8. IEHP 5010 837I INSTITUTIONAL IEHP DUALCHOICE ENCOUNTER COMPANION GUIDE

Dual Choice Cal MediConnect Plan (Medicare-Medicaid Plan) Encounter Companion Guide (CG) Transaction Information

Effective January 1, 2019

IEHP Instructions related to Implementation Guides (IG) based

837 Health Care Claim: Institutional Transaction based on ASC X12 Technical Report Type 3 (TR3), Version 005010X223A1

Companion Guide Version Number: 1.8

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Introduction

The Purpose of This Companion Guide

This document will provide a definitive statement of what Submitters must be able to support in this ANSI ASC X12N 837I 005010X223A1. This document is intended to outline the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its associated rules.

This document does not outline the technical interface environment; including connectivity requirements and protocols.

This document will provide specific Loops, Segments and Data Elements that are outlined for the transactions exchanged with IEHP.

Loop ID	The Implementation Guide's identifier for a data loop within a transaction; the data loop consists of specific segments as identified in the HIPAA ANSI standard.
Segment ID	The Implementation Guide's identifier for a data segment.
Element ID	The Implementation Guide's identifier for a data element within a segment.
Element Name	A data element name as shown in the Implementation Guide. When the industry name differs from the Data Element Dictionary name, the more descriptive industry name is used.
Element Definition / Length	How the data element is defined in the Implementation Guide. For ISA and IEA Segments only, fields are of fixed lengths and are present whether or not they are populated. For this reason, field lengths are provided in this column after element definitions.
Valid Values	The valid values from the Implementation Guide that are used by IEHP.
Definition/Format	Definitions of valid values used by IEHP and additional information about IEHP data element requirements.

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Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 TR3. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 TR3's and is in conformance with ASC X12's Fair Use and Copyright statements.

837I Health Care Claim: Institutional Transaction

The version/Release/Industry Identifier Code and the applicable Functional Identifier Code must be transmitted goal allow users to request changes to the electronic transactions formats. To request changes for consideration to the ASC X12 standards, please contact the HIPAA Designated Standards Maintenance Organizations web site at Washington Publishing Company http://www.wpc-edi.com

File Size Limitations

ISA/ IEA transaction sets should not exceed 5,000 encounters. IEHP Also, it is highly recommended that Submitters when submitting larger numbers of encounters within each ST/SE transaction set, not to exceed 5,000 encounters

IEHP Reports

999 - Functional Acknowledgment

The 999-transaction set is designed to report on adherence to IG level edits and IEHP standard syntax errors.

There are three (3) acknowledgment values:
"A" – Accepted
"R" – Rejected
"E" – Partially Accepted; At Least One (1) Transaction Set Was Rejected

When viewing the 999 report, Submitters should navigate to the IK5 and AK9 segments. If an "A" is displayed in the IK5 and AK9 segments, the claim file is accepted and will continue processing. If an "R" is displayed in the IK5 and AK9 segments, an IK3 and an IK4 segment will be displayed. These segments indicate what loops and segments contain the error that requires correction so the interchange can be resubmitted. The third element in the IK3 segment identifies the loop that contains the error. The first element in the IK3 and IK4 indicates the segment and element that contain the error. The third element in the IK4 segment indicates the reason code for the error.

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277CA – Claim Acknowledgement

The 277CA is used to acknowledge the acceptance or rejection of encounters submitted using a hierarchical level (HL) structure. The first level of hierarchical editing is at the Information Source level. The next level is at the Information Receiver level. The third hierarchal level is at the Billing Provider of Service level, and the fourth and final level is done at the Patient level. Edits received at any hierarchical level will stop and no further editing will take place.

Encounter Validation Response (EVR)
The response files will provide the following level of detail outlined below.

