![fallonhealth logo]

Health Care Eligibility Benefit Inquiry and Response 270/271 Companion Guide

Refers to the ASC X12N 270/271 Technical Report Type 3 Guide (Version 005010X279A1)

Companion Guide Version Number: 3.0

March 2024

Disclosure Statement

The information in this document is subject to change. Changes will be posted via the Fallon Health websites located below

- Fallon Health Provider Portal containing documentation on transactions for providers is located at

  http://www.fchp.org/providers/provider-tools/electronic-data-submission.aspx

This notice is not a guarantee of claim payment. Coverage for all services is subject to member eligibility and all terms and conditions of the member's contract in effect as of the date of service. Deductible and out-of-pocket maximum amounts are subject to change.

PREFACE

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Fallon Health. Transmissions based on this companion guide, used in tandem with the X12N Technical Report Type 3 Guides, are compliant with both 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 Technical Report Type 3 Guides.

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1. INTRODUCTION

Scope

Providers, billing services and clearinghouses are advised to use the ASC X12N 270/271 (005010X279A1) Implementation Guide as a basis for their submission of Eligibility and Benefit inquires. This companion document should be used to clarify the CORE Business rules for 270/271 data content requirements, batch and real-time acknowledgment, connectivity, response time, and system availability, specifically for submissions through Fallon Health or clearinghouses. This document is intended for use with CAQH CORE compliant systems. For additional information on building a CORE compliant system go to http://www.caqh.org.

Overview

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

This guide is designed to help those responsible for testing and setting up electronic eligibility transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to Fallon Health. This guide supplements (but does not contradict) requirements in the ASC X12N 270/271 (version 005010X279A1) implementation. This information should be given to the provider's business area to ensure that eligibility responses are interpreted correctly.

References

- The ASC X12N 270/271 (version 005010X279A1) Technical Report Type 3 guide for Health Care Eligibility Benefit Inquiry and Response has been established as the standard for eligibility transactions and is available at http://www.wpc-edi.com
- Fallon Health Provider Portal containing documentation on transactions for providers is located at http://www.fchp.org/providers/providertools/electronic-data-submission.aspx

Technical Requirements

Fallon Health supports the 270/271 ASC X12N version 005010X279A1 for benefit inquiries and responses. Providers wishing to receive the 271 must support this version. We support both Real Time and batch transactions.

Real Time 270s have a single ST/SE loop, one information source, one information receiver, one subscriber loop or one dependent loop (when needed). Typical turnaround time is around 10 seconds.

Batch 270s also have a single ST/SE loop, one information source, one information receiver, one subscriber loop or one dependent loop (when needed). Batch 270s can take up to 10 hours to process a response. A single 271 is created for each 270 submitted. Up to 99 inquires can be included per ST/SE loop. Any transaction with greater than 99 inquiries will be returned with a rejected 999 stating exceeds allowed batch size.

Fallon Health requires the following naming convention for all production files submitted: XXMMDDYYV1.270 and XXMMDDYYV1.271 (10-character maximum). The first two letters are used to identify trading partner, then two-digit month, two-digit day, two-digit year, version number, and production file indicator. If multiple files are to be sent on the same day, then version numbers would need to be sent as part of the file naming convention.

2. TESTING

Testing with Fallon Health

Fallon Health recommends that Trading Partners submit three successful and unique 270 submissions and receive the associated 271 responses in order to obtain approval from Fallon Health to promote to Production. Providers must coordinate with Fallon Health so that the necessary patient test data is available.

Fallon Health provides testing support Monday through Friday, 8:30 AM to 5:00 PM EST/EDT. We utilize Claredi for running test file for SNIP level I and II testing.

3. CONNECTING AND COMMUNICATING

Implementing EDI transactions with Fallon Health

Contact an EDI Coordinator at:
1-866-275-3247, option 6 or email to edi.coordinator@fallonhealth.org

Set-up for direct submission to Fallon Health

Providers wishing to request a claim status directly to Fallon Health in the EDI 270 format should contact an EDI Coordinator at 1-866-275-3247, option 6 or via email to edi.coordinator@fallonhealth.org. The information necessary for implementation will be provided and an enrollment packet in PDF format can be obtained from the Fallon Health website at fallonhealth.org/providers/provider-tools/provider-tools- registration.aspx

Set-up for submission to Fallon Health via a clearinghouse

Providers wishing to submit an eligibility status to Fallon Health via a clearinghouse should contact the clearinghouse directly and provide them with our Payer ID number. A Payer ID number is required for eligibility submissions that go through a clearinghouse and is used to route your eligibility transactions to the correct health plan for eligibility status. Our contracted clearinghouses and associated Payer IDs are listed below:

- **Change Healthcare** (formerly Emdeon and WebMD)

  Call 1-800-845-6592 or visit their website: changehealthcare.com.

  Payor ID #22254

- **NEHEN**

  Call: 1-781-907-7210

  Website: nehen.org

  Email:members@nehen.org

- **Athena Health** (Billing Service)

  Call: 1-617-402-1000

  Website: athenahealth.com

- **FinThrive** offers an accelerated registration process

  Call: 1-800-390-7459

  Website: Accelerated Deployment | FinThrive

Direct Connect is Available for Real Time 270 Transactions

Communication Methods Supported:
- The transport protocol is HTTPS over the Internet
- The message (payload) protocol required is HTTP SOAP + WSDL
- The content of the request and response is a standard X12N HIPAA transaction.

Technical standards and versions for HTTPS/SOAP are:
- HTTPS Version 1.1
- SOAP Version 1.2
- SSL Version 3
- WS-Security Version 1.x

CAQH SOAP – Fallon Health supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase II Connectivity standards (https://www.caqh.org/sites/default/files/core/phase-ii/policy-rules/270-v5010.pdf). Fallon Health provides certificates to use in place of a user ID and password for SOAP upon completion of enrollment process.

