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# Tufts Health Plan

## HIPAA Transaction Standard Companion Guide

**Refers to the Implementation Guides Based on ASC X12  
version 005010**

**Instructions Related to the 278 Health Care Service Review  
Request and Response Transactions**

**April 2016**

## **Preface**

Tufts Health Plan® is accepting X12 278 Health Care Services – Request for Review and Response, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The X12-278 version of the 5010 Standards for Electronic Data Interchange Technical Report Type 3 (also referred to as Implementation Guides) for the Health Care Services – Request for Review and Response transaction compliance.

This document has been prepared to serve as a Tufts Health Plan’s specific companion guide to the Health Care Services – Request for Review and Response (278) Transaction Sets. This document supplements but does not contradict any requirements in the 278 Technical Report, Type 3. The primary focus of the document is to clarify specific segments and data elements that should be submitted to Tufts Health Plan on the Health Care Services – Request for Review and Response (278). This document will be subject to revisions as new versions of the 278 Health Care Services – Request for Review and Response Transaction Set Technical Reports are released.

This document has been designed to aid both the technical and business areas. It contains Tufts Health Plan’s specifications for the transactions as well as contact information and key points.

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## 1 INTRODUCTION

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Technical Report for the ASC X12 (005010X217), Health Care Services – Request for Review and Response (278). The Technical Reports can be ordered from the Washington Publishing Company's website at [www.wpc-edi.com](http://www.wpc-edi.com).

For questions relating to the Tufts Health Plan's ASC X12 (005010X217), Health Care Services – Request for Review and Response (278) Transaction or testing, please contact the EDI Operations Department at 888.880.8699 x54042 or email your questions to [EDI\\_Operations@Tufts-Health.com](mailto:EDI_Operations@Tufts-Health.com).

Tufts Health Plan's authorization guidelines are not included in this document. Please refer to Tufts Health Plan Commercial and Medicare Preferred Provider Manuals at <http://www.tuftshealthplan.com> for these guidelines, or contact Provider Services at 888.884.2404.

Please note Tufts Health Plan is not responsible for any software utilized by the submitter for the creation of an X12 ASC Health Care Services – Request for Review and Response (278).

### 1.1 SCOPE

This document should be used as a guide when sending or receiving authorization or certifications data via a standard 278-Review/278-Response EDI transaction to Tufts Health Plan's EDI system.

Tufts Health Plan has a system through which trading partners can submit 278 – Review requests transactions as well as receive 278-Response EDI transactions. This document describes how a submitter uses the system to submit files and receive acknowledgements and reports.

Before using Tufts Health Plan's EDI Channels, it is important to determine your compatibility in relation to that EDI Channel.

1. You must be able to send and receive X12 health care EDI files.
2. You must be able to extract information from your system and interpret it.
3. You must have sufficient EDI technical knowledge to make adjustments to your system, as necessary.
4. You must be able to interact with Tufts Health Plan's EDI Channels.

### 1.2 OVERVIEW

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAA-AS) requires Tufts Health Plan and all other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.

This guide is designed to help those responsible for setting up and testing electronic requests for review and response transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to Tufts Health Plan. This guide supplements (but does not contradict) requirements in the X12 ASC Health Care Services Request for Review and Response (278) (version 005010X217) implementation. This information should be given to the provider's business area to ensure that request and responses are interpreted correctly.

### 1.3 REFERENCES

The X12 ASC Health Care Services Request for Review and Response (278) (version 005010X217), Technical Report Type 3 guide for Health Care Services – Request for Review and Response has been established as the standard for request for review transactions and is available at <http://www.wpc-edi.com>.

Tufts Health Plan's Web site containing documentation on e-transactions for providers is located at <https://www.tuftshealthplan.com/provider>.

## **1.4 ADDITIONAL INFORMATION**

This document was developed to provide users of Tufts Health Plan's EDI connections with the necessary information in order to exchange EDI transactions with Tufts HP. With the assumption that the user has working level EDI knowledge, this document focuses on the use of Tufts Health Plan's EDI system and does provide background information on EDI transactions and their use.

## **2 GETTING STARTED**

### **2.1 WORKING WITH TUFTS HEALTH PLAN**

This section describes how to interact with Tufts Health Plan's EDI Department.

For questions relating to Tufts Health Plan's, Health Care Services – Request for Review and Response (278 Transaction), or testing, please contact the EDI Operations Department at 888.880.8699 x54042 or email your questions to [EDI\\_Operations@Tufts-Health.com](mailto:EDI_Operations@Tufts-Health.com).

### **2.2 TRADING PARTNER REGISTRATION**

This section describes how to register as a trading partner with Tufts Health Plan.

By contacting the EDI Operations group, the Trading partner will be sent a SOAP Exchange Request Form to fill out and return to EDI Operations.

The trading partner will then be set up in Tufts HP testing environment and the Submitter ID and other required information is sent back to the trading partner so they may begin testing.

### **2.3 CERTIFICATION AND TESTING OVERVIEW**

This section provides a general overview of what to expect during any certification and testing phases.

The purpose of Tufts Health Plan EDI Operations testing phase is to provide you with a mechanism to produce the same reports and acknowledgments that are produced once you are in production. This allows you to test your ability to produce correct data content and to receive and process the acknowledgments and files we produce for you. By testing with Tufts Health Plan, you will be allowed to send transactions. Transactions go from you to Tufts Health Plan's Non-Production Environment, as would be the case in a Production Environment. A general breakdown of the process goes like this:

1. You will be set up with connectivity to perform connectivity testing.
2. You would receive one of 3 acknowledgments: a 278 - Response, a TA1 acknowledgment, or a 999 rejection.
3. The 999 will show any errors or problems that were found in the transaction sent. The errors or problems could be related to the HIPAA standards or directly to our Companion Guide.
4. You will continue to test until you have resolved any issues. Then, request to have your status for the specific transaction you have been testing changed from test to production.
5. Your test to production status change request will be reviewed by EDI Operations and you will be notified via email when your request has been approved. When your request has been approved you will be notified that you are now able to send transactions in Production.

More than one transaction type can be run simultaneously. You can also be granted production status for one type of transaction and still be in test mode for other transactions.

There are no technical limits to the number of transactions you can submit in a single batch file; however, there are some practical limits. Files with large numbers of transactions will generate reports with large amounts of data. Keep this in mind as you prepare your systems to send files to Tufts HP EDI Operations. For Real-Time transactions you will need to send one 278 -Request for Review transaction request per file.

The communication protocol is tested as a part of first-time testing. Any time a communication protocol is changed, some testing is needed. The communication protocols for sending transactions to Tufts HP EDI Operations are the same for testing as for production.

### 3 TESTING WITH PAYER

After we receive and process your SOAP Exchange Request Form, your EDI Operations Analyst will work with you through our testing process. Our testing process is required for all trading partners in order to minimize production problems.

If you have questions or concerns about testing, please call your EDI Operations Analyst. See Section 5 for contact information.

Proper preparation before testing will ease the testing process and promote its success.

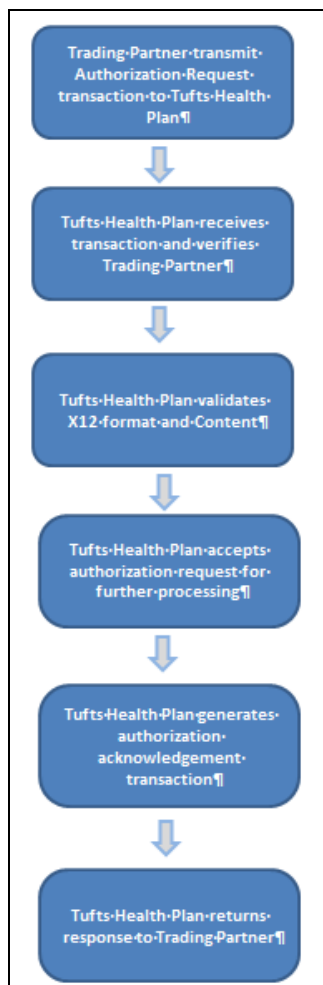
Trading Partners must:

- Read all chapters and appendices of this Companion Guide.
- Complete and email, fax or mail the Tufts HP SOAP Exchange Request Form with the required attachments to your EDI Operations Analyst.
- After we receive and process you completed forms, your EDI Operations Analyst will contact you to discuss your testing schedule and the testing process.

### 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

#### 4.1 PROCESS FLOWS

The following is a high level process flow of a 278 - Request and 278 - Response Transaction.



## 4.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

### Direct Submitters

To setup Direct Submission of the Health Care Services Request for Review and Response (278 Transaction) contact Tufts Health Plan's EDI Department. (see section 2 Getting Started for details)

### NEHEN Providers

Providers interested in submitting electronic health care service review transactions via NEHEN should contact the vendor directly, who will then facilitate their set-up with Tufts Health Plan.

