



State of Maine

Department of Health & Human Services (DHHS)

MaineCare

Medicaid Management Information Systems

***Maine Integrated Health Management Solution
270 Eligibility Benefit Inquiry Companion Guide
ASC X12N Version 005010X279A1***

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Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

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Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with MaineCare. Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides, 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.

Table of Contents

Maine Integrated Health Management Solution	i
270 Eligibility Benefit Inquiry Companion Guide	i
Preface	v
1. Introduction	1
1.1 Scope	1
1.2 Overview	2
1.3 References	2
1.4 Additional Information.....	2
2. Getting Started	21
2.1 Working with MaineCare.....	21
2.2 Trading Partner Registration	21
2.3 Certification and Testing Overview	31
3. Testing with the Payer.....	31
4. Connectivity with the Payer/Communications.....	32
4.1 Process Flows.....	32
4.2 Transmission Administrative Procedures.....	37
4.3 Re-Transmission Procedure	37
4.4 Communication Protocol Specifications	37
4.5 Passwords	37
5. Contact Information	38
5.1 EDI Customer Service.....	38
5.2 EDI Technical Assistance	38
5.3 Provider Service Number	38
5.4 Applicable Websites/Email	39
6. Control Segments/Envelopes	39
6.1 ISA-IEA	39
6.2 GS-GE	39
6.3 ST-SE	39
7. Payer Specific Business Rules and Limitations	39
8. Acknowledgements and/or Reports	40
8.1 Report Inventory.....	40
9. Trading Partner Agreements	43

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

9.1	Trading Partners	43
10.	Transaction Specific Information.....	44
	Appendix 1: Implementation Checklist	54
	Appendix 2: Business Scenarios	55
	Appendix 3: Transmission Examples	56
	Appendix 4: Frequently Asked Questions	57
	Appendix 5: Change Summary	58
	Appendix 6: Trading Partner Agreements (TPA)	60

List of Figures

Table 1:	270 Sample Transaction Set Description.....	1
Table 2:	Service Type Codes Mapped by MIHMS.....	3
Table 3:	271 Copay Information.....	5
Figure 2-1:	Trading Partner Registration Drop-down Menu	22
Figure 2-2:	Trading Partner Registration Drop-down Menu	25
Figure 2-3:	Trading Partner Registration Drop-down Menu	27
Figure 2-4:	Trading Partner Registration Drop-down Menu	29
Figure 4-1:	Process Flow for CAQH Web Service.....	33
Figure 4-2:	Process Flow for Online Upload.....	34
Figure 4-3:	Process Flow for VAN.....	35
Figure 4-4:	Process Flow for MEVS.....	36
Figure 8-1:	Older Acknowledgements and Responses via Search Button.....	40
Table 4:	Interchange Acknowledgement Codes	41
Figure 8-2:	Sample BRR.....	43
Table 5:	270 Eligibility Benefit Inquiry.....	45
Table 6:	Example Service Type Codes	55
Table 7:	Example Transmissions	56
Figure 6-1:	CH/BA TPA - Page 1	61
Figure 6-2:	CH/BA TPA - Page 2	62
Figure 6-3:	CH/BA TPA - Page 3	63
Figure 6-4:	CH/BA TPA - Page 4	64
Figure 6-5:	CH/BA TPA - Page 5	65
Figure 6-6:	CH/BA TPA - Page 6	66
Figure 6-7:	CH/BA TPA - Page 7	67

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Figure 6-8: CH/BA TPA - Page 8..... 68

1. Introduction

This section describes how the MaineCare specific 270 transaction set information will be detailed with the use of a table. The tables contain a row for each segment that MaineCare has something additional, over and above, the information in the Technical Report Type 3 (TR3). That information can:

- Limit the repeat of loops, or segments.
- Limit the length of a simple data element.
- Specify a sub-set of the Implementation Guides internal code listings.
- Clarify the use of loops, segments, composite and simple data elements.
- Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with MaineCare.

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

Table 1: Transaction Set Descriptions specifies the columns and suggested use of the rows for the detailed description of the transaction set Companion Guides.

Table 1: 270 Sample Transaction Set Description

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
75	2100B	NM1	Information Receiver Name			This type of row always exists to indicate that a new segment has begun. It is always shaded and notes or comments about the segment itself go in this cell.
78	2100B	NM109	Identification Code		2/80	This type of row exists to limit the length of the specified data element.
79	2100B	REF01	Reference Identification Qualifier	EO		These are the only codes transmitted by MaineCare.

1.1 Scope

The purpose of the MaineCare 270 Eligibility Benefit Inquiry Companion Guide is to provide Trading Partners with a guide to communicate information required to successfully exchange transactions electronically with MaineCare. This Companion Guide document should be used in conjunction with the Technical Report Type 3 (TR3) Guide and the national standard code sets referenced in that Guide.

For any questions or to begin testing, refer to Section 3, Testing with the Payer, and logon to <https://mainecare.maine.gov>.

1.2 Overview

This section describes how the table, for the MainCare specific 270 transactions, is organized by columns and their descriptions. Section 10, Table 5: 270 Eligibility Benefit Inquiry Transactions, should be used as a reference for populating transactions sent to MaineCare. Table 5 contains the specific data values and descriptions used in processing the transaction. Refer to Section 10, Transaction Set Information, for more details.

Column Descriptions:

- Page Number – Corresponding page number in TR3
- Loop ID – Implementation Guide Loop
- Reference – Implementation Guide Segment
- Name – Implementation Guide segment/element name
- Codes - Data values to be sent for MaineCare transactions. Information contained within “< >” is the description or format of the data that should be entered in the field.
- Length – MaineCare length. A single number denotes fixed length. Two numbers separated by a slash denotes min/max length.
- Notes/Comments – Additional information specific to MaineCare transactions.

1.3 References

This section describes the additional reference material Trading Partners must use to find the non-MaineCare specific transaction specifications for 270 Eligibility Benefit Inquires.

NOTE: The Companion Guide does not include the complete transaction specifications. Refer to the following HIPAA version 5010A1 Technical Report Type 3 for additional information not supplied in this document, such as transaction usage, examples, code lists, definitions, and edits:

- ***Eligibility Benefit Inquiry and Response ASC X12N 270/271 (005010X279A1) April 2008***
- ***Eligibility Benefit Inquiry and Response ASC X12N 270/271 (005010X279A1) June 2010***

Copies of the ANSI X12 Technical Report Type 3s can be obtained from the Washington Publishing Company at the following URL: <http://www.wpc-edi.com>.

All required information for populating the X12 EDI transactions can be found by referencing the MaineCare Companion Guides and the HIPAA Technical Report Type 3s.

1.4 Additional Information

All transactions sent for processing are required to be in compliance with the ASC X12N version 5010A1 Technical Report Type 3 standards. Non-compliant transactions will be rejected during the HIPAA validation process.

- MaineCare requires either the Member ID or the Member Date of Birth and Social Security Number for eligibility request processing.
- Medicaid Eligibility Verification Systems (MEVS) will allow for a future date of service to the end of the current month.
- MaineCare will not process eligibility requests for dates more than two (2) years prior to the current date.

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

- MaineCare will support Explicit Eligibility requests for all HIPAA compliant Service Type Codes. If no benefit plan is mapped to the submitted Service Type code MaineCare will respond with a generic 271 eligibility response. When submitting a generic 270 eligibility request for Service Type 30 MaineCare will respond with the required HIPAA compliant Service Type Codes. Refer to the codes displayed in Table 2: Service Type Codes Mapped by MIHMS.

Table 2: Service Type Codes Mapped by MIHMS

Service Type Code	Description	Required for Generic Inquiry	Required for Explicit Inquiry
1	Medical Care	Y	Y
2	Surgical		Y
4	Diagnostic X-Ray		Y
5	Diagnostic Lab		Y
6	Radiation Therapy		Y
7	Anesthesia		Y
8	Surgical Assistance		Y
12	Durable Medical Equipment Purchase		Y
13	Ambulatory Service Center Facility		Y
18	Durable Medical Equipment Rental		Y
20	Second Surgical Opinion		Y
30	Health Benefit Plan Coverage	Y	
33	Chiropractic	Y	Y
35	Dental Care	Y	Y
40	Oral Surgery		Y
42	Home Health Care		Y
45	Hospice		Y
47	Hospital	Y	Y
48	Hospital – Inpatient	Y	Y
50	Hospital – Outpatient	Y	Y
51	Hospital – Emergency Accident		Y
52	Hospital – Emergency Medical		Y
53	Hospital – Ambulatory Surgical		Y
62	MRI/CAT Scan		Y

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Service Type Code	Description	Required for Generic Inquiry	Required for Explicit Inquiry
65	Newborn Care		Y
68	Well Baby Care		Y
73	Diagnostic Medical		Y
76	Dialysis		Y
78	Chemotherapy		Y
80	Immunizations		Y
81	Routine Physical		Y
82	Family Planning		Y
86	Emergency Services	Y	Y
88	Pharmacy	Y	Y
93	Podiatry		Y
98	Professional (Physician) Visit - Office	Y	Y
99	Professional (Physician) Visit - Inpatient		Y
A0	Professional (Physician) Visit - Outpatient		Y
A3	Professional (Physician) Visit - Home		Y
A6	Psychotherapy		Y
A7	Psychiatric - Inpatient		Y
A8	Psychiatric - Outpatient		Y
AD	Occupational Therapy		Y
AE	Physical Medicine		Y
AF	Speech Therapy		Y
AG	Skilled Nursing Care		Y
AI	Substance Abuse		Y
AL	Vision (Optometry)	Y	Y
BG	Cardiac Rehabilitation		Y
BH	Pediatric		Y
MH	Mental Health	Y	Y
UC	Urgent Care	Y	Y

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

- Copay information will be provided for explicit inquiries, and for the mandated service type codes on a generic inquiry.
- Additional copay information will be provided on the MSG segments in the 271 response. Refer to Table 3: 271 Copay Information

Table 3: 271 Copay Information

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
2 Surgical		Y	Y			\$0
4 Diagnostic X-ray		Y	Y	Dental Providers, Physicians and Indian Health Services Providers		\$0
4 Diagnostic X-ray		Y	Y	Hospitals, FQHC/RHC – Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
4 Diagnostic X-ray		Y	Y	Hospitals, FQHC/RHC, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
4 Diagnostic X-ray		Y	Y	Podiatrists, Copay for these services ranges from \$.50 - \$2.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$2.00
4 Diagnostic X-ray		Y	Y	Podiatrists, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$20.00

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
4 Diagnostic X-ray		Y	Y	Medical Imaging Services Providers, Copay ranges from \$.50 - \$1.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$1.00
4 Diagnostic X-ray		Y	Y	Medical Imaging Services Providers, EB07 amount is the member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$10.00
5 Diagnostic Lab		Y	Y	Indian Health Services Providers and Physicians		\$0
5 Diagnostic Lab		Y	Y	Laboratories, Copay ranges from \$.50 - \$1.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$1.00
5 Diagnostic Lab		Y	Y	Laboratories, EB07 is the member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$10.00

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
5 Diagnostic Lab		Y	Y	Hospitals, FQHC/RHC - Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
5 Diagnostic Lab		Y	Y	Hospitals, FQHC/RHC, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
6 Radiation Therapy		Y	Y	Indian Health Services Providers and Physicians		\$0
6 Radiation Therapy		Y	Y	Medical Imaging Services Providers Copay ranges from \$.50 - \$1.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$1.00
6 Radiation Therapy		Y	Y	Medical Imaging Services Providers, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$10.00

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
6 Radiation Therapy		Y	Y	Hospitals, FQHC/RHC - Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
6 Radiation Therapy		Y	Y	Hospitals, FQHC/RHC, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
7 Anesthesia		Y	Y			\$0
8 Surgical Assistance		Y	Y			\$0
12 Durable Medical Equipment Purchase		Y	Y	DME Providers, Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
12 Durable Medical Equipment Purchase		Y	Y	DME Providers, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
12 Durable Medical Equipment Purchase		Y	Y	Oxygen		\$0

Maine Integrated Health Information Solutions

270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
13 Ambulatory Service Center Facility		Y	Y			\$0
18 Durable Medical Equipment Rental		Y	Y	DME Providers, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$3.00
18 Durable Medical Equipment Rental		Y	Y	Oxygen		\$0
20 Second Surgical Opinion		Y	Y			\$0
30 Health Benefit Plan Coverage	Y		Y	Copayments can range from \$0 - \$3.00 please refer to your specific section of MaineCare policy for further details.		\$3.00
30 Health Benefit Plan Coverage	Y		Y	Copayments can range from \$0 - \$30.00 please refer to your specific section of MaineCare policy for further details.	Month	\$30.00
33 Chiropractic	Y	Y	Y	Indian Health Services Providers		\$0
33 Chiropractic	Y	Y	Y	Chiropractors, Copay ranges from \$.50 - \$2.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$2.00

