL02		C		*
HL03		C	20	*
HL04		C	1	\r\n
Billing Provider Name			SegmentCount = SegmentCount + 1	
NM1	Billing Provider Name	C	NM1	*
NM101		C	85	*
NM102		C	2	*
NM103		S	SYSTEM_CONTROL. AGENCY_NAME [First 35 Characters]	*
NM104 - NM107		C		*****
NM108	<i>IdentificationCodeQualifier: 24 – Federal Tax ID (currently used). XX – National Provider Identifier.</i>	C	24	*

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminator)
NM109	<i>Billing Provider Identifier: County's employer's Federal Tax ID number (FEIN) = CNTY_CLM_CONTROL.FED_TID</i> <i>CountyNPI - County's employer's National Provider Identifier (NPI) = CNTY_CLM_CONTROL.NPI</i>	S	CNTY_CLM_CONTROL.FED_TID	\r\n
Billing Provider Address			SegmentCount = SegmentCount + 1	
N3	Billing Provider Address	C	N3	*
N301		S	SYSTEM_CONTROL.ADDR_1 [First 55 Characters]	*
N302		S	SYSTEM_CONTROL.ADDR_2 [First 55 Characters]	\r\n
Billing Provider City, State, Zip			SegmentCount = SegmentCount + 1	
N4	Billing Provider City, State, Zip	C	N4	*
N401		S	SYSTEM_CONTROL.SYS_CITY	*
N402		C	MN	*

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
N403		S	SYSTEM_CONTROL. SYS_ZIP_CODE + SYSTEM_CONTROL. SYS_ZIP_CODE_EXT	\r\n
Billing Provider Secondary Identification			SegmentCount = SegmentCount + 1	
REF	Billing Provider Secondary Identification	C	REF	*
REF01		C	1D	*
REF02		S	CNTY_CLM_CONTROL. MMIS_PROV_NUM	\r\n
A: Start Subscriber: Repeat for each Recipient or Each claim record?				
Subscriber Hierarchical Level			SegmentCount = SegmentCount + 1	
HL	Subscriber Hierarchical Level	C	HL	*
HL01	Hierarchical ID Number: Unique ID # that starts at 2 and is incremented by 1 for each Subscriber.	D	9	*
HL02		C	1	*

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
HL03		C	22	*
HL04		C	0	\r\n
Subscriber Information			SegmentCount = SegmentCount + 1	
SBR	Subscriber Information	C	SBR	*
SBR01	<p>Payer Responsibility Sequence Number Code: Currently we will only be sending with “P”. This may change to a DEX generated field if we need to add other types.</p> <p>(Description from MMIS: If any value other than P-Primary is sent, you must send the required segments within the COB (2320) loop. Value S-Secondary is sent if there is one payer that is primary to MHCP and value T-Tertiary is sent if there are two payers that are primary to MHCP.)</p>	C	P	*
SBR02		C	18	*

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
SBR03 - SBR08		C		*****
SBR09		C	MC	\r\n
Subscriber Name			SegmentCount = SegmentCount + 1	
NM1	Subscriber Name	C	NM1	*
NM101		C	IL	*
NM102		C	1	*
NM103		S	PERSON.LAST_NAME for CLM_HEALTHCARE.PERSON_ID	*
NM104		S	PERSON.FIRST_NAME for CLM_HEALTHCARE.PERSON_ID	*
NM105		S	PERSON.MIDDLE_NAME for CLM_HEALTHCARE.PERSON_ID	*
NM106		S	PERSON. NAME_SUFFIX for CLM_HEALTHCARE.PERSON_ID	*
NM107		S	CLM_HEALTHCARE.PMI	\r\n

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
Subscriber Address			SegmentCount = SegmentCount + 1	
N3	Subscriber Address	C	N3	*
N301	<p>Using CLM_HEALTHCARE.PERSON_ID, and checking that the Address is active on the “Current Date” check for addresses in the following order.</p> <ol style="list-style-type: none"> 1. PERSON_ADDRESS_XREF. ADDR_TYPE_CD = 2 2. PERSON_ADDRES_XREF. ADDR_TYPE_CD = 1 3. Use the Address in the System Control Table. 	D & S	ADDRESS.ADDR_1 or SYSTEM_CONTROL.ADDR1 [First 55 Characters]	*
N302	(See N301)	D & S	ADDRESS.ADDR_2 or SYSTEM_CONTROL.ADDR2 [First 55 Characters]	\r\n

Element ID	Description	Source – (C)onstant, (S)IS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
Subscriber City, State, Zip			SegmentCount = SegmentCount + 1	
N4	Subscriber City, State, Zip	C	N4	*
N401	(See N301)	D & S	ADDRESS.CITY or SYSTEM_CONTROL.SYS_CITY	*
N402		D & S	ADDRESS.STATE_CD or SYSTEM_CONTROL. SYS_STATE_CD	*
N403		D & S	ADDRESS.ZIP_CODE + ADDRESS.ZIP_CODE_EXT or SYSTEM_CONTROL.ZIP_CODE_ SYSTEM_CONTROL. ZIP_CODE_EXT	\r\n
Subscriber Demographic Information			SegmentCount = SegmentCount + 1	
DMG	Subscriber Demographic Information	C	DMG	*
DMG01		C	D8	*
DMG02		S	PERSON.BIRTH_DT for CLM_HEALTHCARE.PERSON_ID	*

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
DMG03		S	PERSON.GENDER_CD for CLM_HEALTHCARE.PERSON_ID	\r\n
Payer Name			SegmentCount = SegmentCount + 1	
NM1	Payer Name	C	NM1	*
NM101		C	PR	*
NM102		C	2	*
NM103		C	MN Department of Human Services	*
NM104 - NM107		C		*****
NM108		C	PI	*
NM109		C	41-1674742	\r\n
B. Start Claim: Maximum 100 per recipient. One record per claim record (CLM_HEALTHCARE per CLM_BATCH).				
Claim Information			SegmentCount = SegmentCount + 1	
CLM	Claim Information	C	CLM	*

Element ID	Description	Source – (C)onstant, (S)IS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
CLM01		S	CLM_HEALTHCARE. CLM_HEALTHCARE_ID	*
CLM02		S	CLM_HEALTHCARE.CLM_AMT	*
CLM03 - CLM04		C		**
CLM05-1		S	CLM_HEALTHCARE. MMIS_PLACE_SVC_CD	:
CLM05-2		C		:
CLM05-3		S	CLM_HEALTHCARE. MMIS_FREQ_CD	*
CLM06		C	Y	*
CLM07		C	A	*
CLM08		C	Y	*
CLM09		C	Y	*
CLM10		C	C	\r\n

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
Prior Authorization Number: Optional - Only use if CLM_HEALTHCARE.PRIOR_AUTH_NUM is not null.			SegmentCount = SegmentCount + 1	
REF	Prior Authorization Number	C	REF	*
REF01		C	G1	*
REF02		S	CLM_HEALTHCARE. PRIOR_AUTH_NUM	\r\n
Original Reference Number: Optional - Used for replacement claims. Only use if CLM_HEALTHCARE.MMIS_FREQ_CD = 7			SegmentCount = SegmentCount + 1	
REF	Original Reference Number	C	REF	*
REF01		C	F8	*
REF02		S	CLM_HEALTHCARE. ORIG_CLM_HEALTHCR_ID	\r\n
Health Care Code Information Diagnosis Codes: Optional - Only use if CLM_HEALTHCARE.DIAGNOSIS_ID is not null.			SegmentCount = SegmentCount + 1	
HI	Health Care Code Information Diagnosis Codes	C	HI	*
HI01-1		C	BK	:

Element ID	Description	Source – (C)onstant, (S)IS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
HI01-2		S	DIAGNOSIS_CODE. DIAGNOSIS_CD for CLM_HEALTHCARE. DIAGNOSIS_ID	\r\n
Rendering Provider Name: Optional - <i>Required if CLM_HEALTHCARE. FACILITY_NAME is not null.</i>			SegmentCount = SegmentCount + 1	
NM1	Rendering Provider Name	C	NM1	*
NM101		C	82	*
NM102		C	2	*
NM103	<i>Rule 5 Facility Name (We will be adding this field to the CLM_HEALTHCARE table)</i>	S	<i>CLM_HEALTHCARE. FACILITY_NAME</i>	*
NM104 - NM107		C		****
NM108	<i>24-Employer's Identification Number (FEIN)r or XX-National Provider Identifier (NPI) when mandated.</i>	C	24	*
NM109		C	41-7777777	\r\n

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
Rendering Provider Secondary Information: Optional - <i>Required if CLM_HEALTHCARE. OUT_HOME_PROV_NUM is not null.</i>			SegmentCount = SegmentCount + 1	
REF	Rendering Provider Secondary Information	C	REF	*
REF01	<i>XX for NPI, 1D for Medicaide Number. (Codes listed on Stacy's 837 Spec: 0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5)</i>	C	1D	*
REF02	<i>MMIS Provider ID for the Rule 5 facility. (We will be adding this field to the CLM_HEALTHCARE table)</i>	S	<i>CLM_HEALTHCARE. OUT_HOME_PROV_NUM</i>	\r\n
C. Start Service Information. The transaction allows for up to 50 – we will always have 1.				
Service Line			SegmentCount = SegmentCount + 1	
LX	Service Line	C	LX	*
LX01		C	1	\r\n
Professional Service			SegmentCount = SegmentCount + 1	
SV1	Professional Service	C	SV1	*

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
SV101-1		C	HC	:
SV101-2		S & D	HCPCS_MOD.HCPCS_CD for CLM_HEALTHCARE. HCPCS_MOD_ID	* or : if SV101-3 exists
SV101-3	If Mod1 is not null	S & D	HCPCS_MOD.MOD_1 for CLM_HEALTHCARE. HCPCS_MOD_ID	none, *, or : if SV101- 3 exists
SV101-4	If Mod2 is not null	S & D	HCPCS_MOD.MOD_2 for CLM_HEALTHCARE. HCPCS_MOD_ID	none, *, or : if SV101- 3 exists
SV101-5	If Mod3 is not null	S & D	HCPCS_MOD.MOD_3 for CLM_HEALTHCARE. HCPCS_MOD_ID	none, *, or : if SV101- 3 exists
SV101-6	If Mod4 is not null	S & D	HCPCS_MOD.MOD_4 for CLM_HEALTHCARE. HCPCS_MOD_ID	none or *
SV102		S	CLM_HEALTHCARE.CLM_AMT	*
SV103		C	UN	*

Element ID	Description	Source – (C)onstant, (S)IS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
SV104		S	CLM_HEALTHCARE.CLM_UNITS	*
SV105	Place of Service Code	C		*
SV106		C		*
SV107		D	If CLM_HEALTHCARE. DIAGNOSIS_ID is not null then Value = 1 else leave blank	\r\n
Service Date			SegmentCount = SegmentCount + 1	
DTP	Service Date	C	DTP	*
DTP01		C	472	*
DTP02		C	RD8	*
DTP03		S	CLM_HEALTHCARE. CLM_START_DT '-' CLM_HEALTHCARE.CLM_END_DT	\r\n
C. End Service Information				
B. End Claim: Maximum 100 per recipient. Will create a new claim for each claim record.				

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
A: End Subscriber: Repeat for each claim record (CLM_HEALTHCARE record for each CLM_BATCH)				
Transaction Set Trailer			SegmentCount = SegmentCount + 1	
SE	Transaction Set Trailer	C	SE	*
SE01	Transaction Segment Count: Need to count # of Segments between ST & SE counting both the ST & SE segments.	D	(SegmentCount)	*
SE02	(See ST02)	C	0001	\r\n
III. End Transaction				
Functional Group Trailer				
GE	Functional Group Trailer	C	GE	*
GE01	Number of Transaction Sets in this Functional Group – will probably always be 1 for our purposes	D	[Integer]	*
GE02	Group Control Number – Copy from ISA13.	S	CNTY_CLM_CONTROL. ISA_CTRL_NUM	\r\n
II. End Functional Group				

Element ID	Description	Source – (C)onstant, (S)SIS Database, (D)EX generated	Value	Delimiter - (* Element Separator, : Sub- element separator, “\r\n” Segment Terminato r)
IEA Control Trailer				
IEA	IEA Control Trailer	C	IEA	*
IEA01	Number of Functional Groups in this Interchange– will probably always be 1 for our purposes	C	1	*
IEA02		S+D	CNTY_CLM_CONTROL. ISA_CTRL_NUM + 1	\r\n
I. End Interchange Envelope: Update CLM_BATCH.CLM_BATCH_STAT_CD to submitted?				

Table 3-1 837 File definition.

3.2.1.2 Claim Transaction Acknowledgement

Table 3-6 Outlines the data definition for the 997 file.

997 version 4010A1	Functional Acknowledgement Transaction Set	X12 Element Attributes						NOTES
Element ID	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values/ Comments	
ISA	INTERCHANGE CONTROL HEADER		1	R	HDR	1		
ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03	00-No Authorization Information Present
ISA02	Authorization Information	AN	10-10	R				10 blanks (spaces)
ISA03	Security Information Qualifier	ID	2-2	R			00, 01	00-No Security Information Present
ISA04	Security Information	AN	10-10	R				10 blanks (spaces)
ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	30-U.S. Federal Tax ID Number
ISA06	Interchange Sender ID	AN	15-15	R				41-1674742 followed by 5 trailing spaces
ISA07	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	ZZ-Mutually Defined
ISA08	Interchange Receiver ID	AN	15-15	R				Minnesota Health Care Programs Provider Number followed by 6 trailing spaces
ISA09	Interchange Date	DT	6-6	R			YYMMDD	Current Date
ISA10	Interchange Time	TM	4-4	R			HHMM	Current Time
ISA11	Interchange Control Standards Identifier	ID	1-1	R			U	U-U.S. EDI Community of ASC
ISA12	Interchange Control Version Number	ID	5-5	R			00401	00401-Draft Standards for Trial Use Approved For Publication By Procedures Review Board
ISA13	Interchange Control Number	NO	9-9	R				A Control Number assigned by the interchange sender - 9-digit zero filled left to right. i.e. 000000001, identical to IEA02
ISA14	Acknowledgement Requested	ID	1-1	R			0, 1	0=0
ISA15	Usage Indicator	ID	1-1	R			P, T	Whatever value the provider sends to DHS, DHS will send back.
ISA16	Component Element Separator	AN	1-1	R				
GS	FUNCTIONAL GROUP HEADER		1	R	HDR	1		
GS01	Functional Identifier Code	ID	2-2	R			FA	Functional Acknowledgement
GS02	Application Sender Code	AN	2-15	R				41-1674742
GS03	Application Receiver Code	AN	2-15	R				Minnesota Health Care Programs Provider Number
GS04	Date	DT	8-8	R			CCYYMMDD	Group Creation Date
GS05	Time	TM	4-8	R			HHMMSSDD	Group Creation Time
GS06	Group Control Number	NO	1-9	R				Assigned number originated and maintained by the sender. The data here must be identical to the same data element in the associated functional group trailer GE02.
GS07	Responsible Agency Code	ID	1-2	R			X	X-Accredited Standards Committee X12

997 version 4010A1	Functional Acknowledgement Transaction Set	X12 Element Attributes						NOTES
Element ID	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values/ Comments	
GS08	Version/Release/Industry Identifier Code Identifier Code	AN	1-12	R			004010X096, 004010X097, 004010X098	004010X09X Draft Standards Approved by ASC X12 Board
ST	TRANSACTION SET HEADER		1	R	HDR	1		
ST01	Transaction Set Identifier Code	ID	3-3	R			997	997 - Functional Acknowledgement
ST02	Transaction Set Control Number	AN	4-9	R			Must Match SE02	Unique number increments by one for each FA sent
AK1	FUNCTIONAL GROUP RESPONSE HEADER		1	R		1		
AK101	Functional Identifier Code	ID	2-2	R			HC	HC -Health Care Claim (837)
AK102	Group Control Number	NO	1-9	R				This will be identical to the GS06 segment from the data file sent from the provider. This will be your way of matching the 997 to the data sent to DHS.
AK2	TRANSACTION SET RESPONSE HEADER		1	S				
AK201	Transaction Set Identifier code	ID	3-3	R			837	837 - Health Care Claim
AK202	Transaction Set Control Number	AN	4-9	R				Unique number - number found in the ST segment in the transaction set being acknowledged.
AK3	DATA SEGMENT NOTE		1	S				
AK301	Segment ID Code	ID	2-3	R				This is the two or three character segment code ID - ie - DTP equals a date segment.
AK302	Segment Position in Transaction Set	NO	1-6	R				This is a data line count. The transaction set header is count position 1.
AK303	Loop Identifier Code	AN	1-6	S				Use this code to identify a loop within the transaction set.
AK304	Segment Syntax Error Code	ID	1-3	S			Required if an error exists. 1, 2, 3, 4, 5, 6, 7, 8	Code indicating error found based on the syntax editing of a segment. This code is required if an error exists.
AK4	DATA ELEMENT NOTE		1	S				
AK401	POSITION IN SEGMENT			R				
AK401-1	Element Position in Segment	NO	1-2	R				This is used to indicate the relative position of a simple data element in error.
AK401-2	Component Data Element Position in Composite	NO	1-2	S				Used when an error occurs in a composite data element and the composite data element position can be determined.
AK402	Data Element Reference Number	NO	1-4	S				The data element reference number for this data element is 725. For example, all reference numbers are found with the segment descriptions in this guide.
AK403	Data Element Syntax Error Code	ID	1-3	R			1, 2, 3, 4, 5, 6, 7, 8, 9, 10	Code indicating the error found after syntax edits of a data element
AK404	Copy of Bad Data Element	AN	1-99	S				This is a copy of the data element in error. This is not used if the error reported is an invalid character.

997 version 4010A1	Functional Acknowledgement Transaction Set	X12 Element Attributes						VALUES/ COMMENTS	NOTES
Element ID	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat			
AK5	TRANSACTION SET RESPONSE TRAILER		1	R					
AK501	Transaction Set Acknowledgement Code	ID	1-1	R				A, E, M, R, W, X	Code indicating accept or reject condition based on the syntax editing of the transaction set.
AK502	Transaction Set Syntax Error Code	ID	1-3	S				Required if an error exists 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 23, 24, 25, 26, 27	Code indicating error found based on the syntax editing of a transaction set.
AK503	Transaction Set Syntax Error Code	ID	1-3	S				1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 23, 24, 25, 26, 27	The same codes indicated in AK502.
AK504	Transaction Set Syntax Error Code	ID	1-3	S				1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 23, 24, 25, 26, 27	The same codes indicated in AK502.
AK505	Transaction Set Syntax Error Code	ID	1-3	S				1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 23, 24, 25, 26, 27	The same codes indicated in AK502.
AK9	FUNCTIONAL GROUP RESPONSE TRAILER		1	R					
AK901	Functional Group Acknowledge Code	ID	1-1	R				A, E, M, P, R, W, X	Code indicating accept or reject condition based on the syntax editing of the functional group.
AK902	Number of Transaction Sets Included	NO	1-6	R					Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element. This is the value in the GE01 segment of the file submitted by the provider.
AK903	Number of Received Transaction Sets	NO	1-6	R					Number of transaction sets received.
AK904	Number of Accepted Transaction Sets	NO	1-6	R					Number of accepted transaction sets in a functional group.
AK905	Functional Group Syntax Error Code	ID	1-3	S				This code is required if an error exists 1, 2, 3, 4, 5, 6, 10, 11, 12, 13, 14, 15, 16, 17, 18, 23, 24, 25, 26	This code is required if an error exists. Code indicating error found based on the syntax editing of the functional group header and/or trailer.
AK906	Functional Group Syntax Error Code	ID	1-3	S				This code is required if an error exists 1, 2, 3, 4, 5, 6, 10, 11, 12, 13, 14, 15, 16, 17, 18, 23, 24, 25, 26	Code indicating error found based on the syntax editing of the functional group header and/or trailer. Same codes as AK905
AK907	Functional Group Syntax Error Code	ID	1-3	S				This code is required if an error exists 1, 2, 3, 4, 5, 6, 10, 11, 12, 13, 14, 15, 16, 17, 18, 23, 24, 25, 26	Code indicating error found based on the syntax editing of the functional group header and/or trailer. Same codes as AK905

997 version 4010A1	Functional Acknowledgement Transaction Set	X12 Element Attributes						NOTES
Element ID	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values/ Comments	
AK908	Functional Group Syntax Error Code	ID	1-3	S			This code is required if an error exists 1, 2, 3, 4, 5, 6, 10, 11, 12, 13, 14, 15, 16, 17, 18, 23, 24, 25, 26	Code indicating error found based on the syntax editing of the functional group header and/or trailer. Same codes as AK905
AK909	Functional Group Syntax Error Code	ID	1-3	S			This code is required if an error exists 1, 2, 3, 4, 5, 6, 10, 11, 12, 13, 14, 15, 16, 17, 18, 23, 24, 25, 26	Code indicating error found based on the syntax editing of the functional group header and/or trailer. Same codes as AK905
GE	FUNCTIONAL GROUP TRAILER		1	R	TRL	1		
GE01	Number of Transaction Sets Included	NO	1-6	R				Number of transaction sets in functional group
GE02	Group Control Number	NO	1-9	R				Must be identical to number in GS06.
IEA	INTERCHANGE CONTROL TRAILER		1	R	TRL			
IEA01	Number of Included Functional Groups	NO	1-5	R				Total number of functional groups
IEA02	Interchange Control Number	NO	9-9	R				Same as ISA 13

Table 3-2 997 file definition.

3.2.1.3 Claim Status

Table 3-7 Outlines the data definition for the Claim Status file.

SSIS Field Name	MMIS Source	Description	MMIS File Field Pos / Length	Field Type	Comments
Claim Status Header					
Not Stored	RCP-RESP-COUNTY	County code	1-3 / 3	N/A	
CLM_HEALTHCARE. TCN	TRANS-CONTROL- NUM	TCN	4-20 / 17	NUMBER(17)	Unique MMIS claim number
CLM_HEALTHCARE. CLM_HEALTHCARE_ ID	PROV-OWN-REF-NUM	SSIS Claim #	21-40 / 20	VARCHAR2(20)	Used to find out claim record
Not Stored	CLAIM-STATUS	Status of the claim	41 / 1	N/A	Use line item status instead
Not Stored	TABLE-CNT	Number of Errors Below	42-45 / 4	N/A	
Exception Code: Repeats 100 times					
CLM_EXCEPTION. CLM_EXCEPTION_ CD	EXCEPTION-CD	Error codes	46-445 / 4 * 100	CHAR(4)	MMIS detailed error codes
Claim Status Record Continued					
Not Stored	RCP-ORIG-RCP-ID	PMI	446- 453 / 8	N/A	
CLM_HEALTHCARE. CLM_STAT_DT	DATE-OF-ADJ	Adjudication Date	454- 463 / 10	DATE	Formatted as MM/DD/YYYY. <i>Need to get format confirmed.</i>

SSIS Field Name	MMIS Source	Description	MMIS File Field Pos / Length	Field Type	Comments
Not Stored	REIMB-AMT-SIGN	Sign for number in next field	464 / 1	N/A	<i>May combine with next field?</i>
Not Stored	REIMB-AMT	Amount to be paid for the claim	465-475 / 11	N/A	
Line items listed here. Is there only one line item per claim status? If not MMIS needs to add an occurrence counter (TABLE-CNT) so our process knows how many there are. I'm assuming 1 line item in this table.					
Not Stored	LINE-ITEM-NUM	Line item number	476-479 / 4	N/A	
Not Stored	PROV-CTL-NUM	SSIS Line item control number	480-509 / 30	N/A	We always send the value of '1'
CLM_HEALTHCARE. CLM_STAT_CD	LI-REIMB-STATUS	Status of the line	510 / 1	CHAR(1)	
CLM_HEALTHCARE. CLM_PAID_UNITS	UNITS-OF-SERVICE	Units to be paid or denied	511-519 / 9	NUMBER(9,2)	
Not Stored	LI-REIMB-AMOUNT-SIGN	Sign for number in next field	520 / 1	N/A	<i>May combine with next field?</i>
CLM_HEALTHCARE. CLM_PAID_AMT	LI-REIMB-AMOUNT	Amount to be paid	521-531 / 11	NUMBER(11,2)	
CLM_HEALTHCARE. CLM_PAID_RATE	ACT-NUM-BASE-RATE	Rate paid after adjustments	532-535 / 4	NUMBER(4)	
Not Stored	TABLE-CNT	Number of Errors Below	536-539 / 4	N/A	
Reason Code: The following columns appear 5 times.					
Count Totals			540-609 / 70		
CLM_RATE_ADJ. CLM_RATE_ADJ_ REASON_CD	BASE-RATE-CHG-RSN	Reason Code	2	CHAR(2)	
CLM_RATE_ADJ. CLM_RATE_ADJ_ INDEX	N/A	Reason Code Index	N/A	NUMBER(1)	Need to generate an index value based on the order the codes occur.
Not Stored	BASE-RATE-CHG-AMT-SIGN	Sign for number in next field	1	N/A	<i>May combine with next field?</i>
CLM_RATE_ADJ. CLM_RATE_ADJ_ RATE	BASE-RATE-CHG-AMT	Adjusted amount	11	Number(11,2)	Example: submitted rate = 52.49, adjusted rate = 49.35.
Claim Status Record Continued					
Not Stored	LI-ALLOWED-CHARGE-SIGN	Sign for number in next field	610 / 1	N/A	<i>May combine with next field?</i>
Not Stored	LI-ALLOWED-CHARGE	Maximum Allowed for the procedure code	611-621 / 11	N/A	Not sure if this is per unit or total based on claimed units

Table 3-3 Claim Status File definition.

3.2.1.4 Remittance Advice

Table 3-4 defines the X12 835 file layout.

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
ISA		INTERCHANGE CONTROL HEADER		1	R	ISA	1		Do not send segment delimiters that are more than one byte. See Appendix A.1.2.4 through A.1.2.7 in the 837 Implementation Guide for lists of characters that are allowed. If you send characters that are not within the sets shown in the guide, your file may not be processed.
ISA01		Authorization Information Qualifier	ID	2-2	R	ISA		00, 03	00-No Authorization Information Present
ISA02		Authorization Information	AN	10-10	R	ISA			10 spaces
ISA03		Security Information Qualifier	ID	2-2	R	ISA		00, 01	00-No Security Information Present
ISA04		Security Information	AN	10-10	R	ISA			10 spaces
ISA05		Interchange ID Qualifier	ID	2-2	R	ISA		01, 14, 20, 27, 28, 29, 30, 33, ZZ	ZZ-Mutually Defined
ISA06		Interchange Sender ID	AN	15-15	R	ISA			9-Digit County MA Provider number followed by 6 trailing spaces. This number must be the one used to register in the MN-ITS system, and must correspond to the MN-ITS mailbox number.
ISA07		Interchange ID Qualifier	ID	2-2	R	ISA		01, 14, 20, 27, 28, 29, 30, 33, ZZ	30-U.S. Federal Tax Identification Number
ISA08		Interchange Receiver ID	AN	15-15	R	ISA			41-1674742-MN Dept. of Human Services FEIN followed by 5 trailing spaces. This number must contain a hyphen (-).
ISA09		Interchange Date	DT	6-6	R	ISA		YYMMDD	Chosen Date (by sender) Format expressed as 6-digits (YYMMDD)
ISA10		Interchange Time	TM	4-4	R	ISA		HHMM	Chosen Time (by sender) Format expressed as 4-digits (HHMM).
ISA11		Interchange Control Standards ID	ID	1-1	R	ISA		U	U-U.S. EDI Community of ASC X-12, TDCC, and UCS

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
ISA12		Interchange Control Version Number	ID	5-5	R	ISA		00401	00401-Draft Standards for Trial Use Approved ASC X-12 Review Board
ISA13		Interchange Control Number	N0	9-9	R	ISA			Begin with "1" 9-digit zero filled left to right. I.e. 00000001. This should be a unique number and incremented by 1 for each occurrence.
ISA14		Acknowledgement Requested	ID	1-1	R	ISA		0, 1	Provider option 0=No 1=Yes (either value accepted)
ISA15	AA0.21	Usage Indicator	ID	1-1	R	ISA		P, T	Provider Option P- Production Data T- Test Data
ISA16		Component Element Separator	AN	1-1	R	ISA			Provider Option/Sub-element delimiter
GS		FUNCTIONAL GROUP HEADER		1	R	GS	1		
GS01		Functional Identifier Code	ID	2-2	R	GS		HC	HC-Health Care Claims (837)
GS02		Application Sender Code	AN	2-15	R	GS			Sender's 9-digit MA Provider Number. Must match ISA06 number.
GS03		Application Receiver Code	AN	2-15	R	GS			41-1674742-MN Dept. Human Services FEIN. This number must contain a hyphen (-).
GS04		Date	DT	8-8	R	GS		CCYYMMDD	Chosen Date (by sender)-8-digits, expressed as CCYYMMDD
GS05		Time	TM	4-8	R	GS		HHMMSSDD	Chosen Time (by sender)-4 digits, expressed as HHMM
GS06		Group Control Number	N0	1-9	R	GS			Unique 1-digit to 9-digit number. Preferably started at 1 and incremented by 1 for each successive Functional Group from Sender to Receiver, and not reset to starting value of 1 within each Interchange or each day.
GS07		Responsible Agency Code	ID	1-2	R	GS		X	X-Accredited Standards Committee X-12
GS08	AA0.19	Version Identifier Code	AN	1-12	R	GS		004010X098	004010X098A1-Draft Standards Approved by ASC X12 Board
ST		TRANSACTION SET HEADER		1	R	Header	1		
ST01		Transaction Set Identifier Code	ID	3-3	R	Header		837	837- Health Care Claim

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
ST02		Transaction Set Control Number	AN	4-9	R	Header			Unique number determined by sender
BHT		BEGINNING OF HIERARCHICAL TRANSACTION		1	R	Header	1		
BHT01		Hierarchical Structure Code	ID	4-4	R	Header		0019	0019-Information Source, Subscriber, Dependent
BHT02	AA0.23	Transaction Set Purpose Code	ID	2-2	R	Header		00, 18	00-Original or 18-Reissue
BHT03	AA0.05	Originator Application Transaction ID	AN	1-30	R	Header			Number assigned by submitter
BHT04	AA0.15	Transaction Set Creation Date	DT	8-8	R	Header		CCYYMMDD	Creation Date-8 digit (CCYYMMDD)
BHT05	AA0.16	Transaction Set Creation Time	TM	4-8	R	Header		HHMM, HHMMSS, HHMMSSD, HHMMSSDD	Creation Time (HHMM)
BHT06		Claim or Encounter ID	ID	2-2	R	Header		CH, RP	CH-Chargeable
REF		TRANSMISSION TYPE IDENTIFICATION		1	R	Header	1		
REF01		Reference Identification Qualifier	ID	2-3	R	Header		87	87-Functional Category
REF02		Transmission Type Code	AN	1-30	R	Header		004010X098DA1 (piloting), 004010X098A1 (production)	Use 004010X098DA1 for test files. Use 004010X098A1 for production files.
NM1		SUBMITTER NAME		1	R	1000A	1		
NM101		Entity Identifier Code	ID	2-3	R	1000A		41	41-Submitter
NM102		Entity Type Qualifier	ID	1-1	R	1000A		1, 2	2-Non-Person Entity
NM103	AA0.06	Submitter Last or Organization Name	AN	1-35	R	1000A			Submitter Last or Organization Name
NM104		Submitter First Name	AN	1-25	S	1000A			Not used by county
NM105		Submitter Middle Name	AN	1-25	S	1000A			Not used by county
NM106-NM107					NU				Do not use- 2 data element placeholder.
NM108		Identification Code Qualifier	ID	1-2	R	1000A		46	46-Electronic Transmitter Identification Number (ETIN) Established by trading partner agreement.

