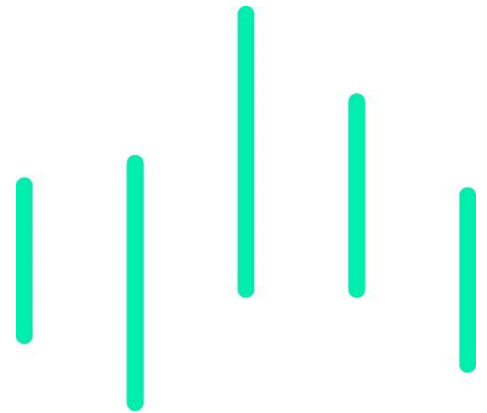gainwell

Department of Health Care Finance (DHCF)

DC MMIS Core Solution

Companion Guide (CG)

DC Medicaid 270/271 Eligibility Inquiry and Response

February 5, 2025

Version 1.1

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

Change History

The following change history log contains a record of changes made to this document.

Version	Date	Author	Description
1.0	12/05/2025	Gainwell	Initial Document
1.1	02/05/2025	Savanna Bader	Gainwell Tech Writer Review

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No table of figures entries found.

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1. Introduction

1.1   Overview

This companion guide documents the transaction type listed below and further defines situational and required data elements that are used for processing claims for programs administered by DC Medicaid. This document is not the complete Electronic Data Interchange (EDI) transaction format specifications.

- 270/271 Eligibility Inquiry & Response (005010X279A1)

Refer to the ASC X12N Implementation Guides or 5010 Technical Report Type 3 (TR3s) for information not supplied in this document, such as code lists, definitions, and edits. Data elements, segments, and loops not included in this guide are not used for processing transactions by DC Medicaid but must still be sent if the information is required for compliance with the ASC X12N version 5010A1 format.

1.2   Reference Information

X12N Implementation Guides or TR3s

The ASC X12N Implementation Guides or 5010 TR3s are standards developed by the X12 committee and published by the Washington Publishing Company (WPC): http://store.x12.org/store/healthcare-5010-consolidated-guides.

Overview of HIPAA Legislation

HIPAA carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to:

- Create better access to health insurance.

- Limit fraud and abuse.

- Reduce administrative costs.

Compliance According to HIPAA

The HIPAA regulations at 45 Code of Federal Regulations (CFR) 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.

- Add any data elements or segments to the maximum defined data set.

- Use any code or data elements that are marked "not used" in the standard's implementation specifications or are not in the standard's implementation specification(s).

- Change the meaning or intent of the standard's implementation specification(s).

Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.

- Modifying any requirement contained in the implementation guide.

2. Getting Started

2.1 What is Changing for DC Medicaid Trading Partners?

- New and existing trading partners will need to complete an online trading partner registration and receive an updated trading partner ID for use with DC Medicaid.

- Trading partners must complete certification testing prior to submission of production transactions for DC Medicaid.

- Strategic National Implementation Process (SNIP) Levels 1-5 and 7 will be applied to all file submissions to accelerate the identification and reporting of errors detected back to the submitting trading partner for correction and resubmission.

- EDI response transactions have been updated for DC Medicaid and include the following transactions and report, when applicable, in addition to the 271 Eligibility Response:

  o TA1/999 Acknowledgements

  o 824 Application Reporting

  o Business Reject Report (BRR)

- Established trading partners using Secure File Transfer Protocol (SFTP) will need to complete an updated registration form and return to the DC Medicaid EDI Helpdesk.

2.2 Trading Partner Registration and Certification

To get started, visit the following link for DC Medicaid trading partner information and instructions for registration as a trading partner:

Link: [INSERT DC MEDICAID SPECIFIC URL HERE]

2.3 Trading Partner Questions

For any trading partner questions or to receive assistance with registering for an assigned Trading Partner ID, please use the link above or contact DC Medicaid EDI Helpdesk:

- Email: *DC_Operations@gainwelltechnologies.com*

- Telephone: (XXX) XXX-XXXX

3. Testing with DC Medicaid

3.1 Certification Testing

All trading partners must first be registered and then test for certification to submit production EDI transactions. Any trading partner may submit test EDI transactions once registration is completed. The Usage Indicator, populated in element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. The required production certification is required on a per transaction type basis. For example, a trading partner may be certified to submit 837P professional claims but not certified to submit 837I Institutional claim files until after 837I certification testing is also completed by the trading partner.

3.2 SNIP Levels Applied

SNIP Levels 1-5 and 7 are applied to test and production EDI file submissions.

