Utah Department of
Health & Human Services
Integrated Healthcare

HIPAA Transaction
Standard Companion Guide

Health Care Claim Status Request and
Response (276/277)
ASC X12N/005010X212

17th January 2023

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Disclosure Statement

Disclosure, distribution, and copying of this guide is permitted. However, be aware that changes to items found in this guide may occur at any time without notice.

The intended purpose and use of this guide is to provide information supporting a Health Care Claim Status Request and Response (276/277).

Due to the copyright protection of the 5010 Implementation Guides (TR3), Utah Medicaid will not publish items found on the ASC X12 Implementation Guides (TR3), other than to convey the Utah Medicaid system limitations and usage iterations.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronic health data with Utah Medicaid. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

The Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides that have been adopted for use under HIPAA. It is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide will provide information regarding the exchange of an Electronic Data Interchange (EDI) transaction with Utah Medicaid regarding Claim Inquiry and Response. It also includes information about EDI enrollment, testing, and customer support.

Utah Medicaid is publishing this Companion Guide to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N TR3 mandated by HIPAA. This Companion Guide can be accessed at https://medicaid.utah.gov/hipaa/providers/#companion-guides.

All References to Medicaid are used for simplicity, but other programs supported by the Utah Department of Health Division of Medicaid and Health Financing (DMHF) are also included, for example, Medicaid, CHIP, Integrated Medicaid, Baby Your Baby, and so forth

Utah Medicaid provides services to eligible members using two coverage models:

- Managed Care Organizations (MCO) - Are Plans who provide medical, dental and behavioral health services to eligible Medicaid and CHIP members.

- Fee for Service (FFS) - Consists of all Medicaid plans where services are paid for a member who is not enrolled in an MCO or the service that is needed is not covered by the MCO plan.

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Figures

No table of figures entries found.

Tables

1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires all entities exchanging health data to comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The Accredited Standards Committees (ASC) X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) are the standards of compliance. The TR3s are published by the Washington Publishing Company (WPC) and are available at: https://x12.org/products.

This section describes how the ASC X12N Implementation Guides (IG) adopted under HIPAA will be detailed with the use of tables. The tables contain a row for each segment that, due to the Utah Medicaid system limitation and business needs, may require information in addition to, or over and above, the information in the IGs. That information can:

- Limit the repeat of loops, or segments.

- Limit the length of a simple data element.

- Specify a sub-set of the IGs internal code listings.

- Clarify the use of loops, segments, composite, and simple data elements.

- Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with Utah Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe the Utah Medicaid usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail.

Table 1 specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Table 1. Columns and Usage

Page #	Loop ID	Reference	Name	Notes/Comments
50	2100C	NM108	Identification Code Qualifier	"SV" for Atypical Provider "XX" for Non-Atypical Provider
51	2100C	NM109	Identification Code	Billing PRISM Provider ID for Atypical Provider Billing Provider NPI for Non-Atypical Provider

Page #	Loop ID	Reference	Name	Notes/Comments
57	2100D	NM109	Identification Code (Subscriber)	10-digit Beneficiary ID Number

Scope

The Companion Guide addresses the Utah Medicaid technical and connectivity specifications for the Health Care Claim Status Request and Response (276/277) transactions. It highlights business rules, system limitations, and data requirements needed for a successful claim search and response.

Table 2. Transactions Covered by this Companion Guide

Transactions	Versions
Health Care Claim Status Request and Response (276/277)	005010X212
Implementation Acknowledgment for Health Care Insurance (999) Interchange Acknowledgment (TA1)	005010X231A1

Overview

The Companion Guide was written to assist providers in designing and implementing transaction standards to meet the Utah Medicaid processing methodology. The guide is organized in the following sections:

- Section 1 INTRODUCTION: Section includes scope, overview, references and additional information.

- Section 2 GETTING STARTED: Section includes information on enrolling as a Utah Medicaid Provider, EDI enrollment, and the testing process.

- Section 3 TESTING WITH UTAH MEDICAID: Section includes detailed transaction instruction on how to test with Utah Medicaid.

- Section 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS: Section includes information on Medicaid transmission procedures, and communication and security protocols.

- Section 5 CONTACT INFORMATION: Section includes Medicaid telephone numbers, mailing and email addresses, and other contact information.

- Section 6 CONTROL SEGMENT AND ENVELOPES: Section includes information needed to create the ISA/IEA, GS/GE, and ST/SE control segments to be submitted to Utah Medicaid.

- Section 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS: Section includes detailed transaction testing information. Web services connection is needed to send transactions.

- Section 8 ACKNOWLEDGEMENTS AND/OR REPORTS: Section includes information on all EDI reports such as 999s, or TA1.

- Section 9 TRADING PARTNER AGREEMENTS: Section contains information regarding Trading Partner EDI Enrollment requirements for the 276/277 transactions.

- Section 10 TRANSACTION SPECIFIC INFORMATION: Section contains specific information regarding 276/277 transactions, system limitations, scheduled and non-scheduled system downtime notifications, holiday hours, and other information that would be helpful to Trading Partners.

- APPENDICES: This section will lay out transmission examples, frequently asked questions, an implementation checklist, business scenarios, and a change summary.

References

- **5010 ASC X12 Technical Report Type 3 (TR3) Guides**

  Due to system limitation and business needs, Utah Medicaid will identify loops, segments, and data elements to convey additional information to process electronic requests successfully.

  TR3s may be purchased through Washington Publishing Company (WPC) at: https://x12.org/products.

