



**MassHealth**

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# **MassHealth**

**Health Care Eligibility/Benefit Inquiry and  
Information Response (270/271)**

**Standard Companion Guide**

**Refers to the Implementation Guides**

**Based on ASC X12N version: 005010X279A1**

## **Disclosure Statement**

The following Massachusetts Companion Guide is intended to serve as a companion document to the corresponding ASC X12N/005010X279 Health Care Eligibility/Benefit Inquiry and Information Response (270/271), its related Addenda (005010X279A1), and its related Errata (005010X279E1). 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 further specifies the requirements to be used when preparing, submitting, receiving, and processing electronic health care administrative data. The document supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X279 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](http://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. [www.mass.gov/masshealth](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 Center  
PO Box 9162  
Canton, MA 02021  
Email: [edi@mahealth.net](mailto: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 transactions 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 is responsible for any action or inaction, or the effects of such action or inaction, taken in reliance on the contents of this guide.

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## 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 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transactions is 005010X279A1.

This Companion Guide assumes compliance with all loops, segments, and data elements contained in the 005010X279A1.

### 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 ASC X12N and all other HIPAA standard transactions are available electronically at [www.x12.org](http://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.

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 transactions on your behalf, you will also be required to complete an Electronic Remittance Advice (ERA) Enrollment Form. If you have already completed this form, you are not required to complete it again. Please contact the MassHealth Customer Service Center (CSC) at 1-800-841-2900 or via email at [edi@mahealth.net](mailto: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 batch transactions with MassHealth must complete trading partner testing. This includes vendors, clearinghouses, 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, clearinghouses, 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 the POSC in order to avoid any potential delay in processing your requests.

Please note that providers submitting the eligibility inquiry request 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 Eligibility/Benefit Inquiry and Information transaction (270) and receive the Response (271).

The following conditions must be addressed in any standard test file.

- the member and provider data must be valid for a mutually agreed upon effective date;
- the ability to perform a 270 inquiry using the 12-digit member identification (ID number);
- the ability to perform an inquiry by the member's social security number or other agency ID; and
- the ability to perform an inquiry by the member's last name, first name, date of birth, and gender.

Please note that if you supply data for all of the data elements, then MMIS will process the inquiry based on the hierarchy above. If a match is found the 271 will return member data. If a match is not found, the 271 will return the AAA segment with the appropriate reject code. MMIS will not perform multiple searches based on the data provided in the 270 request.

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 for adjudication.

#### **4. Connectivity with MassHealth/Communications**

##### **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 the MassHealth Customer Service Center 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 member eligibility requests via DDE, view member eligibility 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 Center  
PO Box 9162  
Canton, MA 02021

*(Use this MassHealth address only for electronic claims/hard media submissions.)*

MassHealth Customer Service Center  
55 Summer Street  
Boston, MA 02101  
E-mail: [edi@mahealth.net](mailto:edi@mahealth.net)  
Phone: 1-800-841-2900  
Fax: 617-988-8971

### EDI Technical Assistance

MassHealth Customer Service Center  
PO Box 9162  
Canton, MA 02021  
E-mail: [hipaasupport@mahealth.net](mailto:hipaasupport@mahealth.net)  
Phone: 1-800-841-2900  
Fax: 617-988-8971

### Provider Service Number

MassHealth Customer Service Center  
PO Box 9162  
Canton, MA 02021  
E-mail: [providersupport@mahealth.net](mailto:providersupport@mahealth.net)  
Phone: 1-800-841-2900  
Fax: 617-988-8974

### Applicable Websites/E-mail

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. [www.x12.org](http://www.x12.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/](http://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](http://www.caqh.org/CORE_overview.php)

Council for Affordable Quality Healthcare (CAQH)

- A nonprofit alliance of health plans and trade associations, working to simplify health care 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](http://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](http://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](http://www.ncvhs.hhs.gov)

National Uniform Billing Committee (NUBC)

- NUBC is affiliated with the American Hospital Association and develops standards for institutional claims. [www.nubc.org](http://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](http://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 270 transaction contain only one patient 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](http://www.CAQH.org).

### 270 (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

271 (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		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 270 transaction contain only one patient request when submitted in a real time mode. Therefore, in real time mode GE01 must equal 1.

### 270 (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

### 271 (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

This section describes MassHealth's business rules, for example

### Additional Information for Member Name

The member name segment accepts and returns 60 characters for the last name and 35 characters for the first name as required in the Implementation Guide. However, if a value is submitted on a transaction that is greater than what is stored in the MassHealth member database, on the return transaction the following would occur.

- If a match is found on the database, the value stored on the database table is returned.
- If no match is found on the database, the value stored on the original incoming transaction will be returned.

Example:

A provider submits an eligibility inquiry transaction (270) with a last name that is 22 characters long, but the database currently stores only 20 of those characters. On the return transaction (271), the provider will receive only the first 20 characters of the last name submitted, if a match is found on the database. If for some reason the member name submitted is not a MassHealth member, and is not stored on the database (no match found), on the return transaction (271) the last, first, and middle names would be returned exactly as they were originally submitted. The following scenarios must be addressed in one or more test files

- inquiry by 12-character member identification (ID number);
- inquiry by member's social security number or other agency ID; and
- inquiry by last name, first name, middle initial, date of birth, and gender.

