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FMMIS 276/277 Batch and Interactive Health Care Claim Status Inquiry and Response Companion Guide 005010 X212

Version 1.3

December 20, 2011

**Florida Medicaid Management Information System Fiscal
Agent Services Project**

Disclaimer: The information contained in this Companion Guide is subject to change. EDI submitters are advised to check the EDI-Submission Information page on the "My Medicaid Florida" Web site (www.mymedicaid-florida.com) for the latest updates before and after go-live of version 5010.

Document Information Page

| Required Information | Definition |
|-----------------------------|---|
| Document: | FMMIS 276/277 Batch and Interactive Health Care Claim Status Inquiry and Response Companion Guide |
| Document ID: | 11-IOPS-12-447 |
| Version: | Version 1.3 |
| QA Reviewer: | Mark Peterson |
| QA Review Approval Date: | December 16, 2011 |
| Location: | Located in iTRACE |
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| Approval Date: | 12/21/2011 |

Note: The controlled master of this document is available online via iTRACE.

Amendment History Page

Summary of Change

| Document Version # | Modified Date | Modified By | Section, Page(s) and Text Revised |
|---------------------------|----------------------|--------------------|--|
| Version 1.0 | 1/3/2011 | Daniel Gray | Creation of document - 1st Draft |
| Version 1.1 | 3/17/2011 | Carl Bunche | Updated version number of transaction from "005010X212E2" to "005010X212". This change impacts the following data elements: <ul style="list-style-type: none"> • GS08 • ST03 |
| Version 1.2 | 6/29/2011 | Reid O’Kelley | Removed references to Remove Access Servicer (RAS). |
| Version 1.2 | 7/7/2011 | Daniel Gray | The following changes was made: <ul style="list-style-type: none"> • Updated page number references to the 5010 Implementation Guide. • Updated New/updated policy information regarding NPI in Section 8. |
| Version 1.3 | 12/20/2011 | Daniel Gray | The following changes were made: <ul style="list-style-type: none"> • Updated text to reflect 276/277 in “Purpose” on page 1-1; • Removed reference to 277U from “Transmission Responses” on page 3-1; • Edited field description for “ISA15” on page 5-2; and • Clarified text in item 2 of “X12N 276 Business Scenarios - Inbound Transactions” on page 6-1. |

4010-5010 Change Log

This section specifies X12N 276/277 fields that have changed with the implementation of version 5010 (as it pertains to Florida Medicaid). Note: New 5010 Information is **highlighted** in the body of this document.

| CG Page | Loop ID | Reference | Name | 4010 Value | 5010 Change |
|---------|---------|-----------|--|--------------|---|
| 5-2 | | ISA11 | Repetition Separator | N/A | Added: This field is now a repetition separator which is a delimiter and not a data element. This field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure. This value must be different than the data element separator, component element separator and the segment terminator. The 4010 name was Interchange Control Standards Identifier. |
| 5-2 | | ISA12 | Interchange Control Version Number | 00401 | Updated: Changed to “00501.” |
| 5-4 | | GS08 | Version/Release/Industry Identifier Code | 004010X092A1 | Updated: Changed to “005010X212” |
| 5-5 | | ST03 | Implementation Convention Reference | N/A | Added: Must be identical to the value in GS08, which is 005010X212. |
| 7-1 | 2100B | NM108 | Identification Code Qualifier | 46, XX | Changed: Removed ‘XX’ option |
| 7-2 | 2100D | NM101 | Entity Identifier Code | QC | Changed: Added ‘IL’, Removed ‘QC’ |

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1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

1.1 Purpose

This is the technical report document for the ANSI ASC X12N 276 Health Care Claim Status Inquiry and the ANSI ASC X12N 277 Health Care Claim Status Response transactions. This document provides a definitive statement of what trading partners must be able to support in this version of the 276/277. This document is intended to be compliant with the data standards set out by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its associated rules.

All required segments within the 276 transactions must always be sent by the submitter and received by the payer. Optional information is sent when it is necessary for processing. Segments that are conditional are only sent when special criteria are met.

Additionally, all required segments within the 277 transactions must always be sent back to the submitter by the payer.

