

# ELECTRONIC CLAIM STATUS INQUIRIES

Registered MEDI users can inquire about the status of submitted claims through the IEC links in MEDI. This document provides instructions on how to electronically locate, download and interpret the claim status of LTC direct billed claims.

The claim status transactions available in MEDI follow the Washington Publishing Company Implementation Guidelines for Health Insurance Portability and Accountability Act (HIPAA), version 005010X223.

- The Acknowledgment for Health Care Insurance (ASC X12 999) Transaction provides a syntactical and relational analysis of a submitted claim file.
- Claim Status Request (276) transactions can be sent to request the status of an individual claim or a batch of specified claims. HFS provides a Claim Status Response (277) transaction, which will provide the current adjudication status of claims.
- Health Care Claim Payment/Advice (835) is an electronic remittance advice which provides the final claim adjudication status.

Providers may find it helpful to refer to the following websites of the [Washington Publishing Company](#) to obtain the applicable implementation guides and code reference information.

In addition, The HFS Medical Provider Handbook, [Chapter 300 Companion Guide](#) provides supplemental information related to the electronic processing of the HIPAA 5010 transaction specific to Illinois.

## **Implementation Acknowledgment for Health Care Insurance (ASC X12 999)**

The 999 X12 file provides an acknowledgment that the submitted claim file was received, and whether the file was accepted or rejected. In addition, the 999 X 12 file provides information regarding whether the submitted file contained errors and what data elements are in error. The HFS Medical Provider Handbook Chapter 300 reference to [Edit and Rejections](#) gives an overview of the 999 acknowledgement available in the MEDI IEC Download X12 File link.

The Error Identification (IK3) of the 999 informs the receiver which segment is in error on the submitted file. The segment's position and loop are given along with a syntax error code that indicates the error. The Implementation Data Element Note (IK4) indicates the relative position of the simple data element in error within a segment. The Data Element Reference Number is provided to locate the data element in the Data Element. The Transaction Set Response Trailer (IK5) gives the Transaction Set Acknowledgement Code indicating if the file has been accepted or rejected based on the syntax editing of the transaction set.

The segment and code definitions are available in the WPC Implementation Acknowledgment for Health Care Insurance (ASC X12 999) Implementation Guide.

### **NOTE:**

If the Header information data element ISA06 or GS02 in the submitted X12 file are incorrect HSF cannot take in your file or produce a 999. The 999 acknowledgment is produced almost immediately. Therefore, if a 999 for a submitted file is not received within a day after the submitted file was uploaded the file was not accepted. The file Header information should be reviewed and corrected before the file is resubmitted. To locate the 999 that

is reporting the results for a specified uploaded 837I file refer to the 999's AK102 field, which reports the GS06 from the uploaded 837 file.

### Example of a 999 for a Rejected File

```
ISA*00*      *00*      *ZZ*37-
1320188INT *ZZ*123456789DPA001*170207*1337*^*00501*000000002*0*P*:
GS*FA*37-1320188*123456789001*20170207*133700*20001*X*005010X231A1
ST*999*0001*005010X231A1
AK1*HC*28*005010X223A2
AK2*837*0001*005010X223A2
IK3*REF*11*2010*8
IK4*2*127*5*123456789001
IK5*R*5
AK9*R*1*1*0
SE*8*0001
GE*1*20001
IEA*1*000000002
```

### Translation of the IK3 segment

IK3-Error Identification

IK301 Segment ID Code- Code defining the segment ID of the data segment in error (REF in example above).

IK302 Segment Position in Transaction Set- The numerical count of this data segment from the start of the transaction set header (11 in example above).

IK303 Loop Identifier Code- The loop ID number given on the transaction set diagram (Loop 2010 in example above).

IK304 Implementation Segment Syntax Error Code- Code indicating the error found based on the syntax editing of a segment (8 in example above). The error codes and their definitions are listed below:

- 1: Unrecognized segment ID
- 2: Unexpected segment
- 3: Required segment missing
- 4: Loop occurs over maximum times
- 5: Segment exceeds maximum use
- 6: Segment not in defined transaction set
- 7: Segment not in proper sequence
- 8: Segment has data element errors
- I4: Implementation "Not Used" segment present
- I6: Implementation dependent segment missing
- I7: Implementation loop occurs under minimum times
- I8: Implementation segment below minimum use
- I9: Implementation dependent "Not Used" segment present

## Translation of the IK4 segment

IK4- Implementation Data Element Note

IK401 Position in Segment- Indicates the relative position of the simple data element in error within a segment (2 in this example).

IK402 Data Element Reference Number- Reference number used to locate the data element in the Data Element Dictionary (127 in this example, which is the Billing Provider Tax Identification Number).

IK403 Implementation Data Element Syntax Error Code- Code indicating the implementation error found after syntax edits of a data element (5 in this example). The error codes and their definitions are listed below:

- 1: Required data element missing
- 2: Conditional required data element missing
- 3: Too many data elements
- 4: Data element too short
- 5: Data element too long
- 6: Invalid character in data element
- 7: Invalid code value
- 8: Invalid date
- 9: Invalid time
- 10: Exclusion condition violated
- 12: Too many repetitions
- 13: Too many components
- I10: Implementation "Not Used" data element present
- I11: Implementation too few repetitions
- I12: Implementation pattern match failure
- I13: Implementation dependent "Not Used" data element present
- I6: Code value not used in Implementation
- I9: Implementation dependent data element missing

IK404 Copy of Bad Data Element-This is a copy of the data element in error (123456789001 in this example).

