



Harvard Pilgrim Health Plan

HIPAA Transaction
Standard Companion Guide (276/277, 005010X212)

Refers to the Technical Report Type 3 Based on x12 version 005010E2

Companion Guide Version Number: 1.0

Preface

This Companion Guide to the ASC X12N Technical Report Type 3 adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Harvard Pilgrim Health Plan. Transmissions based on this companion guide, used in tandem with the X12N Technical Report Type 3, 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 Technical Report Type 3 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 Technical Report Type 3.

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1 INTRODUCTION

Overview

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAA-AS) requires Harvard Pilgrim Health Care (HPHC) 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.

The primary focus of this document is to clarify specific segments and data elements that should be submitted to Harvard Pilgrim Health Care on the 276 Claim Status Request and certain information that will be included on the 277 Response Transaction. This guide supplements (but does not contradict) requirements in the ASC X12N 276/277 (version 005010X212E2) implementation. This information should be given to the provider's business area to ensure that eligibility responses are interpreted correctly.

There are three parts to this guide:

- The first part includes Sections 1-4 which details the technical requirements necessary to transmit EDI information with Harvard Pilgrim Health Care, and general information on setting up the trading partner relationship.
- The second part, Sections 5 and 6, details data requirements specific to HPHC for processing the 276/277.
- The third part contains the Tables and Appendices that show the segments and elements affected, code listings, and examples of the X12 data for the 276/277.

References

- The ASC X12N 276/277 (version 005010X212E2) Implementation 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/HIPAA> .
- Harvard Pilgrim Health Care is certified by the Council for Affordable Quality Healthcare [CAQH] to meet the Committee for Operating Rules for information Exchange [CORE] requirements for this transaction. Additional information is located at <http://www.caqh.org>
- Harvard Pilgrim Health Care's Web site containing documentation on e-transactions for providers is located at <http://www.harvardpilgrim.org>.

Technical Requirements

Harvard Pilgrim Health Care supports the 276/277 ASC X12N version 005010X212 for health care claim status inquiries and responses. Providers wishing to receive the 277 must support this version. We employ both real time and batch transactions.

Real Time 276 transactions have a single ST/SE loop, one information source, one information receiver, and one subscriber loop. For trading partners using the NEHEN portal, (see Section 3 CONNECTING AND COMMUNICATING on page 4), the last character of the GS02 element is set to **R** on the 276. Typical turnaround time is under 10 seconds during which the portal connection is held open.

Batch 276 transaction files can take up to 24 hours to process a response. A single 277 is created for each 276 submitted. Up to 99 inquiries can be included per ST/SE loop. For trading partners using the NEHEN portal, (see Section 3 CONNECTING AND COMMUNICATING on page 4), the last character of the GS02 is set to **B** on the 276. Note: NEHEN portal use of "mini-batch" search option will use the GS02 set to **B** but will be structured as a real time transaction (one subscriber loop).

Harvard Pilgrim Health Care also accepts and processes very large claim status inquiry batch files. A maximum of 99,000 inquiries per file can be submitted. HPHC's response to all inquiries in the incoming 276 file is returned in one 277 response file, usually within 24 hours of a batch inquiry file submission. If a trading partner plans to submit batch files in excess of 10,000 inquiries, the schedule of submission must be determined with HPHC.

Harvard Pilgrim Health Care has specific requirements for very large batch inquiries. Each inquiry file can contain one, and only one, Interchange Control Header and Trailer (ISA/ISE segments) and one, and only one, functional group header and trailer (GS/GE segments). The one, and only one, functional group can contain a maximum of 1,000 ST/SE segments. Each transaction set can contain a maximum of 99 inquiries per ST/SE segments and a maximum of one file per day can be submitted.

Trading Partner Registration and Agreement

Two documents important to the setup of new EDI partnerships are detailed below:

- EDI Trade Partner Agreement – Defines requirements for the secure use, transmission, and storage of protected information exchanged between the payer and trading partners.
- EDI Enrollment Form – A survey of Trading Partner information, identifiers, desired EDI transactions, and requested e-channels. This information is used to set up new Trading Partners for EDI or to edit existing information.
- Identification of Third Party Representative Form – Required for billing services, clearinghouses and intermediaries. This form defines the relationship between provider and third party and gives authorization to send/retrieve data on behalf of provider.

2 TESTING

Creating a Test File

Trading partners will need to create multiple 276s for testing purposes as part of their test plan. In order to receive a 277 response, test files must contain inquiries on production claims previously submitted to Harvard Pilgrim in a pended, paid, or denied status. For a batch file, a minimum of 25 inquiries must be included in each test transaction.

