Vendor Specification

Submitter Reports

TABLE OF CONTENTS

SECTION 1. INTRODUCTION

1.1   Purpose

A TMHP submitter who sends transactions in the X12 format will receive the **Accepted Transaction Report**, **Rejected Transaction Report, Extract Transaction Report and 997 acknowledgment** if the file successfully passes HIPAA edits. If the file fails HIPAA edits, the rejections are returned in the Rejected Transaction Report.

If the X12 transaction does not have rejections, then an Accepted Transaction Report listing all of the submission's results and a Rejected Transaction Report with no data reported is returned to the submitter. Conversely, if all of a submission is rejected, then a Rejected Transaction Report listing all of the submission's errors and an Accepted Transaction Report with no data reported is returned to the submitter.

1.2   Contact Information

TMHP EDI Help Desk
The Electronic Data Interchange (EDI) Help Desk provides technical assistance only by troubleshooting TMHP EDI issues. Contact your system administrator for assistance with modem, hardware, or phone line issues.

To reach the TMHP EDI Help Desk, select one of the following methods:

- **Fax 512-514-4230 or 512-514-4228**
- **For Medicaid, CSHCN and Family Planning electronic filing issues, call 888-863-3638 (or in Austin, call 512-514-4150)**
- **For Long Term Care issues, call 800-626-4117 (Select option 2) (or in Austin, call 512-335-4729)**

The TMHP EDI Help Desk is available **Monday through Friday, 8 a.m. to 5:30 p.m. CST.**

SECTION 2. ACCEPTED TRANSACTION REPORT LAYOUT

2.1   Multiple Transactions Report Example

```
                        ACCEPTED TRANSACTION REPORT
                        ***************************

Submitter Name  -  XXXXXXXXX      Submitter ID  - XXXXXXXXX
Submission ID  - XXXXXXXX
Processing Date and Time  - CCYY-MM-DD HH:MM:SS
Provider Name - XXXXXXXXXX                Provider ID - XXXXXXXXX
Payer Name - XXXXXXXXX                    Payer ID -XXXXXXXXXX
TXN Format/Version - XXXXXXXXXX
_____
Submitter File#   Receipt Date Group#    Transaction/Trace#  Batch ID
    MemberID               Patient Last Name    Initial  PCN
        TOB/POS    Charge                        From Date    To Date
_____
111111111       CCYY-MM-DD   9         123456              XXXXXXXX
   XXXXXX               LASTNAME                X     XXXXXXXXX
     XXX      $XXX.XX                         CCYYMMDD    CCYYMMDD
----------------------------------------------------------------------
_____
Submitter Name  -  XXXXXXXXX     Submitter ID  - XXXXXXXXX
Submission ID  - XXXXXXXX
Processing Date and Time  - CCYY-MM-DD HH:MM:SS
Provider Name - XXXXXXXXXX                Provider ID - XXXXXXXXX
Payer Name - XXXXXXXXX                    Payer ID -XXXXXXXXXX
TXN Format/Version - XXXXXXXXXX
_____
Submitter File#   Receipt Date Group#    Transaction/Trace#  Batch ID
    MemberID               Patient Last Name    Initial  PCN
        TOB/POS    Charge                        From Date    To Date
_____
111111111       CCYY-MM-DD   9         123456              XXXXXXXX
   XXXXXX               LASTNAME                X     XXXXXXXXX
     XXX      $XXX.XX                         CCYYMMDD    CCYYMMDD
----------------------------------------------------------------------
_____
Submitter Name  -  XXXXXXXXX     Submitter ID  - XXXXXXXXX
Submission ID  - XXXXXXXX
Processing Date and Time  - CCYY-MM-DD HH:MM:SS
Provider Name - XXXXXXXXXX                Provider ID - XXXXXXXXX
Payer Name - XXXXXXXXX                    Payer ID -XXXXXXXXXX
TXN Format/Version - XXXXXXXXXX
_____
Submitter File#   Receipt Date Group#    Transaction/Trace#  Batch ID
    MemberID               Patient Last Name    Initial  PCN
        TOB/POS    Charge                        From Date    To Date
_____
111111111       CCYY-MM-DD   9         123456              XXXXXXXX
   XXXXXX               LASTNAME                X     XXXXXXXXX
     XXX      $XXX.XX                         CCYYMMDD    CCYYMMDD         --------
-------------------------------------------------------------
_____


 Total Accept Txn: 3            Total Accept Charge: $XXX.XX
```

