

# Department of Health Care Finance (DHCF)

*DC MMIS Core Solution*

## *Companion Guide (CG)*

DC Medicaid 276/277 FFS Claims

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	01/30/2025	Gainwell	Initial Document
1.1	02/05/2025	Savanna Bader	Gainwell Tech Writer Review

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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.

- 276/277 Claim Status Request and Status Notification/Response (005010X212).

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 Information For Existing 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 (TPID) for use with Gainwell Technologies and 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 277 Claim Status Response:
  - TA1/999 Acknowledgements.
  - 824 Application Reporting.
  - 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]

#### 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 Gainwell's DC Medicaid EDI Help Desk:

- Email: [DC\\_Operations@gainwelltechnologies.com](mailto: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]

#### 3.2.1 837 Claim Transaction Test Files

A minimum of three test files must be submitted with a minimum of 15 transactions within each file. Trading partners can submit as many test files as are necessary to complete certification for the targeted transaction type. Each transaction type requires testing and certification to authorize the submission of production transaction files for DC Medicaid.

#### 3.2.2 Review Testing and Certification Information

To begin testing, review the “EDI Certification Status” page of Claims, Encounters, and Financials (CEF)-Online 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 CEF-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 completion of the required administrative tasks and approvals where applicable.

### 4.1 Web Portal Upload and Retrieval (Batch Mode)

X12 batch files can be uploaded via the CEF-Online web portal through use of 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 CEF-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 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 endpoint:

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

### 4.4 Trading Partner File Retransmissions

This section provides Gainwell Technologies' specific procedures for re-transmissions.

- ISA13 Interchange Control Number needs 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 as per the CEF-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 and transaction constraints associated with the submission and receipt of 276/277 Claim Status Inquiry and Response transactions for DC Medicaid:

- Subscriber/Insured Member in the DC Medicaid Eligibility Verification System 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). If Dependent Level Segments are received, they will be ignored during processing and will not be returned in the response.
- If no matching claim is found, an appropriate reject reason code will be returned in the 277.
- If multiple matches are found within the same date range of the claim status request, all will be returned.
- All detailed line items (start and end service dates) must fall within the requested date period in order for the claim to be selected for response.
- Claim status inquiries must be received from a valid trading partner whose submitter IDs are on file, otherwise the inquiry will reject transmissions if the submitter ID cannot be validated.
- Claim status allows single GS-GE groups within a single ISA-IEA of the transaction envelope for real time transactions. The real time requests must be limited to one a single claim status request per ISA-IEA, GS-GE, and ST-SE envelope.
- Compliance Checking Health Care Claim Status Request 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 CEF-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 5 & 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 CEF-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. ISA and GS Segment Values for 276 Claim Status Inquiry

Table 2: 276 ISA and GS Segment Transaction Table

Loop ID	Reference	Name	Codes	Length	Notes/Comments
Header	ISA	Interchange Control Header			
					DC Medicaid 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
	GS06	Group Control Number	Must be identical to the value in GE02		
	1/9				
	GS08	Version / Release Code	005010X212	12	
	GE	Functional Group Trailer			
	GE01	Number of Transaction Sets Included		1/6	
	GE02	Group Control Number	Must be identical to the value in GS06	1/9	
	GS08	Version / Release Code	005010X212	12	
	GE	Functional Group Trailer			
	GE01	Number of Transaction Sets Included		1/6	
	GE02	Group Control Number	Must be identical to the value in GS06	1/9	

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	IEA	Interchange Control Number			
	IEA01	Number of Included Functional Groups		1/5	
	IEA02	Interchange Control Number	Must be identical to the value in ISA13	9	

## 8. 276 CG Transaction Table

The specific requirements for submitting and processing an ASC X12N 276 Claim Status Request transaction file to Gainwell for DC Medicaid are listed in the table below.

Use these guidelines in conjunction with the official ASC X12N 276/277 TR3 document to submit and receive these transactions.

