



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH



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Georgia Department of Community Health (DCH)

Standard Companion Guide

Refers to the Technical Report Type 3 (TR3)
Implementation Guide

Based on ASC X12N version: 005010X186

Health Care Application Reporting (824)

Disclosure Statement

The following Georgia Department of Community Health (DCH) Companion Guide is intended to serve as a companion guide to the corresponding ASC X12N/005010X186 Health Care Application Reporting (824). The companion guide further specifies the requirements to be used when preparing, submitting, receiving and processing electronic health care administrative data. This companion guide supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X186 in a manner that will make its implementation by users to be out of compliance.

The information contained in this Companion Guide is subject to change. Electronic Data Interchange (EDI) submitters are advised to check the Georgia Web Portal site <http://www.mmis.georgia.gov> regularly for the latest updates.

About DCH

Through effective planning, purchasing and oversight, the Georgia Department of Community Health (DCH) provides access to affordable, quality health care to millions of Georgians, including some of the state's most vulnerable and underserved populations.

DCH is responsible for Medicaid and PeachCare for Kids®, the State Health Benefit Plan, Healthcare Facility Regulation and Health Information Technology in Georgia.
<http://dch.georgia.gov/>

Mission Statement

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to ***A Healthy Georgia.***

Preface

This Companion Guide to the 5010 ASC X12N Technical Report Type 3 Implementation Guide clarifies and specifies the data content when exchanging electronically with DCH. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 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 TR3 Implementation Guide. The Companion Guide is not intended to convey information that is any way exceeds the requirements or usages of data expressed in the TR3 Implementation Guide.

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1 Introduction

This section describes how TR3 Implementation Guides, also called 824 ASC X12N (version 005010X186), will be detailed with the use of a table. The tables contain a Notes/Comments column for each segment that Georgia Medicaid has information additional to the TR3 Implementation Guide. That information can:

1. Limit the repeat of loops, or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the implementation guide’s internal code listings.
4. Clarify the use of loops, segments, composite and simple data elements.
5. Provide any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Georgia Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe Georgia Medicaid’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 guides. The table contains a Notes/Comments column to provide additional information from Georgia Medicaid for specific segments provided by the TR3 Implementation Guide. The following is just an example of the type of information that would be spelled out or elaborated on in the Section 10: Transaction Specific Information.

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 percent and notes or comments about the segment itself go in this cell.
193	2100C	NM109	Subscriber Primary Identifier	00	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 Georgia Medicaid Management Information System (GAMMIS).

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			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 three columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
241	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1 Scope

This companion guide is intended for trading partner use in conjunction with the TR3 5010 824 Implementation Guide for the purpose of receiving acknowledgements in response to 837D, 837I and 837P transactions electronically. This companion guide is not intended to replace the TR3 Implementation Guide. The TR3s define the national data standards, electronic format, and values for each data element with an electronic transaction. The purpose of this companion guide is to provide trading partners with a companion guide to communicate Georgia Medicaid-specific information required to successfully exchange transactions electronically with Georgia Medicaid. The instructions in this companion guide are not intended to be stand-alone requirements. 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.

Georgia Medicaid will accept and process any HIPAA-compliant transaction; however, a compliant transaction that does not contain Georgia Medicaid-specific information, though processed, may be denied. For example, a compliant 837P professional claim created with an invalid Georgia Medicaid member identification number will be processed by EDI within Georgia Medicaid however; it will deny within backend processes and be reported on the 835 Remittance Advice transaction.

Refer to this companion guide first if there is a question about how Georgia Medicaid processes a HIPAA transaction. For further information, contact the Gainwell Technologies EDI Services

Team at 1-877-261-8785 or 1-770-325-9590. This companion guide is intended as a resource to assist providers, clearinghouses, service bureaus, and all other trading partners with Georgia Medicaid interChange in successfully conducting EDI of administrative health care transactions. This companion guide provides instructions for enrolling as a Georgia Medicaid trading partner, obtaining technical assistance, initiating and maintaining connectivity, sending and receiving files, testing, and other related information. This companion guide does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

1.2 Overview

Per HIPAA requirements, Georgia Medicaid and all other covered entities must comply with the EDI standards for health care as established by the Secretary of the federal Department of Health and Human Services (HHS). The Secretary of the HHS is required under HIPAA to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. Additionally, 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.

The HIPAA requirements serve to:

- Create better access to health insurance.
- Limit fraud and abuse.
- Reduce administrative costs.

This companion guide is designed to help those responsible for testing and setting up electronic transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to Georgia Medicaid. This companion guide supplements (but does not contradict) requirements in the ASC X12N 824 (version 005010X186) implementation. This information should be given to the provider's business area to ensure that acknowledgment responses are interpreted correctly.

This companion guide provides communications-related information a trading partner needs to enroll as a trading partner, obtain support, format the interchange control header (ISA) and functional group header (GS) envelopes, and exchange test and production transactions with Georgia Medicaid.

This companion guide must be used in conjunction with the TR3 Implementation Guide instructions. The companion guide is intended to assist trading partners in implementing the electronic 824 transaction that meet Georgia Medicaid processing standards by identifying pertinent structural and data-related requirements and recommendations. Updates to this companion guide will occur periodically and new companion guides will be posted on the GAMMIS Web Portal [EDI](#) >> [Companion Guides](#) page.

1.3 References

The TR3 Implementation Guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer, or government agency. The TR3 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 your IT staff, or software vendor, review this companion guide in its entirety and follow the stated requirements to exchange HIPAA-compliant files with Georgia Medicaid.

The TR3 Implementation Guides for X12N and all other HIPAA standard transactions are available electronically at <http://www.wpc-edi.com/>.

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 X 12 standard is recognized by the United States as the standard for North America. EDI adoption has been proved to reduce the administrative burden on providers.

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

National Provider Identifier

As a result of HIPAA, the federal HHS adopted a standard identifier for health care providers. The Final Rule published by the HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions); therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions. The NPI is the only identification number that should be submitted on these transactions from a health care provider.

For all non-healthcare providers where an NPI is not assigned, the Medicaid provider number should be submitted.

Acceptable Characters

For real-time, the HIPAA transactions must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream. For batch, the HIPAA transactions can contain carriage returns and line feeds, however it is recommended that the data is received in one, continuous stream without carriage return and line feeds. Georgia Medicaid accepts the extended character set. Uppercase characters are

recommended.

For outbound HIPAA transactions the data will be sent in one, continuous stream without carriage return and line feeds.

Acknowledgements

An accepted 999 Implementation Acknowledgement, rejected 999 Implementation Acknowledgement, or rejected TA1 InterChange Acknowledgement will be generated in response to all 270 Inquiry (270) and 276 Claim Status Inquiry (276) batch submitted files. For real-time transactions, where the 270 Inquiry (270) or 276 Claim Status Inquiry (276) fails, a rejected 999 Implementation Acknowledgement, or a rejected TA1 InterChange Acknowledgment will be generated. For real-time transactions, where the 270 Inquiry (270) or 276 Claim Status Inquiry (276) passes compliance and a 271 Response (271) or 276 Response (276) is generated, no other acknowledgement transaction is generated.

An accepted 999 Implementation Acknowledgment, rejected 999 Implementation Acknowledgement, or rejected TA1 InterChange Acknowledgment will be generated in response to all 834 Benefit Enrollment (834) batch submitted files.

An accepted 824 Application Reporting for Insurance, rejected 824 Application Reporting for Insurance, or rejected TA1 InterChange Acknowledgment will be generated in response to all 837 Health Care Claim (837D, 837I, 837P) batch submitted files.

Trading partners are responsible for retrieving acknowledgments from the GAMMIS Web Portal to determine the status of their files.

2 Getting Started

2.1 Working with Georgia Medicaid

This section describes how to interact with Gainwell Technologies' EDI Department.

Georgia Medicaid trading partners should exchange electronic health care transactions with Gainwell Technologies via the GAMMIS Web Portal, Secure File Transfer Protocol (SFTP), Network Routing Module Service (NRM), and Healthcare Transaction Services (HTS) or through a Georgia Medicaid approved Value Added Network (VAN).

After establishing a transmission method, 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.

2.2 Trading Partner Registration

This section describes how to register as a trading partner with Gainwell Technologies.

All trading partners are required to complete the Georgia Medicaid trading partner agreement (TPA) form to enroll into EDI Services. Those trading partners that are using an already enrolled billing agent, clearinghouse, or software vendor do not need to enroll separately since they are already enrolled to transmit electronically. Only one trading partner ID is assigned per submitter location. If multiple trading partner IDs are needed for the same address location, please attach a letter to the TPA explaining the need for the additional trading partner ID. Providers must use the secure GAMMIS Web Portal to delegate access to their clearinghouse, billing agent, or software vendor to allow EDI files to be downloaded on their behalf. Information on how to delegate access is found in the Web Portal User Account Management Guide on the GAMMIS Web Portal [Provider Information](#) >> [Provider Manuals](#) page.