### HIPAA Security Regulations

The HIPAA Security regulations outline standards for the security of individual health information used by health plans, healthcare clearinghouses, and healthcare providers. Tufts Health Plan has taken reasonable and appropriate steps to be compliant with the Security Rules.

## 4.3 RE-TRANSMISSION PROCEDURE

Trading Partners may contact Tufts Health Plan for assistance in researching problems with their transactions. However, Tufts Health Plan will not edit Trading Partner authorization data and/or resubmit transactions for processing on behalf of a Trading Partner. The transaction must be corrected and re-submitted by the Trading Partner.

## 4.4 COMMUNICATION PROTOCOL SPECIFICATIONS

The information presented in this document defines the connectivity requirements for the exchange of real-time and batch EDI transactions between Trading Partners and Tufts Health Plan. In particular, the url's, wsdl, xsd, and SOAP message specifications.

### URL for 270, 276, and 278 real time transactions:

The URL for CORE compliant requests for real time transactions will be sent by EDI Operations during the registration process.

Please make sure all requests are sent through HTTPS and present the client certificate. THP test certificate will be sent via email.

WSDL: <http://www.caqh.org/sites/default/files/core/wsdl/CORERule4.0.0.wsdl>

XSD: <http://www.caqh.org/sites/default/files/core/wsdl/CORERule4.0.0.xsd>

Message specifications for SOAP 1.2 for real time 278's Service Review

Submission 00501X217

| Envelope Element    | Specification                              |
|---------------------|--|
| PayloadType         | X12_278_Request_005010X217E1_2             |
| ProcessingMode      | RealTime                                   |
| SenderID            | ISA06 value as assigned by THP             |
| ReceiverID          |  |
| CORERuleVersion     | 4.0.0                                      |
| Payload             | base64 Encoded EDI data as MTOM attachment |
| Certificate Version | X.509 (Base 64)                            |

Message specifications for SOAP 1.2 for real time 278's Service Review Inquiry 00501X215

| Envelope Element | Specification                              |
|------------------|--|
| PayloadType      | X12_278_Request_005010X215                 |
| ProcessingMode   | RealTime                                   |
| SenderID         | ISA06 value as assigned by THP             |
| ReceiverID       |  |
| CORERuleVersion  | 4.0.0                                      |
| Payload          | base64 Encoded EDI data as MTOM attachment |



|                     |                 |
|---------------------|-----------------|
| Certificate Version | X.509 (Base 64) |
|---------------------|-----------------|

**EXAMPLE 278 REQUEST:**

```

POST https://soap-int.tufts-health.com/CORE/RT/ HTTP/1.1
Connection: close
Accept-Encoding: gzip,deflate
Content-Type: multipart/related; type="application/xop+xml";
start="<rootpart@soapui.org>"; start-info="application/soap+xml";
action="RealTimeTransaction"; boundary="----
=_Part_1_923369257.1458137358418"
MIME-Version: 1.0
Content-Length: 1837
Host: soap-int.tufts-health.com
User-Agent: Apache-HttpClient/4.1.1 (java 1.5)

-----=_Part_1_923369257.1458137358418
Content-Type: application/xop+xml; charset=UTF-8; type="application/soap+xml";
action="RealTimeTransaction"
Content-Transfer-Encoding: 8bit
Content-ID: <rootpart@soapui.org>

<soap:Envelope xmlns:soap="http://www.w3.org/2003/05/soap-envelope"
xmlns:cor="http://www.cqh.org/SOAP/WSDL/CORERule4.0.0.xsd">
  <soap:Body>
    <cor:COREEnvelopeRealTimeRequest>
      <PayloadType>X12_278_Request_005010X217</PayloadType>
      <ProcessingMode>RealTime</ProcessingMode>
      <PayloadID>8246e30b-17b6-476d-8ef6-679fd668327f</PayloadID>
      <TimeStamp>2016-03-16T10:09:18.417Z</TimeStamp>
      <SenderID>COREIV</SenderID>
      <ReceiverID>THP</ReceiverID>
      <CORERuleVersion>4.0.0</CORERuleVersion>
      <Payload><inc:Include href="cid:580065388400"
xmlns:inc="http://www.w3.org/2004/08/xop/include"/></Payload>
    </cor:COREEnvelopeRealTimeRequest>
  </soap:Body>
</soap:Envelope>
-----=_Part_1_923369257.1458137358418
Content-Type: application/octet-stream
Content-Transfer-Encoding: binary
Content-ID: <580065388400>
Content-Disposition: attachment; name="580065388400"

SVNBKjAwKiAgICAgICAgICAqMDAqICAgICAgICAgICpaWipDT1JFSVYgICAgICAg
ICAqMDEqMTcwNTU4NzQ2ICAgICAgKjE1MTAxNCowNTQ5KI4qMDA1MDEqMTk4Mjg1
NDA5KjAqUCo6fkdTKkhJKkNPUkVJVioxNzA1NTg3NDYqMjAxNTEwMTQqMDU0O Sox
OTgyODU0MDkqWCowMDUwMTBYMjE1fINUKjI3OCoxOTgyODU0MDkqMDA1MDEwWDIx
NX5CSFQqMDAwNyoyOCoxOTgyODU0MDkqMjAxNTEwMTQqMDU0O SpSRH5ITCoxKioy
MCoxfk5NMSpYMyoyKIRVRIRTI EFTU09DSUFURUQgSEVBTFRIIFBMQU4qKioqKIBJ
KjAwMTA0M35ITCoyKjEqMjE5OTTEqMVAqMioqKioqKlYkE3MjAwNjk1NDV+
SEwqMyoyKjIyKjF+Tk0xKkIMKjEqKioqKipNSSo4ODg2MTgyOTUwMn5ETUcqRDgq
MTk1NTA4MTZ+SEwqNCozKkVVKjB+VU0qU0N+U0UqMTIqMTk4Mjg1NDA5fkdfKjEq
MTk4Mjg1NDA5fkIFQSoxKjE5ODI4NTQwOX4=

-----=_Part_1_923369257.1458137358418--

```

#### **CORE 470 Connectivity Rule document section 4.4.3.2**

##### *4.4.3.2 Enumeration of Payload Types When Handling ASC X12 Payloads (Normative)*

A HIPAA-covered entity or its agent must support the requirements for identifying the payload (*PayloadType*), which is the essential data being carried within the content of the Message Envelope as specified in the *Processing\_Mode\_Payload\_Type.pdf* companion document to the Phase IV CAQH CORE Connectivity Rule v4.0.0.

[http://www.caqh.org/sites/default/files/Processing\\_Mode\\_Payload\\_Type.pdf](http://www.caqh.org/sites/default/files/Processing_Mode_Payload_Type.pdf)

Once testing is complete and Tufts Health Plan receives sign off, Tufts Health Plan will provide a Production URL and Production Certificate.

#### **4.5 PASSWORDS**

Password assignment and resets are done by the EDI Operations group, (See Contact Information below.)

#### **4.6 MAINTENANCE SCHEDULE**

The systems used by the 278 transactions have a standard maintenance schedule of Sunday 8PM to 12AM EST. The systems are unavailable during this time. Email notifications will be sent notifying submitters of unscheduled system outages.

#### **4.7 RULES OF BEHAVIOR**

Rules of Behavior for programs that connect to this site:

- Unauthorized use of certificate is not permitted
- Must not deliberately submit batch files that contain Viruses.

### **5 CONTACT INFORMATION**

#### **5.1 EDI CUSTOMER SERVICE**

The following sections provide contact information for any questions regarding HIPAA, Health Care Services Request for Review and Response (278 Transaction), and documentation or testing.

#### **5.2 FOR GENERAL HIPAA QUESTIONS**

If you have any general HIPAA questions, please access the Tufts Health Plan website. To access the site: Go to <http://www.tuftshealthplan.com/providers>. Select the Electronic Services link.

#### **5.3 278 TRANSACTION REQUEST AND RESPONSE INQUIREY QUESTIONS**

Contact EDI Operations at 888.880.8699 x54042 or email [EDI\\_Operations@tufts-health.com](mailto:EDI_Operations@tufts-health.com).

#### **5.4 EDI TECHNICAL ASSISTANCE**

Contact EDI Operations at 888.880.8699 x54042 or email [EDI\\_Operations@tufts-health.com](mailto:EDI_Operations@tufts-health.com)

#### **PROVIDER SERVICE NUMBER**

#### **5.6 COMMERCIAL PRODUCTS – PROVIDER SERVICES**

Phone Number: 888.884.2404 Fax: 617.972.9452

#### **5.7 TUFTS HEALTH PLAN MEDICARE PREFERRED PRODUCTS – PROVIDER SERVICES**

Phone Number: 800.279.0922 Fax: 617.972.9487

#### **5.8 APPLICABLE WEBSITES/E-MAIL**

This section contains detailed information about useful web sites and email addresses.