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## AAA Error Code Reporting (CORE Standard)

MassHealth has adopted the AAA Error Code Reporting Rule (Phase II CORE 259) <http://www.caqh.org/pdf/CLEAN5010/259-v5010.pdf> developed by the Council for Affordable Quality Healthcare (CAQH).

The following conditions will return the 271 with AAA segment in the Subscriber loop.

In the 270 transaction if the subscriber ID or SSN is submitted as well as all four elements used as the alternate search option (Subscriber last name, first name, DOB, and gender submitted in the 270 transaction)

- MassHealth attempts the look up using member ID or SSN and if the member is not found in MassHealth's database, MassHealth will attempt the look up using the alternate search option elements included in the 270 request. If the member is still not found, 271 returns one AAA segment with AAA03 = '75' and one AAA segment with AAA03 = '73'.

In the 270 transaction, if the subscriber ID or SSN is submitted but missing any or all four elements used as the alternate search option (Subscriber last name, first name, DOB, and gender submitted in the 270 transaction):

- MassHealth attempts the look up using member ID or SSN and if the member is not found in MassHealth's database, 271 returns one AAA segment with AAA03 = '75'.

In the 270 transaction if the subscriber ID or SSN is not submitted

- MassHealth will attempt the look up based on the alternate search option (Subscriber last name, first name, date of birth, and gender submitted in the 270 transaction). If all four elements are missing, 271 returns two AAA segments with AAA03 = '73' and one AAA segment with AAA03 = '42'.
- MassHealth will attempt the look up based on the alternate search option (Subscriber last name, first name, date of birth, and gender submitted in the 270 transaction). If the subscriber last name and first name are missing, 271 returns two AAA segments with AAA03 = '73'.
- MassHealth will attempt the look up based on the alternate search option (Subscriber last name, first name, date of birth, and gender submitted in the 270 transaction). If the subscriber last name is missing and first name is present, 271 returns one AAA segment with AAA03 = '73'.
- MassHealth will attempt the look up based on the alternate search option (Subscriber last name, first name, date of birth, and gender submitted in the 270 transaction). If the subscriber first name is missing and last name is present, 271 returns one AAA segment with AAA03 = '73'.
- MassHealth will attempt the look up based on the alternate search option (Subscriber last name, first name, date of birth, and gender submitted in the 270 transaction). If the subscriber last name and first name are present, but the date of birth and gender are missing, 271 returns one AAA segment with AAA03 = '58' and one AAA segment with AAA03 = '74'.
- MassHealth will attempt the look up based on the alternate search option (Subscriber last name, first name, date of birth, and gender submitted in the 270 transaction). If the

subscriber last name and first name are present, but the date of birth is missing, 271 returns one AAA segment with AAA03 = '58'.

- MassHealth will attempt the look up based on the alternate search option (Subscriber last name, first name, date of birth, and gender submitted in the 270 transaction). If the subscriber last name, first name, and date of birth are present but the gender is missing, 271 returns one AAA segment with AAA03 = '74'.

## 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 are not rejected due to 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 270 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 270 transaction with conformance to maximum response time rule defined in Phase I CORE 155: Eligibility and Benefits Batch Response Time Rule.

For a 270 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 270 transaction with conformance to maximum response time rule defined in Phase I CORE 156: Eligibility and Benefits Real Time Response Time Rule.

For additional information, consult the Interchange Control Structures, ASC X12.5 Guide. Implementation Guides may be obtained by logging on to [www.x12.org](http://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 270 transaction with conformance to maximum response time rule defined in Phase I CORE 155: Eligibility and Benefits Batch Response Time Rule.

For a 270 interactive transaction submitted to MassHealth, a system-generated 999 acknowledgment is generated if the transaction is rejected due to a compliance error. For compliant 270 interactive transaction submitted to MassHealth, a 271 response will be returned. This occurs within 20 seconds of the submission of the 270 transaction with conformance to maximum response time rule defined in Phase I CORE 156: Eligibility and Benefits Real Time Response Time Rule.

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](http://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](http://www.mass.gov) or by contacting 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.

## 270 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
64	-----	BHT03	Submitter Transaction Identifier		MassHealth returns this value on the 271 for both batch and real-time.
69	2100A	NM101	Entity Identifier Code	PR	
70	2100A	NM102	Entity Type Qualifier	2	
70	2100A	NM103	Information Source Last or Organization Name		MassHealth
71	2100A	NM108	Identification Code Qualifier	46	Electronic Transmitter Identification Number
71	2100A	NM109	Information Source Primary Identifier		DMA7384
77	2100B	NM108	Identification Code Qualifier	SV, XX	Enter SV if Provider Identifier represents an atypical provider.
78	2100B	NM109	Information Receiver Identification Number		Enter the 10-character MassHealth provider ID, including Service Location, when the information receiver is an atypical provider.  Enter NPI when the information receiver has an NPI.
98	2100C	REF01	Reference Identification Qualifier	EJ,SY,NQ	If value is submitted on the 270 request, the 271 response will contain the same value along with the subsequent Subscriber Supplemental Identifier.
99	2100C	REF02	Subscriber Supplemental Identifier		Patient account number or other value is returned on the 271 based on the value in 270.
123	2100C	DTP01	Date Time Qualifier	291	

MassHealth supports multiple search criteria for an eligibility inquiry. An inquiry may be submitted using MassHealth member ID, social security number, last name, first name, date of birth, and gender.