## Translation of the IK5 segment

IK5- Transaction Set Response Trailer

IK501 Transaction Set Acknowledgement Code- Code indicating accepted or rejected condition based on the syntax editing of the transaction set (R in this example). The codes and their definitions are listed below:

- A: Accepted
- E: Accepted but errors were noted
- M: Rejected, Message Authentication Code (MAC) failed
- R: Rejected
- W: Rejected, assurance failed validity tests
- X: Rejected, content after decryption could not be analyzed

## Claim Status Request and Response 276/277

Through the MEDI IEC links, the status of accepted claims can be requested individually or by submitting an X12 batch file. It can take up to three business days for the claims status of an accepted claim to appear in MEDI. However, individual claim status can be viewed in MEDI up to 90 days from the receipt of the claim. After 90 days, the claim status is only available through a batch process which requires a Claim Status Request (276) X12 file to be submitted. In response, HFS will send a Claim Status Response (277) X12 file.

To perform Claim Status inquiries you must be an Administrator on the Medicaid Provider MEDI account or a registered employee.

The following steps show how to submit an **individual** claim status inquiry:

1. Login to MEDI <https://medi.hfs.illinois.gov/>
2. Select Internet Electronic Claims (IEC)
3. Select Claim Status Inquiry
4. Fill in only the boxes with a (\*) asterisk
5. Select your provider number from the drop down box
6. Enter the RIN, DOB, and Gender for the recipient you are inquiring about
7. Click "Next"
8. Claim Status Tracking Number can be any number for Long Term Care providers but is a required field
9. Select "Institutional" from the "Application or Location System Identifier"
10. Enter the Service Date as a calendar month – Example: 12/01/2016 – 12/31/2016
11. Click "Submit"

The screenshot shows a web browser window with the URL <https://medi.hfs.illinois.gov/iec/LoadClaimStatusInquiry.do#>. The page title is "Claim Status Inquiry". The form is divided into two main sections: "General Information" and "Recipient Information".

**General Information**

- \* Denotes Required Field
- Submitter: \* (dropdown menu)
- IL Medicaid Provider ID: \* (dropdown menu)
- NPI: (dropdown menu)

**Recipient Information**

- Recipient ID Number (RIN): \* (text input)
- Patient Control Number: (text input)
- First Name: (text input)
- Middle Name: (text input)
- Last Name: \* (text input)
- Date of Birth: \*
  - Month: \* (text input)
  - Day: \* (text input)
  - Year: \* (text input)
- Gender: \*
  - Male
  - Female

Buttons: "Next", "Submit", "Reset".

Footer: Copyright © 2017 mvaHFS. Privacy Information | Web Accessibility | Webmaster. 10:52 AM 1/18/2017.

https://medi.hfs.illinois.gov/medloadClaimStatusInquiry.do# Claim Status Inquiry

Download X12 File(s)  
 Help Index  
 Companion Guides  
 Contact Us  
 MEDI Home  
 Logout

If you have billing problems, go to [www.hfs.illinois.gov/system](http://www.hfs.illinois.gov/system) or for a billing consultant, call 1-877-782-5565. For all other questions, call DoIT Service Desk at 1-312-814-DoIT (3648) Option 1 - for Information Technology (IT), and then Option 2 - for HFS.

### Claim Information

Please note: This transaction will only return claim status for professional claims submitted in the preceding 90 days, and institutional claims submitted in the preceding 180 days. You will not find an adjudication status on any claim submitted prior to those available periods. However, the claim you are searching can have service dates that go back up to five years.

\* Denotes Required Field

Claim Status Tracking Number: \*

Document Control Number:

Institutional Bill Type Identifier:

Application or Location System Identifier: \*

Total Claim Charge Amount:

Service Dates:  
 From: Month:  Day:  Year:   
 To: Month:  Day:  Year:

[Previous](#) [Next](#)

[Submit](#) [Reset](#)

Trace Number

10:49 AM 1/18/2017

https://medi.hfs.illinois.gov/?TRACE\_NUMBER=123456789&TRACE\_SEQ\_NUMBER=1 - Cl...

### Claim Information

Service Dates: 12/01/2016-12/31/2016  
 Claim Status Tracking Number: 123456789

Document Control Number: 201702590050694  
 Bill Type Identifier:

Total Charges Amount: \$0.00  
 Effective Date: 01/27/2017

### Claim Status Information

Status Category	Status Code	Entity Identifier	Status Category	Status Code	Entity Identifier	Status Category	Status Code	Entity Identifier
<a href="#">F2</a>	<a href="#">250</a>		<a href="#">F2</a>	<a href="#">145</a>	<a href="#">1P</a>	<a href="#">F2</a>	<a href="#">26</a>	<a href="#">87</a>

For an explanation of possible rejection reasons, please review the [Common Rejection Reasons and Solutions](#) listed in the Help Manual.

### Adjudication Information

Adjudication Date: Voucher Number:

You will receive a Claim Status Category Code reflecting where the claim is in the adjudication process. Claim Status Codes may also be displayed, which are industry standard codes that give a high level description of claim errors.

