MassHealth

MassHealth

Standard Companion Guide

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

Refers to the Implementation Guides Based on ASC X12N Version 005010X279A1

January 2021 (Draft)

Disclosure Statement

This *MassHealth Standard Companion Guide* ("Companion Guide") serves as a companion document to the corresponding *ASC X12N/005010X279 Health Care Eligibility/Benefit Inquiry and Information Response (270/271)*, its related Addenda (005010X279A1), and its related Errata (005010X279E1). MassHealth strongly encourages its Trading Partners to use this Companion Guide in conjunction with the *ASC X12 Implementation Guide* to develop the HIPAA batch transaction. Copies of the ASC X12 Transaction Report Type 3s (TR3s) are available for purchase at www.x12.org. The document further specifies the requirements to use when preparing, submitting, receiving, and processing electronic health care administrative data.

This document supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X279 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

MassHealth is the Medicaid and Children's Health Insurance Program (CHIP) for Massachusetts. MassHealth provides comprehensive health insurance and dental coverage for eligible individuals, families, and people with disabilities across the Commonwealth of Massachusetts. In 2018 the program served approximately 1.85 million residents in the state. MassHealth's coverage is managed and facilitated through an array of programs, including 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 https://www.mass.gov/topics/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

MassHealth Customer Service Center
PO Box 120010
Boston, MA 02112-0010
Email: edi@mahealth.net
Phone: (800) 841-2900
Fax: (617) 988-8971

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

1. Introduction 1
Scope
Overview
References
Additional Information

2. Getting Started 2
Working with MassHealth
Trading Partner Registration
Certification and Testing Overview

3. Testing with MassHealth 3

4. Connectivity with MassHealth/Communications 4
Transmission Administrative Procedures
Retransmission Procedure
Communication Protocol Specifications
CORE Connectivity Submission Method
Passwords

5. Contact Information 6
EDI Customer Service
EDI Technical Assistance
Provider Service Number
Applicable Websites/Email

6. Control Segments/Envelopes 8
ISA (Interchange Control Header)
270 (Inbound)
271 (Outbound)
GS (Functional Group Header)
270 (Inbound)
271 (Outbound)

7. MassHealth-Specific Business Rules and Limitations 10

8. Acknowledgements and Reports 12
Report Inventory

(continued)

9. Trading Partner Agreements 13
Trading Partners

10. Transaction-Specific Information 13
270 (Inbound)
271 (Outbound)

Appendices App-1
Appendix A. Implementation Checklist App-1
Appendix B. Business Scenarios App-2
Appendix C. Transmission Examples App-3
Appendix D. Frequently Asked Questions App-14
Appendix E. Change Summary App-17

1. Introduction

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

SCOPE

The standard adopted by Health & Human Services (HHS) for electronic health care transactions is ASC X12N Version 005010, which became effective January 1, 2012. The unique version/release/industry identifier code for the 270/271 Health Care Eligibility/Benefit Inquiry and Information Response Transaction is 005010X279A1.

This Companion Guide assumes compliance with all loops, segments, and data elements contained in the 005010X279A1. It defines the requirements for HIPAA transactions submitted to and/or received from MassHealth.

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 270/271 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 270/271 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 data elements within those segments and applies to all health care providers and their Trading Partners. It is critical that your IT staff and/or software vendor review this document in its entirety and follow the stated requirements to exchange files with MassHealth while maintaining HIPAA compliance.

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

■ ADDITIONAL INFORMATION

The intended audience for this document is the technical and operational staff responsible for generating, receiving, and reviewing electronic health care transactions. In addition, this information should be shared with the 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 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 the MassHealth Customer Service Center 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 the MassHealth Customer Service Center 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 the MassHealth Customer Service Center 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 eligibility inquiry request 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 batch and real-time Health Care Eligibility/Benefit Inquiry and Information transactions (270) and receive the Response (271). Under certain circumstances (e.g., version upgrade or structural changes), MassHealth will require Trading Partners to test the Eligibility Inquiry and Response Transaction.

Trading Partners must address the following conditions in any standard test file.

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

Please note that if you supply data for all the data elements, MMIS will process the inquiry based on the hierarchy above. If there is a match, the 271 will return member data. If there is no match, the 271 will return the AAA segment with the appropriate reject code. MMIS will not perform multiple searches based on the data provided in the 270 request.

MassHealth will process these transactions in a test environment to verify that the file structure and content meet HIPAA standards and MassHealth-specific data requirements. MassHealth will generate and return the response to the Trading Partner. Once this validation is complete, the Trading Partner may submit production transactions to MassHealth.

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 16 MB. Any transaction files submitted to MassHealth that are greater than 16 MB will be rejected. If you have any questions regarding file size limits, please contact the MassHealth Customer Service Center 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 on the TA1 process.

If the Interchange Header is valid but the transaction fails compliance, a 999 will generate.

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 can be used to enroll as a MassHealth provider 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 Simple Object Access Protocol (SOAP)/Web Services Description Language (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 HTTP 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 the MassHealth Customer Service Center 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 are responsible for managing their own data. Each provider is responsible for managing access to their organization's data through the MMIS security function. Each provider must take all necessary precautions to ensure that they are safeguarding their information and sharing their data (i.e., granting access) only with users and entities who meet the required privacy standards.

It is equally important that providers know who on their staff has links to other providers or entities and that the provider notify those entities whenever access is removed for that person in their organization. MassHealth is not responsible for any action taken by an individual in MMIS whose access results from a provider's failure to abide by these requirements.

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

5. Contact Information

EDI CUSTOMER SERVICE

For written correspondence

MassHealth Customer Service Center
PO Box 120010
Boston, MA 02112-0010

For electronic claims/hard media submissions

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

EDI TECHNICAL ASSISTANCE

MassHealth Customer Service Center
PO Box 120010
Boston, MA 02112-0010
Email: hipaasupport@mahealth.net
Phone: (800) 841-2900
Fax: (617) 988-8971

PROVIDER SERVICE NUMBER

MassHealth Customer Service Center
PO Box 120010
Boston, MA 02112-0010
Email: providersupport@mahealth.net
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 at https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/index.

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.cahq.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 Data source (UPD)—CAQH aims to reduce the administrative burden for providers and health plans. See www.caqh.org.

MassHealth

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

National Committee on Vital and Health Statistics (NCVHS)

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

National Council of Prescription Drug Programs (NCPDP)

- The NCPDP is the standards and codes development organization for pharmacy. See www.ncpdp.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 270 transaction contains only one patient request when submitted in real-time mode. Therefore, in real-time mode IEA01 must equal 1. The chart below and all charts in this document align with the CAQH CORE v5010 Companion Guide template format. The template is available at www.caqh.org.

270 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.4	-----	ISA01	Authorization Information Qualifier	00	
C.4	-----	ISA02	Authorization Information		10 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	Eligibility request from MassHealth providers
				HSN3644	Eligibility request from HSN providers

271 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.4	-----	ISA01	Authorization Information Qualifier	00	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
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	Eligibility request from MassHealth providers
				HSN3644	Eligibility request from HSN 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 270 transaction contains only one patient request when submitted in a real-time mode. Therefore, in real-time mode GE01 must equal 1.