Trading partners must submit a set number of test files of a particular transaction type with a minimum number of transactions within each file. Each test file must pass validation without receiving any failures or rejections to become certified for production.

- [INSERT DC MEDICAID SPECIFIC URL HERE]

3.3 270/271 Eligibility Inquiry/Response Transaction Test Files

Trading partners must submit a set number of test files of a particular transaction type with a minimum number of transactions within each file. Each test file must pass validation without receiving any failures or rejections to become certified for production.

- Batch Transactions:
    - o Minimum of three test files must be submitted with a minimum of fifteen transactions within each file.
- Real-Time Transactions:
    - o Minimum of fifteen single inquiry real-time transactions.

Each transaction type requires testing and certification to authorize the submission of production transaction files for DC Medicaid.

3.4 Review Testing and Certification Information

To begin testing, review the "EDI Certification Status" page of the DC Medicaid Online Portal under the "Account Maintenance" menu option to verify when testing for a particular transaction has been completed.

The EDI Certification Status page is found by logging into your trading partner account on the DC Medicaid-Online website:

- [INSERT DC MEDICAID SPECIFIC URL HERE]

Detailed instructions for retrieving and interpreting HIPAA validation acknowledgments may be found in the Business Scenarios and Transmission Examples appendices found at the end of this companion guide.

4. EDI Connectivity Overview

The following secure EDI channels are available for use by registered trading partners contingent on the completion of required administrative tasks and approvals where applicable.

4.1 Web Portal Upload and Retrieval (Batch Mode)

X12 batch files can be uploaded via the DC Medicaid-Online web portal through the File Exchange X12 Upload option available to registered trading partners. The associated acknowledgments and responses to transactions submitted can be accessed by selecting the Download/Responses under the File Exchange menu.

For additional information or to begin using the Web Portal upload/down EDI secure channel, please refer to the DC Medicaid-Online user guides at:

- [INSERT DC MEDICAID SPECIFIC URL HERE]

4.2 SFTP File Exchange (Batch Mode)

Trading Partners who have submitted X12 transactions via SFTP in the past can be enabled to continue use of SFTP for file submission and retrieval from their designated SFTP pickup location. To complete the required SFTP registration required to enable the use of this EDI secure channel, please contact the DC Medicaid EDI Helpdesk:

- Email: DC_Operations@gainwelltechnologies.com
- Telephone: (XXX) XXX-XXXX

4.3 CAQH CORE Web Service (Real-Time Mode)

Authorized trading partners can transmit 276 transactions through Council for Affordable Quality Healthcare (CAQH) Web Services. The CAQH Web Services have been enhanced to support this functionality. The CAQH Web Services supports transaction protocol Simple Object Access Protocol (SOAP) via the below web service endpoints. The SA13 Interchange Control Numbers need to be unique to each file and trading partner ID.

- [INSERT DC MEDICAID SPECIFIC CAQH CORE WS LINK HERE]

4.4 Trading Partner File Retransmissions

This section provides Gainwell's specific procedures for re-transmissions:

- The ISA 13 Interchange Control Numbers need to be unique to each file and trading partner ID

4.5 Passwords

Trading partners create their own password at the time of registration and are required to update it every 60 days per the DC Medicaid-Online requirements. Password must be at least seven characters long, contain at least one uppercase character, at least one numeral, and at least one special character.

4.6   Scheduled Maintenance

The real time services for Eligibility and Claim Status Inquiry/Response transactions are restarted daily at 12:00 a.m. EST for a period of 30 minutes to ensure optimal performance and scalability for EDI trading partners.

5. Payer Business Rules and Limitations

Listed below are the transmission constraints associated with the submission of the 270/271 Healthcare eligibility request transactions for DC Medicaid:

- Subscriber/Insured Member in the DC Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber; rather, all enrollees/members are primary subscribers within each program or Managed Care Organization (MCO).

- There should be only one interchange per transmission and one transaction type per interchange.

- Real-Time Mode: Maximum of 1 transaction per transmission.

- Batch Mode: Maximum of 5,000 transactions per transmission.

- Historical and Future Inquiry Limitations:

  o Future: Inquiry dates greater than current date are not supported.

  o Historical: Inquiry dates are supported up to 13 months back from current date.

- Compliance Checking Eligibility and Response transactions are validated through SNIP Levels 1-5 and 7.

6. Acknowledgements and Reports

The acknowledgements and/or reports listed below are related to the submission of EDI transactions by a trading partner. These acknowledgements and/or reports are accessible via the DC Medicaid-Online Web portal, CAQH CORE web service, or through SFTP.

