



MassHealth



MassHealth

Standard Companion Guide

Health Care Benefit Enrollment and Maintenance (834) Outbound

Refers to the Implementation Guides
Based on ASC X12N Version 005010X220A1

November 2023

Disclosure Statement

This *MassHealth Standard Companion Guide* (“Companion Guide”) serves as a companion document to the corresponding *ASC X12N/005010X220 Health Care Benefit Enrollment and Maintenance (834)*, its related addenda (005010X220A1), and its related errata (005010X220E1). 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 Technical Report Type 3s (TR3s) are available for purchase at www.x12.org. The document further specifies the requirements to use when preparing, submitting, receiving, and processing electronic health care administrative data.

This document supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X279 implementation specification in a manner that will make its implementation by users out of compliance. Tables contained in this Companion Guide align with the CAQH CORE v5010 Companion Guide Template. The template is available at www.caqh.org.

About MassHealth

In Massachusetts, the Medicaid and Children’s Health Insurance Program (CHIP) are combined into one program called MassHealth. MassHealth provides comprehensive health insurance and dental coverage for eligible individuals, families, and people with disabilities across the Commonwealth of Massachusetts. The program serves over 2.4 million residents in the state. MassHealth’s coverage is managed and facilitated through an array of programs, including Fee for Service, accountable care organizations (ACOs), and managed care organizations (MCOs), which enable members to choose the plan that best meets their needs. The agency is nationally recognized for providing high quality care in an innovative and cost-effective manner. See 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) both support the web-based provider portal that is utilized by MassHealth providers and relationship entities to access, submit and retrieve transactions and information that support the administration of health care to MassHealth members. The POSC provides access to online functions such as member eligibility verification, claim submission and status, prior authorization, referrals, preadmission screening, online remittance advices, and reports. The tool also facilitates the submission and retrieval of HIPAA ASC X12 transactions.

Contact for Additional Information

Eligibility Operations
enrollmentoperations@mass.gov

Preface

This *MassHealth Standard Companion Guide* to the 005010 ASC X12N Implementation Guide clarifies and specifies the data content when exchanging transactions electronically with MassHealth. The *MassHealth Standard 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 nor MassHealth is responsible for any action or inaction, nor 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 U.S. Department of Health and Human Services (HHS). The ASC X12N implementation guides are the standards of compliance for electronic health care transactions.

■ SCOPE

The standard adopted by Health & Human Services (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 834 Health Care Benefit Enrollment and Maintenance transaction is 005010X220A1.

This companion guide assumes compliance with all loops, segments, and data elements contained in the 005010X220A1. It defines the requirements for HIPAA transactions submitted to and/or received from MassHealth.

■ OVERVIEW

MassHealth created this Companion Guide for its 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 834 electronic transaction;
- Technical requirements and transmission options; and
- Information on testing procedures each Trading Partner must complete before transmitting electronic transactions.

The information in this document supersedes all previous communications from MassHealth about this 834 electronic transaction. The following standards supplement those outlined in the MassHealth provider manuals. These standards in no way supersede MassHealth regulations.

Use this guide in conjunction with information found in your MassHealth provider manual.

■ REFERENCES

The *ASC X12N 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 and/or software vendor review this document in its entirety and follow the stated requirements to exchange files with MassHealth while maintaining HIPAA compliance.

The Implementation Guides for ASC 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 providers billing office to ensure that all accounts are reconciled in a timely manner.

2. Getting Started

■ WORKING WITH MASSHEALTH

MassHealth Trading Partners can exchange electronic health care transactions with MassHealth by directly uploading and downloading transactions via the Provider Online Service Center (POSC) or system-to-system using the MassHealth connectivity submission method. Submitters must determine whether they will utilize the industry standard, Simple Object Access Protocol (SOAP) / Web Services Description Language (WSDL) or HyperText Transfer Protocol (HTTP) Multipurpose Internet Mail Extensions (MIME) Multipart Web service to support the submission of transactions via MassHealth's connectivity method.

After determining the transmission method, each Trading Partner must successfully complete testing of the HIPAA transaction before testing the MassHealth connectivity submission method. Additional information is in the next section of this companion guide. After successful completion of testing, you may exchange production transactions.

Please contact MassHealth Customer Service at (800) 841-2900 or via email at edi@mahealth.net for assistance with the MassHealth connectivity submission method.

■ TRADING PARTNER REGISTRATION

All MassHealth Trading Partners are required to sign a Trading Partner Agreement (TPA), as described in [Section 9](#) below.

Please contact the Eligibility Operations mailbox at enrollmentoperations@mass.gov if you have any questions.

■ CERTIFICATION AND TESTING OVERVIEW

In general, all Trading Partners that exchange electronic batch transactions with MassHealth must complete Trading Partner testing. This includes managed care organizations, accountable care organizations, vendors, clearing houses and billing intermediaries that submit on behalf of providers, as well as providers that MassHealth defines as atypical.

Test transactions submitted to 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 and 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 Eligibility Operations at enrollmentoperations@mass.gov. Trading Partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

■ THE OUTBOUND DAILY 834 FILE WILL BE NAMED

999999999A.834D.WEB.HHMMSSSS.JJJ where:	
999999999A	Indicates the Trading Partner ID assigned by MassHealth (10-digit MMIS provider ID/service location)
834D	In 834D, D indicates the daily file.
HHMMSSSS	Indicates the hours, minutes, seconds, and sub-seconds when the file was created
JJJ	Indicates the Julian date when the file was created

■ THE OUTBOUND MONTHLY (“AUDIT”) 834 WILL BE NAMED

999999999A.834M.WEB.HHMMSSSS.JJJ where:	
999999999A	Indicates the Trading Partner ID assigned by MassHealth (10-digit MMIS provider ID/service location)
834M	In 834M, M indicates the monthly file.
HHMMSSSS	Indicates the hours, minutes, seconds, and sub-seconds when the file was created
JJJ	Indicates the Julian date when the file was created

Once a Trading Partner has completed testing, the transaction will be sent to Trading Partners in the production environment.

- The daily 834 is created each weekday, Monday through Friday (holidays are not excluded), for Managed Care Organizations, Accountable Care Organizations and Behavioral Health (BH), Senior Care Options (SCO), and Program of All -inclusive Care for the Elderly (PACE) and Integrated Care Organization (ICO) Trading Partners. The monthly 834 is created on the first weekend of the month for all Trading Partners.
- 834 transactions adhere to the ASC X12N 834 (005010X220A1) format.
- 834 transactions have been created for each member. There are no dependents in any case.
- Many optional fields contain no data.
- All code values are in compliance with the HIPAA-compliant code sets unless otherwise stated in field-specific notes below. Local codes may be used where HIPAA code sets are unavailable.

4. Connectivity with MassHealth/Communications

■ TRANSMISSION ADMINISTRATIVE PROCEDURES

System Availability

The system is typically available 24 hours a day, seven days a week, except for scheduled maintenance windows.

Transmission Errors

MassHealth does not anticipate there will be transmission errors identified for the 834 transactions. If you experience transmission issues, please contact Eligibility Operations at enrollmentoperations@mass.gov for assistance.

■ 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 may be used to enroll as a MassHealth provider

- Manage a provider's profile information;
- Submit and retrieve transactions;
- Upload and download batch transaction files, access reports; and
- Receive messages/communications.

■ MASSHEALTH CONNECTIVITY METHOD

MassHealth Trading Partners can exchange electronic health care transactions with MassHealth by directly uploading transactions via the Provider Online Service Center (POSC) or system-to-system using the MassHealth Connectivity submission method. Submitters must determine whether they will utilize the industry standard, Simple Object Access Protocol (SOAP)/Web Services Description Language (WSDL), or HTTP MIME Multipart, to support the submission of transactions via MassHealth's Connectivity method.

