6.   CLAIMS EDI PROCESSING PROCEDURES

A.   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 acknowledgements, 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.

D.   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.   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

   d.   Clean claim data validity

3.   Submitter Certification for each relevant file type

   a.   Provisional approval at 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.

6.   CLAIMS EDI PROCESSING PROCEDURES

A.   General Information

5.   Claim file/s 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.   Manifest

    1.   The Naming Conventions for Manifest EDI Claim submissions consists of the following:

        a.   All file names start with the Provider's 3 digit Submitter ID number.

        b.   The $4^{th, 5th}$ character is 'MF' for Manifest report.

        c.   The 6th through 11th characters for the date the Manifest file was created (MMDDYY).

        d.   The extension must be MF**.**PGP to identify the Manifest submitted by the Clearinghouse/Trading Partner.

    2.   After all steps are completed, the submitter is eligible to directly submit electronic claims to IEHP.

    3.   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

Enrollment Form

A. To ensure a smooth enrollment process, a completed enrollment form should be submitted to the EDI department at IEHP, providing all information need 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/835.

B. 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.

C. 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

A. 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. If required, a hardcopy signed original should be returned by mail to:

Compliance Department
Inland Empire Health Plan
P.O.Box1800
Rancho Cucamonga, CA 91729-1800

B. If a copy of the signed TPA is sent along with the enrollment form by email, the enrollment process can continue without delay.

Submitter ID & SFTP Account

A. When the enrollment form and a copy of the TPA have been received, the EDI department will generate a submitter ID and begin configuring the enrollee's submission details. Credentials on IEHP's SFTP server will be created based on the submitter ID also.

B. The submitter ID is an important identifier. It should be included in all submitted claims files and will be used for tracking EDI transactions, EDI reporting, and troubleshooting.

C. SFTP credentials are created by the Help Desk. The SFTP will be used in the exchange of all claims data. The credentials assigned to enrollees will provide access to post claims files and retrieve response files. Security is the highest priority when dealing with healthcare information. Credentials should be kept private.

6.   CLAIMS EDI PROCESSING PROCEDURES

B.   Enrollment Process

D.   Testing occurs at several levels for new enrollees. IEHP's Companion Guide (CG) should be reviewed in conjunction with the X12 Implementation Guide (IG) for the 837I and 837P transaction types. The CG can be found in the IEHP EDI Manual Online at http://www.iehp.org/edi.

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 uses several tools to analyze test files and validate 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 address. 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.

Clean Claim Data Validity

A.   During this phase of testing, test files are sent through end-to-end system processing to ensure all data required, for the successful payment of a claim, is present and valid. Items under review consist of: valid diagnosis and procedure coding, correct dates of service, presence of the service location, billing and rendering Provider information, member identifiers, and member eligibility.

B.   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.

Rejection Rate and Auditing

A.   The primary motivation to submit electronic claims is to ensure the secure, accurate, and timely processing of claims. Rejected claims can jeopardize the integrity of electronic claims processes by requiring manual intervention and resource expenditure. A standard rejection rate is used as an indicator of electronic claims utility.

B.   IEHP considers a rejection rate at or below 5.0% to be within acceptable limits. During testing this rate must be met consistently before testing can be concluded. Once in production, an aggregate rejection rate at or below 5.0% must be maintained to remain eligible to submit claims electronically.

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6. CLAIMS EDI PROCESSING PROCEDURES

C. Testing

C.   If, during audit analysis of submissions, the rate is determined to be higher than 5.0%, IEHP may request a return to the testing phase to identify issues and resolve them before continuing to submit electronic claims.

D.   Folder paths for production file posting, on the SFTP, will be different than the folder paths used for testing. Production processing schedules operate on business week schedules, with claims files on the SFTP processed at regular intervals through the course of the day.

6. CLAIMS EDI PROCESSING PROCEDURES

D. Claims Processing

1. File Transmission

A. IEHP utilizes a secure 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:

    sftp.iehp.org
       ↳ [Home Directory]
            ↳ 5010
                    ↳ inbound   - production claims file submitted to IEHP
                    ↳ outbound   - production response files from IEHP
                    ↳ editest
                            ↳ inbound   - test claims file submitted to IEHP
                            ↳ outbound   - test response files from IEHP

B. For example, submitter '098' would have a home directory on the SFTP of '098'. 837 claim files would be placed in the '/098/5010/inbound/' subfolder. Response files would then be returned in the '/098/5010/outbound/' subfolder.