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
NM109	AA0.02 ZA0.02	Submitter Identifier	AN	2-80	R	1000A			Submitter ID number. Use 9- digit county provider number assigned by Minnesota Health Care Programs (MHCP).
PER		SUBMITTER EDI CONTACT INFORMATION		2	R	1000A			
PER01		Contact Function Code	ID	2-2	R	1000A		IC	IC- Information Contact
PER02	AA0.13	Submitter Contact Name	AN	1-60	R	1000A			SSIS Helpline
PER03		Communication Number Qualifier	ID	2-2	R	1000A		ED, EM, FX, TE	EM-E-mail
PER04	AA0.14	Communication Number	AN	1-80	R	1000A			SSISHelp@state.mn.us
PER05		Communication Number Qualifier	ID	2-2	S	1000A		ED, EM, EX, FX, TE	TE-Telephone
PER06		Communication Number	AN	1-80	S	1000A			6517723777
NM1		RECEIVER NAME		1	R	1000B	1		
NM101		Entity Identifier Code	ID	2-3	R	1000B		40	40-Receiver
NM102		Entity Type Qualifier	ID	1-1	R	1000B		2	2-Non-Person Entity
NM103		Receiver Name	AN	1-35	R	1000B			MN Department of Human Services
NM104-NM107									Do not use- 4 data element placeholder.
NM108		Identification Code Qualifier	ID	1-2	R	1000B		46	46-Electronic Transmitter Identification Number (ETIN)
NM109	AA0.17 ZA0.04	Receiver Primary Identifier	AN	2-80	R	1000B			41-1674742
HL		BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL		1	R	2000A	>1		
HL01		Hierarchical ID Number	AN	1-12	R	2000A			Begin with 1 and increment by one for each billing/pay-to provider HL segment used in the transaction.
HL03		Hierarchical Level Code	ID	1-2	R	2000A		20	20-Information Source
HL04		Hierarchical Child Code	ID	1-1	R	2000A		1	1-Additional Subordinate HL Data Segment in This Hierarchical Structure

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
NM1		BILLING PROVIDER NAME		1	R	2010A A	1		The county's employer's identification number (FEIN), or national provider ID (not yet mandated) is required in this field. The MHCP pay to provider number must be entered in the secondary identification segment.
NM101		Entity Identifier Code	ID	2-3	R	2010A A		85	85- Billing Provider
NM102		Entity Type Qualifier	ID	1-1	R	2010A A		1, 2	2-Non-person entity
NM103	BA0.18 BA0.19	Billing Provider Last or Organizational Name	AN	1-35	R	2010A A			Billing Provider Last or Organizational Name
NM104	BA0.20	Billing Provider First Name	AN	1-25	S	2010A A			Not used by county.
NM105	BA0.21	Billing Provider Middle Name	AN	1-25	S	2010A A			Not used by county.
NM107		Billing Provider Name Suffix	AN	1-10	S	2010A A			Not used by county.
NM108	BA0.08	Identification Code Qualifier	ID	1-2	R	2010A A		24, 34, XX	24-Employer's Identification Number (FEIN) or XX- National Provider Identifier (when mandated)
NM109	BA0.02 BA0.06 BA0.09-10 BA0.12-17 BA0.24 BA1.02 CA0.28 YA0.02 YA0.06	Billing Provider Identifier	AN	2-80	R	2010A A			Billing Provider Primary Identification Number (FEIN)
N3		BILLING PROVIDER ADDRESS		1	R	2010A A			
N301	BA1.07 BA1.13	Billing Provider Address Line	AN	1-55	R	2010A A			Billing Provider Address
N302	BA1.08 BA1.14	Billing Provider Address Line	AN	1-55	S	2010A A			Billing Provider Address, if applicable
N4		BILLING PROVIDER CITY/STATE/ZIP CODE		1	R	2010A A			
N401	BA1.09 BA1.15	Billing Provider City Name	AN	2-30	R	2010A A			Billing Provider City

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
N402	BA1.10 BA1.16	Billing Provider State or Province Code	ID	2-2	R	2010A A			Billing Provider State
N403	BA1.11 BA1.17	Billing Provider Postal Zone or ZIP Code	ID	3-15	R	2010A A			Billing Provider Zip Code. Do not send hyphens. Zip codes are either five or nine digits in length.
REF		BILLING PROVIDER SECONDARY IDENTIFICATION		8	S	2010A A			This segment is required by MHCP
REF01		Reference Identification Qualifier	ID	2-3	R	2010A A		0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, U3, X5	Must use 1D - Medicaid Provider Number.
REF02	BA0.02 BA0.06 BA0.08 BA0.10 BA0.12-17 BA0.24 BA1.02 CA0.28 YA0.02 YA0.06	Billing Provider Secondary Identifier	AN	1-30	R	2010A A			Enter nine digit MHCP county provider number.
HL		SUBSCRIBER HIERARCHICAL LEVEL		1	R	2000B	>1		A unique number assigned by the sender, incremented by 1.
HL01		Hierarchical ID Number	AN	1-12	R	2000B			Begin with 2 and increment by 1 for each subscriber loop.
HL02		Hierarchical Parent ID Number	AN	1-12	R	2000B			1
HL03		Hierarchical Level Code	ID	1-2	R	2000B		22	22-Subscriber
HL04		Hierarchical Child Code	ID	1-1	R	2000B		0, 1	0-No Subordinate HL Segment in This Hierarchical Structure
SBR		SUBSCRIBER INFORMATION		1	R	2000B			

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
SBR01	DA1.02 DA0.02 DA2.02	Payer Responsibility Sequence Number Code	ID	1-1	R	2000B		P, S, T	If any value other than P-Primary is sent, you must send the required segments within the COB (2320) loop. Value S-Secondary is sent if there is one payer that is primary to MHCP and value T-Tertiary is sent if there are two payers that are primary to MHCP.
SBR02	DA0.17	Individual Relationship Code	ID	2-2	S	2000B		18	18-Self
SBR03	DA0.10	Insured Group or Policy Number	AN	1-30	S	2000B			Not used by county.
SBR04	DA0.11	Insured Group Name	AN	1-60	S	2000B			Not used by county.
SBR05	DA0.06	Insurance Type Code	ID	1-3	S	2000B		12, 13, 14, 15, 16, 41, 42, 43, 47	Not used by county.
SBR06-SBR08									Do not use- 3 data element placeholder.
SBR09	CA0.23 DA0.05	Claim Filing Indicator Code	ID	1-2	S	2000B		09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, ZZ	SBR09 = MC-Medicaid.
NM1		SUBSCRIBER NAME		1	R	2010B A	1		
NM101		Entity Identifier Code	ID	2-3	R	2010B A		IL	IL-Insured or Subscriber
NM102		Entity Type Qualifier	ID	1-1	R	2010B A		1, 2	1-Person
NM103	CA0.04 DA0.19	Subscriber Last Name	AN	1-35	R	2010B A			Subscriber (recipient) Last Name
NM104	CA0.05 DA0.20	Subscriber First Name	AN	1-25	S	2010B A			Subscriber (recipient) First Name
NM105	CA0.06 DA0.21	Subscriber Middle Name	AN	1-25	S	2010B A			Subscriber (recipient) Middle Name (if known).
NM107	CA0.07 DA0.22	Subscriber Name Suffix	AN	1-10	S	2010B A			Subscriber (recipient) Suffix (if known)
NM108		Identification Code Qualifier	ID	1-2	S	2010B A		MI, ZZ	MI- Member Identification Number
NM109	CA1.05 CA1.06	Subscriber Primary Identifier	AN	2-80	S	2010B A			NM109 = MHCP eight digit recipient (PMI) ID number.

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
N3		SUBSCRIBER ADDRESS		1	S	2010B A			Since the patient is always the subscriber under MHCP, this segment is required. If the subscriber does not have an address, use provider or county office address.
N301	CA0.11 DA2.04	Subscriber Address Line	AN	1-55	R	2010B A			Subscriber (recipient) Address
N302	CA0.12 DA2.05	Subscriber Address Line	AN	1-55	S	2010B A			Subscriber (recipient) Address, if needed
N4		SUBSCRIBER CITY/STATE/ZIP CODE		1	S	2010B A			Since the patient is always the subscriber under MHCP, this segment is required.
N401	CA0.13 DA2.06	Subscriber City Name	AN	2-30	R	2010B A			Subscriber (recipient) City
N402	CA0.14 DA2.07	Subscriber State Code	ID	2-2	R	2010B A			Subscriber (recipient) State
N403	CA0.15 DA2.08	Subscriber Postal Zone or ZIP Code	ID	3-15	R	2010B A			Subscriber (recipient) Zip Code. Do not send dashes. Zip codes are either five or nine digits in length.
DMG		SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S	2010B A			Since the patient is always the subscriber under MHCP, this segment is required.
DMG01		Date Time Period Format Qualifier	ID	2-3	R	2010B A		D8	D8-Date (CCYYMMDD)
DMG02	CA0.08 DA0.24	Subscriber Birth Date	AN	1-35	R	2010B A		CCYYMMDD	Subscriber (recipient) Birth Date
DMG03	CA0.09 DA0.23	Subscriber Gender Code	ID	1-1	R	2010B A		F, M, U	F-Female, M-Male, or U-Unknown are accepted values.
NM1		PAYER NAME		1	R	2010B B	1		
NM101		Entity Identifier Code	ID	2-3	R	2010B B		PR	PR-Payer
NM102		Entity Type Qualifier	ID	1-1	R	2010B B		2	2-Non-Person Entity
NM103	DA0.09	Payer Name	AN	1-35	R	2010B B			MN Department of Human Services
NM104-NM107									Do not use- 4 data element placeholder.
NM108		Identification Code Qualifier	ID	1-2	R	2010B B		PI, XV	PI-Payor Identification
NM109	DA0.07	Payer Identifier	AN	2-80	R	2010B B			41-1674742
CLM		CLAIM INFORMATION		1	R	2300	100		

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
CLM01	03 for all CA0, CA1 CB0, DA0 DA1, EA0 EA1, EA2 FA0, FB0 FB1, FB2 FD0, FE0 GA0, GC0 GU0, GX0 GX2, HA0 XA0	Patient Account Number	AN	1-38	R	2300			Patient Account Number (county's unique claim number)
CLM02	XA0.12	Total Claim Charge Amount	R	1-18	R	2300			Total Submitted Charges. If no decimal is sent, it is assumed to be at the end of the number.
CLM03-CLM04			NU						Do not use- 2 data element placeholder.
CLM05	FA0.07	HEALTH CARE SERVICE LOCATION INFORMATION			R	2300			
CLM05-1		Facility Type Code	AN	1-2	R	2300		See Code Source 237	Reference http://cms.hhs.gov/states/poshome.asp for current place of service values. If not certain whether DHS recognizes a particular place of service code, contact the DHS health care policy department.
CLM05-2									Do not use. 1 data sub-element placeholder.

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
CLM05-3		Claim Frequency Code	ID	1-1	R	2300		1, 6, 7, 8	MHCP will consider values 1 - original and 7- replacement in CLM05-3 for processing. If you need to adjust a previously paid claim, enter a value of 7 here. If you are submitting a new claim or a claim that was previously denied, enter a value of 1 here. If you are submitting a replacement claim, you must enter the value "7" here along with the corresponding TCN number of the original claim in Original Reference Number segment.
CLM06	EA0.37	Provider or Supplier Signature Indicator	ID	1-1	R	2300		N, Y	Y-Yes
CLM07	EA0.36 FA0.59	Medicare Assignment Code	ID	1-1	R	2300		A, B, C, P	A- Assigned
CLM08	DA0.15	Benefits Assignment Certification Indicator	ID	1-1	R	2300		N, Y	Y-Yes
CLM09	EA0.13	Release of Information Code	ID	1-1	R	2300		A, I, M, N, O, Y	Y-Yes, Provider has signed statement permitting release of medical billing data related to a claim.
CLM10	DA0.16	Patient Signature Source Code	ID	1-1	S	2300		B, C, M, P, S	C- Signed HCFA-1500 Claim Form on file (required per note in guide).
AMT		PATIENT AMOUNT PAID		1	S	2300			Required when patient has made payment specifically toward this claim (a copay, for example). Patient Amount Paid refers to the sum of all amounts paid on the claim by the patient or his/her representative(s). Required if applicable on COB (TPL) claims.
AMT01		Amount Qualifier Code	ID	1-3	R	2300		F5	F5- Patient Amount Paid
AMT02	XA0.19	Patient Amount Paid	R	1-18	R	2300			Patient Amount Paid

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
REF		PRIOR AUTHORIZATION OR REFERRAL NUMBER		2	S	2300			If an authorization/service agreement number pertains to the claim, it must be entered at the claim level. Per discussion with SSIS analysts, authorization/service agreement numbers will not be entered at the line level.
REF01		Reference Identification Qualifier	ID	2-3	R	2300		9F, G1	G1 Prior Authorization Number is the only value that MHCP will consider for processing.
REF02	DA0.14	Prior Authorization or Referral Number	AN	1-30	R	2300			Enter eleven digit MHCP authorization/service agreement number here if applicable to the claim.
REF		ORIGINAL REFERENCE NUMBER (ICN/DCN)		1	S	2300			
REF01		Reference Identification Qualifier	ID	2-3	R	2300		F8	F8- Original Reference Number
REF02	EA0.47	Claim Original Reference Number	AN	1-30	R	2300			MHCP 17- digit transaction control number of the claim being adjusted. This represents the replacement TCN. This is required when CLM05-3=7. If are adjusting a claim that was previously paid, the original claim TCN must be entered here. In order for claim to be processed as a replacement, BOTH CLM05-3 (with a qualifier value of 7) and Original Reference Number MUST be entered. Claims must be in a "paid" not "to be paid" status before they can be replaced.
NTE		CLAIM NOTE		1	S	2300			Only the first note at the claim level will be considered for processing. Do not enter characters in this field that may be mistaken as a delimiter. MHCP will accept the first 72 characters of each note.

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
NTE01		Note Reference Code	ID	3-3	R	2300		ADD, CER, DCP,DGN, PMT,TPO	ADD-Additional Information
NTE02	HA0-5	Claim Note Text	AN	1-80	R	2300			Claim Note Text (free form).
HI01		HEALTH CARE CODE INFORMATION			R	2300			Diagnosis codes are required unless not applicable to provider type or service billed.
HI01-1		Diagnosis Type Code	ID	1-3	R	2300		BK	BK- Principal Diagnosis
HI01-2	EA0.32, GX0.31, GU0.12	Diagnosis Code	AN	1-30	R	2300			Diagnosis Code. Do not send decimal.
HI02		HEALTH CARE CODE INFORMATION			S	2300			
HI02-1		Diagnosis Type Code	ID	1-3	R	2300		BF	BF-Diagnosis
HI02-2	EA0.33, GX0.32, GU0.13	Diagnosis Code	AN	1-30	R	2300			Diagnosis Code. Do not send decimal.
HI03		HEALTH CARE CODE INFORMATION			S	2300			
HI03-1		Diagnosis Type Code	ID	1-3	R	2300		BF	BF-Diagnosis
HI03-2	EA0.34, GX0.33, GU0.14	Diagnosis Code	AN	1-30	R	2300			Diagnosis Code. Do not send decimal.
HI04		HEALTH CARE CODE INFORMATION			S	2300			
HI04-1		Diagnosis Type Code	ID	1-3	R	2300		BF	BF-Diagnosis
HI04-2	EA0.35, GX0.34, GU0.15	Diagnosis Code	AN	1-30	R	2300			Diagnosis Code. Do not send decimal.
NM1		RENDERING PROVIDER NAME		1	S	2310B	1		Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA.AB loops respectively. This is used for Rule 5 claims only.
NM101		Entity Identifier Code	ID	2-3	R	2310B		82	82- Rendering Provider
NM102		Entity Type Qualifier	ID	1-1	R	2310B		1, 2	2-Non-person entity
NM103	FB1.14	Rendering Provider Last or Organization Name	AN	1-35	R	2310B			Rendering Provider Last Name (Rule 5-facility)

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
NM104	FB1.15	Rendering Provider First Name	AN	1-25	S	2310B			Do not use for county.
NM105	FB1.16	Rendering Provider Middle Name	AN	1-25	S	2310B			Do not use for county.
NM106									Do not use- 1 data element placeholder.
NM107		Rendering Provider Name Suffix	AN	1-10	S	2310B			Do not use for county.
NM108	FA0.57	Identification Code Qualifier	ID	1-2	R	2310B		24, 34, XX	24-Employer's Identification Number (FEIN)r or XX-National Provider Identifier (NPI) when mandated.
NM109	FA0.23 FA0.58	Rendering Provider Identifier	AN	2-80	R	2310B			41-7777777
REF		RENDERING PROVIDER SECONDARY IDENTIFICATION		5	S	2310B			
REF01	FA0.57	Reference Identification Qualifier	ID	2-3	R	2310B		0B, 1B, 1C, 1D, 1G, 1H, E1, G2, LU, N5, SY, X5	REF01 = ID - Medicaid Number
REF02	FA0.58	Rendering Provider Secondary Identifier	AN	1-30	R	2310B			Enter nine digit MHCP provider number of the facility.
SBR		OTHER SUBSCRIBER INFORMATION		1	S	2320	10		Required if other payers are known to potentially be involved in paying on this claim. If COB (TPL) is applicable to the claim, all required data elements within this segment must be sent.
SBR01	DA0.02 DA1.02 DA2.02	Payer Responsibility Sequence Number Code	ID	1-1	R	2320		P, S, T	P-Primary, S-secondary, or T-Tertiary
SBR02	DA0.17	Individual Relationship Code	ID	2-2	R	2320		01, 04, 05, 07, 10, 15, 17, 18, 19, 20, 21, 22, 23, 24, 29, 32, 33, 36, 39, 40, 41, 43, 53, G8	18- Self (default value chosen)
SBR03	DA0.10	Insured Group or Policy Number	AN	1-30	S	2320			Do not use for county.
SBR04	DA0.11	Other Insured Group Name	AN	1-60	S	2320			Do not use for county.

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
SBR05	DA0.06	Insurance Type Code	ID	1-3	R	2320		AP, C1, CP, GP, HM, IP, LD, LT, MB, MC, MI, MP, OT, PP, SP	C1-Commercial (default value chosen)
SBR06-SBR08									Do not use- 3 data element placeholder.
SBR09	DA0.05 (CA0.23, DA0.05 ??K)	Claim Filing Indicator Code	ID	1-2	S	2320		09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, ZZ	CI- Commercial Insurance Company
CAS		CLAIM LEVEL ADJUSTMENTS		5	S	2320			When Coordination of Benefits (COB) is applicable to a claim, Third Party Liability (TPL) and/or Medicare, all required data elements within the COB segment must be completed and included with the claim. If the claim includes adjustment information , the COB should be entered either at the claim level or the line level as indicated by the payer adjustment. COB is not allowed at both the claim and line level. If the previous payer is sending proprietary adjustment reason codes, contact the payer for a crosswalk of their codes to the X12 claim adjustment reason codes. If the payer does not have a designated crosswalk, include with the COB segment the X12 claim adjustment reason code that most closely corresponds to the payer's code.

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
CAS01		Claim Adjustment Group Code	ID	1-2	R	2320		CO, CR, OA, PI, PR	Claim Adjustment Group Code. Values are CO-Contractual Obligation, CR- Credit and Reversal, PI- Payer Initiated, OA- Other Adjustment, PR- Patient Responsibility.
CAS02	DA3.04,06,08,10,12,14,16 DA1.16, DA1.30	Adjustment Reason Code	ID	1-5	R	2320			All valid values accepted. Listing of codes available at www.wpc-edi.com .
CAS03	DA1.09-13,30, 33 DA3-05,07,09,11,13,15,17,25,26	Adjustment Amount	R	1-18	R	2320			Adjustment Amount
CAS04		Adjustment Quantity	R	1-15	S	2320			Adjustment Quantity
AMT		COB PAYER PAID AMOUNT		1	S	2320			Required if claim has been adjudicated by payer identified in this loop. It is acceptable to show "0" amount paid. This information is needed by DHS if a payer paid amount pertains to the claim when other insurance is the primary payer.
AMT01		Amount Qualifier Code	ID	1-3	R	2320		D	D-Payor Amount Paid
AMT02	DA1.14	Payer Paid Amount	R	1-18	R	2320			Payer Paid Amount
AMT		COB PATIENT PAID AMOUNT		1	S	2320			Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results. This amount represents the amount that a payer made to the patient (the check went to the patient instead of the provider)
AMT01		Amount Qualifier Code	ID	1-3	R	2320		F5	F5-Patient Amount Paid
AMT02		Other Payer Patient Paid Amount	R	1-18	R	2320			Other Payer Patient Paid Amount

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
DMG		SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S	2320			Required when 2330A NM102=1 (person). This segment must be sent on all claims where other insurance is primary.
DMG01		Date Time Period Format Qualifier	ID	2-3	R	2320		D8	D8- Date
DMG02	DA0-24	Other Insured Birth Date	AN	1-35	R	2320		CCYYMMD D	Other Insured Birth Date
DMG03	DA0-23	Other Insured Gender Code	ID	1-1	R	2320		F, M, U	F-Female, M-Male, or U-Unknown
OI		OTHER INSURANCE COVERAGE INFORMATION		1	R	2320			Required if other payers are involved in the payment of the claim. This segment must be sent on all claims where other insurance is primary.
OI01-OI02									Do not use. 2 data element placeholders.
OI03	DA0-15	Benefits Assignment Certification Indicator	ID	1-1	R	2320		N, Y	Y-Yes (default value chosen)
OI04	DA0-16	Patient Signature Source Code	ID	1-1	S	2320		B, C, M, P, S	C-Signed HCFA-1500 Claim Form on file (default value chosen)
OI05									Do not use. 1 data element placeholder.
OI06		Release of Information Code	ID	1-1	R	2320		A, I, M, N, O, Y	Y-Yes, Provider has a Signed Statement Permitting Release of Medical billing Data Related to a Claim (default value chosen).
NM1		OTHER SUBSCRIBER NAME		1	R	2330A	1		Required if other payers are involved in the payment of the claim. The required fields of this segment must be sent if other insurance is primary to Medicaid.
NM101		Entity Identifier Code	ID	2-3	R	2330A		IL	IL- Insured or Subscriber
NM102		Entity Type Qualifier	ID	1-1	R	2330A		1, 2	1- Person
NM103	DA0.19	Other Insured Last Name	AN	1-35	R	2330A			Other Insured (recipient) Last Name
NM104	DA0.20	Other Insured First Name	AN	1-25	S	2330A			Other Insured (recipient) First Name
NM105	DA0.21	Other Insured Middle Name	AN	1-25	S	2330A			Other Insured (recipient) Middle Name (if known).

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
NM106									Do not use- 1 data element placeholder.
NM107	DA0.22	Other Insured Name Suffix	AN	1-10	S	2330A			Other Insured (recipient) Name Suffix (if known).
NM108		Identification Code Qualifier	ID	1-2	R	2330A		MI, ZZ	MI-Member Identification Number
NM109	DA0.18	Other Insured Identifier	AN	2-80	R	2330A			Other Subscriber Primary Identifier
NM1		OTHER PAYER NAME		1	R	2330B	1		Required if other payers are involved in the payment of the claim. The required fields of this segment must be sent if other insurance is primary to Medicaid.
NM101		Entity Identifier Code	ID	2-3	R	2330B		PR	PR-Payer
NM102		Entity Type Qualifier	ID	1-1	R	2330B		2	2-Non-Person Entity
NM103	DA0.09	Other Payer Last or Organization Name	AN	1-35	R	2330B			Other Payer Last or Organization Name
NM104-NM107									Do not use- 4 data element placeholder.
NM108		Identification Code Qualifier	ID	1-2	R	2330B		PI, XV	PI- Payer Identification
NM109	DA0.07	Other Payer Primary Identifier	AN	2-80	R	2330B			Other Payer (Insurance company) Primary identifier.
DTP		CLAIM ADJUDICATION DATE		1	S	2330B			Required if other payers are involved in the payment of the claim and claim was adjudicated at the claim level. This information must be sent on claims where other insurance is a primary payer and claim level adjudication date pertains to the claim. A paid date must be entered at the claim level for county claims.
DTP01		Date Time Qualifier	ID	3-3	R	2330B		573	573-Date Claim Paid
DTP02		Date Time Period Format Qualifier	ID	2-3	R	2330B		D8	D8- Date (CCYYMMDD)
DTP03	DA1.27	Adjudication or Payment Date	AN	1-35	R	2330B		CCYYMMD D	Adjudication or Payment Date
LX		SERVICE LINE		1	R	2400	50		

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
LX01	FA0.2, FB0.2, FB1.2, GA0.2, GC0.2, GX0.2, GX2.2, HA0.2, FB2.2, GU0.2	Assigned Number	N0	1-6	R	2400			Begin with 1 and increment by 1
SV1		PROFESSIONAL SERVICE		1	R	2400			
SV101		COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R	2400			
SV101-1		Product or Service ID Qualifier	ID	2-2	R	2400		HC, IV, N4, ZZ	HC- HCPCS Codes
SV101-2	FA0.09 FB0.15 GU0.07	Procedure Code	AN	1-48	R	2400			Procedure Code
SV101-3	FA0.10 GU0.08	Procedure Modifier	AN	2-2	S	2400			Procedure Modifier, if applicable
SV101-4	FA0.11	Procedure Modifier	AN	2-2	S	2400			Procedure Modifier, if applicable
SV101-5	FA0.12	Procedure Modifier	AN	2-2	S	2400			Procedure Modifier, if applicable
SV101-6	FA0.36	Procedure Modifier	AN	2-2	S	2400			Procedure Modifier, if applicable
SV102	FA0.13	Line Item Charge Amount	R	1-18	R	2400			Line Charge Amount
SV103	FA0.50 (COB)	Unit or Basis for Measurement Code	ID	2-2	R	2400		F2,MJ,UN	UN-Unit
SV104	FA0.18,FA0.19 FB0.16	Service Unit Count "F2" = 9(7) "MJ" = 9(4) "UN" = 9(3)V9	R	1-15	R	2400			Units. Do not send decimals.
SV105	FA0.07 GU0.05	Place of Service Code	AN	1-2	S	2400		11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65, 71, 72, 81, 99	Reference http://cms.hhs.gov/states/poshome.asp for current values. Values entered at the service line level will override the place of service entered at the claim level. Only enter a place of service at the line level if the value is different than the place of service entered at the claim level. If not certain whether DHS recognizes a particular place of service code, contact the DHS health care policy department.

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
SV106									Do not use. 1 data element placeholder
SV107		COMPOSITE DIAGNOSIS CODE POINTER			S	2400			If a diagnosis code has been entered a diagnosis pointer is required.
SV107-1	FA0.14	Diagnosis Code Pointer	N0	1-2	R	2400			Diagnosis Code Pointer. The pointers should be used up to the number of diagnosis codes that were sent up to four. (1 here for example)
SV107-2	FA0.15	Diagnosis Code Pointer	N0	1-2	S	2400			Diagnosis Code Pointer (2 here, if sent)
SV107-3	FA0.16	Diagnosis Code Pointer	N0	1-2	S	2400			Diagnosis Code Pointer (3 here, if sent)
SV107-4	FA0.17	Diagnosis Code Pointer	N0	1-2	S	2400			Diagnosis Code Pointer (4 here, if sent)
SV108									Do not use- 1 data element placeholder.
SV109	FA0.20	Emergency Indicator	ID	1-1	S	2400		Y	Do not send for county.
SV110									Do not use- 1 data element placeholder.
SV111	FB0.22	EPSDT Indicator	ID	1-1	S	2400		Y	Do not send for county.
SV112	FB0.23	Family Planning Indicator	ID	1-1	S	2400		Y	Enter Y if services involve family planning.
DTP		DATE - SERVICE DATE		1	R	2400			
DTP01		Date Time Qualifier	ID	3-3	R	2400		472	472- Service
DTP02		Date Time Period Format Qualifier	ID	2-3	R	2400		D8, RD8	Use D8-Date (CCYMMDD) for single date. Use RD8-Range of dates (CCYMMDD-CCYMMDD) for range of dates.
DTP03	FA0.05 FA0.06	Service Date	AN	1-35	R	2400		CCYMMDD D, CCYMMDD D- CCYMMDD D	Service Date
REF		LINE ITEM CONTROL NUMBER		1	S	2400			This unique line item identifier may assist in tracking line item specific data. The line item control number is returned on the 835 transaction.
REF01		Reference Identification Qualifier	ID	2-3	R	2400		6R	6R- Provider Control Number

837P Element Id	NSF 3.01 Reference from IG	Description	ID	Min Max	Usage Reg	Loop	Loop Repeat	Available Values per IG	Minnesota Health Care Programs (DHS) Values and Rules
REF02	FA0.04, FB0.04, FB1.04, FB2.04, FD0.04, FE0.04, HA0.04	Line Item Control Number	AN	1-30	R	2400			Line Item Control Number
NTE		LINE NOTE		1	S	2400			Up to nine notes at the line level will be considered as processing information. Up to ten notes will be considered at the line level if no note was sent at the claim level. Do not enter characters in this field that may be mistaken as a delimiter. MHCP will accept the first 72 characters of each note.
NTE01		Note Reference Code	ID	3-3	R	2400		ADD, DCP, PMT, TPO	ADD- Additional Information
NTE02	HA0.05	Line Note Text	AN	1-80	R	2400			Text of note
SE		TRANSACTION SET TRAILER		1	R	Trailer	1		
SE01		Transaction Segment Count	N0	1-10	R	Trailer			Transaction Segment Count
SE02		Transaction Set Control Number	AN	4-9	R	Trailer			Transaction Set Control Number
GE		FUNCTION GROUP TRAILER		1	R	GE	1		
GE01		Number of Transaction Sets Included	N0	1-6	R	GE			Provider Translator counts number of Transaction Sets within this Functional Group.
GE02		Group Control Number	N0	1-9	R	GE			Must match number sent in GS06
IEA		INTERCHANGE CONTROL TRAILER		1	R	IEA	1		
IEA01		Number of Included Functional Groups	N0	1-5	R	IEA			Provider Translator counts number of Functional Groups within this Interchange.
IEA02		Interchange Control Number	N0	9-9	R	IEA			Must match the number sent in ISA13

Table 3-4 835 File definition.

3.3 Process Flow for the Health Care Claiming Module

This Section Defines the process flows for the MMIS Claiming files.

3.3.1 Process Flow for Claim Submission

This section defines the process flow for the Claim Submission Process.

The SSIS Enterprise Scheduler calls the DEX_CLAIM_SUBMISSION job to call the Dex 837 Process listed below.

