COMMONWEALTH OF VIRGINIA

Medicaid Enterprise System (MES)
MMIS Companion Guide

Health Care Eligibility Benefit Inquiry and Response (270/271)

ASC X12N 270/271
VERSION 005010X279A1

July 1, 2026
Document Version 2.2

Department of Medical Assistance Services (DMAS)

Version Change Summary

Version	Date	Description	Description of Changes
1.0	07/13/2011	Original Implementation	
1.1	07/22/2011	Special Notes Items #4 & #9	These appear to be duplicates removed #9
1.1	07/22/2011	Special Notes Items #10 &#11	Appear to repeat the same information removed # 10
1.2	07/28/2011	Special Notes #9	Modified special notes #9
1.3	09/19/2011	2100A loop	Added NM103 data element in 2100A loop
1.4	12/05/2011	Special Notes #9	Modified existing special notes #9 if Co-Pay is required for both Batch and Real Time Pg. Reference 5
1.4	12/05/2011	Co-Pay and TPL loop	Removed the MSG Segment in Co-Pay and TPL loop
1.4	12/05/2011	EB01 and EB05 Data element comments	Modified EB01 and EB05 Data Element Comments in Co-Pay and TPL loop Pg. Reference 11
1.5	06/04/2012	Conduent rebranding	
1.6	01/25/2013	Updated to HIPAA Operating Rules standards	As part of the HIPAA Operating Rules Phase I&II project, this Companion Guide has been updated to comply with the required template. For additional information, please refer to http://www.caqh.org/ORMandate_index.php
1.7	09/18/2013	Updated Special Notes #12	Patient Pay Segments are being sent for Real Time 271 Responses Pg. Reference 22-23
1.8-1.9	05/25/2018	Additions to Section 7	Added eligibility request limitations
2.0	01/25/2022	MES Rebranding	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, Trading Partner Registration
2.1	5/20/2022	Add Special notes #14 for MSG segment	Effective June 24, 2022 for Release 100 – if EB01 value is 1, a corresponding 3 byte Aid Category value is sent in the MSG segment after the EB segment
2.2	07/01/2026	Add member renewal or case review date	Added DTP segment (DTP01=458) to report member renewal or case review date.

1. Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides - Technical Report Type 3 (TR3) and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with the Medicaid providers, Billing Agents, Vendors and other Clearinghouses. Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides (TR3), are compliant with both ASC X12N syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides (TR3) 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 (TR3).

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1. Introduction

This Companion Guide is intended for trading partner use in conjunction with the ASC X12N National Implementation Guide. The ASC X12N Implementation Guides can be accessed at http://store.x12.org/store.

This Companion Guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with the Virginia Medicaid and specifies data clarification where applicable. Section 10 Transaction Specific Information contains provider data clarifications for fields and values that have changed.

Transaction specific data will be detailed using a table with the following information included:

- Page corresponding page number in the ASC X12N Implementation Guide for this transaction
- Loop
- Segment
- Data Element
- Comments

1.1 Scope

This Companion Guide is intended for use by Virginia Medicaid Trading Partners for the submission of the ASC X12N 270/271 transactions to Conduent. This document is to be used in conjunction with the 270/271 Implementation Guide and TR3. Conduent is the Fiscal Agent for Virginia Department of Medical Assistance Services (DMAS). Conduent will accept and process X12N transactions on behalf of Virginia Medicaid.

Conduent provides connectivity for the flow of medical information and data between medical providers, facilities, vendors, claim payment agencies, clearinghouses and the Virginia Medicaid Management Information System(MMIS) . Beyond the receipt and delivery of this data, Virginia MMIS provides translation to and from ASC X12N standard formats.

The 270 Eligibility Inquiry transaction data will be submitted for processing and validation of the ASC X12N format(s). Please refer to Section 4 Connectivity with the Virginia MMIS for more information regarding transmission methods.

1.2 Overview

This Companion Guide is divided into ten sections. Each section will describe the process or requirement that each Trading Partner must complete in order to submit X12N transactions to and receive responses from Virginia Medicaid.

Each section will provide the needed information for how Trading Partners will be required to complete successful transmissions to the Virginia Medicaid MMIS.

This Companion Guide will provide contact information for obtaining assistance from the Virginia MMIS along with data clarifications, including Virginia Medicaid specific data requirements.

1.3 References

This document serves as a companion to the Accredited Standards Committee (ASC) X12N Consolidated Implementation Guides as adopted under HIPAA.

The HIPAA Implementation Guides can be accessed at http://store.x12.org/store.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm.

1.4 Additional Information

For more information on Virginia Medicaid EDI services for providers, including provider enrollment and claim transaction information, please visit:

https://www.virginiamedicaid.dmas.virginia.gov/

2. Getting Started

2.1 Working with Virginia Medicaid

All entities that send electronic transactions to Virginia Medicaid for processing, as well as retrieve reports and responses, must complete anenrollment package. This package provides Virginia Medicaid with necessary information to assign a Trading Partner ID, which is required toretrieve electronic transactions.

