MassHealth

Standard Companion Guide

Health Care Premium Payment (820)

Refers to the Implementation Guides
Based on ASC X12N Version 005010X218

November 2023

Disclosure Statement

This *MassHealth Standard Companion Guide* ("Companion Guide") serves as a companion document to the corresponding *ASC X12N/005010X218 Health Care Premium Payment (820).* 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. The document further specifies the requirements to use when preparing, submitting, receiving, and processing electronic health care administrative data.

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

About MassHealth

In Massachusetts, the Medicaid and Children's Health Insurance Program (CHIP) are combined into one program called MassHealth. MassHealth provides comprehensive health insurance and dental coverage for eligible individuals, families, and people with disabilities across the Commonwealth of Massachusetts. The program serves over 2.4 million residents in the state. MassHealth's coverage is managed and facilitated through an array of programs, including Fee for Service, accountable care organizations (ACOs), and managed care organizations (MCOs), which enable members to choose the plan that best meets their needs. The agency is nationally recognized for providing high quality care in an innovative and cost-effective manner. See www.mass.gov/masshealth.

Medicaid Management Information System and Provider Online Service Center

The Medicaid Management Information System (MMIS) and the Provider Online Service Center (POSC) both support the web-based provider portal that is 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

Delivery Systems Operations
enrollmentoperations@mass.gov

Preface

This *MassHealth Standard Companion Guide* to the 005010 ASC X12N Implementation Guide clarifies and specifies the data content when exchanging transactions electronically with MassHealth. The *MassHealth Standard Companion Guide* is not intended to convey information that in any way exceeds or replaces the requirements or usages of data expressed in the Implementation Guides. Neither the Executive Office of Health and Human Services nor MassHealth is responsible for any action or inaction, nor the effects of such action or inaction, taken in reliance on the contents of this guide.

Contents

Appendices

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 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 820 Health Care Premium Payment transactions is 005010X218.

This Companion Guide assumes compliance with all loops, segments and data elements contained in the 005010X218. 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 820 electronic transaction;
- Technical requirements and transmission options; and
- Information on testing procedures each Trading Partner must complete before transmitting electronic transactions.

The information in this document supersedes all previous communications from MassHealth about this 820 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 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 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 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. Trading Partners who use this transaction must also complete an Electronic Funds Transfer Form. Here are some tips for completing the EFT form. If you have already completed this form, you are not required to complete it again. Please contact Delivery Systems Operations mailbox at enrollmentoperations@mass.gov 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 submitted to MassHealth should include a representative sample of the various types of transactions that you would normally conduct with MassHealth. The size of the file should be between 25 and 50 transactions.

MassHealth will post on its website a list of vendors, clearinghouses, and billing intermediaries that have completed Trading Partner testing. If a billing intermediary or software vendor submits electronic transactions on your behalf, please view the list on our website. Providers who use a billing intermediary or software vendor do not need to test for electronic transactions that their entity submits on their behalf.

3. Testing with MassHealth

Typically, before exchanging production transactions with MassHealth, each Trading Partner must complete testing. All Trading Partners who plan to exchange transactions must contact Delivery Systems Operations at enrollmentoperations@mass.gov 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.

■ TEST 820 FILE-NAMING CONVENTION

The 820 files produced by MassHealth have the following naming convention:

999999999A.820.WEB.HHMMSSSS.JJJ where	
999999999A	Indicates the Trading Partner ID assigned by MassHealth OR 10-digit MMIS provider ID/service location (PID/SL)
HHMMSSSS	Indicates the hours, minutes, seconds, and sub-seconds when the file was created
JJJ	Indicates the Julian date when the file was created when the file was created

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

- The 820 file will be sent to providers via the Provider Online Service Center or via the MassHealth Connectivity Method.
- The 820 transactions adhere to the ASC X12N 820 (005010X218) format. The file is fixed-length ASCII and contains no real numbers.
- One 820 transaction occurs for each Trading Partner for each processing cycle.
- The 999 and TA1 acknowledgements will not be accepted in response to the 820 file. Please inform the business contact of any problems with the transactions.
- Many optional fields contain no data.

4. Connectivity with MassHealth/Communications

■ TRANSMISSION ADMINISTRATIVE PROCEDURES

System Availability

The system is typically available 24 hours a day, seven days a week, with the exception of scheduled maintenance windows.

Transmission Errors

MassHealth does not anticipate there will be transmission errors identified for the 820 transactions. If you experience transmission issues please contact Delivery Systems Operations at enrollmentoperations@mass.gov for assistance.

