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Harvard Pilgrim Health Plan

HIPAA Transaction
Standard Companion Guide (276/277, 005010X212E2)

Refers to the Technical Report Type 3 Based on x12 version 005010E2

Companion Guide Version Number: 2.12

General Business

Preface

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

General Business

Table of Contents

1   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.

The primary focus of this document is to clarify specific segments and data elements for submission to Harvard Pilgrim Health Care on the 276 Claim Status Request, and certain information on the 277 Response Transaction. This guide supplements (but does not contradict) requirements in the ASC X12N 276/277 (version 005010X212E2005010X212E2) implementation. This information should be given to the provider's business area to ensure that claim status responses are interpreted correctly.

References

- The ASC X12N 276/277 (version 005010X212E2005010X212E2) Implementation Guide for Health Care Claim Status Request and Response has been established as the standard for Claim Status Request and Response 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 Homepage - Harvard Pilgrim Health Care - Provider

Technical Requirements

Harvard Pilgrim Health Care supports the 276/277 ASC X12N version 005010X212E2 for health care claim status inquiries and responses. Providers wishing to receive the 277 must support this version. We employ both real time and batch transactions.

Real time 276 transactions have a single ST/SE loop, one information source, one information receiver, and one subscriber loop. Typical turnaround time is under 10 seconds during which the portal connection is held open.

Batch 276 transaction files can take up to 24 hours to process a response. A single 277 is created for each 276 submitted. Up to 99 inquiries can be included per ST/SE loop.

Harvard Pilgrim Health Care also accepts and processes very large claim status inquiry batch files. A maximum of 99,000 inquiries per file can be submitted. HPHC's response to all inquiries in the incoming 276 file is returned in one 277 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 coordinated with HPHC.

Trading Partner Registration and Agreement

Two 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.

2 TESTING

Ramp Management

Harvard Pilgrim Health Care employs the Edifecs Ramp Management software tool for trading partner self-testing. Trading partners are provided with a username 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. Ten successful and unique submissions are required in Ramp Management for a pass to the second stage of testing. Successful tests are defined as passing validation in Ramp Management. Contact the EDI Team (See Section 4: CONTACT INFORMATION) to begin setting up your portal connections.

Creating a Test File

For trading partners wishing to use batch 276, users will need to create multiple inquiries for testing purposes as part of their test plan. In order to receive a 277 response, EDI Team personnel will identify multiple claims for the provider that are available in our Provider Test system, these will be incorporated into the test files.

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

3 CONNECTING AND COMMUNICATING

e-Channels

Harvard Pilgrim Health Care provides three options for submission of production 276s. 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:

- **HPHConnect Document Manager** Harvard Pilgrim Health Care's highly acclaimed web-based transaction service. Only batch file transmissions are supported.

- **CSOAP (Simple Object Access Protocol)** - 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.

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

  - HTTP Version 1.1

  - CSOAP Version 1.2

  - TLS Version 1.2

- Health Care Claim Status Request and Response Version 005010X212E2

- Core II wsdl:
  http://www.caqh.org/sites/default/files/SOAP/WSDL/CORERule2.2.0.wsdl

- Core IV wsdl:
  http://www.caqh.org/sites/default/files/core/wsdl/CORERule4.0.0.wsdl

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

- Provider needs an HPHC-issued X12 client certificate to connect to HPHC over HTTPs.

- **CMIME** - 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 (https://www.caqh.org/sites/default/files/core/phase-ii/policy-rules/250-v5010.pdf).

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

  - HTTP Version 1.1

  - MIME Version 1.0

  - TLS version 1.2

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

  - MIME memo available at: http://www.faqs.org/rfcs/rfc2388.html

  - Health Care Claim Status Request and Response 005010X212E2

  - Core II wsdl:
    http://www.caqh.org/sites/default/files/SOAP/WSDL/CORERule2.2.0.wsdl

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

  - Provider needs an HPHC-issued X12 client certificate to connect to HPHC over HTTPs.

  Harvard Pilgrim Health Care provides asynchronous x509 encryption certificates for SOAP and CMIME connections upon completion of enrollment process. Users will need to install the certificates on the sending machine in order to establish a secure connection with the receiving system. The certificates expire in 1 year and will need to be updated with new certificates to prevent an interruption of service. Harvard Pilgrim will contact the trading partner 30 days prior to the certificate expiration for renewal -- please notify Harvard Pilgrim if there has been a change in contact information for your organization.