For assistance with the MassHealth Connectivity submission method, please contact Eligibility Operations at enrollmentoperations@mass.gov.

■ PASSWORDS

Providers using the POSC to submit their EDI transactions must follow MassHealth's requirements for use of passwords. Providers, trading partners, and relationship entities that have been assigned a User ID/password to access MMIS Provider Online Service Center (POSC) and connectivity methods are solely responsible for the use of that user ID and password. Sharing User IDs and password is a violation of the Virtual Gateway (VG) Terms and Conditions. Each user is prompted to agree with the VG Terms and Conditions upon initial sign-in on any Commonwealth VG hosted application (e.g., MMIS). Each User ID that violates the Terms and Conditions may be subject to termination.

Each provider is responsible for managing their own data and 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 their required privacy standards.

It is equally important that providers know who on their staff are linked to other providers or entities that perform functions on their behalf. Once a staff person terminates or the relationship with another entity that performs functions for your organization is terminated, the provider must ensure that access is removed and accounts are de-linked. MassHealth is not responsible for any action taken by any individual in MMIS whose access results from a provider's failure to abide by these requirements.

In the event that the Primary User and assigned backup leaves the provider, trading partner, or relationship entity organization, that organization must immediately identify a replacement Primary User, complete a new Data Collection Form (DCF), and submit it to MassHealth to officially notify the agency of the change.

For more information on passwords and use of passwords, contact Enrollment Operations at enrollmentoperations@mass.gov.

5. Contact Information

■ ENROLLMENT OPERATIONS

For transaction questions (i.e., testing, transmission errors)
enrollmentoperations@mass.gov

■ CUSTOMER SERVICE CENTER

For connectivity method questions
edi@mahealth.net

Applicable Websites/Email

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. 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. www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/index
- This site is the resource for information related to the Health Care Common Procedure Coding System (HCPCS). <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/code-sets>

Committee on Operating Rules for Information Exchange (CORE)

- A multiphase 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

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/topics/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

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction implementation guides and code sets. www.wpc-edl.com

6. Control Segments/Envelopes

■ ISA (INTERCHANGE CONTROL HEADER)

This section describes MassHealth's use of the interchange control segments. It includes the sender and receiver codes, authorization information, and delimiters.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.4	----	ISA01	Authorization Information Qualifier	00	
C.4	----	ISA02	Authorization Information		10 blank spaces
C.4	----	ISA03	Security Information Qualifier	00	
C.4	----	ISA04	Security Information		10 blank spaces
C.4	----	ISA05	Interchange ID Qualifier	ZZ	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
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 (FUNCTIONAL GROUP HEADER)

This section describes MassHealth's use of the functional group control segments. It includes the application sender and receiver codes.

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)

7. MassHealth-Specific Business Rules and Limitations

■ ADDITIONAL INFORMATION FOR AGENCY AFFILIATIONS AND AID CATEGORIES

Loop 2000 (Member Level Detail), segment REF (Member Supplemental Identifier) will not report the agency affiliation (appended up to 18 characters [6 * 3]) when 2000:REF01 = DX or the aid category (2 chars) when 2000:REF01 = 17. Instead, aid categories and agency affiliations reporting occurs in loop 2700.

Maintenance Type Code (INS03)	Transaction Details	Aid Categories	Agency Affiliation
021	Enrollment	<ul style="list-style-type: none"> • Send all open managed care aid categories in MC hierarchical order, richest first. • Send managed care aid categories with future end dates (end date > process date). 	<ul style="list-style-type: none"> • Send all open agency affiliations. • Send agency affiliations with future end dates (end date > process date).
001	Demographic Change (name, address, email, phone number, gender, DOB, rate cell, SSN, TPL, GCI, SVC LOC, member link, handicapped status)	<ul style="list-style-type: none"> • Send all open managed care aid categories in hierarchical order, richest first. • Send managed care aid categories with future end dates (end date > process date). 	<ul style="list-style-type: none"> • Send all open agency affiliations. • Send agency affiliations with future end dates (end date > process date).
001	Aid Cat Change and/or Agency Affiliation Change	<ul style="list-style-type: none"> • If open managed care aid category closes, send aid category with end date. Do not send all other open aid categories. • If new managed care aid category opens, send aid category with begin date. Do not send all other open aid categories. 	<ul style="list-style-type: none"> • If open agency affiliation closes, send agency affiliation with end date. Do not send all other open agency affiliations. • If new agency affiliation opens, send agency affiliation with begin date. Do not send all other open agency affiliations.
001	Demographic Change (name, address, email, phone number, gender, DOB, rate cell, SSN, TPL, GCI, SVC LOC, member link, handicapped status)	<ul style="list-style-type: none"> • If a managed care aid category closes, opens, or reopens, and demographic change takes place, send it in 001, followed by all other open mc aid categories. Send them all in richest order first. <p>Note: For a 001 transaction due to an aid category change, the closed or opened aid categories will display first regardless of hierarchy. Then, the open aid categories will display, richest first.</p>	<ul style="list-style-type: none"> • If agency affiliation closes and demographic change occurs, send the changed agency in 001, followed by all other open agency affiliations.

Maintenance Type Code (INS03)	Transaction Details	Aid Categories	Agency Affiliation
024	Disenrollment	<ul style="list-style-type: none"> • If disenroll reason = 01 Loss of MC Eligibility, send aid categories that closed since the last roster process date. • If disenroll reason <> 01 Loss of MC Eligibility, send no aid categories. 	<ul style="list-style-type: none"> • If disenroll reason = 01 Loss of MC Eligibility, send agency affiliations that closed since the last roster process date. • If disenroll reason <> 01 Loss of MC Eligibility, send no agency affiliations
001/002	Change/Delete (History)	<ul style="list-style-type: none"> • Send no managed care aid categories. 	<ul style="list-style-type: none"> • Send no member agency affiliations.
030	Audit	Send managed care aid categories (in hierarchical order, richest first) <ul style="list-style-type: none"> • that remained open for the entire reporting month; • with an end date during the reporting month; and • with an end date after the reporting month. 	Send agency affiliations <ul style="list-style-type: none"> • that remained open for the entire reporting month; • with an end date during the reporting month; and • with an end date after the reporting month.

■ UNDERSTANDING LOOP 2300 BY PROGRAM TYPE

MassHealth administers multiple Managed Care program types (see below). The 2300 loops display slightly different information based on the receiving program type (e.g., PCC information). The MassHealth 834 Companion Guide Addendum details the 2300 loop for each program type by transaction. The following two charts display information sent by transaction and program type. Consider using these charts in conjunction with the MassHealth Standard Companion Guide 834 Addendum to analyze 2300 loops by program type:

■ MANAGED CARE PROGRAM TYPES

Partnership Plan: ACO – ACOA
 Primary Care ACO: ACOB – includes PCCs
 MBHP: Massachusetts Behavioral Health Partnership
 PACE (Program of All-inclusive Care for the Elderly)
 SCO: Senior Care Options
 ICO: Integrated Care Organization
 Dental
 Community Partners