Three (3) Stage values are:

Stage 1 - File Level
- Record Count
- Rejected
- Accepted
- In Progress

Stage 2 - Encounter Level
- Duplicate
- Member Not Eligible
- Accepted for IEHP Validation
- Total Records Processed

Stage 3 - Validity
- Invalid
- Valid
- Total Records Validated
- Validity

End to End Testing Prerequisite

Phase 1(Inbound)

- Each test file must contain Twenty-five (25) encounters

- Each test files must pass Structural validation must be 100% valid (999 Report)

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- Validity must be 95% or higher (277CA/EVR Report)
- 999 and EVR report will be provided to the Submitter.
- Each Submitter must submit three (3) rounds of test files prior to moving to Phase Two (2).

Phase 2 (Outbound)

- DHCS test file cannot contain no more than six (6) Encounters.
- Once the file has been uploaded to (DHCS) test environment and DHCS provide IEHP response reports.
- Once the three (3) rounds of testing have been accepted in DHCS test environment successfully then the submitters will be promoted to production.

IEHP adhere to Regulatory Bodies Duplicate Logic

In order to ensure encounters submitted are not duplicates of encounters previously submitted, IEHP will perform header and detail level duplicate checking. If the header and/or detail level duplicate, checking determines that the file is a duplicate, the file will reject, and an error report will be returned to the submitters.

Detail Level

Once the encounter is processed in IEHP (EDPS) it is stored in an internal repository. If a new encounter is submitted that matches specific values on another stored encounter, the encounter will reject as a duplicate encounter. The encounter will be returned to the submitter with an error message identifying it as a duplicate encounter.

- Beneficiary Demographic o Health Insurance Claim Number (HICN)
- Date of Service
- Type of Bill (TOB)
- Revenue Code(s)
- Procedure Code(s) and up to 4 modifiers
- Billing Provider NPI
- Charge (Billed) Amount

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- Paid Amount (as populated at both the Header and Detail Levels)*

Implementation

This section describes all of the EDI headers, tables, segments, loops and trailers supported by this Companion Guide. If a segment or a data element is not listed, it is not supported. The Usage column indicates if the segment is required (R) or situational (S).

ISA Segment - Interchange Control Header

Usage	Ref Des.	Name	Code/Definition	Length
R	ISA01	Authorization Information Qualifier	No Authorization Sent "00"	2/2
R	ISA02	Authorization Information	(Filled with spaces)	10/10
R	ISA03	Security Information Qualifier	No Security Information "00"	2/2
R	ISA04	Security Information	(Filled with Spaces)	10/10
R	ISA05	Interchange ID Qualifier	Mutually Defined "ZZ"	2/2
R	ISA06	Interchange Sender ID	Noted: IEHP Expected Value. Assigned 3 Digit Sender ID	15/15
R	ISA07	Code Identifying Receiver	Mutually Defined "ZZ"	2/2
R	ISA08	Interchange Receiver ID	Receiver ID "00303" Note: IEHP Expected Value IEHP Receiver ID	15/15
R	ISA09	Interchange Date	YYMMDD format	6/6
R	ISA10	Interchange Time	HHMM format	4/4
R	ISA11	Repetition Separator	Carat ^ Repetition Separator	1/1
R	ISA12	Interchange Control Version Number	5010 = Version 5 Release 1	5/5

R	ISA13	Interchange Control Number	The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.	9/9
R	ISA14	Acknowledgment Requested	No Interchange Acknowledgment Requested “0”	1/1
R	ISA15	Interchange Usage Indicator	Production Data “P” Test “ T”	1/1
R	ISA16	Component Element Separator	Component Element Terminator Colon “ : ”	1/1
		Data Element Separator	Asterisk “ * ” Data Element Separator	
		Segment Terminator	Tilde “ ~ “ Segment Terminator	

GS Segment - Functional Group Header

Usage	Ref Des.	Name	Code/Definition	Length
R	GS01	Functional Identifier Code	Health Care Claim “ HC”	2/2
R	GS02	Application Sender’s Code	Noted: IEHP Expected Value. Assigned 3 Digit Sender ID	2/15
R	GS03	Application Receiver’s Code	IEHP Receiver ID “00303” Note: IEHP Expected Value IEHP Receiver ID	2/15
R	GS04	Date	Date of Transmission “CCYYMMDD ”	8/8
R	GS05	Time	Time of Transmission, 24 Hour Format “HHMM”	4/8