You will receive one of the following status messages:

- A: Acknowledgement
- A1: Acknowledgement/Receipt: Claim has been received. This does not mean the claim has accepted for adjudication.
- A2: Acknowledgement/Acceptance into adjudication system.
- A3: Acknowledgement/Returned as unprocessable. The claim has been rejected and has not been entered into the adjudication system.
- A4: Acknowledgement/Not Found: The claim cannot be found in the adjudication system.
- D0: Data Search Unsuccessful – The payer is unable to return status on the requested claim(s) based on the submitted search criteria.
- P: Pending
- P0: Pending: Adjudication/Details – This is a generic message about a pended claim. A pended claim is one for which no remittance advice has been issued or only part of the claim has been paid.
- P1: Pending/In Process: The claim is in the adjudication system
- P2: Pending/In Review: The claim is suspended pending review. Claim holds take additional days or weeks to either process for payment or get assigned error codes because they are taken out of the typical adjudication process
- F: Finalized
- F1: Finalized/Payment: The claim has been paid
- F2: Finalized/Denial: The claim has denied.

For detailed information of what these codes are describing and how they relate to the claim please visit the Washington Publishing Company at the following links:

Claim Status Codes:

<http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/>

Claim Status Category Codes:

<http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes/>

**NOTE:**

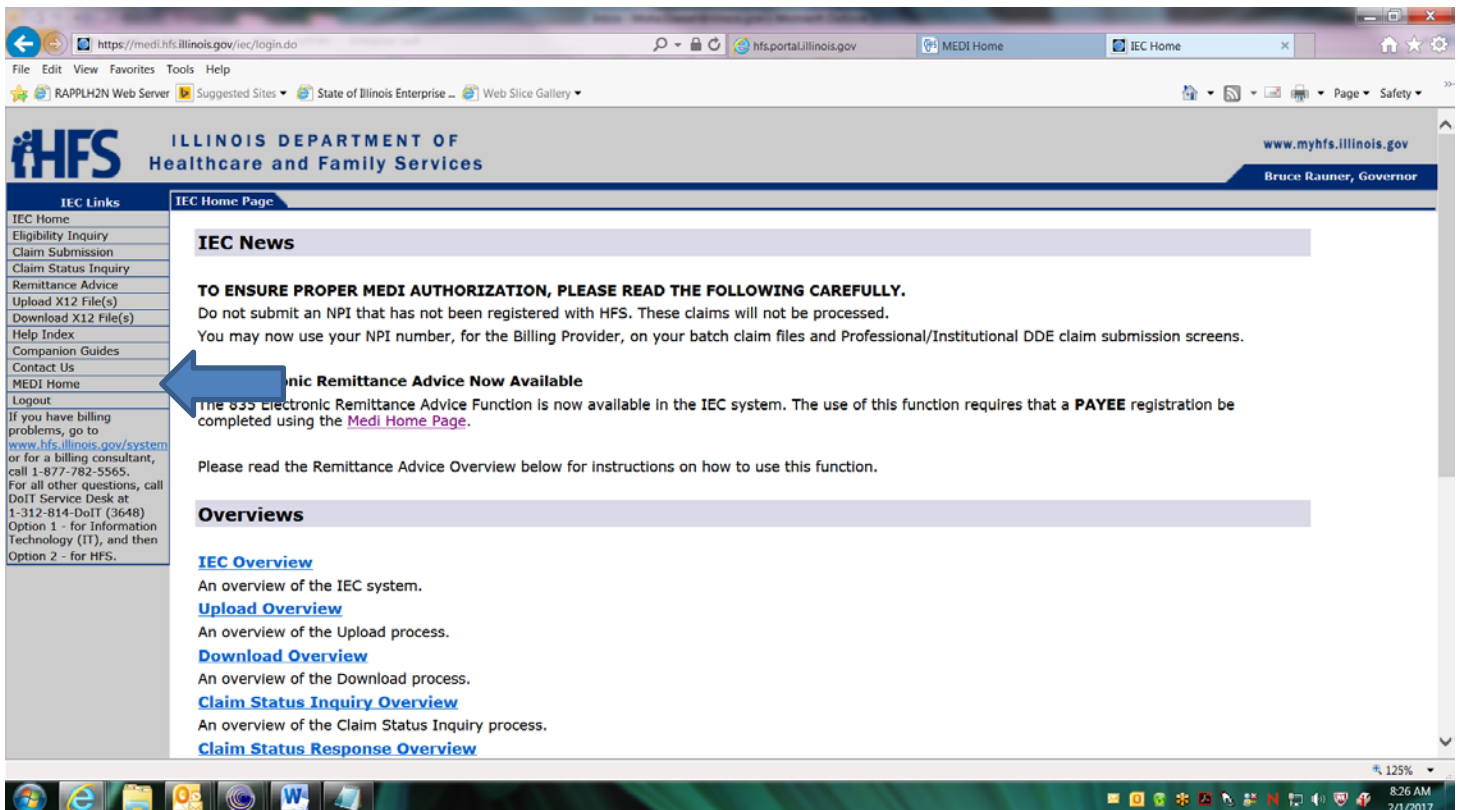
If MEDI claim status inquiry indicates claim has been rejected or denied please refer to the Common Rejection Reasons and Solution listed in the MEDI Help Manual. Also refer to the actual remittance advice (electronic and paper), for rejection reasons.



