



FEI Systems

Connecting Every Dimension of
Health and Human Services

Mississippi Department of Mental Health

837P Transaction Companion Guide
Professional Health Care Claims
HIPAA Version 5010

Companion Guide Version: 1.2
February 5, 2020

CONTENTS

General.....	3
Version Control	3
Terms and Definitions	3
Introduction	4
Intended Use.....	4
Purpose	4
Getting Started.....	4
Enrollment.....	4
Support.....	4
EDI Transactions.....	5
837P Professional Claims	5
Instruction Table	5
File Naming Convention.....	6
Upload Instructions.....	7
Failed Submissions	8
Timely Filing	Error! Bookmark not defined.
999 Acknowledgment for Health Care Insurance	9
835 Health Care Claim Payment/Advice	10
Testing and Certification	11
Prerequisites	11
Test Cycles.....	11
Cycle 1	11
Cycle 2	11
Cycle 3	11
Certification.....	11
Appendix: 837P Import Error Messages	12

GENERAL

VERSION CONTROL

Date	Version	Brief Description of Change
7/25/2019	1.0	Draft
11/8/2019	1.1	Updated 837P Instruction Table, 2010BA NM109
02/05/2020	1.2	Updated 837P Instruction Table, ISA06, GS02, NM109

TERMS AND DEFINITIONS

Terms	Description
ANSI	American National Standards Institute
ASC	Accredited Standards Committee
BAA	Business Associate Agreement
DMH	Department of Mental Health
FFS	Fee For Service
HIPAA	Health Insurance Portability and Accountability Act of 1996
TR3	Technical Report Type 3

INTRODUCTION

INTENDED USE

This is a companion guide to the HIPAA American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) implementation Guide, *005010X222: Health Care Claim: Professional (837)*. This companion guide supplements, but does not contradict any requirements in the ASC X12 TR3 document. The ANSI ASC X12 Implementation Guides may be accessed at <http://www.wpc-edi.com/>.

PURPOSE

This guide is intended to assist agencies in implementing transaction standards which meet the Mississippi Department of Mental Health (DMH) processing methodology. It provides specific requirements for submitting professional claims (837P) to Mississippi DMH, and it contains information about enrollment, testing, and support.

GETTING STARTED

ENROLLMENT

Provider agencies must notify Mississippi DMH that they wish to submit 837P HIPAA transactions for fee for service (FFS) claims. Agencies must have login credentials for MS WITS (production and testing environments).

SUPPORT

Please have the following information available when contacting Mississippi DMH:

- Provider agency name
- Point of contact, including name, title, telephone number, and email address
- 837P file name
- Upload date
- Error message (if applicable)

EDI TRANSACTIONS

837P PROFESSIONAL CLAIMS

Instruction Table

Loop	Segment ID	Name	Accepted value(s)	Comments
Header	ISA05	Interchange ID Qualifier	ZZ	ZZ = Mutually Defined
Header	ISA06	Interchange Sender ID		WITS Contract EDI Interchange Sender ID
Header	ISA07	Interchange ID Qualifier	ZZ	ZZ = Mutually Defined
Header	ISA08	Interchange Receiver ID	DMH federal tax ID	
Header	ISA11	Repetition Separator	^	
Header	ISA16	Component Element Separator	:	
Header	GS02	Application Sender's Code	WITS Contract EDI Application Sender's Code	
Header	GS03	Application Receiver's Code	DMH federal tax ID	
Header	GS08	Version Identifier Code		005010X222A1
Header	BHT06	Claim or Encounter ID	CH	CH = Chargeable
1000A	NM109	Submitter Identifier		WITS Contract EDI Submitter ETIN
1000B	NM103	Receiver Name	DMH	
1000B	NM109	Receiver Primary Identifier	DMH federal tax ID	
2000B	SBR01	Payer Responsibility Sequence Number Code	P	P = Primary
2000B	SBR02	Individual Relationship Code	18	18 = Self The subscriber is always the patient.
2010AA	NM102	Entity Type Qualifier	2	2 = Non-person entity
2010AA	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier
2010AA	NM109	Identification Code (Billing Provider Identifier)	Provider agency NPI	
2010BA	NM109	Subscriber Primary Identifier	Provider Client ID	This is the local client ID used by the provider.
2010BB	NM103	Payer Name	DMH	
2010BB	NM108	Identification Code Qualifier	PI	PI = Payor Identification
2010BB	NM109	Payer Identifier	DMH federal tax ID	
2300	CLM01	Claim Submitter's Identifier (Patient Control Number)		Must be unique to each claim/encounter. This number is returned in the 835 to identify the claim.
2300	CLM05-3	Claim Frequency Type Code	1 7 8	1 = Original claim 7 = Replacement claim 8 = Void/cancel
2310B	NM101	Entity Identifier Code	82	82 = Rendering Provider Note: The rendering provider should be reported in Loop 2310B or 2420A.