Table 1: Acknowledgements and Reports

Type	Acknowledgement/Report Description
TA1	TA1 Interchange Acknowledgement. This acknowledgement is sent if requested by setting ISA14 to '1', or if ISA14 is set to '0' and there is an error that needs to be reported.
999	999 Functional Acknowledgement. This acknowledgement file reports any errors found while checking compliance against TR3 specifications, or acceptance of an EDI transaction that meets the TR3 specifications for SNIP levels 1 and 2.
824	824 Application Reporting -This transaction is used to report the results of data content edits and errors detected. It is designed to report rejections based on business rules such as: invalid diagnosis codes, invalid procedure codes, and invalid provider numbers. The 824 Application Reporting response will only be generated by the EDI Gateway if there are errors within the transaction for SNIP level 3 through 7 (005010X186).
BRR	BRR Business Rejection Report – A business operations version error report generated to support the trading partner's understanding and ability to quickly identify and resolve errors for resubmission of rejected transactions.

For additional detailed information concerning the TA1, 999, 824, and BRR Rejection Report, please reference the DC Medicaid-Online user guides available to trading partners:

- Link: [INSERT DC MEDICAID SPECIFIC 5010 APPENDIX A VENDOR SPECS URL HERE]

- Link: [INSERT DC MEDICAID SPECIFIC URLs LISTED HERE]

7. 270 CG Transaction Table

The specific requirements for submitting and processing an ASC X12N 270 Eligibility Inquiry transaction file for DC Medicaid.

Use these guidelines in conjunction with the official ASC X12N 270/271 TR3 document to submit and receive these transactions.

Table 2: 270 CG Transaction Table

Loop ID	Reference	Name	Codes	Length	Notes/Comments
Header	**ISA**	**Interchange Control Header**			
	ISA06	Interchange Sender ID		15	DC Medicaid assigned trading partner ID
	ISA08	Interchange Receiver ID		15	DCMEDICAID
	ISA13	Interchange Control Number		9	Unique Control Number per file defined by sending Trading Partner
	GS	**Functional Group Header**			
	GS02	Application Sender's Code		2/15	DC Medicaid assigned trading partner ID
	GS03	Application Receiver's Code		15	DCMEDICAID
	GS08	Version / Release Code	005010X279A1	12	
	ST	**Transaction Set Header**			
	ST01	Transaction Set Identifier Code	270	4/9	270 – Health Care Claim Status Request
	ST03	Technical Report Type 3 Version Name	005010X279A1	1/35	
	BHT	**Beginning Hierarchical Transaction Segment**			
	BHT01	Transaction Set Identifier Code	0010	3	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	13	2	13 - Request

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	BHT03	Reference identification		1/50	This is the number assigned by the originator to identify the transaction within the originator's business application system
	BHT04	Date	CCYYMMDD	8	Transaction Set Creation Date
	BHT05	Time	HHMM	4/8	Transaction Set Creation Time
2000A	**HL**	**Information Source Level**			
	HL01	Hierarchical ID Number	1	1/12	Hierarchical ID Number
	HL03	Hierarchical Level Code	20	1/2	Information Source
	HL04	Hierarchical Child Code	1	2/80	Additional Subordinate HL Data Segment
2100A	**NM1**	**Information Source Name**			**Payer Name**
	NM101	Entity Identifier Code	PR	2/3	Payer
	NM102	Entity Type Qualifier	2	1	Non-Person Entity
	NM103	Name Last or Organization Name		1/60	DC MEDICAID
	NM108	Identification Code Qualifier	PI	1/2	PI - Payer Identification
	NM109	Identification Code		2/80	DCMEDICAID
2000B	**HL**	**Information Receiver Level**			
	HL01	Hierarchical ID Number	2	1/12	Hierarchical ID Number
	HL02	Hierarchical Parent ID Number	1	1/12	Parent ID Number
	HL03	Hierarchical Level Code	21	1/2	21 - Information Receiver
	HL04	Hierarchical Child Code	1	2/80	Additional Subordinate