Message wrapper specifications for CSOAP and CMIME

Envelope Element	Specification
Payload Type	X12_276_Request_005010X212
Processing Mode	RealTime or Batch
Sender ID	ISA06 value as assigned by HPHC
Receiver ID	HPHC0001
CORE Rule Version	2.2.0 or 4.0.0
Certificate Version	X509

Security

Maintaining the confidentiality of personal health information continues to be one of Harvard Pilgrim Health Care's guiding principles. HPHC has a strict confidentiality policy for safeguarding patient, employee, and health plan information. All staff is 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 trading partner 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 transport layer security software capabilities, and only a browser with support for 256-bit encryption is acceptable under this policy.

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.

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:

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

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:

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

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/provider/provider-manual/

5   HPHC BUSINESS RULES AND LIMITATIONS

Envelope Identifiers

Harvard Pilgrim Health Care supplies each trading partner with the Submitter and Sender Identifiers for the envelope elements as a part of the setup process. The Interchange Receiver (ISA08) is HPHC0001 and the Application Receiver ID (GS03) is HPHC0001B.

Simple File Structure

For batch files, there should be one inquiry per ST/SE transaction with multiple ST/SE transactions within a single file.

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. Harvard Pilgrim cannot accept the pipe character "I" in 276 transmissions.

Member Identification Numbers

In accordance with the Technical Report Type 3 Guide, section 1.4.1.1: "Loop 2000E is used only when necessary to identify a patient who is a dependent that does not have a unique identification number." 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.

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 subscriber 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.

Note: Member IDs should not include hyphens or spaces.

For trading partners that want to verify member or subscriber IDs, Harvard Pilgrim Health care recommends the use of the 270 Eligibility Benefit Inquiry and Response transaction.

Other Products and Plans

For some plans in which Harvard Pilgrim participates, Harvard Pilgrim is not the information source for Claim Status.

For information on claims with Harvard Pilgrim's affiliates, please refer to their respective resources:

HPI: 800-532-7575

Medicare Stride: 888-609-0692

Passport Connect: 800-708-4414

Student Resources: 1-800-977-4698

Provider Search

While the billing provider is the preferred search criteria for claim status inquiries, Harvard Pilgrim will accept either the billing or rendering provider for the claim in question. If the rendering provider is used and multiple claims are found, the search will fail if the claims have different billing providers.

Claim Header for Each Claim

The Harvard Pilgrim system does not have a claim header for each claim. Because the data is stored at the line level only, a date match cannot occur unless the 276 identifies the first date of service within the month in question.

Date of Service Available

Harvard Pilgrim will reject inquiries for claims with a date of service older than 18 months.

It may take 5 business days for a claim to be available for an inquiry once it has been sent to Harvard Pilgrim. Once the 277CA response file has been received, the claim is available.

Minimum Search Requirements

In order to identify the claim in question and confirm the authority of the requestor to view the claim data, the following fields are required in a 276 inquiry:

- Member last name

- Member first name

- Member ID (exclude hyphens or spaces)

- One of the following:

    o Harvard Pilgrim payer claim control number [REF*1K] (Recommended for best results)

    o Provider claim number [REF*EJ]

- Date of Service

- One of the following:

    o Billing provider NPI or atypical provider ID

    o Rendering provider NPI or atypical provider ID

- Note that resubmitted claims will require a DCN for disambiguation, otherwise results may not be visible.

Date of Service

If a date range is sent for the date of service, only the start date will be used to identify the claim. If the start date matches with any date within the date of service of the claim, the claim information will be returned.

Claim Status and Explanation of Payment (EOP) Information

The 276/277 transaction pair is designed to provide information only on the *status* of a claim. It is not intended to be used as an EOP and does not contain detailed information about payments other than the date and amount paid. The Health Care Payment/Advice transaction (the 835) is used to convey claim payment information such as Copay, Denied amount, Deductible, Risk, etc.

6   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 transaction (999) and uses it for all batch 276 transactions, and for failed RealTime transactions. HPHC returns the 999 as it begins processing the 276 batch file. For this reason, there is a delay between receipt of the claim status request 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 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 processes

TA1 - Interchange Acknowledgement Request

TA1—Harvard Pilgrim Health Care supports the Interchange Acknowledgement Request (TA1) 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 a 276 file.

277 Response File Claim Status Code List

The primary indicator of claim status is the STC-01 element in loop 2200D of the 277 response. The values below represent the most common responses from HPHC.