SOAP Body Requirements

Element Name	Description
Payload Type	**X12_270_Request_005010X279A1**
Processing Mode	RealTime
Payload ID	Refer to Section 4.4.2 of the Phase II CORE 270: https://www.caqh.org/sites/default/files/core/phase-ii/policy-rules/270-v5010.pdf Example: e51d4fae-7dec-11d0-a765-00a0c91e6db3
Timestamp	Format is YYYY-MM-DDTHH:MM:SSZ. Refer to Section 4.4.2 of the Phase II CORE 270: https://www.caqh.org/sites/default/files/core/phase-ii/policy-rules/270-v5010.pdf Refer to - http://www.w3.org/TR/xmlschema11-2/%23dateTime for more information. Example: 2019-05-03T00:35:45+03:00
Sender ID	ISA06 value as assigned by Fallon Health
Receiver Id	ISA08 value as assigned by Fallon Health
CORERuleVersion	2.2.0
Payload	X12 request. This element must be digitally signed and the entire payload should be enclosed within a CDATA tag. **Note: No XML Exception characters (&, <, >) in the Payload XML message. When the XML exception characters are present in the Payload message, then they should be submitted with escape sequence.** **Example:** **& can be submitted in payload message as &** **< can be submitted in payload message as <** **> can be submitted in payload message as >**

Security

Fallon Health is dedicated to maintaining the confidentiality of personal health information. Fallon Health has adopted a mindset to safeguard member information as if it were our own. Associates are required to safeguard member privacy by using reasonable measures during all phases of the information-handling process: from collection and storage, to disclosure and disposal. This policy applies to the personally identifiable health information of all applicants and past or present members. Information may be in the form of data in storage or in transit, on paper or in electronic format.

Due to its sensitivity, the use and disclosure of Protected Health Information (PHI) is restricted, except in circumstances where permitted or required by law or where appropriate authorization for use or disclosure is obtained. Access to PHI is limited to those with a business need to know the information for treatment, payment, or health care operations, or as otherwise permitted or required by law.

Associates with a business need to handle PHI must be identified and granted appropriate access in accordance with their department-level policies and procedures. Fallon Health maintains policies and procedures for the HIPAA compliant transfer of protected health information to external health care partners. These provisions include secure file transfer, encryption, password protection, secure fax, and other measures, as indicated based on the nature of the data being transferred.

System Availability

Fallon Health will be available to process Real Time and Batch transactions 24x7, except during routine maintenance windows. Routine Maintenance may be performed on Sundays.

Trading partners may receive rejection messages indicating that Fallon Health is unable to respond to their transactions. It is recommended that transactions submitted during this time be sent in Batch mode.

Maintenance

Routine downtime is scheduled weekly from 6 PM to 11 PM on Thursdays and 8 AM to 12 PM on Sundays to support maintenance and enhancements for all EDI transactions. Non-routine downtime will be communicated via email at least one week in advance. Emergency unscheduled downtime will be communicated to trading partners via email within one hour following the determination that emergency downtime is needed.

4. Fallon Health PROVIDER SUPPORT

If you cannot find the answers to your questions within this Companion Guide, please use the contact information below to reach our EDI Support team.

Fallon Health EDI Support:

Phone: 1-866-275-3247, option 6
Email: edi.coordinator@fallonhealth.org

EDI Support is available Monday through Friday, 8:30 AM to 5:00 PM EST, excluding the following major holidays:

New Year's Day
Presidents Day
Memorial Day
Independence Day
Labor Day
Columbus Day
Thanksgiving Day
Friday after Thanksgiving Christmas
Day

Fallon Health Provider Portal:

The Fallon Health Provider Portal provides information regarding our Products, Policies and Procedures, FAQs, as well as Companion Guides for various electronic transactions. Please refer to the online documentation for the most up-to-date materials. Fallon Health website: http://www.fchp.org/providers.aspx

5. Fallon Health 270/271 ELIGIBILITY

Fallon Health processes 270 requests for Fallon Health members.

Identification Number Requirements

Fallon Health member IDs are 13 digit numeric characters only.

Note: Member IDs should not contain hyphens, spaces, or any special characters.

Eligibility by Name Search

270 Eligibility Requests without identification number (Alpha Name Search Eligibility Requests) can be submitted to Fallon Health for all members. An exact match on the patient's First Name, Last Name and Date of Birth is required in order to return eligibility and benefits for the patient.

If the Alpha Name Search is unsuccessful, Fallon Health will return a 271 response containing an AAA segment and, in some cases, a MSG segment. Please refer to Appendix C for additional information and troubleshooting tips. If a duplicate member is found during you 270 request a AAA 76 error code will be returned in the 271 request.

Name Normalization

In accordance with CAQH CORE requirements, Fallon Health normalizes the patient's last name and first name from the submitted 270 request and compares them to a normalized version of the patient information contained in Fallon Health's membership files. When making name comparisons:

- The match will not be case-sensitive
- Following characters should be avoided in the 270 data element: "^", "*", ":" and "~"
- All special characters within the basic character set are ignored: "!", """, "&", "'", "(", ")", "+", ",", "-", ".", "/", ";", "?", "=" and space
- Special characters "&","<",">" should be submitted as shown below.
  & can be submitted in payload message as &
  < can be submitted in payload message as <
  > can be submitted in payload message as >
- All of the following character strings are ignored when they are:
- At the beginning of the data element and followed by a space, comma, or forward slash

- At the end of the data element and preceded by a space, comma, or forward slash

JR, SR, I, II, III, IV, V, RN, MD, MR, MS, DR, MRS, PHD, REV, ESQ

Patient Relationship

Subscriber Submitted as Dependent
If the patient is a dependent in Fallon Health's membership files, but was submitted in the Subscriber loop on the 270 request (2100C), the patient will be returned in the appropriate Subscriber loop on the 271 response (2100C).

Dependent Submitted as Subscriber
If the patient is a subscriber in Fallon Health's membership files, but was submitted in the Dependent loop on the 270 request (2100D), the patient will be returned in the appropriate Subscriber loop on the 271 response (2100C).

6. HIPAA SERVICE TYPES

Fallon Health supports the Service Types required by the HIPAA 5010 270/271 TR3 and CAQH CORE. In addition to the "Standard" Service Type (30), Fallon Health supports many other useful Service Types. Please see Appendix A for a complete list of Fallon Health-supported Service Types. Fallon will return the "Standard" Service Type (30) for all Non-Core required STC.

Fallon Health Service Type Groupings

Some specific Service Types will return benefits for related Service Types as well as for the Service Type submitted on the 270 request. For example, if Service Type "2" (Surgical) is submitted on the 270 request, Fallon Health will return the following Service Types: 2, 7, 8, and 20. Please see Appendix B for a complete list of Service Type groupings.