- **Washington Publishing Company** - <http://www.wpc-edi.com/> for corrected examples
- **Tufts Health Plan’s Provider Site material** - <http://www.tuftshealthplan.com/providers>
- **New England Healthcare Exchange Network (NEHEN)** – <http://www.nehen.org>

**6 CONTROL SEGMENTS/ENVELOPES****6.1 ISA-IEA****ENVELOPE IDENTIFIERS**

Tufts Health Plan supplies each submitting provider with the Submitter and Sender Identifiers for the envelope data elements as a part of the setup process.

**6.2 SETUP FOR 278 INBOUND TRANSACTIONS****ISA-IEA**

This section describes Tufts Health Plan's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters

**ISA - Interchange Control Header Segment**

The ISA is a fixed record length segment and all positions within each of the data elements are required. The first element separator defines the element separator used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.

The Value column below contains text that indicates special input data dependent on sender, time, date, etc.

**Enveloping Specifications**

|                               |                               |
|-------------------------------|-------------------------------|
| Trading Partner1 (SENDER)     | Mailbox Name of the Submitter |
| Trading Partner2 (RECEIVER)   | TUFTS HEALTH PLAN             |
| APRF (Application Reference)  | 278REQ                        |
| Segment Terminator (OPTIONAL) | Any Char                      |
| Element Separator (OPTIONAL)  | Any Char                      |

| Segment Name  | Seg. ID | Req/Opt | # of Char | Value                               | Remarks   |
|---|---------|---------|-----------|-------------------------------------|---|
| Authorization Information Qualifier                         | ISA01   | R       | 2         | 00                                  | 00 - No Authorization Information Present   |
| Authorization Information                                   | ISA02   | R       | 10        | <spaces>*                           | No Authorization Information Present  |
| Security Information Qualifier                              | ISA03   | R       | 2         | 00                                  | 00 - No Security Information Present  |
| Security Information/ Password                              | ISA04   | R       | 10        | <spaces>*                           | No Security Information Present   |
| Interchange ID Qualifier/Qualifier for Trading Partner ID   | ISA05   | R       | 2         | <qualifier>*                        | Sender Qualifier  |
| Interchange Sender ID/Trading Partner ID                    | ISA06   | R       | 15        | <SENDER ID>*                        | Sender's Identification Number  |
| Interchange ID Qualifier/Qualifier for Tufts Health Plan ID | ISA07   | R       | 2         | <INTERCHANGE ID>                    | Assigned as required  |
| Interchange Receiver ID/ Tufts Health Plan ID               | ISA08   | R       | 15        | <Receiver ID>                       | To be determined by receiver  |
| Interchange Date  | ISA09   | R       | 6         | <YYMMDD>                            | Date of the interchange in YYMMDD format  |
| Interchange Time  | ISA10   | R       | 4         | <HHMM>                              | Time of the interchange in HHMM format  |
| Repetition Separator  | ISA11   | R       | 1         | ^ (is a typical separator received) | Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or |

|  |       |   |   |                   |   |
|--|-------|---|---|-------------------|---|
|  |       |   |   |                   | a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator |
| Interchange Control Version Number             | ISA12 | R | 5 | 00501             | Version number  |
| Interchange Control Number/Last Control Number | ISA13 | R | 9 | <Auto- generated> | Assigned by the interchange sender, must be associated with IEA02 segment   |
| Acknowledgement Request                        | ISA14 | R | 1 | 0                 | 0 - No Acknowledgement Requested  |
| Usage Indicator                                | ISA15 | R | 1 | <T or P>          | T-test data; P-production data  |
| Separator                                      | ISA16 | R | 1 | <Any>             | ASCII Value. Component element separator  |

\*Denotes provider and Tufts HP agreed upon entries

**IEA-INTERCHANGE CONTROL TRAILERS**

The Interchange Control Trailer (IEA) is the last record of the entire Interchange. Every X12 Interchange must end with an IEA segment.

**Example:** IEA\*1\*000000905~

Purpose: To define the end of the interchange of zero or more functional groups and interchange-related control segments.

| Segment Name                | Seg. ID | Req / Opt | # of Char | Value   | Remarks                 |
|-----------------------------|---------|-----------|-----------|---|-------------------------|
| Number of Functional Groups | IEA01   | R         | 1/5       | The total number of functional groups (GSGE) contained in the interchange (ISA-IEA) | As required by standard |
| Interchange Control Number  | IEA01   | R         | 9/9       | Must be the same as the value sent in the proceeding ISA13.                         | As required by standard |

**GS-GE**

This section describes Tufts Health Plan’s use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Tufts Health Plan expects functional groups to be sent and how Tufts Health Plan will send functional groups. These discussions will describe how similar transaction sets will be packaged and Tufts Health Plan’s use of functional group control numbers.

**FUNCTIONAL GROUP HEADR SEGMENTS**

| Segment Name                | Seg. ID | Req/Opt | # of Char | Value         | Remarks                                       |
|-----------------------------|---------|---------|-----------|---------------|---|
| Functional Identifier Code  | GS01    | R       | 2         | HI            | Health Care Services Review Information (278) |
| Application Sender’s Code   | GS02    | R       | 2/15      | <SENDER ID>   | Code identifying party sending transmission   |
| Application Receiver’s Code | GS03    | R       | 2/15      | <Receiver ID> | To be determined by the Receiver              |
| Date                        | GS04    | R       | 8         | <CCYYMMDD>    | Functional Group creation                     |

|  |      |   |      |            |   |
|--|------|---|------|------------|---|
| Time                                     | GS05 | R | 4/8  | <HHMM>     | date in CCYYMMDD format<br>Functional Group creation time in HHMM format. Time expressed in 24-hour clock. For example, 3:23 PM is entered as 1523. |
| Group Control Number                     | GS06 | R | 1/9  | <#>        | Assigned and maintained by the sender, must be associated with GE02 segment GS06  |
| Responsible Agency Code                  | GS07 | R | 1/2  | X          | Accredited Standards Committee X12  |
| Version/Release/Industry Identifier Code | GS08 | R | 1/12 | 005010X217 | Transaction version   |

**GROUP TRAILERS**

| Segment Name                        | Seg. ID | Req/Opt | # of Char | Value                       | Remarks  |
|-------------------------------------|---------|---------|-----------|-----------------------------|--|
| Number of Transaction Sets Included | GE01    | R       |           | [Submitter-specific number] | Total number of transactional sets included in the functional group or interchange |
| Group Control Number                | GE02    | R       |           | <#>                         | Assigned number originated and maintained by the sender                            |

**ST-SE TRANSACTION SET HEADER**

The Transaction Set Header (ST) is the first record of an entire Transaction Set. Every X12 Transaction set must begin with an ST Segment.

Example: ST\*999\*1234~

Purpose: To indicate the start of a transaction set and assign a control number.

Set Notes:

1. These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments. Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.
2. The Functional Group Header Segment (GS) is used to start the envelope for the Functional Acknowledgment Transaction Sets. In preparing the functional group of acknowledgments, the application sender's code and the application receiver's code, taken from the functional group being acknowledged, are exchanged; therefore, one acknowledgment functional group responds to only those functional groups from one application receiver's code to one application sender's code.
3. There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

**Table**

| Seq Fld | Name                           | Req | Type | Min/Max | Value Allowed by X12 Standards                           | Values to be used by THP |
|---------|--------------------------------|-----|------|---------|--|--------------------------|
| ST01    | Transaction Set ID Code        | M   | ID   | (3/3)   |  | As required by standard  |
| ST02    | Transaction Set Control Number | M   | AN   | (4/9)   | Must be the same as the value sent in the following SE02 | As required by standard  |

**SE-Transaction Set Trailer:** The Transaction Set Trailer (SE) is the last record of an entire Transaction Set. Every X12 Transaction Set must end with an SE Segment.

Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).

