Harvard Pilgrim Health Plan

HIPAA Transaction
Standard Companion Guide (837 Professional, 005010X222A1)

Refers to the Technical Report Type 3 Based on X12 version 005010A1

Companion Guide Version Number: 4.1.3

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1. INTRODUCTION

Scope

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 Care. Transmissions based on this companion guide, used in tandem with the X12N T3 Guides, are compliant with both X12 syntax and those guides. 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.

Harvard Pilgrim Health Care supports the 837 Health Care Claim: Professional Claim File version 005010X222A1. Providers wishing to send the 837 Professional to Harvard Pilgrim Health Care must support this version.

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.

This companion guide has been prepared to help those responsible for testing and setting up electronic claims transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for professional claims and explains their use in the corresponding response. This guide supplements (but does not contradict) any requirements in the ASC X12N 837 (version 005010X222A1) implementation. The information here should be given to the provider's business area to ensure that 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 6-10, details data requirements specific to HPHC for processing the Professional 837.

• The third part contains tables showing the segments and elements affected, code listings, and examples of the X12 data for the 837 Professional.

References

The ASC X12N 837 (version 005010X222A1) T3 Guide for Health Care Claims has been established as the standard for professional claims 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 *http://www.harvardpilgrim.org.*

2. Getting Started

Working with Harvard Pilgrim Health Care

New trading partners will be required to pass two successive unique test files through both Validation Testing and Parallel Testing before being moved to production for EDI claims. The claims used for these tests should reflect all the types of claims handled by the providers represented by that trading partner and should be copies of recent production claims sent to HPHC within the past 90 days. It is recommended that each test file include at least 25 claims.

Upon completion of Validation Testing, new trading partners will be given the necessary access for Parallel Testing.

Established trading partners should continue sending production claims through their normal channel during testing.

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.

Providers may employ a clearing house to transmit their claims. It is the responsibility of the provider to verify that the clearinghouse can transmit to Harvard Pilgrim Health Care and will pass all resulting file level and claim level responses back to the provider's office.

Trading Partner Registration

New trading partners wishing to test with Harvard Pilgrim Health Care should register by completing an EDI Enrollment form and a Trade Partner Agreement form. These can be found on the public website in the Providers section: https://www.harvardpilgrim.org

Certification and Testing Overview

Harvard Pilgrim Health Care does not certify trading partners for its testing process. Providers who have completed validation testing may request that they be given access to the test server to begin parallel testing.

3. TESTING WITH HARVARD PILGRIM HEALTH CARE

Validation Testing

Harvard Pilgrim employs the Edifecs Ramp Management software tool for trading partner self-testing. Trading partners will be provided with a username and password in order to access the web-based site and upload test files for automatic verification.

Files tested this way will be examined for syntactical correctness, valid external and internal code sets, and conformity with the X12 SNIP rules.

Once a trading partner has access to Ramp Management, they may conduct tests at any time.

Parallel Testing

HPHC strongly recommends that trading partners create files for parallel testing using production claims sent within the past 90 days. Files going through Parallel Testing will be uploaded into HPHC's test adjudication system. They will be subjected to the same standards as production claims files, and will pass or fail based on naming convention, member eligibility, provider identification, etc., in addition to the criteria described in Validation Testing. The adjudicated files will then be compared to the same claims in production to confirm they are adjudicating properly.

Response files will be generated for files in the Parallel Testing process, including 999s and 277CAs. TA1s are also delivered if requested in the 837 file.

Trading partners wishing to conduct Parallel Testing should contact the EDI Team to arrange a test schedule.

Post-Production Trading Partners

Trading partners who are already in production may request additional testing in order to verify that changes to their maps, system software, or the addition of new providers has not detrimentally affected claims processing. Contact the EDI Team to arrange for additional tests.

Once in production, Harvard Pilgrim reserves the right to require re-testing if it is determined that the submitter is receiving and/or generating an unacceptable volume of errors or particular type of error.