Dex 837 Process (CIm837.pdd)
<ol style="list-style-type: none"> 1. Calls the "Process 837" dex Process
Process 837 (Proc837.pdd)
<ol style="list-style-type: none"> 1. Query the Claim Batch's for batches with a status of 'Submitted'. <ul style="list-style-type: none"> • SELECT * FROM SSIS.CLM_BATCH WHERE CLM_BATCH_STAT_CD = '2' AND DEX_837_ID IS NULL 2. Loop through each submitted claim batch, and call the 'Create 837 File' process for each submitted batch, passing in the Batch ID.
Create 837 File (X12.exe)
<p>For the Batch ID passed in to the process do the following.</p> <ol style="list-style-type: none"> 1. Increment the ISA Control Number by 1 and Update the SSIS database. <ul style="list-style-type: none"> • CNTY_CLM_CONTOL.ISA_CNTRL_NUM • For Multi-County regions CLM_BATCH.CNTY_CD must match CLM_BATCH.CNTY_CD 2. Create 837 file for the batch, and store the file in DEX_DATASTORE table on the SSIS database. Set the fields as follows: <ul style="list-style-type: none"> • DEX_ID = New ID • DEX_CONTENTS = the contents of the 837 file • DEX_FILE_KIND_CD = 837 • DEX_FILE_STATUS_CD = 01 • DEX_NAME = New File name formatted as [Batch ID]_yyyy_mm_dd_hh_mmsszzz.837 3. Update the Claim Batch as follows: <ul style="list-style-type: none"> • CLM_BATCH.DEX_837_ID = DEX_DATASTORE.DEX_ID • ISA_CTRL_NUM = ISA CNTY_CLM_CONTOL.ISA_CNTRL_NUM 4. Return the following: <ul style="list-style-type: none"> • If the process was successful return: 0 • If the process failed return: -1 [Error Message] <p>End Create 837 File</p>

Dex 837 Process (CIm837.pdd)

3. Get Status returned by 'Create 837 File' process:
 - A. If Status is 0, then update the Import export log (IMP_EXP_LOG) with successful message:
 - IMP_EXP_LOG_TYPE_CD = 8
 - IMP_EXP_LOG_STAT_CD = 0
 - IMP_EXP_LOG_MSG = "Claim File was successfully created for Claim Batch ID: [Batch ID]"
 - IMP_EXP_LOG_DT = [Current Date/Time]
 - B. If status is not 0:
 - I. Update the Import export log (IMP_EXP_LOG) with a critical error message:
 - IMP_EXP_LOG_TYPE_CD = 8
 - IMP_EXP_LOG_STAT_CD = 3
 - IMP_EXP_LOG_MSG = "The Following Error occurred while trying to create a claim file: [Error Message Returned by the 837 File process]"
 - IMP_EXP_LOG_DT = [Current Date/Time]
 - II. Update the Claim Batch (CLM_BATCH) with 'Transmitted Error':
 - CLM_BATCH_STAT_CD = 4
4. Continue Loop for any Remaining Claim Batches.

End Process 837

2. Calls the "Upload 837" Dex process.

Upload 837 (Upload837.pdd)

1. Query the DEX_DATASTORE table for 837 files that haven't been uploaded yet:
 - SELECT D.DEX_ID, D.DEX_FILE_KIND_CD, D.DEX_NAME, D.DEX_FILE_STATUS_CD, D.DEX_CONTENTS, B.CLM_BATCH_ID FROM SSIS.DEX_DATASTORE D, SSIS.CLM_BATCH B WHERE D.DEX_ID = B.DEX_837_ID AND D.DEX_FILE_KIND_CD = '837' AND ((D.DEX_FILE_STATUS_CD = '01') OR (D.DEX_FILE_STATUS_CD = '03')) AND (B.CNTY_CD = [For Multi-County Regions pass in the County code. Otherwise pass in null])"
2. Sort List by the File name and loop through files.
3. Check if File has been successfully Uploaded:
 - A. If file was uploaded successfully:
 - I. Update the Import export log (IMP_EXP_LOG) with successful message:

Dex 837 Process (CIm837.pdd)

- IMP_EXP_LOG_TYPE_CD = 8
 - IMP_EXP_LOG_STAT_CD = 0
 - IMP_EXP_LOG_MSG = "Claim File was successfully Uploaded to MMIS for Claim Batch ID: [Batch ID]"
 - IMP_EXP_LOG_DT = [Current Date/Time]
- II. Update the Claim Batch (CLM_BATCH) with 'Transmitted':
- CLM_BATCH_STAT_CD = 3
- III. Update the DEX_DATASTORE table with a status of 'Processed Successfully'
- DEX_FILE_STATUS_CD = '02'
- B. If file was not uploaded successfully:
- I. Update the Import export log(IMP_EXP_LOG) with a critical error message:
- IMP_EXP_LOG_TYPE_CD = 8
 - IMP_EXP_LOG_STAT_CD = 3
 - IMP_EXP_LOG_MSG = "Claim File was not successfully Uploaded to MMIS for Claim Batch ID: [Batch ID]"
 - IMP_EXP_LOG_DT = [Current Date/Time]
- II. Update Claim Batch (CLM_BATCH) with 'Transmitted Error':
- CLM_BATCH_STAT_CD = 4
- III. Update the DEX_DATASTORE table with a status of 'Processing Failed':
- DEX_FILE_STATUS_CD = '03'
4. Continue Loop for all files that haven't been uploaded.
- End Upload 837

End Dex 837 Process

3.3.2 Process Flow for Claim Status

This section defines the process flow for the Claim Status Process.

The SSIS Enterprise Scheduler calls the DEX_CLAIM_STAT job to call the Dex Claim Status Process listed below.

Claim Status Process (CImSt.pdd)

1. Calls the Get Claim Status File process.

Get Claim Status File (GetCSt.pdd)

- 1. Get List of Claim Status Files from the MN-ITS mailbox.
- 2. Sort list of Claim status files by file name and loop through the list

Claim Status Process (CImSt.pdd)

3. Query the DEX_DATASTORE table to see if the file has been processed yet:
 - SELECT D.DEX_ID, D.DEX_FILE_KIND_CD, D.DEX_NAME, D.DEX_FILE_STATUS_CD FROM SSIS.DEX_DATASTORE D WHERE D.DEX_FILE_KIND_CD = 'CST' AND D.DEX_NAME = '[file name from MN-ITS mailbox]'
4. If the file hasn't been processed yet:
 - A. Retrieve the file contents from the MN-ITS mailbox for the file that hasn't been downloaded yet.
 - B. Update the DEX_DATASTORE table with the contents of the Claim Status File:
 - DEX_NAME = [File name from the MN-ITS mailbox]
 - DEX_FILE_KIND_CD = 'CST'
 - DEX_FILE_STATUS_CD = '01'
 - DEX_CONTENTS = [Contents of the Claim status file from the MN-ITS mailbox]
5. Continue loop for each file listed in the MN-ITS mailbox.
End Get Claim Status File

2. Calls the Update Claim Status process.

Update Claim Status (UpdateCImSt.pdd)

- I. Query the DEX_DATASTORE table for Claim Status files that haven't been processed yet:
 - SELECT D.DEX_ID, D.DEX_FILE_KIND_CD, D.DEX_NAME, D.DEX_FILE_STATUS_CD FROM SSIS.DEX_DATASTORE D WHERE D.DEX_FILE_KIND_CD = 'CST' AND D.DEX_FILE_STATUS_CD = '01'
- II. Sort the file list by the file name and loop through the files
- III. Call the 'Process Claim Status' process to update the claim batches by passing in the DEX_ID from the DEX_DATASTORE table:

Process Claim Status (ClaimStatus.exe)

1. Get the Claim Status file from the DEX_DATASTORE using the DEX_ID passed from Dex.
2. Parse the Claim Status File.
3. Loop through the Claim status file for each record in the file.
4. Get the Claim ID from the file. The SSIS Claim ID's are prefixed with SSIS [ClaimID]
5. Query the CLM_HEALTHCARE table using the Claim ID.
6. If the Claim Record is found in SSIS:
 - A. Update the Claim Record with the Claim Status information unless the status on the Claim record is beyond the 'To be' statuses.
7. If an SSIS Claim ID is in the Claim Status file, but can't be found in the SSIS database, then Return -1 and an Error to Dex, and do not process any updates from the file.
8. Continue loop for each record in the Claim Status file.
End Process Claim Status

4. Get the Status returned by the 'Process Claim Status' process:
 - A. If status is 0:
 - I. Update the Import Export log(IMP_EXP_LOG) with a successful message:
 - IMP_EXP_LOG_TYPE_CD = '7'
 - IMP_EXP_LOG_STAT_CD = '0'

Claim Status Process (CImSt.pdd)

- IMP_EXP_LOG_MSG = "Claim Status File [File name] was successfully processed."
 - IMP_EXP_LOG_DT = [Current Date/Time]
 - II. Update the DEX_DATASTORE table with a status of 'Processed Successfully':
 - DEX_FILE_STATUS_CD = '02'
 - B. If status is not 0:
 - I. Update the Import Export log(IMP_EXP_LOG) with a critical error message:
 - IMP_EXP_LOG_TYPE_CD = '7'
 - IMP_EXP_LOG_STAT_CD = '3'
 - IMP_EXP_LOG_MSG = "Claim Status File Error: [Error message returned by the Process Claim Status process]"
 - IMP_EXP_LOG_DT = [Current Date/Time]
 - II. Update the DEX_DATASTORE table with a status of 'Processing Failed':
 - DEX_FILE_STATUS_CD = '02'
5. Continue loop for each un-processed Claim Status file.
End Update Claim Status

End Claim Status Process

3.3.3 Process Flow for Claim Acknowledgement

This section defines the process flow for the Claim Acknowledgement Process.

The SSIS Enterprise Scheduler calls the DEX_CLAIM_ACK job to call the Dex 997 Process listed below.

Claim 997 Process (CIm997.pdd)

1. Calls the Get 997 file process

Get 997 File (Get997.pdd)

1. Get list of 997 Files from the MN-ITS mailbox.
2. Sort list of 997 files by file name and loop through the list.
3. Query the DEX_DATASTORE table to see if the file has been processed yet:
 - SELECT D.* FROM SSIS.DEX_DATASTORE D WHERE D.DEX_FILE_KIND_CD = '997' AND D.DEX_NAME = '[file name from MN-ITS mailbox]'
4. If the file hasn't been processed yet:
 - A. Retrieve the file contents from the MN-ITS mailbox for the file that hasn't been downloaded yet.
 - B. Update the DEX_DATASTORE table with the contents of the 997 File:
 - DEX_NAME = [File name from the MN-ITS mailbox]
 - DEX_FILE_KIND_CD = '997'
 - DEX_FILE_STATUS_CD = '01'
 - DEX_CONTENTS = [Contents of the 997 file from the MN-ITS mailbox]
5. Continue loop for each file listed in the MN-ITS mailbox.
End Get 997 File

2. Calls the Update 997 file process

Update 997 File (Update997.pdd)

Claim 997 Process (CIm997.pdd)

1. Query the DEX_DATASTORE table for 997 files that haven't been processed yet:
2. Sort the file list by the file name and loop through the files.
3. Call the 'Process 997' process to update the claim batches by passing in the DEX_ID from the DEX_DATASTORE table:

Process 997 (X12997.exe)

- A. Get the 997 file from the DEX_DATASTORE using the DEX_ID passed from Dex.
 - B. Get the SSIS ISA control number from the 997 file.
 - C. Check for Multiple ST segments
 - D. Query the SSIS database to get the claim batch with the ISA control number from step 2.
 - E. Check the 997 file for success or failure.
 - A. If all of the ST segments in the file returned indicating success:
 - I. Update the CLM_BATCH table:
 - DEX_997_ID = [DEX_ID passed in by Dex]
 - CLM_BATCH_STAT_CD = '5'
 - II. Set the Status = "0 [The CLM_BATCH_ID from the claim batch]"
 - B. If all of the ST segments in the file returned indicating failure:
 - I. Update the CLM_BATCH table:
 - DEX_997_ID = [DEX_ID passed in by Dex]
 - CLM_BATCH_STAT_CD = '4'
 - II. Set the Status = "1 [The CLM_BATCH_ID from the claim batch]"
 - C. If there were multiple ST segments and there were sections that both returned as successful and as failed:
 - I. Update the CLM_BATCH table:
 - DEX_997_ID = [DEX_ID passed in by Dex]
 - CLM_BATCH_STAT_CD = '6'
 - II. Set the Status = "1 [The CLM_BATCH_ID from the claim batch]"
 - D. If the file couldn't be processed, or there was an unexpected exception:
 - I. Set the Status = "-1 [Error message generated by the process]"
 - F. Return the correct Status to Dex.
- End Process 997

4. Get the status returned by the 'Process 997' process.
5. Query the SSIS database to get the Claim Batch associated with the 997 file:
 - SELECT * FROM SSIS.CLM_BATCH B WHERE B.DEX_997_ID = '[DEX_ID of the current 997 file]'
6. Check the status returned by the 'Process 997' process:
 - A. If the status is "0 Batch ID":
 - I. Update the DEX_DATASTORE table with a status of 'Processed Successfully':
 - DEX_FILE_STATUS_CD = '02'
 - II. Update the Import Export log(IMP_EXP_LOG) with a successful message:
 - IMP_EXP_LOG_TYPE_CD = '9'
 - IMP_EXP_LOG_STAT_CD = '0'
 - IMP_EXP_LOG_MSG = "Claim Acknowledgement File [File name] was successfully processed."
 - IMP_EXP_LOG_DT = [Current Date/Time]
 - B. If the status is "1 Batch ID":

Claim 997 Process (CIm997.pdd)

- I. Update the DEX_DATASTORE table with a status of "Processed Successfully":
 - DEX_FILE_STATUS_CD = '02'
 - II. Update the Import Export log(IMP_EXP_LOG) with an error message:
 - IMP_EXP_LOG_TYPE_CD = '9'
 - IMP_EXP_LOG_STAT_CD = '2'
 - IMP_EXP_LOG_MSG = "Claim Acknowledgement File [File Name] was successfully processed, with errors on Claim Batch: [Batch ID]"
 - IMP_EXP_LOG_DT = [Current Date/Time]
 - C. If the status is anything other than A or B:
 - I. Update the DEX_DATASTORE table with a status of 'Processing Failed':
 - DEX_FILE_STATUS_CD = '03'
 - II. Update the Import Export log(IMP_EXP_LOG) with a critical error message:
 - IMP_EXP_LOG_TYPE_CD = '9'
 - IMP_EXP_LOG_STAT_CD = '3'
 - IMP_EXP_LOG_MSG = "Claim Acknowledgement File error: [Error message returned by the Process 997 process]"
 - IMP_EXP_LOG_DT = [Current Date/Time]
7. Continue loop for each un-processed 997 file.
End Update 997 File

End 997 Process

3.3.4 Process Flow for Remittance Advice

This section defines the process flow for the Remittance Advice (835) File Process.

The SSIS Enterprise Scheduler calls the DEX_REMIT_ADV job to call the Dex 835 Process listed below.

Claim 835 Process (CIm835.pdd)	
1. Calls the Get 835 file process	
Get 835 File (Get835.pdd)	
<ol style="list-style-type: none"> 1. Get list of 835 Files from the MN-ITS mailbox. 2. Sort list of 835 files by file name and loop through the list. 3. Query the DEX_DATASTORE table to see if the file has been processed yet: <ol style="list-style-type: none"> A. SELECT D.* FROM SSIS.DEX_DATASTORE D WHERE D.DEX_FILE_KIND_CD = '835' AND D.DEX_NAME = '[file name from MN-ITS mailbox]' 4. If the file hasn't been processed yet: <ol style="list-style-type: none"> A. Retrieve the file contents from the MN-ITS mailbox for the file that hasn't been downloaded yet. B. Update the DEX_DATASTORE table with the contents of the 835 File: <ol style="list-style-type: none"> 1) DEX_NAME = [File name from the MN-ITS mailbox] 2) DEX_FILE_KIND_CD = '835' 3) DEX_FILE_STATUS_CD = '01' 4) DEX_CONTENTS = [Contents of the 835 file from the MN-ITS mailbox] 5. Continue loop for each file listed in the MN-ITS mailbox. 	
End Get 835 File	
2. Calls the Update 835 file process	
Update 835 File (Update835.pdd)	
<ol style="list-style-type: none"> 1. Query the DEX_DATASTORE table for 835 files that haven't been processed yet: <ol style="list-style-type: none"> A. SELECT D.DEX_ID, D.DEX_FILE_KIND_CD, D.DEX_NAME, D.DEX_FILE_STATUS_CD FROM SSIS.DEX_DATASTORE D WHERE D.DEX_FILE_KIND_CD = '835' AND ((D.DEX_FILE_STATUS_CD = '01') OR (D.DEX_FILE_STATUS_CD = '03')) 2. Sort the file list by the file name. 3. Loop through the files list to process each file. 4. Call the 'Process 835' process to update the claim records by passing in the DEX_ID from the DEX_DATASTORE table: 	
Process 835 (X12835.exe)	
<ol style="list-style-type: none"> A. Get the 835 file from the DEX_DATASTORE using the DEX_ID passed from Dex. B. Parse the 835 File. C. Loop through the 835 file for each claim record (CLP segment) in the file and perform the following steps. <ol style="list-style-type: none"> 1) Get the Claim ID from the file. The SSIS Claim ID's are prefixed with "SSIS" in the ClaimID. 2) Query the CLM_HEALTHCARE table using the Claim ID. 3) If the Claim Record is found in SSIS AND the claim TCN begins with "5" 	

Claim 835 Process (CIm835.pdd)

AND the first four characters of the 835 Claims Number begin with "SSIS":

- Update the Claim Record with the 835 Status information from the records associated with the CLP record. Refer to table 3-5 '835 to Claim'.
- If there are Claim Adjustment segments (CAS) in the 835, create a row in the Claim Adjustment Table for each set of associated CAS segments. Refer to Table 3-6 '835 to Claim Adjustment'.

4) If the claim record is not found in SSIS the process continues to the next CLP segment in the 835 file.

D. Continue loop for each record in the Claim Status file.

E. Return a processing status code to the Update 835 File process.

- 1) Status code = spaces when there no process exception errors.
- 2) Status code = "-1" when there are process exception errors.

End Process 835

5. Get the Status returned by the 'Process 835' process:

A. If status is spaces:

- 1) Update the Import Export log(IMP_EXP_LOG) with a successful message:
 - IMP_EXP_LOG_TYPE_CD = 'A'
 - IMP_EXP_LOG_STAT_CD = '0'
 - IMP_EXP_LOG_MSG = "Remittance Advice - 835 File [File name] was successfully processed."
 - IMP_EXP_LOG_DT = [Current Date/Time]
- 2) Update the DEX_DATASTORE with a status of 'Processed Successfully':
 - DEX_FILE_STATUS_CD = '02'

B. If status is "-1":

- 1) Update the Import Export log(IMP_EXP_LOG) with a critical error message:
 - IMP_EXP_LOG_TYPE_CD = 'A'
 - IMP_EXP_LOG_STAT_CD = '3'
 - IMP_EXP_LOG_MSG = "Remittance Advice - 835 File Error: [Error message returned by the Process 835 process]"
 - IMP_EXP_LOG_DT = [Current Date/Time]
- 2) Update the DEX_DATASTORE with a status of 'Processing Failed':
 - DEX_FILE_STATUS_CD = '03'

6. Continue loop for each un-processed 835 file.

End Update 835 File

End Claim 835 Process

835 to Claim		
CLM_HEALTHCARE field	835 Segment	Description/Format
CLM_STAT_DT	GS04	CCYYMMDD
CLM_HEALTHCARE_ID	CLP01	"SSIS" + CLM_HEALTHCARE_ID
CLM_STAT_CD	CLP02	Claim Status Codes: (nn)=SSIS 1 Processed as Primary Paid or Partially Paid 2 Processed as Secondary Paid or Partially Paid 3 Processed as Tertiary Paid or Partially Paid 4 Denied Denied (11) 22 Reversal of Previous Payment used on voids & MMIS generated reversals If CLP02 = 1, 2, or 3 and CLM_PAID_AMT = CLM_AMT, status updated to Paid (09), otherwise Partially Paid (10)
CLM_PATIENT_AMT	CLP05	Patient Responsibility Amount
TCN	CLP07	MMIS Claim Number (Transaction Control Number)
CLM_PAID_AMT	SVC03	Paid Amount for this line
CLM_PAID_UNITS	SVC05	Paid Units

Table 3-5 835 to Claim

835 to Claim Adjustment There can be up to 99 Claim Adjustment CAS segments, each of which can have up to 6 adjustments		
CLM_REMIT_ADV_ADJ field	835 Segment	Description/Format
CLM_RA_ADJ_GRP_CD	CAS01	Claim Adjustment Group Code CO other adjustments CR replacement or reversal of the payment OA services have been bundled – adjustment made during warrant processing or because of TPL PI Adjustment made during adjudication PR Spenddown or co-pay
CLM_RA_ADJ_REASON_CD	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code 42 Allowed amount exceeded 22 Medicare payment 23 Other insurance payment 87 with group code PI, adjustment during adjudication 87 with group code OA, adjustment during warrant processing
CLM_RA_ADJ_AMT	CAS03 CAS06 CAS09 CAS12 CAS15 CAS18	Adjustment Amount
CLM_RA_ADJ_UNITS	CAS04 CAS07 CAS10 CAS13 CAS16 CAS19	Adjustment Quantity

Table 3-6 835 to Claim Adjustment

SECTION FOUR: ERROR HANDLING

4.0 Introduction

This section describes requirements for detecting and handling exceptions and errors for the SSIS/MMIS Interface. Refer to the SSIS Generic Interface Spec for Standard error handling. (See Appendix G for List of DEX Error Message)

4.0.1 Data Validation Errors for the Health Care Claiming Module

This section describes the Warning and error messages generated by the Health Care Claiming Interfaces.

4.0.1.1 Claim Submission

Data type errors are logged to the IMP_EXP_LOG table on the SSIS database. The messages logged to this table are selected and displayed through OJS (Operations Jobs System) reports for SSIS support staff review.

Table 4-1 lists the business Rules and Error Messages that are specific to the Claim Submission Interface.

Business Rule	Message	Error Level	Rule
If the 837 file is generated successfully, update the log with a message.	"Claim File was successfully created for Claim Batch ID: [Batch ID]"	Successful	4.1.1
If there was a problem creating the 837 file, update the log with the error message. Note: The error message will vary depending on the problem. This message is a catch all for things such as problems connecting to the database.	"The Following Error occurred while trying to create a claim file: [Error Message Returned by the 837 File process]"	Critical Error	4.1.2
Update the log when the file is successfully uploaded to the MN-ITS mailbox.	"Claim File was successfully Uploaded to MMIS for Claim Batch ID: [Batch ID]"	Successful	4.1.3
Update the log when the file wasn't successfully update.	"Claim File was not successfully Uploaded to MMIS for Claim Batch ID: [Batch ID]"	Critical Error	4.1.4

Table 4-1 Claim Submission Error messages.

4.0.1.2 Claim Acknowledgement

Data type errors are logged to the IMP_EXP_LOG table on the SSIS database. The messages logged to this table are selected and displayed through OJS (Operations Jobs System) reports for SSIS support staff review.

Table 4-2 lists the business rules and error messages that are specific to the Claim Acknowledgement Interface.

Business Rule	Message	Error Level	Rule
If the file was successfully downloaded and there were no problems with the 837 file that was submitted, update the log.	"Claim Acknowledgement File [File name] was successfully processed."	Successful	4.2.1
If the file was downloaded, but there was a problem with the submitted 837 file associated with the 997 file, update the log.	"Claim Acknowledgement File [File Name] was successfully processed, with errors on Claim Batch: [Batch ID]"	Error	4.2.2
If there was a problem processing the 997 file, then send the error to the log. Note: The error message will vary depending on the problem. This message is a catch all for things such as problems connecting to the database.	"Claim Acknowledgement File error: [Error message returned by the Process 997 process]"	Critical Error	4.2.3

Table 4-2 Claim Acknowledgement Error messages.

4.0.1.3 Claim Status

Data type errors are logged to the IMP_EXP_LOG table on the SSIS database. The messages logged to this table are selected and displayed through OJS (Operations Jobs System) reports for SSIS support staff review.

Table 4-3 lists the business rules and error messages that are specific to the Claim Status Interface.

Business Rule	Message	Error Level	Rule
If the file was successfully downloaded and processed, update the log.	"Claim Status File [File name] was successfully processed."	Successful	4.3.1

Business Rule	Message	Error Level	Rule
<p>If there was a problem processing the claim status file, then send the error to the log.</p> <p>Note: The error message will vary depending on the problem. This message is a catch all for things such as problems connecting to the database.</p>	<p>"Claim Status File Error: [Error message returned by the Process Claim Status process]"</p>	<p>Critical Error</p>	<p>4.3.2</p>

Table 4-3 Claim Status Error messages.

4.0.1.4 Remittance Advice

Data type errors are logged to the IMP_EXP_LOG table on the SSIS database. The messages logged to this table are selected and displayed through OJS (Operations Jobs System) reports for SSIS support staff review.

Table 4-4 lists the business rules and error messages that are specific to the Remittance Advice Interface.

Business Rule	Message	Error Level	Rule
<p>If the file was successfully downloaded and processed, update the log.</p>	<p>"Remittance Advice - 835 File [File name] was successfully processed."</p>	<p>Successful</p>	<p>4.3.1</p>
<p>If there was a problem processing the Remittance Advice file, then send the error to the log.</p> <p>Note: The error message will vary depending on the problem. This message is a catch all for things such as problems connecting to the database.</p>	<p>"Remittance Advice - 835 File error: [Error message returned by the Process 835 process]"</p>	<p>Critical Error</p>	<p>4.3.2</p>

Table 4-4 Remittance Advice Error messages.

4.1 Network/Communication Exception Conditions

Network errors such as connectivity issues and corrupted data must be logged and handled, or a mechanism to notify support staff of such errors must be implemented.

4.2 Error Logging Requirements

Refer to the Generic Interface Spec for standard Error Logging requirements that are handled by DEX.

Errors will be logged to the Interface Log (IMP_EXP_LOG table). The messages logged to this table are selected and displayed through OJS (Operations Jobs System) reports for SSIS support staff review to determine who needs to be assigned to resolve the error.

4.3 Error Notification Requirements

SSIS needs to be notified of all errors related to this interface.

The SSIS Network team should be notified of any Network/Communication Exceptions in order to determine the problem.

SSIS Fiscal support staff should be notified of any Data Validation Errors in order to determine the cause of the problem, and whether or not MMIS needs to be involved.

SECTION FIVE: Supportability and Usability

5.0 Introduction

This Section describes the supportability, and usability requirements for the SSIS/MMIS Interface.

Refer to the SSIS Fiscal System Specification, and the Generic Interface Specification for supportability and usability requirements that affect the entire application.

5.1 Supportability

Supportability includes both support of software during maintenance and enhancement, as well as support of executable code during operation.

5.1.1 Software Maintenance

SSIS is responsible for the maintenance of the Interface that is run on county app servers.

5.1.2 Logon Information

There is a logon required for SSIS to access the MN-ITS mailbox. See Appendix H for instructions on setting up the Username and password for the SSIS/MMIS interface.

5.2 Installation Requirements

This section describes the installation Requirements for the SSIS/MMIS Interface. For more information refer to the SSIS Generic Interface Specification for Installation Requirements.

5.2.1 Dex Installation

DEX is SSIS's Generic Interface tool that is installed on the Counties SSIS Database Server in C:/Program Files/DHS/SSIS/Dex. Dex requires that the .Net Framework Version 1.1 be installed on the county application server where DEX is installed.

In order to install DEX Directory Structure, listed below, and files listed below should be copied to the county Oracle Database Server. After Copying the files the DexSetup.exe should be run in order to create the *.settings files.

The DexSetup.exe creates the *.settings files by reading the County number from the Server.txt file that is already installed on County App Servers. This file is located in D:/Server.txt

Figure 5-1 Shows the Main DEX directory Structure under C:/Program Files/SSIS/DHS. Table 5-1 Lists the contents of the Dex directory.



Figure 5-1 DEX directory Structure.

Folder	Contents
Dex	Contains the Dex process Bat files used to call DEX Processes
Dex/Bin	Contains the main DEX Executable(dexCommand.exe), and dll's used by DEX.
Dex/Bin/ports	Contains the dll's for the Dex Ports.
Dex/data	Contains the configurable XML files for each of the Interfaces that uses dex. XML Files directly in this folder are the generic files that can be used by all of the interfaces.
Logs	Output folder for Dex Logs created if the Trace is enabled in Dex.

Table 5-1 Dex Directory Folder Contents

5.2.1.1 Dex Installation for SSIS/MMIS Interface.

This Section Describes the specific Dex Files required for the SSIS/MMIS Interface. Figure 5-2 Shows the DEX directory and files for the SSIS/MMIS Interface under C:/Program Files/SSIS/DHS. Table 5-2 lists the contents of the Dex directory specifically related to the SSIS/MMIS interface.

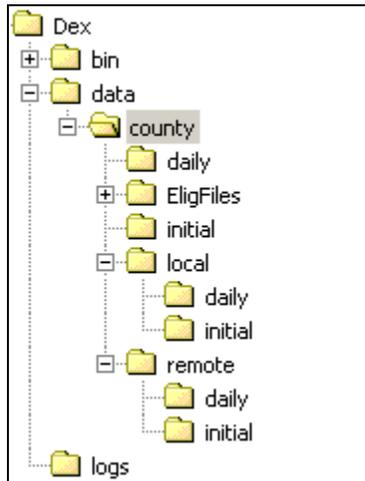


Figure 5-2 SSIS/MMIS Interface directory structure.

Folder	Contents	Description
Dex/data	dex.config	Main Configuration file used by Dex. Used to call the Error port to log errors generated by Dex to the database. Also sets variables used by Dex interfaces.
	Fairbault_dex.config	Custom Config file to indicate a Multi-county region for Fairbault county.
	Lincoln_dex.config	Custom Config file to indicate a Multi-county region for Lincoln county.
	Lyon_dex.config	Custom Config file to indicate a Multi-county region for Lyon county.
	Martin_dex.config	Custom Config file to indicate a Multi-county region for Martin county.
	Murray_dex.config	Custom Config file to indicate a Multi-county region for Murray county.
	oracle.settings	County Number, Oracle Username, and Oracle password used to connect to the counties SSIS database.
	PymtVar.settings	Sets Global Variables used by the payment interface.
	Oracle.cid	Needed to connect to the counties SSIS database.
	UserSet.pid	Port to connect to the Interface Settings in SSIS Admin.
	SSISError.pid	Port to Log Dex generated errors to the SSIS database.
	sequencer.pid	Port to get ID's for Inserts to SSIS database.
	sequencer.seq	Used by other ports to Generate new ID's for Inserts into the SSIS database.
	pluginDate.tdd	Plugin Used by Dex for Date formatting.
pluginGenPW.tdd	Plugin used by Dex to generate new passwords.	

Folder	Contents	Description
	standard.tdd	Plugin to define Miscellaneous functions used by Dex.
Dex/data/ county/local	filelist.pid	Port that Accesses the DEX_ELIG_FILES table in the SSIS database. NO LONGER USED
	SSISImpError.pid	Port that updates the IMP_EXP_LOG table in the SSIS database with Warning messages.
	SysCont.pid	Port that accesses the County number from the SYSTEM_CONTROL table in the SSIS database
Dex/data/ county/local/daily	dd.pid	Port that accesses the DI_ELIG_DD_SCRNG, and DI_ELIG_DD_DIAG tables in the SSIS database. NO LONGER USED
	ltc.pid	Port that accesses the DI_ELIG_LTC_SCRNG, and DI_ELIG_LTC_DIAG tables in the SSIS database. NO LONGER USED
	rcp.pid	Port that accesses the DI_ELIG_MMIS, DI_ELIG_RECIPIENT_ID, DI_ELIG_WAIVER, DI_ELIG_LIVE_ARR, DI_ELIG_PPHP_DATA, and DI_ELIG_DTH_DATA in the SSIS database. NO LONGER USED
	sag.pid	Port that accesses the DI_ELIG_SA, and DI_ELIG_SA_LI tables in the SSIS database. NO LONGER USED
Dex/data/county/ remote	xdrive.pid	Port to access files in EligFiles directory. NO LONGER USED

Table 5-2 SSIS/MMIS interface files.

5.2.1.2 Dex Installation for Claiming Interface

This Section Describes the specific Dex Files required for the Claiming Interface. All of the Claiming interfaces use the same connection as the SSIS/MMIS Interface, and port files are under the C:\Program Files\Dex\data\county directory.

5.2.1.2.1 Claim Submission

Table 5-3 lists the contents of the Dex directory specifically related to the Claim Submission interface.

