



Nevada MMIS 277U Transaction Companion Guide

Unsolicited Claims Status Response

Nevada Medicaid Management Information System (MMIS)

Department of Health and Human Services (DHHS)

Division of Health Care Financing and Policy (DHCFP)

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Change history

The following Change History log contains a record of changes made to this document:

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02/03/2012	Initial version
10/14/2012	Changed all Magellan/MMA references to HP Enterprise Services (HPES) and updated all contact information. Changed pagination from chapter-based to sequential. Other updates/corrections to sections 2, 3.3 and 5.1.

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1. Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

The X12N Health Care Implementation Guides have been established as the standards of compliance and are online at:

<http://store.x12.org/store/healthcare-5010-consolidated-guides>.

Additional information is on the Department of Health and Human Services website at:

<http://aspe.hhs.gov/admnsimp>.

1.1. Purpose

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to EDI trading partners that exchange X12 information with the Nevada Medicaid Agency.

An EDI trading partner is defined by Nevada Medicaid as anybody such as a provider, software vendor and clearinghouse that exchanges transactions adopted under HIPAA.

DXC Technology, the fiscal agent for Nevada Medicaid, has prepared this companion guide and website, <http://www.medicaid.nv.gov>, to support Nevada Medicaid and Nevada Check Up billing. Hereafter, DXC Technology is referred to as Nevada Medicaid; Nevada Medicaid and Nevada Check Up are referred to as Medicaid unless otherwise specified.

This companion guide provides specific requirements for receiving electronic claim status data from Nevada Medicaid. The 277U transaction is in the same format as the HIPAA-required 277 Health Care Claim Status Response transaction. The 277U transaction, however, is not required by HIPAA.

1.2. Intended use

The following information is intended to serve only as a companion guide to the HIPAA American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) document. 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 ASC X12 TR3 document. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

2. Working together

2.1. Trading partner registration

An EDI trading partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all trading partners to complete EDI registration regardless of the trading partner type as defined below. Contact the EDI Helpdesk to register.

- Trading partner is an entity engaged in the exchange or transmission of electronic transactions.
- Vendor is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.
- Software vendor is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions.
- Billing service is a third party that prepares and/or submits claims for a provider.
- Clearinghouse is a third party that submits and/or exchanges electronic transactions on behalf of a provider.

The Trading Partner agreement forms are located at:

<http://www.medicaid.nv.gov/providers/edi.aspx>

- FA-35 must be completed to enroll as a Trading Partner.
- FA-36 must be completed to enroll as a Trading Partner.
- FA-37 must be completed by the provider in order to link the provider to the Trading Partner.
- FA-39 is used for providers who will be billing using the Payerpath software.

2.2. Trading partner testing and certification

Nevada Medicaid requires that all newly registered trading partners complete basic transaction submission testing. Successful transaction submission and receipt of both valid responses and error responses is an indication that all systems involved can properly submit and receive transactions.

2.2.1. Trading partner ID

Once registration is completed, a 4-digit Trading Partner ID will be assigned.

2.2.2. Secure SFTP download – file retention

All electronic files that have been made available for download will remain available online for download as follows:

- 7 Days 999, TA1, 271
- 30 Days 277U
- 90 Days 835

After the allotted time frame has passed, the files will be removed from the list and will no longer be available for download. This applies to testing and production.

2.2.3. Testing transactions

The following transaction types are available for testing:

- 270 Eligibility Request / 271 Eligibility Response
- 837D Dental Claim
- 837P Professional (CMS-1500) Claim
- 837I Institutional (UB-04) Claim

Testing data such as provider IDs and recipient IDs will not be provided. Users should submit recipient information and provider information as done for production as the test environment is continually updated with production information.

There is no limit to the number of files that may be submitted. Users will be allowed to move to production once a successfully compliant transaction is received and the appropriate responses returned.