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 edi@iehp.org or call the IEHP helpdesk at (909) 890-2025. Provide your SFTP account user name and indicate any specific errors received. IT staff 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

A.   Hospital Claims

Naming Conventions

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

1.   All file names start with the Provider's 3 digit Submitter ID number. (

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

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

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

5.   The extension must be **<u>.837</u>.PGP** to identify all EDI Claims file submitted by the Provider.

EDI Claims File Examples

Files Sent from Hospital to IEHP

Examples of the file naming conventions for multiple files submitted on the same day are **012I030618A.837.PGP, 012I030618B.837.PGP, 012I030618C.837.PGP**

1.   **012** the Hospital Submitter ID ()

2.   **I** is for institutional hospital claim

3.   **03** is month the file was created

4.   **06 is** day the file was created

5.   **18** is year the file was created

6.   **A** is first sequence sent on same day, **B** second file same day, **C** third file same day

7.   **.837.PGP** HIPAA 837 file extension

    Data File Sent from IEHP to Hospital

    Examples of the file naming convention for 999 EDI acknowledgments are

    012I030618A.999, 012I030618B.999., and 012I030617C.999.

8.   **012I030618A** is the file name originally sent by Provider

9.   **.999.** is HIPAA EDI acknowledgement file extension

    Examples of the file naming convention for 277CA claims response file are **012I030618A.277CA., 012I030618A.277CA., 012I030618C.277CA.**

6.   CLAIMS EDI PROCESSING PROCEDURES

D.   Claims Processing

2.   File Naming Convention

10.   **0012I030618A.837.PGP** is the file name originally sent by the Provider

11.   **.277CA.** is HIPAA claims response file extension

B.   IPA/Medical Claims

Naming Conventions

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

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

2.   The 4th character is 'P' for professional medical claims.

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

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

5.   The extension must be **.837.PGP** to identify all EDI Claims file submitted by the Provider.

EDI Claims File Examples

Files Sent from IPA/Medical Group to IEHP
Examples of the file naming conventions for multiple files submitted on the same day are: **IVCP030618A.837.PGP, IVCP030618B.837.PGP, and IVCP030618C.837.PGP**

1.   **IVC** identifies the IPA affiliation
(If Submitter ID is two digits add **0** in front or one digit add **00**)

2.   **P** is for professional medical claim

3.   **03** is month the file was created

4.   **06** is day the file was created

5.   **18** is year the file was created

6.   **A** is first sequence sent on same day, **B** second file same day, **C** third file same day

7.   **.837.PGP** HIPAA 837 file extension

Data File Sent from IEHP to IPA

Examples of the file naming convention for 999 EDI acknowledgments are **IVCP030618A.999, IVCP030618B.999, and IVCP03061C.999**

8.   **IVCP030618A.837.PGP** is the file name originally sent by Provider

9.   **.999.** is HIPAA EDI acknowledgement file extension

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6.   CLAIMS EDI PROCESSING PROCEDURES

D.   Claims Processing

2.   File Naming Convention

Examples of the file naming convention for 277CA claims response file are **IVCP030618A.277CA., IVCP030618A.277CA. and IVCP030618C.277CA.**

10.   **IVCP030618A.837.PGP** is the file name originally sent by the Provider

11.   **.277CA.** is HIPAA claims response file extension

6.   CLAIMS EDI PROCESSING PROCEDURES

D.   Claims Processing

3.   Response Files

A.   999 Functional Acknowledgement file will be generated within one 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 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. .

B.   The 277CA Claims Acknowledgement report 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 (277CA) is to provide a claim-level acknowledgement of all claims received in the front-end processing system before claims are sent into IEHP claim processing system.   The Rejected claims reported on the 277CA should be reviewed, corrected, and resubmitted. Claims accepted with errors will be reviewed by IEHP claims processors for completeness.

C.   The claim will either be processed or, if found to be incomplete, sent back in a letter explaining why it could not be processed. Accepted claims will be pushed through the claims processing system for payment evaluation.

D.   IEHP shall place 999 and 277CA response files on the SFTP server in the '**/claims/outbound/**' folder in the submitter's home directory, (e.g. '/13/claims/outbound/').

E.   Additionally, 835 Electronic Remittance Advice Transaction files can also be produced, but enrollment for 835 Electronic Remittance Advice must be requested.   The 835 Electronic Remittance Advice Transaction file provides claim payment information in the HIPAA mandated ACSX12 005010X221A1 format.   The 835 Electronic Advice Transactions is a standard transaction mandated by the Health Insurance Portability and Accountability Act (HIPAA) and is used to transfer payment and remittance information for adjudicated professional and institutional health care claims.

F.   The 835 returns payment information that is reported on paper EOB/PRAs Explanation of Benefits/Provider Remittance Advice to the provider or clearinghouse, in an electronic format The ERA/835 uses claim adjustment reason codes mandated by HIPAA. The Providers can also check the status of their claims by visiting the Provider section on the IEHP website at http://www.iehp.org.

G.   835 files are named with the submitter ID and the EFT/check number (e.g. '098' & 6-digit payment ID, 098123456.R00) rather than an originally submitted claim file name as a

6. CLAIMS EDI PROCESSING PROCEDURES

D. Claims Processing

3. Response Files

payment may contain claims from multiple submissions. These files are also placed on the SFTP server in the '**/claims/outbound'** folder in the submitter's home directory.