

WV Medicaid & CHIP

**HIPAA Transaction
Standard Companion Guide**

**Refers to the Implementation Guides
Based on ASC X12N version 5010**

270 Eligibility/Benefit Inquiry

April 2019



Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with DXC Technology.

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



EDITOR'S NOTE

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Table of Contents

1. INTRODUCTION	5
SCOPE	6
OVERVIEW	6
REFERENCES	6
ADDITIONAL INFORMATION	6
2. GETTING STARTED	7
WORKING WITH DXC TECHNOLOGY	7
TRADING PARTNER REGISTRATION	7
CERTIFICATION AND TESTING OVERVIEW	7
3. TESTING WITH THE PAYER	8
4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS PROCESS FLOWS.....	9
PROCESS FLOWS	9
TRANSMISSION ADMINISTRATIVE PROCEDURES	10
RE-TRANSMISSION PROCEDURE	10
COMMUNICATION PROTOCOL SPECIFICATIONS	10
PASSWORDS	11
5. CONTACT INFORMATION.....	11
DXC EDI HELP DESK	11
EDI TECHNICAL ASSISTANCE	11
PROVIDER SERVICE NUMBER	11
APPLICABLE WEBSITES/EMAIL	11
6. CONTROL SEGMENTS/ENVELOPES.....	11
DELIMITERS	11
ISA-IEA	12
GS-GE	13
ST-SE	14
7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS	14
8. ACKNOWLEDGEMENTS AND/OR REPORTS.....	14
REPORT INVENTORY	15
9. TRADING PARTNER AGREEMENTS.....	15
TRADING PARTNERS.....	15
10. TRANSACTION SPECIFIC INFORMATION.....	15
APPENDICES.....	18
1. IMPLEMENTATION CHECKLIST	18
2. BUSINESS SCENARIOS.....	18
3. TRANSMISSION EXAMPLES	19
4. FREQUENTLY ASKED QUESTIONS	21
5. CHANGE SUMMARY	21



1. INTRODUCTION

This guide describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that DXC Technology has something additional, 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, composite or simple data element pertinent to trading electronically with DXC Technology

In addition to the row for each segment, one or more additional rows are used to describe DXC Technology's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guide. Note that the table reflects sample data and not actual data.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by DXC Technology.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first three columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			



Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

SCOPE

This companion guide documents the transaction types listed below and further defines situational and required data elements that are used for processing eligibility inquiries/responses for programs administered by West Virginia Medicaid. This document is not the complete Electronic Data Interchange (EDI) transaction format specifications.

- Eligibility Benefit Inquiry and Response ASC X12N 270/271 (005010X279A1)

Refer to the ASC X12N Implementation Guides or 5010 TR3s (Technical Report Type 3) for information not supplied in this document, such as code lists, definitions, and edits.

OVERVIEW

Data elements, segments, and loops not included in this guide are not used for processing transactions by West Virginia Medicaid, but must still be sent if the information is required for compliance with the ASC X12N version 5010A1 format.

- West Virginia Medicaid requires two of the following data elements for request processing:
 - Date of Birth
 - Social Security Number
 - Medicaid Member ID
 - Last Name/First Name
- West Virginia Medicaid will be returning limitations information if available for the procedure code.
- West Virginia Medicaid will process eligibility requests with Dates of Service fields that contain date values greater than the current date.
- West Virginia Medicaid will not use Procedure Modifiers when processing requests.
- West Virginia Medicaid will not process eligibility requests for dates greater than 24 months in the past.

REFERENCES

The ASC X12N Implementation Guides or 5010 TR3s are standards developed by the X12 committee and published by the Washington Publishing Company (WPC).

<http://store.x12.org/store/healthcare-5010-consolidated-guides>



ADDITIONAL INFORMATION

- Assumptions regarding the reader:
 - The reader is interested in reducing error, maximizing efficiency, and saving money.
 - West Virginia Medicaid encourages all providers to receive and make use of the standard HIPAA 837 Healthcare Claim.
- Advantages/Benefits of EDI:
 - The 837 Healthcare Claim allows for electronic submission of claims data sent to West Virginia Medicaid using computer software.

2. GETTING STARTED

WORKING WITH DXC TECHNOLOGY

Visit <http://www.wvmmis.com> for information.