2.2 Trading Partner Registration

All entities that send electronic transactions to Virginia Medicaid for processing and retrieve reports and responses must enroll as EDI TradingPartners. For initial enrollment as a Trading partner, complete the Electronic Trading Partner Agreement online. The initial EDI 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 or Trading Partner ID assigned by Virginia Medicaid via email from no-reply@va.healthinteractive.net. The Trading Partner ID is required to send or retrieve electronic transactions The Virginia 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

The EDI Department can be contacted by email at Virginia.EDISupport@Conduent.com, by phone at 1-866-352-0766, or byfax at 1-888-335-8460 for confirmation of receipt.

2.3 Certification and Testing Overview

Virginia Medicaid requires all entities (providers, clearing houses and vendors) that submit X12 transactions to Conduent to test and meet requirements through Level 2. Once they have met this requirement, any of these entities can submit transactions.

Completion of the testing process is required prior to electronic submission of production data to Virginia Medicaid. Assistance from the EDI Coordinator is available throughout this process. Each test transmission is inspected thoroughly to ensure no format errors are present.

Virginia Medicaid only tests with Trading Partners. Once a Trading Partner is approved and in production for a transaction, they can send that transaction for any provider number that is registered to them.

3. Testing with the Virginia MMIS

Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, we request that you send real transaction data. The number of test transmissions required depends on the number of format errors on a transmission and the relative severity of these errors. Also, changes to the X12N formats may require additional testing.

3.1 Trading Partner Testing Procedures

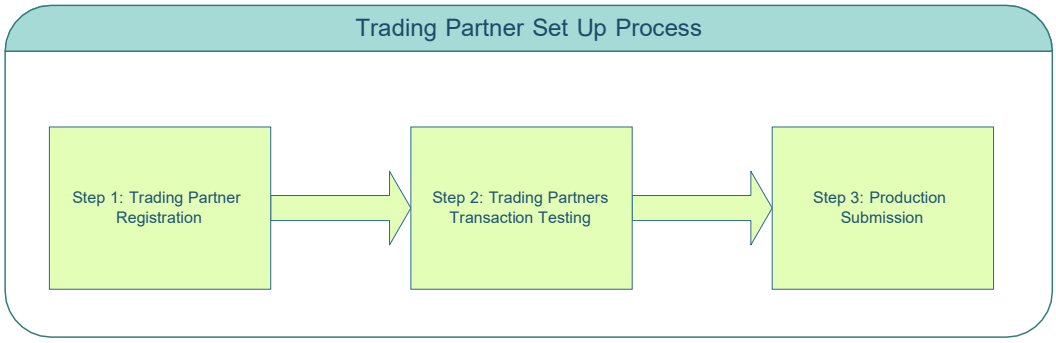
1. The Trading Partner contacts the Conduent EDI Coordinator to arrange a testing schedule.
2. The Trading Partner executes test cases and sends the data to the EDI Department.
3. The EDI Coordinator evaluates the flow of test data.
4. If testing is completed successfully, the EDI Coordinator contacts the Trading Partner and the Trading Partner is approved for placement into the production environment.
5. If testing is unsuccessful, the EDI Coordinator will contact the Trading Partner. The Trading Partner will remain in the testing environment until testing is completed successfully.

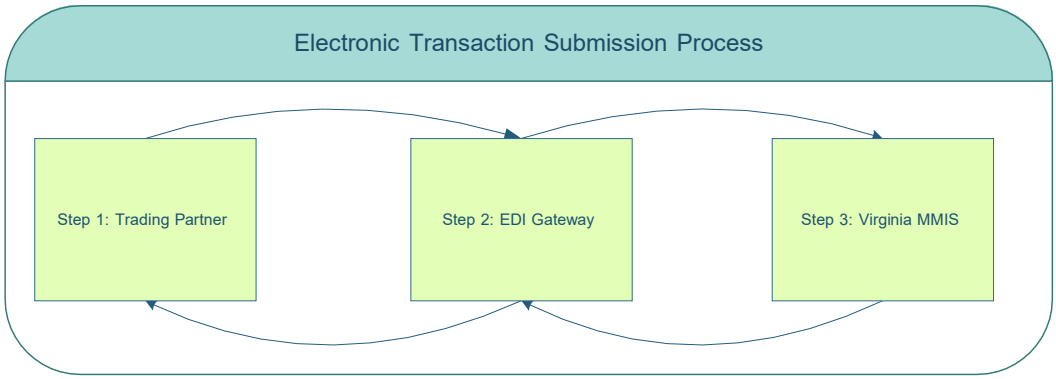
4. Connectivity with the Virginia MMIS/ Communications

This section describes the process to submit HIPAA 270 transactions, along with various submission methods, security requirements, and exception handling procedures.