Loop ID	Reference	Name	Codes	Length	Notes/Comments
2100B	**NM1**	**Information Receiver Name**			**Information Receiver Name**
	NM101	Entity Identifier Code	1P 80 FA PR	2/3	1P - Provider 80 - Hospital FA - Facility PR - Payer
	NM102	Entity Type Qualifier	1 2	1	1 - Person 2 - Non-Person Entity
	NM103	Name Last or Organization Name		1/60	Provider Name
	NM108	Identification Code Qualifier	XX SV	1/2	XX - National Provider ID SV - Service Provider Number
	NM109	Identification Code		2/80	
2000C	**HL**	**Service Provider Level**			
	HL01	Hierarchical ID Number	3	1/12	Hierarchical ID Number
	HL02	Hierarchical Parent ID Number	2	1/12	Parent ID Number
	HL03	Hierarchical Level Code	22	1/2	Subscriber
	HL04	Hierarchical Child Code	0	2/80	0 – No Additional Subordinate
2000C	**TRN**	**Subscriber Trace Number**			
	TRN01	Trace Type Code	1	1	1 - Current Transaction Trace Number
	TRN02	Reference Identification		1/50	Trace Number:
	TRN03	Originating Company Identifier		10	ID Number of the company that assigned the trace number
	TRN04	Reference Identification		1/50	Used to further identify a specific component of the

Loop ID	Reference	Name	Codes	Length	Notes/Comments
					company identified in the previous data element
2100C	NM1	Subscriber Name			
	NM101	Entity Identifier Code	IL	2	IL - Subscriber
	NM102	Entity Type Qualifier	1	1	1 - Person
	NM103	Name Last		1/60	Member Last Name
	NM104	Name First		1/35	Member First Name
	NM105	Name Middle		1/25	Member Middle Initial
	NM108	Identification Code Qualifier	MI	1/2	MI - Member Identification Number
	NM109	Identification Code		2/80	DC Medicaid Member ID
2100C	REF	Reference Number			
	REF01	Reference Identification Qualifier	SY	2/3	SY - SSN
	REF02	Reference Identification		1/50	DC Medicaid Member SSN
2100C	DMG	Subscriber Demographic Information			
	DMG01	Date Time Period Format Qualifier	D8	2	D8 - Date Format
	DMG02	Date Time Period	CCYYMMDD	1/35	Subscribers Date of Birth
	DMG03	Gender Code	F M U	1	F – Female M – Male U - Unknown
2100C	DTP	Date or Time Period			
	DTP01	Date/Time Qualifier	291	3	291 - Plan
	DTP02	Date/Time Period Format Qualifier	D8	2/3	D8 – Single Date of Service

Loop ID	Reference	Name	Codes	Length	Notes/Comments
			RD8		RD8 – Date Range Use RD8 for a Date Range
	DTP03	Date Time Period		1/35	Date requested for eligibility verification
2110C	**EQ**	**Subscriber Eligibility/Benefi t Information**			
	EQ01	Service Type Code		2/3	See Appendix A.1 for Service Type Codes Not used if EQ02 is used
	EQ02-1	Procedure Code Qualifier		2/2	Not used if EQ01 is used
	EQ02-2	Procedure Code		1/48	
	EQ02-3	Procedure Modifier		2/2	

8. 271 CG Transaction Table

The specific requirements for receiving and processing an ASC X12N 271 Eligibility Response transaction file from DC Medicaid.

Use these guidelines in conjunction with the official ASC X12N 270/271 TR3 document to submit and receive these transactions.

Table 3: 271 CG Transaction Table

Loop ID	Reference	Name	Codes	Length	Notes / Comments
Header	**ISA**	**Interchange Control Header**			
	ISA06	Interchange Sender ID		15	DCMEDICAID
	ISA08	Interchange Receiver ID		15	DC Medicaid assigned Trading Partner ID
	ISA13	Interchange Control Number		9	Unique Control Number per file defined by sending Trading Partner and returned on the 271
	GS	**Functional Group Header**			
	GS02	Application Sender's Code		2/15	DCMEDICAID
	GS03	Application Receiver's Code		15	DC Medicaid assigned Trading Partner ID
	GS08	Version / Release Code	005010X279A1	12	
	ST	**Transaction Set Header**			
	ST01	Transaction Set Identifier Code		4/9	271 – Eligibility Response
	ST03	Technical Report Type 3 Version Name	005010X279A1	1/35	
	BHT	**Beginning Hierarchical Transaction Segment**	**BHT**		
	BHT01	Transaction Set Identifier Code	0022	3	
	BHT02	Transaction Set Purpose Code	11	2	11 - Response
	BHT03	Reference identification		1/50	Originator Application Transaction Identifier