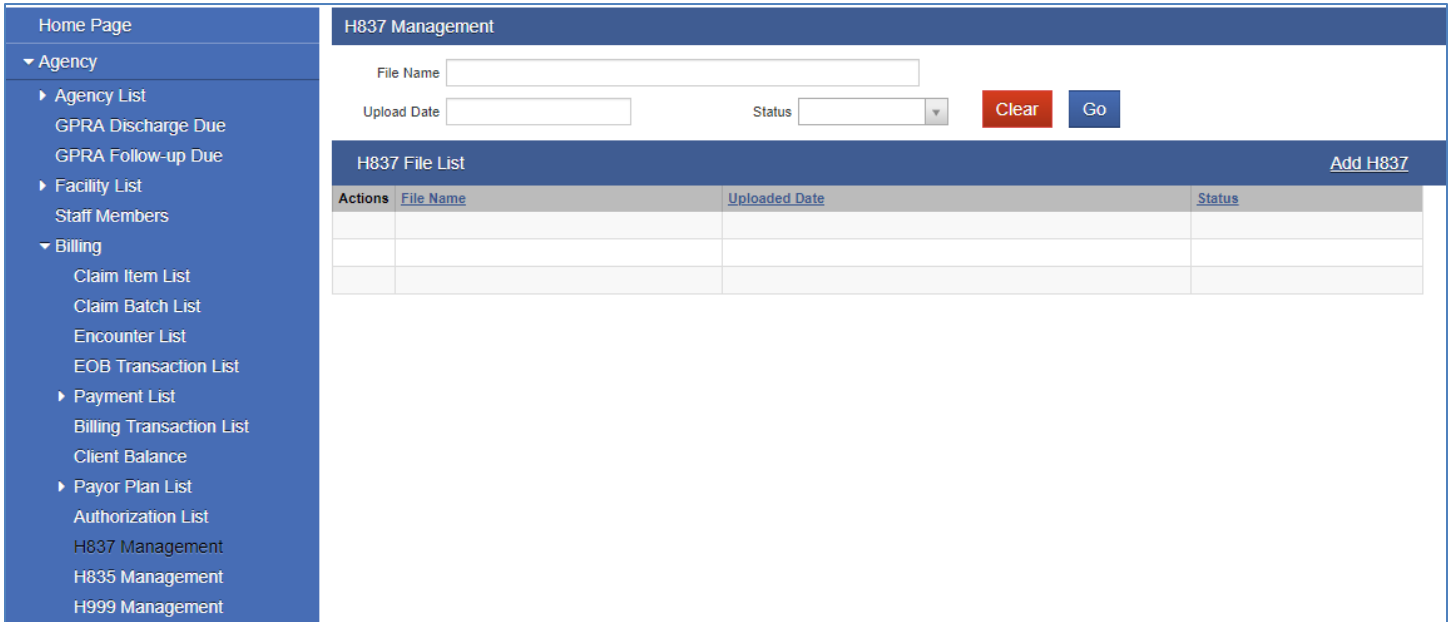
Loop	Segment ID	Name	Accepted value(s)	Comments
2310B	NM102	Entity Type Qualifier	1	1 = Person
2310B	NM103	Name Last or Organization Name		Rendering Provider Last Name
2310B	NM104	Name First		Rendering Provider First Name
2310B	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier
2310B	NM109	Identification Code (Rendering Provider Identifier)	Rendering Provider NPI	If the rendering provider does not have an NPI, the facility NPI may be used.
2310C	NM101	Entity Identifier Code	77	77 = Service Location Note: The service location/facility should be reported in Loop 2310C or 2420C
2310C	NM102	Entity Type Qualifier	2	2 = Non-Person Entity
2310C	NM103	Name Last or Organization Name		Facility Name
2310C	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier
2310C	NM109	Identification Code (Facility Primary Identifier)	Provider facility NPI	
2320	SBR09	Claim Filing Indicator Code	11	11 = Other Non-Federal Programs
2400	SV101-1	Product/Service ID Qualifier (Product or Service ID Qualifier)	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
2400	SV101-2	Product/Service ID (Procedure Code)		Refer to the list of accepted MS DMH procedure codes
2400	CN101	Contract Type Code	09	09 = Other
2400	CN104	Reference Identification (Contract Code)		Grant #
2400	NTE01	Note Reference Code	ADD	ADD = Additional information
2400	NTE02	Description (Line Note Text)	Service Event Source Record Identifier	This value uniquely identifies the clinical service event/encounter represented by the the 837P claim line and should match one Service Event Source Record Identifier in the data warehouse.