4.1 Process Flows

Trading Partner Set Up Process and Electronic Transaction Submission Process diagrams.





4.2 Transmission Administrative Procedures

Authentication

Virginia Medicaid Electronic Data Interchange is available only to authorized Trading Partners. Submitters must be a Virginia Trading Partner and have a Trading Partner Agreement on file with Virginia Medicaid EDI Department. A submitter is authenticated using a User Name and Password assigned by the Virginia Medicaid EDI Department.

After a submitter account has been created by the Virginia Medicaid EDI department, the User Name will be sent to the registered contact via e-mail. The e-mail will contain a link that will present a Web page that prompts for User Name; after entering the User Name, additional instructions will be provided.

Passwords will be sent to the registered contact via separate e-mail; Virginia Medicaid personnel are not able to view your password. New users will receive an e-mail with instructions for creating a password for their account.

Passwords will expire every ninety days. A courtesy e-mail will be sent to the registered contact as a reminder to change the password; this reminder will be sent out five days before the actual expiration.

A registered contact may request a password reset using the “Request a password change” link on the home screen of the web site.

If an account becomes locked, the registered contact will need to contact the Conduent Helpdesk at 1-866-352-0766 for further assistance.

Scheduled Maintenance Window

Virginia Medicaid’s standard scheduled maintenance window for electronic data submission occurs daily from 11:00 p.m. – 2:00 a.m. ET and Sunday from 4:00 p.m. to 7:00 p.m.

We advise our trading partners/providers regarding any other outages via email notifications and/or Web portal banner messages.

Non-routine downtimes will be published on the Provider Web Portal a week in advance and trading partners will be notified via email.

Any unscheduled / emergency downtimes will be communicated to the Trading Partners via email within one hour of realizing the downtime. The details of the downtime will be posted to the Provider Web Portal: http://www.virginiamedicaid.dmas.virginia.gov/

4.3 Re-Transmission Procedure

If the HTTP Post Reply Message is not received within the 60 second response period, a duplicate transaction should be sent no sooner than 90 seconds after the original attempt was sent.

If no response is received after the second attempt, submit no more than 5 duplicate transactions within the next 15 minutes.

If the additional attempts result in the same timeout termination, contact the Virginia Medicaid EDI Department to determine if system availability problems exist or if there are known internet traffic constraints causing the delay.
Trading Partners should use caution to avoid duplication when resubmitting requests.
When file transmission or technical production issues occur, which could require the re-submission of files, please contact the Virginia Medicaid EDI Department at
Email: Virginia.EDISupport@Conduent.com
Phone: 1-866-352-0766.

Please have the Trading Partner ID information available when calling the Virginia Medicaid EDI Department regarding transmission and production issues.

4.4 Communication Protocol Specifications

HTTPS Protocol

The HTTPS Version 1.1 protocol allows a Trading Partner to utilize the public internet as a transport for transactions. HTTPS provides secure, encrypted communications between client and server systems. HTTPS support a request-response pattern, meaning the client (Trading Partner) submits a message and then waits for a response. Both real-time and batch messages may be transmitted via this protocol; however, the response message is different for each.

The Trading Partner must be an authenticated EDI user. All messages must meet the ASC X12 standard.
Real-time requests must include a single inquiry from the client. The response message from the server is either an error response or the corresponding ASC X12 response.

Batch requests are sent by the client in a similar manner as real-time requests, but may contain multiple inquiries. For batch submissions, the only response from the server will be a standard HTTP message indicating whether the request was accepted or rejected.

Batch responses may be retrieved by the client submitting a message requesting available response files; the server will respond with the most recent batch response file.

Secure FTP

For submitting and retrieving files via Secure FTP Server, Trading Partners will access the Virginia Medicaid VFTS (VAMMIS File Transfer System) at vammis-filetransfer.com. Trading partners may use the separate secured Web site for submission and retrieval of files.

Secure FTP Setup and Support

Secure FTP setup will usually occur during Trading Partner Enrollment. If the Trading Partner wishes to create a Secure FTP account, or requires additional support (i.e. account becomes locked or experiences connectivity issues), the Trading Partner should contact the Virginia Medicaid EDI Department at 1-866-352-0766.

Note: Secure FTP setup is separate from Trading Partner Enrollment, but still coordinated through the Virginia Medicaid EDI Department.

Trading Partners set up for submission and/or retrieval of files via the secure FTP mechanism will receive connectivity details from the Virginia Medicaid EDI Coordinator once setup is complete.

There are two methods for accessing the Secure FTP Server:

1. Point a web browser to http://vammis-filetransfer.com and follow the web interface prompts to perform the desired task.
2. Use an SFTP Client application that references the vammis-filetransfer.com domain to perform the desired task.

4.5 Passwords

Log in Credentials: In order to receive authorized user log in credentials all Trading Partners, regardless of submission method, must be enrolled with Virginia Medicaid and approved as Trading Partners. Log in credentials include user names and passwords, that will be required for the submission of transactions to Virginia Medicaid.

