gainwell

Claim Status
Request and Response Transaction
Companion Guide

Version 1.5

November 2020

Connecticut Medical Assistance Program

Disclaimer: The information contained in this companion guide is subject to change.

Disclosure Statement

The Agency for Health Care Administration (AHCA) is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. This document is intended to serve as a companion guide to the corresponding ASC X12N/ 005010X212 Health Care Claim Status Request and Response (276/277). The ASC X12 TR3s that detail the full requirements for these transactions are available at http://store.x12.org/store/.

This document can be reproduced and/or distributed; however, its ownership by Connecticut Medical Assistance Program must be acknowledged and the contents must not be modified.

Express permission to use ASC X 12 copyrighted materials has been granted.

Table of Contents

Preface

This companion guide to the ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277) Implementation Guide and associated errata and addenda adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Connecticut Medical Assistance Program. Transmissions based on this companion guide, used in tandem with the 005010 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 in any way exceeds the requirements or usages of data expressed in the implementation guides.

This page left intentionally blank.

1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA), which was passed in 1996, requires all insurance carriers and payers in the United States to comply with a set of standards adopted by the Secretary of Health and Human Services. These standards were created to assure an efficient and secure exchange of electronic health information.

1.1 Scope

This companion guide is intended for trading partner use in conjunction with the ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277) (Referred to as Claim Status Request and Response Transaction in the rest of this document) for the purpose of submitting claim status electronically. This companion guide is not intended to replace the TR3. The TR3s define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of this companion guide is to provide trading partners with a guide to communicate Connecticut Medical Assistance Program specific information required to successfully exchange transactions electronically with the Connecticut Medical Assistance Program. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

1.2 Overview

This companion guide has been created to assist in designing Health Care Claim Status transactions to conform to implementation standards and Connecticut Medical Assistance Program's processing rules. This guide should be used to supplement the instructions pertaining to the Health Care Claim Status Inquiry and Response (276/277) as stated by the X12 Standards for Electronic Data, (V. 005010X212).

This document is subject to change as new information is available. Please check the Connecticut Medical Assistance Program Web site at www.ctdssmap.com regularly for updated information.

1.3 References

Washington Publishing Company (WPC) - http://www.wpc-edi.com - WPC maintains and publishes the X12N Implementation Guides containing the standards for electronic health care transactions.

The implementation guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer, or government agency. The implementation guide contains requirements for the use of specific segments and specific data elements within those segments and applies to all health care providers and their trading partners. It is critical that the provider's information technology (IT) staff or software vendor review this document in its entirety and follow the stated requirements to exchange HIPAA-compliant files

with the Connecticut Medical Assistance Program.

Electronic submitters should use the Implementation Guides and Companion Guide for format and code set information. In addition to the Implementation Guide and the Companion Guide, electronic submitters should use Chapter 8 of the Provider Manual for specific Connecticut Medical Assistance Program claim submission instructions and policy guidelines. Chapter 8 can be found at the following link:
https://www.ctdssmap.com/CTPortal/Information/Publications/tabid/40/Default.aspx

1.4   Additional Information

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979, ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standard is recognized by the United States as the standard for North America. Electronic Data Interchange (EDI) adoption has been proved to reduce the administrative burden on providers.

The intended audience for this document is the technical and operational staff responsible for generating, receiving, and reviewing electronic health care transactions.

The 276/277 is a paired transaction set used to send and receive health care claim status requests and responses. The following companion document provides data clarification for the 276/277 Health Care Claim Status Request and Response (005010X212) transaction.

2   Working with Connecticut Medical Assistance Program

This section describes how to interact with Connecticut Medical Assistance Program's EDI Department.

Before Connecticut Medical Assistance Program can process transactions, the submitter must obtain a trading partner ID, create a Secure Portal user account and complete testing. Additional information is provided in the next section of this companion guide. Trading partners should exchange electronic health care transactions with Connecticut Medical Assistance Program via the Secure Web Portal or CT MMIS Safe Harbor connection. .