Folder	Contents	Description
Dex/Apps	doDBXconnections.ini	File used by external apps that dex calls to allow those apps to connect to the SSIS Database.
Dex/Apps/X12837	X12.exe	Program called by dex to generate the 837 file from the Claim batch and updates the 837 file in the DEX_DATASTORE table.
Dex/data/county/Claim837	Clm837.pdd	Process that calls all of the other Claim Submission processes.
	Proc837.pdd	Process that defines the creation of the 837 file.
	Upload837.pdd	Process that defines the uploading of the 837 file to the county MN-ITS mailbox.
Dex/data/county/Claim837/local	BATCH_TO_BATCH.map	Maps the values of the Claim Batch for updating the batch status.
	CLM_TO_CLM.map	Maps the values of the Claim Records for updating. No longer used.
	DEX_TO_DEX.map	Maps the values of the DEX_DATASTORE table for updating the status code.
	CLM_BATCH.pid	ODBC port that gets a list of Claim batches with a status of 'Submitted'.
	ClmBatchById.pid	ODBC port that gets a claim batch for a particular Batch ID.
	ClmRecById.pid	ODBC port that gets a Claim record for a particular Claim record ID.
	ClmXrefByBatchId.pid	ODBC port that gets a list of the Claim records for a particular Claim Batch ID.
	DexDataById.pid	ODBC port that gets a DEX_DATASTORE record for a particular ID.

Folder	Contents	Description
	Get837File.pid	Oracle port that gets a list of unprocessed 837 files from the DEX_DATASTORE table.
	ProcClaim837.pid	Command Line port that calls the X12.exe to create the 837 file.
Dex/data/county/Claim837/remote	filelist.pid	Nested port with a Http port that feeds a regular expression port. Checks to see that the 837 file was submitted to the MN-ITS mailbox.
	Upload837.pid	HTTP port that uploads the 837 file to the MN-ITS mailbox.

Table 5-3 Claim Status Interface files.

5.2.1.2.2 Claim Acknowledgement

Table 5-4 lists the contents of the Dex directory specifically related to the Claim Acknowledgement interface.

Folder	Contents	Description
Dex/Apps	doDBXconnections.ini	File used by external apps that dex calls to allow those apps to connect to the SSIS Database.
Dex/Apps/X12997	X12997.exe	Program called by dex to process the 997 file, in order to determine if the associated 837 file was accepted by MMIS.
Dex/data/county/Claim997	Clm997.pdd	Process that calls the other 997 processes.
	Get997.pdd	Process that defines the downloading of the 997 file from the MN-ITS mailbox.
	Update997.pdd	Process that defines reading the 997 file and updating the Claim batch with the status of the associated 837 file.
Dex/data/county/Claim997/local	DEX_TO_DEX.map	Maps the values of the DEX_DATASTORE table for updating the status code.
	Clm997ById.pid	ODBC port that gets a DEX_DATASTORE record for a particular ID.
	filelist.pid	Oracle port that gets a 997 file from the DEX_DATASTORE port for a particular 997 file name.

Folder	Contents	Description
	Get997.pid	ODBC port that gets a list of unprocessed 997 files from the DEX_DATASTORE table.
	GetCImBatch.pid	ODBC port that gets a Claim batch for a particular 997 file listed in the DEX_DATASTORE table.
	ProcClaim997.pid	Command Line port that calls the X12997.exe that reads the 997 file and determines the status of the associated 837 file.
Dex/data/county/Claim997/remote	filelist.pid	HTTP port that gets a list of 997 files from the MN-ITS mailbox.

Table 5-4 Claim Acknowledgement Interface files.

5.2.1.2.3 Claim Status

Table 5-5 lists the contents of the Dex directory specifically related to the Claim Status interface.

Folder	Contents	Description
Dex/Apps	doDBXconnections.ini	File used by external apps that dex calls to allow those apps to connect to the SSIS Database.
Dex/Apps/ClaimStatus	ClaimStatus.exe	Program called by Dex to process the Claim status file, in order to update the status of the individual claim records.
Dex/data/county/ClaimStat	CImSt.pdd	Process that calls the other Claim Status Processes.
	GetCSt.pdd	Process that defines the downloading of the Claim Status file from the MN-ITS mailbox.
	UpdateCImSt.pdd	Process that defines reading the Claim Status file and updating the Claim batch and claim records.
Dex/data/county/ClaimStat/local	DEX_TO_DEX.map	Maps the values of the DEX_DATASTORE table for updating the status code.
	CImStatById.pid	ODBC port that gets a DEX_DATASTORE record for a particular ID.

Folder	Contents	Description
	DEX_DATASTORE.pid	ODBC port that calls a stored proc to update the claim status file to the SSIS database.
	filelist.pid	ODBC port that gets a Claim Status file from the DEX_DATASTORE port for a particular Claim Status file name.
	GetClaimStat.pid	ODBC port that gets a list of unprocessed Claim Status files from the DEX_DATASTORE table.
	ProcClaimStat.pid	Command Line port that calls the ClaimStatus.exe that reads the Claim Status file and updates the claim records with the correct claim information.
Dex/data/county/ClaimStat/remote	ClStat.pid	Flat file port that takes in the contents of the Claim status file from the MN-ITS mailbox and parses out each line to be added to the DEX_DATASTORE table.

Table 5-5 Claim Status Interface files.

5.2.1.2.4 Remittance Advice

Table 5-6 lists the contents of the Dex directory specifically related to the Remittance Advice (835) interface.

Folder	Contents	Description
Dex/Apps	doDBXconnections.ini	File used by external apps that dex calls to allow those apps to connect to the SSIS Database.
Dex/Apps/X12835	X12835.exe	Program called by Dex to process the Remittance Advice (835) file, in order to update claim payment information in the individual claim records.
Dex/data/county/Claim835	Clm835.pdd	Process that calls the other Remittance Advice (835) Processes.
	Get835.pdd	Process that defines the downloading of the Remittance Advice (835) file from the MN-ITS mailbox.

Folder	Contents	Description
	Update835.pdd	Process that defines reading the Remittance Advice (835) file and updating the claim batch and the claim records.
Dex/data/county/ Claim835/local	DEX_TO_DEX.map	Maps the values of the DEX_DATASTORE table for updating the status code.
	Clm835ById.pid	ODBC port that gets a DEX_DATASTORE record for a particular ID.
	filelist.pid	ODBC port that gets a Remittance Advice (835) file from the DEX_DATASTORE port for a particular Remittance Advice (835) file name.
	Get835.pid	ODBC port that gets a list of unprocessed Remittance Advice (835) files from the DEX_DATASTORE table.
	ProcClaims835.pid	Command Line port that calls the X12835.exe that reads the Remittance Advice (835) file and updates the claim records with the correct claim payment information.
Dex/data/county/ ClaimStat/remote	Filelist.pid	HTTP port that gets a list of Remittance Advice (835) files from the MN-ITS mailbox.

Table 5-6 Remittance Advice Interface files.

5.3 Management and Monitoring

SSIS Helpdesk, or Operations Staff will monitor the error logs for counties. The SSIS Helpdesk/Operations Staff will determine who needs to be involved to resolve the errors that occur.

The SSIS Network team is responsible for Network communications errors that occur. SSIS Fiscal staff is responsible for data validation errors. Data validation errors that are a result of errors in the Interface files may need to be handled by MMIS Support.

MMIS Support issues for the SSIS/MMIS Claiming Interface, are handled by Paul Wehrmeister (pager 612-650-3142) and Jeff Schmidt (612-640-8113) .

SECTION SIX: Development and Operating Environments

6.0 Introduction

This section describes the development and operations environments, and executable software packaging for the data interchange between SSIS and MMIS. Refer to the Generic Interface Specification for Development and Operating Environment details that affect all interfaces that use DEX.

SECTION SEVEN: System Interfaces

7.0 Introduction

Technical information for Network staff.

Note: Design and Network staff should complete this section together – most of info will come from Network staff based on requirements in Sections 1-5

7.1 External

The counties can access the MN-ITS mailbox at: <http://mn-its.dhs.state.mn.us/>. In addition to being able to login on this page there is also additional help available on this site.

The SSIS/MMIS Interface accesses files through HTTPS. These files can also be accessed through the MN-ITS website.

Figure 7-1 shows the MN-ITS login Page.

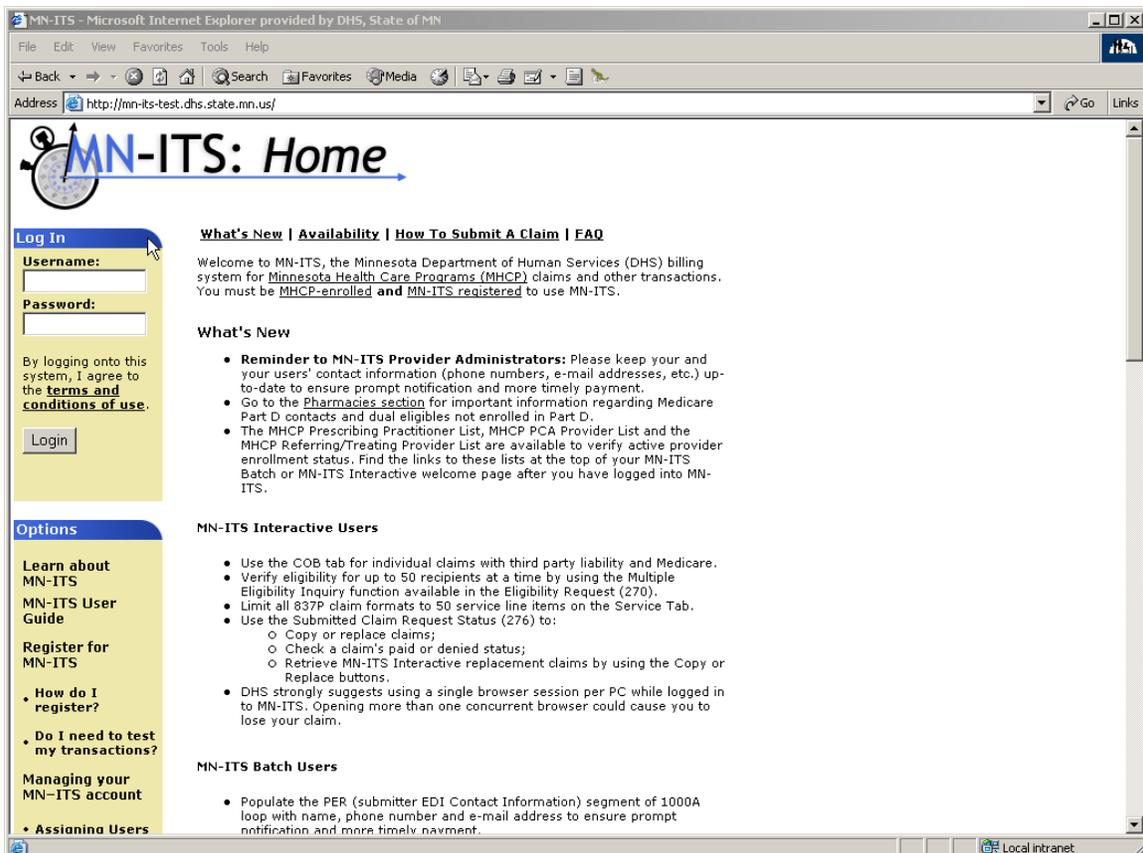


Figure 7-1 MN-ITS Login Page.

After Logging in the user should select "MN-ITS: Interactive & Batch" from the menu. Figure 7-2 shows first Page after logging in.

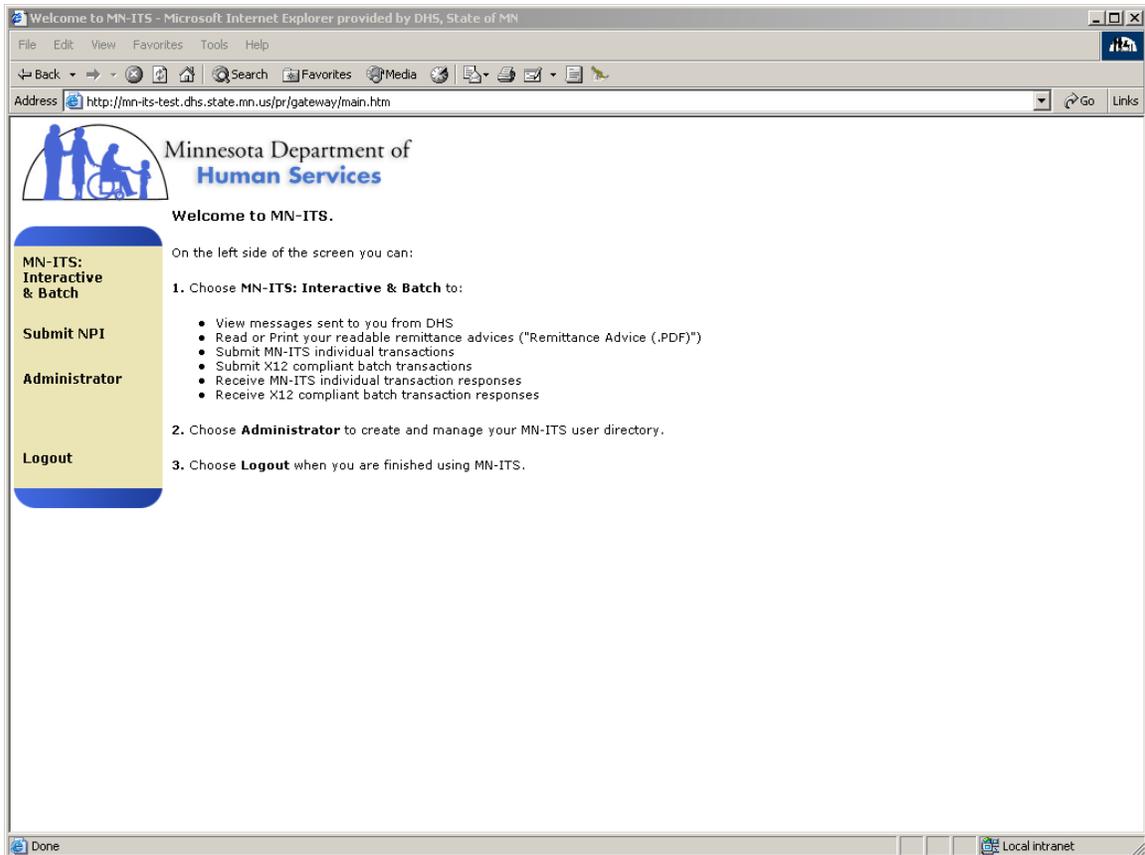


Figure 7-2 First Page after Log on.

Figure 7-3 Shows the “MN-ITS: Interactive & Batch System” page. From this page when the user places the mouse over the Mailbox link in the menu, the mailbox menu appears (See Figure 7-4).

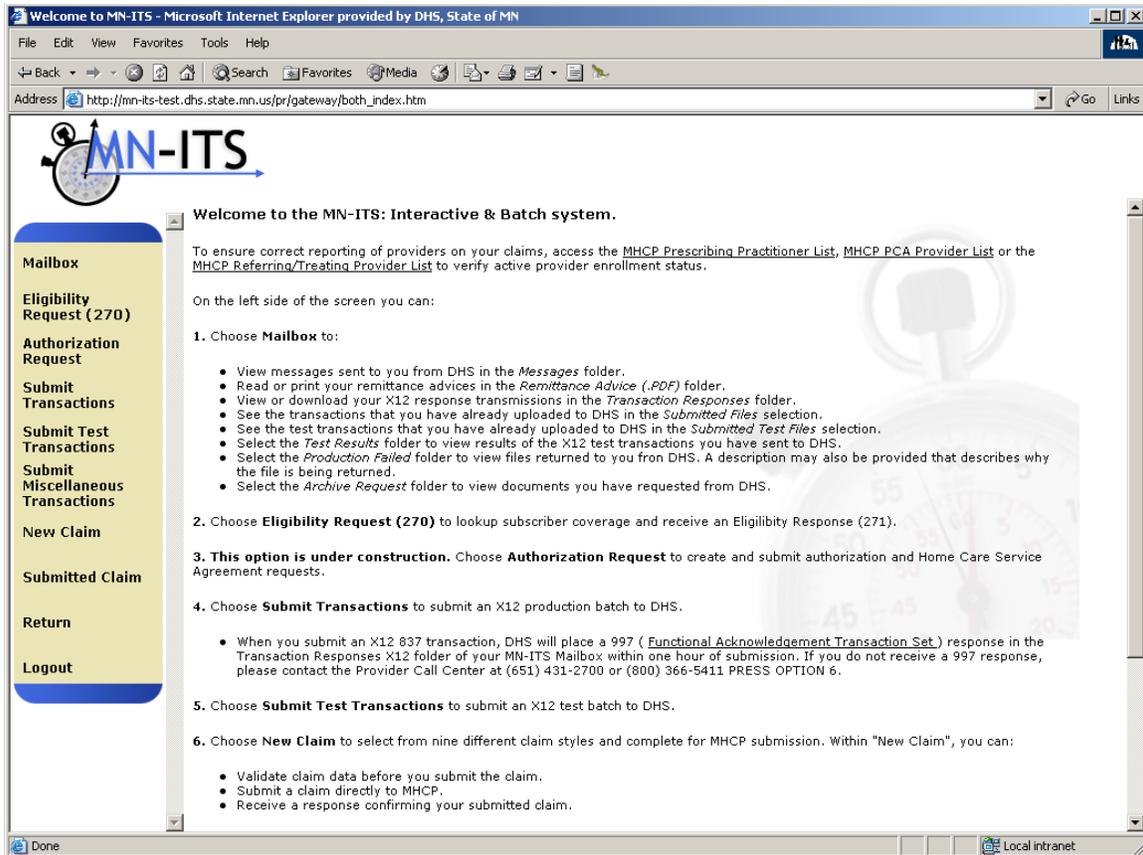


Figure 7-3 MN-ITS: Interactive & Batch System Page.

From the Mailbox menu the user should select Miscellaneous Received Menu (Figure 7-4).

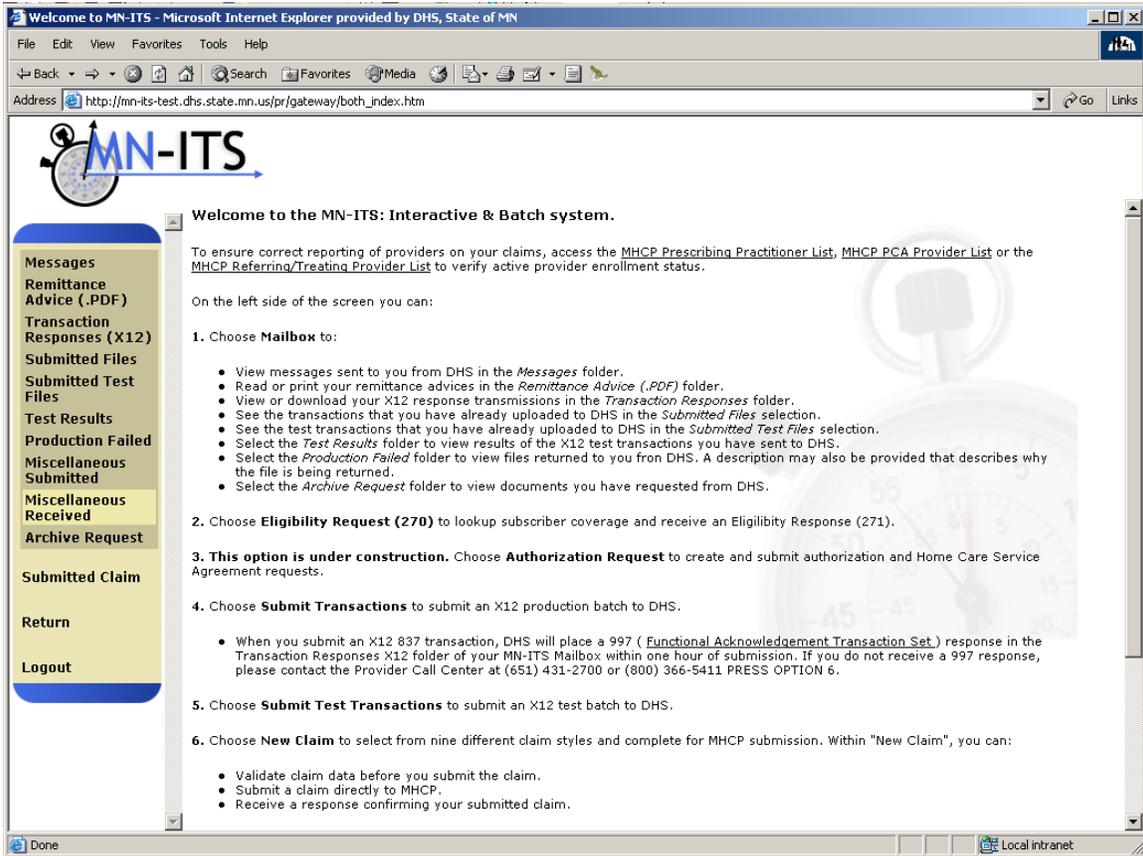


Figure 7-4 Miscellaneous Received Menu.

7.2 Selected Protocols

Https has been selected as the protocol for the SSIS/MMIS Interface, since it is required for claims submissions that batch claims either be submitted using secure FTP or the MN-ITS website.

The https was selected over secure FTP due to a requirement from MMIS that we cannot use a Passive connection. This caused issues connecting to MMIS due to issues with County firewalls.

7.3 Selected Ports

The SSIS/MMIS Interface requires that port 80 be open on the server where dex is installed.

7.4 Interface Scheduling

The MMIS/SSIS Interfaces will use the Enterprise Scheduler. The Enterprise Scheduler uses oracle to call the correct Dex processes. The Scheduler parameters are set up in the SSIS Admin application. See Appendix F for details.

See Appendix I for the recommended settings for the Claiming interfaces.

RELATED DOCUMENTS

The following list of documents are related to this specification.

- SSIS Fiscal System Specification.
- Healthcare Claiming Software Specification.
- SSIS Generic Interface Specification.

GLOSSARY

Term	Definition
AC WAIVER	Alternative Care Waiver. The program is for people aged 65 and over whose care needs would otherwise require the level of services provided by a nursing facility.
ACCUMULATED CLAIM	Line item claims that are gathered and added together. In an effort to reduce the number of lines, time records and waived voucher records with the same client, same service, same month, and the same provider number are accumulated into one claim line.
ADJUSTMENT	A correction to the service data within a voucher. A refund has not been received nor is it a (void) cancellation. But a cancellation is recorded against the original voucher because the voucher may be redefined as two or more vouchers - such as when some of the units/dollars are discovered to be ineligible for reimbursement under Title IV-E. An adjustment is usually made to comply with requirements for Title IV-E, SEAGR, CSR, etc. reporting. Usually it is due to something not realized or over-looked at the time of payment.
BRASS SERVICE	See Service.
BRASS SERVICE CODE	The unique 3 digit number assigned to the BRASS Service by the BRASS committee.
BRASS SERVICE NUMBER	The 2nd and 3rd positions of the BRASS Service Code.
CAC WAIVER	<u>C</u> ommunity <u>A</u> lternative <u>C</u> are Waiver. Home and community-based services necessary as an alternative to institutionalization that promote the optimal health, independence, safety and integration of a person (under age 65) who is chronically ill or medically fragile and who would otherwise require the level of care provided in a hospital.
CADI WAIVER	<u>C</u> ommunity <u>A</u> lternatives for <u>D</u> isabled <u>I</u> ndividuals Waiver. Home and community-based services necessary as an alternative to institutionalization that promote optimal health, independence, safety and integration of a person (under age 65) who would otherwise require the level of care provided in a nursing facility.
CLAIM	The detailed itemization of services submitted for reimbursement.

Term	Definition
CLAIM REBILL (aka Resubmit)	An original claim to MMIS II has been denied and it is necessary to create a new "original" claim for payment. This claim has no relation to the original claim.
CLIENT	Person receiving social services from the county.
COUNTY SUB-SERVICE	A further breakdown of the BRASS Service to meet county reporting and accounting requirements. A BRASS Service can have many County Sub-Services, each of which is assigned a 2 digit number from 01 – 99.
COUNTY SUBMITTER PROVIDER NUMBER	Direct biller number assigned by MMIS II.
COUNTY VENDOR NUMBER	A unique number used by the county accounting system to identify and pay a vendor.
CPT	Current Procedural Terminology code is a nationally standardized procedure code as determined by the Department of Health and Human Services (DHHS) implementing HIPAA standards. Also see HCPCS.
CSIS	Community Services Information System. Computer system maintained by DHS in use by 77 Minnesota counties.
CW-TCM	Child Welfare Targeted Case Management. Counties and individual county providers can receive Medical Assistance reimbursement (MA) for providing Child Welfare Targeted Case Management services to children who are receiving MA.
DIAGNOSIS CODE	Clinical diagnosis of a medical condition according to the International Classification of Diseases Code Manual 9th Edition (ICD-9-CM).
DISABILITY	Physical, mental or emotional characteristics which may require treatment and which may impair a person's functioning or may require special equipment or adaptations to permit full function and/or development.
DSM-IV	<u>D</u> agnostic and <u>S</u> tatistical <u>M</u> anual of Mental Disorders, 4 th Edition. American Psychiatric Association's official manual of mental disorders. Manual contains a glossary of descriptions of the diagnosis categories.
DT&H	Day Training & Habilitation.
EDI	<u>E</u> lectronic <u>D</u> ata <u>I</u> nterchange. Electronic transfer of data. Required by HIPAA for claim transactions.

Term	Definition
EIS	<u>E</u> xecutive <u>I</u> nformation <u>S</u> ystem, DHS data warehouse. HCFA term for the system used to determine Medicaid eligibility.
EW	Elderly Waiver. The program is for people aged 65 and over whose care needs would otherwise require the level of services provided by a nursing facility.
EXTRACTED MMIS II ELIGIBILITY INFORMATION	Refers to waived services eligibility/prior authorization and CW-TCM/TEFRA eligibility information that has been "taken from" MMIS files at DHS. NO LONGER USED
FUND	One of the elements of a Chart of Account code. This element defines a fiscal and accounting entity within the county. Examples include Social Services, Public Health, and Public Works.
HCFA-1500	A standard Health Insurance Claim Form used to claim MA reimbursement through MMIS.
HCFA-1500 DIRECT ENTRY PROCESS	Allows manual data entry in CSIS of HCFA-1500 format claims directly into a file that can be electronically submitted to MMIS for processing and payment.
HCPCS	Health Care Financing Administration Common Procedure Coding System. Also known as Health Care Procedure Code. This is a 5-character code which identifies Medical Assistance (MA) reimbursable services.
HIPAA	Health Insurance Portability and Accountability Act of 1996. Law passed by congress in 1996 to improve the portability and continuity of health insurance coverage, enhance the quality and efficiency of health insurance by standardizing electronic data interchanges between health care organizations, protect the security, privacy and availability of individual health information and combat waste, fraud and abuse in health insurance and health care delivery.
ICD	International Classification of Diseases. A recognized manual of diagnoses of diseases.
ICF	<u>I</u> ntermediate <u>C</u> are <u>F</u> acility. A facility certified by the State Department of Health to provide, on a regular basis, health-related services to individuals who do not require hospital or skilled nursing facility care, but whose mental or physical condition require services above the level of room and board.
ICF-MR	Intermediate Care Facility for Mentally Retarded. A facility certified by the State Department of Health to provide health and rehabilitative services for mentally retarded individuals or persons with related conditions who require active treatment.

Term	Definition
IMD	Institution for Mental Disease. A hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care and related services. This definition includes chemical dependency treatment facilities with more than 16 beds.
IV-E	Foster Care Title of the Social Security Act.
LTCC	Long-Term Care Consultation Services (formerly Preadmission Screening) includes a variety of services designed to help people make decisions about long-term care.
MEDICAL PAYMENTS	Social service payments made for medical procedures or services.
MH-TCM	Mental Health Targeted Case Management.
MMIS II	Medicaid Management Information System. Statewide computer system for determination of medical assistance for persons and payment of claims to providers.
MODIFIER	Certain HCPCS codes require one or more two-digit modifiers entered after the procedure code. These modifiers more fully describe the services performed so that accurate payment can be determined.
MR/RC	<u>M</u> ental <u>R</u> etardation and <u>R</u> elated <u>C</u> onditions. This waiver program is currently available under MA for individuals who are under age 65 at the time of enrollment and who have a diagnosed disability of mental retardation or a related condition.
OBJECT	One of several fields defining an account. It is the object of expenditure in the purchase of social services. In some counties the object code identifies the program, such as Title IV-E, Elderly Medical Assistance, etc. under which a county receives reimbursement for expenditures.
ORG	One of the elements of a Chart of Account code used only by a few counties. This element can be used to function as Program but at a higher level in the account code structure. Some examples are Child Welfare, Child Protection, and Mental Health. In some counties Org is used to further define organizational sections down to the unit to help managers track their budgets.

Term	Definition
PATIENT ACCOUNT NUMBER	<p>A county agency's reference number for a client. Used in claims to allow sorting of the MMIS II Remittance Advice.</p> <p>In SSIS Fiscal this field will be used to store the system assigned Claim ID in order to return claim status and payment information back to the claim.</p>
PAY-TO PROVIDER	The service provider to whom MMIS sent the reimbursement.
PMI	Person Master Index. System assigned unique identifier assigned to a person within the MAXIS system. Within the MMIS system this is referred to as Recipient ID (RID).
PRIOR AUTHORIZATION NUMBER	Same as the service agreement number assigned by MMIS II for a client. This number is the unique identifier for providing authorization for a service, prior to the service being delivered.
PROCEDURE CODE	Also called HCPCS code. Five- character code that identifies services reimbursed by Medical Assistance (MA).
PROVIDER	Internal or external giver of a service.
REBILL CLAIM	See Claim Rebill.
RECIPIENT ID (RID)	The unique system assigned client identifier used by MMIS. Also known as PMI. This may change with Health Match.
REPLACEMENT CLAIM	A claim to MMIS II which must be tied to the original claim. A claim with corrections or changes to replace a claim that has been fully or partially paid by MMIS. The claim must identify the original claim number.
RSC	Relocation Service Coordination. An MA benefit designed to assist recipients with transition from institutions to the community.
RTC	Regional Treatment Center. State institution as defined in Minnesota Statutes, section 245.0312. A state operated institutional facility providing 24-hour a day care and treatment for persons diagnosed as mentally retarded, mentally ill, or chemically dependent.
RULE 5	Child Residential Treatment Facility. A residential treatment program for children with severe emotional disturbance.

Term	Definition
RULE 36	Residential Facilities for Adult Persons with Mental Illness. Licensed facility for the treatment of mental health providing residential treatment and rehabilitation services to adults with mental illness on a 24-hour per day basis.
SED	Serious Emotional Disturbance (Child).
SERVICE	<p>Refers to the BRASS Service.</p> <p>The classification structure for social services which relates to the functions of planning, budgeting, reporting and accounting for social services. Also known as Service Code.</p> <p>A BRASS Service Code is a 3 digit number assigned by the BRASS committee. The first position of the BRASS Service is always the BRASS Program Number.</p>
SERVICE ACTIVITY	Used in time reporting when a Sub-Program and BRASS Service are selected. The selection of a service activity more fully defines the services provided to the client.
SNF	<u>S</u> killed <u>N</u> ursing <u>F</u> acility. Facility certified by the State Department of Health to provide on a daily, inpatient basis health-related services as defined by Medicare.
SOCS	State Operated Community Services. Community ICF's/MR facilities with fewer than 6 beds that are operated by the Department of Human Services.
SPAN	Inclusive period of time used to reference a person's period of eligibility for certain MA programs. (Inclusive means that both the start date and the end date are considered eligible dates.)
SPMI	Serious and Persistent Mental Illness (Adult).
SSCS	Social Services Claiming System. Claiming system within the CSIS application for submission of claims to MMIS II.
TBI WAIVER	<u>T</u> raumatic <u>B</u> rain <u>I</u> njury Waiver. The program is currently available under MA are for individuals who are under age 65 at the time of enrollment and who have a diagnosed disability and/or acquired brain injury who would otherwise need nursing facility or neurobehavioral hospital level of care.
TCM	<u>T</u> argeted <u>C</u> ase <u>M</u> anagement. Billable case management services provided to a client to better meet their needs which is available within specific target populations.