The following login credentials are issued depending on the chosen communication method.

Secure FTP ID/Password: These are the login credentials for the Secure FTP Server. These allow FTP Trading Partners to access assigned folders for file submission or to retrieve responses.

HTTP ID/Password: These are the login credentials for the HTTP service to allow Trading Partners to utilize services for transaction submission / retrieval. These will be embedded in the headers.

5. Contact Information

5.1 EDI Customer Service

The Virginia Medicaid EDI Department assists users with questions about electronic submission. EDI Support is available to all Virginia Medicaid providers Monday through Friday from 8:00 a.m. to 5:00 p.m. Eastern Time at 1-866-352-0766 (not including holidays). The Virginia Medicaid EDI Department performs the following functions:

- Provides information on available services
- Enrolls users for claims submission
- Verifies receipt of electronic transmissions
- Provides technical assistance to users who are experiencing transmission difficulties

5.2 EDI Technical Assistance

Please have the following information available when calling the Virginia Medicaid EDI Department regarding transmission and production issues.

Trading Partner ID: Your Trading Partner ID is our key to accessing your Trading Partner information. Please have this number available each time you contact the Conduent EDI Support Unit.

5.3 Provider Service Number

The Virginia Medicaid EDI Department is available to all Virginia Medicaid Trading Partners, Monday through Friday from 8:00 a.m. to 5:00 p.m., Eastern Time (not including holidays) at 1-866-352-0766.

5.4 Applicable Websites/E-mails

Please visit https://www.virginiamedicaid.dmas.virginia.gov/ for Virginia Medicaid provider and Trading Partner services information, including Trading Partner enrollment information, FAQs, manuals and related documentation.

The EDI Department can be contacted by email at Virginia.EDISupport@Conduent.com.

6. Control Segments/ Envelopes

6.1 Virginia Medicaid Specific Data

To promote efficient, accurate electronic transaction processing, please note:

- Each user is assigned a four-digit Trading Partner ID.
- Passwords must be a minimum of eight characters and must contain both upper and lower case letters.
- All dates are in the CCYYMMDD format.
- All times must be a minimum of 6-digits (HHMMSS).
- All date/times are in the CCYYMMDDHHMM format.
- The Receiver ID and Payer ID for Virginia Medicaid is VAMMIS FA. Transmissions without this value in the appropriate fields will not be processed.
- The Trading Partner Enrollment Form determines where reports and response will be delivered.

6.2 ISA-IEA

Medicaid EDI permits Trading Partners to submit single or multiple functional groups within an X12 file. The Trading Partner will receive a single X12 999 Implementation Acknowledgment for each submission

Virginia Medicaid EDI requires the following information be present in the ISA:

*Page	Loop	Segment	Data Element	Comments
Interchange Control Header (ISA)				
	Envelope	ISA	1	Please use '**00**'.
	Envelope	ISA	2	Please use 10 spaces
	Envelope	ISA	3	Please use '**00**'.
	Envelope	ISA	4	Please use 10 spaces
	Envelope	ISA	5	Please use '**ZZ**'.
	Envelope	ISA	6	Please use the 4 digit code assigned by Virginia Medicaid
	Envelope	ISA	7	Please use '**ZZ**'.
	Envelope	ISA	8	Please use '**VAMMIS FA**'

6.3 GS-GE

Virginia Medicaid EDI permits Trading Partners to submit Single or multiple functional groups within an X12 file. If the X12 file contains multiple functional groups. The Trading Partner will receive a single X12C 999 Implementation Acknowledgment for each submission

Virginia Medicaid requires the following information be present in the GS.

*Page	Loop	Segment	Data Element	Comments
Functional Group Header (GS)				
	Envelope	GS	2	Please use the 4 digit code assigned by Virginia Medicaid
	Envelope	GS	3	Please use '**VAMMIS FA**'

6.4 ST-SE

Virginia Medicaid EDI will require a Unique Transaction Set Control Number in the ST02. The ST02 value should match the SE02 Value.

7. Virginia Medicaid Specific Business Rules and Limitations

Many of the data elements detailed in this Companion Guide reflect Virginia business requirements, but still meet the standard requirements in the ASC X12N Implementation Guide. Inclusion of a "business-required" data field, as defined by this Companion Guide, will aid in the delivery of a positive response from the Virginia MMIS. For more information regarding Virginia specific billing requirements, consult the applicable Virginia Medicaid provider billing manual, which can be downloaded from the Virginia Medicaid Web Portal at: https://vamedicaid.dmas.virginia.gov/.

1. There are four possible combinations for eligibility verification searches,
    a. Medicaid Recipient ID (Enrollee ID),
    b. Social Security Number and Date of Birth,
    c. Social Security Number and Name,
    d. Name and Date of Birth.

