MMIS Replacement Project (MRP)

Health Care Claim Status Request and Response (276/277) Transactions Standard Companion Guide

Companion to Health Care Claim Status Request and Response
ASC X12N 276/277 005010X212
Implementation Guide

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Disclosure Statement

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Preface

This Companion Guide to the Health Care Claim Status Request and Response (276/277) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the State of Mississippi, Division of Medicaid (DOM). Transmissions based on this Companion Guide, used in tandem with the ASC X12N 276/277 005010X212 Implementation Guide, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (DHHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt transaction standards enabling the electronic exchange of health information and to adopt specifications for implementing each standard. HIPAA intends to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into trading partner agreements that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specifications
- Change the meaning or intent of the standards implementation specifications

Effective January 01, 2013, health plans, covered entities, and their business associates that engage in the exchange of claim status transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 276/277 transactions. These operating rules are maintained by the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE).

1.1. Scope

The Companion Guide is to be used with and supplement the requirements in the HIPAA Accredited Standards Committee (ASC) X12 Implementation Guides. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion guide is to provide trading partners with a guide to communicate Mississippi Division of Medicaid (MS DOM) specific information required to successfully exchange transactions.

The Companion Guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claim status request and response transactions to MS DOM.

1.2. Overview

This section of the Companion Guide provides guidance for establishing a relationship with MS DOM for the business purpose of doing the electronic Health Care Claim Status Request and Response (276/277) transactions.

1.3. References

This section specifies additional on-line sources of helpful information related to electronic data interchange and X12 transactions.

- Workgroup for Electronic Data Interchange (WEDI) – http://www.wedi.org

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- United States Department of Health and Human Services (DHHS) – http://aspe.hhs.gov/
- Centers for Medicare and Medicaid Services (CMS) – http://www.cms.gov/
- Designated Standard Maintenance Organizations (DSMO) – http://www.hipaa-dsmo.org/
- National Council of Prescription Drug Programs (NCPDP) – http://www.ncpdp.org/
- National Uniform Billing Committee (NUBC) – http://www.nubc.org/
- Washington Publishing Company (WPC) at http://wpc-edi.com/
- Accredited Standards Committee (ASC X12) – http://www.x12.org/
- Affordable Care Act (ACA) Section 1104 information is at the CMS website. For information on ACA Administrative Simplification information follow this link: https://www.cms.gov/regulations-and-guidance/HIPAA-Administrative-Simplification/affordable-care-act/operatingrulesforHIPAATransactions.html

1.4. Additional Information

It is assumed that the trading partner has purchased and is familiar with the ASC X12 Type 3 Technical Report (TR3) being referenced in this Companion Guide. TR3s can be purchased from the ASC X12 store at http://store.x12.org/store/.

2. Get Started

2.1. Working with Mississippi DOM

The Electronic Data Interchange (EDI) Department is available to assist trading partners when questions arise. See Section 5 for details.

2.2. Trading Partner Registration

Trading Partner registration is completed through the secure provider portal. All required fields must be completed, and an electronic signature must be included.

2.3. Certification and Testing Overview

All covered entities who submit electronic transactions are required to certify. This includes Clearing houses, Software Vendors, Provider Groups, and Coordinated Care Organizations (CCOs). Such agencies certify users who submit transactions through them on their behalf. Users who submit transactions directly must be certified. Users who submit transactions through CCOs should receive certification requirement information from the CCO.

3. Testing with the Payer

This section contains a detailed description of the testing phase. Testing is required for the Health Care Claims Status Request and Response (276/277). Before exchanging production transactions with MS DOM, each trading partner must complete production authorization testing. Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

To obtain approval for Production from Mississippi DOM, trading partners are recommended to submit five unique requests, but not to exceed 25 successful and unique submissions and receive the associated 999 (accepted) acknowledgement in response.

Note: It is best to run Claim Status transactions on previous 837 testing submissions.

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Trading Partner Authorization Testing is detailed in the Trading Partner Profile Testing Packet for ASC X12 transactions available on the MS DOM Training Portal (EDI Technical Documents | Mississippi Division of Medicaid (ms.gov)) — click on the MOVEit Portal at Mississippi Replacement Project (msxix.net) page.

Questions may be directed to the EDI Helpdesk at 1 800-884-3222 or via the "Contact Us" link at the top of the Portal home page at: Mississippi Medical Assistance Portal for Providers > Home (msxix.net).

4. Connectivity with the Payer/Communications

Users can register to access the provider portal in order to upload EDI files.