File Naming Convention

- File names may be any combination of letters, numbers and the underscore (_). Additional special characters are not allowed.
- Files must use a .DAT or .TXT extension.

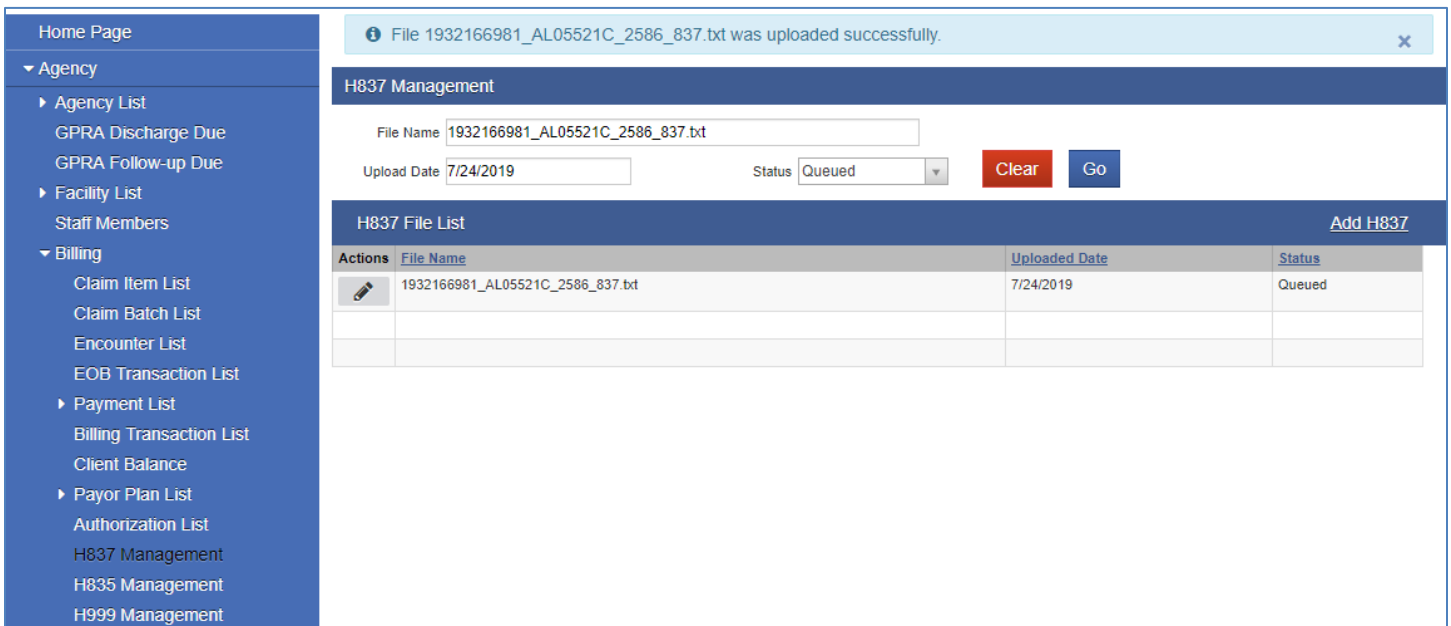
Upload Instructions

837P transactions are uploaded to MS WITS. Navigate to the H837P Management screen under Agency/Billing and select “Add H837” from the list header.



The screenshot shows the H837 Management interface. On the left is a navigation menu with categories: Agency, Facility List, and Billing. The main area contains an upload form with fields for File Name, Upload Date, and Status, along with Clear and Go buttons. Below the form is an 'H837 File List' table with columns for Actions, File Name, Uploaded Date, and Status. An 'Add H837' link is visible in the top right of the table area.