The criteria for these options are listed below.

### Inquiry by Member ID

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
95	2100C	NM108	Identification Code Qualifier	MI	
96	2100C	NM109	Subscriber Primary Identifier		MassHealth12-digit member ID; data in this field, including invalid member ID's, will be returned on the 271.

### Inquiry by Social Security Number or Other Agency ID

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
98	2100C	REF01	Reference Identification Qualifier	SY, NQ	NQ- for other agency ID
99	2100C	REF02	Subscriber Supplemental Identifier		SSN or Other Agency ID

### Inquiry by Last Name, First Name, Date of Birth, and Gender

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
93	2100C	NM103	Subscriber Last Name		A maximum of 20 characters will be used for the search. If the member is not found in MassHealth's database, the entire value submitted in 270 will be returned.
93	2100C	NM104	Subscriber First Name		A maximum of 15 characters will be used for the search. If the member is not found in MassHealth's database, the entire value submitted in 270 will be returned.
94	2100C	NM105	Subscriber Middle Name or Initial		Not used for the search
94	2100C	NM107	Subscriber Name Suffix		Not used for the search
108	2100C	DMG02	Subscriber Birth Date		If the member is not found in MassHealth's database, the values provided for these fields in the 270 will be returned in the 271.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
109	2100C	DMG03	Subscriber Gender Code		If the member is not found in MassHealth's database, the values provided for these fields in the 270 will be returned in the 271.

## 271 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
215	2000A	AAA01	Valid Request Indicator	N	
216	2000A	AAA03	Reject Reason Code	42	
216	2000A	AAA04	Follow-up Action Code	P	
222	2100A	PER02	Information Source Contact Name		MASSHEALTH CUSTOMER SERVICE
223	2100A	PER03	Communication Number Qualifier	UR	
223	2100A	PER04	Information Source Communication Number		edi@mahealth.net
223	2100A	PER05	Communication Number Qualifier	TE	
224	2100A	PER06	Information Source Communication Number		8008412900
226	2100A	AAA01	Valid Request Indicator	N	
227	2100A	AAA03	Reject Reason Code	42	
228	2100A	AAA04	Follow-up Action Code	P	
238	2100B	AAA01	Valid Request Indicator	N	
239	2100B	AAA03	Reject Reason Code	51	
239	2100B	AAA04	Follow-up Action Code	C	
248	2000C	TRN02	Trace Number		Value submitted on 270 is returned in the 271 with a maximum of 50 characters.
248	2000C	TRN03	Trace Assigning Entity Identifier		Value submitted on 270 is returned in the 271 with a maximum of 10 characters.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
247	2000C	TRN01	Trace Type Code		Value 1 is returned by MassHealth as the type code preceding the verification number.
248	2000C	TRN02	Trace Number		MassHealth returns a verification number on the 271 with a maximum length of 13 characters.
248	2000C	TRN03	Trace Assigning Entity Identifier		MassHealth returns the value of 1046002284 on the 271.
250	2100C	NM103	Subscriber Last Name		A maximum of 20 characters will be used for the search. If the member is not found in MassHealth's database, the values submitted on the 270 (maximum of 60 characters) will be returned on the 271.
250	2100C	NM104	Subscriber First Name		A maximum of 15 characters will be used for the search. If the member is not found in MassHealth's database, the values submitted on the 270 (maximum of 35 characters) will be returned on the 271.
250	2100C	NM105	Subscriber Middle Name or Initial		A maximum of one character will be returned if the member is found. If the member is not found in MassHealth's database, the values submitted on the 270 (maximum of 25 characters) will be returned on the 271.
269	2100C	DMG02	Subscriber Birth Date		If the member is found in MassHealth's database, MassHealth date of birth is returned. Otherwise, the values provided in the 270 will be returned in the 271 when submitted.
269	2100C	DMG03	Subscriber Gender Code		If the member is found in MassHealth's database, MassHealth gender code is returned. Otherwise, the values provided in the 270 will be returned in the 271 when submitted.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
254	2100C	REF01	Reference Identification Qualifier	SY	Qualifier is returned if member found and SSN is present in MassHealth's database. Otherwise, return the qualifier if submitted in the 270.
256	2100C	REF02	Subscriber Supplemental Identifier		If member found, MassHealth SSN is returned. Otherwise, the SSN provided in the 270 will be returned if submitted in the 270.
254	2100C	REF01	Reference Identification Qualifier	NQ	Qualifier is returned if other agency ID is submitted in the 270.
256	2100C	REF02	Subscriber Supplemental Information		The other agency ID will be returned when submitted in the 270.
254	2100C	REF01	Reference Identification Qualifier	3H	Qualifier is associated with local office number for MassHealth. Qualifier is returned if member found.
256	2100C	REF02	Subscriber Supplemental Information		If member found, MassHealth three-digit local office code is returned.
254	2100C	REF01	Reference Identification Qualifier	EJ	Qualifier is returned if patient account number will be returned when submitted in the 270.
256	2100C	REF02	Subscriber Supplemental Information		The patient account number will be returned when submitted in the 270.
262	2100C	AAA01	Valid Request Indicator	N	
263	2100C	AAA03	Reject Reason Code	42, 52, 57, 58, 62, 63, 72, 73, 75, 76	
264	2100C	AAA04	Follow-up Action Code	C	
283	2100C	DTP01	Date Time Qualifier	291	
284	2100C	DTP02	Date Time Period Format Qualifier	RD8	

