

New 837 Error File Layout (CHAMPS Encounter Transaction Results Report (ETRR)) Effective January 21, 2011

Header Record

Element #	Data Element Name	Picture	Usage	Format	From	To	Validated	Required	Definition
1	EDI-TYPE	X(4)	4		1	4	Yes	Yes	"HDDR"
2	EDI-APP	X(2)	2		5	6	No	Yes	"MA"
3	EDI-USER	X(8)	8		7	14	No	Yes	"MMIS" + Service Bureau ID (SBID)
4	EDI-DATE	X(8)	8	CCYYMMDD	15	22	Yes - valid calendar date	Yes	Current Date
5	EDI-TRANSFER-DATE	X(8)	8	CCYYMMDD	23	30	Yes - valid calendar date	Yes	Current Date
6	EDI-TRANSFER-DATE-HH	X(2)	2		31	32	No	Yes	SPACES
7	EDI-TRANSFER-DATE-MINUTE	X(2)	2		33	34	No	Yes	SPACES
8	EDI-FILE-BEG	X(4)	4		35	38	Yes	Yes	"4950"
9	EDI-RUN-TYPE	X(4)	4		39	42	Yes	Yes	"PROD" - Production "TEST" - Test

Data Record - Appears after 99999 record for each error set per Capitated Plan ID/Submission (Batch) No. If no errors set, only 99999 record is reported

Element #	Data Element Name	Picture	Usage	Format	From	To	Validated	Required	Definition
1	SUBMITTER-ID	X(4)	4		1	4		Yes	Also called Service Bureau ID (SBID) - identifier of the organization that physically transmits the data.
2	CAPITATED-PLAN-ID	X(20)	20		5	24		Yes	Also called "Health Plan ID" or "Payer Primary ID", this is the ID of the Managed Care Organization, Community Mental Health Services Provider or Coordinating Agency, etc. CHAMPS ID
3	RELATED-PLAN-ID	X(20)	20		25	44		No	Plan ID of a related plan, if any (e.g. the Prepaid Health Plan corresponding to a CMHSP.) CHAMPS Related Health Plan ID
4	SUBMISSION-NUMBER	X(30)	30		45	74		Yes	Number identifying a batch - may not be reused by the same capitated health plan. This is the batch number that the capitated health plan submits in the 837 BHT03 to be returned on the ETRR.

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Element #	Data Element Name	Picture	Usage	Format	From	To	Validated	Required	Definition
5	ENCOUNTER-REFERENCE-NUMBER	X(30)	30		75	104		No	The Encounter Reference Number assigned by the capitated health plan. This is a number assigned by the capitated health plan to be returned on the ETRR.
6	ENCOUNTER-LINE-NUMBER	X(3)	3		105	107		No	The Encounter Line Number assigned by the capitated health plan. This is a number assigned by the capitated health plan.
7	RECORD-TYPE	X(1)	1		108	108		No	Claim Frequency Type Code - Values are: "1" = Original "7" = Replacement "8" = Void
8	RECORD-CATEGORY	X(1)	1		109	109		No	Invoice Type value from the inbound encounter. Values are: "P" = Professional "I" = Institution "D" = Dental
9	ERROR-NUMBER	X(5)	5		110	114		Yes	Format is "nnnn" or "nnnnn" See "Legacy to CHAMPS Error Number Crosswalk" for the list of errors
10	ERROR-SEVERITY	X(2)	2		115	116		Yes	Values are: "RB" = Reject Batch "RE" = Reject Encounter "RL" = Reject Line "IO" = Information Only
11	ERROR-FIELD	X(20)	20		117	136		No	First 20 positions of erroneous field
12	TCN	X(18)	18		137	154		Yes	CHAMPS TCN

9999 Record - Appears before Data Record(s) for each unique Capitated Plan ID/Submission (Batch) Number sent in the 837

Element #	Data Element Name	Picture	Usage	Format	From	To	Validated	Required	Definition
1	SUBMITTER-ID	X(4)	4		1	4	Yes	Yes	Also called Service Bureau ID (SBID) - identifier of the organization that physically transmits the data.

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2	CAPITATED-PLAN-ID	X(20)	20		5	24	Yes	No	Also called "Health Plan ID" or "Payer Primary ID", this is the ID of the Managed Care Organization, Community Mental Health Services Provider or Coordinating Agency, etc.
3	FILLER	X(20)	20		25	44	N/A	Yes	CHAMPS ID SPACE FILL
4	SUBMISSION-NUMBER	X(30)	30		45	74	Yes	Yes	Number identifying a batch - may not be reused by the same capitated health plan. This is the batch number that the capitated health plan submits in the 837 BHT03 to be returned on the ETRR.
5	FAILED-RECORD-COUNT	9(10)	10		75	84	Yes	Yes	The number of records available in CHAMPS in failed status for this combination of submitter-id, capitated plan and submission number columns. The count will be zero padded. For example, if the number of records failed during adjudication is 5, this element would contain 0000000005, if there are no failed records, the value will be 0000000000.
6	FILLER	X(20)	20		85	104	N/A	Yes	A value of zero in this element would effectively mean that the batch from this submitter and capitated plan is processed completely. SPACE FILL
7	FILLER	X(3)	3		105	107	N/A	Yes	SPACE FILL
8	FILLER	X(1)	1		108	108	N/A	Yes	SPACE FILL
9	FILLER	X(1)	1		109	109	N/A	Yes	SPACE FILL
10	ERROR-NUMBER	X(5)	5		110	114	N/A	Yes	"99999"
11	ERROR-SEVERITY	X(2)	2		115	116	N/A	Yes	"O"

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12	FILLER	X(20)	20		117	136	N/A	Yes	SPACE FILL
13	FILLER	X(18)	18		137	154	N/A	Yes	SPACE FILL

Trailer Record

Element #	Data Element Name	Picture	Usage	Format	From	To	Validated	Required	Definition
1	EDI-TYPE	X(4)	4		1	4	Yes	Yes	"TRLR"
2	EDI-APP	X(2)	2		5	6	No	Yes	"MA"
3	EDI-USER	X(8)	8		7	14	No	Yes	"MMIS" + Service Bureau ID (SBID)
4	EDI-DATE	X(8)	8	CCYYMMDD	15	22	Yes - valid calendar date	Yes	Current Date
5	EDI-TRANSFER-DATE	X(8)	8	CCYYMMDD	23	30	Yes - valid calendar date	Yes	Current Date
6	EDI-TRANSFER-DATE-HH	X(2)	2		31	32	No	Yes	SPACES
7	EDI-TRANSFER-DATE-MINUTE	X(2)	2		33	34	No	Yes	SPACES
8	EDI-FILE-BEG	X(4)	4		35	38	Yes	Yes	"4950"
9	EDI-RUN-TYPE	X(4)	4		39	42	Yes	Yes	"PROD" - Production "TEST" - Test
10	EDI-RECORD-COUNT	9(10)	10		43	52	Yes	Yes	Total count of all 99999 and Data records +2 (Header and Trailer)