## 276 – 277 Batch Request

To request claim status information in a batch file, providers must submit a file of claims for which they are seeking status. The submitted file must be in an X12 format and follow the Washington Publishing Company's 276/277 Health Care Claim Status Request and Response Implementation Guidelines for the Health Insurance Portability and Accountability Act (HIPAA), (version 005010X223). The HFS Medical Provider Handbook [Chapter 300](#) also contains a Health Care Claim Status Request and Response Standard Companion Guide, which provides Illinois specific information related to the 276/277 transaction.

1. Create and name a batch file formatted in X12 for submitted claims following the guidelines set forth in the references above.
2. Login to MEDI <https://medi.hfs.illinois.gov/>
3. Click on Internet Electronic Claims
4. Click on Upload X12 File(s)
5. Select your provider/entity from the dropdown box
6. Browse and find the X12 File you created and select it
7. Click on "Add File"
8. Put a check in the box to the left of the file in the bottom box
9. Click "Upload Files"
10. A response to the batch inquiry response usually occurs within 24 hours
11. When complete the 277 response will be available in the Download X12 tab in MEDI



The screenshot shows the HFS IEC Home Page in a web browser. The browser address bar shows <https://medi.hfs.illinois.gov/iec/login.do>. The page header includes the HFS logo, "ILLINOIS DEPARTMENT OF Healthcare and Family Services", and the website URL [www.myhfs.illinois.gov](http://www.myhfs.illinois.gov). The page is titled "IEC Home Page".

The main content area is titled "IEC News" and contains the following text:

**TO ENSURE PROPER MEDI AUTHORIZATION, PLEASE READ THE FOLLOWING CAREFULLY.**  
Do not submit an NPI that has not been registered with HFS. These claims will not be processed.  
You may now use your NPI number, for the Billing Provider, on your batch claim files and Professional/Institutional DDE claim submission screens.

**Electronic Remittance Advice Now Available**  
The 835 Electronic Remittance Advice Function is now available in the IEC system. The use of this function requires that a **PAYEE** registration be completed using the [Medi Home Page](#).

Please read the Remittance Advice Overview below for instructions on how to use this function.

The page also features a sidebar with "IEC Links" and a list of "Overviews":

- [IEC Overview](#): An overview of the IEC system.
- [Upload Overview](#): An overview of the Upload process.
- [Download Overview](#): An overview of the Download process.
- [Claim Status Inquiry Overview](#): An overview of the Claim Status Inquiry process.
- [Claim Status Response Overview](#)

A blue arrow points to the "Electronic Remittance Advice Now Available" section.

## Sample 276 Request (X12) – 1 Recipient

ISA\*00\* \*00\* \*ZZ\*123456789DPA001\*ZZ\*37-1320188INT \*170222\*0847\*^\*00501\*154200555\*1\*P\*>  
GS\*HR\*4KJL3QQLK23N\*37-1320188\*20170222\*0847\*154200555\*X\*005010X212  
ST\*276\*154200555\*005010X212  
BHT\*0010\*13\*154200555\*20170222\*0847  
HL\*1\*\*20\*1  
NM1\*PR\*2\*ILLINOIS MEDICAID\*\*\*\*\*PI\*37-1320188  
HL\*2\*1\*21\*1  
NM1\*41\*2\*XYZ CLEARINGHOUSE\*\*\*\*\*46\*4KJL3QQLK23N  
HL\*3\*2\*19\*1  
NM1\*1P\*2\*ACME LTC\*\*\*\*\*XX\*1234567890  
HL\*4\*3\*22\*0  
NM1\*IL\*1\*JONES\*CLARENCE\*\*\*\*MI\*999999999  
TRN\*1\*154200555\_L71784XX001XB  
REF\*EJ\*L71784XX001XB  
REF\*BLT\*131  
REF\*LU\*INST  
AMT\*T3\*168906.65  
DTP\*472\*RD8\*20161201-20161231  
HL\*5\*3\*22\*0  
SE\*18\*154200555  
GE\*1\*154200555  
IEA\*1\*154200555

### **Notations:**

**TRN02:** Interchange Control Number and Patient Control # used to submit the claim. This number must match exactly how it was submitted on the claim/batch.

**AMT02:** Total amount billed on the submitted claim.



## Sample 277 Response (X12) – 1 Recipient

ISA\*00\* \*00\* \*ZZ\*37-1320188INT  
\*ZZ\*123456789DPA001\*170222\*2040\*^\*00501\*000019631\*0\*P\*:  
GS\*HN\*37-1320188\*4KJL3QQLK23N\*20170222\*203330\*154200555\*X\*005010X212  
ST\*277\*0001\*005010X212  
BHT\*0010\*08\*156906288\*20170222\*203207\*DG  
HL\*1\*\*20\*1  
NM1\*PR\*2\*ILLINOIS MEDICAID\*\*\*\*\*PI\*37-1320188  
HL\*2\*1\*21\*1  
NM1\*41\*2\*XYZ CLEARINGHOUSE\*\*\*\*\*46\*4KJL3QQLK23N  
HL\*3\*2\*19\*1  
NM1\*1P\*2\*ACME LTC\*\*\*\*\*XX\*1234567890  
HL\*4\*3\*22\*0  
NM1\*IL\*1\*JONES\*CLARENCE\*\*\*\*MI\*999999999  
TRN\*2\*154200555\_L71784XX001XB  
STC\*P1:38\*20170101\*\*16906.65\*3744.11  
REF\*1K\*201621090009519  
REF\*BLT\*111  
REF\*EJ\*435071XX001X  
DTP\*472\*RD8\*20161201-20161231  
HL\*5\*3\*22\*0  
SE\*18\*0001  
GE\*1\*196310001  
IEA\*1\*000019631