270 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.7	-----	GS02	Application Sender's Code		Trading Partner ID assigned by MassHealth (10-character MMIS provider ID/service location)
C.7	-----	GS03	Application Receiver's Code	DMA7384	Eligibility Response from MassHealth providers
				HSN3644	Eligibility Response from HSN providers

271 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.7	-----	GS02	Application Sender's Code	DMA7384	Eligibility Response from MassHealth providers
				HSN3644	Eligibility Response from HSN providers
C.7	-----	GS03	Application Receiver's Code		Trading Partner ID assigned by MassHealth (10-character MMIS provider ID/service location)

7. MassHealth-Specific Business Rules and Limitations

■ ADDITIONAL INFORMATION FOR MEMBER NAME

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

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

Example

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

One or more test files must address the following scenarios.

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

■ AAA ERROR CODE REPORTING (CORE STANDARD)

MassHealth has adopted the AAA Error Code Reporting Rule (Phase II CORE 259) developed by the Council for Affordable Quality Healthcare (CAQH). See www.caqh.org.

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

In the 270 transaction, if the subscriber ID or SSN is submitted

- MassHealth attempts the look up using member ID or SSN; if member not found in MassHealth's database, MassHealth will reject the transaction. A 271 returns one AAA segment with AAA03 = '72'.

In the 270 transaction, if the subscriber ID or SSN is not submitted, MassHealth will look up the subscriber last name, first name, date of birth, and gender submitted in the 270 transaction.

- If all four elements are missing, 271 returns two AAA segments with AAA03 = '73'.
- If the subscriber last name and first name are missing, 271 returns two AAA segments with AAA03 = '73'.
- If the subscriber last name is missing and first name is present, 271 returns one AAA segment with AAA03 = '73'.
- If the subscriber first name is missing and last name is present, 271 returns one AAA segment with AAA03 = '73'.
- If the subscriber last name and first name are present, but the date of birth and gender are missing, 271 returns one AAA segment with AAA03 = '58' and one AAA segment with AAA03 = '74'.
- If the subscriber last name and first name are present, but the date of birth is missing, 271 returns one AAA segment with AAA03 = '58'.
- If the subscriber last name, first name, and date of birth are present, but the gender is missing, 271 returns one AAA segment with AAA03 = '74'.

■ ELIGIBILITY VERIFICATION SYSTEM (EVS) GUIDELINES

To ensure timely and efficient processing of transactions submitted by MassHealth providers and vendors in conformance with Phase I CORE 155: Eligibility and Benefits Batch Response Time Rules, and in accordance with HIPAA ASC X12 and MassHealth policy, providers and vendors must follow the submission guidelines below.

- **ONLY** check eligibility for those MassHealth members to whom you will provide service on that day or the following day.
- **DO NOT** submit your entire roster of MassHealth members unless you are providing services for your entire roster of members that day or the following day.
- **DO NOT** include more than 3,000 member requests in any single ST/SE segment within an eligibility batch file request. ST/SE segments that exceed this maximum number of members will be rejected.

- **YOU MUST INCLUDE** the members Medicaid Identification Number (MID) on the eligibility request, if known.
- **POPULATE ALL** subsequent eligibility requests with the member information received from MassHealth on the prior eligibility response, where applicable.

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.

A TA1 Interchange acknowledgment is generated for all interactive files, with ISA14 set to 1 a 999 implementation acknowledgement is generated for interactive transactions that are not rejected due to interchange (ISA) error but have failed compliance. If multiple errors exist in any of the submitted ISA envelopes, a TA1 will be issued for all ISA envelopes.

THE TA1 INTERCHANGE ACKNOWLEDGEMENT

MassHealth will generate a TA1 for all ISA errors. Files must contain the same ISA and GS values for all ISA-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. Files that contain multiple envelopes 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.

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 270 transaction with conformance to maximum response time rule defined in Phase I CORE 155: Eligibility and Benefits Batch Response Time Rule.

For a 270 interactive transaction submitted to MassHealth, a system-generated 999 acknowledgement is generated if the transaction is rejected due to a compliance error. For compliant 270 interactive transactions submitted to MassHealth, a 271 response will return. 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 *Implementation Acknowledgment for Health Care Insurance (999) Guide*. To obtain an Implementation Guide, log on to 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 the MassHealth Customer Service Center 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 through 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 usage 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.

270 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
69	2100A	NM101	Entity Identifier Code	PR	
70	2100A	NM102	Entity Type Qualifier	2	
70	2100A	NM103	Information Source Last or Organization Name		MASSHEALTH
71	2100A	NM108	Identification Code Qualifier	46	Electronic Transmitter Identification Number
71	2100A	NM109	Information Source Primary Identifier		DMA7384
78	2100B	NM109	Information Receiver Identification Number		Enter the 10-character MassHealth provider ID, including Service Location, when the information receiver is an atypical provider. Enter National Provider Identifier (NPI) when the information receiver has an NPI.
98	2100C	REF01	Reference Identification Qualifier	EJ,SY,NQ	If value is submitted on the 270 request, the 271 response will contain the same value along with the subsequent Subscriber Supplemental Identifier.
99	2100C	REF02	Subscriber Supplemental Identifier		MassHealth will return the patient account number or other value on the 271 based on the value in 270.
123	2100C	DTP01	Date Time Qualifier	291	

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

Below are the criteria for these options.

■ INQUIRY BY MEMBER ID

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
95	2100C	NM108	Identification Code Qualifier	MI	
96	2100C	NM109	Subscriber Primary Identifier		MassHealth 12-digit member ID; MassHealth will return data in this field, including invalid member IDs on the 271.

■ INQUIRY BY SOCIAL SECURITY NUMBER OR OTHER AGENCY ID

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

■ INQUIRY BY LAST NAME, FIRST NAME, DATE OF BIRTH, AND GENDER

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
93	2100C	NM103	Subscriber Last Name		MassHealth allows a maximum of 20 characters for this search. MassHealth will return the entire value it receives in the 270 transaction when unable to find the member.
93	2100C	NM104	Subscriber First Name		MassHealth allows a maximum of 15 characters for this search. MassHealth will return the entire value it receives in the 270 transaction when unable to find the member.
108	2100C	DMG02	Subscriber Birth Date		MassHealth will return in the 271 the entire value it receives in the 270 transaction when unable to find the member.
109	2100C	DMG03	Subscriber Gender Code		MassHealth will return in the 271 the entire value it receives in the 270 transaction when unable to find the member.