R	GS06	Group Control Number	GS06 must be unique within a single transmission that is, within a single ISA to IEA enveloping structure. Note: IEHP Expected Value GS06 be unique within all transmission over a period of time to be determined by the sender	1/9
R	GS07	Responsible Agency Code	Accredited Standards Committee X12 "X"	1 / 2
R	GS08	Version/Release/Industry Identifier Code	"005010X223A2"	1/12

Table 1-Header

BHT – Beginning of Hierarchical Transaction

Usage	Ref Des.	Name	Code/Definition	Length
R	BHT01	Hierarchical Structure Code	Information Source, Subscriber, Dependent "0019"	4/4
R	BHT02	Transaction Set Purpose Code	Original "00" Note: IEHP Expected Value	2/2
R	BHT03	Reference Identification	The BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system	1/50
R	BHT04	Date	Transaction Set Creation Date	8/8
R	BHT05	Time	Transaction Set Creation Time	4/8
R	BHT06	Transaction Type Code	Reporting "RP"	2/2

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Loop 1000A -PER- Submitter EDI Contact Information

Usage	Ref Des.	Name	Code/Definition	Length
R	PER01	Contact Function Code	Information Contact "IC" Note: IEHP Expected Value	2/2
S	PER02	Name	Submitter Contact Name	1/60
R	PER03	Communication Number Qualifier	Telephone "TE" Note: IEHP Expected Value	2/2
R	PER04	Communication Number		1/256
S	PER05	Communication Number Qualifier	Email Address "EM"	2/2
S	PER06	Communication Number		1/256
S	PER07	Communication Number Qualifier	Submitter's Fax Number " FX"	2/2
S	PER08	Communication Number		1/256
N	PER09	Contact Inquire Reference		1/20

Loop 1000B -NM1- Receiver Name

Usage	Ref Des.	Name	Code/Definition	Length
R	NM101	Entity Identifier Code	Receiver "40"	2/3
R	NM102	Entity Type Qualifier	Non-Person Entity "2"	1/1
R	NM103	Name Last or Organization Name	Inland Empire Health Plan "IEHP" Note: IEHP Expected Value	1/60
N	NM104	Name First		1/35

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Usage	Ref Des.	Name	Code/Definition	Length
N	NM105	Name Middle		1/25
N	NM106	Name Prefix		1/10
N	NM107	Name Suffix		1/2
R	NM108	Identification Code Qualifier	Electronic Transmitter Identification Number (ETIN) “46”	1/2
R	NM109	Receiver ID	Receiver Primary Identifier “00303” Note: IEHP Expected Value Should match ISA06 and GS03	2/80

Table 2-Billing Provider Detail**Loop 2010AA -NM1- Billing Provider Name**

Usage	Ref Des.	Name	Code/Definition	Length
R	NM101	Entity Identifier Code	Billing Provider “85”	2/3
R	NM102	Entity Type Qualifier	Person “1” Non-Person Entity “2”	1/1
R	NM103	Name Last or Organization Name		1/60
S	NM104	Name First	Billing Provider First Name	1/35
S	NM105	Name Middle	Billing Provider Middle Name or Initial	1/25
S	NM107	Name Suffix	Billing Provider Name Suffix	1/10
R	NM108	Billing Provider ID Qualifier	XX= Centers for Medicare and Medicaid Services National Provider Identifier	1/2

Usage	Ref Des.	Name	Code/Definition	Length
R	NM109	Billing Provider Identifier	Must be populated with a ten-digit number, must begin with 1	2/80

