Early Steps Data System (ESDS)

Functional Specifications – Claims file (EDI)

Specifications

COQAK B.1.a.11)b)3

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Preface

Early Steps Data Systems (ESDS) Claims File (EDI) Specifications to the v5010 X12N Technical Report Type 3 (TR3) adopted under the Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when uploading transactions into the Early Steps Data System (ESDS) application.

Transactions based on this companion guide, used in tandem with the TR3, also called 837 Health Care Claim: Professional X12N (005010X222A1), comply with both X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the X12N TR3 adopted for use under HIPAA. The companion guide is not intended to describe information that exceeds the requirements or usages of data expressed in the TR3.

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1. Glossary of Terms and Abbreviations

The ESDS Glossary of terms lists standard definitions for terms used within the Early Steps Data System (ESDS). The ESDS Glossary of Terms can be found in the Functional Specifications > Reference Materials folder (References, Glossary and Contact Information.).

2. Introduction

2.1 Purpose and Scope

The intended audience of this document is any provider organization (also called a Trading Partner) that plans to upload claim files requesting Part C payment that are generated outside of ESDS into ESDS. These claims files are expected to be structured in the 837 Health Care Professional Claim format.

This guide is intended to be used in conjunction with Technical Report Type 3 (TR3), also called 837 Health Care Claim: Professional (837P) X12N/005010X222A1, not to replace it. Additionally, this Companion Guide is intended to convey information that is within the framework and structure of the X12N Standards and not to contradict or exceed them.

2.2 Overview

The ESDS Claims File (EDI) Specifications includes information required to provide and maintain data within ESDS. The information is organized in the sections listed below:

- Connectivity
- Certification and Testing
- Contact Information
- Control Segments (ISA/GS/ST)
- Delimiters
- Transaction-Specific Information: This section describes the details of the HIPAA X12 TR3 in a tabular format. The tables contain a row for each segment with ESDS and TR3-specific information.

2.3 References

For more information regarding the X12 Standards for Electronic Data Interchange 837 Health Care Claim: Professional (005010X222A1) and to access copies of the TR3 documents, consult the X12 website: https://x12.org/

2.4 Assumptions

Key assumptions related to the ESDS Claims File (EDI) Specifications are:

- EDI Standards: Claims files are expected to be structured in the 837 Health Care Professional Claim format.

- Regulatory Compliance: Assume compliance with HIPAA, which governs the protection of patient information.
- Data Integrity: Assume that data integrity checks will be performed to ensure the accuracy and consistency of the data.
- Claim Data: The claim information associated with the 837P-transaction set is for a single care occurrence between the child/family and provider. There can only be one service per claim.
- Claim File: It is expected that each file will be unique to a single organization (e.g., Local Early Steps Program (LES), provider agency, independent contractor).
- Claim Types: Only charge claims will be accepted into ESDS.
- Volume: Each file can contain up to 5,000 claims. If you have greater volume, please split the files into multiple files.
- Access Control: Only authorized parties will have access to the ESDS system and data.
- Organizations: Only LES, provider agencies, and independent contractors who are not using ESDS to bill should be uploading claims files into ESDS.

3. Getting Started

3.1 Exchanging Transactions With ESDS

ESDS expects 837 inbound transactions to be uploaded by direct submitters, also called Trading Partners. These transactions will go directly into the ESDS application.

After logging into ESDS, users navigate to the Claim Biller Dashboard which handles 837 file claim uploads. The application provides an upload button interface for selecting the file from the local device and initiating the upload. Users upload the medical claim data file in the 005010X222A1 837-P supported format.

3.2 Trading Partner Onboarding and Registration

3.2.1 Pre-requisites

- LES/Agency has a system which can generate an 837 EDI file per the X12 Standards, Version 005010X222A1.
  - https://x12.org/reference
- Ability to include segments and elements of the 837 EDI Transaction per Section 7 – *Control* Segments / Envelopes
  - Includes the specific FL ESDS Requirements noted in Section 8 - 837 Professional Transaction-Specific Requirements

3.2.2 Steps to initiate processing

- Notify the Early Steps State Office (ESSO) of the date you anticipate being able to provide a test file.
- Once you have confirmed with ESSO that you are ready to begin testing, you will be provided a login/access to the certification (non-live) environment (that has production data, existing enrollments, etc.) where you will be able to begin the testing phase required to obtain approval to upload 837 EDI Claim Transactions into the production/live environment. The URL will be

provided by the ESSO Support Team after they confirm your account is ready for testing in the certification environment.

- Once the testing phase is complete, and it can be confirmed that all relevant scenarios are able to be processed successfully and accurately in the certification environment, your production account will be transitioned to only allow uploading of 837 transactions.

