



Texas Vendor Drug Program

HIPAA EDI Companion Guide

for

835 Electronic Remittance Advice

ASC X12 Standards for Electronic Data Interchange

Technical Report Type 3 (TR3)

Version 005010X221A1

February 16, 2024

Version 1.0

Change History

Version	Date	Description	Author
1.0	02/16/2024	Baseline version	Pamela Palmer Michelle Sebastian

Preface

This Companion Guide to the 5010 standard that regulates the electronic transmission of certain health care transactions (X12) Type 3 Technical Reports (TR3) and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with Gainwell Technologies (Gainwell), the vendor acting on behalf of the Texas (TX) Health and Human Services Commission (HHSC) Vendor Drug Program (VDP).

Transmissions based on this companion guide, used in tandem with the v5010 Accredited Standards Committee (ASC) X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide's purpose is to convey information within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. This Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

Table of Contents

1	Introduction	5
1.1	Scope	6
1.2	Overview	6
1.3	References.....	6
1.4	Additional Information	6
2	Getting Started.....	7
2.1	Working with Gainwell Technologies	7
2.2	Trading Partner Registration.....	7
3	Connectivity with the Payer/Communications Process Flows.....	8
3.1	Process Flows.....	8
3.2	Transmission Administrative Procedures	8
3.3	Communication Protocol Specifications	9
4	Contact Information	10
4.1	Gainwell Service Desk.....	10
4.2	Applicable Websites/Email	10
5	Control Segments and Envelopes.....	11
5.1	Delimiters	11
5.2	Interchange Control Header/ Interchange Control Trailer (ISA-IEA)	11
5.3	Functional Group Header/Functional Group Trailer (GS-GE)	11
5.4	Transaction Set Header/Transaction Set Trailer (ST-SE)	11
6	Payer Specific Business Rules and Limitations	12
7	Acknowledgements and Reports.....	13
7.1	Report Inventory	13
8	Transaction Specific Information	14
Appendix A.	Abbreviations	22
Appendix B.	Implementation Checklist	23

List of Figures

Figure 1: Process Flow EDI Gateway (EDIGW) Services 8

List of Tables

Table 1: Columns for Transaction Set Companion Guide Detailed Description 5

Table 2: Delimiter Specifications 11

Table 3: ASC X12N 835 Healthcare Claim Requirements 14

1 Introduction

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA are detailed using a table. The tables contain a row for each segment where Gainwell has something additional to the information in the TR3s.

That information can:

- Limit the repeat of loops, or segments,
- Limit the length of a simple data element,
- Specify a subset of the TR3s internal code listings,
- Clarify the use of loops, segments, composite, and simple data elements,
- Tie required information directly to a loop, segment, composite, or simple data element pertinent to trading electronically with Gainwell.

In addition to the row for each segment, one or more additional rows are used to describe Gainwell's usage for composite and simple data elements and for any other information. Gainwell's notes and comments, if applicable, are at the deepest level of detail. For example, a note about a code value is 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 guides. The table reflects sample data and not actual data.

Table 1: Columns for Transaction Set Companion Guide Detailed Description

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate a new segment has begun. It is always shaded at ten percent (10%) and notes or comments 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			
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 value N6 is the default. Not populating the first three (3) columns makes it clear the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit			

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 how to specify only one (1) code value is applicable.

1.1 Scope

This companion guide documents the transaction type listed below and further defines situational and required data elements Gainwell uses for processing 835 healthcare claim payment advice for the VDP. This document is not the complete Electronic Data Interchange (EDI) transaction format specifications. Refer to the ASC X12N Implementation Guides or 5010 TR3s for information not supplied in this document, such as code lists, definitions, and edits.

- Healthcare Claim Payment/Advice ASC X12N 835 (005010X221)
- Addenda Healthcare Claim Payment Advice ASC X12N 835 (005010X221A1)

1.2 Overview

Data elements, segments, and loops are not included in this guide and are not used for processing claims by VDP. These elements are still sent if the information is required for compliance with the ASC X12N version 5010A1 format.