Term	Definition
TEFRA	<p><u>T</u>ax <u>E</u>quity and <u>F</u>iscal <u>R</u>esponsibility <u>A</u>ct of 1982. The TEFRA option provides MA eligibility to some disabled children who live with their families. Unlike the waived services described in this chapter, TEFRA does not provide any additional MA covered services. It provides for the waiver of parental deeming requirements. Excludes certain parental income and assets from being considered available for the child's treatment and care.</p>
THIRD PARTY LIABILITY (TPL)	<p>Payment resources available from both private and public health insurance and other liable third parties that can be applied toward a recipient's/enrollee's health care expenses. MMIS requires that a payment be submitted for reimbursement to this third party prior to claiming.</p>
TITLE XVIII	Medicare.
TITLE XIX	Medicaid. (Medical Assistance or MA)
VA/DD-TCM	<p>Vulnerable Adults/Developmental Disabilities-Targeted Case Management. Case management services provided to vulnerable adults and developmentally disabled persons to assist MA eligible persons gain access to needed medical, social, educational and other services.</p>
VENDOR	Provider of service to which payment will be made.
VENDOR NUMBER	<p>Number assigned within the county's accounting system used to identify a vendor and is used to create a voucher for payments.</p>
WAIVERED SERVICES	<p>Services, equipment, and various other items not covered by regular MA that can be covered based on the person's disability or related condition, typically for the purpose of assisting the person to remain in a non-institutional setting.</p>

Appendix A: Data Models

None.

Appendix B: Issues & Design Decisions

B.1 Issues

- Need to get approximate times from MMIS yet to determine when the files will be ready and exactly when SSIS should initiate logging into the county mailboxes and getting the eligibility files.
 - Approximate times for the daily updates, on most nights should be ready to be picked up and processed by midnight.
- Need to get Logon details about whether or not counties can get a generic Logon and Password for the SSIS Interface and if the Interface can manage the passwords without needing an administrator.
 - MMIS is checking to see what the status of the login will need to be. Included is the text of an email from Linda Kluwe dated 4/22/05 regarding this issue.
 - I called a MN-ITS person to get more details on the administrator process. When an administrator establishes an account, they have to supply the person's first and last name. That's how the new account logon gets built. In theory, you could provide a first name of "S" and last name of "SIS" to end up with SSIS@provider#. Since MN-ITS was designed for access by individuals rather than processes, this is definitely outside the normal recommendations for account set up. There is a group called SWAT that sets strategy for our e-commerce applications, of which MN-ITS is a part. It was suggested that I brief them on your needs and see if they might have ideas either short-term or long-term on this kind of automation need. I will get on it and relay whatever I hear back to you and Theresa. I probably won't have anything for a couple of weeks though.
- Need to determine the support process between SSIS and MMIS. There is an email into Linda Kluwe regarding this issue (4/22/05).
 - Email Response (5/5/05): Paul Wehrmeister (pager 612-650-3142) and Jeff Schmidt (612-640-8113). They are the two who share on call responsibilities for the other recipient applications. I'll have Tom Tophen add that job to our list of supported jobs.
- Currently we are receiving PMI, once HealthMatch goes live the HealthMatch ID will be used as the identifier. MMIS will be sending the HealthMatch ID in the same place they currently send the PMI.
 - Will we need to know whether or not we are dealing with a PMI or HealthMatch id to match to cleared clients in SSIS?
 - Will SSIS be receiving the HealthMatch ID as part of the clearing process?
- MMIS is sending the middle initial instead of the middle name. Once HealthMatch goes live the Middle name will be available. Is there any reason we need this as well as the Suffix. This data is only used for one report to allow counties to identify who they have MMIS Eligibility data for, that is not linked to a cleared client in SSIS.

- When SSIS moves to the new building the Helpdesk will start using a new Problem tracking software (Magic). At that time we'll need to change the logging of the TIVOLI logs that are sent to the helpdesk's Lotus database.

APPENDIX C: Impact Summary

The checklist below is a working list for the designer – it does not need to be included as part of the spec.

The items checked below indicate anticipated impacts of this project on SSIS applications or the SSIS Worker application modules. The specifics of an impact are described in the corresponding software specification.

SSIS applications impacted:

- Administration (incl. Security)
- Fiscal (CSIS)
- Push/Pull
- Repository
- Charting/Analysis

SSIS Worker modules impacted:

- Adoption
- Alerts & Reminders
- Case/ Workgroup
- Caseload List
- Checklists
- Conclude Service/Missing Data
- County Preferences
- Court
- Documents, Case Notes & Chronology
- Eligibility
- Help
- Intake
- Interfaces
- Licensing
- Maintenance (OOPS/Reset Errors)
- Maltreatment
- Person (Client/Collateral) Entry/Clearing
- Person Search
- Placement
- Programs & Services
- Provider Entry
- Provider Search
- Purge
- Reports
- Security
- SELF (Adolescent Living Skills)
- Service Agreement
- Service Plans
- Staff Activity/Time Reporting
- Staff Assignment
- Standards/ General/Global
- SWNDX/SMI
- View Missing Data

Additional SSIS Worker impact:

- SSIS Database Changes Needed
- Conversion Issues
- Data Interchange Required
- New Screens/Visual Modules

- _ Changes to Screens/Visual Modules
 - _ Changes to Business Rules
- _ Changes to Existing Reports

The items checked below indicate anticipated impacts of this project on SSIS system interfaces. The specifics are described in the corresponding software specification.

SSIS Worker Interfaces

- _ Push/Pull
 - _ Client
 - _ Workgroup
 - _ Workgroup Members
 - _ Placement
 - _ Placement Occurrence
 - _ Service Agreement
 - _ Staff Activity
- _ Repository
- _ SMI
- _ SWNDX
- _ Title IV-E eligibility
- _ Title IV-E reimbursability
- _ Licensing

SSIS Worker Reports

- _ AFCARS
- _ NCANS

SSIS Fiscal Interfaces

- MN-ITS/MMIS claiming
- _ MN-ITS/MMIS eligibility
- _ Payment requests to county accounting system
- _ Vendor interface to county accounting system

SSIS State reporting

- _ CSR
- _ SEAGR
- _ Title IV-E Claiming
- _ TCM/FP CSR
- _ CMHRS

Appendix D: Data Structure Changes

Appendix E: Conversion

Appendix F: Admin Changes

F.0 Introduction

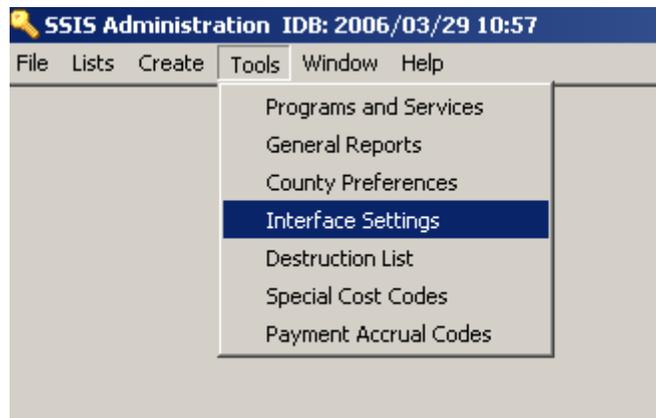
This Appendix describes how the MMIS Interface affects the Admin Module.

F.1 Requirements

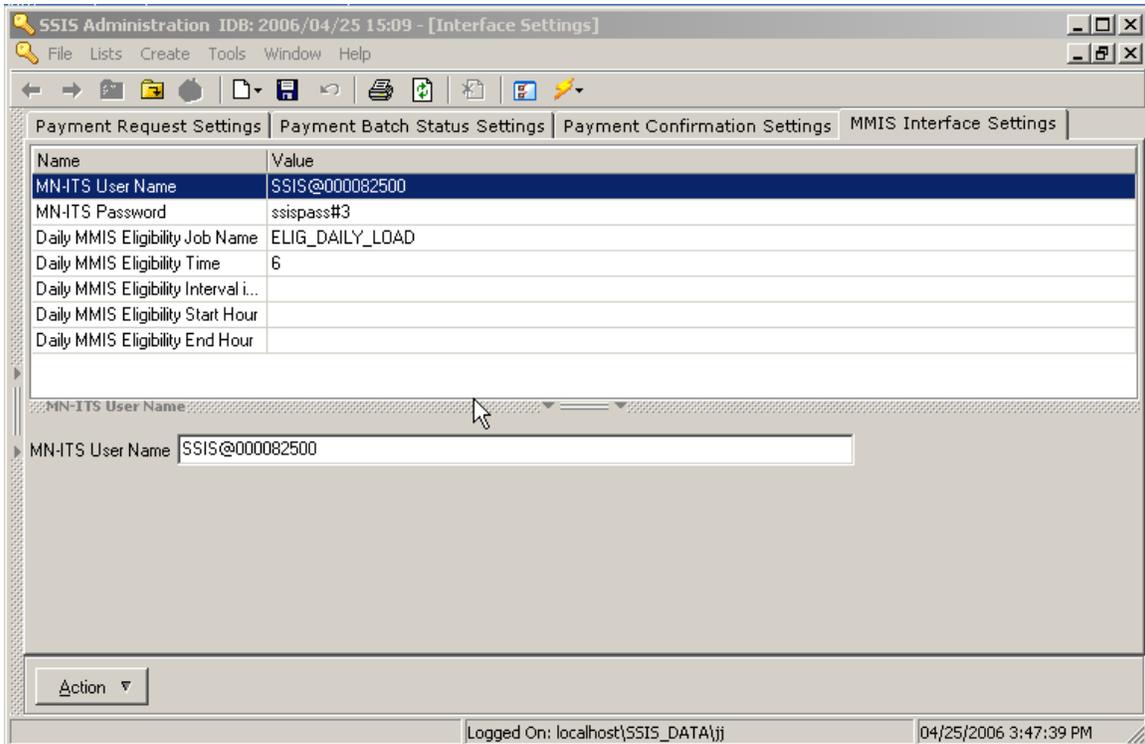
This section describes the requirements in the Admin module needed for the MMIS Claiming Interface.

F.1.1 Interface Settings

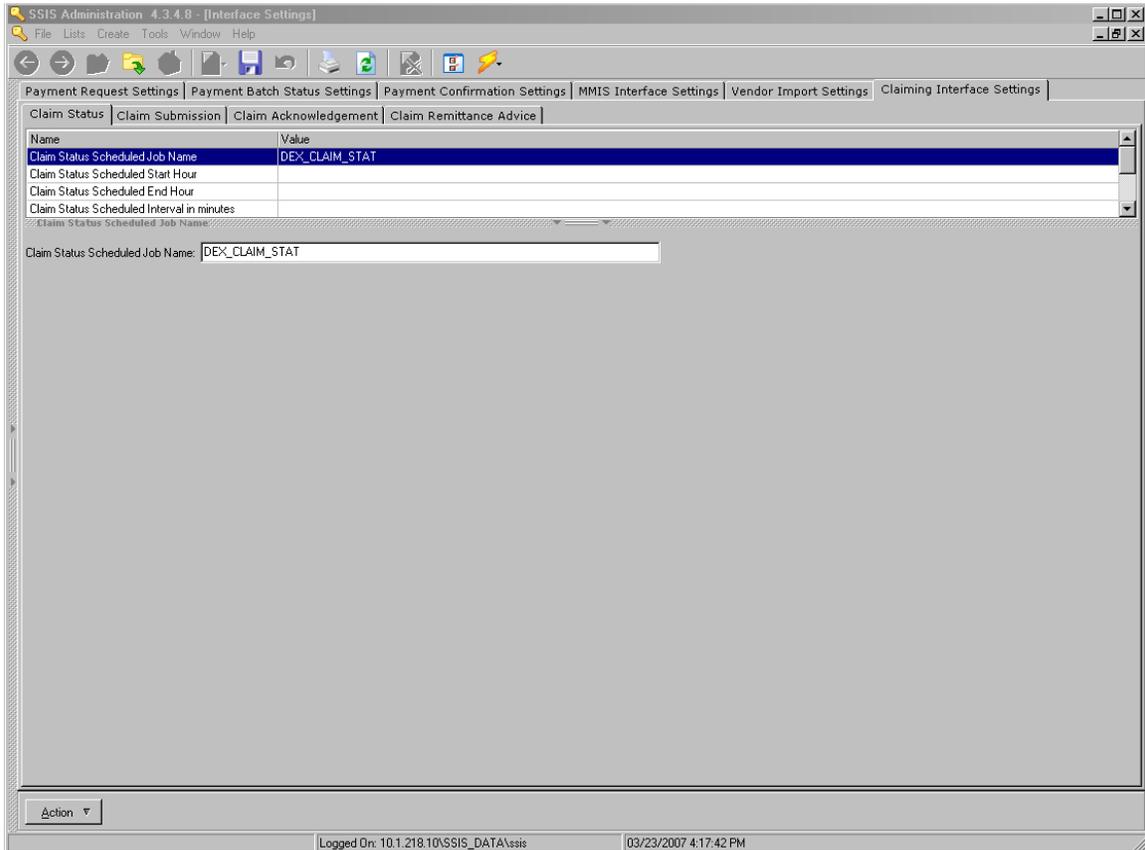
This section describes the interface settings screen available in admin in the Tools|Interface Settings menu (Screen F-1). The MMIS Interface Settings for the claiming interface are available on the Claiming Interface tab (Screen F-3).



Screen F-1 Interface Settings Menu



Screen F-2 MMIS Interface Settings Tab



Screen F-3 Claiming Interface Tab

F.1.1.1 Interface Setting Values in the MMIS/SSIS Interface.

Table F-1 shows the Interface Setting Parameter values for the MMIS/SSIS Interface. The MN-ITS login User Name and Password are used for the Claims submission and associated processes.

Param Description (DEX_PARAM_CD. DEX_PARAM_DESC)	Field Name (DEX_PARAM_CD. DEX_PARAM_NAME)	Password (Y/N)	Purpose
MN-ITS User Name	MMIS_ELIG_USER	N	Stores the counties MN-ITS login username. NEEDED FOR CLAIMING INTERFACE.
MN-ITS Password	MMIS_ELIG_PASSWORD	Y	Stores the counties MN-ITS login password. NEEDED FOR CLAIMING INTERFACE.
*Daily MMIS Eligibility Job Name	MMIS_ELIG_JOB_NAME	N	Scheduler: Daily Eligibility Interface Job name. NO LONGER USED.
*Daily MMIS Eligibility Time	MMIS_ELIG_DAILY_TIME	N	Scheduler: Eligibility Interface Time NO LONGER USED.
*Daily MMIS Eligibility Interval in minutes	MMIS_ELIG_INTERVAL_IN_MIN	N	Scheduler: Not Used for the Eligibility Interface NO LONGER USED.
*Daily MMIS Eligibility Start Hour	MMIS_ELIG_START_HOUR	N	Scheduler: Not Used for the Eligibility Interface NO LONGER USED.
*Daily MMIS Eligibility End Hour	MMIS_ELIG_END_HOUR	N	Scheduler: Not Used for the Eligibility Interface NO LONGER USED.

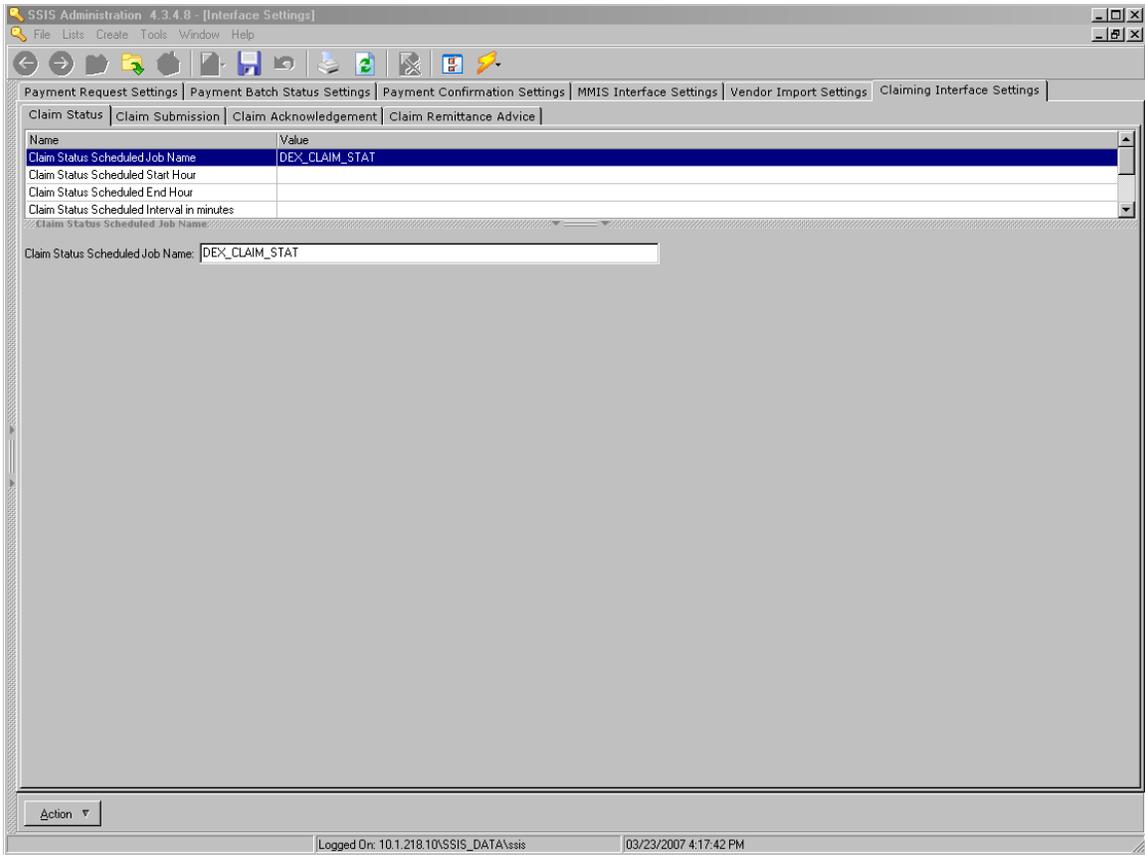
*Not Editable by County Worker

Table F-1 Interface Setting Values

F.1.1.2 Interface Setting Values for Claim Status.

This section describes the Interface Setting Parameter values for the Claim Status Process. Screen F-4 shows the location of the Claim status interface settings on the Claim Status Tab under the Claiming Interface Settings tab.

The Claim Status Interface uses the Username and Password from the MMIS Interface Tab. The Username and Password are the same for all of the MMIS Interfaces.



Screen F-4 Claim Status Interface Settings tab.

Table F-2 Shows the Values for the Claim Status Interface Screen.

Param Description (DEX_PARAM_CD. DEX_PARAM_DESC)	Field Name (DEX_PARAM_CD. DEX_PARAM_NAME)	Password (Y/N)	Purpose
*Claim Status Scheduled Job Name	CLAIM_STAT_JOB_NAME	N	Scheduler: Claim Status Interface Job name.
Claim Status Scheduled Start Hour	CLAIM_STAT_START_HOU R	N	Scheduler: Claim Status Start Time
Claim Status Scheduled End Hour	CLAIM_STAT_END_HOUR	N	Scheduler: Claim Status End Time.
Claim Status Scheduled Interval in minutes	CLAIM_STAT_INTERVAL_ IN_MIN	N	Scheduler: Claim Status Interval for the interface to run.
Claim Status Scheduled Time	CLAIM_STAT_DAILY_TIM E	N	Scheduler: Claim Status Run Time.
Claim Status Scheduled Daily Schedule	CLAIM_STAT_SCHEDULED _ DAYS	N	Scheduler: Days of the week for Claim Status Interface To run.

*Not Editable by County Worker

Table F-2 Interface Setting Values for Claim Status

Table F-3 shows the Interface Setting Parameters, and table F-4 shows the values for the Claim Status Interface.

DEX_PARAM_CD_ID	DEX_PARAM_NAME	DEX_INTERFACE_CD	DEX_PARAM_DESC	DEX_PARAM_PSWD	DEX_SYS_PARAM_IND	SORT_ORDER	DEX_PARAM_TIME
301	CLAIM_STAT_JOB_NAME	04	Claim Status Scheduled Job Name	N	Y	1	Y
302	CLAIM_STAT_START_HOUR	04	Claim Status Scheduled Start Hour	N	N	2	Y
303	CLAIM_STAT_END_HOUR	04	Claim Status Scheduled End Hour	N	N	3	Y
304	CLAIM_STAT_INTERVAL_IN_MIN	04	Claim Status Scheduled Interval in minutes	N	N	4	Y
305	CLAIM_STAT_DAILY_TIME	04	Claim Status Scheduled Time	N	N	5	Y
306	CLAIM_STAT_SCHEDULED_DAYS	04	Claim Status Scheduled Daily Schedule	N	N	6	Y

Table F-3 Interface Parameters for the Claim Status Interface

DEX_PARAM_CD_ID	DEX_PARAM_VAL
301	DEX_CLAIM_STAT
302	
303	
304	
305	
306	

Table F-4 Default Parameter Values for the Claim Status Interface.

Table F-5 Shows the Enterprise Scheduler Call to the Claim Status Interface.

Job Name	Call to Dex
DEX_CLAIM_STAT	"C:\Program Files\DHS\dex\bin\dexCommand.exe" Execute county\ClaimStat\CImSt

Table F-5 Enterprise Schedule Call for the Claim Status Interface.

Table F-6 Shows the Code values used by the Claim Status Interface.

FIELDNAME	CODE	DESCRIPTION	ACTIVE_IND	SORT_ORDER
DEX_INTERFACE_CD	04	MMIS Claim Status	Y	
IMP_EXP_LOG_TYPE_CD	7	MMIS Claim Status	Y	7

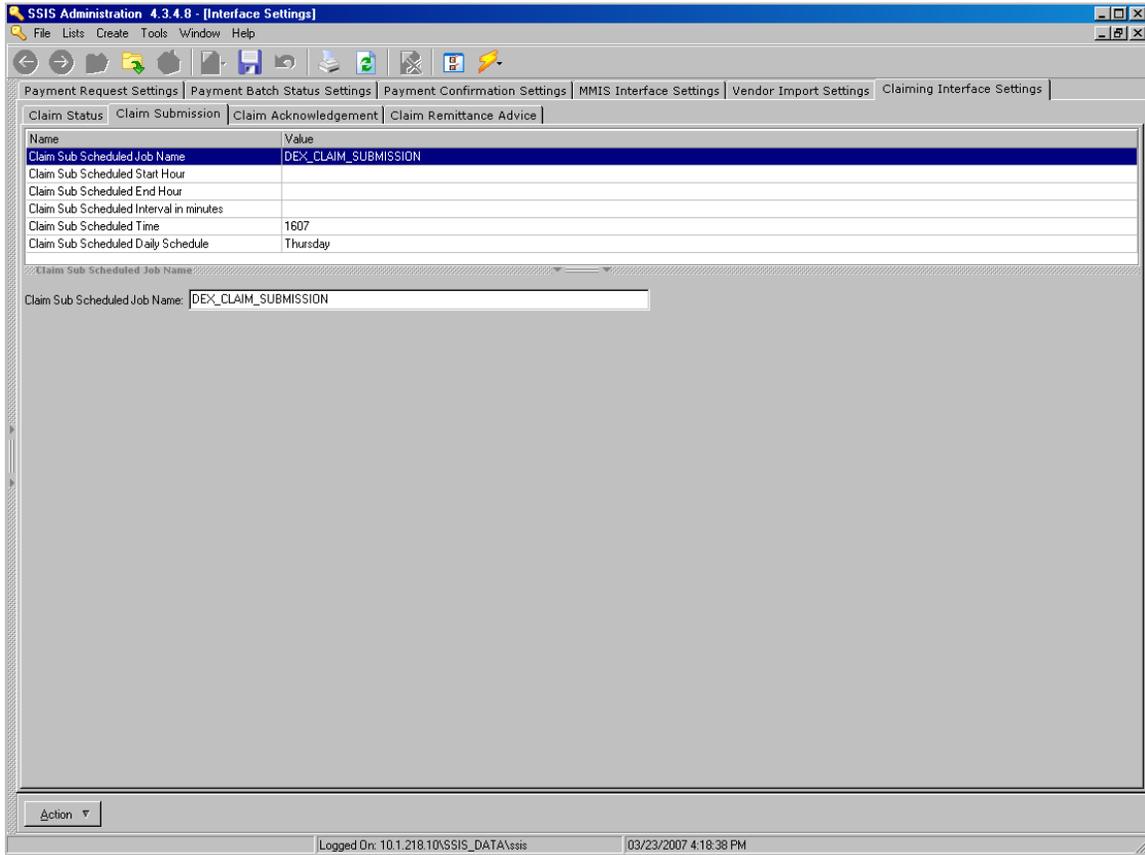
Table F-6 Code Values for Claim Status Interface.

F.1.1.3 Interface Setting Values for Claim Submission.

This section describes the Interface Setting Parameter values for the Claim Submission Process. Screen F-5 shows the location of the Claim submission

interface settings on the Claim Submission Tab under the Claiming Interface Settings tab.

The Claim Submission Interface uses the Username and Password from the MMIS Interface Tab. The Username and Password are the same for all of the MMIS Interfaces.



Screen F-5 Claim Submission Interface Settings Tab.

Table F-7 Shows the Values for the Claim Submission Interface Screen.

Param Description (DEX_PARAM_CD. DEX_PARAM_DESC)	Field Name (DEX_PARAM_CD. DEX_PARAM_NAME)	Password (Y/N)	Purpose
*Claim Submission Scheduled Job Name	CLAIM_SUB_JOB_NAME	N	Scheduler: Claim Submission Interface Job name.
Claim Submission Scheduled Start Hour	CLAIM_SUB_START_HOUR	N	Scheduler: Claim Submission Start Time
Claim Submission Scheduled End Hour	CLAIM_SUB_END_HOUR	N	Scheduler: Claim Submission End Time.
Claim Submission Scheduled Interval in minutes	CLAIM_SUB_INTERVAL_I N_MIN	N	Scheduler: Claim Submission Interval for the interface to run.

Param Description (DEX_PARAM_CD. DEX_PARAM_DESC)	Field Name (DEX_PARAM_CD. DEX_PARAM_NAME)	Password (Y/N)	Purpose
Claim Submission Scheduled Time	CLAIM_SUB_DAILY_TIME	N	Scheduler: Claim Submission Run Time.
Claim Submission Scheduled Daily Schedule	CLAIM_SUB_SCHEDULED_ DAYS	N	Scheduler: Days of the week for Claim Submission Interface To run.

*Not Editable by County Worker

Table F-7 Interface Setting Values for Claim Submission

Table F-8 shows the Interface Setting Parameters, and table F-9 shows the values for the Claim Submission Interface.

DEX_PARAM_CD_ID	DEX_PARAM_NAME	DEX_INTERFACE_CD	DEX_PARAM_DESC	DEX_PARAM_PSWD	DEX_SYS_PARAM_IND	SORT_ORDER	DEX_PARAM_TIME
401	CLAIM_SUB_JOB_NAME	05	Claim Submission Scheduled Job Name	N	Y	1	Y
402	CLAIM_SUB_START_HOUR	05	Claim Submission Scheduled Start Hour	N	N	2	Y
403	CLAIM_SUB_END_HOUR	05	Claim Submission Scheduled End Hour	N	N	3	Y
404	CLAIM_SUB_INTERVAL_IN_M IN	05	Claim Submission Scheduled Interval in minutes	N	N	4	Y
405	CLAIM_SUB_DAILY_TIME	05	Claim Submission Scheduled Time	N	N	5	Y
406	CLAIM_SUB_SCHEDULED_ DAYS	05	Claim Submission Scheduled Daily Schedule	N	N	6	Y

Table F-8 Interface Parameters for the Claim Submission Interface.

DEX_PARAM_CD_ID	DEX_PARAM_VAL
401	DEX_CLAIM_SUBMISSION
402	
403	
404	
405	

Table F-9 Values for the Claim Submission Interface.

Table F-10 Shows the Enterprise Scheduler Call to the Claim Submission Interface.

Job Name	Call to Dex
DEX_CLAIM_SUBMISSION	"C:\Program Files\DHS\dex\bin\dexCommand.exe" Execute county\Claim837\CIm837

Table F-10 Enterprise Schedule Call for the Claim Submission Interface.

Table F-11 Shows the Code values used by the Claim Submission Interface.

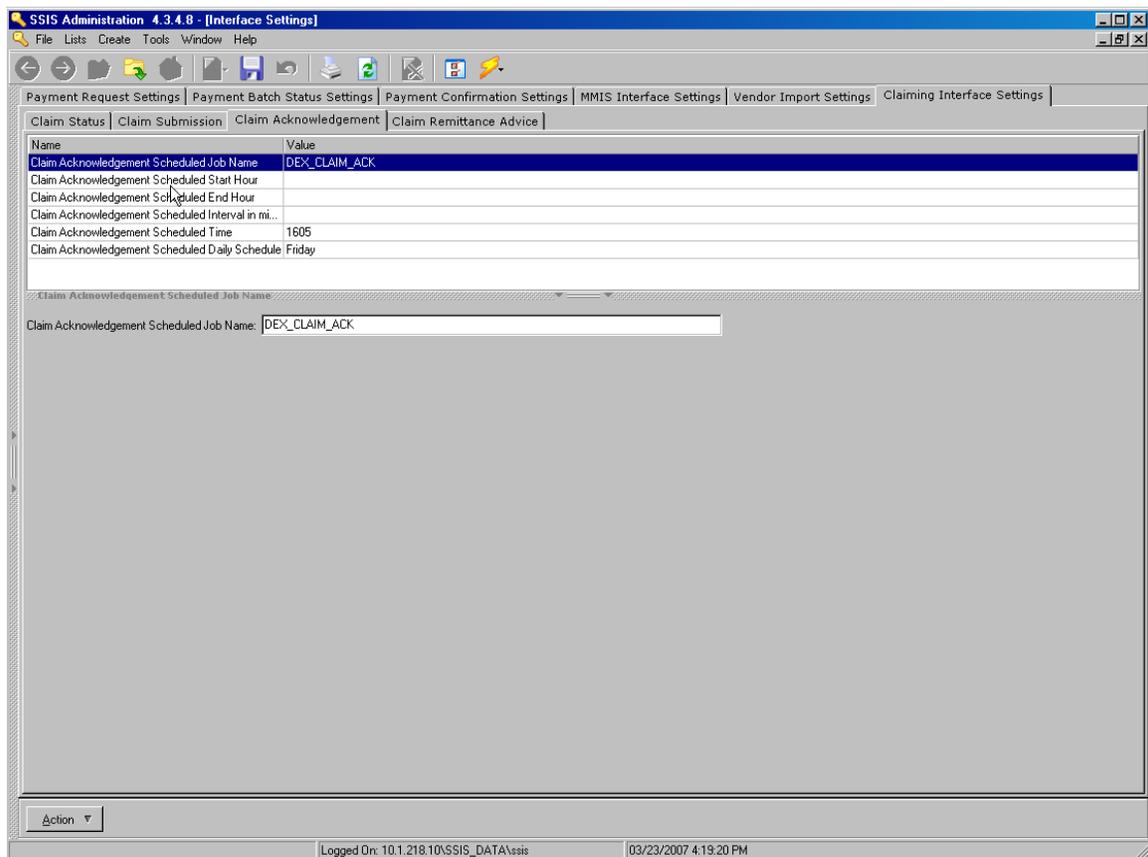
FIELDNAME	CODE	DESCRIPTION	ACTIVE_IND	SORT_ORDER
DEX_INTERFACE_CD	05	Claim Submission - 837	Y	
IMP_EXP_LOG_TYPE_CD	8	Claim Submission - 837	Y	8

Table F-11 Code Values for Claim Submission Interface.