For any questions, or to begin testing, contact the DXC EDI Help Desk at (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI, or email edihelpdesk@molinahealthcare.com.

TRADING PARTNER REGISTRATION

A trading partner is defined as any entity with which DXC exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. West Virginia Medicaid's Health PAS system supports the following categories of trading partner:

- Provider
- Billing Agency
- Clearinghouse
- Other

To obtain a trading partner ID, visit <http://www.wvmmis.com>, or contact DXC at (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI.

CERTIFICATION AND TESTING OVERVIEW

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P professional claims but not certified to submit 837I institutional claim files.

Refer to the *WV Medicaid TPA – Account Maintenance User Guide* for more information. The user guide can be found at <https://www.wvmmis.com/SitePages/User-Guides.aspx>.



3. TESTING WITH THE PAYER

Trading partners must submit three test files of a particular transaction type, with a minimum of 15 transactions within each file, and have no failures or rejections to become certified for production. Review the “EDI Certification Status” page of Health PAS-OnLine under the “Account Maintenance” menu option to verify when testing for a particular transaction has been completed.

The EDI Certification Status page is found by logging in to your trading partner account on the Health PAS-OnLine Website (www.wvmmis.com).

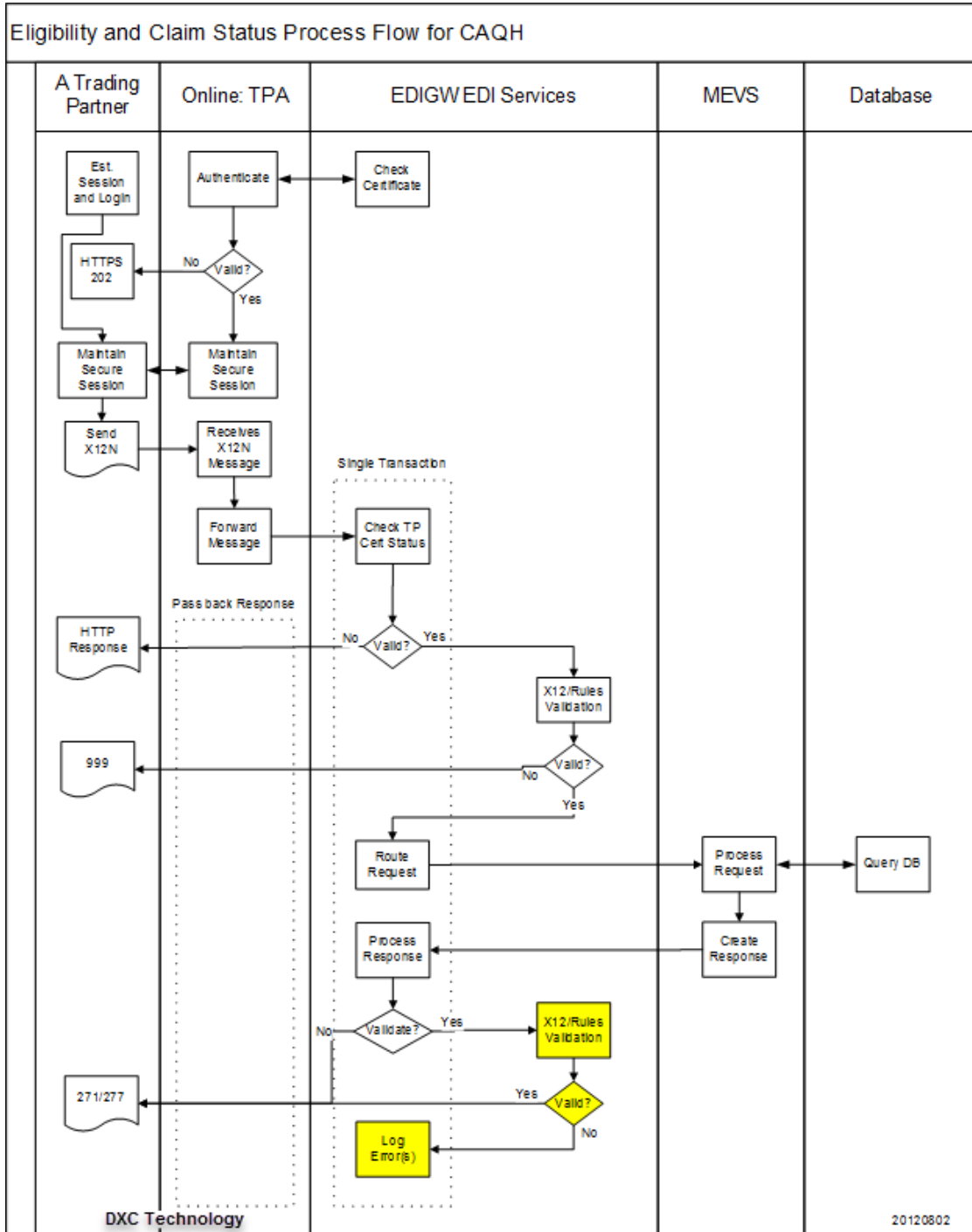
Detailed instructions for retrieving and interpreting HIPAA validation acknowledgments may be found in the Business Scenarios and Transmission Examples appendices found at the end of this companion guide.



