Provider Enrollment for EDI Services

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DISCLAIMER

This presentation is for informational purposes only.

- This presentation is not intended to represent legal advice.
- The content is point-in-time information, which is subject to revision.
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- Visit www.x12.org for additional details about X12
ABOUT X12

• Established by the American National Standards Institute (ANSI) more than 35 years ago
• Develops, establishes and maintains Electronic Data Interchange (EDI) standards, technical reports type 3 (TR3) as well as Extensible Markup Language (XML) schemas which drive business processes globally
• X12 membership includes providers, technologists, and business process experts across all industries which range from health care insurance, transportation, finance, logistics, supply chain management and other industries
• For more information about what we do and how you can become a member, visit us at www.x12.org
• Our purpose for the standardized exchange is to eliminate any challenges with redundancies
  • Reduce costs for Provider Electronic Data Interchange (EDI) Enrollment,
    • Potential administrative cost savings with EDI; standards have been developed and work effectively when implemented across all organizations
  • Replace the current manual processes which streamlines EDI Enrollment requests and responses
    • Today, the enrollment process used in EDI is proprietary, manual and varies across all organizations
    • Manual processes slow down or cause downstream problems and
    • Adversely impact business operations for the healthcare industry trading partners
• Standard information and requirements for Enrollments
  • Facilitate a smooth transaction, uniformity for implementation is critical
• Opportunities for improvement, automating the enrollment processes allows for
  • Expediting the processes which standardizes and
  • Reduces number of potential errors
  • Increases trading partners satisfaction with efficiency and minimize manual rework
VALUE PROPOSITION

• Standardization
  • Leverages existing standardization efforts currently identified by the federal and other state mandated regulatory initiatives
  • Scalability, greater amounts of data and information can be exchanged efficiently and expeditiously
  • Storage, EDI transactions reduce or even eliminate physical storage

• Error Reduction
  • Simplified Updates, on-going updates and enrollment modifications for providers will be managed electronically

• Reduction in Paperwork
  • Reduced resource requirements that support multiple manual processes currently in place
BUSINESS USAGE

• 838 006020X305 TR3 version supports trading partner, EDI vendors, clearinghouses and may include:
  • Individual providers, clinicians, groups of individuals,
  • Labs, pharma,
  • Institutions, facilities, hospitals,
  • NPI eligible and atypical providers
  • Health plans and payers,
  • Health Information Exchange (HIE), Health Insurance Exchange (HIX),
  • Property and Casualty Payers and associated entities
  • Agents, for example clearinghouses, billing services and vendors

• 838 006020X305 TR3 version is designed to also support the data necessary for a payer to initiate the adjudication of an EDI enrollment
  • Communicates the status of the process back to the submitter
  • Supports enrollment in all provider and payer transactions
GENERAL BUSINESS USAGE

• Enrollment request and response identified four parties, entities:
  • Payer-entity being asked to take action for the EDI transaction relationship and
    • Identified in the transaction when the payer is the receiver or
    • Identified in the transaction when the payer is not the receiver
  • Provider-entity that initiates the action for the EDI transactions relationship with a payer
Enrollment request and response identified four parties, entities:

- **Receiver**: entity that is receiving the action request or response to the action request
  - Receiver may be a payer or
  - Receiver may be a business associate of either the payer or provider for example, clearinghouse or vendor
- **Submitter**: entity that sends the action request and receives the response/answer to take the action request
  - Submitter may be a provider or
  - Submitter may be a business associate of either the payer or provider for example, clearinghouse or vendor
• Other entities or locations identified:
  • Provider Authorized Agent—a person who is authorized to enter EDI relationships with intermediaries and payers
  • Financial Institution—a provider’s financial institution for receipt of Electronic Funds Transfers (EFTs)
  • Physical Address—physical address of the provider when not the same as the provider’s mailing address
Other entities or locations identified:

- Requesting Provider Address on File-response, the payer or a receiver supply a corrected provider address when the address for the provider is in the payer’s infrastructure is different than the address reported in the request

- Provider Software Vendor-request will identify the vendor of software, version of the software and product name generating, communicating or consuming the requested EDI transaction
  - Information is present only when the provider uses commercial software to support related transaction and
  - Payer requires information for on-boarding purposes
WORKFLOW

• Multiple requests can be sent in a single file
  • Each enrollment request must be uniquely identified by a trace number
    • Each transaction can be received, acted upon and traced independently
    • Each party/entity must ensure they assign a unique transaction ID between parties
  • Facilitation point to point communication
    • Each request transaction sent will contain the sender’s unique trace ID and
    • Each response will contain the request sender’s unique trace ID and
    • Receiver’s unique trace ID
• Multiple requests can be sent in a single file and
  • Point to Point sender/receiver trace IDs and
    • Transaction requires an end to end set of unique trace IDs, for example
      • Provider trace ID sent to the enrolling payer and
      • Payer trace ID sent back to the Provider independent of the number of intermediaries involved
Requests

• Request is a provider application to add, change, verify or delete EDI enrollment with a payer
  • Responses will be at the request level and
  • Each request will have at least 1 response returned
• Request is capable of requesting EDI or EFT transactions in test and/or production infrastructures
Four types of actions possible:

• Add-use to request a new service
• Change-use to modify details of an existing service, for example:
  • Changing bank accounts or
    • Banks for EFT
  • Changing sender/receiver identifiers
  • Changing infrastructures from test to production of existing enrollment record
• Delete-use to cancel an existing service
• Verify-use to confirm current status of a provider and
  • Their associated enrollment transaction information
Responses

• Is a status from the receiver to sender on the status of the request
  • Each response will correspond to a single request and
  • Each request will have at least 1 response returned
Responses continued

• This 838 TR3 supports a variety of responses:
  • An acknowledgement of receipt of a specific request from the receiver to a sender
  • Detailed receipt of the transaction request and
    • Results from the receiver of the request
  • Verification of Provider enrollment status
  • Instructions on how to follow up completion of the request
  • Approval of request
  • Denial of request
  • Request is pended
Responses Continued

• Detailed information related to the request:
  • Payer contact information
  • Effective date
  • Website address
  • Provider/Submitter trace number
  • Payer Assigned trace number
  • Return the sender ID to use at a per transaction level
  • Incomplete Information Received
  • Infrastructure (test or production)
  • Support for the requested transaction
  • Messaging to support denied request
  • Whether or not there will be a subsequent electronic responses related to the original request
NEXT STEPS

Q&A

• When will the 838 TR3 be available for ingestion?
• Is the comment period over? Or When will the comment period begin?
• When will the next version of the 838 TR3 be available since this version is 006020305?
• What is the health plan/payer estimated implementation timeframe?
• How do I become involved with the 838 TR3 X12N WG15?

Closing comments
Questions?
Thank You

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