### **Notations:**

**TRN02:** Interchange Control Number and Patient Control Number used to send the 276 Claim Status Request will be returned. If the numbers entered on the 276 did not match the number entered on the claim or batch status results may vary or result in D0.

### **Status breakdown:**

**STC01:** Industry Code (P1) and Status Code (38)  
**STC02:** Date Claim was Placed in Status Category  
**STC04:** Original Submitted Charges  
**STC05:** Adjudicated Amount  
**REF01:** Reference Identification Qualifier

**REF02:** HFS Payer Internal Claim Control Number (DCN) – This number can be referenced back to the proprietary paper remittance advice.

## 835 ERA Download

Payees registered in MEDI can download 835 Electronic Remittance Advices for their registered LTC providers. The 835 ERA's are in HIPPA compliant X12 format and follow the guidelines set forth by the Washington Publishing Company's 835 Health Care Claim Payment/Remittance Advice Implementation Guidelines for the Health Insurance Portability and Accountability Act (HIPPA) version 005010X223.

The HFS Medical Provider Handbook, Chapter 300 also contains a Health Care Claim Payment/Advice Standard Companion Guide which provides Illinois specific information related to the 835 transaction <https://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/5010.aspx>

To view and download available 835 ERA's follow the instructions below:

1. Login to MEDI <https://medi.hfs.illinois.gov/>
2. Click on Internet Electronic Claims (IEC)
3. Click on Remittance Advice

The screenshot shows a web browser window displaying the IEC Home Page. The browser's address bar shows the URL <https://medi.hfs.illinois.gov/iec/MediHome.jsp>. The page header includes the HFS logo and the text "ILLINOIS DEPARTMENT OF Healthcare and Family Services". The navigation menu on the left lists various options, with "Remittance Advice" highlighted. The main content area is titled "IEC News" and contains the following text:

**TO ENSURE PROPER MEDI AUTHORIZATION, PLEASE READ THE FOLLOWING CAREFULLY.**  
Do not submit an NPI that has not been registered with HFS. These claims will not be processed.  
You may now use your NPI number, for the Billing Provider, on your batch claim files and Professional/Institutional DDE claim submission screens.

**835 Electronic Remittance Advice Now Available**  
The 835 Electronic Remittance Advice Function is now available in the IEC system. The use of this function requires that a **PAYEE** registration be completed using the [Medi Home Page](#).

Please read the Remittance Advice Overview below for instructions on how to use this function.

**Overviews**

- [IEC Overview](#)  
An overview of the IEC system.
- [Upload Overview](#)  
An overview of the Upload process.
- [Download Overview](#)  
An overview of the Download process.
- [Claim Status Inquiry Overview](#)  
An overview of the Claim Status Inquiry process.
- [Claim Status Response Overview](#)

The browser's taskbar at the bottom shows the date and time as 12:36 PM on 1/24/2017.

4. Select your provider/payee from the drop down box
5. Enter a date range (**From** and **To** fields are required)
6. Select "Institutional" from the Voucher Type drop down box
7. Click "Search"
8. Check the box next to the "Available ERA's"

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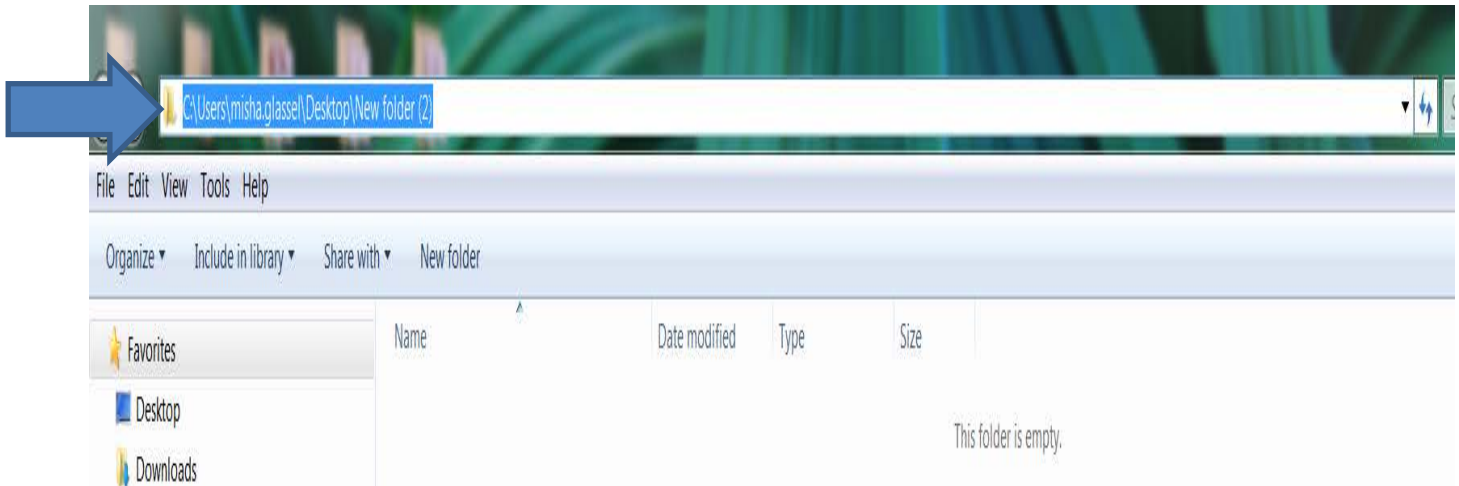
Privacy Information | Web Accessibility | Webmaster