4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS PROCESS FLOWS

PROCESS FLOWS

The following is a simplified diagram of the flow of EDI data through the DXC Technology system.



TRANSMISSION ADMINISTRATIVE PROCEDURES

X12 files can be uploaded via the Health PAS Website File Exchange X12 Upload.

270 Eligibility files, Acknowledgments, and Responses to transactions submitted via the Health PAS-OnLine website can be accessed by selecting *Eligibility (270)* under the File Exchange menu.

Refer to the *Health PAS_OnLine_File_Exchange* user guide for more information. The user guide can be found at <https://www.wvmmis.com/SitePages/User-Guides.aspx>.

Trading Partners who have submitted X12 transactions via secured File Transfer Protocol (FTP) may retrieve acknowledgements, and responses from their designated secured FTP Pickup location.

RE-TRANSMISSION PROCEDURE

ISA13 – Interchange Control Number needs to be unique to each file and Trading Partner ID.

Refer to the *Health PAS_OnLine_File_Exchange* user guide for more information. The user guide can be found at <https://www.wvmmis.com/SitePages/User-Guides.aspx>.

COMMUNICATION PROTOCOL SPECIFICATIONS

The following communications protocols are available for sending and receiving the ASC X12N 270/271 transactions.

Refer to the “Health Care Eligibility Benefit Inquiry and Response (270/271)” ASC X12N Implementation Guide for more information on submitting Batch and Real-time transactions.

<http://store.x12.org/store/healthcare-5010-consolidated-guides>

Batch Mode:

- Hypertext Transfer Protocol Secure (HTTPS) upload via the Health PAS Website.
- FTP through a secure, dedicated Virtual Private Network (VPN) connection.

Real-time:

- HTTP MIME
- WSDL SOAP

CAQH Web service:

Authorized trading partners can transmit 270 transactions through Council for Affordable Quality Healthcare (CAQH) Web Services. The DXC CAQH Web Services have been enhanced to support this functionality. The CAQH Web Services supports two types of transaction protocols: Simple Object Access Protocol (SOAP) and Multipurpose Internet Mail extensions (MIME).

Transactions can be sent in the following links:

- SOAP Transactions: https://www.wvmmis.com/CAQH_SOAPService/SOAPService.svc
- MIME Transactions: https://www.wvmmis.com/CAQH_MIMEService/MIMEService.svc



PASSWORDS

Trading Partners create their own password at the time of registration and are required to update it every 60 days as per the Health PAS-OnLine requirements. Password must be at least seven characters long, contain at least one uppercase character, at least one numeral, and at least one special character.

5. CONTACT INFORMATION

DXC EDI HELP DESK

Contact (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI, or email edihelpdesk@molinahealthcare.com.

EDI TECHNICAL ASSISTANCE

Contact (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 4 for EDI, or email edihelpdesk@molinahealthcare.com.

PROVIDER SERVICE NUMBER

Contact (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID, or email wvmmis@molinahealthcare.com.

APPLICABLE WEBSITES/EMAIL

The email addresses below can be used in contacting WV Medicaid's EDI Support, Provider Services, and Provider Enrollment departments. These groups can provide assistance and answer questions relating to EDI file submissions, provider enrollment, and services.

