



MassHealth

MassHealth

**Health Care Claim Status Request and
Response (276/277)**

Standard Companion Guide

**Refers to the Implementation Guides
Based on ASC X12N version: 005010X212**

Disclosure Statement

The following Massachusetts Companion Guide is intended to serve as a companion document to the corresponding ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277) - at the time of publication, there were no related addenda or errata. MassHealth strongly encourages its trading partners to use this Companion Guide in conjunction with the ASC X12 Implementation Guide to develop the HIPAA batch transaction. Copies of the ASC X12 TR3's can be purchased at <http://store.x12.org/store>. The document supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X212 in a manner that will make its implementation by users to be out of compliance. Tables contained in this MassHealth Companion Guide are formatted to align with the CAQH CORE v5010 Companion Guide Template. The template can be found at www.CAQH.org

About MassHealth

MassHealth helps the financially needy obtain high-quality health care that is affordable, promotes independence, and provides customer satisfaction. The MassHealth program provides comprehensive health insurance - or help in paying for private health insurance - to more than one million Massachusetts children, families, seniors, and people with disabilities. MassHealth is the second largest health insurer in the state and is nationally recognized for providing high-quality care in an innovative and cost-effective manner. <http://www.mass.gov/masshealth>.

Medicaid Management Information System and Provider Online Service Center

The Medicaid Management Information System (MMIS) and the Provider Online Service Center (POSC) offer a web-based environment that automates functions such as member eligibility verification, claim submission and status, claims processing, prior authorization, referrals, preadmission screening, online remittance advices, and reports.

Contact for Further Information on this Companion Guide

MassHealth Customer Service
PO Box 9162
Canton, MA 02021
Email: edi@mahealth.net
Phone: 1-800-841-2900
Fax: 617-988-8971

Preface

This Companion Guide to the 005010 ASC X12N Implementation Guide clarifies and specifies the data content when exchanging electronically with MassHealth. The Companion Guide is not intended to convey information that in any way exceeds or replaces the requirements or usages of data expressed in the Implementation Guides. Neither the Executive Office of Health and Human Services or MassHealth are responsible for any action or inaction, or the effects of such action or inaction taken in reliance on the contents of this guide.

DRAFT

Table of Contents

1. INTRODUCTION	1
SCOPE	1
OVERVIEW	1
REFERENCES	1
ADDITIONAL INFORMATION	2
2. GETTING STARTED.....	2
WORKING WITH MASSHEALTH	2
TRADING PARTNER REGISTRATION.....	2
CERTIFICATION AND TESTING OVERVIEW.....	2
3. TESTING WITH MASSHEALTH	3
4. CONNECTIVITY WITH MASSHEALTH/COMMUNICATIONS.....	4
TRANSMISSION ADMINISTRATIVE PROCEDURES	4
RETRANSMISSION PROCEDURE	4
COMMUNICATION PROTOCOL SPECIFICATIONS	4
PASSWORDS	5
5. CONTACT INFORMATION.....	5
EDI CUSTOMER SERVICE.....	5
EDI TECHNICAL ASSISTANCE	5
PROVIDER SERVICE NUMBER.....	6
APPLICABLE WEBSITES/E-MAIL.....	6
6. CONTROL SEGMENTS/ENVELOPES.....	7
ISA	7
276 (Inbound).....	7
277 (Outbound).....	8
GS	8
276 (Inbound).....	9
277 (Outbound).....	9
7. MASSHEALTH SPECIFIC BUSINESS RULES AND LIMITATIONS	9
8. ACKNOWLEDGEMENTS AND/OR REPORTS.....	10
REPORT INVENTORY	11
9. TRADING PARTNER AGREEMENTS.....	12
TRADING PARTNERS	12
10. TRANSACTION SPECIFIC INFORMATION.....	12
276 (INBOUND)	12
277 (OUTBOUND).....	14
APPENDICES.....	1
A. IMPLEMENTATION CHECKLIST.....	1
B. BUSINESS SCENARIOS.....	2
C. TRANSMISSION EXAMPLES	3
D. FREQUENTLY ASKED QUESTIONS	6

E. CHANGE SUMMARY.....7

DRAFT

1. Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires MassHealth, and all other health insurance payers in the United States to comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of the United States Department of Health and Human Services (HHS). The ASC X12N implementation guides are the standards of compliance for electronic health care transactions.

