



Frequently Asked Questions (FAQ)

1. General Program, Scope & Governance

1.1. Which entity is responsible for submitting transactions to CRISP?

As specified in COMAR 10.25.07 and Section 2.3.1 of the Technical Submission Guidance, the transaction submission responsibility resides with the **primary receiver EHN** that receives the transaction directly from the originating submitter:

1.1.1. Primary Receiver: If your organization receives the claim or transaction file directly from the provider or their billing vendor, your organization is responsible for submitting that transaction to CRISP.

1.1.2. Downstream Trading Partners / Relays: If your organization receives a transaction from another EHN (i.e., you act as a secondary intermediary, clearinghouse relay, or downstream partner), you are not required to submit that transaction to CRISP. This design reduces duplicate reporting across clearinghouse networks.

1.2. How should downstream rejections or subsequent claim resubmissions be handled by the submitting EHN?

Submitters report pre-adjudicated transactions. If a transaction is subsequently denied or rejected downstream by a payer or adjudication partner, the submitting EHN does not need to report that downstream rejection. If the provider corrects and resubmits the claim to your EHN, that resubmission constitutes a new reportable transaction.

1.3. Who should be contacted for regulatory clarification versus technical submission guidance, and what are their respective contact details?

Based on the nature of the inquiry, please contact the following:

1.3.1. Regulatory Clarification, & Compliance Timelines: Direct questions concerning COMAR 10.25.07 legal mandates or certification requirements to the Maryland Health Care Commission (MHCC):

1.3.1.1. Anna Gribble (anna.gribble1@maryland.gov)

1.3.2. Technical Guidance & Operations: Direct questions regarding technical specifications, file formats, testing, SFTP connectivity, and data processing to CRISP:

1.3.2.1. Meg LaMar (Megan.Lamar@crisphealth.org)

1.3.2.2. Vinay Balani (crisp.ehn.support@hmetrix.com)

1.4. Where can submitters find the Technical Submission Guidance and Data Dictionary?

The official, current version of the Electronic Health Care Transactions Technical Submission Guidance and all associated technical artifacts are published and maintained on the CRISP website: <https://www.crisphealth.org/ehn/>.

Submitters should regularly check this page for updated technical companion guides, data dictionary revisions, and onboarding schedules.

1.5. How does an EHN obtain a Submitter ID (Trading Partner ID) and establish connectivity?

As part of the standardized onboarding process, hMetrix will assign a unique CRISP Trading Partner ID (Data Submitter Code) to your organization. All submissions sent to CRISP/hMetrix must use this assigned Submitter ID alongside CRISP's standard static Hub Receiver ID.

1.6. Where can EHNs learn more about the regulatory requirements and compliance timelines?

The Maryland Health Care Commission's (MHCC) [website](#) provides guidance on the statutory requirement for certified EHNs to submit certain electronic health care transaction information to CRISP. The website includes links to the law, regulations, regulatory guidance, materials from Town Hall events, and guidance on submitting progress updates.

2. Sensitive Data & LPHI Redaction

2.1. How should submitters handle legally mandated PHI/LPHI redaction without causing EDI syntax or validation rejections?

Submitters who are legally required by state or federal privacy regulations (such as 42 CFR Part 2, reproductive health protections, or state-level sensitive condition privacy mandates)

redact certain patient health information, such as Legally Protected Health Information (LPHI) must do so by providing an empty or null payload within the expected element, rather than truncating file schemas, dropping delimiters, or removing required structural segments.

The ingestion pipeline distinguishes between structural syntax integrity and field value population:

2.1.1. Structural Scaffolding Must Remain Valid: The surrounding X12 envelope, segment wrappers, composite delimiters, and flat-file column counts must remain standard and parseable according to WEDI SNIP Levels 1 and 2.

2.1.2. Empty Payloads Are Accepted: If a sensitive element (such as a diagnosis code or procedure code) is truncated to an empty string (`` / whitespace) within a syntactically valid structure, the pipeline parses the claim and treats the element as `null` / empty rather than raising a fatal parse or syntax rejection.

2.2. What does a properly formatted redacted segment look like in native X12 (837P / 837I)?

In X12 transactions, element positions and composite separators must be preserved so that parsers can navigate the loop hierarchy (Loop 2000A through Loop 2440) without throwing syntax exceptions.