271 (Outbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
219	2100A	NM102	Entity Type Qualifier	2	
219	2100A	NM103	Information Source Last or Organization Name		MASSHEALTH
220	2100A	NM108	Identification Code Qualifier	46	Electronic Transmitter Identification Number
220	2100A	NM109	Information Source Primary Identifier		DMA7384
222	2100A	PER02	Information Source Contact Name		MassHealth Customer Service Center

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
222	2100A	PER03	Communication Number Qualifier	EM	
223	2100A	PER04	Information Source Communication Number		edi@mahealth.net
223	2100A	PER05	Communication Number Qualifier	TE	
224	2100A	PER06	Information Source Communication Number		(800) 841-2900
227	2100A	AAA03	Reject Reason Code	04, 42	
228	2100A	AAA04	Follow-up Action Code	C, P	
238	2100B	AAA01	Valid Request Indicator	N	
239	2100B	AAA03	Reject Reason Code	51	
239	2100B	AAA04	Follow-up Action Code	C	
247	2000C	TRN01	Trace Type Code	2	
248	2000C	TRN02	Trace Number		Value submitted on 270 is returned in the 271.
248	2000C	TRN03	Trace Assigning Entity Identifier		Value submitted on 270 is returned in the 271.
247	2000C	TRN01	Trace Type Code	1	MassHealth returns the value 1 as the type code preceding the verification number.
248	2000C	TRN02	Trace Number		MassHealth returns a verification number on the 271. A maximum of 13 characters will be returned by MassHealth.
248	2000C	TRN03	Trace Assigning Entity Identifier		MassHealth returns the value of 1046002284 on the 271.
250	2100C	NM103	Subscriber Last Name		MassHealth allows a maximum of 20 characters for this search. MassHealth will return the entire value it receives in the 270 (maximum 60 characters) transaction when unable to find the member.
250	2100C	NM104	Subscriber First Name		MassHealth allows a maximum of 15 characters for this search. MassHealth will return the entire value it receives in the 270 (maximum 35 characters) transaction when unable to find the member.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
269	2100C	DMG02	Subscriber Birth Date		MassHealth will return the member's date of birth when the search returns a result. When no result is located, MassHealth will return the values submitted on the 270.
269	2100C	DMG03	Subscriber Gender Code		MassHealth will return the member's gender code when the search returns a result. When no result is located, MassHealth will return the values submitted on the 270.
254	2100C	REF01	Reference Identification Qualifier	SY	MassHealth will return the qualifier when an SSN result is located. When no result is located, MassHealth will return the qualifier submitted on the 270.
256	2100C	REF02	Subscriber Supplemental Identifier		MassHealth will return the SSN when the member is found in the MMIS database, MassHealth will return the SSN submitted on the 270.
254	2100C	REF01	Reference Identification Qualifier	NQ	MassHealth will return the qualifier when Other Agency ID is on the 270.
256	2100C	REF02	Subscriber Supplemental Information		MassHealth will return the Other Agency ID submitted on the 270.
254	2100C	REF01	Reference Identification Qualifier	3H	Qualifier is associated with local office number for MassHealth. MassHealth will return the Qualifier when a member is located. MassHealth will return the three-digit local office code if a member is located.
256	2100C	REF02	Subscriber Supplemental Information		
254	2100C	REF01	Reference Identification Qualifier	EJ	Qualifier is returned if patient account number will be returned when submitted in the 270.
256	2100C	REF02	Subscriber Supplemental Information		
262	2100C	AAA01	Valid Request Indicator	N	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
263	2100C	AAA03	Reject Reason Code	52, 57, 58, 62, 63, 72, 73, 74, 75, 76	
264	2100C	AAA04	Follow-up Action Code	C	
283	2100C	DTP01	Date Time Qualifier	291	
284	2100C	DTP02	Date Time Period Format Qualifier	RD8	

■ ELIGIBILITY STATUS

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

■ OTHER INSURANCE

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

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
316	2110C	REF02	Subscriber Eligibility or Benefit Identifier		If Reference Identification Qualifier is 18 – plan number, maximum of 16 characters, is sent back. 6P – group number, maximum of 16 characters, is sent back. 1L – other insurance policyholder name, maximum of 16 characters, is sent back. 1W – Member's Medicare Beneficiary Identifier
317	2110C	DTP01	Date Time Qualifier	290	
318	2110C	DTP02	Date Time Period Format Qualifier	RD8	
323	2110C	MSG01	Free Form Message Text		MassHealth will return restrictive message(s) in this field if applicable.
330	2120C	NM101	Entity Identifier Code	PRP	
331	2120C	NM102	Entity Type Qualifier	2	
331	2120C	NM103	Benefit Related Entity Last or Organization Name		Other insurance name
332	2120C	NM108	Identification Code Qualifier	PI	
333	2120C	NM109	Benefit Related Entity Identifier		Seven-digit other insurance carrier code
335	2120C	N301	Benefit Related Entity Address		Other insurance address line 1
335	2120C	N302	Benefit Related Entity Address		Other insurance address line 2
336	2120C	N401	Benefit Related Entity City Name		Other insurance city name
337	2120C	N402	Benefit Related Entity State Code		Other insurance state or province code
337	2120C	N403	Benefit Postal Code		Other insurance postal code
340	2120C	PER01	Contact Function Code	IC	
341	2120C	PER03	Communication Number Qualifier	TE	
341	2120C	PER04	Benefit Related Entity Communication Number		Other insurance phone number

LONG-TERM CARE

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	X	Long-term Care Plan
293	2110C	EB03	Service Type Code	30	
299	2110C	EB05	Plan Coverage Description		Long-term care, MMC (one-character, Management Minute Category) followed by a dash, followed by Management Minute Questionnaire (MMQ) score (five characters including a decimal)
317	2110C	DTP01	Date Time Qualifier	292	Long-term care eligibility dates
				435	Long-term care admit date
				193	Case-mix begin date
				194	Case-mix end date
318	2110C	DTP02	Date Time Period Format Qualifier	D8, RD8	
318	2110C	DTP03	Eligibility or Benefit Date Time Period		If Date Time Qualifier = 292, both begin and end dates returned; otherwise a single date value is returned.
323	2110C	MSG01	Free Form Message Text		MassHealth will return restrictive message(s) in this field if applicable.
330	2120C	NM101	Entity Identifier Code	FA	
331	2120C	NM102	Entity Type Qualifier	2	
331	2120C	NM103	Benefit Related Entity Last or Organization Name		Long-term-care facility name
332	2120C	NM108	Identification Code Qualifier	XX	
333	2120C	NM109	Benefit Related Entity Identifier		Long-term-care facility NPI
335	2120C	N301	Benefit Related Entity Address Line		Long-term-care facility address line 1
335	2120C	N302	Benefit Related Entity Address Line		Long-term-care facility address line 2
336	2120C	N401	Benefit Related Entity City Name		Long-term-care facility city name
337	2120C	N402	Benefit Related Entity State Code		Long-term-care facility state

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
337	2120C	N403	Benefit Related Entity Postal Zone or Zip Code		Long-term-care postal code
340	2120C	PER01	Contact Function Code	IC	
341	2120C	PER03	Communication Number Qualifier	TE	
341	2120C	PER04	Benefit Related Entity Communication Number		Long-term-care facility phone number

SPEND DOWN

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	Y	
293	2110C	EB03	Service Type Code	30	
299	2110C	EB05	Plan Coverage Description		
300	2110C	EB07	Benefit Amount		
323	2110C	MSG01	Free Form Message Text		

PATIENT-PAID AMOUNT

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

DEDUCTIBLE

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	1	
292	2110C	EB02	Benefit Coverage Level Code	IND	
293	2110C	EB03	Service Type Code	30	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
300	2110C	EB07	Benefit Amount		Deductible amount
317	2110C	DTP01	Date Time Qualifier	198	
318	2110C	DTP02	Date Time Period Format Qualifier	D8	
318	2110C	DTP03	Eligibility or Benefit Date Time Period		