Codes	Explanation
E0:187	Date of service in request is older than 18 months
D0:35	Claim not found
D0:155:1P	Provider not authorized to view claim data
D0:97:IL	Member not found
D0:464	More information needed to identify claim (please include HPHC payer claim control number and/or billed amount and resubmit)
P2:0	Claim is pended

Codes	Explanation
F1:65	Claim has been paid
F2:0	Claim has been denied
E0:538	Response not possible due a missing a claim identifier (Patient Control Number or Payer Claim Number)
E1:484	System unable to respond -- please try again later

7   TABLES

276 Data Specifications

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
Interchg	ISA	Interchange Control Header			
			05	Interchange ID Qualifier	Expected Value: ZZ
			06	Interchange Sender ID	HPHC assigned during setup
			07	Interchange ID Qualifier	Expected Value: ZZ
			08	Interchange Rx ID	HPHC0001
Group	GS	Functional Group Header			
			02	Application Sender's Code	HPHC assigned during setup
			03	Application Receiver's Code	HPHC0001B
2100A	NM1	Payer Name			
			03	Name Last or Organization Name	Expected value: HARVARD PILGRIM HEALTH CARE
			08	Payer Name	Expected value: PI
			09	Identification Code	Expected value: HPHC0001B
2100C	NM1	Provider Name			
			08	Identification Code Qualifier	"XX" for providers with an NPI, "SV" for atypical providers

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
			09	Identification Code	NPI or HPHC-assigned provider ID for atypical providers
2200D/E	REF	Payer Claim Control Number			
			02	Reference Identifier	<mark>Either the Payer Claim Control Number or Patient Control Number must be submitted</mark>
2200D/E	REF	Patient Control Number			
			02	Reference Identifier	<mark>Either the Payer Claim Control Number or Patient Control Number must be submitted</mark>
2200D/E	AMT	Claim Submitted Charges			
			02	Total Claim Charge Amount	If submitted, will be used in claim search.
2200D/E	DTP	Claim Service Date			
			03	Claim Service Period	If a date range is submitted, HPHC will use only the start date.
2210D/E	SVC	Service line Information			Service line information is not used

277 Data Specifications

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
2200D/E	STC	Claim Level Status Information			
			06	Date	Adjudication Finalized date populated if STC01-1 is F1 (paid) or F2 (denied)
2200D/E	REF	Payer Claim Control Number			
			01	Reference ID	"1K"

Loop ID	Segment Type	Segment Designator	Element ID	Data Element	HPHC Business Rule
			02	Payer Claim Control Number	HPHC-assigned claim number
2200D/E	REF	Payer Claim Control Number			
			01	Reference ID	"EJ"
			02	Patient Control Number	Provider-assigned claim identifier. If no Payer Claim Control Number is sent, then this is required

8   APPENDICES

A. Example 276 Recommended HPHC Claim Number Search Criteria

When the HPHC-issued claim ID is included in the inquiry, the following fields will be used to perform the search:

1	Billing Provider NPI	9999999999
2	HPHC-assigned claim number	20200105M12345
3	Date of Service	20200103

#	Loop	
		ISA*00* *00* *ZZ*HPHC9999 *ZZ*HPHC0001 *200215*1334*^*00501*123000001*0*P*:~
		GS*HR*HPHC9999*HPHC0001B*20200215*1334*1*X*005010X212E2~
		ST*276*0001*005010X212E2~
		BHT*0010*13*ABC123*20200215*0400~
	2000A	HL*1**20*1~
	2100A	NM1*PR*2*HARVARD PILGRIM HEALTH CARE*****PI*HPHC0001B~
	2000B	HL*2*1*21*1~
	2100B	NM1*41*2*SUBMITTER NAME*****46*HPHC9999~
	2000C	HL*3*2*19*1~
1	2100C	NM1*1P*2*MEDICAL PROFESSIONALS INC*****XX***9999999999**~
	2000D	HL*4*3*22*0~
	2000D	DMG*D8*19890101*F~
	2100D	NM1*IL*1*LASTNAME*FIRSTNAME****MI*HP123456700~
	2200D	TRN*1*1234567890~
2	2200D	REF*1K***20200105M12345**~
3	2200D	DTP*472*D8***20200103**~
		SE*14*0001~
		GE*1*1~
		IEA*1*123000001~

B. Example 276 Patient Control Number Search Criteria

When the HPHC-issued claim ID is not included in the inquiry, the following fields will be used to perform the search:

1	Rendering Provider NPI	5555555555
2	Member ID	HP123456700
3	Patient Control Number	PT12345
4	Billed Amount (optional)	$140.00
5	Date of Service Start	20200103