9. Create a folder on your desktop or directory of your choice to download your file to



10. Open the newly created file

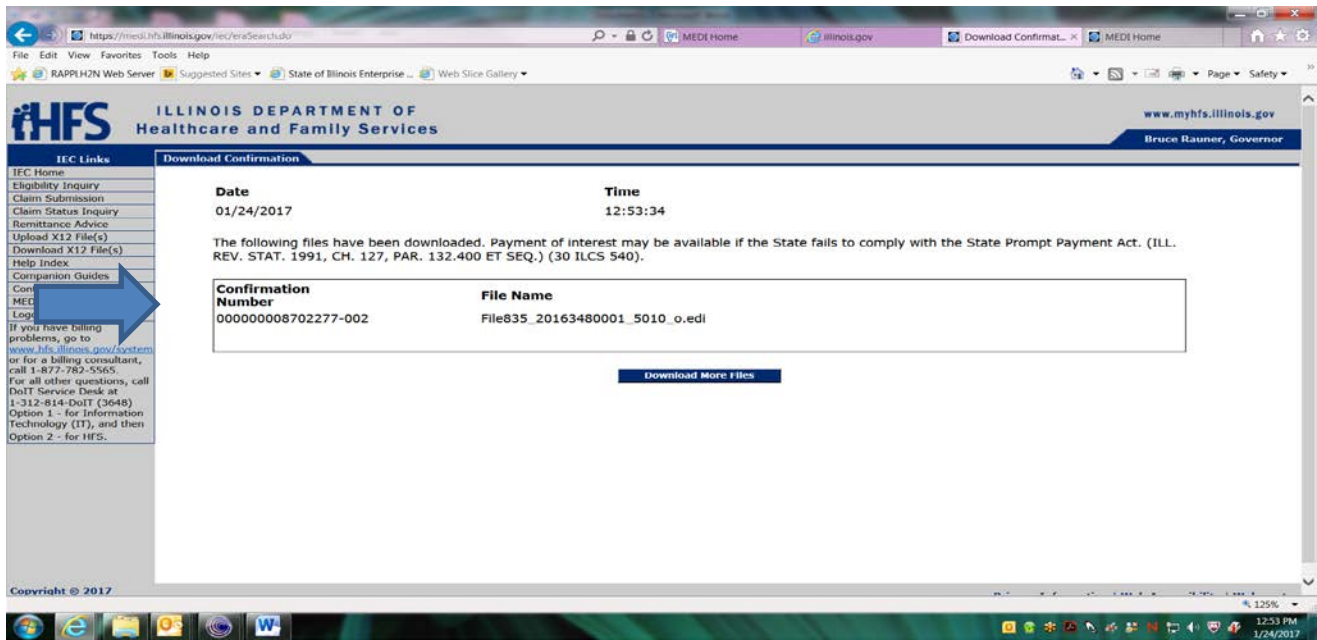
11. Click on the yellow folder located in the upper left hand corner of the newly created desktop folder and copy the **directory file path**