2.3. Payer specific documentation

For additional information in regards to business processes related to eligibility, prior authorization and claims processing, please review the provider manual located on the Nevada Medicaid website:

<http://www.medicaid.nv.gov>

For further information on specific payer prior authorization information, please see the Nevada Medicaid website:

<http://www.medicaid.nv.gov>

2.4. Testing contact information

All correspondence for assistance with testing should be submitted to the following email address:

NVMMIS.EDIsupport@dxc.com

3. Connectivity/Communications

3.1. Process flows



3.2. Transmission procedures

Availability

24 hours/7 days a week

Downtime notification

Nevada Medicaid will notify the trading partners in the case of any planned downtime or unexpected downtime using email distribution.

Re-Transmission procedures

Trading partners may call Nevada Medicaid for assistance in researching problems with submitted transactions. Nevada Medicaid will not edit trading partner data and/or resubmit transactions for processing on behalf of a trading partner. The trading partner must correct any errors found and resubmit.

3.3. Communication and security protocols

Trading partners may find information regarding communication protocols in the Service Center User Manual:

https://www.medicaid.nv.gov/downloads/provider/MMIS_Service_center_user_manual.pdf

4. Contact information

4.1. EDI customer service/technical assistance

EDI Helpdesk

Monday – Friday
8:00 a.m. – 5:00 p.m. PT

Technical, enrollment or setup questions:

Email: NVMMIS.EDIsupport@dxc.com

Telephone: 1 (877) 638-3472 options 2 then 4

Fax: 1 (775) 335-8594

Nevada Medicaid Website

<http://www.medicaid.nv.gov>

4.2. Provider services

Provider Relations Department

The Provider Relations Department is composed of field representatives who are committed to assisting Nevada Medicaid providers in the submission of claims and the resolution of claims processing concerns.

Provider Relations Call Center

The Provider Relations Call Center communication specialists are available to respond to written and telephone inquiries from providers on billing questions and procedures, claim status, form orders, adjustments, use of the Automated Response System (ARS), electronic claims submission via EDI and remittance advice (RAs).

Both departments can be reached by calling:

1 (877) 638-3472

5. Control segments/envelopes

NOTE: The page numbers listed below in each of the tables represent the corresponding page number in the X12N 276/277 HIPAA Implementation Guide.

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

5.1. ISA–Control header

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.

Segment	Name	Page in IG	Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	C.4	00 = No Authorization Information Present
ISA02	Authorization Information	C.4	Value is 10 spaces as field is fixed length
ISA03	Security Information Qualifier	C.4	00 = No Security Information Present
ISA04	Security Information	C.4	Value is 10 spaces as field is fixed length
ISA05	Interchange ID Qualifier	C.4	ZZ
ISA06	Interchange Sender ID	C.4	NVM FHSC FA
ISA07	Interchange ID Qualifier	C.5	ZZ
ISA08	Interchange Receiver ID	C.5	The 4-digit Service Center Code assigned by Nevada Medicaid
ISA09	Interchange Date	C.5	Format is YYMMDD

Segment	Name	Page in IG	Comments
ISA10	Interchange Time	C.5	Format is HHMM
ISA11	Repetition Separator	C.5	!
ISA12	Interchange Control Version Number	C.5	00501
ISA13	Interchange Control Number	C.5	Must be identical to Interchange Trailer IEA02
ISA14	Acknowledgement Requested	C.6	0 = No Acknowledgement Requested
ISA15	Interchange Usage Indicator	C.6	P = Production Data T = Test Data
ISA16	Component Element Separator	C.6	:

5.2. IEA–Control trailer

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

Segment	Name	Page in IG	Notes/Comments
IEA	Interchange Control Trailer		
IEA01	Number of Included Functional Groups	C.10	Number of included Functional Groups
IEA02	Interchange Control Number	C.10	Must be identical to 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.

