

Frequently Asked Questions:

Why files submitted in Prod show up in test?

The most common reason that a production files is routed to test is because the file did not contain the Header Record which includes the "TEST/PROD" indicator element. If this record is missing, the system does not know what kind of file is being submitted and it routes to test as the file cannot be processed. The follow-up rejection files are also routed to the plan's test environment inbox rather than production. A plan will always receive a 1:1 ratio of submitted file to a F-File or an R-File. If a plan does not receive a Tier One Edit Report F-File (FRSP) or an Acknowledgement File R-File (MEDA) that corresponds to a submitted file, they can look to see if they received that file in the test inbox. If there is still an issue then the plan should utilize the MEDS Support inbox so CSC can provide further assistance and troubleshooting.

How do we know which files are rejected if they submit multiple files in one day?

A plan will always receive a 1:1 ratio of submitted file to a F-File or a R-File. There are two ways to determine which file was rejected.

1. The plan would need to take their ECNs that CSC returned on the accepted response files and locate those same ECNs that they submitted and match them up to the corresponding submitted file. This is necessary to research issues such as locating responses or rejections for certain ECNs as CSC do not have a search method to locate files by ECNs that are submitted. CSC must also search through and use this method at times.

2. The plan can utilize the eMedNY Submitter Dashboard. Using the Dashboard you can use the "FILE ID" column to match up the files. You will need to locate the "FRSP" file (Tier One Edit Report F-File) or the "MEDA" file (Acknowledgement File R-File) and note the "FILE ID" of the rejected file. You then will search your submitted files. Locate the "File ID" next to the submitted file that matches the "File ID" of your rejected file and that will be the submitted file that was rejected.

Issues with Duplicate Claims Edit (00705)

Edit 00705 (Duplicate Claim In History) Clarification

The following information is presented to provide additional clarification regarding the edit logic for Edit Number 00705, "Duplicate Claim in History".

There have been no changes to the edit status or programming logic. This information is presented to highlight by Encounter Type and affected COS, the edit elements that are checked.

The Edit Severity Matrix of the MEDS III Data Dictionary will be updated to reflect this change.

If you have any questions or comments on this, please contact us at omcmeds@health.state.ny.us. You may also contact the Computer Sciences Corporation (CSC) Customer Service Unit at MEDSSupport@csc.com.

Encounters (Professional - Non-dental, Non-DME)
COS 01, 03, 04, 05, 06, 07, 16, 19, 21, 41, 75

This edit will fail when the following fields are equal between the Claim and History Records:

- Claim Type Code
- Client Identification Number (CIN)
- Billing Provider Number
- Rendering Provider Number
- Procedure Code
- Service Dates
- Diagnosis Code (Primary)
- Provider Specialty Code

Encounters (Dental) – COS 13

This edit will fail when the following fields are equal between the Claim and History Records:

- Claim Type Code
- Client Identification Number (CIN)
- Procedure Code
- Service Dates
- Billing Provider Number
- Rendering Provider Number
- Oral Cavity Designation Code
- Tooth Code
- Tooth Surface Code

Encounters (DME) - COS 22 (DME and Hearing Aids)

This edit will fail when the following fields are equal between the Claim and History Records:

- Claim Type Code
- Client Identification Number (CIN)
- Billing Provider Number
- Rendering Provider Number
- Procedure Code
- Service Dates

Encounters (Inpatient) – COS 11

This edit will fail when the following fields are equal between the Claim and History Records:

- Claim Type Code
- Client Identification Number (CIN)
- Billing Provider Number
- Referring Provider Number
- Admission Date

Encounters (Nursing Home, Child Care, ICF/DD, and Managed Care) - COS 12, 28, 73

This edit will fail when the following fields are equal between the Claim and History Records:

- Claim Type Code
- Client Identification Number (CIN)
- Billing Provider Number
- Referring Provider Number
- Procedure Code
- Specialty Code

- Diagnosis Code (Principal)
- Service Begin Date

Encounters (Clinic and Home Health) -_COS 15, 80, 85, 87

This edit will fail when the following fields are equal between the Claim and History Records:

- Claim Type Code
- Client Identification Number (CIN)
- Billing Provider Number
- Referring Provider Number
- Service Begin Date
- Service End Date
- Procedure Code
- Revenue Code

Encounters (Pharmacy) – COS 14

This edit will fail when the following fields are equal between the Claim and History Records:

- Claim Type Code
- Client Identification Number (CIN)
- Billing Provider Number
- **Prescribing Physician Provider Number
- National Drug Code (NDC)
- Service Date (1022)

**If the In-process pharmacy encounter Prescribing Physician Provider Number is an out of network NPI (Prescribing Provider Number is blank), then the Prescribing Physician Provider Number is ignored during History comparisons otherwise, Prescribing Physician Provider Number is matched between In-process and History pharmacy encounters.