Example: SE\*27\*1234~

**Table**

| Seq Fld | Name                           | Req | Type | Min/Max | Value Allowed by X12 Standards  | Values to be used by THP |
|---------|--------------------------------|-----|------|---------|---|--------------------------|
| SE01    | Number of Segments Included    | M   | N0   | (1/10)  | The total number of segments contained in the transaction set (ST-SE), including the ST and SE segments | As required by standard  |
| SE02    | Transaction Set Control Number | M   | AN   | (4/9)   | Must be the same as the value sent in the preceding ST02  | As required by standard  |

**6.3 SETUP FOR 278 OUTBOUND TRANSACTIONS**

**Trading Partners Profile Setup for 278 Response – OUTBOUND Transaction**

|                               |                              |
|-------------------------------|------------------------------|
| Trading Partner1 (SENDER)     | TUFTS HEALTH PLAN            |
| Trading Partner2 (RECEIVER)   | Mailbox Name of the Receiver |
| APRF (Application Reference)  | 278RSP                       |
| Segment Terminator (OPTIONAL) | Value from inbound           |
| Element Separator (OPTIONAL)  | Value from inbound           |

| Segment Name   | Seg. ID | Req/Opt | # of Char | Value                           | Remarks   |
|--|---------|---------|-----------|---------------------------------|---|
| Authorization Information Qualifier                          | ISA01   | R       | 2         | 00                              | 00 - No Authorization Information Present   |
| Authorization Information                                    | ISA02   | R       | 10        | <spaces>*                       | No Authorization Information Present  |
| Security Information Qualifier                               | ISA03   | R       | 2         | 00                              | 00 - No Security Information Present  |
| Security Information/ Password                               | ISA04   | R       | 10        | <spaces>*                       | No Security Information Present   |
| Interchange ID Qualifier/ Qualifier for Tufts Health Plan ID | ISA05   | R       | 2         | <INTERCHANGE ID>                | Assigned as required  |
| Interchange Sender ID/ Tufts Health Plan ID                  | ISA06   | R       | 15        | <Sender ID>                     | To be determined by the Sender  |
| Interchange ID Qualifier/ Qualifier for Trading Partner ID   | ISA07   | R       | 2         | <qualifier>*                    | Receiver Qualifier  |
| Interchange Receiver ID/ Trading Partner ID                  | ISA08   | R       | 15        | <RECEIVER ID>*                  | Receiver's Identification Number  |
| Interchange Date   | ISA09   | R       | 6         | <YYMMDD>*                       | Date of the interchange in YYMMDD format  |
| Interchange Time   | ISA10   | R       | 4         | <HHMM>*                         | Time of the interchange in HHMM format  |
| Repetition Separator   | ISA11   | R       | 1         | ^ (is a typical separator sent) | Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator |

|  |       |   |   |          |   |
|--|-------|---|---|----------|---|
| Interchange Control Version Number             | ISA12 | R | 5 | 00501    | Version number  |
| Interchange Control Number/Last Control Number | ISA13 | R | 9 | <#>      | Assigned by the interchange sender, must be identical to associated Interchange Trailer, IEA- 02. |
| Acknowledgement Request                        | ISA14 | R | 1 | 0        | 0 - No Acknowledgement Requested  |
| Usage Indicator/Acknowledgment Request         | ISA15 | R | 1 | <T or P> | T-test data;<br>P-production data   |
| Separator                                      | ISA16 | R | 1 | ~(126)   | Component element separator   |

### IEA-INTERCHANGE CONTROL TRAILERS

The Interchange Control Trailer (IEA) is the last record of the entire Interchange. Every X12 Interchange must end with an IEA segment.

**Example:** IEA\*1\*000000905~

Purpose: To define the end of the interchange of zero or more functional groups and interchange-related control segments.

| Segment Name                | Seg. ID | Req/Opt | # of Char | Value   | Remarks                 |
|-----------------------------|---------|---------|-----------|---|-------------------------|
| Number of Functional Groups | IEA01   | R       | 1/5       | The total number of functional groups (GSGE) contained in the interchange (ISA-IEA) | As required by standard |
| Interchange Control Number  | IEA01   | R       | 9/9       | Must be the same as the value sent in the preceding ISA13.                          | As required by standard |

### FUNCTIONAL GROUP HEADER SEGMENT

| Segment Name                             | Seg. ID | Req / Opt | # of Char | Value          | Remarks   |
|--|---------|-----------|-----------|----------------|---|
| Functional Identifier Code               | GS01    | R         | 2         | HI             | Health Care Services Review Information (278)   |
| Application Sender's Code                | GS02    | R         | 2/15      | <Sender ID>    | To be determined by the Sender  |
| Application Receiver's Code              | GS03    | R         | 2/15      | <RECEIVER ID>* | Code identifying party sending (inbound) transmission   |
| Date                                     | GS04    | R         | 8         | <CCYMMDD>*     | Functional Group creation date in CCYMMDD format  |
| Time                                     | GS05    | R         | 4/8       | <HHMM>*        | Functional Group creates time in HHMM format; time in 24-hour clock, i.e., 3:23 PM entered as 1523. |
| Group Control Number                     | GS06    | R         | 1/9       | <#>            | Assigned and maintained by the sender, must be associated with GE02 segment                         |
| Responsible Agency Code                  | GS07    | R         | 1/2       | X              | Accredited Standards Committee X12  |
| Version/Release/Industry Identifier Code | GS08    | R         | 1/12      | 005010X217     | Transaction version   |





**GROUP TRAILER**

| Segment Name                        | Seg. ID | Req/Opt | # of Char | Value                        | Remarks  |
|-------------------------------------|---------|---------|-----------|------------------------------|--|
| Number of Transaction Sets Included | GE01    | R       |           | [Submitter-specific] number] | Total number of transactional sets included in the functional group or interchange |
| Group Control Number                | GE02    | R       |           | <#>                          | Assigned number originated and maintained by the sender (same as the GS06)         |

**7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS**

Tufts Health Plan accepts and processes Commercial (HMO, POS, PPO) and Tufts Health Plan Medicare Preferred Health Care Service Request for Review and Response Transaction electronically, in the HIPAA-compliant 278 X12 format and responds with a HIPAA - compliant 278 X12 format. Tufts Health Plan uses real time processing for its EDI transactions to provide immediate responses to its submitters for single, real time requests. Batch requests will meet the CORE® requirement of three business days, or less. As a result, Tufts Health Plan does not support an acknowledgement 999 response transaction for any 278 transactions submitted and processed successfully. A 999 response will only be sent in the case of a rejected transaction. In real time, the submitter transmits a request transaction to Tufts Health Plan and then remains connected while we process the transaction and responds to the submitter.

Tufts Health Plan accepts the 278 transactions as a “read only” transaction and will not use any data coming in on the 278 transaction to update its internal systems. Additionally, where stated in the *ASC X12 ANSI 278 Health Care Service Review – Request for Review and Response Transaction Set Implementation Guide*, We will respond with its source data from internal systems, including but not limited to such data as Subscriber Name information and Gender.

**7.1 SUPPORT FUNCTIONALITY**

Tufts Health Plan will accept 278 Health Care Services – Request for Review and Response Transactions for both Commercial Products and Tufts Health Plan Medicare Preferred business.

- While the intent of this companion document is to supplement the TR3, it is important to clarify how we expect providers to submit electronic Health Care Services – Request for Review and Response Transactions. The following information specifies the business context description, process flow, and service submission requirements for each request type category code based on how Tufts Health Plan does business today with its providers.
- We will only accept a review transaction, (qualifier = 13) in the BTH02. Cancellations (01) or Requests to deduct (36) will not be accepted for processing. If a 01 or 36 is received in this line, it will be rejected to the provider in the 2010A loop with an AAA error message = 42 “Unable to respond at current time”, with a sub error message of “N” Resubmission Not Allowed.
- In addition, we cannot support a code of RU – Medical Service Reservation in the BHT06 position.
- Tufts Health Plan is adhering to structural specifications for required and situational fields as stated in the Technical Report. If the incoming 278 structure does not comply, the file will fail in the validation process. In this situation, the EDI Operations Team will typically contact the submitter on the same business day.
- We require certain situational data in order to effectively process Health Care Service Review information. For detailed information on this subject please refer to, Tufts Health Plan 278 Transaction Specific Information sections in this document.
- As indicated in the TR3, real time delivery provides the best method for meeting the business requirements associated with the 278 Health Care Services Request for Review and Response. Therefore, real time submission is the method that Tufts Health Plan recommends.

- All Tufts Health Plan members have a unique member ID. We require that all patient related services be placed in the Subscriber Loop (2000C). The Tufts Health Plan member number should be placed in Loop 2010C, segment NM109.
- We will value all Health Care Service – Request for Review and Response Transactions at the Patient Event level (2000E). The Service Level Loop (2000F) will be used to obtain the procedure code when submitted and required to determined certification status.
- Tufts Health Plan will process Request Category codes of AR = Admission Review, HS = Health Services Review, and SC = Specialty Care. Request Category Code for Individual (Loop 2000E - UM01 = IN) will not be processed
- Based on business policies and procedures, if a specialty care request is submitted with more than 99 visits (HSD01 and HSD02). We will accept the specialty care request, but the visit value will be modified to 99.
- Based on business policies and procedures, regardless of the specialty care request effective time duration (HSD05 and HSD06) specified, if approved, commercial requests will be valid for 12 months and Tufts Health Plan Medicare Preferred requests will be valid for 6 months from date of request or until quantity of visits indicated is exhausted.
- When specified, Tufts Health Plan requires that units be sent in days for specialty care requests.
- Tufts Health Plan will only process the SV1 or SV2 and the DTP (Service Date) segments from Loop 2000F. Other segments from this loop may be sent, but will not be used for processing.

## 7.2 SPECIALITY CARE (SC)

**Business Description:** At Tufts Health Plan, specialty care referrals encompass those transactions where the provider requests permission to refer or send a patient to another provider, generally a specialist for outpatient care.

