Harvard Pilgrim Health Care

Harvard Pilgrim Health Plan

HIPAA Transaction – Health Care Claim Acknowledgement
Standard Companion Guide (277CA, 005010X214)

Refers to the Technical Report Type 3 Based on X12 version 005010

Companion Guide Version Number: 1.01

Preface

This Companion Guide to the ASC X12N T3 Guides 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 T3 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 T3 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 T3 Guides.

1 INTRODUCTION

Overview

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAA-AS) requires Harvard Pilgrim Health Care 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 companion guide has been prepared 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 inquiries, and explains their use in the corresponding response. This guide supplements (but does not contradict) any requirements in the ASC X12N 837 (version 005010X223A2) implementation. The information here 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 1-5 which detail 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 6 and 7, details data requirements specific to HPHC for processing the 277CA Health Care Claim Acknowledgement.
- The third part contains tables showing the segments and elements affected, code listings, and examples of the X12 data for the 837 Institutional.

References

- The ASC X12N 277 CA (version 005010X214) T3 Guide for Health Care Claim Acknowledgement has been established as a standard for claim acknowledgements and is available at http://www.wpc-edi.com/HIPAA.
- Harvard Pilgrim Health Care's website, containing documentation on e-transactions for providers, can be found at http://www.harvardpilgrim.org

Technical Requirements

Harvard Pilgrim supports the 277 CA ASC X12N Version 005010X214 for Claim Acknowledgement transactions. Providers wishing to receive the 277Claim Acknowledgement must support this version.

Trading Partner Registration and Agreement

Three 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 Authorization 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

Response File

The 277CA is a response to an 837 being processed. As such, they are not tested independently of the claims testing.

Claims Files

The 277CA will be sent as a response file for all version 5010 Health Care Claim files (837 I, and 837 P). When the health care claims files are being tested, a 277CA will be generated as a response with a "T" for Test in the ISA15. All production 5010 837s will receive production 277CA.

Acceptance

As part of the 5010 837 Health Care Claims file testing, trading partners should confirm that they have received, and can successfully process the 277CA

Harvard Pilgrim will provide support for testing Monday through Friday 8:30 AM to 5:00 PM EST.

3 CONNECTING AND COMMUNICATING

e-Channels

Harvard Pilgrim provides 5 options for submission of production 837s. 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.
- **Healthcare Transaction Services** [HTS] SSL-secured (https) internet protocols and SOAP v1.1 transactions via the trading partner's own application.
- **Secure File Transfer Protocol** (SFTP). To submit claims via SFTP, you must use SSH.com software. Harvard Pilgrim will provide the license and software free of **c**harge. ACD-ROM and instructions will be provided.

Security

Maintaining the confidentiality of personal health information continues to be one of Harvard Pilgrim's guiding principles. Harvard Pilgrim has a strict confidentiality policy for safeguarding patient, employee, and health plan information. All staff is

required to be familiar with, and comply with, Harvard Pilgrim's policy on the confidentiality of member personal and clinical information to ensure that it is treated in a confidential and respectful manner. The 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), Harvard Pilgrim 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 Harvard Pilgrim's electronic trading partners during our initial discussions. Harvard Pilgrim offers a variety of solutions to transmit protected health information (PHI) using a public network. In accordance with Harvard Pilgrim Policy and the HIPAA Security Rule, any PHI that is 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's policy requires the use of any encryption technology to be approved by the Harvard Pilgrim information security officer prior to its implementation.

NEHEN trading partners transmit transactions using private network frame relay connections, Virtual Private Networks (VPN) or X.509 digital certificates for Web Services connections.

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@point32health.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 (option 1 then option 5)

Email: provider_callcenter@point32health.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

File Naming Conventions

Harvard Pilgrim Health Care uses the file name as part of the process for handling incoming claims and requires claims files adhere to a naming convention in order to be processed. In order to help facilitate matching the response files to their originating claims file, portions of the 277CA file name reflect the content of the original 837 claims file as follows:

[ISA06]_[GS02]_[P or II]_[YYMMDD]_[HHMM].277CA

e.g. HPHC987_00000001B_P_110625_1233.277CA

If sending a 997 or 999 in response to Harvard Pilgrim's 277 Claim Acknowledgement file, please use the following file extension naming convention .277CA.997 or .277CA.999. It is assumed that this 997 or 999 will arrive via the same portal and location as the 837 sent by the submitter. HPHC will ignore the 997 or 999.

Member Identification Numbers

Harvard Pilgrim defines dependent as a person who cannot be uniquely identified to an information source by a unique Member Identification Number, but can be identified by an information source when associated with a subscriber. By this definition, and with the exception of some "Choice Plus Joint Offering" and "Options Joint Offering" members detailed below, all Harvard Pilgrim members are considered subscribers.

