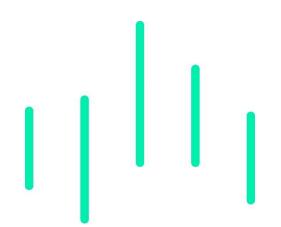gainwell

Department of Health Care Finance (DHCF)

DC MMIS Core Solution

Companion Guide (CG)

DC Medicaid 6020 X12 275

February 5, 2025

Version 1.1

This Companion Guide to the v5010 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	1/13/25	Gainwell Technologies	Initial Document
1.1	2/5/25	Meghan Halama	Gainwell Technical Writer Review

Table of Contents

List of Tables

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.

- 275 Additional Information to Support Health Care Claim or Encounter (v6020x314)

Refer to the Accredited Standards Committee (ASC) X12N Implementation Guides or 5010 TR3s (Technical Report Type 3) 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.

Data elements, segments, and loops not included in this guide for DC Medicaid will 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.

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.

- 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 Gainwell Technologies and DC Medicaid.

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

ISA and GS Receiver ID value for DC Medicaid has been updated.

New EDI transaction supported: 275 Electronic Claim Attachment (v6020x314) enabling the submission of supporting claim information for DC Medicaid claims.

Strategic National Implementation Process (SNIP) Levels 1-7 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.

- This includes Level 7 - Provider ID and Member ID business edits applied to validate the identifier values received.

EDI response transactions have been updated for DC Medicaid and include the following transactions and report when applicable:

- TA1/999 Acknowledgements.

- 824 Application Reporting.

- Business Reject Report (BRR).

- 277U Health Care Claim Pending Status Information.

- 277CA Health Care Claim Acknowledgement.

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

3. Testing with DC Medicaid

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.

SNIP Levels Applied

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

Trading partners must submit the specified number of test files of a particular transaction type containing the minimum number of specified 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].*

275 Electronic Claim Attachment Transaction Test Files

A minimum of 3 test files must be submitted with a minimum of 5 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.

Review Testing and Certification Information

To begin testing, review the "EDI Certification Status" page of the DC Core MMIS-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 Core MMIS -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 Core MMIS-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 Core MMIS-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 DC EDI Operations Support:

- Email: *[EDI SUPPORT EMAIL CONTACT].*
- Telephone: *[EDI SUPPORT TELEPHONE CONTACT].*

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.

Passwords

Trading Partners create their own password at the time of registration and are required to update it every 60 days as per the Core MMIS-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.

5. Payer Business Rules and Limitations

Listed below are the transmission and transaction constraints associated with the submission of the 837 Healthcare claim transaction for DC Medicaid:

5.1 EDI File Structure and Validation/Edits

- Only one interchange per transmission.

- Only one transaction type per interchange.

- DC Medicaid 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).

- Submissions by non-registered or non-approved trading partners will be rejected.

- The subscriber is always the same as the patient (dependent). Data submitted in the Patient Hierarchical Level (2000C loop) will be ignored.

- Individual document level EDI validation is applied with errors reported via the 999, 824, and BRR.

5.2 275 Claim Attachment to 837 Claim Association

Sending necessary attachments electronically offers a faster, more streamlined, and cost-efficient process over printing and mailing a paper attachment on a paper submission.

- A separate Transaction Set Header/Trailer (ST/SE) must be sent for each attachment, within an EDI 275 file submission to DC Medicaid.

Unsolicited 275 Transaction: Provider submits supplemental information on a pre-adjudicated claim submission that is not required on the actual submission but will assist the payer in determining accurate benefits during the adjudication process. Matching Logic between 837.

837 Claim Transaction		275 Claim Attachment Transaction	
Element Name	**Loop/Segment**	**Element Name**	**Loop/Segment**
Attachment Control Number	Loop 2300 PWK06	Attachment Control Number	Loop 2000A TRN02

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 received 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.

7. ISA and GS Segment Values for 275 Electronic Attachment

Listed in the following table are the specific requirements for submitting and processing an ASC X12N 275 Additional Information to Support Health Care Claim or Encounter file for DC Medicaid.

Use these guidelines in conjunction with the official ASC X12N v6020 275x314 TR3 document to submit these transactions.

Table 2: 275 ISA and GS Segment Transaction Table

Loop ID	Reference	Name	Codes	Length	Notes/Comments
HEADER	ISA	Interchange Control Header			
	ISA06	Interchange Sender ID		15	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
	GS08	Version / Release Code	006020x314	12	
	GE	Functional Group Trailer			
	GE01	Number of Transaction Sets Included		1/6	
	GE02	Group Control Number		1/9	Must be identical to the value in GS06
TRAILER	IEA	Interchange Control Number			
	IEA01	Number of Included Functional Groups		1/5	
	IEA02	Interchange Control Number		9	Must be identical to the value in ISA13

8. 275 CG Transaction Table

Listed in the following table are the specific requirements for submitting and processing an ASC X12N 275 Additional Information to Support Health Care Claim or Encounter file for DC Medicaid.