■ LOOP 2300 TRANSACTION CROSSWALK BY MAINTENANCE TYPE CODE

Maintenance Type Code (INS03)	Transaction Details	PCC (Primary Care Clinician aka Primary Care Provider) Information	Community Partner Information
021	Enrollment	<ul style="list-style-type: none"> • Send PCC information to Primary Care ACO PCC Plan • Send PCC information to MCO • Send PCC information to Partnership Plan ACO • Send PCC and Primary Care ACO PCC Plan information to MBHP • Send PCC (PCC Plan) information to MBHP 	<ul style="list-style-type: none"> • Send Community Partner (CP) information to Primary Care ACO PCC Plan • Send Community Partner (CP) information to MCO • Send Community Partner (CP) information to Partnership Plan ACO • Send Community Partner (CP) information to MBHP • Send Community Partner (CP) information to Community Partner
001	Change Transaction (PCP Changes)	<ul style="list-style-type: none"> • Send old and new rate cell changes • Send old PCC changes to Primary Care ACO PCC Plan • Send new PCC changes to Primary Care ACO PCC Plan • Send old PCC changes to MCO • Send new PCC changes to MCO • Send old PCC Changes to Partnership Plan ACO • Send new PCC Changes to Partnership Plan ACO • Send old PCC and Primary Care ACO PCC Plan changes to MBHP • Send new PCC and Primary Care ACO PCC Plan changes to MBHP • Send old PCC (PCC Plan) information to MBHP • Send new PCC (PCC Plan) information to MBHP 	<ul style="list-style-type: none"> • Send old and new Community Partner (CP) rate cell changes • Send old Community Partner (CP) changes to Primary Care ACO PCC Plan • Send new Community Partner (CP) changes to Primary Care ACO PCC Plan • Send old Community Partner (CP) changes to MCO • Send new Community Partner (CP) changes to MCO • Send old Community Partner (CP) Changes to Partnership Plan ACO • Send new Community Partner (CP) Changes to Partnership Plan ACO • Send old Community Partner (CP) information to MBHP • Send new Community Partner (CP) information to MBHP

Maintenance Type Code (INS03)	Transaction Details	PCC (Primary Care Clinician aka Primary Care Provider) Information	Community Partner Information
024	Disenrollment	<ul style="list-style-type: none"> Send PCC information to Primary Care ACO PCC Plan Send PCC information to MCO Send PCC information to Partnership Plan ACO Send PCC and Primary Care ACO PCC Plan information to MBHP Send PCC (PCC Plan) information to MBHP 	<ul style="list-style-type: none"> Send Community Partner (CP) information to Primary Care ACO PCC Plan Send Community Partner (CP) information to MCO Send Community Partner (CP) information to Partnership Plan ACO Send Community Partner (CP) information to MBHP
030	Audit File	<p>The Audit File transmits monthly and is a summary capture of information for all members enrolled for any period within the reporting month.</p> <ul style="list-style-type: none"> Send PCC information to Primary Care ACO PCC Plan Send PCC information to MCO Send PCC information to Partnership Plan ACO Send PCC and Primary Care ACO PCC Plan information to MBHP Send PCC (PCC Plan) information to MBHP 	<p>The Audit File transmits monthly and is a summary capture of information for all members enrolled for any period within the reporting month.</p> <ul style="list-style-type: none"> Send Community Partner information to Primary Care ACO PCC Plan Send Community Partner information to MCO Send Community Partner information to Partnership Plan ACO Send Community Partner and Primary Care ACO PCC Plan information to MBHP Send Community Partner information to MBHP

■ LOOP 2300 TRANSACTION CROSSWALK BY RECEIVER

834 Trading Partner	Type of Entity Information Reported
MCO	<ul style="list-style-type: none"> PCC MCO Administered ACO
Behavioral Health	<ul style="list-style-type: none"> PCC Primary Care ACO PCC Plan
Partnership Plan ACO	<ul style="list-style-type: none"> PCC
Primary Care ACO PCC Plan	<ul style="list-style-type: none"> PCC
SCO, PACE, ICO, Dental	<ul style="list-style-type: none"> Rate cell reported PCC not reported

■ LOOP 2700 AGENCY AFFILIATIONS

Agency	Description
DMH	Department of Mental Health
DMR	Department of Developmental Services (DDS)
DSS	Department of Children and Families (DCF)
DTA	Department of Transitional Assistance
DYS	Department of Youth Services
ELD	Executive Office of Elder Affairs
HCF	HealthCare Finance (CHIA)
HIX	Massachusetts Health Insurance Exchange
MCB	Massachusetts Commission for the Blind
MHO	MA21 MassHealth Organization
MRC	Massachusetts Rehabilitation Commission
PAC	PACES
SSA	Social Security Administration

■ LOOP 2700 AID CATEGORIES HIERARCHY

Managed Care Hierarchy	Aid Category	Description
1	14	MCB SSI
2	15	MCB MA
3	03	SSI Disabled
4	TB	Disabled - LE 100% FPL
5	TF	Disabled - Met Deductible
6	TM	Disabled - Met Deductible - GT 165% FPL
7	TR	Disabled Adult Child
8	TS	Disabled Widow
9	UK	Kaileigh Mulligan LE \$60
10	UL	Kaileigh Mulligan GT \$60
11	UP	Kaileigh Mulligan GT 135% FPL
12	UT	Pickle - Disabled
13	07	Disabled
14	42	Disabled
15	UA	Mass Rehab (MRC) PCA Cases
16	44	SF Disabled
17	50	CommonHealth Disabled Child
18	LV	Disabled with Medicare- Income GT 150% LE 165% FPL
19	51	SF CommonHealth Disabled Child

Managed Care Hierarchy	Aid Category	Description
20	52	CommonHealth Disabled Working Adult
21	TQ	Disabled Adult Child with Medicare
22	US	Pickle – Disabled with Medicare
23	21	Disabled with QMB
24	18	TMA Disabled QMB Parents
25	53	CommonHealth Disabled Non Working Adult
26	54	SF CommonHealth Disabled Working Adult
27	45	SF Disabled with QMB
28	55	SF CommonHealth Disabled Non Working Adult
29	E1	NQP Child SF CommonHealth - Direct Coverage
30	00	Refugee
31	A1	Benchmark 1 Direct coverage
32	M1	HIV Benchmark 1 Direct coverage
33	R1	Medically Frail - Standard
34	L1	BCCTP - Benchmark 1 Direct coverage
35	H1	NQP Preg Standard Direct Coverage
36	T1	19-20 Standard Direct Coverage
37	J1	UND Preg Standard Direct Coverage
38	48	Expansion Standard Children
39	02	TAFDC
40	06	MA-TAFDC (MAOA)
41	VY	State Adoption Subsidy
42	VZ	State Foster Care Subsidy
43	08	Multi Assistance Unit
44	40	Family
45	46	TMA Non-disabled
47	41	SF Family
48	B1	Former Foster Care children from 18-26
49	AD	BCC Standard
50	AE	BCC Standard
51	EA	Time Limited Standard/ESI investigation
52	EE	Time Limited Standard/ESI enrollment
53	VV	Independent Foster Care Adolescents
54	VX	Operation Helping Hand
55	VW	SF Independent Foster Care Adolescents
56	D1	CarePlus Direct Coverage

