Harvard Pilgrim
HealthCare

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Harvard Pilgrim Health Plan

HIPAA Transaction
Standard Companion Guide (270/271, 005010X279A1)

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

Companion Guide Version Number: 1.8.3

Preface

- This Companion Guide to the ASC X12N Technical Report Type 3 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 Technical Report Type 3 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 Technical Report Type 3 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 Guides.

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INTRODUCTION

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 guide is designed 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 reporting and identifies codes and data elements that do not apply to Harvard Pilgrim. This guide supplements (but does not contradict) requirements in the ASC X12N 270/271 (version 005010X279A1) implementation. This information 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 270/271.

- The third part contains the Tables and Appendices that show the segments and elements affected, code listings, and examples of the X12 data for the 270/271.

References

- The ASC X12N 270/271 (version 005010X279A1) Technical Report Type 3 guide for Health Care Eligibility Benefit Inquiry and Response has been established as the standard for eligibility transactions and is available at http://www.wpc-edi.com/HIPAA .

- Harvard Pilgrim Health Care is certified by the Council for Affordable Quality Healthcare [CAQH] to meet the Committee for Operating Rules for information Exchange [CORE] requirements for this transaction. Additional information is located at http://www.caqh.org

- Harvard Pilgrim Health Care's Web site containing documentation on e-transactions for providers is located at https://www.harvardpilgrim.org/provider/.

Technical Requirements

- Harvard Pilgrim Health Care supports the 270/271 ASC X12N version 005010X279A1 for benefit inquiries and responses. Providers wishing to receive the 271 must support this version. We employ both real time and batch transactions.

- Real Time 270s have a single ST/SE loop, one information source, one information receiver, one subscriber loop, and one dependent loop when needed. For trading partners using the NEHEN portal, (see Section 1 CONNECTING AND COMMUNICATING on page 6), the last character of the GS02 element is set to "R" on the 270. Typical turnaround time is under 10 seconds during which the portal connection is held open.

- Batch 270s can take up to 24 hours to process a response. A single 271 is created for each 270 submitted. Up to 99 inquiries can be included per ST/SE loop. For trading partners using the NEHEN portal, (see Section 1 CONNECTING AND COMMUNICATING on page 6), the last character of the GS02 is set to "B" on the 270.

- Harvard Pilgrim Health Care also accepts and processes very large benefit inquiry batch files. A maximum of 99,000 inquiries per file can be submitted. HPHC's response to all inquiries in the incoming 270 file is returned in one 271 response file, usually within 24 hours of a batch inquiry file submission. If a trading partner plans to submit batch files in excess of 10,000 inquiries, the schedule of submission must be determined with HPHC.

- Harvard Pilgrim Health Care has specific requirements for very large batch inquiries. Each inquiry file may contain one, and only one, Interchange Control Header and Trailer (ISA/ISE segments) and one, and only one, functional group header and trailer (GS/GE segments). The one, and only one, functional group may contain a maximum of 1,000 ST/SE segments. Each transaction set may contain a maximum of 99 inquiries per ST/SE segments and a maximum of one file per day may be submitted.

Trading Partner Registration and Agreement

- 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 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 or to edit existing information.

- NOTE: Billing agents complete this form only when electing to use the File Transfer Agent via HPHConnect e-channel: 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.

TESTING

Creating a Test File

- Trading partners must create multiple 270s for testing purposes as part of their test plan. It is recommended that the data content and codes used mirror what is used in production. For a batch file, a minimum of 25 inquiries must be included in each test transaction. For real-time transactions, Harvard Pilgrim recommends a minimum of 10 successful tests before sending production inquiries.

Ramp Management

- Harvard Pilgrim Health Care employs the Edifecs Ramp Management software tool for trading partner self-testing. Trading partners are provided with a user name and password in order to access the Web site and upload test files for automatic verification.

