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 the Washington Publishing Company at http://www.wpc-edi.com. The Washington Publishing Company is 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 validity testing for all relevant file types.

   c. IEHP companion guide validity testing for all relevant file types.

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.

6.   CLAIMS EDI PROCESSING PROCEDURES

A.   Claims EDI Processing General Information

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.   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 and 835.

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.   Testing

SFTP Connection Testing

A.   After the submitter ID and 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 for 837P one hundred fifty (150) claims to the specific test subfolders on the SFTP to be evaluated for compliance with the X12 Implementation guide and the IEHP Companion Guide. Providers are also urged to utilize third-party testing services, like those offered by EDIFECS (http://www.edifecs.com), prior to submitting to IEHP to ensure X12 standards are met.

B.   The IT EDI Specialist analyzes test files and validates against the IG and 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 SNIP level requirements.

WED SNIP 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. When these errors are the received the entire file will be rejected back to the submitter. 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"

WED 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.   Social Security Number not valid

2.   Procedure Date is required when ICD-10-CM Code when reported.

3.   Claim number limit per transaction when exceeded

4.   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.

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:

Dates of Service 3/31/2018 & Prior:

A. Submitter must place their Claim Data File in the following location '/098/5010/inbound/' subfolder.

B. Upon receipt, claim datafile IEHP will be generated the following response files in return reports files in the following location '/098/claims/outbound/' subfolder.

Dates of Service 4/1/2018 & Greater:

A. Submitter must place in their Claim Data File in the following location '/098/5010/HSP/Inbound'

B. Upon receipt of submitters, Claim Data File IEHP will be generated the following response files in return in the following location '/098/5010/HSP/Outbound'.

C. 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.

D. 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:

Dates of Service: 03/31/2018 & Prior & **Dates of Service 04/01/2018 & Greater**

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).

   1. Example: Date of Service: 03/31/2018 (ABCI060518A.837)

   2. Example: Date of Service: 04/01/2018 (ABCI060518A_HSP.837)

Professional: Claims

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

Dates of Service: 03/31/2018 & Prior & **Dates of Service 04/01/2018 & Greater**

A. All file names start with the Submitter'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).

   1. Example: Date of Service: 03/31/2018 (ABCP060518A.837)

   2. Example: Date of Service: 04/01/2018 (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.

6.   CLAIMS EDI PROCESSING PROCEDURES

D.   Claims Processing

3.   Response Files

999-Functional Acknowledgement Report

IEHP will generate this report within one (1) business day. 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 will process onto the 277CA Claims Acknowledgement report. If the two (2) 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 Report

The 277CA may take up to 72 hours to post, depending on the content and complexity of the claims the original 837 file contained. The 277CA Claims Acknowledgement report is to provide a claim-level acknowledgment of all claims received in the front-end processing system before claims are sent into IEHP claim processing system. The Rejected claims reported will on the 277CA should be reviewed, corrected, and resubmitted. Claims accepted with errors will be reviewed by IEHP claims processors for completeness

Outbound Claim Data

Dates of Service 03/31/18 and Prior

The following files can be located in the following directory path: /13/claims/outbound/

Dates of Service 4/1/2018 and Greater

The following files can be located in the following directory path: /5010/HSP/Outbound/

Outbound Response Reports

Dates of Service 4/1/2018 and Greater:

The following files can be located in the following directory path; /claims/outbound/

Outbound 835- Electronic Remittance Advice

Dates of Service 4/1/2018 and Greater
The following files can be located in the following directory path; /5010/HSP/Outbound/

Dates of Service 03/31/18 and Prior
The following files can be located in the following directory path; /claims/outbound/
.

6. CLAIMS EDI PROCESSING PROCEDURES

D. Claims Processing

3. Response Files

Frequently Asked Question

Q: In the 2300 Loop Claim Information (CLM01), can a Submitter use the same Patient Control Number (PCN) as long as the files are named differently?

A: No, the patient control number are used to track a claim from creation by the health care Provider through payment. The number that the submitter in the 835 and other transactions.

Q: Are Submitters required to submit all data with the exception of claim routed Incorrectly and denied for a member not being on file?

A: All Submitters must submit all data that has been paid or denied from all types of service to IEHP for the collection of Claim Data.