2. 270 verification/inquiry process reports only the service limit categories that are applicable to the provider making the inquiry. For example psychiatric limits will not be reported to a dentist.

3. If a specific service type code is not requested or a service type code of 30 is sent, then only eligibility verification will be returned.

4. Verification of service limits can be made for the service types.
    a. 42 Home Health Care
    b. 44 Home Health Visits
    c. A8 Psychiatric – Outpatient
    d. AD Occupational Therapy
    e. AE Physical Medicine
    f. AF Speech Therapy
    g. AI Substance Abuse
    h. AL Vision (Optometry)
    i. AO Lenses
    j. 12 Durable Medical Equipment Purchase
    k. 18 Durable Medical Equipment Rental

5. The Aid Category/ Service Type/Age mapping to the Medicaid Co-Pay amounts are detailed in the Service Type – Co-Pay Amount mapping in ***Appendix 11.2*** below. Members younger than 21 years of age will have $0.00 Co-Pay returned on the 271 response.

6. If a return code of 72 is returned on an AAA segment for a recipient (2100C loop) the recipient identification number is invalid. An Inactive / Ineligible enrollee's information is returned in the EB segment with a value of '6' in EB01.

7. The TPL carrier name will be returned on a 271 in a NM1 segment (Loop 2120C). The name will help providers to identify the specific third party plan that the recipients have on the Recipient eligibility file.

8. Only the NPI/ API will be accepted and used to initiate an Inquiry. All inquiries will be processed using the NPI or Atypical Provider Identifier (API).

9. Non-healthcare providers that are not eligible to obtain an NPI will be assigned a new 10-digit Virginia Medicaid Atypical Provider ID (API). The API must be used in place of the Legacy ID.

10. The NPI/ API should be sent in the NM1 segment Loop 2100B. The NPI would use the qualifier 'XX' and the API would come in with qualifier 'SV'.

11. On the 270, the Medicaid Recipient ID (Enrollee ID) is generally sent in the NM1 segment Loop 2100C, which is the primary location for this ID. If the system does not find the Recipient ID in the NM1 segment, it looks for the ID in the REF segment that follows with qualifier 'EJ'. If two different IDs are sent in the NM1 and REF segments, the system uses the ID from the NM1 segment to initiate the inquiry. On the 271, the Recipient ID is onlyreturned on the NM1 segment.

12. The Patient Pay amount will be sent in EB07 with EB01='G'. The Patient Pay begin and end dates are sent in the DTP segment following it with qualifier '307' in DTP01. These segments can be easily ignored by the Vendor if they are not required for processing. There could be a maximum of 5 occurrences of the

patient pay dates for the requested time frame. These segments will not be returned for the DSH 270-271.

13. The DMAS 270-271 supports an advanced functionality of processing an inquiry based on the procedure code. Virginia trading partners will be able to inquire based on a service type or complete a more specific inquiry based on the procedure code.

14. Aid Category code (3 digits) is returned in the MSG01 data element in the MSG Segment (Loop 2110C) for a recipient that corresponds to the active member's Benefit Plan associated to the eligibility request

15. For 270 batch transactions submitted by 9:00 p.m., 271 Response transactions will normally be available for pickup by 6 a.m. the following day.

16. There is no batch processing on Saturdays and Sundays. For batch 270 transactions submitted after 9:00 p.m. on Friday, 271 Response transactions will not be available for pickup until 6:00am on Monday.

17. The 999 batch Response will normally be available for pickup within 1 hour after a file submission unless there are unforeseen technical difficulties.

18. The 270/271 batch process enforces a limit of 100,000 eligibility requests per Service Center per day. Any requests over the limit will be queued up for processing on the next day. The process will eliminate duplicate requests for the same member and same dates of service.

19. The 270/271 batch process enforces a total threshold across all Service Centers. Once the threshold is surpassed, no more eligibility requests will be processed for that day. Any request not processed will be queued up for processing on the next day.

For all fields not listed in these bullets, follow the guidelines in the ASC X12N Implementation Guides (TR3), available at http://store.x12.org/store.

8. Acknowledgements and/ or Reports

The acceptance/rejection responses pertain to accuracy within EDI transaction format syntax and transaction implementation guide compliance.

A 270 transaction contains two levels of editing. If the transaction fails an edit, the edit level in which the error occurs designates rejection of an entire batch or a single claim.

Real Time Transmissions:

1. Data identification:
   - An error in the header will result in an authentication error message.
   - If authentication is successful the Sender and Receiver IDs in the ISA/GS segments are validated
   - A TA1 (interchange acknowledgement) will be returned for errors in validation at this level.

2. ASC X12N Syntax validation: A determination will be made as to whether the data is ASC X12N compliant.
   - If the data contains errors at the transaction level a 999 (Functional Acknowledgement) will be returned to the submitter. The 999 contains ACCEPT or REJECT information. The segment(s) and element(s) where the error(s) occurred will be reported.
   - If the data passes ASC X12N syntax validation, it will be passed for data transformation and processing.

