



MassHealth



MassHealth

Standard Companion Guide

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

Refers to the Implementation Guides Based on
ASC X12N Version 005010X212

February 2024

Disclosure Statement

This MassHealth Standard Companion Guide (“Companion Guide”) serves as a companion document to the corresponding ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277). At the time of publication, there were no related addenda or errata. MassHealth strongly encourages its Trading Partners to use this Companion Guide in conjunction with the ASC X12 Implementation Guide to develop the HIPAA batch transaction. Copies of the ASC X12 Technical Report Type 3s (TR3s) are available for purchase at www.x12.org.

This document supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X212 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 used 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 (PA), 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

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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 (EOHHS) 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.

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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 the U.S. Department of 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 Health Care Claim Status Request and Response transactions is 005010X212.

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

■ OVERVIEW

MassHealth created this Companion Guide for MassHealth Trading Partners to supplement the *ASC X12N Implementation Guide*. This guide contains MassHealth-specific instructions related to the following:

- Data formats, content, codes, business rules, and characteristics of the 276/277 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 276/277 electronic transaction. The following standards are in addition to those outlined in the MassHealth provider manuals. These standards in no way supersede MassHealth regulations.

Use this guide in conjunction with the information 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.

■ ADDITIONAL INFORMATION

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

2. Getting Started

■ WORKING WITH MASSHEALTH

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 Hyper Text 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. If you have elected to use a third party to perform electronic transactions on your behalf, you will also be required to complete an [Electronic Remittance Advice \(ERA\) Enrollment Form](#). If you have already completed this form, you are not required to complete it again. Please contact MassHealth Customer Service at (800) 841-2900 or via email at edi@mahealth.net if you have any questions about these forms.

■ CERTIFICATION AND TESTING OVERVIEW

All Trading Partners that exchange electronic batch transactions with MassHealth must complete Trading Partner testing. This includes vendors, clearinghouses, and billing intermediaries that submit on behalf of providers, as well as providers that MassHealth defines as atypical. At the completion of testing, Trading Partners are certified.

Test transactions exchanged with MassHealth should include a representative sample of the various types of transactions that you would normally conduct with MassHealth. The size of the file should be between 25 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 MassHealth Customer Service at (800) 841-2900 in advance to discuss the testing process, criteria, and schedule. Trading Partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

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

Please note that providers submitting the health care claim Status requests, via the POSC, using direct data entry (DDE), are not required to test. You must, however, have a valid TPA on file with MassHealth to submit claims.

Before submitting production transactions to MassHealth, each Trading Partner must be tested. Trading Partners planning to submit 276/277 transactions must contact MassHealth Customer Service at (800) 841-2900 in advance to discuss the testing process, criteria, and schedule.

Trading Partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

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

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

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

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

MassHealth will process these transactions in a test environment to verify that the file structure and content meet HIPAA standards and MassHealth-specific data requirements. The response transaction will be generated and return to the Trading Partner. Once this validation is complete, the Trading Partner may submit production transactions to MassHealth for adjudication. Test claims adjudicate in the test system, but will not be adjudicated for payment.

4. Connectivity with MassHealth/Communications

Users/Providers may connect with MassHealth to submit properly formatted batch transactions via the POSC.

■ TRANSMISSION ADMINISTRATIVE PROCEDURES

System Availability

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

Transmission File Size

The current maximum size for any file submitted to MassHealth is 16MB. Any transaction files submitted to MassHealth that are greater than 16MB will be rejected. If you have any questions about file size limits, please contact MassHealth Customer Service at (800) 841-2900. Please note that the POSC does not unzip or decompress files. Transmit all files in an unzipped or uncompressed format.

Transmission Errors

When processing EDI transactions that have Interchange Control Header (ISA) errors, an Interchange Acknowledgement (TA1) will be generated for each ISA error. Providers must submit the same ISA and Functional Group Header (GS) values for all ISA-Interchange Control Trailer (IEA) envelopes within the same file, with the exception of the date/time and control # data elements. Files submitted with inconsistent values will be rejected in pre-compliance.