1.2 Implementation Timeline for the HIPAA 5010 standard

Per Federal mandate, beginning on **January 1, 2012**, any electronic transaction files submitted by providers to a payer must be in the new HIPAA standard 5010 X12 format.

In the interest of providing a needed transition period between the current HIPAA 4010 standard and the incoming HIPAA 5010 standard, starting on **July 11, 2011**, Florida Medicaid accepts electronic medical transactions in both the current 4010 X12 and the new 5010 X12 format.

In line with the Federal mandate, this transition period ends on **December 31, 2011**, and all files submitted after that date must be in the new 5010 X12 standard format.

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2 Transmission and Data Retrieval Methods

HP supports several types of data transport depending upon the trading partner's need. Providers and their representatives can submit and receive data via the Web Portal and Value Added Networks (VANs)/Switch Vendors for interactive transactions.

1. Web Portal: Transaction files are uploaded/downloaded in the Trade Files menu on the secure Web Portal.
2. 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://www.mymedicaid-florida.com>.

Information available includes:

1. Trading Partner Testing Procedures (Ramp Manager) for all new trading partners, or trading partners adding a new transaction; and
2. Web Upload/Download instructions for submitters uploading/downloading via the secure Web Portal.

2.1 File/System Specifications

EDI only accepts Windows/PC/DOS formatted files. Any file transmitted to EDI must be named in accordance to standard file naming conventions, including a valid three character file extension.

EDI allows for the upload/download of zipped or compressed files. Any data file contained within the zipped file must contain a valid three character file extension. The recommended extension is .txt or .dat. Zipped files must not contain directory folders or structures and should contain only individual files.

Note: Only one X12 transaction file is permitted in each zipped file. Any data file that is 5MB or larger is required to be zipped or compressed before transmitting it to EDI.

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.

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3 Transmission Responses

For every transaction received, there is an expected response. The available responses are an Interchange Acknowledgement (TA1), and the Functional Acknowledgement (997).

Once a transaction is received, it goes through a 'front end' compliance check called a TA1. The TA1 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 verifies the compliance within the ANSI X12 syntax according to the HIPAA Implementation Guides. The transaction receives 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 are reported in a rejected acknowledgement. If the transaction contained no syntactical errors, a positive 997 response is generated and the transaction is passed on for processing.

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4 EDI Support

The HP EDI Operations Team 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.

The providers may reach EDI staff Monday through Friday 8:00 a.m. to 5:00 p.m. EST (Eastern Standard Time) at the EDI Helpdesk, (866) 586-0961.

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5 Control Segment Definitions for Florida Medicaid 276/277 Transactions

Note the page numbers listed below in each of the tables represent the corresponding page number in the X12N 276/277 HIPAA Implementation Guide [276/277_5010_x212].

| 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.

| 276/277 Health Care Claim Status Request and Response | | | | | |
|--|----------------|------------------|-------------------------------------|-------------------|---|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| C.3 | N/A | ISA | Interchange Control Header Segment | | |
| C.4 | N/A | ISA01 | Authorization Information Qualifier | 00 | '00' – No Authorization Information Present |
| C.4 | N/A | ISA02 | Authorization Information | | [space fill] |
| C.4 | N/A | ISA03 | Security Information Qualifier | 00 | '00' – No Security Information Present |
| C.4 | N/A | ISA04 | Security Information | | [space fill] |
| C.4 | N/A | ISA05 | Interchange ID Qualifier | ZZ | 'ZZ' – Mutually Defined |