**Table 3: 276 CG Transaction Table**

Loop ID	Reference	Name	Codes	Length	Notes/Comments
Header	ST	Transaction Set Header			
	ST01	Transaction Set Identifier Code		4/9	276 – Health Care Claim Status Request
	ST03	Technical Report Type 3 Version Name	005010X212	1/35	
	BHT	Beginning Hierarchical Transaction Segment	BHT		
	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
	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		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



Loop ID	Reference	Name	Codes	Length	Notes/Comments
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	DCMEDICAID
	NM108	Identification Code Qualifier	PI	1/2	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	Information Receiver
	HL04	Hierarchical Child Code	1	2/80	Additional Subordinate
2100B	NM1	Information Receiver Name			Information Receiver Name
	NM101	Entity Identifier Code	41	2/3	Submitter
	NM102	Entity Type Qualifier	1		
2	1	1 – Person			
2 – Non-Person Entity					
	NM103	Name Last or Organization Name		1/60	Information Receiver Name
	NM108	Identification Code Qualifier	46	1/2	46 – Electronic Transmitter Identification Number (ETIN)
	NM109	Identification Code		2/80	DC Medicaid Trading Partner ID

Loop ID	Reference	Name	Codes	Length	Notes/Comments
2000C	HL	Service Provider 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
2100C	NM101	Provider Name			Provider Name
	NM101	Entity Identifier Code	1P	2/3	1P – Provider
	NM108	Identification Code Qualifier	XX		
SV	1/2	XX – NPI			
SV – DC Medicaid Provider ID					
	NM109	Identification Code		2/80	NPI or Atypical Provider ID
2000D	HL	Subscriber Level			
	HL01	Hierarchical ID Number		1/12	HL01 must be incremented by one each time an HL is used within each ST/SE envelope. Only numeric values are allowed in HL01.
	HL02	Hierarchical Parent ID Number	1	1/12	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
	HL03	Hierarchical Level Code	22	1/2	Subscriber Information
	HL04	Hierarchical Child Code	0	2/80	No Subordinate HL Segment Hierarchical Structure
2000D	DMG	Subscriber Demographic Information			

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	DMG01	Date Time Period Format Qualifier	D8	2/3	
	DMG02	Date Time Period		1/35	Subscriber Birth Date in CCYYMMDD format
	DMG03	Gender Code	F		
M	1	F – Female			
M – Male					
2100D	NM1	Subscriber Name			Member Name
	NM101	Entity Identifier Code	IL	2/3	IL – Insured or Subscriber
	NM102	Entity Type Qualifier	1	1	1 - Person
	NM103	Subscriber Last Name		1/60	DC Medicaid
Member Last Name					
	NM104	Subscriber First Name		1/35	DC Medicaid
Member First Name					
	NM108	Identification Code	MI	1/2	Member Identification Number
	NM109	Subscriber Identifier		2/80	DC Medicaid
Member ID					
2200D	TRN	Claim Status Tracking Number			Submitter Trace Number
	TRN01	Trace Type Code		1/2	Current Transaction Trace Number
	TRN02	Current Transaction Trace Number		1/50	Submitter Trace Number – This number is echoed back on the 277.
2200D	REF	Payer Claim Control Number			Inquiry by DC Medicaid ICN
	REF01	Reference Identification Qualifier	1K	2/3	1K – Payor's Claim Number

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	REF02	Payer Claim Control Number		1/50	DC Medicaid ICN
2200D	AMT	Claim Submitted Charges			Inquiry by Member, Dates of Service and Billed Amount
	AMT01	Amount Qualifier Code	T3	1/3	T3 – Total Submitted Charges
	AMT02	Total Claim Charge Amount		1/18	
2200D	DTP	Claim Service Date			Inquiry by Member, Dates of Service and Billed Amount
	DTP01	Date/Time Qualifier	472	3	472 – Service
	DTP02	Date Time Period Format Qualifier	RD8	2/3	RD8 – Date Range
	DTP03	Claim Service Period		1/35	

## 9. 277 CG Transaction Table

The specific requirements for receiving and processing an ASC X12N 277 Claim Status Response transaction file from Gainwell for DC Medicaid are listed in the table below.

