10. IEHP 5010 837P PROFESSIONAL IEHP DUALCHOICE ENCOUNTER COMPANION GUIDE

IEHP DualChoice Encounter
Companion Guide (CG) Transaction Information

Effective January 01, 2024

IEHP Instructions related to Implementation Guides (IG) based on

ASC X12 Version 005010X222A2
Health Care Claim: Professional (837)

Companion Guide Version Number: 1.0
2024

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Introduction

The Purpose of the Companion Guide:

This document provides a definitive statement of what Submitters must be able to support in their ANSI ASC X12N 837P 005010x222A1 encounter files. This document does not outline the technical interface environment, including connectivity requirements and protocols.

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This document provides specific Loops, Segments and Data Elements that are outlined in the 837P transactions exchanged with IEHP and which are specific to 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.

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.

Implementation Guides (IG) / TR3 available for purchase from Washington Publishing Company http://www.wpc-edi.com

File Size Limitations

Per each ISA/ IEA transaction set, it should not exceed 5,000 encounters.

Contact Information

For further questions regarding encounters submissions, please email EncounterData@iehp.org

IEHP Response Reports

TA1, 999, 277CA, EVR.RPT and EVR.XML reports will be sent so the Trading Partner can receive conformation that IEHP has received their 837 File submission.

IEHP 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 (999 Acknowledgement Transaction Sets)

- Record Count
- Rejected
- Accepted

Stage 2 - Encounter Level

- Duplicate
- Member Not Eligible
- Accepted for IEHP Validation
- Total Record Processed

Stage 3 – Validity Summary

- Invalid
- Valid
- Total Record Validated
- Validity

Rejection Details

- Record (IEHP assigned tracking number)

- Claim ID
- No. (Service Line Number)
- Loop
- Element name
- Error Severity
- Message (Error Description)

End to End Testing Prerequisite

Phase 1 (Inbound IEHP Validation)

- Each test file must contain Twenty-five (25) encounters
- Each test files must pass Structural validation must be 100% valid (999 Report)
- 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 Regulatory Validation)

- Outbound test files containing no more than six (6) encounters deemed valid by IEHP will be forwarded on to their respective Regulatory Agency (i.e. DHCS and CMS).

- Requlatory response reports outlining the final encounter status will be provided to the submitter via IEHP.

- Upon completion of the three (3) successfully rounds of testing, meaning 95% of the outbound test data has been accepted by the Regulatory Agency, the submitter will then be promoted to production.

IEHP adhere to Regulatory Bodies Duplicate Logic

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.

Duplicated Encounters

Once the encounter is processed in IEHP (STEMS) 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.

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Currently, the following values are the minimum set of items used for matching an encounter in the IEHP STEMS

- Client Identification Number (CIN) – 2010BA NM109
- Date(s) of Service – 2400 DTP*472 DTP03 (can be a range)
- Rendering Provider – can be sourced from a variety of places. Please refer to the (TR3) Implementation Guide.
- Payer Paid Amount – 2320 AMT02
- Procedure Code(s) – 2400 SV101-2
- Procedure Modifier(s) – 2400 SV101-3,4,5,6
- Drug Code – 2410 LIN03 - Drug code is used when present.

Conditional usage of Drug Code - When a submitted encounter is compared to previously submitted encounters and all other key fields match but one of the encounters has a drug code and the other does not – this situation is still identified as a duplicate. If all other key fields match and the drug codes are different, the situation is not a duplicate.

Additional Modifiers for Overriding Duplicate Logic:

Additional modifiers are available for overriding duplicate edits. Note that these modifiers are only reported with CPT® and/or HCPCS Level II codes, therefore they cannot be used on the hospital encounter for the delivery and subsequent hospital stay.

Modifier	Definition
59	When it is necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. (Used primarily with codes 36818 thru 36819 and 76816).
76	When the same provider must repeat a procedure or service subsequent to the original procedure/service.
77	When another provider must repeat a procedure or service subsequent to the original procedure/service.

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Correcting Denied and Rejected Encounter Submissions

Submitted encounters can be either rejected, accepted or denied by IEHP. When IEHP rejects or denies an encounter the reasons for the rejection and/or denial will be reported on either the 999, 277CA, EVR.RPT or EVR.XML file.

Denied and rejected encounters that have been corrected by the submitter can subsequently be resubmitted to IEHP as an "Original" (Frequency Code = '1') encounter. When resubmitting corrected encounter(s) a new inbound (837I/837P) encounter file should be used.

