Virginia Medicaid Web Portal
EDI
Frequently Asked Questions
Revised 10/18/2013

FAQ Contents

Version Change Summary

Version No.	Description	Date
Version 4.0	Updated General Questions for HOpR Phase III	10/18/2013
Version 3.0	Updated Current Production Processes Updated General Questions	3/18/2013
Version 2.0	Updated General Questions Updated Current Production Processes Updated Transaction-specific Questions	6/4/2012
Version 1.0	Removed EDI Transition to ACS section, Updated General Question section – Are paper claims still accepted, Updated Changes to Current Production Processes with new FTP URL, Added Contact Information, Password Information and Crossover claim information	6/28/2011
Version 0.02	Added section – Changes to Current Production Processes	1/31/2011
Version 0.01	Original Implementation	5/23/2010

FTP Protocol: Use https://VAMMIS-FileTransfer.com to transfer files to Xerox using the FTP protocol. Instructions on how to validate and navigate within the system can be found in the Companion Guides:
https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/EDICompanionGuides
.

- HTTP Protocol: Depending on content, use the specific URL's mentioned below to transfer messages and files to Xerox using the HTTP protocol.

  o Real-Time 270 SOAP: https://secure.vammis-ediexchange.com/RealTime270SOAP/RealTime270SOAP.svc
  o Real-Time 276 SOAP: https://secure.vammis-ediexchange.com/RealTime276SOAP/RealTime276SOAP.svc
  o Batch 270 MIME: https://secure.vammis-ediexchange.com/Batch270MIME/BTSHTTPReceive.dll
  o Batch 271 MIME: https://secure.vammis-ediexchange.com/Batch271MIME/BTSHTTPReceive.dll
  o Batch 276 MIME: https://secure.vammis-ediexchange.com/Batch276MIME/BTSHTTPReceive.dll
  o Batch 277 MIME: https://secure.vammis-ediexchange.com/Batch277MIME/BTSHTTPReceive.dll
  o Batch 999 MIME: https://secure.vammis-ediexchange.com/Batch999MIME/BTSHTTPReceive.dll

- ZIP File Handling – Zip files will be decompressed on the FTP server. You will receive an appropriate acknowledgement for the ZIP file itself (ZIP for Valid, BZF for Bad Zip File). The contents of the archive will be processed individually and an MCN will be generated for each – resulting in the generation of an ACK and 999 for each file.

Current Production Processes (Continued)

- Invalid File Extensions – Files submitted with known extensions which are not associated with EDI transaction will be immediately rejected at the FTP server. Following is a table identifying those extensions which will not be processed (you will receive an IFE – Invalid File Extension acknowledgement):

Extension	Known Association
ADE	Microsoft Access Project Extension
ADP	Microsoft Access Project
BAS	Visual Basic Class Module
BAT	Batch File
CHM	Compiled HTML Help File
CMD	Windows NT Command Script
COM	MS-DOS Application
CPL	Control Panel Extension
CRT	Security Certificate
DLL	Dynamic Link Library
DOC*	Word Documents
DOT*	Word Templates
EXE	Application
GIF	Image (Graphics Interchange Format)
HLP	Windows Help File
HTA	HTML Applications
INF	Setup Information File
INS	Internet Communication Settings
ISP	Internet Communication Settings
JP*G	Image (Joint Photographic Experts Group)
JS *	JScript File
LNK	Shortcut
MDB	Microsoft Access Application
MDE	Microsoft Access MDE Database
MP3	Music
MP*G	Multimedia (Moving Picture Experts Group)
MSC	Microsoft Common Console Document
MSI	Windows Installer Package
MSP	Windows Installer Patch
MST	Visual Test Source File
OCX	ActiveX Objects
PCD	Photo CD Image
PDF	Image (Adobe)
PIF	Shortcut to MS
PNG	Image (Portable Network Graphics)
POT	PowerPoint Templates
PPT	PowerPoint Files
REG	Registration Entries
SCR	Screen Saver

Extension	Known Association
SCT	Windows Script Component
SHB	Document Shortcut File
SHS	Shell Scrap Object
SYS	System Config/Driver
TIF*	Image (Tagged Image File Format)
URL	Internet Shortcut (Uniform Resource Locator)
VB*	VBScript File
WMA	Windows Media
WS*	Windows Script File
XL*	Excel Files and Templates

Note: *** indicates a wildcard**

Where can I go to get more information on what I need to do to send transactions to Virginia Medicaid?

