

WV Medicaid & CHIP

**HIPAA Transaction
Standard Companion Guide**

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

270/271 Eligibility Benefit Inquiry and Response

May 2022



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 Gainwell Technologies. 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 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 Gainwell Technologies 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 Gainwell Technologies

In addition to the row for each segment, one or more additional rows are used to describe Gainwell Technologies' 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 Gainwell Technologies.
			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 GAINWELL TECHNOLOGIES

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

For any questions, or to begin testing, contact the Gainwell 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 6 for EDI, or email edihelpdesk@gainwelltechnologies.com.

TRADING PARTNER REGISTRATION

A trading partner is defined as any entity with which Gainwell 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 Gainwell at (888) 483-0793, select option 1 to enter the provider NPI or option 2 to enter the provider Medicaid ID then select option 6 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.

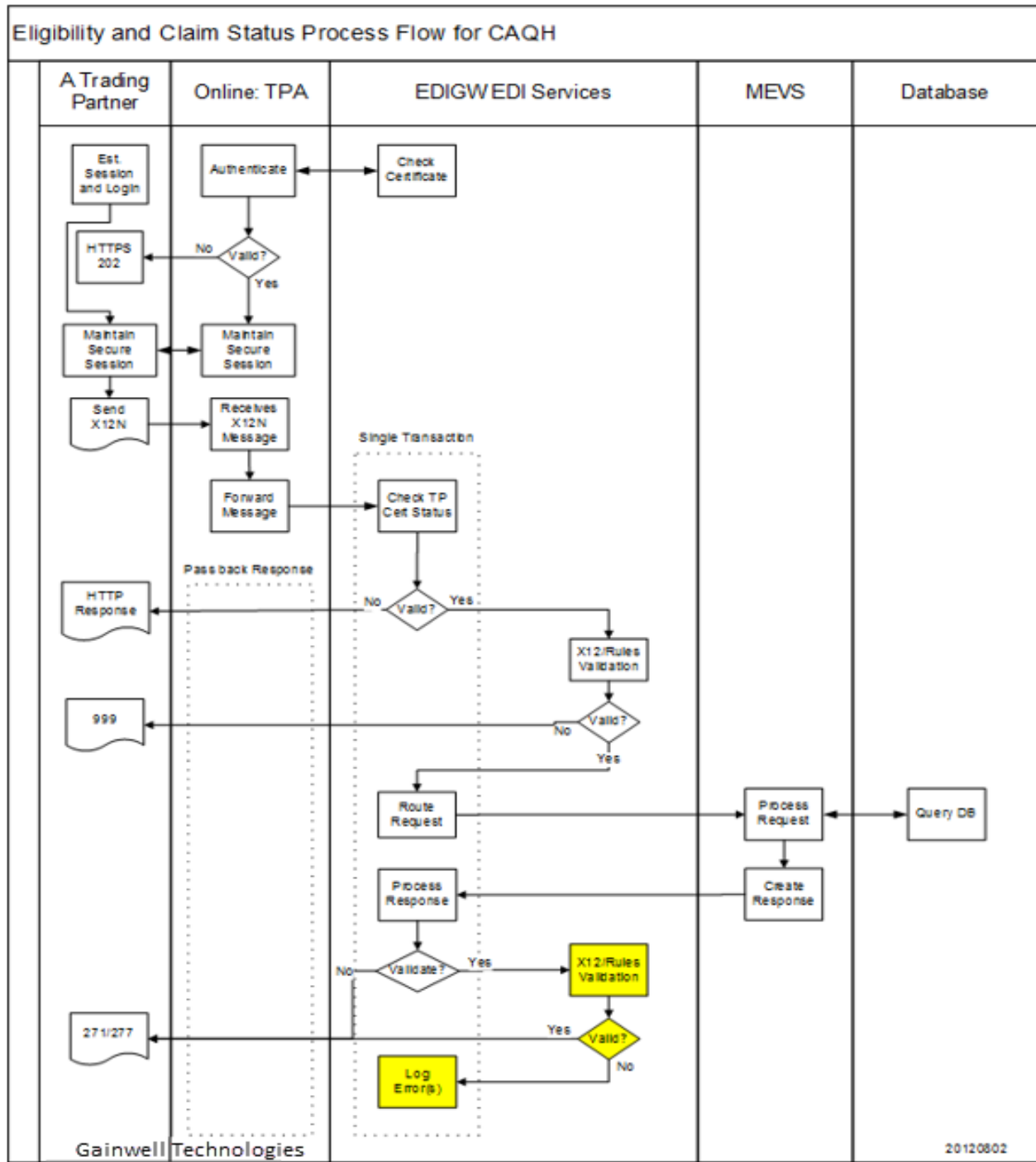
The EDI Certification Status page is found by logging in to your trading partner account on the Health PAS-OnLine Website (www.wvmmis.com).

