



NETWORK *Notification*

Notice Date: June 17, 2022
To: Georgia Medicaid Providers
From: CareSource
Subject: 276/277 Claim Status Inquiry and Response Enhancement
Effective Date: October 4, 2021

Summary

Effective Oct. 4, 2021, CareSource implemented improvements to the 276/277 Claim Status Inquiry and Response processing. This change was to better align with industry best practices and Centers for Medicare & Medicaid Services (CMS).

Impact

At this time, we are **not** making changes to the format of the transactions and providers should not notice any issues; however, we are improving our validations to protect our members' Protected Health Information (PHI). We have added additional validations on the inbound 276.

- National Provider Identifier (NPI) on the 276 must match the NPI on the Claim
- If a Group ID (optional field) is sent, it must be valid for the member

The table below provides suggested actions to take if you receive any of the following errors:

Code	Description	Possible actions to take/suggestions
A4:35	A4:35 (Claim/Encounter cannot be found.)	Fix - NPI, Subscriber ID, Patient Account Number, Claim Number, Amount, Service Date, Fix/correct the NPI [Need to match billing/rendering provider]
A7:33	A7:33 (Subscriber and subscriber id not found)	Check/fix DOB, Member ID, and/or Group ID Suffix
Maintenance		3rd Sunday of the Month is Patching
Maintenance		Monthly Release Window

Importance

The changes on validation enable us to better match member/daim information, which will reduce the risk of sharing PHI.

[New Training Available – Access and Availability overview!](#)

“Assignment” and “attribution” are terms that refer to the association between members and providers, but they are not interchangeable. CareSource has prepared a summary document to define these terms and describe the attribution process. Visit **CareSource.com** > Providers > Education > [Training and Events](#) to view this flier.

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DCH Approval: 6/14/2022