Benefit Details

The data contained in Fallon Health's 271 responses is intended to provide details regarding the service requested. Benefit information will be contained in the appropriate EB segment. Additional benefit information may be provided in REF and MSG segments.

Plan Level Benefits

Fallon Health always returns Plan Level benefits (e.g. – deductible, out-of-pocket, etc.) with Service Type 30.

Benefit Accumulations

Benefit Accumulations (when applicable) will be returned on the 271 response when the Date of Service submitted on the 270 request is the current date (+/- day). If the Date of Service is a past or future date, benefit accumulations will not be returned.

Deductible Dates

Deductible dates (when applicable) are returned on the 271 response with the corresponding Plan Level or Benefit Level deductible. Fallon Health will return the appropriate Service Year or Calendar Year for the benefits returned. If the deductible dates are the same as the member's eligibility dates, deductible dates will not be returned.

No Cost/No Cost after Deductible

Benefits which have no cost to the member can be identified with zero member cost share amounts (e.g. $0 copayment, $0 deductible, 0% coinsurance).

Benefits which have no cost to the member after the Plan-level deductible has been satisfied can be identified with zero member cost share amounts for copayment and coinsurance (e.g. $0 copayment and 0% coinsurance).

Note: If the member does not have a Plan-level deductible, the $0 deductible will be omitted.

Multiple EQ Segments/Repeating EQ01 Elements

Fallon Health does not support 270 requests submitted with multiple EQ segments or repeating of the EQ01 element. If submitted, Fallon Health will return a 271 response with the "Standard" Service Type (30) and a MSG segment indicating that a new 270 request should be resubmitted with only one Service Type.

Telehealth Benefits
To determine if the member has standard benefits for Medical Telehealth services, submit a 270 Request with Service Type "BY" (Physician Visit – Office: Sick). If the member has the benefit, Fallon Health returns the telehealth cost share along with an MSG segment indicating "TELEMEDICINE OFFICE VISIT".

To determine if the member has standard benefits for Telehealth services - Independent Medical Evaluation, submit a 270 Request with Service Type "BA" (Independent Medical Evaluation). If the member has the benefit, Fallon Health returns the telehealth cost share along with an MSG segment indicating "TELEMEDICINE SPECIALTY CARE".

ADDITIONALINFORMATION

Tiered Options

When the member is enrolled in a Tiered Options product, Fallon Health returns EB01 = "N" (Service Restricted to Following Provider) with EB05 = "TIERED OPTIONS".

PCP Information

For managed care members, Fallon Health returns the Primary Care Physician's NPI and name in the 2120 loop (when known).

Coordiantion of Benefits (COB)

Fallon Health returns COB information, identified by EB01 ="R" when know.

EXCEPTIONS

Incorrect/Missing Information

If the Eligibility check is unsuccessful, Fallon Health will return a 271 response containing an AAA segment noting the reason a match could not be made. If indicated, correct and resubmit your request.

Inactive Member

If the Eligibility check identifies a Fallon Health Member who is inactive on the service date requested, Fallon Health will return a 271 containing EB01 = "6".

999 ACKNOWLEDGMENT FOR HEALTH CARE INSURANCE

270 Eligibility Requests submitted to Fallon Health must be HIPAA compliant.

Fallon Health will issue a 999 Acknowledgment for Health Care Insurance (005010X231) when a 270 request (Batch or Real Time) fails validation of EDI SNIP Type 1-2 HIPAA edits. Fallon Health does not return positive acknowledgments for successful real time 270 request (the 271 acts as the acknowledgment). We will provide a 999 acknowledgement for a successful 270 batch request.

The purpose of the 999 Acknowledgment (Reject) is to identify critical errors within the 270 request based on the ASC X12N 270 (version 005010X279A1) Technical Report Type 3 guide. The submitter should review the 999 to determine what errors occurred.

270 DATA SPECIFICATIONS*

*Note: All data must be submitted in UPPER CASE. In addition, leading spaces must be omitted, and trailing spaces must be omitted unless necessary to fulfill a minimum field length.

Header Data

Segment	Element	Data Element Name	Fallon Health Business Rule
ISA		**Interchange Control Header**	
	05	Interchange ID Qualifier	"ZZ"
	06	Interchange Sender ID	Value assigned by Fallon Health
	07	Interchange ID Qualifier	"ZZ"
	08	Interchange Receiver ID	Value assigned by Fallon Health
	14	Acknowledgment Requested	"0" (numeric)
	15	Interchange Usage Indicator	P – Production Requests T – Test Requests
GS		**Functional Group Header**	
	02	Application Sender's Code	Value assigned by Fallon Health
	03	Application Receiver's Code	Value assigned by Fallon Health
	08	Version/Release/Industry Identifier Code	"005010X279A1"
BHT		**Beginning of Hierarchical Trans.**	
	02	Transaction Set Purpose Code	"13"

Loop Specific Data

Loop ID	Segment/ Element ID	Data Element Name	Fallon Health Business Rule
2100A	**NM1**	**Information Source Name**	
	01	Entity Identifier Code	"PR"
	03	Name Last or Organization Name	"Fallon Health"
	08	Identification Code Qualifier	"PI"
	09	Identification Code	"700"
2100C	**NM1**	**Subscriber Name**	
	03	Subscriber Last Name	If the Subscriber ID # is not submitted in the NM109 field and the patient is the Subscriber, this field is Required.
	04	Subscriber First Name	If the Subscriber ID # is not submitted in the NM109 field and the patient is the Subscriber, this field is Required.
	08	Identification Code Qualifier	"MI"
	09	Identification Code	If used, this is the member's ID# as it appears on their Fallon Health ID card. The member IDs are 13 digit numeric characters only.