| 276/277 Health Care Claim Status Request and Response | | | | | |
|---|---------|-----------|------------------------------------|------------|---|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| C.4 | N/A | ISA06 | Interchange Sender ID | | <p>276 = Trading Partner ID as supplied by Florida Medicaid, left justified and space filled.</p> <p>277 = '77027' left justified and space filled. Florida Medicaid Sender ID.</p> |
| C.5 | N/A | ISA07 | Interchange ID Qualifier | ZZ | 'ZZ' – Mutually Defined |
| C.5 | N/A | ISA08 | Interchange Receiver ID | 77027 | <p>276 = '77027' left justified and space filled. Florida Medicaid Sender ID.</p> <p>277 = Trading Partner ID as supplied by Florida Medicaid, left justified and space filled.</p> |
| C.5 | N/A | ISA09 | Interchange Date | | The date format is YYMMDD. |
| C.5 | N/A | ISA10 | Interchange Time | | The time format is HHMM. |
| C.5 | N/A | ISA11 | Repetition Separator | ^ | '^' |
| C.5 | N/A | ISA12 | Interchange Control Version Number | 00501 | '00501' – Control Version Number |
| C.5 | N/A | ISA13 | Interchange Control Number | | <p>Interchange Unique Control</p> <p>Number – Must be identical</p> <p>to IEA02</p> |
| C.6 | N/A | ISA14 | Acknowledgement Requested | 1, 0 | <p>'1' – Acknowledgement Requested</p> <p>'0' – No Acknowledgement Requested</p> |
| C.6 | N/A | ISA15 | Usage Indicator | P | 'P' – Production Data |

| 276/277 Health Care Claim Status Request and Response | | | | | |
|---|---------|-----------|-----------------------------|------------|-----------------------------------|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| C.6 | N/A | ISA16 | Component Element Separator | : | ‘:’ – Component Element Separator |

5.2 IEA - Interchange Control Header

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.

| 276/277 Health Care Claim Status Request and Response | | | | | |
|---|---------|-----------|--------------------------------------|------------|---|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| C.10 | N/A | IEA | Interchange Control Trailer | | |
| C.10 | N/A | IEA01 | Number of Included Functional Groups | | Number of included Functional Groups |
| C.10 | N/A | 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.

| 276/277 Health Care Claim Status Request and Response | | | | | |
|---|---------|-----------|-----------------------------|------------|--|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| C.7 | N/A | GS | Functional Group Header | | |
| C.7 | N/A | GS01 | Functional ID Code | HR, HN | <p>276 = ‘HR’ – Health Care Claim Status Request</p> <p>277 = ‘HN’ – Health Care Information Status Notification</p> |
| C.7 | N/A | GS02 | Application Sender’s Code | | This is equal to the value in ISA06. |
| C.7 | N/A | GS03 | Application Receiver’s Code | | This is equal to the value in ISA08. |

| 276/277 Health Care Claim Status Request and Response | | | | | |
|---|---------|-----------|--|------------|---|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| C.7 | N/A | GS04 | Date | | The date format is CCYYMMDD. |
| C.8 | N/A | GS05 | Time | | The time format is HHMM. |
| C.8 | N/A | GS06 | Group Control Number | | Group Control Number – Must be identical to GE02. |
| C.8 | N/A | GS07 | Responsible Agency Code | X | ‘X’ – Responsible Agency Code |
| C.8 | N/A | GS08 | Version/ Release/ Industry Identifier Code | 005010X212 | 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.

| 276/277 Health Care Claim Status Request and Response | | | | | |
|---|---------|-----------|-------------------------------------|------------|---|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| C.9 | N/A | GE | Functional Group Trailer | | |
| C.9 | N/A | GE01 | Number of Transaction Sets Included | | Number of included Transaction Sets |
| C.9 | N/A | GE02 | Group Control Number | | Must be identical to the value in GS06. |

5.5 ST - Transaction Set Trailer

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.

| 276/277 Health Care Claim Status Request and Response | | | | | |
|---|---------|-----------|------------------------|------------|----------------|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| 36 | N/A | ST | Transaction Set Header | | |

| 276/277 Health Care Claim Status Request and Response | | | | | |
|---|---------|-----------|-------------------------------------|------------|---|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| 36 | N/A | ST01 | Transaction Set Identifier Code | 276, 277 | 276 – Health Care Information Status Request 277 – Health Care Information Status Notification |
| 36 | N/A | ST02 | Transaction Set Control Number | | Transaction Control Number |
| | | | | | Increment by 1 when multiple transaction sets are submitted. Must be identical to SE02. |
| 36 | N/A | ST03 | Implementation Convention Reference | | Must be identical to the value in GS08. |

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.

| 276/277 Health Care Claim Status Request and Response | | | | | |
|---|---------|-----------|--------------------------------|------------|--|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| 98 | N/A | SE | Transaction Set Trailer | | |
| 98 | N/A | SE01 | Number of Included Segments | | Total number of segments included in Transaction Set including ST and SE |
| 98 | N/A | SE02 | Transaction Set Control Number | | Must be identical to the value in ST02 |

5.7 Valid Delimiters

The delimiters documented below are 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 |
| Repetition Separator | ^ | 94 | 5E |

6 X12N 276 Business Scenarios - Inbound Transactions

This section contains Payer-specific business rules and limitations for the 276 Claim Status Inquiry 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 Managed Care Organization.