3. Data Transformation:

   The data is transformed and processed by Virginia MMIS and an ASC X12N 271 will be returned to the submitter.

Batch Transmissions:

1. Acknowledgement Reports:

   These reports are posted to the submitter's mailbox on receipt of batch files via FTP.

2. Data identification:

   Compliance Error Reports (CER) and Compliance Error in Data Reports (CED) will be generated and posted to the submitter's mailbox for batch identification failures.

3. ASC X12N Syntax Validation: A determination will be made as to whether the data is ASC X12N. A 999 (Functional Acknowledgement) will be returned to the submitter. The 999 contains ACCEPT or REJECT information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. If the data passes ASC X12N syntax validation, it will be passed for data transformation.
4. Data Transformation: The data is transformed and sent to the MMIS. An ASC X12N 271 will be returned for submitter pickup.

8.1 Interchange Level Errors and TA1 Rejection Report

Any ASC X12N syntax error that occurs at this level will result in the entire transaction being rejected. These rejections are reported on a TA1 Interchange Acknowledgement.

If the data can be identified, it is then checked for trading partner relationship validation. Once validated, if the trading partner information is invalid, a TA1 report is returned to the submitter.

If the trading partner information is valid, the data is passed for ASC X12N syntax validation.

Example:

The transaction was built with incorrect sender information or incorrect total of groups at the end of the transaction:

ISA (contains sender information)
GS
ST
Detailed Segment Information-1
SE
ST
Detailed Segment Information-2
SE
ST
Detailed Segment Information-3
SE
GE
IEA (contains a number total of all functional groups within the batch)

For an additional example of this report, please see the ASC X12N Implementation.

8.2 Transaction Set Level Syntax Results and ASC X12N 999 Functional Acknowledgement

This edit is enforced by transaction set level syntax problems for all transactions within each functional group. These edits check the ST and SE level segments and the data content within these segments. These segments consist of the entire detailed information within a transaction. Any X12N syntax error that occurs at this level will result in the entire transaction being rejected. However, if the functional group consists of additional transactions without errors, these will be processed. The rejections are reported on a 999.

For an example of this report, please see the ASC X12N 270 Implementation Guide.

8.3 Acknowledgement Report

On receipt of batch files via FTP an Acknowledgement report is posted in the submitter's mailbox. The report indicates the file size and whether the file submitted contained Test or Production data.

Example:

MCN: XXXXXXXX (The eight-digit MCN assigned to the file)
Submitter: XXXX (The submitter's four-digit ID)
Type: Virginia Medicaid
Prod: P (P = Production; T = Test)
Date: MM/DD/CCYY
Time: 15:05:23
Bytes: 49803 (The number of bytes in the file. Size of file in bytes)
Records: 49803 (Repeat of above we are not currently counting records)
File Name: The name of the file as it was labeled by the submitter will appear here

8.4 CED and CER Reports

CER and CED reports will be generated and posted to the submitter's mailbox for batch identification failures.

Compliance Error Report for MCN: XXXXXXXX (The eight-digit MCN assigned to the file)
Input filename: XXXX_XXXXXXXXXXXXX.txt (The submitters four-digit ID_The name of the file as it was labeled by the submitter)
RunID: 895677 (unique number assigned by Sybase)
Service Center ID: XXXX (The four-digit ID)
Run date and time: CCYY-MM-DD 12:50:20

SKIP GOOD TRANSACTIONS flag is ON. This report will only list transactions with compliance errors.

ISA*00* *00* *ZZ*1003 *ZZ*VAMMIS FA
*121112*1549*^*00501*000000256*0*P*|~
GS*HC*1003*VAMMIS FA*20121112*1549*256*X*005010X223A2~

Skipping Transaction Sequence Number: 000008448 - From segment: 3 to: 45

GE*708*256~
IEA*1*000000256~
Error: 1 Segment No. 49 Element: GE01 (7025) - ERROR: GE Control Count Mismatch 708 vs 1

Compliance report Complete: 1 Errors Encountered.

Compliance Error Report for MCN: XXXXXXXX (eight-digit MCN assigned to the file)
Input filename: XXXX_XXXXXXXXXXXXX.txt (The submitter's four-digit ID_The name of the file as it was labeled by the submitter)
RunID: 895677 (Unique number assigned by Sybase)
Service Center ID: XXXX (The submitters four-digit ID)
Run date and time: CCYY-MM-DD 12:50:20

Error: 1 Segment No. 92 Element: GE01 (7025) - ERROR: GE Control Count Mismatch 708 vs 1

Compliance report Complete: 1 Errors Encountered.