2100C	REF	**Subscriber Additional Identification**	
	01	Reference Identification Qualifier	"XX" is the patient's Fallon Health Group Number. "Q4" is returned if the Subscriber ID # submitted on the 270 request differs from the Subscriber ID # in Fallon Health's membership files. "EJ" is returned if the patient's Patient Account Number was submitted on the 270 request. SY - SSN
	02	Reference Identification	If REF01 is "XX", this is the patient's Fallon Health Group Number. If REF01 is "SY", this is the submitted Social Security Number.
2100C	DMG	**Subscriber Demographic Information**	
	02	Subscriber Birth Date	Required when the patient is the Subscriber.
2100C	DTP	**Subscriber Date**	
	01	Date Time Qualifier	"291"
	03	Date Time Period	Service Date. If a date range is submitted, only the first date is used to determine the member's eligibility and benefits. If no date is submitted, the current date will be used for processing.
2110C	EQ	**Subscriber Eligibility or Benefit Inquiry**	
	01	Service Type Code	Service Type associated with the benefits being requested (Please see section 5.5).
	03	Coverage Level Code	If used, must be "IND". Fallon Health does not support family-level requests.
2100D	NM1	**Dependent Name**	
	03	Dependent Last Name	Required only when request is for dependent.
	04	Dependent First Name	Required only when request is for dependent.
2100D	REF	**Dependent Additional Identification**	
	01	Reference Identification Qualifier	"XX" is the patient's Fallon Health Group Number. "Q4" is returned if the Dependent ID # submitted on the 270 request differs from the

			Dependent ID # in Fallon Health's membership files. "EJ" is returned if the patient's Patient Account Number was submitted on the 270 request. HJ - Member ID Card# SY - SSN
	02	Reference Identification	If REF01 is "HJ", this is the submitted Dependent ID #. If REF01 is "SY", this is the submitted Social Security Number.
2100D	**DMG**	**Dependent Demographic Information**	
	02	Dependent Birth Date	Required when the patient is a Dependent.
2100D	**DTP**	**Dependent Date**	
	01	Date Time Qualifier	"291"
	03	Date Time Period	Service Date. If a date range is submitted, only the first date is used to determine the member's eligibility and benefits. If no date is submitted, the current date will be used for processing.
2110D	**EQ**	**Dependent Eligibility or Benefit Inquiry**	
	01	Service Type Code	Service Type associated with the benefits being requested (Please see section 5.5).
	03	Coverage Level Code	If used, must be "IND". Fallon Health does not support family-level requests.

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DATA SPECIFICATIONS

Header Data

Segment ID	Element ID	Data Element Name	Fallon Health Business Rule
ISA		**Interchange Control Header**	
	05	Interchange ID Qualifier	"ZZ"
	06	Interchange Sender ID	ISA08 value from 270 request
	07	Interchange ID Qualifier	"ZZ"
	08	Interchange Receiver ID	ISA06 value from 270 request
	09	Interchange Date	Processed Date in GMT
	10	Interchange Time	Processed Time in GMT
GS		**Functional Group Header**	
	02	Application Sender's Code	GS03 value from 270 request
	03	Application Receiver's Code	GS02 value from 270 request
	04	Date	Processed Date in GMT
	05	Time	Processed Time in GMT
BHT		**Beginning of Hierarchical Transaction**	
	04	Date	Processed Date in GMT
	05	Time	Processed Time in GMT

Loop Specific Data

Loop ID	Segment/ Element ID	Data Element Name	Fallon Health Business Rule
2100A	**NM1**	**Information Source Name**	
	01	Entity Identifier Code	"PR"
	03	Name Last or Organization Name	"Fallon Health"
	08	Identification Code Qualifier	"PI"
	09	Identification Code	"700"
2100C	**NM1**	**Subscriber Name**	
	03	Subscriber Last Name	Subscriber's last name from Fallon Health's membership files.
	04	Subscriber First Name	Subscriber's first name from Fallon Health's membership files.
	05	Subscriber Middle Initial	Subscriber's middle initial from Fallon Health's membership files.
	09	Subscriber Primary Identifier	Patient's ID# from Fallon Health's membership files.
2100C	**REF**	**Subscriber Additional Information**	

	01	Reference Identification Qualifier	"XX" is the patient's Fallon Health Group Number. "Q4" is returned if the Subscriber ID # submitted on the 270 request differs from the Subscriber ID # in Fallon Health's membership files. "EJ" is returned if the patient's Patient Account Number was submitted on the 270 request. SY - SSN
	02	Subscriber Supplemental Identifier	If REF01 is "XX", this is the patient's Fallon Health Group Number. If REF01 is "EJ", this is the submitted Patient Account Number. If REF01 is "SY", this is the submitted Social Security Number.
	03	Group Name	If REF01 is "XX", this is the patient's Fallon Health Group Name.
2100C	**DMG**	**Subscriber Demographic Information**	
	02	Subscriber Birth Date	If the patient is the Subscriber, the Subscriber's birth date from Fallon Health's membership files.
2100C	**INS**	**Subscriber Relationship**	
	01 – 04	Subscriber Relationship	If patient demographic information
			varies from the 270 request to the data in Fallon Health's membership files, this segment is returned: INS*Y*18*001*25
2100C	**DTP**	**Subscriber Date**	
	01	Date Time Qualifier	"291"
	03	Date Time Period	If the patient is the Subscriber, this is the Subscriber's Coverage Dates. A member with open coverage will have an end date of "99991231".
2110C	**EB**	**Subscriber Eligibility or Benefit Information**	
	12	In Plan Network Indicator	If the patient is the Subscriber and In-Network and Out-of-Network benefits are the same, EB12 = "U". Otherwise, "Y" and "N" are used.
2100D	**NM1**	**Dependent Name**	
	03	Dependent Last Name	Dependent's last name from Fallon Health's membership files.
	04	Dependent First Name	Dependent's first name from Fallon Health's membership files.
	05	Dependent Middle Initial	Dependent's middle initial from Fallon Health's membership files.
2100D	**REF**	**Dependent Additional Identification**	

	01	Reference Identification Qualifier	"XX" is the patient's Fallon Health Group Number. "EJ" is returned if the patient's Patient Account Number was submitted on the 270 request. HJ - Member ID Card# SY - SSN
	02	Dependent Supplemental Identifier	If REF01 is "XX", this is the patient's Fallon Health Group Number. If REF01 is "HJ", this is the submitted Dependent ID #. If REF01 is "SY", this is the submitted Social Security Number.
	03	Group Name	If REF01 is "XX", this is the patient's Fallon Health Group Name.
2100D	**DMG**	**Dependent Demographic Information**	
	02	Dependent Date of Birth	Dependent's birth date from Fallon Health's membership files.
2100D	**INS**	**Dependent Relationship**	
	01 – 04	Dependent Relationship	If patient demographic information does not vary from the 270 request
			to the data in Fallon Health's membership files, this segment is returned: INS*N*21 Note: INS02 will vary based on the patient's relationship to the Subscriber
2100D	**DTP**	**Dependent Date**	
	01	Date Time Qualifier	"291"
	03	Date Time Period	The Dependent's Coverage Dates. A member with open coverage will have an end date of "99991231".
2110D	**EB**	**Dependent Eligibility or Benefit Information**	
	12	In Plan Network Indicator	If In-Network and Out-of-Network benefits are the same, EB12 = "U". Otherwise, "Y" and "N" are used.