**SC Process Flow:** Providers will submit the 278-specialty care request directly to Tufts Health Plan according to the TR3 and this companion document. 278 specialty care requests will be submitted individually in real-time/batch mode.

Once Tufts Health Plan receives the file, a series of critical edits will be performed. 278-Specialty care requests passing the edits are considered accepted and are loaded into the system. Once these edits are complete, a 278 response will be returned to the provider. All accepted 278 initial specialty care referrals will have an eight-digit referral number returned.

278 specialty care requests processed that do not pass the critical edits are rejected and will not be loaded into our system. All rejected 278 initial specialty care referrals will have an AAA segment with the rejected code(s). Since we are editing more than one field, you could have more than one AAA segment code. The rejected 278 initial specialty care request must be corrected by the provider and resubmitted electronically to us, as these specialty care requests will not be entered into our system. Applicable AAA segments are detailed in Appendix B, of this document. An accepted 278-specialty care request is not a guarantee the request will match the claim and pay. An accepted 278-specialty care request means the 278 request had all the necessary information required and was accepted electronically by Tufts Health Plan.

While an accepted specialty care request for review will result in a real-time/batch response, all 278-specialty care requests will be downloaded into our system at 6 p.m. daily (if a 278-specialty care request is submitted after 6 p.m. it will be downloaded the following business day at 6 p.m. and available within 24–48 hours). Please consider this when contacting our Provider Services or EDI Operations areas.

**SC Service Submission Requirements:** Refer to the Tufts Health Plan Commercial and Tufts Health Plan Medicare Preferred Provider Manuals (<http://www.tuftshealthplan.com/>) on our website to obtain a listing of all outpatient specialty services that require a referral authorization when performed by a Tufts Health Plan provider.

## 7.3 ADMISSION REVIEW (AR)

- **AR Business Description:** At Tufts Health Plan, admission reviews encompass those transactions where an inpatient notification is required for commercial members being admitted for inpatient care and Tufts Health Plan Medicare Preferred members for

inpatient and surgical day care. Admission to a facility for treatment can include, but is not limited to, acute care, acute rehabilitation, and skilled nursing facilities.

- **AR Process Flow:** Providers will submit the 278-admission review directly to us according to the TR3 and this companion document. 278 admission review requests will be submitted as individual admission reviews in real-time mode or as a batch transaction. It may take up to 4 hours for inpatient notifications to be reflected in our system.
- Once we receive the file, a series of edits will be performed. After the file edits are complete, a 278 response will be returned to the provider. All accepted 278 initial Admission Review inpatient notification requests will have an 8-digit notification number. Inpatient notification numbers will be issued for most requests. Inpatient notifications will reject for the following reasons:
  - If a member belongs to a PPO plan utilizing the Private Healthcare Systems (PHCS) network – providers should contact PHCS directly.
  - If a member is part of the Tufts Health Plan Public Plans (formerly Network Health) product.
  - If a member’s employer group has carved out mental health/substance abuse benefits to a unique vendor – provider should contact vendor specified on the ID card.
  - Missing/invalid ICD-10 Diagnosis or Procedure Codes.
  - Missing admission date.
  - Procedure date before admission date.
  - Duplicate submissions.
  - Referred To provider is submitted as a Facility not a person.
  - If Tufts Health Plan is primary administrator for a CareLink member (member ID is all numeric) for services other than mental health/substance abuse for facilities outside MA/RI.
- **Inpatient notification:** Based on Tufts Health Plan current business practices, only initial admission review requests are accepted electronically. All other admission review types are not part of our business practices. If sent, a Reject Reason Code of “Input Errors” will be returned on the response.

Inpatient notification/authorization does not guarantee payment by Tufts Health Plan. Payment is contingent on:

1. The member’s eligibility on the date of service.
2. The covered service being medically necessary under the plan.
3. The provider being licensed as required by applicable law and eligible, by law and as deemed by Tufts Health Plan, to provide the service to our members.
4. Coordination of benefits and claims edits.

For Tufts Health Plan Medicare Preferred, except for emergency or urgently needed care, providers must be Medicare participating/approved or Medicare eligible to receive payment for the covered service.

**AR Service Submission Requirements:** Please refer to the Tufts Health Plan Commercial and Medicare Preferred HMO Provider Manuals on our website (<http://www.tuftshealthplan.com/>) to obtain a listing of all inpatient notification services that have special processing requirements.

Please see appendix C below for a Sample X12 - 278 AR X12 Format.

| Loop ID      | Reference  | Name                          | Codes | Comments   |
|--------------|------------|-------------------------------|-------|--|
| <b>2010B</b> | <b>NM1</b> | <b>Requester Name</b>         |       |  |
|              | NM108      | Identification Code Qualifier | XX    | National Provider Identifier (NPI) is mandated for use by HIPAA regulations. A Qualifier of “XX” must now be submitted.  |
|              | NM109      | Identification Code           |       | NPI is mandated for use by HIPAA regulations. Providers must now submit their 10-digit NPI number. This should be the NPI of the Individual Requesting Doctor (Not the Facility) |

|               | <b>PER</b> | <b>Requester Contact Information</b>      |    | <b>Required By Tufts Health Plan</b>   |
|---------------|------------|---|----|--|
|               | PER01      | Contact Function Code                     | IC |  |
|               | PER03      | Communication Number Qualifier            | TE |  |
|               | PER04      | Communication Number                      |    | Phone Number   |
| <b>2010C</b>  | <b>REF</b> | <b>Subscriber Supplemental ID</b>         |    | <b>Optional</b>  |
|               | REF01      | Reference ID Qualifier                    | EJ | EJ –Patient Account Number   |
|               | REF02      | Reference ID                              |    | Use this element to provide a supplemental identifier for the subscriber. The primary identifier is the Member Identification Number in the NM1 segment of loop 2010C. |
| <b>2010C</b>  | <b>DMG</b> | <b>Subscriber Demographic Info. (DOB)</b> |    |  |
|               | DMG02      | Subscriber Birth Date                     |    | To identify a member, a 278 transaction must include the member's Date of Birth (DOB).   |
| <b>2000E</b>  | <b>UM</b>  | <b>Health Care Services Review Info</b>   |    |  |
|               | UM03       | Service Type Code                         |    | If known by the requester, please submit the most appropriate service type code options indicated in section 7.5 – Service Type Codes.                                 |
|               | UM04       | Place of Service                          |    | This is required when the member type is Medicare Preferred.   |
| <b>2000E</b>  | <b>DTP</b> | <b>Admission Date</b>                     |    |  |
| <b>2000E</b>  | <b>HSD</b> | <b>Health Care Services Delivery</b>      |    | <b>Optional</b>  |
|               | HSD02      | Service Unit Count                        |    | Please provide this number for the quantity if service is to be rendered.  |
| <b>2000E</b>  | <b>MSG</b> | <b>Class Level</b>                        |    | <b>For SNF, Rehab and Chronic Care Centers</b>   |
|               | MSG01      | Class Level Indicator                     |    | Use Value "1" for Level 1 and Value "2" for Level 2  |
| <b>2000E</b>  | <b>HI</b>  | <b>Diagnosis Code</b>                     |    |  |
|               | HI01-01    | Qualifier                                 |    | Principal Diagnosis = ABK  |
|               | HI02-01    | Qualifier                                 |    | Other Diagnosis (aka 2nd Diag) = ABF, repeat in HI03-01, HI04-01, etc. for 3rd or 4th or subsequent Diagnoses  |
| <b>2000E</b>  | <b>CL</b>  | <b>Admission Type</b>                     |    |  |
|               | CL01       | Admission Type Indicator                  |    | Use Value "1" for Emergency<br>Use Value "2" for Urgent<br>Use Value "3" for Elective  |
| <b>2010EA</b> | <b>NM1</b> | <b>Patient Event Provider</b>             |    |  |
|               | NM101      |   |    | SJ   |
|               | NM102      |   |    | 1  |
|               | NM108      | Identification Code Qualifier             | XX | NPI is mandated for use by HIPAA regulations. A Qualifier of "XX" must now be submitted.   |
|               | NM109      | Identification Code                       |    | NPI is mandated for use by HIPAA regulations. Providers must now submit their 10-digit NPI Number.   |

|               |            |                                      |    |  |
|---------------|------------|--------------------------------------|----|--|
| <b>2010EA</b> | <b>NM1</b> | <b>Servicing Facility</b>            |    |  |
|               | NM101      |                                      |    | FA   |
|               | NM102      |                                      |    | 2  |
|               | NM108      | Identification Code Qualifier        | XX | NPI is mandated for use by HIPAA regulations. A Qualifier of "XX" must now be submitted.           |
|               | NM109      | Identification Code                  |    | NPI is mandated for use by HIPAA regulations. Providers must now submit their 10-digit NPI Number. |
| <b>2010EA</b> | <b>PER</b> | <b>Requester Contact Information</b> |    | <b>Required By Tufts Health Plan</b>   |
|               | PER01      | Contact Function Code                | IC |  |
|               | PER03      | Communication Number Qualifier       | TE |  |
|               | PER04      | Communication Number                 |    | Phone Number   |
| <b>2000F</b>  | <b>SV2</b> | <b>Institutional Service Line</b>    |    |  |
|               | SV202-01   | Qualifier                            |    | ZZ   |
|               | SV202-02   | Procedure Code                       |    | This must be sent when the Admission Type Indicator in CL01 is 3 for Elective                      |