Loop 2010AA -N3- Billing Provider Address Information

Usage	Ref Des.	Name	Code/Definition	Length
R	N301	Address Information	Billing Provider Address Line Note: IEHP Expected Value Physical Address	1/55
S	N302	Address Information	Billing Provider Address Line Note: IEHP Expected Value Physical Address	1/55

Loop 2010AA -N4- Billing Provider City, State, Zip Code Information

Usage	Ref Des.	Name	Code/Definition	Length
R	N401	City Name	Billing Provider City Name	2/30
S	N402	State or Province	Billing Provider State or Province Code "CA" NOTE: IEHP Expected Value.	2/2
S	N403	Zip Code	The full nine (9) digits of the ZIP Code are required. If the last four (4) digits of the ZIP code are not available, populate a default value of "9998".	3/15
S	N404	County Code		2/3

Usage	Ref Des.	Name	Code/Definition	Length
N	N405	Location Qualifier		1/30
N	N406	Location Identifier		1/3
S	N407	Country Subdivision Code		

Table 2-Subscriber Detail

Loop 2000B -SBR- Subscriber Information

Usage	Ref Des.	Name	Code/Definition	Length
R	SBR01	Payer Responsibility Sequence Number Code	Secondary "S"	1/1
R	SBR02	Individual Relationship Code	Self "18"	2/2
R	SBR03	Reference Identification	Note: IEHP Expected Value. Must Be Blank	1/50
R	SBR04	Name	Medicare Part A " CMC" Medicaid " CCI" Note: IEHP Expected Values	1/60
N	SBR05	Insurance Type Code		1/3
N	SBR06	Coordination of Benefits Code		1/1
N	SBR07	Yes/ No Condition or Response Code		1/1
N	SBR08	Employment Status Code		2/2

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Usage	Ref Des.	Name	Code/Definition	Length
S	SBR09	Claim Filling Indicator Code	Medicare Part A "MA" Medicaid "MC" Note: IEHP Expected Values	1/2

Loop 2010BA -NM1- Subscriber Name

Usage	Ref Des.	Name	Code/Definition	Length
R	NM101	Entity Identifier Code	Insured or Subscriber "IL"	2/3
R	NM102	Entity Type Qualifier	Person "1" Note: IEHP Expected Value.	1/1
R	NM103	Name Last or Organization Name	Subscriber Last Name	1/60
S	NM104	Name First	Subscriber First Name	1/35
S	NM105	Name Middle	Subscriber Middle Name or Initial	1/25
N	NM106	Name Prefix		1/10
S	NM107	Name Suffix	Subscriber Name Suffix	1/10
S	NM108	Identification Code Qualifier	Member Identification Number "MI" Note: IEHP Expected Value	1 / 2
S	NM109	Identification Code	Note: IEHP Expected Values IEHP-14-digit IEHP ID or Client Identification Number (CIN)	2/80
N	NM110	Entity Relationship Code		2/2
N	NM111	Entity Identifier Code		2/3

Usage	Ref Des.	Name	Code/Definition	Length
N	NM112	Name Last or Organization Name		1/60

Loop 2010BB -NM1- Payer Name

Usage	Ref Des.	Name	Code/Definition	Length
R	NM101	Entity identifier Code	Payer "PR"	2/3
R	NM102	Entity Type Qualifier	Non- Person Entity "2"	1/1
R	NM103	Payer Name	"IEHP" or "Inland Empire Health Plan" Note: IEHP Expected Value	1 /0
N	NM104	Name First		1/35
N	NM105	Name Middle		1/25
N	NM106	Name Prefix		1/10
N	NM107	Name Suffix		1/10
R	NM108	Identification Code Qualifier	Payer Identification "PI" Note: IEHP Expected Value	1/2
R	NM109	Payer Identifier	Note: IEHP Expected Value. The Assigned 3 Digit Submitter ID	2/8
N	NM110	Entity Relationship Code		2/2
N	NM111	Entity Identifier Code		2/3
N	NM112	Name Last or Organization Name		1/60