3.2.3 Trading Partner Testing and Certification Process

All trading partners who wish to submit 837P claim transactions to ESDS via the web portal must complete testing to ensure it is working correctly before any production transactions can be processed.

4. Testing

4.1 Testing Overview

ESDS requires testing for all providers submitting Part C claim submissions for the first time before actual submission to the production environment. To help you achieve a successful test, please follow the appropriate format specifications (listed in this guide) and submission directions. To receive approval to move from test to production, you must receive a minimum 95% "correct rate" for the test file submitted. It is expected that the organization that is uploading the file adheres with SNIP type 12validation level.

4.2 Testing Procedures

- Testing of the inbound 837 formatted file is a manual, data driven process that involves testing with different claim details.
- Coordinate with ESDS Support to initiate testing.
- The claims in your test file should simulate claims from a normal business process.
- The URL will be provided by the ESSO Support Team after they confirm your account is ready for testing in the certification environment.
- Test steps are:
    - Extract data file from source system so that it is an 837 formatted file
    - User with role = Claim Biller logs into ESDS
    - User clicks *Claim Submission Upload* on the *Claim Biller Dashboard*
    - Select file and click complete
    - Upon completing the 837 Upload task, user is navigated back to their dashboard.
    - Once all rows have been processed, a Claim Validation and Adjudication Results task or a File Level Error Task will appear in the *Acknowledge Claim File Results* widget on the Claim Biller Dashboard as well as in the users My Tasks widget. It is expected that the user completes this task as a way to acknowledge the results and any errors that may have resulted when the file was processed.
        - *File Level Error* indicates that the file was not able to be processed due to something not structured correctly. The file must be corrected and reuploaded.
        - *Processing Complete with Errors* – some, but not all claims were created
        - *Processing Complete* – all claims were created; claim status will indicate if it was approved or rejected for payment
        - *Waiting to be Processed* – in queue

- *Claim File Submission History* widget can be referenced to show previously uploaded files.
- For any file that has a status of Processing Complete OR Processing Complete with Errors, user can search for the claim to check the status.

4.3 Testing Scenarios

- For all scenarios, the user uploading the file must:
  - Be associated to an organization.
  - Have the Biller Role.
- The URL will be provided by the ESSO Support Team after they confirm your account is ready for testing in the certification environment.

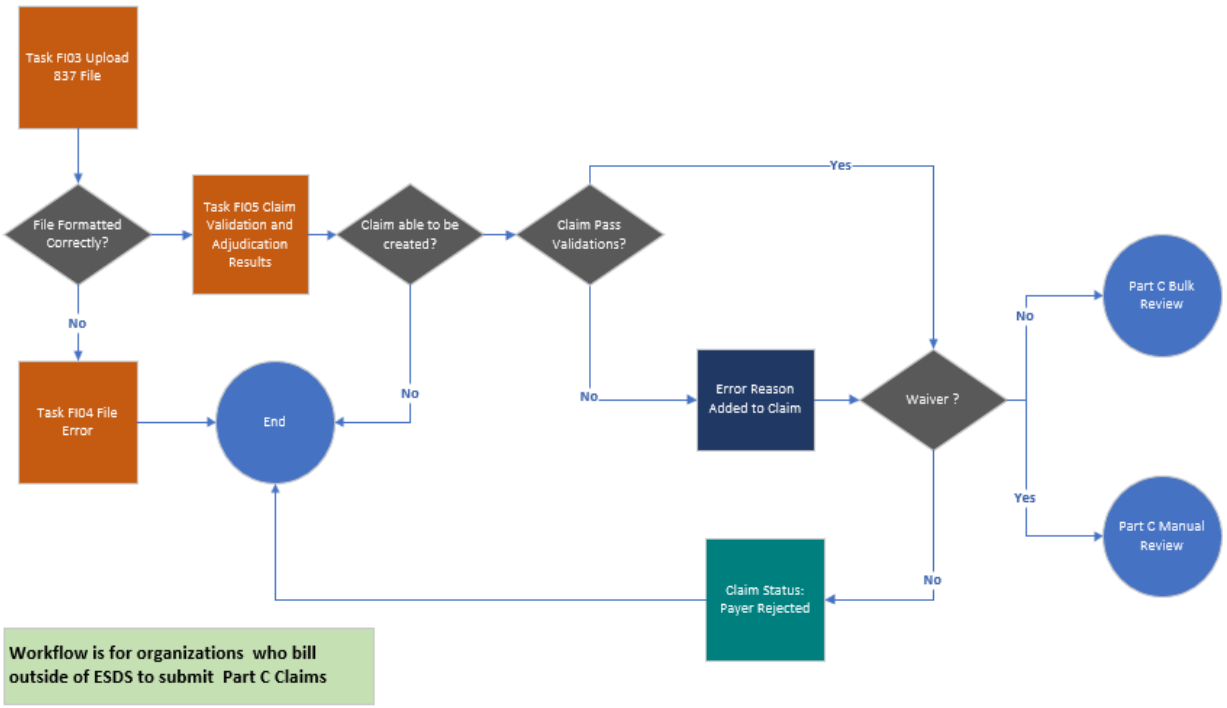
	Test Scenario
	Claim for a child who is uninsured
	Claim to Part C for a child with only Primary insurance - Insurance did not pay any of the claim amount
	Claim to Part C for a child with only Primary insurance - Insurance did not pay copay/co-insurance
	Claim to Part C for a child with only Primary insurance - Insurance did not pay the full claim amount, only partial hours were covered for claim
	Claim to Part C for a child with more than one insurance – All insurers denied payment of total claim amount
	Claim to Part C for a child with more than one insurance - Insurances paid partial amount of total claim
	Existing 837 Claim with full amount previously paid by Part C - Later insurance reversed their denial and paid the total claim amount –Submit a Void Claim to Part C indicating no payment is due.
	Existing 837 Claim with full amount previously paid by Part C - Later insurance reversed their denial and paid a partial amount of the claim total – Submit a Replacement Claim to Part C indicating a partial payment is due.
	Existing 837 Claim previously paid by Part C with incorrect claim charge and/or unit amounts – Part C paid the amount - Send Replacement claim with corrections.
	Existing 837 Claim previously paid by Part C - Claim was submitted by mistake and provider sends a Void claim to reverse payment by Part C.
	Submit Claim that exceeds Part C established rates for a given service. • ESDS will auto adjust the claim amount payable.
	Submit a Master File to testing environment for review. A Master File is a file that contains multiple claims in one file (no less than 10, but no more than 15)
	Submit a claim where the service hours exceed the hours specified in the associated service log. • ESDS checks if a waiver exists for the service log. If a waiver is found, the claim is routed for Part C Review. **Prerequisite:** A waiver must be created and linked to the applicable service log before submitting the claim.

