

Health Care Payer Unsolicited Claim Status 277U Companion Guide 003070

Version 1.4

July 21, 2008

Document Change Log

Version	Changed Date	Changed By	Reason
1.4	7/21/08	EDS (Nicole Roden)	Corrected EDS website address to http://mymedicaid-florida.com . Changed EDI telephone number to 1-866-586-0961.

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1 INTRODUCTION

The following is intended to be a companion document to the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Payer Unsolicited Claim Status, ASC X12N 277 (003070X070) Draft 3.

This transaction is not a Health Insurance Portability and Accountability Act (HIPAA) covered transaction. The authors of the HIPAA covered Transaction for the Remittance Advice (835) do not recommend including information about suspended claims from the adjudication system in the remittance advice. For financial accounting purposes, the authors recommend that the remittance advice process, which generates the 835 transaction set, only contain information pertaining to finalized claims. For that reason, the Agency for Health Care Administration (AHCA) is utilizing this 277 Health Care Payer Unsolicited Claim Status to communicate pended claim information in an electronic format to fee-for-service providers.

Agency for Health Care Administration will also utilize this 277 Health Care Payer Unsolicited Claim Status to communicate paid and denied claim information to Managed Care Organizations. Those organizations will not receive the 835 transaction for paid and denied claims.

1.1 Purpose

This transaction provides fee-for-service providers status information for pended claims and managed care organizations status information for paid and denied claims. The business application of the 277U will also augment the use of the Health Care Claim Status Request and Response paired transaction by providing the Internal Control Numbers (ICN) assigned to claims for trading partners to specifically inquire upon.

Unsolicited Health Care Payer Claim Status response will be sent weekly in a batch mode for fee-for-service providers, and daily for managed care organizations along with any claim transaction in which a Medicaid provider ID or National Provider Identifier (NPI) is unidentifiable.

Even though the use of the 277U was not included in the *Transactions and Code Set Final Regulations*, the Agency for Health Care Administration and EDS have elected to support the 277 Health Care Payer Unsolicited Claim Status Version 3070, Draft Version 3, Implementation Guideline.

1.2 Minimum Mandated Processing Requirements

The business purpose described herein is not a HIPAA-mandated business purpose and thus is agreed upon between willing trading partners. The Agency for Health Care Administration requirements are as follows:

1. Information Source Identifier (77027);
2. Information Receiver Identifier (Trading Partner as assigned by the EDS EDI area);

3. Service Provider Identifier (NPI or Medicaid Provider ID);
4. Beneficiary Identifier (Recipient Number);
5. Claim Dates of Service (Header and/or Detail); and
6. Header Claim Submitted Charges.

The claim status segment is required at the header of the claim. Therefore, a header status will always be given. Within the status segment, there are certain minimum requirements.

1. The status data element defined in the 277 Transaction Set is a composite data structure that consists of three difference data elements. It is repeated a total of three times within the STC segment. Each status data element consists of the following three data elements:
 - a. Health Care Claim Status Category Code – The overall category for where the claim currently is in processing (e.g., P2 – Pending/In Process – The Claim is suspended pending review).
 - b. Health Care Claim Status Code – Detailed information as to the reason the claim being in the category defined in the category code (e.g., 450 – Awaiting spend down determination).
 - c. Entity Identifier – The identity of the entity from which additional information about the claim has been requested if the claim is pended for additional information (e.g., QC – Patient).
2. The status effective date is always sent within this segment at the Claim Header level. This will consist of the last date that the claim adjudicated in the system.
3. The Action Code is always sent at the Claim Header level. This directs the receiver of the transaction as to what actions are required on their part.
4. The claim header submitted charge is always sent at the Claim Header level.
5. A free-form text area is available for specific messages related to the Health Care Claim Status Code 448. The code 448 is not currently utilized, thus STC12 will not be populated.

1.3 Special Considerations for 277U Transactions

1. Subscriber, Insured = Recipient in the Florida Medicaid Eligibility Verification System:

The Florida Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/members are primary subscribers within each program or MCO (Managed Care Organization).

2. Provider Identification = Agency for Health Care Administration Medicaid ID or NPI:

The implementation date for National Provider Identifier (NPI) was May 23, 2007. The Agency for Health Care Administration has implemented the contingency plan for NPI and will continue to use the Florida Medicaid Provider Number until May 23, 2008.

Prior to May 23, 2008, if the Medicaid Provider Number is received in the Provider Identification loops within the REF segment where REF01 equals 1D and the 2010AA NM1 segment where NM108 equals XX is not received, the claim will process correctly.

Beginning May 23, 2008 for all health care providers, the Provider NPI, Taxonomy Code and Zip Code + 4 postal code must be received in the appropriate loops. The NPI will be sent in the NM109, where NM108 equals XX. The Taxonomy Code will be sent in the PRV03 and the Zip Code + 4 postal code will be sent in the N403 and N404.

