# 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](http://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](http://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](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) 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, pre-admission 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](mailto: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, or the effects of such action or inaction, taken in reliance on the contents of this guide.

## Contents

[MassHealth Standard Companion Guide Health Care Benefit Enrollment and Maintenance (834) Outbound 1](#_Toc85033432)

[Disclosure Statement i](#_Toc85033433)

[About MassHealth i](#_Toc85033434)

[Medicaid Management Information System and Provider Online Service Center i](#_Toc85033435)

[Contact for Additional Information i](#_Toc85033436)

[Preface ii](#_Toc85033437)

[Contents iii](#_Toc85033438)

[1. Introduction 1](#_Toc85033439)

[SCOPE 1](#_Toc85033440)

[OVERVIEW 1](#_Toc85033441)

[REFERENCES 1](#_Toc85033442)

[2. Getting Started 1](#_Toc85033444)

[WORKING WITH MASSHEALTH 1](#_Toc85033445)

[TRADING PARTNER REGISTRATION 1](#_Toc85033446)

[CERTIFICATION AND TESTING OVERVIEW 1](#_Toc85033447)

[3. Testing with MassHealth 2](#_Toc85033448)

[THE OUTBOUND DAILY 834 FILE WILL BE NAMED. 2](#_Toc85033449)

[THE OUTBOUND MONTHLY (“AUDIT”) 834 WILL BE NAMED 2](#_Toc85033450)

[4. Connectivity with MassHealth/Communications 3](#_Toc85033451)

[TRANSMISSION ADMINISTRATIVE PROCEDURES 3](#_Toc85033452)

[System Availability 3](#_Toc85033453)

[Transmission Errors 3](#_Toc85033454)

[COMMUNICATION PROTOCOL SPECIFICATIONS 3](#_Toc85033455)

[Provider Online Service Center (POSC) 3](#_Toc85033456)

[MASSHEALTH CONNECTIVITY METHOD 3](#_Toc85033457)

[PASSWORDS 3](#_Toc85033458)

[5. Contact Information 4](#_Toc85033459)

[ENROLLMENT OPERATIONS 4](#_Toc85033460)

[CUSTOMER SERVICE CENTER 4](#_Toc85033461)

[Applicable Websites/Email 4](#_Toc85033462)

[Centers for Medicare & Medicaid Services (CMS) 4](#_Toc85033463)

[Committee on Operating Rules for Information Exchange (CORE) 4](#_Toc85033464)

[Council for Affordable Quality Healthcare (CAQH) 4](#_Toc85033465)

[MassHealth (MH) 5](#_Toc85033466)

[National Committee on Vital and Health Statistics (NCVHS) 5](#_Toc85033467)

[Washington Publishing Company (WPC) 5](#_Toc85033468)

[6. Control Segments/Envelopes 5](#_Toc85033469)

[ISA (INTERCHANGE CONTROL HEADER) 5](#_Toc85033470)

[GS (FUNCTIONAL GROUP HEADER) 6](#_Toc85033471)

[7. MassHealth-Specific Business Rules and Limitations 6](#_Toc85033472)

[ADDITIONAL INFORMATION FOR AGENCY AFFILIATIONS AND AID CATEGORIES 6](#_Toc85033473)

[UNDERSTANDING LOOP 2300 BY PROGRAM TYPE 8](#_Toc85033474)

[MANAGED CARE PROGRAM TYPES 8](#_Toc85033475)

[LOOP 2300 TRANSACTION CROSSWALK BY MAINTENANCE TYPE CODE 9](#_Toc85033476)

[LOOP 2300 TRANSACTION CROSSWALK BY RECEIVER 11](#_Toc85033477)

[LOOP 2700 AGENCY AFFILIATIONS 11](#_Toc85033478)

[LOOP 2700 AID CATEGORIES HIERARCHY 12](#_Toc85033479)

MASSHEALTH ETHNICITY CODES 18

[8. Acknowledgements and/or Reports 20](#_Toc85033480)

[9. Trading Partner Agreements 20](#_Toc85033481)

[TRADING PARTNERS 20](#_Toc85033482)

[10. Transaction-Specific Information 21](#_Toc85033483)

[APPENDICES App-1](#_Toc85033484)

[Appendix A. Implementation Checklist App-1](#_Toc85033485)

[Appendix B. App-2](#_Toc85033486)

[Examples of Loop 2300 by Maintenance Type and Receiver App-2](#_Toc85033487)

[Appendix C. App-4](#_Toc85033488)

[BUSINESS SCENARIOS WITH TRANSACTION RECORD EXAMPLES App-4](#_Toc85033489)

[Appendix D. Frequently Asked Questions App-8](#_Toc85033490)

[Appendix E. Change Summary App-9](#_Toc85033491)

[7. MassHealth-Specific Business Rules and Limitations App-9](#_Toc85033492)

[10. Transaction-Specific Information App-11](#_Toc85033493)

## 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 that 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 the information available 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 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](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.

## 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 use 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](mailto: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](#_Trading_Partner_Agreements) below.

