COMMONWEALTH OF VIRGINIA
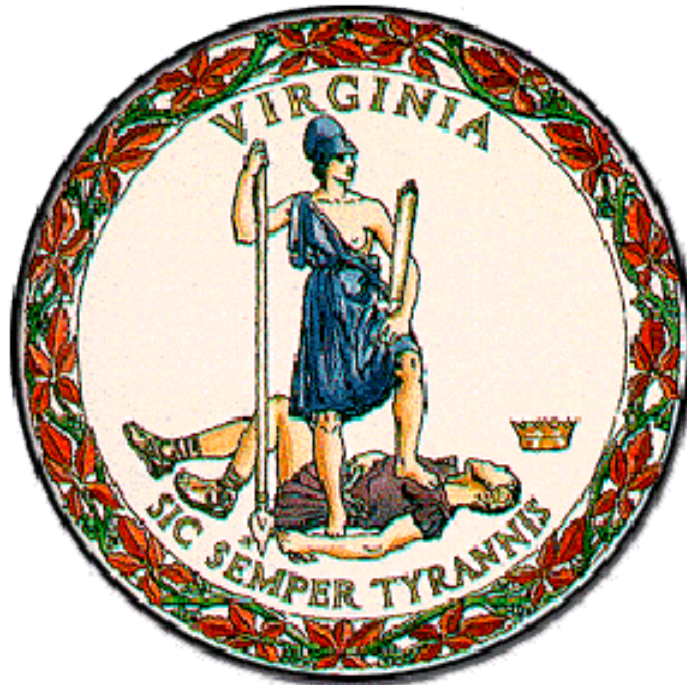
Medicaid Enterprise System (MES) MMIS Companion Guide

Unsolicited Response 277U

ASC X12N 277
VERSION 005010X212

January 31, 2022
Document Version 1.3

Department of Medical Assistance Services (DMAS)

VERSION CHANGE SUMMARY

VERSION NO.	DESCRIPTION	DATE
Version 1.0 -	Original Implementation	06/09/2011
Version 1.1	Xerox Rebranding	06/04/2012
Version 1.2	Conduent Rebranding	05/19/2017
Version 1.3	Effective February 14, 2022 in preparation for MMIS Rebranding to MES April 4, 2022 Updated front matter including: Introduction – updated links, Purpose – reworded section, and Special Notes –reworded the section and on page 5 information added – DMAS MES EDI web portal access	01/31/2022

INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, and does not contradict any requirements in the X12N implementation guide.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides can be accessed at http://store.x12.org/store

PURPOSE

This guide is concerned with the processing of batch requests and responses to Conduent as the Commonwealth of Virginia's Fiscal Agent and information source for Virginia Medicaid. Conduent adheres to all HIPAA standards and this guide contains clarifications and requirements that are specific to transactions and data elements contained in various segments.

- Provide status information for pended claims.

SPECIAL NOTES

1. Unsolicited 277 Claim Status transactions are sent weekly along with the 835 Remittance transactions, to provide status information for pended claims. These pended claims are not reported on the 835 Remittance transactions.

2. This Transaction is not a HIPAA required transaction. DMAS has chosen to use an EDI solution for reporting pended claims to accompany the 835 RA. DMAS has chosen not to use the X12 Unsolicited 277 at this time since it has an earlier version from the HIPAA compliant transactions. To limit programming efforts, a 277 response transaction format used with only the GS and BHT segments modified to distinguish this from a 277 Response Transaction version 4010 to a 276 Inquiry transaction.

3. Only the NPI or API will be transmitted on the 277 Claim Status Unsolicited Response Transaction. Claims that were pended using either the NPI or API will be identified on the 277U transaction using that NPI or API. Claims that were pended using a legacy Medicaid ID will not be returned on the 277U transaction. Instead, they will be reported via paper Remittance Advice.

Conduent uses the MOVEit® DMZ application to transmit batch EDI data into the Virginia Medicaid system. All Service Centers must have applied and been authorized by the VirginiaEDI Coordinators office before using MOVEit® DMZ.

EDI Submitters can upload and retrieve batch files via the MOVEit® DMZ application usingeither of two methods:

a. Point a web browser to http://vammis-filetransfer.com and follow the web interfaceprompts to perform the desired task.
b. Use an SFTP Client application that references the vammis-filetransfer.com domain toperform the desired task.

MOVEit® DMZ is a secure file transfer and secure message server. It is a vital component of the MOVEit® family of secure file processing, storage, and transfer products developed by Ipswitch, Inc.

These products provide comprehensive, integrated, standards-based solutions for securehandling of sensitive information, including financial files, medical records, legal documents, and personal data.