Managed Care Hierarchy	Aid Category	Description
57	84	HIV Family Assistance
58	N1	NQP Adults SF Family Assistance
59	P5	NQP Disabled Adults SF Family Assistance
60	Q1	NQP Adults SF Family Assistance
61	P1	NQP Disabled SF Family Assistance
62	85	SF HIV Family Assistance
63	93	Family Assistance
64	95	SF Family Assistance
65	90	SF Family Assistance
66	AH	SF BCC Fam Assist
67	60	SF- BASIC
68	61	BASIC
69	AM	Essential (requires Managed Care enrollment)
70	AR	Disab Alien Special Status (ESS if in Managed Care)
71	BB	SF Commonwealth Care + Limited LE 100% FPL
72	CN	Commonwealth Care LE 100% FPL
73	CP	SF Commonwealth Care LE 100% FPL
75	CQ	Commonwealth Care 100.1 - 150% FPL
76	CR	SF Commonwealth Care 100.1 - 150% FPL
77	CS	Commonwealth Care 150.1 - 200% FPL
78	CT	SF Commonwealth Care 150.1 - 200% FPL
79	CU	Commonwealth Care 200.1 - 250% FPL
80	43	Disabled with QMB
81	CV	SF Commonwealth Care 200.1 - 250% FPL
82	CW	Commonwealth Care 250.1 - 300% FPL
83	CX	SF Commonwealth Care 250.1 - 300% FPL
84	TH	Disabled w/ Medicare Ded Met GT130/LE150
85	TK	Disabled w/ Medicare Ded Met GT150/LE165
86	UJ	Kaileigh Mulligan with Medicare - LE \$72.80
87	UM	Kaileigh Medicare Ded MetGT130%/LE150%
88	UN	Kaileigh Medicare Ded MetGT150%/LE165%
89	UU	Kaileigh Medicare Ded Met LE130%
90	EP	ESI Premium Payment plus Standard Wrap Disabled
91	O1	SSI Aged
92	TA	Aged – LE 100% FPL
93	TE	Aged - Met Deductible

Managed Care Hierarchy	Aid Category	Description
94	TG	Aged Medicare Ded Met GT130%/LE150%
95	TJ	Aged Medicare Ded Met GT150%/LE165%
96	TL	Aged - Met Deductible - GT 165% FPL
97	TN	Pickle with Medicare -Aged – Not Disabled
98	TP	Pickle – Aged - Not Disabled
99	TX	HermansonMedicare Aged Medically Needy GT130/LE150
100	TY	Hermanson with Medicare Aged GE 120% LT 135% FPL
101	UB	Hermanson Aged GE 135% FPL
102	UD	HermansonMedicareAgednoMedNeedy DedMetGT150/ LE165
103	UE	Hermanson Aged with Medicare GE 135% FPL
104	UF	Hermanson Aged
105	05	Aged
106	EB	Time Limited Standard/ESI Investigation
107	20	Aged with QMB
108	EF	Time Limited Standard/ESI Enrollment
109	EK	ESI Premium Payment plus Standard Wrap
110	EJ	ESI Premium Payment plus Standard Wrap
111	EC	Time Limited CommonHealth/ESI Investigation
112	EG	Time Limited CommonHealth/ESI Enrollment
113	ED	SF Time Limited CommonHealth/ESI Investigation
114	EM	ESI Premium Payment plus CommonHealth Wrap
115	47	Time Limited Standard-Presumptive
116	EL	ESI Premium Payment plus CommonHealth Wrap
117	EH	SF Time Limited CommonHealth/ESI Enrollment
118	91	SF Time Limited Family Assistance
119	EN	SF ESI Premium Payment plus CommonHealth Wrap
120	92	Time Limited Expansion Family Assistance
121	AB	Time Limited Expansion Fam Assist
122	98	Time Limited Expansion Fam Assist (Presumptive)
123	86	HIV Family Assistance-Prem Assist w/Wrap
124	59	Time Limited HIV Fam Assist
125	82	HIV Family Assistance
126	79	Time Limited Family Assistance
127	87	SF HIV Fam Assist Prem Assist w/Wrap

Managed Care Hierarchy	Aid Category	Description
129	83	SF HIV Family Assistance
130	AC	SF Time Limited Fam Assist
131	A2	Benchmark 1 self-declared access investigation
132	A3	Benchmark 1 confirmed access enrollment period
133	A4	Benchmark 1 Premium Assistance
134	T2	19-20 Standard -self-declared/access investigation
135	T3	19-20 Standard -confirmed access enrollment period
136	T4	19-20 Standard - PA
137	D2	CarePlus self-declared access investigation
138	D3	CarePlus confirmed access enrollment period
139	D4	CarePlus Premium Assistance
140	E2	NQP Child SF CommonHealth self-dec/access invest
141	E3	NQP child SF CommonHealth confirmed access enroll
142	H2	NQP Preg self-declared/access investigation
143	J4	UND Preg Premium Assistance
144	L2	BCCTP Benchmark 1 self-declared access inves
145	L4	BCCTP Benchmark 1 Premium Assistance
146	M2	HIV Benchmark 1 self-declared access investigation
147	M3	HIV Benchmark 1 confirmed access enrollment period
148	M4	HIV Benchmark 1 Premium Assistance
149	P2	NQP Disabled SF FA self-declrd access invstigation
150	R2	Medically Frail Standrd - self-declrd/accss invest
151	R3	Medically Frail Standard confirmed access enroll
152	R4	Medically Frail Standard - PA
153	S2	NQP Child SF FA + LIM - self-declard access invest
154	S3	NQP child SF FA + LIM-confirmrd accss enroll period
155	U1	NQP Elder SF Direct Family Assistance+ Limited
156	U2	NQP Elder Disabled SF FA + Limited
157	U3	NQP Elder SF Family Assistance
158	W9	SF Hospital PE Benefit NQP Children
159	17	MCB MA with QMB
161	74	Expansion Fam Assist Prem Assist Plus
162	75	Expansion Fam Assist Prem Assist Plus-Met Cap
163	77	Family Assistance Premium Assistance Plus
164	78	Fam Assist Prem Assist Plus-Met Cap
165	A7	Aged w/ Medicare Ded Met GT100/LE130

Managed Care Hierarchy	Aid Category	Description
166	B5	Hermanson Medicare Aged Medically Needy LE130
167	B7	Hermanson Aged Medicare notMedNeedy DedMet LE 150
168	H3	Disabled w/ Medicare Ded Met GT100/LE130
169	H9	Disabled with Medicare- Income GT 130% LE 150% FPL
170	J5	TMA Standard-MAGI - Income LE 150% FPL
171	J6	TMA Standard-MAGI-Income GT 150% LE 165% FPL
172	J7	Young Adult Disabled GT133/LE 150PL
173	J8	TMA Standard-MAGI - Income GT 165% FPL
186	K2	NQP Postpartum SF Standard Direct Coverage
187	K3	UND Postpartum SF Standard Direct Coverage
501	72	Family Assistance Premium Assistance
502	73	SF Family Assistance Premium Assistance
503	AA	TMA Reinstate
504	E4	NQP child SF CommonHealth Premium Assistance
505	H4	NQP Preg Premium Assistance
506	J2	UND Preg self-declared/access investigation
507	P4	NQP Disabled SF FA Premium Assistance
508	V1	SF FA PA Plus not meet Cap
509	V2	SF FA PA Plus Met Cap
510	W1	Standard Children PE Benefit
511	W2	Standard Pregnant PE Benefit
512	W3	Standard Parent PE Benefit
513	W4	Standard Benchmark 1 PE Benefit
514	W5	CarePlus PE Benefit
515	W6	HIV FA PE Benefit
516	W7	BCCTP PE Benefit
517	W8	NQP/UND Pregnant PE Benefit
518	B2	Standard Former Foster Care Children PE Benefit
519	A9	TMA Premium Assistance
520	B4	Former Foster Children Premium Assistance
521	SA	Standard SHIP Premium Assist
522	SB	SF Family Assist SHIP Premium Assist
523	SC	Standard SHIP Premium Assist
524	SD	CommonHealth SHIP Premium Assist
525	SE	SF Fam Assist SHIP Prem Assist w/Limited
526	SF	Family Assist SHIP Premium Assist