Loop ID	Reference	Name	Codes	Length	Notes / Comments
	BHT04	Date		8	CCYYMMDD - Transaction Set Creation Date
	BHT05	Time	HHMM	4/8	HHMM – Transaction Set Creation Time
2000A	**HL**	**Information Source Level**			
	HL01	Hierarchical ID Number	1	1/12	Hierarchical ID Number
	HL03	Hierarchical Level Code	20	1/2	20 - Information Source
	HL04	Hierarchical Child Code	1	2/80	Additional Subordinate HL Data Segment
2000A	**AAA**	**Request Validation**			
	AAA01	Yes/No Condition or Response Code	Y N	1	Y= Request Valid or N = Request Not Valid
	AAA03	Reject Reason Code		2	Code to indicate reason transaction was unable to be processed
	AAA04	Follow-up Action Code		1	Code identifying follow-up actions
2100A	**NM1**	**Information Source Name**			**Payer Name**
	NM101	Entity Identifier Code	PR	2/3	PR - Payer
	NM102	Entity Type Qualifier	2	1	Non-Person Entity
	NM103	Name Last or Organization Name		1/60	DC MEDICAID
	NM108	Identification Code Qualifier	PI	1/2	Payer Identification
	NM109	Identification Code		2/80	DCMEDICAID
2100A	**PER**	**Information Source Contact Information**			
	PER01	Contact Function Code	IC	2	IC - Information Contact

Loop ID	Reference	Name	Codes	Length	Notes / Comments
	PER02	Payer Contact Name		1/60	DC MEDICAID ELIGIBILITY VERIFICATION SYSTEM
	PER03	Communication Number Qualifier	TE	2	TE - Telephone
	PER04	Communication Number		1/256	*Placeholder: DC Medicaid Phone #*
	PER05	Communication Number Qualifier	EM	2	EM - Email
	PER06	Communication Number		1/256	DC Medicaid Email Address: DC_Operations@GAINWELLTECHNOLOGIES.COM
2100A	**AAA**	**Request Validation**			
	AAA01	Yes/No Condition or Response Code	Y N	1	Y= Request Valid or N = Request Not Valid
	AAA03	Reject Reason Code		2	Code to indicate reason transaction was unable to be processed
	AAA04	Follow-up Action Code		1	Code identifying follow-up actions
2000B	**HL**	**Information Receiver Level**			
	HL01	Hierarchical ID Number	2	1/12	Hierarchical ID Number
	HL02	Hierarchical Parent ID Number	1	1/12	Parent ID Number
	HL03	Hierarchical Level Code	21	1/2	Information Receiver
	HL04	Hierarchical Child Code	1	2/80	Additional Subordinate
2100B	**NM1**	**Information Receiver Name**			**Information Receiver Name**
	NM101	Entity Identifier Code	1P	2/3	1P - Provider
	NM102	Entity Type Qualifier	1 2	1	1 - Person 2 - Non-Person Entity
	NM103	Provider Name Last or Organization Name		1/60	

Loop ID	Reference	Name	Codes	Length	Notes / Comments
	NM104	Provider First Name		1/35	
	NM105	Provider Middle Initial		1	
	NM108	Identification Code Qualifier	XX SV – Service Provider Number	1/2	XX – National Provider ID (NPI) SV – Service Provider Number
	NM109	Identification Code		2/80	
2100B	**REF**	**Information Receiver Additional Identification**			
	REF01	Reference Identification Qualifier	EO	2	EO – Submitter ID
	REF02	Reference Identification		1/50	DC Medicaid assigned Trading Partner ID
2100B	**AAA**	**Request Validation**			
	AAA01	Yes/No Condition or Response Code	Y N	1	Y= Request Valid N = Request Not Valid
	AAA03	Reject Reason Code		2	Code to indicate reason transaction was unable to be processed
	AAA04	Follow-up Action Code		1	Code identifying follow-up actions
2000C	**HL**	**Service Provider Level**			
	HL01	Hierarchical ID Number	3	1/12	Hierarchical ID Number
	HL02	Hierarchical Parent ID Number	2	1/12	Parent ID Number
	HL03	Hierarchical Level Code	22	1/2	22 - Subscriber
	HL04	Hierarchical Child Code	0	2/80	Additional Subordinate

Loop ID	Reference	Name	Codes	Length	Notes / Comments
2000C	**TRN**	**Subscriber Trace Number**			
	TRN01	Trace Type Code	1	1	1 – Current Trace Number
	TRN02	Reference Identification		1/50	DC Medicaid Unique Trace Number
2000C	**TRN**	**Subscriber Trace Number**			
	TRN01	Trace Type Code	2	1	2 – Inquiry Trace Number
	TRN02	Reference Identification		1/50	Transaction trace numbers sent in the 270 transaction and returned in the 271 response.
2100C	**NM101**	**Subscriber Name**			**Subscriber Name**
	NM101	Entity Identifier Code	IL	2/3	IL - Subscriber
	NM102	Entity Type Code	1	1	1 - Person
	NM103	Name Last		1/60	Member Last Name
	NM104	Name First		1/35	Member First Name
	NM105	Name Middle		1/25	Member Middle Initial
	NM107	Name Suffix		1/10	Member Name Suffix
	NM108	Identification Code Qualifier	MI	1/2	MI – Member Identifier
	NM109	Identification Code		2/80	DC Medicaid Member ID
2100C	**REF**	**Reference Number**			
	REF01	Reference Identification Qualifier	SY	2	SY – SSN
	REF02	Reference Identification		1/50	DC Medicaid Member SSN
2100C	**N3**	**Subscriber Address**			
	N301	Subscriber Address Line		1/55	

