6. CLAIMS EDI PROCESSING PROCEDURES

A. Claims EDI Processing General Information

A. Electronic submission of claims helps to speed processing and ensure accuracy and security. While direct submission of claims is allowed, this option is more practical for large Provider groups and facilities. Many Providers and billers may find that a more realistic method is to utilize a claims clearinghouse.

B. Claims Data contains private healthcare information; therefore, it must comply with HIPAA regulations. For electronic claims, data exchanged by IEHP must comply with the ANSI ASC X12 standards as well as the IEHP Companion Guide. For purposes of claims data interchange, these standards apply to claims data, claim receipt, claim status acknowledgments, and claims payment remittances. The standards also dictate data requirements and the appropriate file formats.

C. For a better understanding of these formats, visit X12 at https://x12.org. X12is responsible for the maintenance and distribution of the officially sanctioned implementation guides for each file type. Whether a Provider, Facility or Third Party, Claims can be directly submitted to IEHP for purposes of payment there are several steps that must be completed in order to be approved:

1. **Submitter Enrollment**
   a. Enrollment Form Completion.
   b. The contract, Trading Partner Agreement, or Business Associates Agreement with IEHP.
   c. Submitter ID/Submitter SFTP account assignment.
2. **EDI Testing**
   a. SFTP connection testing.
   b. X12 implementation guide file format for all relevant file types to ensure the file meets X12 Standards.
3. **Submitter Certification for Each Relevant File Type**
   a. Provisional approval at the successful conclusion of all testing.
   b. Written (Email attachment) notification of Submitter approval.
4. **File Size Limitation**
   a. Institutional and Professional is limited to 5K per file.
5. **Claim files Manifest Report**
   a. IEHP requires a daily manifest report in order to reconcile the submissions from the trading partner to the files received and processed by IEHP.

After all, steps are completed; the submitter is eligible to directly submit electronic claims to IEHP. This document will describe the steps to become a direct electronic claims submitter and the expectations after approval is complete.

6. CLAIMS EDI PROCESSING PROCEDURES

B. EDI Enrollment Process

To ensure a smooth enrollment process, a completed enrollment form must be submitted to the EDI department at IEHP, providing all information needed to get started. This includes details about the enrollee, the primary and technical contacts, and the types of claims EDI transactions being requested: 837I, 837P.

If the enrollee will be submitting for multiple Providers, the attached schedule can be used to list the Providers. After the form is completed and signed, a scanned copy can be emailed to IEHP at edispecialist@iehp.org

The enrollment form can also be used when a change is required, such as change of address or a submitter needs to be added or removed from the schedule. The enrollment form can be used to cancel enrollment as well.

Trading Partner Agreement

In addition to the enrollment form, a Trading Partner Agreement (TPA) may be required in some circumstances. In the case that the enrollee will be acting as a third-party agent for the claims submitter, such as with a clearinghouse, biller, or bank, a TPA will be needed.

This agreement clarifies the HIPAA and HITECH privacy and security responsibilities of IEHP and the enrollee. It is required, that the hardcopy is signed and returned back to IEHP by mail to the Compliance Department, at Attention: Compliance Department, Inland Empire Health Plan P.O. Box 1800, Rancho Cucamonga, CA 91729-1800

Submitter ID & SFTP Account

Upon receipt of the enrollment form, the IT Specialist for Claim (EDI Department) will start the process for configuration setup for enrollment. IEHP Helpdesk will create the Submitters credentials for the usage for the exchange of all Inbound and Outbound Claims Data Files.

Protecting the Privacy and Security of Your Health Information

The privacy and security of patient health information is IEHP top priority for patients and their families, health care providers and professionals, and the government. Federal laws require many of the key persons and organizations that handle health information to have policies and security safeguards in place to protect your health information whether it is stored on paper or electronically.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security, and Breach Notification Rules are the main Federal laws that protect your health information. The Privacy Rule gives you rights with respect to your health information. The Privacy Rule also sets limits on how your health information can be used and shared with others. The Security Rule sets rules for how your health information must be kept secure with administrative, technical, and physical safeguards.