4.4 Approval to start uploading 837 files

Once the testing phase is complete, and it can be confirmed that all relevant scenarios are able to be processed successfully and accurately in the certification environment, your production account will be transitioned to allow uploading of 837 transactions. A production approval notice will be sent to your account's primary contact email address when your latest test iteration has achieved the minimum test threshold.

5. Connectivity With a Payer/Communications

5.1 Upload of an 837 Claim File



5.2 Transmission Administrative Process

5.2.1 Transmission Administrative Process Features

ESDS supports batch and 837P claim transmissions, including original submissions, resubmissions, replacements, and voids. ESDS Payer Claim Control Number in REF02 with qualifier F8 is required for replacements or voids to a previously accepted claim.

5.2.2 Re-transmission and Resubmission Procedures

5.2.2.1 Frequency Code 7 Replacement Claims.

Use frequency code 7 in CLM05-03 when you have corrected information for the originally accepted claim or if ESDS has rejected the claim due to a Part C validation error. Here are some examples of reasons (not limited to) you may submit a replacement claim:

- Revise previously submitted billed charges or claim details
- Revise previously submitted procedure codes, modifiers
- Correct rendering provider

5.2.2.2 Frequency Code 8 Voids

Use frequency code 8 in CLM05-03 when submitting for an entirely void claim.

5.3 Security Protocols

ESDS's web portal employs the latest versions of the SSL/TLS (Transport Layer Security) protocols. TLS 1.3, the most recent and secure version, is used to establish encrypted links between the servers and users' browsers. This ensures that all data uploaded over the internet remains encrypted.

5.4 File Naming Convention

ESDS requires the file extension to be .837. There are no restrictions on the file name.

5.5 Part C Claims Submission Guidelines

External providers are required to exhaust all available payer sources prior to submitting claims to Part C. Once a final denial has been received, providers have a maximum of 60 days to submit the claim to Part C for payment consideration. Upon receipt of the claim, the Local Early Steps (LES) program has 30 days to process the claim and issue reimbursement to the external provider.

6. Contact Information

6.1 ESSO Claims File (837) Onboarding and Customer Service

For inquiries concerning onboarding and testing, and general claims file submission questions, please contact the ESSO Support Team:

- ESDS System Administrator, Stephanie Schofield, stephanie.schofield@flhealth.gov
- Early Steps Data Analytics & Policy Unit Supervisor, Leila Jett, leila.jett@flhealth.gov
- Early Steps General and Operations Manager, Robert French, robert.french@flhealth.gov
- Early Steps Data Manager, Marc Julot, marc.julot@flhealth.gov

6.2 ESDS Technical Assistance

After going live, for technical questions related to your healthcare claim submissions, please contact ESDSFiscalSupport@ssg-llc.com

7. Control Segments / Envelopes

7.1 ISA (Interchange Control Header) - IEA (Interchange Control Trailer)

The ISA segment and the elements with ESDS requirements are noted in the table below. For further reference and instructions, refer to the 005010X222A1 TR3.