1.3 References

Refer to <http://store.x12.org/store/healthcare-5010-consolidated-guides> for the ASC X12N Implementation Guides and 5010 TR3s standards developed by the X12 committee and published by the Washington Publishing Company (WPC).

1.4 Additional Information

Assumptions regarding the reader:

- VDP encourages all providers to receive and use the standard HIPAA 835 Healthcare Claim Payment Advice.

Advantages/Benefits of EDI:

- The 835 Healthcare Claim Payment Advice allows the automated matchup of claims payment data sent to the receiver from VDP using computer software.

If the user has not already received the 835 Healthcare Claim Payment Advice (electronically), contact the Gainwell Service Desk at (800) 435-4165, select Option 1 to enter the Provider National Provider Identifier (NPI) or Option 2 to enter the Provider Medicaid Identification (ID), then select Option 4 for Pharmacy 835. To reach out via email, the pharmacy must register with the VDP Provider Portal. See Section 2.1 for link to VDP Provider Portal.

2 Getting Started

2.1 Working with Gainwell Technologies

Refer to the VDP Provider Portal (<https://provider.txvdpportal.com>) for more information such as user manuals, contact information and general FAQs.

For any questions, 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.

2.2 Trading Partner Registration

A trading partner is any entity with which Gainwell exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. The VDP Provider Portal (<https://provider.txvdpportal.com>) supports the following categories of trading partners:

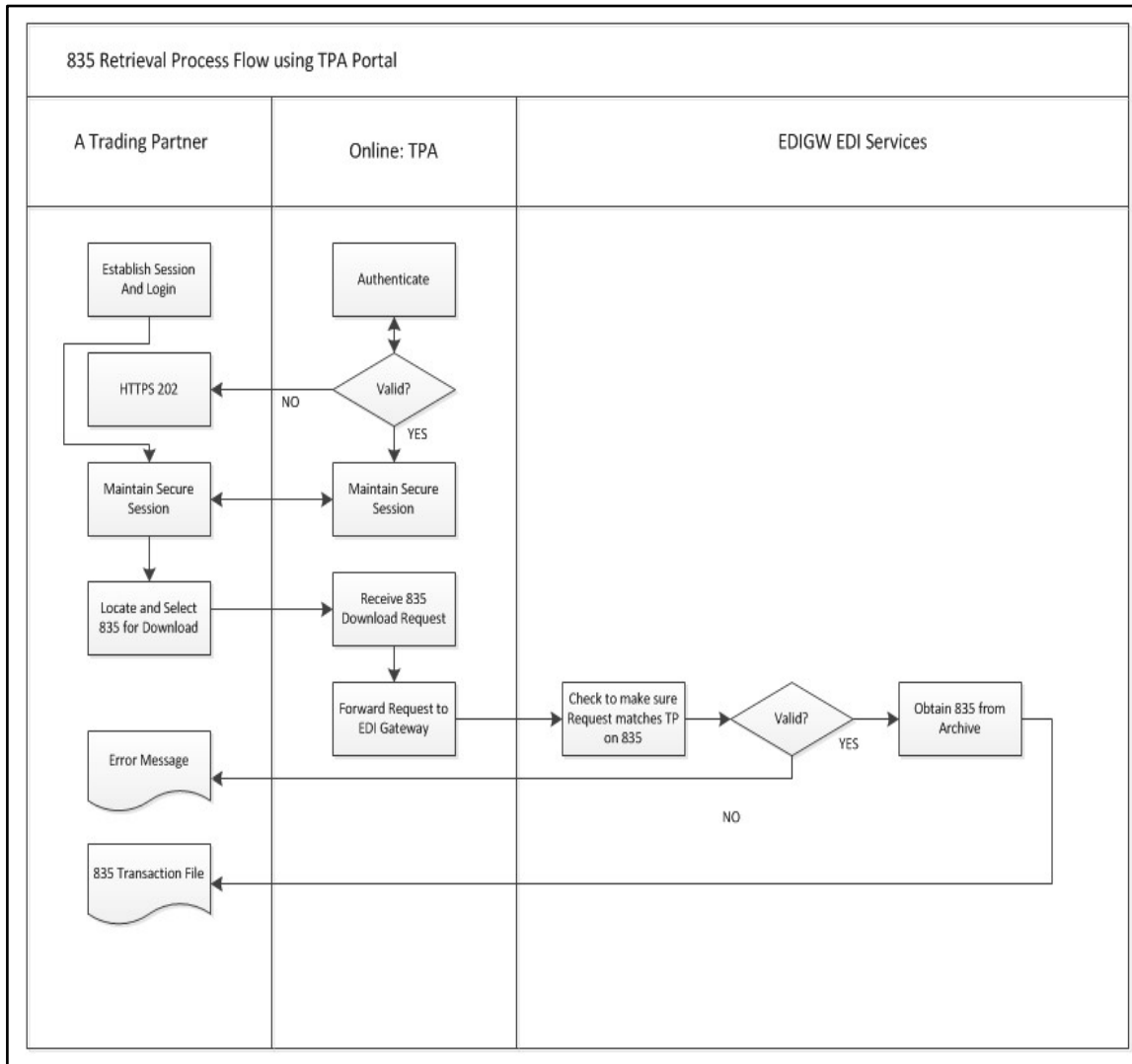
- Pharmacy provider
- Billing Agency on behalf of the pharmacy provider