If you are already enrolled to transmit or receive electronically and would like to make a change to your EDI trading partner ID profile or provider ID (ERA Only) profile, please complete the Gainwell Technologies EDI Submitter Update Form found on the GAMMIS Web Portal page [EDI](#) >> [Registration Forms](#) indicating the changes you wish to make. The following changes can be made: Trading Partner Name, Contact Information, Address, Status (Active or Inactive), Transmission Method, and Transaction Types. Trading partners cannot change their trading partner ID. This ID can simply be deactivated using the EDI Submitter Update Form and a new EDI TPA for enrollment must be submitted once the original trading partner ID has been deactivated.

Trading Partners that will be exchanging electronic health care transactions SFTP are required to complete the SFTP Setup Request Form found on the GAMMIS Web Portal page [EDI](#) >> [Registration Forms](#). This form must be signed by an authorized agent and is necessary to transmit to and from the GAMMIS server. Failure to submit this form will cause your enrollment to be delayed, and/or returned to you as incomplete. For more information on SFTP access, please review the SFTP Setup and Data Transfer Requirements manual on the [EDI](#) >> [Software and Manuals](#) page.

If you have already completed these forms, you will not be required to complete them again. Please contact the Gainwell Technologies EDI Services Team at 1-877-261-8785 or 1-770-325-9590 if you have any questions about these forms.

2.3 Certification and Testing Overview

All trading partners will be certified through the completion of trading partner testing.

All trading partners that exchange electronic transactions with Georgia Medicaid must complete trading partner testing. This includes billing agents, clearinghouses, or software vendors. Failure to do so will prevent successful transmissions of electronic files to the GAMMIS.

Providers who use a billing agent, clearinghouses, or software vendor will not need to test for those electronic transactions that their entity submits on their behalf.

3 Testing with Georgia Medicaid

Before exchanging production transactions with GAMMIS, each trading partner must complete testing. All trading partners who plan to exchange transactions must contact Gainwell Technologies EDI Services Team at 1-877-261-8785 or 1-770-325-9590 in advance to discuss the testing process, criteria, and schedule. Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

For batch inbound transactions that do not have an associated response (e.g., 837, 834) testing is done through Ramp Manager which is a free interactive X12 testing website, configured to test GAMMIS X12N inbound transactions against the TR3 Implementation Guides and Georgia specific processing rules. To access Ramp Manager, visit the Georgia Health Partnership Ramp Management System Web site at: <https://sites.edifecs.com/index.jsp?gamedicaid>. A set of instructions for using the Ramp Manager site and its tools are available in the Ramp Manager User Guide, located on the [EDI >> Software and Manuals](#) page.

You will be required to have a test file that has passed compliance for each type of transaction you will be sending. The status of each transaction should show “Passed” in Ramp Manager to show that you have successfully passed compliance before Gainwell Technologies can make you an active trading partner.

For batch and real-time transactions that do have an associated response (e.g., 270/271, 276/277) Gainwell Technologies will process these transactions in a test environment to verify that the file structure and content meet HIPAA standards and Georgia Medicaid-specific data requirements and provide the associated response transaction. Once this validation is complete, the trading partner may submit production transactions to Gainwell Technologies for processing.

Gainwell Technologies does not require a specific number of test files to be sent however your test file(s) should contain as many as possible to cover each of your business scenarios.

4 Connectivity with Georgia Medicaid / Communications

This section describes the process to submit HIPAA transactions real-time or batch, along with various submission methods, security requirements, and exception handling procedures.

Georgia Medicaid supports multiple methods for exchanging electronic healthcare transactions:

- GAMMIS Web Portal
- Secure File Transfer Protocol (SFTP) (Batch Only)
- Network Routing Module Service (NRM) (Real-Time Only)
- Georgia Medicaid approved Value Added Network (VAN)
- Healthcare Transaction Services (HTS) (Batch or Real-Time)

4.1 Process Flows

This section contains the process for Fee-For-Service (FFS) and Encounter transactions that will receive the 824 transaction.

FFS Health Care Claim and Response

The response to a FFS health care claim transaction will consist of the following:

1. First level response: TA1 will be generated when errors occur within the outer envelope (no 824 will be generated).
2. Second level response: 824 will be generated. “Rejected” or “Return” 824 when errors occur during 837P compliance validation or “Accepted” 824 if no errors are detected during the compliance validation.
3. Possible Third level response: Once the transaction is “Accepted” the transaction is translated and processed. If the file contains an invalid Billing Provider, an X12 version 5010 – 277U will be generated.

Transactions that fail this compliance check will generate a “Rejected” 824 file back to the sender with BGN08=U to indicate that the file failed compliance. Transactions that pass this compliance check will generate an “Accepted” 824 file back to the sender with BGN08=WQ to indicate that the file passed compliance. Transactions with multiple ST/SE loops that fail this compliance check in some of the ST/SE loops will generate a “Return” 824 file back to the sender with BGN08=RU to indicate that a portion of the transaction failed compliance (all claims in the ST/SE envelopes that pass compliance will be processed).

Encounter Health Care Claim and Response

The response to an Encounter health care claim transaction will consist of the following:

1. First level response: TA1 will be generated when errors occur within the outer envelope (no 824 will be generated).
2. Second level response: 824 will be generated. “Rejected” 824 when errors occur during 837P compliance validation or “Accepted” 824 if no errors are detected during the compliance validation.
3. Third level response: Once the transaction is “Accepted” the transaction is translated and sent to the backend for processing. The proprietary encounter 837 response report will be generated daily once the translated file has processed. This report will contain accepted and rejected encounter claims.

Transactions that fail this compliance check will generate a “Rejected” 824 file back to the sender with BGN08=U to indicate that the file failed compliance. Transactions that pass this compliance check will generate an “Accepted” 824 file back to the sender with BGN08=WQ to indicate that the file passed compliance. For encounter submissions files that contain multiple transactions (ST/SE) and one or more of those transactions fail this compliance check the entire file will be “Rejected” back to the sender with BGN08=U.

FFS and Encounter Health Care Claim Validation

Each FFS and Encounter health care claim transaction is validated to ensure that it complies with the appropriate health care claim TR3 Implementation Guide:

- Dental (837D): 005010X224A2
- Institutional (837I): 005010X223A2
- Professional (837P): 005010X222A1

All 837 health care claim transactions are validated through Strategic National Implementation Process (SNIP) Level 4. In addition to Level 4, Level 7 for the Patient (dependent) loop will occur. If 2000C patient loop is received on the health care claim transaction, it will fail compliance.

4.2 Transmission Administrative Procedures

This section provides Georgia Medicaid's specific transmission administrative procedures. Determine if the transmission you are sending is Test or Production and is using the appropriate indicator. For details about available Georgia Medicaid Access Methods, refer to the Communication Protocol Specifications section below.

Georgia Medicaid is available only to authorized users. Submitters must be Georgia Medicaid trading partners. A submitter is authenticated using a Username and Password assigned by the trading partner.

System Availability

The system is typically available 24x7 with the exception of scheduled maintenance windows which are posted on the GAMMIS Web Portal at <https://www.georgia.gov>. Non-Routine and emergency downtime will also be posted on the GAMMIS Web Portal. The system is available on all holidays.

Transmission Errors

When processing 837 transactions that have Interchange Header errors a TA1 will be generated. If the Interchange Header is valid, but the 837 transaction fails compliance an 824 will be generated.

Production File-naming Convention

File naming convention for the 824 health care application reporting transaction:

BatchID_BatchID_TransactionType_X12_ReceiverID.dat.1.824

Example: 5565_5564_8375010PX12BATCH_X12_300001.dat.1.824

- First BatchID = File ID assigned during EDI processing of the 824 transaction.
- Second BatchID = File ID assigned during EDI processing of the associated input 837 transaction.

- TransactionType = Type of input 837 transaction. i.e. 8375010IX12BATCH, 8375010PX12BATCH or 8375010DX12BATCH.
- X12 = X12
- ReceiverID = Value of the input 837 ISA06 (submitter id)

4.3 Retransmission Procedure

Georgia Medicaid does not require any identification of a previous transmission of a file. All files sent should be marked as original transmissions.

4.4 Communication Protocol Specifications

This section describes Georgia Medicaid's communication protocol(s).

Georgia Medicaid Web Portal

Georgia Medicaid's Web Portal solution provides communication, data exchange, and self-service tools to the provider and member community. The Portal consists of both public and secure areas (web pages requiring a username and password). The public area contains general information, such as program awareness, notices, and forms, and allows users to respond to surveys. Providers can also apply to be a Georgia Medicaid provider online using the provider enrollment wizard, which includes the ability to track their application through the enrollment process. Once enrolled in Medicaid, providers can access their personal information using their provider number and Personal Identification Number (PIN).

Secure File Transfer Protocol (SFTP)

Georgia Medicaid allows submitters with a file size of 2K or larger the ability to data exchange SFTP. For more information on SFTP access, please review the SFTP Setup and Data Transfer Requirements manual on the [EDI >> Software and Manuals](#) page.

Network Routing Module Service (NRM)

Gainwell Technologies provides a Network Routing Model (NRM) which is an interactive server that is a multi-threaded windows service responsible for listening for input from a configured Value Added Network (VAN) data present port using socket connections. For more information on NRM, please contact the Gainwell Technologies EDI Services Team at 1-877-261-8785 or 1-770-325-9590.