Use these guidelines in conjunction with the official ASC X12N v6020 275x314 TR3 document to submit these transactions.

Table 3: 275 CG Transaction Table

Loop ID	Reference	Name	Codes	Length	Notes / Comments
	ST	Transaction Set Header			
	ST01	Transaction Set Identifier Code	275	3	
	ST02	Transaction Set Control Number		4/9	Must be identical to SE02
	ST03	Implementation Convention Reference	006020x314	1/35	
	BGN	Beginning Segment			
	BGN01	Transaction Set Purpose Code	02	2	02 - Add
	BGN02	Reference Identification	'13'	1/80	
	BGN03	Date		8	
1000A	NM1	Payer Name			
1000A	NM101	Entity Identifier Code	PR	2/3	PR - Payer
1000A	NM102	Entity Type Qualifier	'2'	1	2 - Non-Person Entity
1000A	NM103	Last Name or Organization Name		1/60	DC MEDICAID
1000A	NM108	Identification Code Qualifier	'PI'	1/2	PI - Payor Identification

Loop ID	Reference	Name	Codes	Length	Notes / Comments
1000A	NM109	Identification Code		2/80	DCMEDICAID
1000B	NM1	Submitter Information			
1000B	NM101	Entity Identifier Code	41	2/3	41 - Submitter
1000B	NM102	Entity Type Qualifier	1 2	1	1 - Person Entity 2 - Non-Person Entity
1000B	NM103	Last Name or Organization Name		1/60	
1000B	NM104	First Name		1/35	
1000B	NM105	Middle Initial		1/25	
1000B	NM108	Identification Code Qualifier	46	1/2	46 – Electronic Transmitter Identification Number (ETIN)
1000B	NM109	Identification Code		2/80	DC Medicaid trading partner ID
1000C	NM1	Provider Name Information			
	NM101	Entity Identifier Code	1P	2/3	1P - Provider
	NM108	Identification Code Qualifier	XX	1/2	XX - National Provider ID (NPI)
	NM109	Identification Code		2/80	NPI
1000C	REF	Provider Secondary Identification			Use when submitting the Atypical Provider DC Medicaid ID
	REF01	Reference Identification Qualifier	A6 LU	2/3	A6 – Provider Identifier
	REF02	Reference Identification		1/50	Atypical Provider DC Medicaid ID

Loop ID	Reference	Name	Codes	Length	Notes / Comments
1000D	NM1	Patient Name			
	NM101	Entity Identifier Code	QC	2/3	QC – Patient
	NM102	Entity Type Qualifier	1	1	
	NM108	Identification Code Qualifier	MI	2	MI – Member Identification Number
	NM109	Identification Code		2/80	DC Medicaid Member ID
1000D	REF	Providers Assigned Claim Identifier			Use REF for the Claim ICN as assigned by DC Medicaid
	REF01	Reference Identification Qualifier	X1	2/3	X1 – Provider Claim Number
	REF02	Reference Identification		1/80	DC Medicaid assigned claim ICN (Claim ID)
2000A	LX	Assigned Number			
	LX01	Assigned Number		1/6	
2000A	TRN	Payer Claim Control Trace Number/Provider Attachment			Use TRN for the Attachment Control Number
	TRN01	Trace Type Code	1	2/3	1 – Current Transaction Trace Number
	TR02	Reference Identification		1/50	ACN – Attachment Control Number
2000A	STC	Status Information			
	STC01-01	Industry Code		1/30	LOINC Code
	STC01-02	Entity Identifier Code		1/30	

Loop ID	Reference	Name	Codes	Length	Notes / Comments
	STC01-04	Code List Qualifier Code		1/3	LOI
1000D	DTP	Claim Service Date			
	DTP01	Date/Time Qualifier	472	3	472 - Service
	DTP02	Date Time Period Format Qualifier	D8 RD8	2/3	D8 – Date RD8 - Range of Dates
	DTP03	Date Time Period	CCYYMMDD-CCYYMMDD (RD8)	1/35	Claim Service Date(s)
2100B	DTP	Additional Information Submitted Date			
2100B	DTP01	Date/Time Qualifier	368	3	368 - Submittal
2100B	DTP02	Industry Code	D8	2/3	D8 - Date
2100B	DTP03	Date Time Period		1/35	CCYYMMDD
2100B	CAT	Format and Version Identifier			
2100B	CAT01	Report Type Code	AE	2	AE - Attachment
2100B	CAT02	Report Transmission Code	MB	2/3	MB – Binary Image
2110B	BDS	Binary Data Segment			
2110B	BDS01	Filter ID Code	B64	3	B64 – Base 64
2110B	BDS02	Length of Binary Data		1/15	The count is equal to the byte count of the contents in the BDS03.