4. CONNECTIVITY WITH HARVARD PILGRIM HEALTH CARE/COMMUNICATIONS

Re-Transmission Procedure

If a claims file is rejected by Harvard Pilgrim Health Care to a trading partner for an error, and the Trade Partner has corrected that error and wishes to re-send the file, they must first change the ISA-13 and IEA-02 values to prevent the new claims file from being rejected again as a duplicate submission.

Communication Protocol Specifications

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:

• Document Manager through HPHConnect, Harvard Pilgrim Health Care's highly acclaimed Web-based transaction service. Only batch file transmissions are supported with Document Manager.

• New England Healthcare Exchange Network (NEHEN) – *http://www.nehen.org*

• NEHEN Net - *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.

• 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 charge. A CD-ROM and instructions will be provided.

• CAQH SOAP - Harvard Pilgrim Health Care supports and recommends the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase IV connectivity standards. For Trading Partners unable to adopt Phase IV standards, Harvard Pilgrim Health Care can support CAQH CORE Phase II standards as well.
(http://www.caqh.org/sites/default/files/core/wsdl/CORERule4.0.0.wsdl)
(http://www.caqh.org/sites/default/files/SOAP/WSDL/CORERule2.2.0.wsdl)

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

	CAQH Core Phase 2 SOAP	CAQH Core Phase 4 SOAP
HTTP Version	1.1	1.1
SOAP Version	1.2	1.2
Transport Security	SSL 3.0 to TLS 1.X	TLS 1.1 or higher
Envelope Metadata	Metadata Defined (Field names, values)	Metadata Defined Field names, values) SHA1 for Checksum

837 Health Care Claim: Professional Claim File version 005010X222A1

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

Provider needs an HPHC-issue X12 client certificate to connect to HPHC over HTTPS

Passwords

Trading Partners using Ramp Management will be issued a password for access to the website. It is the user's responsibility to change the password as needed. Trading Partners must notify Harvard Pilgrim Health Care if a user's access needs to be removed if they no longer have permission to access test data.

Trading Partners using SFTP will be issued a unique password that will allow them to log in and access the folders in their mailbox to send claims files and receive responses. Harvard Pilgrim Health Care may change these passwords at a later date by notifying the Trading Partner of the new password.

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.

5. 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*

Hours: Monday through Friday 8:00 AM to 5:00 PM EST

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 7)

Email: *provider_callcenter@point32health.org*

Harvard Pilgrim 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*

6. CONTROL SEGMENTS/ENVELOPES

ISA/IEA

All EDI transmissions should use a single terminator per segment; files with multiple terminators, e.g. a tilde and a carriage-return-line-feed, will not be processed.

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 NEHEN Net: 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**

GS/GE

Harvard Pilgrim Health Care expects only one GS/GE group per file.

ST/SE

Harvard Pilgrim Health Care recommends sending each claim in an individual ST/SE group. Errors that cause a file to be partially rejected with a 999 will then reject only one claim, allowing all remaining claims to be processed as normal.

7. HARVARD PILGRIM HEALTH CARE SPECIFIC 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. Portions of the file name reflect the content of the file as follows:

[ISA06]_[GS02]_[P for Professional]_[CCYYMMDD]_[HHMMSS].837

e.g. **HPHC9876_HPHC9876_P_20110625_123345.837**

The date stamp and timestamp should reflect the creation date/time for the file.

Note that it may be necessary to go beyond Seconds in the time stamp to prevent files from overwriting during transmission. Harvard Pilgrim will accept the addition of Milliseconds to the timestamp to further clarify time of file creation.

Providers using the NEHEN and NEHEN Net e-Channels will have their files automatically renamed to match the naming convention. NEHEN uses a mapping file that contains the naming convention for Payers and renames the files prior to sending them to Harvard Pilgrim. The NEHEN Claim File tracking application lists files by both the Provider file name and the Payer file name.

Maximum Claim Volume

Harvard Pilgrim has set a maximum claim volume per file at 5000 claims. Trading partners with more claims in a single day are requested to split the claims into multiple files to ensure processing.

