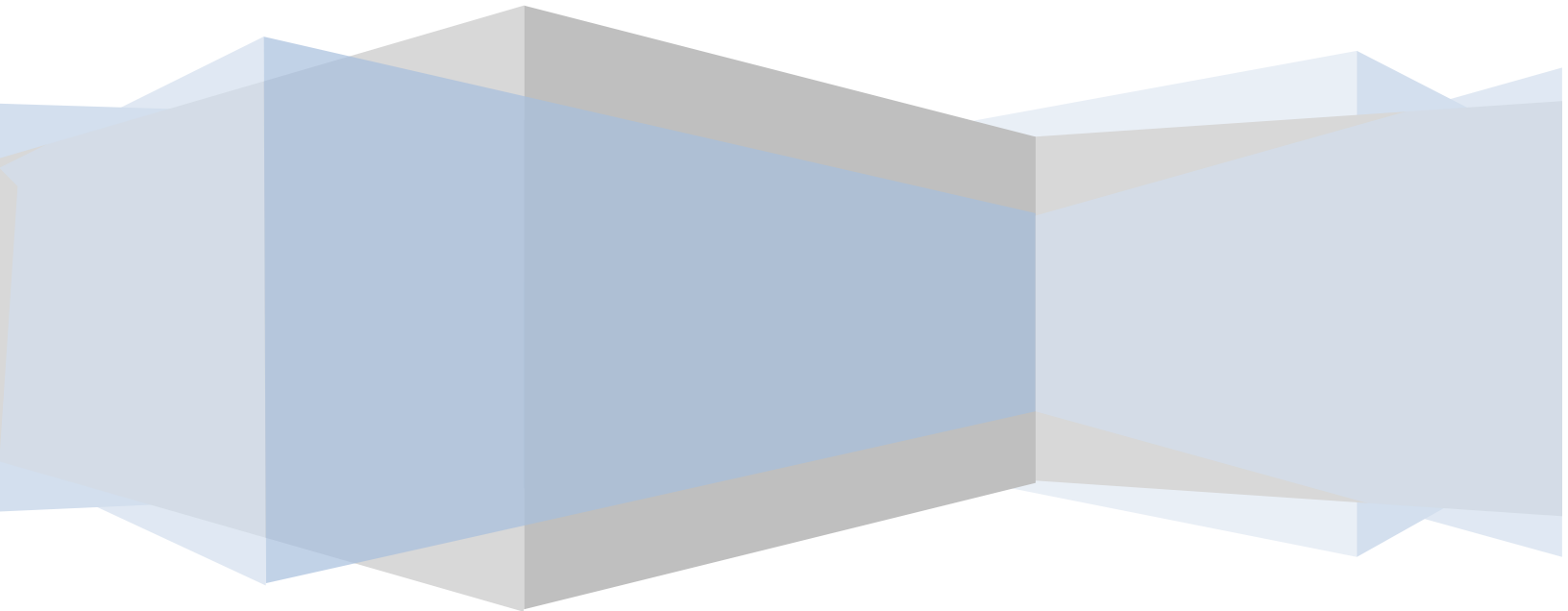


5010 EDI Companion Guide

Version: 1.8

Author: Information Systems



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MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

COMMON INFORMATION FOR ALL TRANSACTIONS

VERSIONS SUPPORTED

| X112 Assigned ID | Trans Set ID | Version | | Guide Name |
|---------------------|--|---------|---|---|
| 220A1 | ASCX12 834 Enrollment | 005010 | P | Errata for Benefit Enrollment and Maintenance |
| 221A1 | ASCX12 835 Remittance | 005010 | P | Errata for Health Care Claim Payment/Advice |
| 222A1 | ASCX12 837 INSTITUTIONAL – HEALTH CARE CLAIM/ENCOUNTER | 005010 | P | Errata for Health Care Claim: Professional |
| 223A2 | ASCX12 837 INSTITUTIONAL – HEALTH CARE CLAIM/ENCOUNTER | 005010 | P | Second Type 1 Errata for Health Care Claim: Institutional |
| 224A2 | ASCX12 837 INSTITUTIONAL – HEALTH CARE CLAIM/ENCOUNTER | 005010 | P | Second Type 1 Errata for Health Care Claim: Dental |

