



New Jersey Medicaid

HIPAA Transaction

Standard Companion Guide

Refers to the Implementation Guides

Based on ASC X12N version 5010

276/277 Health Claim Status Request/Response

May 2019

Preface

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 DXC Technology. 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 in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

EDITOR'S NOTE

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1. INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that DXC Technology has something additional, over and above, the information in the IGs. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the IGs internal code listings
- Clarify the use of loops, segments, composite, and simple data elements
- Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with DXC

In addition to the row for each segment, one or more additional rows are used to describe DXC’s usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guide. Note that the table reflects sample data and not actual data.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by DXC.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.

SCOPE

This companion guide documents the transaction types listed below and further defines situational and required data elements that are used for processing eligibility inquiries/responses for programs administered by New Jersey Medicaid. This document is not the complete Electronic Data Interchange (EDI) transaction format specifications.

- Health Care Claim Status Request and Response (276/277) ASC X12N/005010X212
- Health Care Claim Status Request and Response (276/277) ASC X12N/005010X212E1
- Health Care Claim Status Request and Response (276/277) ASC X12N/005010X212E2

OVERVIEW

Data elements, segments, and loops not included in this guide are not used for processing transactions by New Jersey Medicaid, but must still be sent if the information is required for compliance with the ASC X12N version 5010A1 format. Review the ASC X12N Implementation Guides or 5010 Type 3 Technical Report (TR3) standards for more information on data elements, segments, and loops required for processing, but not used by Medicaid or referenced by this companion guide.

REFERENCES

The ASC X12N Implementation Guides or 5010 Type 3 Technical Report (TR3) are standards developed by the X12 committee and published by the Washington Publishing Company (WPC).

<http://store.x12.org/store/healthcare-5010-consolidated-guides>

ADDITIONAL INFORMATION

- Assumptions regarding the reader:
 - You are interested in reducing error, maximizing efficiency, and saving money.
 - New Jersey Medicaid encourages all providers to receive and make use of the standard HIPAA 276/277 Health Care Claim Status Request and Response.
- Advantages / Benefits of EDI:
 - The 276/277 Health Care Claim Status Request and Response allows for electronic submission of claims status queries sent to, and responses received from, New Jersey Medicaid using computer software.

2. GETTING STARTED

WORKING WITH DXC

Visit the following sites for information:

- <https://TP-Registration.njmmis.com> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com> after Health PAS is fully functional

For any questions, or to begin testing, contact the DXC EDI Helpdesk.

Contact email:

- NJMMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

TRADING PARTNER REGISTRATION

A trading partner is defined as any entity with which DXC exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. New Jersey Medicaid's Health PAS system supports the following categories of trading partner:

- Provider
- Billing Agency/Clearinghouse
- Health Plan

To obtain a trading partner ID, visit:

- <https://TP-Registration.njmmis.com> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com> after Health PAS is fully functional

CERTIFICATION AND TESTING OVERVIEW

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P (professional) claims but not certified to submit 837I (institutional) claim files.

Refer to the *Health PAS_OnLine_TPA_AccountMaintenance* user guide for more information. The user guide can be found at:

- <https://TP-Registration.njmmis.com> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com> after Health PAS is fully functional

3. TESTING WITH DXC

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

Batch Transactions:

- Minimum of three test files must be submitted with a minimum of fifteen transactions within each file.

Real-Time Transactions:

- Minimum of fifteen single inquiry real-time transactions.

Review the “EDI Certification Status” page of Health PAS-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 Health PAS-OnLine Website:

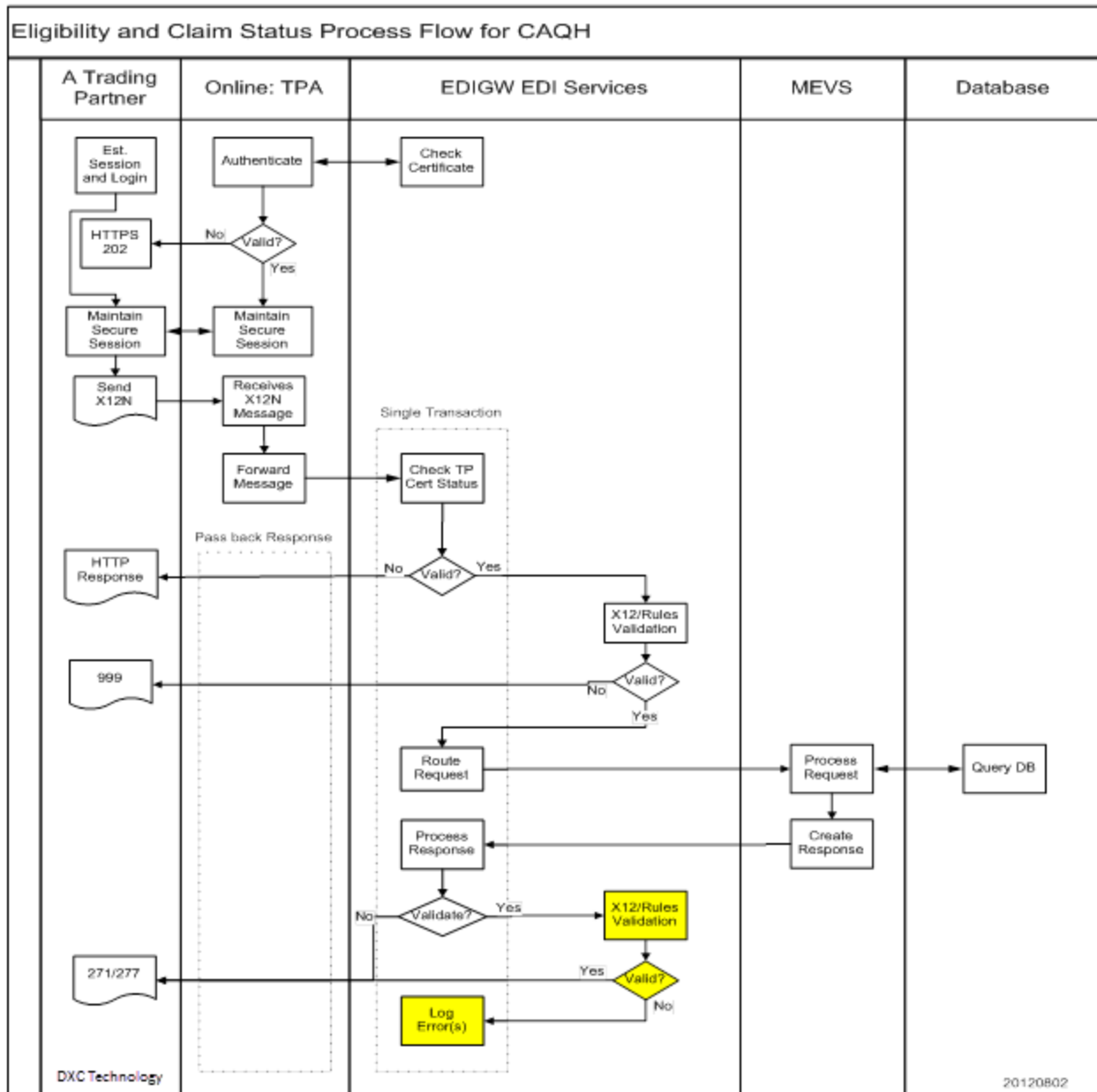
- <https://TP-Registration.njrmis.com> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njrmis.com> after Health PAS is fully functional