Please contact the Eligibility Operations mailbox at [enrollmentoperations@mass.gov](mailto: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](https://www.mass.gov/service-details/vendor-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.

## 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](mailto: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).

### 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).

### In 834M, M 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.

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.

## 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](mailto: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 to

* Manage a provider’s profile information;
* Submit and retrieve transactions;
* Upload and download batch transaction files and 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](mailto: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](mailto:enrollmentoperations@mass.gov).

## Contact Information

### ENROLLMENT OPERATIONS

*For transaction questions (i.e., testing, transmission errors)*

[enrollmentoperations@mass.gov](mailto:enrollmentoperations@mass.gov)

### CUSTOMER SERVICE CENTER

*For connectivity method questions*

[edi@mahealth.net](mailto:mailto: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](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. [www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/index](file:///C:\Users\rynie\Downloads\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](file:///C:\Users\rynie\Downloads\www.caqh.org\)

Council for Affordable Quality Healthcare (CAQH)

* CAQH is 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/topics/masshealth](file:///C:\Users\rynie\Downloads\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](http://www.ncvhs.hhs.gov/)

Washington Publishing Company (WPC)

* WPC is a resource for HIPAA-required transaction implementation guides and code sets. [www.wpc-edi.com](file:///C:\Users\rynie\Downloads\www.wpc-edi.com\)

## 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 |  |
| 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) |

## 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 | * 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). | * 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 | * 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). | * 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 | * 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. | * 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, gender, email, phone number, DOB, rate cell, SSN, TPL, GCI, SVC LOC, member link, handicapped status | * 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.  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. | * If agency affiliation closes and demographic change occurs, send the changed agency in 001, followed by all other open agency affiliations. |
| 024 | Disenrollment | * 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. | * 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) | * Send no managed care aid categories. | * Send no member agency   affiliations. |
| 030 | Audit | Send managed care aid categories (in hierarchical order, richest first)   * 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   * 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

Traditional PCC Plan (PCC only): Primary Care Clinician Plan   
Traditional MCO Plan: Managed Care Organization   
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 | * 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 | * 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) | * 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 | * 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 | * 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 | * 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 | The Audit File transmits monthly and is a summary capture of information for all members enrolled for any period within the reporting month.   * 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 | The Audit File transmits monthly and is a summary capture of information for all members enrolled for any period within the reporting month.   * 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 | * PCC * MCO Administered ACO |
| Behavioral Health | * PCC * Primary Care ACO PCC Plan |
| Partnership Plan ACO | * PCC |
| Primary Care ACO PCC Plan | * PCC |
| SCO, PACE, ICO, Dental | * 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 | Center for Health Information and Analysis (CHIA) |
| HIX | Massachusetts Health Insurance Exchange |
| MCB | Massachusetts Commission for the Blind |
| MHO | MA21 MassHealth Organization |
| MRC | Massachusetts Rehabilitation Commission |
| PAC | Program of All-inclusive Care for the Elderly (PACE) |
| 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 |
| 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 |
| 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 | 01 | SSI Aged |
| 92 | TA | Aged – LE 100% FPL |
| 93 | TE | Aged - Met Deductible |
| 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 |
| 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-confirmd 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 |
| 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 |
| 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 |
| 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 Partia |
| 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 |
| 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 |
| HOND | HONDURAN |
| RUSSN | RUSSIAN |
| A-CNTA | CHOOSE NOT TO ANSWER |
| D-KNOW | DON'T KNOW |

## Acknowledgements and/or Reports

MassHealth does not require an acknowledgement and will ignore the receipt of any 999 and TA1 transactions.

## Trading Partner Agreements

Providers who intend to conduct electronic transactions with MassHealth must sign the MassHealth TPA. A copy of the agreement is available at [www.mass.gov](http://www.mass.gov/) or you can contact Eligibility Operations at [enrollmentoperations@mass.gov](mailto: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 TPAs 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.