- **Utah Health Information Network (UHIN) Standards and Specifications**

  All payers in Utah, including Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value added network serving providers and payers in Utah. To access specific documents such as Standards, Technical Manuals, Specifications, and so forth, a provider must request access to https://my.uhin.org from UHIN.

  o UHIN Home Page: http://www.uhin.org

  o UHIN Standards: https://support.uhin.org/hc/en-us/categories/360002051651-Standards

  o UHIN UTRANSEND Technical Reference Manual (TRM): https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2

  o UHIN EDI Enrollment Specification: https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1

- **Washington Publishing Company (WPC):**

  https://www.wpc-edi.com/

- **WPC Code List:**

  https://x12.org/Codes

- **CMS transaction and Code Sets Standards:**

  https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/AdoptedStandardsandOperatingRules.html

- **CMS Electronic Billing and EDI Transactions Help Lines (Part A and B):**

  http://www.cms.gov/ElectronicBillingEDITrans

- **Accredited Standards Committee (ASC)**:

  https://x12.org/

Additional Information

Utah Medicaid does not offer EDI software. Some software vendors charge for each electronic transaction type (claims, eligibility, reports, and remittance advice). There are no regulations as to what software vendors can charge for the software license or their services. It is the responsibility of the provider to procure software that best fits their business needs.

Things to consider when looking for EDI software:

1. Fees and Function – What EDI transactions are included with the software license? Examples include:

   a. Health Care Eligibility Benefit Inquiry and Response (270/271)

   b. Health Care Claim Status Request and Response (276/277)

   c. Health Care Claims: Professional (837P), Institutional (837I), Dental (837D)

   d. Health Care Claim Acknowledgment (277CA)

   e. Acknowledgment Reports (Interchange Acknowledgement (TA1), Implementation Acknowledgment for Health Care Insurance (999))

   f. Health Care Claim Payment/Advice (835)

   g. Health Care Services Review - Request for Review and Response (278)

   h. Payroll Deducted and Other Group Premium Payments for Insurance Products (820)

   i. Benefits Enrollment and Maintenance (834)

2. Software License – Will the license include free regulatory updates?

3. Technical Support – Is the installation, set-up and any subsequent assistance included with the subscription?

4. System Requirements – Will the software function with your current Operating System, hardware, and Practice Management software, or will new Operating System, Practice Management software, or hardware be needed?

5. Reports – Are data elements on received transactions viewable, for example, Claims Adjustment Reason Codes, Remittance Remark Codes, PLB segments on the 835, and so forth?

6. UHIN provides software for their members. Contact UHIN at (877) 693-3071 for more information.

7. Providers that use a billing company or clearinghouse, contact the billing company or clearinghouse for software.

8. Proprietary software can be used provided it meets HIPAA standards and mandated CORE requirements.

2 GETTING STARTED

Working with Utah Medicaid

Providers must enroll as a Utah Medicaid provider. The Utah Medicaid Provider Enrollment team may be reached at (801) 538-6155 or (800) 662-9651, option 3, then option 4, for questions regarding provider enrollment. Provider Enrollment forms, instructions, and contact information are available on the Utah Medicaid website: https://medicaid.utah.gov/become-medicaid-provider.

A provider who enrolled online will receive a Welcome Letter to access provider enrollment information.

Providers who wish to submit EDI transactions directly into PRISM through PRISM screens, must select the Electronic batch option as part of the provider enrollment process. Providers must be able to create HIPAA X12 compliant transactions using their own software when submitting through the Electronic batch. An Electronic batch submission is not available for providers enrolled as a Managed Care plan.

Providers who wish to employ UHIN and use their tools and services to submit EDI claims, Client Eligibility and Response, Claim Status Inquiry and Response, Health Care Services Review - Request for Review and Response, or receive Electronic Remittance Advice may contact UHIN at (877) 693-3071 or see the UHIN EDI Enrollment Specification at: https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1. The Provider must ask UHIN for membership information and how to obtain an Electronic Data Interchange (EDI) Trading Partner Number (TPN).

Providers who elect to transmit or receive electronic transactions using a third party, such as a billing agent, clearinghouse, or network service, do not need to contact UHIN or acquire a TPN if the billing agent, or network service is a member of UHIN. In this case, providers must obtain the billing company's TPN to complete the Utah Medicaid EDI enrollment online.

Trading Partner Registration

Utah Medicaid requires all trading partners to complete the Utah Medicaid EDI Enrollment online. Any other form of EDI Enrollment is not accepted. To become a

trading partner with Utah Medicaid, visit our website at: https://medicaid.utah.gov/become-medicaid-provider.

Using the information provided on the Welcome Letter (when you first enrolled to become a Utah Medicaid provider), you may access and complete or modify the EDI Enrollment. If a Welcome Letter was not received, contact Medicaid Provider Enrollment at (801) 538-6155 or (800) 662-9651, option 3, then option 4, to request one.

Providers may need to obtain the TPN for each EDI transaction from their clearinghouse or billing agency prior to EDI enrollment.

For Brand New Providers – Never Validated:

1. Acquire a Utah Identification (ID) from https://id.utah.gov/login if you do not have one.

    a. Create an Account

    b. Complete all the required fields

    c. Set the password interval to 90 days, using the following State of Utah password requirements:

        ▪ Minimum of 8 characters

        ▪ Upper case letters

        ▪ Lower case letters

        ▪ At least 1 number

        ▪ Special characters

2. Visit our website at: https://medicaid.utah.gov/become-medicaid-provider.

3. Click the PRISM Portal hyperlink.

4. Enter your Utah ID and password to log in.

5. Click the Submit Enrollment Access (Converted Providers Accessing the New PRISM System for the First Time).

6. Complete and Submit Enrollment Access form. Upon successful validation the system will redirect you to the profile selection domain page.