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. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS PROCESS FLOWS

PROCESS FLOWS

The following is a simplified diagram of the flow of EDI data through the DXC system.



TRANSMISSION ADMINISTRATIVE PROCEDURES

This section provides DXC’s specific transmission administrative procedures.

X12 files can be uploaded via Health PAS-OnLine File Exchange X12 Upload.

Acknowledgments and Responses to transactions submitted via Health PAS-OnLine can be accessed by selecting Download/Responses under the File Exchange menu.

Refer to the *Health PAS_OnLine_File_Exchange* user guide for more information. The user guide can be found at:

- <https://TP-Registration.njmmis.com/SitePages/User-Guides.aspx> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com/SitePages/User-Guides.aspx> after Health PAS is fully functional

Trading Partners who have submitted X12 transactions via secure File Transfer Protocol (FTP) may retrieve acknowledgements and responses from their designated secured FTP Pickup location.

RE-TRANSMISSION PROCEDURE

ISA13 – Interchange Control Number needs to be unique to each file and Trading Partner ID.

Refer to the *Health PAS_OnLine_File_Exchange* user guide for more information. The user guide can be found at:

- <https://TP-Registration.njmmis.com/SitePages/User-Guides.aspx> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com/SitePages/User-Guides.aspx> after Health PAS is fully functional

COMMUNICATION PROTOCOL SPECIFICATIONS

The following communications protocols are available for sending and receiving the ASC X12N 276/277 transactions.

Refer to the “Health Care Claim Status Request and Response (276/277)” ASC X12N Implementation Guide for more information on submitting Batch and Real-time transactions.

<http://store.x12.org/store/healthcare-5010-consolidated-guides>

- Batch Mode:
Hypertext Transfer Protocol Secure (HTTPS) upload via the Health PAS Website.
FTP through a secure, dedicated Virtual Private Network (VPN) connection.
- Real-time:
HTTP MIME
WSDL SOAP
- CAQH Web service:

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 two types of transaction protocols. Simple Object Access Protocol (SOAP) and Multipurpose Internet Mail Extensions (MIME).

Transactions can be sent in the following links:

- SOAP Transactions:
 - https://TP-Registration.njrmis.com/CAQH_SOAPService/SOAPService.svc during Trading Partner Registration and X12 Transaction Testing
 - https://www.njmmis.com/CAQH_SOAPService/SOAPService.svc after Health PAS is fully functional

- MIME Transactions:
 - https://TP-Registration.njrmis.com/CAQH_MIMEService/MIMEService.svc during Trading Partner Registration and X12 Transaction Testing
 - https://www.njmmis.com/CAQH_MIMEService/MIMEService.svc after Health PAS is fully functional

PASSWORDS

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

DXC EDI HELP DESK

This section contains detailed information concerning EDI Customer Service.

Contact email:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

EDI TECHNICAL ASSISTANCE

This section contains detailed information concerning EDI Technical Assistance.

Contact email:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

PROVIDER SERVICE NUMBER

This section contains detailed information concerning the payment of claims.

Contact email:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISED@molinahealthcare.com after Health PAS is fully functional

APPLICABLE WEBSITES/E-MAIL

This section contains detailed information about useful Websites and email addresses.

Website:

- <https://TP-Registration.njrmis.com> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com> after Health PAS is fully functional

EDI Support:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISED@molinahealthcare.com after Health PAS is fully functional

Provider Services:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISED@molinahealthcare.com after Health PAS is fully functional

Provider Enrollment:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISED@molinahealthcare.com after Health PAS is fully functional

6. CONTROL SEGMENTS/ENVELOPES

DELIMITERS

New Jersey Medicaid does not require the use of specific values for the delimiters used in electronic transactions. The suggested values are included in the specifications below.