#	Loop	
		ISA*00* *00* *ZZ*HPHC9999 *ZZ*HPHC0001 *200215*1334*^*00501*123000001*0*P*:~
		GS*HR*HPHC9999*HPHC0001B*20200215*1334*1*X*005010X212E2~
		ST*276*0001*005010X212E2~
		BHT*0010*13*ABC123*20200215*0400~
	2000A	HL*1**20*1~
	2100A	NM1*PR*2*HARVARD PILGRIM HEALTH CARE*****PI*HPHC0001B~
	2000B	HL*2*1*21*1~
	2100B	NM1*41*2*SUBMITTER NAME*****46*HPHC9999~
	2000C	HL*3*2*19*1~
1	2100C	NM1*1P*2*MEDICAL PROFESSIONALS INC*****XX***5555555555**~
	2000D	HL*4*3*22*0~
	2000D	DMG*D8*19890101*F~
2	2100D	NM1*IL*1*LASTNAME*FIRSTNAME****MI***HP123456700**~
	2200D	TRN*1*1234567890~
3	2200D	REF*EJ***PT12345**~
4	2200D	AMT*T3***140**~
5	2200D	DTP*472*RD8***20200103**-20200105~
		SE*15*0001~
		GE*1*1~
		IEA*1*123000001~

C. Example 277 For a Paid Claim

The below example shows a 277 response to an inquiry where the claim was found and has been paid:

1	Claim Status Code, Claim Charged Amount, Claim Paid Amount	
2	Harvard Pilgrim Claim ID	123456M12345
3	Provider Claim ID	PCN123
4	Clearinghouse ID	CIN123456789
5	Service ID, Line Item Charged Amount, Line Item Paid Amount	99213, 230, 84.75

#	Loop	
		ISA*00* *00* *ZZ*HPHC0001 *ZZ*HPHC9999 *190515*1334*^*00501*123000001*0*P*:~
		GS*HN*HPHC0001B*HPHC1234*20190515*1334*1*X*005010X212E2~
		ST*277*0001*005010X212E2~
		BHT*0010*08*ABC123*20190515*0400*DG~
	2000A	HL*1**20*1~
	2100A	NM1*PR*2*HARVARD PILGRIM HEALTH CARE*****PI*HPHC0001B~
	2100A	PER*IC**TE*8007084414~
	2000B	HL*2*1*21*1~
	2100B	NM1*41*2*FACILITY*****46*9999999999~
	2000C	HL*3*2*19*1~
	2100C	NM1*1P*1*LASTNAME*DOCTOR****XX*9999999999~
	2000D	HL*4*3*22*0~
	2100D	NM1*IL*1*LASTNAME*FIRSTNAME****MI*HP123456700~
	2200D	TRN*2*1234567890~
1	2200D	STC***F1:65***20200220***230***84.75
2	2200D	REF*1K***123456M12345***~
3	2200D	REF*EJ***PCN123***~
4	2200D	REF*D9***CIN123456789***~
	2200D	DTP*472*RD8*20190422-20190422~
5	2200D	SVC*HC:**99213***230***84.75*****1~
	2200D	STC*F1:65*20200220*******F1:65~
	2200D	REF*FJ*1000~
	2200D	DTP*472*RD8*20190422-20190422~
		SE*21*0001~
		GE*1*1~
		IEA*1*123000001~

D. Revision History

Version 2 – 02/24/2020

All sections reworded for clarity and space

Removed identification of third-party representative Form section

Section 3: Removed FTA. Removed NEHEN. Removed NEHENNet. Added Document Manager. Updated SOAP and MIME specifications.

Section 4: Updated contact information

Section 5: Removed NEHEN identifiers. Added other products and plans. Added provider search. Added Harvard Pilgrim claim number. Added minimum search requirements.

Section 6: Added response file claim status code list.

Section 7: 276 Table - added claim submitted charges. Added service line information. 277 Table - Added provider name. Added subscriber name.

Section 8: Updated example raw data and added notes

Version 2.01 - 08/05/2020

Section 5: Minimum search requirements updated. Date of service section added

Section 6: Additional code added

Version 2.02 - 8/10/2020

Section 7: 276 Table - added Payer Claim Control number

Version 2.03 - 8/20/2020

Section 6: Removed D0:128:8

Version 2.04 - 9/28/2020

Section 6: Added D0:97:IL

Version 2.05 - 10/30/2020

Section 5: Added note to Date of Service and Minimum Search

Version 2.06 - 4/27/2021

Section 5: Added X12 codes to claim identifiers

Version 2.07 - 5/6/2021

Section 2: Changed number of tests required in Ramp Management

Section 3: Added maintenance schedule

Section 5: Updated minimum recommended search, and availability times

Section 7: Added Patient Control Number and Payer Claim Control Number

Version 2.08 – Changed email addresses to Point32Health

Version 2.09 – Updated Harvard Pilgrim Health Care website URLs

Version 2.10 – Removed direct line

Version 2.11 -- Effective 10/1/2024 provider_callcenter@point32health.org is no longer in use.

Version 2.12 – Removed fax number