7. Click Manage Provider Information.

8. Complete all the validation requirements in Steps 1-3.

9. Complete all the steps for EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the Trading Partner Number (TPN) to each EDI transaction based on business needs. A different TPN may be used for each EDI transaction.

10. Click the Submit button in the last step to submit the form for processing.

For Existing Providers – **Validated:**

1. Visit our website at: https://medicaid.utah.gov/become-medicaid-provider.

2. Click the PRISM Portal hyperlink.

3. Enter your Utah ID and password to log in.

4. Select a Domain and Profile.

5. Click the Manage Provider Information.

6. Complete all the steps that pertain to the EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the TPN to each EDI transaction based on business needs. Different TPNs may be used for each EDI transaction.

7. Click the Submit button in the last step to submit the form for processing.

Training is available by clicking the link for the Provider Enrollment and EDI Enrollment tutorial: https://medicaid.utah.gov/pe-training.

Certification and Testing Overview

All payers in Utah, including Utah Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value added network serving providers and payers in Utah.

All providers who wish to submit EDI transactions through UHIN must test with UHIN prior to submission of electronic transactions. Contact UHIN at (877) 693-3071 to coordinate acceptance testing.

3 TESTING WITH UTAH MEDICAID

Providers who wish to submit EDI transactions through the PRISM Electronic batch are not required to do testing. If a provider wants to test prior to production, send test transactions to the Medicaid Test Trading Partner Number: HT000004-004 (FFS) and/or HT000004-003 (MCO).

Providers who wish to submit EDI transactions through UHIN, contact UHIN Help Desk at (877) 693-3071 for security access to their Test environment. Coordinate Acceptance Testing with UHIN first. UHIN will validate your EDI transactions and notify Utah Medicaid when Acceptance Testing is completed.

During provider enrollment, ensure that your UHIN Trading Partner Numbers (TPN) are associated for each transaction based on business needs prior to testing with Utah Medicaid. Registration can be done through the EDI Enrollment online at the Medicaid website: https://medicaid.utah.gov/become-medicaid-provider. See detailed instructions under the Trading Partner Registration section.

Providers should coordinate testing with Utah Medicaid after completion of the Acceptance Testing with UHIN. For testing issues related to FFS claims, contact EDI Customer Support at editestinggroup@utah.gov or call (801) 538-6155, option 3, then

option 5. For testing issues related to encounter claims, contact EDI Managed Care Customer Support at mhc-edi@utah.gov.

Send your test transaction(s) to the Medicaid Test Trading Partner Number: HT000004-004 (FFS) and/or HT000004-003 (MCO).

Providers using the UHIN software are not required to test. Contact UHIN Member Relations Team at (877) 693-3071 for technical support.

Providers using a third-party software or practice-management software need to work directly with their software vendor for software upgrades and technical support.

4 CONNECTIVITY WITH THE PAYER/ COMMUNICATIONS

Web Service connection is required to send electronic transactions through UHIN. For more information, see UHIN standards at: https://support.uhin.org/hc/en-us/categories/360002051651-Standards.

To initiate a Trading Partner relation with UHIN, contact UHIN at (877) 693-3071 for more information, or email at: customerservice@uhin.org.

UHIN Technical Specifications are available at: https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2.

5 CONTACT INFORMATION

EDI Customer Service

Contact your clearinghouse or billing agent for EDI Customer Support. The UHIN Help Desk can be contacted at either (877) 693-3071 or by email at customerservice@uhin.org.

Trading Partners may contact Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

For additional support, Utah Medicaid EDI Customer Support team may be contacted by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, then option 5.

You may also email the EDI Customer Support team at: HCF_OSD@utah.gov (there is an underscore between HCF and OSD). For FFS testing related issues, contact EDI Customer Support at editestinggroup@utah.gov.

For encounter related issues, contact Utah Medicaid Manage Care EDI Customer Support team at MHC-EDI@utah.gov.

Notes: Do not send non-encrypted PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third-party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M.

On Thursdays, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M.

EDI Customer Support is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, ListServ, and through UHIN alerts for unexpected system down time, for unexpected delay in generation and transmission of EDI reports, delay in the release of provider payments, to announce the release of new or interim Medicaid Information Bulletin (MIB), and so forth.

To sign up for the Medicaid ListServ, click: https://medicaid.utah.gov/utah-medicaid-official-publications.

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at: http://www.uhin.org.