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

ISA-IEA

This section describes DXC’s use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

276:

ISA06 – Interchange Sender ID should contain the DXC assigned trading partner ID plus three spaces for a total of 15 characters.

ISA08 – Interchange Receiver ID should contain NJ_MMIS_4_DXCMS

ISA13 – Sender generated Interchange Control Number. This number must match the number in IEA02.

277:

ISA06 – Interchange Sender ID will contain NJ_MMIS_4_DXCMS.

ISA08 – Interchange Receiver ID will contain the DXC assigned trading partner ID.

ISA13 – Sender generated Interchange Control Number. This number will match the number in IEA02.

Please refer to the tables below for the ISA-IEA specific information for the 276 and 277 transactions.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4		ISA01	Authorization Information Qualifier	00	2	
		ISA02	Authorization Information	[space fill]	10	
		ISA03	Security Information Qualifier	00	2	
		ISA04	Security Information	[space fill]	10	
		ISA05	Interchange ID Qualifier	ZZ	2	
		ISA06	Interchange Sender ID	Insert with the unique number found on your New Jersey Transaction Information Form.	15	DXC assigned Trading Partner ID
C.5		ISA07	Interchange ID Qualifier	ZZ	2	
		ISA08	Interchange Receiver ID	NJ_MMIS_4_DXCMS	15	Payer ID
		ISA09	Interchange Date	YYMMDD	6	
		ISA10	Interchange Time	HHMM	4	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		ISA11	Repetition Separator	^	1	Suggested value
		ISA12	Interchange Version Number	00501	5	
		ISA13	Interchange Control Number	Assigned by Sender	9	Pad Left with Zeros; must be identical to interchange trailer IEA02
C.6		ISA14	Acknowledgement Requested	1 - Interchange Acknowledgment Requested	1	
		ISA15	Usage Indicator	T= Test Data P = Production Data	1	
		ISA16	Component Element Separator	:	1	
C.10		IEA01	Number of Included Functional Groups	1	1/5	
		IEA02	Interchange Control Number	Must be identical to the value in the ISA13	9	

GS-GE

This section describes DXC’s use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how DXC expects functional groups to be sent and how DXC will send functional groups. These discussions will describe how similar transaction sets will be packaged and DXC’s use of functional group control numbers.

276:

GS02 – Interchange Sender ID should contain the DXC assigned trading partner ID plus three spaces for a total of 15 characters.

GS03 – Interchange Receiver ID should contain NJ_MMIS_4_DXCMS

GS06 – Sender generated Group Control Number, must match the number in GE02.

277:

GS02 – Interchange Sender ID will contain NJ_MMIS_4_DXCMS.

GS03 – Interchange Receiver ID will contain the DXC assigned trading partner ID.

GS06 – Sender generated Group Control Number, will match the number in GE02.

Please refer to the tables below for the GS-GE specific information for the 276 and 277 transactions.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS01	Functional Identifier Code	HR	2	Health Care Claim Status Request
		GS02	Application Sender's Code		2/15	Must be identical to the value in the ISA06
		GS03	Application Receiver's Code	NJ_MMIS_4_DXCMS	2/15	
		GS04	Date	CCYYMMDD	8	
C.8		GS05	Time	HHMM	4/8	Time based on a 24-hour clock
		GS06	Group Control Number	Assigned by Sender	1/9	Must be identical to the value in the GE02
		GS07	Responsible Agency Code	X	1/2	
		GS08	Version / Release Code	005010X212	1/12	
C.9		GE01	Number of Transaction Sets Included	1	1/6	
		GE02	Group Control Number	Must be identical to the value in the GS06	1/9	

ST-SE

This section describes DXC's use of transaction set control numbers.

Refer to the tables below for the ST-SE specific information for the 276 and 277 transactions.

ST02 – Sender generated Transaction Set Control Number, must match the number in SE02.

Please refer to the tables below for the ST-SE specific information for the 276 and 277 transactions

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
36		ST01	Transaction Set Identifier Code	276	3	
		ST02	Transaction Set Control Number		4/9	Must be identical to SE02
		ST03	Implementation Convention Reference	005010X212	1/35	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
213		SE01	Number of Included Segments		1/10	(Total Number of ST thru SE segments)
		SE02	Transaction Set Control Number	Must be identical to ST02	4/9	

7. DXC SPECIFIC BUSINESS RULES AND LIMITATIONS

Listed below are the transmission constraints associated with the submission of the 276 Healthcare claim status transactions:

1. Only one Interchange per transmission
2. Only one transaction type per interchange
3. Maximum of 5,000 claims per transmission

For DXC specific business rules and limitation in association with the ASC X12276 Healthcare Claim Status transaction, refer to section 10.

8. ACKNOWLEDGEMENTS AND/OR 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 downloaded via the Health PAS-OnLine Web portal or through FTP for those providers that submit transactions from an FTP connection. Additional information about retrieving and interpreting acknowledgements and/or reports can be found in the Appendices.

REPORT INVENTORY

- 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 – 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 Strategic National Implementation Process (SNIP) levels 1 and 2.
- BRR – Business Rejection Report. Health PAS also produces a readable version of the reject errors called the Business Rejection Report (BRR). This report helps to facilitate the immediate correction and re-bill of claims rejected during HIPAA validation for SNIP levels 1 through 7.

