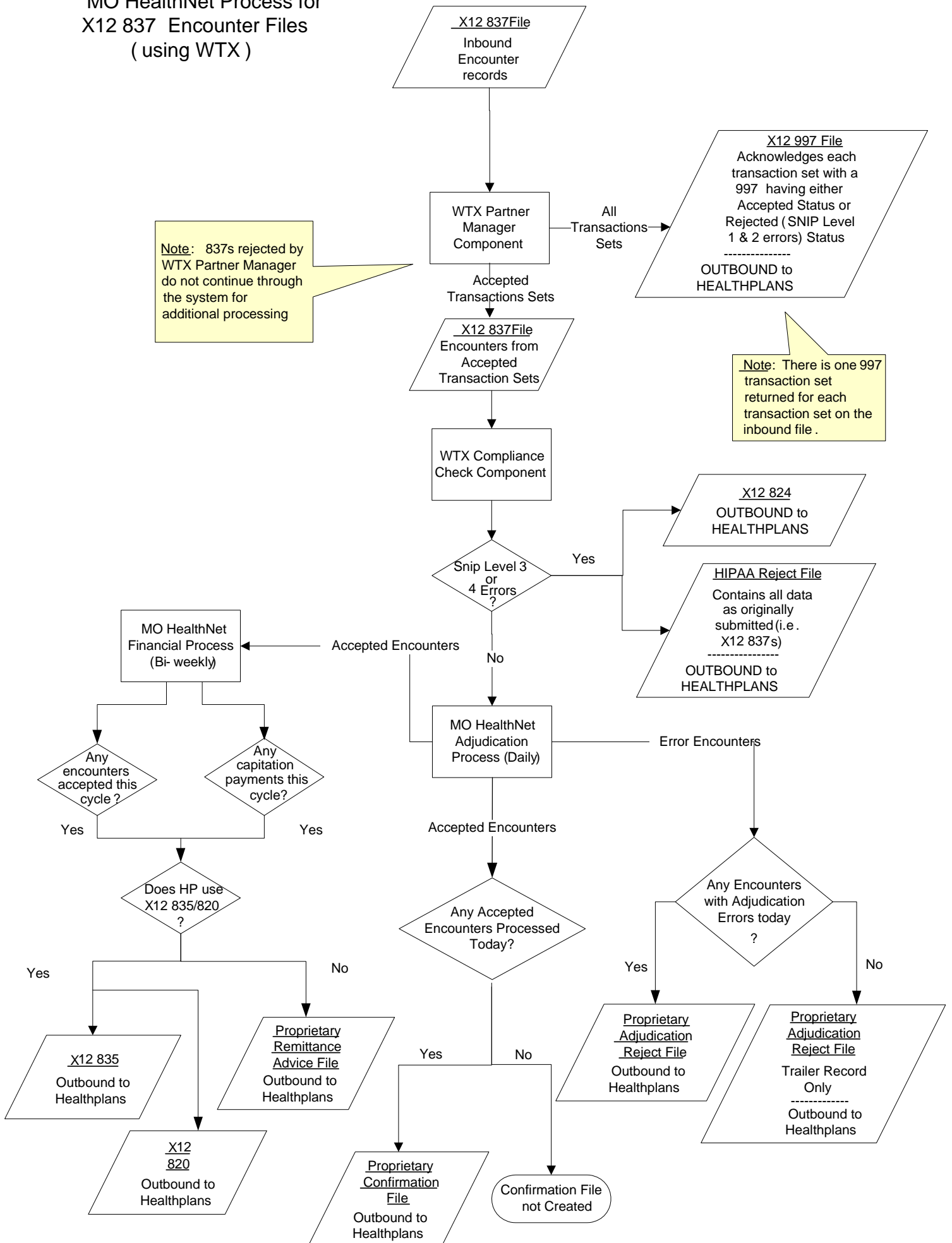


# MO HealthNet Process for X12 837 Encounter Files ( using WTX )



## List of Files Available to Health Plans from Infocrossing:

1. X12 997 File – This file contains a 997 acknowledgement transaction set for each submitted 837 transaction set. If the 837 transaction set passes SNIP Level 1 & 2 validation, the 997 will have an Accepted status. If SNIP Level 1 or 2 errors are present, then the 997 will have a Rejected status.
2. X12 824 File – This file contains an 824 record for each submitted 837 transaction set with SNIP Level 3 or 4 errors. It's primary purpose is notification regarding 837 transaction sets that need correction and resubmission.
3. HIPAA Reject File – This file contains rejected 837 transaction sets as originally submitted. It's primary purpose is notification regarding 837 transaction sets that need correction and resubmission.
4. Empty Proprietary Adjudication Reject File – This file contains only a trailer record. This file is sent to signify that all encounters were accepted and processed.
5. Proprietary Adjudication Reject File – This file contains a proprietary error record for each encounter having fatal adjudication errors. It's primary purpose is notification regarding encounters that may need correction and resubmission.
6. Proprietary Confirmation File – This file contains a proprietary record for each accepted encounter being processed in a given adjudication cycle. It's primary purpose is encounter reconciliation.
7. Proprietary Remittance Advice File – This file contains a proprietary remittance advice record for each encounter in Paid status, as well as summary data for those same encounters and any other financial transaction processing for the period. It's primary purpose is encounter and financial reconciliation.
8. X12 835 File – This file contains a remittance advice record for each encounter in Paid status, as well as summary data for those same encounters and any other financial transaction processing for the period. Detailed information regarding the Business use and Definition of this transaction can be obtained in the ANSI ASC X12N 835 Health Care Claim Payment/Advice HIPAA Implementation Guide.
9. X12 820 File – This file contains detail on capitation payments for the period. Detailed information regarding the Business use and Definition of this transaction can be obtained in the ANSI ASC X12N 820 Payroll Deducted and Other Group Premium Payment for Insurance Products HIPAA Implementation Guide.