### Eligibility Status

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	1, 6	
292	2110C	EB02	Benefit Coverage Level Code	IND	
293	2110C	EB03	Service Type Code	30	
299	2110C	EB05	Plan Coverage Description		If Eligibility or Benefit Information = 1, member's eligibility plan is displayed.  If Eligibility or Benefit Information = 6, "Member is not eligible" is displayed.
317	2110C	DTP01	Date Time Qualifier	307	
318	2110C	DTP02	Date Time Period Format Qualifier	RD8	

#### Other Insurance

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	R	Other insurance plans
293	2110C	EB03	Service Type Code	30	
299	2110C	EB05	Plan Coverage Description		Name of other insurance plan is listed here (maximum of 50 characters).
315	2110C	REF01	Reference Identification Qualifier	IG, 18, 6P, 1L	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
316	2110C	REF02	Subscriber Eligibility or Benefit Identifier		If Reference Identification Qualifier is IG - other insurance policy number, maximum of 16 characters, is sent back. 18 - plan number, maximum of 16 characters, is sent back. 6P - group number, maximum of 16 characters, is sent back. 1L - other insurance policyholder name, maximum of 16 characters, is sent back.
317	2110C	DTP01	Date Time Qualifier	290	C
318	2110C	DTP02	Date Time Period Format Qualifier	RD8	
323	2110C	MSG01	Free Form Message Text		Restrictive message(s) may be returned in this field if applicable.
330	2120C	NM101	Entity Identifier Code	PRP	
331	2120C	NM102	Entity Type Qualifier	2	
331	2120C	NM103	Benefit Related Entity Last or Organization Name		Other insurance name
332	2120C	NM108	Identification Code Qualifier	PI	
333	2120C	NM109	Benefit Related Entity Identifier		Seven-digit other insurance carrier code
334	2120C	NM110	Benefit Related Entity Relationship Code		Not provided by MassHealth
335	2120C	N301	Benefit Related Entity Address		Other insurance address 1
335	2120C	N302	Benefit Related Entity Address		Other insurance address 2
336	2120C	N401	Benefit Related Entity City Name		Other insurance city name
337	2120C	N402	Benefit Related Entity State Code		Other insurance state or province code
337	2120C	N403	Benefit Postal Code		Other insurance postal code

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
340	2120C	PER01	Contact Function Code	IC	
341	2120C	PER03	Communication Number Qualifier	TE	
341	2120C	PER04	Benefit Related Entity Communication Number		Other insurance phone number

### Long-Term Care

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	X	Long-term Care Plan
293	2110C	EB03	Service Type Code	30	
299	2110C	EB05	Plan Coverage Description		Long-term-care, MMC (1 character, Management Minute Category) followed by a dash, followed by Management Minute Questionnaire (MMQ) score (five characters including a decimal)
317	2110C	DTP01	Date Time Qualifier	292	Long-term care eligibility dates
				435	Long-term care admit date
				193	Case-mix begin date
				194	Case-mix end date
318	2110C	DTP02	Date Time Period Format Qualifier	D8, RD8	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
318	2110C	DTP03	Eligibility or Benefit Date Time Period		If Date Time Qualifier = 292, both begin and end dates returned; otherwise a single date value is returned.
323	2110C	MSG01	Free Form Message Text		Restrictive message(s) may be returned in this field if applicable.
330	2120C	NM101	Entity Identifier Code	FA	
331	2120C	NM102	Entity Type Qualifier	2	
331	2120C	NM103	Benefit Related Entity Last or Organization Name		Long-term-care facility name
332	2120C	NM108	Identification Code Qualifier	XX	
333	2120C	NM109	Benefit Related Entity Identifier		Long-term-care facility NPI
334	2120C	NM110	Benefit Related Entity Relationship Code		Not provided by MassHealth
335	2120C	N301	Benefit Related Entity Address Line		Long-term-care facility address 1
335	2120C	N302	Benefit Related Entity Address Line		Long-term-care facility address 2
336	2120C	N401	Benefit Related Entity City Name		Long-term-care facility city name
337	2120C	N402	Benefit Related Entity State Code		Long-term-care facility state
337	2120C	N403	Benefit Related Entity Postal Zone or Zip Code		Long-term-care postal code
340	2120C	PER01	Contact Function Code	IC	
341	2120C	PER03	Communication Number Qualifier	TE	
341	2120C	PER04	Benefit Related Entity Communication Number		Long-term-care phone number

**Spend Down**

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	Y	Spend down
293	2110C	EB03	Service Type Code	30	
299	2110C	EB05	Plan Coverage Description		Blank if Eligibility or Benefit Information = Y
300	2110C	EB07	Benefit Amount		Spend-down amount
323	2110C	MSG01	Free Form Message Text		Restrictive message(s) may be returned in this field if applicable.