Scope

This section specifies the appropriate and recommended use of the Companion Guide.

The standard adopted by HHS for electronic health care transactions is ASC X12N Version 005010 which became effective January 1, 2012. The unique version/release/industry identifier code for the Health Care Claim Status Request and Response transactions is 005010X212.

This Companion Guide assumes compliance with all loops, segments and data elements contained in the 005010X212.

Overview

This section specifies how to use the various sections of the document in combination with each other.

MassHealth created this companion guide for MassHealth trading partners to supplement the ASC X12N Implementation Guide. This guide contains MassHealth-specific instructions related to the following:

- Data formats, content, codes, business rules, and characteristics of the electronic transaction;
- Technical requirements and transmission options; and
- Information on testing procedures that each trading partner must complete before transmitting electronic transactions

The information in this document supersedes all previous communications from MassHealth about this electronic transaction. The following standards are in addition to those outlined in the MassHealth provider manuals. These standards in no way supersede MassHealth regulations. Use this guide in conjunction with the information found in your MassHealth provider manual.

References

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

The Implementation Guides for X12N and all other HIPAA standard transactions are available electronically at www.x12.org.

Additional Information

The intended audience for this document is the technical and operational staff responsible for generating, receiving, and reviewing electronic health care transactions. In addition, this information should be shared with the provider's billing office to ensure that all accounts are reconciled in a timely manner.

2. Getting Started

Working with MassHealth

This section describes how to interact with MassHealth's EDI Department.

MassHealth trading partners should exchange electronic health care transactions with MassHealth via the POSC or system-to-system using the Healthcare Transaction Service (HTS) process.

Generally, 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.

Trading Partner Registration

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

In general, all MassHealth trading partners are required to sign a trading partner agreement (TPA). If you have elected to use a third party to perform electronic claims transactions on your behalf, you will also be required to complete an [Electronic Remittance Advice \(ERA\) Enrollment/Modification Form](#). If you have already completed these forms, you are not required to complete them again. Please contact the MassHealth Customer Service Center at 1-800-841-2900 or via email at edi@mahealth.net if you have any questions about these forms.

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 MassHealth must complete trading partner testing. This includes vendors, clearing houses and billing intermediaries that submit on behalf of providers, as well as providers that are defined as atypical by MassHealth.

Test transactions exchanged with MassHealth should include a representative sample of the various types of transactions that you would normally conduct with MassHealth. The size of the file should be between 25-50 transactions.

MassHealth will post on its website a [list of vendors, clearing houses and billing intermediaries](#) that have completed trading partner testing. If a billing intermediary or software vendor submits electronic transactions on your behalf, please view the list on our website. Providers who use a billing intermediary or software vendor do not need to test for electronic transactions that their entity submits on their behalf.

3. Testing with MassHealth

Typically, before exchanging production transactions with MassHealth, each trading partner must complete testing. All trading partners who plan to exchange transactions must contact the MassHealth Customer Service Center at 1-800-841-2900 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.

We strongly encourage you to submit any electronic files directly to POSC in order to avoid any potential delay in processing your requests

Please note that providers submitting the health care claim Status requests, via the POSC, using direct data entry (DDE), are not required to test. You must however, have a valid trading partner agreement on file with MassHealth to submit batch and real time Health Care Claim Status Request (276) and receive the Response (277).

Before submitting production claims to MassHealth, each trading partner must be tested. Trading partners planning to submit 276/277 transactions must contact the MassHealth Customer Service Center at 1-800-841-2900 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.

If you are a first-time submitter and want to test electronically with MassHealth, we require the following:

- The member and provider data must be valid for a mutually agreed upon effective date.

The following primary or unique identifying elements must be addressed in one or more test files.

