

WV Medicaid & CHIP

**HIPAA Transaction
Standard Companion Guide**

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

276 Health Claim Status Request

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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1. INTRODUCTION

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

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 3 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 | 2110 | 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 claim status request/responses for programs administered by West Virginia Medicaid. This document is not the complete Electronic Data Interchange (EDI) transaction format specifications.

- Health Care Claim Status Request and Response (276/277) ASC X12N/005010X212
- Health Care Claim Status Request and Response (276/277) ASC X12N/005010X212E1
- Health Care Claim Status Request and Response (276/277) ASC X12N/005010X212E2

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 5010 format. Review the ASC X12N Implementation Guides or 5010 TR3s (Type 3 Technical Report) standards for more information on data elements, segments, and loops required for processing, but not used by West Virginia Medicaid or referenced by this companion guide.

REFERENCES

The ASC X12N Implementation Guides or 5010 TR3s (Type 3 Technical Report) 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:
 - You are 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 Helpdesk 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 or email edihelpdesk@molinahealthcare.com.

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 on to your trading partner account on the Health PAS-OnLine Website (www.wvmmis.com).

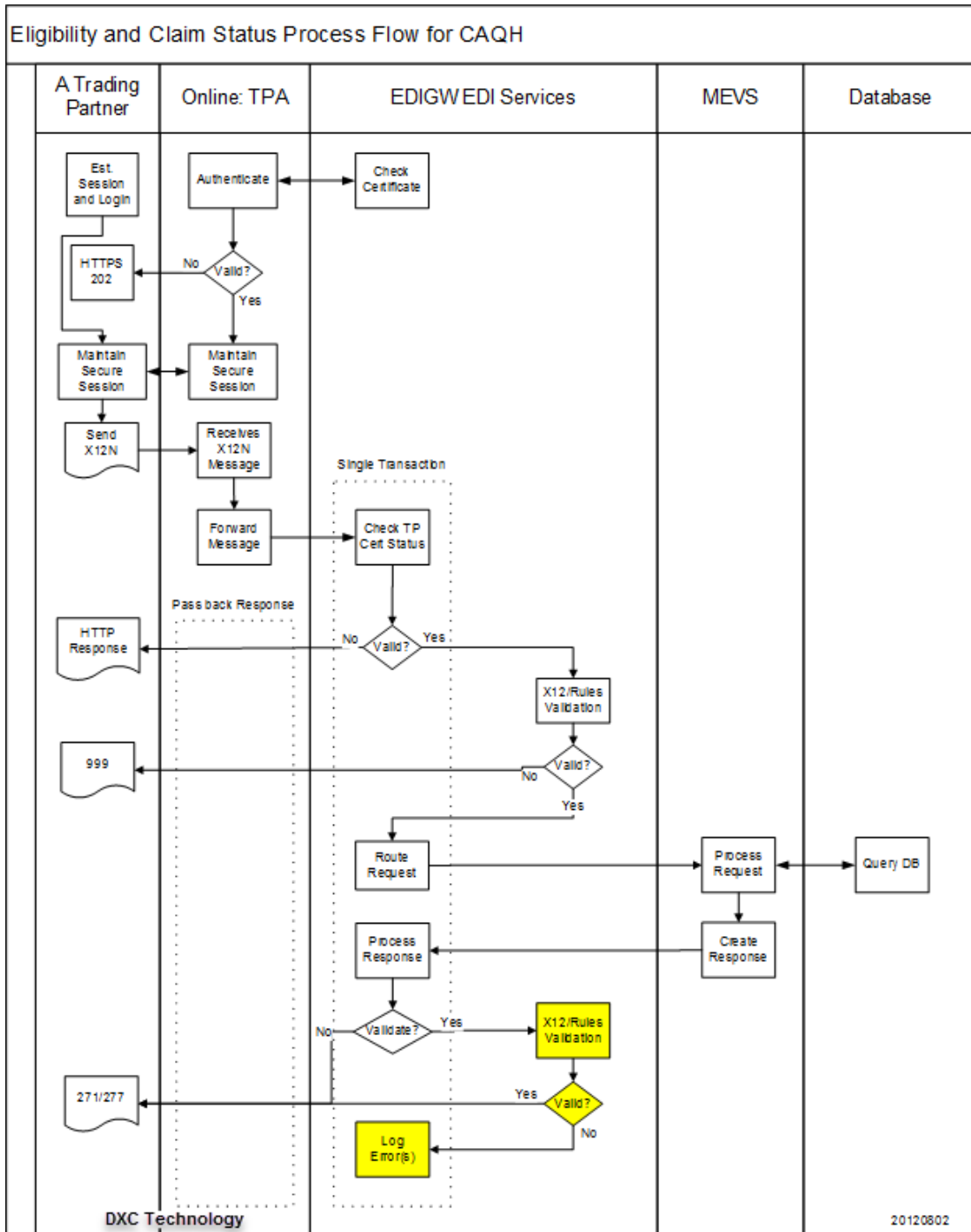
Detailed instructions for retrieving and interpreting HIPAA validation acknowledgments may be found in the Business Scenarios and Transmission Examples Appendices found at the end of this companion guide.