2.2   No Accepted Transactions Report Example

```
                    ACCEPTED TRANSACTION REPORT
                    **************************



 Total Accept Txn: 0           Total Accept Charge: $0.00
```

SECTION 3. ACCEPTED TRANSACTION REPORT DESCRIPTION

3.1   Claims

This detail report lists activity by submitter, provider, payer and transaction for each transaction document that passes TMHP editing. This report is generated per submission at the 2000B level and is returned to the submitter. For each accepted transaction the report includes: Interchange Control number, Group Control Number, Transaction Control Number, Trace Number, Member Identifier, Patient Last Name, Patient First Initial, Patient Control Number, Type of Bill or Place of Service, Charge, Transaction From and To dates, and Receipt Date.

Field Name	Description	Field Length	X12 837 Version 4010A
Submitter Number	Number of the entity submitting the file	1-35	1000A NM109 if NM101=41
Submitter name	Name of entity submitting the file	1-15	1000A NM103 if NM101=41
Billing Provider Name	Name of the billing entity	1-35	2010AA NM103 if NM101=85
Billing Provider ID	Number associated with the billing entity	2-80 (X12 length)	2010AA NM109 if NM101=85
Payer ID	Number associated with the organization paying the claim	2-80 (X12 length)	1000B NM109 if NM101= 40
Payer Name	Name associated with the organization paying the claim	1-35	1000B NM103 if NM101=40
Submission ID	TMHP generated batch id	Batch ID	TMHP generated batch id
Transaction Type	Literal identifying the transaction format and version (Example: TXN Format/Version - Institutional Claim A1 X12 4010)	34-48	Based on GS08
Processing Date and Time	Date and time of report generation (Example: 2004-12-05 05:49:03)	CCYY-MM-DD HH:MM:SS	Date and time of report generation
Total Accepted Transactions	Total number of transactions that were accepted within the batch by provider	10	Calculated from the number of accepted transactions within the batch by provider.

Field Name	Description	Field Length	X12 837 Version 4010A1
Total Accepted Charge	Total Charge amounts for all accepted transactions within the batch	TMHP generated	Sum of each 2300 CLM02 within the batch for accepted transactions by provider.
Interchange Control Number	A control number assigned by the interchange sender	9 (X12 length)	ISA13
Group Control Number	A Control number assigned and maintained by the sender	1-12	GS06
Transaction Control Number	A control number assigned by the originator for a transaction set. Must be unique within the functional group	4-9 (X12 length)	ST02
Trace Number	Number used to associate a request to a response	10	BHT03
Member Identification	The number assigned to the subscriber by the payer	1-22	2300 CLM01
Patient Last Name	Patient last name	1-22	2010BA NM103 if NM101=IL
Patient First Initial	Patient first initial (followed by 8 spaces)	1-9	2010BA NM106 if NM101=IL
Patient Control Number	Number used to track the claim by the health care provider through payment	1-21	2010BA NM109 if NM101=IL
Type of Bill/Place of Service	Code identifying where the services were performed	1-12	2300 CLM05-1, CLM05-3
Charge	Total amount of all submitted charges for all lines of the claim	1-30	2300 CLM02
From Date	Initial date of service	1-8	See Figure 1
To Date	Ending date of service	1-8	See Figure 2
Receipt Date	Date transaction was generated by the sender	6-8	ISA09

Figure 1
If Institutional and 2300 DTP01 = 434 and DTP02 = D8 then use DTP03
If Institutional and 2300 DTP01 = 434 and 2300 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date.
If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = D8 then use DTP03
If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date.

Figure 2
If Institutional and 2300 DTP01 = 434 and 2300 DTP02 = D8 then use DTP03
If Institutional and 2300 DTP01 = 434 and 2300 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 2nd date.
If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = D8 then use DTP03
If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 2nd date.