Loop 2010BA -REF- Billing Provider Secondary Identification

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Usage	Ref Des.	Name	Code/Definition	Length
R	REF01	Reference Identification Qualifier	Provider Commercial Number "G2" Note: IEHP Expected Value. This is to be used by all payers including Medicare, Medicaid, and Blue Cross etc.	2/3
R	REF02	Reference Identification	Billing Provider Secondary Identifier	1/50
N	REF03	Description		1/80
N	REF04	Reference Identifier		1/80

Table 2-Patient Detail

2300 -PWK- Claim Supplemental Info

Usage	Ref Des.	Name	Code/Definition	Length
S	PWK01	Report Type Code	Populated for chart review submissions only "09" Populated for encounters generated as a result of paper claims "0Z" Populated for encounters generated as a result of 4010 submission only "PY" Note: IEHP Expected Values	2/2
S	PWK02	Attachment Transmission Code	Populated for chart review "AA" Note: IEHP Expected Value	1/2
N	PWK03	Report Copies Needed		1 / 2
N	PWK04	Entity Identifier Code		2/3

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Usage	Ref Des.	Name	Code/Definition	Length
N	PWK05	Identification Code Qualifier	Required when PWK02 = BM, EL, EM, FX or FT	1 / 2
S	PWK06	Identification Code	Required when PWK02 = BM, EL, EM, FX or FT	2/80
N	PWK07	Description		1/80
N	PWK08	Action Indicated		1/80
N	PWK09	Request Category Code		1 / 2

2300 -CL1- Institutional Claim Code

Usage	Ref Des.	Name	Code/Definition	Length
R	CL101	Admission Type Code	Emergency "1" Urgent "2" Elective "3" Newborn "4" Reserved "6" Reserved "7" Reserved "8" Unknown "9" Note: IEHP Expected Values.	1/1
R	CL102	Admission Source Code	Note: Required for all inpatient and outpatient services.	1/1
R	CL103	Patient Status Code		1 / 2

Usage	Ref Des.	Name	Code/Definition	Length
N	CL104	Nursing Home Residential Status Code		1/1

2300 -CN1- Contract Information

Note: Required when the submitter is contractually obligated to supply this information on post-adjudicated claims.

Usage	Ref Des.	Name	Code/Definition	Length
R	CN101	Contract Type Code	Diagnosis Related Group (DRG) “01 “ Paid “02” Capitated “05” Denied “09” Note: IEHP Expected Values	2/2
R	CN102	Monetary Amount	Required when the provider is required by contract to supply this information on the claim Note: IEHP Expected Values	1/18
S	CN103	Percent, Decimal Format	Contract Percentage	1/6
S	CN104	Reference Identification	Contract Code	1/50
S	CN105	Terms Discount Percent	Terms Discount Percentage	1/6
S	CN106	Version Identifier	Contract Version Identifier	1/30

2300 -REF- Payer Claim Control Number

Usage	Ref Des.	Name	Code/Definition	Length
R	REF01	Reference Identification Qualifier	Original Reference Number "F8"	2/3
R	REF02	Reference Identification	Payer Claim Control Number Note: IEHP Expected Value.	1/50
N	REF03	Description		1/80
N	REF04	Reference Identifier		1/80

2300 -REF- Claim Identifier for Transmission Intermediaries

Usage	Ref Des.	Name	Code/Definition	Length
R	REF01	Reference Identification Qualifier	Claim Number "D9"	2/3
R	REF02	Reference Identification	Value Added Network Trace Number	1/50
N	REF03	Description		1/80
N	REF04	Reference Identifier		1/80

2300 -REF- Claim Identifier for Transmission Intermediaries

Usage	Ref Des.	Name	Code/Definition	Length
R	REF01	Reference Identification Qualifier	Claim Number "D9"	2/3
R	REF02	Reference Identification	Value Added Network Trace Number	1/50
N	REF03	Description		1/80