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 first 9 characters are the policy number, and the last two digits are the member suffix, which identify individual members of a policy and make the member number unique.

"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.

Member numbers should include neither hyphens nor spaces.

If Harvard Pilgrim receives a claim with no Member Identification Number the claim will be rejected. A response 277CA will be returned with a default member ID of "HP999999999" on the rejected claim.

Name Matching

Harvard Pilgrim Health Care uses the member ID, first four characters of the last name, first three characters of the first name, and the patient's date of birth to identify the patient on the claim.

If Harvard Pilgrim receives an 837 Claim in which a subscriber is identified as a dependent, or a dependent identified as a subscriber we will return the 277CA with the member moved to the correct loop.

National Provider Identifier (NPI)

When adjudicating a claim, one NPI will be used to determine the rendering provider. The NPI at the claim level can overwrite the header level NPI (Billing Provider loop 2010AA). Line level NPI will be overwrite the header and claim level NPI for a given line item.

The Billing Provider is the individual or entity whose Tax ID is used for the 1099 Tax form. This will be an individual person when the health care provider is an independent non-incorporated entity. The NPI will be reported in the 2010AA NM109, and the Tax ID will be reported in loop 2010AA REF segment.

The T3 Guide says that the most detailed level of sub-parted NPI belongs in the Billing Provider loop. If, in addition to the Billing provider, a rendering provider is being identified, the NPI used to identify the rendering provider in either loop 2310B or 2420A, must not be a subpart of the entity identified as the Billing Provider loop.

Provider Validation

Although Provider Taxonomy Code is a required field in PRV segments, Harvard Pilgrim does not currently use the taxonomy code for claims adjudication. Submitters may enter any valid taxonomy code.

Code Set Validation

Harvard Pilgrim requires that you use industry standard codes at all times. The most current versions of the following reference materials are good sources for obtaining industry standard coding:

- Claim Frequency Codes
- Current Procedural Terminology (CPT)
- Place of Service Codes
- Health Care Procedure Coding System (HCPCS)
- ICD-10-CM for Diagnosis Codes after 9/30/2015
- ICD-9-CM for Diagnosis Codes before 10/1/2015
- Procedure Modifiers
- National Drug Codes (By format)
- Related Cause Codes

ICD-9 to ICD-10 Transition

Per the CMS guidelines, ICD-9 codes should be exclusively used for claims with dates of service prior to 10/1/2015, and ICD-10 codes should be exclusively used for claims with dates of service that fall after 9/30/2015. Harvard Pilgrim will reject any claim that has both ICD-9 and ICD-10 codes.

If a professional claim crosses the compliance date, trading partners must split the claim into services prior to the compliance date and services on or after the compliance date. Individual lines with service date ranges spanning the compliance date will need to be split into two separate lines. Claims with dates of service spanning the 10/1/2015 compliance date that are not split will be rejected.

There is an exception to this rule. For DMEPOS claims, Harvard Pilgrim will use the DMEPOS line's service start date to determine if that line should be ICD-9 vs. ICD-10; the service end date will not impact that determination. All non DMEPOS lines will still follow the standard rule.

Anesthesia claims that cross the compliance date must be billed with ICD-9 codes and have their end date reported as 9/30/2015.

Data Formatting and Delimiters

EDI delimiters embedded in provider data will cause the claim file to be rejected. For example, make sure Patient Account Number does not have an "*" embedded if your system uses an "*" as an EDI delimiter.

Monetary Values

Per the T3 Guide, monetary amounts where the attribute is "R" indicating "decimal value" should only include a decimal point if there is a non-zero fraction of a dollar in the value being sent (e.g., $10.31 should be sent as "10.31" whereas $10.00 should be sent simply as "10").

Adjudication Data

With the exception of data validation (e.g., comparison of the patient's date of birth on the claim to the one stored in Harvard Pilgrim's system), Harvard Pilgrim uses the member and provider information that is stored in its internal systems to adjudicate a claim.

