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**To:** Encounter Data Trading Partners  
**From:** IEHP EDI Encounter Data Operations  
**Date:** January 13, 2023  
**Subject:** **ALERT! 837 SBR04 Encounter Data Requirement Changes**

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In support of the new IEHP DualChoice (HMO D-SNP) beneficiaries, Inland Empire Health Plan (IEHP) will be making changes to the **IEHP 837 (I/P) SBR04 segment requirements**.

Effective **January 1, 2023**:

- The expected SBR04 value for DSNP Medicaid beneficiaries will be **(MED) instead of the current (CCI) value** which is being used for CMC (Cal-Medi-Connect) Medicaid beneficiaries.
- Dual Medicaid encounters with a date of service prior to **January 1, 2023**, should continue to use the current 'CCI' line of business code in the SBR04 segments when appropriate.

IEHP is requesting you provide at least one 837I and 837P test file showing where the new SBR04 requirements for both Medicare and Medicaid Dual DSNP lines of business are being met. We will be performing User Acceptance Testing (UAT) with all our current trading partners starting **January 15, 2023**.

Attached are examples of the new 2023 and current 2022 SBR04 requirements.

Test files must be submitted no later than **January 15, 2023**, and should be uploaded to your corresponding SFTP folder as follows: `ZZZ/5010/editest/SUBMIT_TEST`.

If you have any questions, please do not hesitate to contact the IEHP EDI Specialists at [EncounterData@iehp.org](mailto:EncounterData@iehp.org)

As a reminder, all communications sent by IEHP can also be found at:  
[www.iehp.org](http://www.iehp.org) > Providers > Plan Updates > Correspondence

**New IEHP Dual DSNP SBR04 Encounter Data Testing Requirements**

- Request:
  - One file (per 837 file type) containing (10) encounters covering both Medicare and Medicaid DSNP lines of business where applicable.
    - Record Count: (5) Medicare/SBR04 = CMC and (5) Medicaid/SBR04 = MED
    - Note: **Date of service expected 2022 (Testing Purposes Only)**
- Validity Expectation:
  - File structure must be 100% valid (999 Report)
  - Validity must be 95% or higher based on IEHP, DHCS & CMS EVR Reports
  - Results will be provided to the Submitters via SFTP

Dual DSNP changes will include:

**File Type: 837P - Professional**

**Loop: 2000B – Subscriber Hierarchical Level**

**Segment: SBR- Subscriber Information**

<b>2000B - Medicare Dual DSNP SBR Requirements</b>			
<b>Example: SBR*S*18**CMC*****MB</b>			
<b>Segment</b>	<b>Segment Usage</b>	<b>Expected Value</b>	<b>Value Definition</b>
<b>SBR01</b>	<b>Payer Sequence Code</b>	<b>S</b>	<b>Secondary</b>
<b>SBR02</b>	<b>Individual Relationship Code</b>	<b>18</b>	<b>Self</b>
<b>SBR03</b>	<b>Subscriber Group Number</b>	<b>Blank</b>	<b>N/A</b>
<b>SBR04</b>	<b>Subscriber Group Name</b>	<b>CMC</b>	<b>IEHP Dual Medicare LOB Code</b>
<b>SBR09</b>	<b>Claim Filing Indicator</b>	<b>MB</b>	<b>Medicare Part B</b>

<b>2000B - Medicaid Dual DSNP SBR Requirements</b>			
<b>Example: SBR*S*18**MED*****MC</b>			
<b>Segment</b>	<b>Segment Usage</b>	<b>Expected Value</b>	<b>Value Definition</b>
<b>SBR01</b>	<b>Payer Sequence Code</b>	<b>S</b>	<b>Secondary</b>
<b>SBR02</b>	<b>Individual Relationship Code</b>	<b>18</b>	<b>Self</b>
<b>SBR03</b>	<b>Subscriber Group Number</b>	<b>Blank</b>	<b>N/A</b>
<b>SBR04</b>	<b>Subscriber Group Name</b>	<b>MED</b>	<b>IEHP Dual Medicaid LOB Code</b>
<b>SBR09</b>	<b>Claim Filing Indicator</b>	<b>MC</b>	<b>Medicaid</b>