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
33 Chiropractic	Y	Y	Y	Chiropractors, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$20.00
40 Oral Surgery		Y	Y	Dental Providers, Physicians, and Indian Health Services Providers		\$0
40 Oral Surgery		Y	Y	Hospitals, FQHC/RHC - Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
40 Oral Surgery		Y	Y	Hospitals, FQHC/RHC, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
42 Home Health Care		Y	Y	Home Health, Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
42 Home Health Care		Y	Y	Home Health EB07 is a member's monthly maximum obligation and may be reduced or negated by various factors during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
45 Hospice		Y	Y			\$0
47 Hospital	Y	Y	Y	Hospital Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
47 Hospital	Y	Y	Y	Hospitals EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
48 Hospital Inpatient	Y	Y	Y	Hospital Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
48 Hospital Inpatient	Y	Y	Y	Hospitals EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
50 Hospital Outpatient	Y	Y	Y	Hospital Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
50 Hospital Outpatient	Y	Y	Y	Hospitals EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
51 Hospital - Emergency Accident		Y	Y			\$0
52 Hospital - Emergency Medical		Y	Y			\$0
53 Hospital – Ambulatory Surgical		Y	Y	Hospital Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
53 Hospital – Ambulatory Surgical		Y	Y	Hospitals EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
62 MRI/CAT Scan		Y	Y	Indian Health Services Providers and Physicians		\$0

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
62 MRI/CAT Scan		Y	Y	Hospitals, FQHC/RHC - Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
62 MRI/CAT Scan		Y	Y	Hospitals, FQHC/RHC, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
62 MRI/CAT Scan		Y	Y	Medical Imaging Providers, Copay ranges from \$.50 - \$1.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$1.00
62 MRI/CAT Scan		Y	Y	Medical Imaging Providers, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$10.00
65 Newborn Care		Y	Y			\$0
68 Well Baby Care		Y	Y			\$0
73 Diagnostic Medical		Y	Y	Indian Health Services Providers and Physicians		\$0

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
73 Diagnostic Medical		Y	Y	Hospitals, FQHC/RHC - Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
73 Diagnostic Medical		Y	Y	Hospitals, FQHC/RHC, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
76 Dialysis		Y	Y	Free Standing Dialysis Clinics		\$0
76 Dialysis		Y	Y	Hospital Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
76 Dialysis		Y	Y	Hospitals EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
78 Chemotherapy		Y	Y	Hospital, FQHC/RHC Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
78 Chemotherapy		Y	Y	Hospitals, FQHC/RHC EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
80 Immunizations		Y	Y	Indian Health Service Providers and Physicians		\$0
80 Immunizations		Y	Y	Hospitals, FQHC/RHC - Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
80 Immunizations		Y	Y	Hospitals, FQHC/RHC, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
81 Routine Physical		Y	Y			\$0
82 Family Planning		Y	Y			\$0

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
86 Emergency Services	Y	Y	Y			\$0
93 Podiatry		Y	Y	Indian Health Services Providers and Physicians		\$0
93 Podiatry		Y	Y	Podiatrists, Copay for these services ranges from \$.50 - \$2.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$2.00
93 Podiatry		Y	Y	Podiatrists, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$20.00
93 Podiatry		Y	Y	Hospitals, FQHC/RHC - Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
93 Podiatry		Y	Y	Hospitals, FQHC/RHC, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
98 Professional (Physician) Visit – Office	Y	Y	Y			\$0

Maine Integrated Health Information Solutions

270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
99 Professional (Physician) Visit – Inpatient		Y	Y			\$0
A0 Professional (Physician) Visit – Outpatient		Y	Y			\$0
A3 Professional (Physician) Visit – Home		Y	Y			\$0
AD Occupational Therapy		Y	Y	Indian Health Services Providers and Physicians		\$0
AD Occupational Therapy		Y	Y	Occupational Therapists Copay ranges from \$.50 - \$2.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$2.00
AD Occupational Therapy		Y	Y	Occupational Therapists, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$20.00
AD Occupational Therapy		Y	Y	Hospitals, FQHC/RHC - Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
AD Occupational Therapy		Y	Y	Hospitals, FQHC/RHC, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
AE Physical Medicine		Y	Y	Indian Health Services Providers and Physicians		\$0
AE Physical Medicine		Y	Y	Physical Therapists Copay ranges from \$.50 - \$2.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$2.00
AE Physical Medicine		Y	Y	Physical Therapists, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$20.00
AE Physical Medicine		Y	Y	Hospitals, FQHC/RHC - Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
AE Physical Medicine		Y	Y	Hospitals, FQHCs and RHCs, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
AF Speech Therapy		Y	Y	Indian Health Services Providers and Physicians		\$0
AF Speech Therapy		Y	Y	Speech Language Providers Copay ranges from \$.50 - \$2.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$2.00
AF Speech Therapy		Y	Y	Speech Language Providers, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$20.00
AF Speech Therapy		Y	Y	Hospitals, FQHC/RHC - Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
AF Speech Therapy		Y	Y	Hospitals, FQHC/RHC, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
AG Skilled Nursing Care		Y	Y			\$0
BG Cardiac Rehabilitation		Y	Y	Physicians		\$0
BG Cardiac Rehabilitation		Y	Y	Hospitals Copay ranges from \$.50 - \$3.00 based on MaineCare payment for the service. EB07 is a member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
BG Cardiac Rehabilitation		Y	Y	Hospitals, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00
BH Pediatric		Y	Y			\$0
UC Urgent Care	Y	Y	Y	Indian Health Services Providers and Physicians		\$0

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Expanded Subset of Service Type Codes	Required for Generic Inquiry	Required for Explicit Inquiry	Return Patient Financial Responsibility Information	Message	EB06 Qualifier	EB07 Copay Amount
UC Urgent Care	Y	Y	Y	Hospitals, FQHCs and RHCs - Copay ranges from \$.50 to \$3.00 based on MaineCare payment for the service. EB07 is the member's daily maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Day	\$3.00
UC Urgent Care	Y	Y	Y	Hospitals, FQHC/RHC, EB07 is a member's monthly maximum obligation and may be reduced or eliminated during claim adjudication. Please refer to MaineCare policy.	Month	\$30.00

2. Getting Started

This section describes how to interact with MaineCare regarding 270/271 transactions.

2.1 Working with MaineCare

The EDI Help Desk is available to assist providers with their electronic transactions from, Monday through Friday, during the hours of 7:00 am – 6:00 pm, by calling 1-866-690-5585, Option 3 or via email at mainecaresupport@molinahealthcare.com.

2.2 Trading Partner Registration

MaineCare's Maine Integrated Health Management Solutions (MIHMS) system supports the following categories of Trading Partner:

- Provider
- Billing Agency
- Clearinghouse
- Internal User
- Health Plan

NOTE: *Providers must be enrolled and approved before registering as a Trading Partner. Billing Agencies must be associated to an approved Billing Provider in order to register as a Trading Partner.*

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Molina will assign Trading Partner IDs to support the exchange of X12 EDI transactions for providers, billing agencies and clearinghouses and other health plans.

To obtain a Trading Partner ID, visit the website: <https://mainecare.maine.gov> and follow the steps provided:

- Select the **Provider** Tab
- Click the **Register** link to access the first Trading Partner registration page. The link is located on the left navigation pane of the online portal Provider page.
- Select the type of Trading Partner that you want to register as from the drop-down menu, as shown in Figure 2-1: Trading Partner Registration Drop-down Menu. Depending upon which selection is made; different required fields will be presented to the user.

If you are a Provider, follow these steps:



Figure 2-1: Trading Partner Registration Drop-down Menu

- In the Name fields, indicate the name of the person completing this registration. First and last names are required, and you can also indicate the middle initial and a title.
 - In the Company Name field, indicate your company name. This is an optional field if you are an individual Trading Partner (Type 1), but it is a required field if you are an organization.
 - Type 1 – are individual providers who render health care (e.g. physicians, dentists, nurses and sole proprietors).
 - Type 2 Organization – renders health care services, or furnishes health care supplies to patients (e.g. hospitals, home health agencies, ambulance companies, etc.).
- NOTE: If you are enrolled as a Type 2 organization, you *must* supply the name of the organization you are enrolling as it appears on your W-9 on the line labeled “Name (as shown on your income tax return).” You can refer to the preprinted labels from the IRS on documents such as income tax returns, payroll deposit coupons, or similar filings to verify the name and TIN that the IRS has on file for your entity.
- If the IRS’ information does not match what you enter here, you must contact them in order to correct the discrepancy before proceeding.

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

- In the Address 1 field, indicate the first line of your business address. This is a required field.
- In the Address 2 field, indicate the second line of your business address. This is an optional field.
- In the City, State, ZIP, and Country fields, indicate the appropriate information for your business address. These fields are required.
- In the Telephone fields, provide your business phone number, including area code.
- Indicate the website address (URL) for your business. This is an optional field.
- In the Tax ID field, indicate the FEIN or SSN for the billing provider.
- In the Billing Provider Credentials fields, you must enter information specific to the billing provider. The information entered in these fields must match the information supplied in the provider's enrollment application.
 - In the FEIN/SSN field, indicate the provider's tax ID.
 - Complete one of the following:
 - If the provider enrolled in MaineCare using a National Provider Identifier (NPI), supply the provider's number in the NPI field.
 - If the provider enrolled in MaineCare without an NPI, supply the Atypical Provider Identifier (API), which was assigned to them during enrollment, in the Medicaid Provider ID field.
 - In the PIN field, supply the provider's enrollment case number.
- Complete one of the following:
 - To continue to the next step in the registration process, click the **Continue** button.
 - To cancel the registration, click the **Cancel** button.
- Specify your security information. You will create a user name, password, and security question and answer. You will also specify a valid email address.
 - In the User Name field, type a user ID that you want to use.
 - In the Password field, type a password. It must be at least six characters long and contain at least one each of an upper case letter, a lower case letter, a special character (such as an asterisk “*”) and a number. The password may not contain spaces.
 - In the Re-Enter Password field, retype the password exactly as you typed it in the Password field.
 - In the Email Address field, type a valid email address. (A confirmation email will be sent to this address, so it is important that the address is valid.)
 - In the Re-Enter Email Address field, retype the email address exactly as you typed it in the previous field.
 - In the Security Question and Answer fields, make up and type a confidential question and its answer, respectively. (For example, “What street did I live on as a child?” or “What was the make of my first car?”) If you need to request a forgotten password, this question and answer pair will be used to verify your identity.

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

NOTE: All fields are required.

Complete one of the following:

- To continue to the next step in the registration process, click the **Continue** button.
- To return to the previous registration step, click the **Back** button. To cancel the registration, click the **Cancel** button.
- After you complete the Security Information screen and click the **Continue** button, the Confirm Information screen appears.
 - Verify that all information displayed on this screen is accurate. If anything is incorrect, click the **Back** button to go back to the screen where the information was originally entered, correct the field, and click the **Continue** button until you reach the Confirm Information screen again.
 - After you are satisfied with the accuracy of the information on this screen, complete one of the following:
 - To continue to the next step in the registration process, click the **Confirm** button.
 - To return to the previous registration step, click the **Back** button.
 - To cancel the registration, click the **Cancel** button.
- After you confirm your information, the Electronic Signature screen appears. On the Electronic Signature screen, the Trading Partner Agreement is displayed. Be sure to read the agreement. If you agree to the terms and conditions of the Agreement, click the checkbox below it that indicates ***“Yes, I agree to the above terms and conditions”***.

To sign the Agreement, type the first and last names you entered on the Demographics Information screen exactly as they appear there. Then, complete one of the following:

- To print the Trading Partner Agreement, click the **Print** link that is located below the right side of the agreement window. This could be useful to facilitate any reviews of the agreement that you might want to do.
- To complete the registration process, click the **Register Trading Partner** button.
- To go back to the Confirm Information screen, click the **Back** button.
- To cancel your registration, click the **Cancel** button.
- After you sign the Trading Partner Agreement and click the Register Trading Partner button, the Thank You screen appears. The Thank You screen displays information regarding your Trading Partner registration. You will receive an email containing your Trading Partner ID. Once your account is activated, you will receive a confirmation email at the address you specified during the registration process.
- Trading Partners who wish to utilize the Real-Time web service for Eligibility and Claims status transactions should contact the EDI Help Desk for further instructions.

If you are a Billing Agent, follow these steps:

The screenshot shows a web-based registration form titled "Registration" with a sub-header "Step 1: Demographic Information". The form includes several input fields: "Register As:", "*Name:", "Company Name:", and "*Address 1:". A dropdown menu for "Provider" is open, displaying a list of options: "Provider", "Billing Agent", "Clearing House", "Health Plan", "Internal", and "Public". The "Billing Agent" option is currently selected and highlighted. To the right of the dropdown, there are fields for "Last Name" and "Title".

Figure 2-2: Trading Partner Registration Drop-down Menu

- In the Name fields, indicate the name of the person completing this registration. First and last names are required, and you can also indicate the middle initial and a title.
 - In the Company Name field, indicate your company name. This is a required field.
 - In the Address 1 field, indicate the first line of your business address. This is a required field.
 - In the Address 2 field, indicate the second line of your business address. This is an optional field.
 - In the City, State, ZIP, and Country fields, indicate the appropriate information for your business address. These fields are required.
 - In the Telephone fields, provide your business phone number, including area code.
 - Indicate the website address (URL) for your business. This is an optional field.
 - In the Tax ID field, indicate the FEIN or SSN for the billing agent (or agency).
- In the Billing Provider Credentials fields, you must enter information specific to one of your associated Billing Providers. The information entered in these fields must match the information supplied in the provider's enrollment application.
 - In the FEIN/SSN field, indicate the provider's tax ID.
 - Complete one of the following:
 - If the provider enrolled in MaineCare using a National Provider Identifier (NPI), supply the provider's number in the NPI field.
 - If the provider enrolled in MaineCare without an NPI, supply the Atypical Provider Identifier (API), which was assigned to them during enrollment, in the Medicaid Provider ID field.
 - In the PIN field, supply the provider's enrollment case number.
- Complete one of the following:
 - To continue to the next step in the registration process, click the **Continue** button.
 - To cancel the registration, click the **Cancel** button.
- Specify your security information. You will create a user name, password, and security question and answer. You will also specify a valid email address.