Q: If the CAS segment balances charges and paid amounts, do plans use the 'CAS 01' for the correction reason.

A: Yes, along with CLM05-3. CAS "CR" for correction or CAS "OA" for deletion and CLM05-3 frequency "1" original claim, "7" replace prior claim, "8" void/cancel/delete prior claim indicators.

Q: **Will IEHP new member ID card start with a four (4)?**

A: As of April 1, 2018 with IEHP Go-Live, all NEW IEHP Member's ID numbers will start With a four (4). Keep in mind that if a Member was active in the past, they will retain the ID Number they had when they originally were with IEHP; this is so that IEHP can maintain.

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: What Types of RA's are 835- Electronic Remittance Advice (ERA)

A: The Electronic Remittance Advice (ERA), or 835, is the electronic transaction that provides claim payment information. These files are used by practices, facilities and billing companies to auto-post claim payments into their systems. You can receive your 835 files through your clearinghouse, direct connection, or download them from the Electronic Payments & Statements. The Providers can also check the status of their claims by visiting the Provider section on the IEHP website at http://www.iehp.org.

6.   CLAIMS EDI PROCESSING PROCEDURES

D.   Claims Processing

3.   Response Files

Q: What are the benefits of an ERA?

A: Faster communication and payment notification, Faster account reconciliation through electronic posting, Automation of follow-up action, Generation of less paper, Lower operating costs, Ability to create various reports, Ability to search for information on claims, Ability to export data to other applications and more detailed information.

835- Electronic Remittance Advice Enrollment Form

In order to enroll to receive electronic remittance advice with IEHP, you must complete the Electronic Remittance Advice Request Enrollment form. Once the form is completed, you must email it to attention EDI Department at EDISpecialist@iehp.org

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 E m p l o y e r Identification Number (EIN)

_____
National Provider Identifier (NPI)
(Group NPI, 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   _____

Reason for Submission

☐ New Enrollment   ☐ Change Enrollment   ☐ Cancel Enrollment

Authorized Signature

_____   _____
Electronic/Written Signature of Person Submitting Enrollment   Printed Title of Person Submitting Enrollment

_____   _____
Submission Date   Requested ERA Effective Date

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

- IEHP's goal is to provide our Trading Partners with a convenient method of receiving the remittance advice (RA).
- IEHP is 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.

_____   _____
Provider Name   Tax Identification Number (TIN)

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

_____   _____
Signature   Date

Instructions for completing the *ERA Enrollment form*
To gain access to IEHP online ERA form, it can be obtain accessed at www.iehp.org
- Please type or print legibly.
- Use only black ink or blue ink to complete

Please allow 4 weeks for enrollment process to be completed. If 835 (ERA) have not be received after 4 weeks, please contact following departments for assistance

Provider Relation Department
- (909) 890-2054

Helpdesk Department
    (909).890.2025 select option #1 or send an email to

EDI Department
- EDISpecialist@IEHP.org.

If after 4 weeks you do not start receiving ERA files you may contact the EDI Specialist Team at 909.890.2025 option #1 or send an email to EDISpecialist@IEHP.org.

Questions about the paper or electronic enrollment process contact the EDI Specialist Team at 909.890.2025 option #1 or send An email to EDISpecialist@IEHP.org

Provider Information- **Please fill out completely**
- **Provider Name** – the Complete legal name of the institution, corporate entity, practice or individual provider
- **Provider Physical Address** – The provider's street address
- **City** – City associated with provider address field
- **State Province** – The two character code associated with the State/Province/Region of the applicable country
- **Zip Code/Postal Code** – Zip code associated with provider's address

Provider Identifiers

- **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** – a
   A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
- **National Provider Identifier (NPI)** - a Provider's unique 10-digit number issued to healthcare providers by NPPES to identify providers.

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

- of Remittance Preference for Aggregation an Account Number Linkage to Provider Identifier.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** – Name of the provider's clearinghouse used for purposes of submitting electronic claims
- **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/ Advice (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.

Note: IF you have not started to receive your ERA's within 4 weeks please contact the following departments for assistance
If ERA files that have not been received after 4 business days of the corresponding EFT file please contact the following departments for assistance l to the

Provider Relation Department
909-890-2054

EDI Department
909.890.2025 option #1
Email: EDISpecialist@IEHP.org.