LOOP ID	Reference	NAME	Values	Notes/Comments
None	**ISA**	**ISA Interchange Control Header**		
	ISA05	Interchange Sender ID Qualifier	**ZZ**	ESDS expects to see a value of "ZZ" to designate that the code is mutually defined
	ISA06	Interchange Sender ID	ETIN	This is the provider's sender ID.
	ISA07	Interchange Receiver ID Qualifier	**ZZ**	ESDS expects to see a value of "ZZ" to designate that the code is mutually defined
	ISA08	Interchange Receiver ID	**ESDS**	
	ISA11	Repetition Separator	**^**	
	ISA13	Interchange Control Number		9-digit 0-padded value Starts with 000000001, Incremented by 1 for each message. Used to identify file-level duplicates collectively with GS06, ST02, and BHT03
	ISA14	Interchange Acknowledgement TA1 Request	**0**	Interchange Acknowledgement NOT Requested (TA1) ESDS will not be transmitting a TA1 at this time.
	ISA15	Usage Indicator	T P	T-Test P-Production
LOOP ID	**Reference**	**NAME**	**Values**	**Notes/Comments**
None	**IEA**	**ISA Interchange Control Trailer**		
	IEA02	Interchange Control Number		Must match the value in ISA13

7.2 GS-GE (Functional Group Control Segments)

The table below presents only those elements that require explanation. For further reference and instructions, refer to the 005010X222A1 TR3.

LOOP ID	Reference	NAME	Values	Notes/Comments
None	**GS**	**Functional Group Header**		**Required Header**
	GS02	Application Sender's Code		Sender's ID. It's recommended that this value must match the value in ISA06.
	GS03	Application Receiver's Code	**ESDS**	ESDS Receiver ID that matches IS08.
	GS06	Group Control Number		This value must match the value in GE02 Used to identify the file. Used to identify file-level duplicates collectively with ISA13, ST02, and BHT03
	GS08	Version/Release/Industry Identifier Code	005010X222A1	Version expected to be received by ESDS
LOOP ID	**Reference**	**NAME**	**Values**	**Notes/Comments**
None	**GS**	**Functional Group Trailer**		**Required Header**
	GE02	Group Control Number		This value must match the value in GS06.

7.3 ST-SE (Transaction Set Control Numbers)

This section describes the use of transaction set control numbers.

LOOP ID	Reference	NAME	Values	Notes/Comments
None	**ST**	**Functional Group Header**		**Required Header**
	ST01	Transaction Set Identifier Code	837	
	ST02	Transaction Set Control Number		This value must match the value in SE02 Used to identify the file. Used to identify file-level duplicates collectively with ISA13, ST02, and BHT03
	ST03	Implementation Convention Reference	005010X222A1	Version expected to be received by ESDS
LOOP ID	**Reference**	**NAME**	**Values**	**Notes/Comments**
None	**SE**	**Transaction Set Trailer**		**Required Header**
	SE01	Number of included segments		Must contain the actual number of segments within the ST/SE including ST/SE.

	SE02	Transaction Set Control Number		This value must match the value in ST02.

7.4 Delimiters

Delimiters are characters used to separate data and component elements or to terminate a segment. The following delimiters should be used when submitting an 837-claim file:

Name	Character	Hex Value
Data Element Separator	*	Asterisk. Hex 2A
Sub-Element Separator	:	Colon. Hex 3A
Segment Terminator	~	Tilde. Hex 7E
Repetition Separator	^	Caret. Hex 5E

8. 837 Professional Transaction-Specific Requirements

The tables below represent only those data elements for which ESDS requires a specific value or provides additional guidance on what the value sent in the response means. It does not represent all data elements in the 837 transaction. The TR3 should be reviewed for that information.

