



NETWORK *Notification*

To: Indiana Medicaid Providers
From: CareSource
Subject: 276/277 Claim Status Inquiry and Response Enhancement

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 CMS requirements.

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' PHI. We have added additional validations on the inbound 276.

- NPI on the 276 must match the NPI on the Claim

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/claim 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.

RR2022-IN-MED-P-1296200

Issue Date: 9/12/2022

OMPP Approved: 9/2/2022