9. Trading Partner Agreements

Prior to engaging in EDI with the Virginia Medicaid MMIS, prospective Trading Partners must complete a Trading Partner Agreement from DMAS MES EDI web portal. 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 EDI test coordinator will reach out with Testing Instructions after the approval of the Transactions.
Please follow all enrollment instructions and send any other required documents to complete the enrollment and testing process. The email address is: virginia.edisupport@Conduent.com

9.1 Trading Partners

In simple terms, an EDI Trading Partner is defined as any provider or agent acting on behalf of a provider that transmits electronic transactiondata to or receives electronic transaction data from a health plan.

There are two different types of Trading Partners for the Virginia Medicaid:

First, there are Vendors, Billing Agents, Clearinghouses and Switch Vendors who engage in Electronic Data Interchange (EDI) which may include claims and eligibility inquiries on behalf of enrolled Virginia TitleXIX providers. These Trading Partners are not enrolled providers, their only interaction with the MMIS is to submit and retrieve electronic datafiles.

Second, there are providers re-enrolling under the Title XIX Program who use their own software programs to engage in Electronic Data Interchange(EDI) with the Virginia Medicaid.

10. Transaction Specific Information- ASC 005010X279A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the implementation guide that provides options

The following are access methods supported by Virginia Medicaid:

- Access by Medicaid Recipient ID
- Access by Name and Social Security Number
- Access by Date of Birth and Name. (Any non-alphanumeric character including spaces that are included in the last name or the first name may cause the inquiry to not process successfully.)
- Access by Recipient Swipe Card

Many of the data elements included in the Companion Guides are business requirements and are not necessarily required per the ASC standard. Inclusion of a "Business-Required" data field, as defined by this Companion Guide, may aid in the delivery of a positive response.

We encourage the providers to limit the incoming 270 batches to 100,000 transactions per day.

***Please Note:** the page numbers listed below in each of the tables represent the corresponding page number in the ASC X12N Implementation Guide for this transaction. If there is no clarification provided in the comments column, please refer to your consolidated ASC X12N 270/271 Implementation Guide for further details.

10.1 270 Eligibility – Data Clarifications

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3	N/A	ISA	ISA01 - Authorization Information Qualifier	00		Use '00'.
C.4	N/A	ISA	ISA03 - Security Information Qualifier	00		Use '00'
C.4	N/A	ISA	ISA05 - Interchange ID Qualifier	ZZ		Use 'ZZ'.
C.4	N/A	ISA	IS06 - Interchange Sender ID			Use the 4-digit code assigned by Virginia Medicaid.
C.4	N/A	ISA	ISA07 - Interchange ID Qualifier	ZZ		Use 'ZZ'.
C.5	N/A	ISA	ISA08 - Interchange Receiver ID			VAMMIS FA.
C.7	N/A	GS	GS02 - Application Sender's Code			Use the 4-digit code assigned by Virginia Medicaid.
C.7	N/A	GS	GS03 - Application Receiver's Code			VAMMIS FA.
72	2100 A	NM1	NM103- Name Last or Organizational Name			VAMMIS FA.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
73	2100 A	NM1	NM108 – Identification Code Qualifier	PI		Use 'PI'.
73	2100 A	NM1	NM109 - Identification Code			VAMMIS FA
79	2100 B	NM1	NM108 - Identification Qualifier Code	SV XX		Use 'SV' for Atypical Provider ID assigned by Virginia Medicaid. Or 'XX'.
80	2100 B	NM1	NM109 - Identification Code	SV		When sending the 'SV' qualifier, use the 10-digit API assigned by Virginia Medicaid.
98	2100 C	NM1	NM109 – Identification Code		12	Use the 12-digit Medicaid Enrollee ID Number. This is the primary location for this ID
100	2100 C	REF	REF01 – Reference Identification Qualifier	SY EJ		Use 'SY' or 'EJ' only
101	2100 C	REF	REF02 – Reference Identification	EJ		When the qualifier is 'EJ' use the Medicaid Enrollee ID. Use this location for the Enrollee ID only if it is not sent in the NM109 of the above NM1 segment.
125	2100 C	DTP	DTP01 – Date/Time Qualifier	291		Use '291'
133	2110 C	EQ	EQ02 – Composite			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Medical Procedure Identifier			
134	2110 C	EQ	EQ02-1 – Product/Service ID Qualifier	HC		Use 'HC'

10.2 271 Eligibility – Health Care Information Status Notification

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3	N/A	ISA	ISA01 - Authorization Information Qualifier	00		'00'
C.4	N/A	ISA	ISA03 - Security Information Qualifier	00		'00'.
C.4	N/A	ISA	ISA05 - Interchange ID Qualifier	ZZ		'ZZ'.
C.4	N/A	ISA	IS06 - Interchange Sender ID			VAMMIS FA
C.4	N/A	ISA	IS07 - Interchange ID Qualifier	ZZ		'ZZ'.
C.5	N/A	ISA	IS08 - Interchange Receiver ID			The 4-digit code assigned by Virginia Medicaid.
C.7	N/A	GS	GS02 - Application Sender's			VAMMIS FA