■ CO-PAY CAP STATUS PHARMACY

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	1	
291	2110C	EB01	Eligibility or Benefit Information	B	
291	2110C	EB01	Eligibility or Benefit Information	J	Members total accumulated copay amount
292	2110C	EB02	Benefit Coverage Level Code	IND	
293	2110C	EB03	Service Type Code	88	
299	2110C	EB06	Time Period Qualifier	34	
300	2110C	EB07	Monetary Amount		Member's copay amount will display here. If the copay amount is zero, a zero will display. Members who are exempt from copays will have an exempt message displayed. See MSG 01.
323	2110C	MSG01	Free Form Message Text	246	Exempt from copay on Pharmacy services under 130 CMR 450.130(D); message will appear after the initial EB segment *(e.g., EB*1*IND*88)*
				366	Member has met the pharmacy Copay cap for the month of [MM/YY] message will appear after the initial EB segment *(e.g., EB*1*IND*88)*

MANAGED CARE – MCO, ACO, ICO, SCO, AND PACE OR PRIMARY CARE CLINICIAN (PCC), COMMUNITY PARTNER (CP)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	L	Managed care PCC
				MC	Managed Care Organization (MCO), Accountable Care Organization (ACO)
				D	Community Partner (CP)
292	2110C	EB02	Benefit Coverage Level Code	IND	
293	2110C	EB03	Service Type Code	30	
299	2110C	EB05	Plan Coverage Description		Possible values are any associated MCO, ACO, ICO, CP, SCO, or PACE.
317	2110C	DTP01	Date Time Qualifier	307	
318	2110C	DTP02	Date Time Period Format Qualifier	RD8	
318	2110C	DTP03	Eligibility or Benefit Date Time Period		MCO, ACO, PCC or CP begin and end dates
323	2110C	MSG01	Free Form Message Text		MassHealth will return restrictive message(s) in this field if applicable.
330	2120C	NM101	Entity Identifier Code	13	Contracted Service Provider
				P3	Primary Care Clinician (PCC)
331	2120C	NM102	Entity Type Qualifier	1, 2	
331	2120C	NM103	Benefit Entity Last or Organization Name		MCO name, ACO, PCC or CP site name
331	2120C	NM104	Name First		PCC or CP legal name
332	2120C	NM108	Identification Code Qualifier	XX	
333	2120C	NM109	Benefit Related Entity Identifier		NPI is displayed if available
335	2120C	N301	Benefit Related Entity Address Line		MCO, ACO, PCC or CP or address line 1
335	2120C	N302	Benefit Related Entity Address Line		MCO, ACO, PCC, or CP address line 2
336	2120C	N401	Benefit Related Entity City Name		MCO, ACO, PCC, or CP city name
337	2120C	N402	Benefit Related Entity State Code		MCO, ACO, PCC, or CP state or province code
337	2120C	N403	Benefit Related Entity Postal Zone or Zip Code		MCO, ACO, PCC, or CP postal code
341	2120C	PER03	Communication Number Qualifier	TE	

BEHAVIORAL HEALTH

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	W	MassHealth defines this code as behavioral health
293	2110C	EB02	Benefit Coverage Level Code	IND	
293	2110C	EB03	Service Type Code	30	
299	2110C	EB05	Plan Coverage Description		Behavioral health
317	2110C	DTP01	Date Time Qualifier	307	
318	2110C	DTP02	Date Time Period Format Qualifier	RD8	
318	2110C	DTP03	Eligibility or Benefit Date Time Period		Behavioral health begin and end date
323	2110C	MSG01	Free Form Message Text		MassHealth will return restrictive message(s) in this field if applicable.
330	2120C	NM101	Entity Identifier Code	13	330
331	2120C	NM102	Entity Type Qualifier	2	If legal name returned, value is 1 in NM104. Otherwise, value is 2.
331	2120C	NM103	Benefit Related Entity Last or Organization Name		Behavioral health site name
331	2120C	NM104	Benefit Related Entity First Name		Behavioral health legal name, if available
332	2120C	NM108	Identification Code Qualifier	XX	
333	2120C	NM109	Benefit Related Entity Identifier		NPI is displayed if available
335	2120C	N301	Benefit Related Entity Address Line		Behavioral health address line 1
335	2120C	N302	Benefit Related Entity Address Line		Behavioral health address line 2
336	2120C	N401	Benefit Related Entity City Name		Behavioral health city name
337	2120C	N402	Benefit Related Entity State Code		Behavioral health state or province code
337	2120C	N403	Benefit Related Entity Postal Zone or Zip Code		Behavioral health postal code
340	2120C	PER01	Contact Function Code	IC	
341	2120C	PER03	Communication Number Qualifier	TE	
341	2120C	PER04	Benefit Related Entity Communication Number		Behavioral health contact phone number

DEPENDENT LEVEL

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

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/topics/masshealth for the latest information on MassHealth's system.
3. Confirm that you have an EOHHS user name and/or Provider ID.
4. Confirm that you can access the live system (and the test environment, if testing) with your POSC username.
5. 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 MassHealth 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) before performing testing with MassHealth.
6. 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
7. Confirm you have reported all the NPIs you will be using by validating them with MassHealth. Make sure your claim(s) successfully pays 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.
8. When submitting files, make sure the members/claims you submit are representative of the type of service(s) you provide to MassHealth members.
9. If you determine that you will test the transaction, or testing is mandated by MassHealth.
   - Schedule a tentative week for the initial test; and
   - 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.

A. Eligibility Inquiry Transactions by
   1. MassHealth Member ID
   2. MassHealth SSN Number/Other Agency ID
   3. MassHealth Member Name

B. ACO Transactions
   1. ACO(A) Member Eligibility Inquiry with Member Name (Name Inquiry)
   2. ACO(A) Member Eligibility Inquiry with Member ID Example
   3. ACO(B) Member Eligibility Inquiry with Member ID
      i. Example 1
   4. ACO(C) Member Eligibility Inquiry with Member ID
      i. Example 1
      ii. Example 2

C. Test Transactions
   1. MassHealth 270 Test Transaction
   2. MassHealth 271 Test Transaction
   3. Provider Online Service Center – True Batch Example

Appendix C. Transmission Examples

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

A. Eligibility Inquiry Transactions

1. Example of a MassHealth 270 transaction (Member ID Inquiry)

```
ISA*00*          *00*          *ZZ*Provider ID     *ZZ*DMA7384        *080116*1200*^*00501*00
0000001*1*P*:~
GS*HS*Provider ID*DMA7384*20080116*1200*1*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*REPW*20110920*1200~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*Provider ID~ or if you are required to submit NPI
NM1*1P*2*PROVIDER NAME*****XX*NPI~
HL*3*2*22*0~
NM1*IL*1*MEMBER LAST NAME*MEMBER FIRST NAME****MI*MEMBER ID~
DMG*D8* MEMBER DOB *Gender~
DTP*291*RD8*20110916-20110918~
EQ*30~
SE*11*0001~
GE*1*1~
IEA*1*000000001~
```

