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|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Subject:</b>                          | <b>Final 276/277 Business Requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>276/277 Transaction:</b>              | <b>Health Care Claim Status Benefit Inquiry and Response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>JAD Session</b>                       | <p>On September 30, 2004, The HIPAA Project Office (HPO) hosted a JAD Session for Prepaid Health Plan (PHP), Fee For Service (FFS) Providers and OMAP/DHS representatives. Minutes of the JAD session are attached reflecting the attendees and discussions during the meeting.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>276/277 Business Purpose</b>          | <p>HIPAA Compliant Use of the 276/277 Transaction Set:</p> <p>The purpose of generating a 276 is to obtain the current status of the claim within the adjudication process. Status information can be requested at the claim and/or line level.</p> <p>The 276 includes information that is necessary for the payer to identify the specific claim in question. The primary, or unique, identifying element(s) may be supplied to obtain an exact match. However, when the requester does not know the unique element(s), the claim generally is located by supplying several parameters including the provider number, patient identifier, date(s) of service, and submitted charge(s) from the original claim.</p> <p>The payer uses the 277 Health Care Claim Status Response to transmit the current status within the adjudication process to the requester. When the 276 does not uniquely identify the claim within the payer's system, the response may include multiple claims that meet the identification parameters supplied by the requester.</p> |
| <b>Business Requirement Decision #1:</b> | <p>There is a minimum amount of information that must be shared by payers (DHS), although they are encouraged to send additional information if it is available.</p> <p>Information in the 277 Response<br/>         -3 iterations of:<br/>             Category Code<br/>             Status Code- DHS will crosswalk current error codes to the HIPAA status codes.<br/>             Entity Identifier- DHS does not see utilizing this.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                 | <p>-Status Information Effective Date<br/>                 -Total Claim Charge Amount<br/>                 -Adjudication or Payment Date<br/>                 -Check Issue or EFT Date<br/>                 -Check or EFT Trace Number</p> <p>DECISION #1: JAD participants agreed that DHS does not need to send the entity identifier as included in the STC segment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Business Requirement Decision #2:</b></p> | <p>Category Codes relate to the area of processing a claim resides within a payer's system</p> <p>DHS will use the following Category Codes:</p> <ul style="list-style-type: none"> <li>• Claim(s) Pended for Development or Suspended for Additional Information</li> <li>• Finalized Claim(s)</li> <li>• Finalized Denied Claim(s)</li> </ul> <p>DHS may use the following Category Code:</p> <ul style="list-style-type: none"> <li>• Finalized Approved Claim(s) Post-Payment</li> </ul> <p>DHS will not use the following Category Codes:</p> <ul style="list-style-type: none"> <li>• Pre-Adjudication System Status</li> <li>• Finalized Rejected Claim(s)</li> <li>• Finalized Approved Claim(s) Pre-Payment</li> </ul> <p>Decision #2: JAD participants had no comments or concerns surrounding the proposed supported category codes.</p> |

**Business Requirement Decision #3:**

DHS will only support claim level requests. If the 276 Inquiry contains information at the service line level, DHS will accept it, but DHS will not use it to verify the claim status. To maintain HIPAA Privacy, DHS will use the information sent in the ISA to validate the Trading Partner Agreement entity. DHS considers the service provider (SV) to be the 6-digit Medicaid number as issued by OMAP.

Decision #3: JAD participants had no concerns or feedback regarding the DHS decision to:

1. Only support the 276 Request at the claim level.
2. Service Provider number must be the OMAP 6-digit

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Medicaid number (Provider number or Prepaid Health Plan Number )

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At the Claim level, compliant 276 Inquiry Transactions must contain the following information:

Recipient Birth Date  
Recipient Gender  
Recipient Last Name  
Recipient First Name  
Prime ID

Trace Number

Total Claim Charge Amount

Inquiries on Institutional Claims must have the Claim Service Date

Professional (and probably Dental; although not shown in Implementation Guide) requires the Claim Service Date at either the Claim or Service Line level.

Additional information may be included at the Claim level. That information includes:

ICN number (if the Claim had been previously submitted and returned to the Trading Partner)

Institutional claim inquiries will have the Bill Type Identifier

Medical Record Number

If the 276 Inquiry contains the Claim Account Number (unique trace number) in the 2200D TRN Segment, DHS will return it on the 277 Response.