3.2 <u>Non-Claims</u>

This detail report lists activity by submitter and provider for each claim that passes TMHP editing. This report is generated per submission at the 2000B level and is returned to the submitter. For each accepted transaction the report includes: Interchange Control number, Group Control Number, Transaction Control Number, Trace Number, Member Identifier, Patient Last Name, Patient First Initial, Patient Control Number, Type of Bill or Place of Service, Charge, Transaction From and To dates, and Receipt Date.

Field Name (Description)	X12 270	X12 276
Submitter ID (Number of the entity submitting the file)	2100B NM109	2100B NM109 when NM101=41
Submitter name (Name of entity submitting the file)	2100B NM103	2100B NM103 when NM101 =41
Billing Provider Name (Name of the billing entity)	N/A	2100C NM103 when NM101 =1P
Billing Provider ID (Number associated with the billing entity)	N/A	2100A NM109 when NM101=1P
Payer ID (Number associated with the organization paying the claim)	2100A NM109	2100A NM109 when NM101 =PR
Payer Name (Name associated with the organization paying the claim)	2100A NM103	2100A NM103 when NM101 =PR
Submission ID	TMHP generated batch id	
Transaction Type (Literal identifying the transaction format and version)	Based on GS08 (Example: Eligibility Request A1 X12 4010	Based on GS08 (Example: Claim Status Inquiry A1 X12 4010)
Processing Date and Time	Date and time of report generation	
Total Accepted Transactions	Total number of transactions accepted within the batch by provider	
Total TMHP Accepted Charge (Total Submitted Charge amounts for all accepted transactions within the batch)	N/A	Sum of 2210D SVC02 (if blank check) 2210E SVC02 (if blank check) 2200D AMT02 (if blank check) 2200E AMT02

Field Name (Description)	X12 270	X12 276
Interchange Control Number (A control number assigned by the interchange sender)	ISA13	ISA13
Group Control Number (A Control number assigned and maintained by the sender)	GS06	GS06
Transaction Control Number (A control number assigned by the originator for a transaction set. Must be unique within the functional group)	ST02	ST02
Trace Number (Number used to associate a request to a response)	BHT03	2200D TRN02 (if blank check) 2200E TRN02
Member Identification (The number assigned to the subscriber by the payer.)	2100C NM109 when NM101=IL	2100D NM109 when NM101=IL or QC (if blank check) 2100E NM109 when NM101=IL or QC
Patient Last Name	2100C NM103 when NM101=IL	2100D NM103 when NM101=IL or QC If blank check 2100 E NM103 when NM101 =IL or QC
Patient First Initial	2100C NM104 when NM101=IL	2100D NM104 when NM10= IL or QC If blank check 2100 E NM104 when NM101=IL or QC
Patient Control Number (Number used to track the claim by the health care provider through payment)	2000C TRN02 when TRN01=1 or 2	2200D REF02 when REF01=EA If blank check 2200E REF02 when REF01=EA

Field Name (Description)	X12 270	X12 276
Charge (Total amount of all submitted charges for all lines of the claim)	N/A	2210D SVC02 (if blank check) 2210E SVC02 (if blank check) 2200D AMT02 (if blank check) 2200E AMT02
Type of Bill/Place of Service (Code identifying where the services were performed)	N/A	2200D REF02 when REF01=BLT If blank check 2200E REF02 when REF01=BLT
From Date (Initial date of service)	N/A	See Figure 3
To Date (Ending date of service)	N/A	See Figure 3
Receipt Date (Date transaction was generated by the sender)	ISA09	ISA09

Figure 3
If Institutional and 2200D DTP01 = 232
If DTP02 = RD8 then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date. Else Invalid transaction
Else
If 2200E DTP01 = 232 If DTP02 = RD8 Then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date Else
Invalid transaction
Else Leave field blank
If Professional/Dental and 2210D DTP01 = 472
If DTP02 = RD8 Then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date. Else Invalid transaction
Else
If 2200D DTP01 = 232 If DTP02 = RD8 Then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date Else
Invalid transaction
Else If 2200E DTP01 = 472
If DTP02 = RD8, then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
Else
If 2200D DTP01 = 232
If DTP02 = RD8 Then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date Else
Invalid transaction