Test Plan

- Harvard Pilgrim Health Care provides the trading partner a test plan specific to their organization before testing begins. Two successful and unique submissions are required for a pass to production. Successful tests are defined as passing validation in Ramp Management and completing a round-trip submission and response through the chosen e-channel.

- HPHC provides support for testing Monday -Friday 8:30 AM to 5:00 PM EST.

1 CONNECTING AND COMMUNICATING

e-Channels

- Harvard Pilgrim Health Care provides five options for submission of production 270s. 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.

- **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:

- HTTP Version 1.1

- CSOAP Version 1.2

- SSL Version 3 to TLS Version 1.2

- Health Care Eligibility Benefit Inquiry and Response Version 005010X279A1

  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

- **CAQH MIME** - Harvard Pilgrim Health Care supports the use of HTTP MIME Multipart existing envelope standards and has implemented the HTTP MIME Multipart envelope standards as identified in CAQH CORE Phase II Connectivity standards (http://www.caqh.org/pdf/270.pdf).

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

  - HTTP Version 1.1

  - SSL Version 3.0 to TLS Version 1.2

  - MIME Version 1.0

  - Health Care Eligibility Benefit Inquiry and Response Version 005010X092A1

Harvard Pilgrim Health Care provides certificates to use in place of a user ID and password for SOAP and CMIME upon completion of enrollment process.

Message specifications for CSOAP and CMIME

Envelope Element	Specification
Payload Type	005010X279A1
Processing Mode	RealTime or Batch
SenderID	ISA06 value as assigned by HPHC
ReceiverID	HPHC0001
CORE Rule Version	4.0.0
Certificate Version	X509

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

Additional Information for MIME:

- The MIME Multipart/Form-Data (IETF RFC 2388)

- http://www.faqs.org/rfcs/rfc2388.html

Security

- A Harvard Pilgrim Health Care guiding principle is to maintain the confidentiality of personal health information. HPHC has a strict confidentiality policy for safeguarding patient, employee, and health plan information. All staff are required to comply with HPHC's policy on the confidentiality of member personal and clinical information to ensure that it is treated in a confidential and respectful manner. This 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), HPHC 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 HPHC's electronic trading partners during our initial discussions. HPHC offers a variety of solutions to transmit protected health information (PHI) using a public network. In accordance with Harvard Pilgrim Health Care Policy and the HIPAA Security Rule, any PHI 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 Health Care's policy requires that the HPHC Information Security Officer approve the use of any encryption technology 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.

Maintenance

- Routine maintenance is performed on Thursday nights between 7:00 PM and 12:00 AM EST. It is not recommended that files be submitted during this time. Trading partners may receive rejection messages indicating that HPHC is unable to process their transaction at that time.

2   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)

- **Email:** edi_team@point32health.org

- **Web site:** https://www.harvardpilgrim.org/provider/

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)

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

3   HPHC BUSINESS RULES AND LIMITATIONS

Envelope Identifiers

- 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 NEHENnet: 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**

Extended Character Set

- Harvard Pilgrim Health Care accepts all of the basic character set characters, and most of the extended character set characters as defined in the X12 T3 guide.

Terminators and Separators

- Effective September 1st of 2016, Harvard Pilgrim Health Care will use the same control characters on all outbound transactions.

- Segment Terminator: ~   Tilda

- Element Delimiter: *   Asterisk

- Element Sub-Delimiter: :   Colon

- Repetition Separator: ^   Carrot

Member Identification Numbers

- In accordance with the Technical Report Type 3 guide, section 1.4.2: "The dependent is 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 Health Care members are considered subscribers.

- Harvard Pilgrim Health Care performs only one search per member identified. If the complete 11-character member ID is provided and the search fails, the system does not search again on partial member ID, name, or date of birth. Similarly, if a partial member ID is provided and the search fails, the system does not search again on name, date of birth, or gender.