- Provider ID/service location (PID/SL) or NPI
- Member ID
- Payer claim control number (MassHealth-assigned ICN)
- Billed amount
- Claim service date

MassHealth will process these transactions in a test environment to verify that the file structure and content meet HIPAA standards and MassHealth-specific data requirements. The response transaction will be generated and returned to the trading partner. Once this validation is complete, the trading partner may submit production transactions to MassHealth.

4. Connectivity with MassHealth/Communications

The below illustrations outline the process flows for each of the message exchange scenarios provided by the Healthcare Transaction Services (HTS) submission method.

Transmission Administrative Procedures

System Availability

The system is typically available 24 hours a day, 7 days a week, with the exception of scheduled maintenance windows.

Transmission File Size

The current maximum file size for any file submitted to MassHealth is 16 MB. If you have any questions, or would like to coordinate the processing of larger files, please contact MassHealth Customer Service at 1-800-841-2900. Please note that the POSC does not unzip or decompress files. All files must be transmitted in an unzipped or uncompressed format.

Transmission Errors

When processing an interactive EDI transaction that has Interchange Header errors a TA1 will be generated, if the acknowledgment requested flag (ISA14) is a 1 in the submitted request. If the Interchange Header is valid, but the transaction fails compliance, 999 will be generated. If the Interchange Header has errors so severe and a TA1 or 999 cannot be generated the following error will be generated (e.g. ISA06 - Trading Partner ID is not on file).

Production File-naming Convention

Files transmitted to MassHealth using the POSC may use any convenient file-naming convention. The system will rename files upon receipt and issue a tracking number for reference.

Retransmission Procedure

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

Communication Protocol Specifications

Provider Online Service Center (POSC)

The POSC is a web-based tool accessible via the internet, which gives providers the tools to effectively manage their business with MassHealth electronically. The POSC can be used to enroll as a MassHealth provider, manage a provider's profile information, enter claims via direct data entry (DDE), enter claim status requests via DDE, view claim status response

transactions, or upload and download batch transaction files, access reports and receive messages/communications.

Healthcare Transaction Services (HTS)

MassHealth provides a Healthcare Transaction Service (HTS) submission method which allows trading partners to submit ASC X12 transactions and receive ASC X12 response transactions in both batch and real time mode from their system directly to the MMIS via a fully automated process. This system-to-system EDI web service that is supported by a specific MassHealth schema and Web Services Description Language (WSDL) is outlined in the MassHealth HTS Guide. Once trading partners develop the web service to the guide's specification they can test the web client application on the MassHealth test servers prior to being approved for production. Interested trading partners must contact the MassHealth Customer Service Center at 1-800-841-2900 to obtain a copy of the HTS guide.

Passwords

Providers using the POSC to submit their EDI transactions must adhere to MassHealth's requirements for 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 (i.e. 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 organization. MassHealth is not responsible for any action taken by an individual in MMIS whose access results from a provider's failure to abide by these requirements.

For more information regarding passwords and use of passwords, contact the MassHealth Customer Service Center at 1-800-841-2900.

5. Contact Information

EDI Customer Service

(For written correspondence)
MassHealth Customer Service
PO Box 9162
Hingham, MA 02021
Email: edi@mahealth.net
Phone: 1-800-841-2900
Fax: 617-988-8971

EDI Technical Assistance

MassHealth Customer Service Center
PO Box 9162
Hingham, MA 02021
Email: hipaasupport@mahealth.net
Phone: 1-800-841-2900
Fax: 617-988-8971

Provider Service Number

MassHealth Customer Service Center
PO Box 9162
Hingham, MA 02021
Email: providersupport@mahealth.net
Phone: 1-800-841-2900
Fax: 617-988-8974

Applicable Websites/E-mail

ASC X12

- ASC X12, chartered by the American National Standards Institute, develops and maintains EDI and CICA standards along with XML schemas which drive business processes globally.
<http://www.ascx12.org>

Centers for Medicare & Medicaid Services (CMS)

- CMS is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Health-Care Transactions and Code Sets Model Compliance Plan at www.cms.hhs.gov/HIPAAGenInfo/

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

MassHealth (MH)

- The MassHealth Web site assists providers with HIPAA billing and policy questions, as well as enrollment support. www.mass.gov/masshealth