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

- In the User Name field, type a user ID that you want to use.
- In the Password field, type a password. It must be at least six characters long and contain at least one each of an upper case letter, a lower case letter, a special character (such as an asterisk “*”) and a number. The password may not contain spaces.
- In the Re-Enter Password field, retype the password exactly as you typed it in the Password field.
- In the Email Address field, type a valid email address. (A confirmation email will be sent to this address, so it is important that the address is valid.)
- In the Re-Enter Email Address field, retype the email address exactly as you typed it in the previous field.
- In the Security Question and Answer fields, make up and type a confidential question and its answer, respectively. (For example, “What street did I live on as a child?” or “What was the make of my first car?”) If you need to request a forgotten password, this question and answer pair will be used to verify your identity.

NOTE: All fields are required.

Complete one of the following:

- To continue to the next step in the registration process, click the **Continue** button.
- To return to the previous registration step, click the **Back** button.
- To cancel the registration, click the **Cancel** button.
- After you complete the Security Information screen and click the **Continue** button, the Confirm Information screen appears.
 - Verify that all information displayed on this screen is accurate. If anything is incorrect, click the **Back** button to go back to the screen where the information was originally entered, correct the field, and click the **Continue** button until you reach the Confirm Information screen again.
 - After you are satisfied with the accuracy of the information on this screen, complete one of the following:
 - To continue to the next step in the registration process, click the **Confirm** button.
 - To return to the previous registration step, click the **Back** button.
 - To cancel the registration, click the **Cancel** button.
- After you confirm your information, the Electronic Signature screen appears. On the Electronic Signature screen, the Trading Partner Agreement is displayed. Be sure to read the agreement. If you agree to the terms and conditions of the Agreement, click the checkbox below it that indicates “**Yes, I agree to the above terms and conditions**”.

To sign the Agreement, type the first and last names you entered on the Demographics Information screen exactly as they appear there. Then, complete one of the following:

- To print the Trading Partner Agreement, click the **Print** link that is located below the right side of the agreement window. This could be useful to facilitate any reviews of the agreement that you might want to do.

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

- To complete the registration process, click the **Register Trading Partner** button.
- To go back to the Confirm Information screen, click the **Back** button.
- To cancel your registration, click the **Cancel** button.
- After you sign the Trading Partner Agreement and click the Register Trading Partner button, the Thank You screen appears. The Thank You screen displays information regarding your Trading Partner registration. You will receive an email containing your Trading Partner ID. Once your account is activated, you will receive a confirmation email at the address that you specified during the registration process.
- Billing Agents, who bill for multiple Providers, must associate the additional NPIs, for those Providers, to their TPA. Refer to the Trading Partner Guide for Billing Agents for more information.
- Trading Partners who wish to utilize the Real-Time web service for Legibility and Claims status transactions should contact the EDI Help Desk for further instructions.

If you are a Clearinghouse, follow these steps:

The screenshot shows a web form titled "Registration" with a sub-header "Step 1: Demographic Information". The form includes several input fields: "Register As:" (a drop-down menu with "Clearing House" selected), "*Name:" (with sub-fields for "Last Name" and "Title"), "*Company Name:", and "*Address 1:". The drop-down menu for "Register As:" lists the following options: Clearing House, Provider, Billing Agent, Clearing House, Health Plan, Internal, and Public.

Figure 2-3: Trading Partner Registration Drop-down Menu

- In the Name fields, indicate the name of the person completing this registration. First and last names are required, and you can also indicate the middle initial and a title.
 - In the Company Name field, indicate your company name. This is a required field.
 - In the Address 1 field, indicate the first line of your business address. This is a required field.
 - In the Address 2 field, indicate the second line of your business address. This is an optional field.
 - In the City, State, ZIP, and Country fields, indicate the appropriate information for your business address. These fields are required.
 - In the Telephone fields, provide your business phone number, including area code.
 - Indicate the website address (URL) for your business. This is an optional field.
 - In the Tax ID field, indicate the clearinghouse's tax ID (FEIN or SSN).
- Complete one of the following:
 - To continue to the next step in the registration process, click the **Continue** button.

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

- To cancel the registration, click the **Cancel** button.
- Specify your security information. You will create a user name, password, and security question and answer. You will also specify a valid email address.
 - In the User Name field, type a user ID that you want to use.
 - In the Password field, type a password. It must be at least six characters long and contain at least one each of an upper case letter, a lower case letter, a special character (such as an asterisk “*”) and a number. The password may not contain spaces.
 - In the Re-Enter Password field, retype the password exactly as you typed it in the Password field.
 - In the Email Address field, type a valid email address. (A confirmation email will be sent to this address, so it is important that the address is valid.)
 - In the Re-Enter Email Address field, retype the email address exactly as you typed it in the previous field.
 - In the Security Question and Answer fields, make up and type a confidential question and its answer, respectively. (For example, “What street did I live on as a child?” or “What was the make of my first car?”) If you need to request a forgotten password, this question and answer pair will be used to verify your identity.

NOTE: All fields are required.

Complete one of the following:

- To continue to the next step in the registration process, click the **Continue** button.
- To return to the previous registration step, click the **Back** button.
- To cancel the registration, click the **Cancel** button.
- After you complete the Security Information screen and click the **Continue** button, the Confirm Information screen appears.
 - Verify that all information displayed on this screen is accurate. If anything is incorrect, click the **Back** button to go back to the screen where the information was originally entered, correct the field, and click the **Continue** button until you reach the Confirm Information screen again.
 - After you are satisfied with the accuracy of the information on this screen, complete one of the following:
 - To continue to the next step in the registration process, click the **Confirm** button.
 - To return to the previous registration step, click the **Back** button.
 - To cancel the registration, click the **Cancel** button.
- After you confirm your information, the Electronic Signature screen appears. On the Electronic Signature screen, the Trading Partner Agreement is displayed. Be sure to read the agreement. If you agree to the terms and conditions of the Agreement, click the checkbox below it that indicates “**Yes, I agree to the above terms and conditions**”.

To sign the Agreement, type the first and last names you entered on the Demographics Information screen exactly as they appear there. Then, complete one of the following:

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

- To print the trading partner agreement, click the **Print** link that is located below the right side of the agreement window. This could be useful to facilitate any reviews of the agreement that you might want to do.
- To complete the registration process, click the **Register Trading Partner** button.
- To go back to the Confirm Information screen, click the **Back** button.
- To cancel your registration, click the **Cancel** button.
- After you sign the Trading Partner Agreement and click the Register Trading Partner button, the Thank You screen appears. The Thank You screen displays information regarding your Trading Partner registration. You will receive an email containing your Trading Partner ID. Once your account is activated, you will receive a confirmation email at the address that you specified during the registration process.
- Clearinghouses do not associate their TPA to other Providers.
- Trading Partners who wish to utilize the Real-Time web service for Eligibility and Claim status transactions should contact the EDI Help Desk for further instructions.

If you are a Health Plan, follow these steps:

The screenshot shows a web form titled "Registration" with a sub-header "Step 1: Demographic Information". The form contains several input fields and a dropdown menu. The "Register As:" field has a dropdown menu open, listing options: "Health Plan", "Provider", "Billing Agent", "Clearing House", "Health Plan" (which is highlighted in blue), "Internal", and "Public". To the right of the dropdown are "Last Name" and "Title" input fields. Below these are fields for "* Name:", "* Company Name:", and "* Address 1:". The form has a light green background and a teal header.

Figure 2-4: Trading Partner Registration Drop-down Menu

- In the Name fields, indicate either your name or the name of the person completing this registration. First and last names are required, and you can also indicate the middle initial and a title.
 - In the Company Name field, indicate the Health Plan name. This is a required field.
 - In the Address 1 field, indicate the first line of your business address. This is a required field.
 - In the Address 2 field, indicate the second line of your business address. This is an optional field.
 - In the City, State, ZIP, and Country fields, indicate the appropriate information for your business address. These fields are required.
 - In the Telephone fields, provide your business phone number, including area code.
 - Optionally, indicate the website address (URL) for your business.
 - In the Tax ID field, indicate the Health Plan's tax ID (FEIN)).

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

- Complete one of the following:
 - To continue to the next step in the registration process, click the Continue button.
 - To cancel the registration, click the Cancel button.
- Specify your security information. You will create a user name, password, and security question and answer. You will also specify a valid email address.
 - In the User Name field, type a user ID that you want to use.
 - In the Password field, type a password. It must be at least six characters long and contain at least one each of an upper case letter, a lower case letter, a special character (such as an asterisk “*”) and a number. The password may not contain spaces.
 - In the Re-Enter Password field, retype the password exactly as you typed it in the Password field.
 - In the Email Address field, type a valid email address. (A confirmation email will be sent to this address, so it is important that the address is valid.)
 - In the Re-Enter Email Address field, retype the email address exactly as you typed it in the previous field.
 - In the Security Question and Answer fields, type a confidential question and its answer, respectively. (Sample questions include “What street did I live on as a child?” or “What was the make of my first car?”) If you need to request a forgotten password, this question and answer pair will be used to verify your identity.

NOTE: *All fields are required.*

Complete one of the following:

- To continue to the next step in the registration process, click the **Continue** button.
- To return to the previous registration step, click the **Back** button.
- To cancel the registration, click the **Cancel** button.
- After you complete the Security Information screen and click the **Continue** button, the Confirm Information screen appears.
 - Verify that all information displayed on this screen is accurate. If anything is incorrect, click the **Back** button to go back to the screen where the information was originally entered, correct the field, and click the **Continue** button until you reach the Confirm Information screen again.
 - After you are satisfied with the accuracy of the information on this screen, complete one of the following:
 - To continue to the next step in the registration process, click the **Confirm** button.
 - To return to the previous registration step, click the **Back** button.
 - To cancel the registration, click the **Cancel** button.
- After you confirm your information, the Electronic Signature screen appears. On the Electronic Signature screen, the Trading Partner Agreement is displayed. Be sure to read the agreement. If you agree to the terms and conditions of the Agreement, click the checkbox below it that indicates “**Yes, I agree to the above terms and conditions**”.

To sign the Agreement, type the first and last names you entered on the Demographics Information screen exactly as they appear there. Then, complete one of the following:

- To print the Trading Partner Agreement, click the **Print** link that is located below the right side of the agreement window. This could be useful to facilitate any reviews of the agreement that you might want to do.
- To complete the registration process, click the **Register Trading Partner** button.
- To go back to the Confirm Information screen, click the **Back** button.
- To cancel your registration, click the **Cancel** button.
- After you sign the Trading Partner Agreement and click the Register Trading Partner button, the Thank You screen appears. The Thank You screen displays information regarding your trading partner registration. You will receive an email containing your Trading Partner ID. Once your account is activated, you will receive a confirmation email at the address that you specified during the registration process.
- Trading Partners who wish to utilize the Real-Time web service for Eligibility and Claims status transactions should contact the EDI Help Desk for further instructions.

2.3 Certification and Testing Overview

All Trading Partners must be authorized to submit production EDI transactions. Any Trading Partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of any X12 file, indicates if a file is test or production. Test files are identified with a “T” in the ISA15 Segment of the Header Loop. Authorization is granted on a per transaction basis. For example, a Trading Partner may be certified to submit 837P professional claims, but not certified to submit 837I institutional claim files.

Trading Partners must submit three test files of a particular transaction type, with a minimum of fifteen transactions within each file, and have no failures or rejections to become certified for production. Users will be notified (via E-mail) and on the Trading Partner Status page of Health PAS Online Portal (online portal) when testing for a particular transaction has been completed.

3. Testing with the Payer

Trading Partners must submit three test batches, and successfully pass the HIPAA validation, for each transaction type (837I, 837P, 837D, 270, 276, 278) they plan to submit into the Maine Integrated Health Management Solution (MIHMS).

To test an EDI transaction type, follow these steps:

- Log into the secure online portal using the user name and password that was created when you signed your Trading Partner Agreement.
- Select **File Exchange**.
- Under File Exchange, select **X12 Upload**.
- Select a file to upload by clicking the **Browse** button. Your computer will search for the X12 file you want to test.
- Once you have found the correct file, click the **Upload** button.

- You will receive a notice on your screen that says whether your upload was a <success> or <failed>. If failed, contact the EDI Help Desk for assistance.
- The report file may be found under the Trading Partner tab > File Exchange > Responses and Reports. Select **Responses** to view your report.
- Scroll through the list to locate the correct file. Clicking **Search** will look for any new reports that have been generated. Select the type of report you are searching for (e.g. 837) and a list of your recent 837 submissions will display.