Website: <http://www.wvmmis.com>

EDI Support: edihelpdesk@molinahealthcare.com

Provider Services: wvmmis@molinahealthcare.com

Provider Enrollment: wvproviderenrollment@molinahealthcare.com

6. CONTROL SEGMENTS/ENVELOPES

DELIMITERS

West Virginia Medicaid does not require the use of specific values for the delimiters used in electronic transactions. The suggested values are included in the specifications below.

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A



ISA-IEA

This section describes DXC Technology's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters. The ISA segment must equal a 105 byte fixed length record, followed by a segment terminator delimiter equaling a total of 106 bytes. For all other fields, see the transaction specific information table in section 10.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4		ISA01	Authorization Information Qualifier	00	2	
		ISA02	Authorization Information	[space fill]	10	
		ISA03	Security Information Qualifier	00	2	
		ISA04	Security Information	[space fill]	10	
		ISA05	Interchange ID Qualifier	ZZ	2	
		ISA06	Interchange Sender ID	WVTPID#####	15	DXC assigned trading partner ID + 3 spaces
C.5		ISA07	Interchange ID Qualifier	ZZ	2	
		ISA08	Interchange Receiver ID	WV_MMIS_4_DXCMS	15	Receiver ID
		ISA09	Interchange Date	YYMMDD	6	
		ISA10	Interchange Time	HHMM	4	
		ISA11	Repetition Separator	^	1	Suggested value
		ISA12	Interchange Version Number	00501	5	
		ISA13	Interchange Control Number	Assigned by Sender	9	Leading zeros Must be identical to interchange trailer IEA02
C.6		ISA14	Acknowledgment Requested	1 - Interchange Acknowledgment Requested	1	
		ISA15	Usage Indicator	T= Test Data P = Production Data	1	



Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		ISA16	Component Element Separator	:	1	
C.10		IEA01	Number of Included Functional Groups	1	1/5	
		IEA02	Interchange Control Number		9	Must be identical to the value in the ISA13

GS-GE

This section describes DXC Technology's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how DXC Technology expects functional groups to be sent and how DXC Technology will send functional groups. These discussions will describe how similar transaction sets will be packaged and DXC Technology's use of functional group control numbers.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS01	Functional Identifier Code	HS	2	Eligibility, Coverage or Benefit Information
		GS02	Application Sender's Code	WVTPID#####	2/15	Must be identical to the value in the ISA06
		GS03	Application Receiver's Code	WV_MMIS_4_DXCMS	2/15	
		GS04	Date	'CCYYMMDD'	8	
C.8		GS05	Time	HHMM	4/8	Time based on a 24-hour clock
		GS06	Group Control Number		1/9	Assigned by Sender. Must be identical to the value in the GE02
		GS07	Responsible Agency Code	X	1/2	
		GS08	Version / Release Code	005010X279A1	1/12	
C.9		GE01	Number of Transaction Sets Included	1	1/6	



Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		GE02	Group Control Number		1/9	Must be identical to the value in the GS06

ST-SE

This section describes DXC Technology's use of transaction set control numbers. Please refer to the tables below for the ST-SE specific information for the 270 and 271 transactions.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
61		ST01	Transaction Set Identifier Code	270	3	
		ST02	Transaction Set Control Number		4/9	Must be identical to the value in the SE02
62		ST03	Implementation Convention Reference	005010X279A1	1/35	
200		SE01	Number of Included Segments		1/10	Total Number of ST thru SE segments
		SE02	Transaction Set Control Number		4/9	Must be identical to the value in the ST02

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Listed below are the transmission constraints associated with the submission of the 270 Healthcare claim transactions:

1. Only one Interchange per transmission
2. Only one transaction type per interchange
3. Maximum of 5,000 transactions per transmission
4. Single transmission file size must be less than 5 MB

For DXC Technology specific business rules and limitation in association with the ASC X12N 270 Healthcare Eligibility transaction, refer to section 10: TRANSACTION SPECIFIC INFORMATION.

8. ACKNOWLEDGEMENTS AND/OR REPORTS

The acknowledgements and/or reports listed below are related to the submission of EDI transactions by a trading partner. These acknowledgements and/or reports are downloaded via the Heath PAS-OnLine Web portal or through FTP for those providers that submit transactions



from an FTP connection. Additional information about retrieving and interpreting acknowledgements and/or reports can be found in the Transmission Example Appendix.