For all non-healthcare providers where an NPI is not assigned, the claim must contain the Medicaid Provider Number within the appropriate loops within the REF segment where REF01 equals '1D'.

2 TRANSMISSION AND DATA RETRIEVAL METHODS

EDS supports several types of data transport depending upon the trading partner's need. Providers and their representatives can submit and receive data via: Web portal, Remote Access Server (RAS), and Value Added Network (VAN)/Switch Vendors for interactive transactions.

1. Web portal: Transaction files are uploaded/downloaded in the Trade Files menu on the secure Web portal.
2. Remote Access Server (RAS): This option is available to trading partners who do not have an existing Internet connection. The RAS server typically supports those who need a dial-up option. Once the RAS connection is established, transaction files are uploaded/downloaded in the Trade Files menu on the secure Web portal.
3. Value Added Networks (VANs) or Switch Vendors: VANs or Switch Vendors typically support interactive transactions through a dedicated connection to the fiscal agent. VANS sign a contract with the State and have unique, VAN specific communication arrangements with the fiscal agent. A list of approved vendors is listed on the fiscal agent Web site.

Detailed information to assist with EDI related processes are available on the Provider Public Web site at: <http://mymedicaid-florida.com>

Information available includes:

1. Remote Access Server connectivity instructions for submitters without an existing Internet connection;
2. Trading Partner Testing Procedures for all new trading partners, or trading partners adding a new transaction; and
3. Web Upload/Download instructions for submitters uploading/downloading via the secure Web portal.

File/System Specifications

EDI will only accept Windows\PC\DOS formatted files.

EDI will allow upload and download of zipped or compressed files.

Note: Only one X12 transaction file is permitted in each "zipped" file.

EDI does not require any specific file extensions. This includes acceptance of files without an extension.

The Web portal is designed to support the following Internet browsers:

1. Internet Explorer, version 6 or later;
2. Firefox, version 1.5 or later; and
3. Opera, version 8.5 or later.

3 TRANSMISSION RESPONSES

For every transaction received, there is an expected response. The available responses are an Interchange Acknowledgement (TA1), a Functional Acknowledgement (997), and an Unsolicited Claim Status (277U).

Once a transaction is received, it will go through a ‘front end’ compliance check called a TA1. The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

Once the transaction has passed the ‘front end’ compliance check it then goes through a syntax compliance edit. This edit is to verify the compliance within the ANSI X12 syntax according to the HIPAA Implementation Guides. The transaction will receive a Functional Acknowledgement (997) to provide feedback on the transaction. The 997 functional acknowledgement contains accepted or rejected information. If the transaction contains any syntactical errors, the segments and elements in which the error occurred will be reported in a rejected acknowledgement. If the transaction contains no syntactical errors, a positive 997 response will be generated and the transaction is passed on for processing.

4 EDI SUPPORT

The EDS EDI Unit is available to support trading partners and providers that exchange transactions electronically. Support functions include:

1. Enrollment processing for trading partners requesting to submit transactions electronically;
2. Installation assistance and submission support for Provider Electronic Solutions (PES) software;
3. Provide assistance to billing agents, clearinghouses and software vendors;
4. Identifying and troubleshooting technical issues ; and
5. Data Exchange help;

EDI staff is available Monday through Friday 8:00 a.m. to 5:00 p.m. EST by calling 1-866-586-0961.

5 CONTROL SEGMENT DEFINITIONS FOR FLORIDA MEDICAID 277U TRANSACTION

Note the page numbers listed below in each of the tables represent the corresponding page number in the X12N 277U Version 3070 Draft Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

5.1 ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
B.3	N/A	ISA	ISA02 - Authorization Information	[space fill]
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
B.4	N/A	ISA	ISA04 - Security Information	[space fill]
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
B.4	N/A	ISA	ISA06 - Interchange Sender ID	'77027' left justified and space filled. Florida Medicaid Sender ID
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	Trading Partner ID Supplied by Florida Medicaid
B.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD.
B.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM.
B.5	N/A	ISA	ISA11 - Interchange Control Standards Identifier	'U' – Interchange Control Standards Identifier
B.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00307' – Control Version Number
B.5	N/A	ISA	ISA13 - Interchange Control Number	Interchange Unique Control Number – Must be identical to the interchange trailer IEA02.
B.5	N/A	ISA	ISA14 - Acknowledgment Requested	'1' – Acknowledgement Requested
B.6	N/A	ISA	ISA15 - Usage Indicator	'T' - Test Data 'P' - Production Data
B.6	N/A	ISA	ISA16 - Component Element Separator	':' – Component Element Separator

5.2 IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups

and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
B.7	N/A	IEA	IEA01 - Number of included Functional Groups	Number of included Functional Groups
B.7	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13.