Ramp Management

Harvard Pilgrim Health Care employs the Edifecs Ramp Management software tool for trading partner self-testing. Trading partners are provided with a user name and password in order to access the Web site and upload test files for automatic verification.

Test Plan

Harvard Pilgrim Health Care provides the trading partner a test plan specific to their organization before testing begins. Two successful and unique submissions are required in Ramp Management for a pass to the second stage of testing. Successful tests are defined as passing validation in Ramp Management and completing a round-trip submission and response through the chosen e-channel for the two successful and unique transactions validated in Ramp Management.

HPHC provides support for testing Monday -Friday 8:30 AM to 5:00 PM EST.

3 CONNECTING AND COMMUNICATING

e-Channels

Harvard Pilgrim Health Care provides five options for submission of production 276s. Sending these transactions directly eliminates the need for an intermediary and is offered to providers at no cost per transaction. Our preferred e-channels are:

- **File Transfer Agent (FTA)** through HPHConnect, Harvard Pilgrim Health Care's highly acclaimed Web-based transaction service. Only batch file transmissions are supported with FTA.
- **New England Healthcare Exchange Network (NEHEN)** – <http://www.nehen.org>
- **NEHENNet** - <http://www.nehennet.org> A consortium of the six largest payer organizations in Massachusetts that has created an affordable, Web-based, single gateway for essential electronic transactions.
- **CSOAP (Simple Object Access Protocol)** - Harvard Pilgrim Health Care supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase II Connectivity standards (<http://www.caqh.org/pdf/270.pdf>).

The following is a list of technical standards and versions for the HTTP MIME Multipart envelope and eligibility payload:

- HTTP Version 1.1
- CSOAP Version 1.2
- SSL Version 3
- Health Care Eligibility Benefit Inquiry and Response Version 005010X279A1

Batch Submissions & Response Pickups use MTOM to handle the file payloads.

Provider needs a HPHC-issue X12 client certificate to connect to HPHC over HTTPs.

- **CMIME** - Harvard Pilgrim Health Care supports the use of HTTP MIME Multipart existing envelope standards and has implemented the HTTP MIME Multipart envelope standards as identified in CAQH CORE Phase II Connectivity standards (<http://www.caqh.org/pdf/270.pdf>).

The following is a list of technical standards and versions for the HTTP MIME Multipart envelope and eligibility payload:

- HTTP Version 1.1
- SSL Version 3.0
- MIME Version 1.0
- The MIME Multipart/Form-Data (IETF RFC 2388)
- <http://www.faqs.org/rfcs/rfc2388.html>
- Health Care Eligibility Benefit Inquiry and Response Version 004010X092A1

Harvard Pilgrim Health Care provides certificates to use in place of a user ID and password for SOAP and CMIME upon completion of enrollment process.

Message specifications for CSOAP and CMIME

Envelope Element	Specification
Payload Type	005010X279A1
Processing Mode	RealTime or Batch
Sender ID	ISA06 value as assigned by HPHC
Receiver ID	HPHC0003
CORERule Version	2.2.0
Certificate Version	X509

- **NEHEN-Express** – For the Web-based NEHEN-Express users, much of the Companion Guide does not apply because NEHEN-Express is responsible for file formats, 5010 version, etc. However, it may help to understand how Harvard Pilgrim processes your requests, specifically the use of standard code sets in the responses.

Security

Maintaining the confidentiality of personal health information continues to be one of Harvard Pilgrim Health Care's guiding principles. HPHC has a strict confidentiality policy for safeguarding patient, employee, and health plan information. All staff is required to comply with HPHC's policy on the confidentiality of member personal and clinical information to ensure that it is treated in a confidential and respectful manner. This policy permits use or disclosure of members' medical or personal information only as necessary to conduct required business, care management, approved research or quality assurance or measurement activities, or when authorized to do so by a member or as required by law.

To comply with internal policies as well as the provisions of the Health Insurance Portability and Accountability Act (HIPAA), HPHC has outlined specific requirements applicable to the electronic exchange of protected health information (PHI), including provisions for:

- Maintaining confidentiality of protected information
- Confidentiality safeguards
- Security standards
- Return or destruction of protected information
- Compliance with state and federal regulatory and statutory requirements
- Required disclosure
- Use of business associates

These requirements are detailed in the Privacy and Security Agreement presented to HPHC's electronic trading partners during our initial discussions. HPHC offers a variety of solutions to transmit protected health information (PHI) using a public network. In accordance with Harvard Pilgrim Health Care Policy and the HIPAA Security Rule, any PHI transmitted using a public network must be encrypted. Web-based applications are configured to use secure socket layer security software capabilities, and only a browser with support for 128-bit high encryption is acceptable under this policy.

Harvard Pilgrim Health Care's policy requires that the HPHC Information Security Officer approve the use of any encryption technology prior to its implementation.

