Harvard Pilgrim Health Care

HIPAA Transaction

Standard Companion Guide (835, 005010X221A1)

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

Companion Guide Version Number: 2.2

Preface

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

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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 setting up electronic Claim Payment Advice transactions. It documents the ways that the Harvard Pilgrim Remittance Files are distinct from those of other payers and clarifies when situational data elements and segments are to be expected. This guide supplements (but does not contradict) any requirements in the ASC X12N 835 (version 005010X221A1) implementation. The information here should be given to the provider's business area to ensure that Claim Remittance Advice transactions are interpreted correctly.

Within this guide you will find the following information: Details of the technical requirements necessary to transmit EDI information with Harvard Pilgrim Health Care; general information on setting up the trading partner relationship; data requirements specific to Harvard Pilgrim for processing the 835; and tables showing the segments and elements affected, code listings, and examples of the X12 data for the 835.

References

- The ASC X12N 835 (version 005010X221A1) Technical Report Type 3 Guide for Health Care Claim Payment Advice has been established as the standard for Claim Payment Advice transactions 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 https://www.harvardpilgrim.org/provider/resource-center/electronic-tools-and-hphconnect/

- Harvard Pilgrim has engaged Payspan as our Electronic Funds Transfer provider. Trading partners wishing to receive EFT payments instead of paper checks will also receive their 835 Remittances exclusively from Payspan.   A demonstration can be requested here: https://payspanstaging.wpengine.com/providers/

Technical Requirements

Harvard Pilgrim supports the 835 ASC X12N 005010X221A1 version for health care claim payment/advice. Providers wishing to receive the 835 must support this version.

Joint Ventures

This guide is for Remittances from Harvard Pilgrim Health Care, however Harvard Pilgrim has a joint venture relationship with United Health Care. For trading Partners wishing to ensure all of their 835s are received electronically Harvard Pilgrim recommends registering with our external partners.

- Optum Health Behavioral Solutions (OHBS). This will cover behavioral health claims payments for dates of service prior to 11/1/2023. https://www.providerexpress.com After 11/1/2023 remittance advice will be handled by HPHC.

- United Health Care (UHC). This will cover United Health Shared Services (UHSS), Passport Connect, and Student Resources. https://www.uhcprovider.com/

Trading Partner Registration and Agreement

Important documents to setup 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. https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/07/TRADING-PARTNERS-PS-AGREEMENT.pdf

- ERA 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, add providers to an existing Trading Partner profile for 835 receipt, or to edit Trading Partner information. https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/07/F-EDI-ENROLLMENT-FORM.EXT_.pdf

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2 - TESTING AND ACCESS

Live Files

Harvard Pilgrim does not send test or sample 835 transactions in response to a test 837 submission. All 835 transactions are "live" (i.e., actual production data). The decision to post 835 transactions to the payee's test or production accounts receivable system is solely the responsibility of the recipient. Harvard Pilgrim will continue to send paper Explanation of Payment (EOP) for all direct (non-PaySpan) recipients of the 835.

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3 - CONNECTING AND COMMUNICATING

E-Channels

Harvard Pilgrim provides several options for trading partners to retrieve production 835s.

- Payspan - Harvard Pilgrim Health Care sends the 835 through the Payspan website -- https://payspan.com/providers/ -- for trading partners that have elected to receive Electronic Funds Transfer (EFT) payments.   *Note: Payspan users no longer receive paper checks.*

- HPHConnect - Remittance files can be received through the HPHConnect portal at Health Trio, however the claims payment information is not available to view in the connect portal.

- New England Healthcare Exchange Network (NEHEN)—NEHEN uses TPS as their intermediary. Please contact your NEHEN representative to review your gateway software version and configuration.

- NEHENNet—A provider retrieves the 835 ERA by downloading the file from the NEHENNet secure Web site.