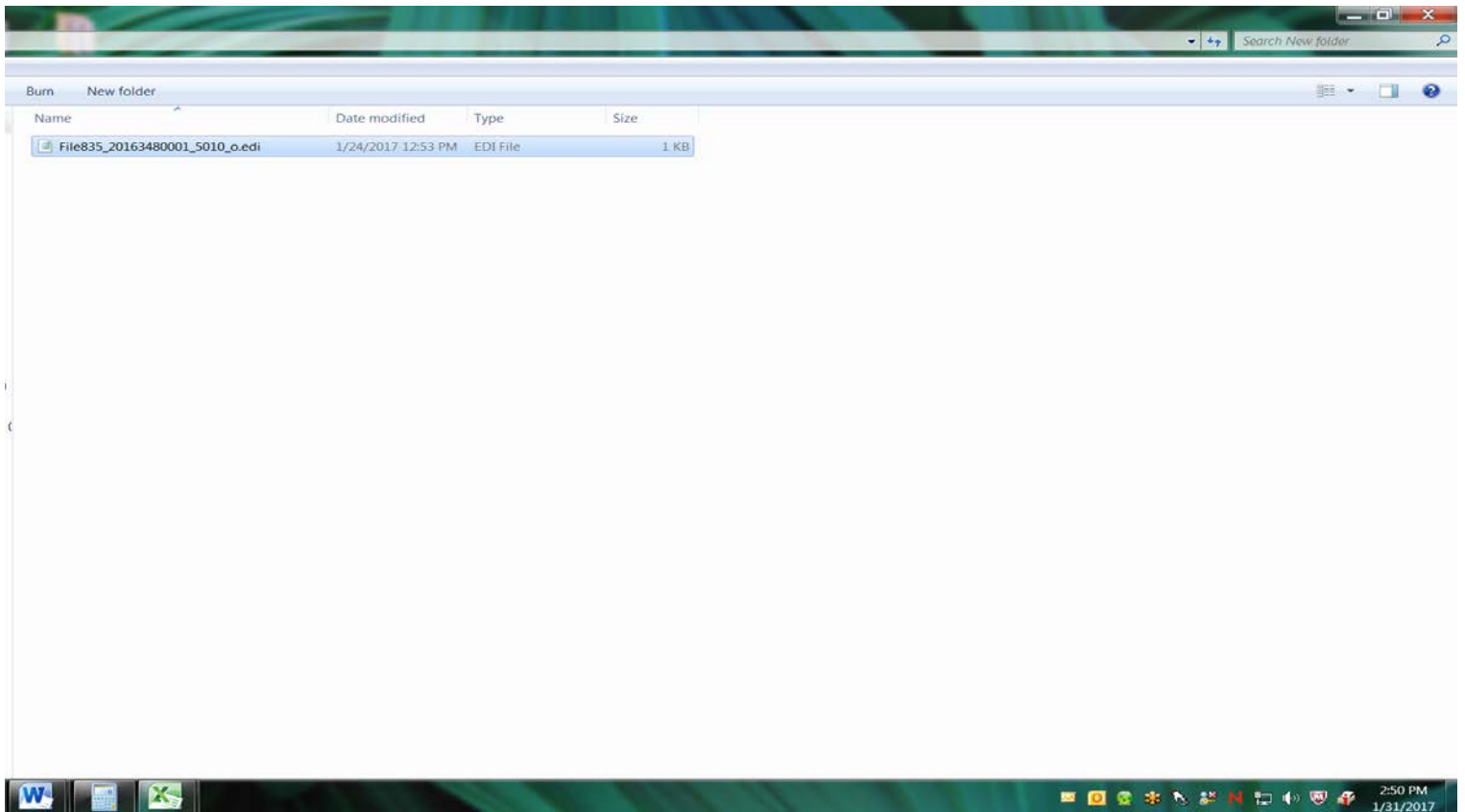
12. Paste the directory path into the “Enter a local directory location” field
13. Click Download Files and make note of the download confirmation number

The screenshot shows the IHCFS ERA Search web application. The page has a header with the IHCFS logo and 'ILLINOIS DEPARTMENT OF Healthcare and Family Services'. Below the header is a navigation menu with 'IEC Links' and 'ERA Search'. The main content area is titled 'Choose Payee:\*' and shows a search form with fields for 'Voucher Number', 'From Month', 'From Day', 'From Year', 'To Month', 'To Day', 'To Year', and 'Voucher Type'. A 'Search' button is located below the form. Below the search form is a table titled 'Available ERA's' with columns 'Retrieved', 'Voucher Number', 'Voucher Date', and 'Available Through'. The table contains one row with a checked checkbox, a file name 'File835\_20163480001\_5010\_o.edi', 'No' in the Retrieved column, '63480001 12/13/2016' in the Voucher Number and Voucher Date columns, and '12/13/2017' in the Available Through column. Below the table is a form labeled 'Enter a local directory location:\*' with a text input field containing 'misha.glassel\Desktop\New folder' and a 'Download Files' button. Two blue arrows point from the search results table to the directory field and then to the 'Download Files' button.

Retrieved	Voucher Number	Voucher Date	Available Through
No	63480001	12/13/2016	12/13/2017



14. Open the folder on the desktop or other local directory
15. If prompted, select the option to open the file **'From a list of available programs'**
16. Open the file using a software program capable of reading and/or formatting X12 data (information that is uploaded in MEDI is formatted as X12 and will be downloadable formatted in X12)





17. Adjudication information can be viewed electronically in MEDI as well as X12 file format by clicking on the highlighted file

**Choose Payee:\*** 1234567896276302 - PUBLIC AID / TECHNICAL SUPPORT

Note: A search with at least a Voucher Number or Voucher Date Range must be performed to view Remittance Advice files.

**Voucher Number:**  **From Month:** 12 **From Day:** 01 **From Year:** 2016 **To Month:** 12 **To Day:** 31 **To Year:** 2016 **Voucher Type:** Institutional

**Available ERA's**

Retrieved	Voucher Number	Voucher Date	Available Through
<input checked="" type="checkbox"/>	File835_20163480001_5010_0	63480001 12/13/2016	12/13/2017

**Enter a local directory location:\*** misha.glassell\Desktop\New folder

18. On the next page click on Provider Number/NPI

**Return to ERA Listing**

**Payee Number:** 1234567896276302 **Interchange Control Num:** 000000001

**Payee Name:** PUBLIC AID / TECHNICAL SUPPORT

**Voucher Number:** 63480001 **Voucher Date:** 12/13/2016

**Type of Advice:** H - Notification Only

**Payment Amount:** \$0.00 **Payment Type:** NON - Non-Payment

**Check or EFT Number:** 47820163480001

**Enter a Provider Number or NPI to search on:**

Provider Number/NPI	Provider Name	Total Claims	Billed Amount
1234567893	ACME LTC TEST	1	\$1,400.00