Please see [Section 8](#) for additional details regarding the TA1 process.

If the Interchange Header is valid but the transaction fails compliance, a 999 will generate. If the Interchange Header has errors so severe and a TA1 or 999 cannot be generated, the file will fail authorization in pre-compliance.

Production File-naming Convention

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

■ RETRANSMISSION PROCEDURE

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

■ COMMUNICATION PROTOCOL SPECIFICATIONS

Provider Online Service Center (POSC)

The POSC is a web-based tool accessible via the internet, which aids providers in effectively managing their business with MassHealth electronically. The POSC may be used to

- Manage a provider's profile information;
- Enter claims via direct data entry (DDE);
- Enter member eligibility requests via DDE; and
- View member eligibility response transactions, upload and download batch transaction files, access reports, and receive messages/communications.

■ CORE CONNECTIVITY SUBMISSION METHOD

MassHealth provides a Committee on Operating Rules for Information Exchange (CORE) connectivity submission method that allows Trading Partners to submit HIPAA transactions from their system directly to the MMIS via internet protocol using one of the two Envelope Standards: HTTP MIME Multipart (Envelope Standard A) or SOAP+WSDL (Envelope Standard B) to ensure a standardized safe harbor connectivity. For Envelope Standard B, this system-to-system EDI web service is supported by a standard CORE schema and WSDL as defined in the section 4.2.2 Specifications for SOAP+WSDL in the Phase II CORE 270: Connectivity Rule Document.

While the HTTP MIME Multipart does not provide a standard schema specification, MMIS implementation of the MIME Multipart will expect that each data element have the corresponding "name" property that matches the SOAP schema definitions as well as the same "operations" names.

For more information about MassHealth's CORE Connectivity Method, contact MassHealth Customer Service at (800) 841-2900 or by email at edi@mahealth.net.

■ 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 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 the use of passwords, contact MassHealth Customer Service at (800) 841-2900.

5. Contact Information

■ EDI CUSTOMER SERVICE

For written correspondence

MassHealth Customer Service
PO Box 278
Quincy, MA 02171-0278

For electronic claims/hard media submissions

MassHealth Customer Service
PO Box 278
Quincy, MA 02171-0278
Email: edi@mahealth.net
Phone: (800) 841-2900
Fax: (617) 988-8971

■ EDI TECHNICAL ASSISTANCE

MassHealth Customer Service
PO Box 278
Quincy, MA 02171-0278
Email: hipaasupport@mahealth.net
Phone: (800) 841-2900
Fax: (617) 988-8971

■ PROVIDER SERVICE NUMBER

MassHealth Customer Service
PO Box 278
Quincy, MA 02171-0278

Email: provider@masshealthquestions.com

Phone: (800) 841-2900

Fax: (617) 988-8974

■ APPLICABLE WEBSITES/EMAIL

Accredited Standards Committee (ASC X12)

ASC X12 develops and maintains standards for interindustry electronic interchange of business transactions. See www.x12.org.

Centers for Medicare & Medicaid Services (CMS)

- CMS is the agency within HHS that administers the Medicare and Medicaid programs. CMS provides the electronic Health-Care Transactions and Code Sets standards. See www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA.gov/HIPAAGenInfo/.

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. See 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. See www.caqh.org.

MassHealth (MH)

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

National Committee on Vital and Health Statistics (NCVHS)

- The National Committee on Vital and Health Statistics was established by Congress to serve as an advisory body to the U.S. Department of Health and Human Services on health data, statistics and national health information policy. See www.ncvhs.hhs.gov.

National Council for Prescription Drug programs (NCPDP)

- The NCPDP is the standards and codes development organization for pharmacy. See www.ncdp.org.

Washington Publishing Company (WPC)

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

6. Control Segments/Envelopes

■ ISA (INTERCHANGE CONTROL HEADER)

This section describes MassHealth's use of the interchange control segments. It includes the expected sender and receiver codes, authorization information, and delimiters. MassHealth requires that the 276 transaction contain only one patient request when submitted in a real-time mode.