**7.4 HEALTH SERVICES (HS)**

- **HS Business Description:** At Tufts Health Plan, health services encompass those transactions that require a health care services review other than specialty care and admission reviews as indicated above.
- **HS Process Flow:** Providers will submit the 278-health service review directly to us according to the TR3 and this companion document. 278 health service review requests will be submitted as individual health service reviews in real-time/batch mode.
- Once we receive the file, a series of file edits will be performed. After the file edits are complete, a 278 response will be returned to the provider. A pending response will be returned for the health services request to be reviewed by the appropriate Clinical Services department. Upon review completion, the clinical services staff will contact the provider via telephone, fax or letter with a decision.
- **HS Service Submission Requirements:** Please refer to Tufts Health Plan Commercial and Medicare Preferred Provider Manuals on our [website](#) to obtain a listing of all services that have special processing requirements for authorizations.

**7.5 SERVICE TYPE CODES**

Once it is determined if an AR, HS, or SC should be submitted based on the Tufts Health Plan 278 Transaction Specifications/Requirements, use the table below to reference what service type codes are acceptable when submitting the request to us. If an X is marked for a service type, this means it is an allowable code for the request type category. If more than one X is indicated for a service type, this does not necessarily mean a request must be sent for each request type category; this simply means it is an allowable code by Tufts Health Plan for that request type category.

**Recap**

- Determine what type of request needs to be submitted (AR, HS, and SC).
- Use the reference chart below to determine service type code, if known by provider.

Reminder: Refer to Tufts Health Plan Commercial and Tufts Medicare Preferred HMO Provider Manuals on our [website](#) to determine submission policies for specialty care (outpatient referrals), admission reviews (inpatient notification), and health service (authorizations).

**Service Type Table**

| Service Type | Description | AR | Tufts Health Plan AR Clarification Based on HIPAA Service Type Description | HS | SC |
|--------------|-------------|----|--|----|----|
|--------------|-------------|----|--|----|----|

| Service Type | Description                           | AR | Tufts Health Plan AR Clarification Based on HIPAA Service Type Description | HS | SC |
|--------------|---------------------------------------|----|--|----|----|
| 1            | Medical Care                          | X  | Medical - Inpatient  | X  |    |
| 2            | Surgical                              | X  | Surgical - Inpatient   | X  | X  |
| 3            | Consultation                          |    |  |    | X  |
| 4            | Diagnostic X-Ray                      |    |  |    | X  |
| 5            | Diagnostic Lab                        |    |  |    | X  |
| 6            | Radiation Therapy                     |    |  |    | X  |
| 7            | Anesthesia                            |    |  | X  | X  |
| 8            | Surgical Assistance                   |    |  | X  | X  |
| 11           | Used Durable Medical Equipment        |    |  | X  | X  |
| 12           | Durable Medical Equipment Purchase    |    |  | X  |    |
| 14           | Renal Supplies in the Home            |    |  | X  | X  |
| 15           | Alternate Method Dialysis             |    |  | X  |    |
| 16           | Chronic Renal Disease (CRD) Equipment |    |  | X  |    |
| 17           | Pre-Admission Testing                 |    |  |    | X  |
| 18           | Durable Medical Equipment Rental      |    |  | X  |    |
| 20           | Second Surgical Opinion               |    |  |    | X  |
| 21           | Third Surgical Opinion                |    |  |    | X  |
| 23           | Diagnostic Dental                     |    |  |    | X  |
| 24           | Periodontics                          |    |  |    | X  |
| 25           | Restorative                           |    |  | X  |    |
| 26           | Endodontics                           |    |  | X  |    |
| 27           | Maxillofacial Prosthetics             |    |  | X  |    |
| 28           | Adjunctive Dental Services            |    |  | X  |    |
| 33           | Chiropractic                          |    |  |    | X  |
| 35           | Dental Care                           |    |  |    | X  |
| 36           | Dental Crowns                         |    |  | X  |    |
| 37           | Dental Accident                       |    |  | X  |    |
| 38           | Orthodontics                          |    |  | X  |    |
| 39           | Prosthodontics                        |    |  |    | X  |
| 40           | Oral Surgery                          |    |  | X  | X  |
| 42           | Home Health Care                      |    |  | X  |    |
| 44           | Home Health Visits                    |    |  | X  |    |
| 45           | Hospice                               |    |  | X  |    |
| 46           | Respite Care                          |    |  | X  |    |
| 54           | Long Term Care                        | X  |  | X  |    |
| 56           | Medically Related Transportation      |    |  | X  |    |
| 61           | In-Vitro Fertilization                |    |  |    | X  |
| 62           | MRI/CAT Scan                          |    |  |    | X  |
| 63           | Donor Procedures                      |    |  | X  |    |
| 64           | Acupuncture                           |    |  |    | X  |
| 65           | Newborn Care                          |    | Newborn Care After Mother's Discharge - Inpatient                          |    | X  |
| 66           | Pathology                             |    |  |    | X  |
| 67           | Smoking Cessation                     |    |  | X  | X  |
| 68           | Well Baby Care                        |    |  |    | X  |
| 69           | Maternity                             | X  | Obstetric - Inpatient  | X  | X  |
| 70           | Transplants                           |    |  | X  | X  |
| 71           | Audiology Exam                        |    |  | X  | X  |
| 72           | Inhalation Therapy                    |    |  | X  | X  |
| 73           | Diagnostic Medical                    |    |  | X  | X  |
| 74           | Private Duty Nursing                  |    |  | X  |    |
| 75           | Prosthetic Device                     |    |  | X  |    |

| Service Type | Description                           | AR | Tufts Health Plan AR Clarification Based on HIPAA Service Type Description | HS | SC |
|--------------|---------------------------------------|----|--|----|----|
| 76           | Dialysis                              |    |  | X  | X  |
| 77           | Otological Exam                       |    |  | X  | X  |
| 78           | Chemotherapy                          |    |  | X  | X  |
| 79           | Allergy Testing                       |    |  |    | X  |
| 80           | Immunizations                         |    |  |    | X  |
| 82           | Family Planning                       |    |  | X  | X  |
| 83           | Infertility                           |    |  | X  | X  |
| 84           | Abortion                              |    |  | X  |    |
| 85           | AIDS                                  |    |  |    | X  |
| 86           | Emergency Services                    |    |  | X  |    |
| 87           | Cancer                                |    |  | X  | X  |
| 88           | Pharmacy                              |    |  | X  | X  |
| 93           | Podiatry                              |    |  |    | X  |
| A4           | Psychiatric                           |    |  | X  |    |
| A6           | Psychotherapy                         |    |  | X  |    |
| A9           | Rehabilitation                        | X  |  | X  |    |
| AD           | Occupational Therapy                  |    |  | X  | X  |
| AE           | Physical Medicine                     |    |  |    |    |
| AF           | Speech Therapy                        |    |  | X  | X  |
| AG           | Skilled Nursing Care                  | X  | Skilled Nursing Facility - Inpatient                                       |    |    |
| AI           | Substance Abuse                       | X  | Chemical Dependence - Inpatient  | X  | X  |
| AJ           | Alcoholism                            |    |  | X  |    |
| AK           | Drug Addiction                        |    |  | X  |    |
| AL           | Vision (Optometry)                    |    |  |    | X  |
| AR           | Experimental Drug Therapy             |    |  | X  |    |
| B1           | Burn Care                             |    |  | X  | X  |
| BB           | Partial Hospitalization (Psychiatric) |    |  | X  |    |
| BC           | Day Care (Psychiatric)                |    |  | X  | X  |
| BD           | Cognitive Therapy                     |    |  | X  | X  |
| BE           | Massage Therapy                       |    |  | X  | X  |
| BF           | Pulmonary Rehabilitation              | X  |  | X  | X  |
| BG           | Cardiac Rehabilitation                | X  |  | X  | X  |
| BL           | Cardiac                               |    |  | X  | X  |
| BN           | Gastrointestinal                      |    |  | X  | X  |
| BP           | Endocrine                             |    |  | X  | X  |
| BQ           | Neurology                             |    |  | X  | X  |
| BS           | Invasive Procedures                   |    |  |    | X  |
| BY           | Physician Visit – Office: Sick        |    |  | X  | X  |
| BZ           | Physician Visit – Office: Well        |    |  | X  | X  |
| C1           | Coronary Care                         |    |  | X  | X  |
| CQ           | Case Management                       |    |  | X  | X  |
| GY           | Allergy                               |    |  | X  | X  |
| IC           | Intensive Care                        |    |  | X  | X  |
| MH           | Mental Health                         | X  |  | X  | X  |
| NI           | Neonatal Intensive Care               |    |  | X  | X  |
| ON           | Oncology                              |    |  | X  | X  |
| PT           | Physical Therapy                      |    |  | X  | X  |
| PU           | Pulmonary                             |    |  | X  | X  |
| RN           | Renal                                 |    |  | X  | X  |
| RT           | Residential Psychiatric Treatment     | X  |  | X  | X  |
| TC           | Transitional Care                     | X  |  | X  | X  |
| TN           | Transitional Nursery Care             |    |  | X  | X  |