Uploaded files are queued for processing:



This screenshot shows the same H837 Management interface after a file has been uploaded. A notification banner at the top states: "File 1932166981_AL05521C_2586_837.txt was uploaded successfully." The upload form now shows the File Name as "1932166981_AL05521C_2586_837.txt" and the Upload Date as "7/24/2019". The Status dropdown is set to "Queued". The 'H837 File List' table now contains one row with a pencil icon in the Actions column, the file name, the upload date, and the status "Queued".

Once processed, the status changes to “Processed” or “Failed.” Processed 837P transactions must be adjudicated by Mississippi DMH.

Note that the H837 File List may be filtered based on file name, upload date, and status.

Home Page

▼ Agency

- ▶ Agency List
 - GPRA Discharge Due
 - GPRA Follow-up Due
- ▶ Facility List
- Staff Members
- ▼ Billing
 - Claim Item List
 - Claim Batch List
 - Encounter List
 - EOB Transaction List
- ▶ Payment List
- Billing Transaction List
- Client Balance
- ▶ Payor Plan List
 - Authorization List
 - H837 Management
 - H835 Management
 - H999 Management

H837 Management

File Name

Upload Date Status Clear Go

H837 File List Add H837

Actions	File Name	Uploaded Date	Status
	1932166980_AL05521C_2586_837.txt	11/10/2017	Processed
	1932166980_AL05521C_2591_837.txt	11/10/2017	Processed
	1932166980_AL05521C_2592_837.txt	11/13/2017	Failed
	1932166980_AL05521C_9876_837.txt	11/28/2017	Processed
	1932166980_AL05521C_1111_837.txt	11/28/2017	Processed
	1932166980_AL05521C_1111dupe_837.txt	11/29/2017	Processed
	1932166980_AL05521C_1111dupe2_837.txt	11/29/2017	Processed
	1932166980_AL05521C_1111dupe3_837.txt	11/29/2017	Processed
	1932166980_AL05521C_1111dupe4_837.txt	11/29/2017	Processed
	1932166980_AL05521C_2222_837.txt	11/29/2017	Processed

Failed Submissions

If the 837P fails during processing, the error message(s) are displayed on the submission profile. A full list of error messages and resolutions is provided in the [appendix](#). Failed submissions must be corrected and resubmitted. Provider agencies should notify Mississippi DMH if they continue to receive an error after making necessary corrections.

Home Page

▼ Agency

- ▶ Agency List
 - GPRA Discharge Due
 - GPRA Follow-up Due
- ▶ Facility List
- Staff Members
- ▼ Billing
 - Claim Item List
 - Claim Batch List
 - Encounter List
 - EOB Transaction List
- ▶ Payment List
- Billing Transaction List
- Client Balance
- ▶ Payor Plan List
 - Authorization List
 - H837 Management
 - H835 Management
 - H999 Management

H837 Profile

File Name <input type="text" value="1932166980_AL05521C_2592_837.txt"/>	Uploaded By <input type="text" value="Balachandran, Saravana Kum"/>
Upload Agency <input type="text" value="State Contractor"/>	Upload Date <input type="text" value="11/13/2017"/>
Status <input type="text" value="Failed"/>	Process Start Date <input type="text" value="11/13/2017"/>
Provider Agency <input type="text" value="Administrative Agency"/>	Process End Date <input type="text" value="11/13/2017"/>

Finish

Errors(Export)

Code	Message
H837Processor	ISA08 does not match the contractor agency's Interchange Receiver ID.

999 ACKNOWLEDGMENT FOR HEALTH CARE INSURANCE

The 999 is returned for all 837P transactions that were successfully processed. Contact DMH if a 999 is not available for download within the expected timeframe.

Navigate to the H999 Management screen under Agency/Billing. The 999 may be downloaded from the list or from the profile.