APPENDICES

Appendix A – Fallon Health Supported Service Types

Service Type	Service Type Definition	Fallon Health Business Rule
1	Medical Care	Please see Appendix B for Service Type Grouping
2	Surgical	Please see Appendix B for Service Type Grouping
3	Consultation	
4	Diagnostic X-Ray	
5	Diagnostic Lab	
6	Radiation Therapy	
7	Anesthesia	
8	Surgical Assistance	
9	Other Medical	Telemedicine Benefits
10	Blood Charges	
11	Used Durable Medical Equipment	
12	Durable Medical Equipment Purchase	
13	Ambulatory Service Center Facility	
14	Renal Supplies in the Home	
15	Alternate Method Dialysis	
16	Chronic Renal Disease (CRD) Equipment	
17	Pre-Admission Testing	
18	Durable Medical Equipment Rental	
19	Pneumonia Vaccine	
20	Second Surgical Opinion	
21	Third Surgical Opinion	
22	Social Work	
23	Diagnostic Dental	
24	Periodontics	
25	Restorative	
26	Endodontic	
27	Maxillofacial Prosthetics	
28	Adjunctive Dental Services	
30	Health Benefit Plan Coverage	**"Standard" 30 Response** Please see Appendix B for Service Type Grouping
32	Plan Waiting Period	
33	Chiropractic	
34	Chiropractic Office Visits	
35	Dental Care	**ACTIVE ONLY** - No cost share returned
36	Dental Crowns	
37	Dental Accident	

38	Orthodontics	
39	Prosthodontics	
40	Oral Surgery	
41	Routine (Preventive) Dental	
42	Home Health Care	
43	Home Health Prescriptions	
44	Home Health Visits	
45	Hospice	
46	Respite Care	
47	Hospital	Please see Appendix B for Service Type Grouping
48	Hospital - Inpatient Please see Appendix B for Service Type Grouping	
49	Hospital - Room and Board	
50	Hospital - Outpatient	Please see Appendix B for Service Type Grouping
51	Hospital - Emergency Accident	
52	Hospital - Emergency Medical	
53	Hospital - Ambulatory Surgical	
54	Long Term Care	
55	Major Medical	
56	Medically Related Transportation	
57	Air Transportation	
58	Ambulance	
59	Licensed Ambulance	
60	General Benefits	
61	In-vitro Fertilization	
62	MRI/CAT Scan	FAC - IMAGING AUTHORIZED – Inclusive High-Risk Mammogram.
63	Donor Procedures	
64	Acupuncture	
65	Newborn Care	
66	Pathology	
67	Smoking Cessation	
68	Well Baby Care	Please see Appendix B for Service Type Grouping
69	Maternity	
70	Transplants	
71	Audiology Exam	
72	Inhalation Therapy	
73	Diagnostic Medical	Please see Appendix B for Service Type Grouping
74	Private Duty Nursing	
75	Prosthetic Device	
76	Dialysis	
77	Otological Exam	
78	Chemotherapy	
79	Allergy Testing	
80	Immunizations	Preventative Services – Inclusive Low Risk Mammogram.
81	Routine Physical	

82	Family Planning	
83	Infertility	
84	Abortion	
85	AIDS	
86	Emergency Services	Please see Appendix B for Service Type Grouping
87	Cancer	
88	Pharmacy	**ACTIVE ONLY** - No cost share returned
89	Free Standing Prescription Drug	
90	Mail Order Prescription Drug	
91	Brand Name Prescription Drug	
92	Generic Prescription Drug	
93	Podiatry	
94	Podiatry - Office Visit	
95	Podiatry - Nursing Home Visits	
96	Professional (Physician)	
97	Anesthesiologist	
98	Professional (Physician) Visit – Office	

99	Professional (Physician) Visit - Inpatient	
A0	Professional (Physician) Visit - Outpatient	
A1	Professional (Physician) Visit - Nursing Home	
A2	Professional (Physician) Visit - Skilled Nursing Facility	
A3	Professional (Physician) Visit - Home	
A4	Psychiatric	
A5	Psychiatric - Room and Board	
A6	Psychotherapy	
A7	Psychiatric - Inpatient	
A8	Psychiatric - Outpatient	
A9	Rehabilitation	
AA	Rehabilitation - Room and Board	
AB	Rehabilitation - Inpatient	
AC	Rehabilitation - Outpatient	
AD	Occupational Therapy	
AE	Physical Medicine	
AF	Speech Therapy	
AG	Skilled Nursing Care	
AH	Skilled Nursing Care - Room and Board	
AI	Substance Abuse	
AJ	Alcoholism	
AK	Drug Addiction	
AL	Vision (Optometry)	
AM	Frames	
AN	Routine Exam (use for routine vision exam only)	
AO	Lenses	
AQ	Nonmedically Necessary Physical	
AR	Experimental Drug Therapy	
B1	Burn Care	
B2	Brand Name Prescription Drug - Formulary	
B3	Brand Name Prescription Drug - Non-Formulary	
BA	Independent Medical Evaluation	
BB	Partial Hospitalization (Psychiatric)	
BC	Day Care (Psychiatric)	
BD	Cognitive Therapy	
BE	Massage Therapy	