Else
Leave field blank

Figure 4
FROM DATE:
If Institutional and 2100 DTM01 = 232 use DTM02
If Prof/Dental and 2110 DTM01 = 150 or 472 use DTM02
TO DATE:
If Institutional and 2100 DTM01 = 233 use DTM02
If Prof/Dental and 2110 DTM01 = 151 use DTM02

SECTION 4. REJECTED TRANSACTION REPORT LAYOUT

4.1 Multiple Transactions with MULTIPLE ERRORS Report Example

```
                              REJECTED TRANSACTION REPORT
            ****************************
Submitter Name –XXXXXXXX Submitter ID – XXXXXXXXX
Submission ID – XXXXXXXX
Processing Date and Time – CCYY-MM-DD HH:MM:SS
Provider Name – XXXXXXXXX                    Provider ID – XXXXXXXX
Payer Name – XXXX          Payer ID – XXXXXXXXX
TXN Format/Version – XXXXXXXXX
Submitter File# Receipt Date Group#    Transaction/Trace# Batch ID
   MemberID        Patient Last Name    Initial  PCN
      TOB/POS    Charge              From Date   To Date
N/A        CCYY-MM-DD  XX    XXXXXXXX          XXXXXXXX
   XXXXXXXX       LASTNAME       X     XXXXXXXXX
     N/A    $XXX.XX            CCYYMMDD   CCYYMMDD
Additional Explanation:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX.
Submitter Name –XXXXXXXX Submitter ID – XXXXXXXXX
Submission ID – XXXXXXXX
Processing Date and Time – CCYY-MM-DD HH:MM:SS
Provider Name – XXXXXXXXX                    Provider ID – XXXXXXXX
Payer Name – XXXX          Payer ID – XXXXXXXXX
TXN Format/Version – XXXXXXXXX
Submitter File# Receipt Date Group#    Transaction/Trace# Batch ID
   MemberID        Patient Last Name    Initial  PCN
      TOB/POS    Charge              From Date   To Date
N/A        CCYY-MM-DD  XX    XXXXXXXX          XXXXXXXX
   XXXXXXXX       LASTNAME       X     XXXXXXXXX
     N/A    $XXX.XX            CCYYMMDD   CCYYMMDD
Additional Explanation:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX.
Submitter Name –XXXXXXXX Submitter ID – XXXXXXXXX
Submission ID – XXXXXXXX
Processing Date and Time – CCYY-MM-DD HH:MM:SS
Provider Name – XXXXXXXXX                    Provider ID – XXXXXXXX
Payer Name – XXXX          Payer ID – XXXXXXXXX
TXN Format/Version – XXXXXXXXX
Submitter File# Receipt Date Group#    Transaction/Trace# Batch ID
   MemberID        Patient Last Name    Initial  PCN
      TOB/POS    Charge              From Date   To Date
N/A        CCYY-MM-DD  XX    XXXXXXXX          XXXXXXXX
   XXXXXXXX       LASTNAME       X     XXXXXXXXX
     N/A    $XXX.XX            CCYYMMDD   CCYYMMDD
Additional Explanation:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX.

Total  Reject Txn: 3           Total Reject Charge: $XXXX.XX
```

4.2   No Rejected Transactions Report Example

REJECTED TRANSACTION REPORT
****

Total Reject Txn: 0   Total Reject Charge: 0.00

SECTION 5. REJECTED TRANSACTION REPORT DESCRIPTION

5.1   Claims

This detail report lists reject activity by submitter, provider, and payer. This report is generated per submission at the 2000B level and is returned to the submitter. For each rejected transaction the report includes: Member Identifier, Patient Last Name, Patient First Initial, Patient Control Number, Document Control Number, Type of Bill or Place of Service, Charge, Transaction From and To dates, Receipt Date, Reject Code, and Reject Description.

