



WV Medicaid & CHIP

HIPAA Transaction Standard Companion Guide

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

**834 Health Maintenance Organization
(HMO) Rosters**

April 2019

Preface

This Companion Guide to the 5010 X12 Type 3 Technical Reports (TR3) and associated errata adopted under 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 5010 X12 Type 3 Technical Reports (TR3) 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 TR3s.

That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the TR3s 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 guides.

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			
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			



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 type listed below and further defines situational and required data elements that are used for processing claims for programs administered by West Virginia Medicaid. This document is not the complete Electronic Data Interchange (EDI) transaction format specifications. Refer to the Accredited Standards Committee (ASC) X12N Implementation Guides or 5010 TR3s for information not supplied in this document, such as code lists, definitions, and edits.

- Benefit Enrollment and Maintenance 005010X220 August 2006
- Benefit Enrollment and Maintenance 005010X220A1 January 2009

OVERVIEW

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

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
 - You are interested in reducing error, maximizing efficiency, and saving money.
 - West Virginia Medicaid encourages all Managed Care Organization (MCO) providers to receive and make use of the standard Health Insurance Portability and Accountability Act (HIPAA) 5010 834.
- Advantages / Benefits of EDI
 - The 834 Benefit Enrollment and Maintenance transaction allows for the automated transfer of enrollment information data to the Receiver from 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 at 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
- Health Plan

To obtain a trading partner ID visit <http://www.wvmmis.com> or 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.

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.

3. TESTING WITH THE PAYER

Trading partners must submit three test files of a particular transaction type, with a minimum of fifteen 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 into 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 834 Benefit Enrollment and Maintenance transaction process flow is not available at this time and will be updated when mandated by Council for Affordable Quality Healthcare (CAQH) operating rules.

TRANSMISSION ADMINISTRATIVE PROCEDURES

Trading Partners and/or MCOs retrieve their 834 Benefit Enrollment and Maintenance transactions from their designated secured File Transfer Protocol (FTP) Pickup location.

For any questions, 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 at edihelpdesk@molinahealthcare.com.

RE-TRANSMISSION PROCEDURE

Trading Partners and/or MCOs may request a re-transmission of the 834 Benefit Enrollment and Maintenance transaction by contacting 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 at edihelpdesk@molinahealthcare.com.

COMMUNICATION PROTOCOL SPECIFICATIONS

There are no mandated communication protocol specifications for the 834 Benefit Enrollment and Maintenance transaction.

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 (7) characters long, contain at least one (1) uppercase character, at least one (1) numeral, and at least one (1) special character.

5. CONTACT INFORMATION

DXC EDI HELPDESK

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 then select the appropriate option, or email wvmmis@molinahealthcare.com.

APPLICABLE WEBSITES/EMAIL

The email addresses below can be used in contacting West Virginia Medicaid's EDI Support, Provider Services and Provider Enrollment department. 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 AND 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

The following ISA/IEA fields are the sender and receiver specific information listed in the 834 transactions. For all other fields, see the transaction specific information table in section 10.

ISA06 – Interchange Sender ID will contain WV_MMIS_4_DXCMS.

ISA08 – Interchange Receiver ID will contain the DXC assigned trading partner ID.

ISA13 – Sender generated Interchange Control Number must match the number IEA02.

GS-GE

The following GS/GE fields are the sender and receiver specific information listed in the 834 transactions. For all other fields, see the transaction specific information table in section 10.

GS02 – Interchange Sender ID will contain WV_MMIS_4_DXCMS.

GS03 – Interchange Receiver ID will contain the DXC assigned trading partner ID.

GS06 – Sender generated Group Control Number must match the number in GE02.



ST-SE

The following ST/SE fields are the sender and receiver-specific information listed in the 834 transactions. For all other fields, see the transaction specific information table in section 10.

ST02 – Sender generated Transaction Set Control Number must match the number in SE02.

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

For DXC Technology specific business rules and limitation in association with the ASC X12N 834 Benefit Enrollment and Maintenance transaction, refer to section 1.