CONTACT INFORMATION

| | | |
|---|----------------|--|
| <u>ASCX12 837 I/P/D HEALTHCARE CLAIM</u> | Sent to Molina | EDI-Claims@molinahealthcare.com |
| <u>ASCX12 837 I/P/D HEALTHCARE ENCOUNTER</u> | Sent to Molina | EDI.Encounters@molinahealthcare.com |
| <u>ASCX12 835 REMITTANCE</u> | Sent by Molina | EDI.Eraeft@molinahealthcare.com |
| <u>ASCX12 834 ENROLLMENT</u> | Sent by Molina | EnrollmentProductionSupport@Molinahealthcare.com |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

ASCX12 837 I/P/D – HEALTHCARE CLAIM/ENCOUNTER

CONTROL SEGMENTS/ENVELOPES REQUIREMENTS

| Loop | Segment | Data Element | Comments |
|------|----------------------------------|---|---|
| | ISA – Interchange Control Header | ISA01 - Authorization Information Qualifier | “00” |
| | | ISA02 – Authorization Information | Space Fill |
| | | ISA03 – Security Information Qualifier | “00” |
| | | ISA04 – Security Information | Space Fill |
| | | ISA05 – Interchange ID Qualifier | “ZZ” |
| | | ISA06 – Interchange Sender ID | The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID. All others - contact your Clearing House for this information. |
| | | ISA07 – Interchange ID Qualifier | “ZZ” |
| | | ISA08 – Interchange Receiver ID | Molina Healthcare of California ID is: MHC330342719 Molina Healthcare of Florida ID is: MHFL261055137 Molina Healthcare of Illinois ID is: MHIL281823188 Molina Healthcare of Michigan ID is: MHM383341599 Molina Healthcare of Missouri ID is: MHMO431743902 Molina Healthcare of New Mexico ID is: MHNM850408506 Molina Healthcare of Ohio ID is: MHO200750134 Molina Healthcare of Texas ID is: MTX201494502 Molina Healthcare of Utah ID is: HT001363-001 Molina Healthcare of Washington ID is: MHW91128479 Molina Healthcare of Wisconsin ID is: MHWI200813104 |
| | | ISA11 Interchange Control Standards Identifier Repetition Separator | Use ‘^’ |
| | | ISA12 - Interchange Control Version Number | “00501” |
| | | ISA13 – Interchange Control Number | This Number must be unique and identical to the Interchange Control Number in IEA02. Right justify, left |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

| Loop | Segment | Data Element | Comments |
|------|--|------------------------------------|---|
| | | | pad with zeros to nine (9) bytes. Each submitter must start with a value of their choice and increment by at least one (1) each time a file is sent. |
| | | ISA14 – Acknowledgment Requested | Recommended value - "0" Molina does not support the transmission of TA1, regardless of the value submitted. |
| | GS Functional Group Header | GS02 - Application Sender's Code | The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID. All others - contact your Clearing House for this information. |
| | | GS03 - Application Receiver's Code | Molina Healthcare of California ID is: MHC330342719 Molina Healthcare of Florida ID is: MHFL261055137 Molina Healthcare of Illinois ID is: MHIL281823188 Molina Healthcare of Michigan ID is: MHM383341599 Molina Healthcare of Missouri ID is: MHMO431743902 Molina Healthcare of New Mexico ID is: MHNM850408506 Molina Healthcare of Ohio ID is: MHO200750134 Molina Healthcare of Texas ID is: MTX201494502 Molina Healthcare of Utah ID is: HT001363-001 Molina Healthcare of Washington ID is: MHW91128479 Molina Healthcare of Wisconsin ID is: MHWI200813104 |
| | BHT – (Header) Beginning of Hierarchical Transaction | BHT06 – Transaction Type Code | The following values are processed by Molina: Use "RP" – for Encounters . Use "CH" - for FFS claims |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