REPORT INVENTORY

- TA1 – Interchange Acknowledgement. This acknowledgement is sent if requested by setting ISA14 to '1', or if ISA14 is set to '0' and there is an error that needs to be reported.
- 999 – Functional Acknowledgement. This acknowledgement file reports any errors found while checking compliance against TR3 specifications, or acceptance of an EDI transaction that meets the TR3 specifications for Strategic National Implementation Process (SNIP) levels 1 and 2.
- BRR – Business Rejection Report. Health PAS also produces a readable version of the 824 called the Business Rejection Report (BRR). This report helps to facilitate the immediate correction and re-bill of claims rejected during HIPAA validation for SNIP levels 1 through 7.

9. TRADING PARTNER AGREEMENTS

TRADING PARTNERS

A trading partner is defined as any entity with which DXC exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. West Virginia Medicaid's Health PAS system supports the following categories of trading partner:

- Provider
- Billing Agency
- Clearinghouse
- Health Plan

DXC will assign trading partner IDs to support the exchange of X12 EDI transactions for providers, billing agencies and clearinghouses, and other health plans.

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P professional claims but not certified to submit 837I institutional claim files.

Refer to the *WV Medicaid TPA – Account Maintenance User Guide* for more information. The user guide can be found at <https://www.wvmmis.com/SitePages/User-Guides.aspx>.

10. TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that DXC Technology has something additional, 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, composite, or simple data element pertinent to trading electronically with DXC Technology

Transmission constraints:

- Only one Interchange per transmission
- Only one transaction type per interchange
- Maximum of 5,000 inquiry transactions per transmission
- Single transmission file size must be less than 5MB

In addition to the row for each segment, one or more additional rows are used to describe DXC Technology’s usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
64		BHT01	Hierarchical Structure Code	0022	4	Information Source
64		BHT02	Transaction Set Purpose Code	‘13’	2	Request
		BHT04	Date	‘CCYYMMDD’	8/8	Transaction Set Creation Date
69	2100A	NM101	Entity Identifier Code	‘PR’	2	Payer
70	2100A	NM102	Entity Type Qualifier	‘2’	1	Non Person Entity
	2100A	NM103	Last Name or Organization Name		1/60	Payer’s Last Name or Organization Name
71	2100A	NM108	Payer Identification Qualifier	‘PI’	2	Payer Identification
	2100A	NM109	Identification Code		2/80	WV_MMIS_4_DXCMS
75	2100B	NM101	Entity Identifier Code	‘1P’ Provider ‘80’ Hospital ‘FA’ Facility ‘PR’ Payer ‘2B’ Third-Party Administrator	2	
76	2100B	NM102	Entity Type Qualifier	‘1’ Person ‘2’ Non-Person Entity	1	
	2100B	NM103	Last Name or Organization		1/60	Provider’s Last Name or



Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Name			Organization Name
	2100B	NM104	First Name		1/35	Provider's First Name
77	2100B	NM108	Identification Code Qualifier	'XX' National Provider ID or 'SV' Service Provider Number	1/2	
78	2100B	NM109	Identification Code		2/80	When using 'XX', use National Provider ID . When using 'SV', use WV Medicaid Provider ID .
88	2000C	HL04	Hierarchical Child Code	'0' No subordinate	1	HL segments in this hierarchical structure
92	2100C	NM101	Entity Identifier Code	IL		Insured or Subscriber
93	2100C	NM102	Entity Type Qualifier	'1'	1	Person
	2100C	NM103	Last Name or Organization Name	Subscriber Last Name	1/60	As it appears on their West Virginia Medicaid Card
	2100C	NM104	First Name	Subscriber First Name	1/35	As it appears on their West Virginia Medicaid Card
94	2100C	NM108	Identification Code Qualifier	'MI'	2	Member Identification Number
96	2100C	NM109	Identification Code Subscriber Primary Identifier		2/80	WV CHIP 10 digit or WV Medicaid 11 digit Recipient Number. <i>Note: If the "MI" is not provided, SSN and DOB are required.</i>
98	2100C	REF01	Reference Identification Qualifier	"SY"	2	Subscriber SSN
99	2100C	REF02	Reference Identification		1/50	9 digit Subscriber SSN
108	2100C	DMG02	Date Time Period	'CCYYMMDD'	8	Subscriber Date of Birth
123	2100C	DTP01	Date/Time Qualifier	'291'	3	
	2100C	DTP02	Date/Time Period Format Qualifier	'D8' or 'RD8'	3	'D8' for single date or 'RD8' for a date span.
	2100C	DTP03	Date Time Period	'CCYYMMDD-CCYYMMDD'	17	Date requested for eligibility verification
125	2110C	EQ01	Service Type Code		2	See Appendix 2 for values