**Patient Paid Amount**

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	G	Patient paid amount
292	2110C	EB02	Benefit Coverage Level Code	IND	
293	2110C	EB03	Service Type Code	30	
299	2110C	EB05	Plan Coverage Description		Possible values are nursing facility, Program of All-inclusive Care of the Elderly (PACE), Senior Care Options (SCO), and rest home.
300	2110C	EB07	Benefit Amount		Patient-paid amount

**Deductible**

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	C	Deductible
292	2110C	EB02	Benefit Coverage Level Code	IND	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
293	2110C	EB03	Service Type Code	30	
300	2110C	EB07	Benefit Amount		
317	2110C	DTP01	Date Time Qualifier	198	
318	2110C	DTP02	Date Time Period Format Qualifier	D8	
318	2110C	DTP03	Eligibility or Benefit Date Time Period		

#### Co-Pay Cap Status Pharmacy

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	D	Copay cap status pharmacy
292	2110C	EB02	Benefit Coverage Level Code	IND	
293	2110C	EB03	Service Type Code	88	
299	2110C	EB05	Plan Coverage Description		Copay cap status for the member, values = met or not met

#### Co-Pay Cap Status Non-Pharmacy

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	D	Copay cap status pharmacy
292	2110C	EB02	Benefit Coverage Level Code	IND	
293	2110C	EB03	Service Type Code	1	
299	2110C	EB05	Plan Coverage Description		Copay cap status for the member, values = met or not met

**Managed Care – MCO or Primary Care Clinician (PCC)**

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	L, MC	
292	2110C	EB02	Benefit Coverage Level Code	IND	
293	2110C	EB03	Service Type Code	30	
299	2110C	EB05	Plan Coverage Description		Possible values are any associated managed care, SCO, or PACE.
317	2110C	DTP01	Date Time Qualifier	291, 307, 346	
318	2110C	DTP02	Date Time Period Format Qualifier	RD8	
318	2110C	DTP03	Eligibility or Benefit Date Time Period		Managed care or PCC begin and end dates
323	2110C	MSG01	Free Form Message Text		Restrictive message(s) may be returned in this field if applicable.
330	2120C	NM101	Entity Identifier Code	13	
331	2120C	NM102	Entity Type Qualifier	1, 2	
331	2120C	NM103	Benefit Entity Last or Organization Name		Managed care name or PCC site name.
331	2120C	NM104	Name First		PCC legal name
332	2120C	NM108	Identification Code Qualifier	XX	
333	2120C	NM109	Benefit Related Entity Identifier		NPI is displayed if available
334	2120C	NM110	Benefit Related Entity Relationship Code		Not provided by MassHealth
335	2120C	N301	Benefit Related Entity Address Line		Managed care or PCC address 1
335	2120C	N302	Benefit Related Entity Address Line		Managed care or PCC address 2
336	2120C	N401	Benefit Related Entity City Name		Managed care or PCC city name

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
337	2120C	N402	Benefit Related Entity State Code		Managed care or PCC state or province code
337	2120C	N403	Benefit Related Entity Postal Zone or Zip Code		Managed care or PCC postal code
340	2120C	PER01	Contact Function Code	IC	
341	2120C	PER03	Communication Number Qualifier	TE	
341	2120C	PER04	Benefit Related Entity Communication Number		Managed care contact number

### Behavioral Health

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	W	(MassHealth defines this code as behavioral health)
293	2110C	EB02	Benefit Coverage Level Code	IND	
293	2110C	EB03	Service Type Code	30	
299	2110C	EB05	Plan Coverage Description		Behavioral health
317	2110C	DTP01	Date Time Qualifier	291, 307, 346	
318	2110C	DTP02	Date Time Period Format Qualifier	RD8	
319	2110C	DTP03	Eligibility or Benefit Date Time Period		Managed care or PCC behavioral health begin and end date
323	2110C	MSG01	Free Form Message Text		Restrictive message(s) may be returned in this field if applicable.
328		LS01	Loop Identifier Code		
330	2120C	NM101	Entity Identifier Code	13	
331	2120C	NM102	Entity Type Qualifier	1, 2	Value is 1 if legal name is returned in NM104. Otherwise, value is 2.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
331	2120C	NM103	Benefit Related Entity Last or Organization Name		Managed care name or PCC site name behavioral health site name
331	2120C	NM104	Benefit Related Entity First Name		PCC behavioral health legal name, if available
332	2120C	NM108	Identification Code Qualifier	XX	
333	2120C	NM109	Benefit Related Entity Identifier		NPI is displayed if available
334	2120C	NM110	Benefit Related Entity Relationship Code		Not provided by MassHealth
335	2120C	N301	Benefit Related Entity Address Line		Behavioral health address 1
335	2120C	N302	Benefit Related Entity Address Line		Behavioral health address 2
336	2120C	N401	Benefit Related Entity City Name		Behavioral health city name
337	2120C	N402	Benefit Related Entity State Code		Behavioral health state or province code
337	2120C	N403	Benefit Related Entity Postal Zone or Zip Code		Behavioral health postal code
340	2120C	PER01	Contact Function Code	IC	
341	2120C	PER03	Communication Number Qualifier	TE	
341	2120C	PER04	Benefit Related Entity Communication Number		Behavioral health contact
346	2110C	LE01	Loop Identifier Code		

**Dependent Level**

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
347	2000D				The dependent level loops are not used by MassHealth and will not be returned if submitted in 270.