BF	Pulmonary Rehabilitation	
BG	Cardiac Rehabilitation	
BH	Pediatric	
BI	Nursery	
BJ	Skin	
BK	Orthopedic	
BL	Cardiac	
BM	Lymphatic	
BN	Gastrointestinal	
BP	Endocrine	
BQ	Neurology	
BR	Eye	
BS	Invasive Procedures	
BT	Gynecological	
BU	Obstetrical	
BV	Obstetrical/Gynecological	Please see Appendix B for Service Type Grouping
BW	Mail Order Prescription Drug: Brand Name	
BX	Mail Order Prescription Drug: Generic	
BY	Physician Visit - Office: Sick	
BZ	Physician Visit - Office: Well	
C1	Coronary Care	
CA	Private Duty Nursing - Inpatient	
CB	Private Duty Nursing - Home	
CC	Surgical Benefits - Professional (Physician)	
CD	Surgical Benefits - Facility	
CE	Mental Health Provider - Inpatient	
CF	Mental Health Provider - Outpatient	
CG	Mental Health Facility - Inpatient	
CH	Mental Health Facility - Outpatient	
CI	Substance Abuse Facility - Inpatient	
CJ	Substance Abuse Facility - Outpatient	
CK	Screening X-ray	
CL	Screening laboratory	
CM	Mammogram, High Risk Patient	
CN	Mammogram, Low Risk Patient	
CO	Flu Vaccination	
CP	Eyewear and Eyewear Accessories	
CQ	Case Management	
DG	Dermatology	
DM	Durable Medical Equipment	Please see Appendix B for Service Type Grouping
DS	Diabetic Supplies	
GF	Generic Prescription Drug - Formulary	

GN	Generic Prescription Drug - Non-Formulary	
GY	Allergy	
IC	Intensive Care	
MH	Mental Health	Use for Mental Health benefits Please see Appendix B for Service Type Grouping
NI	Neonatal Intensive Care	
ON	Oncology	
PT	Physical Therapy	Use for Physical Therapy benefits
PU	Pulmonary	
RN	Renal	
RT	Residential Psychiatric Treatment	
TC	Transitional Care	
TN	Transitional Nursery Care	
UC	Urgent Care	

Appendix B – Fallon Health Service Type Groupings

Service Type Requested: 30 – Health Benefit Plan Coverage ("Standard" 30 Response)		
Service Types Returned		**Fallon Health Business Rule**
1	Medical Care	Active Status ONLY (no benefits returned)
33	Chiropractic	Benefits returned
35	Dental Care	Active Status ONLY (no benefits returned) Omitted if patient does not have coverage for benefit
47	Hospital	Benefits returned
48	Hospital - Inpatient	Benefits returned
50	Hospital - Outpatient	Benefits returned
86	Hospital - Emergency	Benefits returned
88	Pharmacy	Active Status ONLY (no benefits returned) Omitted if patient does not have coverage for benefit
96	Professional (Physician)	Benefits returned
98	Professional (Physician) Visit - Office "Sick"	Benefits returned
AL	Vision (Optometry)	Active Status ONLY (no benefits returned) Omitted if patient does not have coverage for benefit
MH	Mental Health	Active Status ONLY (no benefits returned)
UC	Urgent Care	Benefits returned
BA	Independent Medical Evaluation	Benefits returned
BY	Physician Visit – Office: Sick	Benefits returned
Service Type Requested: 1 – Medical Care		
Service Types Returned		**Fallon Health Business Rule**
1	Medical Care	Active Status ONLY (no benefits returned)
2	Surgical	Benefits returned
42	Home Health Care	Benefits returned
45	Hospice	Benefits returned

76	Dialysis	Benefits returned
AG	Skilled Nursing Care	Benefits returned

Service Type Requested: 2 – Surgical	
Service Types Returned	**Fallon Health Business Rule**
2	Surgical	Benefits returned
7	Anesthesia	Benefits returned
8	Surgical Assistance	Benefits returned
20	Second Surgical Opinion	Benefits returned

Service Type Requested: 47 – Hospital	
Service Types Returned	**Fallon Health Business Rule**
48	Hospital - Inpatient	Benefits returned
51	Hospital - Emergency Accident	Benefits returned
52	Hospital - Emergency Medical	Benefits returned
53	Hospital - Ambulatory Surgical	Benefits returned

Service Type Requested: 48 – Hospital-Inpatient	
Service Types Returned	**Fallon Health Business Rule**
48	Hospital – Inpatient	Benefits returned
99	Professional (Physician) Visit - Inpatient	Benefits returned

Service Type Requested: 50 – Hospital-Outpatient

Service Types Returned		Fallon Health Business Rule
50	Hospital - Outpatient	Benefits returned
51	Hospital - Emergency Accident	Benefits returned
52	Hospital - Emergency Medical	Benefits returned
A0	Professional (Physician) Visit - Outpatient	Benefits returned

Service Type Requested: 68 – Well Baby Care

Service Types Returned		Fallon Health Business Rule
68	Well Baby Care	Benefits returned
80	Immunizations	Benefits returned
BH	Pediatric	Benefits returned

Service Type Requested: 73 – Diagnostic Medical

Service Types Returned		Fallon Health Business Rule
4	Diagnostic X-Ray	Benefits returned
5	Diagnostic Lab	Benefits returned
62	MRI/CAT Scan	Benefits returned

Service Type Requested: 86 – Emergency Services

Service Types Returned		Fallon Health Business Rule
51	Hospital - Emergency Accident	Benefits returned
52	Hospital - Emergency Medical	Benefits returned
86	Emergency Services	Benefits returned
98	Professional (Physician) Visit - Office	"Sick" Benefits returned

Appendix C - AAA Responses for Alpha Name Search Scenarios

Alpha Name Search submitted	Eligibility Response (271) returned with…	Action Needed… and…
Fallon Health identifies your patient (EXACT MATCH on the patient's First Name, Last Name, and Date of Birth and Member ID/SSN)	Full eligibility and benefits including the patient's Fallon Health ID #	None
Required application data missing	**AAA03 = 15**	Missing Subscriber or dependent DOB. Please resubmit request with valid ID.
Fallon Health is not able to process the Alpha Name Search 270 request	**AAA03 = 42** and a MSG segment "WE COULD NOT IDENTIFY YOUR PATIENT AS A FALLON THEALTH MEMBER. PLEASE ASK THE PATIENT FOR HIS/HER FALLON HEALTH IDENTIFICATION CARD OR CALL XXXXXX-XXXX FOR FALLON HEALTH	Please resubmit request with the ID # (be sure to include the alpha prefix).
The Patient's Date of Birth is not submitted	PA**AAA**TI0E3N =T **5**E8L IGIBILITY INFORMATION."	Resubmit your request with the Patient's Date of Birth.
Date of request is in the future	**AAA03 = 63**	Please correct date of request from 90 days or less.