Home Page

▼ Agency

- ▶ Agency List
 - GPRA Discharge Due
 - GPRA Follow-up Due
- ▶ Facility List
- Staff Members
- ▼ Billing
 - Claim Item List
 - Claim Batch List
 - Encounter List
 - EOB Transaction List
 - ▶ Payment List
 - Billing Transaction List
 - Client Balance
 - ▶ Payor Plan List
 - Authorization List
 - H837 Management
 - H835 Management
 - H999 Management
 - ▶ Agreement Management
 - Alerts Configuration

H999 Management

File Name Upload Date

Clear Go

H999 File List (Export)

Actions	File Name	Upload Date	Created Date
	55556_20171128131335_11221-12.999		11/28/2017 1:13 PM
	55556_20171128131335_11221-12.999		11/28/2017 1:51 PM
	55556_20171129131245_11221-14.999		11/29/2017 1:12 PM
	55556_20171129135501_11221-16.999		11/29/2017 1:55 PM
	55556_20171129140500_11221-17.999		11/29/2017 2:04 PM
	55556_20171129140920_11221-18.999		11/29/2017 2:09 PM
	55556_20171129142857_11221-19.999		11/29/2017 2:28 PM
	55556_20171130103953_11221-20.999		11/30/2017 10:39 AM
	55556_20171130104712_11221-21.999		11/30/2017 10:47 AM
	55556_20171130105229_11221-23.999		11/30/2017 10:52 AM
	55556_20171130111513_11221-24.999		11/30/2017 11:15 AM
	55556_20171130112011_11221-25.999		11/30/2017 11:20 AM

835 HEALTH CARE CLAIM PAYMENT/ADVICE

The 835 is available for download once claims are adjudicated by Mississippi DMH. Contact DMH if an 835 is not available for download within the expected timeframe.

Navigate to the H835 Management screen under Agency/Billing. The 835 may be downloaded from the list or from the profile.

Home Page

▼ Agency

- ▶ Agency List
- GPRA Discharge Due
- GPRA Follow-up Due
- ▶ Facility List
- Staff Members
- ▼ Billing
- Claim Item List
- Claim Batch List
- Encounter List
- EOB Transaction List
- ▶ Payment List
- Billing Transaction List
- Client Balance
- ▶ Payor Plan List
- Authorization List
- H837 Management
- H835 Management
- H999 Management

H835 Management

File Name Agency

Upload Date Status

Clear Go

H835 File List

Actions	File Name	Created Date	Status
	55556_20171129103420_11221-6.835	11/29/2017 10:34 AM	Processed
Profile	9131628_11221-7.835	11/29/2017 1:16 PM	Processed
	55556_20171129140233_11221-8.835	11/29/2017 2:02 PM	Processed
	55556_20171129140552_11221-9.835	11/29/2017 2:05 PM	Processed
	55556_20171129141105_11221-10.835	11/29/2017 2:11 PM	Processed
	55556_20180116122606_11221-11.835	1/16/2018 12:26 PM	Processed
	55556_20180605135200_11221-12.835	6/5/2018 1:52 PM	Processed
	55556_20180607111302_11221-13.835	6/7/2018 11:13 AM	Processed
	55556_20180607154824_11221-14.835	6/7/2018 3:48 PM	Processed

TESTING AND CERTIFICATION

PREREQUISITES

Provider agencies must have the following items in place prior to submitting 837P transactions:

- An established contractual relationship with Mississippi DMH to provide treatment services.
- A Business Associate Agreement (BAA) with Mississippi DMH.
- Login credentials to the MS WITS testing environment.
- The ability to create 837P transactions in accordance with this document.
- Notification to Mississippi DMH that they will submit 837P transactions in lieu of entering encounters in MS WITS. The notification must include:
 - Point of contact (name, title, telephone number, and email address).
 - Agreement to complete a testing cycle consisting of three test 837P transactions over a four-week period.
 - Expected submission date of the first test 837P transaction.

TEST CYCLES

The following procedure is followed for all cycles:

- The provider uploads an 837P to the testing environment. If there are submission errors, the 837P should be corrected and resubmitted.
- The provider agency downloads the 999 transaction.
- Mississippi DMH adjudicates claim(s).
- The provider agency downloads the 835 transaction.

Cycle 1

The goal of this cycle is to successfully submit a simple 837P that meets syntax and formatting requirements. The 837P should contain a single claim for a single client.

In this cycle, provider agencies should become familiar with uploading the 837P, viewing and correcting submission errors, and downloading the 999 and 835.

Cycle 2

The goal of this cycle is to successfully submit a more complex 837P. The 837P should include at least 5 clients, 25 claims, and 2 rendering providers.

Cycle 3

The goal of this cycle is to successfully submit an 837P with adjustments and duplicate claims. The 837P should include:

- An adjustment to a claim that was adjudicated in a previous test cycle
- A duplicate claim that was adjudicated in a previous test cycle.