Managed Care Hierarchy	Aid Category	Description
527	SG	CarePlus SHIP Premium Assist
528	SH	Family Assist SHIP Premium Assist
529	SJ	SF CommonHealth SHIP Premium Assist
530	SK	SF Fam Assist SHIP Prem Assist w/Limited
531	SL	SF CommonHealth SHIP Prem Assist w/Limited
532	SM	Standard SHIP Premium Assist
701	37	Family Emergency Services Only
702	38	Disabled Emergency Services Only
703	68	Undocumented Aged Aliens
704	69	Undocumented Disabled Aliens
705	65	SF Fam Assist - Prem Assist with Limited
706	X3	Limited without HSN
707	X4	Disabled Limited without HSN
708	X5	Elder Limited without HSN
709	X6	Elder Disabled Limited without HSN
801	04	EAEDC
802	AX	Limited Plus CMSP
803	UV	Kaileigh Medicare Ded Not Met LE130%
804	VC	Kaileigh Mulligan with Medicare
805	22	Aged QMB Only
806	23	Disabled QMB Only
807	UQ	Kaileigh Medicare Ded Not MetGT130%/LE150%
808	VD	Hermanson Medicare Aged GT130%/LE150 bet L/U
809	VE	Kaileigh Medicare GT130%/LE150% bet L/U
810	VK	Aged with Medicare Income GT 130% LE 150% FPL
811	VL	Disabled with Medicare Income GT 130% LE 150% FPL
812	24	Aged SLMB Only
813	25	Disabled SLMB Only
814	TC	Aged QI Only - GT 150% LE 165% FPL
815	TD	Disabled QI Only - GT 150% LE 165% FPL
816	UH	HermansonMedicareAgednoMedNeedyDednoMetGT150/ LE165
817	UR	Kaileigh Medicare Ded Not MetGT150%/LE165%
818	VF	Hermanson Medicare Aged GT150%/LE165 bet L/U
819	VG	Kaileigh Medicare GT150%/LE165% bet L/U
820	VH	Aged Medicare GT150%/LE165% bet L/U
821	VJ	Disabled Medicare GT150%/LE165% bet L/U

Managed Care Hierarchy	Aid Category	Description
822	88	Medicare Buy In Qualified Individual 1 (QI 1)
823	89	Medicare Buy In Qualified Individual 2 (QI 2)
824	AY	CMSP with FPL LE 400%
825	BA	CMSP with FPL GT 400%. (No Safety Net Wrap)
826	AP	Partial Health Safety Net (with family deductible)
827	AQ	Full Health Safety Net
828	HA	HSN Medical Hardship
829	HB	HSN Bad Debt
830	HC	HSN Confidential Battered or Abused
831	HD	HSN Confidential FP under 19 Presumed Eligibility
832	K1	Small Business Employee Premium Assistance Program
833	X1	CMSP+Limited without HSN
834	Y2	HSN THROUGH PRESUMPTIVE DETERMINATION
835	Y3	Placeholder
836	Y4	Placeholder
837	Z2	PARTIAL HSN THROUGH PRESUMPTIVE DETERMINATION
838	Z3	APTC + MA State Subsidy + HSN Dental Only
839	Z4	APTC + MA State Subsidy + HSN Partial Dental Only
840	1C	CONNECTORCARE + HSN
841	1B	CONNECTORCARE + PARTIAL HSN
842	1X	APTC + MA State Subsidy + Temporary HSN
843	1Y	APTC + MA State Subsidy + Temporary HSN Partial
935	BD	SF Commonwealth Care + Limited 100.1% -133% FPL
945	X2	CMSP without HSN
999	35	Department of Mental Health (DMH)

■ MASSHEALTH ETHNICITY CODES

Ethnicity Code	Ethnicity Description
AFRICA	OTHER AFRICAN
IRAN	IRANIAN
NIGER	NIGERIAN
MIDEST	OTHER MIDDLE EASTERN
MEX	MEXICAN
LEBAN	LEBANESE
LAO	LAOTIAN

Ethnicity Code	Ethnicity Description
KOR	KOREAN
PORT	PORTUGUESE
PAKIS	PAKISTANI
OTHA	OTHER
PRICAN	PUERTO RICAN
S.AMER	OTHER SOUTH AMERICAN
SALV.	SALVADORIAN
THAI	THAI
UNKNOW	UNKNOWN ETHNICITY
VIET	VIETNAMESE
W-IND	OTHER WEST INDIES
ASIAN	OTHER ASIAN/PACIFIC ISLANDER
AMER	AMERICAN
AM-IND	NATIVE AMERICAN/AMERICAN
AFROAM	AFRICAN AMERICAN
BRAZ	BRAZILIAN
BARBAD	BARBADIAN
CANADA	CANADIAN
CAMB	CAMBODIAN
C-AMER	OTHER CENTRAL AMERICAN
CHIN	CHINESE
CAPE-V	CAPE VERDEAN
EURO	EUROPEAN
DOMIN	DOMINICAN
CUBAN	CUBAN
COLUM	COLUMBIAN
IND.	ASIAN INDIAN
HISP	OTHER HISPANIC/ LATINA
HAIT'N	HAITIAN
JAPAN	JAPANESE
JAMAC	JAMAICAN
ISRAEL	ISRAELI
FLIP	FILIPINO
CARIB	CARIBBEAN ISLANDER
E-EUR	EASTERN EUROPEAN
GUATE	GUATEMALAN

Ethnicity Code	Ethnicity Description
HOND	HONDURAN
RUSSN	RUSSIAN
A-CNTA	CHOOSE NOT TO ANSWER
D-KNOW	DON'T KNOW

8. Acknowledgements and/or Reports

MassHealth does not require an acknowledgement and will ignore the receipt of any 999 and TAI transactions.

9. Trading Partner Agreements

Providers who intend to conduct electronic transactions with MassHealth must sign the MassHealth TPAs. A copy of the agreement is available at www.mass.gov or contact Eligibility Operations at enrollmentoperations@mass.gov.

■ TRADING PARTNERS

Electronic Data Interchange (EDI) defines a Trading Partner 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 thereunder.

Payers have EDI TPAs that accompany the standard Implementation Guide to ensure the integrity of the electronic transaction process. The TPA relates 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 tables. The tables contain a row for each segment that MassHealth has something specific and 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 subset of the IGs internal code listings
- Clarify the use of loops, segments, composite, and simple data elements
- Provide other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with MassHealth

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
32	Header	BGN01	Transaction Set Purpose Code	00	
33	Header	BGN02	Transaction Set Reference Number		Unique ID for this transaction starting from 1 and incremented by 1
33	Header	BGN04	Transaction Set Creation Time		Current time (HH:MM)
33	Header	BGN05	Time Zone Code	ET	
35	Header	BGN08	Action Code	2	Change/update daily 834
				4	Change/update monthly 834
37	Header	DTP01	Date Time Qualifier	007	
37	Header	DTP03	Date Time Period		Current date
39	1000A	N102	Plan Sponsor Name		MassHealth
40	1000A	N103	Identification Code Qualifier	FI	
40	1000A	N104	Sponsor Identifier		Enter your MassHealth Tax ID
42	1000B	N103	Identification Code Qualifier	FI	
42	1000B	N104	Insurer Identification Code		Provider tax ID number
48	2000	INS01	Member Indicator	Y	All data is reported at the member level
48	2000	INS02	Individual Relationship Code	18	
49	2000	INS03	Maintenance Type Code	001, 021, 024, 030	
49	2000	INS04	Maintenance Reason Code	AI	The MassHealth disenrollment reason code is provided in Member Supplemental Identifier where the Reference Identification Qualifier is 'ZZ'
51	2000	INS05	Benefit Status Code	A	
52	2000	INS08	Employment Status Code	AC, TE	This will be posted for every roster (834 transactions) other than a TERM roster (024 transaction).