- Complete Harvard Pilgrim Health Care member IDs, including suffix, are 11-character alphanumeric values, (e.g. **HP123456700**). The last two digits [(e.g., **00**)] represent the member suffix. If a member ID is sent without the two digit suffix, we attempt to match members using the exact last name, date of birth, and partial first name.

- Choice Plus Joint Offering and Options Joint Offering products (sold jointly by Harvard Pilgrim Health Care 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, HPHC also accepts a concatenated member and group number, (e.g. **123456789123456**). As these members are not all uniquely identified with their own member number some may be dependents as defined by the Technical Report Type 3 guide.

- Healthplans Inc. member IDs begin with "HH" and are typically 9 characters long (e.g. **HHE123456**), however they may also include an additional two characters to specify individual members on a policy (e.g. **HHE12345601**).

- **Note**: Member IDs should not include hyphens or spaces.

- If HPHC receives a 270 benefit request in which a subscriber is identified as a dependent, or a dependent identified as a subscriber, we will return the 270 with the member relocated to the appropriate loop.

Name Matching

- Harvard Pilgrim Health Care attempts to match partial first names to members when a complete member ID is not available. Only the first three characters are used when conducting this comparison.

First Name on 270	Member First Name	Result
Ben	Benjamin	Match
Mei Ling	Mei-Ling	Match

First Name on 270	Member First Name	Result
John	Jonathan	No Match

-

- Additionally, in accordance with the CAQH-CORE requirements http://www.caqh.org/pdf/258.pdf , we normalize the patient last name in the submitter's 270 and compare it to a normalized version of our own stored information to best achieve a match. When making the comparison:

- The match will not be case sensitive

- We remove the following characters: ! " & ' ( ) * + , - . / ; ? =

- We remove the character strings JR, SR, I, II, III, IV, V, RN, MD, MR, MS, DR, MRS, PHD, REV, ESQ if:

  - preceded by a comma, forward slash, or space

  - followed by a space, and appearing at the end of the last name field

Last Name on 270	Member Last Name	Result
O'Hare	O Hare	Match
Tellington Jones	Tellington-Jones	Match
Jones III	Jones	Match
Smith	Smith III	Match
Sanders/Meyer	Sanders Meyer	Match
Jack	Jacques	No Match
Smith	Smythe	No Match

AAA Segment and Error Reporting

- Harvard Pilgrim Health Care complies with the X12 Technical Report Type 3 guide and CAQH Core Phase II rules regarding use of the AAA segments for errors and rejections of benefit inquiries. For more information, please visit: http://www.caqh.org/.../COREPIIPolicies-Rules.pdf

Benefit Inquiry Information Segment

- In addition to the "All Services" code (30), HPHC supports searches using specific Service Type Codes in the EQ01 when supplied by the Trading Partner.

- Some specific request codes, when submitted in the EQ01, yield multiple code responses, or codes that are different from the original EQ01. See Appendix B on page 17 for details.

- Inquiring Provider

- When possible, HPHC will include the participation status of the inquiring provider in loop 2100B of the 271. See Appendix C for details of included messages. This information is determined based on the submitted Information Receiver TIN, NPI, and Zip+4 from the 270. The participation status may be linked to the EB*A, EB*B and any corresponding MSG segments to determine applicable patient responsibility.

- Example:

EB*A or EB*B & Associated MSG EB*B**3^20^82^93^98^A0^A3^BH^BY^UC***27*75*****Y MSG*Specialist-Tier 3	REF02 Content REF*JD*TIER 3 SPECIALIST
EB*A or EB*B & Associated MSG EB*B**3^20^82^93^98^A0^BH^BY^UC***27*15*****Y MSG*PCP/Select Specialist-Tier 2	REF02 Content REF*JD*TIER 2 PCP/SELECT SPECIALIST

Supported Searches

- Harvard Pilgrim Health Care supports several different types of searches for members. Note that Patient Gender, if sent, will be used in the search in addition to the other information in a given search method.