CERTIFICATION

Mississippi DMH will certify provider agencies which successfully complete three testing cycles as described above. Once the provider agency is certified, Mississippi DMH will provide login credentials to the MS WITS production environment.

APPENDIX: 837P IMPORT ERROR MESSAGES

WITS Error Message	Explanation	Action
A connection attempt failed because the connected party did not properly respond after a period of time, or established connection failed because connected host has failed to respond.	The 837P transaction could not be uploaded. This is likely due to a network issue.	The provider agency should verify their network connection and retry.
A Contract Auth Period for Contract ID = # effective on MM/DD/YYYY could not be found.	An agreement authorization period does not exist in WITS for MM/DD/YYYY. Note: The error message will contain the Contract ID instead of "#" and the reported date instead of "MM/DD/YYYY".	DMH should verify a contract authorization period exists for the specified date.
ERROR: The Rendering Provider Loop and/or Service Facility Location Loop are missing at both the claim level and service level for claim #.	The Rendering Provider was not reported in Loops 2310B or 2420A OR The Service Facility was not reported in Loops 2310C or 2420C.	The provider agency should include the rendering provider and service facility loops on the 837 and resubmit.
Failed to find segment 'ABC' before end of file.	A required segment "ABC" was not found in the 837P transaction. Note: The error message will contain the expected segment instead of "ABC".	The provider agency should update the 837P transaction to include the specified segment and resubmit.
Illegal value encountered ('#') in segment 'CLM' at element position '5', composite position '3'. Legal value(s): , '1', '7', '8'.	A Claim Frequency Code "#" was reported in Loop 2300 CLM05-3. Accepted values are 1, 7, and 8. Note: The error message will contain the reported value instead of "#".	The provider agency should update the 837P transaction and resubmit.
Illegal value in segment 'GS' at element position '3'. Only legal value is '\$' but encountered '#'	An Application Receiver's Code "#" was reported in GS03. Only code "\$" is accepted. Note: The error message will contain the reported value instead of "#" and the accepted value instead of "\$".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('#') in segment 'ISA' at element position '7'. Legal value(s): , 'ZZ'.	An Interchange ID Qualifier "#" was reported in ISA07. Only "ZZ" is accepted. Note: The error message will contain the reported value instead of "#".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('#') in segment 'NM1' at element position '1'. Legal value(s): , '82'.	An Entity Identifier Code "#" was reported in Loop 2310B NM101 or Loop 2420A NM101. Only "82" is accepted.	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered (' ') in segment 'ISA'	A Component Element Separator " " was reported in ISA16. Only ":" is accepted.	The provider agency should update the 837P transaction and resubmit.

WITS Error Message	Explanation	Action
at element position '16'. Legal value(s): , ':'. Note: The error message will contain the delimiter reported in ISA16.		
Illegal/unexpected value encountered ('1') in segment 'NM1' at element position '2'. Legal value(s): , '2'.	An Entity Type Qualifier "#" was reported in one of the following segments: Loop 2010AA NM102, Loop 2310C NM102, or Loop 2420C NM102. Only "2" is accepted. Note: The error message will contain the reported value instead of "#".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('82') in segment 'NM1' at element position '1'. Legal value(s): , '77'.	An Entity Identifier Code "#" was reported in Loop 2310C NM101 or Loop 2420C NM101. Only "77" is accepted.	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('S') in segment 'SBR' at element position '1'. Legal value(s): , 'P'.	A Payer Responsibility Sequence Number Code "X" was reported in Loop 2000B SBR01. Only "P" is accepted. Note: The error message will contain the reported value instead of "X".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ("X") in segment 'NM1' at element position '8'. Legal value(s): , 'XX'.	An Identification Code Qualifier "A" was reported in Loop 2010AA NM108, Loop 2310B NM108, Loop 2310C NM108, Loop 2420A NM108, or Loop 2420C NM108. Only "XX" is accepted. Note: The error message will contain the reported value instead of "X".	The provider agency should update the 837P transaction and resubmit.
Illegal/unexpected value encountered ('X') in segment 'SBR' at element position '9'. Legal value(s): , '11'.	A Claim Filing Indicator Code "X" was reported in Loop 2320 SBR09. Only "11" is accepted. Note: The error message will contain the reported value instead of "X".	The provider agency should update the 837P transaction and resubmit.
Index was outside the bounds of the array.	This error message typically occurs when an incorrect element delimiter is used.	The provider agency should update the 837P transaction and resubmit. If the error persists, the State Contractor agency should notify FEI Production Support.
ISA08 does not match the contractor agency's Interchange Receiver ID.	This error message occurs when there is no match between ISA08 and the Interchange Receiver Number on the contractor agency profile.	The provider should verify the 837 Interchange Receiver Number matches the number on the Contract EDI screen on the Agency/Contract Management menu.
Invalid zipcode ##### in segment N4 at element position 3.	The indicated zip code has the wrong number of digits. Typically, this happens	The provider agency should update the 837P transaction and resubmit.