F.1.1.4 Interface Setting Values for Claim Acknowledgement Interface.

This section describes the Interface Setting Parameter values for the Claim Acknowledgement Process. Screen F-6 shows the location of the Claim Acknowledgement interface settings on the Claim Acknowledgement Tab under the Claiming Interface Settings tab.

The Claim Acknowledgement Interface uses the Username and Password from the MMIS Interface Tab. The Username and Password are the same for all of the MMIS Interfaces.



Screen F-6 Claim Acknowledgement Interface Settings Tab.

Table F-12 Shows the Values for the Claim Acknowledgement Interface Screen.

Param Description (DEX_PARAM_CD. DEX_PARAM_DESC)	Field Name (DEX_PARAM_CD. DEX_PARAM_NAME)	Password (Y/N)	Purpose
*Claim Acknowledgement Scheduled Job Name	CLAIM_ACK_JOB_NAME	N	Scheduler: Claim Acknowledgement Interface Job name.
Claim Acknowledgement Scheduled Start Hour	CLAIM_ACK_START_HOUR	N	Scheduler: Claim Acknowledgement Start Time
Claim Acknowledgement Scheduled End Hour	CLAIM_ACK_END_HOUR	N	Scheduler: Claim Acknowledgement End Time.
Claim Acknowledgement Scheduled Interval in minutes	CLAIM_ACK_INTERVAL_I N_MIN	N	Scheduler: Claim Acknowledgement Interval for the interface to run.
Claim Acknowledgement Scheduled Time	CLAIM_ACK_DAILY_TIME	N	Scheduler: Claim Acknowledgement Run Time.
Claim Acknowledgement Scheduled Daily Schedule	CLAIM_ACK_SCHEDULED_ DAYS	N	Scheduler: Days of the week for Claim Acknowledgement Interface To run.

*Not Editable by County Worker

Table F-12 Interface Setting Values for Claim Acknowledgement.

Table F-13 shows the Interface Setting Parameters, and table F-14 shows the values for the Claim Acknowledgement Interface.

DEX_ PARAM_ CD_ID	DEX_PARAM_NAME	DEX_ INTERFACE_ CD	DEX_PARAM_DESC	DEX_ PARAM_ PSWD	DEX_SYS_ PARAM_ IND	SORT_ ORDER	DEX_ PARAM_ TIME
501	CLAIM_ACK_JOB_NAME	06	Claim Acknowledgement Scheduled Job Name	N	Y	1	Y
502	CLAIM_ACK_START_HOUR	06	Claim Acknowledgement Scheduled Start Hour	N	N	2	Y
503	CLAIM_ACK_END_HOUR	06	Claim Acknowledgement Scheduled End Hour	N	N	3	Y
504	CLAIM_ACK_INTERVAL_IN_M IN	06	Claim Acknowledgement Scheduled Interval in minutes	N	N	4	Y
505	CLAIM_ACK_DAILY_TIME	06	Claim Acknowledgement Scheduled Time	N	N	5	Y
506	CLAIM_ACK_SCHEDULED_ DAYS	06	Claim Acknowledgement Scheduled Daily Schedule	N	N	6	Y

Table F-13 Interface Parameters for the Claim Acknowledgement Interface.

DEX_PARAM_CD_ID	DEX_PARAM_VAL
501	DEX_CLAIM_ACK
502	
503	
504	
505	
506	

Table F-14 Values for the Claim Acknowledgement Interface.

Table F-15 Shows the Enterprise Scheduler Call to the Claim Acknowledgement Interface.

Job Name	Call to Dex
DEX_CLAIM_ACK	"C:\Program Files\DHS\dex\bin\dexCommand.exe" Execute county\Claim997\CIm997

Table F-15 Enterprise Schedule Call for the Claim Acknowledgement Interface.

Table F-16 Shows the Code values used by the Claim Acknowledgement Interface.

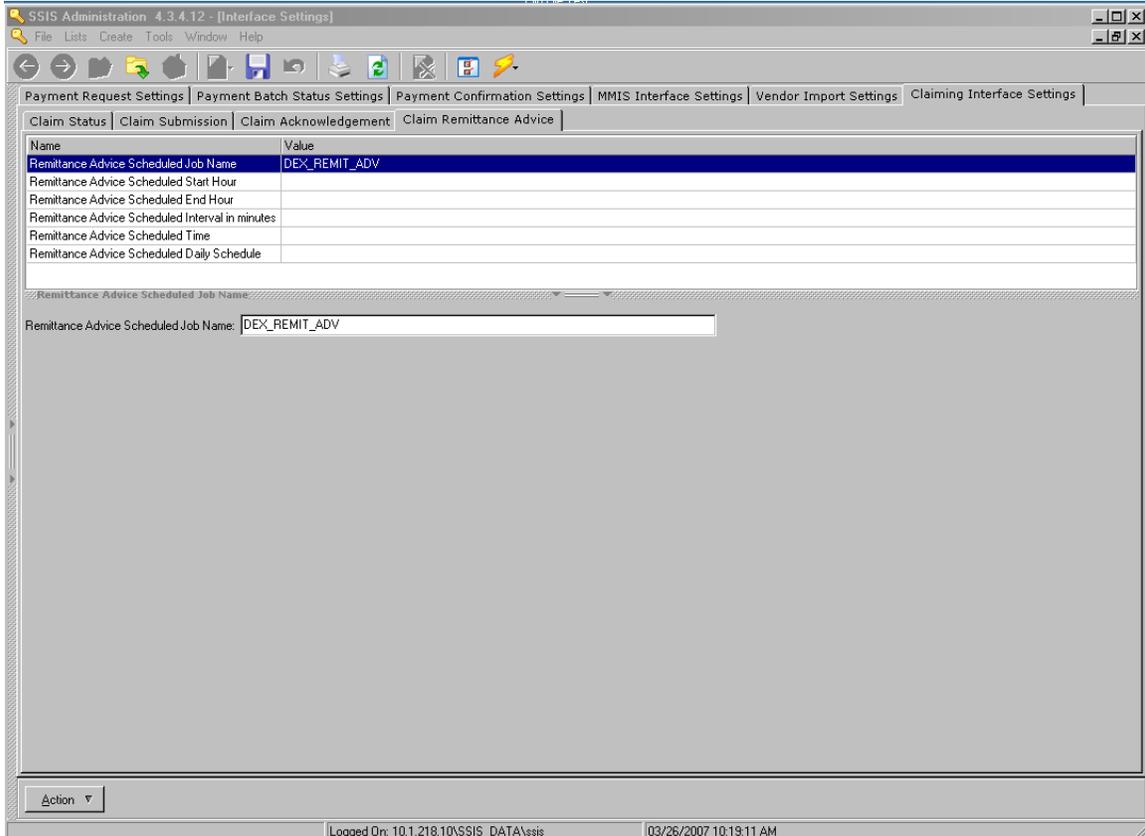
FIELDNAME	CODE	DESCRIPTION	ACTIVE_IND	SORT_ORDER
DEX_INTERFACE_CD	06	Claim Acknowledgement - 997	Y	
IMP_EXP_LOG_TYPE_CD	9	Claim Acknowledgement - 997	Y	9

Table F-16 Code Values for Claim Acknowledgement Interface

F.1.1.5 Interface Setting Values for Remittance Advice

This section describes the Interface Setting Parameter values for the Claim Remittance Advice Process. Screen F-7 shows the location of the Claim Remittance Advice interface settings on the Claim Remittance Advice Tab under the Claiming Interface Settings tab.

The Claim Remittance Advice Interface uses the Username and Password from the MMIS Interface Tab. The Username and Password are the same for all of the MMIS Interfaces.



Screen F-7 Claim Remittance Advice Interface Settings Tab.

Table F-17 Shows the Values for the Claim Remittance Advice Interface Screen.

Param Description (DEX_PARAM_CD. DEX_PARAM_DESC)	Field Name (DEX_PARAM_CD. DEX_PARAM_NAME)	Password (Y/N)	Purpose
*Remittance Advice Scheduled Job Name	Remittance Advice Scheduled Job Name	N	Scheduler: Claim Remittance Advice Interface Job name.
Claim Acknowledgement Scheduled Start Hour	Claim Acknowledgement Scheduled Start Hour	N	Scheduler: Claim Remittance Advice Start Time
Remittance Advice Scheduled End Hour	Remittance Advice Scheduled End Hour	N	Scheduler: Claim Remittance Advice End Time.

Param Description (DEX_PARAM_CD. DEX_PARAM_DESC)	Field Name (DEX_PARAM_CD. DEX_PARAM_NAME)	Password (Y/N)	Purpose
Remittance Advice Scheduled Interval in minutes	Remittance Advice Scheduled Interval in minutes	N	Scheduler: Claim Remittance Advice Interval for the interface to run.
Remittance Advice Scheduled Time	Remittance Advice Scheduled Time	N	Scheduler: Claim Remittance Advice Run Time.
Remittance Advice Scheduled Daily Schedule	Remittance Advice Scheduled Daily Schedule	N	Scheduler: Days of the week for Claim Remittance Advice Interface To run.

*Not Editable by County Worker

Table F-17 Interface Setting Values for Claim Remittance Advice.

Table F-18 shows the Interface Setting Parameters, and table F-19 shows the values

DEX_PARAM_CD_ID	DEX_PARAM_NAME	DEX_INTERFACE_CD	DEX_PARAM_DESC	DEX_PARAM_PSWD	DEX_SYS_PARAM_IND	SORT_ORDER	DEX_PARAM_TIME
601	REMIT_ADV_JOB_NAME	07	Remittance Advice Scheduled Job Name	N	Y	1	Y
602	REMIT_ADV_START_HOUR	07	Claim Acknowledgement Scheduled Start Hour	N	N	2	Y
603	REMIT_ADV_END_HOUR	07	Remittance Advice Scheduled End Hour	N	N	3	Y
604	REMIT_ADV_INTERVAL_IN_M IN	07	Remittance Advice Scheduled Interval in minutes	N	N	4	Y
605	REMIT_ADV_DAILY_TIME	07	Remittance Advice Scheduled Time	N	N	5	Y
606	REMIT_ADV_SCHEDULED_ DAYS	07	Remittance Advice Scheduled Daily Schedule	N	N	6	Y

Table F-18 Interface Parameters for the Claim Remittance Advice Interface.

DEX_PARAM_CD_ID	DEX_PARAM_VAL
601	DEX_REMIT_ADV
602	
603	
604	
605	
606	

Table F-19 Values for the Claim Remittance Advice Interface.

Table F-20 Shows the Enterprise Scheduler Call to the Claim Remittance Advice Interface.

Job Name	Call to Dex
DEX_REMIT_ADV	"C:\Program Files\DHS\dex\bin\dexCommand.exe" Execute county\Claim835\CIm835

Table F-20 Enterprise Schedule Call for the Claim Remittance Advice Interface.

Table F-21 Shows the Code values used by the Claim Remittance Advice Interface.

FIELDNAME	CODE	DESCRIPTION	ACTIVE_IND	SORT_ORDER
DEX_INTERFACE_CD	07	Remittance Advice - 835	Y	
IMP_EXP_LOG_TYPE_CD	10	Remittance Advice - 835	Y	10

Table F-21 Code Values for Claim Remittance Advice Interface

Appendix G DEX Error Messages

Error Category	Error Code	Error Message
Ftp Connection		
Ftp Connection	NoHostDefined	Bad port file: The 'connection' element requires a 'host' for ftp connections."
Commandline Port		
Commandline Port	DuplicateRelation	DataSet relation, '{0}' has already been defined and cannot be added to support the feed."
Commandline Port	FeedOutNS	Output feeds are not supported for the commandline port."
Commandline Port	InvalidPort	Bad port file: Top element must be a 'port' element."
Commandline Port	NoDataSetSupplied	No DataSet supplied for Fetch or Update."
Commandline Port	NoFilename	Bad port file: No 'filename' attribute for the 'request'."
Commandline Port	NoRequest	Bad port file: No 'request' element found in the 'port'."
Commandline Port	NoTableName	Bad port file: The 'request' requires a 'tableName' attribute which defines the table name for data retrieved from the console standard output."
Commandline Port	UpdateNS	Updates are not supported for the commandline port."
Config		
Config	ChildKeyNF	Bad port file: The 'relation' childKey, '{0}' could not be found after data acquisition."
Config	ChildLabelNF	Bad port file: The 'relation', 'childLabel' could not be found after data acquisition."
Config	ConnectionNoPid	Bad port file: If a 'connection' is specified, it must contain a 'pid' specifying the Connection Information Document."
Config	DuplicateAncestor	Bad port file: Cannot use 'inheritsFrom' and nested 'port's in the same configuration."
Config	ERR_NO_DLL	Bad port file: No 'dll' attribute."
Config	ERR_NO_PORT_NODE	Bad port file: No 'port' element."
Config	InvalidJournalling	Bad port file: Invalid journalling value, '{0}'. Expected True or False."

Error Category	Error Code	Error Message
Config	InvalidType	Bad port file: Invalid port type, '{0}'. Expected Inherit or Nest."
Config	MultipleRelationKeys	Bad port file: Multiple keys for relations are not supported at this time."
Config	NoChildKey	Bad port file: 'relation' must have a 'childKey' attribute defining a field in the current port."
Config	NoChildLabel	Bad port file: 'relation' must have a 'childLabel'."
Config	NoFeedNode	Bad port file: 'feed' element expected, but '{0}' found."
Config	NoFeedTableOrKey	Bad port file: 'feed' must have a 'tableName' and 'keyField' attribute."
Config	NoNameForUpdate	Cannot set the connection's XML when the port has no 'cid' defined in its connection."
Config	NoParentKey	Bad port file: 'relation' must have a 'parentKey' attribute defining a field in the ancestor port."
Config	NoParentLabel	Bad port file: 'relation' must have a 'parentLabel'."
Config	NoPortForFeed	Bad port file: Feeds require a 'port' child element."
Config	NoType	Bad port file: Nested ports require a 'type' of either (Inherit or Nest). This determines the order that data is updated. 'Inherit' cause data to be updated in reverse. 'Nest' updates data in the same order it was retrieved'."
Config	ParentKeyNF	Bad port file: The 'relation' parentKey, '{0}' could not be found after data acquisition."
Data Store		
Data Store	ConfigWrite	Cannot write to dex.config (IProcessState.SetFile(FileKind.Config, MyString) is not permitted)."
Data Store	ContentsFieldNF	Bad config file: Each 'dataStore.fieldNames' must have a 'contentsField'."
Data Store	ContentsFieldNotReturned	DataStore ({0}) did not return the contents column, '{1}'."
Data Store	ContentsPortNF	Bad config file: Each 'dataStore' must specify a 'contentsPort'."
Data Store	DataNotFound	Data could not be located for '{0}'. The local file does not exist and redirected DataStores were not able to supply the data."

Error Category	Error Code	Error Message
Data Store	DataStoreExpected	Bad config file: Expected 'dataStore' element, but found '{0}'."
Data Store	ExpectedOneTable	DataStore ({0}) received unexpected number of tables from a port. Expected 1, received {1}."
Data Store	FileKindExpected	Bad config file: Each 'dataStore' must have a 'fileKind' attribute."
Data Store	FileNotFound	Bad '{0}' file: File '{1}' not found."
Data Store	InvalidFileType	Bad config file: FileKind, '{0}' is invalid for DataStore."
Data Store	InvalidSwitchElement	Bad config file: Switch sub-element, {0} is not labelled the same as the target (parent) element, {1}."
Data Store	MultipleSwitchContents	Bad config file: A switch may only contain one sub element."
Data Store	NameFieldNF	Bad config file: Each 'dataStore.fieldNames' must have a 'nameField'."
Data Store	NameFieldNotReturned	DataStore ({0}) did not return the name column, '{1}'."
Data Store	NameParamNF	Bad config file: Each 'dataStore.paramNames' must have a 'paramField'."
Data Store	NoListPort	No listPort defined, although this is not required, it could slow down performance if this DataStore contains many items."
Data Store	NoParamName	Bad config file: 'dataStore' params require a 'name' attribute."
Data Store	NoParamValue	Bad config file: 'dataStore' params require a 'value' attribute."
Data Store	ParamHasNoValue	Bad config file: Parameter, '{0}' was not supplied a value."
Data Store	ParamNameExpected	Bad config file: Parameter elements must have a 'name' attribute."
Data Store	SwitchChildConflict	Bad config file: Switch child conflict appending '{0}'. A switches direct child (only one allowed) is merged, but children nodes are only appended."
Data Store	SwitchNameExpected	Bad config file: Switch must have a 'name' attribute."
Data Store	SwitchValueExpected	Bad config file: Switch must have a 'value' attribute."
Data Store	TooManyRows	DataStore ({0}) returned multiple rows."
Data Store	UnExpectedDataStoreNode	Unexpected 'dataStore' element, valid sub-elements are: fieldNames, paramNames and params."

Error Category	Error Code	Error Message
Data Store	UnExpectedParamNode	Bad config file: Expected 'param' element, but found '{0}'."
Data Store	UnknownFileKind	Internal Error: Cannot determine path for file kind, '{0}'."
DataObjects Port		
DataObjects Port	NoCredentialsElement	Bad port document: 'credentials' element not found in connection."
DataObjects Port	NoDatabaseAlias	Bad connection document: a 'databaseAlias' is required for the connection."
DataObjects Port	NoPortElement	Bad port document: 'port' element not found at root."
DataObjects Port	NoProgramId	Bad connection document: 'programId' is required for the COM connection. SocketServer will be supported in a future release."
DataObjects Port	NoRequestElement	Bad port document: 'request' element not found in 'port' element."
DataObjects Port	NoRequestLabel	Bad port document: Request attribute, 'label' must be specified."
DataObjects Port	NoRequestServer	Bad port document: Request attribute, 'server' must be specified."
DataObjects Port	NoRequestView	Bad port document: Request attribute, 'view' must be specified."
Engine		
Engine	DexFuncToidNS	Bad DLL: FuncToid class does not support the 'IFuncToid' interface."
Engine	DllNotFound	Bad TDD or missing DLL: The DLL cannot be located."
Engine	DLLNotLoaded	Internal Error: DLL not loaded."
Engine	DuplicateFuncToid	Bad TDD File: typedef, '{0}' already exists in this TDD or in an already loaded TDD."
Engine	EmptyTDD	Bad TDD File: No top element, 'typedefs'"
Engine	FuncToidAssemblies	FUNCTIOD_ASSEMBLIES"
Engine	FuncToidAssembly	FUNCTIOD_ASSEMBLY"
Engine	FuncToidFactory	FUNCTOID_FACTORY"
Engine	FuncToidType	FUNCTOID_TYPE"
Engine	FuncToidTypeNF	Bad DLL or TDD: The FuncToid type is not exported within the DLL."
Engine	FuncToidTypes	FUNCTOID_TYPES"
Engine	NoClass	Bad TDD File: A 'class' attribute must exist for each 'typedef'."

Error Category	Error Code	Error Message
Engine	NoDLL	Bad TDD File: A 'dll' attribute must exist for each 'typedef' or be specified on the 'typedefs' element."
Engine	NoName	Bad TDD File: A 'name' attribute must exist for each 'typedef'."
Engine	NotLoaded	Internal Error: Type Definition Documents have not been loaded."
Engine	NoTypeDefElement	Bad TDD File: Expected 'typedef', found '{0}' as a child of 'typedefs'."
Engine	NoTypeDefsElement	Bad TDD File: Expected 'typedefs', found '{0}' as the top element."
Engine	UnableToLoadDLL	Loading of DLL failed."
Engine	UndeclaredFunctoid	Bad Process Definition: Undeclared functoid type, '{0}'."
Evaluator		
Evaluator	AmbiguousChildTable	Bad logic: Addressing a child table by value, '{0}' failed because there are multiple relationships to the child table."
Evaluator	CannotAddressDataRowSet	GetValue failed: Cannot access rows of a DataRowSet (except for 'RowCount'). Use a 'foreach' instead."
Evaluator	CannotDetermineColumnValue	GetValue failed: Column value {0} cannot be determined for {1} rows of data. Single row expected, use 'foreach' to iterate multiple rows."
Evaluator	ColumnOrTableNF	GetValue failed: {0} is not a column or child table in evaluating expression, {1}."
Evaluator	UEAttribute	Bad Process Document: Unexpected attribute. The 'evaluate' functoid cannot have an attribute."
Evaluator	UEOperator	Bad Process Document: Unexpected operator, '{0}'. The 'evaluate' functoid cannot have an operator."
Evaluator	UndeclaredIdentifier	GetValue failed: Undeclared identifier, '{0}'."
File Source		
File Source	DuplicateRelation	DataSet relation, '{0}' has already been defined and cannot be added to support the feed."
File Source	FeedOutNotSupported	Bad port usage: FileSource ports (Http, LocalFile and Ftp) do not support outgoing feeds."
File Source	InvalidFeedAttributes	Bad port file: If a feed is supplied, it must have a 'pathField' and 'tableName' attributes."

Error Category	Error Code	Error Message
File Source	NoColumnNameOrType	Bad port file: Columns for FileSourcePort must have a 'name' and a 'type'. Type must be one of the default port columns."
File Source	NoConnection	Connection has not been set - internal failure."
File Source	NoDataSetSupplied	No DataSet supplied for Fetch or Update."
File Source	NoNameForParam	Bad port file: All parameters must have a 'name' attribute (port, '{0}')."
File Source	NoPortElement	Bad port file: Ports must have a 'port' element as a top node (port, '{0}')."
File Source	NoRequestElement	Bad port file: Ports must have a 'request' element (port, '{0}')."
File Source Connection		
File Source Connection	NoConnectionElement	Bad connection document: 'connection' root node must be a connection element (or 'connection' node not found)."
File Source Connection	NoConnectionUrl	Bad connection document: 'connection' element, ({0}) requires a 'url'."
File Source Connection	NoCredentialsElement	Bad connection document: 'credentials' element is required for secure port, '{0}'."
File Source Connection	NoUsernameOrPassword	Bad connection document: 'credentials' for connection, '{0}' require a 'username' and 'password'."
File Source Port		
File Source Port	DuplicateRelation	DataSet relation, '{0}' has already been defined and cannot be added to support the feed."
File Source Port	FeedOutNotSupported	Bad port usage: FileSource ports (Http, LocalFile and Ftp) do not support outgoing feeds."
File Source Port	InvalidFeedAttributes	Bad port file: If a feed is supplied, it must have a 'pathField' and 'tableName' attributes."
File Source Port	NoColumnNameOrType	Bad port file: Columns for FileSourcePort must have a 'name' and a 'type'. Type must be one of the default port columns."
File Source Port	NoConnection	Connection has not been set - internal failure."
File Source Port	NoDataSetSupplied	No DataSet supplied for Fetch or Update."
File Source Port	NoNameForParam	Bad port file: All parameters must have a 'name' attribute (port, '{0}')."

Error Category	Error Code	Error Message
File Source Port	NoPortElement	Bad port file: Ports must have a 'port' element as a top node (port, '{0}')."
File Source Port	NoRequestElement	Bad port file: Ports must have a 'request' element (port, '{0}')."
Filter Functoid		
Filter Functoid	InvalidParams	Filters must have either one or both of 'filter' or 'sort' attributes."
Filter Functoid	NoDataSetTable	The CurrentValue must be a DataSet Table (found {0} instead)."
Flatfile		
Flatfile	DelimiterNF	Bad port file: field '{0}' requires a delimiter (alternatively specify the value, format or length)."
Flatfile	ERR_ATTR_REQ	Bad port file: Column attribute is required."
Flatfile	ERR_DATA_EXCEEDS_REPEAT	Bad update data: There are more rows of data than the 'repeat' value permits for this set of columns."
Flatfile	ERR_DELIMLN_REQ	Bad port file: A 'length', 'delimiter', 'value' or 'format' is required (or a default value supplied) for the column definition. These may be defaulted in the <default> tag."
Flatfile	ERR_NO_COLUMN	Bad feed: Column {0} does not exist."
Flatfile	ERR_NO_COLUMNS_NODE	Bad port file: No \"columns\" node."
Flatfile	ERR_NO_DETAIL_SET	Internal error: Attempting to count details for column which has no detail set."
Flatfile	ERR_NO_FEED_NODE	Bad port file: No \"feed\" node."
Flatfile	ERR_NO_LABEL	Bad port file: No 'label' attribute for columns node. 'label' can be omitted if 'ignore' is true."
Flatfile	ERR_NO_MATCHING_ROW	Bad port data: No matching row (value read does not match \"value\" field)."
Flatfile	ERR_NO_PORT_NODE	Bad port file: No \"port\" node."
Flatfile	ERR_NO_RELATION	Internal error: No relationship established between tables."
Flatfile	ERR_NO_ROW_DELIM	Bad port file: No \"rowDelimiter\" attribute for columns node."
Flatfile	ERR_NO_UNIQUE_FIELD	Bad port file: No unique column defined - use the \"unique\" column attribute."
Flatfile	ERR_REPEAT_FIELD_NF	Bad port file: Repeat field, '{0}' can not be found, or is defined after the repeating column set."

Error Category	Error Code	Error Message
Flatfile	ERR_ROW_DELIM_NF	Bad port data: Row delimiter not found where expected at position {0} ({1})."
Flatfile	ERR_TABLE_NOT_CREATED	Internal Error: Table should have been created."
Flatfile	ERR_UNAPPLIED_DATA	Bad update data: Some data will not be applied, this usually occurs when 'value' is defined for a column and the supplied data does not match any columns sets."
Flatfile	ERR_UNEXPECTED_EOF	Bad port data: Unexpected end of file."
Flatfile	ERR_UNKNOWN_TAG	Bad port file: Element unknown, '{0}'."
Flatfile	ERR_VALUE_TOO_LONG	Value to be streamed exceeds the 'length' attribute."
Flatfile	InvalidArgument	Bad port file: The field, '{0}' of type, '{1}' could not interpret source value of '{2}'."
Flatfile	InvalidCounterExpression	Bad port file: 'Invalid counter expression, '{0}'."
Flatfile	InvalidIgnoreArgument	Bad port file: ignore expects either True or False, but '{0}' found."
Flatfile	NoDelimiterForSkipCount	Bad port file: 'skipCount' can only be applied when there is a row delimiter."
Flatfile	NoRequest	Bad port file: No 'request' element. eg: <request contents="mystuff" /> or <request contents="%contents%" />."
Flatfile	NoRequestContents	Bad port file: No 'contents' attribute for request element."
For Each Loop		
For Each Loop	ExpressionNF	An 'expression' is required for the 'foreach' functoid."
For Each Loop	InvalidForEachType	Invalid type for operation '{0}'."
For Each Loop	LabelNF	Expression '{0}' specifies an unknown variable."
Global Variables		
Global Variables	ExpectedGlobalVariable	Bad config file: Expected 'globalVariable', but found '{0}'."
Global Variables	NameExpected	Bad config file: 'name' attribute not found for 'globalVariable' attribute."
Global Variables	ValueExpected	Bad config file: 'value' attribute not found for 'globalVariable' attribute."
Http Connection		
Http Connection	UpdateNotSupported	Update operations are not yet supported on Http ports."
Local Store		

Error Category	Error Code	Error Message
Local Store	UnableToDetermineDataPath	Internal Error: Unable to determine data path from application path, '{0}'."
Local Store	UnknownFileKind	Internal Error: Cannot determine path for file kind, '{0}'."
Logical Functoids		
Logical Functoids	AttributeExecute	Bad PDD Logic: Attribute ({0}: {1}) cannot be executed."
Logical Functoids	DuplicateFunctoid	Bad Process Definition: Functoid already exists with the same id ({0})."
Logical Functoids	NoTarget	Internal Error: Target ({0}) not located by '{1}:{2}'."
Map Attribute		
Map Attribute	DefaultNoMapKey	Bad port file: None of the fields have 'key="true"'."
Map Attribute	FieldExpected	Internal Error: 'field' element expected."
Map Attribute	FieldLabelNF	Bad Map file: PrivateName field, {0} cannot be located (you may need to 'reverse' the map)."
Map Attribute	InternalPrivateNameMapLabelNF	InternalError: PrivateName label, {0} cannot be located from default map."
Map Attribute	InternalPublicNameMapLabelNF	InternalError: PublicName label, {0} cannot be located from default map."
Map Attribute	InvalidKey	Bad Map file: Key value, '{0}' is not valid. Expected True or False."
Map Attribute	InvalidReverse	Bad port file: Reverse value, '{0}' is not valid. Expected True or False."
Map Attribute	InvalidUpdateable	Bad Map file: Updateable value, '{0}' is not valid. Expected True or False."
Map Attribute	LabelExpected	Bad Map file: Expected, 'label', found, '{0}'. Only label elements are permitted underneath the 'map' element."
Map Attribute	MapNF	Bad Map file: Expected, 'map' element, but found, '{0}'."
Map Attribute	MultipleRelations	Bad port file: Label {0} has multiple parent relationships - multiple relationships are not supported."
Map Attribute	NoCorrespondingSource	Bad Process Logic: Source row table, '{0}' cannot find corresponding map from '{1}'."
Map Attribute	NoMap	Bad Map file: No top element (the file is quite possibly empty)."
Map Attribute	NoMapKey	Bad Map file: None of the fields have 'key="true"'."

Error Category	Error Code	Error Message
Map Attribute	NoMapOrEmptyMap	Bad ProcessDocument: Data is being sent to a port without a map."
Map Attribute	NoPrivateNameField	Bad Map file: All fields must have a 'privateName' attribute or a 'publicNameSequencer' attribute."
Map Attribute	NoPrivateNameLabel	Bad Map file: All labels must have a 'privateName' attribute."
Map Attribute	NoPublicNameField	Bad Map file: All fields must have a 'publicName' attribute or a 'privateNameSequencer' attribute."
Map Attribute	NoPublicNameLabel	Bad Map file: All labels must have a 'publicName' attribute."
Map Attribute	PrivateNameMapLabelINF	Bad Map file: PrivateName label, {0} cannot be located (you may need to 'reverse' the map)."
Map Attribute	PublicNameMapLabelINF	Bad Map file: PublicName label, {0} cannot be located (you may need to 'reverse' the map)."
Map Attribute	RowNotLocated	Bad PDD logic: The data being sent to the port (from table '{0}') does not contain mapping information."
Map Attribute	SendNotApplied	Bad Process Logic: Source row of table, '{0}' was not applied to target. Possible problems are: (1) No map information; (2) Send of type Update or Delete without a matching target (using keys defined by the map file)."
Map Attribute	TargetRowNF	Update / Delete error: The target row could not be located for ({0}), you may need to perform a blind send if the data is not retrieved from the target port."
Map Attribute	TargetRowNFCantUpdate	Update / Delete / Insert / Synchronize failed for detail rows because the row, {0} could not be located and is non-updateable (see updateable attribute on the map file or the TableName attribute of the 'send' functoid)."
Map Attribute	UnexpectedElement	Bad Map file: Unexpected element '{0}', expected 'label' or 'field'."
Map Attribute	UnhandledSendRow	Bad Process Logic: Row, '{0}' did not find an appropriate target location. It could be a child row being sent where no parent row exists, or an internal application error."
Native Port		
Native Port	FeedNotFound	Bad Port Document: Feed, '{0}' could not be found in ancestor feed."