Field Name	Description	Field Length	X12 Version 4010A1
Submitter name	Name of entity submitting the logical file	1-35	1000A NM103 if NM101=41
Submitter ID	Number of the entity submitting the logical file	1-15	1000A NM103 if NM101=41
Billing Provider Name	Name of the billing entity	1-35	2010AA NM103 if NM101=85
Billing Provider ID	Number associated with the billing entity	2-80 (X12 length)	2010AA NM109 if NM101=85
Payer ID	Number associated with the organization paying the claim	2-80 (X12 length)	1000B NM109 if NM101=40
Payer Name	Name associated with the organization paying the claim	1-35	1000B NM103 if NM101=40
Submission ID	TMHP Generated Batch ID		
Transaction Type	Literal identifying the transaction format and version (Example: TXN Format/Version - Institutional Claim A1 X12 4010)	34-48	Based on value reported in GS08
Processing Date and Time	Report generation date and time	TMHP Generated	Report generation date and time
Total Rejected Transactions	Total number of transactions that were rejected within the batch by provider	10	Calculated from the number of rejected transactions within the batch by provider.

Field Name	Description	Field Length	X12 Version 4010A1
Total Rejected Charge	Total Charge amounts for all rejected transactions within the batch by provider.	TMHP generated	Sum of each 2300 CLM02 within the batch for rejected transactions by provider.
Member Identification	The number assigned to the subscriber by the payer.	1-22	2300 CLM01
Patient Last Name	Patient last name	1-22	2010BA NM103 IF NM101=IL
Patient First Initial	Patient first initial	1-9	1st character from 2010BA NM104 IF NM101=IL
Patient Control Number	Number used to track the claim by the health care provider through payment	1-21	2010BA NM109 IF NM101=IL
Interchange Control Number	A control number assigned by the interchange sender	9 (X12 field length)	ISA13
Group Control Number	A control number assigned and maintained by the sender	1-12	GS06
Transaction Control Number	A control number assigned by the originator for a transaction set. Must be unique within the functional group	4-9 (X12 field length)	ST02
Trace Number	Number used to associate request to a response	1-20	BHT03
Type of Bill/Place of Service	Code identifying where the services were performed	1-12	2300 CLM05-1, CLM05-3
Charge	Total amount of all submitted charges for all lines of the claim	1-30	2300 CLM02

Field Name	Description	Field Length	X12 Version 4010A1
From Date	Initial date of service	1-8	If Institutional and 2300 DTP01=434 and DTP02=D8 then use DTP03 If Institutional and 2300 DTP01=434 and 2300 DTP02=RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date. If Prof/Dental and 2400 DTP01=472 and 2400 DTP02=D8 then use DTP03 If Prof/Dental and 2400 DTP01=472 and 2400 DTP02= RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date.
To Date	Ending date of service	1-8	If Institutional and 2300 DTP01=434 and 2300 DTP02=D8 then use DTP03 If Institutional and 2300 DTP01=434 and 2300 DTP02=RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 2nd date. If Prof/Dental and 2400 DTP01=472 and 2400 DTP02=D8 then use DTP03 If Prof/Dental and 2400 DTP01=472 and 2400 DTP02=RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 2nd date.
Receipt Date	Date transaction was generated by the sender	6-8	ISA09

5.2 Non-Claims

This detail report lists activity by submitter, provider, and payer for each claim that passes TMHP editing. This report is generated per submission at the 2000B level and is returned to the submitter. For each accepted transaction the report includes: Interchange Control number, Group Control Number, Transaction Control Number, Trace Number, Member Identifier, Patient Last Name, Patient First Initial, Patient Control Number, Document Control Number, Type of Bill or Place of Service, Charge, Transaction From and To dates, and Receipt Date.

Field Name (Description)	X12 270	X12 276
Submitter ID (Number of the entity submitting the file)	ISA06	ISA06
Submitter Name (Name of entity submitting the file)	2100B NM103	2100B NM103 when NM101=41
Billing Provider Name (Name of the billing entity)	N/A	2100C NM103 when NM101=1P
Billing Provider ID (Number associated with the billing entity)	N/A	2100A NM109 when NM101=1P
Payer ID (Number associated with the organization paying the claim)	N/A	2100A NM109 when NM101=PR
Payer Name (Name associated with the organization paying the claim)	N/A	2100A NM103 when NM101=PR
Submission ID	TMHP Generated Batch ID	
Transaction Type (Literal identifying the transaction format and version)	Based on GS08 (Example: Eligibility Request A1 X12 4010)	Based on GS08 (Example: Claim Status Inquiry A1 X12 4010)
Processing Date and Time	TMHP System Processing date and time	
Total Rejected Transactions	Total number of transactions that were rejected within the batch by provider	
Total Rejected Charge (Total Submitted Charge amounts for all rejected transactions within the batch)	N/A	Sum of 2210D SVC02 (if blank check) 2210E SVC02 (if blank check) 2200D AMT02 (if blank