4. Connectivity with the Payer/Communications

This section contains process flow diagrams relating to the four different exchange methods with MaineCare.

4.1 Process Flows

Eligibility Inquiry and Response X12N files (270/271) can be exchanged with the Maine MMIS four different ways: through CAQH defined Web Service interface over the Internet; through file upload and download via the Health PAS Online Portal; through File Transfer Protocol (FTP) transmission over Virtual Private Network (VPN) dedicated connection to Molina datacenters for Value Added Network (VAN) Trading Partners; or through a dedicated Transmission Control Protocol/Internet Protocol (TCP/IP) communication channel in a real-time, request/response, manner for MEVS Trading Partners. Figures 4-1 to 4-4 provide process flow diagrams for each of these four exchange methods.

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Trading Partners who wish to exchange Eligibility Inquiries and Responses with the Maine MMIS using CAQH-defined Web Services can do so using HTTPS over the Internet. Figure 4-1 provides a process flow diagram for the CAQH-defined Web Services method of exchange.

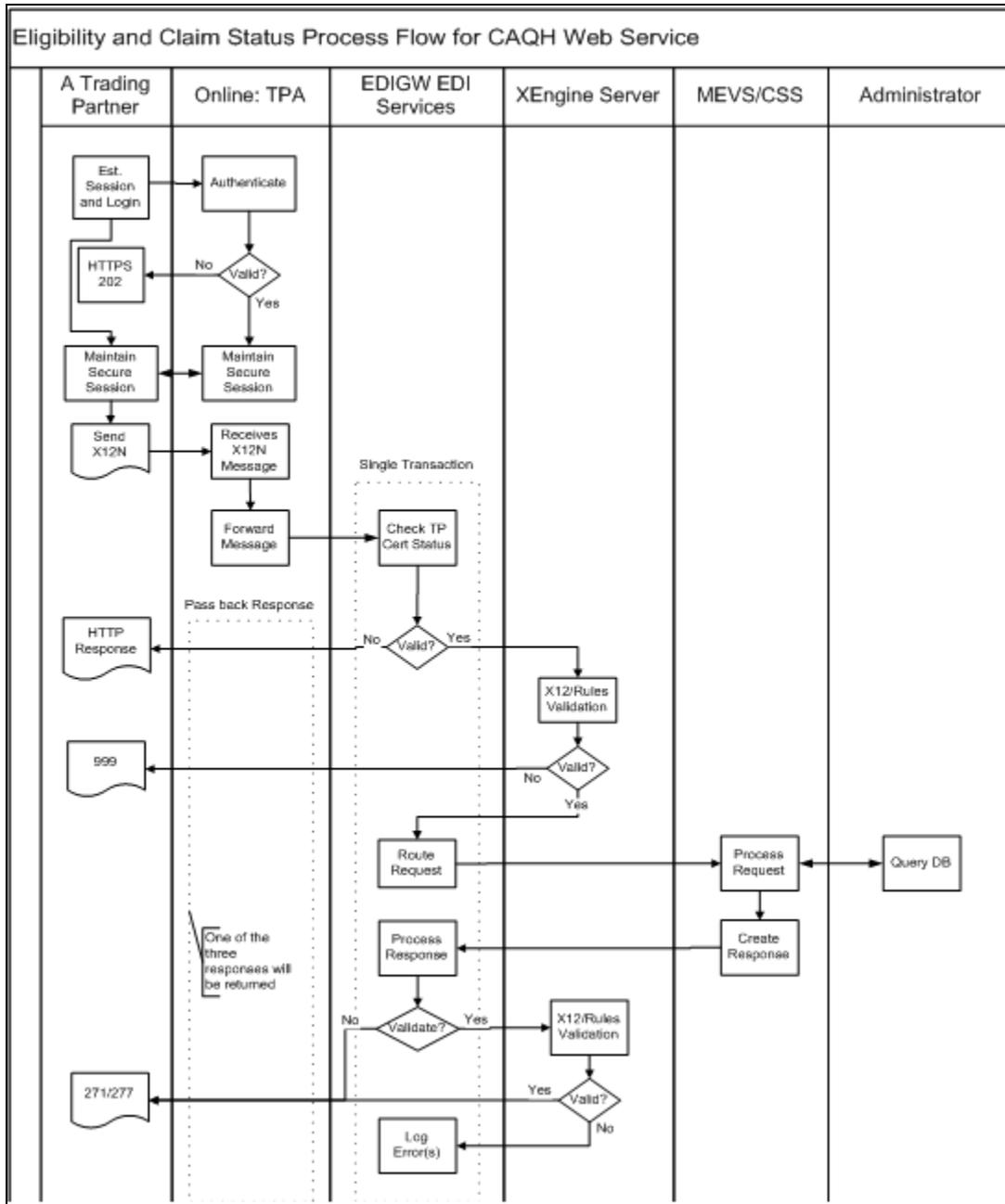


Figure 4-1: Process Flow for CAQH Web Service

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Trading Partners who wish to exchange Eligibility Inquiries and Responses with the Maine Medicaid Management Information System (MMIS) using Health PAS Online can do so by navigating to the File Exchange area and choosing **X12 Upload**. Acknowledgements and Responses to transactions submitted via Health PAS Online can be accessed by selecting **Download/Responses** under the File Exchange menu. Figure 4-2 below, provides the process flow for this method of exchange.

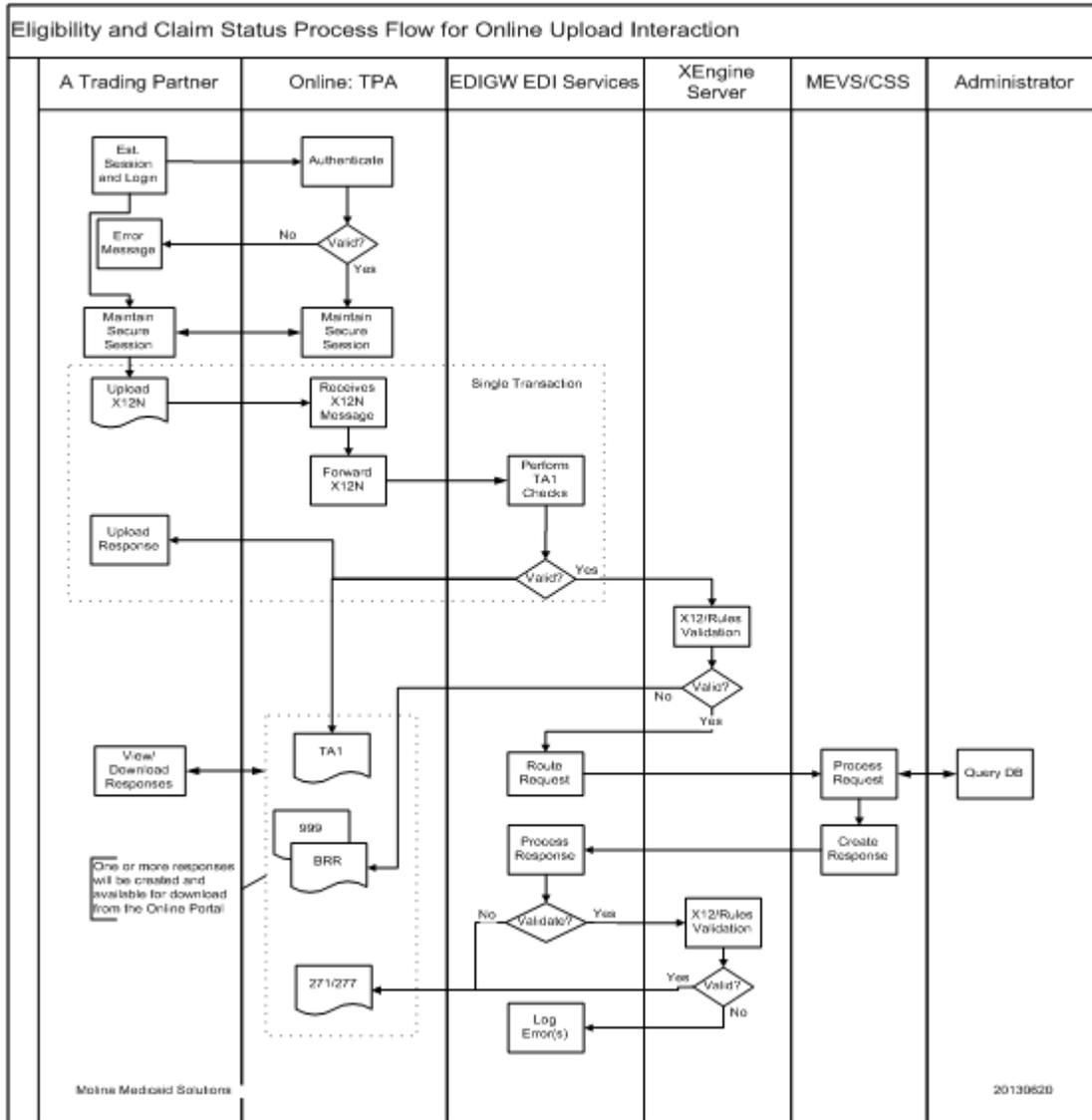


Figure 4-2: Process Flow for Online Upload

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Clearinghouses that are registered as VANs can submit Eligibility Inquiry transactions via Secured FTP and may retrieve acknowledgements and responses from their designated secured FTP pickup location. Figure 4-3 below, provides the process flow for the VAN method of exchange.

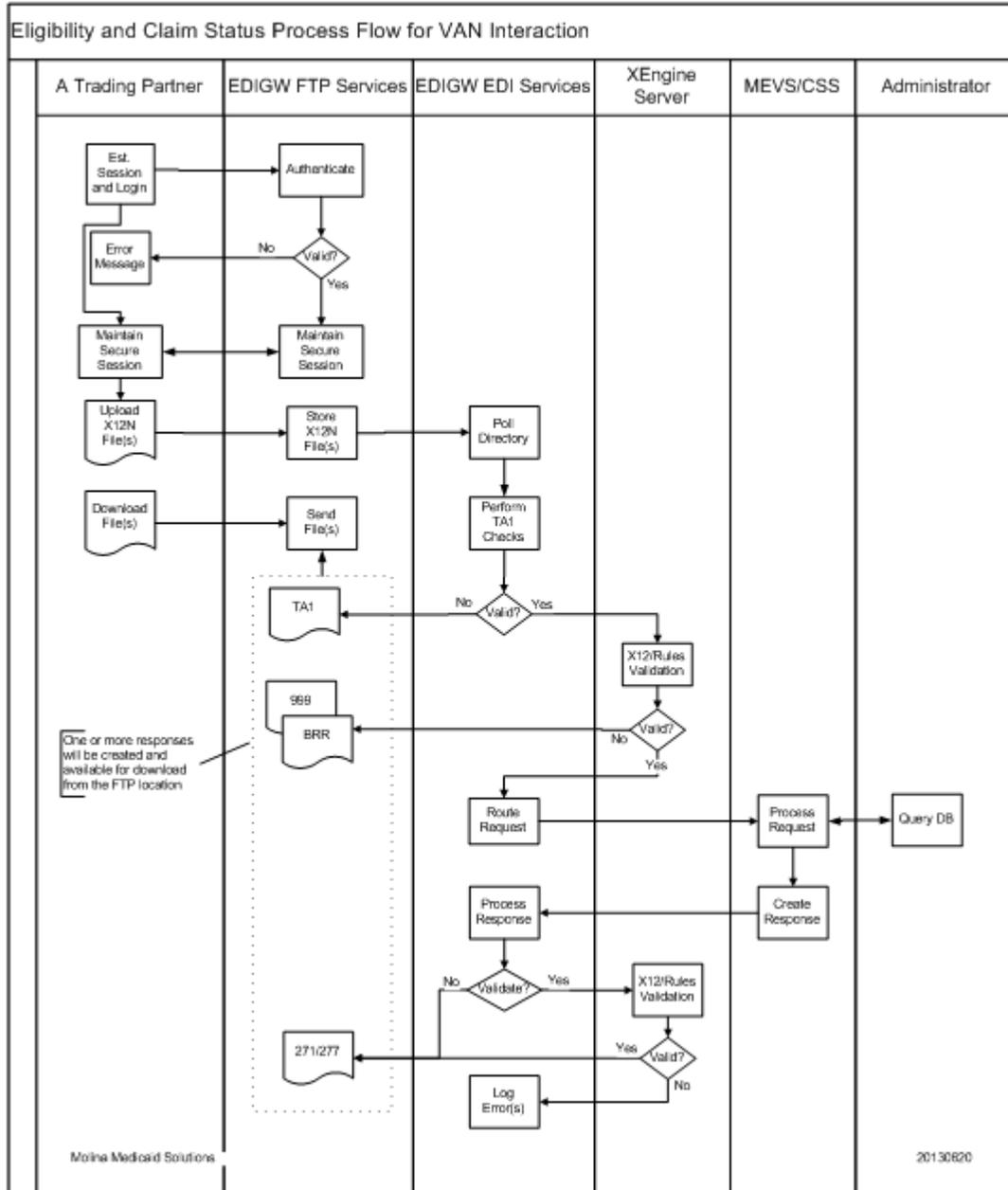


Figure 4-3: Process Flow for VAN

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Trading Partners who are registered as MEVS vendors can submit Eligibility Inquiry transactions through a dedicated TCP/IP communication channel in a real-time, request/response, manner using TCP/IP socket communications and will receive their responses in real-time, request/response fashion. Figure 4-4 below, provides the process flow for the MEVS method of exchange.