Referring Provider Number

Use of the Referring Provider loops 2310A and 2420F are situational by nature. However a Referring Provider loop is required when the member's product (HMO or POS) requires a primary care physician referral for specialty services in order to adjudicate a claim correctly. The Referring Provider should not be the same entity as the Billing Provider.

Atypical Providers

Providers who are ineligible to receive an NPI should submit their Tax ID Number in 2010AA REF02 and their Harvard Pilgrim assigned provider identifier in 2010BB REF02 with G2 qualifier in REF01.

Co-ordination of Benefits

Harvard Pilgrim accepts claims with Co-ordination of Benefits information and will adjudicate the claim using the other payer information.

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.

Address Information

The Billing address and pay-to address sent on a claim are informational only, however the billing provider's Tax ID Number (TIN) may be used to determine the provider on a claim. Harvard Pilgrim does not use these to adjudicate the claim, or for the 835 Remittance Advice. The address recorded in our provider enrollment system is used for these purposes.

Units, Counts, and Minutes

In Loop 2400, the 837 format allows for use of either counts or minutes, but not both. Harvard Pilgrim requires minutes for anesthesia claims.

When billing for anesthesia services, submit minutes in SV104; do not submit counts/units. Set SV103 to "MJ"; SV104 contains the total anesthesia minutes.

For other types of claims, all service lines require a count for the procedure code. Set SV103 to "UN"; SV104 contains the numeric value of quantity.

Schedule

Harvard Pilgrim retrieves claims once a day, Monday through Friday. Files are batch-processed during the night. Harvard Pilgrim forwards electronic claims to its processing system Monday through Friday by 10:00 AM; claim files received after 11:00 AM Friday will be processed on the following Monday. The 999 and TA1 response files will be available within 24 hours of receipt of the claims files. The 277CA will be available within 3 business days.

8. ACKNOWLEDGEMENTS AND/OR REPORTS

Report Inventory:

1. **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 837 Claims file. HPHC returns the 999 as it begins processing the 837. For this reason, there is a delay between receipt of the claim 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 file level failure, the entire file will not be processed. If the 999 report states a particular ST/SE transaction set has failed, the remainder of the claims file will still be processed.

2. **TA1 - Interchange Acknowledgement Request**

   Harvard Pilgrim Health Care supports the TA1 Interchange Acknowledgement Request when requested by submitters with the ISA14 value of 1. 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 an 837 file.

   TA1s are also returned when a file cannot be adjudicated because the submitter or recipient is not recognized, the file appears to be a duplicate, or there are multiple ISA or GS segments within the file.

3. **277CA - Health Care Claim Acknowledgement**

   Harvard Pilgrim supports the 277CA Health Care Acknowledgement Transaction. The 277CA may be created before all edits are applied to an 837 claim file. In supporting the National Plans Choice Plus and Options, Harvard Pilgrim may return a subsequent (second) 277CA when the status of a claim changes after the original 277CA is delivered. Harvard Pilgrim will return updates and re-created subsequent 277CA files within six business days. The subsequent (second) 277CA will contain both updated claim status(es) and unchanged claim status from the original Acknowledgement file. If a claim status changes after six business days Harvard Pilgrim will contact the submitters directly. For more information regarding the 277 Health Care Claim Acknowledgement, please refer to the 277CA Companion Guide.

4. **Electronic Remittance Advice (835)**

   Trading partners who have enrolled to receive the 835 Health Care Claim Payment/Advice transaction will receive weekly transmissions for Core Products and daily for Compass products explaining the payments for all of their processed claims. Please see the 835 companion guide for details, and contact the EDI Team if you wish to sign up for this transaction.

5. **Electronic Funds Transfer [EFT]**

Harvard Pilgrim Health Care participates with Payspan to send claims payments electronically. Trading Partners wishing to receive EFT payments can follow the guide at https://www.HPHC.org/EFT to enroll.

General Response Notes

The 999, 277CA, and TA1 Response Files are generated Monday through Friday beginning at 8:30AM, and available for pickup 24/7 once posted.

As part of the retrieval process, providers are expected to delete response files once they have been received.