ASCX12 837 PROFESSIONAL/DENTAL – HEALTHCARE CLAIM/ENCOUNTER

SENDER/RECEIVER INFORMATION

| Loop | Segment | Data Element | Comments |
|-------|----------------------|-------------------------------------|---|
| 1000A | NM1 – Submitter Name | NM109 – Submitter Identifier | Trading Partner ID assigned by Molina |
| 1000B | NM1 – Receiver Name | NM103 – Receiver Name | Organization Name per state: Molina Healthcare of California Molina Healthcare of Florida Molina Healthcare of Illinois Molina Healthcare of Michigan Molina Healthcare of Missouri Molina Healthcare of New Mexico Molina Healthcare of Ohio Molina Healthcare of Texas Molina Healthcare of Utah Molina Healthcare of Washington Molina Healthcare of Wisconsin |
| 1000B | NM1 – Receiver Name | NM109 – Receiver Primary Identifier | Molina Healthcare of California ID is: MHC330342719 Molina Healthcare of Florida ID is: MHFL261055137 Molina Healthcare of Illinois ID is: MHIL281823188 Molina Healthcare of Michigan ID is: MHM383341599 Molina Healthcare of Missouri ID is: MHMO431743902 Molina Healthcare of New Mexico ID is: MHNM850408506 Molina Healthcare of Ohio ID is: MHO200750134 Molina Healthcare of Texas ID is: MTX201494502 Molina Healthcare of Utah ID is: HT001363-001 Molina Healthcare of Washington ID is: MHW91128479 Molina Healthcare of Wisconsin ID is: MHWI200813104 |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

SPECIAL INFORMATION FOR ENCOUNTERS ONLY

| Loop | Segment | Data Element | Comments |
|-------|--|---|--|
| 2320 | SBR – Other Subscriber Information | SBR01__ Payer Responsibility Sequence Number Code | Use “S” if 2000B SBR01 is “P” Use “P” if 2000B SBR01 is “S” |
| | | SBR02__ Individual Relationshi Code | Use same value as 2000B SBR02 |
| | AMT – CoordinationOfBenefitsCOBPayerPaidAmount | AMT01__ AmountQualifierCode | Use “D” |
| | | AMT02__ PayerPaidAmount | Submit the Amount Paid for the Claim |
| | OI – Other Insurance Coverage Information | OI03__ Yes/No Condition or Response Code | Use “W” |
| | | OI06__ Release of Information Code | Use “I” |
| 2330A | NM1 – Other Subscriber Name | | Use same values as 2010BA NM1 |
| | N4 – Other Subscriber City, State, Zip Code | | Use same values as 2010BA N4 |
| 2330B | NM1 – Other Payer Name | | Use same values as 2010BB NM1 |
| | N4 – Other Payer City, State, Zip Code | | Use same values as 2010BB N4 |
| | DTP - ClaimAdjudicationDate | DTP01__ DateTime Qualifier | Use “573” |
| | | DTP02__ DateTime PeriodFormatQualifier | Use “D8” |
| | | DTP03__ AdjudicationOrPaymentDate | Submit the Payment or Adjudication date in CCYYMMDD format |

SPECIAL INFORMATION FOR SPINAL MANIPULATION CLAIMS (FLORIDA ONLY)

| Loop | Segment | Data Element | Comments |
|------|--|------------------------------|-----------------------|
| 2300 | CR2_SpinalManipulationServiceInformation | CR208__ PatientConditionCode | Used for adjudication |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

SPECIAL INFORMATION FOR ENCOUNTERS ONLY

| Loop | Segment | Data Element | Comments |
|------|---------------------------------|--------------------------------------|---|
| 2430 | SVD_LineAdjudicationInformation | SVD02_ServiceLinePaidAmount | Submit the Paid Amount for the service line of the Claim. Zero "0" is an acceptable value for this element. |
| 2430 | DTP_LineCheckorRemittanceDate | DTP01__DateTimeQualifier | Use "573" |
| 2430 | DTP_LineCheckorRemittanceDate | DTP02__DateTimePeriodFormatQualifier | Use "D8" |
| 2430 | DTP_LineCheckorRemittanceDate | DTP03__AdjudicationOrPaymentDate | Submit the Adjudication or Payment Date in CCYYMMDD format. This segment should be submitted when the adjudication date is available at the line level. |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