Healthcare Transaction Services (HTS)

Gainwell Technologies provides a Healthcare Transaction Service (HTS) submission method which allows trading partners to submit the 270/271 (Eligibility Inquiry and Response) and 276/277 (Claims Status Inquiry and Response) transactions from their system directly to the MMIS via a fully automated process. This system-to-system EDI web service is supported by a specific Georgia Medicaid schema and Web Services Description Language (WSDL) that are outlined in the Georgia Medicaid HTS Guide.

Once trading partners develop the web service to the guide's specification they can test the web client application on the GAMMIS test servers prior to being approved for production. Interested trading partners must contact Gainwell Technologies EDI Services Team at 1-877-261-8785 or 1-770-325-9590 to obtain a copy of the HTS guide.

4.5 Passwords

Providers must adhere to the GAMMIS use of passwords. Providers are responsible for managing their own data. Each provider is responsible for managing access to their organization's data through the MMIS security function. Each provider must take all necessary precautions to ensure that they are safeguarding their information and sharing their data (e.g., Granting access) only with users and entities who meet the required privacy standards. It is equally important that providers know who on their staff is linked to other providers or entities, in order to notify those entities whenever they remove access for that person in your organizations.

For more information regarding passwords and use of passwords, contact the Gainwell Technologies EDI Services Team at 1-877-261-8785 or 1-770-325-9590.

5 Contact Information

Refer to this companion guide with questions, and then use the contact information below for questions not answered by this companion guide.

5.1 EDI Customer Service

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

Most questions can be answered by referencing the materials posted on the GAMMIS Web Portal at <https://www.mmis.georgia.gov>. If you have additional questions, contact the Gainwell Technologies EDI Team at 1-877-261-8785 or 1-770-325-9590.

5.2 EDI Technical Assistance

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

Gainwell Technologies EDI Services Team can help with connectivity issues or transaction formatting issues at 1-877-261-8785 or 1-770-325-9590 Monday through Friday 8:00 a.m. to 5:00 p.m. EST. with the exception of holidays or via e-mail using the [Contact Us](#) link on the GAMMIS Web Portal.

Trading Partner ID: The Trading Partner ID is the GAMMIS key to accessing trading partner information. Trading partners should have this number available each time they contact the Gainwell Technologies EDI Services Team.

5.3 Provider Contact Center

This section contains detailed information concerning Provider Contact Center, especially contact numbers.

The Provider Contact Center should be contacted instead of the Gainwell Technologies EDI Services Team for questions regarding the details of a member's benefits, claim status information, credentialing and many other services. Provider Contact Center is available at 1-800-766-4456 or 1-770-325-9600 Monday through Friday 7:00 a.m. to 7:00 p.m. EST. with the exception of holidays or via e-mail using the [Contact Us](#) link on the GAMMIS Web Portal.

Note: Have the applicable provider identifier, the NPI for health care providers or the Medicaid provider ID for atypical providers available for tracking and faster issue resolution.

The Provider Relations representative, also known as field representatives, conduct training sessions on various Georgia Medicaid topics for both large and small groups or providers and billers. In addition to provider education, field representatives are available to assist providers with complex billing and claims processing questions. To find or contact the appropriate Provider Relations Representative, use the [Contact Us](#) link on the GAMMIS Web Portal.

5.4 Applicable Websites

This section contains detailed information about useful Web sites.

From GAMMIS secure Portal at <https://www.mmis.georgia.gov> non-enrolled providers can begin the enrollment process and enrolled providers can do all of the following:

- Create Dental, Institutional, and Professional claims for submission to GAMMIS.
- Check claim status and member enrollment.
- Submit authorizations, notifications, and referrals.
- View, download, and print explanation of benefits (EOBs), and Remittance Advices.

Trading Partners can do the following:

- Create Trading Partner Profile and complete authorization testing.

- Submit batch transactions (270, 276, 834, 837D, 837I and 837P).
- Download batch transactions/acknowledgements (271, 277, 277U, TA1, 824, 834, 997, 999, 820 and 835).
- View, download and print companion guides.

A suite of other EDI and provider tools are also available on the GAMMIS Web Portal.

Additional information is available on the following Web sites:

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org

Accredited Standards Committee (ASC X12N)

- ASC X12N develops and maintains X12 EDI and XML standards, standards interpretations and guidelines as they relate to all aspects of insurance and insurance-related business processes. www.x12.org

American Dental Association (ADA)

- Develops and maintains a standardized data set for use by dental organizations to transmit claims and encounter information. www.ada.org

American Hospital Association Central Office on ICD-9-CM (AHA)

- This site is a resource for the International Classifications of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level 1 HCPCS. www.ahacentraloffice.org

American Hospital Association Central Office on ICD-10-CM/ICD-10-PCS (AHA)

- This site is a resource for the International Classifications of Diseases, 10th edition, Clinical Modification (ICD-10-CM) codes, used for reporting patient diagnoses and (ICD-10-PCS) for reporting hospital inpatient procedures. www.ahacentraloffice.org

American Medical Association (AMA)

- This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org

Centers for Medicare & Medicaid Services (CMS)

- This site is the resource for information related to the Health-Care Common Procedure Coding System (HCPCS). www.cms.hhs.gov/HCPCSReleaseCodeSets/

Committee on Operating Rules for Information Exchange (CORE)

- A multi-phase initiative of CAQH, CORE is a committee of more than 100 industry leaders who help create and promulgate a set of voluntary business rules focused on improving physician and hospital access to electronic patient insurance information at or before the time of care. www.caqh.org/CORE_overview.php

Council for Affordable Quality Healthcare (CAQH)

- A nonprofit alliance of health plans and trade associations, working to simplify healthcare administration through industry collaboration on public-private initiatives. Through two initiatives – the Committee on Operating Rules for Information Exchange (CORE) and Universal Provider Datasource (UPD), CAQH aims to reduce administrative burden for providers and health plans. www.caqh.org

Designated Standard Maintenance Organizations (DSMO)

- This site is a resource for information about the standard-setting organizations and transaction change request system. www.hipaa-dsmo.org www.caqh.org

Georgia Department of Community Health (DCH)

- This DCH Web site assists providers with HIPAA billing and policy questions, as well as enrollment support. www.mmis.georgia.gov

Health Level Seven (HL7)

- HL7 is one of several ANSI-accredited Standards Development Organizations (SDOs), and is responsible for clinical and administrative data standards. www.hl7.org

Healthcare Information and Management Systems (HIMSS)

- An organization exclusively focused on providing global leadership for the optimal use of information technology (IT) and management systems for the betterment of health care. www.himss.org

National Committee on Vital and Health Statistics (NCVHS)

- The National Committee on Vital and Health Statistics was established by Congress to serve as an advisory body to the Department of Health and Human Services on health data, statistics and national health information policy. www.ncvhs.hhs.gov

National Council of Prescription Drug Programs (NCPDP)

- The NCPDP is the standards and codes development organization for pharmacy. www.ncpdp.org

National Uniform Billing Committee (NUBC)

- NUBC is affiliated with the American Hospital Association (AHA). It develops and maintains a national uniform billing instrument for use by the institutional health-care community to transmit claims and encounter information. www.nubc.org

National Uniform Claim Committee (NUCC)

- NUCC is affiliated with the American Medical Association (AMA). It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org

Office for Civil Rights (OCR)

- OCR is the office within the Department of Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa

United States Department of Health and Human Services (HHS)

- The DHHS Web site is a resource for the Notice of Proposed Rule Making, rules, and other information about HIPAA. [Health Information Privacy | HHS.gov](http://HealthInformationPrivacy|HHS.gov)

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction technical report type 3 implementation guides and code sets. www.wpc-edi.com

Workgroup for Electronic Data Interchange (WEDI)

- WEDI is a workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org

6 Control Segments/Envelopes

6.1 ISA-IEA

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

To promote efficient, accurate electronic transaction processing, please note the following GAMMIS specifications:

- Each trading partner is assigned a unique trading partner ID.
- All dates are in the CCYYMMDD format with the exception of the ISA09 which is YYMMDD.
- All date/times are in the CCYYMMDDHHMM format.
- GAMMIS Trading Partner ID is 77034. This value must be sent within the ISA08 for inbound transactions and will be sent within the ISA06 for outbound transactions.
- The 824 transaction is not returned until all transactions received within a health care claim interchange (ISA/IEA) have been processed.