## 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 |
| 35 | Header | BGN08 | Action Code | 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). |
| 53 | 2000 | INS10 | Handicap Indicator | Y | Send Y when member is handicapped |
| 53 | 2000 | INS10 | Handicap Indicator | Null | Send Null if member is not handicapped |
| 53 | 2000 | INS10 | Handicap Indicator | 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 |
| 54 | 2000 | INS13 | Confidentiality Code | R | Good cause indicator is Y. |
| 54 | 2000 | INS13 | Confidentiality Code | U | Good cause indicator is N. |
| 54 | 2000 | INS13 | Confidentiality Code | 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 |  |
| 58 | 2000 | REF02 | Member Supplemental Identifier |  | Value corresponding to each of the Member  Supplemental identification qualifiers will be. |
| 58 | 2000 | REF02 | Member Supplemental Identifier | 3H | Member’s case number |
| 58 | 2000 | REF02 | Member Supplemental Identifier | DX | 1. LO (local office) 2. Managed Care process entity ID or Support Services Vendor user ID |
| 58 | 2000 | REF02 | Member Supplemental Identifier | ZZ | Composite of the following:   1. MassHealth disenrollment reason – 2 characters 2. Pregnancy indicator – 1 character  Ethnicity code – 6 characters |
| 58 | 2000 | REF02 | Member Supplemental Identifier | 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. |
| 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 |  |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | Member’s two-character  county code |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | County Code County Name |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 00 County unknown |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 01 Barnstable |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 02 Berkshire |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 03 Bristol |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 04 Dukes |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 05 Essex |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 06 Franklin |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 07 Hampden |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 08 Hampshire |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 09 Middlesex |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 10 Nantucket |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 11 Norfolk |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 12 Plymouth |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 13 Suffolk |
| 70 | 2100A | N406 | Location Identifier | 00 – 14 | 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 |  |
| 85 | 2100A | LUI02 | Language Code |  | Member’s primary spoken language code (ISO format)  Member’s written language code (ISO format)  **Note:**   * 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 |  | Member’s previous ID (inactive) in the case of a link  Member’s previous SSN in the case of an SSN change and no link  Member’s previous ID (Inactive) in the case of a link and SSN change  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. |
| 90 | 2100B | DMG02 | Prior Incorrect Insured Birth date |  | Member’s prior DOB  Note:   * 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 |  | Member’s prior gender  Note:   * 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 | Member’s race  Note:   * 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. |
| 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. |
| 91 | 2100B | DMG06 | Citizenship Status Code | 1 | U.S. Citizen |
| 91 | 2100B | DMG06 | Citizenship Status Code | 3 | Resident Alien |
| 91 | 2100B | DMG06 | Citizenship Status Code | 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) |
| 140 | 2300 | HD01 | Maintenance Type Code | 002 | History (virtually delete) a PCP |
| 140 | 2300 | HD01 | Maintenance Type Code | 021 | Add a PCP |
| 140 | 2300 | HD01 | Maintenance Type Code | 024 | End a PCP |
| 140 | 2300 | HD01 | Maintenance Type Code | 026 | Third-Party Liability (TPL) |
| 140 | 2300 | HD01 | Maintenance Type Code | 030 | Monthly |
| 141 | 2300 | HD03 | Insurance Line Code | HLT | Health – Includes both hospital and professional coverage  (Primary Care ACO PCC Plan)  (MCO Administered ACO) |
| 141 | 2300 | HD03 | Insurance Line Code | 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 |
| 141 | 2300 | HD04 | Plan Coverage Description | ACOB | Primary Care ACO PCC Plan |
| 141 | 2300 | HD04 | Plan Coverage Description | 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 |
| 147 | 2300 | REF02 | Member Group or Policy Number | PID | MassHealth Provider ID Service Location of the Primary Care ACO and the MCO- administered ACO |
| 147 | 2300 | REF02 | Member Group or Policy Number | XX1 | MassHealth Provider ID Service Location of the Community Partner (CP). |
| 153 | 2310 | NM101 | Entity Identifier  Code | P3 |  |
| 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. |
| 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. |
| 177 | 2700 | LX01 | Assigned Number | 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 |
| 178 | 2750 | N102 | Member Reporting Category Name |  | Agency affiliation  description |
| 179 | 2750 | REF01 | Reference Identification Qualifier | XX1 | Special program code |
| 179 | 2750 | REF01 | Reference Identification Qualifier | XX1 | 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 |
| 181 | 2750 | DTP02 | Date Time Period  Format Qualifier | RD8 | Use for reporting effective and end date of managed care aid category |
| 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

* 1. Enrollment transaction reports PCC with NPI

INS\*Y\*18\*021\*AI\*A\*\*\*AC\*\* N\*\*\*U REF\*0F\*100220599999 REF\*1L\*FADC REF\*3H\*XXXXXXXXA 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 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

* 1. Enrollment transaction reports PCC without NPI

INS\*Y\*18\*021\*AI\*A\*\*\*AC\*\* N\*\*\*U REF\*0F\*100220599999 REF\*1L\*FADC REF\*3H\*XXXXXXXXA 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\*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

* 1. 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\*XXXXXXXXA 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

* 1. Change transaction reports PCC change

INS\*Y\*18\*001\*AI\*A\*\*\*AC\*\* N\*\*\*U REF\*0F\*100220599999 REF\*1L\*FADC REF\*3H\*XXXXXXXXA 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

* 1. Change transaction reports PCC and MCO Administered ACO change

INS\*Y\*18\*001\*AI\*A\*\*\*AC\*\* N\*\*\*U REF\*0F\*100220599999 REF\*1L\*FADC REF\*3H\*XXXXXXXXA 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

* 1. Disenrollment transaction reports PCC end date

INS\*Y\*18\*024\*AI\*A\*\*\*AC\*\* N\*\*\*U

REF\*0F\*100220599999 REF\*1L\*FADC REF\*3H\*XXXXXXXXA REF\*DX\*06510SAROJT0 REF\*ZZ\*AZNUNKNOW 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 comments within 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 |  | Member’s primary spoken language code (ISO format)  Member’s written language code (ISO format)  **Note:**   * 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. |

Copyright © 2023 MassHealth  
All rights reserved. This document may be copied.

CG 834 (Rev. 11/23)