MMIS Replacement Project (MRP)

Health Care Services Review – Request and Response (278) Transactions Standard Companion Guide

Companion to Health Care Services Review – Request and Response ASC X12N 278 005010X216 Implementation Guide

September 2022

Version 0.3

Disclosure Statement

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Preface

This Companion Guide to the Health Care Services Review – Request and Response (278) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the State of Mississippi, Division of Medicaid (DOM). Transmissions based on this Companion Guide, used in tandem with the **ASC X12N 278 005010X216 Implementation Guide**, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (DHHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions, primarily between health care providers and plans. HIPAA directs the Secretary to adopt transaction standards enabling the electronic exchange of health information and to adopt specifications for implementing each standard. HIPAA intends to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into trading partner agreements that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specifications
- Change the meaning or intent of the standards implementation specifications

Effective January 01, 2013, health plans, covered entities, and their business associates that engage in the exchange of covered transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 278 transaction. These operating rules are maintained by Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE).

1.1. Scope

The Companion Guide is to be used with and supplement the requirements in the HIPAA Accredited Standards Committee (ASC) X12 Implementation Guides. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion Guide is to provide trading partners with a guide to communicate Mississippi Division of Medicaid (MS DOM) specific information required to successfully exchange transactions.

The Companion Guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claim status request and response transactions to MS DOM.

1.2. Overview

The Companion Guide provides guidance for establishing a relationship with MS DOM for the business purpose of doing electronic Health Care Services Review – Request and Response (278) transaction.

1.3. References

This section specifies additional on-line sources of helpful information related to electronic data interchange and X12 transactions.

- Workgroup for Electronic Data Interchange (WEDI) – http://www.wedi.org
- United States Department of Health and Human Services (DHHS) – http://aspe.hhs.gov/

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- Centers for Medicare and Medicaid Services (CMS) – http://www.cms.gov/
- Designated Standard Maintenance Organizations (DSMO) – http://www.hipaa-dsmo.org/
- National Council of Prescription Drug Programs (NCPDP) – http://www.ncpdp.org/
- National Uniform Billing Committee (NUBC) – http://www.nubc.org/
- Washington Publishing Company (WPC) at http://wpc-edi.com/
- Accredited Standards Committee (ASC X12) – http://www.x12.org/
- Affordable Care Act (ACA) Section 1104 information is at the CMS website. For information on ACA Administrative Simplification information follow this link: https://www.cms.gov/regulations-and-guidance/HIPAA-Administrative-Simplification/affordable-care-act/operatingrulesforHIPAATransactions.html

1.4. Additional Information

It is assumed that the trading partner has purchased and is familiar with the ASC X12 Type 3 Technical Report (TR3) being referenced in this Companion Guide. TR3s can be purchased from the ASC X12 store at http://store.x12.org/store/.

2. Getting Started

2.1. Working with Mississippi DOM

The Electronic Data Interchange (EDI) Department is available to assist trading partners when questions arise. See Section 5 for details.

2.2. Trading Partner Registration

Trading Partner registration is completed through the secure provider portal. All required fields must be completed, and an electronic signature must be included.

2.3. Certification and Testing Overview

All covered entities who submit electronic transactions are required to certify. This includes Clearing houses, Software Vendors, Provider Groups, and Coordinated Care Organizations (CCOs). Such agencies certify users who submit transactions through them on their behalf. Users who submit transactions directly must be certified. Users who submit transactions through CCOs should receive certification requirement information from the CCO.

3. Testing with the Payer

Testing is not required for the Health Care Review for Request and Response (278).

4. Connectivity with the Payer/Communications

Users can register to access the provider portal in order to upload EDI files.

To register/logon to the provider portal, visit: Mississippi Medical Assistance Portal for Providers > Home (msxix.net).

Submission of EDI Transactions via MOVEit, go to: Mississippi Replacement Project (msxix.net)

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4.1. Passwords

Passwords are provided during initial enrollment and can be reset by contacting Provider Relations – Electronic Claims Submission (ECS) Department at 1 800-884-3222. These passwords may not be shared.

5. Contact Information

In an effort to assist the community with their electronic data exchange needs, MS DOM has the following options available for either contacting a help desk or referencing a website for further assistance:

- For general information go to Mississippi DOM Website: EDI Technical Documents | Mississippi Division of Medicaid (ms.gov)
- For EDI Services (technical, enrollment, or setup questions):
  - E-mail: MS_EDI_Helpdesk@gainwelltechnologies.com
  - Telephone: 1 800-884-3222
  - Hours are Monday through Friday from 08:00 AM to 05:00 PM CST.

6. Control Segment/Envelopes

6.1. ISA-IEA

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

6.1.1. 278 Request

ISA01- Value “00” is expected in this data element.