- HPHC ID search: If Harvard Pilgrim Health Care receives a valid 11-character Harvard Pilgrim member ID (See section above on Member Identification Numbers), and the patient is a subscriber, no additional data is used for the search

- Primary Search Option: Patient is a subscriber with subscriber's Member ID, First Name, Last Name and Date of Birth [DoB]

- Primary Search Option: Patient is dependent with subscriber's Member ID, First Name, Last Name and dependent's DoB

- Alternative Search Option: Patient is subscriber with subscriber's Member ID, DoB, Last Name

- Alternative Search Option: Patient is dependent with subscriber's Member ID, DoB, Last Name

- Alternative Search Option: Patient is subscriber with subscriber's Member ID, Last Name, First Name

- Alternative Search Option: Patient is dependent with subscriber's Member ID, Last Name, First Name

- Optional Search: Patient is a subscriber with Last Name, DoB

- Optional Search: Patient is a dependent with Last Name, DoB

- Optional Search: Patient is a subscriber with subscriber's Member ID, DoB

- Optional Search: Patient is a dependent with subscriber's Member ID, DoB

Additional Notes

- HPHC does not include the PCP loop when the member's product states a PCP is not required (e.g., preferred provider organization or open access HMO).

- If the national provider identifier is unavailable for a member's Primary Care Physician (PCP), HPHC returns the PCP's full name and address, and phone number when known.

- Member and provider information submitted on an eligibility inquiry does not update the member and provider information stored in HPHC's claims processing system. If the member is found and is eligible, HPHC returns the member and provider information stored in its claims processing system.

- Benefit information will be repeated if there are two or more messages [MSG] segments that apply to that benefit.

4   ACKNOWLEDGEMENTS AND REPORTING

- Harvard Pilgrim Health Care issues the following reports to indicate the acceptance or rejection of files.

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 270 batch file. No 999s are sent for real time submissions of 270 transaction. HPHC returns the 999 as it begins processing the 270 batch file. For this reason, there is a delay between receipt of the benefit inquiry 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 loop has failed, the remainder of the file will still be processed.

TA1 - Interchange Acknowledgement Request

- TA1—Harvard Pilgrim Health Care supports the Interchange Acknowledgement Request (TA1) when requested by submitters with the ISA14 value of one. 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 a 270 file.

- **Note:** 999 and TA1 are also sent for CAQH SOAP and CAQH MIME channels.

5   TABLES

270 Data Specifications

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
Header	ISA	Interchange Control Header			
			05	Interchange ID Qualifier	Expected value: "ZZ"
			06	Interchange Sender ID	See Section 6, HPHC Business Rules and Limitations on page 9

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
			07	Interchange ID Qualifier	Expected value: "ZZ"
			08	Interchange Receiver ID	See Section 6, HPHC Business Rules and Limitations on page 9
			16	Component Element Separator	Expected value: ":"
Header	GS	Functional Group Header			
			02	Application Sender's Code	See Section 6, HPHC Business Rules and Limitations on page 9
			03	Application Receiver's Code	See Section 6, HPHC Business Rules and Limitations on page 9
2100A	NM1	INFORMATION SOURCE NAME			
			01	Entity Identifier Code	Expected value "PR"
			03	Name Last or Organization Name	Expected value: "HARVARD PILGRIM HEALTH CARE"
			08	Identification Code Qualifier	Expected value: "PI"
			09	Identification Code	= Interchange Receiver ID (ISA08)
2100C	REF	Subscriber Additional Information			
			01	Reference Identification Qualifier	If used, expected value is "6P" for group number
2100C	DTP	Subscriber Date			
			01	Date Time Qualifier	If used, expected value is "291"
			03	Date Time Period	If date range is submitted, only the first date is used