APPENDICES

1. Implementation Checklist

The Health PAS-OnLine Web portal user guides contain all necessary steps for going live with DXC Technology in submitting specified EDI transactions and receiving EDI responses including the 5010 270.

The user guides also covers the following categories:

- Register for a Trading Partner ID
- Test with DXC Technology

The user guides can be found at <https://www.wvmmis.com/SitePages/User-Guides.aspx>.

2. Business Scenarios

The following table specifies the suggested use of the Service Type Codes acceptable for Loop ID 2110C in Reference EQ01.

Service Type Code	Description
1	Medical Care
30	Health Benefit Plan Coverage
33	Chiropractic
35	Dental Care
47	Hospital
48	Hospital Inpatient
50	Hospital Outpatient
86	Emergency Services
88	Pharmacy
98	Professional (Physician) – Visit Office
AL	Vision (Optometry)
MH	Mental Health
UC	Urgent Care

Business rules in claims adjudication may modify copayment amounts as it is related to specific service type codes(s) that are associated to the benefits in the response (2110C EB03 and EB07).

The transmission examples for these scenarios included:

- Example of a request for the values listed above: EQ*1~
- Example of a response for the values listed above EB*B**98*MC**27*2~

Retrieving Acknowledgements for X12 Transactions Submitted via Secured FTP Submission

Trading Partners who have submitted X12 transactions via Secured FTP (file transfer protocol) may retrieve acknowledgements and responses from their designated secured FTP Pickup location. Any validation responses to the original submission (TA1, 999, 824, and BRR) will be based on the DXC internal file naming convention. This naming convention is as follows:

<Input Class>-<Sender ID>-<Receiver ID>-<Date: CCYYMMDD>-<Time: HHMMSS>-<File



ID>-<Transaction Type>-<Usage: T for Test, P for Production>.edi

For example:

An inbound Institutional Healthcare claim file from Trading Partner ID WVTPIDXXXXXX, would be assigned an internal name of:

VAN-WVTPIDXXXXXX-WV_MMIS_4_DXCMS-20110616-112750-1367-005010X223-P.edi

The HIPAA validation acknowledgements would appear in this trading partner's FTP pickup location named:

VAN-WVTPIDXXXXXX- WV_MMIS_4_DXCMS -20110616-112750-1367-005010X223-P.edi-1367-TA1.edi

VAN-WVTPIDXXXXXX- WV_MMIS_4_DXCMS -20110616-112750-1367-005010X223-P.edi-1367-999.edi

VAN-WVTPIDXXXXXX- WV_MMIS_4_DXCMS -20110616-112750-1367-005010X223-P.edi-1367-824.edi

VAN-WVTPIDXXXXXX- WV_MMIS_4_DXCMS -20110616-112750-1367-005010X223-P.edi-1367-BRR.edi

3. Transmission Examples

TA1 Interchange Acknowledgement

The TA1 interchange acknowledgement is used to verify the syntactical accuracy of the envelope of the X12 interchange. The TA1 interchange will indicate that the file was successfully received, as well as indicate what errors existed within the envelope segments of the received X12 file.

The structure of a TA1 interchange acknowledgement depends on the structure of the envelope of the original EDI document. When the envelope of the EDI document does not contain an error then the interchange acknowledgement will contain the ISA, TA1, and IEA segments. The TA1 segment will have an Interchange Acknowledgement Code of 'A' (Accepted) followed by a three-digit code of '000' which indicates that there were not any errors.