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 Health PAS-OnLine File Exchange X12Upload.

276 Claim Status files, Acknowledgments and Responses to transactions submitted via Health PAS-OnLine website can be accessed by selecting *Claim Status (276)* 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 secure 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 276/277 transactions.

Refer to the “Health Care Claim Status Request and Response (276/277)” 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 276 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 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.

| 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 | |
| | | ISA16 | Component Element Separator | : | 1 | |



| Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|--------|---------|-----------|--------------------------------------|-------|--------|---|
| 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 | HR | 2 | Claim Status 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 | 005010X212 | 1/12 | |
| C.9 | | GE01 | Number of Transaction Sets Included | 1 | 1/6 | |
| | | 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 276 and 277 transactions.

| Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|--------|---------|-----------|-------------------------------------|------------|--------|--|
| 61 | | ST01 | Transaction Set Identifier Code | 276 | 3 | |
| | | ST02 | Transaction Set Control Number | | 4/9 | Must be identical to the value in the SE02 |
| 62 | | ST03 | Implementation Convention Reference | 005010X212 | 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. DXC SPECIFIC BUSINESS RULES AND LIMITATIONS

Listed below are the transmission constraints associated with the submission of the 276 Healthcare claim status 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 276 Healthcare Claim Status 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 |
|--------|---------|-----------|--------------------------------|-------------------------------------|--------|--|
| 37 | | BHT01 | Hierarchical Structure Code | '0010' | 4/4 | Information Source, Information Receiver, Provider of Service, Subscriber, Dependent |
| | | BHT02 | Transaction Set Purpose Code | '13' | 2/2 | Request |
| | | BHT04 | Date | 'CCYYMMDD' | 8/8 | Transaction Set Creation Date |
| 41 | 2100A | NM101 | Entity Identifier Code | 'PR' | 2/3 | Payer |
| | 2100A | NM102 | Entity Type Qualifier | '2' | 1/1 | Non Person Entity |
| | 2100A | NM103 | Last Name or Organization Name | | 1/60 | WV_MMIS_4_DXCMS |
| 42 | 2100A | NM108 | Identification Code Qualifier | 'PI' | 1/2 | Payer Identification |
| | 2100A | NM109 | Identification Code | | 2/80 | WV_MMIS_4_DXCMS |
| 45 | 2100B | NM101 | Entity Identifier Code | '41' | 2/3 | Submitter |
| | 2100B | NM102 | Entity Type Qualifier | '1' Person '2' Non Person Entity | 1/1 | |
| 46 | 2100B | NM103 | Last Name or Organization Name | | 1/60 | Provider's Last Name or Organization Name |
| | 2100B | NM104 | First Name | | 1/35 | Provider's First Name |



| Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|--------|---------|-----------|-----------------------------------|---|--------|---|
| | 2100B | NM108 | Identification Code Qualifier | '46' | 1/2 | Electronic Transmitter Identification Number |
| | 2100B | NM109 | Identification Code | | 2/80 | Electronic Transmitter Identification Number |
| 50 | 2100C | NM101 | Entity Identifier Code | '1P' | 2/3 | Provider |
| | 2100C | NM102 | Entity Type Qualifier | '1' Person '2' Non Person Entity | 1/1 | |
| | 2100C | NM103 | Last Name or Organization Name | | 1/60 | Provider's Last Name or Organization Name |
| | 2100C | NM104 | First Name | | 1/35 | Provider's First Name |
| | 2100C | NM108 | Identification Code Qualifier | 'XX' National Provider ID 'SV' Service Provider ID | 1/2 | |
| | 2100C | NM109 | Identification Code | | 2/80 | When using 'XX' use National Provider ID When using 'SV' use WV Medicaid Provider ID |
| 54 | 2000D | DMG01 | Date Time Period Format Qualifier | 'D8' | 2/3 | |
| | 2000D | DMG02 | Date Time Period | 'CCYYMMDD' | 1/35 | Subscriber Birth Date |
| | 2000D | DMG03 | Gender Code | 'F' Female 'M' Male | 1/1 | |
| 56 | 2100D | NM101 | Entity Identifier Code | 'IL' | 2/3 | |
| | 2100D | NM102 | Entity Type Qualifier | '1' Person '2' Non Person Entity | 1/1 | |
| 57 | 2100D | NM103 | Last Name or Organization Name | Subscriber Last Name | 1/60 | As it appears on their West Virginia Medicaid Card |
| | 2100D | NM104 | First Name | Subscriber First Name | 1/35 | As it appears on their West Virginia Medicaid Card |
| | 2100D | NM108 | Identification Code | 'MI' | 1/2 | Member Identification Number |



| Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|--------|---------|-----------|------------------------------------|---|--------|---|
| | 2100D | NM109 | Identification Code | | 2/80 | WV CHIP 10 digit or WV Medicaid 11 digit Recipient Number |
| 60 | 2200D | REF01 | Reference Identification Qualifier | 'BLT' Billing Type 'EJ' Patient Control Number | 2/3 | |
| | 2200D | REF02 | Reference Identification | | 1/50 | |
| 66 | 2200D | AMT01 | Amount Qualifier Code | 'T3' | 1/3 | Total Submitted Charges |
| | 2200D | AMT02 | Monetary Amount | | 1/18 | Total Claim Charge Amount |
| 67 | 2200D | DTP01 | Date/Time Qualifier | '472' | 3/3 | Claim Statement Start and End Period |
| | 2200D | DTP02 | Date/Time Period Format Qualifier | 'D8' or 'RD8' | 2/3 | 'D8' for single date or 'RD8' for a date span. |
| | 2200D | DTP03 | Date Time Period | 'CCYYMMDD – CCYYMMDD' | 1/35 | Claim Service Period |



APPENDICES

1. Implementation Checklist

The Health PAS-OnLine Web portal user guides contains all necessary steps for going live with DXC Technology in submitting specified EDI transactions, and receiving EDI responses, including the 5010 276.

The user guides also cover 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 information specifies the suggested use of the Claim Status Codes (convey the status of an entire claim or a specific line) and Claim Status Category Codes (indicate the general category of a claim's status: accepted, rejected, additional information requested, etc.) acceptable for Loop ID 2200D in Reference STC01.

A complete list of Claim Status Codes and Claim Status Category Codes are published by the Washington Publishing Company (WPC).

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

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 Health Claim Status Request file from Trading Partner ID WVTPIDXXXXXX, would be assigned an internal name of:

VAN-WVTPIDXXXXXX-WV_MMIS_4_DXCMS-20180616-112750-1367-005010X212-P.edi

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

VAN-WVTPIDXXXXXX-WV_MMIS_4_DXCMS-20180616-112750-1367-005010X212-P.edi-1367-TA1.edi

VAN-WVTPIDXXXXXX-WV_MMIS_4_DXCMS-20110616-112750-1367-005010X212-P.edi-1367-999.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 also 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 |
| 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) |



| Code | Description |
|------|--------------------------------------|
| 025 | Duplicate Interchange Control Number |

999 Implementation Acknowledgements 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 X12N Implementation Guide or 5010 TR3s standards developed by the X12 Committee and published by the Washington Publishing Company (WPC).

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



4. Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to DXC Technology and its providers. Typical question 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

| Version | Date | Author | Action/Summary |
|---------|------------|-----------------|---|
| 0.1 | 04/21/2015 | Charmaine Hodge | Initial document |
| 0.2 | 08/28/2015 | Katie Nichols | Updated Communication Protocol Specifications to include SOAP/MIME information |
| 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 | 01/15/2016 | Joseph White | Document updates based on the State's comments. |
| 0.7 | 01/15/2016 | Jenny Jacobson | QA review of document updates |
| 1.0 | 01/17/2016 | Lori Hoppe | Updated to the approved version after BMS approval |
| 1.1 | 07/07/2017 | Katie Banik | Updated phone options and email addresses |
| 1.2 | 07/24/2017 | Kim Stoudenmire | QA review of document after updates. |
| 1.3 | 11/14/2018 | Katie Banik | DXC Rebranding |
| 1.4 | 11/15/2018 | Kim Stoudenmire | QA review of rebranding updates |
| 1.5 | 04/01/2019 | Katie Banik | Per CR 26776, Updated Receiver ID from WV_MMIS_4MOLINA to WV_MMIS_4_DXCMS. Section 2 added email address and updated user guide name. Section 8 to be uniform with other companion guides. Section 10 added length requirements. Appendices - Business Scenarios updated to 276 information instead of generic. |
| 1.6 | 04/04/2019 | Kim Stoudenmire | QA review of updates for CR 26776 and updated footer. |