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**Business Requirement Decision #4:**

For HIPAA Compliance, the 276 Transaction requires the presence of certain data elements. The JAD Participants discussed the difference between the 'required data elements' and those that should be used as matching criteria to locate claims. Currently the provider ID and client ID are used within the MMIS screens to locate a claim in question. The JAD participants felt this should be further refined due the potential volume of matches.

Decision #4: DHS will support a minimum of two matching options:

- 1) Service Provider Number and ICN or
  - 2) Service Provider Number and Dates of Service (DOS)
-

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and Prime.

DHS Search Criteria:

1. If the 276 Inquiry contains the Service Provider Number and ICN, DHS will only return the matching ICN claim.
2. If the 276 Inquiry contains the Service Provider Number, DOS and Prime, DHS will return all claims and their ICN Number(s).

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|                       |                                                                                                                               |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Action Item #1</b> | DHS will take the request to share the Claim Status Code crosswalk with Trading Partners to the OMAP managers for a decision. |
|                       |                                                                                                                               |
| <b>Action Item #2</b> | HPO to update and distribute business requirements to JAD session participants.                                               |
|                       |                                                                                                                               |
|                       |                                                                                                                               |
| <b>Attachments:</b>   | September 30, 2004 Minutes<br>276/277 Purpose and Business Overview<br>276/277 Claim Status Transaction Requirements Document |

**Approval:**

Sarah Zannotti  
Print

*/s/ Sarah Zannotti*  
*Signature*

October 12, 2004  
*Date*

To the extent possible, the HIPAA Project Office (HPO) will make every effort to accommodate the Business Requirements identified by the JAD Participants. There may be instances where the Transaction and/or the DHS MMIS system cannot support all requests. In those cases, the HPO will notify all parties that the request cannot be supported and the reason why. The HPO may sponsor future Technical JAD Sessions to address these issues if necessary.

**276/277 Health Care Claim Status Request and Response  
External JAD Session Minutes  
Prepaid Health Plans, FFS Representatives, OMAP, DHS, HIPAA Project Office  
Thursday, September 30, 2004**

**Facilitator:** Natalie Rodgers

**Attendees:**

**PHP:** Dave Jacob- Clackamas County, Del Texley- LIPA, Patty Hitt- Jefferson Behavioral Health, Marcia Mee- CareOregon, Thuy Nguyen- MPCHP, Lee McDonald- Family Care **FFS:** Katie Van Rooy- Hospital/Institutional, Kate Clemens –Rural Health, Vicki Coe- Schools, Jan Douglas-Dental, Jane Myers- OR Dental Association, Carole Thornton- OHSU, Heather Pashley- OHSU, Deanna Ouellette- OCHIN **OMAP:** Patricia Krewson-TEDS Manager, William Johnson-TEDS, Margo Hoke- SAE, Sarah Zannotti, SAE, Barb Gwyn- SAE, Ricardo Rodriguez- Claims Management, Linda Williams- FPA **HD:** Reggie Liggins **OMHAS:** Kellie Skenandore **HPO:** Nancy Buck, Scott LaVine, Carol Ito, Wing Yung, Katie Sullivan.

**Introductions:** All participants introduced themselves and the Organizations they represented.

**Review of ground rules:**

- 1) Everyone has an equal voice.
- 2) No side bar conversations.
- 3) Off subject questions will not be addressed.
- 4) Attend all meetings.
- 5) Gathering requirements only (not here to resolve issues)

**JAD Session Process:**

Natalie Rodgers gave a brief overview of the JAD session process emphasizing the goal to identify all requirements for both DHS and its trading partners. It was stressed that while the goal of the JAD session is to identify all the business requirements and DHS will try to accommodate all of them, there is no guarantee that DHS will be able to address all requirements.

| <u>Who</u>                         | <u>When</u>           | <u>What</u>                                     |
|------------------------------------|-----------------------|-------------------------------------------------|
| Large Group                        | Business Requirements | 80-90% firm requirements<br>10-20% questionable |
| Smaller Group<br>(subset of large) | System Design         | Revisit the 10-20% questionable requirements.   |
| Smaller Group<br>(subset of large) | Development           | Revisit requirements as necessary.              |

|                                    |                |                                                   |
|------------------------------------|----------------|---------------------------------------------------|
| Smaller Group<br>(subset of large) | Testing        | Revisit requirements as necessary.                |
| Smaller Group<br>(subset of large) | Implementation | All Requirements met or agreed they can't be met. |

**276/277 Purpose and Business Overview:** Katie Sullivan presented the 276/277 Business Purpose Document giving a brief summary of information contained in each section and indicating the business function supported by the 276/277 transactions is to request and respond back as to where in the adjudication process a particular claim resides.