Loop ID	Reference	Name	Codes	Length	Notes / Comments
2110B	BDS03	Binary Data		1/264	A string of octets that can assume any binary pattern from hexadecimal 00 to FF. Note: The segment terminator used for the transaction must not be a character that occurs within the document being sent.
	SE	275 Transaction Set Trailer			
	SE01	Number of Included Segments		1/10	
	SE02	Transaction Set Control Number		4/9	

Appendix A.   Companion Guide Appendices

A.1   Trading Partner Implementation Checklist

The DC CORE MMIS 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.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 Technologies 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.3   EDI File Transmission Examples

A.4   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 CORE MMIS-Online user guides:

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

- *[INSERT DC MEDICAID SPECIFIC URL HERE].*

A.5   999 Implementation Acknowledgement for Healthcare Insurance

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

- The ASC X12 999 transaction set is designed to report only on conformance against a Technical Report Type 3 (TR3).

A.6   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 CORE MMIS if there are errors within the transaction set.

For detailed information concerning the 824 Application Advice, please reference the DC CORE MMIS online user guides:

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

- *[INSERT DC MEDICAID SPECIFIC URL HERE].*

A.7   Business Rejection Report

DC CORE MMIS 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 DC CORE MMIS 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 4: Acronyms

Acronyms	Description
ASC	Accredited Standards Committee
BHT	Beginning of Hierarchical Transaction
BRR	Business Rejection Report
CFR	Code of Federal Regulations
CG	Companion Guide
CLM	Claim Information
CMS	Centers for Medicare & Medicaid Services
COB	Coordination of Benefits
DMS	Department for Medicaid Services
DN	Referring Provider
EDI	Electronic Data Interchange
FFS	Fee For Service
FTP	File Transfer Protocol
GAINWELL	Gainwell Technologies
GS	Functional Group Header
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
ICN	Internal Control Number
ID	Identification
ISA	Interchange Control Header
DC	DC Medicaid
DC CORE MMIS	New DC Medicaid MMIS
MCO	Managed Care Organization
NDC	National Drug Code
NPI	National Provider ID
OI	Other Insurance Coverage Information
PACU	Post-Anesthesia Recovery Unit
PHI	Protected Health Information
PII	Personal Identifiable Information
POC	Point of Contact
PRV	Provider Specialty Information

Acronyms	Description
PXC	Healthcare Provider Taxonomy Code
REF	Secondary Identification
RF	Referring Provider Specialty Information
SBR	Subscriber Information
SFTP	Secure File Transfer Protocol
SNIP	Strategic National Implementation Process
SSH	Secure Shell
SSL	Secure Session Layer
TPID	Trading Partner ID
TPL	Third-Party Liability
TPO	Third Party Organization Notes
VAN	Value Access Network/Data Aggregator
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 5: 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@GAINWELLTECHNOLOGIES.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	

Appendix D.   *Internal GW EDI Baseline Tailoring Section*

For internal use in the initial document updates and tailoring by engagement. This section should be removed once the values have been updated.

Note: This section should be removed prior to any publication of the EDI Companion Guide Document.

Table 6: Internal GW EDI Baseline Tailoring Section

[Baseline Placeholder]	Description
[INSERT STATE ENTITY LOGO]	Account/Client specified logo for use on document coversheet.
DC	Update with applicable State value for Medicaid
[STATE ENTITY NAME/DEPT]	Account/Client specific entity/department name - Ex. State Department of Medicaid & Financial Services
DC EDI Operations Support.	Updated with the appropriate support unit designation for EDI and Trading Partner operations
Core MMIS	Update with designated MMIS Name for reference to the CEF MMIS and/or as a prefix for the EDI/Online Portal components.
[EDI SUPPORT TELEPHONE CONTACT]	EDI Operations telephone number
[EDI SUPPORT EMAIL CONTACT]	EDI Operations email address
[x default = 3]	Min Number of test files required for certification testing
[x default = 15]	Min number of transactions per test file required for certification testing
DCMEDICAID	Assigned payer ID for use in ISA/GS
[STUSE PER CONTACT NAME]	Payer contact name as populated in PER segment
[STUSE PER CONTACT PHONE#]	Payer contact phone # as populated in PER segment for use by trading partner
[STUSE PER CONTACT EMAIL]	Payer contact email as populated in PER segment for use by trading partner