Utah Medicaid mailing address is:

Bureau of Medicaid Operations
PO Box 143106
Salt Lake City, UT 84114-3106

Applicable Websites/E-mail

Utah Medicaid EDI email address: HCF_OSD@utah.gov. (there is an underscore between HCF and OSD), editestinggroup@utah.gov (FFS testing issues) and MHC-EDI@utah.gov (MCO)

Utah Medicaid Web Page: https://medicaid.utah.gov/

Utah Medicaid Companion Guide: https://medicaid.utah.gov/hipaa/providers/#companion-guides

Utah Medicaid Provider training: https://medicaid.utah.gov/provider-training-0/

Utah Medicaid EDI Enrollment: https://medicaid.utah.gov/become-medicaid-provider

Utah Medicaid Registration and EDI Enrollment Tutorial: https://medicaid.utah.gov/pe-training

To sign up for the Utah Medicaid ListServ: https://medicaid.utah.gov/utah-medicaid-official-publications

UHIN: https://uhin.org

UHIN Help Desk: customerservice@uhin.org

UHIN Standards and Specifications: https://support.uhin.org/hc/en-us/categories/360002051651-Standards

Connectivity requirements, click the UHIN website at this link: https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2/

To sign up to receive UHIN alerts: https://uhin.org

UHIN Hardware Requirements: https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2

6 CONTROL SEGMENT AND ENVELOPES

In all transactions, the ISA06 and ISA08 must contain the designated Trading Partner Number (TPN) of the submitter and receiver, respectively. The trading partner defines the value carried in the GS02 and GS03. If there is not an agreement between trading partners as to the value carried in these segments, then the default will be the TPN of the submitter and receiver (that is, the same numbers that are in ISA06 and ISA08, respectively).

For security purposes, neither the ISA04 nor the GS02 will be used to carry the Trading Partner Password or User ID. The Password and User ID values will be transmitted in an outside wrapping of the transaction for authentication. For this reason, the ISA01 and ISA03 values are '00' and the ISA02 and ISA04 are space filled. See Table 3 for proper usage and required value for various data elements in the ISA and GS segments.

ISA-IEA (Interchange Control Number)

To facilitate tracking and debugging, the Interchange Control number used in the ISA13 must be unique for each transaction.

Group Control Number

To facilitate tracking and debugging, the Group Control number used in the GS06, must be unique.

In a 999 Acknowledgement or interactive response transaction, the GS03 carries the value sent in the GS02 of the 276 transaction that is being acknowledged. Table 3 identifies the values to be carried in the ISA and GS of the transaction acknowledgment.

For more information regarding the use of ISA/IEA and GS/GE control segments, see the Utah Standards available on the UHIN website at: https://support.uhin.org/hc/en-us/categories/360002051651-Standard.

Table 3. 276 – Request Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Interchange Control Header	
	ISA		**Segment – Interchange Control Header**	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
	ISA	ISA02	Authorization Information	10 Spaces
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
	ISA	ISA04	Security Information	10 Spaces
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA06	Interchange Sender ID	UHIN - Trading Partner ID obtained from UHIN (HTXXXXXX-XXX) PRISM Electronic batch – use NPI or PRISM Provider ID
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	HT000004-001 – FFS HT000004-002 – MCO

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				HT000004-801 – Atypical
				HT000004-003 – Test-MCO
				HT000004-004 – Test-FFS
				left justified followed by spaces.
	ISA	ISA13	Interchange Control Number	Set of 9 numbers. Must be unique for each transaction.
	ISA	ISA14	Acknowledgment Requested	Always use number "1" for Interchange Acknowledgment Requested (TA1). Without this indicator, acknowledgment will not be returned for the submitted transaction if an error on the ISA segment is detected. And the submitted EDI file will not be processed.
	ISA	ISA15	Interchange Usage Indicator	Always use "P" for Production Data and "T" for Test Data.
			Loop – Functional Group Header	
	GS		**Segment – Functional Group Header**	**If a Trading Partner Number is shared between multiple providers, acknowledgment/response files generated for the Trading Partner**

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				Number will not be accessible from PRISM screens to download.
	GS	GS02	Application Sender's Code	UHIN - Trading Partner ID obtained from UHIN (HTXXXXXX-XXX) PRISM Electronic batch – use NPI or PRISM Provider ID
	GS	GS03	Application Receiver's Code	HT000004-001 – FFS HT000004-002 – MCO HT000004-801 – Atypical HT000004-003 – Test-MCO HT000004-004 – Test-FFS

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Utah Medicaid accepts and supports both Batch and Real-Time Health Care Claim Status Request and Response (276/277) transactions. Batch 276 will be responded to within 24 hours of submission. Real-Time requests will receive a response within twenty (20) seconds.

Utah Medicaid requires a unique value in the ISA13 and GS06 for all X12 transactions.

You may transmit electronic 276/277 transactions anytime, 24 hours a day, 7 days a week.

Regular Scheduled System Downtime

Utah Medicaid systems are available to process Real-Time and Batch transactions 24/7 except during regularly scheduled system downtime, defined as:

Routine downtime

Regularly scheduled system downtime is Sundays, from 1 A.M. to 2 A.M.

No real-time transactions will be processed between these hours. No response or acknowledgment will be returned during scheduled or non-scheduled downtime.

Non-routine downtime

Medicaid will notify providers through the email ListServ, UHIN alerts, or message broadcast through the phone system for unscheduled or emergency downtime, within one hour of discovery.

No response or acknowledgment will be returned during scheduled or non-scheduled downtime.

System Holiday Schedule

Utah Medicaid systems are available to process Batch 276 transactions 24 hours a day, 7 days a week, except for our regularly scheduled system downtime, as stated previously.