**Identification of Business Requirements:**

Carol Ito reviewed the 276/277 Claim Status Transaction External JAD Session document noting that DHS does not currently support an electronic claim status request and response function and, therefore, does not have a viable format for a 276/277 crosswalk.

*Section A- Claim Status Theory*

Carol emphasized that individual payers, like DHS, will likely have different levels of information available. There is a minimum amount of information that must be shared by payers, although they are encouraged to send additional information if it is available.

Information in the 277 Response

-3 iterations of:

Category Code

Status Code- DHS will crosswalk current error codes to the HIPAA status codes.

Entity Identifier- DHS does not see utilizing this.

-Status Information Effective Date

-Total Claim Charge Amount

-Adjudication or Payment Date

-Check Issue or EFT Date

-Check or EFT Trace Number

DECISION #1: JAD participants agreed that DHS does not need to send the entity identifier as included in the STC segment.

*Section B-Definitions of Categories*

Category codes relate to the area of processing a claim resides within a payer's system. Carol emphasized that a payer must differentiate between all categories applicable to a system. The table below lists the various categories and indicates if they are applicable to the DHS' system:

| Category Codes                                                          | Applicable to DHS |
|-------------------------------------------------------------------------|-------------------|
| Pre-Adjudication System Status                                          | No                |
| Claim(s) Pended for Development or Suspended for Additional Information | Yes               |

| Category Codes                           | Applicable to DHS |
|------------------------------------------|-------------------|
| Finalized Claim(s)                       | Yes               |
| Finalized Rejected Claim(s)              | No                |
| Finalized Denied Claim(s)                | Yes               |
| Finalized Approved Claim(s) Pre-Payment  | No                |
| Finalized Approved Claim(s) Post-Payment | Potentially Yes   |

DECISION #2: JAD participants had no comments or concerns surrounding the proposed supported category codes.

*Section C—276/277 Allowed Data Information*

Carol reviewed the various data elements that are allowed within the 276 and 277 Transactions. She also shared with participants that DHS will only support claim level requests. If the 276 Inquiry contains information at the service line level, DHS will accept it, but DHS will not use it to verify the claim status. To maintain HIPAA Privacy, DHS will use the information sent in the ISA to validate the Trading Partner Agreement entity. DHS considers the service provider (SV) to be the 6-digit Medicaid number as issued by OMAP.

DECISION #3: JAD participants had no concerns or feedback regarding DHS' decision to

1. Only support the 276 Request at the claim level.
2. Service Provider number must be the OMAP 6-digit Medicaid number (provider number or Prepaid Health Plan Number)

Question: Is there a field for the placement of the Patient Account Number? Response: Yes, this is to be reported in the TRN segment (Claim Submitter Trace Number) of the 2200D Loop.

Question: Is there a possibility to confuse the trace number from the claim vs. the 276? Response: There is a defined field in the 277 for echoing back trace numbers.

Question: Will the 276/277 replace the OLM2 screen? Response: Yes, the OLM screens are not HIPAA Compliant. The 276/277 Transaction replaces the OLM2, OLM4, OLM6 and OLM8 Screens. EDI Trading Partners must submit a 276 Claim Status Inquiry Transaction and DHS will respond with a 277 Claim Status Response Transaction. Once implemented, DHS will terminate Access Agreements for all entities by giving adequate notification and a timeline for the cutoff date after the implementation and successful testing of the 276/277 Transaction.

Patricia Krewson shared with JAD participants that OMAP screen access will go away as appropriate Transactions are implemented. OMAP will give plenty of notice of access termination dates. Electronic submitters will need to work with the EDI testing team to ensure they are ready to move forward with the new HIPAA transactions.

**Real Time vs. Batch**

Will the 276/277 be available in both batch and real time? Response: At this time DHS is planning to support both.

A poll of the JAD participants indicates 14 would utilize the real time functionality and 12 would use batch mode. If DHS needed to prioritize implementation of batch vs. real time, a poll indicated an equal preference for one vs. the other.

Question: Are there any major items that are available on the screens that will not be available in the 276/277? Response: There are some items that are not allowed in the HIPAA Transactions, such as type of service.

Question: What about denial codes? Response: DHS is currently working on a crosswalk between system error codes and the 277 Claim Status Codes.