Loop ID	Reference	Name	Codes	Length	Notes / Comments
	N302	Subscriber Address Line		1/55	
2100C	**N4**	**Subscriber City/State/Zip Code**			
	N401	Subscriber City Name		2/30	
	N402	Subscriber State Code		2	
	N403	Subscriber Postal Zone or Zip Code		3/15	
2100C	**AAA**	**Request Validation**			
	AAA01	Yes/No Condition or Response Code	Y N	1	Y= Request Valid or N = Request Not Valid
	AAA03	Reject Reason Code		2	Code to indicate reason transaction was unable to be processed
	AAA04	Follow-up Action Code		1	Code identifying follow-up actions
2100C	**DMG**	**Subscriber Demographic Information**			
	DMG01	Date Time Period Format Qualifier	D8	2	D8 - Date Format
	DMG02	Date Time Period		8	Member Date of Birth-CCYYMMDD
	DMG03	Gender Code	F M U	1	F – Female M – Male U – Unknown
2110C	**EB**	**Subscriber Eligibility or Benefit Information**			**The following segments will repeat for each eligibility segment the member has on file that meets the Service Date inquiry sent on the 270:** • **2110C EB** • **2110C DTP** • **2115 LS** • **2120C NM1** • **2120C PER** • **2120C LE**

Loop ID	Reference	Name	Codes	Length	Notes / Comments
	EB01	Eligibility or Benefit Information		1/2	1 – Active 6 – Inactive B – Co- Payment F – Limitations J – Share of Cost L – Primary Care Provider N – Lock-in R – Other or Additional Payer
	EB02	Coverage Level Code		3	
	EB03	Service Type Code		1/2	Value is returned if service type code was sent in the EQ01 in the 270 See Appendix A.1
	EB04	Insurance Type Code	MC	1/3	MC – Medicaid
	EB05	Plan Coverage Description		1/50	DC Medicaid Member: Benefit Plan | Rate Code | Coverage Code.
	EB06	Time Period Qualifier		1/2	
	EB07	Monetary Amount		1/18	Co-Payment Amount
	EB13-1	Product/Service ID Qualifier		2/2	
	EB13-2	Procedure Code		1/48	
2110C	**DTP**	**Date or Time or Period**			
	DTP01	Date/Time Qualifier	307	3	307 - Eligibility
	DTP02	Date Time Period Format Qualifier	RD8	2	RD8 - Date Format
	DTP03	Date Time Period		17	Eligibility Dates CCYYMMDD-CCYYMMDD
2110C	**DTP**	**Date or Time or Period**			
	DTP01	Date/Time Qualifier	307	3	346 – Begin Date
	DTP02	Date Time Period Format Qualifier	RD8	2	RD8 - Date Format

Loop ID	Reference	Name	Codes	Length	Notes / Comments
	DTP03	Date Time Period		17	Begin Date CCYYMMDD
2110C	**AAA**	**Request Validation**			
	AAA01	Yes/No Condition or Response Code	Y N	1	Y= Request Valid N = Request Not Valid
	AAA03	Reject Reason Code		2	Code to indicate reason transaction was unable to be processed
	AAA04	Follow-up Action Code		1	Code identifying follow-up actions
2115C	**LS**	**Subscriber Eligibility or Benefit Additional Information**			
	LS01	Loop Identifier		1/4	Loop 2120
2120C	**NM101**	**Subscriber Benefit Related Entity Name**			
	NM101	Entity Identifier Code	P3 P5 1I	2/3	P3 – Primary Care Provider P5 - Plan Sponsor 1I – Provider Network
	NM102	Entity Type Code	2	1	2 – Non-Person
	NM103	Organization Name		1/60	Primary Care Provider, Plan Sponsor Organization Name, or Network Name
	PER	**Administrative Communications Contact**			**Segment can repeat up to three times per Plan Sponsor if necessary to convey contact information**
	PER01	Contact Function Code	IC - Information Contact	2	
	PER02	Name		1/60	
	PER03	Communication Number Qualifier		2	
	PER04	Communication Number	AAABBBCCCC	1/256	AAA – Area Code BBBCCCC – Local Number
	PER05	Communication Number Qualifier		2	