- SFTP—Harvard Pilgrim delivers the 835 file to the Harvard Pilgrim SFTP (Secure File Transfer Protocol) server in a specified directory. The provider can retrieve the file using an assigned user ID and password. *Note: Recipients should not use the SFTP folders for long term storage as they are periodically emptied without warning. Users employing an automated script may encounter issues downloading their remittances if the storage capacity is reached.*

Note: Changes to the CORE rules from CAQH that occur after the writing of this document will override this document.

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 transportation 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 for file transmission to be approved by the Harvard Pilgrim information security officer prior to its implementation.

NEHEN trading partners receive the 835 TriZetto Provider Solutions

Maintenance

Routine maintenance is performed on Thursday nights between 7:00 PM and 12:00 AM EST. This does not generally impact the delivery of remittances.

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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:

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

- 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:

- Toll Free Phone: 800-708-4414 (option 1 then option 7)

- 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://hphcproviders.healthtrioconnect.com/public-app/content/member/payorPage.page?pptitle=provider_manual_landing

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5 - HPHC BUSINESS RULES AND LIMITATIONS

Envelope Identifiers

Harvard Pilgrim Health Care supplies each receiving trading partner

with the Interchange Receiver and Application Receiver Identifiers for the envelope elements as a part of the setup process.

- Harvard Pilgrim's Interchange ID is "HPHC0001"
- Harvard Pilgrim's Group Identifier is "HPHC0001B"

File Naming Convention

Harvard Pilgrim transmits 835s with the following naming convention:

"5010_COH_<ISA08>_<GS03>_<CCYYMMDD>_<HHMMSS>_<ID>_835.txt"

The ISA08 and GS03 values are taken from the header of the transmitted file. The date and time stamp reflect the creation of the file. The ID is a two-character code. The first letter indicates if the content of the file is Paid Claims [P], Encounter Claims and Denied Claims[E], or Non-Claims payments [N]. The second character indicates if the payments are for Commercial [C] or Indemnity [I] accounts.

- 5010_COH_HPHC5555_HPHC5555_20190314_1200_PC_835.txt
- 5010_COH_HPHC4444_HPHC4444_20190105_0850_PI_835.txt
- 5010_COH_HPHC3355_HPHC3355_20200101_1325_NC_835.txt
- 5010_COH_HPHC5000_HPHC5000_20200108_0755_NI_835.txt
- 5010_COH_HPHC1234_HPHC1234_20190314_1610_EC_835.txt
- 5010_COH_HPHC0001_HPHC0001_20190314_0900_EI_835.txt

Compass payments do not distinguish the content of the files and use the following naming convention:

"CNS_"<ISA08>_<GS03>_<CCYYMMDD>_<HHMMSS>_<ID>_835.txt"

The ISA08 and GS03 values are taken from the header of the transmitted file.

- CNS_HPHC1234_HPHC1234_20200106_0855_835.txt

835 Distribution Schedule

For Core HMO, PPO and POS products, Harvard Pilgrim produces checks on a weekly basis. The 835 files are available by close-of-business on Wednesday. The check reported in the 835 is dated Tuesday.

For HPHC Commercial EFT recipients, Payspan makes the remittance and payments available on Friday of every given week.

For Compass services, Harvard Pilgrim delivers checks daily. In general, the 835 files are available the next business morning.

Claim Adjustment Reason Codes and Remittance Advice Codes

Harvard Pilgrim Health Care has reviewed all Claim Adjustment Reason Code and Remittance Advice Remark Code (CARC/RARC) Combinations in order to comply with the ACA-mandated CAQH CORE Operating Rule #360 (Uniform Use of CARCs and RARCs (835) Rule). This rule is part of the Phase III CAQH CORE EFT & ERA Operating Rules adopted to fulfill the ACA Section 1104 Federal mandate. A Harvard Pilgrim specific business scenario exists that is not available in the current rule; the code-combination for this scenario is as follows:

HPHC-Defined Business Scenarios for 835 Related to Code Combinations for Denied Appeals				
CARC	**CARC Description**	**RARC**	**RARC description**	**ASC X12 CAGC**
193	Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.	N/A	N/A	CO/PI
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	N770	The adjustment request received from the provider has been processed. Your original claim has been adjusted based on the information received.	CO/PI
23	The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)	N377	Payment based on a processed replacement claim.	OA

835 Structure

Harvard Pilgrim sends an 835 file for each type of check generated by each of its insurance systems. There is a difference in the structure of United Health Care created 835s Compass products from those of commercial HPHC products. See the Appendices in Section 7 for examples of each.