Question: Will this crosswalk be available to Trading Partners? Response: DHS has concerns with sharing the crosswalk because it is burdensome to maintain with quarterly code updates. JAD participants indicated they would like to receive at least the initial crosswalk, which would help them to understand how OMAP interpreted the new codes.

ACTION ITEM #1: DHS will take the request to share the Claim Status Code crosswalk with Trading Partners to the OMAP managers for a decision.

Question: When will paper EOBs go away? Response: It was originally scheduled for the end of this year, but testing is not as far along as DHS would like and the deadline will likely be pushed to next year. DHS will send notice to providers prior to discontinuing the paper EOB.

Questions: What data will be used to match to a claim? What will be sent back if there are multiple matches?

Discussion followed surrounding what criteria DHS would use to match the request with the claim. The JAD participants identified different matching requirements for Prepaid Health Plans (PHP) vs. Fee For Service (FFS).

A 276 request may result in the identification of multiple claims within the system that meet the matching criteria. The 277 provides for the return of all possible matches.

Question: If there were multiple attempts for fixing a claim, would the response carry all the attempts or will DHS only send the final claim? Response: There was lengthy discussion surrounding this and it was determined that all claims should be returned in order to present the historical perspective of what occurred with the claim. Some JAD Participants indicated they may only want to see one claim, not the entire historical perspective. Therefore, if the 276 Request contains a specific ICN, DHS will only return status information for that particular claim.

For HIPAA Compliance, the 276 Transaction requires the presence of certain data elements. The JAD Participants discussed the difference between the 'required data elements' and those that should be used as matching criteria to locate claims. Currently the provider ID and client ID are used within the MMIS screens to locate a claim in question. The JAD participants felt this should be further refined due the potential volume of matches.

#### 276 Required Fields

-Last name (there were concerns surrounding using name for matching criteria due to errors in spelling, nick name, change of name, etc.)

- First Name (same concerns as Last Name matching criteria)
- Prime
- Service Provider Number
- Service dates (required at claim level for institutional or line level for professional – DHS only supporting claim level)
- Billed amount
- Birth Date
- Gender
- Trace Number

### Matching Fields

- 1) Service Provider Number (Required)
- 2) Prime for client
- 3) Dates of Service

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ICN (Optional)

DECISION #4: DHS will support two matching options:

- 1) Service Provider Number and ICN or
- 2) Service Provider Number, Dates of Service and Prime.

DHS Search Criteria:

1. If the 276 Inquiry contains the Service Provider Number and ICN, DHS will only return the matching ICN claim.
2. If the 276 Inquiry contains the Service Provider Number, DOS and Prime, DHS will return all claims and their ICN Number(s).

Note: These options are reasonable and will keep the volume of claims status responses at a manageable level.

Note: The receiver has the responsibility to verify the appropriateness of a response should DHS provide a match utilizing erroneous data.

Other elements were discussed as possible match criteria, but ultimately it was determined they were not good because they were either not carried within the MMIS system or prone to error (e.g. patient account number, names). JAD participants felt it was better to receive too much information than not enough and they did not want to identify any additional search criteria.

### **Closing**

The HIPAA Project Office (HPO) is on a tight schedule for finalizing business requirements. DHS will send the Draft Final Business Requirements to JAD participants for their review by October 5<sup>th</sup> or October 6<sup>th</sup>. Participants will have 2 days for their review. The HPO requests a response from all JAD participants indicating their acceptance of the business requirements as written, even if they do not have any objections.

**ACTION ITEM #2:** HPO to update and distribute business requirements to JAD session participants.

The identification of Business Requirements was completed in a single session. The JAD session scheduled for October 6, 2004, is canceled.

If JAD participants do not respond with feedback to the Final Business Requirements document, the HPO will consider a non-responsive agreement to requirements as drafted.