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 and develops standards for institutional claims. www.nubc.org

National Uniform Claim Committee (NUCC)

- NUCC is affiliated with the American Medical Association. 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

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction implementation guides and code sets.
<http://www.wpc-edi.com/>

6. Control Segments/Envelopes

ISA

This section describes MassHealth's use of the interchange control segments. It includes the expected sender and receiver codes, authorization information, and delimiters. MassHealth requires that the 276 transaction contain only one status request when submitted in a real time mode. Therefore, in real time mode IEA01 must equal 1. The chart below and all charts in this document similar to it are formatted to align with the CAQH CORE v5010 Companion Guide Template. The template can be found at www.CAQH.org

276 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.4	-----	ISA01	Authorization Information Qualifier	00	
C.4	-----	ISA02	Authorization Information		10 blanks
C.4	-----	ISA03	Security Information Qualifier	00	
C.4	-----	ISA04	Security Information		10 blanks
C.4	-----	ISA05	Interchange ID Qualifier	ZZ	
C.4	-----	ISA06	Interchange Sender ID		Trading Partner ID assigned by MassHealth (10-character MMIS provider ID/service location)
C.5	-----	ISA07	Interchange ID Qualifier	ZZ	
C.5	-----	ISA08	Interchange Receiver ID		DMA7384

277 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.4	-----	ISA01	Authorization Information Qualifier	00	
C.4	-----	ISA02	Authorization Information		10 blanks
C.4	-----	ISA03	Security Information Qualifier	00	
C.4	-----	ISA04	Security Information		10 blanks
C.4	-----	ISA05	Interchange ID Qualifier	ZZ	
C.4	-----	ISA06	Interchange Sender ID		DMA7384
C.5	-----	ISA07	Interchange ID Qualifier	ZZ	
C.5	-----	ISA08	Interchange Receiver ID		Trading Partner ID assigned by MassHealth (10-character MMIS provider ID/service location)
C.5	-----	ISA11	Repetition Separator		Value = ^
C.6	-----	ISA14	Acknowledgement Requested	0	MassHealth does not request interchange acknowledgment (TA1)
C.6	-----	ISA16	Component Element Separator		Value = :

GS

This section describes MassHealth's use of the functional group control segments. It includes the expected application sender and receiver codes. MassHealth requires that the 276 transaction contain only one status request when submitted in a real time mode. Therefore, in real time mode GE01 must equal 1.

276 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.7	-----	GS02	Application Sender's Code		Trading Partner ID assigned by MassHealth (10-character MMIS provider ID/service location)
C.7	-----	GS03	Application Receiver's code		DMA7384
C.8	-----	GS05	Time		Format is HHMM

277 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.7	-----	GS02	Application Sender's Code		DMA7384
C.7	-----	GS03	Application Receiver's code		Trading Partner ID assigned by MassHealth (10-character MMIS provider ID/service location)
C.8	-----	GS05	Time		Format is HHMM

7. MassHealth Specific Business Rules and Limitations

MassHealth's business rules for the 276 transaction:

2000E Loop (Dependent Level)

- MassHealth does not recognize the dependent loop, because in the MassHealth implementation of HIPAA, the subscriber is always the patient.
- If the dependent loop is submitted, it will cause your transaction to fail compliance.

2100D: NM1 Segment

- When the member identification number is used as the inquiry variable, NM108 must equal MI and NM109 must contain the member ID.

2200D: REF Segment

- When REF01 equals 1K, the value in the REF02 needs to contain the correct claim reference number (ICN), which is available to the provider on the remittance advice.
- If the value in REF01 is other than 1K, it will not be used when selecting claims from MassHealth.

2000D: DMG Segment

- This segment is always required, because in the MassHealth implementation of HIPAA, the subscriber is always the patient.

2200D: TRN Segment

- This segment is always required, because in the MassHealth implementation of HIPAA, the subscriber is always the patient.

2200D: AMT Segment

- For the 276 claim status request transaction submitted with the AMT segment, the AMT02 value will be used as one of the primary searches when selecting claims to include on the response. Only claims that have an exact dollar amount match will be returned.
- For the 276 claim status request transaction submitted without the AMT segment, all claims matching the other search criteria will be returned.