Core HMO, PPO and POS product 835s are based on the Harvard Pilgrim Payee number. Each 835 ISA/IEA loop will have one GS/GE loop, and one ST/SE loop per payee for the original submitter. *For remittance accompanying mailed paper checks, the second Loop 1000B REF Payee Additional Information segment will have the PQ qualifier and the Harvard Pilgrim payee number; EFT payment remittance files do not include the Harvard Pilgrim payee number.

```
ISA
   GS
      ST
         Check
         Payee  NPI and Tax ID
         HPHC Payee Number *
               Rendering Provider
                  Claim
               Rendering Provider
                  Claim
                  Claim
      SE
   GE
IEA
```
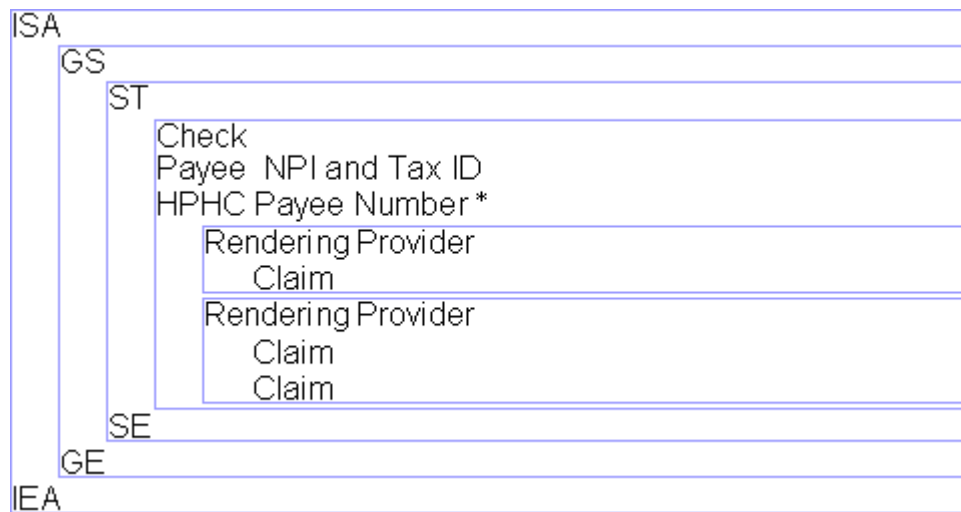
Compass are based on the payee's Tax ID. Each 835 ISA/IEA loop will have one GS/GE loop, and one ST/SE loop per check. Each check will have only one provider but may have multiple claims.

```
ISA
   GS
      ST
         Check
         Payee  NPI and Tax ID
               Payee Provider
                  Claim
                  Claim
                  Claim
                  Claim
      SE
   GE
IEA
```
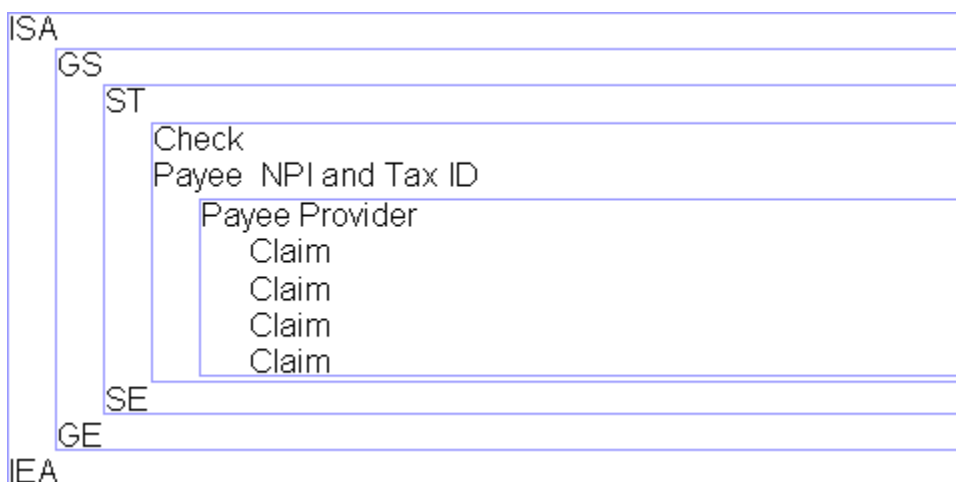
Non-Claim Payments