If the EDI document contains an error at the interchange level, such as in the Interchange Control Header (ISA) segment or the Interchange control trailer (IEA), then the interchange acknowledgement will only contain the ISA, TA1, and IEA segments. The TA1 segment will have an Interchange Acknowledgement Code of 'R' (Rejected) which will be followed by a three-digit number that corresponds to one of the following codes:

Code	Description
000	No error
001	The Interchange Control Number in the Header and Trailer do not match. The Value From the Header is Used in the Acknowledgment



Code	Description
002	This Standard as noted in the Control Standards Identifier is Not Supported
003	This Version of the Controls is not supported
005	Invalid Interchange ID Qualifier for Sender
006	Invalid Interchange Sender ID
009	Unknown Interchange Receiver ID
010	Invalid Authorization Information Qualifier Value (ISA01 is not ‘00’ or ‘03’)
012	Invalid Security Information Qualifier Value
013	Invalid Security Information Value
018	Invalid Interchange Control Number Value
019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value
023	Improper (Premature) End-of-File (Transmission)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number

999 Implementation Acknowledgement for Health Care Insurance

The ASC X12 999 transaction set is designed to report only on conformance against a Technical Report Type 3line (TR3).

The 999 is not limited to only Implementation Guide (TR3) errors. It can report standard syntax errors, as well as Implementation Guide (TR3) errors.

The 999 cannot be used for any application level validations.

The ASC X12 999 transaction set is designed to respond to one and only one functional group (i.e. GS/GE), but will respond to all transaction sets (i.e., ST/SE) within that functional group.

This ASC X12 999 Implementation Acknowledgement cannot be used to respond to any management transaction sets intended for acknowledgements, i.e., TS 997 and 999, or interchange control segments related to acknowledgments, i.e., TA1 and TA3.

Each segment in a 999 functional acknowledgement plays a specific role in the transaction. For example, the AK1 segment starts the acknowledgement of a functional group. Each AKx segment has a separate set of associated error codes.

The 999 functional acknowledgements include, but are not limited to, the following required segments:

- ST segment – Transaction Set Header
- AK1 – Functional Group Response Header
- AK2 – Transaction Set Response Header
- IK3 – Error Identification



- CTX – Segment Context
- CTX – Business Unit Identifier
- IK4 – Implementation Data Element Note
- CXT – Element Context
- IK5 – Transaction set response trailer
- AK9 – Functional Group Response Trailer
- SE -Transaction Set Trailer

For additional information regarding the 999 transaction, see the Implementation Acknowledgement Section of the ASC X12 Standards for EDI Technical Report Type 3 Technical Report Type 3 line for the transaction you are submitting.

4. Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to DXC Technology and its providers. Typical questions would involve a discussion about code sets and their effective dates.

See <https://www.wvmmis.com/FAQs/Forms/AllPages.aspx> for answers to frequently asked questions.

5. Change Summary

The companion guide was updated to comply with the CORE companion guide format and rules.

The companion guide was updated to provide addition business scenario information for copayment on the transmission response file.

Version	Date	Author	Action/Summary
0.1	01/01/2014	Molina	Initial document
0.2	03/25/2015	Judy Finch	Modified for 5.0
0.3	09/03/2015	Cheryl Stickney	QA review of document
0.4	01/05/2016	Joseph White	Modified for CAQH formatting compliance and responded to State comments
0.5	01/08/2016	Jenny Jacobson	QA review of document
0.6	01/14/2016	Joseph White	Updates based on the State's comments
0.7	01/14/2016	Jenny Jacobson	QA review of updates
1.0	01/16/2016	Lori Hoppe	Updated to the approved version after BMS approval
1.1	08/17/2016	Katie Banik	Updated Overview, Transmission constraints and Appendix 2 to include Service Type Codes
1.2	07/07/2017	Katie Banik	Updated phone options and email addresses
1.3	07/24/2017	Kim Stoudenmire	QA review of documentation after updates



Version	Date	Author	Action/Summary
1.4	11/14/2018	Katie Banik	DXC Rebranding
1.5	11/15/2018	Kim Stoudenmire	QA review of rebranding updates
1.6	04/01/2019	Katie Banik	Per CR 26776, Updated Receiver ID from WV_MMIS_4MOLINA to WV_MMIS_4_DXCMS Section 2 and 4 updated user guide name. Section 4 added Implementation Guide info. Section 8 to be uniform with other companion guides. Section 10 added user guide reference and updated table info.
1.7	04/04/2019	Kim Stoudenmire	QA review of updates for CR 26776 and updated footers