## 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 1-800-894-0400. *Please see Section #5 – Contact Information*
2. Check [www.mass.gov/masshealth](http://www.mass.gov/masshealth) for the latest updates regarding our system.
3. Confirm you have an EOHHS User Name 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. 270 Eligibility inquiry transaction by MassHealth Member ID**
- 2. 270 Eligibility inquiry transaction by MassHealth SSN Number/Other Agency ID**
- 3. 270 Eligibility inquiry transaction by MassHealth Member Name**

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### 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 MassHealth 270 transaction (Member ID Inquiry)

```

ISA*00*      *00*      *ZZ*Provider ID *ZZ*DMA7384 *080116*1200*^*00501*00000001*1*P*::~~
GS*HS*Provider ID*DMA7384*20080116*1200*1*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*REPW*20110920*1200~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*Provider ID~ or if you are required to submit NPI NM1*1P*2*PROVIDER
NAME*****XX*Provider ID~
HL*3*2*22*0~

NM1*IL*1*MEMBER LAST NAME*MEMBER FIRST NAME****MI*MEMBER ID~
DMG*D8* MEMBER DOB *Gender~DTP*291*RD8*20110916-20110918~
EQ*30~
SE*11*0001~
GE*1*1~
IEA*1*000000001~
    
```

#### 2. Example of a MassHealth 270 transaction (SSN Number/Other Agency ID)

```

ISA*00*      *00*      *ZZ*Provider ID *ZZ*DMA7384 *080116*1200*^*00501*00000001*1*P*::~~
GS*HS*Provider ID*DMA7384*20080116*1200*1*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*REPW*20110920*1200~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*Provider ID~ or if you are required to submit NPI NM1*1P*2*PROVIDER
NAME*****XX*Provider ID~
HL*3*2*22*0~
NM1*IL*1*MEMBER LAST NAME*MEMBER FIRST NAME~
REF*SY*Social Security Number~ or if Agency id REF*NQ*Other Agency ID~
DMG*D8* MEMBER DOB *Gender~DTP*291*RD8*20110916-20110918~
EQ*30~
SE*12*0001~
GE*1*1~
IEA*1*000000001~
    
```

#### 3. Example of a MassHealth 270 transaction (Name Inquiry)

```

ISA*00*      *00*      *ZZ*Provider ID *ZZ*DMA7384 *080116*1200*^*00501*00000001*1*P*::~~
GS*HS*Provider ID*DMA7384*20080116*1200*1*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*REPW*20110920*1200~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*Provider ID~ or if you are required to submit NPI NM1*1P*2*PROVIDER
NAME*****XX*Provider ID~
HL*3*2*22*0~
    
```

NM1\*IL\*1\*Member Last Name\*Member First Name\*~  
 DMG\*D8\* MEMBER DOB \*Gender~  
 DTP\*291\*RD8\*20110916-20110918~  
 EQ\*30~  
 SE\*12\*0001~  
 GE\*1\*1~  
 IEA\*1\*000000001~

**Test transactions**

In an effort to help trading partners validate their ability to submit transactions to MassHealth, we have established a test 270/271 transaction for you to validate your HIPAA compliance and connectivity to MassHealth. To validate your data submission, follow the 270 format shown below. A successful transmission can be validated by confirming that the 271 response you have received matches the 271 response shown below.

If you have confirmed that you have successfully sent the 270 and received the corresponding 271 in the exact format as shown, you are ready to submit production 270/271 transactions to MassHealth. If you experience transmission issues, please call the MassHealth Customer Service Center at 1-800-841-2900.

**MassHealth 270 test transaction**

ISA\*00\* \*00\* \*ZZ\*Provider ID \*ZZ\*DMA7384 \*080116\*1200\*^\*00501\*000000001\*1\*P\*::~~  
 GS\*HS\*Provider ID\*DMA7384\*20080116\*1200\*1\*X\*005010X279A1~  
 ST\*270\*0001\*005010X279A1~  
 BHT\*0022\*13\*REPW\*20110920\*1200~  
 HL\*1\*\*20\*1~  
 NM1\*PR\*2\*MASSHEALTH\*\*\*\*\*PI\*842610001~  
 HL\*2\*1\*21\*1~  
 NM1\*1P\*2\*PROVIDER NAME\*\*\*\*\*SV\*Provider ID~ or if you are required to submit NPI NM1\*1P\*2\*PROVIDER NAME\*\*\*\*\*XX\*Provider ID~  
 HL\*3\*2\*22\*0~  
 NM1\*IL\*1\*NM1\*IL\*1\*Member Last Name\*Member First Name\*\*\*\*MI\*MEMBER ID~  
 DMG\*D8\* MEMBER DOB \*Gender~  
 DTP\*291\*RD8\*20110916-20110918~  
 EQ\*30~  
 HL\*4\*2\*22\*0~  
 NM1\*IL\*1\*MEMBER LAST NAME\*MEMBER FIRST NAME\*\*\*\*MI\*MEMBER ID~  
 DMG\*D8\* MEMBER DOB \*Gender~  
 DTP\*291\*RD8\*20110916-20110918~  
 EQ\*30~  
 SE\*15\*1234~  
 GE\*1\*300000000~  
 IEA\*1\*200000000~