WITS Error Message	Explanation	Action
	when 9 digits are expected and only 5 are reported. Check all occurrences of N403.	
Length cannot be less than zero. Parameter name: length	This error message typically occurs when an incorrect element delimiter is used. The error may occur when the ISA segment delimiter is * rather than the expected .	The provider agency should update the 837P transaction and resubmit.
Neither the Service Start Date nor Service End Date can be greater than the transaction set created date.	The reported service date is after the 837P date.	The provider agency should update the 837P transaction and resubmit.
Object reference not set to an instance of an object.	This message is very rare and could indicate a bug.	DMH agency should contact WITS Production Support. This may require developer investigation.
The 837 HIPAA sender and/or receiver data does not find any valid record in uploaded contractor agency.	The sender and/or receiver data cannot be matched to a WITS contract. Verify the following segments match what is shown on the Agreement EDI screen: ISA06, Interchange Sender ID ISA08, Interchange Receiver ID GS02, Application Sender's Code GS03, Application Receiver's Code Loop 1000A NM109, Submitter ETIN Loop 1000B NM109, Receiver ETIN	The provider agency should update the 837P transaction and resubmit.
The DateTime represented by the string is not supported in calendar System.Globalization.GregorianCalendar.	An invalid date was reported. This should rarely happen, but if it does, verify that valid dates are submitted in all date fields.	The provider agency should update the 837P transaction and resubmit.
The given key was not present in the dictionary.	This message indicates a code table value is missing or expired.	DMH should update code tables as necessary. Once updates are made, the provider agency should resubmit the 837P transaction.
The 'Other Payor' ID code (#) identified in a service line adjudication info does not correspond to any specified 'Other Payor'.	The Other Payer Identification Code reported in Loop 2430 SVD01 does not match the Identification Code in Loop 2330B NM109. Note: The error message will contain the reported value instead of "#".	The provider agency should update the 837P transaction and resubmit.
The Patient Detail loop is Not Supported. Claim Information must fall under the Subscriber.	Loop 2010CA should not be reported.	The provider agency should update the 837P transaction and resubmit.
The Service Start Date cannot be greater than the transaction set created date.	This message should be self-explanatory.	The provider agency should update the 837P transaction and resubmit.
The Total Claim Charge Amount for claim #1, indicated at segment	The sum of service line charges does not match the claim line monetary amount.	The provider agency should update the 837P transaction and resubmit.

WITS Error Message	Explanation	Action
'CLM' position '2' of \$### does not match the total of all service line charges, \$###.		
This 837 file is not valid. Multiple Provider loops are present but a valid file may contain only one.	Only one Billing Provider Hierarchical Level, Loop 2000A is accepted.	The provider agency should update the 837P transaction and resubmit.
Timeout expired. The timeout period elapsed prior to completion of the operation or the server is not responding.	The 837P transaction could not be uploaded. This is likely due to a network issue.	The provider agency should verify their network connection and retry.
Unexpected segment 'ABC'. Was expecting 'XYZ'.	This type of error message occurs when segments are reported out of order or an unexpected segment is reported. Note: The error message will contain the reported segments instead of "ABC" and the expected segment instead of "XYZ". Example: Unexpected segment 'NM1'. Was expecting 'N3'.	The provider agency should update the 837P transaction and resubmit.
A connection attempt failed because the connected party did not properly respond after a period of time, or established connection failed because connected host has failed to respond	The 837P transaction could not be uploaded. This is likely due to a network issue.	The provider agency should verify their network connection and retry.
A Contract Auth Period for Contract ID=# effective on MM/DD/YYYY could not be found.	An agreement authorization period does not exist in WITS for MM/DD/YYYY. Note: The error message will contain the Contract ID instead of "#" and the reported date instead of "MM/DD/YYYY".	The State Contractor agency should verify a provider agreement and authorization period exists for the specified date.