9. TRADING PARTNER AGREEMENTS

TRADING PARTNERS

A trading partner is defined as any entity with which DXC exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. New Jersey Medicaid's Health PAS system supports the following categories of trading partner:

- Provider
- Billing Agency/Clearinghouse
- Health Plan

DXC will assign trading partner IDs to support the exchange of X12 EDI transactions for providers, billing agencies/clearinghouses, and other health plans.

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P professional claims but not certified to submit 837I institutional claim files.

10. TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that DXC has something additional, over and above, the information in the IGs.

That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the IGs internal code listings
- Clarify the use of loops, segments, composite, and simple data elements
- Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with DXC

In addition to the row for each segment, one or more additional rows are used to describe DXC's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

Listed below in **Figure 10-1** are the specific requirements for sending an ASC X12N 276 file to DXC to determine New Jersey Medicaid claim status. **Figure 10-2** lists the specific requirements needed for reading and processing an ASC X12N 277 claim status response transaction returned by DXC.

Please use these guidelines in conjunction with the official ASC X12N 276/277 TR3 document in planning and formatting your 276 claims status request transactions to send to DXC for the

State of New Jersey’s Medicaid program, and to read and process the returned 277 claim status response transactions.

Figure 10-1: 276 Transaction - Healthcare Claim Status Request

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
37		BHT01	Hierarchical Structure Code	‘0010’	4	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
		BHT02	Transaction Set Purpose Code	‘13’	2	Request
		BHT03	Reference Identification	Submitter Transaction Identifier	1/50	
		BHT04	Date	‘CCYYMMDD’	8	Transaction Set Creation Date
38		BHT05	Time	HHMM - Transaction Set Creation Time	4/8	
39	2000A	HL	Hierarchical Level Segment	HL	2	
		HL01	Hierarchical ID Number	1	1/12	
40		HL03	Hierarchical Level Code	20 - Information Source	1/2	
		HL04	Hierarchical Child Code	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure	1	
41	2100A	NM1	Individual or Organizational Name	NM1	3	
41		NM101	Entity Identifier Code	‘PR’	2/3	Payer
		NM102	Entity Type Qualifier	‘2’	1	Non Person Entity
		NM103	Last Name or Organization Name		1/60	NJ_MMIS_4_DXCMS
42		NM108	Identification Code Qualifier	‘PI’	1/2	Payer Identification
		NM109	Identification Code		2/80	NJ_MMIS_4_DXCMS

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
43	2000B	HL	Hierarchical Level Segment	HL	2	
		HL01	Hierarchical ID Number	2	1/12	
		HL02	Hierarchical Parent ID Number	1	1/12	
44		HL03	Hierarchical Level Code	21 - Information Receiver	1/2	
		HL04	Hierarchical Child Code	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure	1	
45	2100B	NM1	Individual or Organizational Name	NM1	3	
45		NM101	Entity Identifier Code	'41'	2/3	Submitter
		NM102	Entity Type Qualifier	'1' Person '2' Non Person Entity	1	
46		NM103	Last Name or Organization Name	Provider's Last Name or Organization Name	1/60	
		NM104	First Name	Provider's First Name	35	
		NM108	Identification Code Qualifier	'46'	1/2	Electronic Transmitter Identification Number
		NM109	Identification Code		2/80	DXC assigned Trading Partner ID
47	2000C	HL	Hierarchical Level Segment	HL	2	
		HL01	Hierarchical ID Number	3	1/12	
		HL02	Hierarchical Parent ID Number	2	1/12	
48		HL03	Hierarchical Level Code	19 – Provider of Service	1/2	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		HL04	Hierarchical Child Code	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure. Required when there are dependent claims related to this subscriber	1	
50	2100C	NM1	Individual or Organizational Name	NM1	3	
		NM101	Entity Identifier Code	'1P'	2/3	Provider
		NM102	Entity Type Qualifier	'1' Person '2' Non Person Entity	1	
		NM103	Last Name or Organization Name	Provider's Last Name or Organization Name	1/60	
		NM104	First Name	Provider's First Name	1/35	
51		NM108	Identification Code Qualifier	'XX' National Provider ID 'SV' Service Provider ID	1/2	
		NM109	Identification Code		2/80	When using 'XX' use NPI When using 'SV' use NJ Medicaid Provider ID
53	2000D	HL	Hierarchical Level Segment	HL	2	
		HL01	Hierarchical ID Number	4	1/12	
		HL02	Hierarchical Parent ID Number	3	1/12	
		HL03	Hierarchical Level Code	22 - Subscriber	1/2	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		HL04	Hierarchical Child Code	0 - No Subordinate HL Segment in This Hierarchical Structure. Required when there are no dependent claim status requests for this subscriber. 1 - Additional Subordinate HL Data Segment in this Hierarchical Structure. Required when there are dependent claims related to this subscriber	1	
54	2000D	DMG	Demographic Information	DMG	3	
54		DMG01	Date Time Period Format Qualifier	'D8'	2/3	CCYYMMDD
55		DMG02	Date Time Period		1/35	Subscriber Birth Date
		DMG03	Gender Code	'F' Female 'M' Male	1	
56	2100D	NM1	Individual or Organizational Name	NM1	3	
56		NM101	Entity Identifier Code	'IL' - Insured or Subscriber	2/3	
		NM102	Entity Type Qualifier	'1' Person '2' Non Person Entity	1	
57		NM103	Last Name or Organization Name	Subscriber Last Name	1/60	As it appears on their New Jersey Medicaid Card
		NM104	First Name	Subscriber First Name	1/35	As it appears on their New Jersey Medicaid Card
		NM108	Identification Code	'MI'	1/2	Member Identification Number
		NM109	Identification Code		2/80	New Jersey Medicaid Member Number