Field Name (Description)	X12 270	X12 276
		check)
		2200E AMT02
Interchange Control Number (A control number assigned by the interchange sender)	ISA13	ISA13
Group Control Number (A Control number assigned and maintained by the sender)	GS06	GS06
Transaction Control Number (A control number assigned by the originator for a transaction set. Must be unique within the functional group)	ST02	ST02
Trace Number (Number used to associate a request to a response)	BHT03	2200D TRN02 (if blank check) 2200E TRN02
Member Identification (The number assigned to the subscriber by the payer.)	2100C NM109 when NM101=IL	2100D NM109 when NM101=IL or QC (if blank check) 2100E NM109 when NM101=IL or QC
Patient Last Name	2100C NM103 when NM101=IL	2100D NM103 when NM101=IL or QC If blank check 2100 E NM103 when NM101=IL or QC
Patient First Initial	2100C NM104 when NM101=IL	2100D NM104 when NM101=IL or QC If blank check 2100 E NM104 when NM101=IL or QC
Patient Control Number (Number used to track the claim by the health care provider through payment)	2000C TRN02 when TRN01=1or2	2200D REF02 when REF01=EA If blank check 2200E REF02 when

Field Name (Description)	X12 270	X12 276
		REF01=EA
Charge **(Total amount of all submitted charges for all lines of the claim)**	2210D SVC02 (if blank check) 2210E SVC02 (if blank check) 2200D AMT02 (if blank check) 2200E AMT02	2200D STC04 (if blank check) 2200E STC04
Type of Bill/Place of Service **(Code identifying where the services were performed)**	2200D REF02 when REF01 = BLT If blank check 2200E REF02 when REF01 = BLT	2200D REF02 when REF01=BLT If blank check 2200E REF02 when REF01=BLT
From Date **(Initial date of service)**	NA	See Figure 5
To Date **(Ending date of service)**	NA	See Figure 5
Receipt Date **(Date transaction was generated by the sender)**	ISA09	TMHP Header

Figure 5

If Institutional and 2200D DTP01 = 232
  If DTP02 = RD8
    Then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date.
  Else
    Invalid transaction
Else
  If 2200E DTP01 = 232
    If DTP02 = RD8
      Then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
    Else
      Invalid transaction
  Else
    Leave field blank

If Professional/Dental and 2210D DTP01 = 472
  If DTP02 = RD8
    Then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date.
  Else
    Invalid transaction
Else
  If 2200D DTP01 = 232
    If DTP02 = RD8
      Then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
    Else
      Invalid transaction
  Else
    If 2200E DTP01 = 472
      If DTP02 = RD8,
        Then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
      Else
        If 2200D DTP01 = 232
          If DTP02 = RD8
            Then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
          Else
            Invalid transaction
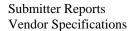   Else
          Leave field blank

Figure 6

FROM DATE:
If Institutional and 2100 DTM01 = 232 use DTM02

If Prof/Dental and 2110 DTM01 = 150 or 472 use DTM02

TO DATE:
If Institutional and 2100 DTM01 = 233 use DTM02

If Prof/Dental and 2110 DTM01 = 151 use DTM02

SECTION 6. EXTRACT FILE REPORT LAYOUT

6.1   Extract Report Example

Claims
```
BATCH ID                DA              050104                          2005-
01-04 06:07:11    004010X098A1  XXXXXXXXX       XXXXXXXXX   XXXX
XXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXX    XXXXXXX
XXXXXXXXXX    J       XXXXXXXXX       11111.11
0000000000000000000    0000                          BATCH ID            DA
010104                      2005-01-04 06:07:11    004010X098A1   XXXXXXXX
XXXXXXXXX   XXXX              XXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXX   XXXXXXX       XXXXXXX     X       XXXXXXXXX       11111.11
0000000000000000000     0001
```

Non-Claims
```
BATCH ID                DA    XXXXX              041230
2004-12-30 06:17:16    004010X0XXA1   XXXXXXXXXXXXX       XXXXXXXXX
XXXXX          LASTNAME       A
000000000000000   XXXXXXXXXXXXXXXXXXXXXXXX
```