To register/logon to the provider portal, visit: Mississippi Medical Assistance Portal for Providers > Home (msxix.net).

Submission of EDI Transactions via MOVEit, go to: Mississippi Replacement Project (msxix.net)

4.1. Passwords

Passwords are provided during initial enrollment and can be reset by contacting Provider Relations – Electronic Claims Submission (ECS) Department at 1 800-884-3222. These passwords may not be shared.

5. Contact Information

In an effort to assist the community with their electronic data exchange needs, MS DOM has the following options available for either contacting a help desk or referencing a website for further assistance:

- For general information go to Mississippi DOM Website: EDI Technical Documents | Mississippi Division of Medicaid (ms.gov)
- For EDI Services (technical, enrollment, or setup questions):
  - E-mail: MS_EDI_Helpdesk@gainwelltechnologies.com
  - Telephone: 1 800-884-3222
  - Hours are Monday through Friday from 08:00 AM to 05:00 PM CST.

6. Payer Specific Business Rules and Limitations

Payer specific business rule information regarding MS DOM can be found at the "For Our Providers" webpage on the MS DOM website, Providers | Mississippi Division of Medicaid (ms.gov).

The manuals provide detailed information regarding billing for specific services and provider types and payer-specific editing and auditing.

7. Acknowledgements and/or Reports

The acknowledgement process will create the TA1 and 999 acknowledgement responses for the 276 transactions. No acknowledgements are expected for the 277 transactions.

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8. Trading Partner Agreements

An Electronic Data Interchange (EDI) Trading Partner is defined as any MS DOM customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from, MS DOM.

Payers have EDI Trading Partner Agreements (TPA) that accompany the standard Implementation Guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

9. Transaction Specific Information

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA are detailed in a table. The tables contain a row for each segment that has additional information MS DOM provides that can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite, and simple data elements
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with MS DOM

In addition to the row for each segment, one or more additional rows are used to describe MS DOM usage for composite and simple data elements, and for any other necessary information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

All MS DOM members are considered “subscribers”, so they all have individual loops. See the Implementation Guide for additional information.

The Trading Partner ID (TPID) is the number assigned to the provider/submitter to uniquely identify their electronic transaction. This may also be referred to as the ECS number or Trading Partner ID.

9.1. Naming Your Files

When uploading batch files, the submitter can name their files using the following format for processing and tracking purposes:

1. <SubmitterId> – Use the trading partner ID (submitter ID) assigned. This is to be used by all providers, vendors, and clearinghouses submitting batch transactions.
2. <filetype> – Assign a file type – preferably transaction type, example 270, 276, 278Q, 837D, 837I, 837P.
3. <datetime>. – Use the date/time value format of yyyymmddhhmm to uniquely identify the file and avoid duplicate files.
4. <filetypeext> – Use the file type extension to identify the file type (e.g. .txt)

Here are some examples of good file naming standards:

- TP01234567_270_201708301140512.txt
- TP01234567_270_TRANS01_20170830.txt

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- TP01234567_270_SMALL_FILE_2017_08.txt

When downloading batch files, the submitter files will be in the following format, example 271, 277, 278R, 835, TA1, 999:

- TP01234567_YYYYJJJ_(9 digit sequence).271
- TP01234567_YYYYJJJ_(9 digit sequence).277
- TP01234567_YYYYJJJ_(9 digit sequence).278R
- TP01234567_YYYYJJJ_(9 digit sequence).835
- TP01234567_YYYYJJJ_(9 digit sequence).TA1
- TP01234567_YYYYJJJ_(9 digit sequence).999
  *Where YYYYJJJ is the 4-digit year and 3-digit Julian day.

10. Conventions

Most of the companion guide is in table format (see example below). Only loops, elements, or segments with clarifications or comments are listed. For further information, please see the TR3 for each transaction.

Table 1. Conventions Sample

Loop ID	Segment/ Element Reference	Loop Name	Codes	Notes/Comments
	276	**Health Care Claim Status Request**		
	BHT	**Beginning of Hierarchical Transaction**		
	BHT01	Hierarchical Structure Code	0010	0010 - Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	13	13 – Request
2100A	**NM1**	**Payer Name**		
	NM101	Entity Identifier Code	PR	PR – Payer
	NM102	Entity Type Qualifier	2	2 – Non-Person
	NM103	Information Source Last or Organization Name	MISSISSIPPI DIVISION OF MEDICAID	
	NM108	Identification Code Qualifier	PI, XV	PI - Payor Identification XV - Centers for Medicare and Medicaid Services Plan ID
	NM109	Information Source Primary Identifier	MS_TXIX	MS_TXIX - Mississippi Title 19

Table 2. Conventions Fields

Column Name	Description
Loop ID	Loop, header, or trailer.
Segment/Element Reference	Segment or Element ID.
Loop Name	Name of Loop, header, or trailer.