5.3 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
B.8	N/A	GS	GS01 - Functional ID Code	'HN' – Health Care Claim Status Notification (277)
B.8	N/A	GS	GS02 - Application Sender's Code	This will be equal to the value in ISA06.
B.8	N/A	GS	GS03 - Application Receiver's Code	This will be equal to the value in ISA08.
B.8	N/A	GS	GS04 - Date	The date format is YYMMDD.
B.8	N/A	GS	GS05 - Time	The time format is HHMM.
B.9	N/A	GS	GS06 - Group Control Number	Group Control Number
B.9	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
B.9	N/A	GS	GS08 - Version/ Release/ Industry ID Code	'003070X070' – Version / Release / Industry Identifier Code

5.4 GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
B.10	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
B.10	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06.

5.5 ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
27	N/A	ST	ST01 – Transaction Set Identifier Code	'277' – Health Care Claim Status Notification
27	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number

5.6 SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
107	N/A	SE	SE01 – Number of Included Segments	Total number of segments included in Transaction Set including ST and SE.
107	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02.

5.7 Valid Delimiters

The delimiters documented below will be used for Florida Medicaid, unless otherwise requested by a trading partner.

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

6 COMPANION GUIDE FOR THE 277U TRANSACTION

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
Header				
28	N/A	BHT	BHT03 - Reference Identification	FFS: RA (Remittance) number Encounter: Trading Partner ID and Current Date in CCYYMMDD Format
29	N/A	BHT	BHT06 - Transaction Type Code	'NO' – Notice

Information Source				
30	2000A	HL	HL01 - Hierarchical ID Number	The first HL01 value will be '1' and each HL will increment by one throughout the transaction set.
30	2000A	HL	HL02 - Hierarchical Parent ID Number	'0' – Hierarchical Parent ID Number
31	2000A	HL	HL03 - Hierarchical Level Code	'20' – Information Source
31	2000A	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
Payer Name				
33	2100A	NM1	NM103 – Name Last or Organization Name	'STATE OF FLORIDA MEDICAID'
33	2100A	NM1	NM108 – Identification Code Qualifier	'PI' – Payor Identification
33	2100A	NM1	NM109 - Identification Code	'77027'
34	2100A	N3	N301 - Address Information	'P.O. BOX 7060'
35	2100A	N4	N401 - City Name	'TALLAHASSEE'
35	2100A	N4	N402 - State or Province Code	'FL'
35	2100A	N4	N403 - Postal Code	'323147060'
Information Receiver				
36	2000B	HL	HL01 - Hierarchical ID Number	Incremented by '1' from the previous HL segment in the Transaction Set.
36	2000B	HL	HL02 - Hierarchical Parent ID Number	The value in this data element will reference the Parent HL01 at the Information Source Level.
37	2000B	HL	HL03 - Hierarchical Level Code	'21' – Information Receiver
37	2000B	HL	HL04 - Hierarchical Child	'1' – Additional

			Code	Subordinate HL Data Segment in this Hierarchical Structure
Information Receiver Name				
38	2100B	NM1	NM101 - Entity Type Qualifier	'2' - Non-Person Entity
39	2100B	NM1	NM103 - Name Last or Organization Name	Trading partner name, as defined in database.
39	2100B	NM1	NM108 - Identification Code Qualifier	'46' – Electronic Transmitter Identification Number (ETIN)
39	2100B	NM1	NM109 - Identification Code	Trading Partner ID Supplied by Florida Medicaid
Provider of Service				
42	2000C	HL	HL01 - Hierarchical ID Number	Incremented by '1' from the previous HL segment in the Transaction Set.
42	2000C	HL	HL02 - Hierarchical Parent ID Number	The value in this data element will reference the Parent HL01 at the Information Source Level.
43	2000C	HL	HL03 - Hierarchical Level Code	'19' – Provider of Service
43	2000C	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
Provider Information				
44	2100C	NM1	NM102 - Entity Type Qualifier	'1' – Person '2' – Non-Person Entity
45	2100C	NM1	NM103 - Name Last or Organization Name	When NM102 = '2', Provider Organization Name as stored on Florida Medicaid Provider File When NM102 = '1',