8. ACKNOWLEDGEMENTS AND/OR REPORTS

The 834 Benefit Enrollment and Maintenance transaction files are generated twice a month. Once generated, the 834 file(s) can be downloaded via FTP for those Managed Care Organizations (MCOs) that receive transactions from an FTP connection.

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 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.



10. TRANSACTION SPECIFIC INFORMATION

Listed below are the specific requirements for reading and processing an ASC X12N 834 Benefit Enrollment and Maintenance transaction file returned by DXC Technology.

Use these guidelines in conjunction with the official ASC X12N 834 TR3 document to read and process the downloaded 834 Benefit Enrollment and Maintenance transaction files.

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3	Header	ISA	Interchange Control Header	ISA	3	Sample ISA Segment: ISA*00* *00* *ZZ*WV_MMIS_4_DXCMS*ZZ*THP 5010 *080219*1331*^*00501* 000000020*0*P*:~
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	WV_MMIS_4_DXCMS	15	
C.5		ISA07	Interchange ID Qualifier	ZZ	2	
		ISA08	Interchange Receiver ID	THP5010 or UNICARE5010 or CARELINK5010 or WVFHP5010 (+ spaces to equal 15 characters)	15	Spaces are added after the Receiver ID as the total characters count must equal 15 for the segment
		ISA09	Interchange Date	YYMMDD	6	
		ISA10	Interchange Time	HHMM	4	
		ISA11	Repetition Separators	^	1	
		ISA12	Interchange Version Number	00501	5	



Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		ISA13	Interchange Control Number		9	Assigned by Sender (must be identical to interchange trailer IEA02)
C.6		ISA14	Acknowledgement Requested	0 - No Ack. Requested	1	
		ISA15	Usage Indicator	T (test) P (production)	1	
		ISA16	Component Element Separator	>	1	
			Segment End	~	1	
C.7		GS	Functional Group Header	GS		Sample GS Segment: GS*BE*WV_MMIS_4_DXCMS*THP*20080219*1331*933*X*005010X220A1~
		GS01	Functional ID Code	BE	2	
		GS02	Application Sender's Code	WV_MMIS_4_DXCMS	15	
		GS03	Application Receiver's Code	THP5010 or UNICARE5010 or CARELINK5010 or WVFHP5010 (+ spaces to equal 15 characters)	15	Spaces are added after the Receiver ID as the total characters count must equal 15 for the segment
		GS04	Date	CCYYMMDD	8	
C.8		GS05	Time	HHMM	4	
		GS06	Group Control Number		9	Assigned by Sender (must be identical to value in GE02)
		GS07	Responsible Agency Code	X	1	
		GS08	Version/Release ID Code	005010X220A1	12	
			Segment End	~	1	
31		ST	Transaction Set Header	ST		Sample ST Segment: ST*834*0001*005010X220A1~
		ST01	Transaction Set Identifier Code	834	3	



Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		ST02	Transaction Set Control Number		4/9	Assigned by Sender (must be identical to value in SE02)
		ST03	Transaction Version	005010X220A1	12	
32		BGN	Beginning Segment	BGN		Sample BGN Segment: BGN*00*WXENR0000481497*20080219*1331*LT***2~
		BGN01	Transaction Set Purpose code	00	2	
		BGN02	Reference Identification	Internal DXC Enrollment ID	1 to 50	
		BGN03	Date	CCYYMMDD	8	
		BGN04	Time	HHMM	4	
		BGN05	Time Code		2	
		BGN08	Action Code	4 (Full file) 2 (Supplemental file)	2	
37		DTP	File Effective Date	DTP		Sample DTP Segment: DTP*303*D8*20080219~
		DTP01	Date/Time Qualifier	303	3	
		DTP02	Date Time Period Format Qualifier	D8	2	
		DTP03	Date Time Period	CCYYMMDD	8	File Creation Date
38	1000A	N1	Sponsor Name	N1		Sample 1000A N1 Segment: N1*P5*MEDICAID*FI*000000000~
		N101	Entity Identifier code	P5	2	
		N102	Name	MEDICAID	1 to 60	
39		N103	Identification Code Qualifier	FI	2	
		N104	Identification Code	000000000	2 to 80	
41	1000B	N1	Payer Name	N1		Sample 1000B N1 Segment: N1*IN*MEDICAID*XV*WV_MMIS_4_DXCMS~



Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		N101	Entity Identifier code	IN	2	
		N102	Name	MEDICAID	1 to 60	
		N103	Identification Code Qualifier	XV	2	
		N104	Identification Code	WV_MMIS_4_DXCMS	15	
47	2000	INS	Member Level Detail	INS		Sample 2000 INS Segment: INS*Y*18*030*20*A**FT~
48		INS01	Yes/No Condition or Response Code	Y	1	
		INS02	Individual Relationship code	18	2	
49		INS03	Maintenance Type Code	021 (Addition) 024 (Cancellation/Termination) 025 (Reinstatement) 030 (Audit or compare)	3	
		INS04	Maintenance Reason Code	07 or 14 or 20 or XN or EC or AL	2	
51		INS05	Benefit Status Code	A	1	
		INS06-1	Medicare Status Code	E	1	
52		INS06-2	Medicare Status Code	2 (End Stage Renal Disease (ESRD))	1	
		INS07	COBRA Qualifying	not used	2	
		INS08	Employment Status Code	FT	2	
55	2000	REF	Subscriber Identifier	REF		Sample 2000 REF Segment: REF*0F*00701049114~
		REF01	Reference Identification Qualifier	0F (Subscriber Number)	2	
		REF02	Reference Identification		1 to 50	Medicaid ID for Subscriber
56	2000	REF	Member Policy Number	REF		Sample 2000 REF Segment : REF*3H*123456789~



Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		REF01	Reference Identification Qualifier	3H (Case Number)	2	
		REF02	Reference Identification		1 to 50	Guardian ID
59	2000	DTP	Eligibility Dates	DTP		Sample 2000 DTP Segment: DTP*300*D8*20050501~ DTP*303*D8*20071130~
		DTP01	DTP01 - Date/Time Qualifier	300 (Enrollment Signature Date) 303 (Maintenance Effective)	3	
60		DTP02	DTP02 - Date Time Period Format Qualifier	D8	2	
61		DTP03	DTP03 - Date Time Period	CCYYMMDD	1 to 35	Original Basic Plan Effective Date or Current Eligibility Effective Date
62	2100A	NM1	Member Name	NM1		Sample 2100A NM1 Segment: NM1*IL*1*DOE*JOHN*R***34*123456789~
		NM101	Entity Identifier Code	IL	2	
63		NM102	Entity Type Qualifier	1	1	
		NM103	Name Last or Organization Name		1 to 60	Subscriber Last Name
		NM104	Name First		1 to 35	Subscriber First Name
		NM105	Name Middle		1 to 25	Subscriber Middle Initial
64		NM108	Identification Code Qualifier	34	2	
		NM109	Identification Code		9	Subscriber SSN
65	2100A	PER	Member Communications Numbers	PER		Sample 2100A PER Segment: PER*IP**HP*3041234567~
66		PER01	Contact Function Code	IP	2	
		PER03	Communication Number Qualifier	TE	2	
		PER04	Communication Number		1 to 256	Subscriber Phone Number



Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
68	2100A	N3	Member Residence Street Address	N3		Sample 2100A N3 Segment: N3*1479 DAYBROOK RD~
		N301	Address Information		1 to 55	Subscriber Physical Address Line 1
		N302	Address Information		1 to 55	Subscriber Physical Address Line 2
69	2100A	N4	Member Residence City, State, Zip Code	N4		Sample 2100A N4 Segment: N4*FAIRVIEW*WV*26570~
		N401	City Name		2 to 30	Subscriber Physical City
		N402	State or Province Code		2	Subscriber Physical State
70		N403	Postal Code		5	Subscriber Physical Zip (5 digit zip only)
71	2100A	DMG	Member Demographics	DMG		Sample 2100A DMG Segment: DMG*D8*19740305*F**C~
		DMG01	Date Time Period Format Qualifier	D8	2	
		DMG02	Date Time Period		1 to 35	Subscriber Date of Birth
72		DMG03	Gender Code		1	Subscriber Gender
		DMG05	Race or Ethnicity Code		10	Subscriber Ethnic ID
84	2100A	LUI	Member Language	LUI		Sample 2100A LUI Segment: LUI*LE*ENG~
		LUI01	Identification Code Qualifier	LE	2	
		LUI02	Identification Code		2 to 80	Language Identification Code
123	2100G	NM1	Responsible Person	NM1		Sample 2100G NM1 Segment: NM1*QD*1*SMITH*JOHN*L~
		NM101	Entity Identifier Code	QD (Responsible Party)	2	
124		NM102	Entity Type Qualifier	1	1	
		NM103	Name Last or Organization Name		1 to 60	Responsible Party Last Name
		NM104	Name First		1 to 35	Responsible Party First Name



Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		NM105	Name Middle		1 to 25	Responsible Party Middle Initial
140	2300	HD	Health Coverage	HD		Sample 2300 HD Segment: HD*030**POS*001 FCMQCA FC BA 20100101 20091002*IND~
		HD01	Maintenance Type Code	021 (Addition) 024 (Termination) 025 (Reinstatement) 030 (Audit)	3	
141		HD03	Insurance Line Code	POS or HLT when Health Home provider provided in 2750 REF	3	
		HD04	Plan Coverage Description	Concatenate: HMO County Rate Code Aid Category Benefit Package Code Redetermination Date Mailing Date	1 to 50	" " represents the field delimiter for clarity in identification. Loop 2300 HD04 filed length must not exceed 50 characters
143	2300	DTP	Health Coverage Dates	DTP		Sample 2300 DTP Segment: DTP*348*D8*20060201~ DTP*349*D8*20071130~
		DTP01	DTP01 - Date/Time Qualifier	348 (Start) 349 (Stop)	3	
144		DTP02	DTP02 - Date Time Period Format Qualifier	D8	2	
		DTP03	DTP03 - Date Time Period	CCYYMMDD	1 to 35	Start or stop date of coverage When DTP01 = 379. 20781231 will be used as a default for 99999999 from the proprietary file on active members with no defined termination date.
146	2300	REF	Health Coverage Policy Number	REF		Sample 2000 REF Segment: REF*1L*123456789~
		REF01	Reference Identification Qualifier	1L	2	



Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		REF06	Reference Identification		1 to 50	Recipient Number
152	2310	LX	Provider Information	LX		Sample 2310 LX Segment: LX*1~
		LX01	Assigned Number	1	1	
153	2310	NM1	Provider Name	NM1		Sample 2310 NM1 Segment: NM1*P3*1*****SV*550585592*25~
		NM101	Entity Identifier Code	P3	2	
154		NM102	Entity Type Qualifier	1	1	
		NM108	Identification Code Qualifier	SV	2	
		NM109	Identification Code		2 to 80	Provider Last Name – PCP Name
		NM110	Entity Relationship Code	25	2	
176	2700	LS	Additional Reporting Categories	LS		Sample LS Segment: LS*2700~
		LS01	Loop Identifier Code	2700	4	
177	2710	LX	Member Reporting Categories	LX		Sample LX Segment: LX*1~
		LX01	Assign Number	1	1	
178	2750	N1	Reporting Category	N1		Sample N1 Segment: N1*75*MAGI~
		N101	Identifier Code	75	2	
		N102	Name	MAGI	1 to 60	
179	2750	REF	Reporting Category Reference	REF		Sample REF Segment: REF*ZZ*4 27500 1~
		REF01	Reference Identification Qualifier	ZZ	2	



Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
180		REF02	Reference Identification	Concatenate: House Hold Size House Hold Income Tier Level	1 to 50	is the field delimiter Tier Level will be 1, 2, or 3
177	2710	LX	Member Reporting Categories	LX		Sample LX Segment: LX*2~
	2710	LX01	Assign Number	2	1	
178	2750	N1	Reporting Category	N1		Sample N1 Segment: N1*75* HEALTH HOME ~
	2750	N101	Identifier Code	75	2	
		N102	Name	HEALTH HOME		
179	2750	REF	Reporting Category Reference	REF		Sample REF Segment: REF*XX1*Name of Health Home
	2750	REF01	Reference Identification Qualifier	XX1	3	
		REF02	Reference Identification			Health Home Name
177	2710	LX	Member Reporting Categories	LX		Sample LX Segment: LX*3~
	2710	LX01	Assign Number	3	1	
178	2750	N1	Reporting Category	N1		Sample N1 Segment: N1*75* HEALTH HOME ~
	2750	N101	Identifier Code	75	2	
		N102	Name	HEALTH HOME		
179	2750	REF	Reporting Category Reference	REF		Sample REF Segment: REF*ZZ*3
179	2750	REF01	Reference Identification Qualifier	ZZ		
		REF02	Reference Identification	1 for (HH Waiver Member) 2 for (HH 2 Waiver Member) 3 (for HH 3 Waiver Member)		
183	2700	LE	Additional Reporting Categories Loop Termination			Sample LE Segment: LE*2700~



Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2700	LE01	Loop Identifier Code	2700	4	
184		SE	Transaction Set Trailer			Sample SE Segment: SE*5093*0001~
		SE01	Number of Included Segments		1 to 10	# of segments
		SE02	Transaction Set Control Number		4 to 9	Assigned by Sender (must be identical to interchange trailer ST02)
C.9		GE	Functional Group Trailer			Sample GE Segment: GE*1*933~
C.9		GE01	Transaction Set Count		1 to 6	# of transactions
		GE02	Transaction Set Control Number		9	Assigned by Sender (must be identical to interchange trailer GS06)
C.10		IEA	Interchange Control Trailer			Sample IEA Segment: IEA*1*000000020~
C.10		IEA01	Interchange Control Trailer Code	1	1	
		IEA02	Interchange Control Number		9	Assigned by Sender (must be identical to interchange trailer ISA13)



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 837. It 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. 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.

3. Change Summary

Version	Date	Author	Action/Summary
0.1	06/22/2011	WVEDI	Created to reflect 5010
0.2	02/10/2013	WVEDI	Updated X12 values to include ESRD and comments
0.3	03/07/2013	WVEDI	Updated X12 comments <ul style="list-style-type: none"> • Loop 2300 - DTP - Health Coverage Dates - DTP03 - Date Time Period • Loop 2750 – Reporting Category Reference - REF02 – Reference Identification
0.4	03/11/2013	WVEDI	Updated X12 Comments <ul style="list-style-type: none"> • Loop 2100 A - N4 - Member Residence City, State, Zip Code • Loop 2310 - NM1 - Provider Name
0.5	03/21/2013	WVEDI	Updated X12 Comments <ul style="list-style-type: none"> • BGN08 • Loop 2310 - NM1 - Provider Name
0.6	07/01/2013	WVEDI	Updated DMG segment
0.7	10/24/2013	WVEDI	Added MAGI Loop/Segment Information



Version	Date	Author	Action/Summary
0.8	02/11/2013	WVEDI	Added Home Health to Loop 2750 and HLT qualifier added to 2300 HD03 when Home Health Home provider provided.
0.9	03/09/2013	WVEDI	Corrected wording from Home Health to Health Home
0.10	04/20/2015	Judy Finch	Reviewed and modified the document to be most current for DDI
0.11	09/03/2015	Cheryl Stickney	QA review of document
0.12	01/05/2016	Joseph White	Modified for CAQH formatting compliance and responded to State comments
0.13	01/07/2016	Kim Stoudenmire	QA review of document
0.14	08/02/2017	LaShanna Taylor Sweeney	Added additional Loop 2750-REF Reporting Category Reference to report Health Home Type, CR13977.
0.15	08/09/2017	Katie Banik	Updated phone options and email addresses
0.16	08/11/2017	Kim Stoudenmire	QA review of document after updates (CR13977)
0.17	11/14/2018	Katie Banik	DXC Rebranding
0.18	11/15/2018	Kim Stoudenmire	QA review of rebranding updates
0.19	04/01/2019	Katie Banik	Updated Receiver ID from WV_MMIS_4MOLINA to WV_MMIS_4_DXCMS per CR – 26776 Section 4 Transmission Admin Procedures updated wording and contact info. Section 6 Added delimiter table. Section 10 Update table with correct information and to make uniform with other Companion Guides.
0.20	04/10/2019	Kim Stoudenmire	QA review of Receiver ID and additional updates for CR 26776.