The latest information will always be on the http://virginiamedicaid.dmas.virginia.gov/ web site. Using the Provider Services navigation tab, click on Provider Manuals and choose the Service Center User Manual. Details on sending electronic claims to Virginia Medicaid are contained in the manual with provider forms included in the appendix. If you have questions about electronic billing, contact our Xerox EDI Helpdesk toll free at 866-352-0766.

Does every provider have to test?

Virginia Medicaid is requiring all entities (clearinghouses, intermediaries, and software vendors) that submit X12 transactions to Xerox to test and meet requirements through Level 2. Once they have met this requirement, any provider can submit transactions through one of these entities.

Do we have to test all of our sites/providers if we only have 1 service center number?

Virginia Medicaid is only testing service centers. Once a service center is approved and in production for a transaction, they can send that transaction for any provider number that is registered to them.

Do service centers and software vendors have to be certified?

All clearinghouses, intermediaries, and software vendors must certify through a third party to at least Level 2.

Is there a list of HIPAA compliant software vendors?

Xerox maintains a list of software vendors who are approved or in the process of getting approved for the ASC X12N transactions. This list is not to be construed as an endorsement, recommendation, or warranty of any kind by Xerox or DMAS. It is a list of vendors who have asked to be added to Xerox's Vendor List. This list does not imply compliance because part of compliance is data from the provider site. If this data is missing, then the transaction is not compliant. The software vendor will work with you to collect the necessary data so the

transactions can be compliant. To request a faxed copy of the Vendor List contact the Xerox EDI Helpdesk, toll free at 866-352-0766.

When there is an error, will the whole batch reject?

If there is an error in the X12 envelope control information then the entire file will be rejected. If there is a compliance error then all claims within that ST-SE group will be rejected. If the ST-SE group processes through our compliance checker then claims will only be rejected by the MMIS on a claim-by-claim basis. A 999 acknowledgement will be returned for each transmission.

Is Virginia Medicaid using the addendum version of the ASC X12N 4010?

No, we are using the ASC X12N Version 5010. Version 4010/4010A1 is no longer accepted.

Are paper claims still accepted?

Yes, paper claims continue to be accepted. However, we do feel strongly that electronic claim submission is preferable for improved cash flow and more accurate claims coming from your facility. It should be noted that 300-H Electronic Participation with Virginia Medicaid became effective for new providers on 10/01/2011 and all others enrolled on that date by 7/01/2012. Refer to Medicaid Memo dated 5/10/2011 for further details.

Can we submit attachments with electronic claims?

Yes. The Attachment Control Number is found in the 2300 Loop, Segment PWK, Data Element PWK06. Formatting for this field can be found in the Virginia Medicaid Companion Guide for each transaction type. This same Attachment Control Number is then placed on the cover sheet for the attachment and sent to Virginia Medicaid. See Medicaid Memo to providers from 07/19/2004 (can be located through the "Provider Services" navigation tab).

What is new with HIPAA Operating Rules Phase?

The Patient Protection and Affordable Care Act mandates require health plans to meet data content requirements, connectivity standards, and service and performance timeframes for eligibility and claim status transactions. The Provider benefits are:

General Questions (Continued)

- Improved availability of Virginia patient data, especially on evenings and weekends, for both eligibility and claim status transactions,
- Faster online confirmation of patient insurance and benefit coverage should help reduce the number of denied claims and write-offs for uncovered services,
- Greater detail in the eligibility data content returned should reduce inquiries by the billing/administrative staff to Medicaid Provider Services, allowing staff to focus on other and more critical administrative tasks,
- More specific and detailed error messages presented in a standard way allows providers to readily make corrections for immediate resubmission instead of calling Virginia Medicaid to determine the problem, and
- A standardized companion guide for dealing with multiple payers in a more efficient fashion.
- Standardized online enrollment for EFT and ERA transactions.
- Standardized CARC/RARC/CAGC Code Combinations.
- Reassociation between EFT and ERA transactions.

