Department of Health Care Finance (DHCF)

DC MMIS Core Solution

Companion Guide (CG)

Pharmacy (835rx) Health Care Claim Payment/Advice

June 18, 2025
Version 1.2

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	1/08/2025	Gainwell Technologies	Initial document creation
1.1	6/3/2025	Gainwell Technologies	DC EDI SWS Team
1.2	6/18/2025	Caroline Bailey	Gainwell Technical 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.

835 Health Care Claim Payment/Advice (005010X221A1)

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.

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

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.

- ISA and GS Sender ID value for DC Medicaid has been updated to use DCMEDICAID.

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

- DC Medicaid Rx 835 Remittance files will reflect the following filename:

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

  - **Example Production Filename:** UPLOAD-DCMEDICAID-DCTPIDXXX-20250603-120000-1357-005010X221-P

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 an EDI trading partner:

Link: [INSERT DC MEDICAID SPECIFIC URL]

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 Operations Support:

- Email: *[EDI SUPPORT EMAIL CONTACT]*

- Telephone: *[EDI SUPPORT TELEPHONE CONTACT]*

3. 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.

Web Portal Retrieval (Batch Mode)

X12 batch files can be retrieved via the module Medicaid Claims Administration and Financial Solution (MCAFS)-Online web portal through use of the File Exchange X12 Download option available to registered trading partners. The 835 file(s) 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 module MCAFS-Online user guides at:

- [INSERT DC MEDICAID SPECIFIC URL HERE]

SFTP File Exchange (Batch Mode)

Trading Partners who have received X12 transactions via SFTP in the past can be enabled to continue use of SFTP for file receipt 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_EDI_Helpdesk@gainwelltechnologies.com

- Telephone: 800-205-4696

Passwords

Trading Partners create their own password at the time of registration and are required to update it every 60 days as per the MCAFS-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. ISA and GS Segment Values for 835 Remittance

Listed in the following table are the specific requirements for submitting and processing an ASC X12N 835rx Remittance transaction file for DC Medicaid Pharmacy Encounters.

Use these guidelines in conjunction with the official ASC X12N 835 TR3 document to submit and receive these transactions.

Table 1: 835rx ISA and GS Segment 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
	GS	Functional Group Header			
	GS02	Application Sender's Code		2/15	DCMEDICAID
	GS03	Application Receiver's Code		15	DC Medicaid Trading Partner ID
	GS08	Version / Release Code	005010X221A1	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
	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

5. 835rx CG Transaction Table

Listed in the following table are the specific requirements for processing an ASC X12N 835 Healthcare Claim Payment/Advice transaction file for DC Medicaid Managed Care Organizations (MCOs)

Use these guidelines in conjunction with the official ASC X12N 835 TR3 document to submit 835 Healthcare Remittance transaction files.

Table 2: 835rx CG Transaction Table

Loop ID	Reference	Name	Codes	Length	Notes / Comments
Header	ST	Transaction Set Header			
	ST03	Implementation Convention Reference	005010X221A1	1/35	
	BPR	Financial Information			
	BPR01	Transaction Handling Code	H	1/2	H – Notification Only
	BPR02	Total Actual Provider Payment Amount		1/18	Payment Amount
	BPR03	Credit or Debit Flag Code	C D	1	C – Credit D - Debit
	BPR04	Payment Method Code	ACH CHK NON	3	ACH – ACH Payment CHK – Check NON – Non-Payment Data
	BPR16	Date		8	
	TRN	Reassociation Trace Number			
	TRN01	Trace Type Code		1	1 – Current Transaction Trace Number
	TRN03	Originating Company Identifier		10	DC Medicaid EIN
	DTM	Production Date			
	DTM02	Date		8	Remittance Date
1000A	NM1	Payer Identification			
	NM101	Entity Identifier	PR	2/80	PR - Payer
	NM102	Payer Name			
1000A	REF	Additional Payer Identifier			