6. CLAIMS EDI PROCESSING PROCEDURES

C. EDI Testing

SFTP Connection Testing

A. After the submitter ID and Secure File Transfer Protocol (SFTP) credentials have been created, a new enrollee will work with the Service Delivery Team to test the connection to the SFTP server. Test files will be uploaded and downloaded to ensure no problems exist with the credentials before moving on to testing claims files.

Implementation Guide/Companion Guide Testing

A. During the IG/CG testing, submitters are required to submit fifty (50) 837I claims, and one hundred fifty (150) 837P claims to the specific test subfolders on the SFTP to be evaluated for compliance with the X12 Implementation guide and the IEHP Companion Guide.

B. The IT EDI Specialist analyzes test files and validates against the Implementation Guide, (IG), and IEHP Companion Guide, (CG), file format requirements, verifying that all loops and segments are included as required. Any issues found will be documented and reported back to the submitter for investigation, correction, and submission of a new test file.

C. This step may repeat several times until all concerns have been addressing. After the IT EDI Specialist has indicated that test files are consistently showing no signs of structural errors over several iterations, the files will be advanced into the next phase of testing.

Front-End WEDI SNIP Validation

A. IEHP Front-End system utilizing Electronic Data Interchange (WEDI) Strategic National Process (SNIP) Validation. Any claims that do not pass WEDI SNIP Validation will be rejected. Below are a few examples of Clearinghouse and Direct Submitter SNIP level requirements.

ISNIP Level 1: EDI Syntax Integrity Validation

A. Syntax errors also referred to as Integrity testing, which is at the file level. This level will verify that valid EDI syntax for each type of transaction has been submitted. Errors can occur at the file level, batch level within a file or individual claim level. It is therefore possible that an entire file or just part of the file could be rejected and sent back to submitter when one of these errors is encountered.

B. Examples of these errors include but not limited to:

1. Invalid date or time
2. Invalid telephone number
3. The data element is too long i.e. the claim form field expects a numerical value 9 character long but reads 10 or more characters.
4. Field “Name” is required on the Rejected Response Transaction i.e. Field ID is missing. It is required when Rejected Response is “R”

WEDI SNIP Level 2: HIPAA Syntactical Requirement Validation

A. This level is for HIPAA syntax errors. This level is also referred to as Requirement Testing. This level will verify that the transaction sets adhere to HIPAA Implementation guides.

B. Examples of these errors include but not limited to:

1. Date of Service is required when ICD-10-CM Code is reported. (ES: sentence is not clear)
2. Claim number limit per transaction when exceeded
3. Name is required when ID is not sent

C. The IT EDI Specialist will document and report any issues to the submitter and request additional test files as needed until tested files consistently pass at or below the acceptable rejection rate.

D. Note: Additional SNIP Level validations may apply based on Regulatory requirements.

6. CLAIMS EDI PROCESSING PROCEDURES

D. Claims Processing

1. File Transmission

IEHP utilizes a Secure File Transfer Protocol (SFTP) server for all claims file exchanges, https://sftp.iehp.org, which can be accessed directly from a browser, or through an SFTP capable client. Each direct submitter is assigned an account and a home directory on the SFTP. Within this home directory are several subfolders, each of which serves a specific purpose:

Location

Submitter must place in their Claim Data File in the following location '/Three Digit Submitter ID/5010/HSP/Inbound'. -Upon receipt of submitters, Claim Data File IEHP will be generated the following response files in return in the following location '/Three Digit Submitter ID/5010/HSP/Outbound'.

The SFTP server will be available twenty-four (24) hours a day, seven (7) days a week for posting and picking up files. Please note that claim processing only takes place during regular business hours.

If for any reason IEHP's SFTP server is not accessible, please email the EDI department at EDISpecialist@iehp.org. Provide your SFTP account username and indicate any specific errors received. IT EDI Specialist will work as quickly as possible to determine the cause and resolve the issue.