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 Gainwell Technologies system.



TRANSMISSION ADMINISTRATIVE PROCEDURES

X12 files can be uploaded via the Health PAS-OnLine web portal File Exchange X12 Upload.

270 Eligibility files, Acknowledgments, and Responses to transactions submitted via the Health PAS-OnLine web portal 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 though 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 Gainwell 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 eight (8) characters long, contain at least one (1) uppercase character and lowercase character, at least one (1) numeral, and at least one special character such as # or * or ^ (except ,). Passwords must not start with the first 3 characters of the User Name and should not be the same as the previous 5 passwords.

5. CONTACT INFORMATION

GAINWELL 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 6 for EDI, or email edihelpdesk@gainwelltechnologies.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 6 for EDI, or email edihelpdesk@gainwelltechnologies.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@gainwelltechnologies.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@gainwelltechnologies.com

Provider Services: wvmmis@gainwelltechnologies.com

Provider Enrollment: wvproviderenrollment@gainwelltechnologies.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

The following ISA/IEA fields are the sender and receiver specific information required for the 270/271 Eligibility Benefit Inquiry and Response transactions. 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.

270:

ISA06 – Interchange Sender ID should contain the Gainwell assigned trading partner ID plus three spaces for a total of 15 characters.

ISA08 – Interchange Receiver ID should contain WV_MES_4_MMS_IG.

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

271:

ISA06 – Interchange Sender ID will contain WV_MES_4_MMS_IG.

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

ISA13 – Sender generated Interchange Control Number. This number will match the number in IEA02.

GS-GE

The following GS/GE fields are the sender and receiver specific information required for the 270/271 Eligibility Benefit Inquiry and Response transactions. For all other fields, see the transaction specific information table in section 10.

270:

GS02 – Interchange Sender ID should contain the Gainwell assigned trading partner ID.

GS03 – Interchange Receiver ID should contain WV_MES_4_MMS_IG.

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

271:

GS02 – Interchange Sender ID will contain WV_MES_4_MMS_IG.

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

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

ST-SE

The following GS/GE fields are the sender and receiver specific information listed in the 270/271 Eligibility Benefit Inquiry and Response transactions. For all other fields, see the transaction specific information table in section 10.

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

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 Gainwell Technologies specific business rules and limitation in association with the ASC X12N 270/271 Eligibility Request/Response transaction sets, please refer to section 10.

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 Health 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 Gainwell 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

Gainwell 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

Listed below in table 10-1 are the specific requirements for sending an ASC X12N Eligibility, Coverage, or Benefit Inquiry (270) file to Gainwell Technologies to determine WV Medicaid member eligibility. In table 10-2 are the specific requirements needed for reading and processing an ASC X12N Eligibility, Coverage, or Benefit Information (271) response transaction returned by Gainwell Technologies to provide WV Medicaid member eligibility details.

Use these guidelines in conjunction with the official ASC X12N Health Care Eligibility Benefit Inquiry and Response (270/271) TR3 document in planning and formatting your 270 Eligibility Request transaction to send to Gainwell and to read and process the returned 271 Eligibility Response transactions returned by Gainwell.