2.2.1. Concrete Example: Health Care Diagnosis Code (`HI` Segment)

The `HI` segment uses composite data elements (e.g., `C022` Health Care Code Information) where a code list qualifier is separated from the diagnosis code by a component element separator (typically `:`).

Redaction Pattern	X12 Example	Validation Status & Behavior
Standard Unredacted	HI*ABK:R05*ABF:j45909~	Valid baseline structure.
Omission of Secondary Diagnosis	HI*ABK:R05~	Valid optional element omission.
Empty Payload Redaction	HI*ABK:~	Valid empty value redaction.

Redaction Pattern	X12 Example	Validation Status & Behavior
Missing Component Separator	HI*ABK~	Invalid (Fails WEDI SNIP Level 1 checks).
Missing Segment Delimiters	HI*~	Invalid (Missing composite element definition).
Missing Segment Terminator	HI*ABK:	Invalid (Breaks interchange stream parsing).

2.3. How should redacted fields be handled in pipe-delimited flat-file submissions?

Flat-file submissions (837P and 837I flat layouts) are strictly positional. The column count and sequence defined in the Data Dictionary must remain exact:

2.3.1. Preserve All Column Delimiters:

Represent redacted fields with empty strings between adjacent pipe delimiters (`| |`).

2.3.2. Never Shift or Delete Columns:

Omitting delimiters alters the column index for all subsequent fields, resulting in fatal schema validation rejections.

2.3.3. Concrete Example: Flat-File Diagnosis Field Redaction

Assuming column 16 represents `principal\_diagnosis\_code` (`CDLMD016`):

Format Pattern	Flat-File Example	Outcome
Correct Redaction	... 1234567890 Y 001 ...	Valid. Delimiter preserved; resolves to `None`.
Incorrect Redaction	... 1234567890 Y 001 ...	Fatal Rejection. Delimiter removed, causing column shifts.

2.4. Where can submitters review regulatory guidance on LPHI restriction and disclosure rules?

For more information about the requirement in Maryland to restrict and filter from disclosure LPHI, please review the [Regulatory Guidance: Electronic Health Networks](#)

[Reporting of Electronic Health Care Transactions](#) and [LPHI Implementation Guidance: Electronic Health Networks](#).

3. Validation & Data Quality (DQ) Posture

3.1. Will claims with redacted LPHI be rejected by the validation gates?

No, provided the syntax rules above are followed:

3.1.1. Gate 1 (File Integrity & Envelope): Evaluates interchange/group envelopes and transport integrity. Unaffected by claim-level element redaction.

3.1.2. Gate 2 (WEDI SNIP 1 & 2 / Syntax): Passes because composite structures and segment syntax adhere to the 5010 TR3 implementation guide.

3.1.3. Gate 3 (Maryland Reportability Waterfall): Evaluates jurisdictional eligibility and claims reportability. If a claim lacks required clinical data necessary for reporting categorization, the pipeline routes the claim according to configured Maryland waterfall rules rather than crashing.

3.2. How is redaction tracked to ensure submitter pipelines are not experiencing widespread data loss?

The pipeline logs missing and empty field occurrences into the audit ledger and aggregates them into submitter Data Quality (DQ) reports:

3.2.1. Expected Redaction Threshold: Low baseline rates of missing diagnosis or sensitive procedure codes are treated as expected redactions permitted by law. CRISP and MHCC will establish baseline thresholds using submission data to accommodate normal variations without triggering false-positive compliance inquiries. Once established, expected operational tolerances and benchmark thresholds will be formally communicated to submitters.

3.2.2. Anomaly Flagging: Ingestion monitors will flag abnormal missing-data patterns, such as entire batches missing clinical data, unexpected volume drops, or missing-field rates that deviate significantly from a submitter's baseline. Flagged submissions trigger technical reviews to ensure upstream extraction, transformation, or translation errors are identified and resolved promptly.

4. Acknowledgements and Submission Frequency

4.1. What is the expected turnaround time for system acknowledgements and notifications?

Acceptance notices (999 Acknowledgments for X12 or Flat File CSV responses) are generated in the /Outbound folder **within one hour** of a test batch upload.

4.2. How frequently should partners monitor the /Outbound directory for status updates?

While there is no strict mandatory polling frequency defined, processing engines handle uploaded files promptly and return output files, such as test responses within one hour, to the /Outbound folder. Setting up automated **hourly** polling aligns with standard automated operational workflows.