When a submitter needs to correct and resubmit a denied encounter, the original Patient Control Number (2300_CLM01) must be used in order to bypass the IEHP duplicate check.

Denied Correction Example #1: Inbound Original Denied > Original Denied Corrected and Resubmitted

File Name	Inbound CLM01	Inbound REF*F8	Inbound CLM05	Inbound Status
ABC0120m001 .enc	12345	NA	1	Denied – Invalid DX Code
ABC0120m002 .enc	12345	NA	1	Accepted – Valid DX Code

Replacement and Void Encounters Submissions

Only encounters accepted by IEHP are eligible for Void or Replacement. The usage of both actions is dependent on the remediation needs of the Submitter. Denied or rejected encounters should be corrected and resubmitted using the "Correction Submission" method outline above.

When a submitter needs to replace or void an encounter, the following data must be provided:

IEHP Inbound Replacement Encounter Requirements

- 2300_CLM01 = Unique Patient Control Number
- 2300_CLM05-3 = 7
- 2300_REF*F8 = Original submitter assigned Patient Control Number (2300_CLM01)
- Usage: Replacing an encounter previously accepted or Denied by IEHP with a updated encounter.

Replacement Example #1: Accepted Inbound Original > Original Accepted Replaced

Encounter Name	Inbound CLM01		Inbound CLM05	Inbound Status

		Inbound REF*F8		
A1 - Original	48294		1	Accepted
A7 - Replacement	10384	48294	7	Accepted

Replacement Example #2: Accepted Inbound Original > Accepted Original Replacement Denied

Note: The 2300_REF*F8 segment must point to a previously accepted or denied

Encounter Name	Inbound CLM01	Inbound REF*F8	Inbound CLM05	Inbound Status
A1 - Original	12345		1	Accepted
A7 - Replacement	98765		7	Denied – REF*F8 Segment Missing

IEHP Inbound Void Encounter Requirements

- 2300_CLM01 = Unique Patient Control Number
- 2300_CLM05-3 = 8
- 2300_REF*F8 = Original submitter assigned Patient Control Number (2300_CLM01)
- Usage: Deleting an encounter previously Accepted or Denied by IEHP.

Void Example #1: Accepted Inbound Original > Accepted Inbound Void

Encounter Name	Inbound CLM01	Inbound REF*F8	Inbound CLM05	Inbound Status
A1 - Original	34758		1	Accepted
A8 - Void	27493	34758	8	Accepted

Void Example #2: Accepted Inbound Original > Original Accepted Void Denied.

Note: The 2300_REF*F8 segment must be present and point to a previously accepted record.

Encounter Name	Inbound CLM01	Inbound REF*F8	Inbound CLM05	Inbound Status
A1 - Original	12345		1	Accepted
A8 - Void	98765	56821	8	Denied – REF*F8 CLM01 Not Found

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The below instructions are expected to be used in addition to the Technical Report Type 3 (TR3) Implementatation Guide (IG). The table does not represent all of the fields necessary for a successful transaction. The following loops and segments are elements that IEHP would like you to pay special attention to when creating this electronic transaction.

ISA Segment - Interchange Control Header

Usage	Ref Des.	Name	Code	Note
R	ISA01	Authorization Information Qualifier	00	No Authorization Sent
R	ISA02	Authorization Information		Space Fill
R	ISA03	Security Information Qualifier	00	No Security Information
R	ISA04	Security Information		Space Fill
R	ISA05	Interchange ID Qualifier	ZZ	Mutually Defined
R	ISA06	Interchange Sender ID		Assigned by IEHP
R	ISA07	Code Identifying Receiver	ZZ	Mutually Defined
R	ISA08	Interchange Receiver ID	00303	IEHP Receiver ID
R	ISA11	Repetition Separator	^	Carat Repetition Separator
R	ISA12	Interchange Control Version Number	00501	ASC X12 Standard Approved
R	ISA14	Acknowledgment Requested	0	TA1 not provided
R	ISA15	Interchange Usage Indicator	P T	P = Production T = Test

GS Segment - Functional Group Header

Usage	Ref Des.	Name	Code	Note
R	GS01	Functional Identifier Code	HC	Health Care Claim
R	GS02	Application Sender's Code		Assigned by IEHP
R	GS03	Application Receiver's Code	00303	Value must match ISA08

Table 1-Header

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ST -837- Header Segment

Usage	Ref Des.	Name	Code	Note
R	ST01	Transaction Code of document		
R	ST02	Transaction Control Number		Must match the value in SE02