Table 10-1: 270 Transaction - Health Care Eligibility Benefit Inquiry

Loop ID	Segment ID	Segment Name/ Data Element Name	Codes	Length	Value
Header	ISA	Interchange Control Header		3	ISA
	ISA01	Authorization Information Qualifier		2	00
	ISA02	Authorization Information		10	Space fill
	ISA03	Security Information Qualifier		2	00
	ISA04	Security Information		10	Space fill
	ISA05	Interchange ID Qualifier		2	ZZ
	ISA06	Interchange Sender ID		15	Gainwell assigned trading partner ID + 3 spaces, i.e. WVTPID000001 + 3 spaces
	ISA07	Interchange ID Qualifier		2	ZZ
	ISA08	Interchange Receiver ID		15	WV_MES_4_MMS_IG
	ISA09	Interchange Date		6	YYMMDD
	ISA10	Interchange Time		4	HHMM
	ISA11	Repetition Separator		1	^
	ISA12	Interchange Version Number		5	00501
	ISA13	Interchange Control Number		9	Must be identical to the interchange trailer IEA02 (defined by sending Trading Partner)

Loop ID	Segment ID	Segment Name/ Data Element Name	Codes	Length	Value
	ISA14	Acknowledgement Requested		1	1 (Interchange acknowledgement requested)
	ISA15	Usage Indicator		1	P or T (Must contain a 'P' indicator in production)
	ISA16	Component Element Separator		1	:
	GS	Functional Group Header		2	GS
	GS01	Functional Identifier Code		2	HS
	GS02	Application Sender's Code		2/15	Gainwell assigned trading partner ID
	GS03	Application Receiver's Code		15	WV_MES_4_MMS_IG
	GS04	Date		8	CCYYMMDD
	GS05	Time		4/8	HHMM
	GS06	Group Control Number		1/9	Assigned by Sender
	GS07	Responsible Agency Code		1/2	X
	GS08	Version / Release Code		12	005010X279A1
	ST	Transaction Set Header		2	ST
	ST01	Transaction Set Identifier Code		3	270
	ST02	Transaction Set Control Number		4/9	Sequential number assigned by sender ST and SE must be equivalent
	ST03	Implementation Convention Reference		1/35	005010X279A1
	BHT	Beginning of Hierarchical Transaction		3	BHT
	BHT01	Hierarchical Structure Code	0022	4	0022 = Information Source
	BHT02	Transaction Set Purpose Code	'13'	2	13 = Request
	BHT04	Date	'CCYYMMDD'	8/8	Transaction Set Creation Date CCYYMMDD
2100A	NM101	Entity Identifier Code	'PR'	2	Payer
	NM102	Entity Type Qualifier	'2'	1	Non Person Entity

Loop ID	Segment ID	Segment Name/ Data Element Name	Codes	Length	Value
	NM103	Last Name or Organization Name		1/60	Payer's Last Name or Organization Name
	NM108	Payer Identification Qualifier	'PI'	2	Payer Identification
	NM109	Identification Code		2/80	WV_MES_4_MMS_IG
2100B	NM101	Entity Identifier Code	'1P' Provider '80' Hospital 'FA' Facility 'PR' Payer '2B' Third-Party Administrator	2	
	NM102	Entity Type Qualifier	'1' Person '2' Non-Person Entity	1	
	NM103	Last Name or Organization Name		1/60	Provider's Last Name or Organization Name
	NM104	First Name		1/35	Provider's First Name
	NM108	Identification Code Qualifier	'XX' National Provider ID or 'SV' Service Provider Number	1/2	
	NM109	Identification Code		2/80	When using 'XX', use National Provider ID. When using 'SV', use WV Medicaid Provider ID.
2000C	HL04	Hierarchical Child Code	'0' No subordinate	1	HL segments in this hierarchical structure
2100C	NM101	Entity Identifier Code	IL		Insured or Subscriber
	NM102	Entity Type Qualifier	'1'	1	Person
	NM103	Last Name or Organization Name	Subscriber Last Name	1/60	As it appears on their West Virginia Medicaid Card
	NM104	First Name	Subscriber First Name	1/35	As it appears on their West Virginia Medicaid Card
	NM108	Identification Code Qualifier	'MI'	2	Member Identification Number
	NM109	Identification Code		2/80	WV CHIP 10 digit or WV Medicaid 11 digit

