16. IEHP 835 STANDARD COMPANION GUIDE

Standard Companion Guide (CG) Transaction Information

Effective January 1, 2022

IEHP Instructions related to Implementation Guides (IG) based

On X12 Version 005010X221A1
Health Care Claim Payment/Advice (835)

Companion Guide Version Number: 1.0
2022

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BACKGROUND

The EDI 835 transaction set is called Health Care Claim Payment and Remittance Advice. It has been specified by HIPAA 5010 requirements for the electronic transmission of healthcare payment and benefit information. The EDI 835 is used primarily by Healthcare insurance plans to make payments to healthcare providers, to provide Explanations of Benefits (EOBs), or both. When a healthcare service provider submits an 837 Health Care Claim, the insurance plan uses the 835 to detail the payment to that claim, including:

- What charges were paid, reduced or denied
- Other Health Coverage (OHC), If member has more than one Insurance Coverage
- Whether there was a deductible, co-insurance, co-pay, etc.
- Any bundling or splitting of claims or line items
- How the payment was made, such as through a clearinghouse

To enroll to receive 835s/ERAs through IEHP, please review and complete Attachment 16 IEHP ERA (835) Enrollment Form and submit the signed ERA Form to edispecialist@iehp.org.
INTENDED USE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirement documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12’s Fair Use and Copyright statement.

The below table represents only those fields that IEHP requires a specific value in or has guidance as to what that value should be. The table does not represent all the fields necessary for a successful transaction. The TR3 should be reviewed for that information.

ISA Segment - Interchange Control Header -

<table>
<thead>
<tr>
<th>Loop ID</th>
<th>Reference</th>
<th>Name</th>
<th>Codes</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISA</td>
<td>ISA05</td>
<td>Interchange ID Qualifier</td>
<td>ZZ</td>
<td>Mutually Defines</td>
</tr>
<tr>
<td>ISA06</td>
<td>ISA07</td>
<td>Interchange ID Qualifier</td>
<td>ZZ</td>
<td>Mutually Defines</td>
</tr>
<tr>
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<td>ISA08</td>
<td>Interchange ID Qualifier</td>
<td></td>
<td>IEHP assigned submitter code.</td>
</tr>
<tr>
<td>CLP</td>
<td>CLP06</td>
<td>Claim Filing Indicator Code</td>
<td>HM</td>
<td>Health Maintenance Organization</td>
</tr>
<tr>
<td>CLP07</td>
<td>CLP07</td>
<td>Payer Claim Control Number</td>
<td>IEHPs’ Claim Number</td>
<td>Ten digit numeric IEHP Claim Number</td>
</tr>
<tr>
<td>NM1</td>
<td>NM101</td>
<td>Corrected Priority Payer Name</td>
<td>PR</td>
<td>Payer</td>
</tr>
<tr>
<td>NM103</td>
<td>NM103</td>
<td>Corrected Priority Payer Name</td>
<td>Organization Name</td>
<td>Other Healthcare Coverage (OHC)</td>
</tr>
<tr>
<td>NM108</td>
<td>NM108</td>
<td>Identification Code Qualifier</td>
<td>XV</td>
<td>Centers for Medicare and</td>
</tr>
</tbody>
</table>
For IEHP Direct Submitters, Electronic Remittance Advice files can be located in the following IEHP SFTP path: Three Digit Submitter ID/5010/HSP/Outbound/

Please note that IEHPs 835s are generated upon IEHPs’ Check-Run completion.

For any questions or concerns please email edispecialist@iehp.org.
ERA (835) Enrollment Form

Type of Electronic Submission  ☐ 835/ERA  ☐ Web Portal  ☐ Both

Provider Information

Provider Name
Doing Business As (DBA, if Applicable)

Provider Physical Address

City
State
Zip Code

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN)  or  Employer Identification Number (EIN)

National Provider Identifier (NPI)
( Tween NP, if applicable)

Other Identifiers

Trading Partner Identifier (ID)

Provider Contact Information

Provider Contact Name
Title

Telephone Number with Extension
Email Address
Fax Number

Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier)
(Must match EFT Preference)