2. Provider Identification = NPI or Medicaid ID (Providers without an NPI only):

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandated the implementation of a National Provider Identifier (NPI). Most health care providers must register with the National Plan and Provider Enumeration System and receive a unique NPI. The intent of the HIPAA regulations was to require all health plans to convert their claims processing systems to use only the NPI for claims processing and reporting for providers required to obtain an NPI. Because of the complexities of this conversion by health care plans and providers, the use of the NPI has not yet been strictly enforced. However, Medicaid claims submitted on and after **January 1, 2011**, have new requirements for the use of the NPI.

Beginning on **January 1, 2011**, the NPI is required on all electronic claim transactions and paper claims from providers who qualify for an NPI. Florida Medicaid still accepts transactions containing the Provider's Medicaid ID, but any qualifying claims that lack the NPI are denied.

Starting on **May 1, 2011**, however, Florida Medicaid no longer accepts electronic claim transactions (837D, 837I, and 837P) containing the Florida Medicaid ID submitted by providers who qualify for an NPI. Any electronic claims sent by qualifying providers on or after **May 1, 2011** that contain the provider's Florida Medicaid Provider ID are denied, even if they also contain the NPI.

Please note that paper claims are not affected by this change.

For all non- healthcare providers where an NPI is not assigned, the claim must contain the Florida Medicaid Provider Number with the appropriate loops within the REF segment where REF01 equals G2.

3. Logical File Structure:

- a. There can be only one interchange (ISE/IEA) per logical file. The interchange can contain multiple functional groups (GS/GE) however; the functional groups must be the same type.
- b. For interactive 276/277 transactions there can be only one interchange (ISA/IEA), one functional group (GS/GE) and one transaction (ST/SE) per logical file. Within the transaction (ST/SE) there can be only one request. This has been defined as one subscriber within the transaction along with only one occurrence of the inquiry methods documented in section 6 (Inquiry by name, dates of service and billed amount or inquiry by ICN).

4. Submitter:

Submissions by non-approved trading partners are rejected.

5. Claims:

Claims must be submitted in separate ISA/IEA envelopes.

6. Response / 997 Functional Acknowledgment:

A response transaction is returned to the trading partner that is present within the ISA06 data element.

The Agency for Health Care Administration (AHCA) provides a 997 Functional Acknowledgment for all transactions that are received.

You will receive this acknowledgment within 48 hours unless there are unforeseen technical difficulties. If the transaction submitted was translated without errors for a request type transaction, i.e., 270 or 276, you will receive the appropriate response transaction generated from the request. If the transaction submitted was a claim transaction, i.e., 837, you will receive either the 835 or the unsolicited 277.

Note: The 835 and unsolicited 277 are only provided weekly.

7. Inquiries allowed per Transactions (ST/SE envelope):

For batch transactions, the HIPAA implementation guide states on the CLM (Claim Information) segment that the developers recommend that trading partners limit the size of the transaction (ST/SE) envelope to a maximum of 5,000 inquiries.

AHCA does not have a maximum for the number of inquiries per transaction (ST/SE envelope).

8. Document Level:

AHCA processes 276 claim status request transaction files at the batch level. Should the inquiries on the submitted batch fail to pass HIPAA compliance, the Florida Medicaid Management Information System (FMMIS) marks the entire batch as failing compliance and the erroneous data are reported on the 997.

9. Dependent Loop:

For AHCA, the subscriber is always the same as the patient (dependent). Inquiries containing data in the Dependent Hierarchical Level (2000E loop) may not process correctly.

10. Compliance Checking:

Inbound 276 transactions are validated through Strategic National Implementation Process (SNIP) Level 4.