**File Type: 837P - Professional**

**Loop: 2320 – Other Subscriber Information**

**Segment: SBR-09 (Claim Filing Indicator Code)**

<b>2320 - Dual DSNP SBR Requirements</b>			
<b>Example: SBR*P*18*****16</b>			
<b>Segment</b>	<b>Segment Usage</b>	<b>Expected Value</b>	<b>Value Definition</b>
<b>SBR01</b>	<b>Payer Sequence Code</b>	<b>P</b>	<b>Primary</b>
<b>SBR02</b>	<b>Payer Sequence Code</b>	<b>18</b>	<b>Self</b>
<b>SBR09</b>	<b>Payer Sequence Code</b>	<b>16</b>	<b>Health Maintenance Organization</b>

**File Type: 837I - Institutional**

**Loop: 2000B – Subscriber Hierarchical Level**

**Segment: SBR- Subscriber Information**

<b>2000B - Medicare Dual DSNP SBR Requirements</b>			
<b>Example: SBR*S*18**CMC*****MB</b>			
<b>Segment</b>	<b>Segment Usage</b>	<b>Expected Value</b>	<b>Value Definition</b>
<b>SBR01</b>	<b>Payer Sequence Code</b>	<b>S</b>	<b>Secondary</b>
<b>SBR02</b>	<b>Individual Relationship Code</b>	<b>18</b>	<b>Self</b>
<b>SBR03</b>	<b>Subscriber Group Number</b>	<b>Blank</b>	<b>N/A</b>
<b>SBR04</b>	<b>Subscriber Group Name</b>	<b>CMC</b>	<b>IEHP Dual Medicare LOB Code</b>
<b>SBR09</b>	<b>Claim Filing Indicator</b>	<b>MB</b>	<b>Medicare Part A</b>

<b>2000B - Medicaid Dual DSNP SBR Requirements</b>			
<b>Example: SBR*S*18**MED*****MC</b>			
<b>Segment</b>	<b>Segment Usage</b>	<b>Expected Value</b>	<b>Value Definition</b>
<b>SBR01</b>	<b>Payer Sequence Code</b>	<b>S</b>	<b>Secondary</b>
<b>SBR02</b>	<b>Individual Relationship Code</b>	<b>18</b>	<b>Self</b>
<b>SBR03</b>	<b>Subscriber Group Number</b>	<b>Blank</b>	<b>N/A</b>
<b>SBR04</b>	<b>Subscriber Group Name</b>	<b>MED</b>	<b>IEHP Dual Medicaid LOB Code</b>
<b>SBR09</b>	<b>Claim Filing Indicator</b>	<b>MC</b>	<b>Medicaid</b>

**File Type: 837I - Institutional**

**Loop: 2320 – Other Subscriber Information**

**Segment: SBR-09 (Claim Filing Indicator Code)**

<b>2320 - Dual DSNP SBR Requirements</b>			
<b>Example: SBR*P*18*****16</b>			
<b>Segment</b>	<b>Segment Usage</b>	<b>Expected Value</b>	<b>Value Definition</b>
<b>SBR01</b>	<b>Payer Sequence Code</b>	<b>P</b>	<b>Primary</b>
<b>SBR02</b>	<b>Payer Sequence Code</b>	<b>18</b>	<b>Self</b>
<b>SBR09</b>	<b>Payer Sequence Code</b>	<b>16</b>	<b>Health Maintenance Organization</b>

**Current IEHP Dual CMC SBR04 Encounter Data Requirements DOS: < 01/01/2023)**

**File Type: 837P - Professional**

**Loop: 2000B – Subscriber Hierarchical Level**

**Segment: SBR- Subscriber Information**

<b>2000B - Medicare Dual CMC SBR Requirements</b>			
<b>Example: SBR*S*18**CMC*****MB</b>			
<b>Segment</b>	<b>Segment Usage</b>	<b>Expected Value</b>	<b>Value Definition</b>
<b>SBR01</b>	<b>Payer Sequence Code</b>	<b>S</b>	<b>Secondary</b>
<b>SBR02</b>	<b>Individual Relationship Code</b>	<b>18</b>	<b>Self</b>
<b>SBR03</b>	<b>Subscriber Group Number</b>	<b>Blank</b>	<b>N/A</b>
<b>SBR04</b>	<b>Subscriber Group Name</b>	<b>CMC</b>	<b>IEHP Dual Medicare LOB Code</b>
<b>SBR09</b>	<b>Claim Filing Indicator</b>	<b>MB</b>	<b>Medicare Part B</b>