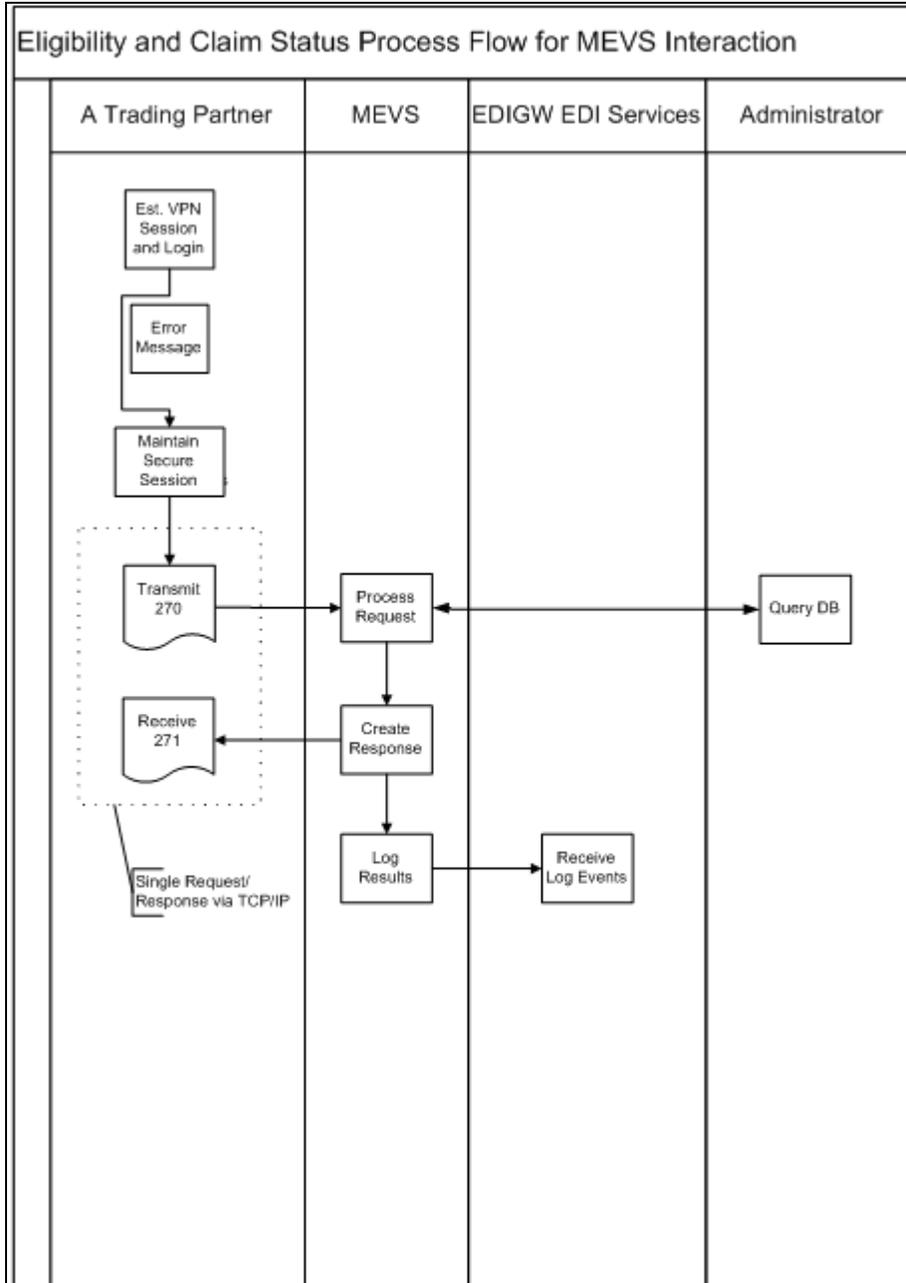


Figure 4-4: Process Flow for MEVS

4.2 Transmission Administrative Procedures

All transactions sent for processing are required to be in compliance with the ASC X12N version 5010 Technical Report Type 3s standards. Non-compliant transactions will be rejected during the HIPAA validation process.

MaineCare does not require the use of specific values for the delimiters used in electronic transactions.

The following constraints apply to all 270 file transmissions to MaineCare:

- Only one Interchange per transmission
- Only one Functional Group (GS/GE) per interchange
- Single transmission file size must be less than 4MB
- Transaction limit is 5000 transactions per transmission

4.3 Re-Transmission Procedure

All transactions sent for processing are required to be in compliance with the ASC X12N version 5010 Technical Report Type 3s standards. Non-compliant transactions will be rejected during the HIPAA validation process.

MaineCare does not require the use of specific values for the delimiters used in electronic transactions.

The following constraints apply to all 270 file transmissions to MaineCare:

- Only one Interchange per transmission
- Only one Functional Group (GS/GE) per interchange
- Single transmission file size must be less than 4MB
- Transaction limit is 5000 transactions per transmission

4.4 Communication Protocol Specifications

This section describes MaineCare's communication protocol. The information exchanged between devices, through a network or other media, is governed by rules and conventions that can be set out in a technical specifications called a communication protocol standards. The nature of the communication, the actual data exchanged and any state-dependent behaviors, is defined by its specification.

MaineCare follows the Simple Object Access Protocol (SOAP) and Multipurpose Internet Message Extensions (MIME) communication protocols specifications defined in the CAQH Phase II CORE 270: Connectivity Rule version 2.2.0 March 2011. Refer to the CAQH website to view the 270 Connectivity Rule http://www.caqh.org/CORE_phase2.php.

4.5 Passwords

Trading Partners will create a user name and password during the Trading Partner Account registration process. Passwords must adhere to following criteria:

- Must be at least six characters long.
- Must contain at least one each of:
 - Upper case letter
 - Lower case letter

- Special character
- A number
- Passwords may not contain spaces.

For additional security, you are required to change the password of your Trading Partner user name every sixty (60) days. You will retain your user name, but the password must be changed. If you do not remember to change your password after sixty (60) days, you will be prompted to reset the password when you attempt to log in.

If you forget or lose the current password for your Trading Partner user name, you can reset it from the online portal provider page by following these steps:

- Select the **Reset Password link**.
- The online portal displays the Forgot Your Password screen. Specify your trading partner user name in the box and click the **Continue** button.
- The online portal displays the email address and security question associated with this user name. Type the answer to the security question in the Security Answer box and click the **Continue** button. If you successfully answered the question, the online portal sends a confirmation email to the address associated with the user name that the password has been reset.
- The email contains a confirmation link and activation PIN. Click the link, or copy it and paste it into your browser. The online portal displays the Change Password screen with your user name and activation PIN already filled in for you. To complete the Change Password screen:
 - In the **New Password** field, type a password that follows the password criteria.
 - In the **Confirm New Password** fields, retype the password exactly as you typed it in the New Password field.
 - Click the **Change Password** button. The online portal displays a confirmation message.

5. Contact Information

This section contains the contact information, including email addresses, for EDI Customer Service, EDI Technical Assistance, Provider Services and Provider Enrollment.

5.1 EDI Customer Service

The EDI Help Desk is available to assist providers with their electronic transactions from, Monday through Friday, during the hours of 7:00 am – 6:00 pm, by calling 1-866-690-5585, Option 3 or via email at mainecaresupport@molinahealthcare.com.

5.2 EDI Technical Assistance

The EDI Help Desk is available to assist providers with their electronic transactions from, Monday through Friday, during the hours of 7:00 am – 6:00 pm, by calling 1-866-690-5585, Option 3 or via email at mainecaresupport@molinahealthcare.com.

5.3 Provider Service Number

The Provider Services Call Center is available to assist provider concerning the payment of claims from, Monday through Friday, during the hours of 7:00 am – 6:00 pm, by calling 1-866-690-5585, Option 1 or via email at mainecareprovider@molinahealthcare.com.

5.4 *Applicable Websites/Email*

This section contains the email addresses for contacting MaineCare Services for assistance.

EDI Help Desk: mainecaresupport@molinahealthcare.com

MaineCare Services: mainecareprovider@molinahealthcare.com

Provider Services: mainecareprovider@molinahealthcare.com

Provider Enrollment and Maintenance: mainecareenroll@molinahealthcare.com

Prior Authorizations: mainecareprovider@molinahealthcare.com

6. Control Segments/Envelopes

This section describes MaineCare's use of the interchange, functional group control segments and the transaction set control numbers.

6.1 *ISA-IEA*

This section describes MaineCare's use of the interchange control segments.

- ISA06, Interchange Sender ID: Molina assigned Trading Partner ID + 3 spaces (e.g. METPID000001 + 3 spaces)

6.2 *GS-GE*

This section describes MaineCare's use of the functional group control segments.

- GS02, Application Sender's Code: Molina assigned Trading Partner ID
- GS03, Application Receiver's Code: ME_MMIS_4MOLINA
- GS04, Date: CCYYMMDD
- GS05, Time: HHMM
- GS06, Group Control Number: Must be identical to associated Functional Group Trailer GE02
- GS07, Responsible Agency Code: X = Accredited Standards Committee X12
- GS08, Version/Release/Industry Identifier/Code: 005010X279A1

6.3 *ST-SE*

This section describes MaineCare's use of the transaction set control numbers.

- ST02, Transaction Set Control Number: Must be identical to associated Transaction Set Control Number SE02
- ST03, Implementation Convention Reference: 005010X279A1

7. Payer Specific Business Rules and Limitations

This section describes MaineCare's business rules regarding 270/271 transactions.

- For the MaineCare specific business rules and limitations, refer to Section 10 Transaction Specific Information, Table 5: Eligibility Benefit Inquiry.

- As one of the states that uses a tiered copay structure, a custom solution was designed and approved by the Centers for Medicare & Medicaid Services (CMS). Refer to Section 1.4 Additional Information, Table 3: 271 Copay Information for specific information.

8. Acknowledgements and/or Reports

HIPAA responses and acknowledgements are available for download via Health PAS Online Portal for a period of two years from the original creation date.

Acknowledgments and Responses to transactions submitted via Health PAS Online Portal can be accessed by selecting Download/Responses under the File Exchange menu. Acknowledgement for the most recently submitted transactions are automatically displayed in the list for download. Each can be viewed separately by clicking on the appropriate hyperlink or all acknowledgements for a transaction can be downloaded at once by using the Download All button. Older acknowledgements and responses can be located by using the Search button, see Figure 8-1: Older Acknowledgements and Responses via Search Button.

Submission File Name	Submission Date	ICN	Usage Indicator	TA1	997	824	BRR	Action
IDTPID000017-Test-098A1.edi-3484	5/21/2009 9:03:16 AM	000002440	P	73575				Download All...
claimtest.zoe.txt-3010	5/20/2009 1:11:12 PM	000001002	T	73535	73536			Download All...
claimtest.zoe.edi.dat-3008	5/20/2009 1:09:45 PM	000001001	T	73533				Download All...
claimtest.zoe.edi.dat-2561	5/19/2009 3:33:54 PM	000001001	T	73488				Download All...
claimtest.zoe.edi.dat-2553	5/19/2009 3:23:11 PM	000001001	T	73486				Download All...
claimtest.zoe.edi.dat-2530	5/19/2009 2:25:52 PM	000001001	T	73484				Download All...
claimtest.zoe.edi.dat-2448	5/19/2009 10:46:32 AM	000001001	T	73480				Download All...

Figure 8-1: Older Acknowledgements and Responses via Search Button

8.1 Report Inventory

This section contains an inventory of all applicable acknowledgement reports. Inventory is defined as a list of all applicable acknowledgement reports (e.g. TA1 Interchange Acknowledgement).

- TA1 Interchange Acknowledgement:** is used to verify the syntactical accuracy of the envelope of the X12 interchange. The TA1 interchange will indicate that the file was successfully received; as well as indicate what errors existed within the envelope segments of the received X12 file.

The structure of a TA1 interchange acknowledgement depends on the structure of the envelope of the original EDI document. When the envelope of the EDI document does not contain an error then the interchange acknowledgement will contain the ISA, TA1, and IEA segments. The TA1 segment will have an Interchange Acknowledgement Code of 'A' (Accepted) followed by a three-digit code of '000' which indicates that there were not any errors.

If the EDI document contains an error at the interchange level, such as in the Interchange Control Header (ISA) segment or the Interchange control trailer (IEA), then the interchange acknowledgement will also only contain the ISA, TA1, and IEA segments. The TA1 segment will have an Interchange Acknowledgement Code of 'R' (Rejected) which will be followed by a three-digit number that corresponds to one of the following codes shown in Table 4: Interchange Acknowledgement Codes.