7 X12N 276 Loop and Data Element Specific Information for Florida Medicaid

This section specifies X12N 276 fields for which Florida Medicaid has specific requirements.

| 276 Health Care Claim Status Request and Response | | | | | |
|---|---------|-----------|-------------------------------------|------------|---|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| 37 | N/A | BHT | Beginning of Hierarchal Transaction | | |
| 37 | N/A | BHT02 | Hierarchal Structure Code | 13 | 13 – Request |
| 37 | N/A | BHT03 | Reference Identification | See notes | Number assigned by originator to identify the transaction in the originator's application system. |
| 39 | 2000A | HL | Information Source Level | | |
| 40 | 2000A | HL03 | Hierarchical Level Code | 20 | Information Source |
| 40 | 2000A | HL04 | Hierarchical Child Code | 1 | Additional Subordinate HL Data Segment in this Hierarchical Structure |
| 41 | 2100A | NM1 | Payer Name | | |
| 41 | 2100A | NM102 | Entity Type Qualifier | 2 | Non-Person Entity |
| 41 | 2100A | NM103 | Last Name or Organization Name | See Note | 'STATE OF FLORIDA MEDICAID' |
| 42 | 2100A | NM108 | Identification Code Qualifier | PI | Payer Identification |
| 42 | 2100A | NM109 | Identification Code | 77027 | Florida Medicaid Payer ID |
| 43 | 2000B | HL | Information Receiver Level | | |
| 44 | 2000B | HL03 | Hierarchical Level Code | 21 | Information Receiver |
| 44 | 2000B | HL04 | Hierarchical Child Code | 1 | Additional subordinate HL data segment in structure |
| 45 | 2100B | NM1 | Information Receiver Name | | |
| 46 | 2100B | NM108 | Identification Code Qualifier | 46 | Electronic Transmitter Identification Number |
| 46 | 2100B | NM109 | Identification Code | See Notes | Submitter's Trading Partner ID (should match ISA06) |

| 276 Health Care Claim Status Request and Response | | | | | |
|---|---------|-----------|--------------------------------|------------|---|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| 47 | 2000C | HL | Service Provider Level | | |
| 48 | 2000C | HL03 | Hierarchal Level Code | 19 | Provider of Service |
| 48 | 2000C | HL04 | Hierarchal Child Code | 1 | Additional subordinate HL data segment in structure |
| 49 | 2100C | NM1 | Provider Name | | |
| 51 | 2100C | NM108 | Identification Code Qualifier | SV, XX | SV – Service Provider Number XX – National Provider Identifier |
| 51 | 2100C | NM109 | Identification Code | See Notes | If NM108= SV , then this should contain the Medicaid Provider ID If NM108= XX , then this should contain the Provider’s NPI. |
| Subscriber Level | | | | | |
| Note: For Florida Medicaid, the insured and the patient are always the same person. Use this HL segment to identify the recipient and proceed to Loop 2100D. Do not send the Dependent Level (Loop 2000E). Inquiries received with the 2000E Loop may not process correctly. | | | | | |
| 52 | 2000D | HL | Subscriber Level | | |
| 53 | 2000D | HL03 | Hierarchical Level code | 22 | Subscriber |
| 53 | 2000D | HL04 | Hierarchical Child Code | 0 | No subordinate HL segment in structure |
| 56 | 2100D | NM1 | Subscriber Name | | |
| 56 | 2100D | NM101 | Entity Identifier Code | IL | Insured or Subscriber |
| 56 | 2100D | NM102 | Entity Type Qualifier | 1 | Person |
| 57 | 2100D | NM103 | Name Last or Organization Name | See Notes | Recipient Last Name |
| 57 | 2100D | NM104 | Name First | See Notes | Recipient First Name |
| 57 | 2100D | NM108 | Identification Code Qualifier | MI | Member Identification Number |
| 57 | 2100D | NM109 | Identification Code | See Notes | Recipient’s Medicaid ID |
| 58 | 2200D | TRN | Claim Status Tracking Number | | |