To obtain a trading partner identifier, refer to the VDP Provider Portal (<https://provider.txvdpportal.com>) or contact Gainwell Service Desk at (800) 435-4165, select Option 1 to enter the provider NPI.

3 Connectivity with the Payer/Communications Process Flows

3.1 Process Flows

Figure 1: Process Flow EDI Gateway (EDIGW) Services and Third-Party Administrators (TPA)



3.2 Transmission Administrative Procedures

All 835 Healthcare Claim Payment Advice transaction files, acknowledgments, and responses to transactions submitted via the VDP Provider Portal (<https://provider.txvdportal.com>) can be accessed by selecting Finance 835 under the File Exchange Menu X12 responses from the VDP Provider Portal.

Refer to the VDP Provider Portal File Exchange User Guide for more information.

3.3 Communication Protocol Specifications

Refer to the Health Care Claim Payment/Advice (835) ASC X12N Implementation Guide for more information on submitting Batch and Real-Time transactions: <http://store.x12.org/store/healthcare-5010-consolidated-guides>.

4 Contact Information

4.1 Gainwell Service Desk

Contact 800-435-4165, select Option 1 to enter the provider NPI, then select Option 3 for technical support.

4.2 Applicable Websites/Email

Trading partners can use the website and email address below for assistance and to receive answers to questions relating to EDI file submissions, provider enrollment, and services.

- VDP Provider Portal: <https://provider.txvdportal.com>
- Email: TX_MCD_PBM@GainwellTechnologies.com

5 Control Segments and Envelopes

5.1 Delimiters

VDP does not require specific values for the delimiters used in electronic transactions. The suggested values are included in the following table:

Table 2: Delimiter Specifications

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

5.2 Interchange Control Header/ Interchange Control Trailer (ISA-IEA)

The following ISA/IEA fields are the sender and receiver specific information listed in the 835 transactions. For all other fields, refer to the Transaction Specific Information Table in Transaction Specific Information.

- ISA06 – Interchange Sender ID contains TX_MES_4_MMS_IG.
- ISA08 – Interchange Receiver ID contains the Gainwell assigned trading partner ID.
- ISA13 – Sender--generated Interchange Control Number must match the number in IEA02.

5.3 Functional Group Header/Functional Group Trailer (GS-GE)

The following GS/GE fields are the sender and receiver specific information listed in the 835 transactions.