2210D Loop (Service Line Information)

- MassHealth ignores the 2210D loop (Service Line Information) submitted on the 276 transaction and will not perform the search using any of the information submitted in 2210D of the 276 transaction.

MassHealth's business rules for the 277 transaction:

- MassHealth does not provide Status Information (STC) at the Information Receiver or Service Provider Level. The Status Information is provided only at the Claim and the Service line levels.
- MassHealth returns a maximum of 500 when the claim service period in 276 is submitted to refine the search criteria.
- MassHealth always returns service line information stored in the database when claims are found and returned on the response transaction

8. Acknowledgements and/or Reports

Confirmation numbers are generated for all transaction files uploaded to the POSC and HTS, indicating successful file uploads. A TA1 interchange acknowledgment is generated for all batch files

with ISA14 set to “1 - Interchange acknowledgment requested (TA1).” A 999 implementation acknowledgment is generated for all batch files that do not fail and includes interchange (ISA) errors. These acknowledgements will be available for download from the POSC or HTS.

A TA1 interchange acknowledgment is generated for all interactive files with ISA14 set to “1 - Interchange acknowledgment requested (TA1)” that are rejected due to interchange (ISA) error. A 999 implementation acknowledgment is generated for interactive transactions that are not rejected due to interchange (ISA) error, but have failed compliance.

The TA1 Interchange Acknowledgement

For 276 batch files submitted to MassHealth with ISA14 set to ‘1’, a system-generated TA1 Interchange acknowledgment is sent to the submitter. This occurs within one business day from the submission of the 276 transaction with conformance to maximum response time rule defined in Phase II CORE 250: Claim Status Rule, Batch Response Time Requirements.

For a 276 interactive transaction submitted to MassHealth with ISA14 set to ‘1’, a system-generated TA1 Interchange acknowledgment is generated, if the transaction is rejected due to interchange (ISA) error. This occurs within 20 seconds of the submission of the 276 transaction with conformance to maximum response time rule defined Phase II CORE 250: Claim Status Rule, Real Time Response Time Requirements.

For additional information, consult the Interchange Control Structures, ASC X12.5 Guide. Implementation Guides may be obtained by logging on to www.x12.org and following the links to ‘EDI Publications’ and ‘5010 Technical Reports.’

The 999 Implementation Acknowledgement

Each time a batch 5010 X12 file is submitted to MassHealth, a system-generated 999 acknowledgment is sent to the submitter. This occurs within one business day from the submission of the 276 transaction with conformance to maximum response time rule defined in Phase I CORE 250: Claim Status Rule, Batch Response Time Requirements.

For a 276 interactive transaction submitted to MassHealth, a system-generated 999 acknowledgment is generated, if the transaction is rejected due to a compliance error. For compliant 276 interactive transaction submitted to MassHealth, a 277 response will be returned. This occurs within 20 seconds of the submission of the 276 transaction with conformance to maximum response time rule defined in Phase I CORE 250: Claim Status Rule, Real Time Response Time Requirements.

For additional information, consult the Implementation Acknowledgment for Health Care Insurance (999) Guide. Implementation guides may be obtained by logging onto www.wpc-edi.com and following the links to “HIPAA” and “HIPAA Guides.”

Report Inventory

There are no acknowledgement reports at this time.

9. Trading Partner Agreements

Providers who intend to conduct electronic transactions with MassHealth must sign the MassHealth Trading Partner Agreements. A copy of the agreement is available at www.mass.gov or contact the MassHealth Customer Service Center at 1-800-841-2900.