Therefore, in real-time mode IEA01 must equal 1. The table below and all tables in this document align with the CAQH CORE v5010 Companion Guide template format. The template is available at www.caqh.org.

276 (Inbound)

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

277 (Outbound)

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	Claims from MassHealth providers
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 expected application sender and receiver codes. MassHealth requires that the 276 transaction contain only one status request when submitted in a real-time mode. Therefore, in real-time mode GE01 must equal 1.

276 (Inbound)

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

277 (Outbound)

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

7. MassHealth-Specific Business Rules and Limitations

The following are MassHealth's business rules for the 277 transaction.

2000E Loop (Dependent Level)

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

2100D: NM1 Segment

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

2200D: REF Segment

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

2000D: DMG Segment

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

2200D: TRN Segment

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

2200D: AMT Segment

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

2210D Loop (Service Line Information)

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

The following are MassHealth's business rules for the 277 transaction.

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

8. Acknowledgements and/or Reports

All transaction files uploaded to the POSC generate a confirmation number indicating successful file uploads. A TA1 interchange acknowledgment is generated for all Interchange Control Header (ISA) errors within a batch file, when ISA14 is set to 1. A 999 Implementation Acknowledgement is generated for all batch files that are not rejected due to interchange (ISA) errors. These acknowledgements will be available for download from the POSC and/or retrieved through the MassHealth system-to-system connectivity method.

■ THE TA1 INTERCHANGE ACKNOWLEDGEMENT

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

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

For additional information, consult the *Interchange Control Structures, ASC X12.5 Guide*. To obtain an Implementation Guide, log on to www.x12.org.

■ THE 999 IMPLEMENTATION ACKNOWLEDGEMENT

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

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

For additional information, consult the *Implementation Acknowledgment for Health Care Insurance (999) Guide*. To obtain an Implementation Guide, log onto www.x12.org.

■ REPORT INVENTORY

There are no acknowledgement reports at this time.

9. Trading Partner Agreements

Providers who intend to conduct electronic transactions with MassHealth must sign the MassHealth TPA. A copy of the agreement is available at www.mass.gov or by contacting MassHealth Customer Service at (800) 841-2900.

■ 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; and
- provide other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with MassHealth.

In addition to the row for each segment, MassHealth uses one or more additional rows to describe its use for composite and simple data elements and for any other information. Notes and comments are placed at the highest level of detail. For example, a note about a code value is placed on a row specifically for that code value, not in a general note about the segment.

276 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
38	-----	BHT05	Transaction Set Creation Time		
41	2100A	NM103	Payer Name		MassHealth
42	2100A	NM109	Payer Identifier		Must equal 46002284
45	2100B	NM102	Entity Type Qualifier	2	
46	2100B	NM109	Information Receiver Identification Number		Trading Partner ID assigned by MassHealth (10-character MMIS provider ID/service location)
51	2100C	NM108	Identification Code Qualifier	SV, XX	Enter SV if Provider Identifier represents an atypical provider
51	2100C	NM109	Provider Identifier		Enter NPI or, if an atypical provider, MassHealth provider ID/service location (PID/SL).
56	2100D	NM102	Entity Type Qualifier	1	
57	2100D	NM103	Subscriber Last Name		Member's last name submitted on 276 is validated against the last name on file. The value must be capitalized.
57	2100D	NM104	Subscriber First Name		Member's first name submitted on 276 is validated against the first name on file. The value must be capitalized.
57	2100D	NM108	Identification Code Qualifier	MI	
57	2200D	NM109	Subscriber Identifier		Must be a valid Member ID
59	2200D	REF01	Reference Identification Qualifier	1K	
59	2200D	REF02	Payer Claim Control Number		MassHealth ICN
66	2200D	AMT02	Total Claim Charge Amount		The search criteria may be narrowed to specific claims for the member with a matching Total Claim Charge Amount.