Error Category	Error Code	Error Message
Native Port	MultipleRows	Bad feed: The Native port only supports reading and writing to/from a single row of data within a single source. Multiple rows were returned for '{0}'."
Native Port	NoFeedColumn	Bad feed: Column {0} does not exist for feed, '{1}'."
Native Port	NoFeedElement	Bad Port Document: No 'feed' element."
Native Port	NoFeedName	Bad Port Document: No 'name' element for feed. The name specifies the source label from which to extract the contents."
Native Port	NoPortNode	Bad Port Document: No 'port' element. All PID files must have a 'port' element at the top."
Native Port	NoRows	Bad feed: Feed, '{0}' does not return any data. Data is required to infer the schema."
ODBC		
ODBC	AlreadyInATransaction	Internal error: Already in a transaction."
ODBC	ConnectionInUse	Internal error: The connection, '{0}' is already in use by the same port."
ODBC	ConnectionNameReq	Bad connection data: 'name' attribute is required for the connection."
ODBC	ConnectionNotInUse	Internal error: The connection, '{0}' is not in use by the port."
ODBC	ConnectionStringReq	Bad connection data: 'connectionString' attribute is required for the connection."
ODBC	CredentialsReq	Bad connection data: 'credentials' element must be provided as part of the connection information."
ODBC	InATransaction	Internal error: Closing a connection while in a transaction may cause data loss."
ODBC	KeyNF	Bad port file: Key field, '{0}' could not be found in the acquired data."
ODBC	LabelReq	Bad port file: 'label' attribute could not be located in the 'request' element."
ODBC	NoConnectionElement	Bad connection data: 'connection' element is missing or not the root node."
ODBC	NoConnectionInUse	Internal error: A connection, '{0}' must be used before the transaction can be used."
ODBC	NoPortElement	Bad port file: 'port' element does not exist or is not the root element."
ODBC	NoQueryContents	Bad port file: 'query' elements must have a query attribute."

Error Category	Error Code	Error Message
ODBC	NoRequest	Bad port file: 'request' element could not be located beneath the root element."
ODBC	NotInATransaction	Internal error: Transaction cannot be committed or rolled back when a transaction has not been started."
ODBC	ParamExpected	Bad port file: 'param' expected underneath the 'params' element, found {0}."
ODBC	ParamNameReq	Bad port file: 'param' requires a 'name'."
ODBC	ParamTypeReq	Bad port file: 'param' requires a 'type'."
ODBC	ParamTypeUnRecognized	Bad param: 'type' {0} is not recognized."
ODBC	PasswordReq	Bad connection data: 'password' is required as an attribute of credentials."
ODBC	QueryReq	Bad port file: 'query' attribute could not be located in the 'request' element. Query elements may also be defined as subelements of the request."
ODBC	SequencerNameReq	Bad connection data: 'sequencer' requires a 'name' attribute which must reference a valid sequencer."
ODBC	TransactionInUse	Internal error: The transaction, '{0}' is already in use by the same port."
ODBC	TransactionNotInUse	Internal error: The transaction, '{0}' is not in use by the port."
ODBC	UserNameReq	Bad connection data: 'username' is required as an attribute of credentials."
Physical Port		
Physical Port	FeedKeyFieldNotFound	Bad port logic: Feed key, '{0}' could not be located in feed table, '{1}' for port, '{2}'."
Physical Port	FeedParamNotFound	Bad port logic: Feed param, '{0}' could not be located in feed table, '{1}' for port, '{2}'."
Physical Port	FeedTableNotFound	Bad port logic: Feed table, '{0}' could not be located to feed port, '{0}'."
Physical Port	IntegrityAlert	Bad port: Port, {0} does not support transactions, data integrity concern."
Physical Port	NoFeedSupport	Bad port logic: Port implementation for '{0}' does not support feeds (IPortFeed interface)."
Physical Port	NoRelationToFeed	Bad port logic: A relationship was not setup for the feed from '{0}' to '{1}' by the child port. There could be a problem with the port assembly of '{1}'."

Error Category	Error Code	Error Message
Physical Port	UnacceptedChanges	Bad port: Port did not accept all pending changes."
Port Manager		
Port Manager	ERR_NO_FACTORY	Bad Port DLL: No \"Factory\" class found."
Port Manager	ERR_NO_FACTORY_INTERFACE	Bad Port DLL: \"Factory\" class does not implement the IPortFactory interface."
Port Manager	TooManyFactoryAttributes	Bad Port DLL: Too many PortFactoryTypeAttribute's returned. A Port DLL may only have one PortFactoryTypeAttribute which specifies the factory class of the IPort interface."
Process		
Process	EmptyPDD	Bad PDD: No xml elements were found (requires 'process' element)."
Process	FactoryNull	Process requires a functoid factory."
Process	NoProcessElement	Bad PDD: 'process' element was not located or not the top element."
Process	NoStart	Bad PDD: A 'start' functoid is required for all ProcessDocuments."
Process	NoTarget	Bad Process Definition: Flow, ElseFlow, Attribute and Operator functoids must specify a target (Flows need not have a target attribute if they have a child node)."
Process	NotLoaded	Internal Error: Process not loaded. Process must be loaded before executed."
Process	OperatorNoTarget	Bad PDD Logic: Operator ({0}: {1}) requires a target."
Process	ProcessStateNull	Process requires a process state"
Process	TargetAndChildren	Bad PDD Logic: Target and child functoids are not permitted ({0}: {1})."
Process	TargetNotFound	Bad Process Definition: Target, '{0}' cannot be located within the PDD."
Process	UECatchReturn	Internal error: Unexpected return value from 'catch' functoid."
Process	UEFlowReturn	Internal error: Unexpected return value from 'flow' functoid."
Process State		

Error Category	Error Code	Error Message
Process State	NoCallProcessHandler	No call process handler for this ProcessState. ProcessState must have a CallProcessHandler event assigned for responding to ProcessState.CallProcess."
Process State	NoTopElement	Bad config file: Top element must be 'config'."
Process State	UnmatchedMethodCall	Internal Error: A Method call '{0}' was popped out of sequence."
Process State	VariableOverride	Duplicate variable name, the parent process already uses variable, '{0}' (value being set to '{1}')
Regex Port		
Regex Port	ColumnNameExpected	Bad port document: Expected 'column' element, but found '{0}'."
Regex Port	DuplicateRelation	DataSet relation, '{0}' has already been defined and cannot be added to support the feed."
Regex Port	FeedContentsNotFound	The supplied feed contentsField, '{0}' could not be located in the feed table, '{1}'."
Regex Port	FeedTableNotFound	The supplied feed tableName, '{0}' could not be located in the ancestor structures."
Regex Port	InvalidColumnAttributes	Bad port document: 'column' element must have a 'name' and 'type' attribute."
Regex Port	InvalidColumnName	Bad port document: A column cannot have the name, 'id' since this column is automatically generated."
Regex Port	InvalidFeedAttributes	Bad port document: The 'feed' must have a 'tableName', 'keyField' and 'contentsField' attributes."
Regex Port	InvalidRequestAttributes	Bad port document: The 'request' must have 'tableName', 'regex' and 'contents' attributes."
Regex Port	NoDataSetSupplied	No DataSet supplied to the Fetch or Update port interface."
Regex Port	NoFeed	Bad port document: Regex port requires a 'feed' element. The 'feed' will supply the Regex port with data to parse."
Regex Port	NonUpdateable	Regex port does not support updates."
Regex Port	NoPortElement	Bad port document: Must have a 'port' element as the top node."
Regex Port	NoRequest	Bad port document: Regex port requires a 'request' element with a tableName and regex attributes."

Error Category	Error Code	Error Message
Sequencer		
Sequencer	CountFieldNF	Bad Sequence file: countField, '{0}' is not returned from the port's data."
Sequencer	EmptyFile	Bad Sequencer file: File is empty."
Sequencer	EndFieldNF	Bad Sequence file: endField, '{0}' is not returned from the port's data."
Sequencer	IdFieldNF	Bad Sequence file: idField, '{0}' is not returned from the port's data."
Sequencer	IdHelp	Bad Sequence file: Port sequences that use 'idField' (should not have any other attributes)."
Sequencer	InvalidInt	Bad Sequence file: Invalid value for '{0}'. Found, '{1}', expected a whole integer number."
Sequencer	NoPid	Bad Sequence file: Port sequences must specify a 'pid'."
Sequencer	NoRange	Sequence error: The port request to obtain a new set of sequence values failed."
Sequencer	NoSeqNode	Bad Sequencer file: Top node must be a 'sequencer' element."
Sequencer	PortHelp	Bad Sequence file: Port sequenced must either specify an 'idField' or use the range fields, 'startField' and either one of: 'endField', 'countField', 'countValue'."
Sequencer	RangeHelp	Bad Sequence file: Port sequences that specify a range, must have a 'startField' and either one of: 'endField', 'countField', 'countValue'."
Sequencer	SequenceNS	Bad Sequence file: Sequence type, '{0}' is not supported."
Sequencer	StartFieldNF	Bad Sequence file: startField, '{0}' is not returned from the port's data."
Sequencer	TooManyDetails	Bad Sequence file: The 'sequence' element can only have one detail element ('guid', 'counter' or 'port')."
Sequencer	TooManyTables	Bad Sequence file: Too many tables (ports) returned from sequence port."
SOAP Port		
SOAP Port	AlreadyInATransaction	Internal error: Already in a transaction."
SOAP Port	ConnectionInUse	Internal error: The connection, '{0}' is already in use by the same port."
SOAP Port	ConnectionNameReq	Bad connection data: 'name' attribute is required for the connection."

Error Category	Error Code	Error Message
SOAP Port	ConnectionNotInUse	Internal error: The connection, '{0}' is not in use by the port."
SOAP Port	DomainReq	Bad connection data: 'domain' is required as an attribute of credentials."
SOAP Port	InATransaction	Internal error: Closing a connection while in a transaction may cause data loss."
SOAP Port	KeyNF	Bad port file: Key field, '{0}' could not be found in the acquired data."
SOAP Port	LabelReq	Bad port file: 'label' attribute could not be located in the 'request' element."
SOAP Port	NoConnectionElement	Bad connection data: 'connection' element is missing or not the root node."
SOAP Port	NoConnectionInUse	Internal error: A connection, '{0}' must be used before the transaction can be used."
SOAP Port	NoPortElement	Bad port file: 'port' element does not exist or is not the root element."
SOAP Port	NoQueryContents	Bad port file: 'query' elements must have a query attribute."
SOAP Port	NoRequest	Bad port file: 'request' element could not be located beneath the root element."
SOAP Port	NotInATransaction	Internal error: Transaction cannot be committed or rolled back when a transaction has not been started."
SOAP Port	ParamExpected	Bad port file: 'param' expected underneath the 'params' element, found {0}."
SOAP Port	ParamNameReq	Bad port file: 'param' requires a 'name'."
SOAP Port	ParamTypeReq	Bad port file: 'param' requires a 'type'."
SOAP Port	ParamTypeUnRecognized	Bad param: 'type' {0} is not recognized."
SOAP Port	PasswordReq	Bad connection data: 'password' is required as an attribute of credentials."
SOAP Port	QueryReq	Bad port file: 'query' attribute could not be located in the 'request' element. Query elements may also be defined as subelements of the request."
SOAP Port	SequencerNameReq	Bad connection data: 'sequencer' requires a 'name' attribute which must reference a valid sequencer."
SOAP Port	TransactionInUse	Internal error: The transaction, '{0}' is already in use by the same port."
SOAP Port	TransactionNotInUse	Internal error: The transaction, '{0}' is not in use by the port."

Error Category	Error Code	Error Message
SOAP Port	UserNameReq	Bad connection data: 'username' is required as an attribute of credentials."
User		
User	AttributeNS	Bad ProcessDocument: Functoid '{0}' does not support attribute, '{1}: {2}'."
User	ElseCannotHaveValue	Bad ProcessDocument: 'flow' with 'else="true"' cannot have a value."
User	ExpectedElseOrValue	Bad ProcessDocument: 'flow' must have either a 'value' or 'else' attribute."
User	InvalidBoolean	Bad configuration, element, '{0}': Invalid boolean attribute, '{1}'. 'true' or 'false' expected."
User	InvalidChangeFlag	Bad ProcessDocument: Invalid type, '{0}' for ChangesFunctoid. Valid types are Added, Modified, Deleted, Matched, None."
User	InvalidLabel	Bad ProcessDocument: Invalid label, '{0}' for Store/Restore functoid. Labels must start with A-Z or a-z and thereafter may contain _ or 0-9"
User	InvalidPortTable	Bad ProcessDocument: TableName, '{0}' could not be located within the port for the 'changes' operator."
User	InvalidSendType	Bad ProcessDocument: Invalid type, '{0}' for SendFunctoid. Valid types are Synchronize, Insert, Update or Delete."
User	MissingAttribute	Bad ProcessDocument: The functoid, '{0}: {1}' requires a '{2}' attribute."
User	MustReceive	Bad Process logic: A 'receive' operation is always required on a port before a 'send' operation (this feature may be added in a later version)."
User	NoColumnForParam	Bad Process Logic: Column name, '{0}' could not be located for 'send' operator's parameters."
User	NoDataToAccept	Bad ProcessDocument: Port, '{0}' has no data to 'accept' (Ensure receive has been called for this port.)"
User	NoIncomingData	Bad Process logic: There is no incoming data for the send operation."
User	NoOperation	Internal Error: 'port' has no operation."
User	NotADataRow	Bad Process logic: The CurrentValue is not a valid DataRow. 'find' operations can only be performed on rows."

Error Category	Error Code	Error Message
User	NotADataSet	Bad Process logic: The CurrentValue is not a valid DataSet, DataTable, DataRowSet or DataRow. Use 'retrieve' to retrieve valid data."
User	NothingToDiff	Bad ProcessDocument: There is no CurrentValue to diff with the port, use 'retrieve' to fetch data from the current process ('store' puts it in the current process)."
User	NothingToFind	Bad ProcessDocument: CurrentValue must be set for the 'find' operation."
User	NothingToSend	Bad ProcessDocument: There is no CurrentValue to send, use 'retrieve' to fetch data from the current process ('store' puts it in the current process)."
User	OperatorNS	'Bad ProcessDocument: {0}' operator is not yet supported for ports."
User	SendOperationNS	Bad ProcessDocument: Operation, '{0}' not yet supported."
User	SingleMapAllowed	Bad ProcessDocument: 'port' only supports a single attribute when sending (multiple maps may be supported in a later version)."
User	TableNameNF	Bad Process Logic: SendOperator's tableName, '{0}' cannot be located in the ports DataSet."
User	TableNotRequired	Bad ProcessDocument: If 'paramsOnly' is set to true, the 'tableName' is not used."
User	UnsupportedData	Bad Process logic: Unsupported data type for send, '{0}'."
Variable Store		
Variable Store	AmbiguousChildTable	Bad logic: Addressing a child table by value, '{0}' failed because there are multiple relationships to the child table."
Variable Store	CannotAddressDataRowSet	GetValue failed: Cannot access rows of a DataRowSet (except for 'RowCount'). Use a 'foreach' instead."
Variable Store	CannotDetermineColumnValue	GetValue failed: Column value {0} cannot be determined for {1} rows of data. Single row expected, use 'foreach' to iterate multiple rows."
Variable Store	ColumnOrTableNF	GetValue failed: {0} is not a column or child table in evaluating expression, {1}."
Variable Store	UndeclaredIdentifier	GetValue failed: Undeclared identifier, '{0}'."
Vista DB		

Error Category	Error Code	Error Message
Vista DB	AlreadyInATransaction	Internal error: Already in a transaction."
Vista DB	ConnectionInUse	Internal error: The connection, '{0}' is already in use by the same port."
Vista DB	ConnectionNameReq	Bad connection data: 'name' attribute is required for the connection."
Vista DB	ConnectionNotInUse	Internal error: The connection, '{0}' is not in use by the port."
Vista DB	ConnectionStringReq	Bad connection data: 'connectionString' attribute is required for the connection."
Vista DB	CredentialsReq	Bad connection data: 'credentials' element must be provided as part of the connection information."
Vista DB	InATransaction	Internal error: Closing a connection while in a transaction may cause data loss."
Vista DB	KeyNF	Bad port file: Key field, '{0}' could not be found in the acquired data."
Vista DB	LabelReq	Bad port file: 'label' attribute could not be located in the 'request' element."
Vista DB	NoConnectionElement	Bad connection data: 'connection' element is missing or not the root node."
Vista DB	NoConnectionInUse	Internal error: A connection, '{0}' must be used before the transaction can be used."
Vista DB	NoPortElement	Bad port file: 'port' element does not exist or is not the root element."
Vista DB	NoQueryContents	Bad port file: 'query' elements must have a query attribute."
Vista DB	NoRequest	Bad port file: 'request' element could not be located beneath the root element."
Vista DB	NotInATransaction	Internal error: Transaction cannot be committed or rolled back when a transaction has not been started."
Vista DB	ParamExpected	Bad port file: 'param' expected underneath the 'params' element, found {0}."
Vista DB	ParamNameReq	Bad port file: 'param' requires a 'name'."
Vista DB	ParamTypeReq	Bad port file: 'param' requires a 'type'."
Vista DB	ParamTypeUnRecognized	Bad param: 'type' {0} is not recognized."
Vista DB	PasswordReq	Bad connection data: 'password' is required as an attribute of credentials."

Error Category	Error Code	Error Message
Vista DB	QueryReq	Bad port file: 'query' attribute could not be located in the 'request' element. Query elements may also be defined as subelements of the request."
Vista DB	SequencerNameReq	Bad connection data: 'sequencer' requires a 'name' attribute which must reference a valid sequencer."
Vista DB	TransactionInUse	Internal error: The transaction, '{0}' is already in use by the same port."
Vista DB	TransactionNotInUse	Internal error: The transaction, '{0}' is not in use by the port."
Vista DB	UserNameReq	Bad connection data: 'username' is required as an attribute of credentials."
Xslt Port		
Xslt Port	ColumnNameExpected	Bad port document: Expected 'column' element, but found '{0}'."
Xslt Port	DuplicateRelation	DataSet relation, '{0}' has already been defined and cannot be added to support the feed."
Xslt Port	FeedContentsNotFound	The supplied feed contentsField, '{0}' could not be located in the feed table, '{1}'."
Xslt Port	FeedTableNotFound	The supplied feed tableName, '{0}' could not be located in the ancestor structures."
Xslt Port	InvalidColumnAttributes	Bad port document: 'column' element must have a 'name' and 'type' attribute."
Xslt Port	InvalidColumnName	Bad port document: A column cannot have the name, 'id' since this column is automatically generated."
Xslt Port	InvalidFeedAttributes	Bad port document: The 'feed' must have a 'tableName', 'keyField' and 'contentsField' attributes."
Xslt Port	InvalidRequestAttributes	Bad port document: The 'request' must have 'tableName', 'regex' and 'contents' attributes."
Xslt Port	NoDataSetSupplied	No DataSet supplied to the Fetch or Update port interface."
Xslt Port	NoFeed	Bad port document: Regex port requires a 'feed' element. The 'feed' will supply the Regex port with data to parse."
Xslt Port	NonUpdateable	Regex port does not support updates."
Xslt Port	NoPortElement	Bad port document: Must have a 'port' element as the top node."

Error Category	Error Code	Error Message
Xslt Port	NoRequest	Bad port document: Regex port requires a 'request' element with a tableName and regex attributes."
Xslt Port	NoTransform	Bad port document: The XsltPort requires a 'transform' element with the contents set to a transform (xslt)."

Appendix H Setup Instructions for SSIS User on MN-ITS

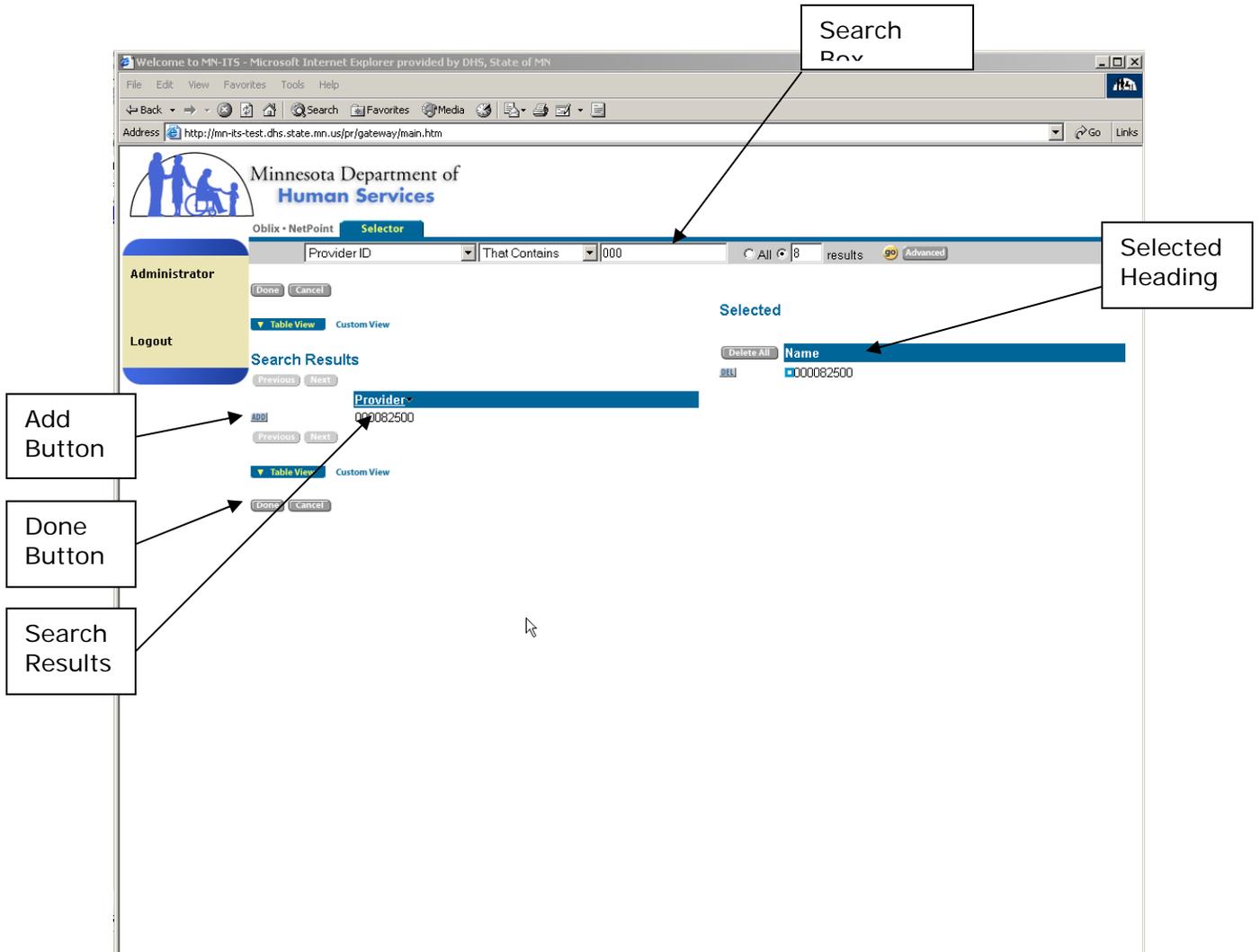
In order to be able to run the SSIS/MMIS Interface, counties must set up a user for SSIS on their MN-ITS accounts. Each county's MN-ITS Administrator will have to create a new user ID = SSIS@ProviderNumber. Instructions from MN-ITS are available at <http://www.dhs.state.mn.us/provider/mn-its/howto/register/admin6.htm>.

From the Admin Screen go to Create User Identity (Screen 1).

Screen 1 Create User Identity Screen

Required Field Setup

1. In the First Name field enter "S" (**Upper case**).
2. In the Last Name field enter "SIS" (**Upper case**).
3. In the Full Name field enter "SSIS" (**Upper case**).
4. Select the County Provider Number by clicking on Select (Screen 1).
 - a. Search for county provider number. (screen 2)
 - i. At the top of the Select Provider Screen enter your county provider number in the Search box and click Go.



Screen 2 Select Provider Screen

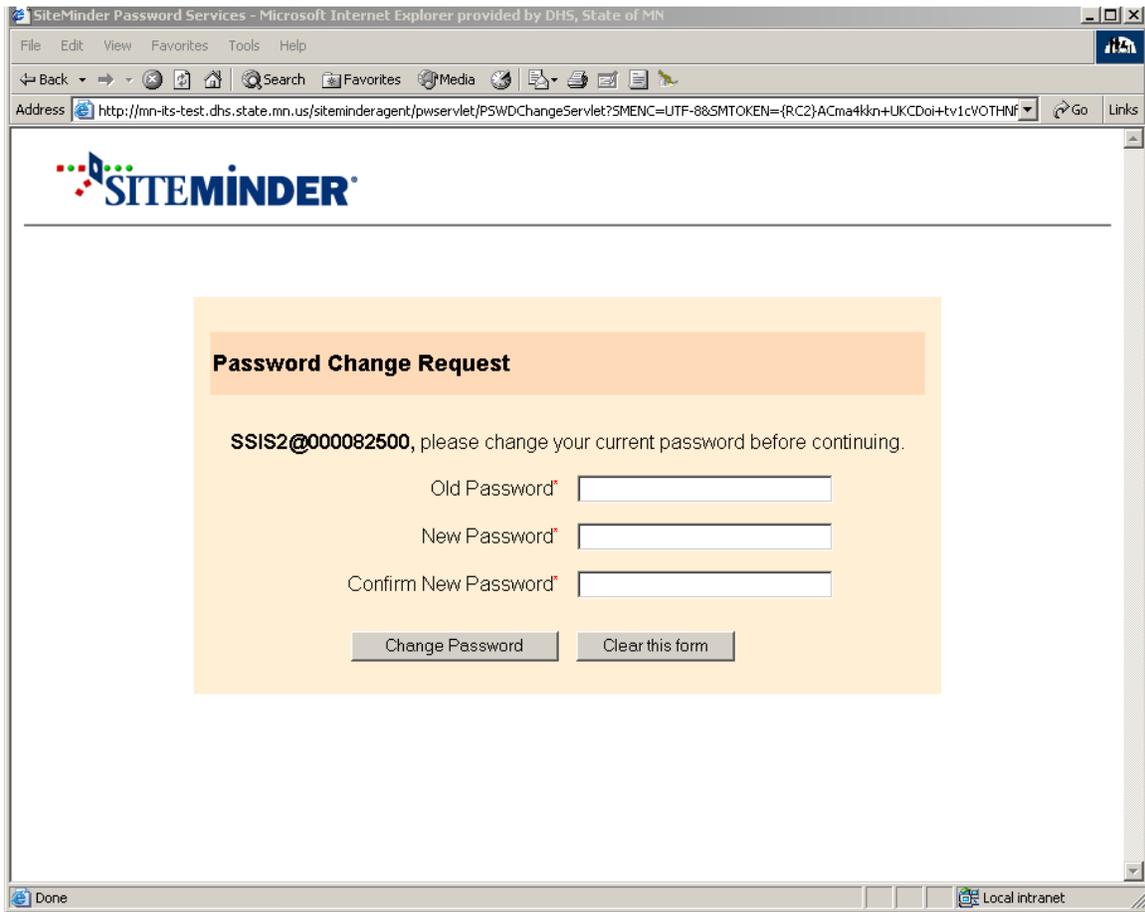
- b. After provider number is returned in the Search Results, click the Add button.
 - c. Once the provider is listed under the Selected heading click Done.
5. Check both the Interactive and Batch check boxes in the MN-ITS Application Role (Screen 1).

- Set up the initial password for this user as "ssispass" (**Make sure to setup this password in all lower case**). Click Save (Screen 1).

Change Password

MN-ITS requires that the user needs to change the MN-ITS password the first time they log in to the MN-ITS site.

- After Setting up the new username and password log in to the MN-ITS site with the new username and password (<http://mn-its.dhs.state.mn.us/>).
- After logging in the user will be prompted to change the password (Screen 3).



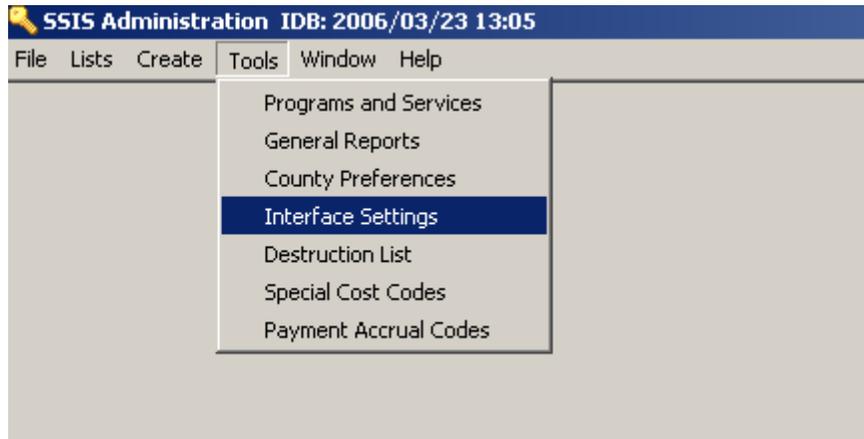
Screen 3 Password Change Screen

- Change the password to a new password of your choosing.
- Log off

Update password in SSIS

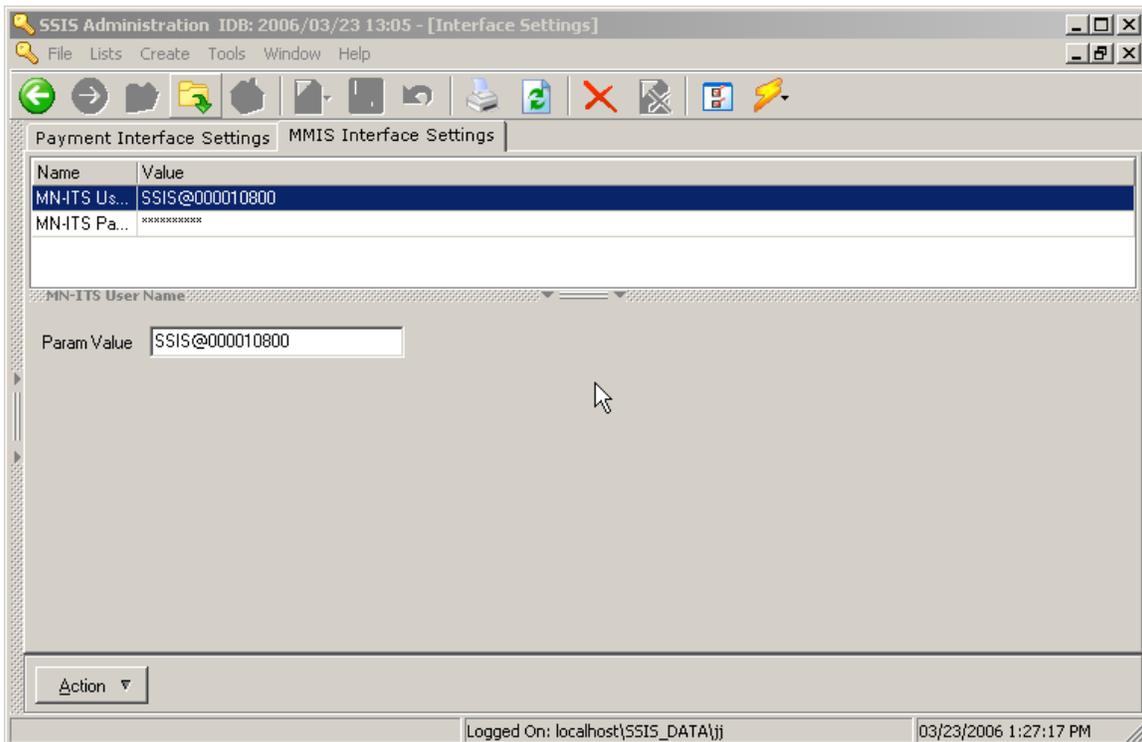
- Double click on the Admin Shortcut, or Select the admin application from the Start menu|Programs|SSIS Client|Admin.