271 Data Specifications

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
Header	ISA	Interchange Control Header			
			01	Authorization Information Qualifier	"00"
			03	Security Information Qualifier	"00"
			05	Interchange ID Qualifier	"ZZ"
			07	Interchange ID Qualifier	"ZZ"
2100A	NM1	Information Source Name			
			01	Entity Identifier Code	"PR"
			03	Name Last or Organization Name	"HARVARD PILGRIM HEALTH CARE"
			08	Identification Code Qualifier	"PI"
			09	Identification Code	HPHC0001" or "NEHEN003"
2100B	REF	Information Receiver Additional Information			
			01	Reference Identification Qualifier	"JD"
			02	Reference Identification	See Appendix C: Inquiring Provider User Information
2100C	NM1	Subscriber Name			
			09	Identification Code	Subscribers sent in the 270 as dependents are returned as subscribers
2100C	REF	Subscriber Additional Information			First iteration

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
			01	Reference Identification Qualifier	For Joint Offering with United Healthcare member account, this is "6P"
			02	Reference Identification	6-digit group number
2110C	MSG	Message Text			
			01	Free Form Message Text	See Appendix D: MSG Segment Text List
2120C	NM1	Subscriber Benefit Related Entity Name			
			01	Entity Identifier Code	P3
2120D	NM1	Dependent Benefit Related Entity Name			
			01	Entity Identifier Code	P3

6 APPENDICES

A. Service Type Codes

Code	Description
1	Medical Care
2	Surgical
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
11	Used Durable Medical Equipment
12	Durable Medical Equipment Purchase
13	Ambulatory Service Center Facility
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
22	Social Work
30	Health Benefit Plan Coverage
33	Chiropractic
35	Dental Care
40	Oral Surgery
42	Home Health Care
45	Hospice
47	Hospital
48	Hospital - Inpatient
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
62	MRI/CAT Scan
65	Newborn Care
68	Well Baby Care
73	Diagnostic Medical
76	Dialysis
78	Chemotherapy

Code	Description
80	Immunizations
81	Routine Physical
82	Family Planning
86	Emergency Services
88	Pharmacy
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
93	Podiatry
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A3	Professional (Physician) Visit - Home
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
AB	Rehabilitation - Inpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AL	Vision (Optometry)
BH	Pediatric
MH	Mental Health
NI	Neonatal Intensive Care
UC	Urgent Care

B. Service Type Code Mapping

Service Type Inquiry EQ01	Service Type Response EB03
2 - Surgical	2, 7, 8, 13, 20, 48, 53
4 - Diagnostic X-ray	4, 62
11 - Used Durable Medical Equipment	11, 12, 18
12 - Durable Medical Equipment Purchase	11, 12, 18
13 - Ambulatory Service Center	13, 53
18 - Durable Medical Equipment Rental	11, 12, 18
30 - Health Benefit Plan Coverage	All
47 - Hospital	47, 48
48 – Hospital Inpatient	48, 47
50 - Hospital Outpatient	4, 5, 50, 62, AD, AE, AF, BG
51 - Hospital - Emergency Accident	51, 86
52 - Hospital - Emergency Medical	52, 86
53 - Hospital - Ambulatory Surgical	13, 53
62 - MRI/Cat Scan	4, 62
73 - Diagnostic Medical	4, 5, 62, 73
88 - Pharmacy	88 - Pharmacy
	91 - Brand Name Prescription Drug
	91 - Brand Name Prescription Drug
	91 - Brand Name Prescription Drug
	92 - Generic Prescription Drug
98 - Professional (Physician) Office Visit	98, UC
BH - Pediatric	BH
A6 - Psychotherapy	For effective benefit dates prior to 11/1/2023: EB01 = U
A7 - Psychiatric – Inpatient	
A8 - Psychiatric – Outpatient	
AI - Substance Abuse	
MH – Mental Health	