## 7.6 UNSUPPORTED BUSINESS FUNCTIONS

Tufts Health Plan does not use the Dependent Loop of the 278 transactions, as we are capable of uniquely identifying its dependent members based on the member's identification number, without first identifying their associated subscriber. This number is typically a combination of the subscriber's base number (or other 9 -11 digit ID number) and a 2-digit suffix for the individual's relationship with the subscriber, i.e., 01 for self, 02 for spouse, etc. When information is sent in the Dependent Loop of the 278 transaction, Tufts Health Plan will only respond back referencing the member identified in the Subscriber loop.

- We strongly recommend that all submitters generate a unique transaction TRACKING Identification Number (as described in Loop 2000E TRN segment on page 102 of the Technical Report) for each transaction that is submitted. We recommend that these IDs be unique both within a file and across files (in other words, generate a new ID even if the transaction was submitted previously). This will facilitate problem resolution and the pairing of Tufts Health Plan responses to submitted transactions.
- Use of the code II (Standard Unique Health Identifier) for each Individual in the United States) to identify a subscriber will not be supported until mandated by federal regulation.
- Providers should not send a PWK02 segment with an "AA" qualifier (available upon request at providers site) in loop 2000F on the 278 request. As there is no corresponding qualifier to be sent back on the response. These transactions will be rejected.
- In addition, we cannot support a code of RU – Medical Service Reservation in the BHT06 position.

## 8 ACKNOWLEDGEMENTS AND/OR REPORTS

The purpose of this section is to outline the Tufts Health Plan's processes for handling the initial processing of incoming files and electronic acknowledgments.

### 8.1 TA1 INTERCHANGE ACKNOWLEDGEMENT TRANSACTION

Tufts Health Plan is adhering to structural specifications for required and situational fields as stated in the Technical Report. If the incoming 278 structure does not comply, the file will fail in the validation process. In this situation, the EDI Operations Team will typically contact the submitter on the same business day.

### 8.2 999 FUNCTIONAL ACKNOWLEDGEMENT TRANSACTION

If the file submission passes the ISA/IEA pre-screening above, it is then checked for ASCX12 syntax and HIPAA compliance errors. When the compliance check is completed, a 999 will only be sent to the trading partner informing them only if the file has been rejected. If multiple transaction sets (ST-SE) are sent within the functional group (GS-GE, the entire functional group (GS-GE) will be rejected when an ASCX12 or HIPAA compliance error is found.

### 8.3 A 278 – RESPONSE TRANSACTION

If the 278 -13 transactions are successfully processed, you will receive a 278-11 response to the request for review.

## 9 TRADING PARTNER AGREEMENTS

An EDI Trading Partner is defined as any Tufts HP customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Tufts Health Plan.

Tufts Health Plan utilizes the SOAP Exchange Request Form to establish the Trading Partners agreement/set-up forms to process electronic transactions.

Refer to Appendix A for an example.

## 10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12 Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Tufts Health



Plan has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Tufts Health Plan

In addition to the row for each segment, one or more additional rows are used to describe Tufts Health Plan’s usage for composite and simple data elements and for any other information.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

|   |
|---|
| <b>Legend</b>   |
| <b>BOLDED</b> and SHADED rows represent “loops” or “segments” in the X12 implementation guides. |
| NON-SHADED rows represent “data elements” in the X12 implementation guides.                     |

**Requirements Specific to the 278 Review Transactions for Tufts Health Plan (AR,HS, SC)**

**278 Request Transactions**

| Page # | Loop ID | Reference | Name                               | Codes | Length | Notes/Comments   |
|--------|---------|-----------|------------------------------------|-------|--------|--|
|        | 2010B   | NM1       | Requester Name                     |       |        |  |
| 67     |         | NM108     | Identification Code Qualifier      | XX    | 1/10   | National Provider Identifier (NPI) is mandated for use by HIPAA regulations. A Qualifier of “XX” must now be submitted.  |
| 68     |         | NM109     | Identification Code                |       | 2/80   | NPI is mandated for use by HIPAA regulations. Providers must now submit their 10-digit NPI number.   |
|        | 2010C   | REF       | Subscriber Supplemental ID         |       |        |  |
| 87     |         | REF01     | Reference ID Qualifier             | EJ    | 2/3    | EJ –Patient Account Number   |
| 87     |         | REF02     | Reference ID                       |       | 1/60   | Use this element to provide a supplemental identifier for the subscriber. The primary identifier is the Member Identification Number in the NM1 segment of loop 2010C. |
|        | 2010C   | DMG       | Subscriber Demographic Info. (DOB) |       |        |  |
| 89     |         | DMG02     | Subscriber Birth Date              |       | 1/35   | To identify a member, a 278 transaction must include the member’s Date of Birth (DOB) as well as the First and Last Name, if submitting without the member ID.         |
|        | 2000E   | UM        | Health Care Services Review Info   |       |        |  |

| Page # | Loop ID | Reference | Name                          | Codes | Length | Notes/Comments   |
|--------|---------|-----------|-------------------------------|-------|--------|--|
| 106    |         | UM03      | Service Type Code             |       | 1/2    | If known by the requester, please submit the most appropriate service type code options indicated in 7.5 – Service Type Codes. |
|        | 2010EA  | NM1       | Patient Event Provider        |       |        |  |
| 130    |         | NM108     | Identification Code Qualifier | XX    | 1/2    | NPI is mandated for use by HIPAA regulations. A Qualifier of "XX" must now be submitted.                                       |
| 130    |         | NM109     | Identification Code           |       | 2/80   | NPI is mandated for use by HIPAA regulations. Providers must now submit their 10-digit NPI Number.                             |
|        | 2000F   | SV2       | Institutional Service Line    |       |        |  |
| 163    |         | SV202-02  | Procedure Code                |       | 1/48   | This field is required for Institutional Admission Reviews for which there is a known Procedure Code                           |
|        | 2000F   | SV1       | Professional Service Line     |       |        |  |
| 158    |         | SV101-02  | Procedure Code                |       | 1/48   | Populate when applicable   |

**Requirements Specific to the 278 Response Transactions for Tufts Health Plan (AR, HS, SC)**

Tufts Health Plan follows the 278 Response Technical Reports for an outbound response from both a structure and content perspective. There are no unique requirements that are specific to Tufts Health Plan. Please follow the TR3 when programming to accept a Tufts Health Plan 278 Response.

278 Response – HCR01 valid action codes used by Tufts Health Plan

Action codes provide review outcome information.

| Action Code & TR3 Code Definition | Description   | Tufts Health Plan Action  |
|-----------------------------------|---|---|
| A1 – Certified in total           | Outcome of the review has been certified.   | Tufts Health Plan responds with an assigned certification number located in HCR02.  |
| A3 – Not Certified                | Outcome of the review has not been certified.   | We respond with the appropriate reject reason code(s). Please refer to Appendix B, Rejection Criteria/Error Messages for a list of AAA reject reason codes used by Tufts Health Plan and their associated descriptions.   |
| A4 – Pended                       | Outcome of the review has been pended for review.   | We respond with a pended action code for Tufts Health Plan inpatient notification or clinical service departments to review the request.  |
| NA – No Action Required           | Outcome of the review determines that the requested service does not require certification. | Tufts Health Plan responds with a no action required action code for non- initial specialty care requests and Commercial Medicare Complement inpatient notifications since these requests do not require re-certification. This is intended to inform the provider that no action is required on their end. In the event that Tufts Health Plan needs to clarify information based on the non-initial specialty care request, a Tufts Health Plan representative will typically follow up via telephone that same business day. |

**APPENDICES**

**APPENDIX A - SOAP EXCHANGE FORM SAMPLE**

The **Business Contact** completes the following fields.