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 MassHealth. The Trading Partner and MassHealth acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Each party 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 Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that MassHealth has something additional, over and above, the information in the IGs. That information can:

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

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

276 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
38	-----	BHT05	Transaction Set Creation Time		
41	2100A	NM103	Payer Name		MassHealth
42	2100A	NM109	Payer Identifier		Must equal 46002284
45	2100B	NM102	Entity Type Qualifier	1, 2	
46	2100B	NM109	Information Receiver Identification Number		Trading Partner ID assigned by MassHealth (10-character MMIS provider ID/service location)
51	2100C	NM108	Identification Code Qualifier	SV, XX	Enter SV if Provider Identifier represents an atypical provider
51	2100C	NM109	Provider Identifier		Enter NPI or, if an atypical provider, MassHealth provider ID/service location (PID/SL).
56	2100D	NM102	Entity Type Qualifier	1	
57	2100D	NM103	Subscriber Last Name		Member's last name submitted on 276 is validated against the last name on file. The value must be capitalized.
57	2100D	NM104	Subscriber First Name		Member's first name submitted on 276 is validated against the first name on file. The value must be capitalized.
57	2100D	NM108	Identification Code Qualifier	MI	
57	2200D	NM109	Subscriber Identifier		Must be a valid Member ID
59	2200D	REF01	Reference Identification Qualifier	1K	
59	2200D	REF02	Payer Claim Control Number		MassHealth ICN

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
66	2200D	AMT02	Total Claim Charge Amount		The search criteria can be narrowed to specific claims for the member with a matching Total Claim Charge Amount.

277 (Outbound)

TR# Page #	Loop ID	Reference	Name	Codes	Notes/Comments
108	-----	BHT05	Transaction Set Creation Time		Format is HHMM
111	2100A	NM103	Payer Name		MassHealth returns the value sent in the 276 transaction.
112	2100A	NM109	Payer Identifier		MassHealth returns the value sent in the 276 transaction.
114	2100A	PER02	Payer Contact Name		EOHHS CUSTOMER SERVICE
114	2100A	PER03	Communication Number Qualifier	TE	
114	2100A	PER04	Payer Contact Communication Number		8002412900
114	2100A	PER05	Communication Number Qualifier	EM	
115	2100A	PER06	Payer Contact Communication Number		edi@mahealth.net
118	2100B	NM102	Entity Type Qualifier		MassHealth returns the value sent on the 276 transaction.
119	2100B	NM103	Information Receiver Last or Organization Name		MassHealth returns the value sent on the 276 transaction.
119	2100B	NM104	Information Receiver First Name		MassHealth returns the value sent on the 276 transaction.

TR# Page #	Loop ID	Reference	Name	Codes	Notes/Comments
119	2100B	NM108	Identification Code Qualifier		MassHealth returns the value sent on the 276 transaction.
119	2100B	NM109	Information Receiver Identification Number		MassHealth returns the value sent on the 276 transaction.
127	2100C	NM102	Entity Type Qualifier		MassHealth returns the value sent on the 276 transaction.
128	2100C	NM108	Identification Code Qualifier		MassHealth returns the value sent on the 276 transaction.
128	2100C	NM109	Provider Identifier		MassHealth returns the value sent on the 276 transaction.
136	2100D	NM103	Subscriber Last Name		MassHealth returns the value sent on the 276 transaction.
136	2100D	NM104	Subscriber First Name		MassHealth returns the value sent on the 276 transaction.
136	2100D	NM105	Subscriber Middle Name or Initial		MassHealth returns the value sent on the 276 transaction.
136	2100D	NM109	Subscriber Identifier		MassHealth returns the value sent on the 276 transaction.
137	2200D	TRN02	Referenced Transaction Trace Number		MassHealth returns the value sent on the 276 transaction.
145	2200D	STC02	Status Information Effective Date		If claim is not found MassHealth displays date inquiry was made (current system date).
145	2200D	STC04	Total Claim Charge Amount		The amount of charges originally submitted
145	2200D	STC05	Claim Payment Amount		The amount paid

