

# EDI Files

03/28/2016

# Files ED-F-270 Crosswalk 5010A1-O-270

## General Information

The EDI 270/271 Batch transaction set is to electronically request (270) enrollee eligibility information, and to respond (271) to the request. The standard data requirements and content for all users of 270/271 HIPAA transaction sets are defined in the ASC X12N 270/271 (005010X279A1) Health Care Eligibility Benefit Inquiry and Response Implementation Guide (IG) and Addenda (A1).

|                    |   |
|--------------------|---|
| Subsystem:         | EDI   |
| Copybook:          | N/A   |
|                    | N/A   |
| File Organization: | N/A   |
| Device Type:       | N/A   |
| Primary Key:       | N/A   |
| Alternate Key:     | N/A   |
| Program:           | 270/271 Batch Eligibility Request/Response (EDD100) |
| Graphics:          | <a href="#">ed-f-270</a>                            |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |

# Files ED-F-271 Crosswalk 5010A1-O-271

## General Information

The EDI 270/271 Batch transaction set is to electronically request (270) enrollee eligibility information, and to respond (271) to the request. The standard data requirements and content for all users of 270/271 HIPAA transaction sets are defined in the ASC X12N 270/271 (005010X279A1) Health Care Eligibility Benefit Inquiry and Response Implementation Guide (IG) and Addenda (A1). 1) On a daily basis, eligibility inquiries (in RSF700 format) that have been uploaded to the mainframe are processed in VaMMIS. The mainframe process creates eligibility benefit responses in the RSF701 format. They are then downloaded to the EDI server. 2) The translation map reads the downloaded responses from VaMMIS and converts them into 271 eligibility response transactions. The following crosswalk depicts the conversion specifications for the translation map:

|                    |   |
|--------------------|---|
| Subsystem:         | EDI   |
| Copybook:          | N/A   |
|                    | N/A   |
| File Organization: | N/A   |
| Device Type:       | N/A   |
| Primary Key:       | N/A   |
| Alternate Key:     | N/A   |
| Program:           | 270/271 Batch Eligibility Request/Response (EDD100) |
| Graphics:          | <a href="#">ed-f-271</a>                            |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |

# Files ED-F-271U Crosswalk 4010A1-O-271U

## General Information

**NOTE: This file is no longer used effective with the 5010 implementation. It has been replaced with the 834.**

The EDI 271 Unsolicited transaction is a monthly roster file containing a list of all enrollees eligible for transportation services under Virginia Medicaid. This is not a HIPAA mandated transaction but the standard data requirements and content for all users of 271U HIPAA Transaction is defined in the ASC X12N 270/271 (004010X092A1) Health Care Eligibility Benefit Inquiry and Response Implementation Guide (IG) and Addenda (A1). 1) Compliance map HIPAA\_271U\_4010\_50.MAP reads the outbound 271 U eligibility response transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database and passes compliant transactions to the translation map O271U4010.MAP. 2) Translation map O271U4010.MAP reads the 271 U eligibility responses from VaMMIS and converts them into 277 status response transactions. The following crosswalk depicts the conversion specifications for the translation map O271U4010.MAP

|                    |   |
|--------------------|---|
| Subsystem:         | EDI   |
| Copybook:          | N/A   |
|                    | N/A   |
| File Organization: | N/A   |
| Device Type:       | N/A   |
| Primary Key:       | N/A   |
| Alternate Key:     | N/A   |
| Program:           | 271U Unsolicited Transportation Eligibility Response (EDM100) |
| Graphics:          | <a href="#">ed-f-271u</a>                                     |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |

# Files ED-F-276 Crosswalk 5010-O-276

## General Information

The EDI Claims Status Request File contains requests from providers for information on the status of claims that have been submitted to the VaMMIS system for adjudication. The standard data requirements and content for all users of 276/277 HIPAA transaction sets are defined in the ASC X12N 276/277 (005010X212) Health Care Claim Status Request and Response Implementation Guide (IG). 1) The compliance map reads the inbound 276 status request transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database and passes compliant transactions to the translation map. 2) The translation map converts the compliant 276 status request transactions into status requests in a mainframe format file (VMCLSTRR - CP-F-320) which is uploaded to the mainframe. The following crosswalk depicts the conversion specifications for the translation map:

|                    |  |
|--------------------|--|
| Subsystem:         | EDI  |
| Copybook:          | N/A  |
|                    | N/A  |
| File Organization: | N/A  |
| Device Type:       | N/A  |
| Primary Key:       | N/A  |
| Alternate Key:     | N/A  |
| Program:           | 276/277 Claim Status Inquiry/Response (EDD200) |
| Graphics:          | <a href="#">ed-f-276</a>                       |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |

# Files ED-F-277 Crosswalk 5010-O-277

The EDI Claims Status Response File contains responses to requests from providers for information on the status of claims that have been submitted to the VaMMIS system for adjudication. The standard data requirements and content for all users of 276/277 HIPAA transaction sets are defined in the ASC X12N 276/277 (005010X212) Health Care Claim Status Request and Response Implementation Guide (IG). 1) The compliance map reads the outbound 277 Claim Status Response transactions. The map updates the EDI Transaction Log database and passes the transactions to the translation map. 2) The translation map reads the claims status responses from VaMMIS and converts them into 277 Claim Status Response transactions. The following crosswalk depicts the conversion specifications for the translation map:

|                    |  |
|--------------------|--|
| Subsystem:         | EDI  |
| Copybook:          | N/A  |
|                    | N/A  |
| File Organization: | N/A  |
| Device Type:       | N/A  |
| Primary Key:       | N/A  |
| Alternate Key:     | N/A  |
| Program:           | 276/277 Claim Status Inquiry/Response (EDD200) |
| Graphics:          | <a href="#">ed-f-277</a>                       |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |

# Files ED-F-277U Crosswalk 5010-O-277U

General Information The Unsolicited 277U transaction supplements an 835 transmission for a given provider in order to supply information about pended claims. This is not a HIPAA mandated transaction but the data requirements and content for the VaMMIS 277U Transaction is defined in the ASC X12N 276/277 (005010X212) Health Care Claim Status Request and Response Implementation Guide (IG). 1) The compliance map reads the outbound 277U Claim Status Response transactions. The map updates the EDI Transaction Log database and passes the transactions to the translation map. 2) The translation map reads the claims status responses from VaMMIS and converts them into 277U Claim Status Response transactions. The following crosswalk depicts the conversion specifications for the translation map:

|                    |   |
|--------------------|---|
| Subsystem:         | EDI   |
| Copybook:          | N/A   |
|                    | N/A   |
| File Organization: | N/A   |
| Device Type:       | N/A   |
| Primary Key:       | N/A   |
| Alternate Key:     | N/A   |
| Program:           | 277U Unsolicited Claim Status Response (EDW100) |
| Graphics:          | <a href="#">ed-f-277u</a>                       |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |

# Files ED-F-820 Crosswalk 5010-O-820

## General Information

The 820 transaction is used to provide Managed Care Organizations (MCO) capitation payment information. The standard data requirements and content for all users of the 820 HIPAA transaction set are defined in the ASC X12N 820 (005010X218) Payroll Deducted and Other Group Premium Payment for Insurance Products Implementation Guide (IG). 1) The translation map reads the downloaded flat file from VaMMIS and converts them into 820 premium payment transactions. The following crosswalk depicts the conversion specifications for the translation map: 2) The compliance map reads the outbound 820 premium payment transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database. Compliant 820 transactions are moved to the appropriate service centers' folders.

|                    |                              |
|--------------------|------------------------------|
| Subsystem:         | EDI                          |
| Copybook:          | N/A                          |
|                    | N/A                          |
| File Organization: | N/A                          |
| Device Type:       | N/A                          |
| Primary Key:       | N/A                          |
| Alternate Key:     | N/A                          |
| Program:           | 820 Premium Payment (EDM200) |
| Graphics:          | <a href="#">ed-f-820</a>     |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |

# Files ED-F-834 Crosswalk 5010A1-O-834

The 834 transaction is used to provide enrollee rosters to MCOs. The standard data requirements and content for all users of the 834 HIPAA transaction set are defined in the ASC X12N 834 (005010X220A1) Benefit Enrollment and Maintenance Implementation Guide (IG) and Addenda (A1). 1) The translation map reads the downloaded flat file from VaMMIS and converts them into 834 enrollment roster transactions. The following crosswalk depicts the conversion specifications for the translation map: 2) The compliance map reads the outbound 834 premium payment transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database Compliant 834 transactions are moved to the appropriate service centers' folders.

|                    |  |
|--------------------|--|
| Subsystem:         | EDI  |
| Copybook:          | N/A  |
|                    | N/A  |
| File Organization: | N/A  |
| Device Type:       | N/A  |
| Primary Key:       | N/A  |
| Alternate Key:     | N/A  |
| Program:           | 834 Enrollment/Disenrollment Roster (EDM300) |
| Graphics:          | <a href="#">ed-f-834</a>                     |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |

# Files ED-F-835 Crosswalk 4010A1-O-835

## General Information

The 835 transaction is used to provide remittance advice information to the providers in electronic format. The standard data requirements and content for all users of the 835 HIPAA transaction set are defined in the ASC X12N 835 (005010X221A1) Health Care Claim Payment/Advice Implementation Guide (IG) and Addenda (A1). 1) The translation map reads the downloaded flat file from VaMMIS and creates intermediate files with totaling required by the X12 transaction. After intermediate files are created, another translation map converts them into 835 claim payment transactions. The following crosswalk depicts the conversion specifications for the translation maps: 2) The compliance map reads the outbound 835 premium payment transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database. All 835 transactions are moved to the appropriate service centers' folders.

|                    |                                |
|--------------------|--------------------------------|
| Subsystem:         | EDI                            |
| Copybook:          | N/A                            |
|                    | N/A                            |
| File Organization: | N/A                            |
| Device Type:       | N/A                            |
| Primary Key:       | N/A                            |
| Alternate Key:     | N/A                            |
| Program:           | 835 Remittance Advice (EDW200) |
| Graphics:          | <a href="#">ed-f-835</a>       |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |

# Files ED-F-837D Crosswalk 5010A2-O-837D

## General Information

The Health Care Claim Transaction Set (837) is used to submit health care claim billing and/or medical encounter information from providers of health care services to Virginia Medicaid. The standard data requirements and content for all users of the 837 Dental HIPAA transaction set are defined in the ASC X12N 837 (005010X224A2) Health Care Claim: Professional Implementation Guide (IG) and Addenda (A2). 1) The compliance map reads the inbound 837 Dental transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database and passes compliant transactions to the translation map. 2) The translation map converts the compliant 837 Dental transactions into claims in a mainframe format file (VMCPACTV- CP-F-006), known as the AWR file, which is uploaded to the mainframe. The following crosswalk depicts the mapping specifications for the translation map:

|                    |  |
|--------------------|--|
| Subsystem:         | EDI  |
| Copybook:          | N/A  |
|                    | N/A  |
| File Organization: | N/A  |
| Device Type:       | N/A  |
| Primary Key:       | N/A  |
| Alternate Key:     | N/A  |
| Program:           | 837D Dental Claims and Encounters (EDD400) |
| Graphics:          | <a href="#">ed-f-837d</a>                  |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |

# Files ED-F-837I Crosswalk 5010A2-O-837I

## General Information

The Health Care Claim Transaction Set (837) is used to submit health care claim billing and/or medical encounter information from providers of health care services to Virginia Medicaid. The standard data requirements and content for all users of the 837 Institutional HIPAA transaction set are defined in the ASC X12N 837 (005010X223A2) Health Care Claim: Institutional Implementation Guide (IG) and Addenda (A2). 1) The compliance map reads the inbound 837 Institutional transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database and passes compliant transactions to the translation map 2) The translation map converts the compliant 837 Institutional transactions into claims/encounters in a mainframe format file (VMCPACTV- CP-F-006), known as the AWR file, which is uploaded to the mainframe. The following Crosswalk depicts the mapping specifications for the translation map:

|                    |   |
|--------------------|---|
| Subsystem:         | EDI   |
| Copybook:          | N/A   |
|                    | N/A   |
| File Organization: | N/A   |
| Device Type:       | N/A   |
| Primary Key:       | N/A   |
| Alternate Key:     | N/A   |
| Program:           | 837I Institutional Claims and Encounters (EDD500) |
| Graphics:          | <a href="#">ed-f-837i</a>                         |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |

# Files ED-F-837P Crosswalk 5010A1-O-837P

## General Information

The Health Care Claim Transaction Set (837) is used to submit health care claim billing and/or medical encounter information from providers of health care services to Virginia Medicaid. The standard data requirements and content for all users of the 837 Professional HIPAA transaction set are defined in the ASC X12N 837 (005010X222A1) Health Care Claim: Professional Implementation Guide (IG) and Addenda (A1). 1) The compliance map reads the inbound 837 Professional transactions and checks them for HIPAA X12N compliance. It updates the EDI Transaction Log database and passes compliant transactions to the translation map. 2) The translation map converts the compliant 837 Professional transactions into claims/encounters in a mainframe format file (VMCPACTV-CP-F-006), known as the AWR file, which is uploaded to the mainframe. The following crosswalk depicts the mapping specifications for the translation map:

|                    |  |
|--------------------|--|
| Subsystem:         | EDI  |
| Copybook:          | N/A  |
|                    | N/A  |
| File Organization: | N/A  |
| Device Type:       | N/A  |
| Primary Key:       | N/A  |
| Alternate Key:     | N/A  |
| Program:           | 837P Professional Claims and Encounters (EDD600) |
| Graphics:          | <a href="#">ed-f-837p</a>                        |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |

# Files ED-F-NCPDP Crosswalk NCPDP Batch 1.2 Telecommunication D 0

## General Information

The batch NCPDP transaction is used by providers through authorized service centers to submit payment request for pharmacy prescription services and track encounter and other information related to the patient and provider. The standard data requirements and content for all users of NCPDP Pharmacy transaction is defined in the NCPDP Telecommunication Standard Version 5, Release 1, HIPAA Implementation Guide (IG). The above-mentioned data is transmitted within envelope records described in the NCPDP Batch Standard Version 1, Release 1. Compliance map INCP11RSP.map reads and edits the inbound NCPDP Pharmacy transmission. If errors are found at this level, the entire file is rejected and an NCPDP Response transmission is returned with this information. If a file passes this high-level compliance check, it is forwarded to the next step, which is to translate the pharmacy transactions (IB1NCP1151.MAP) to VaMMIS format (VMCPACTV). Within this process, individual transactions (claims) are "captured" or "rejected" and an NCPDP Response transmission is returned, giving detailed information of each transaction. Only "captured" claims are cross-walked into the flat-file format to be uploaded to the mainframe for VaMMIS adjudication. The following crosswalk depicts the conversion specifications for the translation map IB1NCP1151.MAP:

|                    |   |
|--------------------|---|
| Subsystem:         | EDI   |
| Copybook:          | N/A   |
|                    | N/A   |
| File Organization: | N/A   |
| Device Type:       | N/A   |
| Primary Key:       | N/A   |
| Alternate Key:     | N/A   |
| Program:           | NCPDP Pharmacy Claims and Encounters (EDD700)<br>NCPDP Pharmacy Claim and Encounter Response (EDD800) |
| Graphics:          | <a href="#">ed-of-ncpdp</a>   |

## Field Definitions

| Copybook | Element ID | Field Name | Data Element Dictionary Name |
|----------|------------|------------|------------------------------|
| N/A      |            |            |                              |