| Sender/Receiver Information   |   |   |   |   |
|---|---|---|---|---|
|   | Trading Partner   | Tufts Health Plan   |   |   |
| <b>Company Name/Dept</b>  |   | Tufts Health Plan - EDI   |   |   |
| <b>Primary Business Person</b>  |   |   |   |   |
| <b>Primary Business Phone</b>   |   |   |   |   |
| <b>Primary Business Email</b>   |   |   |   |   |
| <b>Primary Technical Person</b>   |   | Gina Targhetta  |   |   |
| <b>Primary Tech Phone</b>   |   | 617.972.9400 ext. 52413   |   |   |
| <b>Primary Tech Email</b>   |   | <a href="mailto:Regina_Targhetta@tufts-health.com">Regina_Targhetta@tufts-health.com</a>  |   |   |
| <b>Secondary Tech Person</b>  |   | Russ Werth  |   |   |
| <b>Secondary Tech Phone</b>   |   | 617.972.9400 ext. 59956   |   |   |
| <b>Secondary Tech Email</b>   |   | <a href="mailto:Russell_Werth@tufts-health.com">Russell_Werth@tufts-health.com</a>  |   |   |
|   | Transaction Type  | Transaction Type  | Transaction Type  | Transaction Type  |
| Short Description<br>(ex. 834, 837, etc.)   |   |   |   |   |
| <b>Responsible party for data exchange initiation</b>   | <input type="checkbox"/> TP <input type="checkbox"/> Tufts HP   | <input type="checkbox"/> TP <input type="checkbox"/> Tufts HP   | <input type="checkbox"/> TP <input type="checkbox"/> Tufts HP   | <input type="checkbox"/> TP <input type="checkbox"/> Tufts HP   |
| <b>Data is moving From/ To</b>  | <input type="checkbox"/> From Tufts HP to TP<br><input type="checkbox"/> From TP to Tufts HP<br><input type="checkbox"/> Internal to Tufts HP | <input type="checkbox"/> From Tufts HP to TP<br><input type="checkbox"/> From TP to Tufts HP<br><input type="checkbox"/> Internal to Tufts HP | <input type="checkbox"/> From Tufts HP to TP<br><input type="checkbox"/> From TP to Tufts HP<br><input type="checkbox"/> Internal to Tufts HP | <input type="checkbox"/> From Tufts HP to TP<br><input type="checkbox"/> From TP to Tufts HP<br><input type="checkbox"/> Internal to Tufts HP |
| <b>Does File Contain PHI or Confidential Information?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <p><b>Notification Instructions</b> – Provide specific details regarding notification procedures for extended maintenance or system downtime. Each email address provided should be a group name, not an individual email address. If no notification is required, indicate that with a <i>NO</i> in the table below.</p> |   |   |   |   |
| <b>Contacts:</b>  | Trading Partner   | Tufts HP Business Contact/ Owner  |   |   |
| <b>Change to system downtime (group email)</b>  |   |   |   |   |

**Connection**

Because data contains protected health information (PHI), it is mandatory that the data be secured when files are submitted to Tufts HP electronically. The method of your secure data should be consulted with your Corporate Information Technology department.

**HTTPSCA**

**Information**

Tufts Health Plan technical contacts will provide Tufts Health Plan SSL Certificate and Connectivity Information

**Certificate Based Authentication**

The client party must own or obtain a certificate to use. Complete the following additional fields. Certificate authentication requires a certificate from a trusted certificate authority and public key exchange.

**Use Certificate Based Authentication**

Base64 encoded X.509 (.CER)

**Attach Public Key SSL Certificate with chain**

\_\_\_\_\_

**Public Key Certificate Expiration period**


\_\_\_\_\_

**Volume**

If the data exchange setup involves the initial load of a large amount of data in excess of 200mb, provide some information as to what additional media your company may be able to support. Any file on a CD, DVD, or tape should be protected with encryption or a password.

**Volume (Sunday – Saturday)**

**Other Comments:**

 **Email the completed form to your Tufts HP Business Analyst.**

**APPENDIX B - REJECTION CRITERIA/ MESSAGE**

The grid below error messages for Tufts Health Plan to support this transaction:

| Message  | Criteria  |
|--|---|
| 15 - Required application data missing   | Service Type Code is 86 and the Visits and Time Limit = 0   |
|  | Missing diagnosis code  |
|  | Missing MSG segment for Level of SNF, Rehab or Chronic if an AR request.  |
| 33 - Input errors<br>Invalid procedure code  | The request does not comply with Tufts Health Plan instructions for acceptable procedure codes  |
| Input errors – the request does not comply with Tufts Health Plan instructions for acceptable Request Category Code    | Code IN – Individual<br>Not accepted by Tufts Health Plan   |
| Input Errors – The request does not comply with Tufts Health Plan instructions for acceptable certification type codes | Use only the following certification type codes for the respective request type categories:<br>AR = 1, 2, 3, I, S<br>HS = 1, 2, 3, 4, I, R, S<br>SC = 1, 2, 3, 4, I, R, S                                   |
| Input Errors – Requesting and Servicing are the same ID # for specialty care requests                                  | The Requesting Provider cannot be the same as the Specialty Care Provider.  |
| 41 - Authorization/Access Restrictions   | Provider Ineligible for Inquiries / Requests  |
| 42 - Unable to respond at Current Time   | Transaction Set Purpose Code = 01 or 36 Not accepted by Tufts Health Plan   |
| 43 - Invalid / Missing Provider ID   | Require a 10 digit NPI number that will pass the check digit validation.  |
| 49 - Provider is not Primary Care Physician  | Provider is not Primary Care Physician  |
| 51 – Provider Not on File  | NPI Submitted in a NM109 is not found in our system   |
| 52 - Service Dates not within Provider Plan Enrollment   | A 10 digit NPI number that will pass the check digit validation   |
| 57 - Invalid/missing Date(s) of service  | Missing admission date  |
|  | Field must be filled in with valid date of service CCYMMDD  |
| 58 - Invalid / Missing Date of Birth   | Field must be filled in with correct date of birth for member suffix. CCYMMDD   |
| 71 - Patient Birth Date does not match that for the patient on the database  | The Date of birth submitted does not match what is in our data base.  |
| 72 - Invalid/missing subscriber/insured ID   | Must be at least 11 digits (9 for member id and 2 for suffix), no dashes or spaces between the number and suffix required. All Medicare Preferred Member ID's must begin with an S and have a suffix of 01. |
| 95 - Patient Not Eligible  | If the member's coverage is not effective on the "From Date" of the authorization.  |
| T5 - Certification information missing   | Submission from Emdeon when referral number has not been assigned or is blank   |

**APPENDIX C – TRANSMISSION EXAMPLES****SAMPLE 278 – AR REQUEST**

```
ISA*00*      *00*      *ZZ*SENDERID      *01*170558746      *160324*1023*^*00501*000001061*0*T*:  
GS*HI*00000003R*THP001*20160324*1600*2*X*005010X217  
ST*278*1033001*005010X217  
BHT*0007*13*A072900880*20151123*2316  
HL*1**20*1  
NM1*PR*2*Tufts Health Plan*****PI*NEHEN002  
HL*2*1*21*1  
NM1*1P*1*AZOLLI*CHRIS****XX*1861463895  
PER*IC**TE*8888808699  
HL*3*2*22*1  
NM1*IL*1*KEDDY*NICHOLAS****MI*77695239304  
DMG*D8*19200720*F  
HL*4*3*EV*0  
UM*AR*I*A9*21:B  
DTP*435*D8*20151215  
HI*ABK:J351  
CL1*3  
MSG*2  
NM1*SJ*1*AZOLLI*CHRIS****XX*1861463895  
NM1*FA*2*DYOUVILLE****XX*1134113608  
PER*IC**TE*8888808888  
SE*20*1033001  
GE*1*2  
IEA*1*000001061
```

**SAMPLE 278 – AR RESPONSE**

```

ISA*00*      *00*      *ZZ*SENDERID      *01*170558746
*160324*1746*^*00501*000168399*0*P*~
GS*HI*THP001*00000003R*20160324*1746*69002*X*005010X217
ST*278*0001*005010X217
BHT*0007*11*A072900880*20160324*1345*18
HL*1**20*1
NM1*X3*2*Tufts Health Plan*****PI*THP001
HL*2*1*21*1
NM1*1P*1*AZOLLI*CHRIS****XX*1861463895
HL*3*2*22*1
NM1*IL*1*KEDDY*NICHOLAS****MI*77695239304
DMG*D8*19200720*F
HL*4*3*EV*0
UM*AR*I*A9*21~B
HCR*A4**OD
REF*NT*16084A01
DTP*435*D8*20151215
HI*ABK~J351
CL1*3
MSG*2
NM1*SJ*1*AZOLLI*CHRIS****XX*1861463895
NM1*FA*2*DYOUVILLE*****XX*1134113608
PER*IC**TE*8888808888
SE*21*0001
GE*1*69002
IEA*1*000168399
    
```

**CHANGE SUMMARY**

This section describes the differences between the current Companion Guide and previous guide(s).

| Revision | Revision Date | Comments                       |
|----------|---------------|--------------------------------|
| 1        | 06/2011       | Version 5010                   |
| 2        | 04/2016       | Core® Operating Rule Additions |