ASCX12 837 INSTITUTIONAL – HEALTHCARE CLAIM/ENCOUNTER

SENDER/RECEIVER INFORMATION

| Loop | Segment | Data Element | Comments |
|-------|----------------------|-------------------------------------|--|
| 1000A | NM1 – Submitter Name | NM109 – Submitter Identifier | Trading Partner ID assigned by Molina |
| 1000B | NM1 – Receiver Name | NM103 – Receiver Name | Organization Name per state: Molina Healthcare of California Molina Healthcare of Florida Molina Healthcare of Illinois Molina Healthcare of Michigan Molina Healthcare of Missouri Molina Healthcare of New Mexico Molina Healthcare of Ohio Molina Healthcare of Texas Molina Healthcare of Utah Molina Healthcare of Washington Molina Healthcare of Wisconsin |
| 1000B | NM1 – Receiver Name | NM109 – Receiver Primary Identifier | Molina Healthcare of California ID is: MHC330342719 Molina Healthcare of Florida ID is: MHFL261055137 Molina Healthcare of Illinois ID is: MHIL281823188 Molina Healthcare of Michigan ID is: MHM383341599 Molina Healthcare of Missouri ID is: MHMO431743902 Molina Healthcare of Nevada ID is: MHNV203567602 Molina Healthcare of New Mexico ID is: MHNM850408506 Molina Healthcare of Ohio ID is: MHO200750134 Molina Healthcare of Texas ID is: MTX201494502 Molina Healthcare of Utah ID is: HT001363-001 Molina Healthcare of Washington ID is: MHW91128479 Molina Healthcare of Wisconsin ID is: MHWI200813104 |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

SPECIAL INFORMATION FOR ENCOUNTERS ONLY

| Loop | Segment | Data Element | Comments |
|-------|--|--|--|
| 2320 | SBR – Other Subscriber Information | SBR01__PayerResponsibilitySequenceNumberCode | Use “S” if 2000B SBR01 is “P” Use “P” if 2000B SBR01 is “S” |
| | | SBR02__IndividualRelationshipCode | Use same value as 2000B SBR02 |
| | AMT – CoordinationOfBenefitsCOBPayerPaidAmount | AMT01__AmountQualifierCode | Use “D” |
| | | AMT02__PayerPaidAmount | Submit the Amount Paid for the Claim |
| | OI – Other Insurance Coverage Information | OI03__Yes/NoConditionorResponseCode | Use “W” |
| | | OI06__ReleaseofInformationCode | Use “I” |
| 2330A | NM1 – Other Subscriber Name | | Use same values as 2010BA NM1 |
| | N4 – Other Subscriber City, State, Zip Code | | Use same values as 2010BA N4 |
| 2330B | NM1 – Other Payer Name | | Use same values as 2010BB NM1 |
| | N4 – Other Payer City, State, Zip Code | | Use same values as 2010BB N4 |
| | DTP - ClaimAdjudicationDate | DTP01__DateTimeQualifier | Use “573” |
| | | DTP02__DateTimePeriodFormatQualifier | Use “D8” |
| | | DTP03__AdjudicationOrPaymentDate | Submit the Payment or Adjudication date in CCYYMMDD format |

SPECIAL INFORMATION FOR ENCOUNTERS ONLY

| Loop | Segment | Data Element | Comments |
|------|---------------------------------|--------------------------------------|--|
| 2430 | SVD_LineAdjudicationInformation | SVD02_ServiceLinePaidAmount | Submit the Paid Amount for the service line of the Claim. Zero “0” is an acceptable value for this element. |
| 2430 | DTP_LineCheckorRemittanceDate | DTP01__DateTimeQualifier | Use “573” |
| 2430 | DTP_LineCheckorRemittanceDate | DTP02__DateTimePeriodFormatQualifier | Use “D8” |
| 2430 | DTP_LineCheckorRemittanceDate | DTP03__AdjudicationOrPaymentDate | Submit the Adjudication or Payment Date in CCYYMMDD format. This segment should be submitted when |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

| | | | |
|--|--|--|---|
| | | | the adjudication date is available at the line level. |
|--|--|--|---|

RESTRICTIONS/LIMITATIONS

- **File Size:** *A maximum of 15MB per file can only be accepted by Molina.*
- **Character Set:** *Molina cannot accept a quote (") within the file either surrounding a word or phrase or single quote in the file.*
- **Acknowledgement:** *Molina Healthcare does not support the transmission of a TA1, regardless of the value submitted.*
- **Attachment:** *Molina Healthcare does not support attachments at this time.*
- **Functional Group Header and Trailer:** *Only "1" GS Functional Group Header and GE Functional Group Trailer can be accepted per file.*