**MassHealth 271 test transaction**

ISA\*00\* \*00\* \*ZZ\*Provider ID \*ZZ\*DMA7384 \*080116\*1200\*^\*00501\*000000001\*1\*P\*::~~  
 GS\*HB\*Provider ID\*DMA7384\*20110920\*1200\*1\*X\*005010X279A1~  
 ST\*271\*0001\*005010X279A1~  
 BHT\*0022\*13\*REPW\*20110920\*1200~  
 HL\*1\*\*20\*1~  
 NM1\*PR\*2\*MASSHEALTH\*\*\*\*\*PI\*842610001~  
 PER\*IC\*MASSHEALTH CUSTOMER SERVICE\*UR\*edi@mahealth.net\*TE\*8008412900~  
 HL\*2\*1\*21\*1~  
 NM1\*1P\*1\*PROVIDER LAST NAME\*PROVIDER FIRST NAME\*PROVIDER MIDDLE INITIAL\*\*\*XX\*NPI~

HL\*3\*2\*22\*0~  
TRN\*1\*82130000017\*1046002284~  
NM1\*IL\*1\*MEMBER LAST NAME\*MEMBER FIRST NAME\*\*\*\*MI\*MEMBER ID~  
REF\*SY\*SOCIAL SECURITY NUMBER~  
REF\*3H\*152\*Local Office Code~  
N3\*MEMBER STREET ADDRESS~  
N4\*NATICK\*MA\*02124~  
DMG\*D8\*MEMBER DATE OF BIRTH\*M~  
DTP\*472\*RD8\*20080425-20080425~  
EB\*1\*IND\*30\*\*MASSHEALTH STANDARD~  
DTP\*307\*RD8\*20110916-20110918~  
MSG\*EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).~  
MSG\*EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).~  
MSG\*restrictive message for BNFT~  
EB\*MC\*IND\*30~  
DTP\*307\*RD8\*20110916-20110918~  
MSG\*NETWORK HEALTH MEMBER. For Medical Services call 1-888-257-1985. For Behavioral Health Services call 1-888-257-1986.~  
LS\*2120~  
NM1\*13\*1\*NETWORK HEALTH\*NETWORK HEALTH~  
N3\*432 COLUMBIA ST STE 23~  
N4\*CAMBRIDGE\*MA\*02141~  
LE\*2120~  
HL\*4\*2\*22\*0~  
TRN\*1\*82130000018\*1046002284~  
NM1\*IL\*1\*MEMBER LAST NAME\*MEMBER FIRST NAME\*\*\*\*MI\*MEMBER ID~  
REF\*SY\*SOCIAL SECURITY NUMBER~  
REF\*3H\*152\*Local Office Code~  
N3\*MEMBER STREET ADDRESS~  
N4\*NATICK\*MA\*02124~  
DMG\*D8\*MEMBER DATE OF BIRTH\*F~  
DTP\*472\*RD8\*20110916-20110918~  
EB\*1\*IND\*30\*\*MASSHEALTH STANDARD~  
DTP\*307\*RD8\*20110916-20110918~  
MSG\*EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).~  
MSG\*EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).~  
MSG\*restrictive message for BNFT~  
EB\*MC\*IND\*30~  
DTP\*307\*RD8\*20110916-20110918~  
MSG\*NETWORK HEALTH MEMBER. For Medical Services call 1-888-257-1985. For Behavioral Health Services call 1-888-257-1986.~  
LS\*2120~  
NM1\*13\*1\*NETWORK HEALTH\*NETWORK HEALTH~  
N3\*432 COLUMBIA ST STE 23~  
N4\*CAMBRIDGE\*MA\*02141~  
PER\*IC\*\*TE\*8882571985~  
LE\*2120~  
SE\*53\*1234~  
GE\*1\*158~  
IEA\*1\*000000232~

**Provider Online Service Center - True Batch Example**

This is an example of a true batch file containing three individual inquiries. True batch has the ability to loop at the interchange, functional group, transaction, and hierarchical levels.

ISA\*00\* \*00\* \*ZZ\*999999999 \*ZZ\*DMA7384 \*080116\*1200\*^\*00501\*000000001\*1\*P::~~  
GS\*HS\*USERID1\*DMA7384 \*20110920\*1358\*1\*X\*005010X279A1~

ST\*270\*1234~  
BHT\*0022\*13\*EPIC\*20031021\*135800~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MASSHEALTH\*\*\*\*\*PI\*842610001~  
HL\*2\*1\*21\*1~  
NM1\*1P\*2\*TEST PROVIDER\*\*\*\*\*SV\*999999999~ or if you are required to submit NPI NM1\*1P\*2\*PROVIDER  
HL\*3\*2\*22\*0~