Transactions transmitted during a session or as a batch are identified by an ISA header segment and IEA trailer segment, which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The tables below represent the interchange envelope information.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00, 03		
			No Authorization Information Present (No Meaningful Information in I02)	00	2	
C.4		ISA02	Authorization Information		10	Space fill
C.4		ISA03	Security Information Qualifier	00, 01		
			No Security Information Present (No Meaningful Information in I04)	00	2	
C.4		ISA04	Security Information		10	Space fill
C.4		ISA05	InterChange ID Qualifier	01, 14, 20, 27- 30, 33, ZZ		
			Mutually Defined	ZZ	2	

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.6		ISA06	InterChange Sender ID		15	Value = '77034' - GAMMIS Trading Partner ID, left justified and space filled.
C.6		ISA07	InterChange ID Qualifier	01, 14, 20, 27-30, 33, ZZ		
			Mutually Defined	ZZ	2	
C.8		ISA08	InterChange Receiver ID		15	'Trading Partner ID supplied by Georgia Medicaid', left justified and space filled. (This will be the value that was received on the input 837 within the ISA06.)
C.9		ISA09	InterChange Date		6	Format is YYMMDD
C.9		ISA10	InterChange Time		4	Format is HHMM
C.9		ISA11	Repetition Separator	^		The repetition separator is a delimiter and not a data element. It is used to separate repeated occurrences of a simple data element or a composite data structure. This value must be different from the data element separator, component element separator, and the segment terminator.
C.9		ISA12	InterChange Control Version Number	00501	5	
C.9		ISA13	InterChange Control Number		9	This will equal the value in IEA02. This value will be the batch id assigned to the input 837 interchange that was received.
C.9		ISA14	Acknowledgment Requested	0, 1		
			No interchange acknowledgment requested	0	1	
C.9		ISA15	Interchange Usage Indicator	T, P	1	'T' – Test 'P' - Production
C.9		ISA16	Component Element Separator	:	1	The component element separator is a delimiter and

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						not a data element. It is used to separate component data elements within a composite data structure. This value must be different from the data element separator and the segment terminator.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.16		IEA	Interchange Control Trailer			
C.16		IEA01	Number of Included Functional Groups		1/5	Number of included Functional Groups.
C.16		IEA02	Interchange Control Number		9	The control number assigned by the interchange sender. Same value as ISA13.

6.2 GS-GE

This section describes Georgia Medicaid'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 GAMMIS expects functional groups to be sent and how GAMMIS will send functional groups. These discussions will describe how similar transaction sets will be packaged and Georgia Medicaid's use of functional group control numbers. The tables below represent the functional group information.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.12		GS	Functional Group Header			
C.12		GS01	Functional ID Code	AG	2	
C.12		GS02	Application Sender's Code		5	Value = '77034' - GAMMIS Trading Partner ID. This will equal the value in ISA08.
C.12		GS03	Application Receiver's Code		2/15	'Trading Partner ID supplied by Georgia Medicaid'. This will equal the value in ISA06.
C.13		GS04	Date		8	Format is CCYYMMDD
C.13		GS05	Time		4	Format is HHMM

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.13		GS06	Group Control Number		1/9	Group control number. This will equal the value in GE02.
C.13		GS07	Responsible Agency Code	X	1	
C.14		GS08	Version/Release/ Industry ID Code		12	005010X186

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.15		GE	Functional Group Trailer			
C.15		GE01	Number of Transaction Sets Included		1/6	Number of included Transaction Sets.
C.15		GE02	Group Control Number		1/9	The functional group control number. Same value as GS06.

6.3 ST-SE

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

Georgia Medicaid recommends that trading partners follow the guidelines set forth in the TR3 Implementation Guide – start the first ST02 in the first file with 000000001 and increment from there. The TR3 Implementation Guide should be reviewed for how to create compliant transactions set control segments.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
21		ST	Transaction Set Header			
21		ST01	Transaction Set Identifier Code	824	3	
21		ST02	Transaction Set Control Number		4/9	Transaction control number. This will equal the value in SE02.
22		ST03	Implementation Convention Reference		1/35	005010X186

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
45		SE	Transaction Set Trailer			
45		SE01	Number of Included Segments		1/10	Total number of segments included in a transaction set including ST and SE segments.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
45		SE02	Transaction Set Control Number		4/9	Transaction set control number. Same value as ST02.

6.4 Control Segment Notes

The ISA data segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be filled in with spaces.

6.5 File Delimiters

Georgia Medicaid will use the following delimiters on your 824 file. These characters (* : ~ ^) will not be submitted within the data content of the transaction set:

Data Element: Byte 4 in the ISA segment defines the data element separator to be used throughout the entire transaction. The recommend data element delimiter is an asterisk (*).

Repetition Separator: ISA11 defines the repetition separator to be used throughout the entire transaction. The recommend repetition separator is a caret (^).

Component-Element: ISA16 defines the component element delimiter to be used throughout the entire transaction. The recommended component-element delimiter is a colon (:).

Data Segment: Byte 106 of the ISA segment defines the segment terminator used throughout the entire transaction. The recommended data segment delimiter is a tilde (~).

7 Georgia Medicaid 824 Application Reporting Additional Information

This section describes the type of information that will be returned within the 824 application reporting transaction.

Before submitting electronic health care claim transactions to GAMMIS, please review the appropriate HIPAA Technical Report Type 3 (TR3) Implementation Guide and Georgia Medicaid companion guide. In addition, Georgia Medicaid recommends that you review the Georgia Medicaid billing guides. These guides provide additional billing instructions for specific provider types. They are available on the GAMMIS Web Portal [Provider Information](#) >> [Provider Manuals](#) page.

- The 824 application reporting transaction will be returned to the trading partner that is present within the incoming 837 health care claim ISA06 data element.
- Georgia Department of Community Health will provide an 824 application reporting transaction for all 837 health care claim transactions received with the exception of those 837 health care transactions that received a TA1 transaction.
- You will receive the 824 application reporting transactions within 48 hours unless there are unforeseen technical difficulties.

- Georgia Department of Community Health processes FFS 837 health care claim transactions at the claim level which is identified at the 2300-CLM segment. It is possible based on where the error(s) occur within the hierarchical structure that some claims may pass compliance and others will fail compliance. Those claims that fail compliance will be reported on the 824 application reporting transaction. Those claims that did not fail compliance will be processed within the GAMMIS.
- Georgia Department of Community Health processes Encounter 837 health care claim transactions at the batch level which is identified at the transaction level (ST/SE). It is possible based on where the error(s) occur within the hierarchical structure that some claims may pass compliance and others will fail compliance. Only those claims that fail compliance will be reported on the 824 application reporting transaction. Those claims that did not fail compliance will NOT be processed and must be resubmitted when the claims that failed compliance are corrected.
- Inbound 837 health care claim transactions are validated through Strategic National Implementation Process (SNIP) Level 4. In addition to Level 4, Level 7 for patient (dependent) will occur if the 2000C patient loop is received. The claim will fail compliance and reported on the 824 application reporting transaction.
- Those claims that fail compliance will not be assigned an internal control number (ICN).
- Those claims that for an invalid billing provider number (Provider Medicaid ID or NPI ID) will not be reported on the 824 application reporting transaction. Those claims will be reported on the 277U health care claim pending status information transaction (Version 5010).

8 Other Acknowledgements (TA1)

8.1 The TA1 Interchange Acknowledgement

The TA1 allows the receiver of a file to notify the sender that an invalid interchange structure was received or that problems were encountered. The TA1 verifies only the interchange header (ISA/GS) and trailer (IEA/GE) segments of the file envelope.

For batch and real-time if ISA or GS errors were encountered then the generated TA1 report with the Interchange Header errors will be returned for pickup.

What to look for in the TA1

The TA1 segment indicates whether or not the submitted interchange control structure passed the HIPAA compliance check.

If TA104 is "R" then the transmitted interchange control structure header and trailer were rejected because of errors. The submitter will need to correct the errors and resubmit the corrected file to GAMMIS.

Example:

- TA1*900000001*130405*1700*R*006~

The data elements in the TA1 segment are defined as follows:

TA101 contains the Interchange Control Number (ISA13) from the file to which this TA1 is responding (“900000001” in the example above).

TA102 contains the Interchange Date (“130405” in the example above).

TA103 contains the Interchange Time (“1700” in the example above).

TA104 code indicates the status of the interchange control structure (“R” in the example above). The definition of the code is as follows;

“R” – The transmitted interchange control structure header and trailer are rejected because of errors.

TA105 code indicates the error found while processing the interchange control structure (“006” in the example above). The definitions of the codes are as follows:

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
004	The Segment Terminator is Invalid
005	Invalid InterChange ID Qualifier for Sender
006	Invalid InterChange Sender ID
007	Invalid InterChange ID Qualifier for Receiver
008	Invalid InterChange Receiver ID
009	Unknown InterChange Receiver ID
010	Invalid Authorization Information Qualifier Value
011	Invalid Authorization Information Value
012	Invalid Security Information Qualifier Value
013	Invalid Security Information Value
014	Invalid InterChange Date Value
015	Invalid InterChange Time Value
016	Invalid InterChange Standards Identifier Value
017	Invalid InterChange Version ID Value
018	Invalid InterChange Control Number Value
019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value

Code	Description
022	Invalid Control Structure
023	Improper (Premature) End-of-File (Transmission)
024	Invalid InterChange Content (e.g., Invalid GS Segment)
025	Duplicate InterChange Control Number
026	Invalid Data Element Separator
027	Invalid Component Element Separator
028	Invalid Delivery Date in Deferred Delivery Request
029	Invalid Delivery Time in Deferred Delivery Request
030	Invalid Delivery Time Code in Deferred Delivery Request
031	Invalid Grade of Service Code

The TA1 segment will be sent within its own interchange (i.e., ISA-TA1-IEA)

Example of a TA1 within its own interchange

```
ISA*00*      *00*      *ZZ*77034      *ZZ*RECEIVER
*130405*1700*^*00501*000000001*0*P*::~TA1*900000001*130405*1700*R*006~IEA*0*000
000001~
```

For additional information, consult the Interchange Control Structures, X12.5 Guide. TR3 Implementation Guides may be obtained by logging on to www.wpc-edi.com and following the links to 'EDI Publications' and '5010 Technical Reports.'