Submitters should save Response Reports, either electronically or in print. They serve as "receipts" and are required by Harvard Pilgrim as proof of submission. Save an unaltered copy of all Response Reports for filing limit documentation. Harvard Pilgrim suggests that each report be saved until all claims have been returned on either a paper Explanation of Payment (EOP) or an 835 Electronic Remittance Advice (ERA). The minimum time to save Response Reports should be 90 days after filing limit.

The 277CA transaction is not presently mandated for use. Harvard Pilgrim, in anticipation of future requirements, has chosen to send the 277CA for all incoming Claims Files.

9. TRADING PARTNER AGREEMENTS

Trading partners wishing to send and receive EDI transaction with Harvard Pilgrim Health Care will need to sign and return a completed Trade Partner Agreement form. This can be found on the public website here: https://www.harvardpilgrim.org, navigating to the For Providers link at the bottom, and and then navigating via the left menu bar - **E-Transactions > Claims Submission**

10. TRANSACTION SPECIFIC INFORMATION

Header	ISA	Interchange Control header			
			05	Interchange ID Qualifier	Expected Value: "ZZ"
			06	Interchange Sender ID	See Section 7, HPHC Specific Business Rules and Limitations
			07	Interchange ID Qualifier	Expected Value: "ZZ"
			08	Interchange Receiver ID	See Section 7, HPHC Specific Business Rules and Limitations
Header	GS	Functional Group Header			
			02	Application Sender's Code	See Section 7, HPHC Specific Business Rules and Limitations
			03	Application Receiver's Code	See Section 7, HPHC Specific Business Rules and Limitations
1000A	NM1	Submitter Name			
			09	ID Code	Will match ISA06 value

1000B	NM1	Receiver Name			
			03	Last/Org Name	Expected Value: "HARVARD PILGRIM HEALTH CARE"
			09	Id Code	For NEHEN submitters will be "NEHEN003". For all other submitters, will be "HPHC0001"
2000B	SBR	Subscriber Information			
			03	Reference ID	6-digit group number for Choice Plus and Options members
2010BA	NM1	Subscriber Name			
			09	ID Code	See Section 7, HPHC Specific Business Rules and Limitations
2010BB	NM1	Payer Name			
			03	Last/Org Name	Expected Value: "HARVARD PILGRIM HEALTH CARE"
			09	ID Code	For NEHEN submitters will be "NEHEN003". For all other submitters, will be "HPHC0001"
2300	CLM	Claim Information			
			02	Monetary Amount	Total Charged amount. Use decimal only when reporting fractions of a dollar. E.g. $10.01 = "10.01", and $10.00 = "10"
2300	REF	Claim Identifier For Transmission Inter-mediaries			
			02	Reference Identification	If submitted, HPHC will return this number on the 835, and the 277CA response.

11. APPENDICES

1. Implementation Checklist

☐ Completed Trade Partner Agreement form
☐ Completed EDI Enrollment form
☐ Enrolled in Ramp Management for Validation Testing
☐ Created two unique test files containing prior production claims

☐ Completed Validation Testing

☐ Completed Parallel Testing

2. Business Scenarios

Example A below is a claim for services rendered before the mandated ICD-10 implementation date. Diagnosis codes will be from the ICD-9 codeset.

Example B below is a claim for services rendered after the mandated ICD-10 implementation date. Diagnosis codes will be from the ICD-10 codeset.

Example C below is a claim for a newborn baby which has not yet been assigned a Harvard Pilgrim Health Care member ID. The member ID and last name used on the claim will be that of the baby's mother. The date of birth and gender will be that of the newborn baby.

Example D below is a Coordination of Benefits (COB) claim for a patient who has both Harvard Pilgrim Health Care insurance and Medicare.