277 (Outbound)

TR# Page #	Loop ID	Reference	Name	Codes	Notes/Comments
108	-----	BHT05	Transaction Set Creation Time		Format is HHMM
114	2100A	PER02	Payer Contact Name		EOHHS Customer Service
114	2100A	PER03	Communication Number Qualifier	TE	
114	2100A	PER04	Payer Contact Communication Number		(800) 241-2900
114	2100A	PER05	Communication Number Qualifier	EM	
115	2100A	PER06	Payer Contact Communication Number		edi@mahealth.net
137	2200D	TRN02	Referenced Transaction Trace Number		MassHealth returns the value sent on the 276 transaction.
145	2200D	STC02	Status Information Effective Date		If claim is not found, MassHealth displays date inquiry was made (current system date).
145	2200D	STC04	Total Claim Charge Amount		Amount of charges originally submitted
145	2200D	STC05	Claim Payment Amount		Amount paid
146	2200D	STC08	Remittance Date		For paid claims only Check Issue or EFT Effective Date
146	2200D	STC09	Remittance Trace Number		For paid claims only Check or EFT Trace Number
149	2200D	REF02	Payer Claim Control Number		If the claim is not found, MassHealth returns the value sent on the 276 transaction. If the claim is found, MassHealth's ICN will be returned if found.
150	2200D	REF01	Reference Identification Qualifier	BLT	
150	2200D	REF02	Bill Type Identifier		If the claim is not found, MassHealth returns the value sent on the 276 transaction. If the claim is found, the type of bill stored with the claim will be returned.
151	2200D	REF02	Patient Control Number		If the claim is not found, MassHealth returns the value sent on the 276 transaction. If the claim is found, the patient account number submitted with the claim is returned.
156	2200D	DTP03	Claim Service Period		If the claim is not found, MassHealth returns the value sent on the 276 transaction. If the claim is found, the DOS value stored with the claim is returned.

TR# Page #	Loop ID	Reference	Name	Codes	Notes/Comments
157	2220D	SVC01-1	Product or Service ID Qualifier	AD, HC, NU, N4	
171	2220D	REF02	Line Item Control Number		If the claim is found, the Line Item Control Number stored with the service line of the claim will be returned.

APPENDICES

Appendix A. Implementation Checklist

This appendix contains all necessary steps for implementing the transactions with MassHealth.

1. Call the EDI Help Desk with any questions at (800) 841-2900. Please see [Section 5](#) – Contact Information.
2. Check www.mass.gov/masshealth for the latest information on MassHealth's system. Confirm that you have an EOHHS User Name and/or Provider ID.
3. Confirm that you can access the live system (and the test environment, if testing) with your POSC username.
4. Make the appropriate changes to your systems/business processes to comply with the *ASC X12 V5010 Implementation Guide* and the *MassHealth Standard Companion Guide*.
 - If you have a third-party vendor or use a third-party software, work with your vendors to have the appropriate software installed.
 - If testing the system-to-system connectivity method interface, the Trading Partner or provider must work with your software vendor to have the appropriate software installed at their site(s) prior to performing testing with MassHealth.
5. Identify the functions you will be testing.
 - Health Care Eligibility/Benefit Inquiry and Information Response (270/271)
 - Health Care Claim Status Request and Response (276/277)
 - Health Care Payment/Advice (835)
 - Health Care Claim: Institutional (837I)
 - Health Care Claim: Professional (837P)
 - Crossover/COB Claims
6. Confirm you have reported all the NPIs you will be using by validating them with MassHealth. Make sure your claim(s) successfully pay to your correct Provider ID if you have associated multiple MassHealth provider IDs to one NPI and/or taxonomy code.

- If the entity is a billing intermediary or software vendor, they should use the provider's identifiers on the transaction.
7. When submitting files, make sure the members/claims you submit are representative of the type of service(s) you provide to MassHealth members.
 8. If you determine that you will test the transaction, or testing is mandated by MassHealth
 - Schedule a tentative week for the initial test.
 - Confirm the name, email, and phone number of the primary testing contact.