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Code			
C.7	N/A	GS	GS03 - Application Receiver's Code			The 4-digit code assigned by Virginia Medicaid.
237	2100 B	NM1	NM108 - Identification Qualifier Code	SV XX		Use 'SV'- Atypical Provider ID assigned by Virginia Medicaid. Or 'XX' .
237	2100 B	NM1	NM109 - Identification Code	SV		When the Qualifier is 'SV' the 10-digit API assigned by Virginia Medicaid will be returned.
257	2100 C	NM1	NM109 - Identification Code		12	The 12-digit code Medicaid Enrollee ID Number.
			Eligibility and Benefit Loop			
296	2110 C	EB	EB01 – Eligibility or Benefit Information	1 6		'1' or '6'
303	2110 C	EB	EB04 – Insurance type code	MC		'MC'
309	2110 C	EB	EB 13-1 – Product/Service Qualifier	HC		HC Returned from the EQ02-1 on the 270.
288	2110 C	DTP	DTP01 – Date/Time Qualifier	472		Date of the eligibility/benefit inquiry from the 270
288	2110 C	DTP	DTP01 – Date/Time Qualifier	458		Renewal Date (Member Renewal Date if exists, otherwise, Case Review Date)
			Patient Pay Loop			

296	2110 C	EB	EB01	G		'G' For Patient Pay
322	2110 C	DTP	DTP01 – Date/Time Qualifier	307		'307'
323	2110	DTP	DTP02 –	RD8		RD8

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	C		Date Qualifier			
336	2120 C	NM1	NM103			TPL Carrier Name
337	2120 C	NM1	NM108	PI		'PI '
338	2120 C	NM1	NM109			TPL Carrier Code

11. Appendices

Implementation Checklist

Conduent does not offer an Implementation Checklist for our Trading Partner EDI services with Virginia Medicaid. The Virginia Medicaid EDI Department assists new Trading Partners with enrollment and testing, but a formal implementation checklist is not necessary.

Business Scenarios

Please contact the Virginia Medicaid EDI Department to discuss your specific EDI related business needs with Virginia Medicaid, should they not be covered in this guide or other available Virginia Medicaid X12N transaction companion guides

Transmission Examples

Conduent does not offer Transmission Examples for our Trading Partner EDI services with Virginia Medicaid.

Frequently Asked Questions

For current Provider and Trading Partner FAQs, please visit the following site: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal.

11.1 Service Type – Co-Pay Amount Cross Reference

Serv Type	Service Type Description	Health Benefit Plan Indicator	Co-Pay Amt	Serv Type	Service Type Description	Health Benefit Plan Indicator	Co-Pay Amt
01	Medical Care	Y	3.00	78	Chemotherapy		3.00
02	Surgical		3.00	80	Immunizations		0.00
04	Diagnostic X-RAY		3.00	81	Routine Physical		0.00
05	Diagnostic Lab		3.00	82	Family Planning		0.00
06	Radiation therapy		3.00	86	Emergency Services	Y	0.00
07	Anesthesia		3.00	88	Pharmacy	Y	0.00
08	Surgical Assistance		0.00	91	Brand Name Prescription Drug		3.00
12	Durable Medical Equipment Purchase		3.00	92	Generic Prescription Drug		1.00
13	Ambulatory Surgical center facility		3.00	93	Podiatry		3.00
18	Durable Medical Equipment Rental		3.00	98	Professional (physician) visit office	Y	1.00
20	Second Surgical Option		1.00	99	Professional (physician) visit office - Inpatient		1.00
33	Chiropractic	Y	0.00	A0	Professional (physician) visit office - Outpatient		1.00
35	Dental Care	Y	0.00	A3	Professional (physician) visit office - Home		3.00

40	Oral Surgery		3.00	A6	Psychotherapy		3.00
42	Home Health care		3.00	A7	Psychiatric - Inpatient		100.00
45	Hospice		0.00	A8	Psychiatric - Outpatient		3.00
47	Hospital	Y	100.00	AD	Occupational Therapy		3.00
48	Hospital - Inpatient	Y	100.00	AE	Physical Medicine		3.00
50	Hospital - Outpatient	Y	3.00	AF	Speech Therapy		3.00
51	Hospital - Emergency Accident		0.00	AG	Skilled Nursing Facility		0.00
52	Hospital - Emergency Medical		0.00	AI	Substance Abuse		3.00
53	Hospital - Ambulatory Surgical		3.00	AL	Vision	Y	1.00
62	MRI/CAT Scan		3.00	BG	Cardiac Rehabilitation		3.00
65	Newborn Care		0.00	BH	Pediatric		0.00
68	Well Baby Care		0.00	MH	Mental Health	Y	3.00
73	Diagnostic Medical		3.00	UC	Urgent Care	Y	3.00
76	Dialysis		1.00				