C. Inquiring Provider User Information

Products	REF02 Content
HMO, PPO and POS plans for which member's copayment or coinsurance vary based on the provider Tier	TIER 1 PCP/SELECT SPECIALIST TIER 2 PCP/SELECT SPECIALIST TIER 3 PCP/SELECT SPECIALISTTIER 1 SPECIALIST TIER 2 SPECIALIST TIER 3 SPECIALISTTIER 1 PARTICIPATING HOSPITAL OR VENDOR TIER 2 PARTICIPATING HOSPITAL OR VENDOR TIER 3 PARTICIPATING HOSPITAL OR VENDOR
"Focus Network" plans participating provider status	EASY ACCESS PCP/SELECT SPECIALIST EASY ACCESS SPECIALIST AUTHORIZED ACCESS
"GIC Primary Choice", "Focus Network", "Elevate Health", "BIDMC Select" and "BMC Limited" plans with a limited provider network – providers are not participating for the Member's plan. Also when provider is not contracted with Harvard Pilgrim.	NON PARTICIPATING
Certain plans with specified low cost (LP) providers	LP PROVIDER
HMO, PPO and POS plans	PCP/SELECT SPECIALIST SPECIALIST PARTICIPATING HOSPITAL OR VENDOR
Additional information is needed to identify the provider's status for the member's plan	TIN & ADDRESS & ZIP+4 NEEDED FOR PROVIDER STATUS
The inquiring provider is unknown to Harvard Pilgrim and no determination of the provider's status can be made.	UNKNOWN NPI OR TIN

•

D. MSG Segment Text List

• Allergy Injection
• Early Intervention
• Non-preferred
• Other Specialist
• PCP Select Specialist
• Preferred Network
• Primary Care Provider
• Select Preventive

•	Specialist
•	Surgical Day Care
•	THIS MEMBER PARTICIPATES IN A LIMITED NETWORK PLAN. PROVIDERS, VERIFY YOUR PARTICIPATION STATUS BEFORE RENDERING SERVICES. ALSO CHECK PARTICIPATION STATUS OF REFERRED TO PROVIDERS BEFORE REFERRING MEMBER FOR SERVICES.
•	Tier 1
•	Tier 2
•	Tier 3
•	Tier 4
•	Tier 5