N	REF04	Reference Identifier		1/80

Loop 2320 -SBR- Other Subscriber Information

Usage	Ref Des.	Name	Code/Definition	Length
R	SBR01	Payer Responsibility Sequence Number Code	Primary "P" Note: IEHP Expected Value	1/1
R	SBR02	Individual Relationship Code	Self "18" Note: IEHP Expected Value	1/1
S	SBR03	Reference Identification	Note: IEHP Expected Value This Must be Blank	1/50
S	SBR04	Name	Medicare Part A "CMC" Medicaid "CCI" Note: IEHP Expected Values	1/60
S	SBR05	Insurance Type Code		1/3
N	SBR06	Coordination of Benefits Code		1/1
N	SBR07	Yes/ No Condition or Response Code		1/1
N	SBR08	Claim Filing Indicator Code		1/2
R	SBR09	Claim Filing Indicator Code	Health Maintenance Organization (HMO) Medicare Risk "16" Note: IEHP Expected Value	1/2

Loop 2330A -NM1- Other Subscribers Name

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Usage	Ref Des.	Name	Code/Definition	Length
R	NM101	Entity Identifier Code	Insurer "IL"	2/3
R	NM102	Entity Type Qualifier	Person "1" Non-Person Entity "2"	1/1
R	NM103	Name Last or Organization	Other Insured Last Name	1/60
R	NM104	Name First	Other Insured First Name	1/35
R	NM105	Name Middle	Other Insured Middle Name	1/25
N	NM106	Name Prefix	Other Insured Name Suffix	1/10
S	NM107	Name Suffix	Other Insured Name Suffix	1/10
R	NM108	Identification Code Qualifier	Member Identification Number "MI" Note: IEHP Expected Value	1/2
R	NM109	Identification Code	Other Insured Identifier	2/80
N	NM110	Entity Relationship Code		2/2
N	NM111	Entity Identifier Code		2/3
N	NM112	Name Last or Organization Name		1/60
R	NM109	Subscriber Primary ID	This should be the Submitter ID assigned by IEHP and must match the value populated in the SVD01 segment of loop 2430.	1/60

Loop 2400 -SV2- Service Line Information

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Usage	Ref Des.	Name	Code/Definition	Length
R	SV201	Service Line Revenue Code	Note: IEHP Expected Value. Revenue must be a valid four (4-digit) Revenue Code	1/48
R	SV202-1	Product/Service ID Qualifier	HCPCS Code "HC"	2/3
R	SV202-2	Procedure Code/ Service ID	Procedure Code	1/48
S	SVD202-3	Procedure Modifier		2/2
S	SVD202-4	Procedure Modifier		2/2
S	SVD202-5	Procedure Modifier		2/2
S	SV202-6	Procedure Modifier		2/2
S	SV202-7	Description		1/80
N	SV202-8	Product/Service ID		1/48
R	SV203	Monetary Amount	Line Item Charge Amount	1/18
R	SV204	Unit or Basis Measurement Code	Days "DA" Unit "UN"	2/2
R	SV205	Quantity	Service Unit Count	1/15
N	SV206	Unit Rate		1/10
S	SV207	Monetary Amount	Line Item Denied Charge or Non-Covered Charge Amount	1/18
N	SV208	Yes/No Condition or Response Code		1/1
N	SV209	Nursing Home Residential Status Code		1/1

Usage	Ref Des.	Name	Code/Definition	Length
N	SV210	Level of Care Code		1/1

Usage	Ref Des.	Name	Code/Definition	Length
R	SVD01	Other Payer Primary Identifier	Must match the value in 2330B_NM109	2/3
R	SVD02	Service Line Paid Amount	"0" is acceptable	1/18
S	SVD03-1	Product/Service ID Qualifier	HC = HCPS	2/2
S	SVD03-2	Procedure Code		1/48
S	SVD03-3	Modifier Code		1/18
R	SVD04	Service Line Revenue Code		1/48
R	SVD05	Paid Service Unit Count		1/15