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
53	2000	INS10	Handicap Indicator	Y	Send Y when member is handicapped
				Null	Send Null if member is not handicapped
				N	Send N ONLY when member changes from handicapped to not handicapped; thereafter send nulls
54	2000	INS12	Member Individual Death Date		Member's date of death
54	2000	INS13	Confidentiality Code	R, U	Good Cause Indicator
				R	Good cause indicator is Y.
				U	Good cause indicator is N.
				Null	Good cause indicator is blank.
55	2000	REF02	Subscriber Identifier		Member's MassHealth ID number
56	2000	REF02	Member Group or Policy Number		Benefit plan of the member
57	2000	REF01	Reference Identification Qualifier	3H, DX, ZZ, F6	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
58	2000	REF02	Member Supplemental Identifier		Value corresponding to each of the Member Supplemental identification qualifiers will be.
				3H	Member's case number
				DX	1. LO (local office) 2. Managed Care process entity ID or Support Services Vendor user ID
				ZZ	Composite of the following: 1. MassHealth disenrollment reason - 2 characters 2. Pregnancy indicator - 1 character 3. Ethnicity code - 6 characters
				F6	Health Insurance Claim (HIC) Number: member's Medicare ID, replace with the member's Medicare Beneficiary Identifier (MBI), when available.
59	2000	DTP01	Date Time Qualifier	356, 357	
61	2000	DTP03	Status Information Effective Date		Member managed care enroll date
63	2100A	NM103	Member Last Name		Maximum length is 20.
63	2100A	NM104	Member First Name		Maximum length is 15.
63	2100A	NM105	Member Name Middle		Maximum Length is 1.
64	2100A	NM108	Identification Code Qualifier	34	
64	2100A	NM109	Member Identifier		Member's social security number (if SSN on file)
66	2100A	PER03	Communication Number Qualifier	TE, AP, CP, EM	When all four-member contact items are available, email takes precedence over alternate phone number.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
66	2100A	PER04	Communication Number		Applicable to the type of qualifier used in the aforementioned Communication Number Qualifier)
66	2100A	PER05	Communication Number Qualifier	TE, AP, CP, EM	When all four member contact items are available, email takes precedence over alternate phone number.
67	2100A	PER06	Communication Number		Applicable to the type of qualifier used in the aforementioned Communication Number Qualifier)
67	2100A	PER07	Communication Number Qualifier	TE, AP, CP, EM	When all four member contact items are available, email takes precedence over alternate phone number.
67	2100A	PER08	Communication Number		Applicable to the type of qualifier used in the aforementioned Communication Number Qualifier
68	2100A	N3	Member Residence Street Address		Will not send this segment if dis-enrolling a member or reporting a non-address member demographic change.
69	2100A	N4	Member City, State, Zip Code		Will not send this segment if dis-enrolling a member or reporting a non-address member demographic change.
70	2100A	N405	Location Qualifier	CY	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
70	2100A	N406	Location Identifier	00 – 14	Member's two-character county code
					County Code County Name
					00 County unknown
					01 Barnstable
					02 Berkshire
					03 Bristol
					04 Dukes
					05 Essex
					06 Franklin
					07 Hampden
					08 Hampshire
					09 Middlesex
					10 Nantucket
					11 Norfolk
					12 Plymouth
					13 Suffolk
					14 Worcester
72	2100A	DMG05	Composite Race or Ethnicity Information	I, A, B, J, H, E, C, 7	
84	2100A	LUI01	Identification Code Qualifier	LE	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
85	2100A	LUI02	Language Code		<p>Member's spoken primary language code (ISO format)</p> <p>Member's written language code (ISO format)</p> <p>Note:</p> <ul style="list-style-type: none"> • If the Member's spoken or written language is ENG or ENGDEF, MassHealth will not report it in the Language Code loop. • MassHealth will generate two occurrences of LUI segment (primary spoken and written) if both the member's spoken and written languages are other than English.
85	2100A	LUI04	Language Use Indicator	7, 6	
87	2100B	NM103	Prior Incorrect Member Last Name		Maximum length is 20.
87	2100B	NM104	Prior Incorrect Member First Name		Maximum length is 15.
87	2100B	NM108	Identification Code Qualifier	ZZ	
88	2100B	NM109	Prior Incorrect Insured Identifier		<p>Member's previous ID (inactive) in the case of a link</p> <p>Member's previous SSN in the case of an SSN change and no link</p> <p>Member's previous ID (Inactive) in the case of a link and SSN change</p> <p>Please Note: This loop is set up to send only one previous ID. In the case of multiple inactive IDs, the first one available from the database will be sent.</p>

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
90	2100B	DMG02	Prior Incorrect Insured Birth date		<p>Member's prior DOB</p> <p>Note:</p> <ul style="list-style-type: none"> • If member's birth date is being corrected, will send Prior Incorrect Insured Identifier and Prior Insured Birth Date. • If there is no change in birth date, Prior Incorrect Insured Identifier and Prior Insured Birth Date would be null.
90	2100B	DMG03	Prior Incorrect Insured Gender Code		<p>Member's prior gender</p> <p>Note:</p> <ul style="list-style-type: none"> • If member's gender is being corrected, Prior Incorrect Insured Gender Code will be populated. • If there is no change in gender, Prior Incorrect Insured Gender Code would be null.
90	2100B	DMG05	Composite Race or Ethnicity Code	I, A, B, J, H, E, C, 7	<p>Member's race</p> <p>Note:</p> <ul style="list-style-type: none"> • If member's race is being corrected, Race or Ethnicity Code will be sent. • If there is no change in race, the Race or Ethnicity Code will not be populated.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
91	2100B	DMG06	Citizenship Status Code		Note: If member's race is being corrected, citizenship code (DMG06) will be sent. If there is no change in race, citizenship code (DMG06) would be null.
				1	U.S. Citizen
				3	Resident Alien
				4	Illegal Alien
123	2100G	NM101	Entity Identifier Code	QD	
124	2100G	NM103	Responsible Party Last or Organization Name		Responsible party (Note: If last name is not available, value returned will be RESPLAST). Maximum length is 20.
124	2100G	NM104	Responsible Party First Name		Responsible party first name (Note: If first name is not available, value returned will be RESPFIRST). Maximum length is 15.
124	2100G	NM105	Responsible Party Middle Name		
140	2300	HD01	Maintenance Type Code	001	Rate cell change or change to PCP effective and/or end date(s)
				002	History (virtually delete) a PCP
				021	Add a PCP
				024	End a PCP
				026	Third-Party Liability (TPL)
				030	Monthly