9 Trading Partner Agreements

Providers who intend to conduct electronic transactions with Georgia Medicaid must sign the Georgia Medicaid Trading Partner Agreements. A copy of the agreement is available on the GAMMIS Web Portal page [EDI](#) >> [Registration Forms](#).

Trading Partners

An Electronic Data Interchange (EDI) Trading Partner is defined as any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that conducts electronic transactions with Georgia Medicaid. The Trading Partner and Georgia Medicaid acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Each part agrees to take all steps reasonably necessary to ensure that all electronic transactions between them conform to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated there under.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

10 Transaction Specific Information

This section describes how ASC X12N Technical Report Type 3 (TR3) Implementation Guide will be detailed with the use of a table. The tables contain a row for each segment that Georgia Medicaid has something additional, over and above, the information in the TR3s. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the TR3s 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 Georgia Medicaid

In addition to the row for each segment, one or more additional rows are used to describe Georgia Medicaid'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.

10.1 824 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
28		BGN	Beginning Segment			
28		BGN01	Transaction Set Purpose Code	11	2	'11' – Response
28		BGN02	Transaction Set Identifier Code		1/50	Unique value assigned within the translator tool.
28		BGN03	Transaction Set Creation Date (CCYYMMDD)		8	Transaction Set Creation Date.
29		BGN04	Transaction Set Creation Time (HHMMSS)		6	Transaction Set Creation Time.
29		BGN06	Referenced InterChange Control Number		1/50	Same value as the BHT03 from the 837 transaction that was received.
29		BGN08	Action Code	U, RU, WQ	1/2	'U' – Reject Used when an entire transaction (ST/SE) is being rejected. 'RU' – Return Used when a portion of the transaction (ST/SE) is being accepted.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						'WQ' – Accept Used when an entire transaction (ST/SE) is being accepted.
30	1000A	N1	Submitter Name			
30	1000A	N101	Entity Identifier Code	41	2	'41' – Submitter
30	1000A	N102	Submitter Name		1/60	Same value as the 1000A- NM103 from the 837 transaction that was received.
30	1000A	N103	Identification Code Qualifier	1, 9, 24, 46, 75, EQ, FI, PI, SV, XX		
			Electronic Transmitter Identification Number (ETIN)	46	2	
31	1000A	N104	Submitter Identifier		2/80	Same value as the 1000A- NM109 from the 837 transaction that was received.
36	1000B	N1	Receiver Name			
36	1000B	N101	Entity Identifier Code	40	2	'40' - Receiver
36	1000B	N102	Receiver Name		1/60	Same value as the 1000B- NM103 from the 837 transaction that was received.
37	1000B	N103	Identification Code Qualifier	1, 9, 24, 46, 75, EQ, FI, PI, SV, XX		
			Electronic Transmitter Identification Number (ETIN)	46	2	

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
37	1000B	N104	Receiver Identifier		2/80	Same value as the 1000B-NM109 from the 837 transaction that was received.
38	2000	OTI	Original Transaction Identification			
39-40	2000	OTI01	Application Acknowledgment Code	See Notes		Application Acknowledgment Codes: BA, BC, BE, BP, BR, IA, IC, IE, IP, IR, TA, TC, TE, TP, TR.
			Batch Accept	BA	2	
			Batch Accept with Error	BE	2	
			Batch Partial Accept/Reject	BP	2	
			Batch Reject	BR	2	
			Item Accept	IA	2	
			Item Accept with Error	IE	2	
			Item Partial Accept/Reject	IP	2	
			Item Reject	IR	2	
			Transaction Set Accept	TA	2	
			Transaction Set Accept with Error	TE	2	
			Transaction Set Partial Accept/Reject	TP	2	
			Transaction Set Reject	TR	2	
41	2000	OTI02	Reference Identification Qualifier	BT, IX, TN	2	'BT' – Batch Number 'IX' – Item Number 'TN' – Transaction Reference Number
41	2000	OTI03	Reference Identification	NA	2	'NA' – Based on TR3 Implementation Guide gray box comment.
41	2000	OTI06	Date (CCYYMMDD)		8	Same value as the GS04 from the 837 transaction that was received.
41	2000	OTI07	Time (HHMMSS)		4/6	Same value as the GS05 from the 837 transaction that was received.

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TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
42	2000	OTI08	Group Control Number		1/9	Same value as the GS06 from the 837 transaction that was received.
42	2000	OTI09	Transaction Set Control Number		4/9	Same value as the ST02 from the 837 transaction that was received.
42-43	2000	OTI10	Transaction Set Identifier		3	'837' – Health Care Claim
43	2000	OTI11	Version / Release / Industry Identifier Code		12	Same value as the GS08 from the 837 transaction that was received.
44	2000	REF	Reference Information			
44-48	2000	REF01	Reference Identification Qualifier			Reference Identification Qualifiers: 06, 0B, 0F, 0M, 11, 14, 17, 18, 1A-1H, 1J-1L, 1S, 1W, 23, 28, 2F, 2I, 2U, 33, 38, 3H, 3J, 49, 4A, 4N, 5G, 5H, 60, 6N, 6P, 6R, 72, 7I, 7K, 87, 89, 8U, 8X, 94, 9A-9D, 9K, 9N, 9R, A9, AAL, AB, ABD, AZ, B3, B7, BA, BB, BLT, BQ, BR, BT, CE, CK, CRN, CT, D3, D, 8, D9, DD, DX, E5, E9, EA, EI, EJ, EM, EO, EV, EW, F2, F4, F5, F6, F8, FH, FI, FJ, FY, G1-G5, HI, HJ, HPI, IF, IG, IJ, IP, IX, JD, KW, LC, LD, LU, LX, LZ, ME, N5-N7, NF, NQ, OZ, P4, PG, PM, POL, PQ, Q4, Q5, QQ, RB, S3, ST, SY, T4, T7, TJ, TN, TT, TX, U3, UA, VD, VE, VP, VR, BT, WU, X1, X4, X5, Y4, Z8, Z9, ZH, SZ, ZZ.
			Provider Claim Number	X1	2	'X1' – Provider Claim Number.
48	2000	REF02	Reference Identification		1/2	If an incoming claim fails compliance, the value returned within this REF02 will be the original value received on the 837-2300-CLM01 or the 837-2300-

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						REF02, where REF01=D9. Note: If a claim fails compliance at the claim level and the 837 received contains the 2300-REF02, where REF01=D9, that is the value returned within this REF segment on the 824. If the REF01=D9 is not present on the 837, the value received within the 2300-CLM01 will be returned within this REF segment on the 824.
49	2000	DTM	Date/Time Reference			This DTP can occur multiple times.
49-52	2000	DTM01	Date/Time Qualifier			Date/Time Qualifiers: 003, 007, 009, 017, 035, 036, 050, 089, 090, 091, 096, 097, 102, 119, 142, 150, 151, 187, 187, 193, 194, 198, 227, 228, 232, 233, 242, 245, 285, 286, 296, 297, 300, 301, 303, 304, 307, 310, 313, 330, 336-341, 344, 345, 348-351, 356, 357, 360, 361, 370, 372, 383, 388, 393, 394, 405, 431, 434, 435, 438, 439, 441, 446, 452-456, 461, 463, 471-474, 480, 481, 484-486, 517, 523, 539, 540, 543, 547, 573, 582, 607, 666, 738, 739, 809, 866, 881, 938, 999, ABC, INC, ZZZ.
			Claim Statement Period Start	232	3	'232' – Claim Statement Period Start.
			Claim Statement Period End	233	3	'233' – Claim Statement Period End.
52	2000	DTM02	Additional Reference Date (CCYYMMDD)		8	If, DTM01 = '232' – Service Start Date from the original inbound 837.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						If, DTM01 = '233' – Service End Date from the original inbound 837.
53	2000	AMT	Monetary Amount Information			
53-55	2000	AMT01	Amount Qualifier Code	1	1	Amount Qualifier: 1, 2, 5, 3V, 3Y, 4Y, 8V, 8Y, A8, AA, AAE, AU, B1, B6, B7, B9, BM, BR, C1, C5, CE, CI, D, D2, D8, DX, DY, F2-F5, F7, GT, GW, I, KF, KH, M8, MA, N1, N8, NE, NL, P3, PG, PN, R, RP, SM, T, T2, T3, TP, TT, YT, YU, YY, ZK-ZO, ZZ.
			Total Submitted Charges	T3	2	'T3' – Total Submitted Charges.
55	2000	AMT02	Additional Reference Amount		1/10	Total Submitted Charges from the original inbound 837.
64	2100	TED	Error or Informational Message Location			
65	2100	TED01	Application Error Condition	024	3	'024' – Other Unlisted Reason
65	2100	TED03	Segment ID Code		2/3	Code defining the segment ID of the data segment in error.
65	2100	TED04	Segment Position in Transaction Set		1/10	This numerical count position of this data segment from the start of the transaction set. (If segment is missing, it will indicate position of next identifiable segment.
65	2100	TED05-01	Element Position in Segment		1/2	Indicates the relative position of a simple data element or the relative position of a composite data structure with relative position of the component within the composite data structure in error in the data segment.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
66	2100	TED05-02	Component Data Element Position in Composite		1/2	Required if RED06 applies to a component data element.
66	2100	TED07	Copy of Bad Data Element		1/99	Copy of the data in error unless invalid characters are present or data is missing.
67	2100	CTX	Situational Context Location			
67	2100	CTX01-01	Context Name		1/35	Data Context of Error (Holds the name or "TAG" of a context, such as the industry name. i.e. Segment DTP Element 1250
67	2100	CTX02	Segment ID Code		2/3	Code defining the segment ID of the data segment in error. i.e. DTP
68	2100	CTX03	Segment Position in Transaction Set		1/10	Context Segment Position in Transaction Set.
68	2100	CTX04	Loop Identifier Code		1/4	Loop ID number. Required if situational requirement relates to a loop.
68	2100	CTX05-1	Element Position in Segment		1/2	Indicates the relative position of a simple data element, or the relative position of a composite data structure with the relative position of the component within the composite data structure, in error, in the data segment the count starts with 1 for the simple data element or composite data structure immediately following the Segment ID.
68	2100	CTX05-2	Component Data Element Position in Composite		1/2	Identifies the component data element position within the composite that is in error.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
68-69	2100	CTX06-1	Data Element Reference Number		1/4	Holds the reference number of the simple or composite element at segment level.
69	2100	CTX06-2	Data Element Reference Number		1/4	Holds the reference number of the simple element within a composite.
70	2100	RED	Error or Informational Message			
71	2100	RED01	Description	NA	2	'NA' – Based on TR3 Implementation Guide gray box comment.
71	2100	RED03	Agency Qualifier Code	94	2	'94' – Code Assigned by the Organization that is the Ultimate Destination of the Transaction Set.
71	2100	RED05	Code List Qualifier Code	IBP	3	'IBP' – Insurance Business Process Application Error Code
72	2100	RED06	Industry Code			External Code Source '895'. See Appendices 11.