3. Transmission Examples

a. Example 837 ICD-9 Claim

```
ISA*00*          *00*          *ZZ*NEHEN1234      *ZZ*NEHEN003
*110617*0915*^*00501*000009999*0*P*:~
GS*HC*00000001B*NEHEN003*20110617*0728*10001*X*005010X222A1~
ST*837*0001*005010X222A1~
BHT*0019*00*123456*20110617*0728*CH~
NM1*41*2*MEDICAL PRACTICE*****46*00000001B~
PER*IC*CONTACT NAME*TE*6175551212*FX*7815551212~
NM1*40*2*HARVARD PILGRIM HEALTH CARE*****46*NEHEN003~
HL*1**20*1~
NM1*85*2*MEDICAL PRACTICE*****XX*1999999999~
N3*PRACTICE ADDRESS~
N4*CITY*MA*017604567~
REF*EI*012345678~
HL*2*1*22*0~
SBR*P*18*******HM~
NM1*IL*1*LAST NAME*PATIENT****MI*HP345678901~
N3*STREET ADDRESS~
N4*CITY*MA*02215~
DMG*D8*19750625*F~
NM1*PR*2*HARVARD PILGRIM HEALTH CARE*****PI*NEHEN003~
CLM*1000123456789*152***11:B:1*Y*A*Y*Y*P~
REF*EA*123456789~
HI*BK:1105~
NM1*82*1*RENDERING*PROVIDER****XX*1888888888~
PRV*PE*PXC*208000000X~
LX*1~
SV1*HC:99213*152*UN*1***1~
DTP*472*D8*20110531~
REF*6R*12117 219~
SE*27*0001~
GE*1*10001~
IEA*1*000009999~
```

b. Example 837 ICD-10 Claim

```
ISA*00*          *00*          *ZZ*NEHEN1234      *ZZ*NEHEN003
*151022*0915*^*00501*000009999*0*P*:~
GS*HC*00000001B*NEHEN003*20151022*0728*10001*X*005010X222A1~
ST*837*0001*005010X222A1~
BHT*0019*00*123456*20151022*0728*CH~
NM1*41*2*MEDICAL PRACTICE*****46*00000001B~
PER*IC*CONTACT NAME*TE*6175551212*FX*7815551212~
NM1*40*2*HARVARD PILGRIM HEALTH CARE*****46*NEHEN003~
HL*1**20*1~
NM1*85*2*MEDICAL PRACTICE*****XX*1999999999~
N3*PRACTICE ADDRESS~
N4*CITY*MA*017604567~
REF*EI*012345678~
HL*2*1*22*0~
SBR*P*18*******HM~
NM1*IL*1*LAST NAME*PATIENT****MI*HP999999901~
N3*STREET ADDRESS~
N4*CITY*MA*02215~
DMG*D8*19750625*F~
NM1*PR*2*HARVARD PILGRIM HEALTH CARE*****PI*NEHEN003~
CLM*1000123456789*152***11:B:1*Y*A*Y*Y*P~
REF*EA*123456789~
HI*ABK:S97129A~
NM1*82*1*RENDERING*PROVIDER****XX*1888888888~
PRV*PE*PXC*208000000X~
LX*1~
SV1*HC:99213*152*UN*1***1~
DTP*472*D8*20151005~
REF*6R*12117 219~
SE*27*0001~
GE*1*10001~
IEA*1*000009999~
```