Loop ID	Segment ID	Segment Name/ Data Element Name	Codes	Length	Value
		Subscriber Primary Identifier			Recipient Number. <i>Note: If the "MI" is not provided, SSN and DOB are required.</i>
2100C	REF01	Reference Identification Qualifier	"SY"	2	Subscriber SSN
	REF02	Reference Identification		1/50	9 digit Subscriber SSN
2100C	DMG02	Date Time Period	'CCYYMMDD'	8	Subscriber Date of Birth
2100C	DTP01	Date/Time Qualifier	'291'	3	
	DTP02	Date/Time Period Format Qualifier	'D8' or 'RD8'	3	'D8' for single date or 'RD8' for a date span.
	DTP03	Date Time Period	'CCYYMMDD-CCYYMMDD'	17	Date requested for eligibility verification
2110C	EQ01	Service Type Code		2	See Business Scenarios for values Not used if EQ02 is used
	EQ02-1	Product/Service ID Qualifier		2/2	
	EQ02-2	Product/Service ID		1/48	Procedure Code
	EQ02-3	Procedure Modifier		2/2	
TRAILER	SE	Transaction Set Trailer		2	SE
	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 ST02
	GE	Functional Group Trailer		2	GE
	GE01	Number of Transaction Sets Included		1/6	Number of Transaction Sets Included
	GE02	Group Control Number		1/9	Must be identical to the value in GS06
	IEA	Interchange Control Number		3	IEA
	IEA01	Number of Included Functional Groups		1/5	Number of Included Functional Groups
	IEA02	Interchange Control Number		9	Must be identical to the value in ISA13

Table 10-2: 271 Response – Health Care Eligibility Benefit Response

Loop ID	Segment ID	Segment Name/ Data Element Name	Codes	Length	Value
Header	ISA	Interchange Control Header		3	ISA
	ISA01	Authorization Information Qualifier		2	00
	ISA02	Authorization Information		10	Space fill
	ISA03	Security Information Qualifier		2	00
	ISA04	Security Information		10	Space fill
	ISA05	Interchange ID Qualifier		2	ZZ
	ISA06	Interchange Sender ID		15	Gainwell assigned trading partner ID + 3 spaces, i.e. WVTPID000001 + 3 spaces
	ISA07	Interchange ID Qualifier		2	ZZ
	ISA08	Interchange Receiver ID		15	WV_MES_4_MMS_IG
	ISA09	Interchange Date		6	YYMMDD
	ISA10	Interchange Time		4	HHMM
	ISA11	Repetition Separator		1	^
	ISA12	Interchange Version Number		5	00501
	ISA13	Interchange Control Number		9	Must be identical to the interchange trailer IEA02 (defined by sending Trading Partner)
	ISA14	Acknowledgement Requested		1	1 (Interchange acknowledgement requested)
	ISA15	Usage Indicator		1	P or T (Must contain a 'P' indicator in production)
	ISA16	Component Element Separator		1	:
	GS	Functional Group Header		2	GS
	GS01	Functional Identifier Code		2	HB
	GS02	Application Sender's Code		2/15	WV_MES_4_MMS_IG
	GS03	Application Receiver's Code		15	Gainwell assigned trading partner ID
	GS04	Date		8	CCYYMMDD
	GS05	Time		4/8	HHMM

Loop ID	Segment ID	Segment Name/ Data Element Name	Codes	Length	Value
	GS06	Group Control Number		1/9	Assigned by Sender
	GS07	Responsible Agency Code		1/2	X
	GS08	Version / Release Code		12	005010X279A1
	ST	Transaction Set Header		2	ST
	ST01	Transaction Set Identifier Code		3	270
	ST02	Transaction Set Control Number		4/9	Sequential number assigned by sender ST and SE must be equivalent
	ST03	Implementation Convention Reference		1/35	005010X279A1
	BHT01	Hierarchical Structure Code	0022	4	
	BHT02	Transaction Set Purpose Code	"11"	2	Response
	BHT03	Reference Identification		1/50	Submitter Transaction Identifier; must be identical to corresponding 270 transaction
	BHT04	Date	'CCYYMMDD'	8	Transaction Set Creation Date
	BHT05	Time	'HHMMSS'	4/8	Transaction Set Creation Time
2000A	HL01	Hierarchical ID Number	1	1	
	HL03	Hierarchical Level Code	20	2	Information Source
	HL04	Hierarchical Child Code	1	1	
2000A	AAA01	Yes/No Condition or Response Code	Y or N	1	Y = Request Valid N = Request Not Valid
	AAA03	Reject Reason Code		2	Code to indicate reason transaction was unable to be processed
	AAA04	Follow-up Action Code		1	Code identifying follow-up actions
2100A	NM101	Entity Identifier Code	'PR'	2	Payer
	NM102	Entity Type Qualifier	'2'	1	Non-Person Entity
	NM103	Last Name or Organization Name		1/60	Payer's Last Name or Organization Name
	NM108	Payer Identification Qualifier	'PI'	2	Payer Identification