After establishing a transmission method and completing required documentation, each trading partner must successfully complete testing. Additional information is provided in the next section of this companion guide. After successful completion of testing, production transactions may be exchanged.

2.1   Trading Partner Registration

To register as a Trading Partner with Connecticut Medical Assistance Program, visit the enrollment section of the public information section of the Connecticut Medical Assistance program Web site at http://www.ctdssmap.com/ to complete the *Trading Partner Enrollment Profile Agreement*.

If there are questions regarding the EDI agreement, please contact our EDI Operations department at 1-800-842-8440 option 3 or email your inquiries to CTEDIsupport@dxc.com.

2.2   Certification and Testing Overview

All entities who wish to submit electronic transactions to Connecticut Medical Assistance Program in the HIPAA standard ASC X12 5010 format and receive any corresponding EDI responses must complete testing to ensure that their connections, systems, and software can and will produce data that is able to be processed by Connecticut Medical Assistance Program. This testing process certifies the trading partner can submit compliant files and receive and process the response files.

This page left intentionally blank.

3   Testing with the Payer

All submitters wishing to test their electronic transactions before submitting production files to Connecticut Medicaid are required to test and then fax a copy of the accepted 999, showing the test for the transaction was successful. Testing is accomplished by submitting the 276 with a "T" in ISA15. Test files are checked for HIPAA compliance. Trading partners may request assistance from the EDI department to help diagnose any issues that would cause submitted electronic files to reject. After Gainwell Technologies receives and processes the testing fax, the Trading Partner will receive a letter notifying them of their production status. Until this notice is received and the Trading Partner changes their Test /Production indicator from T to P, the transaction will not be processed by Gainwell Technologies. Required HIPAA EDI Testing procedures can be found at the following link:

https://www.ctdssmap.com/CTPortal/Trading%20Partner/EDI/tabId/61/Default.aspx

This page left intentionally blank.