11 Appendices (External Code Source List '895')

11.1 External Code Source List '895' for 2100-RED06

This external code source list is used within loop 2100-RED06 and is used in reporting application errors for insurance business processes. Each code value is listed twice, preceded with the alpha character "E" or "W". These alpha characters are intended to convey whether the code is being used to report an error ("E") or a warning ("W").

Disclaimer: This External code source '895' was documented in July, 2011 and is subject to change. EDI submitters are advised to check the Washington Publishing Web-site www.wpc-edi.com periodically for the latest allowed values.

Code	Description
E001 / W001	Missing/Invalid submitter identifier
E002 / W002	Missing/Invalid receiver identifier
E003 / W003	Missing/Invalid member identifier
E004 / W004	Missing/Invalid subscriber identifier
E005 / W005	Missing/Invalid patient identifier
E006 / W006	Missing/Invalid plan sponsor identifier
E007 / W007	Missing/invalid payee identifier
E008 / W008	Missing/Invalid TPA/broker identifier
E009 / W009	Missing/Invalid premium receiver identifier
E010 / W010	Missing/Invalid premium payer identifier
E011 / W011	Missing/Invalid payer identifier
E012 / W012	Missing/Invalid billing provider identifier
E013 / W013	Missing/Invalid pay to provider identifier
E014 / W014	Missing/Invalid rendering provider identifier
E015 / W015	Missing/Invalid supervising provider identifier
E016 / W016	Missing/Invalid attending provider identifier
E017 / W017	Missing/Invalid other provider identifier
E018 / W018	Missing/Invalid operating provider identifier
E019 / W019	Missing/Invalid referring provider identifier
E020 / W020	Missing/Invalid purchased service provider identifier
E021 / W021	Missing/Invalid service facility identifier
E022 / W022	Missing/Invalid ordering provider identifier
E023 / W023	Missing/Invalid assistant surgeon identifier
E024 / W024	Amount/Quantity out of balance
E025 / W025	Duplicate
E026 / W026	Billing date predates service date

Code	Description
E027 / W027	Business application currently not available
E028 / W028	Sender not authorized for this transaction
E029 / W029	Number of errors exceeds permitted threshold
E030 / W030	Required loop missing
E031 / W031	Required segment missing
E032 / W032	Required element missing
E033 / W033	Situational required loop is missing
E034 / W034	Situational required segment is missing
E035 / W035	Situational required element is missing
E036 / W036	Data too long
E037 / W037	Data too short
E038 / W038	Invalid external code value
E039 / W039	Data value out of sequence
E040 / W040	"Not Used" data element present
E041 / W041	Too many sub-elements in composite
E042 / W042	Unexpected segment
E043 / W043	Missing data
E044 / W044	Out of range
E045 / W045	Invalid date
E046 / W046	Not matching
E047 / W047	Invalid combination
E048 / W048	Customer identification number does not exist
E049 / W049	Duplicate batch
E050 / W050	Incorrect data
E051 / W051	Incorrect date
E052 / W052	Duplicate transmission
E053 / W053	Invalid claim amount
E054 / W054	Invalid identification code
E055 / W055	Missing or invalid issuer identification
E056 / W056	Missing or invalid item quantity
E057 / W057	Missing or invalid item identification
E058 / W058	Missing or unauthorized transaction type code
E059 / W059	Unknown claim number
E060 / W060	Bin segment contents not in MIME format
E061 / W061	Missing/invalid MIME header
E062 / W062	Missing/Invalid MIME boundary
E063 / W063	Missing/Invalid MIME transfer encoding

Code	Description
E064 / W064	Missing/Invalid MIME content type
E065 / W065	Missing/Invalid MIME content disposition (filename)
E066 / W066	Missing/Invalid file name extension
E067 / W067	Invalid MIME base64 encoding
E068 / W068	Invalid MIME quoted-printable encoding
E069 / W069	Missing/Invalid MIME line terminator (should be CR+LF)
E070 / W070	Missing/Invalid "end of MIME" headers
E071 / W071	Missing/Invalid CDA in first MIME body parts
E072 / W072	Missing/Invalid XML tag
E073 / W073	Unrecoverable XML error
E074 / W074	Invalid Data format for HL7 data type
E075 / W075	Missing/Invalid required LOINC answer part(s) in the CDA
E076 / W076	Missing/Invalid Provider information in the CDA
E077 / W077	Missing/Invalid Patient information in the CDA
E078 / W078	Missing/Invalid Attachment Control information in the CDA
E079 / W079	Missing/Invalid LOINC
E080 / W080	Missing/Invalid LOINC Modifier
E081 / W081	Missing/Invalid LOINC code for this attachment type
E082 / W082	Missing/Invalid LOINC Modifier for this attachment type
E083 / W083	Situational prohibited element is present
E084 / W084	Duplicate qualifier value in repeated segment within a single loop
E085 / W085	Situational required composite element is missing
E086 / W086	Situational required repeating element is missing
E087 / W087	Situational prohibited loop is present
E088 / W088	Situational prohibited segment is present
E089 / W089	Situational prohibited composite element is present
E090 / W090	Situational prohibited repeating element is present
E091 / W091	Transaction successfully received but not processed as applicable business function not performed.
E092 / W092	Missing/Invalid required SNOMED CT answer part(s) in the CDA.

12 Appendices (Checklist)

12.1 Implementation Checklist

This appendix contains all necessary steps for going live with Georgia Medicaid.

1. Call the Gainwell Technologies EDI Services Team with any questions at the Toll Free Number.
2. Check the Georgia Web Portal <http://www.mmis.georgia.gov> regularly for the latest updates.
3. Confirm you have completed your TPA Agreement and been assigned a Trading Partner ID.
4. Make the appropriate changes to your systems/business processes to support the updated companion guides:
 - If you use third party software, work with your software vendor to have the appropriate software installed.
 - If testing system-to-system (Real-Time) interface the Trading Partner or provider must work with your software vendor to have the appropriate software installed at their sites(s) prior to performing testing with Georgia Medicaid.
5. Identify the transactions you will be testing:
 - Health Care Eligibility/Benefit Inquiry and Information Response (270/271)
 - Health Care Claim Status Request and Response (276/277)
6. Confirm you have reported all the NPIs you will be using for testing by validating them with Georgia Medicaid. Make sure your claim(s) successfully pay to your correct Provider ID, if you have associated multiple Georgia Medicaid provider IDs to one NPI and/or taxonomy code.
 - If the entity testing is a billing intermediary or software vendor, they should use the provider's identifiers on the test transaction.
7. When submitting test files, make sure the members/claims you submit are representative of the type of service(s) you provide to Georgia Medicaid members.
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.