Use these guidelines in conjunction with the official ASC X12N 276/277 TR3 document to submit and receive these transactions.

**Table 4: 277 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 Trading Partner ID
	ISA13	Interchange Control Number		9	Unique Control Number per file defined by sending Trading Partner and returned on the 277
	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	005010X212	12	
	ST	Transaction Set Header			
	ST01	Transaction Set Identifier Code		4/9	277 – Health Care Information Status Notification
	ST03	Technical Report Type 3 Version Name	005010X212	1/35	
	BHT	Beginning Hierarchical Transaction Segment	BHT		
	BHT01	Transaction Set Identifier Code	0010	3	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	08	2	08 - Status
	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	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	DCMEDICAID
	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
	PER02	Payer Contact Name		1/60	DC MEDICAID ELIGIBILITY VERIFICATION SYSTEM
	PER03	Communication Number Qualifier	TE	2	TE – Telephone
	PER04	Communication Number		1/256	DC Medicaid Voice Response System Phone Number: (XXX) XXX-XXXX
	PER05	Communication Number Qualifier	EM	2	EM – Email
	PER06	Communication Number		1/256	DC Medicaid EDI Helpdesk Email Address: DC Operations@GAINWELLTECHNOLOGIES.COM
2000B	HL	Information Receiver Level			

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	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	41	2/3	Submitter
	NM102	Entity Type Qualifier	1 2	1	1 – Person 2 – Non-Person Entity
	NM103	Name Last or Organization Name		1/60	Information Receiver Name
	NM108	Identification Code Qualifier	46	1/2	46 – Electronic Transmitter Identification Number (ETIN)
	NM109	Identification Code		2/80	DC Medicaid Trading Partner ID
2000C	HL	Service Provider 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
2100C	NM101	Provider Name			Provider Name
	NM101	Entity Identifier Code	1P	2/3	1P – Provider
	NM108	Identification Code Qualifier	XX SV	1/2	XX – NPI SV – DC Medicaid Provider ID
	NM109	Identification Code		2/80	NPI or Atypical Provider ID
2000D	HL	Subscriber Level			
	HL01	Hierarchical ID Number		1/12	HL01 must be incremented by one each time an HL is used within each ST/SE envelope. Only numeric values are allowed in HL01.
	HL02	Hierarchical Parent ID Number	1	1/12	HL02 identifies the hierarchical ID number of

Loop ID	Reference	Name	Codes	Length	Notes/Comments
					the HL segment to which the current HL segment is subordinate.
	HL03	Hierarchical Level Code	22	1/2	Subscriber Information
	HL04	Hierarchical Child Code	0	2/80	No Subordinate HL Segment Hierarchical Structure
2100D	NM1	Subscriber Name			Member Name
	NM101	Entity Identifier Code	IL	2/3	IL – Insured or Subscriber
	NM102	Entity Type Qualifier	1	1	1 – Person
	NM103	Subscriber Last Name		1/60	DC Medicaid Member Last Name
	NM104	Subscriber First Name		1/35	DC Medicaid Member First Name
	NM108	Identification Code	MI	1/2	Member Identification Number
	NM109	Subscriber Identifier		2/80	DC Medicaid Member ID
2200D	TRN	Claim Status Tracking Number			
	TRN01	Trace Type Code	2	1/2	2 – Referenced Transaction Trace Numbers
	TRN02	Current Transaction Trace Number		1/50	Trace number as submitted on the 276 Inquiry
2200D	STC	Claim Level Status Information			
	STC01	Health Care Claim Status			
	STC01-01	Industry Code		1/30	Health Care Claim Status Category Code
	STC01-02	Industry Code		1/30	Health Care Claim Status Category Code
	STC01-03	Entity Identifier Code		2/3	Entity Code
	STC02	Date		8	CCYYMMDD Format
	STC04	Monetary Amount		1/18	Total Claim Charge Amount
	STC05	Monetary Amount		1/18	Total Provider Payment Amount