8.1 BHT (Beginning of Hierarchical Transaction)

LOOP ID	Reference	NAME	Values	Notes/Comments
None	**BHT**	**Beginning of Hierarchical Transaction**		
	BHT03	Originator Application Transaction Identifier		Must be a unique identifier across all files. Used to identify file-level duplicates collectively with ISA13, GS06, and ST02
	BHT06	Claim or Encounter Identifier	**CH**	Chargeable Claim

8.2 Loop 1000A and 1000B

LOOP ID	Reference	NAME	Values	Notes/Comments
1000A	**NM1**	**Submitter Name**		
1000A	NM102	Entity Type Qualifier	**2**	Non-Person Entity
1000A	NM109	Submitter Identifier	**ETIN**	Submitter's ID. This number should be identical to the ISA06 and GS02.
1000B	NM1	Receiver Name		
1000B	NM102	Entity Type Qualifier	**2**	Non-Person Entity
1000B	NM103	Organization Name	**Early Steps**	
1000B	NM109	Identifier	**ESDS**	ESDS Payor ID. This number should be identical to the ISA08 and GS03.

8.3 Loop 2010AA and 2000B

2010AA	REF	Billing Provider Tax Identification Number		
2010AA	REF01	Reference Identification Qualifier	**EI for EIN OR** **SY for SSN**	Used to provide the Tax ID or SSN qualifier of the billing provider
2010AA	REF02	Reference Identification Qualifier		Use the billing provider's 9-digit tax ID number (without dashes). ESDS will validate this field for a valid Tax ID.
2000B	SBR	Subscriber Information		
	SBR01	Payer Responsibility Number Code		Refer to the 837 Professional Implementation Guide for Valid Values (pg. 296).
	SBR09	Claim Filing Indicator Code	**MC (Medicaid)** **CI (Commercial Insurer)**	Mutually Defined
2010BA	**NM1**	**Subscriber Name**		
2010BA	NM109	Identification Code	**ESDS ID**	Format Supported: XXXXX-XX
2010BB	**NM1**	**Payer Name**		
2010BB	NM102	Entity Type Qualifier	**2**	Non-Person Entity

2010BB	NM103	Payer Name	**Early Steps Data System**	ESDS is always the destination payer in loop 2010BB.
2010BB	NM108	Payer ID Qualifier	**PI**	Must be populated with the value of PI – Payer Identification
2010BB	NM109	Payer Identification	**ESDS**	Strategic Solutions Group Payer ID. This number should be identical to the ISA08, GS03, NM109 Loop 1000B.

8.4 Loop 2300

2300	**CLM**	**Claim Information**		
	CLM05-3	Claim Frequency Type Code	**1** **7** **8**	1=Original claim submission 7=Replacement 8=Void
2300	**REF**	**Reference Identification Number**		
2310B	**NM1**	**Rendering Provider Name**		
	NM108	Identification Code Qualifier	**XX**	10 Digit NPI Qualifier
	NM109	Identification Code Qualifier	**NPI**	All services require a rendering provider at the claim level.

8.5 Loop 2320

2320	**SBR**	**Other Subscriber information**		
	SBR01	Payer Responsibility Sequence Number Code	P (Primary) S (Secondary) T (Tertiary)	No more than three previous payers are supported by ESDS
	SBR02	Individual Relationship Code	18 19 G8	
	SBR03	Insured Group or Policy Number		Only used if the subscriber's identification card has such a field Assumption: Only one of group or policy number is needed so they share a field
	SBR04	Other Insured Group Name		Only used if group name is known
	SBR09	Claim Filing Indicator Code	MC (Medicaid) CI (Commercial Insurer)	

8.6 Loop 2400 and 2430

2400	**LX**	**Service Line Number**		
	LX01	Line Counter	**1**	ESDS Allows 1 service line per claim.
2400	**SV1**	**Professional Service**		
2400	SV101-07	Description	Claim.procedureCodeDescription	Description of procedure code
2400	**NTE**	**Line Note**		
	NTE01	Note Reference Code	**ADD**	Additional Information
	NTE02	Line Note Text (ESDS Service Log ID)		**Required:** ESDS Expects an ESDS service log identifier. This value can be derived from the services extract and / or contact note screens.
2430	**SVD**	**Line Adjudication Information**		
	SVD01	Other Payer Primary Identifier		Must match the value in Loop 2330B, NM109

9. Notifications and Status Updates

9.1 Initial X12 Data Validation

ESDS expects the uploaded file to meet SNIP Level 2 validations in compliance with the 837 Health Care Claim: Professional (837P) X12N/005010X222A1. -The Claim Submission Upload button on the Claim Biller Dashboard provides a straightforward process for uploading 837 claims files. Users are required to upload their files through this interface for processing. Once the file is uploaded, it will either be successfully processed, or errors will be identified that require user intervention.

9.1.1 Structural File Error

If the uploaded 837 file cannot be processed due to failing SNIP Level 2 validations, , the system will generate a File Error Results task. This task will be automatically assigned to the user who uploaded the file and will be available in two locations:

- The My Tasks widget on the ESDS User's Dashboard.
- The Acknowledge Claim File Results widget on the Claim Biller Dashboard.