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

```
ISA*00*          *00*          *ZZ*Provider ID     *ZZ*DMA7384        *080116*1200*^*00501*00
0000001*1*P*:~
GS*HS*Provider ID*DMA7384*20080116*1200*1*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*REPW*20110920*1200~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*Provider ID~ or if you are required to submit NPI
NM1*1P*2*PROVIDER NAME*****XX*NPI~
HL*3*2*22*0~
NM1*IL*1*MEMBER LAST NAME*MEMBER FIRST NAME~
REF*SY*Social Security Number~ or if Agency id REF*NQ*Other Agency ID~
DMG*D8* MEMBER DOB *Gender~
DTP*291*RD8*20110916-20110918~
EQ*30~
SE*12*0001~
GE*1*1~
IEA*1*000000001~
```

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

```
ISA*00*          *00*          *ZZ*Provider ID     *ZZ*DMA7384        *080116*1200*^*00501*00
0000001*1*P*:~
GS*HS*Provider ID*DMA7384*20080116*1200*1*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*REPW*20110920*1200~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*Provider ID~ or if you are required to submit NPI
NM1*1P*2*PROVIDER NAME*****XX*NPI~
HL*3*2*22*0~
NM1*IL*1*Member Last Name*Member First Name*~
DMG*D8* MEMBER DOB *Gender~
DTP*291*RD8*20110916-20110918~
EQ*30~
SE*12*0001~
GE*1*1~
IEA*1*000000001~
```

B. ACO Transactions

1. ACO(A) Member Eligibility Inquiry with Member Name (Name Inquiry) 270

```
ISA*00*          *00*          *ZZ*110048577A     *ZZ*DMA7384        *180601*0802*^*00501*000
000915*1*T*:~
GS*HS*110048577A*DMA7384*20180601*0811*134*X*005010X279A1~
ST*270*1234*005010X279A1~
BHT*0022*13**20180601*0811~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****46*842610001~
HL*2*1*21*1~
NM1*1P*1*HUGHES*MICHELLE*L***XX*1134135759~
HL*3*2*22*0~
TRN*1*PA145*9BI1234567~
NM1*IL*1*Member Last Name*Member First Name*~
DMG*D8* MEMBER DOB *Gender~
DTP*291*RD8*20180415-20180515~
EQ*30~
SE*13*1234~
GE*1*134~
IEA*1*000000915~
```

271

```
ISA*00*          *00*          *ZZ*DMA7384        *ZZ*110048577A     *180910*1840*^*00501*000
000559*0*T*:~
GS*HB*DMA7384*110048577A*20180910*184007*153*X*005010X279A1
ST*271*1234*005010X279A1
BHT*0022*11**20180910*1840
HL*1**20*1
NM1*PR*2*MASSHEALTH*****46*DMA7384
PER*IC*MASSHEALTH CUSTOMER SERVICE*UR*edi@mahealth.net*TE*8008412900
HL*2*1*21*1
```

```
NM1*1P*1*HUGHES*****XX*1134135759
HL*3*2*22*0
TRN*2*PA145*9BI1234567
TRN*1*1825300000019*1046002284
NM1*IL*1*Member Last Name*Member First Name****MI*MemberID
REF*SY*SSN
REF*3H*570
N3*Address
N4*CITY*STATE*ZIPCODE
DMG*D8* MEMBER DOB *Gender~
DTP*291*RD8*20180415-20180515
EB*1*IND*30**MASSHEALTH STANDARD
DTP*307*RD8*20180415-20180515
MSG*246 EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).~
MSG*186 EXEMPT FROM COPAY ON Nonpharmacy SERVICES UNDER 130 CMR 450.130(D).~
EB*W*IND*30**BEHAVIORAL HEALTH
DTP*307*RD8*20180415-20180515
MSG*525 For behavioral health service questions and authorization, call the Massachusetts
Behavioral Health Partnership at 1-800-495-0086.~
LS*2120
NM1*13*2*MASSACHUSETTS BEH HLTH PRT*****XX*1548385057
N3*150 FEDERAL ST FL 3
N4*BOSTON*MA*02110
PER*IC**TE*8004950086
LE*2120
EB*MC*IND*30**ACO MODEL B - Primary Care ACO
DTP*307*RD8*20180415-20180515
MSG*740 Community Care Cooperative (C3) member. Community Care Cooperative  is a Primary Care
ACO.~
MSG*741 For medical service questions call, Community Care Cooperative (C3) at 1-866-676-
9226.~
MSG*742 For claims, referrals, or billing questions, call the MassHealth Customer Service
Center at 1-800-841-2900.~
LS*2120
NM1*13*2*COMMUNITY CARE COOPERATIVE (C3)~
N3*1 FEDERAL ST FL 5
N4*BOSTON*MA*02110
PER*IC**TE*8666769226
LE*2120
EB*L*IND*30**ACO MODEL B - PRIMARY CARE ACO - PCCB
DTP*307*RD8*20180415-20180515
MSG*687 COMMUNITY CARE COOPERATIVE MEMBER. COMMUNITY CARE COOPERATIVE IS A PRIMARY CARE
ACO. CALL THE PCC ABOVE FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR
450.118(J).~
LS*2120
NM1*P3*1*BROCKTON NEIGHBRHD HLT CTR*BROCKTON NGHBRHD H.C., IN****XX*1225085319
N3*63 MAIN STREET*ACCOUNTS RECEIVABLE
N4*BROCKTON*MA*02301
PER*IC**TE*5085596699
LE*2120
SE*51*1234
GE*1*153
IEA*1*000000559
```

2. ACO(A) Member Eligibility Inquiry with Member ID

270

```
ISA*00*          *00*          *ZZ*110048577A     *ZZ*DMA7384        *180111*0802*^*00501*000
000915*1*P*:~
GS*HS*110048577A*DMA7384*20180205*0811*134*X*005010X279A1~
ST*270*1234*005010X279A1~
BHT*0022*13**20180205*0811~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*HUGHES*MICHELLE*L***XX*1134135759~
HL*3*2*22*0~
TRN*1*PA145*9BI1234567~
NM1*IL*1******MI*MEMBER ID~
DTP*291*RD8*20180205-20180205~
EQ*30~
SE*12*1234~
GE*1*134~
IEA*1*000000915~
```

271

```
ISA*00*          *00*          *ZZ*DMA7384        *ZZ*110048577A     *180205*1040*^*00501*000
000220*0*P*:~
GS*HB*DMA7384*110048577A*20180205*104007*45*X*005010X279A1
ST*271*1234*005010X279A1
BHT*0022*11**20180205*1040
HL*1**20*1
NM1*PR*2*MASSHEALTH*****46*DMA7384
PER*IC*MASSHEALTH CUSTOMER SERVICE*UR*edi@mahealth.net*TE*8008412900
HL*2*1*21*1
NM1*1P*1*HUGHES*****XX*1134135759
HL*3*2*22*0
TRN*2*PA145*9BI1234567
TRN*1*1803600000028*1046002284
NM1*IL*1*Member Last Name*Member First Name****MI*MemberID
REF*SY*SSN
REF*3H*520
N3*ADDRESS
N4*CITY*STATE*ZIPCODE
DMG*D8*DOB*GENDER
DTP*291*RD8*20180205-20180205
EB*1*IND*30**MASSHEALTH STANDARD
DTP*307*RD8*20180205-20180205
MSG*991 CERTAIN HSN DENTAL SERVICES AVAILABLE AT COMMUNITY HEALTH CENTERS AND HOSPITAL-BASED
HEALTH CENTERS.~
EB*MC*IND*30**ACO MODEL A - MCO STANDARD
DTP*307*RD8*20180205-20180205
MSG*688 BeHealthy Partnership member. BeHealthy Partnership is an Accountable Care
Partnership Plan.~
MSG*689 For medical service questions, call  1-800-786-9999.~
MSG*690 For behavioral health service questions and authorizations, call [Massachusetts
Behavioral health Partnership (MBHP)]at 1-800-495-0086
MSG*691 For medical claims, policy, or billing questions, call 1-800-786-9999.~
LS*2120
NM1*13*2*BEHEALTHY PARTNERSHIP
```

```
N3*1 MONARCH PL STE 1500
N4*SPRINGFIELD*MA*01144
PER*IC**TE*8007869999
LE*2120
SE*33*1234
GE*1*45
IEA*1*000000220
```