13 Appendices (Transmission Example)

13.1 EDI Transmission Example

The following example describes an 824 transaction set that is responding to a functional group that was received containing three 837 transaction sets. The first transaction set conformed fully to the X12 standard, the second contained errors and the entire transaction set was reject, and the third contained some compliance errors, however based on where the compliance errors occurred, some of the transaction was accepted and processed.

```
ISA*00*      *00*      *ZZ*77034      *ZZ*TPID      *130405*0800*^*00501*505043666*0
*T*.:~
GS*AG*77034*TPID*20130405*0800*1*X*005010X186~
ST*824*0001*005010X186~
BGN*11*363D090EAE814658B6359F75A2F5101E*20130319*132654**135260**WQ~
N1*41*GEROGIA HEALTH PARTNERSHIP*46*77034~
N1*40* SUBMITTER *46*12345~
OTI*TA*TN*NA***20110915*0856*135260*135260*837*005010X222A1~
SE*6*0001~
ST*824*0002*005010X186~
BGN*11*C2372A3C12EC42A680997C48E4F5F1C6*20130319*132654**135260**U~
N1*41*GEROGIA HEALTH PARTNERSHIP*46*77034~
N1*40* SUBMITTER *46*12345~
OTI*BR*BT*NA***20110915*0856*135260*135261*837*005010X222A1~
REF*IX*2~
NM1*HK*1*MEMLNAME*MEMFNAME*M***MI*123456789012~
TED*024**N3*13~
CTX*Segment SBR Element 1069*SBR*12**2*1069~
RED*NA**94**IBP*E034~
SE*11*0002~
ST*824*0003*005010X186~
BGN*11*CF355CA77ED349BEA318C1DF9A1A65D4*20130319*132654**135260**RU~
N1*41*GEROGIA HEALTH PARTNERSHIP*46*77034~
N1*40* SUBMITTER *46*12345~
OTI*IR*IX*NA***20110915*0856*135260*135262*837*005010X222A1~
REF*X1*2040757NSF0065449~
DTM*232*20110907~
AMT*T3*260~
TED*024**CLM*33*2**260~
CTX*Segment SV1 Element 782*SV1*42**2*782~
RED*NA**94**IBP*E053~
SE*12*0003~
GE*3*1~
IEA*1*505043666~
```

BGN: This segment indicates the beginning of a transaction set.

Example:

```
BGN*11*363D090EAE814658B6359F75A2F5101E*20130319*132654**135260**WQ~  
BGN*11*C2372A3C12EC42A680997C48E4F5F1C6*20130319*132654**135260**U~  
BGN*11*CF355CA77ED349BEA318C1DF9A1A65D4*20130319*132654**135260**RU~
```

- BGN01 is the Transaction Set Purpose Code and will always equal '11'(Response).
- BGN02 is a unique value assigned by the submitter.
- BGN03 is the date the 824 was created.
- BGN04 is the time the 824 was created.
- BGN06 is equal to BHT03 from the original file (Originator Application Transaction Identifier).
- BGN08 indicates if the transaction (ST/SE) is 'Accepted', 'Rejected', or 'Partially Accepted'.

N1: First occurrence of the N1 segment contains information from the 1000B (Receiver Loop) on the original 837 input file.

Example:

```
N1*41* GEORGIA HEALTH PARTNERSHIP *46*77034~
```

- N101 is equal to '41' indicating Receiver.
- N102 is equal to 1000B-NM103 'GEORGIA HEALTH PARTNERSHIP' from the original file (Receiver Name).
- N103 is equal to '46' indicating Electronic Transmitter Identification Number (ETIN).
- N104 is equal to 1000B-NM109 '77034' from the original file (Receiver Primary Identifier).

N1: Second occurrence of the N1 segment contains information from the 1000A (Submitter Loop) on the original 837 input file.

Example:

```
N1*40*SUBMITTER*46*12345~
```

- N101 is equal to '40' indicating Submitter.
- N102 is equal to 1000A-NM103 'SUBMITTER' from the original file (Submitter Name).
- N103 is equal to '46' indicating Electronic Transmitter Identification Number (ETIN).
- N104 is equal to 1000A-NM109 '12345' (Trading Partner ID) from the original file (Submitter Identifier).

OTI: This segment contains information about the Original Transaction Identification.

Example:

```
OTI*TA*TN*NA***20110915*0856*135260*135260*837*005010X222A1~  
OTI*BR*BT*NA***20110915*0856*135260*135261*837*005010X222A1~  
OTI*IR*IX*NA***20110915*0856*135260*135262*837*005010X222A1~
```

- OTI01 contains the application acknowledgment code. The first character indicates the edit level, and the second character indicates the results of the edit. In the example above, the first occurrence of OTI01 reflects 'TA' (Transaction Set Accept), the second occurrence of OTI01 reflects 'BR' (Batch Reject), and the third occurrence of OTI01 reflects 'IR' (Item Reject). The definitions of the codes are as follows:
- OTI02 contains the reference Identification Qualifier regarding the value within OTI01. In the example above, the first occurrence of OTI02 reflects 'TN' (Transaction Reference Number), the second occurrence of OTI02 reflects 'BT' (Batch Number), and the third occurrence of OTI03 reflects 'IX' (Item Number). The definitions of the codes are as follows:
- OTI03 will always contain the value of 'NA'.
- OTI06 is equal to GS04 from the original file (Date).
- OTI07 is equal to GS05 from the original file (Time).
- OTI08 is equal to GS06 from the original file (Group Control Number).
- OTI09 is equal to ST02 from the original file (Transaction Set Control Number).
- OTI10 is equal to ST01 (837) from the original file (Transaction Set Identifier).
- OTI11 is equal to GS08 from the original file (Transaction Version)

REF: This segment contains additional information about the Original Transaction Identification if available.

Example:

```
REF*IX*2~  
REF*X1*2040757NSF0065449~
```

- REF01 is equal to 'X1' (Provider Claim Number).
- REF02 is equal to the 2300-CLM01 or 2300-REF02, where REF01=D9 from the original file when available.

Note: If a claim fails compliance at the claim level and the 837 received contains the 2300-REF02, where REF01=D9, that is the value returned within this REF segment. If the REF01=D9 is not present on the 837, the value received within the CLM01 will be returned within this REF segment. If a claim fails compliance prior to the claim level, the value returned within this REF segment is a random assigned number.

DTM: This segment contains additional information about the Original Transaction Identification if available.

Example:

```
DTM*232*20110907~
```

- DTM01 is equal to '232' (Claim Statement Period Start) or '233' (Claim Statement Period End).
- DTM02 is equal to the date of service on the original submitted claim. If DTM01='232' DTM02=Service Start Date. If DTM01='233' DTM02=Service End Date.

AMT: This segment contains additional information about the Original Transaction Identification if available.

Example:

AMT*T3*260~

- AMT01 is equal to 'T3' (Total Submitted Charges).
- AMT02 is equal to 2300-CLM02 (Total Submitted Charges) on the original submitted claim.

NM1: This segment contains additional information about the Original Transaction Identification if available.

Example:

NM1*HK*1*MEMLNAME*MEMFNAME*M***MI*123456789012~

- NM101 is equal to 'HK' (Subscriber).
- NM102 is equal to '1' (Person).
- NM103 is equal to 2010BA-NM103 (Member Last Name) on the original submitted claim.
- NM104 is equal to 2010BA-NM104 (Member First Name) on the original submitted claim.
- NM105 is equal to 2010BA-NM105 (Member Middle Initial) on the original submitted claim.
- NM108 is equal to 2010BA-NM108 (Identification Code Qualifier) on the original submitted claim.
- NM109 is equal to 2010BA-NM109 (Member ID) on the original submitted claim.

TED: This segment reports errors or warnings about the data referenced within the OTI Loop.

Example:

TED*024**N3*13 ~
TED*024**CLM*33*2**260~

- TED01 is equal to '24' (Other Unlisted Reason).
- TED03 is equal to the segment ID and segment position within the original transaction set of the data referenced within this TED segment.
- TED04 is equal to the segment position within the transaction set that contains the error. If segment is missing, it is the numerical count position of the next identifiable segment in the transaction set.
- TED05-1 is equal to the element position in the segment. It indicates the relative position of a simple data element or the relative position of a composite data structure with relative position of the component within the composite data structure in error in the data segment.
- TED05-2 is equal to the component data element position in a composite. This will always be present if RED06 applies to a repeating data element.
- TED07 is a copy of the bad data element on the original submitted claim unless invalid characters are present or data is missing on the original submitted claim.

CTX: This segment is used to identify the segment ID and segment position within the original transaction set of the data that triggered the situational requirement.

Example:

```
CTX*Segment SBR Element 1069*SBR*12**2*1069~  
CTX*Segment SV1 Element 782*SV1*42**2*782~
```

- CTX01-1 contains the name or 'TAG' of a context, such as the industry name (e.g., Segment SBR element 1069).
- CTX02 contains the segment ID of the data segment in error. (e.g., SBR).
- CTX03 contains the segment position in the transaction set.
- CTX04 contains the loop identifier code if the situational requirement relates to a loop.
- CTX05-1 contains the element position in a segment. This indicates the relative position of a simple data element, or the relative position of a composite data structure with the relative position of the component within the composite data structure, in error, in the data segment the count starts with 1 for the simple data element or composite data structure immediately following the Segment ID.
- CTX05-2 contains the component data element position in a composite. This identifies the component data element position within the composite that is in error.
- CTX06-1 contains the data element number or composite element at the segment level.
- STC06-2 contains the data element within a composite.

RED: This segment is used to provided error or informational message location.

Example:

```
RED*NA**94**IBP*E034~  
RED*NA**94**IBP*E053~
```

- RED01 will always contain the value of 'NA'.
- RED03 will always contain the value of '94'.
- RED05 will always contain the value of 'IBP'.
- RED06 contains the application error code for insurance business process from external code source '895'. The first position is always an alpha character and used to report an Error 'E' or Warning 'W'. The definitions of the codes are as follows:

14 Appendices (FAQ)

14.1 Frequently Asked Questions (FAQ)

This appendix contains a compilation of questions and answers relative to Georgia Medicaid and its providers.