ASCX12 835 REMITTANCE

CONTROL SEGMENTS/ENVELOPES REQUIREMENTS

| Loop | Segment | Data Element | Comments |
|------|----------------------------------|---|--|
| | ISA – Interchange Control Header | ISA01 - Authorization Information Qualifier | "00" |
| | | ISA02 – Authorization Information | Space Fill |
| | | ISA03 – Security Information Qualifier | "00" |
| | | ISA04 – Security Information | Space Fill |
| | | ISA05 – Interchange ID Qualifier | "ZZ" |
| | | ISA06 – Interchange Sender ID | Molina Healthcare of California ID is: MHC330342719 Molina Healthcare of Florida ID is: MHFL261055137 Molina Healthcare of Michigan ID is: MHM383341599 Molina Healthcare of Missouri ID is: MHMO431743902 Molina Healthcare of New Mexico ID is: MNM850408506 Molina Healthcare of Ohio ID is: MHO200750134 Molina Healthcare of Texas ID is: MHT201494502 Molina Healthcare of Utah ID is: HT001363-001 |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

| Loop | Segment | Data Element | Comments |
|------|----------------------------|--|--|
| | | | Molina Healthcare of Washington ID is: MHW91128479 Molina Healthcare of Wisconsin ID is: MHWI200813104 |
| | | ISA07 – Interchange ID Qualifier | “ZZ” |
| | | ISA08 – Interchange Receiver ID | The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID. All others - contact your Clearing House for this information. |
| | | ISA11 Repetition Separator | Use ‘^’ |
| | | ISA12 - Interchange Control Version Number | “00501” |
| | | ISA13 – Interchange Control Number | This Unique Number must be identical to the Interchange Control Number in IEA02. Right justify, left pad with zeros to nine (9) bytes. Each submitter must start with a value of their choice and increment by at least one (1) each time a file is sent. |
| | | ISA14 – Acknowledgment Requested | Recommended value - “0” Molina does not support the transmission of TA1, regardless of the value submitted. |
| | | ISA16- Repetition Separator | Use ‘.’ |
| | GS Functional Group Header | GS02 - Application Sender's Code | Molina Healthcare of California ID is: MHC330342719 Molina Healthcare of Florida ID is: MHFL261055137 Molina Healthcare of Illinois ID is: MHIL281823188 Molina Healthcare of Michigan ID is: MHM383341599 Molina Healthcare of Missouri ID is: MHMO431743902 Molina Healthcare of New Mexico ID is: MNM850408506 Molina Healthcare of Ohio ID is: MHO200750134 Molina Healthcare of Texas ID is: MHT201494502 Molina Healthcare of Utah ID is: HT001363-001 Molina Healthcare of Washington ID is: MHW91128479 |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

| Loop | Segment | Data Element | Comments |
|------|---------|------------------------------------|--|
| | | | Molina Healthcare of Wisconsin ID is: MHWI200813104 |
| | | GS03 - Application Receiver's Code | The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID. All others - contact your Clearing House for this information. |

ASCX12 834 ENROLLMENT

CONTROL SEGMENTS/ENVELOPES REQUIREMENTS - 834

| Loop | Segment | Data Element | Comments |
|------|----------------------------------|---|---|
| | ISA – Interchange Control Header | ISA01 - Authorization Information Qualifier | “00” |
| | | ISA02 – Authorization Information | Space Fill |
| | | ISA03 – Security Information Qualifier | “00” |
| | | ISA04 – Security Information | Space Fill |
| | | ISA05 – Interchange ID Qualifier | “ZZ” |
| | | ISA06 – Interchange Sender ID | <p>Molina Healthcare of California ID is: MHCA330342719</p> <p>Molina Healthcare of Florida ID is: 260155137</p> <p>Molina Healthcare of Michigan ID is: MHMI383341599</p> <p>Molina Healthcare of Missouri ID is: 431743902</p> <p>Molina Healthcare of New Mexico ID is: MHNM850408506</p> <p>Molina Healthcare of Ohio ID is: MHOH200750134</p> <p>Molina Healthcare of Texas ID is: MHTX201494502</p> <p>Molina Healthcare of Utah ID is: MHUT33061799</p> <p>Molina Healthcare of Washington ID is: MHWA911284790</p> <p>Molina Healthcare of Wisconsin ID is: MHWI200813104</p> |
| | | ISA07 – Interchange ID Qualifier | “ZZ” |
| | | ISA08 – Interchange Receiver ID | <p>The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID.</p> <p>All others - contact your Clearing House for this information.</p> |
| | | ISA11 Repetition Separator | Use ‘>’ |
| | | ISA12 - Interchange Control Version Number | “00501” |
| | | ISA13 – Interchange Control Number | This Unique Number must be identical to the Interchange Control |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