4   Connectivity with the Payer/Communications

4.1   Process Flow
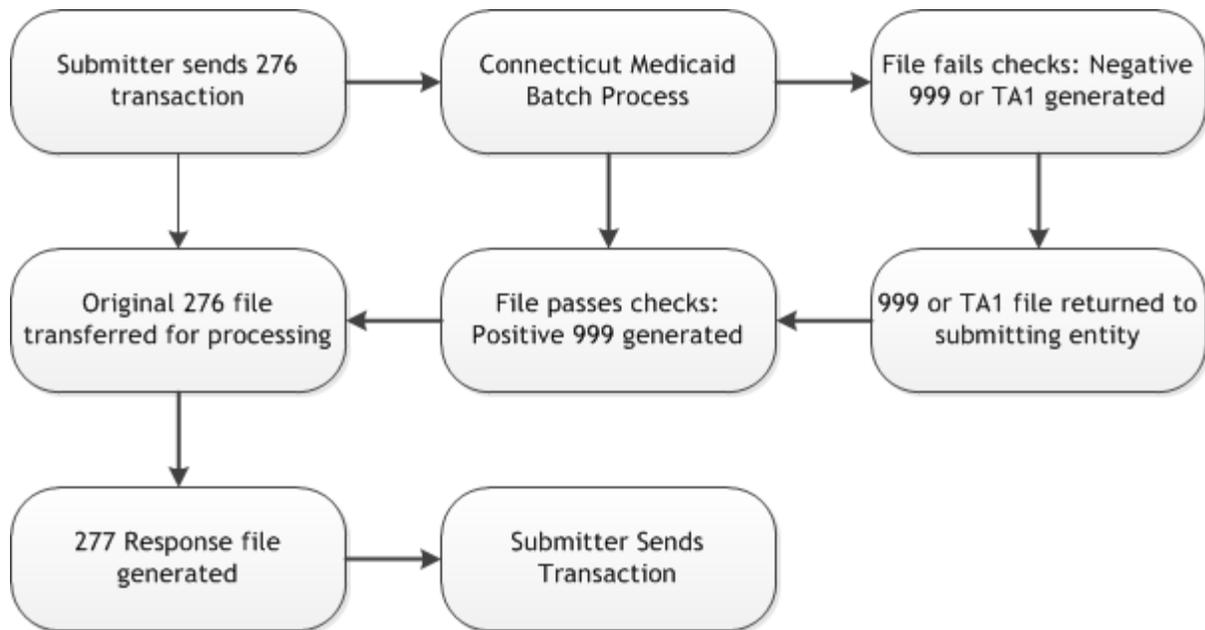
4.2   Transmission Administrative Procedures

Gainwell Technologies supports several types of data transport depending upon the Trading Partner's need. Providers and their representatives can submit and receive data via the Web Portal for batch transactions and Value Added Networks (VANs) for interactive transactions. Trading Partners exchange batch and interactive transactions with the Connecticut Medical Assistance Program. Batch X12 transactions are uploaded and downloaded via a Web-based application. A Functional Acknowledgement is created for batch claim transactions once the syntactical analysis is complete. Generally, all batches are processed within 24 hours of receipt and Functional Acknowledgements are available for download during that time. Interactive X12 transactions are processed interactively either by using the Safe Harbor connection or by using the services of a Value Added Network which supplies software and the interface to the Connecticut Medical Assistance Program.

1. Web Portal: Transaction files are uploaded/downloaded in the Trade Files menu on the Secure Web Portal.

2. VANs typically support interactive transactions through a dedicated connection. VANs sign a contract with the State and have unique, VAN- specific communication arrangements.

3. CT MMIS Safe Harbor: supports batch or interactive using MIME or SOAP.

Detailed information to assist with EDI related processes are available on the Provider Public

website at http://www.ctdssmap.com/.   Information available includes:

1. Required HIPAA EDI Testing procedures for all new trading partners
2. Web Upload/Download instructions for submitters uploading/downloading via the Secure Web Portal.
3. Web Upload/Download instructions for submitters uploading/downloading using a script to connect to Web Portal using Vendor Interface Specifications. https://www.ctdssmap.com/CTPortal/portals/0/StaticContent/Publications/vendor_interface_specs.pdf
4. Safe Harbor companion guide. https://www.ctdssmap.com/CTPortal/portals/0/StaticContent/Publications/safeharbor_companion_guide.pdf

4.3   Re-Transmission Procedure

When the entire 276 file is rejected with either a TA1 or 999 response, no 277 transaction will be generated. Upon receipt of the file rejection notice, the originating submitter should review and correct the 276 file and resubmit the entire 276 file.

A 277 with an Error Code within Status Category in the STC segment is returned when there is a data error or when the system is unavailable. The Trading Partner should correct the error and resubmit that transaction in a new 276 file.

4.4   Communication Protocol Specifications

Connecticut Medical Assistance Program accepts 276 transactions via the following methods:

1. Secure Web Portal; batch mode
2. Secure Sockets Layer (SSL) for approved Value Added Networks; real-time.
3. Safe Harbor MIME or SOAP

4.5   Passwords

All submitters wishing to submit 276 transactions in batch to Connecticut Medical Assistance Program must have a presence in the secure Web Portal. Instructions on setting up web portal account and changing passwords are available in our Web/ AVRS manual.

https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=ch10_AVRS_web.pdf&URI=Manuals/ch10_AVRS_web.pdf

5 Contact Information

5.1 EDI Customer Service

For all EDI related inquiries, please contact Connecticut Medical Assistance Program EDI Operations Support:

Phone: 1-800-842-8440 option 3
1-866-604-3470 (alternate TTY/TDD line)

Email: CTEDISupport@dxc.com

5.2 Provider Assistance Center Number

For recipient eligibility information, claim status, billing and payment inquiries, and questions about the Connecticut Medical Assistance Program secure Web Portal, including Direct Data Entry (DDE) claims, please contact Provider Assistance Center. Customer service representatives are available from 8:00 a.m. to 5:00 p.m. Monday through Friday, excluding holidays, by calling toll free at 1-800-842-8440. Providers are also offered a TDD/TTY number for assistance in obtaining necessary program information at 1 1-866-604-3470.