Maine Integrated Health Information Solutions
270 Eligibility Benefit Inquiry Companion Guide

Table 4: Interchange Acknowledgement Codes

Code	Description
000	No error
001	The Interchange Control Number in the Header and Trailer Do Not Match. The Value From the Header is Used in the Acknowledgment
002	This Standard as Noted in the Control Standards Identifier is Not Supported
003	This Version of the Controls is Not Supported
005	Invalid Interchange ID Qualifier for Sender
006	Invalid Interchange Sender ID
009	Unknown Interchange Receiver ID
010	Invalid Authorization Information Qualifier Value (ISA01 is not '00' or '03')
012	Invalid Security Information Qualifier Value
013	Invalid Security Information Value
018	Invalid Interchange Control Number Value
019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value
023	Improper (Premature) End-of-File (Transmission)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number

- 999 Implementation Acknowledgement:** for Health Care Insurance the ASC X12 999 transaction set is designed to report only on conformance against a Technical Report Type 3 guideline (TR3). The 999 is not limited to only IG errors. It can report standard syntax errors, as well as IG errors. The 999 can NOT be used for any application level validations. The ASC X12 999 transaction set is designed to respond to one and only one functional group (e.g. GS/GE), but will respond to all transaction sets (e.g. ST/SE) within that functional group. This ASC X12 999 Implementation Acknowledgement can NOT be used to respond to any management transaction sets intended for acknowledgements, e.g. TS 997 and 999, or interchange control segments related to acknowledgments, e.g. TA1 and TA3. Each segment in a 999 functional acknowledgement plays a specific role in the transaction. For example, the AK1 segment starts the acknowledgement of a functional group. Each AKx segment has a separate set of associated error codes. The 999 functional acknowledgement includes but is not limited to, the following required segments:

- ST segment—Transaction Set Header
- AK1 - Functional Group Response Header
- AK2 - Transaction Set Response Header
- IK3 – Error Identification
- CTX – Segment Context
- CTX – Business Unit Identifier
- IK4 – Implementation Data Element Note
- CXT – Element Context
- IK5 – Transaction set response trailer
- AK9 - Functional Group Response Trailer
- SE -Transaction Set Trailer

For additional information regarding the 999 transaction, reference the Technical Report Type 3 Acknowledgement Section of the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 Implementation Guideline for the transaction you are submitting.

- **Business Rejection Report (BRR):** Health PAS also produces a readable version of the 824 called the Business Rejection Report (BRR). This report helps to facilitate the immediate correction and re-bill of claims rejected during HIPAA validation, as shown in Figure 8-2: Sample BRR.

Claim File Submission Error Report			
File Information:			
Sender ID:	TradingPart5010	Transaction Type:	005010X222
Receiver ID:	TriZetto	Usage Indicator:	T
Date / Time:	031010 / 1647	Transaction Control Number:	001110933
Claim Information:			
Billing Provider:	THE FINLEY HOSPITAL	Claim Number:	19824
Billing Provider Qualifier, ID:	XX, 1972601953	Service Date:	n/a
Billing Provider Secondary Qualifier, ID:	n/a	Claim Charges:	100
Subscriber:	JOHN, LAWRENCE	Transaction Set:	10093
Subscriber Qualifier, ID:	, QCSIQA000101634		
Transaction Error(s):			
Error Number:	1		
Error ID:	0x3939310		
Error Summary:	Same value of Name should not be sent.		
Error Message:	Element PER02 is used. It should not be used when name is the same as in segment NM1, loop 1000A. Segment PER is defined in the guideline at position 0450.		
Data in Error:	jai		
Error Location:	This error was detected at: Segment Count: 4 Element Count: 2 Character: 269 through 272		
Error Number:	2		
Error ID:	0x81004e		
Error Summary:	A data element with 'Mandatory' status is missing.		
Error Message:	Element CUR02 (Currency Code) is missing. This Element's standard option is 'Mandatory'. Segment CUR is defined in the guideline at position 0100. This Element was expected in: Segment Count: 7 Element Count: 2 Character: 337.		

Figure 8-2: Sample BRR

9. Trading Partner Agreements

A Trading Partner Agreement (TPA) is a legal contract between Molina, acting on behalf of the State of Maine, Department of Health and Human Services and a provider/billing agent/clearinghouse/health plan to exchange electronic information.

The desire to exchange by and through electronic communications, certain claims and billing information that may contain identifiable financial and/or protected health information (PHI) as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 Code of Federal Regulations Parts 160-164, and applicable regulations that implement Title V of the Gramm-Leach-Bliley Act, 15 U.S.C. § 6801, et seq.

The parties agree to safeguard any and all PHI or other data received, transmitted or accessed electronically to or from each other in accordance with HIPAA. This agreement is within the TPA.

9.1 Trading Partners

A Trading Partner is defined as an entity with which Molina exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. MaineCare's Maine Integrated Health Management Solutions (MIHMS) system supports the following categories of trading partner:

- Provider
- Billing Agency

- Clearinghouse
- Internal User
- Health Plan

Molina will assign Trading Partner IDs to support the exchange of X12 EDI transactions for providers, billing agencies and clearinghouses and other health plans.

10. Transaction Specific Information

This section describes how the MaineCare specific 270 transaction set information requirements, which are outlined in Table 5: 270 Eligibility Benefit Inquiry. The table contains a row for each segment that MaineCare has something additional, over and above, the information in the Technical Report Type 3 (TR3). That information can:

- Limit the repeat of loops, or segments.
- Limit the length of a simple data element.
- Specify a sub-set of the Implementation Guides internal code listings.
- Clarify the use of loops, segments, composite and simple data elements.
- Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with MaineCare.

**Maine Integrated Health Management Solution
270 Eligibility Benefit Inquiry Companion Guide**

Table 5: 270 Eligibility Benefit Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comments
C.3	HEADER	ISA	Interchange Control Header	ISA	3	
			Element Separator	*	1	
C.4		ISA01	Authorization Information Qualifier	00	2	00 = No Authorization Information Present (No Meaningful Information in I02)
			Element Separator	*	1	
C.4		ISA02	Authorization Information	<Space Fill>	10	
			Element Separator	*	1	
C.4		ISA03	Security Information Qualifier	00	2	00 = No Security Information Present (No Meaningful Information in I04)
			Element Separator	*	1	
C.4		ISA04	Security Information	<Space Fill>	10	
			Element Separator	*	1	
C.4		ISA05	Interchange ID Qualifier	ZZ	2	ZZ = Mutually Defined
			Element Separator	*	1	
C.4		ISA06	Interchange Sender ID	<Molina assigned Trading Partner ID + 3 spaces>	15	(e.g. METPID000001 + 3 spaces)
			Element Separator	*	1	
C.5		ISA07	Interchange ID Qualifier	ZZ	2	ZZ = Mutually Defined
			Element Separator	*	1	
C.5		ISA08	Interchange Receiver ID	ME_MMIS_4MOLINA	15	

**Maine Integrated Health Management Solution
270 Eligibility Benefit Inquiry Companion Guide**

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comments
			Element Separator	*	1	
C.5		ISA09	Interchange Date	<YYMMDD>	6	
			Element Separator	*	1	
C.5		ISA10	Interchange Time	<HHMM>	4	
			Element Separator	*	1	
C.5		ISA11	Repetition Separator	^	1	
			Element Separator	*	1	
C.5		ISA12	Interchange Control Version Number	00501	5	00501 = Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003.
			Element Separator	*	1	
C.5		ISA13	Interchange Control Number	(Interchange Control Number>	9	NOTE: Must be a positive unsigned number and must be identical to the value in the associated Interchange Trailer IEA02.
			Element Separator	*	1	
C.6		ISA14	Acknowledgement Requested	0, 1	1	0 = No Interchange Acknowledgement (TA1) Requested 1 = Interchange Acknowledgement (TA1) Requested
			Element Separator	*	1	
C.6		ISA15	Interchange Usage Indicator	P, T	1	P = Production Data T = Test Data
			Element Separator	*	1	
C.6		ISA16	Component Element Separator	:	1	

**Maine Integrated Health Management Solution
270 Eligibility Benefit Inquiry Companion Guide**

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comments
			Segment End	~	1	
C.7	HEADER	GS	Functional Group Header	GS	2	
			Element Separator	*	1	
C.7		GS01	Functional Identifier Code	HS	2	HS = Eligibility, Coverage or Benefit Inquiry (270)
			Element Separator	*	1	
C.7		GS02	Application Sender's Code	<Molina assigned Trading Partner ID>	2/15	
			Element Separator	*	1	
C.7		GS03	Application Receiver's Code	ME_MMIS_4MOLINA	2/15	
			Element Separator	*	1	
C.7		GS04	Date	<CCYYMMDD>	8	NOTE: Use this date for the functional group creation date.
			Element Separator	*	1	
C.8		GS05	Time	<HHMM>	4/8	NOTE: Use this time for the creation date.
			Element Separator	*	1	
C.8		GS06	Group Control Number	<Assigned by Sender>	1/9	NOTE: Must be identical to associated Functional Group Trailer GE02.
			Element Separator	*	1	
C.8		GS07	Responsible Agency Code	X	1/2	X = Accredited Standards Committee X12
			Element Separator	*	1	

**Maine Integrated Health Management Solution
270 Eligibility Benefit Inquiry Companion Guide**

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comments
C.8		GS08	Version /Release/ Industry Identifier Code	005010X279	1/12	005010X279 = Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003.
			Segment End	~	1	
61	HEADER	ST	Transaction Set Header	ST	2	
			Element Separator	*	1	
61		ST01	Transaction Set Identifier Code	270	3	270 = Eligibility, Coverage or Benefit Inquiry
			Element Separator	*	1	
61		ST02	Transaction Set Control Number	<Assigned by Sender>	4/9	NOTE: Must be identical to associated Transaction Set Control Number SE02.
			Element Separator	*	1	
62		ST03	Implementation Convention Reference	005010X279	1/35	
			Segment End	~	1	
63	HEADER	BHT	Beginning of Hierarchical Transaction	BHT	3	
			Element Separator	*	1	
63		BHT01	Hierarchical Structure Code	0022	4	0022 = Information Source, Information Receiver, Subscriber, Dependent
			Element Separator	*	1	
64		BHT02	Transaction Set Purpose Code	01, 13	2	01 = Cancellation 13 = Request
			Element Separator	*	1	

**Maine Integrated Health Management Solution
270 Eligibility Benefit Inquiry Companion Guide**

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comments
64		BHT03	Reference Identification	<Submitter Transaction Identifier>	1/50	.
			Element Separator	*	1	
64		BHT04	Date	<Transaction Set Creation Date> <CCYYMMDD>	8	
			Element Separator	*	1	
65		BHT05	Time	<Transaction Set Creation Time> <HHMM>	4/8	
			Segment End	~	1	
69	2100A	NM1	Information Source Name	NM1	3	
			Element Separator	*	1	
69		NM101	Entity Identifier Code	PR	2/3	PR = Payer
			Element Separator	*	1	
70		NM102	Entity Type Qualifier	1, 2	1	1 = Person 2 = Non-Person Entity
			Element Separator	*	1	
70		NM103	Name, Last or Organization Name	<Information Source Last or Organization Name> ME_MMIS_4MOLINA	1/60	
			Element Separator	*	1	
			Element Separator	*	1	
			Element Separator	*	1	
			Element Separator	*	1	
			Element Separator	*	1	
71		NM108	Identification Code Qualifier	PI	1/2	PI = Payer Identification

**Maine Integrated Health Management Solution
270 Eligibility Benefit Inquiry Companion Guide**

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comments
			Element Separator	*	1	
71		NM109	Identification Code	<Information Source Primary Identifier> ME_MMIS_4MOLINA	2/80	
			Segment End	~	1	
75	2100B	NM1	Information Receiver Name	NM1	3	
			Element Separator	*	1	
75		NM101	Entity Identifier Code	1P, 80, FA	2/3	1P = Provider 80 = Hospital FA = Facility
			Element Separator	*	1	
76		NM102	Entity Type Qualifier	1, 2	1	1 = Person 2 = Non-Person Entity
			Element Separator	*	1	
76		NM103	Name Last or Organization Name	<Information Receiver Last or Organization Name>	1/60	
			Element Separator	*	1	
			Element Separator	*	1	
			Element Separator	*	1	
			Element Separator	*	1	
			Element Separator	*	1	
77		NM108	Identification Code Qualifier	XX, SV	1/2	XX = National Provider Identifier (NPI) SV = Service Provider Number
			Element Separator	*	1	

**Maine Integrated Health Management Solution
270 Eligibility Benefit Inquiry Companion Guide**

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comments
78		NM109	Identification Code	<Information Receiver Identification Number> <NPI> or <Atypical Provider ID (API)>	2/80	<NPI> or <Atypical Provider ID (API)>
			Segment End	~	1	
79	2100B	REF	Information Receiver Additional Identification	REF	3	
			Element Separator	*	1	
79		REF01	Reference Identification Qualifier	EO	2/3	EO = Submitter Identification Number
			Element Separator	*	1	
80		REF02	Reference Identification	<Information Receiver Additional Identifier> <Molina assigned Trading Partner ID>	1/50	
			Segment End	~	1	
92	2100C	NM1	Subscriber Name	NM1	3	
			Element Separator	*	1	
92		NM101	Entity Identifier Code	IL	2/3	IL = Insured or Subscriber
			Element Separator	*	1	
93		NM102	Entity Type Qualifier	1	1	1 = Person
			Element Separator	*	1	
93		NM103	Name Last or Organization Name	<Subscriber Last Name>	1/60	NOTE: MEVS will remove the special characters from the last name to report the last name and suffix separately.
			Element Separator	*	1	
93		NM104	Name First	<Subscriber First Name>	1/35	