Harvard Pilgrim may send payments to the trading partner that are not directly related to claims. Non-Claim Payments will have header info but no claim information in the 835. See the Provider Level Balance document on the public website here for more information:
https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/07/PROVIDER-LEVEL-BALANCE-PLB-V0.3.3.pdf

9999999999 NPI

Harvard Pilgrim reports a value of "9999999999" when we are unable to identify the payee or rendering provider NPI to report in the 835 file.

Claim and Service Line Adjustments

In general, Harvard Pilgrim's claims processing system processes claims at the service line level. A claim is not reported on an 835 until all service lines are in a final state (paid or denied). A pended claim will not be reported on an 835.

Member Identification

Core HMO, PPO and POS Member identifiers, including suffix, are 11-character alphanumeric values, (e.g. HP123456700). The last two digits [(e.g., 00)] represent the member suffix.

Compass member identifiers consist of a nine-character subscriber ID and six character group numbers. Harvard Pilgrim will return the subscriber ID in Patient Name Loop (2100) where NM108 is "MI" and NM109 is the subscriber ID number. The group number will be returned in Claim Payment Information Loop (2100) where REF01 is "1L" and REF02 is the group number.

Denied Claim Lines vs. Denied Claims

A claim can have denied lines and still be considered a paid claim, however if a claim has a zero-dollar payment and no patient responsibility, it is a denied claim. Harvard Pilgrim will define a ''Denied Claim'' as a claim on which the last version of all claim lines is denied.

Provider Level Adjustments (PLB)

In order to tie back the provider level adjustments to the claim/service lines, each PLB segment contains the NPI in PLB01, or for atypical providers ineligible for NPI, the Harvard Pilgrim assigned provider number, which corresponds to the appropriate LX/TS3 segment. See the Provider Level Balance document on the public website here for more information:
https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/07/PROVIDER-LEVEL-BALANCE-PLB-V0.3.3.pdf

Negative Balance Reporting

HPHConnect for providers users with access to Claims data have access to the Negative Balance Report. The report provides a history of retracted/adjusted claims that create a negative balance, as well as any

claims that are used to offset/recoup any or all of that negative balance. The report also reflects any refund checks applied to that negative balance.

The Negative Balance Report is available via a secure link from HPHConnect/Health Trio to HPHC's MicroStategy. https://hphcproviders.healthtrioconnect.com

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6 - TABLES

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
Header	ISA	Interchange Control Header			
			06		HPHC0001
			08		Trading Partners HPHC-assigned Envelope Identifier
	TRN	Reassociation Trace Number			
			02	Reference Identification	Value will be the check number for payments. For a zero-dollar amount, value will say either "NOCHK" or "APNOCHK" with additional characters to make the value unique.
			04	Reference Identification	For Compass payments, value will be "000004271", for all others value will be "HPHC"
1000A	REF	Additional Payer Information			