<b>2000B - Medicaid Dual CMC SBR Requirements</b>			
<b>Example: SBR*S*18**CCI*****MC</b>			
<b>Segment</b>	<b>Segment Usage</b>	<b>Expected Value</b>	<b>Value Definition</b>
<b>SBR01</b>	<b>Payer Sequence Code</b>	<b>S</b>	<b>Secondary</b>
<b>SBR02</b>	<b>Individual Relationship Code</b>	<b>18</b>	<b>Self</b>
<b>SBR03</b>	<b>Subscriber Group Number</b>	<b>Blank</b>	<b>N/A</b>
<b>SBR04</b>	<b>Subscriber Group Name</b>	<b>CCI</b>	<b>IEHP Dual Medicaid LOB Code</b>
<b>SBR09</b>	<b>Claim Filing Indicator</b>	<b>MC</b>	<b>Medicaid</b>

**File Type: 837P - Professional**

**Loop: 2320 – Other Subscriber Information**

**Segment: SBR-09 (Claim Filing Indicator Code)**

<b>2320 - Dual CMC SBR Requirements</b>			
<b>Example: SBR*P*18*****16</b>			
<b>Segment</b>	<b>Segment Usage</b>	<b>Expected Value</b>	<b>Value Definition</b>
<b>SBR01</b>	<b>Payer Sequence Code</b>	<b>P</b>	<b>Primary</b>
<b>SBR02</b>	<b>Payer Sequence Code</b>	<b>18</b>	<b>Self</b>
<b>SBR09</b>	<b>Payer Sequence Code</b>	<b>16</b>	<b>Health Maintenance Organization</b>

**File Type: 837I - Institutional**

**Loop: 2000B – Subscriber Hierarchical Level**

**Segment: SBR- Subscriber Information**

<b>2000B - Medicare Dual DSNP SBR Requirements</b>			
<b>Example: SBR*S*18**CMC*****MB</b>			
<b>Segment</b>	<b>Segment Usage</b>	<b>Expected Value</b>	<b>Value Definition</b>
<b>SBR01</b>	<b>Payer Sequence Code</b>	<b>S</b>	<b>Secondary</b>
<b>SBR02</b>	<b>Individual Relationship Code</b>	<b>18</b>	<b>Self</b>
<b>SBR03</b>	<b>Subscriber Group Number</b>	<b>Blank</b>	<b>N/A</b>
<b>SBR04</b>	<b>Subscriber Group Name</b>	<b>CMC</b>	<b>IEHP Dual Medicare LOB Code</b>
<b>SBR09</b>	<b>Claim Filing Indicator</b>	<b>MB</b>	<b>Medicare Part A</b>

<b>2000B - Medicaid Dual DSNP SBR Requirements</b>			
<b>Example: SBR*S*18**CCI*****MC</b>			
<b>Segment</b>	<b>Segment Usage</b>	<b>Expected Value</b>	<b>Value Definition</b>
<b>SBR01</b>	<b>Payer Sequence Code</b>	<b>S</b>	<b>Secondary</b>
<b>SBR02</b>	<b>Individual Relationship Code</b>	<b>18</b>	<b>Self</b>
<b>SBR03</b>	<b>Subscriber Group Number</b>	<b>Blank</b>	<b>N/A</b>
<b>SBR04</b>	<b>Subscriber Group Name</b>	<b>MED</b>	<b>IEHP Dual Medicaid LOB Code</b>
<b>SBR09</b>	<b>Claim Filing Indicator</b>	<b>MC</b>	<b>Medicaid</b>

**File Type: 837I - Institutional****Loop: 2320 – Other Subscriber Information****Segment: SBR-09 (Claim Filing Indicator Code)**

<b>2320 - Dual CMC SBR Requirements</b>			
<b>Example: SBR*P*18*****16</b>			
<b>Segment</b>	<b>Segment Usage</b>	<b>Expected Value</b>	<b>Value Definition</b>
<b>SBR01</b>	<b>Payer Sequence Code</b>	<b>P</b>	<b>Primary</b>
<b>SBR02</b>	<b>Payer Sequence Code</b>	<b>18</b>	<b>Self</b>
<b>SBR09</b>	<b>Payer Sequence Code</b>	<b>16</b>	<b>Health Maintenance Organization</b>