**Maine Integrated Health Management Solution
270 Eligibility Benefit Inquiry Companion Guide**

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comments
			Element Separator	*	1	
94		NM105	Name Middle	<Subscriber Middle Name or Initial>	1/25	
			Element Separator	*	1	
			Element Separator	*	1	
94		NM107	Name Suffix	<Subscriber Name Suffix>	1/10	NOTE: MEVS will remove the special characters from the last name to report the last name and suffix separately.
			Element Separator	*	1	
95		NM108	Identification Code Qualifier	MI	1/2	MI = Member Identification Number
			Element Separator	*	1	
96		NM109	Identification Code	<Subscriber Primary Identifier>	2/80	
			Segment End	~	1	
97	2100C	REF	Subscriber Additional Identification	REF	3	
			Element Separator	*	1	
98		REF01	Reference Identification Qualifier	SY	2/3	SY = Social Security Number
			Element Separator	*	1	
99		REF02	Reference Identification	<Subscriber Supplemental Identifier> <Social Security Number>	1/50	
			Segment End	~	1	
103	2100C	PRV	Provider Information	PRV	3	
			Element Separator	*	1	
104		PRV01	Provider Code	<Provider Code>	1/3	

**Maine Integrated Health Management Solution
270 Eligibility Benefit Inquiry Companion Guide**

Page #	Loop ID	Reference	Name	Codes	Length	Note/Comments
			Element Separator	*	1	
105		PRV02	Reference Identification Qualifier	9K, HPI	2/3	9K = Service Provider Number HPI = NPI
			Element Separator	*	1	
106		PRV03	Reference Identification	<Provider Identifier> <NPI> or <Atypical Provider ID (API)>	1/50	<NPI> or <Atypical Provider ID (API)>
			Segment End	~	1	
124	2110C	EQ	Subscriber Eligibility or Benefit Inquiry	EQ	2	NOTE: MEVS will return a new AAA segment when the supplied date range is outside the allowed inquiry period (e.g. AAA03 = 62 Date of Service not within allowable inquiry period.)
			Element Separator	*	1	
125		EQ01	Service Type Code		1/2	NOTE: See Table 2.
			Segment End	~	1	

Appendix 1: Implementation Checklist

This appendix contains all necessary steps for submitting 270 transactions with MaineCare.

- Providers must register to become a Trading Partner.
- Trading Partners must sign a Trading Partner Agreement.
 - If the Trading Partner will be utilizing the Real-Time web services, they must contact the EDI Help Desk (866) 690-5585, option 3 to register for this access.
 - For Real-Time web services, the Trading Partner must build an interface.
 - Interface – means the Trading Partner must have the software to convert a 270/271 into a readable format.
- Trading Partners must submit three (3) test files of a particular transaction type, with a minimum of fifteen (15) transactions within each file, and have no failures or rejections to submit production transactions.

Appendix 2: Business Scenarios

This appendix contains typical business scenarios. Refer to Table 6: Example Service Type Codes, for some examples of Service Type Codes that could be submitted for an explicit request.

Table 6: Example Service Type Codes

Service Type Code	Description
1	Medical Care
33	Chiropractic
35	Dental Care
47	Hospital
48	Hospital – Inpatient
50	Hospital – Outpatient
86	Emergency Services
88	Pharmacy
98	Professional (Physician) Visit - Office
AL	Vision (Optometry)
MH	Mental Health
UC	Urgent Care

Appendix 3: Transmission Examples

This appendix contains actual data streams, refer to Table 7: Example Transmissions, linked to the business scenarios from Appendix 2.

Table 7: Example Transmissions

Service Type Code	Description	Transmission
1	Medical Care	EQ*1~
33	Chiropractic	EQ*33~
35	Dental Care	EQ*35~
47	Hospital	EQ*47~
48	Hospital – Inpatient	EQ*48~
50	Hospital – Outpatient	EQ*50~
86	Emergency Services	EQ*86~
88	Pharmacy	EQ*88~
98	Professional (Physician) Visit - Office	EQ*98~
AL	Vision (Optometry)	EQ*AL~
MH	Mental Health	EQ*MH~
UC	Urgent Care	EQ*UC~

Appendix 4: Frequently Asked Questions

Frequently Asked Questions (FAQs) will be collected by the EDI Help Desk on a monthly basis. These FAQs will be evaluated for trends and whether the FAQs would offer helpful information to other Trading Partners. Questions identified relating to 270/271 transactions will be added to Appendix 4 of this Companion Guide, during regular document updates.

How can a Trading Partner certify for 270/271 through a File Transfer Protocol (FTP) connection?

- The FTP connection will no longer be an available option when Real-Time web services are implemented.

Appendix 5: Change Summary

The following is a summary of the changes in this version of the 270 Eligibility Benefit Inquiry Companion Guide:

1. Overall reorganization of guide in compliance with Patient Protection and Affordable Care (PPAC) Act adoption of operating rules.
 - Disclosure Statement – information moved from Usage Information and HIPAA Notice
 - Preface – added per template
 - Introduction
 - Scope – moved from Section 1, Companion Guide Purpose
 - Overview – moved from Section 2, 270 Eligibility Benefit Inquiry Transaction
 - References – moved from Section 1, Companion Guide Purpose
 - Additional Information – moved from Section 1.1, Required Information. Added Copay information, shown in Table 3.
 - Getting Started
 - Working with MaineCare – added per template
 - Trading Partner Registration – moved from Section 1.2, Trading Partner ID and updated per template
 - Certification and Testing Overview – moved from Section 1.2, Trading Partner ID
 - Testing with the Payer – added per template
 - Connectivity with the Payer/Communication
 - Process Flows – added per template
 - Transmission Administrative Procedures – moved from Section 1.4, Transmission Constraints
 - Re-Transmission Procedures – moved from Section 1.4, Transmission Constraints
 - Communication Protocol Specification – added per template
 - Passwords – added per template
 - Contact Information
 - EDI Customer Service – added per template
 - EDI Technical Service – added per template
 - Provider Service Number – added per template
 - Applicable Websites/email – added per template

- Control/Segments/Envelopes
 - ISA-IEA – added per template
 - GS-GE – added per template
 - ST-ST – added per template
- Payer Specific Business Rules and Limitations – added per template
- Acknowledgements and/or Reports – moved from Section 3.3.1 TA1 Interchange Acknowledgement, Section 3.3.2 999 Implementation Acknowledgement and 3.3.4 Business Rejection Report. Removed references to the 824 which no longer apply to the 270/271.
- Trading Partner Agreements – moved from Section 1.2, Trading Partner ID
- Appendices
 - Implementation Checklist – added per template
 - Business Scenarios – added per template
 - Transmission Examples – added per template
 - Frequently Asked Questions – added per template
 - Change Summary – added per template
 - Trading Partner Agreements (TPA) – added per template
- 2. Changes to Table 5: 270 Eligibility Benefit Inquiry
 - Column name changes
 - Segment ID changed to **Reference**
 - Segment Name/Data Element Name changed to **Name**
 - Format changed to **Codes**
 - Value changed to **Notes/Comments**
 - Columns Added
 - Page #
 - Columns Deleted
 - DE Ref #
 - Req Des.

Appendix 6: Trading Partner Agreements (TPA)

This appendix contains a sample of the TPA for a clearinghouse or billing agent.

Molina Medicaid Solutions

TRADING PARTNER AGREEMENT - CLEARINGHOUSE or BILLING AGENT

Please read the entire agreement and provide your electronic signature of acceptance on the final page of this document.

This Electronic Trading Partner Agreement (hereinafter "Agreement") is made by and between Molina Information Systems, LLC d/b/a Molina Medicaid Solutions ("Molina") (Acting on behalf of the State of Maine, **DEPARTMENT OF HEALTH AND HUMAN SERVICES**) and the party named at the end of this document ("Company"), a Clearinghouse or Billing Agent.

WHEREAS , Molina performs certain claims processing and administrative services; and,

WHEREAS , Company provides services including receiving information from a party and sending all or part of that information to various other entities, or to the party, in standard and nonstandard formats; and,

WHEREAS , the information Company and Molina (collectively, the "Parties") desire to exchange by and through electronic communications, certain claims and billing information that may contain identifiable financial and/or protected health information ("PHI") as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 Code of Federal Regulations Parts 160-164, and applicable regulations that implement Title V of the Gramm-Leach-Bliley Act, 15 U.S.C. § 6801, et seq. (the "GLB Regulations") now or as later amended; and,

WHEREAS , the Parties agree to safeguard any and all PHI or other data received, transmitted or accessed electronically to or from each other in accordance with HIPAA and the GLB Regulations, and desire to set forth in writing their understanding with respect to these communications and the covenant of confidentiality and nondisclosure of PHI or other Data.

NOW THEREFORE , in consideration of the mutual promises and covenants contained herein and other good and valuable consideration, the receipt of which is hereby acknowledged, the Parties hereto agree as follows:

I. DEFINITIONS.

Clearinghouse/Billing Agent - A public or private entity, including a billing service, repricing company, community health management information system or health information system, or "value-added" networks and switches, that: (1) process or facilitate the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into a standard data element or a "Standard Transaction" as defined in Section II, below; (2) receive a Standard Transaction from another entity, and process or facilitate the processing of health information into nonstandard format or nonstandard data content for the receiving entity, or (3) otherwise

Figure 6-1: CH/BA TPA - Page 1

**Maine Integrated Health Management Solution
270 Eligibility Benefit Inquiry Companion Guide**

conducts any EDI transactions with Molina.

Companion Guides - aka "Guide" here within the TPA. Companion Guide will be created to help assist submitters in their submission of Maine Medicaid claims to Molina.

Data - Any information provided and/or made available by either of the Parties to the other, and includes, but is not limited to enrollment and eligibility data, claims data, and PHI.

Electronic Data Interchange ("EDI") Companion Guide - A technical user's manual provided to Company to assist Company and its clients in preparing and completing electronic data interchange. Molina reserves the right to revise and update the EDI Reference Guide ("Guide") in its sole discretion.

Health and Human Services ("HHS") Privacy Standard Regulation - 45 Code of Federal Regulations ("CFR") at Title 45, Parts 160 through 164.

Health and Human Services ("HHS") Security Standard Regulation - 45 Code of Federal Regulations ("CFR") at Title 45, Parts 160, 162 and 164.

HHS Standard Transaction Regulation - 45 CFR Parts 160 and 162.

Individual - The person who is the subject of the Data, as defined by 45 CFR § 164.501.

Proprietary Data - Information used or created by Molina in the conduct of its business activities that is not normally made available to Molina's customers, competitors, or third parties, the disclosure of which will or may impair Molina's competitive position or otherwise prejudice Molina's ongoing business. Company would not otherwise have access but for its contractual relationship with Molina.

II. INTRODUCTION.

This Agreement authorizes the Parties to electronically exchange Data, including PHI, through a public or private telecommunications network using language and code sets authorized at 45 CFR § 160 et seq., in an efficient and cost-effective manner without limiting the obligations of each party as set forth in this Agreement or imposed by applicable law, solely for the purposes set forth herein, in accordance with the terms "Standard" and "Transactions" as defined at 45 CFR § 160.103 (hereinafter aggregated and referred to as "Standard Transactions"), the privacy standards described and referenced below, and requirements for non-standard transactions (if applicable). Any Data, Proprietary Data or PHI exchanged under this Agreement is to be used and exchanged solely as authorized by HIPAA, and is further subject to the terms and conditions set forth in this Agreement. Company acknowledges that coverage for any services furnished by a Provider and electronically exchanged through this Agreement is subject to the terms and conditions of the individual's benefit program, any participation agreement between Provider and Molina, and Molina's policies and procedures.

III. TERM, TERMINATION and SUSPENSION.

Figure 6-2: CH/BA TPA - Page 2

The term of this Agreement shall commence upon its execution. Company agrees that its ability to transmit, receive or otherwise electronically access Data will cease if Company or Molina terminates this Agreement.

Either party may terminate this Agreement without cause upon sixty- (60) days prior written notice or immediately by either party for cause.

This Agreement may immediately be terminated in the event of a material breach. A material breach shall include, but not be limited to, breach of any substantive term(s) of this Agreement, fraud, abuse, and/or failure to protect PHI. The terminating party may rescind notice of termination if the other party successfully cures the breach complained of to the terminating party's satisfaction. Each party may also temporarily suspend electronic communications under this Agreement to protect computer or data systems in cases of emergencies, or to perform maintenance. Each party agrees to minimize the frequency and duration of these temporary suspensions. This Agreement shall automatically terminate in the event there is no electronic transaction activity for six (6) consecutive months.

Any ambiguity in any term or condition of this Agreement shall be resolved in favor of a meaning that permits the parties to comply with HIPAA.

IV. MOLINA OBLIGATIONS.

A. ID(s) and Password(s) - Upon execution of this Agreement, Molina will assist in establishing Company logon ID(s) and password(s) to allow Company to authenticate its identity and transmit data electronically for Providers and Employer Groups identified in EDI Transaction Application.