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Column Name	Description
Codes	Code values.
Note/Comments	Comments or clarifications for Mississippi DOM. Values, data length, and repeats are also listed here. Clarifications in field length only indicate what Mississippi DOM uses or returns to process the transaction. MS DOM still accepts the minimum and maximum field lengths required by the Technical Report Type 3 (TR3) for each element.

10.1. Transaction 276, Health Care Claim: Status Request

Table 3. Health Care Claim Status Request (276)

Loop ID	Reference	Name	Codes	Notes/Comments
	276	**Health Care Claim Status Request**		
	ISA	**Interchange Control Header**		
	ISA01	Authorization Information Qualifier	00	00 - No Authorization Information Present
	ISA03	Security Information Qualifier	00	00 - No Authorization Information Present
	ISA05	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA06	Interchange Sender ID	Trading Partner ID	The Gainwell Technologies Electronic Transaction Identification Number (ETIN) assigned to the submitter is expected in this data element. This is the same as your 8-digit Mississippi DOM Trading Partner ID
	ISA07	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA08	Interchange Receiver ID	77032	
	ISA11	Repetition Separator	^	Caret
	ISA12	Interchange Control Version Number	00501	
	ISA15	Interchange Usage Indicator		*Refer to TR3*
	ISA16	Component Element Separator	:	Colon
	GS	**Functional Group Header**		
	GS01	Functional Identifier Code		*Refer to TR3*
	GS02	Application Sender's Code	Trading Partner ID	Value should equal ISA06
	GS03	Application Receiver's Code	77032	Value should equal ISA08

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Loop ID	Reference	Name	Codes	Notes/Comments
	GS07	Responsible Agency Code	X	
	GS08	Version / Release / Industry / Identifier Code	005010X212	
	ST	**Transaction Set Header**		
	ST01	Transaction Set Identifier Code	276	276 - Health Care Claim Status Request
	ST03	Implementation Convention Reference	005010X212	
	BHT	**Beginning of Hierarchical Transaction**		
	BHT01	Hierarchical Structure Code	0010	0010 - Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	13	13 – Request
2100A	**NM1**	**Payer Name**		
	NM101	Entity Identifier Code	PR	PR – Payer
	NM102	Entity Type Qualifier	2	2 – Non-Person
	NM103	Information Source Last or Organization Name	MISSISSIPPI DIVISION OF MEDICAID	
	NM108	Identification Code Qualifier	PI, XV	PI - Payor Identification XV - Centers for Medicare and Medicaid Services Plan ID
	NM109	Information Source Primary Identifier	MS_TXIX	MS_TXIX - Mississippi Title 19
2100B	**NM1**	**Information Receiver Name**		
	NM101	Entity Identifier Code	41	41 – Submitter
	NM102	Entity Type Qualifier		*Refer to TR3*
	NM108	Identification Code Qualifier	46	46 - Electronic Transmitter Identification Number (ETIN)
	NM109	Information Receiver Identification Number		Value is Electronic Transmitter Identification Number (ETIN)/Trading Partner Identifier (TPID)
2100C	**NM1**	**Provider Name**		
	NM101	Entity Identifier Code	1P	1P – Provider
	NM108	Identification Code Qualifier	FI, SV, XX	FI - Federal Taxpayer's Identification Number SV - Service Provider Number XX – National Provider Identifier (NPI)
	NM109	Provider Identifier		Send ID per NM108 qualifier

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Loop ID	Reference	Name	Codes	Notes/Comments
2100D	**NM1**	**Subscriber Name**		
	NM101	Entity Identifier Code	IL	IL - Insured or Subscriber
	NM109	Subscriber Identifier		Value is 9-digit Mississippi Division of Medicaid Member/Recipient ID
2200D		**Claim Status Tracking Number**		***Refer to TR3***

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10.2. Transaction 277, Health Care Claims: Status Response

Table 4. Health Care Claim Status Response (277)