TR# Page #	Loop ID	Reference	Name	Codes	Notes/Comments
146	2200D	STC08	Remittance Date		For paid claims only Check Issue or EFT Effective Date
146	2200D	STC09	Remittance Trace Number		For paid claims only Check or EFT Trace Number
149	2200D	REF01	Reference Identification Qualifier	1K	
149	2200D	REF02	Payer Claim Control Number		If the claim is not found, MassHealth returns the value sent on the 276 transaction. If the claim is found, MassHealth's ICN will be returned
150	2200D	REF01	Reference Identification Qualifier	BLT	
150	2200D	REF02	Bill Type Identifier		If the claim is not found, MassHealth returns the value sent on the 276 transaction. If the claim is found, the type of bill stored with the claim will be returned.
151	2200D	REF01	Reference Identification Qualifier	EJ	
151	2200D	REF02	Patient Control Number		If the claim is not found, MassHealth returns the value sent on the 276 transaction. If the claim is found, the patient account number submitted with the claim is returned.
156	2200D	DTP03	Claim Service Period		If the claim is not found, MassHealth returns the value sent on the 276 transaction. If the claim is found, the DOS value stored with the claim is returned.
157	2220D	SVC01-1	Product or Service ID Qualifier	AD, HC, NU, N4	

TR# Page #	Loop ID	Reference	Name	Codes	Notes/Comments
171	2220D	REF02	Line Item Control Number		If the claim is found, the Line Item Control Number stored with the service line of the claim will be returned.

DRAFT

Appendices

A. Implementation Checklist

This appendix contains all necessary steps for going live with MassHealth.

1. Call the EDI Help Desk with any questions at the 1-800-894-0400. *Please see Section #5 - Contact Information*
2. Check www.mass.gov/masshealth for the latest updates regarding our system.
3. Confirm you have an EOHHS User Name and/or Provider ID.
4. Make the appropriate changes to your systems/business processes to support the updated companion guides:
 - If you are a NEHEN provider or use third party software, work with your software vendor to have the appropriate software installed
 - If testing system-to-system (Health Care Transaction Service) interface the Trading Partner or provider must work with your software vendor to have the appropriate software installed at their site(s) prior to performing testing with MassHealth
5. Identify the functions you will be testing:
 - Health Care Eligibility/Benefit Inquiry and Information Response (270/271)
 - Health Care Claim Status Request and Response (276/277)
 - Health Care Premium Payment (820)
 - Health Care Benefit Enrollment and Maintenance (834)
 - Health Care Payment/Advice (835)
 - Health Care Claim: Institutional (837I)
 - Health Care Claim: Professional (837P)
 - Crossover/COB Claims
6. Confirm you have reported all the NPIs you will be using for testing by validating them with MassHealth. Make sure your claim(s) successfully pay to your correct Provider ID, if you have associated multiple MassHealth 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 MassHealth 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.

B. Business Scenarios

This appendix contains typical business scenarios. The actual data streams linked to these scenarios are included in Appendix C.

1. Scenario of a medical service inquiry on a single date of service.
Note the line item detail request is ignored and the claim level date is used for inquiry.
2. Scenario of an outpatient hospital claim status inquiry and response

DRAFT

C. Transmission Examples

This appendix contains actual data streams. The business scenarios linked to the data streams are included in Appendix B.

1. Example of a Medical service inquiry on a single date of service. Note the line item detail request is ignored and the claim level date is used for inquiry.

276 (Inbound)

```

ISA*00*      *00*      *ZZ*999999999A  *ZZ*DMA7384  *110720*1705*^*00501*987618673*0*T*::~~
GS*HR*999999999A*DMA7384*20110720*1705*8673*X*005010X212~
ST*276*68673*005010X212~
BHT*0010*13*ABC276XX1*20110720*1425~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*12345~
HL*2*1*21*1~
NM1*41*1*PLNAME*PFNAME****46*999999999A~
HL*3*2*19*1~
NM1*1P*1*PLNAME*PFNAME****XX*999999999~
HL*4*3*22*0~
DMG*D8*19990101*M~
NM1*IL*1*MBRLNAME*FNAME****MI*99999999999~
TRN*1*TRANSNUM~
REF*D9*CLRHRSTRANNO~
DTP*472*D8*20110515~
SVC*HC:99214*50*****1~
REF*FJ*LINEITEMCTLNUM~
DTP*472*D8*20110515~
SE*18*68673~
GE*1*8673~
IEA*1*987618673~
    
```

277 (Outbound)