c. Example 837 Baby Claim

```
ISA*00*          *00*          *ZZ*HPHC8520       *ZZ*HPHC0001
*150612*2129*^*00501*000000356*0*P*:~
GS*HC*HPHC8520*HPHC0001B*20150612*212925*2559*X*005010X222A1~
ST*837*000000501*005010X222A1~
BHT*0019*00*32165AMT*20150612*212926*CH~
NM1*41*2*CLEARINGHOUSE*****46*552266884~
PER*IC*CONTACT NAME*TE*8888881122~
NM1*40*2*HPHC HMO*****46*HPHC0001~
HL*1**20*1~
NM1*85*2*BABY HEALTH PLACE*****XX*9999999995~
N3*555 LAKESHORE DRIVE~
N4*BOSTON*MA*022154912~
REF*EI*888888888~
PER*IC*BILLING OFFICE*TE*8005551212~
```

```
NM1*87*2~
N3*PO BOX 123~
N4*BOSTON*MA*022154920~
HL*2*1*22*0~
SBR*P*18*******HM~
NM1*IL*1*JOHNSON*BABY*B***MI*HP222222200~
N3*20299 IMAGINARY ADDRESS~
N4*ORLANDO*MA*04255~
DMG*D8*20150607*F~
NM1*PR*2*HPHC HMO*****PI*04271~
CLM*DISANHWXKJ5512*197***21:B:1*Y*A*Y*Y~
DTP*435*D8*20150607~
DTP*096*D8*20150609~
REF*D9*213546213625~
HI*BK:7683~
NM1*82*1*JONES*DOCTOR****XX*5555555559~
PRV*PE*PXC*2080N0001X~
NM1*77*2*RENDERING PROV OFFICE*****XX*2222222226~
N3*288 PARK BOULEVARD~
N4*BOSTON*MA*028165554~
LX*1~
SV1*HC:99464:GC::::ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN*197*UN*1***1~
DTP*472*D8*20150607~
REF*6R*1~
SE*36*000000501~
GE*1*2559~
IEA*1*000000356~
```

d. Example 837 COB Claim

```
ISA*00*          *00*          *ZZ*HPHC5556       *ZZ*HPHC0001
*150622*2122*^*00501*000002334*1*P*:~
GS*HC*HPHC5556*HPHC0001B*20150622*2122*4235*X*005010X222A1~
ST*837*000000001*005010X222A1~
BHT*0019*00*021062215000008*20150622*2122*CH~
NM1*41*2*MEDICAL PROFESSIONAL*****46*HPHC5556~
PER*IC*BOB DOBALINA*TE*6175551212~
NM1*40*2*HARVARD PILGRIM HC*****46*HPHC0001~
HL*1**20*1~
PRV*BI*PXC*207R00000X~
NM1*85*1*LASTNAME*DR FIRSTNAME****XX*9999999995~
N3*66 GRANITE WAY~
N4*PLATTSBURG*NH*155268854~
REF*EI*085861232~
HL*2*1*22*0~
SBR*S*18*******HM~
NM1*IL*1*TRUEHEART*TESS****MI*HPE78945600~
N3*2 RAILROAD CROSSING~
N4*HUNTSVILLE*NH*15588~
DMG*D8*19150505*F~
```

```
NM1*PR*2*HARVARD PILGRIM HEALTHCARE*****PI*HPHC0001~
N3*PO BOX 699183~
N4*QUINCY*MA*02269~
CLM*10005TT*18***11:B:1*Y*A*Y*Y*P~
HI*BK:V700*BF:41401*BF:4011*BF:2724~
NM1*DN*1*JONES*FLOYD*F***XX*4444444447~
NM1*77*2*FLOYD FLATTOP JONES MD~
N3*11 ABNER LANE~
N4*PORTSMOUTH*NH*226011054~
SBR*P*18*******MB~
AMT*D*0~
AMT*EAF*18~
OI***Y*P**Y~
NM1*IL*1*TRUEHEART*TESS****MI*999888777B~
N3*2 RAILROAD CROSSING~
N4*HUNTSVILLE*NH*15588~
NM1*PR*2*MEDICARE*****PI*14212~
LX*1~
SV1*HC:81002*18*UN*1***1:2:3:4~
DTP*472*D8*20150511~
REF*6R*00227813001~
SVD*14212*0*HC:81002**1~
CAS*PR*49*18~
DTP*573*D8*20150619~
SE*35*00000001~
GE*1*4235~
IEA*1*000002334~
```