| 276 Health Care Claim Status Request and Response | | | | | |
|--|---------|-----------|------------------------------------|------------|--|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| 58 | 2200D | TRN01 | Trace Type Code | 1 | Current Transaction Trace Numbers |
| 58 | 2200D | TRN02 | Reference Identification | See Notes | Trace number submitted by originator – is returned on the 277. |
| Claim Status Inquiry | | | | | |
| Note: Florida Medicaid can perform claim status inquiries by using multiple combinations of information. Each method is outlined below. | | | | | |
| Claim Status Inquiry by Recipient name, Date(s) of Service and Billed Amount | | | | | |
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| 66 | 2200D | AMT01 | Claim Submitted Charges | | |
| 66 | 2200D | AMT01 | Amount Qualifier Code | T3 | Total Submitted Charges |
| 66 | 2200D | AMT02 | Monetary Amount | See Notes | Total Claim Charge Amount |
| 67 | 2200D | DTP01 | Claim Service Date | | |
| 67 | 2200D | DTP01 | Date/Time Qualifier | 472 | Service |
| 67 | 2200D | DTP02 | Date Time Period Format Qualifier | D8, RD8 | D8 – Date expressed in format CCYYMMDD RD8 – Range of dates expressed in format CCYYMMDD-CCYYMMDD |
| 68 | 2200D | DTP03 | Date Time Period | See Notes | Date or Date range in format that matches qualifier in DTP02 |
| Claim Status Inquiry by ICN | | | | | |
| 59 | 2200D | REF01 | Payer Claim Control Number | | |
| 59 | 2200D | REF01 | Reference Identification Qualifier | 1K | Payor's Claim Number |
| 59 | 2200D | REF02 | Reference Identification | | FLMMIS assigned ICN number |
| 69 | 2210D | SVC | Service Line Information | | NOTE: All service lines are returned when claim is in PAID status |

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8 X12N 277 Loop and Data Element Specific Information for Florida Medicaid

This section specifies X12N 277 fields for which Florida Medicaid has specific requirements.

| 277 Health Care Claim Status Request and Response | | | | | |
|---|---------|-----------|---------------------------------------|------------|---|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| 107 | N/A | BHT | Beginning of Hierarchical Transaction | | |
| 107 | N/A | BHT02 | Transaction Set Purpose Code | 08 | Status |
| 107 | N/A | BHT03 | Reference Identification | See Notes | Must match the BHT03 on the submitted 276 file |
| 108 | N/A | BHT06 | Transaction Type Code | DG | Response |
| 109 | 2000A | HL | Information Source Level | | |
| 109 | 2000A | HL01 | Hierarchical ID number | 1 | Hierarchical ID |
| 110 | 2000A | HL03 | Hierarchical Level Code | 20 | Information Source |
| 110 | 2000A | HL04 | Hierarchical Child Code | 1 | Additional subordinate HL data segments exist in this structure |
| 111 | 2100A | NM1 | Payer Name | | |
| 111 | 2100A | NM101 | Entity Identifier Code | PR | Payer |
| 111 | 2100A | NM102 | Entity Type Qualifier | 2 | Non-Person Entity |
| 111 | 2100A | NM103 | Name Last or Organization Name | See Notes | 'STATE OF FLORIDA MEDICAID' |
| 112 | 2100A | NM108 | Identification Code Qualifier | PI | Payer Identifier |
| 112 | 2100A | NM109 | Identification Code | 77027 | Florida Medicaid Electronic Payer ID |
| 116 | 2000B | HL | Information Receiver Level | | |
| 116 | 2000B | HL01 | Hierarchical ID Number | 2 | Hierarchical ID |
| 116 | 2000B | HL02 | Hierarchical Parent ID number | 1 | Parent ID |

