Encounter Data Submission and Processing Report Resource Guides

277CA – Combined Common Edits and Enhancements Module (CCEM) Transaction Set Edits Acknowledgement Report

Report Description

The 277CA Acknowledgement Report provides MAOs and other entities feedback on transaction set level and record level adherence to CMS standard syntax rules for submitted files as depicted in the CMS 5010 Edit Spreadsheet. Only data that was accepted on the 999A or the 999P report is eligible for CCEM processing and the resulting 277CA Acknowledgement Report.
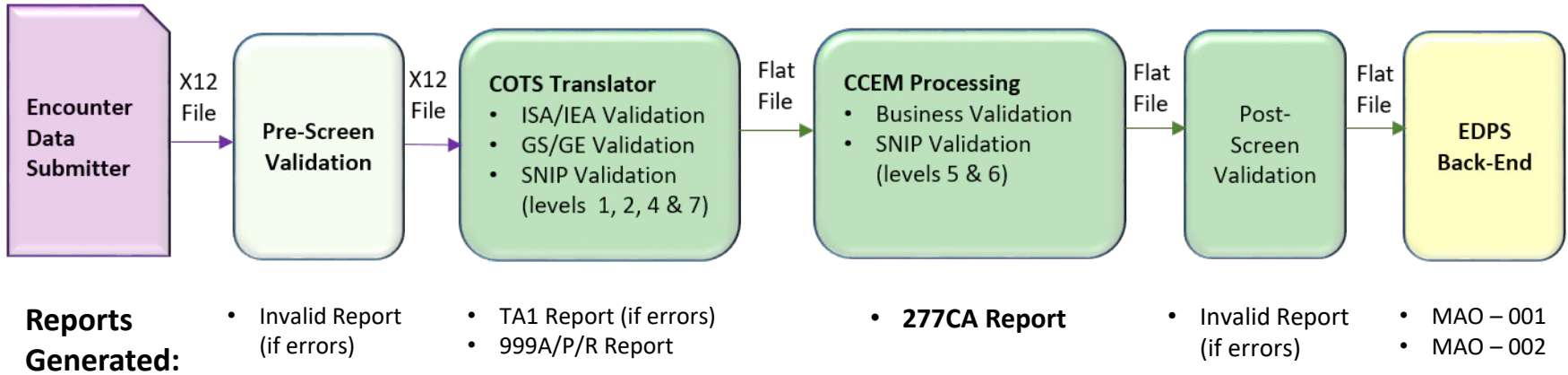
This report provides:
- Trace and control identifiers to tie the 277CA Report back to the 837 file
- Acknowledgement codes for each encounter record submitted
- Certain total accepted and rejected quantities and monetary amounts
- Internal Control Numbers (ICN) assigned by the CCEM for accepted encounter records

Using a 277CA, you may:
- Review all accepted or rejected transactions
- Identify provider level errors where encounter record editing will not be performed for that specific provider
- Determine business rule errors that occurred
- Use assigned ICNs for future reference and/or research purposes

This report is best viewed with a text editor.

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Report Generation

Encounter Data Submitter → X12 File → Pre-Screen Validation → X12 File → COTS Translator
- ISA/IEA Validation
- GS/GE Validation
- SNIP Validation (levels 1, 2, 4 & 7)

→ Flat File → CCEM Processing
- Business Validation
- SNIP Validation (levels 5 & 6)

→ Flat File → Post-Screen Validation → Flat File → EDPS Back-End

Reports Generated:

- Invalid Report (if errors)
- TA1 Report (if errors)
- 999A/P/R Report
- **277CA Report**
- Invalid Report (if errors)
- MAO – 001
- MAO – 002

Report Structure

The 277CA Acknowledgement is divided into hierarchical levels

Information Source:
(Hierarchical Level (HL) Code = 20)

    Information Receiver:
    (HL Code = 21)

        Provider of Service:
        (HL Code = 19)

            Patient:
            (HL Code = PT)

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Report Screenshot

```
ISA*00*    *00*    *ZZ*80881    *ZZ*ENC9999
*190208*1839*^*00501*100000001*0*P*:~
GS*HN*80881*ENC9999*20190208*183926*12345678*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*19000*20190208*18353400*TH~
HL*1**20*1~
NM1*PR*2*EDSCMS*****PI*80881~
TRN*1*8088120190208000001~
DTP*050*D8*20190208~
DTP*009*D8*20190208~
```
Sender

```
HL*2*1*21*1~
NM1*41*2*ABC HEALTH*****46*ENC9999~
TRN*2*000010010~
STC*A1:19:PR*20190208*WQ*936~
QTY*90*2~
AMT*YU*936~
```
Receiver

```
HL*3*2*19*1~
NM1*85*2*HEAVEN MEDICAL CENTER*****XX*2345678901~
TRN*1*CLM00161~
STC*A1:19:PR**WQ*936~
QTY*QA*2~
AMT*YU*936~
```
Billing Provider

```
HL*4*3*PT~
NM1*QC*1*SMITH*JOHN****MI*4DEF5678GH9~
TRN*2*CLM00161~
STC*A2:20:PR*20190208*WQ*468~
REF*1K*1900000000001~
REF*BLT*131~
DTP*472*RD8*20180510-20180510~
TRN*2*CLM00162~
STC*A2:20:PR*20190208*WQ*468~
REF*1K*1900000000002~
REF*BLT*131~
DTP*472*RD8*20180731-20180731~
```
Subscriber

