Electronic claims

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 www.uhcprovider.com/

Benefits

Filing electronic claims results in fewer claim errors, more control over claim data accuracy, improved cash flow, and lower operating costs. Electronic claims may be submitted directly to Harvard Pilgrim through a preferred e-channel or indirectly through an intermediary.

E-channels

Submit HIPAA-compliant Professional (837P) claims and Institutional (837I) claims directly to Harvard Pilgrim 24 hours a day, seven days a week, using any of our e-channels — our secure portal and EDI options including NEHENNet, NEHEN or EDI-Direct, and others. Advantages of sending claims directly to Harvard Pilgrim include:

- Submit claims attachments through our secure portal.
- No transaction fees (no cost per claim).
- The highest level of customer service support and response.
- Confirmation that your claim file has been received.
- Response reports within 24-72 hours (claim acceptance/rejection, including reject reason).
- Optional Electronic Remittance Advice (electronic version of an Explanation of Payment).
- Claim status availability using the 276/277 transaction, or online in our secure portal for providers or NEHEN and NEHENNet.

Request electronic claim submission

To initiate a request to submit electronic claims directly, contact the EDI Team at edi_team@point32health.org.

Harvard Pilgrim does not require pre-enrollment for electronic claims submitted through a clearinghouse. To identify the correct electronic payer ID be sure to view the back of member's ID card, view Harvard Pilgrim's payer ID reference guide.

Companion guides, trade partner agreement, and EDI enrollment forms for electronic claims submission are available on the EDI page.

Helpful hints for electronic claims submissions

Claim receipt date

The electronic claim receipt date is the date the claim is received by Harvard Pilgrim's EDI engine; it is not the date of submission. Claims received after 2:00 p.m. are assigned the following business day receipt date. (Claims received after 2 p.m. on Friday are assigned Monday as receipt date, or Tuesday when Monday is a holiday.)

Electronic claim reports

Review all electronic claim reports provided by Harvard Pilgrim or the intermediary (i.e., clearinghouse).

- Response reports are returned within 24-72 hours (48-96 hours for clearinghouses).
- Explanations of Payment (EOP) reports and 835 electronic remittance advice (ERA) transactions are generated weekly.
- Contact the EDI team at edi_team@point32health.org if more than four days elapse (10 days for clearinghouses) without receipt of a response to an electronically submitted claim (i.e., accepted/rejected).
- Each report should be saved locally until all claims have been returned on an EOP or 835 ERA.
- For documentation purposes, the minimum time to save response reports should be 90 days after the filing limit.
- Accepted claims status is available on our secure portal, NEHENNet, and NEHEN within seven days (10 for clearinghouses) of electronic claims receipt.

Common reasons for submission failures

Errors in	Tip
Most Common Causes	
Member eligibility	Use our secure portal, NEHENNet, NEHEN or 270/271 transactions to verify the accuracy of member information prior to submission.
Provider information	Be sure that the servicing provider National Provider Identifier (NPI) is valid and accurately entered in the appropriate fields.
Other Common Causes	
Claim submitted to incorrect payer	View the back of the member's card for correct electronic payer ID, view Harvard Pilgrim's payer ID reference guide or contact the EDI team.
Incorrect member information	• Special characters, such as hyphens (Smith-Jones) and apostrophes (O'Leary) are acceptable for last names. Reduce last name rejects by placing a space or hyphen between the two last names. • When entering the Harvard Pilgrim member ID number, do not use dashes or spaces. • For numbers with an "HP0" prefix, use the numeric zero (0), not the letter O (e.g., HP0123456, not HPO123456). • Be careful to distinguish between an ID beginning with "HPS"(HPS123456) and "HP" followed by the number 5 (HP5123456).
Invalid provider of service number or servicing provider field is blank	Often due to a change in a provider's practice or tax ID affiliation. • Always notify the Harvard Pilgrim Provider Processing Center, EDI Team, and the clearinghouse when changes in the provider's practice affiliation and/or tax ID numbers occur.
Procedure codes, diagnosis codes, modifiers	• Submit claims with industry-standard coding. • Do not use any special characters in the diagnosis codes (e.g., commas, hyphens, or decimal points). • Code all diagnosis codes to the highest level of specificity.
Naming convention	Ensure proper naming convention before submitting the claim file (our Harvard Pilgrim Companion Guides can help with this).

Provider identifiers

Providers are required to submit their National Provider Identifier (NPI) in electronic transactions; this includes claims submitted electronically. Harvard Pilgrim expects to receive a provider's NPI as the primary identifier in all claims except for atypical providers. Atypical providers are not eligible for NPIs and should continue to submit their legacy provider IDs.

Please see the Harvard Pilgrim Companion Guides for specific information on loops, segments and elements used in reporting the provider NPI.

Special considerations for group and individual providers

	Group Provider		Individual Provider	
Description	You have historically submitted claims to Harvard Pilgrim using a single NPI for all providers within a group. Examples include: • Physical, Occupational or Speech therapy • Some ER, anesthesia, radiology or pathology groups • Independent lab • Ancillary facility (e.g., Home Care, DME, ART, Early Intervention)		You have historically used a different NPI number for each physician in the practice to bill for their rendering provider services. This individual provider ID is also used by Primary Care Physicians as their referring provider ID. Examples include: • Physicians within a group practice • Solo practitioners	
EDI Submissions	**2420A**	Group NPI in NM109	**2420A**	Individual NPI in NM109
	2310A	Referring Provider NPI in NM109	**2310A**	Referring Provider NPI in NM109
	2310B	Group NPI in NM109	**2310B**	Individual NPI in NM109
	2010AA	Group NPI in NM109 Group TIN in REF02	**2010AA**	Individual NPI in NM109 Organization TIN in REF02
	EDI Claim: As a group contract entity, you may choose to submit provider information at the 2010AA loop only. In this instance, the provider information in loop 2010AA will be used to adjudicate the claim. A valid TIN must be included in 2010AA Billing Provider loop.		**EDI Claim:** The provider information at the service line Rendering provider loop (2420A) can overwrite the provider information in the claim level Rendering provider (2310B) and Billing Provider (2010AA) loops. Similarly, if rendering provider information is supplied only in 2310B, this information will overwrite provider information in 2010AA. A valid TIN must be included in Billing Provider loop.	

Failure to submit in accordance with these instructions may result in claim(s) rejection(s).

Rejected claim assistance

If your claim was rejected and you are not sure why, or you do not know how to correct it, the EDI Team can help you determine the corrective action. Contact the EDI Team as soon as possible to ensure that the claim is resubmitted before the filing limit expires.

EDI team

Harvard Pilgrim's EDI Team is responsible for all phases of testing and implementation for new electronic claims submitters. In addition, the EDI Team also supports existing electronic claims submitters.

Staff are available Mon.– Fri., 8 a.m.–5 p.m.

EDI contact: E-mail: edi_team@point32health.org

PUBLICATION HISTORY

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03/15/17	reviewed document; administrative edits for clarity; added incorrect payer information to other common causes table
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09/11/23	updated for behavioral health insourcing effective on 11/01/23
08/15/24	updated web address for UnitedHealthcare and removed phone number
04/01/26	updated web address for payer ID reference guide
11/15/26	administrative updates for clarity; updated links to online resources