Loop ID	Segment ID	Segment Name/ Data Element Name	Codes	Length	Value
2100A	NM109	Identification Code		2/80	WV_MES_4_MMS_IG
	AAA01	Yes/No Condition or Response Code	Y or N	1	Y = Request Valid N = Request Not Valid
	AAA03	Reject Reason Code		2	Code to indicate reason transaction was unable to be processed
	AAA04	Follow-up Action Code		1	Code identifying follow-up actions
2000B	HL01	Hierarchical ID Number	2	1	
	HL02	Hierarchical Parent ID Number	1	1	
	HL03	Hierarchical Level Code	21	2	Receiver
	HL04	Hierarchical Child Code	1	1	
2100B	NM101	Entity Identifier Code	'1P' Provider	2	
	NM102	Entity Type Qualifier	'1' Person '2' Non-Person Entity	1	
	NM103	Last Name or Organization Name		1/60	Provider's Last Name or Organization Name
	NM104	First Name		1/35	Provider's First Name
	NM108	Identification Code Qualifier	'XX' National Provider ID or 'SV' Service Provider Number	1/2	
	NM109	Identification Code		2/80	When using 'XX', use National Provider ID. When using 'SV', use WV Medicaid Provider ID.
2100B	REF01	Information Receiver Qualifier	EO	2	Submitter ID
	REF02	Reference Identification		1/50	Gainwell assigned Trading Partner ID
2100B	AAA01	Yes/No Condition or Response Code	Y or N	1	Y = Request Valid N = Request Not Valid
	AAA03	Reject Reason Code		2	Code to indicate reason transaction was unable to be processed
	AAA04	Follow-up Action Code		1	Code identifying follow-up actions

Loop ID	Segment ID	Segment Name/ Data Element Name	Codes	Length	Value
2000C	HL01	Hierarchical ID Number	3	1	
	HL02	Hierarchical Parent ID Number	2	1	
	HL03	Hierarchical Level Code	'22'	2	Subscriber
	HL04	Hierarchical Child Code	'0' No subordinate	1	HL segments in this hierarchical structure
2000C	TRN01	Trace Type Code	1	1	Current trace number
	TRN02	Reference Identification		1/50	WV Verification Number
	TRN03	Originating Company Identifier		10	ID Number of the company that assigned the trace
	TRN04	Reference Identification		1/50	Used to further identify a specific component of the company identified in the previous data element
2100C	NM101	Entity Identifier Code	IL		Insured or Subscriber
	NM102	Entity Type Qualifier	'1'	1	Person
	NM103	Last Name		1/60	Subscriber Last Name
	NM104	First Name		1/35	Subscriber First Name
	NM105	Middle Name			Subscriber Middle Name
	NM108	Identification Code Qualifier	'MI'	2	Member Identification Number
	NM109	Identification Code Subscriber Primary Identifier		2/80	WV CHIP 10 digit or WV Medicaid 11 digit Recipient Number.
2100C	REF01	Reference Identification Qualifier	"SY" "EJ"	2	SY = Subscriber SSN EJ = Case Number
	REF02	Reference Identification		1/50	If used SY qualifier used Member's SSN, if EJ qualifier used Member's Case Number
2100C	N301	Subscriber Address Line		1/55	
	N302	Subscriber Address Line		1/55	
2100C	N401	Subscriber City Name		2/30	
	N402	Subscriber State Code		2	
2100C	AAA01	Yes/No Condition or Response Code	Y or N	1	Y = Request Valid