To find out more about the mandated Operating Rules please access the following link: http://www.caqh.org/ORMandate_index.php.

If we are a clearinghouse, can 835 Health Care Claim Payment/Remittance be set up so that each provider can receive their own remittance?

No, the remittance advice (Transaction 835) can only be sent to a service center. As a clearinghouse, you have a service center number, the provider does not.

Should Loop "2320" Segment "Amt" "Amt02" reflect only the payment amount or should it include the contractual amount?

There are several AMT segments in Loop 2320. Assuming you are referring to Payer Prior Payment Amount (AMT01="D"), AMT02 should be the total amount paid by the other payer.

What should be placed in Loop 2300, Segment CN1, Data Element CN101?

We do not expect to receive the CN1 Segment for claims. It is intended to be used by MCO's when submitting encounter data.

We receive our Explanation of Benefits information electronically. Do all new providers who begin practicing in our office need to be individually set up for our Electronic Remittance Advice?

No, if all providers in your office are paid through your Group NPI#. Please do not fax the **EDI 103 - Provider Service Center Authorization** form.

Yes, if all providers in your office are paid with individual checks to their individual NPI#'s. Please fax the **EDI 103 - Provider Service Center Authorization** form with the individual NPI# listed to the EDI Helpdesk Support Desk at 888-335-8460.

Why do my crossover claims get denied for missing billed amount?

Please ensure that all insurance types are listed with their billed amounts in the claim. Also, Medicaid should always be listed as the last payer.

Why do I receive the compliance error, N301 (2350) - Street number required in 2010AA N3/01 element?

In version 5010, Post Office Box or Lock Box addresses in the Billing provider 2010AA N3 Billing Provider Address Information are no longer allowed. A physical (street) address is required.

What is indicated by the compliance error, (2343) - 2310B is not valid when the ID is the same as in the 2010AA loop?

The 2310B loop should be removed if the rendering provider is the same as the billing provider.

What correction is needed for error SV102 (2307) - SV102 element does not equal the sum of 2430 CAS amounts + 2430 SVD02 element?

For professional claims (837P), the line item charge amount in the 2400 loop SV102 segment must equal the sum of the service line adjustment amounts in the 2430 loop CAS segment and the service line paid amount in the 2430 loop SVD02 segment.

What should I do when I receive compliance error (2340) - For previous CLM, when DTP01=435 or HI01=BJ/ABJ exists, the other is required?

For inpatient claims, both the Admission Date and Admitting diagnosis are required. If an admission date is present in the DTP segment, then an admitting diagnosis must also be present in the HI segment. If this is not an inpatient claim, the DTP segment can be removed.

Password Information

Passwords will expire every 90 days. We will send out a courtesy email to remind you to change your password 5 days before the actual expiration.

Should you need a password reset, please use the "Request a password change" on the home screen of the FTP website. You will simply need to enter in your 4 digit Service Center/User number and an email will be sent to the address on file for your account. This email will contain a temporary password. You will need to log in to the FTP site and change your password BEFORE you log in to any FTP software that you might use.

If your password or IP address becomes locked, you will need to contact the Xerox Helpdesk at 1-866-352-0766 for further assistance.

Contact Information

Please ensure that we are informed of any contact information changes. Without proper notification of contact or email changes, we will not be able to release your new password to you.

Contact information changes should be supplied to Virginia Medicaid in the form of a letter on company letterhead containing the appropriate change as well as the 4 digit Service Center/User number as previously assigned to you by Virginia Medicaid. Please ensure that this letter contains a signature of your supervisor.

This letter can be faxed to: 1-888-335-8460
Or mailed to:
Xerox State Healthcare, LLC
EDI Coordinator
Virginia Medicaid Fiscal Agent Services
P.O. Box 26228
Richmond, VA 23260-6228