■ COMMUNICATION PROTOCOL SPECIFICATIONS

Provider Online Service Center (POSC)

The POSC is a web-based tool accessible via the internet, which aids providers in effectively managing their business with MassHealth electronically. The POSC may be used to enroll as a MassHealth provider; manage a provider's profile information; enter claims via direct data entry (DDE); enter member eligibility requests via DDE; view member eligibility response transactions, upload and download batch transaction files, access reports, and receive messages/communications.

MassHealth Connectivity Method

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

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

■ PASSWORDS

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

Each provider is responsible for managing their own data and access to their organization's data through the MMIS security function. Each provider must take all necessary precautions to ensure that they are safeguarding their information and sharing their data (i.e., granting access) only with users and entities who meet their required privacy standards.

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

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

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

5. Contact Information

■ DELIVERY SYSTEMS OPERATIONS

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

■ CUSTOMER SERVICE CENTER

For connectivity method questions
edi@mahealth.net

■ APPLICABLE WEBSITES/EMAIL

Accredited Standards Committee (ASC X12)

• ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. 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 www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/index.

Committee on Operating Rules for Information Exchange (CORE)

• A multi-phase initiative of CAQH, CORE is a committee of more than 100 industry leaders who help create and promulgate a set of voluntary business rules focused on improving physician and hospital access to electronic patient insurance information at or before the time of care. 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 the 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 https://www.mass.gov/topics/masshealth.

National Committee on Vital and Health Statistics (NCVHS)

- The National Committee on Vital and Health Statistics was established by Congress to serve as an advisory body to the 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 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 sender and receiver codes, authorization information, and delimiters.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.4	-----	ISA01	Authorization Information Qualifier	00	
C.4	-----	ISA02	Authorization Information		10 blank spaces
C.4	-----	ISA03	Security Information Qualifier	00	
C.4	-----	ISA04	Security Information		10 blank spaces
C.4	-----	ISA05	Interchange ID Qualifier	ZZ	
C.4	-----	ISA06	Interchange Sender ID		DMA7384
C.5	-----	ISA07	Interchange ID Qualifier	ZZ	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
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 = ˆ
C.6	-----	ISA14	Acknowledgement Requested	0	MassHealth does not request interchange acknowledgment (TA1)
C.6	-----	ISA16	Component Element Separator		Value = :

■ GS (FUNCTIONAL GROUP HEADER)

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

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

7. MassHealth-Specific Business Rules and Limitations

MassHealth does not require an acknowledgement and will ignore the receipt of any 999 and TA1 transactions. MassHealth currently coordinates with the following organizations:

- Accountable Care Organization (ACO)
- Managed Care Organizations (MCO)
- Massachusetts Behavioral Health Partnership (MBHP)
- Integrated Care Organization (ICO)
- Senior Care Options (SCO)
- Program of All-Inclusive Care for the Elderly (PACE)

8. Acknowledgements and/or Reports

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

9. Trading Partner Agreements

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

■ TRADING PARTNERS

Electronic Data Interchange (EDI) defines a Trading Partner as any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that conducts electronic transactions with MassHealth. The Trading Partner and MassHealth acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Each party agrees to take all steps reasonably necessary to ensure that all electronic transactions between them conform to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated thereunder.

Payers have EDI TPAs that accompany the standard Implementation Guide to ensure the integrity of the electronic transaction process. The TPA relates to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

10. Transaction-Specific Information

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed 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 sub-set 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.

■ STANDARD CLAIMS

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
37	-----	BPR01	Transaction Handling Code	U, I	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
37	-----	BPR02	Total Premium Payment Amount		This field will contain the net sum amount of the processing cycle.
38	-----	BPR04	Payment Method Code	ACH, CHK	
38	-----	BPR05	Payment Format Code	CTX	When applicable
39	-----	BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	01	When applicable
39	-----	BPR07	Originating Depository Financial Institution (DFI) Identifier		When applicable
40	----	BPR08	Account Number Qualifier	DA	When applicable
40	----	BPR09	Sender Bank Account Number		When applicable
40	----	BPR10	Payer Identifier		Originator Federal Tax ID number
41	----	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	01	When applicable
41	----	BPR13	Receiving Depository Financial Institution (DFI) Identifier		Receiver ABA, when applicable
41	----	BPR14	Account Number Qualifier		Receiver Account Type, when applicable
42	----	BPR15	Receiver Bank Account Number		Receiver Account Number, when applicable
42	----	BPR16	Check Issue or EFT Effective Date		The 820s for MCO, MBHP, ICO, SCO, and PACE vendors will be held until this information is available.
43	----	TRN01	Trace Type Code	3	
43	----	TRN02	Check or EFT Trace Number		The 820s for MCO, MBHP, ICO, SCO, and PACE will be held until this information is available.
48	----	REF01	Reference Identification Qualifier	14	