Trailer Segments

SE – Transaction Set Trailer

Usage	Ref Des.	Name	Code/Definition	Length
R	SE01	Number of Included Segments	Transaction Segment Count	1/10
R	SE02	Transaction Set Control Number	The Transaction Set Control Number in ST02 and SE02 must be identical. The number must be unique within a	4/9

Usage	Ref Des.	Name	Code/Definition	Length
			specific Interchange (ISA-IEA), but can repeat in other interchanges	

GE Segment – Functional Group Trailer

Usage	Ref Des.	Name	Code/Definition	Length
R	GE01	Number of Transaction Sets Included	Total number of transaction sets included in the functional group or interchange transmission group terminated by the trailer containing this data element	1/6
R	GE02	Group Control Number	The data interchange control number GE02 in this trailer must be identical to the same element in the associated functional group header, GS06.	1/9

IEA Segment - Interchange Control Trailer

Usage	Ref Des.	Name	Code/Definition	Length
R	IEA01	Number of Included Functional Groups	A count of the number of functional groups included in a interchanges	1/5
R	IEA02	Interchange Control Number	A control number assigned by the interchange sender	9/9

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Frequently Asked Questions

Q1: What is Encounter Data? Does it include any claims data submitted from providers to plans?
A1: Encounter Data comprises any claims data information entered in the 5010 format.

Q2: What does adjudicated mean?

A2: Adjudicated claims are those that approved accepted or denied claims.

Q3: Will revenue codes be a required field for encounter submissions?
A3: Yes, revenue codes will be a required field of the 5010 837 format.

Q4: Are Submitters required to submit encounter data weekly or monthly?
A4: Currently, Submitters are required to submit encounter data monthly. However, IEHP strongly recommend that plans submit more frequently.

Q5: Will the National Provider Identification (NPI) number be required for claims submission?
A5: Yes, NPI will be required.

Q6: Where do I find information on file naming conventions, connectivity protocol, and file transfer procedures?

A6: Please refer to the EDI manual published at http://ww2.iehp.org/IEHP/Providers/Information+Resources/HandbooksandManuals/EDIManual.htm for information regarding the above areas. For File Naming conventions see Section 6 Claims Processing Procedures and connectivity protocol see Section 2 Getting Started SFTP.

Q7: What is IEHP's policy on Billing Provider Address and 9-Digit Zip Codes?

A7: IEHP supports the instructions in the Technical Report Type 3 (TR3) implementation guides (IG) available for purchase from Washington Publishing Company http://www.wpc-edi.com regarding Billing Provider Address and 9-digit zip codes. Therefore, the Billing Provider Address (2010AA, N3) is required and must be a physical address. PO Box and lock box addresses cannot be reported as a Billing Provider Address, but can continue to be reported in the pay-to address (2010AB, N3). The 5010 requires that all used N403 segments must contain a full 9-digit zip code. The best way to determine the 4-digit extension to your standard zip code is by contacting the US

postal Service. https://tools.usps.com/go/ZipLookupAction!input.action. These instructions apply to all encounters for all healthcare Submitters.

Q8: Will IEHP new member ID card start with a four (4)?

A8: 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 Member Continuity. In addition to IEHP member ID's ending in '00', new IEHP members will receive an auto numbered ID beginning with 4XXXXXXXXXXX00.

Q9: What will the New MBI Medicare Beneficiary ID look like?

A9: 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 Characters

Other Resources

https://ww3.iehp.org/en/providers/provider-pnp-manual/

IEHP's website where the EDI manual and other resources are located.

http://www.wpc-edi.com

Washington Publishing Company Implementation guides (TR3) can be purchased from this site.

http://www.wedi.org

Workgroup for Electronic Data Interchange in Healthcare.

http://www.cms.gov/Versions5010andD0/

CMS website that contains additional information and resources related to 5010.

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8. IEHP 5010 837I INSTITUTIONAL IEHP DUALCHOICE ENCOUNTER COMPANION GUIDE

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