Loop ID	Segment ID	Segment Name/ Data Element Name	Codes	Length	Value
					N = Request Not Valid
	AAA03	Reject Reason Code		2	Code to indicate reason transaction was unable to be processed
	AAA04	Follow-up Action Code		1	Code identifying follow-up actions
2100C	DMG01	Date Time Period Format Qualifier	"D8"	2/3	
	DMG02	Date Time Period	'CCYYMMDD'	8	Subscriber Date of Birth
	DMB03	Gender Code	F or M or U	1	F = Female M = Male U = Unknown
2110C	EB	Subscriber Information	EB	2	**Note: The following segments will repeat for each eligibility segment the member has on file that meets the Service Date inquiry sent on the 270 – [2110C EB, 2110C DTP, 2115 LS, 2120C NM1, 2120C PER, 2120C LE]
2110C	EB01	Eligibility or Benefit Information Code	1 = Active 6 = Inactive B = Co-payment F = Limitations G = Out of Pocket L = Primary Care Provider N = Lock-in Provider R = Other or Additional Payer	1/2	G = Accumulated Max Out of Pocket
	EB02	Coverage Level Code	FAM = Family IND = Individual	3	
	EB03	Service Type Code		1/2	Value is returned if service type code was sent in the EQ01 in the 270 (See appendix 2).
	EB04	Insurance Type Code		1/3	MC = Medicaid

Loop ID	Segment ID	Segment Name/ Data Element Name	Codes	Length	Value
	EB05	Plan Coverage Description		1/50	Description that identifies Plan or Coverage
	EB06	Time Period Qualifier		1/2	
	EB07	Monetary Amount		1/18	Co-Payment Amount if EB01 = B Out of Pocket Amount if EB01 = G
	EB13-1	Product/Service ID Qualifier		2/2	
	EB13-2	Procedure Code		1/48	
2110C	DTP01	Date or Time or Period	307 = Eligibility	3	
	DTP02	Date Time Period Format Qualifier	"RD8"	3	Date Format Qualifier
	DTP03	Date Time Period	'CCYYMMDD-CCYYMMDD'	17	Eligibility Date
2110C	AAA01	Yes/No Condition or Response Code	Y or N	1	Y = Request Valid N = Request Not Valid
	AAA03	Reject Reason Code		2	Code to indicate reason transaction was unable to be processed
	AAA04	Follow-up Action Code		1	Code identifying follow-up actions
2110C	MSG01	Free-form Message Text		1/264	Description that identifies Plan or Coverage
TRAILER	SE	Transaction Set Trailer		2	SE
	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 ST02
	GE	Functional Group Trailer		2	GE
	GE01	Number of Transaction Sets Included		1/6	Number of Transaction Sets Included
	GE02	Group Control Number		1/9	Must be identical to the value in GS06
	IEA	Interchange Control Number		3	IEA
	IEA01	Number of Included Functional Groups		1/5	Number of Included Functional Groups
	IEA02	Interchange Control Number		9	Must be identical to the value in ISA13

11. APPENDICES

Implementation Checklist

The Health PAS-OnLine Web portal user guides contain all necessary steps for going live with Gainwell Technologies 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 Gainwell Technologies

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

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 Gainwell 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_MES_4_MMS_IG-20110616-112750-1367-005010X223-P.edi

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

VAN-WVTPIDXXXXXX-WV_MES_4_MMS_IG-20110616-112750-1367-005010X223-P.edi-1367-TA1.edi

VAN-WVTPIDXXXXXX-WV_MES_4_MMS_IG-20110616-112750-1367-005010X223-P.edi-1367-999.edi

VAN-WVTPIDXXXXXX-WV_MES_4_MMS_IG-20110616-112750-1367-005010X223-P.edi-1367-824.edi

VAN-WVTPIDXXXXXX-WV_MES_4_MMS_IG-20110616-112750-1367-005010X223-P.edi-1367-BRR.edi

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
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

Code	Description
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.

Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to Gainwell Technologies 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.

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
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
1.8	07/22/2020	Katie Banik	Updated email address from @molinahealthcare.com to @dxc.com in section 2 & 5
1.9	07/28/2020	Tisjauna Palmer	QA of updates due to CR 33538
1.10	01/25/2021	Katie Banik	34960 GWT Rebranding
1.11	05/04/2022	Katie Banik	Updated Table 10-1 and added Table 10-2. Updated EDI contact option to 6 and password requirements. Added 271 specs. CR – 40468 Gainwell Rebranding – Updated Receiver ID from WV_MMIS_4_DXCMS to WV_MES_4_MMS_IG.
1.12	05/04/2022	Kim Stoudenmire	QA review of updates for CR 40468.