The user should open the task to review the identified errors and take the necessary steps to correct them. Once the errors are resolved, the user must restart the file submission process by clicking the Claim Submission Upload button on the Claim Biller Dashboard and submitting the corrected file.

9.1.2 Claim Validation and Adjudication Results

In cases where the file is successfully processed, each row of the file is processed as follows:

- Row is checked to determine whether a claim can be created.
- Only one (1) service per claim is allowed.
- Claims having more than one service line are skipped and will not be processed.
- Service log must exist in order for an 837 to be uploaded for a service.
- If the row passes validations, a claim is created for that row.

Once all rows have been processed, a Claim Validation and Adjudication Results task is created that will be assigned to the user. This task can be accessed through the My Tasks widget or the Acknowledge Claim File Results widget.

The Claim Validation and Adjudication Results task will provide a summary of what the file processed:

- # of claims/services found in file
- # of claims created
- Processing status
- Claim identifiers for claims that were able to be processed.
- Row number and claim identifiers for claims that were unable to be processed.

The results summary should be reviewed in detail, and after the review, the user must select Acknowledge to complete the task.

9.2 Part C Claim Validations

For each claim that was created, the system will validate the following:

- Service Log ID exists for the enrollment, provider, organization, and date of service.
- Not a duplicate claim
- If this validation fails, status of claim is set to Duplicate.
- Duplicate claims will be visible on the Provider/Claim Biller Dashboard.
- A claim that already has been sent as NEW, based on the enrollment number and the payer claim control number, cannot have another NEW claim (must be a REPLACEMENT or a VOID; if a VOID is sent, then another NEW claim can be sent).
- If a REPLACEMENT claim is sent prior to the Pending Extract status being set, then the previous claim is set to a status of Canceled and the claim sent has a claim created for it and it goes through the workflow as a REPLACEMENT claim.
- If a REPLACEMENT claim is sent after the status of Pending Extract is reached, then the claim is rejected with an error that indicates that the claim has been paid or is in the process of getting paid.
- If a VOID claim is sent prior to the Pending Extract status being set, then the previous claim is set to a status of Canceled and the claim that was sent is set to a status of VOID.
- If the VOID claim is sent after the claim has been paid (status = Pending Extract OR Pending Part C Payment OR Fully Paid OR Partially Paid), then the system will process it as a reversal.
- The previous claim will remain in Paid/Partially Paid status for the positive amount.
- A new VOID claim will be generated with a negative amount based on the recoupment value calculated by the system. The claim type will be set to "Void."
- CPT NOT = 99602 (FL-EPIC) OR 99600 (NESF)

- For created claims that pass validation, the rate amount is adjusted if it is more than Medicaid Fee Schedule. An adjustment reason is saved if the rate amount is changed.
- If one or more validations fail (outside of Duplicate validation) then the status of the claim is set to Payer Rejected and the Rejection Reason is visible on the claim. Rejected claims are visible on the Biller dashboard.

9.2.1 Validation Errors

If one or more Part C validations fail, the claim status is updated to Payer Rejected, and the rejection reason is displayed on the claim. Rejected claims will appear in the Claims Requiring Corrective Action widget on the Claim Biller Dashboard.

9.2.2 Waivers

For claims linked to a service log with an associated waiver, a different process applies. Waivers allow providers to request approval for services that fall outside the usual scope of allowed activities under specific conditions. Before submitting a claim, the waiver must be created and linked to the relevant service log.

During the Claims File (837) upload, if a claim is linked to a service log with a waiver, the claim will bypass automatic rejection, even if it fails validations. Instead, it will be routed to Part C for manual review. This ensures that claims tied to waivers receive proper consideration without being automatically marked as Payer Rejected. This process supports providers in meeting unique client needs while maintaining compliance with regulatory standards.

9.3 Dashboard Functionality

The dashboard functionality can be found in the Functional Specifications > Dashboard Design folder (Dashboard_Design.docx). See the ESDS Claim Biller Dashboard section.

9.4 Payment and Remittance Advice

If a submitted claim passes the validations, then it is eligible for Part C Review. As part of Part C Review, the LES reviewer can:

- Approve
- Reject
- Deny

Approved Claims: This status indicates that LES has approved the claim for Part C Payment. After a claim is approved for payment, it is queued for LES payment processing. Payments are handled outside of ESDS. Once the payment is complete, the claims are updated to **Paid** status in ESDS.

Rejected Claims: This status is used to indicate that updates/corrections can be made, and a replacement claim can then be submitted.

Denied Claims: This status is considered end-state adjudication.

Rejected and denied claims are displayed in the Claims Requiring Corrective Action widget on the Claim Biller Dashboard, with the reason for rejection or denial clearly visible on the claim.