5.3 Relevant Websites

CT Medical Assistance Program (public site) - http://www.ctdssmap.com/

Washington Publishing Company - http://www.wpc-edi.com/

This page left intentionally blank.

6   Control Segments/Envelope Definitions for Claim Status Transactions

6.1   ISA - Interchange Control Header Segment

The Connecticut Medical Assistance Program accepts files with multiple ISA via the Secure Web Portal. When uploading files with multiple ISA/IEA, use the Web Transaction Type "HIPAA (x12 w/Multi-ISA)".

Safe Harbor batch transmissions should have a single ISA/IEA envelope.

If the file to be uploaded contains a single ISA, use the Web Transaction Type "HIPAA (X12 or NCPDP)"

Claim Status Request and Response					
Page	**Loop ID**	**Reference**	**Name**	**Code/Value**	**Notes/Comments**
C.4	N/A	ISA01	Authorization Information Qualifier	00	CT Medicaid processes request with value of '00' - No Authorization Information
C.4	N/A	ISA03	Security Information Qualifier	00	CT Medicaid processes request with value of '00' - No Security Information
C.4	N/A	ISA05	Interchange ID Qualifier	ZZ	CT Medicaid processes request with value of 'ZZ' - Mutually Defined
C.4	N/A	ISA06	Interchange Sender ID		For CT Medicaid processing in the claims status request send Trading Partner ID as supplied by CT Medicaid. , left justified and space filled. In the response file, CT Medicaid will return 277 = '445498161' left justified and Assistance Program Sender ID.

			Claim Status Request and Response		
Page	Loop ID	Reference	Name	Code/Value	Notes/Comments
C.5	N/A	ISA08	Interchange Receiver ID	445498161	276 = '445498161' left justified and space filled. Connecticut Medical Assistance Program Sender ID.277 = Trading Partner ID as supplied by Connecticut Medical Assistance Program, left justified and space filled.
C.6	N/A	ISA15	Usage Indicator	P	CT Medicaid will process a 'P' – as Production Data and "T" as Test data

This page intentionally left blank.

7   Connecticut Medical Assistance Program Business Rules and Limitations - 276 Transactions

7.1   Business Rules

This section contains Payer-specific business rules and limitations for the Claim Status Request and Response transactions.

Subscriber, Insured

The Subscriber refers to the patient in the Connecticut Medicaid Claims' System. The Connecticut Medicaid Claims' System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/members are primary subscribers within each program.

Provider Identification

The Provider Identification refers to the National Provider Identifier (NPI) or AVRS ID (Providers without an NPI only).

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandated the implementation of a National Provider Identifier (NPI). Most health care providers must register with the National Plan and Provider Enumeration System (NPPES) and receive a unique NPI. The intent of the HIPAA regulations was to require all health plans to convert their claims processing systems to use only the NPI for claims processing and reporting for providers required to obtain an NPI. Because of the complexities of this conversion by health care plans and providers, the use of the NPI has not yet been strictly enforced.

Beginning on **January 1, 2011,** the NPI is required on all electronic transactions from providers who qualify for an NPI. Connecticut Medical Assistance Program still accepts transactions containing the Provider's Automated Voice Response System (AVRS ID), but any qualifying claims that lack the NPI are denied.

For all atypical providers where an NPI is not assigned, the request should contain the Connecticut Medical Assistance Program AVRS Number in the 2100C loop, where NM108 = "SV" and NM109= 9 digit AVRS ID.

Single Claim Inquiry
A real time transaction is limited to one subscriber per inquiry.

Dates:

The 'To Date' cannot be greater than the current date.