Appendix B. Business Scenarios

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

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

Appendix C. Transmission Examples

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

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

276 (Inbound)

```
ISA*00*                *00*                *ZZ*999999999A      *ZZ*DMA7384      *110720*1705*^*00501*9
87618673*0*T*:~
GS*HR*999999999A*DMA7384*20110720*1705*8673*X*005010X212~
ST*276*68673*005010X212~
BHT*0010*13*ABC276XX1*20110720*1425~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*12345~
HL*2*1*21*1~
NM1*41*1*PLNAME*PFNAME****46*999999999A~
HL*3*2*19*1~
NM1*1P*1*PLNAME*PFNAME****XX*9999999999~
HL*4*3*22*0~
DMG*D8*19990101*M~
NM1*IL*1*MBRLNAME*FNAME****MI*999999999999~
TRN*1*TRANSNUM~
REF*D9*CLRHSTRANNO~
DTP*472*D8*20110515~
SVC*HC:99214*50*****1~
REF*FJ*LINEITEMCTLNUM~
DTP*472*D8*20110515~
SE*18*68673~
GE*1*8673~
IEA*1*987618673~
```

277 (Outbound)

```
ISA*00*                *00*                *ZZ*DMA7384      *ZZ*999999999A      *110811*1235*^*00501*000
000252*0*T*:~
GS*HN*DMA7384*999999999A*20110811*123506*37*X*005010X212~
ST*277*68673*005010X212~
BHT*0010*08*999999999A201108111235*20110811*1235*DG~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*12345~
HL*2*1*21*1~
NM1*41*1*PLNAME*PFNAME****46*999999999A~
HL*3*2*19*1~
NM1*1P*1*PLNAME*PFNAME****XX*9999999999~
```

```

HL*4*3*22*0~
NM1*IL*1*MBRLNAME*FNAME***MI*99999999999~
TRN*2*TRANSNUM~
STC*F1:3*20110706**155*0*20110621~
REF*1K*9999999999999~
REF*EJ*999999~
REF*D9*CLRHSTRANNO~
DTP*472*D8*20110515~
SVC*HC:82270*5*0****1~
STC*F2:400*20110706~
DTP*472*RD8*20110515-20110515~
SVC*HC:99214*50*0****1~
STC*F1:20*20110706~
REF*FJ* LINEITEMCTLNUM~
DTP*472*RD8*20110515-20110515~
SVC*HC:99215*100*0****1~
STC*F2:400*20110706~DTP*472*RD8*20110515-20110515~
SE*26*68673~
GE*1*37~
IEA*1*000000252~

```

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

276 (Inbound)

```

ISA*00*                *00*                *ZZ*999999999G      *ZZ*DMA7384          *110720*1705*^^*00501*987
618673*0*T*:~
GS*HR*999999999G*DMA7384*20110720*1705*8673*X*005010X212~
ST*276*68673*005010X212~
BHT*0010*13*ABC276XX1*20110720*1425~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*12345~
HL*2*1*21*1~
NM1*41*2*HOSPNAME*****46*999999999G~
HL*3*2*19*1~
NM1*1P*2*HOSPNAME*****XX*9999999999~
HL*4*3*22*0~
DMG*D8*19990101*M~
NM1*IL*1*PLNAME*PFNAME***MI*99999999999~
TRN*1*TRANSNUM~
REF*D9*CLRHSTRANNO~
DTP*472*RD8*20110615-20110620~
SE*15*68673~
GE*1*8673~
IEA*1*987618673~

```

277 (Outbound)

```

ISA*00*                *00*                *ZZ*DMA7384          *ZZ*999999999G      *110815*1035*^^*00501*004
354787*0*T*:~
GS*HN*DMA7384*999999999G*20110815*103516*21682*X*005010X212~
ST*277*68673*005010X212~
BHT*0010*08*ABC276XX1201108151035*20110815*1035*DG~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*12345~

```


HL*2*1*21*1~
NM1*41*2*HOSPNAME*****46*999999999G~
HL*3*2*19*1~
NM1*1P*2*HOSPNAME*****XX*999999999~
HL*4*3*22*0~
NM1*IL*1*PLNAME*PFNAME***MI*99999999999~
TRN*2*TRANSNUM~
STC*F2:688*20110725**5000*0*20110725****F2:688*F2:258~
STC*F2:1*20110725**5000*0*20110725~
REF*1K*9999999999999~
REF*EJ*9999999~
REF*D9*CLRHSTRANNO~
DTP*472*RD8*20110615-20110620~
SVC*NU:100*5000*0****5~
STC*F2:20*20110725~
DTP*472*RD8*20110615-20110615~
SE*21*68673~
GE*1*21682~
IEA*1*004354787~

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.