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
58	2200D	TRN	Patient Event Tracking Number Segment	TRN	3	
		TRN01	Trace Type Code	1 - Current Transaction Trace Numbers	1/2	
		TRN02	Reference Identification		1/50	
60	2200D	REF	Reference Identification	REF	3	
		REF01	Reference Identification Qualifier	'BLT'	2/3	Billing Type
		REF02	Reference Identification		1/50	Bill Type Identifier
66	2200D	AMT	Monetary Amount	AMT	3	
		AMT01	Amount Qualifier Code	'T3'	1/3	Total Submitted Charge
		AMT02	Monetary Amount		1/18	Total Claim Charge Amount
67	2200D	DTP	Date or Time or Period	DTP	3	
67		DTP01	Date/Time Qualifier	'472'	3	Claim Statement Start and End Period
		DTP02	Date/Time Period Format Qualifier	'RD8'	2/3	CCYYMMDD - CCYYMMDD
68		DTP03	Date Time Period		1/35	Claim Service Period

Figure 10-2: 277 Healthcare Claim Status Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
107		BHT	Beginning Hierarchical Transaction Segment	BHT	3	
		BHT01	Hierarchical Structure Code	0010 - Information Source, Information Receiver, Provider of Service, Subscriber, Dependent	4	
		BHT02	Transaction Set Purpose Code	08 - Status	2	
		BHT03	Reference identification	Submitter Transaction Identifier	1/30	Must be identical to the BHT03 value from corresponding 276 transaction
		BHT04	Date	CCYYMMDD - Transaction Set Creation Date	8	
108		BHT05	Time	HHMM – Transaction Set Creation Time	4/8	
		BHT06	Transaction Type Code	DG – Response	2/2	
109	2000A	HL	Hierarchical Level Segment	HL	2	
		HL01	Hierarchical ID Number	1	1/12	
110		HL03	Hierarchical Level Code	20 - Information Source	1/2	
		HL04	Hierarchical Child Code	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure	1/1	
111	2100A	NM1	Individual or Organizational Name	NM1	3	
		NM101	Entity Identifier Code	PR - Payer	2/3	
		NM102	Entity Type Qualifier	2 - Non-Person Entity	1	
		NM103	Name Last or Organization Name	NJ_MMIS_4_DXCMS	1/60	
		NM108	Identification Code Qualifier	PI - Payer Identification	1/2	
		NM109	Identification Code	NJ_MMIS_4_DXCMS	2/80	
114	2100A	PER	Administrative Communications Contact	PER	3	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		PER01	Contact Function Code	IC – Information Contact	2	
		PER02	Name		1/60	
		PER03	Communication Number Qualifier	ED – EDI Access Number EM – Electronic Mail FX – Facsimile TE – Telephone	2	
		PER04	Communication Number		1/256	
		PER05	Communication Number Qualifier	ED – EDI Access Number EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone	2	
115		PER06	Communication Number		1/256	
		PER07	Communication Number Qualifier	ED – EDI Access Number EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone	2	
		PER08	Communication Number		1/256	
116	2000B	HL	Hierarchical Level Segment	HL	2	
		HL01	Hierarchical ID Number	2	1/12	
		HL02	Hierarchical Parent ID Number	1	1/12	
117		HL03	Hierarchical Level Code	21 - Information Receiver	1/2	
		HL04	Hierarchical Child Code	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure	1	
118	2100B	NM1	Individual or Organizational Name	NM1	3	
		NM101	Entity Identifier Code	41 - Submitter	2/3	
		NM102	Entity Type Qualifier	1 - Person, 2 - Non-Person	1	
119		NM103	Name Last or Organization Name		1/60	
119		NM104	Name First		1/35	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		NM105	Name Middle		1/25	
		NM108	Identification Code Qualifier	46 - Electronic Transmitter Identification Number	1/2	
		NM109	Identification Code		2/80	
120	2200B	TRN	Trace	TRN	3	
		TRN01	Trace Type Code	2 – Referenced Transaction Trace Numbers	1/2	
		TRN02	Reference Identification	Claim Transaction Batch Number	1/50	
121	2200B	STC	Status Information	STC	3	
		STC01	Health Care Claim Status			
		STC01-1	Industry Code	Health Care Claim Status Category Code	1/30	
			Component Element Separator	:	1	
		STC01-2	Industry Code	Status Code	1/30	
			Component Element Separator	:	1	
122		STC01-3	Entity Identifier Code	41 – Submitter AY – Clearinghouse PR – Payer	2/3	
122		STC02	Date	CCYYMMDD format	8	
		STC10	Health Care Claim Status			
		STC10-1	Industry Code	Health Care Claim Status Category Code	1/30	
			Component Element Separator	:	1	
		STC10-2	Industry Code	Status Code	1/30	
			Component Element Separator	:	1	
		STC10-3	Entity Identifier Code		2/3	
		STC11	Health Care Claim Status			
		STC11-1	Industry Code	Health Care Claim Status Category Code	1/30	
			Component Element Separator	:	1	
		STC11-2	Industry Code	Status Code	1/30	
			Component Element Separator	:	1	
		STC11-3	Entity Identifier Code		2/3	
124	2000C	HL	Hierarchical Level Segment	HL	2	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		HL01	Hierarchical ID Number	3	1/12	
		HL02	Hierarchical Parent ID Number	2	1/12	
		HL03	Hierarchical Level Code	19 – Provider of Service	1/2	
		HL04	Hierarchical Child Code	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure. Required when there are dependent claims related to this subscriber	1	
127	2100C	NM1	Individual or Organizational Name	NM1	3	
		NM101	Entity Identifier Code	1P - Provider	2/3	
		NM102	Entity Type Qualifier	1 - Person, 2 - Non-Person	1	
		NM103	Name Last or Organization Name		1/60	
		NM104	Name First		1/35	
		NM105	Name Middle		1/25	
		NM107	Name Suffix		1/10	
128		NM108	Identification Code Qualifier	SV - Service Provider Number XX - NPI	1/2	
128		NM109	Identification Code	XX - NPI. SV - “Atypical” providers will continue to use the Medicaid Provider Number.	2/80	
129	2200C	TRN	Trace	TRN	3	
		TRN01	Trace Type Code	1 – Current Transaction Trace Number	1/2	
		TRN02	Reference Identification	Provider of Service Information Trace Identifier	1/50	
130	2200C	STC	Status Information	STC	3	
		STC01	Health Care Claim Status			
		STC01-1	Industry Code	Health Care Claim Status Category Code	1/30	
			Component Element Separator	:	1	
		STC01-2	Industry Code	Status Code	1/30	
			Component Element Separator	:	1	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
131		STC01-3	Entity Identifier Code	1P – Provider	2/3	
131		STC02	Date	CCYYMMDD format	8	
131		STC10	Health Care Claim Status			
		STC10-1	Industry Code	Health Care Claim Status Category Code	1/30	
			Component Element Separator	:	1	
		STC10-2	Industry Code	Status Code	1/30	
			Component Element Separator	:	1	
132		STC10-3	Entity Identifier Code		2/3	