Q: As a trading partner or clearinghouse, who should I contact if I have questions about testing, specifications, trading partner enrollment or if I need technical assistance with electronic submission?

A: EDI testing and trading partner enrollment support is available Monday through Friday 8a.m.-5p.m. by calling toll-free at (877) 261-8785 or locally at (770) 325-9590.

Q: Who should I contact if I have questions pertaining to billing or to check on the status of a submitted claim?

A: Providers should contact the Provider Contact Center for any non-EDI related questions or GAMMIS Web Portal assistance by calling the Interactive Voice Response System (IVRS) toll-free at (800) 766-4456 or locally at (770) 325-9600.

Q: After I submit my EDI Trading Partner Agreement Form, when should I expect to receive my Trading Partner ID?

A: Once we receive your EDI enrollment in the mail and process it, which takes 1-5 days, you should receive your trading partner Web Portal logon credentials by e-mail immediately. You will also receive your EDI Welcome Letter by mail within 5-7 business days of your application being approved. If your trading partner logon credentials were not received, contact EDI Services Monday-Friday 8a.m.-5p.m. EST at (877) 261-8785 or locally at (770) 325-9590, or submit a [Contact Us](#) Inquiry on the GAMMIS Web Portal. For authentication purposes, please be prepared with your Trading Partner Name, Trading Partner ID assigned, and Mailing Address.

Q: What are the steps that Providers need to take to begin sending EDI Transactions and testing with Gainwell Technologies?

A: All providers must already be enrolled with Georgia Medicaid to apply for EDI Enrollment, unless using a clearinghouse, software vendor, or billing agent. However, providers may also enroll as direct electronic submitters using the EDI Trading Partner Agreement. A copy of the EDI Agreement can be downloaded from the GAMMIS Web Portal on the [EDI >> Registration Forms](#) page. Once approved to send EDI transactions, all providers/submitters (except those using an enrolled clearinghouse, software vendor, or billing agent) will be required to go through testing using their chosen EDI software, clearinghouse, or vendor. Providers can begin testing files in Ramp Manager immediately. Once testing is passed, providers should submit the necessary EDI

trading partner agreement (if enrolling for the first time) or the EDI Update form (if making a change to their transaction) to be made active in Production.

Q: How do I access Ramp Manager to test my transactions?

A: You can access Ramp Manager online by visiting the Georgia Health Partnership Ramp Management System at <https://sites.edifecs.com/index.jsp?gamedicaid>.

Q: Is there a certain number of test files that need to be sent through Ramp Manager?

A: No; however, Gainwell Technologies requires a test file to pass compliance for each transaction type and trading partner that will be sending files. The status of each transaction should show "PASS" in Ramp Manager to show that you have successfully passed compliance before Gainwell Technologies can make you active.

Q: I am a provider. How do I enroll to receive my Remittance Advice electronically (835-ERA)?

A: Providers must complete and submit a Gainwell Technologies Submitter Update Form indicating that they would like to receive an ERA835 for the payee ID. If you wish to delegate access to these 835 ERAs (Electronic Remittance Advice) so that your clearinghouse, software vendor, or billing agent can access these on your behalf, you must provide them access to your file downloads. Contact your clearinghouse, software vendor, or billing agent to get the e-mail address and username that you should grant access to, then follow the instructions in the GAMMIS Web Portal User Account Management Guide on the [Provider Information](#) >> [Provider Manuals](#) page. Refer to section 3.2, titled "Providers or Trading Partners Delegating Access to a Billing Agent or Trading Partner Account" for detailed instructions. You will need to grant the "Trade Files Download" role for a user to have access to your 835 ERA file.

Q: After I submit my provider enrollment application, when should I expect to receive my PIN letter in the mail?

A: You should receive your PIN letter within 5-7 business days of your Provider Enrollment application being approved. If you do not receive your PIN letter within this timeframe, please contact EDI Services Monday-Friday 8am-5pm EST at (877) 261-8785 or locally at (770) 325-9590, or submit a [Contact Us](#) Inquiry on the GAMMIS Web Portal. For authentication purposes, please be prepared with the provider's account information: provider's Name, provider ID, Tax ID/SSN, and the Mailing Address.

Q: Where is my PIN letter being sent?

A: PIN letters are sent to the provider's mailing address on file. If the mailing address shown on file is incorrect, providers must submit the Medicaid Change of Information form (as shown on the GAMMIS Web Portal under the [Provider Information](#) >> [Provider Manuals](#) page) to ensure the address is up-to-date before the PIN letter reissue request can be processed.

Q: How do I request and submit EDI files through the Web Portal?

A: Establish an internet connection to the provider secure Web Portal using your trading partner account logon credentials. Select the Trade Files menu in order to download and/or upload EDI files.

- **File Upload**

The File Upload page allows the user to select a file from a local hard drive and upload it to the Georgia MMIS. The file extension should end in .txt. Users of the feature include clearinghouses, software vendors, third party agents, and providers that wish to upload batch EDI transactions directly, including claim and encounter submissions. To use the batch upload option, providers must use HIPAA-compliant software or vendors that can create required data in HIPAA-compliant ANSI X12 Addenda format.

- **File Download**

The File Download page allows the user to select a file from the secure GAMMIS Web Portal and download it to their system. The download process begins when the download option is checked and the user selects the download button.

Q: How long are ERA835, 277U, 824 and/or 999's available for download on the GAMMIS Web Portal?

A: All outbound EDI transactions will be made available for download on the provider portal for six weeks from the date of creation. Providers and trading partners are encouraged to download the documents as soon as they are available.

Q: What types of acknowledgment reports will Gainwell Technologies return following EDI submission?

A: A TA1 will be generated when errors occur within the interchange envelope ISA/IEA. If no TA1 is generated, by default an 824 Acknowledgment is returned to the trading partner for all 837P, 837I, and 837D claim transaction types. A 999 acknowledgement will be returned on batch 270 (Eligibility) and 276 (Claim Status) and failed 270 Real-Time (Eligibility Requests) and 276 Real-Time (Claim Status) transaction types. For those real-time 270 and 276 transactions that pass compliance, the respective 271 and 277 transactions will be generated. The 835 (ERA) will be returned to the payee provider or trading partner delegated by the provider if the claims were accepted electronically and forwarded for claims adjudication. The 277U (Unsolicited Claim Status Report) is returned if there was a problem with the claims that prevented the claims adjudication system from processing the claims (for example, Invalid NPI or Provider Not on File).

Q: Will electronic remittances (835) be returned in one file for all providers or a separate file for each provider?

A: There will be separate files for each provider.

Q: Will our trading partner number or submitter ID, as shown in the ISA06, be returned in the remittance advice 835 file?

A: No, the ISA08 and GS03 within the remittance advice 835 will contain the Payee Provider ID.

Q: What filename will be used for the 835 files?

A: As documented in the 835 companion guides, the filename will be in this format:
BatchID_TransactionType_FileName_ProviderNumber_Sequence Number_ProcessDate.out.dat.

Q: Will Gainwell Technologies continue to send paper EOBs for providers that are receiving the Electronic Remittance Advice (ERA)?

A: No, unless specifically requested by the provider to receive both. Providers can notify EDI Services or the Provider Enrollment Unit if they wish to receive both the paper EOB and the ERA.

Q: Where can we find the Georgia Medicaid/PeachCare for Kids® HIPAA Companion Guides?

A: The companion guides are available on the Web Portal on the [EDI](#) >> [Companion Guides](#) page.

Q: Where can I find a copy of the HIPAA ANSI TR3 Implementation Guides?

A: The TR3 Implementation Guides must be purchased from the Washington Publishing Company at www.wpc-edi.com.

15 Change Summary

This section describes the differences between the current Companion Guide and previous guides(s).

Version	Date	Section/Pages	Descriptions
1.3	04/05/2013	Entire document	Complete revision to comply with CAQH® (Council for Affordable Quality Healthcare) CORE™ (Committee on Operating Rules for Information Exchange) v5010 Master Companion Guide Template. Transaction specific data elements, and their values, were not changed. All previous versions are obsolete.
2.0	04/29/2013	Logo on Cover Page Entire Document	Changed Logo on Cover Page to be the new branding logo. Changed any reference to TR3 to be TR3 Implementation Guide or Implementation Guides. Changed references to companion guide that were listed as 'document' to 'companion guide'.
2.1	11/01/2015	Entire Document	Modified Cover page and footer due to change in Hewlett Packard Enterprise documentation standards.
2.2	03/17/2016	Section 5.4	Modified links that were not working. Revised year in footer.
2.3	04/05/2017	Global	Revised document to include removing the HPE logo, and updating references from HPE to DXC throughout.
2.4	10/01/2017	Section 5.4	Removed links that were no longer valid.
2.5	10/02/2020	Global	Revised document to include removing the DXC logo and updating references from DXC to Gainwell Technologies throughout.
2.6	10/01/2022	4.4	Removed browser recommendations.

Version	Date	Section/Pages	Descriptions
2.7	12/01/2022	Global	Removed references to decommissioned PES system.
2.8	04/11/2023	Sections 2.1, 4, 4.4, and 14.1	Removed references to RAS.