Q: Is the 277CA report available?

A: No. MassHealth does not have any plans to implement the 277CA report at this time. MassHealth recommends that you check the 999 for your claim file to ensure that there were no errors.

Q: Why haven't I received a 277 response?

A: MassHealth recommends that you check the 999 for the 276 request and ensure that there were no errors. The 999 should be available within 2–24 hours after submitting the 276 file.

Q: Does MassHealth automatically issue a 277 report?

A: No. MassHealth will return a 277-response transaction when a 276 inquiry is successfully accepted and processed.

Q: Is the “payer control number” (ICN) or “claim amount” required?

A: No, neither is required.

Q: Why did I receive an E0:21 in my real-time 277?

A: There may be a number of reasons for receiving this error. For example, you may receive this error when sending more than one claim status request in a real-time transaction. This error is a sign that you sent in a request that resulted in more than one possible response in the 277. This restriction does not exist for batch transactions, only real-time. When looking for claim status in real-time, include the claim ICN to resolve the E0:21 error in your 277.

Appendix E. Change Summary

The MassHealth Companion Guide has been updated to comply with MassHealth's Technical Refresh Initiative, which requires the replacement of the MassHealth EDI HIPAA translator. This version of the MassHealth Companion Guide follows the CAQH CORE V5010 Companion Guide template. All references to the ASCX12 Implementation Guide are necessary to convey MassHealth's specific usage of the data elements to support electronic processing of the transaction with its Trading Partners, including codes and specific program instructions.

4. Connectivity with MassHealth/Communications

■ TRANSMISSION FILE SIZE

The current maximum size for any file submitted to MassHealth is 16MB. Any transaction files submitted to MassHealth that are greater than 16MB will be rejected. If you have any questions on file size limits, please contact MassHealth Customer Service at (800) 841-2900. Please note that the POSC does not unzip or decompress files. Transmit all files in an unzipped or uncompressed format.

■ TRANSMISSION ERRORS

When processing EDI transactions that have any Interchange Control Header (ISA) errors, a TA1 will generate for each error. Providers must submit the same ISA and GS values for all ISA- Interchange Control Trailer (IEA) envelopes within the same file. Files submitted with inconsistent values will be rejected in pre-compliance.

See [Section 8](#) for additional details on the TA1 process.

If the Interchange Header is valid but the transaction fails compliance, a 999 will generate. If the Interchange Header has significant errors and a TA1 or 999 cannot be generated, the file will fail authorization in pre-compliance.

8. Acknowledgements and Reports

All transaction files uploaded to the POSC generate a confirmation number indicating successful file uploads. A TA1 interchange acknowledgment is generated for all Interchange Control Header (ISA) errors within a batch file, when ISA14 is set to 1. A 999 Implementation Acknowledgement is generated for all batch files that are not rejected due to interchange (ISA) errors. These acknowledgements will be available for download from the POSC and/or retrieved through the MassHealth system-to-system connectivity method.

■ THE TA1 INTERCHANGE ACKNOWLEDGEMENT

MassHealth will generate a TA1 for all interchange header error (ISA). Files must contain the same ISA and GS values for all ISA-IEA envelopes within the same file. Files submitted with inconsistent values will be rejected in pre-compliance. Files that contain multiple errors will generate multiple TA1s. For any interchange header error identified in a single envelope MassHealth will generate a TA1 for all interchange headers in the file. This occurs within 20 seconds of the submission of the 270 transaction with conformance to the maximum response time rule defined in Phase I CORE 156: Eligibility and Benefits Real Time Response Time Rule.

For additional information, consult the *Interchange Control Structures, ASC X12.5 Guide*. To obtain an Implementation Guide, log on to www.x12.org.

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