Loop ID	Reference	Name	Codes	Length	Notes/Comments
	STC10	Health Care Claim Status			
	STC10-01	Industry Code		1/30	Health Care Claim Status Category Code
	STC10-02	Industry Code		1/30	Health Care Claim Status Category Code
	STC10-03	Entity Identifier Code		2/3	Entity Code
2200D	REF	Reference Identification			DC Medicaid ICN
	REF01	Reference Identification Qualifier	1K	2/3	1K – Payor's Claim Number
	REF02	Reference Identification		1/30	DC Medicaid ICN
2200D	REF	Reference Identification			Patient Control Number
	REF01	Reference Identification Qualifier	EJ	2/3	EJ – Patient Control Number
	REF02	Reference Identification		1/30	
2200D	DTP	Claim Service Date			Claim Service Date
	DTP01	Date/Time Qualifier	472	3	472 – Claim Service Date
	DTP02	Date Time Period Format Qualifier	D8 RD8	2/3	D8 – Claim Service Date RD8 – Claim Service Date Range
	DTP03	Date Time Period		1/35	Claim Service Date
2200D	SVC	Service Line Information			
	SVC01	Composite Medical Procedure Identifier			
	SVC01-1	Product/Service ID Qualifier		2	
	SVC01-2	Product/Service ID		1/48	
	SVC02	Monetary Amount		1/18	Line Item Charge Amount
	SVC03	Monetary Amount		1/18	Line Item Payment Amount
	SVC07	Quantity		1/15	Units of Service
2200D	STC	Service Line Status Information			
	STC01	Health Care Claim Status			

Loop ID	Reference	Name	Codes	Length	Notes/Comments
	STC01-01	Industry Code		1/30	Health Care Claim Status Category Code
	STC01-02	Industry Code		1/30	Health Care Claim Status Category Code
	STC02	Date		8	Status information Effective Date in CCYYMMDD Format
	STC04	Monetary Amount		1/18	Charge Amount
	STC05	Monetary Amount		1/18	Provider Payment Amount
	STC10-01	Industry Code		1/30	Health Care Claim Status Category Code
	STC10-02	Industry Code		1/30	Health Care Claim Status Category Code
	STC11-01	Industry Code		1/30	Health Care Claim Status Category Code
	STC11-02	Industry Code		1/30	Health Care Claim Status Category Code

## Appendix A. Companion Guide Appendices

### A.1 Trading Partner Implementation Checklist

The CEF-Online web portal user guides contain all necessary steps for going live with Gainwell in 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.2 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 Gainwell 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

### A.3 File Naming Convention Examples

An inbound professional healthcare claim file from Trading Partner ID KYTPIDXXXXXX 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.4 EDI File Transmission Examples**

### **A.5 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 CEF-Online user guides:

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

### **A.6 999 Implementation Acknowledgement for Health Care Insurance**

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

### **A.7 824 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 CEF if there are errors within the transaction set.

For detailed information concerning the 824 Application Advice, please reference the CEF-Online user guides:

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

### **A.8 Business Rejection Report**

CEF 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 Rejection Report, please reference the CEF-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
CEF	Claims, Encounters, and
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
ETIN	Electronic Transmitter Identification Number
FFS	Fee-for-Service
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
TR3s	Technical Report Type 3
TPID	Trading Partner ID
WPC	Washington Publishing Company

## Appendix C. DDI Specific CG Value Updates

The following table contains the placeholders in this document for 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 #'s.

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
<i>[EDI Helpdesk Email Address]</i>	EDI Operations email address for inquiry and support	
<i>[EDI Helpdesk Phone #]</i>	EDI Operations phone # for inquiries and support	
<i>[INSERT DC MEDICAID SPECIFIC URL HERE]</i>	DC Prod Online Portal – Trading Partner 'getting started' link and DC finalized and published User Guides links	
<i>[INSERT DC MEDICAID SPECIFIC 5010 APPENDIX A VENDOR SPECS URL HERE]</i>	Link to DC 5010 Appendix A Vendor Spec document on Prod	
<i>[INSERT DC MEDICAID SPECIFIC URLS LISTED HERE]</i>	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	