Loop ID	Reference	Name	Codes	Length	Notes / Comments
	REF01	Reference Identification Qualifier	2U	2/3	2U – Payer Identification Number
	REF02	Reference Identification		1/50	DC Medicaid Tax ID
1000A	PER	Payer Business Contact Information			
	PER02	Name		1/60	[STUSE PER CONTACT NAME]
	PER03	Communications Number Qualifier	TE	2	
	PER04	Communications Number		1/256	[STUSE PER CONTACT PHONE#]
	PER05	Communications Number Qualifier	EM	2	
	PER06	Communications Number		1/256	[STUSE PER CONTACT EMAIL]
1000B	N1	Payee Identification			
	N101	Entity Identifier Code	PE	2/3	PE - Payee
	N102	Name		1/60	
	N103	Identification Code Qualifier	FI	1/2	FI – Tax ID
	N104	Payee Identification Code		2/80	Payee Tax ID
1000B	REF	Payee Additional Identification			
	REF01	Reference Identification Qualifier	PQ	1/2	PQ -Payee Identification Number
	REF02	Reference Identification		2/80	Provider ID
2100	CLP	Claim Payment Information			
	CLP01	Claim Submitter's Identifier		1/38	Rx Number/ Submitter Unique Identifier
	CLP02	Claim Status Code		1/2	
	CLP03	Monetary Amount		1/18	Total Billed Amount
	CLP04	Monetary Amount		1/18	Total Medicaid Paid Amount
	CLP05	Monetary Amount		1/18	Member Co-Pay Amount

Loop ID	Reference	Name	Codes	Length	Notes / Comments
	CLP06	Claim Filing Indicator Code		1/2	MC - Medicaid
	CLP09	Claim Frequency Type Code		1	
2100	NM1	Patient Name			
	NM101	Entity Identifier Code	QC	2/3	QC - Patient
	NM108	Identification Code Qualifier	MI	1/2	MI – Member Identification Number
	NM109	Identification Code		2/80	DC Medicaid Member ID
2100	NM1	Service Provider Name			
	NM101	Entity Identifier Code	82	2/3	82 – Rendering Provider
	NM108	Identification Code Qualifier	XX	1/2	XX – NPI
	NM109	Identification Code		2/80	Servicing Provider ID
2100	DTM	Statement From or To Date			
	DTM01	Date/Time Qualifier	232 233	1/2	232 – Claim Statement Period Start 233 – Claim Statement Period End
	DTM02	Date		8	CCYYMMDD
2100	DTM	Claim Received Date			
	DTM01	Date/Time Qualifier	050	1/2	050 - Received
	DTM02	Date		8	CCYYMMDD
2110	SVC	Service Payment Information			
	SVC01-01	Product/Service ID Qualifier		2	
	SVC02--02	Product/Service ID		1/48	
	SVC02	Monetary Amount		1/18	Billed Amount
	SVC03	Monetary Amount		1/18	Paid Amount
2100	DTM	Service Date			

Loop ID	Reference	Name	Codes	Length	Notes / Comments
	DTM01	Date/Time Qualifier	150 151	1/2	150 – Service Period Start 151 – Service Period End
	DTM02	Date		8	CCYYMMDD
2110	REF	Service Identification			Prior Auth Number (when applicable)
	REF01	Reference Identification Qualifier	BB	2/3	BB – Authorization Number
	REF02	Reference Identification		1/50	Authorization Number

Appendix A.   Companion Guide Appendices

A.1   Trading Partner Implementation Checklist

The DC Medicaid Core MMIS-Online web portal user guides contain all necessary steps for going live with DC Medicaid EDI transactions and receiving the 835 Claim Payment/Advice as well as claim responses. 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]

Appendix B.   Glossary

Table 3: Glossary

Acronyms	Description
ASC	Accredited Standards Committee
BHT	Beginning of Hierarchical Transaction
BRR	Business Rejection Report
CFR	Code of Federal Regulations
CG	Companion Guide
CHFS	Cabinet for Health and Family Services
CLM	Claim Information
DMS	Department for Medicaid Services
DN	Referring Provider
EDI	Electronic Data Interchange
FFS	Fee For Service
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	State Medicaid Program
DC CORE MMIS	New DC Medicaid MMIS Solution
MCO	Managed Care Organization
MMIS	Medicaid Management Information System
NPI	National Provider ID
OI	Other Insurance Coverage Information
PRV	Provider Specialty Information
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
TPID	Trading Partner ID
VAN	Value Access Network/Data Aggregator

Acronyms	Description
WPC	Washington Publishing Company