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
49	----	REF02	Premium Receiver Reference Identifier		Displays the provider identification number and service location (PID/SL) assigned by the Commonwealth of Massachusetts to the receiving Managed Care provider entity.
53	----	DTM01	Date Time Qualifier	582	
54	----	DTM06	Coverage Period		The first day of the capitation month through the last day of the capitation month
57	1000A	N103	Identification Code Qualifier	FI	
57	1000A	N104	Premium Receiver's Identification Code		Payee Tax Identification Number
65	1000B	N103	Identification Code Qualifier	FI	
65	1000B	N104	Premium Payer identifier		MassHealth Tax ID
106	2000B	ENT01	Assigned Number		Unique Number/ID within transaction set (Incremented by 1 for each Member for example '1', '2', '3', etc.).
106	2000B	ENT03	Identification Code Qualifier	EI	
106	2000B	ENT04	Receiver's Individual Identifier		Member's 12-digit MassHealth ID
107	2100B	NM101	Entity Identifier Code	IL	
108	2100B	NM103	Individual Last Name		Maximum length is 20
108	2100B	NM104	Individual First Name		Maximum length is 15
108	2100B	NM105	Individual Middle Name		
109	2100B	NM108	Identification Code Qualifier	N	
109	2100B	NM109	Individual Identifier		Member's 12-character MassHealth ID
112	2300B	RMR01	Reference Identification Qualifier	AZ	
113	2300B	RMR02	Insurance Remittance Reference Number		Member's Rate Cell
113	2300B	RMR04	Detail Premium Payment Amount		This field is the premium paid amount, or reconciled premium paid amount.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
113	2300B	RMR05	Billed Premium Amount		This field is present and reports zero, only when there is a capitation adjustment amount reported in the adjustment amount field.
115	2300B	DTM01	Date/ Time Qualifier	582	
116	2300B	DTM06	Coverage Period		The begin date will be the first day of coverage for the cap month. (Will be the first day of the cap month if coverage was in effect before first day of month; otherwise, it will be the day of the cap month that coverage began.) The end date will be the last day of coverage for the cap month. (Will be the final day of the cap month if coverage was end-dated after the cap month; otherwise, it will be the day of the cap month that coverage ended.)
117	2320B	ADX01	Adjustment Amount		Capitation Adjustment Amount
118	2320B	ADX02	Adjustment Reason Code	52, 53	

APPENDICES

Appendix A. Implementation Checklist

Not Applicable

Appendix B. Business Scenarios

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

B.1   Scenario One

Scenario One illustrates an 820 transaction with an adjustment that pays (credits) the provider for a previously unpaid member enrollment.

ST*820*43001*005010X218-
Start of an 820 transaction set, with control number (43001)

BPR*U*99999999.99*C*ACH*CTX*01*011075150*DA*00000000000*1000000000**01*000000000*DA*
0000000*20110608-

The financial institution will send a payment instruction of $99999999.99 separate from the remittance information. The payment will use an ACH CTX credit. The premium payer's bank transit routing number is 011075150 and their checking account number is 00000000000. The premium receiver's bank transit routing number is 000000000 and their checking account number is 0000000. The effective date of the payment is June 08, 2011.

TRN*3*000000000000000-
The sender's financial reassociation trace number (000000000000000)

REF*14*111111119Z-
The master account number (111111119Z)

DTM*582****RD8*20110601-20110630-
The coverage period June 1, 2011 through June 30, 2011

N1*PE**FI*000000000-
The premium payee's federal Tax ID number (000000000)

N1*PR**FI*000000000-
The premium payer's federal Tax ID number (000000000)

ENT*1*2J*EI*100000000000-
The insured's ID number (100000000000)

NM1*IL*1*LAST*FIRST*L***N*100000000000-
The insured's name (FIRST L LAST) and ID number (100000000000)

RMR*AZ*MBAPD**30.48*0-
The health plan's reference number (MBAPD) for a premium payment of ($30.48) for a billed premium of ($0.00)

DTM*582****RD8*20101029-20101031-
The coverage period (October 29, 2010 through October 31, 2010)

ADX*30.48*53-
The adjustment amount (30.48) due to a previous underpayment

SE*942228*43001-
End of an 820 transaction set, with segment count (942228) and control number (43001)

B.2   Scenario Two

Scenario Two illustrates an 820 transaction with an adjustment that pays (credits) the provider for a previously unpaid member enrollment.

ST*820*43001*005010X218-
Start of an 820 transaction set, with control number (43001)

BPR*U*9899999.99*C*ACH*CTX*01*011075150*DA*00000000000*1000000000**01*000000000*DA*
000000000000*20110610-

The financial institution will send a payment instruction of $9899999.99 separate from the remittance information. The payment will use an ACH CTX credit. The premium payer's bank transit routing number is 011075150 and their checking account number is 00000000000. The premium receiver's bank transit routing number is 000000000 and their checking account number is 000000000000. The effective date of the payment is June 10, 2011.