3. ACO(B) Member Eligibility Inquiry with Member ID

270

```
ISA*00*          *00*          *ZZ*110048577A     *ZZ*DMA7384        *180111*0802*^*00501*000
000915*1*P*:~
GS*HS*110048577A*DMA7384*20180205*0811*134*X*005010X279A1~
ST*270*2013*005010X279A1~
BHT*0022*13**20180205*0811~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*HUGHES*MICHELLE*L***XX*1134135759~
HL*3*2*22*0~
TRN*1*PA145*9BI1234567~
NM1*IL*1******MI*MEMBER ID~
DTP*291*RD8*20180205-20180205~
EQ*30~
SE*12*2013~
GE*1*134~
IEA*1*000000915~
```

271

```
ISA*00*          *00*          *ZZ*DMA7384        *ZZ*110048577A     *180205*1040*^*00501*000
000220*0*P*:~
GS*HB*DMA7384*110048577A*20180205*104007*45*X*005010X279A1
ST*271*2013*005010X279A1
BHT*0022*11**20180205*1040
HL*1**20*1
NM1*PR*2*MASSHEALTH*****46*DMA7384
PER*IC*MASSHEALTH CUSTOMER SERVICE*UR*edi@mahealth.net*TE*8008412900
HL*2*1*21*1
NM1*1P*1*HUGHES*****XX*1134135759
HL*3*2*22*0
TRN*2*PA145*9BI1234567
TRN*1*1803600000041*1046002284
NM1*IL*1*Member Last Name*Member First Name****MI*MemberID
REF*SY*SSN
REF*3H*520
N3*ADDRESS
N4*CITY*STATE*ZIPCODE
DMG*D8*DOB*GENDER
DTP*291*RD8*20180205-20180205
EB*1*IND*30**MASSHEALTH STANDARD
DTP*307*RD8*20180205-20180205
EB*W*IND*30**BEHAVIORAL HEALTH
DTP*307*RD8*20180205-20180205
MSG*525 For behavioral health service questions and authorization, call the Massachusetts
```

```
Behavioral Health Partnership at 1-800-495-0086
LS*2120
NM1*13*2*MASSACHUSETTS BEH HLTH PRT*****XX*1548385057
N3*150 FEDERAL ST FL 3
N4*BOSTON*MA*02110
PER*IC**TE*8004950086
LE*2120
EB*L*IND*30**ACO MODEL B - PRIMARY CARE ACO - PCCB
DTP*307*RD8*20180205-20180205
MSG*461 PRIMARY CARE CLINICIAN (PCC) PLAN MEMBER. CALL PCC FOR AUTHORIZATION FOR ALL SERVICES
EXCEPT THOSE LISTED IN 130 CMR 450.118(J).~
LS*2120
NM1*P3*1*BERKSHIRE CARE INC*BERKSHIRE CARE INC****XX*1770792673
N3*18 CHARLES ST
N4*PITTSFIELD*MA*01201
PER*IC**TE*4134421571
LE*2120
EB*MC*IND*30**ACO MODEL B - Primary Care ACO
DTP*307*RD8*20180205-20180205
MSG*740 Community Care Cooperative (C3) member. Community Care Cooperative is a Primary Care
ACO.~
MSG*741 For medical service questions, call 1-866-676-9226.~
MSG*742 For claims, referrals, or billing questions, call the MassHealth Customer Service
Center at 1-800-841-2900.~
LS*2120
NM1*13*2*COMMUNITY CARE COOPERATIVE (C3)~
N3*10 GOVE ST
N4*EAST BOSTON*MA*02128
PER*IC**TE*8666769226
LE*2120
SE*49*2013
GE*1*45
IEA*1*000000220
```

4. ACO(C) Member Eligibility Inquiry with Member ID

270

```
ISA*00*          *00*          *ZZ*110048577A     *ZZ*DMA7384        *180111*0802*^*00501*000
000915*1*P*:~
GS*HS*110048577A*DMA7384*20180212*0811*134*X*005010X279A1~
ST*270*1234*005010X279A1~
BHT*0022*13**20180212*0811~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*HUGHES*MICHELLE*L***XX*1134135759~
HL*3*2*22*0~
TRN*1*PA145*9BI1234567~
NM1*IL*1******MI*MEMBER ID~
DTP*291*RD8*20180201-20180212~
EQ*30~
SE*12*1234~
GE*1*134~
IEA*1*000000915~
```

271

```
ISA*00*          *00*          *ZZ*DMA7384        *ZZ*110048577A     *180212*1540*^*00501*000
000228*0*P*:~
GS*HB*DMA7384*110048577A*20180212*154007*47*X*005010X279A1
ST*271*1234*005010X279A1
BHT*0022*11**20180212*1540
HL*1**20*1
NM1*PR*2*MASSHEALTH*****46*DMA7384
PER*IC*MASSHEALTH CUSTOMER SERVICE*UR*edi@mahealth.net*TE*8008412900
HL*2*1*21*1
NM1*1P*1*HUGHES*****XX*1134135759
HL*3*2*22*0
TRN*2*PA145*9BI1234567
TRN*1*1804300000006*1046002284
NM1*IL*1*Member Last Name*Member First Name****MI*MemberID
REF*SY*SSN
REF*3H*520
N3*ADDRESS
N4*CITY*STATE*ZIPCODE
DMG*D8*DOB*GENDER
DTP*291*RD8*20180201-20180212
EB*1*IND*30**MASSHEALTH STANDARD
DTP*307*RD8*20180201-20180212
MSG*991 CERTAIN HSN DENTAL SERVICES AVAILABLE AT COMMUNITY HEALTH CENTERS AND HOSPITAL-BASED
HEALTH CENTERS.~
EB*MC*IND*30**MCO STANDARD
DTP*307*RD8*20180201-20180212
MSG*619 FALLON COMMUNITY HEALTH PLAN MEMBER. FOR DENTAL SERVICES CALL 1-866-275-3247. FOR
VISION SERVICES CALL 1-866-275-3247.~
MSG*311 FALLON MEMBER. For Medical Services Call 1-866-275-3247. For Behavioral Health
Services CALL 1-888-421-8861.~
LS*2120
NM1*13*2*FALLON COMMUNITY HLTH PLAN*****XX*1376696674
N3*10 CHESTNUT STREET
N4*WORCESTER*MA*01608
PER*IC**TE*8008685200
LE*2120
SE*31*1234
GE*1*47
IEA*1*000000228
```