More information or additional help regarding MOVEit® DMZ can be located on this webpage: https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-01/VAMMIS_File_Transfer_FAQ.pdf

The DMAS MES EDI web portal can be accessed from this web page:
https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage

For initial EDI Enrollment as a Trading partner, complete the Electronic Trading Partner Agreement online. The initial online enrollment can be accessed from this web page: https://vamedicaid.dmas.virginia.gov/form/edi-enrollment. After completing the enrollment, you will receive your credentials along with a unique Service Center ID assigned by Virginia Medicaid via email from no-reply@va.healthinteractive.net. The Virginia Medicaid EDI test coordinator at Conduent will reach out with testing instructions after the Trading Partner Agreement is signed and approved.

The MES EDI web portal allows Service Centers or Trading Partners to:

- Enroll to submit healthcare transactions electronically
- Authorize trading partners or service centers to retrieve and/or modify electronic X12 transactions
- Self-service for password updates

Use the following link to access the MES EDI Portal FAQs:

https://login.vamedicaid.dmas.virginia.gov/SecureISS/faqLoginPage

277 Unsolicited Claims Status Response

Page	Loop	Segment	Data Element	Comments
C.4	N/A	ISA	ISA01 – Authorization Information Qualifier	"00" - No Authorization Information Present.
C.4	N/A	ISA	ISA03 – Security Information Qualifier	"00" - No Security Information Present.
C.4	N/A	ISA	ISA05 – Interchange ID Qualifier	"ZZ" - Mutually Defined.
C.4	N/A	ISA	ISA06 – Interchange Sender ID	"VAMMIS FA"
C.5	N/A	ISA	ISA07 – Interchange ID Qualifier	"ZZ" - Mutually Defined.
C.6	N/A	ISA	ISA14 – Acknowledgment Requested	"0" – No Interchange Acknowledgement Requested.
C.7	N/A	GS	GS02 – Application Sender's Code	"VAMMIS FA"
C.7	N/A	GS	GS03 – Application Receiver's Code	4-character service center ID assigned by Virginia Medicaid
C.8	N/A	GS	GS08—Industry Identified code	"005010P"
37	N/A	BHT	BHT03 – Reference Identification	"277X212"
38	N/A	BHT	BHT05-Time	Transaction set creation Time
41	2100A	NM1	NM103 - Payer Organization Name	"Va Dept of Medical Asst Services". Required until the National Health Plan ID is active.
42	2100A	NM1	NM108 - Payer Identification Code Qualifier	use PI - Payor Identification
42	2100A	NM1	NM109 - Payer Identification Code	"546166277".
113	2100A	PER	PAYER CONTACT INFORMATION	Payer Contact Information is not used by Virginia Medicaid. It is used to distinguish different contact points if the payer has multiple systems.
46	2100B	NM1	NM108 – Receiver Identification Code Qualifier	46-ETIN (Electronic Transmitter Identification Number)".
46	2100B	NM1	NM109 – Receiver Identification Code	Only Atypical Provider IDs or NPIs are returned on the 277U.

Page	Loop	Segment	Data Element	Comments
51	2100C	NM1	NM108 - Provider Identification Code Qualifier	"SV" – for Atypical Provider ID assigned by Virginia Medicaid. "XX" – for NPI.
51	2100C	NM1	NM109 – Provider Identification Code	Only Atypical Provider IDs or NPIs are returned on the 277U.
56	2100D	NM1	NM101 - Subscriber Identification Code	.IL - Insured or Subscriber
56	2100D	NM1	NM102 - Subscriber Type Qualifier	"1" Person.
57	2100D	NM1	NM108 - Subscriber Identification Code Qualifier	"MI" Member-ID Number.
57	2100D	NM1	NM109 - Subscriber r	The patient's 12-character enrollee ID number assigned by Virginia Medicaid.
58	2200D	TRN	TRN01 – Reference Transaction Trace Number	This segment is required for Virginia Medicaid because the subscriber is the patient.
58	2200D	TRN	TRN02 –Trace Number	The provider's claim number, such as Patient Account Number or Prescription Number.
59	2200D	REF	REF01 – Reference Identification Qualifier	"1K" Payer Claim Number
59	2200D	REF	REF02 –Payer claim control number	The 16-character Virginia Medicaid assigned claim number - ICN.
			s	
67	2200D	DTP	DTP01 – Date/Time Qualifier	This segment is required for Virginia Medicaid because the subscriber is the patient.
190 - 234	All Loops	All Segments	All data elements	None of the loops/segments for Dependent are needed for Virginia Medicaid because the subscriber is the patient.