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

"Choice Plus Joint Offering" and "Options Joint Offering" products (sold jointly by Harvard Pilgrim and United Healthcare), have nine-digit numeric member 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, Harvard Pilgrim will also accept a concatenated member and group number, (e.g. **123456789123456**). As these members are not all uniquely identified with their own number, some may be dependents as defined by the T3 Guide.

Schedule

HPHC will not return a 277 Claim Acknowledgement transaction until all claims within all batches in a single 837 file have been acknowledged (accepted for further processing or rejected). This allows for a one-to-one correlation between an inbound 837 file and an outbound 277 Claim Acknowledgement file. Harvard Pilgrim will generally respond to an 837 claim file within 24 hours but may take four business days or more to process, based on when the 837 file was received.

277 Claim Acknowledgment Content

The 277 Claim Acknowledgement transaction set is compliant in both form and content. Harvard Pilgrim will continue to use some non-standard codes in its internal systems. Any internal non-standard codes will be mapped to standard codes during the creation of the 277 Claim Acknowledgement transaction set file. Please note that the Harvard Pilgrim CS837 Proprietary Response Report will reflect the non-standard values in Harvard Pilgrim's adjudication system, not the values in the 277 Claim Acknowledgement transaction.

Differences between 276/277 and 277CA

The 276/277 transaction gives the status (Paid/Pend/Deny) of a claim queried via the 276 in the Harvard Pilgrim adjudication system. The 277CA Claim Acknowledgments is a "receipt." Harvard Pilgrim received an electronic claim—it was either rejected (returned to the provider for correction/re-submission) or accepted for further processing (forwarded to Harvard Pilgrim's adjudication system) and does not include pay, pend or deny information. Claims that have been forwarded to Harvard Pilgrim's adjudication system can be queried via the 276/277 transaction. Rejected claims are not in Harvard Pilgrim's adjudication system.

Additional Data Details

Harvard Pilgrim will attempt to adjudicate claims even if they contain some invalid data. The 277CA may report back default values when an invalid value was received; Claims submitted with invalid total claim monetary amounts will be returned on the 277CA as 999999, and any roll-up of amounts that include an invalid claim amount, will be returned as 999999.

Common Causes of Rejections

Note that the most common causes for claim rejection are the inaccuracy of:

Member Eligibility—Use the EDI 270 Benefit Inquiry, HPHConnect, or NEHEN to verify the accuracy of member information prior to submission.

Provider Information—Be sure that the National Provider Identifier (NPI) and Tax ID number are valid and accurately entered. Remember that the service facility provider is only used when it is external to the billing provider, and not a sub-part.

Note: If an incoming claims file is partially rejected at the ST-level in the 999 transaction, the claims within that ST/SE loop will not be acknowledged on the 277CA.

HPHC status codes:

See appendix A

6 TABLES

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
2100A	NM1	Information Source Name			
			09	Payer Id Code	Value will be NEHEN003 or HPHC001
2200A	DTP	Information Source Process Date			
			01	Date/Time Qualifier	Same as receipt date
2100B	NM1	Information Receiver Name			
			03	Receiver Last or Organization Name	Name is assigned by HPHC, may not match submitter's usual name exactly
2200B	STC	Information Receiver Status Information			
			04	Monetary Amount	HPHC sends the value 99999 if the value on the claim was invalid
2200B	AMT	AMT – Total Rejected Amount			
			02	Monetary Amount	HPHC sends the value 99999 if the value on the claim was invalid
2100C	NM1	Billing Provider Name			
			09	Provider Identification Code	HPHC reflects the primary rendering provider information from the claim
2200C	STC	Billing Provider Status Information			
			04	Monetary Amount	HPHC sends the value 99999 if the total value on the claims included invalid data
2200D	STC	Claim Level Status Information			
			03	Action Code	HPHC will not return a status for split claims
2200D	REF	Payer Claim Control Number			

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
			02	Reference Id	HPHC may send an internal claim number for some rejected claims

7 APPENDICES

HPHC Status Code Table

HPHC Status Code	HPHC Status Description	Accept Or Reject	X12 Status Category (507)	X12 Status Category (508)	X12 Category Description	X12 Status Code Description
10PO3	INVALID PROVIDER #	Reject	A7	562	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Entity's national provider identifier.
20CO2	INVALID TYPE OF ADMIT CODE	Reject	A7	231	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Hospital admission type.
20CO3	INVALID SOURCE OF ADMIT CODE	Reject	A7	229	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Hospital admission source
20CO4	INVALID PATIENT STATUS CODE	Reject	A7	234	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Patient discharge status
20VO9	SOURCE OF ADMIT IS BLANK	Reject	A6	229	A6 Acknowledgement/Rejected for Missing Information—The claim/ encounter is missing	Hospital admission source.

					the information specified in the Status details and has been rejected.	