E. Sample 270

- ISA*00*   *00*   *ZZ*NEHEN999   *ZZ*NEHEN003 *110119*0844*^*00501*123456789*1*P*:~

- GS*HS*NEHEN999*NEHEN003B*20110119*0844*123456789*X*005010X279A1~

- ST*270*123456789*005010X279A1~

- BHT*0022*13*123456789*20110119*0844~

- HL*1**20*1~

- NM1*PR*2*Harvard Pilgrim Health Care*****PI*NEHEN003~

- HL*2*1*21*1~

- NM1*1P*2*MEDICAL PRACTICE*****XX*9999999999

- HL*3*2*22*0~

- NM1*IL*1*LAST*FIRST****MI*HPP01234500~

- DTP*291*D8*20110119~

- EQ*30~

- SE*11*123456789~

- GE*1*123456789~

- IEA*1*123456789~

F. Sample 271

ISA*00*   *00*   *ZZ*HPHC0001   *ZZ*HPHC1234
*130328*2318*^*00501*000000021*0*P*:
GS*HB*HPHC0001B*HPHC1234*20130328*2318*1*X*005010X279A1
ST*271*1234*005010X279A1
BHT*0022*11*987654321*20130328*231839
HL*1**20*1
NM1*PR*2*HARVARD PILGRIM HEALTH CARE*****PI*HPHC0001
PER*IC*HARVARD PILGRIM HEALTH CARE*TE*8007084414
HL*2*1*21*1
NM1*FA*1*DOCTOR*DR****XX*9999999999
REF*JD*TIER 2 SPECIALIST
HL*3*2*22*0
TRN*2*987654321*9HPHC1234
NM1*IL*1*LAST SR*FIRST*M***MI*HPP12345600
REF*IF*HPHC03
N3*555 STREET NAME
N4*CITY NAME*MA*01234
DMG*D8*19450101*M
DTP*346*D8*20130101
EB*1**30*PR*MA PPO-Independence
DTP*356*D8*20130101
EB*CB**30**Self Insured
EB*1**1^2^3^4^5^6^7^8^11^12^13^18^20^33^40^42^44^45^47^48^50^51^52^53^62^65^67^68^73
^76^78^80^81^82^86^88^93^98^99^A0^A2^A3^A6^A7^A8^AB^AD^AE^AF^AG^AI^AL^B2^BG^
BH^BW^BX^BY^BZ^CE^CF^CG^CH^CI^CJ^CO^GF^MH^PT^UC
EB*1**GY
MSG*Allergy Injection
EB*1**22
MSG*Early Intervention
EB*A**AG***27**.20****Y
EB*A**3^4^5^6^7^11^12^13^18^20^33^40^42^44^45^48^50^53^62^65^67^68^73^76^78^80^81^8
2^93^98^99^A0^A2^A3^AB^AD^AE^AF^AG^AL^BG^BH^BY^BZ^CO^PT^UC***27**.20****N
EB*A**GY***27**.20****N
MSG*Allergy Injection
EB*B**33^AD^AE^PT***27*20*****Y
EB*B**4***27*35*****Y
EB*B**51^52^62^86***27*100*****Y
EB*B**13^53***27*150*****Y
EB*B**3^20^78^82^93^98^A0^A3^AL^BG^BH^BY^UC***27*20*****Y
MSG*Tier 1
EB*B**48***27*250*****Y
MSG*Tier 1
EB*B**3^20^78^82^93^98^A0^A3^AL^BG^BH^BY^UC***27*35*****Y
MSG*Tier 2
EB*B**48***27*500*****Y
MSG*Tier 2
EB*B**3^20^78^82^93^98^A0^A3^AL^BG^BH^BY^UC***27*45*****Y
MSG*Tier 3

EB*B**48***27*750*****Y
MSG*Tier 3
EB*B**B2^GF***27*10*****Y
MSG*Tier 1
EB*B**BW^BX***27*20*****Y
MSG*Tier 1
EB*B**B2^GF***27*25*****Y
MSG*Tier 2
EB*B**BW^BX***27*50*****Y
MSG*Tier 2
EB*B**B2^GF***27*50*****Y
MSG*Tier 3
EB*B**BW^BX***27*110*****Y
MSG*Tier 3
EB*U**MH^A6^A7^A8^AI^CE^CF^CG^CH^CI^CJ
LS*2120
NM1*VN*2*UNITED BEHAVIORAL HEALTH*****PI*87726
N3*P.O. BOX 30602
N4*SALT LAKE CITY*UT*84130
PER*IC**TE*8887774742
LE*2120
EB*C*FAM*30***23*800*****N
DTP*356*D8*20130101
EB*C*FAM*30***29*800*****N
DTP*356*D8*20130117
EB*C*FAM*30***23*750*****Y
DTP*356*D8*20130101
EB*C*FAM*30***29*653.11*****Y
DTP*356*D8*20130117
EB*C*IND*30***23*400*****N
DTP*356*D8*20130101
EB*C*IND*30***29*400*****N
DTP*356*D8*20130117
EB*C*IND*30***23*250*****Y
DTP*356*D8*20130101
EB*C*IND*30***29*153.11*****Y
DTP*356*D8*20130117
EB*G*IND*30***23*3000*****N
DTP*356*D8*20130101
EB*G*IND*30***29*3000*****N
DTP*356*D8*20130117
SE*84*1234
GE*1*1
IEA*1*000000031

