Dro



**Client Questionnaire**

**VSD-11655 – ClientName\_CA\_TPA**

Created by: Nikhil Nene

Date: 05/30/2024

Updated for Clearinghouses and Separate Medicaid, Medicare or Commercial

# Primary Contacts:

## Client/MCP

|  |  |  |
| --- | --- | --- |
| **Name/Title** | **Email/Phone** | **Project Function** |
|  |  | MCP/MCO Contact |
| Costanza, Nadine A |  | EDI Representative |
|  |  | SFTP Configuration |
|  |  | Project Manager |
|  |  | Inbound Claims (EDI – Front End) |
|  |  | Claims Adjudication |
|  |  | Dispute / G&A |
|  |  |  |
|  |  |  |

## Carelon (TPA)

|  |  |  |
| --- | --- | --- |
| **Name/Title** | **Email** | **Project Function** |
| Nicole Copiskey, Plan-to-Plan Manager | [CBH-TPA@carelon.com](mailto:CBH-TPA@carelon.com) | Payer Liaison/Rep. |
| Jason Rosete, Business Consultant | [CBH-TPA@carelon.com](mailto:CBH-TPA@carelon.com) | EDI Representative |
| Christina Kim, Account Executive | [CBH-TPA@carelon.com](mailto:CBH-TPA@carelon.com) | Account Management |

# File Layout

* File Layout will follow standard 5010X rules.

# Naming Convention

* Example: C\_TPA\_837P\_YYYYMMDD\_\_NNN.x12
* C = Client name
* YYYYMMDD – Date of the file submission
* NNN – The file number for that submission date (for example, the first file submitted)

# File Transfer - FTP Details

|  |
| --- |
| **Outbound From Carelon/ Edifecs 837 to Payer** |

Clearinghouse Clients: Please specify your Clearinghouse Trading Partner information if applicable.

|  |  |
| --- | --- |
| Clearinghouse Name | Availity/Other |
| Clearinghouse Payer ID |  |
| Payor Name |  |
| Please provide the Clearinghouse Companion Guide |  |
| Payer ID’s for (if applicable): | Medicaid:  Medicare:  Commercial: |
| 2010BB - NM1-03  Organization Name |  |
| 2010BB - NM1-09  ID Code |  |

Non-Clearinghouse Clients: Please specify SFTP information if applicable.

Please provide your Companion Guide

|  |  |
| --- | --- |
| Destination Path: | Medicaid:  Medicare:  Commercial: |
| Backup Path: | Medicaid:  Medicare:  Commercial: |
| FTP Host: |  |
| Port: |  |
| Username/Account: |  |
| Password: |  |
| Frequency: | Daily |
| Filename Format: | If specific, otherwise (examples below):  **Medicaid** - ClientName\_TPA\_837P\_MD\_YYYYMMDD\_\_NNN.x12  **Medicare** - ClientName\_TPA\_837P\_MC\_YYYYMMDD\_\_NNN.x12  **Commercial** - ClientName\_TPA\_837P\_CO\_YYYYMMDD\_\_NNN.x12 |

|  |
| --- |
| **Inbound To Edifecs – Payment Reconciliation/835** |

|  |  |
| --- | --- |
| Destination Path: |  |
| Backup Path: |  |
| FTP Host: |  |
| Port: |  |
| User Name/Account: |  |
| Password: |  |
| Frequency: | Daily |
| Filename Layout: | If specific, otherwise - ClientName\_TPA\_835\_YYYYMMDD\_\_NNN.x12 |

|  |
| --- |
| **Inbound To Edifecs – 999 & 277CA Responses** |

|  |  |
| --- | --- |
| Destination Path: |  |
| Backup Path: |  |
| FTP Host: |  |
| Port: |  |
| User Name/Account: |  |
| Password: |  |
| Frequency: | Daily |
| FileName Layout: | If specific, otherwise -  ClientName\_TPA\_999\_YYYYMMDD\_\_NNN.x12  ClientName\_TPA\_277CA\_YYYYMMDD\_\_NNN.x12 |

# Schedule(s)

* **Edifecs Batching Schedule:** Daily Monday - Friday
* **Submit to Client**: Daily Monday - Friday

# Trading Partner Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Loop Name / ID | Reference | Implementation Guide Name | Value to use | Comments |
| Interchange Control Header Segment | | | | |
| Interchange Control Header | ISA-08 | Interchange Receiver ID | TBD | Client to provide from CG or payer POC. |
| Functional Group Header Segment | | | | |
| Functional Group Header | GS-03 | Application Receiver's Code | TBD | Client to provide from CG or payer POC. |
| Functional Group Header | GS-08 | Version / Release / Industry Identifier Code | 005010X223A2 – (837) Institutional  005010X222A1 – (837) Professional |  |
|  | | | | |
|  |  |  |  |  |
| Receiver Name | | | | |
| 1000B | NM1-03 | Receiver Name | TBD | Client to provide from CG or payer POC. |
| 1000B | NM1-09 | Identification Code | TBD | Client to provide from CG or payer POC. |
| Payer Name | | | | |
| 2010BB | NM1-01 | Entity Qualifier | PR | Client to provide from CG or payer POC. |
| 2010BB | NM1-02 | Entity Type | 2 | Client to provide from CG or payer POC. |
| 2010BB | NM1-03 | Organization Name | TBD | Client to provide from CG or payer POC. Please specify if separate Medicaid, Medicare or Commercial |
| 2010BB | NM1-08 | ID Code Qualifier | TBD | Client to provide from CG or payer POC. Please specify if separate Medicaid, Medicare or Commercial |
| 2010BB | NM1-09 | ID Code | TBD | Client to provide from CG or payer POC. Please specify if separate Medicaid, Medicare or Commercial |

# Notifications/Alerts

* Which group should be notified in case of success/ Failure?

|  |  |  |
| --- | --- | --- |
| **Event** | **Method** | **Recipients** |
| Fail | Email |  |
| Success/Failure | Email |  |
|  |  |  |

When completed, please email document to: [CBH-TPA@carelon.com](mailto:CBH-TPA@carelon.com) – Thank you!