ISA02- No data is expected in this data element.

ISA03- Value “00” is expected in this data element.

ISA04- No data is expected in this data element.

ISA05- Value “ZZ” is expected in this data element.

ISA06- The Gainwell Technologies Electronic Transaction Identification Number (ETIN) assigned to the submitter is expected in this data element. This is the same as your Trading Partner ID.

ISA07- Value “ZZ” is expected in this data element.

ISA08- The “77032” is expected in this data element.

ISA12- Value “00501” is expected in this data element.

ISA14- Value “0” is expected in this data element.

ISA15- Value “P” is expected for production data and value “T” is expected for test data.

ISA16- A colon (:) is expected as the component element separator

6.1.2. 278 Response

ISA01- Value “00” is in this data element.

ISA02- No data is in this data element.

ISA03- Value “00” is in this data element.

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ISA04 - No data is in this data element.

ISA05- Value “ZZ” is in this data element.

ISA06- The “77032” is expected in this data element.

ISA07- Value “ZZ” is in this data element.

ISA08 - The Gainwell ETIN assigned to the submitter is expected in this data element. This is the same as your Trading Partner ID.

ISA12- Value “00501” is expected in this data element.

ISA14- Value “0” is in this data element.

ISA15- Value “P” is expected for production data and value “T” is expected for test data.

ISA16- A colon (:) is as the component element separator.

6.1.3. GS-GE

This section describes the 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 Mississippi DOM expects functional groups to be sent and how Mississippi DOM will send functional groups. These discussions will describe how similar transaction sets will be packaged and Mississippi DOM use of functional group control numbers.

GS02– The Mississippi DOM Trading Partner ID provided during the enrollment process.

GS03– Value “77032”

GS08– Value “005010X217”

6.1.4. ST-SE

This section describes the use of transaction set control numbers.

ST03- Value “005010X217”

7. Payer Specific Business Rules and Limitations

Payer specific business rule information regarding MS DOM can be found at the “For Our Providers” webpage on the MS DOM website, Providers | Mississippi Division of Medicaid (ms.gov).

The manuals provide detailed information regarding billing for specific services and provider types and payer-specific editing and auditing.

8. Acknowledgements and/or Reports

No acknowledgments are expected for 278 transactions.

9. Trading Partner Agreements

An Electronic Data Interchange (EDI) Trading Partner is defined as any MS DOM customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to or receives electronic data from MS DOM.

Payers have EDI Trading Partner Agreements (TPAs) that accompany the standard Implementation Guide to ensure the integrity of the electronic transaction process. The Trading

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Partner Agreement is related 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 are detailed in a table. The tables contain a row for each segment that has additional information MS DOM provides that 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 MS DOM

In addition to the row for each segment, one or more additional rows are used to describe Mississippi DOM usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

10.1. Naming Your Files

When uploading batch files, the submitter can name their files using the following format for processing and tracking purposes:

1. <SubmitterId> – Use the trading partner ID (submitter ID) assigned. This is to be used by all providers, vendors, and clearinghouses submitting batch transactions.
2. <filetype> – Assign a file type – preferably transaction type, example 270, 276, 278Q, 837D, 837I, 837P.
3. <datetime>. – Use the date/time value format of yyyymmddhhmm to uniquely identify the file and avoid duplicate files.
4. <filetypeext> – Use the file type extension to identify the file type (e.g. .txt)

Here are some examples of good file naming standards:

- TP01234567_278_201708301140512.txt
- TP01234567_278_TRANS01_20170830.txt
- TP01234567_278_SMALL_FILE_2017_08.txt

When downloading batch files, the submitter files will be in the following format, example 271, 277, 278R, 835, TA1, 999:

- TP01234567_YYYYJJJ_(9 digit sequence).271
- TP01234567_YYYYJJJ_(9 digit sequence).277
- TP01234567_YYYYJJJ_(9 digit sequence).278R
- TP01234567_YYYYJJJ_(9 digit sequence).835
- TP01234567_YYYYJJJ_(9 digit sequence).TA1
- TP01234567_YYYYJJJ_(9 digit sequence).999
  *Where YYYYJJJ is the 4-digit year and 3-digit Julian day.

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11. Conventions

Most of the companion guide is in table format (see example below). Only loops, elements, or segments with clarifications or comments are listed. For further information, please see the TR3 for each transaction.