F. Changes to Behavioral Health reporting effective 11/1/2023:

EB*1**A6^A7^AI^CE^CF^CG^CH^CI^CJ^MH********Y
EB*1**A8********Y

MSG*Group Therapy
EB*1**A8*********Y
MSG*Individual Therapy
EB*1**3********N*Y
MSG*Telemedicine BH
EB*I**A8*********N
MSG*Group Therapy
EB*I**A8*********N
MSG*Individual Therapy
EB*I**3*********N
MSG*Telemedicine BH
EB*I**1^2^3^4^5^6^7^8^11^12^13^18^20^33^42^44^45^47^48^50^53^62^65^67^68^69^73^76^78
^79^80^81^82^93^98^99^A0^A1^A2^A3^A4^A5^A6^A7^AB^AG^AI^AJ^AK^AL^BB^BD^BG^B
H^BV^BY^BZ^CE^CF^CG^CH^CI^CJ^CO^CQ^MH^NI^RT*********N
EB*A**42^44^45^48^62^65^76^A7^AB^AG^NI***27**0***Y*Y
EB*A**A8***27**0***N*Y
MSG*Group Therapy
EB*A**A8***27**0***N*Y
MSG*Individual Therapy
EB*A**3***27**0***N*Y
MSG*Telemedicine BH
EB*B**A8***27*25****N*Y
MSG*Individual Therapy
EB*B**3***27*25****N*Y
MSG*Telemedicine BH
EB*B**A8***27*10****N*Y
MSG*Group Therapy
EB*B**48^A7***27*275****Y*Y
EB*C*IND*A8***27*0*****Y
MSG*Group Therapy
EB*C*IND*A8***27*0*****Y
MSG*Individual Therapy
EB*C*IND*3***27*0*****Y
MSG*Telemedicine BH

G. Revision History

- Version 1.1 – 4/22/2011

- Removed erroneous paragraph from Member Identification section

- Added code: [88 – Pharmacy] to Service Type Code Mapping table, Appendix B

- Version 1.2 - 5/10/2011

- Added Identification of Third Party Representation Form to Trading Partner Registration and Agreement section - chapter 1

- Corrected 271 Table MSG segment business rule

- Version 1.3 – 5/24/2011

- Added toll free phone number to Contact Info section 4

- Version 1.4 – 6/6/2011

- Fixed Provider Manual URL in Contact Information section 4

- Removed "Healthplans Inc. member numbers" from Member Identification Numbers in section 5

- Added revision history appendix

- Version 1.5 – 4/14/2014

- Added detail on supported search methods in section 5

- Added additional notes on reporting other payers in section 5

- Added new service type codes in section 8

- Updated the Service Type Code mapping for mental health carve-out in section 8.B

- Updated sample 271 in section 8.E

- Inquiring Provider information added in section 5

- Inquiring Provider segments added to the 271 table in section 7

- Inquiring Provider text added to appendix C

- Message segment text is now appendix D

- 270 sample is now appendix E

- 271 sample is now appendix F

- Revision history is now appendix G

- Limited Network information added to Msg Info appendix D

Version 1.6 – 06/20/2016

- Added extended character set rule in section 5

- Removed loop 2100 C in 271 Data Specifications in section 7

- Added Tier 5 to MSG Segment Text List section 8

- Added information on real-time testing in section 2

- Changed the URL for the WSDL in section 3

- Added Segment Terminators and Separators to section 5

- Removed Pipe exclusion from section 5

- Added MIME information in section 3

Version 1.6.1 - 10/31/2018

- Corrected ISA13 from HPHC0003 to HPHC0001

Version 1.6.2 - 1/29/2021

- Added Neonatal Intensive Care to section 8

Version 1.6.3 – 6/6/2022

- Updated email addresses to Point32Health

Version 1.6.4 – 6/15/2022

- Updated Harvard Pilgrim Health Care website URLs

Version 1.7 – 09/14/2023

- Updated 271 examples to show new Behavioral Health reporting effective 11/1/2023

Version 1.8 & 1.8.1 – 5/29/2024, 6/18/2024

- Updated Introduction regarding EDI Authorization form, changed to EDI Enrollment form. Removed direct phone number.

Version 1.8.2 – 9/24/2024

- Effective 10/1/2024 provider_callcenter@point32health.org is no longer in use.

Version 1.8.3 – 12/5/2024

- Removed fax number