Business Limitations:

- **ANSI ASC X12 276 – Transaction Set Companion Guide Rules**

Table 4. Transaction Set Companion Guide Rules Inbound

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A			**Loop - Payer Name**	
2100A	**NM1**		**Segment - Segment - Payer Name**	
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payer Identification)
2100A	NM1	NM109	Identification Code	<Payer Identifier> "HT000004-001" - FFS "HT000004-002" - MCO "HT000004-004" – Test-FFS "HT000004-003" – Test-MCO "HT000004-801" - Atypical "HT000004-276" - Pharmacy Claim/Encounter
2100B			**Loop - Information Receiver Name**	
2100B	**NM1**		**Segment - Information Receiver Name**	
2100B	NM1	NM109	Identification Code	Trading Partner ID obtained from UHIN (HTXXXXXX-XXX)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				Electronic batch use NPI or PRISM Provider ID
2100C			**Loop - Provider Name**	
2100C	**NM1**		**Segment - Provider Name**	
2100C	NM1	NM108	Identification Code Qualifier	"SV" for Atypical Provider "XX" for Non-Atypical Provider
2100C	NM1	NM109	Identification Code	\<Provider Identifier\> Always submit Billing Provider NPI or PRISM Provider ID for Atypical provider. System uses Billing Provider NPI or PRISM Provider ID to locate claim in the system.
2100D			**Loop - Subscriber Name**	
2100D	**NM1**		**Segment - Subscriber Name**	
2100C	NM1	NM104	Name First	Send "NoFirst" if the member does not have a first name.
2100D	NM1	NM108	Identification Code Qualifier	"MI" (Member ID)
2100D	NM1	NM109	Identification Code	\<Subscriber Identifier\> Report the Utah Medicaid beneficiary identification number.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2200D			**Loop - Claim Status Tracking Number**	
2200D	**REF**		**Segment - Payer Claim Control Number**	
2200D	REF	REF01	Reference Identification Qualifier	"1K" (Payer Claim Number)
2200D	REF	REF02	Reference Identification	\<Payer Claim Control Number\> 17 or 18-digit PRISM TCN
2200D	**REF**		**Segment - Patient Control Number**	
2200D	REF	REF01	Reference Identification Qualifier	"EJ" (Patient Account Number)
2200D	REF	REF02	Reference Identification	\<Patient Control Number\> Patient Control Number may be submitted if it is known and present on the claim for which the status request is being submitted.
2200D	**REF**		**Segment - Pharmacy Prescription Number**	
2200D	REF	REF01	Reference Identification Qualifier	"XZ" (Pharmacy Prescription Number)
2200D	REF	REF02	Reference Identification	Submit Pharmacy Prescription Number for pharmacy claim/encounter inquiries
2200D	**DTP**		**Segment - Claim Service Date**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2200D	DTP	DTP03	Date Time Period	<Claim Service Period> From - To Date span cannot be greater than 30 days. Date of service cannot be older than 5 years from the system date.

- **ANSI ASC X12 277 - Transaction Set Companion Guide Rules**

Table 5. Transaction Set Companion Guide Rules Outbound

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A			**Loop - Payer Name**	
2100A	**NM1**		**Segment - Segment - Payer Name**	
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payer Identification)
2100A	NM1	NM109	Identification Code	<Payer Identification Number> Value received on 276 NM109 (Loop – 2100A Payer Name) will be returned.
2100B			**Loop - Information Receiver Name**	
2100B	**NM1**		**Segment - Information**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Receiver Name	
2100B	NM1	NM108	Identification Code Qualifier	"46" (Electronic Transmitter Identification Number (ETIN))
2100B	NM1	NM109	Identification Code	<Information Receiver Identification Number> Value received on 276 NM109 (Loop - 2100B Information Receiver Name) will be returned.
2200B			**Loop – Information Receiver Trace Identifier**	
2200B	**STC**		**Segment - Information Receiver Status Information**	
2200B	STC	STC01-1	Industry Code	<Health Care Claim Status Category Code> The following code is returned when the submitted data is invalid: "E0" (Response not possible - error on submitted request data.)
2200B	STC	STC01-2	Industry Code	<Status Code> The following code is returned when the submitted data is invalid: "26" (Entity not found)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2200B	STC	STC02-03	Entity Identifier Code	<Entity Identifier Code> The following code is returned when the submitted data is invalid: "41" (Submitter)
2200C			**Loop - Provider of** **Service Trace Identifier**	
2200C	**STC**		**Segment - Provider Status Information**	
2200C	STC	STC01-1	Industry Code	<Health Care Claim Status Category Code> The following code is returned when the submitted data is invalid: "E0" (Response not possible - error on submitted request data.)
2200C	STC	STC01-2	Industry Code	<Status Code> The following codes are returned as applicable when the submitted data is invalid: "26" (Missing or Invalid Information)
2200C	STC	STC01-2	Entity Identifier Code	< Entity Identifier Code > The following codes are returned as applicable when the submitted data is invalid: "1P" (Provider)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2200D			**Loop - Claim Status Tracking Number**	
2200D	**STC**		**Segment - Claim Level Status Information**	
2200D	STC	STC01 – 1 STC10 – 1 STC11 – 1	Industry Code	<Health Care Claim Status Category Code> When the submitted data is valid and finds a match based on the claim (s) search criteria, one of the following codes are returned based on PRISM Business Status present on claim: Business Status – Paid and RA Generated "F1" = (Finalized / Payment - The Claim / line has been paid.) Business Status – Paid and not RA Generated "P0" = (Pending: Adjudication/Details-This is a generic message about a pended claim.) Business Status – Denied and RA Generated "F2" = (Finalized / Denial - The Claim / line has been denied.) Business Status – Denied and not RA Generated