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
141	2300	HD03	Insurance Line Code	HLT	Health – Includes both hospital and professional coverage (Primary Care ACO PCC Plan) (MCO Administered ACO)
				HMO	Health Maintenance Organization (PCC)
141	2300	HD04	Plan Coverage Description		Member's rate cell or CommP Plan Type when reporting member's CommP to receiving provider
				ACOB	Primary Care ACO PCC Plan
				ACOC	MCO-administered ACO
143	2300	DTP01	Date Time Qualifier	348	
				349	
144	2300	DTP02	Date Time Period Format Qualifier	D8	
144	2300	DTP03	Coverage Period		Begin and end date of the PCC or Primary Care ACO PCC Plan or MCO Administered ACO
146	2300	REF01	Reference Identification Qualifier	1L, PID, XX1	
147	2300	REF02	Member Group or Policy Number	1L	MassHealth Provider ID Service Location of the PCC
				PID	MassHealth Provider ID Service Location of the Primary Care ACO and the MCO- administered ACO
				XX1	MassHealth Provider ID Service Location of the Community Partner (CP)
153	2310	NM101	Entity Identifier Code	P3	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
154	2310	NM103	Provider Last or Organization Name		The last name or organization name of Member's PCC (Group Provider), or CP is reported here if the PCC or CP provider's National Provider Identifier (NPI) is not known.)
154	2310	NM104	Provider First Name		The first name of Member's PCC, or CP as applicable, if the Primary Care provider's NPI is not known
154	2310	NM105	Provider Middle Name		The middle name of Member's PCC Primary Care Provider or CP is reported here if the PCC Primary Care Provider's NPI is not known.
155	2310	NM108	Identification Code Qualifier	XX	Qualifier for the PCC or CP NPI when known
155	2310	NM109	Provider Identifier		PCC or CP NPI when known
155	2310	NM110	Entity Relationship Code	72	
164	2320	COB01	Payer Responsibility Sequence Number Code	U	
164	2320	COB02	Member Group or Policy Number		MMIS TPL policy number
164	2320	COB03	Coordination of Benefits Code	1	
166	2320	REF01	Reference identification Qualifier	6P	
167	2320	REF02	Member Group or Policy Number		
168	2320	DTP03	Coordination of Benefits Date		COB begin date and end date. If end date is not known, only begin date is sent.
169	2330	NM101	Entity Identifier Code		
170	2330	NM103	Coordination of Benefits Insurer Name		Carrier name is sent as applicable.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
177	2700	LX	Member Reporting Changes		New loop to report member's open aid category dates and open agency affiliation dates All managed care entities should refer to: Loop 2700 Conditions Crosswalk by Transaction Type
177	2700	LX01	Assigned Number	1-6	Assigned numbers one through six are reserved for reporting member's aid category data.
				7-12	Assigned numbers seven through 12 are used for reporting open agency affiliation data. However, if less than six members' aid category data loops are needed, LX01 for the open agency affiliation data loop begins with the last LX01 value + 1.
178	2750	N102	Member Reporting Category Name		Aid category description
					Agency affiliation description
179	2750	REF01	Reference Identification Qualifier	XX1	Special program code
					Open Agency Affiliation Reference Identification Qualifier
180	2750	REF02	Member Reporting Category Reference ID		All providers should refer to: • Agency Affiliations
181	2750	DTP02	Date Time Period Format Qualifier	D8	Use for reporting effective date of the open-ended managed care aid category
				RD8	Use for reporting effective and end date of managed care aid category

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
182	2750	DTP03	Member Reporting Category Effective Date(s)		For open-ended managed care aid category, MassHealth reports the effective date. Otherwise, MassHealth reports effective and end date of the managed care aid category.

APPENDICES

Appendix A. Implementation Checklist

Not applicable.

Appendix B. Examples of Loop 2300 by Maintenance Type and Receiver

Items B1a-B3d below describe each Trading Partner's (receiver) transactions relative to 2300 Loop information.

B1a. Member enrolls in Partnership Plan ACO.

Partnership Plan ACO receives an enrollment transaction that also reports the PCC Primary Care with effective and end dates.

B1b. Member enrolls in Primary Care ACO PCC Plan (and MBHP)

Primary Care ACO PCC Plan receives an enrollment transaction that also reports the PCC Primary Care with effective and end dates.

MBHP receives an enrollment transaction that also reports the PCC Primary Care and the Primary Care ACO PCC Plan with effective and end dates.

B1c. Member enrolls in PCCP (and MBHP)

MBHP receives an enrollment transaction that also reports the PCC Primary Care with effective and end dates.

B1d. Member enrolls in MCO

MCO receives an enrollment transaction that also reports the PCC Primary Care and the MCO Administered ACO with effective and end dates.

B2a. Member enrolled in Partnership Plan ACO has a PCC Primary Care change.

Partnership Plan ACO receives a change transaction that reports the old and new PCC Primary Care with effective and end dates.

B2b. Member enrolled in Primary Care ACO PCC Plan (and MBHP) has a PCC Primary Care change

Primary Care ACO PCC Plan receives a change transaction that reports the old and new PCC Primary Care with effective and end dates.

MBHP receives a change transaction that reports the old and new PCC Primary Care with effective and end dates

B2c. Member enrolled in PCCP (and MBHP) has a PCC Primary Care change

MBHP receives a change transaction that reports the old and new PCC Primary Care with effective and end dates

B2d. Member enrolled in MCO has a PCC Primary Care change

MCO receives a change transaction that reports the old and new PCC Primary Care with effective and end dates.

B3a. Member disenrolls from Partnership Plan ACO

Partnership Plan ACO receives disenrollment transaction that also reports the PCC Primary Care with effective and end dates.

B3b. Member disenrolls from Primary Care ACO PCC Plan (and MBHP)

Primary Care ACO PCC Plan receives disenrollment transaction that also reports the PCC Primary Care with effective and end dates.

MBHP receives disenrollment transaction that also reports the PCC Primary Care and the Primary Care ACO PCC Plan with effective and end dates.

B3c. Member disenrolls from PCCP (and MBHP)

MBHP receives disenrollment transaction that also reports the PCC Primary Care with effective and end dates.

B3d. Member disenrolls from MCO

MCO receives disenrollment transaction that also reports the PCC Primary Care and the MCO Administered ACO with effective and end dates.

Sample 2300 Loop reporting PCC Primary Care

HD*021**HMO*BRA~	-> PCC Primary Care Enrollment data
DTP*348*D8*20170505~	-> PCC Primary Care effective date
DTP*349*D8*22991231~	-> PCC Primary Care end date
REF*1L*110027964B ~	-> PCC Primary Care PID/SL
LX*1~	
NM1*P3*1*****XX*1952307530*72~	-> PCC Primary Care NPI if available
NM1*P3*1*Smith*John*C*****72~	-> PCC Primary Care if NPI is not available
	Sample 2300 Loop reporting Primary Care
	ACO PCC Plan or MCO Administered ACO:
HD*021**HLT*ACOB or ACOC~	-> Primary Care ACO PCC Plan or MCO
Administered ACO	
DTP*348*D8*20170505~	-> Primary Care ACO PCC Plan or MCO
Administered ACO eff date	
DTP*349*D8*22991231~	-> Primary ACO or MCO Administered ACO end date
REF*PID*110027964B~	-> Primary Care ACO or MCO Administered ACO
	PID/SL

Appendix C. Business Scenarios with Transaction Record Examples

C.1 Enrollment transaction reports PCC with NPI

```

INS*Y*18*021*AI*A***AC**N***U
REF*0F*100220599999
REF*1L*FADC
REF*3H*XXXXXXXXXA
REF*DX*06510SAROJT0
REF*ZZ*AZNUNKNOW
DTP*356*D8*20171101
DTP*357*D8*22991231
NM1*IL*1*LAST NAME*FIRST NAME****34*180170613
N3*STREET ADDRESSN4*TOWN*MA*017020000**CY*09
DMG*D8*19000201*F**7
AMT*C1*0
LUI*LE*SPA**6
HD*021**HMO*MBJPD
DTP*348*D8*20171101
DTP*349*D8*22991231
REF*1L*1100XXXXXB
LX*1~