Molina shall retain title to all logon ID(s) and password(s), and reserves the right to change any logon ID or password at any time, for any reason, or if required to do so by law, regulation, or court order.

B. Data - The Data the Parties may exchange pursuant to this Agreement may change as a result of changes in law or regulation, or actions taken by an employer group in accordance with the terms and conditions of certain health care benefits contracts, or changes made to those contracts. Molina's response to inquiries does not guarantee coverage. Acceptance by Molina of the Data Company sends electronically, on any Provider or Employer Group's behalf, does not constitute guarantee of reimbursement.

V. COMPANY OBLIGATIONS and AUTHORIZATIONS.

A. Provision of Data - Company may provide Molina Data electronically, including the minimum necessary PHI (see 45 CFR § 164.502(b)) in accordance with the terms of the Agreement and the Guide. Company is solely responsible to ensure that the Data it provides Molina is correct.

B. Logon ID and Password - Company agrees to protect Molina's logon ID(s) and password(s) from compromise, release or discovery by any unauthorized person, and shall not disclose logon ID(s) and password(s) to any third party in any manner. A breach

Figure 6-3: CH/BA TPA - Page 3

of this provision shall be considered material. In the event a breach occurs, Company must notify Molina immediately as set forth in the Guide. Company acknowledges and agrees that only Company personnel it designates shall be permitted to use the logon ID(s) and password and only within the scope of the approved application. Company's use of logon ID(s) and password(s) constitutes an Electronic Signature that confirms Company's willingness to remain bound by these terms and conditions and ratify any transaction conducted electronically by Molina. In the event logon ID(s) and/or password(s) are compromised, Company shall be responsible for such ramifications resulting from Company's failure to protect Molina logon ID(s) and password(s).

C. Company's Costs - Company shall assume all its internal costs to transmit, access and receive Data electronically including, but not limited to, the costs of computers, terminals, connections, modems, and browsers that have the capability to use HIPAA-mandated code-set

Standard Transactions, and the costs of providing sufficient security measures to safeguard receipt and transmission of PHI in accordance with 42 USC § 1320d-2(d), 45 CFR § 164.530 and the implementing regulations issued by HHS to preserve the integrity and confidentiality of, and to prevent non-permitted use or violations of disclosure of PHI.

D. Authorization to Use Data - Company's use of a Molina system or process under this Agreement constitutes authorization and direction to Molina to use the PHI or other Data received from Company to adjudicate and process health care claims Molina receives from Company on behalf of Company's contracted employer groups or health care providers. Company acknowledges the sensitive, confidential and proprietary nature of this Data, and of Molina's proprietary electronic communications processes. Company may access, receive and transmit only that Data in such format as described in the Guide. No electronic communication will give rise to any obligation until it is accessible at the receiving party's computer as set forth in the Guide. Company acknowledges that Molina may disclose the PHI it makes available to Molina concerning Individuals who are members of a plan to the plan sponsor or the group health plan consistent with HIPAA's requirements and the language set forth herein.

E. Testing - Prior to the initial data transmission for each type of transaction, Company will test and cooperate with Molina in testing Company's operating system to ensure the accuracy, timeliness, completeness, compatibility, and confidentiality of each data transmission.

F. Limited Access - Company will not obtain access by any means to data or Molina's operating system. In the event Company receives data not intended for Company, Company will immediately notify Molina and delete the data from its operating system.

G. Notice of License Impairment - Company shall notify Molina immediately in writing of any existing or subsequent suspension or revocation of Company's license or certificate, or exclusion of participation in the Medicare, Medicaid, or any other federal program.

H. Relationship with Employer Groups and/or Providers - Company agrees to execute Business Associate or Trading Partner Agreements with each individual Employer Group and/or Provider with whom Company does business, and shall provide Molina, at such

Figure 6-4: CH/BA TPA - Page 4

reasonable time(s) as Molina shall request, written verification of any or all Employer Group or Provider(s)' status in executing such agreements. Molina reserves the right to refuse to accept any Data from Company that has been sent from any Employer Group or Provider which has not executed an appropriate Business Associate or Trading Partner Agreement with Company.

VI. INDEMNIFICATION.

Each party hereby recognizes and acknowledges that each party is responsible for its own conduct and the conduct of its officers, directors, employees and agents, and that each is responsible for any losses, liability, damages, costs and expenses that it incurs in the event that any claim is made by any person arising out of any of that party's acts or omissions related to this Agreement. In the event that either party receives notice of any action, claim, or proceeding that alleges or otherwise involves any act or omission of the other party; it shall promptly give notice to the other party and provide the other party with the opportunity and all reasonable assistance in the defense of such action. It is recognized that it may be necessary depending on the procedural status of the matter for one party to implead another party or to join it in litigation as a third party defendant. In the event that the other party does not respond and defend, such other party shall indemnify the notifying party for any losses, liability, damages, costs and expenses that the notifying party incurs by reason of the failure of the other party to respond and defend; provided that it is understood that each party will carry errors and omissions insurance, and it is not intended that this Agreement should be interpreted or administered by the parties in any manner to invalidate any such insurance coverage. This section shall survive the termination of this Agreement. Neither party shall be liable to the other party for damages caused by circumstances beyond its control, including, without limitation: "hackers" who gain access to the system or Data in spite of a party's compliant security measures, a major disaster, epidemic, the complete or partial destruction of its facilities, riot, civil insurrection, war or similar causes. Neither party shall be liable to the other party for any special, incidental, exemplary or consequential damages.

VII. COMPLIANCE WITH PRIVACY STANDARDS.

Each party will develop, implement, maintain and use appropriate administrative, technical and physical Data safeguards, in compliance with 42 U.S.C. § 1320d-2(d), 45 CFR § 164.530(c) and patient confidentiality provisions of applicable state statutes or regulations, and shall comply with any applicable GLB Regulations, or any amendments to any of these statutes or regulations.

Each party shall execute Trading Partner, and/or Business associate Agreements, acceptable to Molina, with subcontractors or agents that provide services involving maintenance, use or disclosure of PHI, ensuring that any subcontractors or agents to whom it provides PHI agree in writing to those restrictions that, with respect to such PHI, apply to that individual subcontractor or agent. Each party agrees that it will not maintain, use, make available or further disclose PHI other than as permitted or required by this Agreement or as required by law.

If any activity under this Agreement would cause any Party to be considered a "Business Associate" of any other Party under 45 CFR. § 160.103, the following restrictions will apply to all uses and disclosures of PHI. The Business Associate will: (i) Not use or further

Figure 6-5: CH/BA TPA - Page 5

disclose PHI other than as permitted or required by this Agreement, or to comply with judicial process or any applicable statute or regulation; (ii) Notify the other Party in advance of any disclosure of PHI that the Business Associate is required to make under any judicial or regulatory directive; (iii) Use appropriate safeguards to prevent use or disclosure of PHI other than for the purposes required in this Agreement; (iv) Report to the other parties any use or disclosure of PHI not provided for in this Agreement of which the Business Associate becomes aware; (v) Ensure that any agents or subcontractors to whom the Business Associate discloses PHI received from another party, or created on behalf of another party, agrees to the same restrictions and conditions that apply to the protection of information under this Agreement; (vi) Make PHI available to individuals as required by 45 CFR § 164.524;

(vii) Make PHI available for amendment and incorporate any amendments to PHI in accordance with 45 CFR § 164.526;

(viii) Make available the information required to provide an accounting of disclosures in accordance with 45 CFR § 164.528; (ix) Make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or collected by the Business Associate on behalf of another Party, available to the Secretary of HHS when called upon for purposes of determining the other Party's compliance with federal privacy standards; and (x) At termination of this Agreement, if feasible, return or destroy all PHI received from another Party, or created or collected by the Business Associate on behalf of the other Party, that the Business Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, or if the PHI is still used to perform business functions, continue to treat all such PHI in accordance with the limits provided in this Agreement, and applicable law and regulation.

VIII. SYSTEMS AND PERSONNEL SECURITY/UNAUTHORIZED DISCLOSURES.

The Parties shall comply with the final version of the data security standard promulgated by HHS (final version found at 45 CFR Part 160, 162, and 164, published February 20, 2003, 68 Federal Register, Pages 8334-8381, the "Security Standard"). On or before the required compliance date of the final Security Standard, the Parties will adopt any necessary modifications to their practices for maintaining PHI or transmitting PHI electronically, and shall provide any written assurances required under the final Security Standard to prevent unauthorized access to Data. If an unauthorized disclosure of PHI, or the discovery of unauthorized access to and/or tampering with the Data or Molina's Proprietary Data is discovered, the disclosing party will immediately report to the other party, using the most expeditious medium available, no later than twenty-four (24) hours after such discovery/disclosure is made, the following information: (i) the nature of the disclosure, (ii) PHI used or disclosed, (iii) the individual(s) who made and received the disclosure, (iv) any corrective action taken to prevent further disclosure(s) and mitigate the effect of the current disclosure(s), and (v) any such other information reasonably requested by the non-disclosing party. The Parties will cooperate in the event of any litigation concerning unauthorized use, transfer or disclosure of such Data. Failure to adhere to this section may constitute violation(s) of applicable federal and state laws and regulations and may constitute just cause for immediate termination of this Agreement.

IX. COMPLIANCE WITH STANDARD TRANSACTIONS.

Figure 6-6: CH/BA TPA - Page 6

When required, the Parties shall comply with each applicable regulation when performing "Standard Transactions." The Parties will not enter into any Trading Partner Agreement related to this Agreement that: changes any definition, data condition or use of a data element or segment, nor adds any data elements or segments to the maximum defined data set as proscribed in the HHS Transaction Standard Regulation, and as further proscribed by Molina. {See 45 CFR § 162.915(b)}. The Parties further agree that they will neither use any code or data elements marked "not used" or which are not found in the HHS Transaction Standard's implementation specifications, nor change the meaning or intent of any of the HHS Transaction Standard implementation specifications. {See 45 CFR § 162.915(c) (d)}.

X. AUTOMATIC AMENDMENT FOR REGULATORY CHANGE.

This Agreement will automatically amend to comply with any final regulation or amendment adopted by HHS concerning the subject matter of this Agreement upon the effective date of the final regulation or amendment.

XI. NOTICES.

Any notice relating to this Agreement shall be in writing and transmitted by U.S. Mail, first class, postage prepaid to the address in this section below. shall be deemed given on the date of receipt by the addressee.

Molina Medicaid Solutions
45 Commerce Drive, Suite 7
Augusta, ME 04330

XII. RECORDS AND AUDIT.

The Company and its clients shall maintain, in accordance with their document retention policies and applicable law and regulation, and for a minimum of five (5) years, true and correct copies of any source documents from which they reproduce Data. Molina reserves the right to audit those records and security methods of Company and its clients necessary to ensure compliance with this Agreement, to ensure that adequate security precautions have been made to prevent unauthorized disclosure or, to verify the accuracy and authenticity of the services underlying any EDI transaction.

XIII. SURVIVAL OF PROVISIONS.

Any provision of this Agreement, which requires or reasonably contemplates the performance or existence of obligations by either party after the termination of the Agreement shall survive such termination.

XIV. ASSIGNMENT/NO AGENCY

No right or interest in this Agreement shall be assigned by either party without the prior written permission of the other party. Nothing in this Agreement will place Molina and Company in a relationship whereby either (1) is principal or agent of the other for any

Figure 6-7: CH/BA TPA - Page 7

purpose; or (2) has the authority to bind the other in any way.

XV. GOVERNING LAW/VENUE.

The laws of the State of Maine shall govern the construction, interpretation and performance of this Agreement and all transactions under it, except to the extent federal law preempts them.

XVI. WAIVER OF RIGHTS.

No course of dealing or failure of either party to strictly enforce any term, right or condition of the Agreement shall be construed as a waiver of such term, right or condition.

XVII. SEVERABILITY.

If any provisions of this Agreement shall be deemed invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, but rather the entire Agreement shall be construed as if not containing those invalid or unenforceable provision(s), and the rights and obligations of each party shall be construed and enforced accordingly.

XVIII. MODIFICATION.

Molina reserves the right to amend the EDI Companion Guides, Application, and Forms from time to time. Molina may amend this Agreement upon thirty (30) days written notice.

XIX. RELATIONSHIP OF MOLINA TO STATE OF MAINE, DEPARTMENT OF HEALTH AND HUMAN SERVICES.

This Agreement constitutes a contract between Company and Molina. Molina is an independent corporation operating under a service agreement for the State of Maine, DEPARTMENT OF HEALTH AND HUMAN SERVICES as the Medicaid Fiscal Agent. Company has not entered into this Agreement based upon representations by any person other than Molina, and no person, entity or organization other than Molina can be held accountable or liable to Company for any of Molina's obligations to Company under this Agreement.

XX. ENTIRE AGREEMENT.

This Agreement and any Manuals, Guides, Exhibits, Applications and Attachments thereto shall constitute the entire Agreement between the Parties with respect to EDI Transactions between the parties and shall not be altered, varied, revised or amended except in writing signed by both Parties. The provisions of this Agreement supersede all prior oral or written quotations, communications, agreements and understandings of the Parties with respect to EDI Transactions between the parties.

Figure 6-8: CH/BA TPA - Page 8