SECTION 7. EXTRACT FILE REPORT DESCRIPTION

7.1 Description and Layout

This file is created for all accepted and rejected claims that process through TMHP.
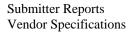
FIELD NAME	START LOC	LENGTH	DATA TYPE	DESCRIPTION
FILEID (Batch ID) *	1	8	AN	TMHP Assigned BATCH ID.
STATUS *	39	2	AN	Indicates the document or submission status. Values are DA = Document Accepted, DR = Document Rejected
TRANSACTION TRACE #	50	30	N	Derived from BHT03.
CREATE DATE	80	6	N	Input file create date from: X12-ISA09 (YYMMDD).
RECORD WRITE DATE * TIME	138	26	AN	System Date and Time
TRANSACTION FORMAT/FORMAT VERSION/TYPE	164	16	AN	This is a 3 part concatenated field. See part 1, 2 and 3.
FORMAT (part 1)	164	4	AN	Derived from GS08 for X12. Example: X12
FORMAT VERSION (part 2)	168	4	AN	Derived from GS08 for X12. Example: 4010
TXN TYPE (part 3)	172	8	AN	Derived from GS08 for X12. Example: X092A1
RECEIVER ID	180	15	AN	Receiver ID from X12 ISA08
SUBMITTER ID	203	15	AN	Derived from NM109
SUBMITTER NAME	218	30	AN	See attached table.
BILLING PROVIDER ID	256	15	AN	Billing Provider from: See attached table.
PROVIDER NAME	271	30	AN	See attached table.
PAYER ID	301	15	AN	Payer Number of organization Paying the claim: See attached table.
PATIENT ID	316	17	AN	Patient Account number: See attached table.
PATIENT LAST NAME	333	20	AN	Patient Last Name: See attached table.
PATIENT FIRST INIT	353	1	AN	Patient First Initial: See attached table.
MEMBER #	370	20	AN	See attached table.
DOCUMENT NUMBER	437	10	N	Ordinal number of Claim in Batch
ISA CONTROL # *	447	9	N	ISA13
GS CONTROL # *	456	9	N	GS06

FIELD NAME	START LOC	LENGTH	DATA TYPE	DESCRIPTION
ST CONTROL # *	465	9	N	ST02

NOTE: **The following positions are space filled:**
9-38, 41-49, 86-163, 195-202, 248-255, 354-369, 390-436

7.2 Claims

Field Name	Description
File ID	TMHP System Generated Batch ID
Status	TMHP System Generated (DR = Rejected; DA =Accepted)
Transaction Trace Number	BHT03
Create Date (YYMMDD format)	ISA09
Extract Record Write Date Time (TMHP System Processing date and time)	System processing date/time
Transaction Format/Format Version/Type (Literal identifying the transaction format, version and type)	GS08
Receiver ID	ISA08
Submitter ID (Number of the entity submitting the file. This is the logical submitter)	1000A NM109 if NM101=41
Submitter name (Name of entity submitting the file; The logical submitter)	1000A NM103 if NM101=41
Billing Provider ID (Number associated with the billing entity)	2010AA NM109 if NM101=85
Provider Name (Name of the billing entity)	2010AA NM103 if NM101=85
Payer ID (Number associated with the organization paying the claim)	1000B NM109 if NM101=40
Patient ID (Number used to track the claim by the health care provider through payment)	2300 CLM01
Patient Last Name	2010BA NM103 if SBR02=18 and NM101=IL 2010CA NM103 if NM101=QC

Field Name	Description
Patient First Initial	1st character from 2010BA NM104 if SBR02=18 and NM101=IL 1st character from 2010CA NM104 if NM101=QC
Member # (The number assigned to the subscriber by the payer.)	2010BA NM109 if NM101=IL
Document Control Number	TMHP System Generated
ISA Control # (A control number assigned by the interchange sender)	ISA13
GS Control # (A Control number assigned and maintained by the sender)	GS06
ST Control # (A control number assigned by the originator for a transaction set. Must be unique within the functional group)	ST02

Figure 1

If Institutional and 2300 DTP01 = 434 and DTP02 = D8 then use DTP03

If Institutional and 2300 DTP01 = 434 and 2300 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date.