ISA*00* *00* *ZZ*DMA7384 *ZZ*999999999A *110811*1235*^*00501*000000252*0*T*~
 GS*HN*DMA7384*999999999A*20110811*123506*37*X*005010X212~
 ST*277*68673*005010X212~
 BHT*0010*08*999999999A201108111235*20110811*1235*DG~
 HL*1**20*1~
 NM1*PR*2*MASSHEALTH*****PI*12345~
 HL*2*1*21*1~
 NM1*41*1*PLNAME*PFNAME*****46*999999999A~
 HL*3*2*19*1~
 NM1*1P*1*PLNAME*PFNAME*****XX*999999999~
 HL*4*3*22*0~
 NM1*IL*1*MBRLNAME*FNAME*****MI*99999999999~
 TRN*2*TRANSNUM~
 STC*F1:3*20110706**155*0*20110621~
 REF*1K*9999999999999~
 REF*EJ*999999~
 REF*D9*CLRHSTRANNO~
 DTP*472*D8*20110515~
 SVC*HC:82270*5*0****1~
 STC*F2:400*20110706~
 DTP*472*RD8*20110515-20110515~
 SVC*HC:99214*50*0****1~
 STC*F1:20*20110706~
 REF*FJ* LINEITEMCTLNUM~
 DTP*472*RD8*20110515-20110515~
 SVC*HC:99215*100*0****1~
 STC*F2:400*20110706~DTP*472*RD8*20110515-20110515~
 SE*26*68673~
 GE*1*37~
 IEA*1*000000252~

2. Example of an outpatient hospital claim status inquiry and response

276 (Inbound)

ISA*00* *00* *ZZ*999999999G *ZZ*DMA7384 *110720*1705*^*00501*987618673*0*T*~
 GS*HR*999999999G*DMA7384*20110720*1705*8673*X*005010X212~
 ST*276*68673*005010X212~
 BHT*0010*13*ABC276XX1*20110720*1425~
 HL*1**20*1~
 NM1*PR*2*MASSHEALTH*****PI*12345~
 HL*2*1*21*1~
 NM1*41*2*HOSPNAME*****46*999999999G~
 HL*3*2*19*1~
 NM1*1P*2*HOSPNAME*****XX*999999999~
 HL*4*3*22*0~
 DMG*D8*19990101*M~
 NM1*IL*1*PLNAME*PFNAME*****MI*99999999999~
 TRN*1*TRANSNUM~
 REF*D9*CLRHSTRANNO~
 DTP*472*RD8*20110615-20110620~
 SE*15*68673~
 GE*1*8673~
 IEA*1*987618673~

277 (Outbound)

ISA*00* *00* *ZZ*DMA7384 *ZZ*999999999G *110815*1035*^*00501*004354787*0*T*::~~
GS*HN*DMA7384*999999999G*20110815*103516*21682*X*005010X212~
ST*277*68673*005010X212~
BHT*0010*08*ABC276XX1201108151035*20110815*1035*DG~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*12345~
HL*2*1*21*1~
NM1*41*2*HOSPNAME*****46*999999999G~
HL*3*2*19*1~
NM1*1P*2*HOSPNAME*****XX*999999999~
HL*4*3*22*0~
NM1*IL*1*PLNAME*PFNAME***MI*999999999999~
TRN*2*TRANSNUM~
STC*F2:688*20110725**5000*0*20110725****F2:688*F2:258~
STC*F2:1*20110725**5000*0*20110725~
REF*IK*999999999999~
REF*EJ*99999999~
REF*D9*CLRHSTRANNO~
DTP*472*RD8*20110615-20110620~
SVC*NU:100*5000*0***5~
STC*F2:20*20110725~
DTP*472*RD8*20110615-20110615~
SE*21*68673~
GE*1*21682~
IEA*1*004354787~



D. Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to MassHealth and its providers. Typical question would involve a discussion about code sets and their effective dates.

Note: At the time of publication, there were no frequently asked questions.

DRAFT

E. Change Summary

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

Version	Date	Section/Pages	Description
10.0	10/2012	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.
10.1	11/2014	Entire Document	Revised to further align with ASC XC12N format specifications. All previous versions are obsolete.

DRAFT