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Report Key Segments

Segment	Description
ST	Transaction Set Header
BHT	Beginning of Hierarchical Transaction (BHT) = "0085", which indicates the file structure is as follows: Information Source (Hierarchical Level (HL) Code = 20) Information Receiver (HL Code = 21) Provider of Service (HL Code = 19) Patient (HL Code = PT)
2000A – HL	Hierarchical Level 1 – Information Source Level – PALMETTO GBA SOUTH CAROLINA
2100A – NM1	Information Source Name
2200A – TRN (Indicator = "1")	Transmission Receipt Control Identifier
2200A – DTP	Information Source Receipt Date
2200A – DTP	Information Source Process Date
2000B – HL	Hierarchical Level 2 – Information Receiver Level This is who will receive the Claim Acknowledgement (277) – will be the Submitter
2100B – NM1	Information Receiver Name
2200B – TRN (Indicator = "2")	Information Receiver Application Trace Identifier
2200B – STC	Information Receiver Status Information
2200B – QTY (Indicator = "90")	Total Accepted Quantity

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Report Key Segments (continued)

Segment	Description
2200B – QTY (Indicator = "AA")	Total Rejected Quantity
2200B – AMT (Indicator = "YU")	Total Accepted Amount
2200B – AMT (Indicator = "YY")	Total Rejected Amount
2000C – HL	Hierarchical Level 3 – Billing Provider of Service (or Service Provider) Level
2100C – NM1	Billing Provider Name
2200C – TRN (Indicator = "1")	Provider of Service Information Trace Identifier
2200C – STC	Billing Provider Status Information
2200C – REF	Provider Secondary Identifier
2200C – QTY (Indicator = "QA")	Total Accepted Quantity
2200C – QTY (Indicator = "QC")	Total Rejected Quantity
2200C – AMT (Indicator = "YU")	Total Accepted Amount
2200C – AMT (Indicator = "YY")	Total Rejected Amount
2000D – HL	Hierarchical Level 4 – Patient Level
2100D – NM1	Patient Name
2200D – TRN (Indicator = "2")	Claim Status Tracking Number
2200D – STC	Claim Level Status Information

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Report Key Segments (continued)

Segment	Description
2200C – REF	Provider Secondary Identifier
2200C – QTY (Indicator = "QA")	Total Accepted Quantity
2200C – QTY (Indicator = "QC")	Total Rejected Quantity
2200C – AMT (Indicator = "YU")	Total Accepted Amount
2200C – AMT (Indicator = "YY")	Total Rejected Amount
2000D – HL	Hierarchical Level 4 – Patient Level
2100D – NM1	Patient Name
2200D – TRN (Indicator = "2")	Claim Status Tracking Number
2200D – STC	Claim Level Status Information
2200D – REF (Indicator = "1K")	Payer Claim Control Number (Internal Control Number (ICN), Present on Accepted Encounters Only
2200D – REF (Indicator = "D9")	MAO or Other Entity Claim Identifier Number
2200D – DTP	Claim Level Service Date
2220D – SVC	Service Line Information
2220D – STC	Service Line Level Status Information
2220D – REF (Indicator = "FJ")	Service Line Item Identification
2220D – REF	Line Item Control Number

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Segment	Description
Report Key Segments (continued)	
2220D − DTP	Service Line Date
SE	Transaction Set Trailer

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Edit Codes Relevant to this Report

The edit codes appearing in the 277A Report are available in the CMS CEM 5010 & CCEM Edit Spreadsheets and the TR3 Health Care Claim Acknowledgement Guide, available through the Washington Publishing Company (WPC).

Accessing the Report

Data Transfer Protocol	Mailbox Processing File Names of Reports
Connecting directly with CMS (Supported by the MAPD Help Desk: (mapdhelp@cms.hhs.gov))*	P.xxxxx.EDS_RESP_CLAIM_NUM.pn
Secure File Transfer Protocol (SFTP) (Supported by Customer Service Support Center (CSSC): (csscoperations@palmettogba.com))	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.277CA
Connect:Direct (Supported by Customer Service Support Center (CSSC): (csscoperations@palmettogba.com))	Submitter defined

* MAOs and other entities with fewer than 100,000 enrollees can use this option to connect directly to CMS

Report Resources

April 2019 User Group Webinar – Edits and resolutions

EDFES Training Slides – November 28, 2018

April 2017 User Group Webinar – Report description