				Provider Last Name as stored on Florida Medicaid Provider File
45	2100C	NM1	NM104 - Name First	When NM102 = '1', Provider First Name as stored on Florida Medicaid Provider File
45	2100C	NM1	NM108 - Identification Code Qualifier	'SV' – Service Provider Number 'XX' - National Provider Identifier (NPI)
45	2100C	NM1	NM109 - Identification Code	If NM108='SV' (Florida Medicaid Provider Number) If NM108='XX' (NPI)
Subscriber				
46	2000D	HL	HL01 - Hierarchical ID Number	Incremented by '1' from the previous HL segment in the Transaction Set.
46	2000D	HL	HL02 - Hierarchical Parent ID Number	The value in this data element will reference the Parent HL01 at the Information Source Level.
47	2000D	HL	HL03 - Hierarchical Level Code	'22' – Subscriber
47	2000D	HL	HL04 - Hierarchical Child Code	'0' – No Subordinate HL Segment in this Hierarchical Structure
Subscriber Name				
49	2100D	NM1	NM101 - Entity Identifier Code	'QC' - Patient
49	2100D	NM1	NM102 - Entity Type Qualifier	'1' - Person
49	2100D	NM1	NM103 - Name Last or Organization Name	Recipient's Last Name
49	2100D	NM1	NM104 - Name First	Recipient's First Name
49	2100D	NM1	NM105 - Name Middle	Recipient's Middle

				Initial, if available
49	2100D	NM1	NM108 - Identification Code Qualifier	'MR' – Medicaid Recipient Identification Number
49	2100D	NM1	NM109 - Identification Code	Florida Recipient 10-digit Medicaid ID'
Claim Submitter's Identifier				
53	2200D	TRN	TRN01 - Trace Type Code	'2' – Reference Transaction Trace Numbers
53	2200D	TRN	TRN02 - Reference Identification	Patient Control Number that was received on the original claim.
54	2200D	TRN	TRN04 - Reference Identification	If applicable, the value that was received on the original claim from SBR09.
55-59	2200D	STC	STC01-1, STC10-1 and STC11-1 - Health Care Claim Status Category Code	From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com
55-59	2200D	STC	STC01-2, STC10-2 and STC11-2 - Health Care Claim Status Code	From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com
55-59	2200D	STC	STC01-3, STC10-3 and STC11-3 - Entity Identifier Code	Used to clarify STC01-2.
58	2200D	STC	STC02 - Status Information Effective Date	Status Date of Claim. Format YYMMDD
58	2200D	STC	STC03 - Action Code	'NA' – No Action Required
60	2200D	REF	REF01 - Reference Identification Qualifier	'1K' – Payor's Claim Number
60	2200D	REF	REF02 - Reference Identification	13-digit ICN or 17-digit TCN assigned by Florida Medicaid for this claim.
62	2200D	REF	REF01 - Reference	'BLT' – Billing Type

			Identification Qualifier	This REF segment is only sent if the original claim was billed on an 837I transaction for EDI or UB92 or UB04 for Paper Claims.
62	2200D	REF	REF02 - Reference Identification	'Type of Bill' that was present on the original claim
64	2200D	REF	REF01 - Reference Identification Qualifier	'EA' – Medical Record Identification Number
64	2200D	REF	REF02 - Reference Identification	Medical Record Number that was received on the original claim.
66	2200D	DTP	DTP01 - Date/Time Qualifier	'472' - Service
66	2200D	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
66	2200D	DTP	DTP03 - Date Time Period	The Date(s) associated with this claim for Header level information. The system will take the Earliest 'From Date' and the Latest 'To Date' and report that information.
Service Line Information				
68	2200D	SVC	SVC01-1 - Product/Service ID Qualifier	'ND' = National Drug Code 'AD' = American Dental Associates Code 'NU' = National Health Related Item Code 'HC' = Health Care Financing Administration Common Procedural Coding System
68	2200D	SVC	SVC01-2 - Product/Service	Original submitted Code

			ID	or final adjudicated service code.
68	2200D	SVC	SVC01-3 to SVC01-6 - Procedure Modifier 1-4	Original submitted Code(s) or final adjudicated service code.
69	2200D	SVC	SVC04 - Product/Service ID	When both a HCPCS code and a NUBC Revenue code are associated with a line item, this data element will contain the Revenue Code.
70-74	2220D	STC	STC01-1, STC10-1 and STC11-1 - Health Care Claim Status Category Code	From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com
71-74	2220D	STC	STC01-2, STC10-2 and STC11-2 - Health Care Claim Status Code	From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com
71-74	2220D	STC	STC01-3, STC10-3 and STC11-3 - Entity Identifier Code	Used to clarify STC01-2.
75	2220D	REF	REF01 - Reference Identification Qualifier	'FJ' – Line Item Control Number
75	2220D	REF	REF02 - Reference Identification	Value that was submitted on the original claim if submitted on the 837I, 837P or 837D transaction.
76	2220D	DTP	DTP03 - Date Time Period	Only used when a Service line date is available on the claim. If only a 'From Date' is available, the "From Date" will equal the 'To Date'.