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				"P1" = (Pending/In Process-The claim or encounter is in the adjudication system.)
				Business Status – Suspended with Header Level Errors
				"P2" = (Pending/Payer Review-The claim/encounter is suspended and is pending review (for example medical review, repricing, Third Party Administrator processing).)
				Business Status – Suspended without Header Level Errors
				"P1" = (Pending/In Process-The claim or encounter is in the adjudication system.)
				Business Status – Adjusted
				"F3" = (Finalized/Revised - Adjudication information has been changed.)
				Business Status - Void
				"F4" = (Finalized/Adjudication Complete - No payment forthcoming- The claim/encounter has been adjudicated and no further payment is forthcoming)
				When the submitted data is valid and does not find a match based on the claim (s) search criteria, the following code is returned:
				"D0" (Data Search Unsuccessful - The payer is unable to return status on the

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				requested claim(s) based on the submitted search criteria.)
2200D	STC	STC01 – 2 STC10 – 2 STC11 – 2	Industry Code	<Status Code> System will report first three error codes in case of suspended or denied or rejected claim/line reporting scenarios. Report one of the Health Care Industry Code used from Code Source 508.
2200D	STC	STC01 – 4 STC10 – 4 STC11 – 4	Code list Qualifier Code	"RX" (National Council for Prescription Drug Programs Reject/Payment Codes) When reporting Pharmacy Status Codes use "RX".
2220D			**Loop - Service Line Information**	
2220D	**STC**		**Segment - Service Line Status Information**	
2220D	STC	STC01 – 1 STC10 – 1 STC11 – 1	Industry Code	<Health Care Claim Status Category Code> When the submitted data is valid and finds a match based on the claim (s) search criteria, one of the following codes are returned based on PRISM Business Status present on claim: Business Status – Paid and RA Generated

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				"F1" = (Finalized / Payment - The Claim / line has been paid.)
				Business Status – Paid and not RA Generated
				"P0" = (Pending: Adjudication/Details- This is a generic message about a pended claim.)
				Business Status – Denied and RA Generated
				"F2" = (Finalized / Denial - The Claim / line has been denied.)
				Business Status – Denied and not RA Generated
				"P1" = (Pending/In Process-The claim or encounter is in the adjudication system.)
				Business Status – Suspended with Header Level Errors
				"P2" = (Pending/Payer Review-The claim/encounter is suspended and is pending review (for example medical review, repricing, Third Party Administrator processing).)
				Business Status – Suspended without Header Level Errors
				"P1" = (Pending/In Process-The claim or encounter is in the adjudication system.)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				Business Status – Adjusted
				"F3" = (Finalized/Revised - Adjudication information has been changed.)
				Business Status - Void
				"F4" = (Finalized/Adjudication Complete - No payment forthcoming- The claim/encounter has been adjudicated and no further payment is forthcoming)
				When the submitted data is valid and does not find a match based on the claim (s) search criteria, the following code is returned:
				"D0" (Data Search Unsuccessful - The payer is unable to return status on the requested claim(s) based on the submitted search criteria.)
2220D	STC	STC01 – 2 STC10 – 2 STC11 – 2	Industry Code	<Status Code> System will report first three error codes in case of suspended or denied or rejected claim/line reporting scenarios. Report one of the Health Care Industry Code used from Code Source 508.
2220D	STC	STC01 – 4 STC10 – 4 STC11 – 4	Code list Qualifier Code	"RX" (National Council for Prescription Drug Programs Reject/Payment Codes) When reporting Pharmacy Status Codes use "RX".

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Implementation Acknowledgment for Health Care Insurance (999) – ASC X12N/005010X231

Edits for syntactical quality of the functional group or implementation guide compliance are documented in the 999 Acknowledgement and are returned for all batch 276 transactions.

An Accepted 999 means the transaction file was accepted into the system for processing. A Rejected 999 means the file transmitted does not comply with the HIPAA standards identified by the syntactical analysis or implementation guide compliance.

The 999 Acknowledgment will identify the segment name, segment location (line number), Loop ID, and data element in error. For multiple errors, all errors found will be listed in the 999 Implementation Acknowledgment. Errors must be corrected before resubmitting the 276 transaction.

Interchange Acknowledgment

The Interchange Acknowledgment (TA1) report provides the capability for the interchange receiver to notify the sender that a valid envelope was received, or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. It is unique in that it is a single segment transmitted without the GS/GE envelope structure.

The TA1 Acknowledgment encompasses the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number and interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange.

TA104, the Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors.

TA105, the Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

EDI submitters wishing to receive a TA1 Acknowledgment must request it through data elements ISA14, using data element "1" in the transmitted interchange. If a TA1 Acknowledgment is not requested and the submitted EDI file has an envelope error, Medicaid will not generate or send an acknowledgment for the file.

9 TRADING PARTNER AGREEMENTS

Contact UHIN at: https://uhin.org or call (877) 693-3071 for membership enrollment information and Web Services connection. UHIN will assign a Trading Partner Number (TPN) for EDI.

Providers who elect to submit or receive electronic transactions using a third-party such as a billing agent, clearinghouse, or network service may not need to contact UHIN to acquire a TPN if the billing agent, clearinghouse, or network service has obtained a TPN on their behalf.

Providers who elect to submit or receive electronic transactions through the PRISM Electronic Batch screen do not need to contact UHIN to acquire a TPN. Providers must use their PRISM Provider ID or NPI as the TPN in their electronic transactions.

Providers who wish to exchange electronic transaction with Medicaid must complete a provider enrollment application through PRISM, including all EDI steps.