Table 1. Conventions Sample

Loop ID	Segment/ Element Reference	Loop Name	Codes	Notes/Comments
	278	**Health Care Services Review – Request and Response**		
2010A	**NM1**	**Utilization Management Organization (UMO) Name**		
	NM109	Utilization Management Organization (UMO) Identifier	MS_TXIX	MS_TXIX = Mississippi Title 19
2010B	**REF**	**Requester Supplemental Identification**		**Required when used by the UMO to identify the requester. If not required by this implementation guide, do not send.**
	REF01	Reference Identification Qualifier	1G, 1J, EI, G5, N5, N7, SY, ZH	1G - Provider UPIN Number 1J - Facility ID Number EI - Employer's Identification Number G5 - Provider Site Number N5 - Provider Plan Network Identification Number N7 - Facility Network Identification Number SY - Social Security Number ZH - Carrier Assigned Reference Number
2010C	**NM1**	**Subscriber Name**		
	NM109	Subscriber Primary Identifier		Value is 9-digit Mississippi Division of Medicaid Recipient/Beneficiary ID
	REF	**Subscriber Supplemental Identification**		

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Loop ID	Segment/ Element Reference	Loop Name	Codes	Notes/Comments
	REF01	Reference Identification Qualifier	1L, 3L, 6P, DP, EJ, F6, HJ, IG, N6, NQ, SY	1L - Group or Policy Number 3L - Branch Identifier 6P - Group Number DP - Department Number EJ - Patient Account Number F6 - Health Insurance Claim (HIC) Number HJ - Identity Card Number IG - Insurance Policy Number N6 - Plan Network Identification Number NQ - Medicaid Recipient Identification Number SY - Social Security Number

Table 2. Conventions Fields

Column Name	Description
Loop ID	Loop, header, or trailer.
Segment/Element Reference	Segment or Element ID.
Loop Name	Name of Loop, header, or trailer.
Codes	Code values.
Note/Comments	Comments or clarifications for Mississippi DOM. Values, data length, and repeats are also listed here. Clarifications in field length only indicate what Mississippi DOM uses or returns to process the transaction. MS DOM still accepts the minimum and maximum field lengths required by the Technical Report Type 3 (TR3) for each element.

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11.1. Transaction 278, Health Care Service: Request and Response

Table 3. Health Care Services Review - Request and Response (278)

Loop ID	Reference	Name	Codes	Notes/Comments
	278	**Health Care Services Review – Request and Response**		
2010A	**NM1**	**Utilization Management Organization (UMO) Name**		
	NM109	Utilization Management Organization (UMO) Identifier	MS_TXIX	MS_TXIX = Mississippi Title 19
2010B	**REF**	**Requester Supplemental Identification**		**Required when used by the UMO to identify the requester. If not required by this implementation guide, do not send.**
	REF01	Reference Identification Qualifier	ZH	ZH - Carrier Assigned Reference Number
2010C	**NM1**	**Subscriber Name**		
	NM109	Subscriber Primary Identifier		Value is 9-digit Mississippi Division of Medicaid Recipient/Beneficiary ID
	REF	**Subscriber Supplemental Identification**		
	REF01	Reference Identification Qualifier	EJ	EJ - Patient Account Number
2010EA	**REF**	**Patient Event Provider Supplemental Identification**		**Required when valued on the request or when the UMO authorizes a specific provider or specialty entity for this patient event. If not required by this implementation guide, do not send.**
	REF01	Reference Identification Qualifier	0B, 1G, 1J, EI, N5, N7, SY, ZH	0B - State License Number 1G - Provider UPIN Number 1J - Facility ID Number EI - Employer's Identification Number N5 - Provider Plan Network Identification Number N7 - Facility Network Identification Number SY - Social Security Number ZH - Carrier Assigned Reference Number

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Loop ID	Reference	Name	Codes	Notes/Comments
2010F	**REF**	**Service Provider Supplemental Identification**		
	REF01	Reference Identification Qualifier	0B, 1G, 1J, EI, N5, N7, SY, ZH	0B - State License Number 1G - Provider UPIN Number 1J - Facility ID Number EI - Employer's Identification Number N5 - Provider Plan Network Identification Number N7 - Facility Network Identification Number SY - Social Security Number ZH - Carrier Assigned Reference Number
2000F	**TOO**	**Tooth Information**		**Only one TOO segment should be present**

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Appendix A. Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to MS DOM and its providers.

Q1: Can I send each Health Care Services Review – Request and Response (278) transaction to Medicaid without selecting the transaction on my Trading Partner Agreement?

A1: No. All Trading Partners must have signed a Trading Partner Agreement and be set up for the transaction types agreed upon.

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Appendix B. Change History

Version #	Date of release	Author	Description of change
0.1	12/16/2021	EDI Technical Team	Initial document creation. Section 10.1, Page 6 - Naming Your File
0.2	9/2/2022	EDI Technical Team	Mississippi Logo clean-up Copyright change from 2021 to 2022 Section 10.1, Page 5 - Naming Your File
0.3	9/30/2022	EDI Technical Team	Production connectivity URLs and contact information updated, Pages 3 and 4

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