| 277 Health Care Claim Status Request and Response | | | | | |
|--|----------------|------------------|--------------------------------|-------------------|---|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| 117 | 2000B | HL03 | Hierarchal Level Code | 21 | Information Receiver |
| 117 | 2000B | HL04 | Hierarchical Child Code | 1 | Additional subordinate HL data segments exist in this structure |
| 118 | 2100B | NM1 | Information Receiver Name | | |
| 118 | 2100B | NM101 | Entity Identifier Code | 41 | Submitter |
| 118 | 2100B | NM102 | Entity Type Qualifier | 2 | Non-Person Entity |
| 119 | 2100B | NM108 | Identification Code Qualifier | 46 | Electronic Transmitter Identification Number |
| 119 | 2100B | NM109 | Identification Code | See notes | Submitting Entity's FLMMIS Trading Partner ID |
| 124 | 2000C | HL | Service Provider Level | | |
| 124 | 2000C | HL01 | Hierarchical ID number | 3 | Hierarchical ID Number |
| 124 | 2000C | HL02 | Hierarchical Parent ID number | 2 | Parent ID number |
| 125 | 2000C | HL03 | Hierarchical Level code | 19 | Provider of Service |
| 125 | 2000C | HL04 | Hierarchical Child Code | 1 | No subordinate HL segments in structure |
| 126 | 2100C | NM1 | Provider Name | | |
| 127 | 2100C | NM101 | Entity Identifier Code | 1P | Provider |
| 127 | 2100C | NM102 | Entity Type Qualifier | 1, 2 | 1 – Person Entity 2 – Non-Person Entity |
| 127 | 2100C | NM103 | Name Last or Organization Name | See Notes | Provider Organization Name |
| 128 | 2100C | NM108 | Identification Code Qualifier | SV, XX | SV – Service Provider Number XX – National Provider Identifier |

| 277 Health Care Claim Status Request and Response | | | | | |
|--|----------------|------------------|-------------------------------------|-------------------|--|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| 128 | 2100C | NM109 | Identification Code | See Notes | If NM108=SV, then this contains the Provider's Medicaid ID number If NM108=XX, then this contains the Provider's NPI. |
| 133 | 2000D | | Subscriber Level | | |
| 134 | 2000D | HL01 | Hierarchical ID Number | 4 | Hierarchical ID Number |
| 134 | 2000D | HL02 | Hierarchical Parent Code | 3 | Parent ID Number |
| 134 | 2000D | HL03 | Hierarchical Level Code | 22 | Subscriber Information |
| 134 | 2000D | HL04 | Hierarchical Child Code | 0 | No subordinate HL segment in this hierarchical structure |
| 135 | 2100D | NM1 | Subscriber Name | | |
| 135 | 2100D | NM101 | Entity Identifier Code | IL | Insured or Subscriber |
| 135 | 2100D | NM102 | Entity Type Qualifier | 1 | Person |
| 136 | 2100D | NM103 | Name Last or Organization Last Name | See Notes | Medicaid Recipient's last name |
| 136 | 2100D | NM104 | Name First | See Notes | Medicaid Recipient's first name |
| 136 | 2100D | NM108 | Identification Code Qualifier | MI | Member Identification Number |
| 136 | 2100D | NM109 | Identification Code | See Notes | Recipient's Medicaid ID number |
| 137 | 2200D | TRN | Claim Status Tracking Number | | |
| 137 | 2200D | TRN01 | Trace Type Code | 2 | Referenced Transaction Trace Numbers |
| 137 | 2200D | TRN02 | Reference Identification | See Notes | Should match the TRN02 (2200D loop) on the submitted 276. |
| 138 | 2200D | STC | Claim Level Status Information | | NOTE: All service lines are returned when claim is in PAID status |

| 277 Health Care Claim Status Request and Response | | | | | |
|--|----------------|------------------|------------------------------------|-------------------|--|
| Page | Loop ID | Reference | Name | Code/Value | Notes/Comments |
| 138 | 2200D | STC01-1 | Industry Code | See Notes | Health Care Claim Status Category Code (Code Source 507) |
| 138 | 2200D | STC01-2 | Industry Code | See Notes | Status Code (Code Source 508) |
| 145 | 2200D | STC02 | Date | See Notes | Date of current status information in format CCYYMMDD |
| 145 | 2200D | STC04 | Monetary Amount | See Notes | Total Submitted Charges for claim |
| 145 | 2200D | STC05 | Monetary Amount | See Notes | Amount paid on claim by Florida Medicaid |
| 149 | 2200D | REF | Payer Claim Control Number | | |
| 149 | 2200D | REF01 | Reference Identification Qualifier | 1K | Payer's Claim Number |
| 149 | 2200D | REF02 | Coverage Level Code | See Notes | Florida Medicaid assigned ICN. |

9 Frequently Asked Questions

Please reference the following link:

http://portal.flmmis.com/FLPublic/Provider_EDI/Provider_EDI_SubmissionInformation/tabId/66/Default.aspx

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