Account reconciliation

Information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport Connect℠. For UnitedHealthcare's related policies/procedures, please go to http://www.uhcprovider.com.

Explanation of Payment report

An itemized Harvard Pilgrim Explanation of Payment (EOP) report or 835 Electronic Remittance Advice accompanies payment for services rendered to members for both paper and electronic claims submitters. For details and enrollment information, please refer to the Electronic Services page on the provider website.

- Electronic Funds Transfer and companion 835 Electronic Remittance Advice is available through Harvard Pilgrim's EFT vendor Payspan.
- 835 Electronic Remittance Advice (ERA) for providers receiving paper check can be delivered directly to your organization or clearinghouse.
- The EOP/ERA identifies the paid and denied claims that are associated with a payment number.
- You may receive EOPs or ERAs that do not have a payment associated with them. These will be for claims adjudicated to a zero-pay amount (i.e., denied, or payable amount applied to member cost share, or in the event of a recoupment of an overpayment).
- The adjudication system selects the appropriate HIPAA compliant Group Codes, Claim Adjustment Reason Codes and Remittance Advice Remark Codes based on final disposition of claim lines. These codes indicate if services have been paid or denied.

Pend reports

A separate report is created for every product line (commercial and indemnity) to identify any pended claims. Pend reports are mailed bi-weekly, sorted by product line. Pended commercial claims are reported one week and pended indemnity claims are reported the next week. HIPAA compliant Claim Status Codes indicate that services have been pended.

E-channel reporting

The following reports are available to direct submitters (*HPHConnect*, NEHEN and EDI-Direct) to help manage accounts receivable:

- **File Acknowledgement/999 Report** — provides confirmation that your claim files have been accepted or rejected by Harvard Pilgrim.
- **277 Claim Acknowledgement Report** — notifies you within 24-72 hours of the payer's claims acceptance or rejection.
- **Electronic Remittance Advice/835 (optional)** — provides you with an electronic Explanation of Payment (EOP) that can be automatically posted to your billing system.

Claim status

Harvard Pilgrim recommends that providers determine if a claim has paid, is in process, or has been denied and access claims history electronically. Claims status is available 24 hours a day, seven days a week using the HIPAA-compliant claims status feature available in our secure portal, NEHEN*Net,* NEHEN and EDI-Direct. It takes 7-10 days to view a claim that was submitted via a clearinghouse or through one of Harvard Pilgrim's electronic channels.

To access Harvard Pilgrim's automated claim status service or to speak to a representative regarding claim status, including clarification of any pended or adjudicated claim status, contact the Provider Service Center at 800-708-4414.

PUBLICATION HISTORY

01/01/12	removed First Seniority contact information
03/15/17	reviewed document; administrative edits for clarity
10/01/21	annual review; administrative edits
12/01/21	reviewed document; administrative edits
01/01/23	reviewed; administrative edits
08/15/24	updated web address for UnitedHealthcare and removed phone number
10/01/24	removed Provider Call Center email address
02/26/25	administrative edits
11/15/26	administrative edits, updated links to online resources