10. Appendices

The section below contains additional reference information.

10.1 837 Transmission Examples

ESDS Part C Secondary, Commercial Health Plan Primary

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ISA*00*       *00*       *ZZ*305239      *ZZ*ESDS        *230507*1334*^*00501*000000685*0*P*:
GS*HC*305239*77027*20230507*1334*685*X*005010X222A1
ST*837*0001*005010X222A1
BHT*0019*00*001981*20230507*133401*CH
NM1*41*2*ARC GATEWAY, INC.*****46*305239
PER*IC*EDI SUPPORT*TE*8504347755
NM1*40*2*Early Steps Data System*****46*ESDS
HL*1**20*1
PRV*BI*PXC*252Y00000X
NM1*85*2*PEARL NELSON CHILD DEVELOPMENT CENTER*****XX*1780610238
N3*916 E FAIRFIELD DR
N4*PENSACOLA*FL*325032817
REF*EI*590940528
HL*2*1*22*0
SBR*S*18*******ZZ
NM1*IL*1*DOE*JOHN*T**JR*MI*3467534-01
N3*500 S Palafox St
N4*PENSACOLA*FL*32502
DMG*D8*20201002*M
NM1*PR*2*Early Steps  Data System*****PI*ESDS
CLM*ABC-1001*71.96***11:B:1*Y*A*Y*Y*P
REF*P4*01737528
HI*ABK:F82
NM1*82*1*WATSON*JOHN****XX*1730504960
PRV*PE*PXC*225100000X
SBR*P*18*******ZZ
AMT*D*0
OI***Y***Y
NM1*IL*1*DOE*JOHN*T**JR*MI*1585589
NM1*PR*2*COMMERCIAL HEALTH PLAN*****PI*CHP1981
REF*F8*6284
LX*1
SV1*HC:T1017:TF:TG:HA:U4:Targeted Case Management*71.96*UN*1***1
DTP*472*D8*20230501
SVD*CHP1981*0*HC:T1017:TF:TG:HA:U4:Targeted Case Management**1
CAS*CO*45*71.96
DTP*573*D8*20230504
SE*36*0001
GE*1*685
IEA*1*000000685
```

ESDS Part C Tertiary, Commercial Health Plan Primary, Community Care Plan Secondary