2. Log into the SSIS Admin application.
3. Go to the Interface Settings Screen. (Tools|Interface Settings).(Screen 4)



Screen 4 Interface Settings Location

4. Go to the MMIS Interface Settings Tab. (Screen 5)



Screen 5 MMIS Interface Settings Tab

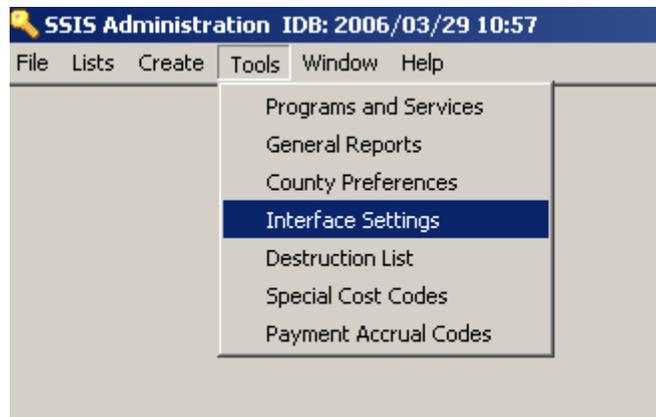
5. Enter and save the user id you created in the MN-ITS Username field.
6. Enter and save the password you created in the MN-ITS Password field.

Appendix I Setup Claiming Interface Settings

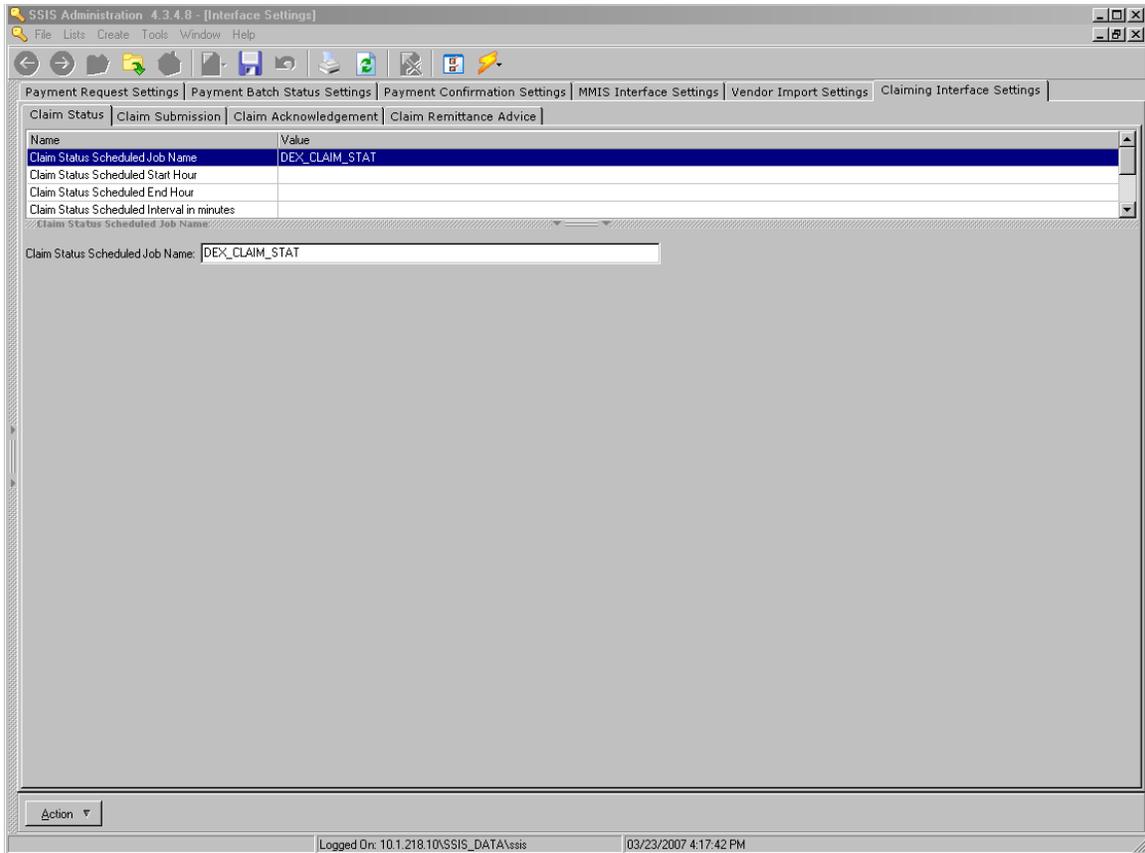
This document describes the interface settings for the claiming module. There are four separate interfaces that the claiming module uses.

- Claim Submission: Creates a 837 X12 EDI file for each submitted Claim batch, and transfers the file to the county MN-ITS mailbox.
- Claim Acknowledgement: MMIS creates a 997 X12 EDI file for each 837 file submitted and places it in the county MN-ITS mailbox. This interface retrieves the 997 file and updates the claim batch with an error if the 837 file for that batch failed. If the file fails SSIS needs to intervene to fix the problem and help the county re-submit the batch.
- Claim Status: MMIS Creates a file that lists all of the claims processed from the county and their status. This interface retrieves the file from MMIS, and updates the status of each claim record contained in the file.
- Remittance Advice: MMIS places the Remittance advice as a 835 X12 EDI file into the county MN-ITS mailbox. This interface retrieves the 835 file from the MN-ITS mailbox, and updates the claims with the status and paid amount.

The interface Settings screen is available in admin in the Tools|Interface Settings menu (Screen F-1). The Interface settings for the claiming interface are available on the Claiming Interface Settings tab (Screen F-2).



Screen F-1 Interface Settings Menu

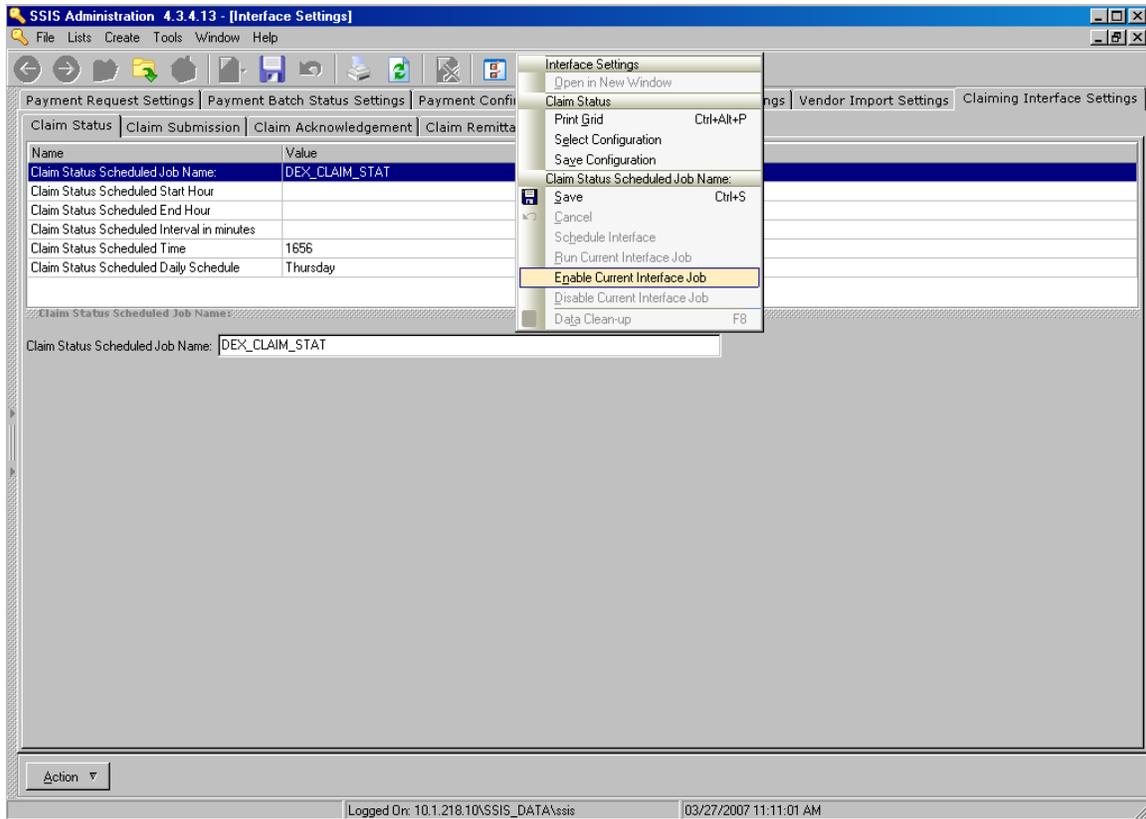


Screen F-2 Claiming Interface Tab

The following sections go over the interface settings for each of the claiming interfaces. After setting up the schedule, the county must take the menu options enable the interface, and schedule the interface from each of the Claiming Interface Settings tabs..

In order to enable the interface and schedule the interface:

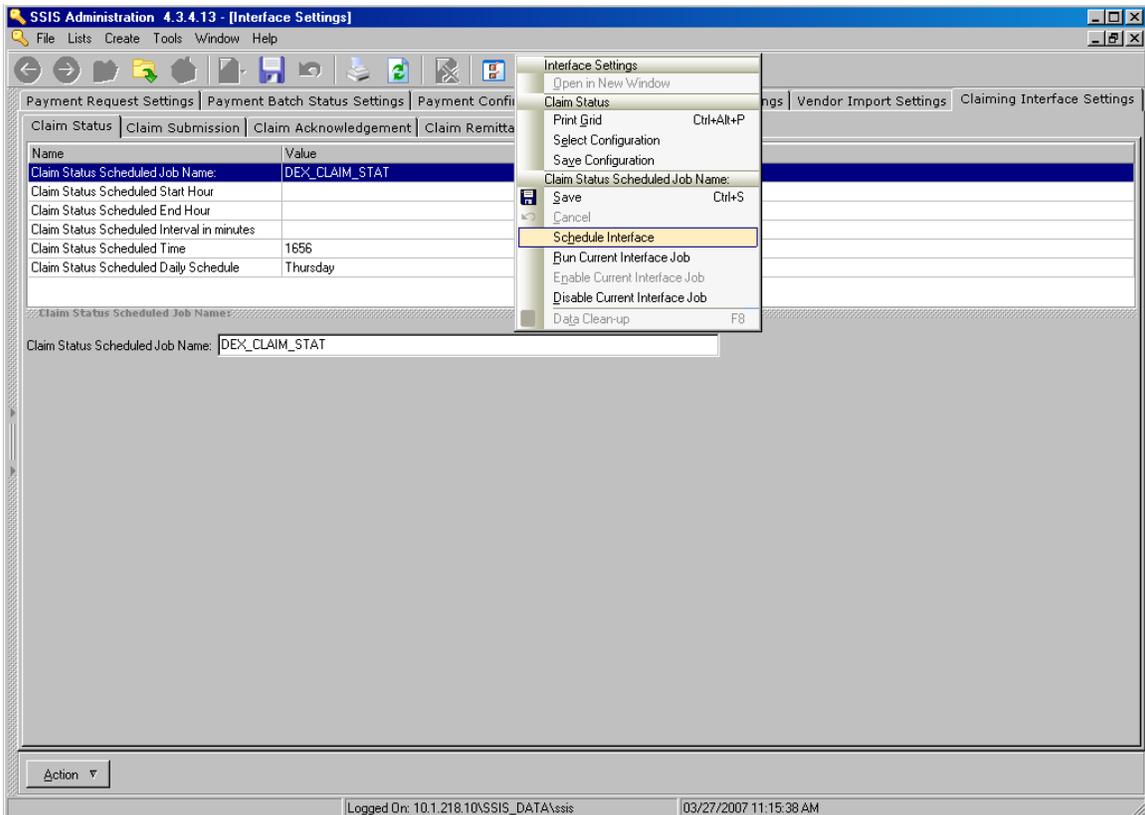
1. Set up the interface values and save the settings (See sections below).
2. From the Action Menu select the "Enable Current Interface Job" option (Screen F-3).



Screen F-3 Enable Current Interface Job.

3. From the action menu select the "Schedule Interface" option (Screen F-4). This option is only available after enabling the job.

The steps of enabling and scheduling the interface needs to be taken on each of the following tabs: Claim Status, Claim Submission, Claim Acknowledgement, and Claim Remittance Advice.



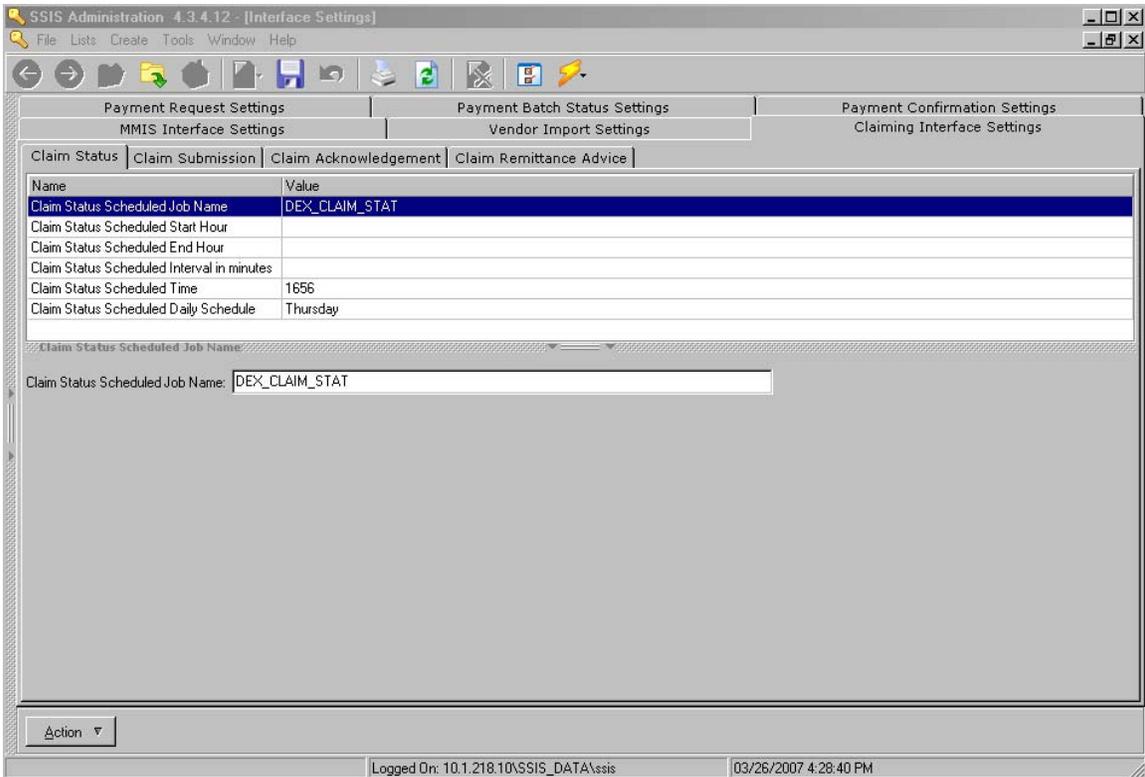
Screen F-4 Schedule Interface.

SSIS’s recommendations for the schedule settings are listed in the following sections. The claiming interfaces generally only need to be run once daily, and if they need to be run at a non-scheduled time then there is a menu option that allows a user to run the interface manually. The menu option “Run Current Interface Job” is available in Admin on the each of the claiming interface tabs interface tab.

I.1 Claim Status Interface Settings

This section describes the interface setting values for the claim status process. Screen F-5 shows the location of the claim status interface settings on the Claim Status tab under the Claiming Interface Settings tab.

The Claim Status Interface uses the MN-ITS User Name and MN-ITS User Password from the MMIS Interface Settings tab. The MN-ITS User Name and Password are the same for all of the Claiming Interfaces.



Screen F-5 Claim Status Interface Settings tab.

Item	Example	Recommended Interface Setting	System/County Defined
<p>1.1</p> <p>Claim Status Scheduled Job Name</p> <p>Is a read-only parameter that indicates the name of the DEX job for scheduling the specified interface.</p>	DEX_CLAIM_STAT	DEX_CLAIM_STAT	System Defined

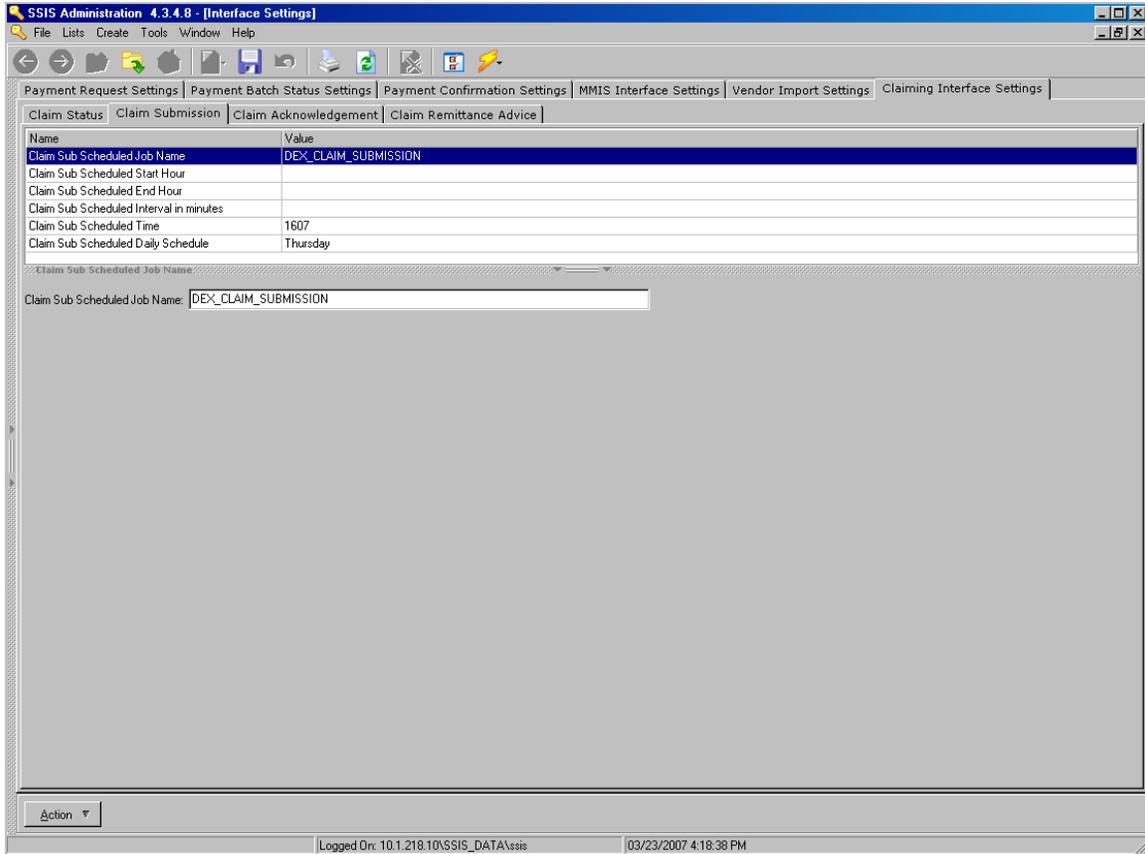
Item	Example	Recommended Interface Setting	System/County Defined
<p>1.2</p> <p>Claim Status Scheduled Start Hour</p> <p>This option is used only if you want the DEX process to run multiple times per day. Options 1.5 will not be available if this field is valued.</p>	<p>07</p> <p>Is valued at 7:00 AM</p>	<p>Leave Blank</p>	<p>County Defined</p>
<p>1.3</p> <p>Claim Status Scheduled End Hour</p> <p>This option is used only if you want the DEX process to run multiple times per day. Options 1.5 will not be available if this field is valued.</p>	<p>18</p> <p>Is valued at 6:00 PM</p>	<p>Leave Blank</p>	<p>County Defined</p>
<p>1.4</p> <p>Claim Status Scheduled Interval in minutes</p> <p>This option is used only if you want the DEX process to run multiple times per day. Options 1.5 will not be available if this field is valued.</p>	<p>15</p> <p>Is set to run every 15 minutes.</p>	<p>Leave Blank</p>	<p>County Defined</p>

Item	Example	Recommended Interface Setting	System/County Defined
<p>1.5 Claim Status Scheduled Time</p> <p>This option is used only if you want the DEX process to run once per day. Options 1.2, 1.3 & 1.4 will not be available if this field is valued.</p>	<p>0700</p> <p>Is valued at 7:00 AM</p>	<p>0730</p>	<p>County Defined</p>
<p>1.6 Claim Status Scheduled Daily Schedule</p> <p>This option is used to set the day of the week for the interface to run. This field is required in order for any scheduling options to work.</p>	<p>Monday, Tuesday, Wednesday, Thursday, Friday</p>	<p>Monday, Tuesday, Wednesday, Thursday, Friday</p>	<p>County Defined</p>

I.2 Claim Submission Interface Settings

This section describes the interface setting values for the claim submission process. Screen F-6 shows the location of the claim submission interface settings on the Claim Submission tab under the Claiming Interface Settings tab.

The Claim Submission Interface uses the MN-ITS User Name and MN-ITS User Password from the MMIS Interface Settings tab. The MN-ITS User Name and Password are the same for all of the Claiming Interfaces.



Screen F-6 Claim Submission Interface Settings Tab.

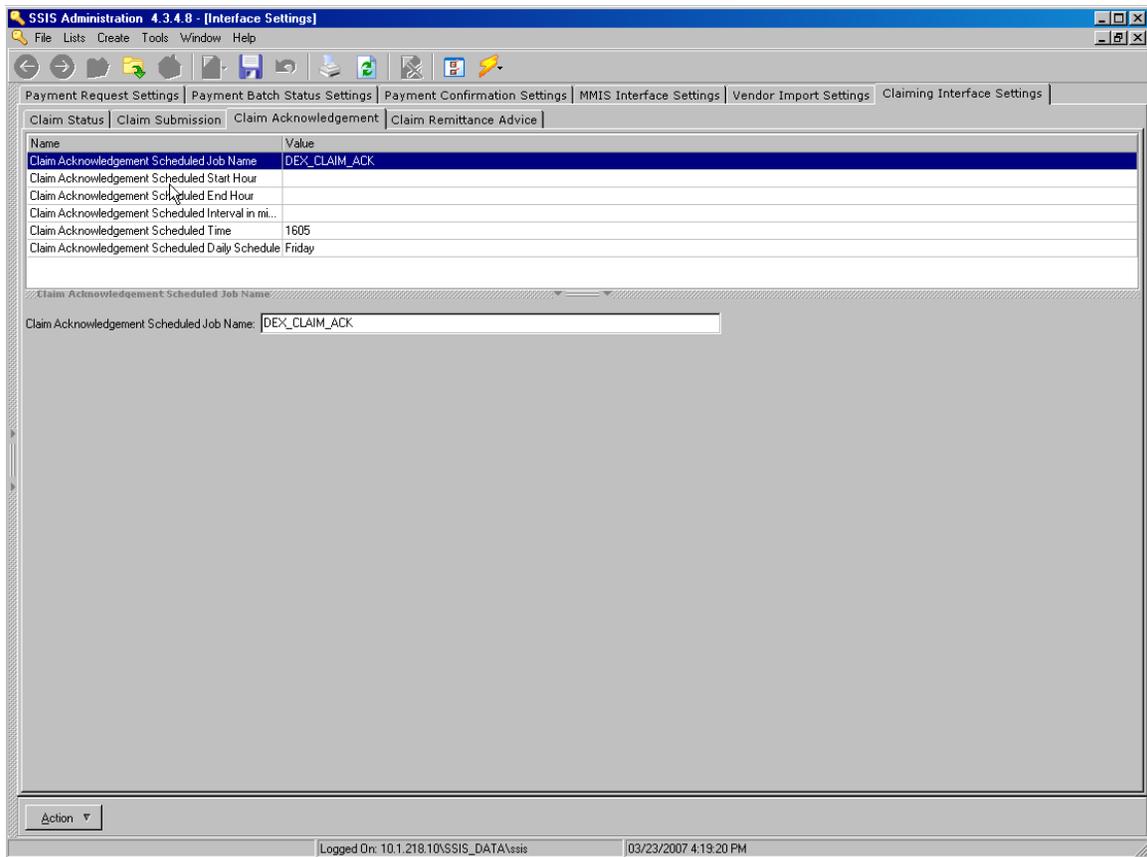
Item	Example	Recommended Interface Setting	System/County Defined
<p>2.1</p> <p>Claim Submission Scheduled Job Name</p> <p>Is a read-only parameter that indicates the name of the DEX job for scheduling the specified interface.</p>	DEX_CLAIM_SUBMISSION	DEX_CLAIM_SUBMISSION	System Defined

Item	Example	Recommended Interface Setting	System/County Defined
<p>2.2</p> <p>Claim Submission Scheduled Start Hour</p> <p>This option is used only if you want the DEX process to run multiple times per day. Options 2.5 will not be available if this field is valued.</p>	<p>07</p> <p>Is valued at 7:00 AM</p>	<p>Leave Blank</p>	<p>County Defined</p>
<p>2.3</p> <p>Claim Submission End Hour</p> <p>This option is used only if you want the DEX process to run multiple times per day. Options 2.5 will not be available if this field is valued.</p>	<p>18</p> <p>Is valued at 6:00 PM</p>	<p>Leave Blank</p>	<p>County Defined</p>
<p>2.4</p> <p>Claim Submission Scheduled Interval in minutes</p> <p>This option is used only if you want the DEX process to run multiple times per day. Options 2.5 will not be available if this field is valued.</p>	<p>15</p> <p>Is set to run every 15 minutes.</p>	<p>Leave Blank</p>	<p>County Defined</p>
<p>2.5</p> <p>Claim Submission Scheduled Time</p> <p>This option is used only if you want the DEX process to run once per day. Options 2.2, 2.3 & 2.4 will not be available if this field is valued.</p>	<p>0700</p> <p>Is valued at 7:00 AM</p>	<p>1800</p>	<p>County Defined</p>

Item	Example	Recommended Interface Setting	System/County Defined
<p>2.6</p> <p>Claim Submission Scheduled Daily Schedule</p> <p>This option is used to set the day of the week for the interface to run. This field is required in order for any scheduling options to work.</p>	<p>Monday, Tuesday, Wednesday, Thursday, Friday</p>	<p>Monday, Tuesday, Wednesday, Thursday, Friday</p>	<p>County Defined</p>

1.3 Claim Acknowledgement Interface Settings

This section describes the interface setting values for the claim acknowledgement process. Screen F-7 shows the location of the claim acknowledgement interface settings on the Claim Acknowledgement tab under the Claiming Interface Settings tab. The Claim Acknowledgement Interface uses the MN-ITS User Name and MN-ITS User Password from the MMIS Interface Settings tab. The MN-ITS User Name and Password are the same for all of the Claiming Interfaces.



Screen F-7 Claim Acknowledgement Interface Settings Tab.

Item	Example	Recommended Interface Setting	System/County Defined
<p>3.1 Claim Acknowledgement Scheduled Job Name</p> <p>Is a read-only parameter that indicates the name of the DEX job for scheduling the specified interface.</p>	<p>DEX_CLAIM_ACK</p>	<p>DEX_CLAIM_ACK</p>	<p>System Defined</p>
<p>3.2 Claim Acknowledgement Scheduled Start Hour</p> <p>This option is used only if you want the DEX process to run multiple times per day. Options 3.5 will not be available if this field is valued.</p>	<p>07 Is valued at 7:00 AM</p>	<p>Leave Blank</p>	<p>County Defined</p>
<p>3.3 Claim Acknowledgement Scheduled End Hour</p> <p>This option is used only if you want the DEX process to run multiple times per day. Options 3.5 will not be available if this field is valued.</p>	<p>18 Is valued at 6:00 PM</p>	<p>Leave Blank</p>	<p>County Defined</p>
<p>3.4 Claim Acknowledgement Scheduled Interval in minutes</p> <p>This option is used only if you want the DEX process to run multiple times per day. Options 3.5 will not be available if this field is valued.</p>	<p>15 Is set to run every 15 minutes.</p>	<p>Leave Blank</p>	<p>County Defined</p>
<p>3.5 Claim Acknowledgement Scheduled Time</p> <p>This option is used only if you want the DEX process to run once per day. Options 3.2, 3.3 & 3.4 will not be available if this field is valued.</p>	<p>0700 Is valued at 7:00 AM</p>	<p>0700</p>	<p>County Defined</p>

Item	Example	Recommended Interface Setting	System/County Defined
<p>3.6 Claim Acknowledgement Scheduled Daily Schedule</p> <p>This option is used to set the day of the week for the interface to run. This field is required in order for any scheduling options to work.</p>	<p>Monday, Tuesday, Wednesday, Thursday, Friday</p>	<p>Monday, Tuesday, Wednesday, Thursday, Friday</p>	<p>County Defined</p>

I.4 Remittance Advice Interface Settings

This section describes the interface setting values for the claim remittance advice process. Screen F-8 shows the location of the claim remittance advice interface settings on the Claim Remittance Advice tab under the Claiming Interface Settings tab.

The Claim Remittance Advice Interface uses the MN-ITS User Name and MN-ITS User Password from the MMIS Interface Settings tab. The MN-ITS User Name and Password are the same for all of the Claiming Interfaces.

Name	Value
Remittance Advice Scheduled Job Name	DEX_REMIT_ADV
Remittance Advice Scheduled Start Hour	
Remittance Advice Scheduled End Hour	
Remittance Advice Scheduled Interval in minutes	
Remittance Advice Scheduled Time	
Remittance Advice Scheduled Daily Schedule	

Remittance Advice Scheduled Job Name:

Screen F-8 Claim Remittance Advice Interface Settings Tab.

Item	Example	Recommended Interface Setting	System/County Defined
<p>4.1</p> <p>Remittance Advice Scheduled Job Name</p> <p>Is a read-only parameter that indicates the name of the DEX job for scheduling the specified interface.</p>	DEX_REMIT_ADV	DEX_REMIT_ADV	System Defined
<p>4.2</p> <p>Remittance Advice Scheduled Start Hour</p> <p>This option is used only if you want the DEX process to run multiple times per day. Options 4.5 will not be available if this field is valued.</p>	<p>07</p> <p>Is valued at 7:00 AM</p>	Leave Blank	County Defined
<p>4.3</p> <p>Remittance Advice Scheduled End Hour</p> <p>This option is used only if you want the DEX process to run multiple times per day. Options 4.5 will not be available if this field is valued.</p>	<p>18</p> <p>Is valued at 6:00 PM</p>	Leave Blank	County Defined
<p>4.4</p> <p>Remittance Advice Scheduled Interval in minutes</p> <p>This option is used only if you want the DEX process to run multiple times per day. Options 4.5 will not be available if this field is valued.</p>	<p>15</p> <p>Is set to run every 15 minutes.</p>	Leave Blank	County Defined

Item	Example	Recommended Interface Setting	System/County Defined
<p>4.5</p> <p>Remittance Advice Scheduled Time</p> <p>This option is used only if you want the DEX process to run once per day. Options 4.2, 4.3 & 4.4 will not be available if this field is valued.</p>	<p>0700</p> <p>Is valued at 7:00 AM</p>	<p>0800</p>	<p>County Defined</p>
<p>4.6</p> <p>Remittance Advice Scheduled Daily Schedule</p> <p>This option is used to set the day of the week for the interface to run. This field is required in order for any scheduling options to work.</p>	<p>Monday, Tuesday, Wednesday, Thursday, Friday</p>	<p>Monday, Tuesday, Wednesday, Thursday, Friday</p>	<p>County Defined</p>