20V26	STMT THRU DATE < STMT FROM DATE	Reject	A7	188	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Statement from-through dates.
20V27	STMT THRU DATE < STMT FROM DATE	Reject	A7	188	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Statement from-through dates.
30M01	INVALID MBR #	Reject	A7	164	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Entity's contract/member number
30M02	INVALID MBR/PATIENT BIRTH DATE	Reject	A7	158	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Entity's date of birth
30M03	INVALID MBR/PATIENT LAST NAME	Reject	A7	125	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Entity's name.
30M04	INVALID MBR/PATIENT FIRST NAME	Reject	A7	125	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Entity's name.

30M11	BASED ON DOS MEMBER NUMBER HAS BEEN CHANGED	Reject	A2	164	A2 Acknowledgement/Acceptance into adjudication system-The claim/ encounter has been accepted into the adjudication system.	Entity's contract/member number.
30MB1	MEMBER ID BLANK	Reject	A2	164	A2 Acknowledgement/Acceptance into adjudication system-The claim/ encounter has been accepted into the adjudication system.	Entity's contract/member number.
50C02	NOT AN ACCOM REV CODE	Reject	A7	455	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Revenue code for services rendered.
60C01	INVALID REV CODE	Reject	A7	455	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Revenue code for services rendered
60C02	INVALID REV CODE	Reject	A7	455	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Revenue code for services rendered
60C03	INVALID REV CODE	Reject	A7	455	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Revenue code for services rendered

60V08	UNITS OF SERVICE NOT NUMERIC	Reject	A7	476	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Missing or invalid units of service
60V10	TOTAL CHARGES NOT NUMERIC	Reject	A7	178	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Submitted Charges
70C01	70C01 INVALID PRI DIAG CODE	Reject	A7	254	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Primary diagnosis code
70C02	INVALID OTHER DIAG CODE	Reject	A7	255	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Diagnosis Code
70C10	INVALID PRI PROC CODE	Reject	A7	465	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Principal Procedure Code for Service(s) Rendered
70V02	DIAG IS BLANK	Reject	A6	255	A6 Acknowledgement/Rejected for Missing Information—The claim/ encounter is missing the information specified in the Status details and has been rejected	Diagnosis Code

70V05	INVALID DATE	Reject	A7	187	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Date(s) of service.
90A01	CLAIM ACCEPTED FOR FURTHER PROCESSING	Accept	A7	20	A2 Acknowledgement/Acceptance into adjudication system-The claim/ encounter has been accepted into the adjudication system.	Accepted for processing.
A6128	MISSING ENTITY TAX ID	Reject	A6	128	A6 Acknowledgement/Rejected for Missing Information—The claim/ encounter is missing the information specified in the Status details and has been rejected	Entity's tax ID
AOK01	CLAIM ACCEPTED FOR FURTHER PROCESSING	Accept	A2	20	A2 Acknowledgement/Acceptance into adjudication system-The claim/ encounter has been accepted into the adjudication system.	Accepted for processing
AOK02	PPO CLAIM ACCEPTED FOR PROCESSING	Accept	A2	20	A2 Acknowledgement/Acceptance into adjudication system-The claim/ encounter has been accepted into the adjudication system.	Accepted for processing
A0K04	POS CLAIM ACCEPTED FOR PROCESSING	Accept	A2	20	A2 Acknowledgement/Acceptance into adjudication system-The claim/ encounter has been accepted into the adjudication system.	Accepted for processing

AOK08	MASSACHUSETTS FSEN CLAIM ACCEPTED	Accept	A2	20	A2 Acknowledgement/Acceptance into adjudication system-The claim/ encounter has been accepted into the adjudication system.	Accepted for processing
AOK09	NEW HAMPSHIRE FSEN CLAIM ACCEPTED	Accept	A2	20	A2 Acknowledgement/Acceptance into adjudication system-The claim/ encounter has been accepted into the adjudication system.	Accepted for processing
MAX03	MAXIMUM SERVICE LINES	Reject	A3	121	A3 Acknowledgement/Returned as unprocessable claim-The claim/ encounter has been rejected and has not been entered into the adjudication system.	Service line number greater than maximum allowable for payer.
MEM01	MEMBER NUMBER DOES NOT EXIST	Reject	A7	97	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Patient eligibility not found with entity.
MEM02	INVALID MEMBER# / PATIENT BIRTH DATE	Reject	A7	158	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Entity's date of birth
MEM03	INVALID MEMBER# / PATIENT LAST NAME	Reject	A7	125	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Entity's name.