Date of service not within allowable inquiry period	**AAA03 = 58**	Date of request cannot be greater than 12 months prior. Please resubmit request within a 12 month date span.
Fallon Health identifies more than one patient in our membership files with the same First Name, Last Name, and Date of Birth	**AAA03 = 76** (Subscriber) or **AAA03 = 68** (Dependent) and a MSG segment "WE COULD NOT IDENTIFY YOUR PATIENT AS A FALLON HEALTH MEMBER. PLEASE ASK THE PATIENT FOR HIS/HER FALLON HEALTH IDENTIFICATION CARD OR CALL XXX-XXX-XXXX FOR FALLON HEALTH PATIENT ELIGIBILITY INFORMATION."	Please resubmit request with the ID # (be sure to include the alpha prefix).
Invalid or Missing Insured ID	**AAA03=72**	Please resubmit request with correct ID.
Fallon Health is unable to identify a Fallon Health patient with the submitted First Name, Last Name, and Date of Birth	**AAA03 = 75** (Subscriber) or **AAA03 = 67** (Dependent) and a MSG segment "WE COULD NOT IDENTIFY YOUR PATIENT AS A FALLON HEALTH MEMBER. PLEASE ASK THE PATIENT FOR HIS/HER FALLON HEALTH IDENTIFICATION CARD OR CALL XXX-XXX-XXXX FOR FALLON HEALTH PATIENT ELIGIBILITY INFORMATION."	Please resubmit request with the ID # (be sure to include the alpha prefix).
The Patient's First Name and/or Last Name is not submitted	**AAA03 = 73** (Subscriber) or **AAA03 = 65** (Dependent)	Resubmit your request with the Patient's First Name AND Last Name.
Patient Birth Date Does Not Match	**AAA03 = 71**	Resubmit your request with the Patient's Date of Birth.

Appendix D - Sample 270 Request

```
 ISA*00* *00*     *ZZ*123456789  *ZZ*FCHP
*YYMMDD*HHMM*00501*000001000*0*P*:~ GS*HS*123456789   *
FCHP*CCYYMMDD*HHMM*1*X*005010X279A1~ ST*270*0001*005010X279A1~
BHT*0022*13*2003032815473002*20030328*1547~
HL*1**20*1~
NM1*PR*2*FallonCommunity*****PI*0006362~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****XX*9999999999~
HL*3*2*22*0~
TRN*1*Fallon 270*9999999999~
NM1*IL*1*FIRST*LAST****MI*99999999999
99~ REF*SY*999999999~
DMG*D8*99999999*M~
DTP*291*D8*99999999~
EQ*1~
SE*16*0001~
GE*1*1~
IEA*1*000001000~
```

270 Sample file – XML format

```
<env:Envelope xmlns:env="http://www.w3.org/2003/05/soap-envelope">
  <env:Header>
  </env:Header>
  <env:Body>
    <core:COREEnvelopeRealTimeRequest
 xmlns:core="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">
 <PayloadType>X12_270_Request_005010X279A1</PayloadType>
      <ProcessingMode>RealTime</ProcessingMode>
      <PayloadID>e51d4fae-7dec-11d0-a765-00a0c91e6db3</PayloadID>
      <TimeStamp>2019-05-03T00:35:45+03:00</TimeStamp>
      <SenderID>123456789</SenderID>
      <ReceiverID> FCHP </ReceiverID>
      <CORERuleVersion>2.2.0</CORERuleVersion>
      <Payload> ISA*00*    *00*   *ZZ*123456789  *ZZ*FCHP
*YYMMDD*HHMM*00501*000001000*0*P*:~
GS*HS*123456789   * FCHP
                          *CCYYMMDD*HHMM*1*X*005010X279
A1~ ST*270*0001*005010X279A1~
BHT*0022*13*2003032815473002*20030328*1547~
HL*1**20*1~
NM1*PR*2*FallonCommunity*****PI*0006362
~ HL*2*1*21*1~
```

```
NM1*1P*2*PROVIDER NAME*****XX*9999999999~
HL*3*2*22*0~
TRN*1*Fallon 270*9999999999~
NM1*IL*1*FIRST*LAST****MI*9999999999999~
REF*SY*999999999~
DMG*D8*99999999*M~
DTP*291*D8*99999999~
EQ*1~
SE*16*0001
~
GE*1*1~
IEA*1*000001000~
  </Payload>
     </core:COREEnvelopeRealTimeRequest>
   </env:Body>
  </env:Envelope>
```

271 Sample File:

```
 ISA*00* *00*    *ZZ*FCHP  *ZZ*123456789
*CCYYMMDD*HHMMSS*^*00501*000001300*0*P*:~
GS*HB*FCHP*123456789*CCYYMMDD*HHMMSS*1300*X*005010X279A1~
ST*271*1449*005010X279A1~
BHT*0022*11*2003032815473002*20131017*100907~
HL*1**20*1~
NM1*PR*2*FallonCommunity*****PI*0006362~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME *****XX*1006551006~
N3*STREET NAME~
N4*CITY*STATE*999990000~
HL*3*2*22*1~
TRN*2*Fallon 270*9231352166~
NM1*IL*1*LAST*FIRST****MI*99999999999
9~ DMG*D8*99999999*M~
DTP*291*D8*99999999~
EB*1*FAM*1*HM*SC 2015 FALLON HEALTH
EB*1**88
EB*A**76*HM*Coinsurance Amount*23**0***N*Y
EB*A**2^42^45^AG*HM*Coinsurance Amount*23**0***Y*Y

EB*B**2*HM*Copay Amount*27*250****Y*Y
EB*C*FAM*76*HM*Deductible-Default Family Max Amount*27*2000****N*Y
EB*C*FAM*2^42^45^AG*HM*Deductible-Default Family Max Amount*27*2000****Y*Y
EB*C*IND*76*HM*Deductible-Default Single Max Amount*27*1000****N*Y
EB*C*IND*2^42^45^AG*HM*Deductible-Default Single Max Amount*27*1000****Y*Y
EB*C*FAM*2^42^45^76^AG*HM*Deductible-Remaining Family Max Amount*27*1914.3****U*Y
EB*C*IND*2^42^45^76^AG*HM*Deductible-Remaining Single Max Amount*27*1000****U*Y
```