NM1\*IL\*1\*NM1\*IL\*1\*Member Last Name\*Member First Name\*\*\*\*MI\*MEMBER ID~  
DMG\*D8\* MEMBER DOB \*Gender~DTP\*291\*RD8\*20110916-20110918~  
EQ\*30~  
SE\*11\*1234~  
GE\*1\*1~  
IEA\*1\*000000031~  
ISA\*00\* \*00\* \*ZZ\*999999999 \*ZZ\*DMA7384 \*080116\*1200\*^\*00401\*000000001\*1\*P\*::~~  
GS\*HS\*USERID1\*DMA7384 \*20110920\*1358\*1\*X\*005010X279A1~  
ST\*270\*1234~  
BHT\*0022\*13\*EPIC\*20031021\*135800~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MASSHEALTH\*\*\*\*\*PI\*842610001~  
HL\*2\*1\*21\*1~  
NM1\*1P\*2\*TEST PROVIDER\*\*\*\*\*SV\*999999999~ or if you are required to submit NPI NM1\*1P\*2\*PROVIDER  
HL\*3\*2\*22\*0~

NM1\*IL\*1\*NM1\*IL\*1\*Member Last Name\*Member First Name\*\*\*\*MI\*MEMBER ID~  
DMG\*D8\* MEMBER DOB \*Gender~  
DTP\*291\*RD8\*20110916-20110918~  
EQ\*30~  
SE\*10\*1234~  
GE\*1\*1~  
IEA\*1\*000000031~  
ISA\*00\* \*00\* \*ZZ\*999999999 \*ZZ\*DMA7384 \*080116\*1200\*^\*00401\*000000001\*1\*P\*::~~  
GS\*HS\*USERID1\*DMA7384 \*20110920\*1358\*1\*X\*005010X279A1~  
ST\*270\*1234~  
BHT\*0022\*13\*EPIC\*20031021\*135800~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MASSHEALTH\*\*\*\*\*PI\*842610001~  
HL\*2\*1\*21\*1~  
NM1\*1P\*2\*TEST PROVIDER\*\*\*\*\*SV\*999999999~ or if you are required to submit NPI NM1\*1P\*2\*PROVIDER  
HL\*3\*2\*22\*0~

NM1\*IL\*1\*NM1\*IL\*1\*Member Last Name\*Member First Name\*\*\*\*MI\*MEMBER ID~  
DMG\*D8\* MEMBER DOB \*Gender~  
DTP\*291\*RD8\*20110916-20110918~  
EQ\*30~  
SE\*10\*1234~  
GE\*1\*1~  
IEA\*1\*000000031~

## 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.

Q: What are the main differences between the Web and HTS submission methods?

- A:
- Web access/POSC (DDE) - This option is best for those providers who have a low volume of MassHealth members, or want to check for specific members or other limited review of MassHealth member data. Web access also allows you to check the history of an earlier eligibility response you received.
  - Web access/POSC (Batch file upload) - This option is best for providers who have large volumes of MassHealth members and need to upload eligibility request files and download the response. Typically, software vendors, billing intermediaries, clearinghouses, and providers with a technical team benefit from this option.
  - HTS Async (automated Batch file submission and receipt) - This option is best for providers who have large volumes of MassHealth members and need an automated way to check eligibility. Typically, software vendors, billing intermediaries, clearinghouses, and providers with a technical team benefit from this option.

HTS Sync - This option is best for providers who have need to check eligibility for specific members and receive response immediately. For all batch options, a 999 will be generated if a 271 is not returned.

Q: I have noticed three segments in my 270 that have a date. Which segment's date should I use to define the date of service?

A: The DTP segment is used to determine the date of service. If the DTP segment is not included in the transaction, the date of service is determined by the date that is populated in the BHT04 field.

Q: What are the main differences between a 271 and a 999?

A: 271 is the response to a 270 and contains eligibility information. 999 is an acknowledgement transaction that indicates if a 270 file was accepted or rejected. 999 does not contain any eligibility information.

Q: Is there a limit to the number of inquiries I can submit at once?

A: We recommend you follow HIPAA requirements for a maximum of 99 inquiries per ST/SE segment. Real-time transactions are limited to one inquiry per interchange. Specific file size limitations are stated at the beginning of this guide.

Q: What information is returned on the 271?

A: All available information about the member will be returned. This may include

- member address
- member ID, social security number, and/or other agency ID
- MassHealth benefit plan
- MassHealth assignment plan
- primary care clinician information
- other insurance information
- managed care information
- member payment responsibility information
- long-term-care information
- behavioral health information
- restrictive messages

Q: Will I get back different information if I check by member ID vs. name?

A: The information sent is specific to the member. The complete details are sent regardless of inquiry by member ID number or name

Q: Are any fields case sensitive?

A: No.

**E. Change Summary**

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

Version	Date	Section/Pages	Description
11.0	10/2012	Entire document	<p>Complete revision to comply with CAQH<sup>®</sup> (Council for Affordable Quality Healthcare) CORE<sup>™</sup> (Committee on Operating Rules for Information Exchange) v5010 Master Companion Guide Template.</p> <p>Transaction specific data elements, and their values, were not changed.</p> <p>All previous versions are obsolete.</p>
11.1	11/2014	Entire Document	<p>Revised to further align with ASC X12N format specifications.</p> <p>All previous versions are obsolete.</p>

DRAFT