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
			01	Reference Identification Qualifier	For Compass payments value will be "2U", for all others this field is not used
			02	Reference Identification	For Compass payments value will be "04271", for all others this field is not used
1000B	REF	Payee Additional Information			
			01	Reference Identification Qualifier	In addition to the Tax ID, Core HMO, PPO and POS product claims value will be "PQ" for the payee number.
2000	TS3	Provider Summary Information			
			03	Date	Set to the last day of the calendar year, e.g. 20201231
2100	CLP	Claim Payment Information			
			01	Claim Submit Identifier	Patient account number. These characters [*, ~, :] will be replaced with a space to prevent conflicts with EDI control characters.
			02	Claim Status Code	Value will be 1, 2, 19, or 22.
			03	Monetary Amount	Total charges submitted. May not be the same as submitted on paper by the provider if the line item totals did not match the claim total.
2110	REF	Service Identification			

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
			01	Reference Identification Qualifier	Value will be BB
			02	Reference Identification	Authorization Number
N/A	PLB	Provider Adjustment			
			02	Date	Value will be last day of calendar year (e.g. 20201231)
			03-1	Adjustment Reason Code	Value will be one of: [72, B2, BD, CS, FB, L6, OB, WO] see Provider Level Balance document for more details
			05-1	Adjustment Reason Code	See Provider Level Balance document for more details
			07-1	Adjustment Reason Code	See Provider Level Balance document for more details

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7 - APPENDICES

Sample 835 for HPHC-Paid Claims

In this scenario a single claim has been paid. This remittance is informational only, the payment is via paper check.

1	Transaction handling code indicating paper check	I
1	Payment total amount	$59.62
2	Payment (check) number	628000
3	Harvard Pilgrim assigned payee ID	B5000
4	Payee tax ID number	999999999
5	HPHC-assigned payee's ID number	HPHCPAYEENUMBER
5	Claim patient control number	PATIENTCTRLNO
5	Claim status code indicating processed as primary payer	1
5	Claim billed amount	$251.5
5	Claim payment amount	$59.62
6	Claim HPHC-assigned claim number	200312M55555

#	Loop	
		ISA*00* *00* *ZZ*HPHC0001 *ZZ*HPHC1234 *200325*0458*^*00501*000001250*0*P*:~
		GS*HP*HPHC0001B*HPHC1234*20200325*0458*1250*X*005010X221A1~
		ST*835*000000001~
1		BPR***I***59.62*C*CHK***********20200324~
2		TRN*1*6282000*1043149694*HPHC~
		DTM*405*20200320~
	1000A	N1*PR*HPHC INSURANCE COMPANY, INC.~
	1000A	N3*CLAIM SERVICES DEPT.*1600 CROWN COLONY DRIVE~
	1000A	N4*QUINCY*MA*021690913~
	1000A	PER*CX**TE*8007084414~
	1000A	PER*BL*EDI TEAM*TE*8007084414*EM *EDI_TEAM@point32health.org*FX*8668843844~
	1000B	N1*PE*FAMILY HEALTH COMPANY*XX*1234567890~
	1000B	N3*700 STREET ADDRESS~
	1000B	N4*PORT TOWN*NH*012345678~
3	1000B	REF*PQ***B5000***~
4	1000B	REF*TJ***999999999***~
	2000	LX*1~
	2000	TS3*9999999995*11*20201231*1*251.5~
5	2100	**CLP*PATIENTCTRLNO *1*251.5*59.62**12*200312M55555*11*1~**
	2100	NM1*QC*1*MOUSE*MICKEY****MI*HP555555500~
	2100	NM1*82*1*RENDERINGLN*RENDERINGFN****XX*9999999995~
	2110	SVC*HC:90715*226*36.06**1~
	2110	DTM*472*20200305~
	2110	CAS*CO*45*189.94~
	2110	REF*6R*75000-1~
	2110	AMT*B6*36.06~
	2110	SVC*HC:90471*25.5*23.56**1~
	2110	DTM*472*20200305~
	2110	CAS*CO*45*1.94~
	2110	REF*6R*75000-2~
	2110	AMT*B6*23.56~
		SE*30*000000001~
		GE*1*1250~
		IEA*1*000001250~

Sample 835 for a No-Claims Payment

A $0.00 remittance is sent detailing a $550.12 refund received by Harvard Pilgrim to offset a $550.12 debt at the provider level.