For all other fields, refer to the transaction specific information table in Transaction Specific Information.

- GS02 – Interchange Sender ID contains TX_MES_4_MMS_IG.
- GS03 – Interchange Receiver ID contains the Gainwell assigned trading partner ID. GS06 – Sender generated Group Control Number must match the number in GE02.

5.4 Transaction Set Header/Transaction Set Trailer (ST-SE)

The following ST/SE fields are the sender and receiver specific information listed in the 835 transactions.

For all other fields, refer to the transaction specific information table in Transaction Specific Information.

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

6 Payer Specific Business Rules and Limitations

For Gainwell's specific business rules and limitations in association with the ASC X12N 835 Healthcare Claim Payment Advice transaction, refer to Transaction Specific Information.

7 Acknowledgements and Reports

7.1 Report Inventory

The 835 Healthcare Claim Payment Advice transaction files are generated once a week and report claims are in their finalized status (Paid, Denied, or Reversed). Once generated, the 835 file(s) can be downloaded via TX VDP Portal (<https://provider.txvdpportal.com>).

8 Transaction Specific Information

The following table lists the specific requirements for reading and processing an ASC X12N 835 Healthcare Claim Payment Advice transaction file returned by Gainwell.

Use these guidelines in conjunction with the official ASC X12N 835 TR3 document to read and process the downloaded 835 Healthcare Claim Payment Advice transaction files.

Table 3: ASC X12N 835 Healthcare Claim Requirements

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
C.3	Header	ISA	Interchange Control Header	ISA	3	
C.4		ISA01	Authorization Information Qualifier	00	2	
		ISA02	Authorization Information	[Filled with Spaces]	10	
		ISA03	Security Information Qualifier	00	2	
		ISA04	Security Information	[Filled with Spaces]	10	
		ISA05	Interchange ID Qualifier	ZZ	2	
		ISA06	Interchange Sender ID	TX_MES_4_M MS_IG	15	
C.5		ISA07	Interchange ID Qualifier	ZZ	2	
		ISA08	Interchange Receiver ID		15	Gainwell assigned Trading Partner ID
		ISA09	Interchange Date	YYMMDD	6	
		ISA10	Interchange Time	HHMM	4	
		ISA11	Repetition Separator	^	1	
		ISA12	Interchange Version Number	00501	5	
		ISA13	Interchange Control Number		9	Assigned by Sender (must be identical to interchange trailer IEA02)
C.6		ISA14	Acknowledgement Requested	0 = No Ack. Requested	1	
		ISA15	Usage Indicator	P	1	
		ISA16	Component Element Separator	:	1	
C.7		GS	Functional Group Header	GS	2	
		GS01	Functional Identifier Code	HP	2	

**Texas Vendor Drug Program
Transaction Specific Information**

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		GS02	Application Sender's Code	TX_MES_4_M MS_IG	6	Must be identical to the value in the ISA06
		GS03	Application Receiver's Code		2/15	Gainwell assigned Trading Partner ID
C.8		GS04	Date	CCYYMMDD	8	
		GS05	Time	HHMM	4/8	Time based on a 24-hour clock
		GS06	Group Control Number		1/9	Assigned by Sender (must be identical to the value in the GS02)
		GS07	Responsible Agency Code	X	1/2	
		GS08	Version / Release Code	005010X221A1	1/12	
68		ST	Transaction Set Header	ST	2	
		ST01	Transaction Set Identification Code	835	3	
		ST02	Transaction Set Control Number		4/9	Sequential number Assigned by Sender (must be identical to value in SE02)
69	Header	BPR	Financial Information	BPR	3	
70		BPR01	Transaction Handling Code	I = Remittance information only	1/2	
71		BPR02	Monetary Amount		1/18	Payment amount
		BPR03	Credit/Debit Flag code	C = Credit	1	Payment to receiver's account
72		BPR04	Payment Method Code	CHK = Check BOP = Financial Institution Option	3	
		BPR05	Payment Format Code	CCP	1/10	
73		BPR06	(DFI)ID Number Qualifier	01 when BPR04 = BOP	2	
		BPR07	(DFI) Identification Number		3/12	Required when BPR04 = BOP
74		BPR08	Account Number Qualifier	DA = Demand Deposit when BPR04 = BOP	1/3	
		BPR09	Account Number			Required when BPR04 = BOP
		BPR10	Originating Company Identifier		10	Required when BPR04 = BOP
75		BPR12	(DFI) ID Number Qualifier	01 = ABA Transit Routing Number	2	Including Check Digits when BPR04 = BOP
		BPR13	(DFI) Identification Number		3/12	Bank Number