If submitting through a billing agent, clearinghouse or UHIN, associate the TPN to each transaction (based on business needs). Different TPNs may be used for each transaction excluding 835, 834, and 820. For PRISM Electronic Batch submission, identify the transactions to be submitted through this method.

Utah Medicaid does not offer EDI software. It is the responsibility of the Provider to procure software capable of generating an X12 transaction that is compatible with their Practice-Management software to meet their business needs.

Some software vendors charge for each transaction type (claims, eligibility, reports, and remittance advice). There is no federal regulation as to how much a software vendor can charge for the software license or their services.

UHIN provides software for UHIN members and it can be downloaded from https://uhin.org. For assistance with the download, contact UHIN at (877) 693-3071.

Providers using a billing company or clearinghouse, contact the billing company or clearinghouse for software. Proprietary software can be used provided it meets HIPAA standards and the mandated CAQH CORE Operating Rules requirements.

10 TRANSACTION SPECIFIC INFORMATION

The information under this section is intended to help the trading partner understand the business context of the 276/277 transactions, where applicable.

There are multiple methods available for sending and receiving electronic transactions. The two most common methods for EDI transactions are Batch and Real-Time modes. Utah Medicaid supports both Batch and Real Time 276/277 transactions.

Access to the 276/277 transactions by Batch and Real Time requires trading partners to register on-line with Medicaid and define usage of these transactions. Click the following link to register: https://medicaid.utah.gov/become-medicaid-provider/.

An EDI Enrollment Tutorial is also available at: https://medicaid.utah.gov/pe-training.

Providers must be enrolled and open with Utah Medicaid for the date of service being queried. Utah Medicaid Providers with an open NPI or Provider ID can transmit a 276 transaction.

Providers, billers, and clearinghouses must submit 276 transactions separately based on the receiving TPN, HT000004-001 (FFS), HT000004-002 (MCO) and HT000004-801 (Atypical).

Providers, submitting pharmacy related claim/encounter inquires, must submit "HT000004-276" as Payer Identifier in 2100A – NM109. Providers must submit pharmacy and non-pharmacy related claim/encounter requests in separate files.

For Inbound Transactions, colon (:) is not accepted in any non-composite fields. If submitted, file will be rejected with a SNIP level error in the respective TA1/999 Acknowledgement Response file.

For Outbound Transactions, colon (:) in any non-composite fields will be replaced with a space before submitting the file to providers.

Medicaid Trading Partner Numbers (TPN)

Providers using NPI must submit 276 transactions to the following mailbox:

HT000004-001 (FFS)

HT000004-002 (MCO)

Atypical providers must submit 276 transactions to the following mailbox:

HT000004-801

Test Trading Partner Number:

HT000004-003 (MCO)

HT000004-004 (FFS)

Batch Transactions

In a batch mode, the sender does not remain connected while Utah Medicaid processes the transaction. A 999 Acknowledgement will be returned and made available for download within one hour of receipt of a batch 276 transaction.

Batch 277 responses are returned the day after the 276 transaction is received, unless the transaction is rejected with a 999 acknowledgment. The 277 response will be available for download by 7 A.M. for all 276 batches submitted by 9 P.M. the day before.

The System will accept multiple Claim Inquiry requests in a 276 file. Always submit single provider specific requests in a 276 file. If not, the acknowledgment or response generated for these files will not be accessible from PRISM screens to download.

If a Trading Partner Number is shared between multiple providers, the acknowledgment or response files generated for the Trading Partner Number will not be accessible from PRISM screens to download.

Contact Medicaid EDI Customer Support at (801) 538-6155 or (800) 662-9651, option 3, then option 5, if a Utah Medicaid 999 Acknowledgement is not returned or for questions pertaining to a rejection on a Utah Medicaid 999 Acknowledgement.

Real-Time Transactions

In Real-Time mode, the sender remains connected while Utah Medicaid processes the transaction. One single client and date of service inquiry is allowed in a Real Time 276 transaction.

Response for Real Time processing is completed and returned within 20 seconds.

Minimum Data Requirements for Client Search

Trading Partners are required to submit a minimum amount of information in order to receive claim status request response. Medicaid will search claims based on the following data combinations submitted on the 276 transaction:

1. Billing Provider NPI

2. Subscriber (Beneficiary) ID

3. Payer's Claim Number (PRISM 17 or 18-digit Transaction Control Number – TCN) or Date of Service or Patient Control Number or RX Number (Pharmacy Inquiries)

Medicaid supports inquiries up to five (5) years in the past and for a maximum service date span of 30 days.

The 277 response will return the trace number submitted in the 276 for matching response to the inquiry.

APPENDICES

Appendix A – IMPLEMENTATION CHECKLIST

1. Acquire a Utah ID at https://id.utah.gov/login.

2. Create an account (username and password).

3. Enroll as a Utah Medicaid Provider.

4. Acquire a Trading Partner Number from billing agent, clearinghouse, or UHIN (Not applicable to PRISM Electronic Batch).

5. Register transactions to be submitted to Utah Medicaid.

6. Register Trading Partner Number online with Utah Medicaid (billing agent, clearinghouse, or UHIN).

7. Contact UHIN for Acceptance Testing and Connectivity testing (billing agent, clearinghouse, or UHIN Submission).

8. Test with Utah Medicaid.

9. Go live with Utah Medicaid.

Appendix B – BUSINESS SCENARIOS

1. Trading Partners are required to submit a minimum amount of provider and claim/client identification in order to utilize the Health Care Claim Status Request and Response (276/277) transaction.