Logical File Structure

1. For CT Medicaid Batch 276/277 transaction there may be multiple interchange envelopes (ISA/IEA) per logical file, but must be uploaded indicating such. See reference to multiple

ISA in Section 6.1. . The interchange can contain multiple functional groups (GS/GE) however; the functional groups must be the same type.

2. For CT Medicaid interactive 276/277 transactions there can be only one interchange (ISA/IEA), one functional group (GS/GE) and one transaction (ST/SE) per logical file. Within the transaction (ST/SE) there can only be one request. This has been defined as one subscriber (2000D Loop) within the transaction (ST/SE) along with only one occurrence of the inquiry methods.

Submitter

Submissions by non-approved trading partners are rejected.

Response/999 Functional Acknowledgement

A response transaction is returned to the trading partner that is present within the ISA06 data element.

An accepted 999 Implementation Acknowledgement, rejected 999 Implementation Acknowledgement, or rejected TA1 InterChange Acknowledgement will be generated in response to all submitted files.

You will receive this acknowledgment within 24 hours, unless there are unforeseen technical difficulties. If the transaction submitted was translated without errors for the 276 request, you will receive the appropriate response transaction generated from the request.

Document Level

Connecticut Medical Assistance Program processes 276 claim status inquiry transaction files at the batch level. Should any of the inquiries on the submitted batch fail to pass HIPAA compliance, the entire batch fails compliance and the erroneous data are reported on the 999.

Compliance Checking

Inbound 276 transactions are validated through Strategic National Implementation Process (SNIP) Level 4.

8   Acknowledgements

All 276 Claim Status Inquiry transactions submitted to the Connecticut Medical Assistance program will generate at least one acknowledgment and/or response.

8.1   Report Inventory

999 Functional Acknowledgement

The 999 Acknowledgement is used to report the result of the analysis of the inbound transactions' compliance with the HIPAA standards set out in the 5010 X12 Transaction Report, assuming the file itself is sent to the Connecticut Medical Assistance Program system in a readable format. The 999 will become available for retrieval within 24 hours of receipt of an uploaded batch file.

For real-time transactions, 999 Functional Acknowledgements will only be generated in cases where the originating transaction failed HIPAA compliance and the system was unable to produce a valid 277 transaction.

TA1 Acknowledgment

The TA1 Acknowledgement is generated when the submitted file contains errors in the Header-Trailer logic (ISA-IEA), causing the file itself to fail before it reaches the EDI system.   When a TA1 Acknowledgement is generated, the system will not generate a 999 or a 277 response.

Claim Status Response

The Claim Status Response files are generated when a submitted 276 file completely passes the HIPAA compliance checks performed by Connecticut Medical Assistance Program's EDI system. Compliance for Health Care Claim Status transactions are performed on a batch level. If any transaction within the batch fails compliance, the system considers the entire batch as a failed file and will not generate a 277 Response.

This page left intentionally blank.

9 Trading Partner Agreements

9.1 Trading Partners

A Trading Partner is defined as any entity (providers, billing services, software vendors, clearinghouses, etc.) that has an agreement with the payer to transmit electronic data files to, or receive electronic data files from, Connecticut Medical Assistance Program.

For Connecticut Medical Assistance program purposes, any provider that transmits their electronic files directly to the payer (i.e., via the Secure Web Portal) can be considered their own Trading Partner.

To register as a Trading Partner with Connecticut Medical Assistance program, an entity representative must complete the Trading Partner agreement available on Connecticut Medical Assistance Program's public Web site and submit it via the Web.

The Trading Partner agreement specifies which electronic transactions the submitter wishes to be able to submit and receive from Connecticut Medical Assistance program.

The agreement also allows Medicaid Providers to authorize assignment to a Trading Partner profile, giving these entities the right to submit electronic files to Connecticut Medical Assistance program on their behalf.