### ACTION ITEMS

| <b>ID #</b> | <b>Action Item to Project Manager Consideration</b>                                                                           | <b>Suggested Owner</b> | <b>Due Date</b> | <b>Critical<sup>1</sup> Path</b> |
|-------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|----------------------------------|
| 1           | DHS will take the request to share the Claim Status Code crosswalk with Trading Partners to the OMAP managers for a decision. | DHS                    | TBD             | No                               |
| 2           | HPO to update and distribute business requirements to JAD session participants.                                               | HPO                    | 10/5/04         | No                               |

### 276/277 Decisions for Health Care Claim Status Request and Response

| <b>ID #</b> | <b>Decision</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Date</b> |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1           | JAD participants agreed that DHS does not need to send the entity identifier as included in the STC segment.                                                                                                                                                                                                                                                                                                                        | 9/30/04     |
| 2           | JAD participants had no comments or concerns surrounding the proposed supported category codes.                                                                                                                                                                                                                                                                                                                                     | 9/30/04     |
| 3           | JAD participants had no concerns or feedback regarding DHS' decision to <ol style="list-style-type: none"> <li>3. Only support the 276 Request at the claim level.</li> <li>4. Service Provider number must be the OMAP 6-digit Medicaid number (Provider Number or Prepaid Health Plan Number)</li> </ol>                                                                                                                          | 9/30/04     |
| 4           | It was determined to support two matching options:<br>-Service Provider Number and ICN or<br>-Service Provider Number and Dates of Service and Prime.<br>DHS Search Criteria:<br>1. If the 276 Inquiry contains the Service Provider Number and ICN, DHS will only return the matching ICN claim.<br>2. If the 276 Inquiry contains the Service Provider Number, DOS and Prime, DHS will return all claims and their ICN Number(s). | 9/30/04     |

<sup>1</sup> Critical Path: Items must be resolved prior to moving forward with business requirements.

# National Electronic Data Interchange Transaction Set Implementation Guide Health Care Claim Status Request and Response 276/277 - Purpose and Business Overview

## 1.1 Document Purpose

For the health care industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical.

The purpose of this implementation guide is to provide standardized data requirements and content for all users of the Health Care Claim Status Request (276) and the Health Care Claim Status Response (277).

This implementation guide is designed to assist those who request the health care claim status using the 276 format, those who receive the 276 request, those who respond using the 277 format, and those who receive the 277 format.

Entities requesting health care claim status include, but are not limited to, hospitals, nursing homes, laboratories, physicians, dentists, allied professional groups, employers, and supplemental (i.e., other than primary payer) health care claims adjudication processors.

### 1.1.1 Trading Partner Agreements

It is appropriate and prudent for payers to have trading partner agreements that go with the standard Implementation Guides. This is because there are 2 levels of scrutiny that all electronic transactions must go through.

First is standards compliance. These requirements MUST be completely described in the Implementation Guides for the standards, and NOT modified by specific trading partners.

Second is the specific processing, or adjudication, of the transactions in each trading partner's individual system. Since this will vary from site to site (e.g., payer to payer), additional documentation which gives information regarding the processing, or adjudication, will prove helpful to each site's trading partners (e.g., providers), and will simplify implementation. **It is important that these trading partner agreements NOT:**

- 1) Modify the
  - a. Definition
  - b. Condition, or
  - c. Use of a data element or segment in the standard Implementation Guide
- 2) Add any additional data elements or segments to this Implementation Guide
- 3) Utilize any code or data values which are not valid in this Implementation Guide
- 4) Change the meaning or intent of this Implementation Guide

These types of companion documents should exist solely for the purpose of clarification, and should not be required for acceptance of a transaction as valid.

### 1.1.2 HIPAA Role in Implementation Guides

The Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191 - known as HIPAA) includes provisions for Administrative Simplification, which require the Secretary of Department of Health and Human Services 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 standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.
- Detailed Implementation Guides for each standard must be available at the time of the adoption of HIPAA standards so that health plans, providers, clearinghouses, and software vendors can ready their information systems and application software for compliance with the standards.
- Consistent usage of the standards, including loops, segments, data elements, etc., across all guides is mandatory to support the Secretary's commitment to standardization.

## 1.3 Business Use

The 276 and 277 transaction sets are intended to meet specific needs of the health care industry. The 276 is used to request the current status of a specified claim(s). The 277 transaction set can be used as the following:

- a solicited response to a health care claim status request (276)
- a notification about health care claim(s) status, including front-end acknowledgments
- a request for additional information about a health care claim(s)

The 276 is used only in conjunction with the 277 Health Care Claim Status Response. Therefore, this implementation guide addresses the paired usage of the 276 as a **request for claim status** and the 277 as a **response to that request**.

Separate implementation guides were developed to detail using the 277 Health Care Payer Unsolicited Claim Status and the 277 Health Care Claim Request for Additional Information. It is the intent of the authors that claim status requests processed in a real time mode will only provide a status of a claim that has been accepted by the payers' adjudication system within 90 days from the date of the inquiry.