1	Transaction handling code indicating notification only	H
1	Payment total amount	$0.00
2	Payment (check) number	2000099222
3	Harvard Pilgrim assigned payee ID	2222

4	Payee tax ID number	055555555
5	Authorized return refund check number	551105
5	Authorized return adjustment amount	$-550.12
6	Forward balance payment number	2000012345
6	Forward balance adjustment amount	$550.12

#	Loop	
		ISA*00* *00* *ZZ*HPHC0001 *ZZ*HPHC3333 *200115*0517*^*00501*000009108*0*P*:~
		GS*HP*HPHC0001B*HPHC3333*20200115*0517*9108*X*005010X221A1~
		ST*835*000000001~
1		BPR***H***0**C*NON***********20200117~
2		TRN*1***2000099222***1234567890*HPHC~
		DTM*405*20200110~
	1000A	N1*PR*HARVARD PILGRIM HEALTH CARE~
	1000A	N3*CLAIM SERVICES DEPT.*1600 CROWN COLONY DRIVE~
	1000A	N4*QUINCY*MA*021690913~
	1000A	PER*CX**TE*8007084414~
	1000A	PER*BL*EDI TEAM*TE*8007084414*EM *EDI_TEAM@point32health.org*FX*8668843844~
	1000B	N1*PE*HOSPITAL*XX*9999999995~
	1000B	N3*PATHOLOGY DEPT*PO BOX 99~
	1000B	N4*BOSTON*MA*021290055~
3	1000B	REF*PQ*2222~
4	1000B	REF*TJ*055555555~
5		PLB*9999999995*20201231*72:***551105***-550.12~
6		PLB*9999999995*20201231*FB:***2000012345***550.12~
		SE*17*000000001~
		GE*1*9108~
		IEA*1*000009108~

Sample 835 for Payspan EFT paid claim

PAYSPAN		
1	Transaction handling code indicating paper check	I
1	Payment total amount	$30.20
2	Payment (EFT) number	3001234567
3	Payee tax ID number	077777777
4	Claim patient control number	DUCK5555
4	Claim status code indicating processed as secondary payer	2
4	Claim billed amount	$299.00
4	Claim payment amount	$30.20
4	Claim HPHC-assigned claim number	191231M54123

#	Loop	

		ISA*00* *00* *ZZ*PAYFORMANCE *ZZ*PAYER *200403*0546*{*00501*012344858*0*P*:~
		GS*HP*HPHC INSURANCE*PROVIDERHIS*20200403*0546*1*X*005010X221A1~
		ST*835*100007799~
1		BPR*I*30.2*C*ACH*CCP*01*011000138*DA*000089893731*1043149694**01*211470 238*DA*0272631985*20200110~
2		TRN*1*3001234567*1234567890*HPHC~
		DTM*405*20200103~
	1000A	N1*PR*HPHC INSURANCE COMPANY, INC.~
	1000A	N3*CLAIM SERVICES DEPT.*1600 CROWN COLONY DRIVE~
	1000A	N4*QUINCY*MA*021690913~
	1000A	PER*CX**TE*8007084414~
	1000A	PER*BL*EDI TEAM*TE*8007084414 *EM*EDI_TEAM@point32health.org*FX*8668843844~
	1000B	N1*PE*FAMILY MEDICINE PRACTICE*XX*9999999995~
	1000B	N3*555 FIFTH AVENUE~
	1000B	N4*FIFTHTON*NH*031424329~
3	1000B	REF*TJ*077777777~
	2000	LX*1~
	2000	TS3*9999999995*11*20201231*1*299~
4	2100	CLP*DUCK5555*2*299*30.2**HM*191231M54123*11*1~
	2100	NM1*QC*1*DUCK*DAFFY****MI*HPE55555500~
	2100	NM1*82*1*BADMAN*DENNIS****XX*1508847120~
	2110	SVC*HC:99215*299*30.2**1~
	2110	DTM*472*20191212~
	2110	CAS*OA*23*268.8~
	2110	REF*6R*258001887~
	2110	AMT*B6*148.59~
		SE*24*100007799~
		GE*1*1~
		IEA*1*012344858~