4 CONTACT INFORMATION

EDI Services

If the answers to questions you have are not found in this Companion Guide, contact the Harvard Pilgrim EDI team:

Phone:

Toll Free: 800-708-4414 (option 1, then option 3)

Direct: 617-509-8998

Fax: 866-884-3844

Email: edi_team@harvardpilgrim.org

Web site: www.harvardpilgrim.org

Provider Service Center

If you have questions regarding claim adjudication results, claim status, member eligibility or referral/authorization, contact the Harvard Pilgrim Provider Service Center:

Phone: 800-708-4414

Email: provider_callcenter@harvardpilgrim.org

Health Plan Products, Programs, Policies and Procedures

The online Provider Manual represents up-to-date information on Harvard Pilgrim Health Care products, programs, policies and procedures. Information found online may differ from your print version.

Web site: <https://www.harvardpilgrim.org/Providers/Provider Manual/>

5 HPHC BUSINESS RULES AND LIMITATIONS

Envelope Identifiers

Harvard Pilgrim Health Care supplies each submitting provider with the Submitter and Sender Identifiers for the envelope elements as a part of the setup process. The Interchange Receiver and Application Receiver IDs depend upon which e-Channel is used.

- For NEHEN and NEHENnet: Both the Interchange Receiver ID (ISA08) and Application Receiver ID (GS03) is **NEHEN003**
- For non-NEHEN e-Channels: The Interchange Receiver ID (ISA08) is **HPHC0001** and the Application Receiver ID (GS03) is **HPHC0001B**

Simple File Structure

There should be one inquiry per ST/SE transaction with multiple ST/SE transactions within a single file

Member Identification Numbers

In accordance with the Technical Report Type 3 Guide, section 1.4.1.1: "Loop 2000E is used only when necessary to identify a patient who is a dependent that does not have a unique identification number." With the exception of some Choice Plus Joint Offering and Options Joint Offering members detailed below all Harvard Pilgrim Health Care members are considered subscribers.

Complete Harvard Pilgrim Health Care member IDs, including suffix, are 11-character alphanumeric values, (e.g. **HP123456700**). The last two digits [(e.g., **00**)] represent the

member suffix. If a member ID is sent without the two digit suffix, we attempt to match members using the exact last name, date of birth, and partial first name.

Choice Plus Joint Offering and Options Joint Offering products (sold jointly by Harvard Pilgrim Health Care and United Healthcare), have nine-digit numeric subscriber IDs (e.g. **123456789**) and six digit group numbers (e.g. **123456**). To accommodate any trading partner limitations which prohibit the use of both member and group number elements, HPHC also accepts a concatenated member and group number, (e.g. **123456789123456**). As these members are not all uniquely identified with their own member number some may be dependents as defined by the Technical Report Type 3.

Note: Member IDs should not include hyphens or spaces.

For trading partners that want to verify member or subscriber IDs, Harvard Pilgrim Health care recommends the use of the 270 Benefit Inquiry transaction.

Billing Provider Search

The Billing Provider can be used as the service provider in the 276 for claims submitted on or after June 1, 2011. Claims prior to June 1, 2011 will not be found if the billing provider is used in the inquiry.

Claim Header for Each Claim

The Harvard Pilgrim system does not have a claim header for each claim. Because the data is stored at the line level only, a date match cannot occur unless the 276 identifies the first date of service within the month in question.

History Available

Harvard Pilgrim will make 13 months claim history available. The 13 months history is from the current date.

Harvard Pilgrim Claim Number

If submitted in the REF segment *Payer Claim Identification Number* (loop 2100D), HPHC restricts a search to this claim number alone and returns claim status. The member and provider on the claim must match what is reported in the 276 to return status. Only alphanumeric characters are valid. Date of service is ignored if submitted.

Claim Status and Explanation of Payment (EOP) Information

HPHConnect presents a "merged" view of the claim, containing both Claim status and EOP information. The 276/277 transaction pair is designed to provide information only on the *status* of a claim. It is not intended to be used as an EOP and does not contain detailed information about payments other than the date and amount paid. The Health Care Payment/Advice transaction (the 835) is used to convey claim payment information such as Copay, Denied amount, Deductible, Risk, etc.

6 ACKNOWLEDGEMENTS AND REPORTING

Harvard Pilgrim Health Care issues the following reports to indicate the acceptance or rejection of files.

999 - Acknowledgment for Health Care Insurance

Harvard Pilgrim Health Care supports the Acknowledgement for Health Care Insurance (999), and uses it as an acknowledgement of the incoming 276 batch file. No 999s are sent for real time submissions of 276 transaction. HPHC returns the 999 as it begins processing the 276 batch file. For this reason, there is a delay between receipt of the claim status request file and return of the 999 transaction. The submitter should review the 999 to verify that the file is accepted. If the 999 report states a failure, the entire file will not be processed. If the 999 report states a particular ST/SE loop has failed, the remainder of the file will still be processed.