19. The next page contains a Provider Summary, Adjudication information, and Adjustment information

The screenshot shows the IEC ERA Detail page for Provider Number 1234567893. The page is titled "ILLINOIS DEPARTMENT OF Healthcare and Family Services" and includes a navigation menu on the left with options like "IEC Home", "Eligibility Inquiry", and "Claim Submission". The main content area displays the following information:

- Return to ERA Summary** (button)
- Payee Number:** 1234567896276302
- Payee Name:** PUBLIC AID / TECHNICAL SUPPORT
- Voucher Number:** 63480001
- Interchange Control Num:** 000000001
- Voucher Date:** 12/13/2016

Below this information, there are tabs for "Provider Summary" (selected), "Adjudicated", and "Adjustments". The "Provider Summary" section shows:

- Provider Number/NPI:** 1234567893
- Provider Name:** ACME LTC TEST
- Total Claims:** 1
- Total Charge Amt:** \$1,400.00
- Total Claim Payable Amt:** \$0.00
- Total Denied Charge Amt:** \$0.00

The screenshot shows the IEC ERA Detail page for Provider Number 1234567893, with the "Adjudicated" tab selected. The page displays the same header and navigation as the previous screenshot. The main content area shows:

- Return to ERA Summary** (button)
- Payee Number:** 1234567896276302
- Payee Name:** PUBLIC AID / TECHNICAL SUPPORT
- Voucher Number:** 63480001
- Interchange Control Num:** 000000001
- Voucher Date:** 12/13/2016

Below this information, there are tabs for "Provider Summary", "Adjudicated" (selected), and "Adjustments". The "Adjudicated" section shows a search for patient account numbers:

**Enter a Patient Account Number to search on:**  **Search**

DCN	Patient Account Number	Claim Status Code	Recipient ID #	Dates of Service	Charged Amt	Paid Amt
201628490005369	TEST1	1 - Primary	127412328	10/01/2016-10/07/2016	\$1,400.00	\$0.00

ILLINOIS DEPARTMENT OF Healthcare and Family Services  
www.myhfs.illinois.gov  
Bruce Rauner, Governor

ERA Detail

Return to ERA Summary

**Payee Number:** 1234567896276302 **Interchange Control Num:** 000000001

**Payee Name:** PUBLIC AID / TECHNICAL SUPPORT

**Voucher Number:** 63480001 **Voucher Date:** 12/13/2016

Provider Summary | **Adjustments**

Adjustment Reason Code	Element	Adjustment Amount
Provider Number/NPI: 1234567893	ACME LTC TEST	
	Element PBL03-2	

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20. If you chose to download your file to a folder open the file with a program capable of reading and/or formatting X12 such as WordPad or NotePad (Sample 835 X12 Below)

New folder

File Edit View Tools Help

Organize Open Share with Burn New folder

Name	Date modified	Type	Size
File835_20163480001_5010_o.edi	1/24/2017 12:53 PM	EDI File	1 KB

The Medicaid Provider Handbook Chapter 300 Companion Guide section on the [835 Health Care Claim Payment /Advice](#) provides Illinois specific guidance related to the 835 remittance advice. Please also visit the following links for 835 Electronic Remittance Advice Adjustment Reasons and Remark Codes at the Washington Publishing Company Website:

Claim Adjustment Reasons:

<http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/>

Remittance Advice Remark Codes:

<http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/>

**NOTE:**

HFS proprietary remittance advices will continue to be produced and mailed within a few business days from the date the claim is adjudicated. The paper remittances will also continue to display the HFS proprietary error codes that may more specifically define the reason for error.

**Sample 835**

```
ISA*00*      *00*      *ZZ*37-1320188ERA
*ZZ*123456789DPA009*161213*1831*^*00501*000000001*0*P*:
GS*HP*37-1320188*6276302*20161213*18311917*1*X*005010X221A1
ST*835*0001
BPR*H*0*C*NON*****20161213
TRN*1*47820163480001*1371320188
DTM*405*20161213
N1*PR*ILLINOIS MEDICAID
N3*201 SOUTH GRAND AVENUE EAST
N4*SPRINGFIELD*IL*627630001
PER*CX*HFS billing helpdesk*TE*1-877-782-5565
PER*BL*HFS technical helpdesk*TE*1-800-366-8768
N1*PE*PUBLIC AID / TECHNICAL SUPPORT*FI*123456789
N3*201 S GRAND AVE E 3RD FLOOR
N4*SPRINGFIELD*IL*62763
REF*PQ*1234567896276302
LX*1
TS3*1234567893*66*20161231*1*1400
CLP*TEST1*1*1400*0**MC*201628490005369*66*3
CAS*CO*A1*1400
NM1*QC*1*LTCEIGHT*BEN****MR*127412328
NM1*82*2*ACME LTC TEST*****XX*1234567893
DTM*232*20161001
DTM*233*20161007
SE*22*0001
GE*1*1
IEA*1*000000001
```