BHT – Beginning of Hierarchical Transaction

Usage	Ref Des.	Name	Code	Note
R	BHT02	Transaction Set Purpose Code	00	00 = Original
R	BHT06	Transaction Type Code	RP	RP = Reporting

1000A -PER- Submitter EDI Contact Information

Usage	Ref Des.	Name	Code	Note
S	PER02	Free Form Name		Submitter Contact Name
R	PER03	Communication Number Qualifier	TE	TE = Telephone
R	PER04	Communication Number		Phone number including area code
S	PER05	Communication Number Qualifier	EM	EM = Email Address

Loop 1000B -NM1- Receiver Name

Usage	Ref Des.	Name	Code	Note
R	NM103	Name Last or Organization Name	Inland Empire Health Plan	"IEHP" is also acceptable
R	NM109	Identification Code	00303	Should match ISA08 and GS03

Table 2-Billing Provider Detail

Loop 2000A – PRV- Billing Provider Hierarchical Level – Required by IEHP

Usage	Ref Des.	Name	Code	Note
R	PRV03	Billing Provider Specialty Info		Provider Taxonomy Code

Loop 2010AA N3- Billing Provider Address

Usage	Ref Des.	Name	Code	Note
R	N301	Address Information		Billing Provider Address Must be Physical Address
S	N302	Address Information Second Line		Billing Provider Address Must be Physical Address

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

Usage	Ref Des.	Name	Code	Note
S	N403	Postal Code	Billing Provider Zone or 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".

Table 3 - Subscriber Detail

Loop 2000B -SBR- Subscriber Information

Usage	Ref Des.	Name	Code	Note
R	SBR01	Payer Responsibility Sequence Number Code	S	S = Secondary
S	SBR02	Individual Relationship Code	18	18= Self
S	SBR03	Group Number		Must Be Blank

Usage	Ref Des.	Name	Code	Note
S	SBR04	Group Name	MED DSNP	MED= Medi-Cal DSNP= Medicare
S	SBR09	Claim Filling Indicator Code	MB MC	MB = Medicare Part B MC = Medicaid (Medi-Cal)

Loop 2010BA NM1- Subscriber Name

Usage	Ref Des.	Name	Code	Note
R	NM102	Entity Type Qualifier	1	1 = Person
S	NM108	Identification Code Qualifier	MI	MI = Member ID Number
S	NM109	Identification Code		14-digit IEHP ID or Member Beneficiary ID (MBI)

Loop 2010BB NM1- Destination Payer Name

Usage	Ref Des.	Name	Code	Note
R	NM103	Destination Payer Name	Inland Empire Health Plan	"IEHP" is also acceptable
R	NM108	Identification Code Qualifier	PI	PI = Payer Identification
R	NM109	Identification Code	00303	IEHP

Table 4-Patient Detail

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Loop 2300 - CN1 - Contract Information

Usage	Ref Des.	Name	Code	Note
R	CN101	Contract Type Code	01 02 05 09	01 = Diagnosis Related Group – DRG (Expected if 2300_HI01-02 = DR) 02 = Per Diem 05 = Capitated 09 = Denied
R	CN02	Contracted Amount		Must match 2320_AMT02 when 2000B_SBR09 = MC

Loop 2310B - Rendering Provider

NOTE #1: Required if the rendering provider is different than the billing provider.

NOTE #2: Rendering Provider Taxonomy Code should also be included.

Loop 2310E - Ambulance Pick-up Location

NOTE: This loop is Required When the Place of Service Code is either 41 or 42.

Loop 2310F - Ambulance Drop-Off Location

NOTE: This loop is Required When the Place of Service Code is either 41 or 42.

Loop 2320 SBR- Other Subscriber Information

Usage	Ref Des.	Name	Code	Note
R	SBR01	Payer Responsibility Sequence Number Code	P	Primary
R	SBR02	Individual Relationship Code	18	Self
S	SBR03	Group Number		Must be blank
S	SBR04	Group Name	MED DSNP	MED= Medi-Cal DSNP = Medicare

Usage	Ref Des.	Name	Code	Note
S	SBR09	Claim Filing Indicator Code	MB MC	MB = Medicare Part B MC = Medicaid (Medi-Cal)

Loop 2320 AMT- Coordination of Benefits

Usage	Ref Des.	Name	Code	Note
R	AMT01	Amount Qualifier Code	D	D=Payor Paid Amount
R	AMT02	Payer Paid Amount		