		STC11	Health Care Claim Status			
		STC11-1	Industry Code	Health Care Claim Status Category Code	1/30	
			Component Element Separator	:	1	
		STC11-2	Industry Code	Status Code	1/30	
			Component Element Separator	:	1	
		STC11-3	Entity Identifier Code		2/3	
134	2000D	HL	Hierarchical Level Segment	HL	2	
		HL01	Hierarchical ID Number	4	1/12	
		HL02	Hierarchical Parent ID Number	3	1/12	
		HL03	Hierarchical Level Code	22 - Subscriber	1/2	
		HL04	Hierarchical Child Code	0 - No Subordinate HL Segment in This Hierarchical Structure. Required when there are no dependent claim status requests for this subscriber.	1	
135	2100D	NM1	Individual or Organizational Name	NM1	3	
		NM101	Entity Identifier Code	IL – Insured or Subscriber	2/3	
		NM102	Entity Type Qualifier	1 – Person	1	
136		NM103	Name Last or Organization Name		1/60	
		NM104	Name First		1/35	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		NM105	Name Middle		1/25	
		NM107	Name Suffix		1/10	
		NM108	Identification Code Qualifier	MI - Member Identification Number	1/2	
		NM109	Identification Code		7/10	New Jersey Medicaid Member ID
137	2200D	TRN	Patient Event Tracking Number Segment	TRN	3	
		TRN01	Trace Type Code	2	1/2	
		TRN02	Reference Identification		1/50	
138	2200D	STC	Reference Identification	STC	3	
		STC01	Health Care Claim Status			
		STC01-1	Claim Category Code		1/30	
			Component Element Separator	:	1	
		STC01-2	Claim Status Code		1/30	
			Component Element Separator	:	1	
139		STC01-3	Entity Identifier Code		2/3	
			Component Element Separator	:	1	
144		STC01-4	Code List Qualifier Code	RX – National Council for Prescription Drug Programs Reject/Payment Codes	1/3	
145		STC02	Date	Format: CCYYMMDD	8	
		STC04	Total Claim Charge Amount		1/18	
		STC05	Claim Payment Amount		1/18	
		STC06	Adjudication Finalized Date	Format: CCYYMMDD	8	
146		STC08	Remittance Date	Format: CCYYMMDD	8	
		STC09	Check Number		1/16	
		STC10	Health Care Claim Status			
		STC10-1	Industry Code		1/30	
			Component Element Separator	:	1	
		STC10-2	Industry Code		1/30	
			Component Element Separator	:	1	
147		STC10-3	Entity Identifier Code		2/3	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Component Element Separator	:	1	
		STC10-4	Code List Qualifier Code	RX – National Council for Prescription Drug Programs Reject/Payment Codes	1/3	
		STC11	Health Care Claim Status			
		STC11-1	Industry Code		1/30	
			Component Element Separator	:	1	
		STC11-2	Industry Code		1/30	
			Component Element Separator	:	1	
148		STC11-3	Entity Identifier Code		2/3	
			Component Element Separator	:	1	
		STC11-4	Code List Qualifier Code	RX – National Council for Prescription Drug Programs Reject/Payment Codes	1/3	
150	2200D	REF	Reference Identification	REF	3	
		REF01	Reference Identification Qualifier	1K - Payer's Claim Number.	2/3	This data element corresponds to the value given in the ANSI ASC X12N 837 transaction in CLM01.
		REF02	Reference Identification		1/30	
150	2200D	REF	Reference Identification	REF	3	
		REF01	Reference Identification Qualifier	BLT - Billing Type	2/3	
		REF02	Reference Identification		1/50	
151	2200D	REF	Reference Identification Qualifier	REF	3	
		REF01	Reference Identification Qualifier	EJ – Patient Control Number	2/3	
		REF02	Reference Identification		1/50	
155	2200D	DTP	Date or Time or Period	DTP	3	
		DTP01	Date/Time Qualifier	472 - Service	3	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		DTP02	Date Time Period Format Qualifier	D8 - Range of Dates Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD	2/3	
156		DTP03	Date Time Period	format = <CCYYMMDD> if DTP02 = D8 format = <CCYYMMDD-CCYYMMDD> if DTP02 = RD8	1/35	
157	2220D	SVC	Service Information	SVC	3	
		SVC01	Composite Medical Procedure Identifier			
		SVC01-1	Product/Service ID Qualifier	Values: AD, HC, HP, N4, NU, WK	2	
			Component Element Separator	:	1	
159		SVC01-2	Product/Service ID		1/48	
			Component Element Separator	:	1	
		SVC01-3	Procedure Modifier		2	
			Component Element Separator	:	1	
		SVC01-4	Procedure Modifier		2	
			Component Element Separator	:	1	
		SVC01-5	Procedure Modifier		2	
			Component Element Separator	:	1	
160		SVC01-6	Procedure Modifier		2	
		SVC02	Monetary Amount		1/18	
		SVC03	Monetary Amount		1/18	
		SVC04	Product/Service ID		1/48	
160		SVC07	Quantity		1/15	
161	2220D	STC	Reference Identification	STC	3	
		STC01	Health Care Claim Status			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		STC01-1	Industry Code	Health Care Claim Status Category Code	1/30	
			Component Element Separator	:	1	
		STC01-2	Industry Code	Health Care Claim Status Code	1/30	
			Component Element Separator	:	1	
162		STC01-3	Entity Identifier Code		2/3	
			Component Element Separator	:	1	
		STC01-4	Code List Qualifier Code	RX – National Council for Prescription Drug Programs Reject/Payment Codes	1/3	
168		STC02	Date	Format: CCYYMMDD	8	
		STC10	Health Care Claim Status			
		STC10-1	Industry Code	Health Care Claim Status Category Code	1/30	
			Component Element Separator	:	1	
		STC10-2	Industry Code	Health Care Claim Status Code	1/30	
			Component Element Separator	:	1	
169		STC10-3	Entity Identifier Code		2/3	
			Component Element Separator	:	1	
		STC10-4	Code List Qualifier Code	RX – National Council for Prescription Drug Programs Reject/Payment Codes	1/3	
		STC11	Health Care Claim Status			
		STC11-1	Industry Code	Health Care Claim Status Category Code	1/30	
		STC11-2	Industry Code	Health Care Claim Status Code	1/30	
			Component Element Separator	:	1	
170		STC11-3	Entity Identifier Code		2/3	
			Component Element Separator	:	1	
		STC11-4	Code List Qualifier Code	RX – National Council for Prescription Drug Programs Reject/Payment Codes	1/3	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
171	2220D	REF	Reference Identification	REF	3	
		REF01	Reference Identification Qualifier	FJ - Line Item Control Number	2/3	
		REF02	Reference Identification		1/50	
172	2220D	DTP	Date or Time or Period	DTP	3	
		DTP01	Date/Time Qualifier	472 - Service	3	
		DTP02	Date Time Period Format Qualifier	D8 - Range of Dates Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD	2/3	
		DTP03	Date Time Period	format = <CCYYMMDD> if DTP02 = D8 format = <CCYYMMDD-CCYYMMDD> if DTP02 = RD8	1/35	