Claim status requests that are processed in a batch mode, will return claim status information that is available on the payers' adjudication system that has not been purged.

### 1.3.1 Health Care Claim Status Request

The 276 is used to transmit request(s) for status of specific health care claim(s). Authorized entities involved with processing the claim need to track the claim's current status through the adjudication process.

The purpose of generating a 276 is to obtain the current status of the claim within the adjudication process. Status information can be requested at the claim and/or line level.

The 276 includes information that is necessary for the payer to identify the specific claim in question. The primary, or unique, identifying element(s) may be supplied to obtain an exact match. However, when the requester does not know the unique element(s), the claim generally is located by supplying several parameters including the provider number, patient identifier, date(s) of service, and submitted charge(s) from the original claim.

### 1.3.2 Health Care Claim Status Response

The payer uses the 277 Health Care Claim Status Response to transmit the current status within the adjudication process to the requester. When the 276 does not uniquely identify the claim within the payer's system, the response may include multiple claims that meet the identification parameters supplied by the requester.

Examples of status locations within a payer's adjudication process, which vary from payer to payer, may include the following:

- pre-adjudication (accepted/rejected claim status)
- claim pended for development (incorrect/incomplete claim(s) within adjudication process) or suspended claim(s) requesting additional information
- finalized claims

Further defined, finalized claims may have outcomes that include the following:

- finalized rejected claim(s)
- finalized denied claim(s)
- finalized approved claim(s) pre-payment
- finalized approved claim(s) post-payment

## 2 Data Overview

**2.1 Overall Data Architecture NOTE** See Appendix A, ASC X12 Nomenclature, to review the transaction set structure, including descriptions of segments, data elements, levels, and loops.

**Department of Human Services**  
**276/277 Claim Status Transaction Requirements**  
**External JAD Session Document**  
**September 30, 2004**

**Categories supported by DHS**

Claim(s) Pended for Development or Suspended for Additional Information.

Finalized Claim(s)

Finalized Denied Claim(s)

**Categories potentially supported by DHS**

Finalized Approved Claim(s) Post-Payment

**276 Inquiry**

To maintain HIPAA Privacy, DHS will match the Transmission (ISA) level Sender information to the information submitted to OMAP in the duly executed Trading Partner Agreement (TPA). The TPA authorizes who is allowed to conduct specific Transactions and for whom.

1. To identify the 'Service Provider Number', OR-DHS expects the 'Identification Code Qualifier' (Loop 2100C NM108) to contain 'SV'. The 'Provider Identifier' (Loop 2100C NM109) must contain the six-digit Medicaid Provider Number (provider number or Prepaid Health Plan Number).

OR-DHS will utilize information contained at the Claim level when processing 276 Inquiry Requests.

276 Inquiries that contain Service Line information will be accepted by OR-DHS, however, DHS will not use information provided at the Service Line Level when determining the status of claim(s).

For DHS processing, 276 Inquiry Transactions must contain the following information at the Claim level:

- Recipient Birth Date (required by IG rules)
- Recipient Gender (required by IG rules)
- Recipient Last Name (required by IG rules)
- Recipient First Name (required by IG rules)

Prime ID (required by IG rules)  
Trace Number (required by IG rules)  
Total Claim Charge Amount (required by IG rules)  
Claim Service Date at the Claim level (DHS required)

Additional information may be included at the Claim level. That information includes:

ICN number (if the Claim had been previously submitted and returned to the Trading Partner)  
Institutional claim inquiries will have the Bill Type Identifier  
Medical Record Number

If the 276 Inquiry contains the Claim Account Number (unique trace number) in the 2200D TRN Segment, DHS will return it on the 277 Response.

### **277 Response**

To determine which claim(s) information should be included in the 277 Response, DHS will use **either** of the following minimum matching criteria;

- 1) The Service Provider Number (Medicaid Provider/Plan six digit number) *and* the Internal Control Number (ICN); **OR**
- 2) The Service Provider Number (Medicaid Provider/Plan six digit number) *and* Medicaid Prime Number *and* the Date(s) of Service

Multiple claims may match criteria for option 2; especially in cases where a date range is sent. If any claim falls within the date range submitted, DHS will return all claims matching those criteria.

Even though DHS uses only Claim information for matching criteria, a 277 Response from DHS may contain both Claim *and* Service Line information. DHS will endeavor to provide whatever allowable information is available.

DHS will not utilize the Entity Code data element contained in the STC segment.