4.3. What is the expected submission frequency for participating EHNs?

Participating EHNs may report data on a **daily**, **weekly**, or **monthly** schedule, with monthly reporting serving as the mandatory minimum requirement. Under the monthly schedule, data covering the previous month must be submitted by the last business day of the current month.

4.4. What service-level expectations (SLEs) apply to file acknowledgements, errors, and data retention?

Several key operational timeframes apply:

4.4.1. Initial Receipt & Validation: Acknowledgements are delivered to the /Outbound folder, returning within **one hour** during testing phases.

4.4.2. Resubmission Window: Corrected data for rejected submissions must be resubmitted **within 10 business days** of the original rejection and no later than the monthly submission deadline. In accordance with Section 2.7.3.2 of the Technical Submission Guidance, if an EHN requires an extended correction timeframe due to complex operational or upstream extraction constraints, the EHN must notify CRISP in advance to request an approved exception or adjusted resubmission schedule. You can contact Meg LaMar (Megan.Lamar@crisphealth.org).

4.4.3. System Failure Recovery: In accordance with Section 2.2.1 of the Technical Submission Guidance, if a mechanical, electrical, or technical failure on the submitter's side prevents electronic reporting, data must be submitted as soon as possible and **no later than 5 business days** following restoration of capabilities. The submitter must promptly notify CRISP of the failure. You can contact Meg LaMar (Megan.Lamar@crisphealth.org). If CRISP experiences system downtime, affected submitters will receive an initial notice within one hour and hourly status updates during regular business hours until resolution.

4.4.4. Data Retention & Audit Retrieval: Submitting entities must retain copies of all submitted files in their exact submitted format (or maintain the capability to regenerate the identical transaction output on demand) for **12 months** from the original submission date. Retained or regenerated records must be retrievable within **10 business days** upon request by the State or its designee.

5. Processing and Operational Questions

5.1. What file size, record count, or volume limits apply to batch submissions?

Submissions must adhere to the following batch constraints:

5.1.1. Record Limits: A single logical file must not exceed **50,000 Transaction Sets (Claims)** for X12 submissions, or **50,000 line items** (excluding headers) for Flat File submissions.

5.1.2. Uncompressed Payload Cap: Regardless of claim count, the uncompressed size of a single file must not exceed **1000 MB**.

5.1.3. Batch Splitting: Submissions exceeding limits must be split into multiple compressed files, keeping Professional (837P) and Institutional (837I) transactions in separate files.

5.1.4. Compression & Buffering: Compression is mandatory using .zip, .gz, .tar.gz, or .tgz. Uploading systems must use temporary extensions (e.g., .filepart, .tmp, .upload) during transfer and perform an **atomic rename** to the final extension once completed.

5.2. Where can we find sample response files and documentation on validation error formats?

Validation reporting formats depend on the submission channel:

5.2.1. X12 Submissions: Validated via standard **TA1** (Gate 1 / Envelope failures) and **999** (Gate 2 / Syntax failures) response files.

5.2.2. Flat File Submissions: Validated via three response files:

5.2.2.1. File Summary Acknowledgment

5.2.2.2. Submission Rejection Notification

5.2.2.3. Rejection and Data Quality Report

5.2.3. Samples & Dictionaries: Exact response file samples and comprehensive validation error codes will be provided on request.

5.3. What is the required resubmission process when records or entire files are rejected?

To resubmit corrected data:

5.3.1. Do Not Reuse Filenames: Never reuse a previously submitted filename, as the intake gateway will flag or ignore it as a duplicate.

5.3.2. Increment the Version Number: Retain the sequence number, but increment the 2-digit **VERSION** component in the standardized filename pattern (e.g., update from ..._001_01.txt.gz to ..._001_02.txt.gz).

5.3.3. Resubmit All Valid Data: Simply dropping rejected files or claims is prohibited; rejected data meeting reporting criteria must be corrected and resubmitted within **10 business days**.

5.3.4. Request Nullifications for Accepted Errors: If an accepted file was transmitted erroneously and needs to be purged, submit an explicit purge request listing the target filenames to crisp.ehn.support@hmetrix.com or support@crisphealth.org before re-transmitting.