Sample 835 for Compass

A $0.00 remittance is sent detailing a $550.12 refund received by Harvard Pilgrim to offset a $550.12 debt at the provider level.	

1	Transaction handling code indicating paper check	I
1	Payment total amount	$189.34
2	Payment (check) number	1QZ00556677
3	Payee tax ID number	055555555
4	Claim patient control number	D55555555
4	Claim status code indicating processed as primary payer	1
4	Claim billed amount	256.25
4	Claim payment amount	189.34

4	Claim United Health Care-assigned claim number	AW213123456 001054225

#	Loop	
		ISA*00* *00* *ZZ*HPHC0001 *ZZ*HPHC5555
		*191230*1234*^*00501*154321581*0*P*:~
		GS*HP*HPHC0001B*HPHC5555*20191230*1734*195575402*X*005010X221A1~
		ST*835*0001~
1		BPR*I*189.34*C*ACH*CCP*01*123456789*DA*1234567890*1345678901*000004271*
		01*011000000*DA*000299999*20191226~
2		TRN*1*1QZ00556677*1234567890*000004271~
		REF*EV*BCD2345000~
		REF*F2*1083~
		DTM*405*20191220~
	1000A	N1*PR*HARVARD PILGRIM HEALTH CARE INC~
	1000A	N3*1600 CROWN COLONY DRIVE~
	1000A	N4*QUINCY*MA*021690913~
	1000A	REF*2U*04271~
	1000B	PER*CX**TE*8007084414~
	1000B	PER*BL*EDI_TEAM*TE*8007084414*EM*EDI_TEAM@point32health.org~
	1000B	N1*PE*HOSPITAL*XX*1666666666~
	1000B	N3*123 ACORN ST~
	1000B	N4*CHARLESTOWN*MA*02129~
3	1000B	REF*TJ*05555555~
	2000	LX*1~
	2000	TS3*199999999*13*20191231*1*256.25~
4	2100	CLP*D55555555*1*256.25*189.34**13*AW213123456 001054225*13*1~
	2100	NM1*QC*1*DUCK*DAISY~
	2100	NM1*IL*1*DUCK*DONALD****MI*916555555~
	2100	REF*1L*9055555~
	2100	REF*CE*CHOYC+~
	2100	REF*EA*00619999~
	2100	DTM*232*20191121~
	2100	DTM*233*20191121~
	2100	DTM*050*20191127~
	2100	AMT*AU*151.25~
	2110	SVC*HC:90471*26*101.35*0771*1~
	2110	DTM*472*20191121~
	2110	CAS*OA*94*-75.35~
	2110	REF*6R*2222-4~
	2110	AMT*B6*101.35~
	2110	SVC*HC:90472*23*69.96*0771*1~
	2110	DTM*472*20191121~
	2110	CAS*OA*94*-46.96~
	2110	REF*6R*2222-5~
	2110	AMT*B6*69.96~

	2110	SVC*HC:90686*31.25*18.03*0636*1~
	2110	DTM*472*20191121~
	2110	CAS*CO*45*13.22~
	2110	REF*6R*2222-2~
	2110	AMT*B6*18.03~
	2110	SVC*HC:90686*71*0*0636*1*HC:90715~
	2110	DTM*472*20191121~
	2110	CAS*CO*97*71~
	2110	REF*6R*2222-3~
	2110	SVC*HC:99211:25*105*0*0510*1~
	2110	DTM*472*20191121~
	2110	CAS*CO*45*105~
	2110	REF*6R*2222-1~
	2110	LQ*HE*M80~
		SE*53*0001~
		GE*1*195575402~
		IEA*1*195575401~