4. **Frequently Asked Questions**
    a) **What is your payer ID?** – Check the member's ID card to determine their product.
        a. If the patient's card indicates they have "Access America" then for places of service within MA, ME, and NH, it is 04271; for those in the rest of the United States, use 39026;
        b. For "Stride" members, regardless of area, the payer ID is 04245.
        c. For all other products, when services occur within MA, ME, NH, RI, and VT, use payer ID 04271, and when outside of these 5 New England states use 39026.
    b) **What does "Error Type 6" mean, when sending a file via SFTP?** – Unable to reach file on originating computer. Check that your local network or shared drive is connected.
    c) **What does it mean when my clearinghouse tells me my "Claim has been accepted by payer"?** – Some clearinghouses will report this the moment the claim file has been delivered to Harvard Pilgrim Health Care, it precedes a claim-level accept or reject message from Harvard Pilgrim Health Care.
    d) **When will we receive our response reports?** – 999 and TA1 within 2 hours, the 277CA can be up to three business days.
    e) **We intend to send claims through a clearinghouse; do we need to follow the testing process?** – No, it will be the responsibility of your clearinghouse to follow the instructions for testing and transmissions as presented in this document.
    f) **Does Harvard Pilgrim Health Care accept Coordination of Benefits claims?** – Yes, claims submitted with additional payer, and payer-paid information will be accepted and the other payer information used in adjudication. See example claim in section 11.
5. **Change Summary**

8/12/2011 - Version 1.01: Removed rules regarding decimals in ICD9s in Code Set Validation section.

11/1/2011 - Version 1.02: Corrected naming convention to include century in date stamp.

4/22/2013 - Version 1.03: Added blank Member Identification Number handling procedure; added maximum claim volume per file; corrected the number of diagnosis codes used in HPHC business rules and limitations.

8/12/2013 - Version 2.0: Re-worded Section 2 on Testing for clarity; added ICD-10 business rules in appendix D; added detail to TA1 description in Acknowledgements and reporting; added detail to code set validation in HPHC business rules and limitations.

5/18/2015 - Version 2.1: HTS was removed as an available transmission method in connecting and communicating; Line-level NPI will no longer overwrite other NPI in contact information; Paragraph on diagnosis code removed in HPHC business rules and limitations; ICD-10 implementation date changed in HPHC business rules and limitations; Coordination of benefits rule updated in HPHC business rules and limitations; Address information updated to include pay-to in HPHC business rules and limitations; CS837 information changed to remove version 4010 reference in HPHC business rules and limitations; limit of service lines removed in introduction

6/25/2015 - Version 3.0: There have been many changes to the 837P companion guide to make it more closely match the CAQH suggested formatting. Trade Partner Registration subsection added. Certification and Testing Overview subsection added. Transmission and Retransmission procedures subsection added. Passwords subsection added. Control segments subsection added for ISA/IEA, GS/GE, ST/SE. ICD-10 transition dates updated to reflect delayed mandate. Coordination of Benefits subsection updated to allow secondary commercial COB claims. Trade Partner Agreements section added. Implementation checklist subsection added. Business Scenarios subsection added. New example claims added for baby claims and COB. FAQ subsection added. Added additional items to the code set validation subsection.

4/12/2017 – Version 4: Section 1 – Removed redundant additional information paragraph. Section 2 – Changed suggested number of test claims to 25. Removed references to CS837 response. Section 3 – Removed section on ICD10 testing. Removed redundant paragraph on file processing timing. Removed CS837 reference. Section 4 – Changed "File Transfer Agent" and "FTA" to "Document Manager". Added Core SOAP transmission method. Reworded paragraph on SFTP passwords for clarity. Section 5 – Changed phone tree option number. Section 7 – Reworded Member Identification Numbers paragraphs for clarity. Added sentence on member first name search. Added sentence on line-item NPI usage. Reworded coordination of benefits paragraph for clarity. Reworded schedule paragraph for clarity. Section 8 – Removed CS837 reference. Added EFT paragraph. Reworded general response notes paragraph for clarity. Section 10 – Removed CS837 reference. Section 11 – Removed reference to CS837.

11/28/2017 - Version 4.1: Section 4 - Updated CAQH SOAP section for clarity, added wsdl URL.

2/6/2019 - Version 4.1.1: Section 7 - Corrected schedule from 11:00 upload to 10:00; Section 9 - Updated website navigation directions

12/15/2023 – Version 4.1.3: Section 11- Appendices Frequently Asked Questions updated to change covered states in question A.