TRN*3*000000000000000-
The sender's financial reassociation trace number (000000000000000)

REF*14*111111119Z-
The master account number (111111119Z)

DTM*582****RD8*20110101-20110131-
The coverage period January 1, 2011 through January 31, 2011

N1*PE**FI*000000000-
The premium payee's federal Tax ID number (000000000)

N1*PR**FI*000000000-
The premium payer's federal Tax ID number (000000000)

ENT*1*2J*EI*100000000000-
The insured's ID number (100000000000)

NM1*IL*1*LAST*FIRST*L***N*100000000000-
The insured's name (FIRST L LAST) and ID number (100000000000)

RMR*AZ*MBAPD**311.86-
The health plan's reference number (MBAPD) for a premium payment of ($311.86)

DTM*582****RD8*20110101-20110131-
The coverage period January 1, 2011 through January 31, 2011

SE*53396*43001-
End of an 820 transaction set, with segment count (53396) and control number (43001)

B.3 Scenario Three

Scenario Three illustrates an 820 transaction for monthly capitation with no adjustment.

The loop below is taken from the transaction described in scenario 2 above. It shows a normal payment for a member where RMR05 is no longer displayed since it is equal to RMR04.

ENT*1*2J*EI*100000000000-
The insured's ID number (100000000000)

NM1*IL*1*LAST*FIRST*L***N*100000000000-
The insured's name (FIRST L LAST) and ID number (100000000000)

RMR*AZ*MBAPD**311.86-
The health plan's reference number (MBAPD) for a premium payment of ($311.86)

DTM*582****RD8*20110101-20110131-
The coverage period January 1, 2011 through January 31, 2011

Appendix C. Transmission Examples

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

C.1 Example One

Example One illustrates an 820 transaction with an adjustment that pays (credits) the provider for a previously unpaid member enrollment.

ISA*00*   *00*   *ZZ*DMA7384   *ZZ*111111119Z *110614*0613*^*00501*000128596*0*T*:-
GS*RA*DMA7384*111111119Z *20110614*061313*43*X*005010X218-
ST*820*43001*005010X218-
BPR*U*99999999.99*C*ACH*CTX*01*011075150*DA*00000000000*1000000000**01*000000000*DA*

```
0000000*20110608-
TRN*3*000000000000000-
REF*14*111111119Z-
DTM*582****RD8*20110601-20110630-
N1*PE**FI*000000000-
N1*PR**FI*000000000-
ENT*1*2J*EI*100000000000-
NM1*IL*1*LAST*FIRST*L***N*100000000000-
RMR*AZ*MBAPD**30.48*0-
DTM*582****RD8*20101029-20101031-
ADX*30.48*53-
SE*942228*43001-
GE*1*43-
IEA*1*000128596-
```

C.2   Example Two

Example two illustrates an 820 transaction with an adjustment that pays (credits) the provider for a previously unpaid member enrollment.

```
ISA*00*     *00*      *ZZ*DMA7384      *ZZ*111111119Z   *110614*1016*^*00501*000020071*0*T*:-
GS*RA*DMA7384*111111119Z *20110614*101612*43*X*005010X218-
ST*820*43001*005010X218-
BPR*U*9899999.99*C*ACH*CTX*01*011075150*DA*00000000000*1000000000**01*000000000*DA*
000000000000*20110610-
TRN*3*000000000000000-
REF*14*111111119Z-
DTM*582****RD8*20110101-20110131-
N1*PE**FI*000000000-
N1*PR**FI*000000000-
ENT*1*2J*EI*100000000000-
NM1*IL*1*LAST*FIRST*L***N*100000000000-
RMR*AZ*MBAPD**311.86-
DTM*582****RD8*20110101-20110131-
SE*53396*43001-
GE*1*43-
IEA*1*000020071-
```

C.3   Example Three

Example Three illustrates an 820 transaction for monthly capitation with no adjustment.
The loop below is taken from the transaction described in sample 2 above. It shows a normal payment for a member where RMR05 is no longer displayed since it is equal to RMR04.
ENT*1*2J*EI*100000000000-

```
NM1*IL*1*LAST*FIRST*L***N*100000000000-
RMR*AZ*MBAPD**311.86-
DTM*582****RD8*20110101-20110131-
```

Appendix D. Frequently Asked Questions

This appendix contains a compilation of questions and answers. Typical questions would involve a discussion about code sets and their effective dates.

At the time of publication, there were no frequently asked questions.

Appendix E. Change Summary

This 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.