DEPARTMENT OF HEALTH & MENTAL HYGIENE

MEDICAL CARE PROGRAM

COMPANION GUIDE FOR
277 - HEALTH CARE CLAIM ACKNOWLEDGMENT
VERSION 005010X214

November 30, 2011

Draft

Health Care Claim Acknowledgment – 277

Introduction:
This Companion Guide contains a subset of the data content established for the Health Care Claim Acknowledgment (277CA) transaction. This transaction will be used in a non-solicited manner to convey any fatal errors that would cause a submitted claim(s) within an 837 not to be adjudicated. The claims contained in the 277CA and the 835 should account for all claims in an accepted 837 transaction and should be used by the Trading Partner to reconcile all submitted claims to DHMH.

This Companion Guide is governed by the ASC X12 277 Health Care Claim Acknowledgment (005010X214) TR3 and should not to be used as a substitution for the 277 Health Care Claim Acknowledgment TR3. The objective of the companion guide is to clarify specific information that is needed by Maryland Medicaid Trading Partners where multiple values exist and specific values are needed for development. All alpha characters will be in upper case and will be in ASCII format. Leading zeros are not suppressed.

Initial usage[1] of the 277CA will contain rejected and suspended claims/encounters. A rejected claim is an exception to a specific claim or encounter from a submitted 837 transaction that failed prior to DHMH's adjudication process and would not be contained in the 835 Claims Payment/Remittance. Any claims not identified in a 277CA, can assume to be adjudicated and will be reported in the 835 Claims Payment/Remittance Advice. The 277CA will be created containing all rejected and suspended claims on the same business day (for 837s received prior to 3:00 PM) that the 837 claims/encounters are adjudicated.

This Companion Guide can be found on the State of Maryland Department of Health and Mental Hygiene website at:
http://www.dhmh.state.md.us/hipaa/transandcodesets.html

Note:
(1) DHMH's initial implementation does not include acknowledging all claims within the 837 but does plan on incorporating this functionality at a later time.

Maryland Medicaid Companion Guide – (277) Health Care Claim Status Response

LEGEND:
SHADED rows represent "segments" in the X12N implementation guide
NON-SHADED rows represent "data elements" in the X12N implementation guide

Loop ID	Reference	Name	Codes	Length	Notes/Comments
ISA Header		Interchange Control Header			
	ISA01	Authorization Information Qualifier	00		
	ISA03	Security Information Qualifier	00		
	ISA05	Interchange ID Qualifier	ZZ		
	ISA06	Interchange Sender ID			526002033MCPP – Production 526002033MCPT – Test
	ISA07	Interchange ID Qualifier			Agreed upon during trading partner set-up
	ISA08	Interchange Receiver ID			Agreed upon during trading partner set-up
	ISA14	Acknowledgment Requested	0		No Acknowledgement Requested
	ISA15	Usage Indicator			T for Test Data P for Production Data
GS Header		Functional Group Header			
	GS02	Application Sender's Code			MMISCLM - For Fee-For Service claims MMISENC – For Encounters
	GS03	Applications Receiver's Code			Agreed upon during trading partner set-up
	GS08	Version/Release/Industry Identifier Code			005010X214
2100A		Information Source Name			
	NM103	Organization Name			Maryland Medical Care Program

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	NM108	Identification Code Qualifier	FI		
	NM109	Identifier Code			526002033
2100B		**Information Receiver Name**			
	NM103	Organization Name			DHMH Trading Partner Note: this field will be defaulted with this value if the name is not available during generation.
	NM108	Identification Code Qualifier	46		
	NM109	Identifier Code			GS02 of the 837 file. The Trading Partner's GS sender/receiver ID.
2100C		**Billing Provider Name**			**Within this loop DHMH will identify if the Pay-to Provider NPI is valid.**
	NM103	Organization Name			DHMH Billing/Pay-to Provider Note: this field will be defaulted with this value if the name is not available during generation.
	NM108	Identification Code Qualifier	XX		
	NM109	Identifier Code			NPI that was submitted on the 837
2100D		**Patient Name**			**Within this loop DHMH will identify the recipient and the rejected claims.**
	NM103	Last Name			DHMH Billing/Pay-to Provider Note: this field will be defaulted with this value if the name is not available during generation.
	NM108	Identification Code Qualifier	MI		
	NM109	Identifier Code			Patient's Maryland Medical Assistance Number
2200D		**Claim Submitter Trace Number**			
	TRN	**Claim Status Tracking Number**			
	TRN01	Trace Type Code	2	1	"2" – Referenced Transaction Trace Number
	TRN02	Reference Identification			Value will be the CLM01 submitted on the 837

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	STC	Claim Level Status Information			The STC segment will identify the claim status. Note: No service line information will be returned.