☐ Provider Tax Identification Number

☐ National Provider Identifier

Method of 835 Retrieval:  ☐ From health plan  ☐ Download from health plan website  ☐ From clearinghouse

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name
Telephone Number
Email Address
Attachment 16 – ERA 835 Enrollment Form

Reason for Submission

☐ New Enrollment  ☐ Change Enrollment  ☐ Cancel Enrollment

Authorized Signature

<table>
<thead>
<tr>
<th>Electronic/Written Signature of Person Submitting Enrollment</th>
<th>Printed Title of Person Submitting Enrollment</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Submission Date</th>
<th>Requested ERA Effective Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Consent to Access Remittance Advice (RA) via IEHP Provider Website Only**

IEHP’s goal is provide our Trading Partners with a convenient method of receiving the remittance advice (RA). We are requesting your consent to discontinue mailing paper RAs. After your authorization is received, you will obtain access to your RA through the IEHP secure website, www.iehp.org. To view your RA on the secure provider website, you must have access to the internet as well as the current version of Adobe Acrobat Reader. Our Trading Partner’s security is important. Only contracted partners with upgraded web security will be able to access RAs online. If your security has not been upgraded, you may do so by following the directions on our website or calling the IEHP Provider Relations Team at (909) 890-2054.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Tax Identification Number (TIN)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

I ___________________________ (print name and title) authorize IEHP to discontinue mailing the paper Remittance Advice (RA) and agree to access IEHP Claims RAs online only.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
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<tbody>
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</table>
Instructions for completing the ERA Enrollment form

Please type or print legibly.
Use only black ink or blue ink to complete paper form.
Online form can be accessed at www.iehp.org
Please allow 4 weeks for enrollment process which includes pre-note verification. If after 4 weeks you do not start receiving ERA files, you may contact the EDI Specialist Team at 909.890.2025 or send an email to EDISpecialist@IEHP.org.

For questions about the paper or electronic enrollment process, contact the EDI Specialist Team at 909.890.2025 or send an email to EDISpecialist@IEHP.org

Provider Information - Please fill out completely
Provider Name – Complete legal name of institution, corporate entity, practice, individual name or DBA, if applicable
Provider Physical Address – The number and street where a person or organization can be found
City – City associated with provider address field
State – ISO 3166-2 two character code associated with the state
Zip Code/Postal Code – System of postal-zone codes

Provider Identifiers
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) – A TIN or EIN is used to identify business entity.
National Provider Identifier (NPI) - A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The HPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Other Identifiers
Trading Partner ID – The provider’s submitter ID assigned by the health plan or the provider’s clearinghouse or vendor

Provider Contact Information
Provider Contact Name – Name of contact in provider office for handling ERA issues
Provider Contact Title – Title of the contact for handling ERA issues
Provider Contact Telephone Number – Telephone number of provider contact with extension, if applicable
Provider Email Address – An electronic mail address at which the health plan might contact the provider
Provider Fax Number – A number at which the provider can receive facsimiles

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier): Provider preference for grouping (bulking) claim payments – must match preference for EFT payment
Must fill out one of the two options below
Provider’s Tax Identification Number (TIN)
National Provider Identifier (NPI)

Method of Retrieval – Method in which provider will receive the ERA from the health plan

Clearinghouse Information
Clearinghouse Name – Official Name of the provider’s clearinghouse
Telephone Number – Telephone Number of contact
Email Address – An electronic mail at which the health plan might contact the provider’s clearinghouse

Reason for Submission – Must select from below
New Enrollment
Change Enrollment
Cancel Enrollment
Instructions for completing the ERA Enrollment form

Authorized Signature
The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment.

Electronic/Written Signature of Person Submitting Enrollment – A (electronic or cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity

Printed Title of Person Submitting Enrollment – The printed title of the person signing the form; may be used with electronic or paper-based manual enrollment

Submission Date – The date on which the enrollment form is submitted

Requested ERA Effective Date – Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advise (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner.

Email the completed form to: EDISpecialist@IEHP.org

For questions about this form, please send an email to the EDI Unit at: EDISpecialist@IEHP.org

Researching Missing/Late Files
ERA files that have not been received after 4 business days of the corresponding EFT file can be researched by sending an email to the EDI Specialist Team at EDISpecialist@IEHP.org