APPENDICES

1. Implementation Checklist

The Health PAS-OnLine Web portal user guides contains all necessary steps for going live with DXC in submitting specified EDI transactions, and receiving EDI responses, including the 5010 276. The user guides also cover the following categories:

- Register for a Trading Partner ID
- Test with DXC

The user guides can be found at:

- <https://TP-Registration.njmmis.com/SitePages/User-Guides.aspx> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com/SitePages/User-Guides.aspx> after Health PAS is fully functional

2. Business Scenarios

Retrieving Acknowledgements for X12 transactions submitted via secured FTP submission

Trading Partners who have submitted X12 transactions via Secured FTP (file transfer protocol) may retrieve acknowledgements and responses from their designated secured FTP Pickup location. Any validation responses to the original submission (TA1, 999, and BRR) will be based on the DXC 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

For example:

The HIPAA validation acknowledgements would appear in this trading partner's FTP pickup location named:

VAN-NJTPIDXXXXXX-NJ_MMIS_4_DXCMS-20160616-112750-1367-005010X212-P.edi-1367-TA1.edi

VAN-NJTPIDXXXXXX-NJ_MMIS_4_DXCMS-20160616-112750-1367-005010X212-P.edi-1367-999.edi

VAN-NJTPIDXXXXXX-NJ_MMIS_4_DXCMS-20160616-112750-1367-005010X212-P.edi-1367-BRR.edi

3. Transmission Examples

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.

The structure of a TA1 interchange acknowledgement depends on the structure of the envelope of the original EDI document. When the envelope of the EDI document does not contain an error then the interchange acknowledgement will contain the ISA, TA1, and IEA segments. The TA1 segment will have an Interchange Acknowledgement Code of 'A' (Accepted) followed by a three-digit code of '000' which indicates that there were not any errors.