Loop ID	Reference	Name	Codes	Notes/Comments
	277	**Health Care Claim Statue Response**		
	ISA	**Interchange Control Header**		
	ISA01	Authorization Information Qualifier	00	00 - No Authorization Information Present
	ISA03	Security Information Qualifier	00	00 - No Authorization Information Present
	ISA05	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA06	Interchange Sender ID	77032	
	ISA07	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA08	Interchange Receiver ID	Trading Partner ID	The Gainwell Technologies Electronic Transaction Identification Number (ETIN) assigned to the submitter is expected in this data element. This is the same as your 8-digit Mississippi DOM Trading Partner ID
	ISA11	Repetition Separator	^	Caret
	ISA12	Interchange Control Version Number	00501	
	ISA15	Interchange Usage Indicator		*Refer to TR3*
	ISA16	Component Element Separator	:	Colon
	GS	**Functional Group Header**		
	GS01	Functional Identifier Code		*Refer to TR3*
	GS02	Application Sender's Code	77032	Value should equal ISA06
	GS03	Application Receiver's Code	Trading Partner ID	Value should equal ISA08
	GS07	Responsible Agency Code	X	
	GS08	Version / Release / Industry / Identifier Code	005010X212	
	ST	**Transaction Set Header**		
	ST01	Transaction Set Identifier Code	277	277 - Health Care Information Status Notification

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Loop ID	Reference	Name	Codes	Notes/Comments
	ST03	Implementation Convention Reference	005010X212	
	BHT	**Beginning of Hierarchical Transaction**		
	BHT01	Hierarchical Structure Code	0010	0010 - Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	08	08 – Status
2100A	**NM1**	**Payer Name**		
	NM101	Entity Identifier Code	PR	PR – Payer
	NM102	Entity Type Qualifier	2	2 – Non-Person
	NM103	Information Source Last or Organization Name	MISSISSIPPI DIVISION OF MEDICAID	
	NM108	Identification Code Qualifier	PI, XV	PI - Payor Identification XV - Centers for Medicare and Medicaid Services Plan ID
	NM109	Information Source Primary Identifier	MS_TXIX	MS_TXIX - Mississippi Title 19
	PER	**Payer Contact Information**		
	PER02	Payer Contact Name	GAINWELL FISCAL AGENT FOR MISSISSIPPI DIVISION OF MEDICAID	
	PER03	Communication Number Qualifier	TE	TE - Telephone
	PER04	Communication Number	1 800-884-3222	
2100B	**NM1**	**Information Receiver Name**		
	NM101	Entity Identifier Code	41	41 – Submitter
	NM102	Entity Type Qualifier		*Refer to TR3*
	NM108	Identification Code Qualifier	46	46 - Electronic Transmitter Identification Number (ETIN)
	NM109	Information Receiver Identification Number		Value is Electronic Transmitter Identification Number (ETIN)/Trading Partner Identifier (TPID)
2100D	**NM1**	**Subscriber Name**		
	NM101	Entity Identifier Code	IL	IL - Insured or Subscriber
	NM108	Identification Code Qualifier	24, II, MI	24 - Employer's Identification Number

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Loop ID	Reference	Name	Codes	Notes/Comments
				II - Standard Unique Health Identifier for each Individual in the United States MI - Member Identification Number
	NM109	Subscriber Identifier		Value is 9-digit Mississippi Division of Medicaid Member/Recipient ID
2200D		**Claim Submitter Trace Number**		***Refer to TR3***
2220D		**Service Line Information**		***Refer to TR3***

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Appendix A. Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to MS DOM and its providers.

Q1: How soon should I expect to receive a 277 Health Care Claim Status Response to my submitted 276 transactions?

A1: Typically, trading partners will receive the 277 response file within 30 minutes or less of sending the 276 inquiry file. However, due to system volume, it may take up to two hours to receive a response.

Q1: Can I send each Health Care Claim Status Request and Response (276) transaction to Medicaid without selecting the transaction on my Trading Partner Agreement?

A1: No. All Trading Partners must have signed a Trading Partner Agreement and be set up for the transaction types agreed upon.

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Appendix B. Change History

Version #	Date of release	Author	Description of change
0.1	12/16/2021	EDI Technical Team	Initial document creation. Section 9.1, Page 5 - Naming Your File
0.2	9/2/2022	EDI Technical Team	Mississippi Logo clean-up Copyright change from 2021 to 2022 Section 9.1, Page 5 - Naming Your File
0.3	9/30/2022	EDI Technical Team	Production connectivity URLs and contact information updated, Pages 2 and 4
0.4	10/24/2022	EDI Technical Team	2100A, Pages 6 and 8, NM109 Value and description updated to MS_TXIX for MS_TXIX - Mississippi Title 19
0.5	1/13/2023	EDI Technical Team	2100A, Page10, NM109 Value and description updated to MS_TXIX for MS_TXIX - Mississippi Title 19

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