TA1 - Interchange Acknowledgement Request

TA1—Harvard Pilgrim Health Care supports the Interchange Acknowledgement Request (TA1) when requested by submitters with the ISA14 value of one. If submitters choose not to receive a TA1, the 999 Acknowledgement for Health Care Insurance will be the only electronic notification that HPHC has accepted or rejected a 276 file.

7 TABLES

276 Data Specifications

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
Header	ISA	Interchange Control Header			
			05	Interchange ID Qualifier	Expected Value: ZZ
			06	Interchange Sender ID	See Section 5, HPHC Business Rules and Limitations on page 7
			07	Interchange ID Qualifier	Expected Value: ZZ
			08	Interchange Rx ID	See Section 5, HPHC Business Rules and Limitations on page 7
			16	Component Element Separator	Expected value: “:”
Header	GS	Functional Group Header			
			02	Application Sender's Code	See Section 5, HPHC Business Rules and

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
					Limitations on page 7
			03	Application Receiver's Code	See Section 5, HPHC Business Rules and Limitations on page 7
2100A	NM1	Payer Name			
			03	Name Last or Organization Name	Expected value: HARVARD PILGRIM HEALTH CARE
			08	Payer Name	Expected value: PI
			09	Identification Code	HPHC's identification as per Trading Partner Agreement
2200D	DTP	Claim Service Date			
			03	Claim Service Period	If a date range is submitted, HPHC uses the start date for search criteria. HPHC returns claim(s) where there is an exact match with start date of claim as stored at HPHC.

277 Data Specifications

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
2100C	NM1	Provider Name			If claim found, then service provider name data is used based on HPHC's claim's system name
2100D	NM1	Subscriber Name			
			08	Identification Code Qualifier	Expected value: M1
2200D	STC	Claim Level Status Information			
			06	Date	Adjudication Finalized date populated if STC01-1 begins with F (i.e., claim is paid or

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Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
					denied)

2220D	Ref	Service Line Item Identification			
			02	Reference ID	Typically 0100 , 0200 if no lines have been reversed or adjusted. 0101 if used would be a reversal of 0100 and 0102 would be the new first service line of a corrected claim.

8 APPENDICES

A. Sample 276

ISA*00* *00* *ZZ*NEHEN123 *ZZ*NEHEN003
*110515*1334*^*00501*123000001*0*P*::~~
GS*HR*NEHEN123*HPHC0001B*20110515*1334*1*X*005010X212~
ST*276*0001*005010X212~
BHT*0010*13*ABC123*20110515*0400~
HL*1**20*1~
NM1*PR*2*HARVARD PILGRIM HEALTH CARE*****PI*HPHC0001B~
HL*2*1*21*1~
NM1*41*1*DOCTOR*****46*9999999999~
HL*3*2*19*1~
NM1*1P*1*DOCTOR*DR*****XX*9999999999~
HL*4*3*22*0~
DMG*D8*19730625*M~
NM1*IL*1*LASTNAME*FIRSTNAME*****MI*HP123456700~
TRN*1*1234567890~
AMT*T3*140~
DTP*472*RD8*20110422-20110422~
SE*15*0001~
GE*1*1~
IEA*1*123000001~

B. Sample 277

ISA*00* *00* *ZZ*NEHEN003 *ZZ*NEHEN778
*110515*1334*^*00501*123000001*0*P*::~~
GS*HN*HPHC0001B*NEHEN123*20110515*1334*1*X*005010X212~
ST*277*0001*005010X212~
BHT*0010*08*ABC123*20110515*0400*DG~
HL*1**20*1~
NM1*PR*2*HARVARD PILGRIM HEALTH CARE*****PI*HPHC0001B~
PER*IC**TE*8007084414~
HL*2*1*21*1~
NM1*41*1*DOCTOR*****46*9999999999~
HL*3*2*19*1~
NM1*1P*1*DOCTOR*DR*****XX*9999999999~
HL*4*3*22*0~
DMG*D8*19730625*M~
NM1*IL*1*LASTNAME*FIRSTNAME*****MI*HP123456700~
TRN*2*1234567890~
STC*F1:0*20110423**140*101.19*20110424~
REF*1K*123456M12345~
DTP*472*RD8*20110422-20110422~
SVC*HC:99213*140*101.19*****1~
STC*F1:66*20110423~
REF*FJ*0100~
DTP*472*RD8*20110422-20110422~
SE*21*0001~
GE*1*1~
IEA*1*123000001~