```
ISA*00*          *00*          *ZZ*305239         *ZZ*ESDS           *230507*1334*^*00501*000000685*0*P*:
GS*HC*305239*77027*20230507*1334*685*X*005010X222A1
ST*837*0001*005010X222A1
BHT*0019*00*001981*20230507*133401*CH
NM1*41*2*ARC GATEWAY, INC.*****46*305239
PER*IC*EDI SUPPORT*TE*8504347755
NM1*40*2*Early Steps Data System*****46*ESDS
HL*1**20*1
PRV*BI*PXC*252Y00000X
NM1*85*2*PEARL NELSON CHILD DEVELOPMENT CENTER*****XX*1780610238
N3*916 E FAIRFIELD DR
N4*PENSACOLA*FL*325032817
REF*EI*590940528
HL*2*1*22*0
SBR*T*18*******ZZ
NM1*IL*1*DOE*JOHN*T**JR*MI*3467534553
N3*500 S Palafox St
N4*PENSACOLA*FL*32502
DMG*D8*20201002*M
NM1*PR*2*Early Steps  Data System*****PI*ESDS
CLM*ABC-1001*71.96***11:B:1*Y*A*Y*Y*P
HI*ABK:F82
NM1*82*1*WATSON*JOHN****XX*1730504960
PRV*PE*PXC*225100000X
SBR*P*18*******ZZ
AMT*D*0
OI***Y***Y
NM1*IL*1*DOE*JOHN*T**JR*MI*1585589
NM1*PR*2*COMMERCIAL HEALTH PLAN*****PI*CHP1981
REF*F8*6284
SBR*S*18*******ZZ
AMT*D*0
OI***Y***Y
NM1*IL*1*DOE*JOHN*T**JR*MI*58392741
NM1*PR*2*Community Care Plan*****PI*CCP78901
REF*F8*5729403
LX*1
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DTP*472*D8*20230501
SVD*CHP1981*0*HC:97110:TL:GT**4
CAS*CO*45*71.96
DTP*573*D8*20230504
SVD*CCP78901*0*HC:97110:TL:GT**4
CAS*CO*22*71.96
DTP*573*D8*20230506
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GE*1*685
IEA*1*000000685
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NM1*41*2*ARC GATEWAY, INC.*****46*305239
PER*IC*EDI SUPPORT*TE*8504347755
NM1*40*2*Early Steps Data System*****46*ESDS
HL*1**20*1
PRV*BI*PXC*252Y00000X
NM1*85*2*PEARL NELSON CHILD DEVELOPMENT CENTER*****XX*1780610238
N3*916 E FAIRFIELD DR
N4*PENSACOLA*FL*325032817
REF*EI*590940528
HL*2*1*22*0
SBR*T*18*******ZZ
NM1*IL*1*DOE*JOHN*T**JR*MI*3467534553
N3*500 S Palafox St
N4*PENSACOLA*FL*32502
DMG*D8*20201002*M
NM1*PR*2*Early Steps  Data System*****PI*ESDS
CLM*ABC-1001*71.96***11:B:1*Y*A*Y*Y*P
HI*ABK:F82
NM1*82*1*WATSON*JOHN****XX*1730504960
PRV*PE*PXC*225100000X
SBR*P*18*******ZZ
AMT*D*0
OI***Y***Y
NM1*IL*1*DOE*JOHN*T**JR*MI*1585589
NM1*PR*2*COMMERCIAL HEALTH PLAN*****PI*CHP1981
REF*F8*6284
SBR*S*18*******ZZ
AMT*D*0
OI***Y***Y
NM1*IL*1*DOE*JOHN*T**JR*MI*58392741
NM1*PR*2*Community Care Plan*****PI*CCP78901
REF*F8*5729403
LX*1
SV1*HC:97110:TL:GT*71.96*UN*4***1
DTP*472*D8*20230501
SVD*CHP1981*0*HC:97110:TL:GT**4
CAS*CO*45*71.96
DTP*573*D8*20230504
SVD*CCP78901*0*HC:97110:TL:GT**4
CAS*CO*22*71.96
DTP*573*D8*20230506
SE*44*0001
GE*1*685
IEA*1*000000685
```

ESDS Part C Primary

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ISA*00*          *00*          *ZZ*305239         *ZZ*ESDS           *230507*1334*^*00501*000000685*0*P*:
GS*HC*305239*77027*20230507*1334*685*X*005010X222A1
ST*837*0001*005010X222A1
BHT*0019*00*001981*20230507*133401*CH
NM1*41*2*ARC GATEWAY, INC.*****46*305239
PER*IC*EDI SUPPORT*TE*8504347755
NM1*40*2*Early Steps Data System*****46*ESDS
HL*1**20*1
PRV*BI*PXC*252Y00000X
NM1*85*2*PEARL NELSON CHILD DEVELOPMENT CENTER*****XX*1780610238
N3*916 E FAIRFIELD DR
N4*PENSACOLA*FL*325032817
REF*EI*590940528
HL*2*1*22*0
SBR*P*18*******ZZ
NM1*IL*1*DOE*JOHN*T**JR*MI*3467534553
N3*500 S Palafox St
N4*PENSACOLA*FL*32502
DMG*D8*20201002*M
NM1*PR*2*Early Steps  Data System*****PI*ESDS
CLM*ABC-1001*71.96***11:B:1*Y*A*Y*Y*P
HI*ABK:F82
NM1*82*1*WATSON*JOHN****XX*1730504960
PRV*PE*PXC*225100000X
LX*1
SV1*HC:97110:TL:GT*71.96*UN*4***1
DTP*472*D8*20230501
SE*26*0001
GE*1*685
IEA*1*000000685
```

10.2 Implementation Checklist

- LES/Agency has a system which can generate an 837 EDI file. This may require obtaining membership of the X12 Organization.
- Ability to include segments and elements of the 837 EDI Transaction.
- Key ESDS Requirements
- Utilization of the Enrollment number as the child's Member Identifier.
- Professional Service Description field should house the Procedure Code Description.
- Coordination of Benefits (COB) information is submitted within the 837 EDI Transaction as appropriate when the claim has been submitted to prior insurers for payment.

10.3 Frequently Asked Questions

What is the purpose of the 837 transaction?
The 837 transaction is used to submit health care claim billing information from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses.

What EDI standard is used for the 837 transaction?
The 837 transaction adheres to the ANSI X12 standard for Electronic Data Interchange (EDI)
Data Submission

What are the different types of 837 transactions?
There are three types of 837 transactions: 837P (Professional), 837I (Institutional), and 837D (Dental). ESDS only accepts 837P.

What information must be included in an 837 transaction?
Mandatory fields include patient identification, provider information, service details, diagnosis codes, procedure codes, and charges.

How should date fields be formatted in the 837 transaction?
Dates should be formatted as CCYYMMDD.

How should errors in the 837 transaction be handled?
Errors should be corrected, and the claim resubmitted.

What should be done if a claim is rejected?
Review the rejection reason, correct any issues, and resubmit the claim.