270

```
ISA*00*          *00*          *ZZ*110048577A     *ZZ*DMA7384        *180111*0802*^*00501*000
000915*1*P*:~
GS*HS*110048577A*DMA7384*20180212*0811*134*X*005010X279A1~
ST*270*1234*005010X279A1~
BHT*0022*13**20180212*0811~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*HUGHES*MICHELLE*L***XX*1134135759~
HL*3*2*22*0~
TRN*1*PA145*9BI1234567~
NM1*IL*1******MI*Member ID~
DTP*291*RD8*20180201-20180212~
EQ*30~
SE*12*1234~
```

```
GE*1*134~
IEA*1*000000915~
```

271

```
ISA*00*          *00*          *ZZ*DMA7384        *ZZ*110048577A     *180212*1610*^*00501*000
000231*0*P*:~
GS*HB*DMA7384*110048577A*20180212*161007*48*X*005010X279A1
ST*271*1234*005010X279A1
BHT*0022*11**20180212*1610
HL*1**20*1
NM1*PR*2*MASSHEALTH*****46*DMA7384
PER*IC*MASSHEALTH CUSTOMER SERVICE*UR*edi@mahealth.net*TE*8008412900
HL*2*1*21*1
NM1*1P*1*HUGHES*****XX*1134135759
HL*3*2*22*0
TRN*2*PA145*9BI1234567
TRN*1*1804300000007*1046002284
NM1*IL*1*Member Last Name*Member First Name****MI*MemberID
REF*SY*SSN
REF*3H*520
N3*ADDRESS
N4*CITY*STATE*ZIPCODE
DMG*D8*DOB*GENDER
DTP*291*RD8*20180201-20180212
EB*1*IND*30**MASSHEALTH STANDARD
DTP*307*RD8*20180201-20180212
MSG*991 CERTAIN HSN DENTAL SERVICES AVAILABLE AT COMMUNITY HEALTH CENTERS AND HOSPITAL-BASED
HEALTH CENTERS.~
EB*MC*IND*30**MCO STANDARD
DTP*307*RD8*20180201-20180212
MSG*619 FALLON COMMUNITY HEALTH PLAN MEMBER. FOR DENTAL SERVICES CALL 1-866-275-3247. FOR
VISION SERVICES CALL 1-866-275-3247.~
MSG*311 FALLON MEMBER. For Medical Services Call 1-866-275-3247. For Behavioral Health
Services CALL 1-888-421-8861.~
LS*2120
NM1*13*2*FALLON COMMUNITY HLTH PLAN*****XX*1376696674
N3*10 CHESTNUT STREET
N4*WORCESTER*MA*01608
PER*IC**TE*8008685200
LE*2120
SE*31*1234
GE*1*48
IEA*1*000000231
```

C. Test Transactions

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

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

1. MassHealth 270 Test Transaction

```
ISA*00*          *00*          *ZZ*Provider ID     *ZZ*DMA7384        *080116*1200*^*00501*00
0000001*1*P*:~
GS*HS*Provider ID*DMA7384*20080116*1200*1*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*REPW*20110920*1200~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*Provider ID~ or if you are required to submit NPI
NM1*1P*2*PROVIDER NAME*****XX*NPI~
HL*3*2*22*0~
NM1*IL*1*NM1*IL*1*Member Last Name*Member First Name****MI*MEMBER ID~
DMG*D8* MEMBER DOB *Gender~
DTP*291*RD8*20110916-20110918~
EQ*30~
HL*4*2*22*0~
NM1*IL*1*MEMBER LAST NAME*MEMBER FIRST NAME****MI*MEMBER ID~
DMG*D8* MEMBER DOB *Gender~
DTP*291*RD8*20110916-20110918~
EQ*30~
SE*15*1234~
GE*1*300000000~
IEA*1*200000000~
```

2. MassHealth 271 Test Transaction

```
ISA*00*          *00*          *ZZ*Provider ID     *ZZ*DMA7384        *080116*1200*^*00501*00
0000001*1*T*:~
GS*HB*Provider ID*DMA7384*20110920*1200*1*X*005010X279A1~
ST*271*0001*005010X279A1~
BHT*0022*13*REPW*20110920*1200~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
PER*IC*MASSHEALTH CUSTOMER SERVICE*UR*edi@mahealth.net*TE*8008412900~
HL*2*1*21*1~
NM1*1P*1*PROVIDER LAST NAME*PROVIDER FIRST NAME*PROVIDER MIDDLE INITIAL***XX*NPI~
HL*3*2*22*0~
TRN*1*821300000017*1046002284~
NM1*IL*1*MEMBER LAST NAME*MEMBER FIRST NAME****MI*MEMBER ID~
REF*SY*SOCIAL SECURITY NUMBER~
REF*3H*152*Local Office Code~
N3*MEMBER STREET ADDRESS~
```

```
N4*NATICK*MA*02124~
DMG*D8*MEMBER DATE OF BIRTH*M~
DTP*472*RD8*20080425-20080425~
EB*1*IND*30**MASSHEALTH STANDARD~
DTP*307*RD8*20110916-20110918~
MSG*EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).~
MSG*EXEMPT FROM COPAY ON Nonpharmacy SERVICES UNDER 130 CMR 450.130(D).~
MSG*restrictive message for BNFT~
EB*MC*IND*30~
DTP*307*RD8*20110916-20110918~
MSG*NETWORK HEALTH MEMBER. For Medical Services call 1-888-257-1985. For Behavioral Health
Services call 1-888-257-1986.~
LS*2120~
NM1*13*1*NETWORK HEALTH*NETWORK HEALTH~
N3*432 COLUMBIA ST STE 23~
N4*CAMBRIDGE*MA*02141~
LE*2120~
HL*4*2*22*0~
TRN*1*821300000018*1046002284~
NM1*IL*1*MEMBER LAST NAME*MEMBER FIRST NAME****MI*MEMBER ID~
REF*SY*SOCIAL SECURITY NUMBER~
REF*3H*152*Local Office Code~
N3*MEMBER STREET ADDRESS~
N4*NATICK*MA*02124~
DMG*D8*MEMBER DATE OF BIRTH*F~
DTP*472*RD8*20110916-20110918~
EB*1*IND*30**MASSHEALTH STANDARD~
DTP*307*RD8*20110916-20110918~
MSG*EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).~
MSG*EXEMPT FROM COPAY ON Nonpharmacy SERVICES UNDER 130 CMR 450.130(D).~
MSG*restrictive message for BNFT~
EB*MC*IND*30~
DTP*307*RD8*20110916-20110918~
MSG*NETWORK HEALTH MEMBER. For Medical Services call 1-888-257-1985. For Behavioral Health
Services call 1-888-257-1986.~
LS*2120~
NM1*13*1*NETWORK HEALTH*NETWORK HEALTH~
N3*432 COLUMBIA ST STE 23~
N4*CAMBRIDGE*MA*02141~
PER*IC**TE*8882571985~
LE*2120~
SE*53*1234~
GE*1*158~
IEA*1*000000232~
```