Segment	Name	Page in IG	Comments
GS	Functional Group Header		

Segment	Name	Page in IG	Comments
GS01	Functional Identifier code	C.7	HN = Health Care Information Status Notification
GS02	Application Sender's Code	C.7	NVM FHSC FA
GS03	Application Receiver's Code	C.7	The 4-digit Service Center Code assigned Nevada Medicaid.
GS04	Date	C.7	Format = CCYYMMDD
GS05	Time	C.8	Format = HHMM
GS06	Group Control Number	C.8	Must be identical to GE02
GS07	Responsible Agency Code	C.8	X = Accredited Standards Committee X12
GS08	Version/Release/Industry Identifier Code	C.8	005010X212

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.

Segment	Name	Page in IG	Notes/Comments
GE	Functional Group Trailer		
GE01	Number of Transaction Sets Included	C.9	Number of included Transaction Sets
GE02	Group Control Number	C.9	Must be identical to the value in GS06

5.5. ST–Transaction set header

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

Segment	Name	Page in IG	Notes/Comments
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ST	Transaction Set Header		
ST01	Transaction Set Identifier Code	106	277 = Health Care Claim Status Notification
ST02	Transaction Set Control Number	106	Increment by 1 when multiple transaction sets are included. Must be identical to SE02.
ST03	Implementation Convention Reference	106	005010X212

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.

Segment	Name	Page in IG	Notes/Comments
SE	Transaction Set Trailer		
SE01	Transaction Segment Count	213	Number of segments included within the ST/SE segments.
SE02	Transaction Set Control Number	213	Must be identical to ST02

6. Instruction tables

This table contains rows for each segment for which supplemental instruction is needed.

6.1. 005010X212 Unsolicited claim status response (277U)

Loop	Segment	Name	Page in IG	Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT03	Originator Application Transaction Identifier	107	277X212
	BHT06	Transaction Type Code	108	DG = Response
2100A	NM1	Payer Name		
	NM103	Payer Name	111	Nevada Division of Healthcare
	NM108	Identification Code Qualifier	112	FI = Federal Taxpayer's ID
	NM109	Payer Identifier	112	540849793
2100A	PER	Payer Contact Information	113	Nevada Medicaid does not send payer contact information. (This information is used to distinguish different contact points if the payer has multiple systems.)
2100B	NM1	Information Receiver Name		
	NM108	Identification Code Qualifier	119	46 = Atypical Provider Identifier

Loop	Segment	Name	Page in IG	Comments
	NM109	Information Receiver Identification Number	119	10-digit National Provider Identifier (NPI) or Atypical Provider Identifier of the billing provider
2100C	NM1	Provider Name		
	NM108	Identification Code Qualifier	128	FI = Federal Taxpayer's Identification Number" XX = NPI
	NM109	Provider Identifier	128	10-digit National Provider Identifier (NPI) or Atypical Provider Identifier of the billing provider
2100D	NM1	Subscriber Name		
	NM101	Entity Identifier Code	135	IL (The recipient is always the subscriber for Nevada Medicaid.)
	NM102	Entity Type Qualifier	135	1 = Person
	NM108	Identification Code Qualifier	136	MI = Member ID Number
	NM109	Subscriber Identifier	136	11-digit Recipient ID Number
2200D	TRN	Claim Status Tracking Number	137	
	TRN02	Referenced Transaction Trace Number	137	Provider's Patient Account Number or Prescription Number
2200D	REF	Payer Claim Control Number		
	REF01	Reference Identification Qualifier	149	1K = Payer Claim Number
	REF02	Payer Claim Control Number	149	16-digit Internal Control Number (ICN) assigned to the claim by Nevada Medicaid
2200D	DTP	Claim Service Date	155-156	

7. Payer specific business rules and limitations

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

7.1. Pending claims

When a provider has pended claims, Nevada Medicaid sends the Unsolicited Claim Status Response (or 277U) transaction along with the 835 Remittance Advice (or 835) transaction.

The 277U transaction provides status information on pended electronic claims. Pended claims are not reported on the 835 Remittance Advice transactions.