```

NM1*P3*1*****XX*1234567890*72
LS*2700
LX*1
N1*75*HIV Family Assistance
REF*XX1*84
DTP*007*RD8*20170901-22991231
LX*2
N1*75*MA21 MassHealth ORGANIZATION
REF*ZZ*MHO
DTP*007*RD8*20170901-22991231
LE*2700

C.2 Enrollment transaction reports PCC without NPI

INS*Y*18*021*AI*A***AC**N***U
REF*0F*100220599999 REF*1L*FADC
REF*3H*XXXXXXXXXA
REF*DX*06510SAROJT0
REF*ZZ*AZNUNKNOW
DTP*356*D8*20171101
DTP*357*D8*22991231
NM1*IL*1*LAST NAME*FIRST NAME****34*180170613
N3*STREET ADDRESSN4*TOWN*MA*017020000**CY*09
DMG*D8*19000201*F**7
AMT*C1*0
LUI*LE*SPA**6
HD*021**HMO*MBJPD
DTP*348*D8*20171101
DTP*349*D8*22991231
REF*1L*1100XXXXXB
LX*1~
NM1*P3*1*Smith*Dana*C*****72
LS*2700
LX*1
N1*75*HIV Family Assistance
REF*XX1*84
DTP*007*RD8*20170901-22991231
LX*2
N1*75*MA21 MassHealth ORGANIZATION
REF*ZZ*MHO
DTP*007*RD8*20170901-22991231
LE*2700

C.3 Enrollment transaction reports PCC that has NPI and Primary Care ACO PCC Plan

INS*Y*18*021*AI*A***AC**N***U
REF*0F*100220599999 REF*1L*FADC
REF*3H*XXXXXXXXXA
REF*DX*06510SAROJT0

REF*ZZ*AZNUNKNOW
 DTP*356*D8*20171101
 DTP*357*D8*22991231
 NM1*IL*1*LAST NAME*FIRST NAME****34*180170613
 N3*STREET ADDRESS N4*TOWN*MA*017020000**CY*09
 DMG*D8*19000201*F**7
 AMT*C1*0
 LUI*LE*SPA**6
 HD*021**HMO*MBJPD
 DTP*348*D8*20171101
 DTP*349*D8*22991231
 REF*1L*1100XXXXXB
 LX*1~
 NM1*P3*1*****XX*1234567890*72
 HD*021**HLT*ACOB
 DTP*348*D8*20170505
 DTP*349*D8*22991231
 REF*PID*1100YYYYYB
 LS*2700
 LX*1
 N1*75*HIV Family Assistance
 REF*XX1*84
 DTP*007*RD8*20170901-22991231
 LX*2
 N1*75*MA21 MassHealth ORGANIZATION
 REF*ZZ*MHO
 DTP*007*RD8*20170901-22991231
 LE*2700

C.4 Change transaction reports PCC change

INS*Y*18*001*AI*A***AC**N***U
 REF*0F*100220599999 REF*1L*FADC
 REF*3H*XXXXXXXXXA
 REF*DX*06510SAROJT0
 REF*ZZ*AZNUNKNOW
 DTP*356*D8*20171101
 DTP*357*D8*22991231
 NM1*IL*1*LAST NAME*FIRST NAME****34*180170613
 N3*STREET ADDRESS N4*TOWN*MA*017020000**CY*09
 DMG*D8*19000201*F**7
 AMT*C1*0
 LUI*LE*SPA**6
 HD*024**HMO*MBJPD
 DTP*348*D8*20171101
 DTP*349*D8*20171130
 REF*1L*1100XXXXXB
 LX*1~
 NM1*P3*1*****XX*1234567890*72
 HD*021**HMO*MBJPD
 DTP*348*D8*20171201
 DTP*349*D8*22991231
 REF*1L*1100ZZZZZB
 LX*1~
 NM1*P3*1*****XX*5698471569*72

LS*2700
 LX*1
 N1*75*HIV Family Assistance
 REF*XX1*84
 DTP*007*RD8*20170901-22991231
 LX*2
 N1*75*MA21 MASSHEALTH ORGANIZATION
 REF*ZZ*MHO
 DTP*007*RD8*20170901-22991231
 LE*2700

C.5 Change transaction reports PCC and MCO Administered ACO change

INS*Y*18*001*AI*A***AC** N***U
 REF*OF*100220599999 REF*1L*FADC
 REF*3H*XXXXXXXXXA
 REF*DX*06510SAROJT0
 REF*ZZ*AZNUNKNOW
 DTP*356*D8*20171101
 DTP*357*D8*22991231
 NM1*IL*1*LAST NAME*FIRST NAME***34*180170613
 N3*STREET ADDRESS N4*TOWN*MA*017020000**CY*09
 DMG*D8*19000201*F**7
 AMT*C1*0
 LUI*LE*SPA**6
 HD*024**HMO*MBJPD
 DTP*348*D8*20171101
 DTP*349*D8*20171130
 REF*1L*1100XXXXXB
 LX*1~
 NM1*P3*1*****XX*1234567890*72
 HD*021**HMO*MBJPD
 DTP*348*D8*20171201
 DTP*349*D8*22991231
 REF*1L*1100ZZZZZB
 LX*1~
 NM1*P3*1*****XX*5698471569*72
 HD*024**HLT*ACOC
 DTP*348*D8*20170505
 DTP*349*D8*20170708
 REF*PID*1100YYYYYB
 HD*021**HLT*ACOC
 DTP*348*D8*20170709
 DTP*349*D8*22991231
 REF*PID*1100RRRRRB
 LS*2700
 LX*1
 N1*75*HIV Family Assistance
 REF*XX1*84
 DTP*007*RD8*20170901-22991231
 LX*2
 N1*75*MA21 MASSHEALTH ORGANIZATION
 REF*ZZ*MHO
 DTP*007*RD8*20170901-22991231
 LE*2700

C.6 Disenrollment transaction reports PCC end date

INS*Y*18*024*AI*A***AC**N***U
 REF*OF*100220599999 REF*1L*FADC
 REF*3H*XXXXXXXXXA
 REF*DX*06510SAROJT0

```

REF*ZZ*AZNUNKNOWN
DTP*356*D8*20171101
DTP*357*D8*20180801
NM1*IL*1*LAST NAME*FIRST NAME***34*180170613
N3*STREET ADDRESS N4*TOWN*MA*017020000**CY*09
DMG*D8*19000201*F**7
AMT*C1*0
LUI*LE*SPA**6
HD*024**HMO*MBJPD
DTP*348*D8*20171101
DTP*349*D8*20180801
REF*1L*1100XXXXXB
LX*1~
NM1*P3*1*****XX*1234567890*72
LS*2700
LX*1
N1*75*HIV Family Assistance
REF*XX1*84
DTP*007*RD8*20170901-20170801
LX*2
N1*75*MA21 MASSHEALTH ORGANIZATION
REF*ZZ*MHO
DTP*007*RD8*20170901-20170801
LE*2700

```

Appendix D. Frequently Asked Questions

This appendix contains a compilation of questions and answers. Typical questions would involve a discussion about code sets and their effective dates. At the time of publication, there were no frequently asked questions.

Appendix E. Change Summary

The following fields have been modified in this Companion Guide.

10. Transaction-Specific Information

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
85	2100A	LUI02	Language Code		<p>Member's spoken primary language code (ISO format)</p> <p>Member's written language code (ISO format)</p> <p>Note:</p> <ul style="list-style-type: none">• If the Member's spoken or written language is ENG or ENGDEF, MassHealth will not report it in the Language Code loop.• MassHealth will generate two occurrences of LUI segment (primary spoken and written) if both the member's spoken and written languages are other than English.

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