MEM05	FROM DATE BEFORE MEMBER START DATE	Reject	A3	90	A3 Acknowledgement/Returned as unprocessable claim-The claim/ encounter has been rejected and has not been entered into the adjudication system.	Entity not eligible for medical benefits for submitted dates of service.
MEM10	INVALID MEMBER# / PATIENT FIRST NAME	Reject	A7	125	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Entity's name.
PRV01	INVALID PROVIDER OF SERVICE NUMBER	Reject	A7	562	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Entity's national provider identifier.
PRV04	FROM DATE BEFORE PROV EFFECTIVE DATE	Reject	A3	91	A3 Acknowledgement/Returned as unprocessable claim-The claim/ encounter has been rejected and has not been entered into the adjudication system.	Entity not eligible/not approved for dates of service.
VER03	PATIENT FIRST NAME IS BLANK	Reject	A6	505	A6 Acknowledgement/Rejected for Missing Information—The claim/ encounter is missing the information specified in the Status details and has been rejected	Entity's First Name
VER11	SERVICING PROVIDER FIELD IS BLANK	Reject	A6	562	A6 Acknowledgement/Rejected for Missing Information—The claim/ encounter is missing the information specified in the Status details and has been rejected	Entity's national provider identifier.

VER15	DUPLICATE CLAIM# SUBMITTED	Reject	A3	54	A3 Acknowledgement/Returned as unprocessable claim-The claim/ encounter has been rejected and has not been entered into the adjudication system.	Duplicate of a previously processed claim/line.
VER18	CLAIM DATE AFTER CURRENT DATE	Reject	A3	21	A3 Acknowledgement/Returned as unprocessable claim-The claim/ encounter has been rejected and has not been entered into the adjudication system.	Missing or invalid information
VER54	PLACE OF SERVICE CODE IS BLANK	Reject	A6	249	A6 Acknowledgement/Rejected for Missing Information—The claim/ encounter is missing the information specified in the Status details and has been rejected	Place of service.
VER64	TO DATE MUST BE LATER THAN FROM DATE	Reject	A7	188	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Statement from-through dates
VER68	FROM DATE MUST BE PRIOR TO PREP DATE	Reject	A3	188	A3 Acknowledgement/Returned as unprocessable claim-The claim/ encounter has been rejected and has not been entered into the adjudication system.	Statement from-through dates
VER67	INVALID MODIFIER CODE	Reject	A7	453	A7 Acknowledgement/Rejected for Invalid Information—The claim/ encounter has invalid information as specified in the status details and has been rejected	Procedure Code Modifier(s) for Service(s) Rendered

VER69	DATE OF SERVICE NO LONGER ACCEPTED	Reject	A3	187	A3 Acknowledgement/Returned as unprocessable claim-The claim/ encounter has been rejected and has not been entered into the adjudication system.	Date(s) of service.

8 EXAMPLE

ISA*00* *00* *ZZ*HPHC0001 *ZZ*HPHC9999
*111011*2350*^*00501*123456789*0*T*:~
GS*HN*HPHC0001B*HPHC1502*20111110*0400*12345678*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*9876543210*20111009*225010*TH~
HL*1**20*1~
NM1*PR*2*Harvard Pilgrim*****PI*HPHC0001~
TRN*1*123456789~
DTP*050*D8*20111009~
DTP*009*D8*20111009~
HL*2*1*21*1~
NM1*41*2*INFORMATION RECEIVER*****46*HPHC9999~
TRN*2*5551212~
STC*A1:19*20111009*WQ*65~
QTY*90*1~
QTY*AA*0~
AMT*YU*65~
AMT*YY*0~
HL*3*2*19*1~
NM1*85*2*PROVIDER NAME*****XX*9999999999~
TRN*1*0~
STC*A1:19**WQ*65~
REF*TJ*555555555~
QTY*QA*1~
QTY*QC*0~
AMT*YU*65~
AMT*YY*0~
HL*4*3*PT~
NM1*QC*1*PATIENT*NAME****MI*HP999999900~
TRN*2*ABC123~
STC*A2:20*20111009*WQ*65~
REF*1K*111009X12345~
DTP*472*RD8*20110527-20110527~
SE*31*000000001~
GE*1*12345678~
IEA*1*123456789~

9 REVISION HISTORY

V 1.01 June 2022 - Changed emails to Point32Health