**METROPOLITAN HEALTH PLAN**

**PROVIDER BULLETIN**

**August 15, 2016**

**SUBJECT**

Claim Pre-Processing Electronic Data Interchange (EDI) Edit Project

**PROVIDERS AFFECTED**

All

**BACKGROUND**

MHP will begin implementation of an upfront editing process effective August 15, 2016.

Upfront editing (pre-processing logic), allows for the claim data elements to be validated against a series of rules and edits.

Pre-processing edits ensure claims, and the claim detail abide by the health plan policies and procedures. These edit functions verify the accuracy, validity, required presence, format, consistency, and allowable values, against the claim data elements submitted for consideration before the final adjudications and disposition of the claim.

**KEY POINTS**

* Pre-Processing Edit Project will be implemented in two (2) phases
* Phase 1 of the pre-processing edit project will be implemented on August 15, 2016.
* Phase 1 will consist of two components:
* From 8/15/2016 to 8/31/2016 a soft roll out that will consist of a “warning messages”. The warning messages will be passed back to the submitters on the response report 999 and a custom report.
* From 9/01/2016 forward a hard code edit (rejects). Rejected transactions will be pass back to the submitters on the response report 999 and a custom report.
* These custom reports will give submitters detailed information regarding the reason(s) for the rejection. These reports will include information such as submitter name, billing provider ID, claim ID, claim amount, member demographic information, a description of the rejection, the number of claims rejected, the number of claims accepted, and others.
* Phase 1 includes the following requirements:
  + Requirement of the Early & Periodic Screening, Diagnosis, and Treatment alpha-referral code (EPSDT Referral code) - Applicable to 837P claims where HCPC S0302 is presented. If HCPC S0302 is present, a 2 digit HIPAA Compliant Referral Condition Code must also be presented.
  + Requirement of the NDC (including unit and dosage) – This is applicable to both 837P and 837I claims where a HCPC code presented requires an accompanying NDC code.
  + Eligibility – Member Match logic. The member’s demographic as submitted on a claim, must be an exact match to our systems. This included First Name, Last Name, Middle Initial or name, and Member’s DOB.
* Phase 2 of the project will begin October 1, 2016 for the application of SNIP Type 4 and 5 edits to 837I and 837P claims. Additional information will be distributed prior to the implementation of these edits.

**RESOURCES**

* MHP Provider Services: 1-800-647-0550
* Hennepin Health Member Services: 612-596-1036
* Cornerstone Solutions Member Services: 612-596-1507
* MHP website: www.hennepinhealth.org.