

# X12N/TGC – Technical Task Group

## Purpose

The X12N Technical Task Group (TGC) is a task group that reports to the X12N Subcommittee.

This group is responsible for the development and maintenance of work products including, but not limited to, technical reports and data standards which:

- Support the efficient exchange of business information for insurance including, but not limited to, Health Care and Property & Casualty.
- Comply with X12 standards, design rules, and guidelines.
- Satisfy the functional business requirements established by other X12N Task Groups.
- Coordinate with the liaison, where assigned, with other X12 Subcommittees if applicable

## Scope

The Task Group shall adhere to the applicable X12 Organization and Procedures Manual, Standing Documents, and X12N procedures. The highest-level documents of X12 or X12N shall govern in the event of conflict.

The Task Group's principal responsibilities are to:

- Create and maintain X12N TGC procedures for development of work products including, but not limited to:
  - X12 standards
  - Implementation guides
  - Technical reports
  - X12N data dictionary
  - Technical report registry
- Create and maintain standard publication formats for X12N work products.
- Create and maintain rules for consistent use of segments, data elements, and information in the common database (such as codes, situational rules, and examples) within insurance work products.
- Create and maintain common content for insurance work products.
- Create and maintain X12N work products which implement the business requirements for exchange of insurance information.
- Create and maintain insurance-specific generic acknowledgement (such as TA1, 999, generic 824) work products in conjunction with the owning X12 Subcommittee.
- Prepare and submit X12 Data Maintenance Requests, and Code Maintenance Requests to support X12N work products.
- Act as primary liaison for X12N publication-related direction to the publisher.

- Collaborate on technical issues with other X12 Subcommittees and external organizations involved in insurance activities.
- Evaluate and respond to technical issues related to Requests for Interpretation (RFIs).
- Create and maintain consistent business requirements for demographic content (name, address, identifiers, etc.) for common insurance entities (employers, patients, plans, providers, subscribers, etc.).

## **X12N Working Definitions**

*Technical* ≈ pertaining to the EDI solution, including format and syntax, used to convey predefined business content between trading partners.

*Business* ≈ pertaining to the semantic data content of the information exchanged between trading partners.

# Document History

New versions of this document are effective on the approval date unless otherwise designated.

Date	Description
09/15/2017	Converted to ASC90.18.