| Loop | Segment | Data Element | Comments |
|------|----------------------------|------------------------------------|--|
| | | | Number in IEA02. Right justify, left pad with zeros to nine (9) bytes. Each submitter must start with a Value of their choice and increment by at least one (1) each time a file is sent. |
| | | ISA14 – Acknowledgment Requested | Recommended value - "0" Molina does not support the transmission of TA1, regardless of the value submitted. |
| | | ISA16 Repetition Separator | Use '^' |
| | GS Functional Group Header | GS02 - Application Sender's Code | Molina Healthcare of California ID is: MHCA330342719 Molina Healthcare of Florida ID is: 260155137 Molina Healthcare of Michigan ID is: MHMI383341599 Molina Healthcare of Missouri ID is: 431743902 Molina Healthcare of New Mexico ID is: MHNM850408506 Molina Healthcare of Ohio ID is: MHOH200750134 Molina Healthcare of Texas ID is: MHTX201494502 Molina Healthcare of Utah ID is: MHUT33061799 Molina Healthcare of Washington ID is: MHWA911284790 Molina Healthcare of Wisconsin ID is: MHWI200813104 |
| | | GS03 - Application Receiver's Code | The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID. All others - contact your Clearing House for this information. |
| | | BGN 06 – Beginning Segment | Blank space is sent. We have blanked out this value to comply with the 5010 HIPAA compliance. |
| 2310 | NM1 | 08 – Identification Code Qualifier | The provider name is passed in NM103, NM104, NM105. If the provider name is not available, then the NPI is sent in NM108 and NM109. |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

| Loop | Segment | Data Element | Comments |
|-------|---------|-----------------------------|---|
| | | | We have modified this to adhere to the 5010 HIPAA compliance. |
| | INS | 08 (Employment Status code) | Pass the value "AC" We have modified this to adhere to the 5010 HIPAA compliance. |
| 1000B | N1 | 04 | "000000000" We have modified this to adhere to the 5010 HIPAA compliance. |
| 1000C | N1 | 04 | "000000000" We have modified this to adhere to the 5010 HIPAA compliance. |
| 2000 | DTP | | The member level dates are not sent. The healtcoverage dates are passed in the loop 2300_DTP. We have modified this to adhere to the 5010 HIPAA compliance. |
| 2100C | N3,N4 | | 2100C address fields will be populated only if they are different from 2100A address fields. We have modified this to adhere to the 5010 HIPAA compliance. |
| 2100A | N3,N4 | | 2100C address fields will be populated only if they are different from 2100A address fields. We have modified this to adhere to the 5010 HIPAA compliance. |
| 2300 | DTP | | The member level dates are not |

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

| Loop | Segment | Data Element | Comments |
|------|---------|------------------|---|
| | | | sent. The healtcoverage dates are passed in the loop 2300_DTP. We have modified this to adhere to the 5010 HIPAA compliance. |
| All | N4 | 03 (Postal Code) | The zipcode will be either 5 or 9. It is handled in the SP to display valid zip codes. We have modified this to adhere to the 5010 HIPAA compliance. |

RESTRICTIONS/LIMITATIONS

- **File Size:** NA.
- **Character Set:** Molina supports the Basic Character Set/Extended Character set in the file.
- **Acknowledgement:** NA
- **Attachment:** Molina Healthcare does not support attachments at this time.
- **Functional Group Header and Trailer:** Only "1" GS Functional Group Header and GE Functional Group Trailer can be accepted per file.