EB*F**AG***27*0**VS*100*Y*Y
EB*G*FAM*76*HM*OutOfPocket-Default Family Max Amount*27*10000****N*Y
EB*G*FAM*2^42^45*AG*HM*OutOfPocket-Default Family Max Amount*27*10000****Y*Y
EB*G*IND*76*HM*OutOfPocket-Default Single Max Amount*27*5000****N*Y
EB*G*IND*2^42^45*AG*HM*OutOfPocket-Default Single Max Amount*27*5000****Y*Y
EB*G*FAM*2^42^45^76^AG*HM*OutOfPocket-Remaining Family Max
Amount*29*9971.28****U*Y   EB*G*IND*2^42^45^76^AG*HM*OutOfPocket-Remaining   Single
Max Amount*29*5000****U*Y EB*P
MSG*this is not a guarantee of claim payment. Coverage for all services is subject to member
eligibility all terms conditions of the member's contract in effect as of the date of service.
Deductible and out-of- pocket maximum amounts are subject to change.
SE*37*0001
GE*1*145
IEA*1*000000145

271 **Sample file – XML format**
<env:Envelope xmlns:env="http://www.w3.org/2003/05/soap-envelope">
  <env:Header/>
  <env:Body>
    <core:COREEnvelopeRealTimeResponse
xmlns:core="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">
<PayloadType>X12_999_Response_005010X231A1</PayloadType>
<ProcessingMode>RealTime</ProcessingMode>
      <PayloadID>e51d4fae-7dec-11d0-a765-00a0c91e6db3</PayloadID>
      <TimeStamp>2019-10-31T13:17:54-04:00</TimeStamp>
      <SenderID>FCHP</SenderID>
      <ReceiverID>FHQASender</ReceiverID>
      <CORERuleVersion>2.2.0</CORERuleVersion>
      <Payload>ISA*00*   *00*   *ZZ*FCHP *ZZ*123456789
*CCYYMMDD*HHMMSS*^*00501*000000145*0*P*:~
GS*HB*FCHP*123456789*CCYYMMDD*HHMMSS*1300*X*005010X279A1~
ST*271*1449*005010X279A1~ BHT*0022*11*2003032815473002*20131017*100907~
HL*1**20*1~
NM1*PR*2*FallonCommunity*****PI*0006362~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME *****XX*1006551006~
N3*STREET NAME~ N4*CITY*STATE*999990000~
HL*3*2*22*1~
TRN*2*Fallon   270*9231352166~   NM1*IL*1*LAST*FIRST****MI*999999999999~
DMG*D8*99999999*M~
DTP*291*D8*99999999~
EB*1*FAM*1*HM*SC 2015 DEDUCTIBLE 1000
EB*1**88
EB*A**76*HM*CoInsurance Amount*23**0***N*Y
EB*A**2^42^45^AG*HM*CoInsurance   Amount*23**0***Y*Y   EB*B**2*HM*Copay
Amount*27*250****Y*Y
EB*C*FAM*76*HM*Deductible-Default Family Max Amount*27*2000****N*Y

EB*C*FAM*2^42^45^AG*HM*Deductible-Default Family Max Amount*27*2000****Y*Y
EB*C*IND*76*HM*Deductible-Default Single Max Amount*27*1000****N*Y
EB*C*IND*2^42^45^AG*HM*Deductible-Default Single Max Amount*27*1000****Y*Y
EB*C*FAM*2^42^45^76^AG*HM*Deductible-Remaining Family Max Amount*27*1914.3****U*Y
EB*C*IND*2^42^45^76^AG*HM*Deductible-Remaining Single Max Amount*27*1000****U*Y
EB*F**AG***27*0**VS*100*Y*Y
EB*G*FAM*76*HM*OutOfPocket-Default Family Max Amount*27*10000****N*Y
EB*G*FAM*2^42^45^AG*HM*OutOfPocket-Default Family Max Amount*27*10000****Y*Y
EB*G*IND*76*HM*OutOfPocket-Default Single Max Amount*27*5000****N*Y
EB*G*IND*2^42^45^AG*HM*OutOfPocket-Default Single Max Amount*27*5000****Y*Y
EB*G*FAM*2^42^45^76^AG*HM*OutOfPocket-Remaining Family Max Amount*29*9971.28****U*Y
EB*G*IND*2^42^45^76^AG*HM*OutOfPocket-Remaining Single Max Amount*29*5000****U*Y EB*P
MSG*this is not a guarantee of claim payment. Coverage for all services is subject to member
eligibility all terms conditions of the member's contract in effect as of the date of service. Deductible
and out-of- pocket maximum amounts are subject to change.
SE*37*0001
GE*1*145 IEA*1*000000145</Payload>
        <ErrorCode>Success</ErrorCode>
        <ErrorMessage/>
    </core:COREEnvelopeRealTimeResponse>
  </env:Body>
</env:Envelope>

Fallon Health Companion Guide

Appendix F - Revision History

Revision	Date	Section	Notes
0.1	07/11/13	Full Document	Initial Draft
0.2	09/13/13	Full Document	Changes throughout after business review
0.3	10/24/13	Full Document	Changes throughout after business review
0.4	11/25/13	Full Document	Changes throughout after business review
0.5	11/26/13	Full Document	Changes throughout after business review
0.6	12/19/13	Full Document	Changes throughout after business review
0.7	12/27/13	Section 5	Change to Eligibility by Name Search
2.0	07/06/2016	Full Document	Significant rewrite after corporate name change and major system upgrades
2.1	12/21/2017	Section 3 & 5	Updated MIME and Batch
2.2	04/09/2018	Section 2	Updated the Clearing house information.
2.3	05/12/2018	Section 3	Updated Fallon Health maintenance information.
2.4	06/08/2018	Section 3	Updated the NEHEN contact information
2.5	08/17/2018	Section 1 and 4	Updated the link to Fallon Health provider portal.
2.6	04/12/2019	Appendices	Removed the Early Intervention benefits and added Telemedicine for STC9.
2.7	11/04/2019	Section 3 and 5	Updated CAQH SOAP & SOAP Body Requirements under Section#3 Section#5-Special characters are updated. 270/271 samples are updated.
2.8	08/13/2021	Section 6	Added Telehealth Benefits information.
2.9	01/04/2022	Section 3 Appendices	Updated Fallon Health maintenance information. Updated Fallon Health Business Rule for Service Type codes 80 and 62.
3.0	03/29/2024	Selection 3 CONNECTING AND COMMUNICATING	Updated Clearing house information.