If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = D8 then use DTP03

If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date.

Figure 2

If Institutional and 2300 DTP01 = 434 and 2300 DTP02 = D8 then use DTP03

If Institutional and 2300 DTP01 = 434 and 2300 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 2nd date.

If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = D8 then use DTP03

If Prof/Dental and 2400 DTP01 = 472 and 2400 DTP02 = RD8 then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 2nd date.

7.3 Non-Claims

Field Name (Description)	X12 270	X12 276
File ID	TMHP System Generated	
Status	TMHP System Generated	
Transaction Trace # (Number used to associate a request to a response)	BHT03	2200D TRN02 (if blank check) 2200E TRN02
Create Date (YYMMDD format)	ISA09	ISA09
Extract Record Write Date Time	System Processing Date and Time	
Transaction Format/Format Version/Type (Literal identifying the transaction format, format version and type)	GS08	GS08
Receiver ID	ISA08	ISA08
Submitter ID (Number of the entity submitting the file)	2100B NM109	2100B NM109 when NM101=41
Submitter name (Name of entity submitting the file)	2100B NM103 if NM101=41	2100B NM103 when NM101=41
Billing Provider ID (Number associated with the billing entity)	N/A	2100C NM109 when NM101=1P
Provider Name (Name of the billing entity)	N/A	2100C NM103 when NM101=1P
Payer ID (Number associated with the organization paying the claim)	N/A	2100A NM109 when NM101=PR
Patient ID (Number used to track the claim by the health care provider through payment)	2000C TRN02 when TRN01=1 or 2	2200D REF02 when REF01=EA If blank check 2200E REF02 when REF01=EA
Patient Last Name	2100C NM103 when HL03=22 HL04=0 NM101=IL 2100D NM103 when HL03=23 and NM101=03	2100D NM103 when HL03=22 HL04=0 NM101=IL If blank check 2100E NM103 when HL03=23 and NM101=QC

Field Name (Description)	X12 270	X12 276
Patient First Initial	2100C NM104 when NM101=IL	2100D NM104 when NM101=IL or QC If blank check 2100E NM104 when NM101=IL or QC
Member # (The number assigned to the subscriber by the payer.)	2100C NM109 when NM101=IL	2100D NM109 when NM101=IL or QC (if blank check) 2100E NM109 when NM101=IL or QC
Coverage Type	N/A	N/A
Type of Bill/Place of Service (Code identifying where the services were performed)	N/A	2200D REF02 when REF01=BLT If blank check 2200E REF02 when REF01=BLT
Document Control Number	TMHP System Generated	
ISA Control # (A control number assigned by the interchange sender)	ISA13	ISA13
GS Control # (A Control number assigned and maintained by the sender)	GS06	GS06
ST Control # (A control number assigned by the originator for a transaction set. Must be unique within the functional group)	ST02	ST02

Figure 3

If Institutional and 2200D DTP01 = 232
   If DTP02 = RD8
     then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date.
   Else
     Invalid transaction
Else
  If 2200E DTP01 = 232
    If DTP02 = RD8
      then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
    Else
       Invalid transaction
  Else
     Leave field blank

If Professional/Dental and 2210D DTP01 = 472
  If DTP02 = RD8
    then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date.
  Else
    Invalid transaction
Else
  If 2200D DTP01 = 232
    If DTP02 = RD8
      then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
    Else
       Invalid transaction
  Else
    If 2200E DTP01 = 472
      If DTP02 = RD8,
        then DTP03 Is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the

2nd date for the To Date
    Else
       If 2200D DTP01 = 232
         If DTP02 = RD8
           Then DTP03 is in CCYYMMDD-CCYYMMDD format and use the 1st date for the From Date and the 2nd date for the To Date
         Else
            Invalid transaction
       Else

Leave field blank

Figure 4

FROM DATE:
If Institutional and 2100 DTM01 = 232 use DTM02

If Prof/Dental and 2110 DTM01 = 150 or 472 use DTM02

TO DATE:
If Institutional and 2100 DTM01 = 233 use DTM02

If Prof/Dental and 2110 DTM01 = 151 use DTM02