2. Utah Medicaid will validate the NPI or PRISM Provider ID (Atypical) for all providers sending 276 transactions.

3. Medicaid will search claim information based on the data combinations submitted on the 276 transaction:

   - Billing Provider NPI

   - Subscriber (Beneficiary) ID

   - Payer's Claim Number (PRISM 18-digit Transaction Control Number – TCN) or Date of Service or Patient Control Number or RX Number (Pharmacy Inquiries)

Transmission Examples:

1. NPI/PRISM Provider ID validation:

NPI Providers					
Loop	**Segment**	**Name**	**Code**	**Length**	**Notes/Comments**

| 2100C | NM108 | Identification Code Qualifier | XX | | The National Provider ID must be submitted |
| 2100C | NM109 | Identification Code | | 10 | The National Provider ID must be submitted |

or

Atypical Providers					
Loop	**Segment**	**Name**	**Code**	**Length**	**Notes/Comments**
2100C	NM108	Identification Code Qualifier	SV		Service Provider Number
2100C	NM109	Identification Code		7	PRISM Provider ID use only

Appendix C – FREQUENTLY ASKED QUESTIONS

A compilation of Questions and Answers relative to Utah Medicaid and its providers follows:

1. Is there an enrollment requirement to utilize the 276/277?

   Yes. To successfully exchange electronic data like the 276/277 transaction, providers must be enrolled and currently open with Utah Medicaid for the service date.

   Successful utilization of the 276/277 transactions by Batch and/or Real Time requires trading partners to register the TPN on-line with Utah Medicaid, by submitting an Electronic Data Interchange (EDI) enrollment. Define usage of the 276/277 transactions on the EDI Enrollment.

   Click the following link to register:

   https://medicaid.utah.gov/become-medicaid-provider/

   EDI Enrollment Tutorial:

   https://medicaid.utah.gov/pe-training

2. What is the Utah Medicaid claims search criteria?

   - Billing Provider NPI
   - Subscriber (Beneficiary) ID
   - Payer's Claim Number (PRISM 17 or 18-digit Transaction Control Number – TCN) or Date of Service or Patient Control Number or RX Number (Pharmacy Inquiries)

3. What are the Connectivity Requirements for Real Time?

For more information, see UHIN standards at https://support.uhin.org/hc/en-us/categories/360002051651-Standards, under Standards and Specifications.

To initiate a Trading Partner relation with UHIN, contact UHIN at (877) 693-3071 for more information, or email at: customerservice@uhin.org.

UHIN membership is required to access the Security Specification, Hardware Requirements and Connectivity Companion Guides through UHIN.

For complete information on the Connectivity requirements, click UHIN's website link:

https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2/

4. Do you support Batch submission?

Yes, Utah Medicaid supports Batch and Real Time 276/277 transactions.

5. What Trading Partner Number should provider use to send the 276 to?

Providers using NPI to bill Utah Medicaid should submit 276 transactions to the following mailbox: **HT000004-001**

Atypical providers should route the 276 transactions to the following mailbox: **HT000004-801**

MCO should submit 276 transactions to the following mailbox: HT000004-002

6. Do you require testing?

Providers should complete Acceptance Testing with UHIN prior to submitting testing to Utah Medicaid. For testing issues related to FFS claims, contact EDI Customer Support at editestinggroup@utah.gov or call (801) 538-6155, option 3, then option 5.

For testing issues related to encounter claims, contact EDI Managed Care Customer Support at mhc-edi@utah.gov.

7. What are the response times for a Batch and Real Time transaction?

The 277 response will be available for download by 7 A.M. for all 276 batches submitted by 9 P.M. the day before

Response for Real Time processing is completed and returned within 20 seconds.

8. Who do I contact for EDI Customer Support?

Contact your clearinghouse or billing agent for EDI Customer Support. The UHIN Help Desk can be contacted at either (877) 693-3071 or by email at customerservice@uhin.org.

Trading Partners may contact Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit

Trading Partner data or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

For additional support, Utah Medicaid EDI Customer Support team may be contacted by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, then option 5.

You may also email the EDI Customer Support team at: HCF_OSD@utah.gov (there is an underscore between HCF and OSD). For FFS testing related issues, contact EDI Customer Support at editestinggroup@utah.gov.

For encounter related issues, contact Utah Medicaid Manage Care EDI Customer Support team at MCH-EDI@utah.gov.

Notes: Do not send non-encrypted PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third-party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M.

On Thursdays, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M.

EDI Customer Support is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, ListServ, and through UHIN alerts for unexpected system down time, for unexpected delay in generation and transmission of EDI reports, delay in the release of provider payments, to announce the release of new or interim Medicaid Information Bulletin (MIB), and so forth.

To sign up for the Medicaid ListServ, click: https://medicaid.utah.gov/utah-medicaid-official-publications.

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at: http://www.uhin.org.

Utah Medicaid mailing address is:

Bureau of Medicaid Operations
PO Box 143106
Salt Lake City, UT 84114-3106

Appendix D – LEGEND

Table 6 provides the color legend for Table 3, Table 4, and Table 5.

Table 6. Legend of Colors

This color signifies a Loop information.
This color signifies a Segment within a Loop.
This color signifies a Composite Element within a Segment.

Appendix E – CHANGE SUMMARY

Date	Description	Change Summary
02/26/2021	Final Submission	N/A
01/17/2023	Final Submission	N/A