Connecticut Medical Assistance program Trading Partner Agreement link:
https://www.ctdssmap.com/CTPortal/Trading%20Partner/Trading%20Partner%20Enrollment/Profile/tabId/60/Default.aspx

This page left intentionally blank.

10 Claim Status Inquiry - Transaction Specific Information

This section specifies X12N 276 fields for which Connecticut Medical Assistance program has specific requirements.

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		
	ISA08	Interchange Receiver ID		For CT Medicaid send "445498161"
2100A	NM103	Name Last or Organization Name		For CT Medicaid send "HP/CTMAP"
2100A	NM108	Identification Code Qualifier		For CT Medicaid will process "PI"
2100A	NM109	Identification Code		For CT Medicaid send – "061274678"
2100B	NM109	Identification Code		For CT Medicaid send the unique nine-digit ID number assigned by HP, i.e., trading partner agreement number.
2100C	NM108	Identification Code Qualifier		For CT Medicaid will process "SV" – Service Provider Number for non-medical provider identifiers. Or "XX" – Health Care Financing Administration National Provider Identifier for NPI's.
2100C	NM109	Identification Code		For CT Medicaid, when 2100C, NM108 equals SV, enter the non-medical provider identifier (CT Title XIX AVRS ID).
2100D	NM108	Identification Code Qualifier		For CT Medicaid will process "MI"
2200D	REF	Payer Claim Control Number		
2200D	REF02	Reference Identification		If known, include the unique thirteen-digit CT Medicaid ICN (Internal Control Number) of claim. If the claim has been adjusted or if it has been submitted multiple times, submit the Inquiry without ICN to obtain the status of all claims matching the other Inquiry parameters.

This page left intentionally blank.

11 Claim Status Response - Transaction Specific Information

This section specifies X12N 277 fields for which Connecticut Medical Assistance program has specific requirements.

Loop ID	Reference	Name	Codes	Notes/Comments
	BHT03	Reference Identification		CT Medicaid will return Provider ID + System Date + System Time
2100A	NM108	Identification Code Qualifier		CT Medicaid will return "PI"
2100A	NM109	Identification Code		CT Medicaid will return Connecticut's Federal Tax ID – "061274678"
2100D				The 277 transaction will efficiently sort and return unduplicated occurrences of claim information per batch cycle.
2100D	NM108	Identification Code Qualifier		CT Medicaid will return "MI"
2200D				The 277 response from CT Medicaid will efficiently sort and return unduplicated occurrences of claim level status information per CT Medicaid batch cycle.
2200D	STC	Claim Level Status Information		CT Medicaid's identification of an adjusted claim is always sent with the new claim created by the adjustment action, and not with the original claim. CT Medicaid will return the Claim Status Code value of "1" to indicate that the Inquiry returned more status codes than the 277 Response transaction could accommodate, and the user is directed to refer to the Remittance Advice for a comprehensive list of EOB codes applied to the claim.
2200D	STC05	Monetary Amount		CT Medicaid will return "0" (zero) if no payment has been made.
2220D		Service Line Information		CT Medicaid will return Service Line Data and Status information for each Service Line of the claim if the original

Loop ID	Reference	Name	Codes	Notes/Comments
				Inquiry contained Service Line data in Loop 2210D.

12 Appendix 1. Implementation Checklist

This appendix contains all necessary steps for going live with Connecticut Medical Assistance Program.

1. Email the EDI staff at CTEDIsupport@gainwelltechnologies.com with any questions about testing.

2. Check the website for the latest updates regarding our system implementation.

3. Confirm you have a Trading Partner ID, Web Portal User Name and Provider ID.

4. Make the appropriate changes to your systems/business processes to support the updated companion guides:

   a. If you use third party software, work with your software vendor to have the appropriate software installed.

   b. If testing system-to-system interface, the Trading Partner or provider must work with your software vendor to have the appropriate software installed at their site(s) prior to performing testing with Connecticut Medical Assistance Program.