If the EDI document contains an error at the interchange level, such as in the Interchange Control Header (ISA) segment or the Interchange control trailer (IEA), then the interchange acknowledgement will also only contain the ISA, TA1, and IEA segments. The TA1 segment will have an Interchange Acknowledgement Code of 'R' (Rejected) which will be followed by a three-digit number that corresponds to one of the following codes:

Code	Description
000	No error
001	The Interchange Control Number in the Header and Trailer Do Not Match. The Value from the Header is used in the Acknowledgment
002	This Standard as noted in the Control Standards Identifier is not supported
003	This Version of the Controls is not supported
005	Invalid Interchange ID Qualifier for Sender
006	Invalid Interchange Sender ID
009	Unknown Interchange Receiver ID
010	Invalid Authorization Information Qualifier Value (ISA01 is not '00' or '03')
012	Invalid Security Information Qualifier Value
013	Invalid Security Information Value
018	Invalid Interchange Control Number Value
019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value
023	Improper (Premature) End-of-File (Transmission)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number

999 Implementation Acknowledgements for Health Care Insurance

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

The 999 is not limited to only Implementation Guide (TR3) errors. It can report standard syntax errors as well as Implementation Guide (TR3) errors.

The 999 cannot be used for any application level validations.

The ASC X12 999 transaction set is designed to respond to one and only one functional group (i.e. GS/GE), but will respond to all transaction sets (i.e. ST/SE) within that functional group.

This ASC X12 999 Implementation Acknowledgement cannot be used to respond to any management transaction sets intended for acknowledgements (i.e., TS 997 and 999) or interchange control segments related to acknowledgments (i.e., TA1 and TA3).

Each segment in a 999 functional acknowledgement plays a specific role in the transaction. For example, the AK1 segment starts the acknowledgement of a functional group. Each AKx segment has a separate set of associated error codes.

The 999 functional acknowledgements include, but are not limited to, the following required segments:

- ST - Transaction Set Header
- AK1 - Functional Group Response Header
- AK2 - Transaction Set Response Header
- IK3 – Error Identification
- CTX – Segment Context
- CTX – Business Unit Identifier
- IK4 – Implementation Data Element Note
- CXT – Element Context
- IK5 – Transaction set response trailer
- AK9 - Functional Group Response Trailer
- SE - Transaction Set Trailer

For additional information regarding the 999 transaction, see the Implementation Acknowledgement Section of the ASC X12N Implementation Guide or 5010 TR3 standards developed by the X12 Committee and published by the Washington Publishing Company (WPC).

<http://store.x12.org/store/healthcare-5010-consolidated-guides>

Business Rejection Report

Health PAS also produces a readable version of the reject errors called the Business Rejection Report (BRR). This report helps to facilitate the immediate correction and re-bill of claims rejected during HIPAA validation.

Claim File Submission Error Report			
File Information:			
Sender ID:	TradingPart5010	Transaction Type:	005010X222
Receiver ID:	TriZetto	Usage Indicator:	T
Date / Time:	031010 / 1647	Transaction Control Number:	001110933
Claim Information:			
Billing Provider:	THE FINLEY HOSPITAL	Claim Number:	19824
Billing Provider Qualifier, ID:	XX, 1972601953	Service Date:	n/a
Billing Provider Secondary Qualifier, ID:	n/a	Claim Charges:	100
Subscriber:	JOHN, LAWRENCE	Transaction Set:	10093
Subscriber Qualifier, ID:	, QCSQA000101634		
Transaction Error(s):			
Error Number:	1		
Error ID:	0x3939310		
Error Summary:	Same value of Name should not be sent.		
Error Message:	Element PER02 is used. It should not be used when name is the same as in segment NM1, loop 1000A. Segment PER is defined in the guideline at position 0450.		
Data in Error:	jai		
Error Location:	This error was detected at: Segment Count: 4 Element Count: 2 Character: 269 through 272		
Error Number:	2		
Error ID:	0x81004e		
Error Summary:	A data element with 'Mandatory' status is missing.		
Error Message:	Element CUR02 (Currency Code) is missing. This Element's standard option is 'Mandatory'. Segment CUR is defined in the guideline at position 0100. This Element was expected in: Segment Count: 7 Element Count: 2 Character: 337		

4. Frequently Asked Questions

For answers to frequently asked questions, refer to:

- <https://TP-Registration.njmmis.com/FAQs/Forms/AllPages.aspx> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com/FAQs/Forms/AllPages.aspx> after Health PAS is fully functional

5. Change Summary

Version	Date	Author	Action/Summary
0.1	05/06/2016	Molina	Initial document
0.2	03/22/2017	Molina	Section 10 updated to include the 277 response guidance; additional cleanup of front matter and appendix
0.3	05/31/2017	Molina	General review and clean up per ALM 2978
1.0	10/06/2017	Kari Keller	Received State approval via ALM 5392
1.1	01/29/2018	C. Garza	NJ website/email referenced in CG updated to direct user to correct address. Updates are a result of ALM Action Item 7394.
2.0	03/09/2018	Kari Keller	Received State approval via ALM 7546
2.1	08/15/2018	Stacy Zuber	Updated Section 3 to provide better instructions for testing certification (ALM 11188)
3.0	08/22/2018	William Vacha	Received State approval via ALM 11188
3.1	10/01/2018	William Vacha	Updated hyperlinks and contact information
4.0	10/15/2018	William Vacha	Received State approval via ALM 11979
4.1	01/10/2019	Susan Savage-McGuckin	Rebrand to DXC via ALM 12956
5.0	01/11/2019	Kari Keller	Received State approval via ALM 12956
5.1	04/10/2019	Susan Savage-McGuckin	Updated footer to DXC Technology
6.0	05/14/2019	Susan Savage-McGuckin	Received State approval via ALM 14538