Sample 835 for claims forwarded to our behavioral health partner for dates of service prior to 11/1/2023

1	Transaction handling code indicating notification only	H
1	Payment total amount	$0.00

A $0.00 remittance is sent detailing a		
1	Transaction handling code indicating notification only	H
1	Payment total amount	$0.00
2	Payment (check) number	NOCHK1234567
3	Payee tax ID number	444444444
4	Claim patient control number	2222222D
4	Claim status code indicating forwarded to primary payer	19
4	Claim billed amount	$287.00
4	Claim payment amount	$0.00
4	Claim United Health Care-assigned claim number	200120M55J55

#	Loop	
		ISA*00* *00* *ZZ*HPHC0001 *ZZ*HPHC5555 *200129*0728*^*00501*000009551*0*P*:
		GS*HP*HPHC0001B*HPHC5555*20200129*0728*9551*X*005010X221A1
		ST*835*000000028
1		BPR*H***0***C*NON***********20200131
2		TRN*1***NOCHK1234567***1055554440*HPHC
		DTM*405*20200124
	1000A	N1*PR*HARVARD PILGRIM HEALTH CARE
	1000A	N3*CLAIM SERVICES DEPT.*1600 CROWN COLONY DRIVE
	1000A	N4*QUINCY*MA*021690913
	1000A	PER*CX**TE*8007084414
	1000A	PER*BL*EDI TEAM*TE*8007084414 *EM*EDI_TEAM@point32health.org*FX*8668843844
	1000B	N1*PE*Medical Health Group*XX*9999999999
	1000B	N3*100 Street Name
	1000B	N4*Natick*MA*017602008
	1000B	REF*PQ*10009999
3	1000B	REF*TJ***444444444***
	2000	LX*1
	2000	TS3*1234567890*11*20201231*2*520.7
4	2100	CLP***2222222D***19***287*0****HM***200120M55J55***11*1
	2100	NM1*QC*1*JONES*INDIANA****MI*HP224440100
	2100	NM1*82*2*Medical Health Group*****XX*9999999999

	2100	NM1*TT*2*OPTUM BEHAVIORAL HEALTH*****PI*87726
	2110	SVC*HC:99214*167*0**0**1
	2110	DTM*472*20200108
	2110	CAS*CO*300*167
	2110	REF*6R*11305259
	2110	SVC*HC:80307*120*0**0**1
	2110	DTM*472*20200108
	2110	CAS*CO*300*120
	2110	REF*6R*11305260
	2110	CLP*33333AB*19*233.7*0**HM*200120M50H12*11*1
	2110	NM1*QC*1*JONES*INDIANA****MI*H210440100
	2110	NM1*82*2*Medical Health Group*****XX*9999999999
	2110	NM1*TT*2*OPTUM BEHAVIORAL HEALTH*****PI*87726
	2110	SVC*HC:G0480*233.7*0**0**1
	2110	DTM*472*20200108
	2110	CAS*CO*300*233.7
	2110	REF*6R*11112222
		SE*37*000000028
		GE*3000*9551
		IEA*1*000009551

B. Revision Control

Version 1.01

- Added comment about Receiver Identifier in section 5

Version 1.02

- Added additional naming convention information

Version 1.03

- Added information about non-reconcilable refunds in section 5

Version 2

- Complete re-write

Version 2.01

- Change email addresses to Point32Health

Version 2.02

- Updated all Harvard Pilgrim Health Care web page URLs

Version 2.1

- Updated Technical Requirements regarding behavioral health in section 1

- Updated contact information in section 4

- Updated description for 835 sample for claims forwarded forwarded to our behavioral health partner in section 7

Version 2.2

- Removed webforms