**Texas Vendor Drug Program
Transaction Specific Information**

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
76		BPR14	Account Number Qualifier		1/3	Account Type
		BPR15	Account Number		1/35	Bank Account Number
		BPR16	Date	CCYYMMDD	8	EFT or Check Issue Date
77	HEAD ER	TRN	Reassociation Trace Number	TRN	3	
		TRN01	Trace Type Code	1 = Current Transaction Trace Number	1/2	
		TRN02	Reference Identification		1/50	Check or EFT Trace Number
		TRN03	Originating Company Identifier		10	Payer Identifier
		TRN04	Reference Identification		10	RA Advice Number Not Used
85	HEAD ER	DTM	Production Date	DTM	3	
		DTM01	Date/Time Qualifier	405 = Production	3	
86		DTM02	Date	CCYYMMDD	8	Production Date
87	1000A	N1	Payer Identification	N1	2	
		N101	Entity Identifier Code	PR = Payer	2/3	
		N102	Name		1/60	Payer Name
89	1000A	N3	Payer Address	N3	2	
		N301	Address Information	Payer Address	1/55	Payer Address
90	1000A	N4	Payer City, State, ZIP Code	N4	2	
		N401	City Name		2/30	City
91		N402	State or Province Code		2	State - Required if address is in the United States
		N403	Postal Code		3/15	ZIP Code - Required if address is in the United States
94	1000A	PER	Payer Business Contact Information	PER	3	
95		PER01	Contact Function Code	CX = Payers Claim Office	2	
		PER02	Name		1/60	Contact Name
		PER03	Communication Number Qualifier	TE = Telephone	2	
		PER04	Communication Number	AAABBBCCCC	1/256	Contact Number
			Segment End	~	1	
97	1000A	PER	Payer Technical Contact Information	PER	3	
		PER01	Contact Function Code	BL = Technical Department	2	
98		PER02	Name		1/60	Contact Name
		PER03	Communication Number Qualifier	TE = Telephone	2	

**Texas Vendor Drug Program
Transaction Specific Information**

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		PER04	Communication Number	AAABBBCCCC	1/256	Contact Number
102	1000B	N1	Payee Identification	N1	2	
		N101	Entity Identifier Code	PE = Payee	2/3	
		N102	Name		1/60	Provider Name
103		N103	Identification Code Qualifier	FI = Federal Taxpayer's Identification Number XX = Health Care Financing Administration National Provider ID	1/2	
		N104	Identification Code		2/80	Identification Code - NPI or Tax ID
104	1000B	N3	Payee Address	N3	2	
		N301	Address Information		1/55	Payee Address Line 1 – Street, PO
		N302	Address Information		1/55	Address Line 2 - Suite
105	1000B	N4	Payee City, State, ZIP Code	N4	2	
		N401	City Name		2/30	City
106		N402	State or Province Code		2	Required if address is in the United States
		N403	Postal Code		3/15	Required if address is in the United States
107	1000B	REF	Payee Additional identification	REF	3	Reference Identification
		REF01	Reference Identification Qualifier	TJ = SSN FEIN Qualifier, If N103 = XX, PQ = Payee Identification = Gainwell	2/3	
108		REF02	Reference Identification		1/50	SSN FEIN (Tax ID) if REF01(1) = TJ
111	2000	LX	Header Number	LX	2	
		LX01	Assigned Number		1/6	Sequential Number
112	2000	TS3	Provider summary information			Not Used
123	2100	CLP	Claim Payment Information	CLP	3	Claim Level Data
		CLP01	Claim Submitter's Identifier		1/38	Rx Number
124		CLP02	Claim Status Code	1 = Paid Primary 2 = Paid Secondary	1/2	