6. CLAIMS EDI PROCESSING PROCEDURES

D. Claims Processing

2. File Naming Convention

Institutional: Claims

The naming convention for Hospital EDI Claim submissions consists of the following:

A. All file names start with the Provider's Three (3)-Digit Submitter ID number.

B. The 4th character is 'I' for institutional hospital claims.

C. The 5th through 10th characters for the date the file was created, MMDDYY.

D. The 11th character is file sequence identifier sent on the same day, A-Z. (If needed, the 12th character may be used, AA-ZZ).

E. Following the 11th Character file sequence identifier, please add _HSP, see example below

   1. Example: (ABCI060518A_HSP.837)

Professional: Claims

The naming convention for Medical EDI Claim submissions consists of the following:

A. All file names start with the Submitter's Three (3)-Digit Submitter ID number.

B. The 4th character is 'P' for institutional hospital claims.

C. The 5th through 10th characters for the date the file was created, MMDDYY.

D. The 11th character is file sequence identifier sent on the same day, A-Z. (If needed, the 12th character may be used, AA-ZZ).

E. Following the 11th Character file sequence identifier, please add _HSP, see example below

   1. Example: (ABCP060518A_HSP.837)

Claims Data Manifest Reconciliation Report

The naming convention for Manifest EDI Claim submissions consists of the following:

A. All file names start with the Submitter's three-(3) digit Submitter ID number.

B. The 4th, 5th character is 'MF' for Manifest report.

C. The 6th through 11th characters for the date the file was created, MMDDYY.

D. The extension must be MF.PGP to identify the Manifest.

999-Functional Acknowledgement File

The purpose of the 999 Functional Acknowledgement is to confirm if the submitted file passed standard level syntax and structure HIPAA validations. The response 999 file is generally available the same day the claim/encounter file is submitted. To verify if the file was accepted or rejected at this level, look for the IK5 and AK9 segments. If these two segments are followed by an 'A' the file was accepted. If these two segments are followed by an 'E' the file "accepted with errors" and 277CA Claims Acknowledgement report will follow. If the two segments are followed by an 'R' the file was rejected at this level. If the file is rejected at this level, the 277CA report will not follow.

277CA Claims Acknowledgement File

The 277CA Health Care Claim Status Response transaction set is to report on the status of claims (837 transactions). The transaction Information provided in a 277 transaction generally indicates the disposition of the claim – rejected, denied, approved for processing. If the claim has been denied or rejected, the transaction may include an explanation, such as if the patient is not eligible. For denied or rejected claims, work with IEHP's EDI staff to work towards a resolution.

Outbound Response Files

The following files can be located in the following directory path: Three Digit Submitter ID /5010/HSP/Outbound/

Outbound 835- Electronic Remittance Advice

The following files can be located in the following directory path: Three Digit Submitter ID /5010/HSP/Outbound/

- Effective 01/01/2021 IEHP has added the Other Healthcare Coverage (OHC) to the IEHP's 835 file. This information can be found in Loop 2100 in the below fields:
  - OHC Carrier Name
  - Group Number (Member Group ID)
  - Member ID Number (Policy Number)
  - OHC Phone Number

Frequently Asked Questions

Q: What is the role of the Clearinghouse?

A: The term "Health Care Clearinghouse" is defined as a public or private entity that processes or facilitates the processing of nonstandard data elements of health information into standard data

elements. Clearinghouse will provide for the collection of the information needed to successfully exchange EDI transaction between provider and the payer. Clearinghouse will establish consistent editing acknowledgment & error handling of the Electronic Data Interchange (EDI) transaction across the network providers.

Q: Will the National Provider Identification (NPI) number be required for claims submission?

A: Yes, NPI will be required.

Q: What will the New MBI Medicare Beneficiary ID look like?

A: The MBI will be different from the HICN and RRB number. The MBI will have 11 Characters in length. The MBI will consist of numbers and uppercase letters no special.

Q: Is there a limit on how many Claims can be submitted in one transaction?

A: Yes, ISA/ IEA transaction sets should not exceed 5,000 claims.

Q: Can we submit more than one file per day?

A: Yes, however the file naming convention will need to be incremented **per the instructions** outlined in section 6.EDI PROCESSING PROCEDURES D. Claims Processing File Naming Convention.