Loop ID	Reference	Name	Codes	Length	Notes / Comments
	PER06	Communication Number	AAABBBCCCC	1/256	AAA – Area Code BBBCCCC – Local Number
	PER07	Communication Number Qualifier		2	
	PER08	Communication Number	AAABBBCCCC	1/256	AAA – Area Code BBBCCCC – Local Number
Provider Specialty Informatio n (PRV)	**Subscriber Benefit Related Provider Information**	**PRV**	**3**		
	PRV01	Provider Code		1/3	
	PRV02	Reference Identification Qualifier	Healthcare Provider Taxonomy Code (PXC)	2/3	PXC – Taxonomy Number
	PRV03	Provider Identifier		1/50	
2120C	**LE**	**Loop Trailer**			
	LE01	Loop Identifier Code		1/4	2120

Appendix A.   Companion Guide Appendices

A.1   270 2110C EQ01 Service Type Codes

Table 4:   Phase 1 CORE Required Service Type Codes

Service Type Code	Description
1	Medical Care
30	Health Benefit Plan Coverage
33	Chiropractic
35	Dental Care
47	Hospital
48	Hospital Inpatient
50	Hospital Outpatient
86	Emergency Services
88	Pharmacy
98	Professional (Physician) – Visit Office
AL	Vision (Optometry)
MH	Mental Health
UC	Urgent Care

A.2   WSDL SOAP Information and Reference Example

SOAP (Simple Object Access Protocol) messages must conform to standards set forth by the WEB Services Description Language (WSDL) for Extensible Markup Language (XML) envelope formatting, submission, and retrieval.

The XML schema definition can be found at: CAQH CORE XML Schema vC2.2.0

The WSDL definitions can be found at: CAQH CORE WSDL Schema vC2.2.0

```
<soapenv:Envelope xmlns:soapenv="http://www.w3.org/2003/05/soap-envelope"
xmlns:cor="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">

 <soapenv:Header>

   <wsse:Security soapenv:mustUnderstand="1" xmlns:wsse="http://docs.oasis-
open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd">

  <wsse:UsernameToken cor:Id="Example">

   <wsse:Username>Username</wsse:Username>

   <wsse:Password>Password</wsse:Password>

  </wsse:UsernameToken>

  </wsse:Security>
```

```
      </soapenv:Header>
  <soapenv:Body>
    <COREEnvelopeRealTimeRequest xmlns="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">
      <PayloadType>X12_270_Request_005010X279A1</PayloadType>
      <ProcessingMode>RealTime</ProcessingMode>
      <PayloadID>f81d4fae-7dec-11d0-a765-00a0a918754126</PayloadID>
      <TimeStamp>2024-04-14T10:20:34Z</TimeStamp>
      <SenderID>DCTPIDXXXXXX</SenderID>
      <ReceiverID>DCMEDICAID</ReceiverID>
      <CORERuleVersion>2.2.0</CORERuleVersion>
         <Payload><![CDATA[ISA*00* … IEA*1*000000242]]></Payload>
    </COREEnvelopeRealTimeRequest>
  </soapenv:Body>
</soapenv:Envelope>HTTP
```

A.3   Trading Partner Implementation Checklist

The DC Medicaid-Online web portal user guides contain all necessary steps for going live with DC Medicaid for submitting specified EDI transactions, and receiving EDI responses, including the 5010 837. It also covers the following categories:

- Register for a Trading Partner ID.

- Test with DC Medicaid.

The user guides can be found at:

- [INSERT DC MEDICAID SPECIFIC URL HERE]

- [INSERT DC MEDICAID SPECIFIC URL HERE]

- [INSERT DC MEDICAID SPECIFIC URL HERE]

- [INSERT DC MEDICAID SPECIFIC URL HERE]

A.4   Retrieving Acknowledgements for X12 Transactions via SFTP Submission

Trading Partners who have submitted X12 transactions via SFTP may retrieve acknowledgements and responses from their designated SFTP pickup location. Any validation responses to the original submission (TA1, 999, 824, and BRR) will be based on the DC Medicaid internal file naming convention. This naming convention is as follows:

<Input Class>-<Sender ID>-<Receiver ID>-<Date: CCYYMMDD>-<Time: HHMMSS>-<File ID>-<Transaction Type>-<Usage: T for Test, P for Production>.edi

File Naming Convention Examples:

An inbound Professional Healthcare claim file from Trading Partner ID DCTPIDXXXXXX would be assigned an internal filename of:

VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X222A1-P.edi

The HIPAA validation acknowledgements would appear in this trading partner's SFTP pickup location with the files named as follows:

VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X222A1-P.edi-1367-TA1.edi

VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X222A1-P.edi-1367-999.edi

VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X222A1-P.edi-1367-824.edi

VAN-DCTPIDXXXXXX-DCMEDICAID-20230616-112750-1367-005010X222A1-P.edi-1367-BRR.edi

A.5   EDI File Transmission Examples

A.6   TA1 Interchange Acknowledgement

The TA1 interchange acknowledgement is used to verify the syntactical accuracy of the envelope of the X12 interchange. The TA1 interchange will indicate that the file was successfully received, as well as indicate what errors existed within the envelope segments of the received X12 file.

For detailed information concerning the TA1 Interchange Acknowledgement, please reference the DC Medicaid-Online user guides:

- [INSERT DC MEDICAID SPECIFIC 5010 APPENDIX A VENDOR SPECS URL HERE]
- [INSERT DC MEDICAID SPECIFIC URL HERE]

A.7   999 Implementation Acknowledgement for Health Care Insurance

The ASC X12 999 transaction set is designed to report only on conformance against a TR3.

A.8   824 Application Advice

This transaction is not mandated by HIPAA but will be used to report the results of data content edits of transaction sets. It is designed to report rejections based on business rules such as invalid diagnosis codes, invalid procedure codes, and invalid provider numbers. The 824 Application Advice does not replace the 999 or TA1 transactions and will only be generated by DC Medicaid if there are errors within the transaction set.

For detailed information concerning the 824 Application Advice, please reference the DC Medicaid-On-Line user guides:

- [INSERT DC MEDICAID SPECIFIC 5010 APPENDIX A VENDOR SPECS URL HERE]
- [INSERT DC MEDICAID SPECIFIC URL HERE]

A.9   Business Rejection Report

DC Medicaid also produces a readable version of the 824 called the BRR. This report helps to facilitate the immediate correction and re-bill of claims rejected during HIPAA validation.

For detailed information concerning the BRR, please reference the DC Medicaid-Online user guides:

• [INSERT DC MEDICAID SPECIFIC 5010 APPENDIX A VENDOR SPECS URL HERE]

• [INSERT DC MEDICAID SPECIFIC URL HERE]

Appendix B.   Acronyms

The following table contains the list of acronyms, and corresponding definitions, used in this document.

Table 5: Acronyms

Acronym	Definition
ASC	Accredited Standards Committee
BHT	Beginning Hierarchical Transaction
BRR	Business Reject Report
CAQH	Council for Affordable Quality Healthcare
CFR	Code of Federal Regulations
CG	Companion Guide
DC	District of Columbia
DDI	Design, Develop, and Implement
DHCF	Department of Health Care Finance
EDI	Electronic Data Interchange
Gainwell Technologies	Gainwell
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
MCO	Managed Care Organization
MMIS	Medicaid Management Information System
NPI	National Provider ID
SFTP	Secure File Transfer Protocol
SNIP	Strategic National Implementation Process
SOAP	Simple Object Access Protocol
TR3	Technical Report Type 3
WPC	Washington Publishing Company
WSDL	WEB Services Description Language
XML	Extensible Markup Language

Appendix C.   DDI Specific CG Value Updates

The following table contains the placeholders in this document for Design, Develop, and Implement (DDI) specific production environment portal links and reference materials available to the trading partner community. The table also contains contact information for operations support, including emails and phone numbers.

Once the DDI specific values are updated in the document this section and table should be removed:

Table 6: DDI Specific CG Value Updates

Placeholder	Description	DDI Specific Value: DC Medicaid
[EDI Helpdesk Email Address]	EDI Operations email address for inquiry and support	
[EDI Helpdesk Phone #]	EDI Operations phone # for inquiries and support	
[INSERT DC MEDICAID SPECIFIC URL HERE]	DC Prod Online Portal – Trading Partner 'getting started' link and DC finalized and published User Guides links	
[INSERT DC MEDICAID SPECIFIC 5010 APPENDIX A VENDOR SPECS URL HERE]	Link to DC 5010 Appendix A Vendor Spec document on Prod	
[INSERT DC MEDICAID SPECIFIC URLs LISTED HERE]	Link to all DC EDI Companion Guides and reference documents on Prod	
DC_Operations@GAINWELL TECHNOLOGIES.COM	Email contact information placeholder as populated in PER segment for payer contact info	
(XXX) XXX-XXXX	Phone contact information placeholder as populated in PER segment for payer contact info	