**Texas Vendor Drug Program
Transaction Specific Information**

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
				22 = Reversal		
125		CLP03	Monetary Amount		1/18	Billed Amount – Billed amount for each claim
125		CLP04	Monetary Amount		1/18	Paid Amount – The dollar amount included in the payment for the claim
		CLP05	Monetary Amount		1/18	Co-Pay Amount
126		CLP06	Claim Filing Indicator Code	MC = Medicaid	1/2	Code Identifying the type of claim
127		CLP07	Reference Identification		1/50	Claim Internal Control Number (ICN)
129	2100	CAS	Claims Adjustment	CAS	3	Claim Adjustment (see note at end of CAS segment)
131		CAS01	Claim Adjustment Group Code	CO = Contractual Obligations OA = Other Adjustments PI = Payer Initiated Reduction PR = Patient Responsibility	1/2	
		CAS02	Claim Adjustment Reason Code		1/5	First claim adjustment reason code
132		CAS03	Monetary Amount		1/18	First claim adjustment amount
137	2100	NM1	Patient Name	NM1	3	Individual or Organizational Name
		NM101	Entity Identifier Code	QC = Patient Name	2	
138		NM102	Entity Type Qualifier	1 = Person	1	
		NM103	Name, Last or Organization Name		1/60	Client Last Name Required for all claims that are not retail pharmacy claims. Required for retail pharmacy claims when the information is known.
		NM104	Name, First		1/35	Client First Name Required when the patient has a first name, and it is known.
		NM105	Name, Middle		1/25	Client Middle Name
		NM106	Not used			
		NM107	Name, Suffix		1/10	Patient Suffix
139		NM108	Identification Code Qualifier	MI = Member Identification Number	1/2	
		NM109	Identification Code		2/80	Patient Medicaid ID Number
153	2100	NM1	Corrected Priority Payer Name	NM1	3	

**Texas Vendor Drug Program
Transaction Specific Information**

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		NM101	Entity Identifier Code	PR = Payer	2/3	
154		NM102	Entity Type Qualifier	2 = Non-Person Entity	1	
		NM103	Name, Last or Organization Name		1/60	Corrected Priority Payer Name
		NM108	Identification code Qualifier	PI = Payer Identification	1/2	
		NM109	Identification Code		2/80	Payer Identification Number
173	2100	DTM	Statement From or To Date	DTM	3	Claim Date
174		DTM01	Date/Time Qualifier	232 = "From" Date of Service 233 = "To" Date of Service	3	
		DTM02	Date	CCYYMMDD	8/8	
175	2100	DTM	Coverage Expiration Date	DTM	3	
		DTM01	Date/Time Qualifier	036 = Expiration	3	
		DTM02	Date	CCYYMMDD	8	
177	2100	DTM	Claim Receive Date	DTM	3	
		DTM01	Date/Time Qualifier	050 = Received	3	
		DTM02	Date	CCYYMMDD	8	
	2100	AMT	Claim Supplemental Information		3	
		AMT01	Amount Qualifier Code	AU = Coverage Amount	2	
		AMT02	Monetary Amount		10	
		AMT03	Credit/Debit Flag Code		2	
184	2100	QTY	Claim Supplemental Information Quantity	QTY	3	
		QTY01	Quantity Qualifier		2	
185		QTY02	Quantity		1/15	
186	2110	SVC	Service Payment Information	SVC	3	
187		SVC01-1	Product/Service ID Qualifier	N4 = National Drug code	2	
			Component Separator	:	1	
188		SVC01-2	Product/Service ID		1/48	Product/Service Drug code
			Component Separator	:	1	
		SVC01-3	Procedure Modifier		2	Modifier-1
			Component Separator	:	1	
189		SVC01-4	Procedure Modifier		2	Modifier-2
			Component Separator	:	1	
		SVC01-5	Procedure Modifier		2	Modifier-3
			Component Separator	:	1	
		SVC01-6	Procedure Modifier		2	Modifier-4
		SVC02	Monetary Amount		1/18	Total Charges Billed