3. Provider Online Service Center–True Batch Example

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

```
ISA*00*          *00*          *ZZ*999999999     *ZZ*DMA7384        *080116*1200*^*00501*0000
00001*1*P*:~
GS*HS*USERID1*DMA7384 *20110920*1358*1*X*005010X279A1~
ST*270*1234~
BHT*0022*13*EPIC*20031021*135800~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*2*TEST PROVIDER*****SV*9999999999~or if you are required to submit NPI NPI
NM1*1P*2*PROVIDER NAME*****XX*NPI~
HL*3*2*22*0~
NM1*IL*1*NM1*IL*1*Member Last Name*Member First Name****MI*MEMBER ID~
DMG*D8* MEMBER DOB *Gender~
DTP*291*RD8*20110916-20110918~
EQ*30~
SE*11*1234~
GE*1*1~
IEA*1*000000031~
ISA*00*          *00*          *ZZ*999999999     *ZZ*DMA7384        *080116*1200*^*00401*0000
00001*1*P*:~
GS*HS*USERID1*DMA7384 *20110920*1358*1*X*005010X279A1~
ST*270*1234~
BHT*0022*13*EPIC*20031021*135800~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*2*TEST PROVIDER*****SV*9999999999~ or if you are required to submit NPI NPI
NM1*1P*2*PROVIDER NAME*****XX*NPI~
HL*3*2*22*0~
NM1*IL*1*NM1*IL*1*Member Last Name*Member First Name****MI*MEMBER ID~
DMG*D8* MEMBER DOB *Gender~
DTP*291*RD8*20110916-20110918~
EQ*30~
SE*10*1234~
GE*1*1~
IEA*1*000000031~
ISA*00*          *00*          *ZZ*999999999     *ZZ*DMA7384        *080116*1200*^*00401*0000
00001*1*P*:~
GS*HS*USERID1*DMA7384 *20110920*1358*1*X*005010X279A1~
ST*270*1234~
BHT*0022*13*EPIC*20031021*135800~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****PI*842610001~
HL*2*1*21*1~
NM1*1P*2*TEST PROVIDER*****SV*9999999999~ or if you are required to submit NPI NPI
NM1*1P*2*PROVIDER NAME*****XX*NPI~
HL*3*2*22*0~
NM1*IL*1*NM1*IL*1*Member Last Name*Member First Name****MI*MEMBER ID~
DMG*D8* MEMBER DOB *Gender~
DTP*291*RD8*20110916-20110918~
EQ*30~
SE*10*1234~
GE*1*1~
IEA*1*000000031~
```

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: What are the main differences between the Web/POSC/Batch/DDE and the MassHealth CORE connectivity submission methods?

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

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

A: The DTP segment is used to determine the date of service. If the DTP segment is not included in the transaction, the system date that the 270 transaction is processed by MassHealth is used as the date of service.

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

A: Real-time transactions are limited to one inquiry per interchange. MassHealth agrees to the reasonable limit of up to a 3,000-member request per transaction and reserves the right to modify this limit as required, in accordance with the HIPAA standard. ST/SE segments that exceed this maximum number of members will be rejected.

Q: What information is returned on the 271?

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

- Member address
- Member ID, social security number, and/or other agency ID
- MassHealth benefit plan
- MassHealth assignment plan
- Primary care clinician information
- Other insurance information
- Managed care information

- Accountable care organization information
- Member payment responsibility information
- Long-term care information
- Behavioral health information
- Restrictive messages

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

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

Q: Are any fields case sensitive?

A: No.

Q: Can I request future eligibility information?

A: No. You may only request current date and historical dates. You may receive the following in your 271 response: "Date of service not within allowable inquiry."

Q: Why did I not receive a 271?

A: We recommend that you wait up to 2 – 24 hours after submitting your 270 to download your 999. Review the 999 and make sure that the 270 file was accepted. The 271 file should be available within the 2 – 24-hour time frame.

Q: Where can I find a list of messages reported on the 271?

A: Please refer to the MassHealth "Appendix Y: EVS Codes and Messages" document available on www.mass.gov. It contains a list of active Eligibility Verification System (EVS) codes. It also contains the associated service restriction messages.

Q: Is testing required for implementing electronic batch submissions for eligibility requests and responses (270/271)?

A: MassHealth does not require testing when implementing batch 270/271 transactions. You may send test files to the test environment; however, it is not required.

Q: How do I transition from direct data entry (DDE) on the Provider Online Service Center (POSC) to submitting electronic batch eligibility?

A: You will need software to generate the 270 and receive the 271 responses, in addition to receiving the 999 files. If you do not have software, you may contact any of the vendors listed on the MassHealth-Approved Vendor List, published on www.mass.gov that allows you to maintain HIPAA compliance. Your 270 file must be in the ANSI X12 standard format for 5010. You will need the Implementation Guide that is available for download from http://www.wpc-edi.com/ and the *MassHealth Standard Companion Guide 270*. Once you generate your 270 batch file, you may log into the PRODUCTION POSC and upload your 270 batch file. If you need assistance, please contact the MassHealth Customer Service Center at (800) 841-2900 or via email at edi@mahealth.net.

Q: What does MassHealth accept as a "segment terminator" delimiter?

A: MassHealth will accept a tilde (~).

Q: What if I do not have software to generate a 270 or accept a 271?

A: MassHealth publishes a list of approved vendors on the MassHealth website at www.mass.gov/service-details/vendor-list that allows you to maintain HIPAA compliance. MassHealth updates this list periodically.

Q: What do I do with the responses received in the 271?

A: MassHealth recommends that you read the responses and follow the instructions, as applicable.

Q: Why did my 270 transaction reject when I included only the member's name, date of birth (DOB), and gender?

A: The file will reject when there is more than one member that exactly matches the member name (first name and last name), DOB, and gender when the member ID (MID) is not included in the 270 request. To avoid this, MassHealth recommends including the MID in your 270 requests whenever possible.

Q: Why did my 270 transaction reject when I included both the member's ID number and demographic data?

A: MassHealth will validate the ID number submitted. If the ID number is invalid, the file will reject. If a request is submitted with demographic data (e.g. first name, last name, DOB, gender), if a single match is found eligibility information will be returned on the 271.

Appendix E. Change Summary

The following loops and segments have been added, deleted or modified in this Companion Guide.

271 Outbound Changes

■ CO-PAY CAP STATUS PHARMACY — SEGMENTS HAVE BEEN MODIFIED

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	B	
				J	Members total accumulated copay amount
292	2110C	EB02	Benefit Coverage Level Code	IND	
293	2110C	EB03	Service Type Code	88	
299	2110C	EB06	Time Period Qualifier	34	
300	2110C	EB07	Monetary Amount		Member's copay amount will display here. If the copay amount is zero, a zero will display. Members who are exempt from copays will have an exempt message displayed. See MSG 01.
323	2110C	MSG01	Free Form Message Text	246	Exempt from copay on Pharmacy services under 130 CMR 450.130(D)
				366	Member has met the pharmacy Copay cap for the month of [MM/YY]

■ CO-PAY CAP STATUS NON-PHARMACY — THIS LOOP AND SEGMENT HAS BEEN DELETED

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
323	2110C	MSG01	Free Form Message Text		

Copyright © 2021 MassHealth
All rights reserved. This document may be copied.