5. Identify the functions you will be testing:

   a. Health Care Claim Status Request/ Response (276/277);

6. Confirm that you have reported all the NPIs you will use for testing by validating them with Connecticut Medical Assistance Program. If you have multiple CT AVRS provider IDs associated to one NPI and/or taxonomy code, ensure your request successfully reports data for your correct Provider ID.

   Note: If the entity testing is a billing intermediary or software vendor, they should use the provider's identifier on the test transaction.

7. When submitting test files, make sure the file represents requests you will be submitting to Connecticut Medical Assistance Program once you are in production.

8. Schedule a tentative week for the initial test.

9. Confirm the email/phone number of the testing contact and confirm that the person you are speaking with is the primary contact for testing purposes.

This page left intentionally blank.

13 Appendix 2. Business Scenarios

This appendix contains typical business scenarios of 276 requests. The actual data streams linked to these scenarios are included in the Transmission Examples section.

Claim Status Inquires may be submitted to verify the disposition of a claim or a batch of claims, that accepted according to the 999 functional acknowledgment, and a financial cycle has not run yet to generate the a remittance report showing the claim/ s disposition.

Minimum Valid Data for Claim Status Inquiry Request
Listed below are the minimum data requirements to inquire on a claim:

 Provider Identifier, Member Medicaid Identification (ID), Member First/Last Name, Billed Amount, Date of Service and Trace Number.

This page left intentionally blank.

14 Appendix 3. Transmission Examples

3.1 Request by Provider, Member Medicaid Identification (ID), Member First/Last Name, Billed Amount, Date of Service

```
ST*276*000000001*005010X212
BHT*0010*13*PES1816*20130208*1328
HL*1**20*1
NM1*PR*2*HP/CTMAP*****PI*75-2548221
HL*2*1*21*1
NM1*41*1*SUBMIT*NAME****46*T100000013
HL*3*2*19*1
NM1*1P*2*PROVIDER*****XX*004041869
HL*4*3*22*0
DMG*D8*194100101*F
NM1*IL*1*LAST*FIRST****MI*123456789
TRN*1*321
AMT*T3*50.00
DTP*472*RD8*20130101-20130101
SE*15*000000001
```

3.2 Request by Provider, Member, ICN, Billed Amount, Date of Service

```
ST*276*000000001*005010X212
BHT*0010*13*PES1816*20130208*1328
HL*1**20*1
NM1*PR*2*HP/CTMAP*****PI*75-2548221
HL*2*1*21*1
NM1*41*1*SUBMIT*NAME****46*T100000013
HL*3*2*19*1
NM1*1P*2*PROVIDER*****XX*004041869
HL*4*3*22*0
DMG*D8*194100101*F
NM1*IL*1*LAST*FIRST****MI*123456789
TRN*1*321
REF*1K*1234567897891
AMT*T3*50.00
```

DTP*472*RD8*20130101-20130101

SE*16*000000001

This page left intentionally blank.

15 Appendix 4. Frequently Asked Questions

The following link will bring you to a list of the most frequently asked questions regarding HIPAA.

https://www.ctdssmap.com/CTPortal/Information/HIPAA/tabId/42/Default.aspx.

This page intentionally left blank.

16 Appendix 5. Change Summary

Document Version #	Modified Date	Modified By	Section, Page(s) and Text Revised
Version 1.0	2/9/2013	Donna Canady	Creation of document -
Version 1.1	8/26/2013	Donna Canady	Updated format before requesting copyright permission
Version 1.2	12/24/2014	Donna Canady	Removed segments that are same as IG/ TR3 and changed wording throughout to confirm to ACS X12 copyright permission rules.
Version 1.3	12/3/2015	Kelly LeBlanc	HP to Hewlett Packard Enterprise updates.
Version 1.4	4/10/2017	Kelly LeBlanc	Hewlett Packard Enterprise to DXC Technology updates.
Version 1.4	10/1/2020	Dawn Boyle	DXC Technology to Gainwell Technologies updates.

This page intentionally left blank.