Loop 2330A -NM1- Other Subscribers Name

Usage	Ref Des.	Name	Code	Note
R	NM102	Entity Type Qualifier	1	1 = Person
R	NM108	Other Identification Code Qualifier	MI	MI = Member ID Number
R	NM109	Other Subscriber Primary ID		14-digit IEHP ID or Member Beneficiary ID (MBI)

Loop 2330B NM1 Other Payer Name

Usage	Ref Des.	Name	Code	Note
R	NM103	Name Last or Organization Name		Organization/Payer responsible for claim adjudication
R	NM108	Identification Code Qualifier	PI	PI = Payor Identification

Usage	Ref Des.	Name	Code	Note
R	NM109	Identification Code		Must match 2430_SVD01

Loop 2430 -SVD- Service line Adjudication Information

Usage	Ref Des.	Name	Code	Note
R	SVD01	Other Payer Primary Identifier		Must match 2330B_NM109

Trailer Segments

SE – Transaction Set Trailer

Usage	Ref Des.	Name	Code	Note
R	SE01	Number of Included Segments		Transaction Segment Count
R	SE02	Transaction Set Control Number		Must match the value in ST02

GE Segment – Functional Group Trailer

Usage	Ref Des.	Name	Code	Note
R	GE01	Number of Transaction Sets Included		
R	GE02	Group Control Number		Must match the value in GS06

IEA Segment - Interchange Control Trailer

Usage	Ref Des.	Name	Code	Note
R	IEA01	Number of Included Functional Groups		A count of the number of functional groups included in an interchange
R	IEA02	Interchange Control Number		A control number assigned by the interchange sender

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Frequently Asked Questions

Q1: How do you correct an Original (Freq. 1) encounter rejected by IEHP?
A1: If the initial encounter is rejected by IEHP, then send corrected encounter as Original.

Q2: How do you submit corrections for encounters accepted by IEHP?
A2: If the Original encounter was accepted by IEHP and changes other that additional service lines (i.e. Provider NPI, DX Codes etc.) are needed, then first submit a Void (Freq.8), once the void has been accepted, submit the corrected encounter as an Original.

Q3: What is Encounter Data? Does it include any claims data submitted from providers to plans?
A3: Encounter Data comprises any claims data information showing the use of provider services by health plan enrollees that is used to develop cost profiles of a group of enrollees and then guide decisions about or provide justification for the adjustment of premiums.

Q4: What does "adjudicated" mean?
A4: Adjudicated is a term used to refer to the process of paying claims submitted or denying them after comparing claims to the benefit or coverage requirements.

Q5: Will revenue codes be a required field for encounter submissions?
A5: Yes, revenue codes will be a required field in the 5010 X12-837I format.

Q6: Are Submitters required to submit encounter data weekly or monthly?
A6: Currently, Submitters are required to submit encounter data monthly. However, IEHP strongly recommend that plans submit more frequently.

Q7: Will the National Provider Identification (NPI) number be required for claims submission?
A7: Yes, NPI will be required.

Q8: Where do I find information on file naming conventions, connectivity protocol, and file transfer procedures?
A8: Please refer to the EDI manual published at https://ww3.iehp.org/en/providers/provider-manualsl for information regarding the above areas. For File Naming conventions see Section 6 Claims Processing Procedures and connectivity protocol see Section 2 Getting Started Secure File Transfer Protocol (SFTP).

Q9: What is IEHP's policy on Billing Provider Address and 9-Digit Zip Codes?

A9: 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.

Q10: How should providers submit additional service lines not captured in the Original (Freq.1) encounter accepted by IEHP?

A10: Additional service line information identified as missing from Original (2300_CLM05-3 = '1') accepted encounters should be submitted separately in a new encounter, or a Replacement (2300_CLM05-3 = '7') for the original encounter should be submitted with the addition of the new service lines.

Q11: How should providers address encounters flagged as Denied by the regulatory agencies (i.e. DHCS and/or CMS) via the outbound Regulatory EVR?

A11: Encounters flagged as Denied by the regulatory agencies (i.e. DHCS and/or CMS) via the outbound Regulatory EVR should be corrected by way of an inbound Replacement (2300_CLM05-3 = '7') and/or inbound void (2300_CLM05-3 = '8') for the original encounter accepted by IEHP.

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Other Resources

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

https://ww3.iehp.org/en/providers/provider-manuals

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

http://www.wpc-edi.com

Workgroup for Electronic Data Interchange in Healthcare.

http://www.wedi.org

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

https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Versions5010andD0

Contact Information

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