**Texas Vendor Drug Program
Transaction Specific Information**

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
190		SVC03	Monetary Amount		1/18	Provider Payment Amount
		SVC05	Quantity		1/15	Paid Quantity
196	2110	CAS	Service Adjustment	CAS	3	
198		CAS01	Claim Adjustment Group Code	CO = Contractual Obligations OA = Other Adjustments PR = Patient Responsibility	1/2	
		CAS02	Claim Adjustment Reason Code		1/5	First claim adjustment reason code
199		CAS03	Monetary Amount		1/18	First claim adjustment amount
						Note: At a minimum, the Claim Detail CAS segment contains the Claim Adjustment Group Code (CAS01), Claim Adjustment Code 1
						(CAS02), and Adjustment Amount (CAS03). No other fields are transmitted if there is no data.
204	2110	REF	Service Identification	REF	3	
		REF01	Reference Identification Qualifier	BB = Authorization Number	2/3	
205		REF02	Reference Identification	Provider Identifier	1/50	
215	2110	LQ	Industry Code – Health Care Remark Codes	LQ	2	
		LQ01	Code List Qualifier Code	Rx = NCPDP	1/3	
216		LQ02	Industry Code		1/30	Remark Code
217	Summary	PLB	Provider Adjustment	PLB	3	
218		PLB01	Reference Identification		1/50	Provider Number (If the Provider has an NPI, the NPI is used)
		PLB02	Date	CCYYMMDD	8	Last Day of Current Year
219		PLB03-1	Adjustment Reason Code		2	Reason Code 1
			Component Separator	:	1	
222		PLB03-2	Reference Identification		1/50	Reference Number 1 – May be a Cash Control Number (CCN) or Internal Control Number (ICN)
228	TRAILER	SE	Transaction Set Trailer	SE	2/3	
		SE01	Number of Included Segments		1/10	Total number of ST thru SE segments

**Texas Vendor Drug Program
Transaction Specific Information**

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		SE02	Transaction Set Control Number		4/9	Assigned by Sender Must be identical to value in ST02
C.9		GE	Functional Group Trailer	GE	2	
		GE01	Number of Transaction Sets Included	1	1/6	
		GE02	Group Control Number		1/9	Assigned by Sender Must be identical to value in GS06
C.10		IEA	Interchange Control Trailer	IEA	3	
		IEA01	Number of Included Functional Groups	1	1/5	
		IEA02	Interchange Control Number		9	Assigned by Sender - Pad Left with Zeros Must be identical to value ISA13

Appendix A. Abbreviations

The following table provides definitions of terminology or abbreviations of the terms used in this document.

Table 1: Abbreviations

Abbreviation	Definition
ASC	Accredited Standards Committee
CCN	Cash Control Number
EDI	Electronic Data Interchange
EDIGW	EDI Gateway
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
ICN	Internal Control Number
ID	Identification
Rx	Prescription
TPA	Third Party Administrator
TR3	Type 3 Technical Report
TX	Texas
VDP	Vendor Drug Program
WPC	Washington Publishing Company

Appendix B.Implementation Checklist

The VDP Provider Portal File Exchange User Guide contain all necessary steps for going live with Gainwell in submitting specified EDI transactions, and receiving EDI responses, including the 5010 835.

The User Guide also covers the following information:

- Register for a Trading Partner ID