
16. IEHP 835 STANDARD COMPANION GUIDE

Standard Companion Guide (CG) Transaction Information

Effective January 1, 2023

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~~2023

This document Copyright © 2023 by Inland Empire Health Plan (IEHP). All rights reserved. It may be freely redistributed in its entirety provided that this copyright notice is not removed. It may not be sold for profit or used in commercial documents without the written permission of copyright holder. This document is provided “as is” without any express or implied warranty. Note that the copyright on the underlying ASC X12 Standards is held by IEHP on behalf of ASC X12.

2023 © Companion Guide copyright by Inland Empire Health Plan

16. IEHP 835 STANDARD COMPANION GUIDE

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 [h](#)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), [i](#)f member has more than one ~~Insurance~~[insurance](#) ~~Coverage~~[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.

16. IEHP 835 STANDARD COMPANION GUIDE

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 represent only those field 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 -

Loop ID	Reference	Name	Codes	Notes/Comments
ISA		Interchange Control Header		
	ISA05	Interchange ID Qualifier	ZZ	Mutually Defines
	ISA06	Interchange Sender ID	00303	'00303' - IEHP
	ISA07	Interchange ID Qualifier	ZZ	Mutually Defines
	ISA08	Interchange Receiver ID	Receiver Code	IEHP assigned submitter code.
CLP		Claim Payment Information		
2100	CLP06	Claim Filing Indicator Code	HM	Health Maintenance Organization
	CLP07	Payer Claim Control Number	IEHPs' Claim Number	Ten digit <u>Ten-digit</u> numeric IEHP Claim Number
NM1		Corrected Priority Payer Name		
2100	NM101	Entity Identifier Code	PR	Payer
	NM103	Corrected Priority Payer Name	Organization Name	Other Healthcare Coverage (OHC)

16. IEHP 835 STANDARD COMPANION GUIDE

	NM108	Identification Code Qualifier	XV	Centers for Medicare and Medicaid Services Plan ID
	NM109	Corrected Priority Payer Identification Number	Plan ID	Other Payer Plan ID
PER		Claim Contact Information		
2100	PER03	Other Payer Plan Contact Number	TE	Telephone

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 notate that IEHPs 835s are generated upon IEHPs' Check-Run completion.

For any questions or concerns please email edispecialist@iehp.org.



ERA (835) Enrollment Form

Attachment 16 – ERA 835 Enrollment Form

Complete form and email to: 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 Employer 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 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.

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

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 NPI 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

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