June 1, 2006
837P EDI/SFT changes effective 7-1-2006
EPSDT & Healthy Families
EPSDT :

1. Terminate EPSDT Plan clients using July 1, 2006 as termination date.
2. Enroll these terminated and future EPSDT clients with CGF, Family Preservation, etc. as primary plan.
3. Ensure the CIN number in the 837 transaction is correct where MediCal is the payer.
4. Do not include EPSDT as a Plan in the 837, loop 2330A, REF segment, where LACDMH is the payer :

For Example:
REF*IG*xxxx-01~
Where xxxx is the primary planID.

Complete EPSDT 837P example (Added on 2-29-2008):

```
ISA*00*AUTHORIZAT*00*SECURITY
I*ZZ*000009060000000*ZZ*000000010000000*070605*1600*U*00401*424114621*0*T*:~
GS*HC*00000906*00000001*20070605*160055*123456789*X*004010X098A1~
ST*837*000000001~
BHT*0019*00*183811600001*20070529*1645*CH~
REF*87*004010X098A1~
NM1*41*2*YOUR CLINIC*****46*00000906~
PER*IC*Jane Doe*TE*9005555555~
NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
HL*1**20*1~
NM1*85*2*YOUR CLINICS*****XX*1234567890~  ←NPI
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*EI*123456789~  ← NPI requirement, use qualifier EI for Employer's ID Num,
                     use qualifier SY if SSN is entered.
REF*B3*919~
REF*FH*5161~
HL*2*1*22*0~
SBR*S*18*******11~
NM1*IL*1*Doe*John****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
DMG*D8*19330706*M~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
CLM*A37YH556*39.4***11::1*Y*A*Y*Y*B~
HI*BK:30921~
NM1*82*1*HERNAN*MONICOCO****XX*1234567890~  ←NPI
PRV*PE*ZZ*225400000X~
REF*N5*943580~
SBR*P*18***OT****MC~ ← (loop 2320)  Medi-Cal is the primary payer
DMG*D8*19330706*M~
OI***Y*B**Y~
NM1*IL*1*Doe*John****MI*12345678D~  ← EPSDT item# 3 , CIN# goes here
```

N3*225 Main Street~
N4*Centerville*PA*17111~
NM1*PR*2*MEDICAL*****
PI*01~
SBR*T*18***OT****11~ ←LACDMH is the tertiary payer
DMG*D8*19330706*M~
OI***Y*B**Y~
NM1*IL*1*Doe*John****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*IG*xxxx-01~ ← EPSDT item# 4 , must not be PlanID of EPSDT
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
LX*1~
SV1*HC:90887*39.4*MJ*20***1~
DTP*472*D8*20040114~
SE*43*000000001~
GE*1*123456789~
IEA*1*424114621~

Healthy Families :

1. Enroll current and future HF clients with primary Plans, i.e. CGF, Family Preservation, etc.
2. Do not terminate these HF clients of their HF plan.
3. Ensure the 14digit MediCal number (i.e. 199H9??????????) in the 837 transaction is correct where MediCal is the payer (per 837P C.G. for IS 2.0).
4. Do not include HF as a plan In the 837, loop 2330A, REF segment, where LACDMH is the payer :

For example:
REF*IG*yyyy-01~
Where yyyy is the primary planID.

Complete Healthy Families 837P example (Added on 2-29-2008):

```
ISA*00*AUTHORIZAT*00*SECURITY
I*ZZ*000009060000000*ZZ*000000010000000*070605*1600*U*00401*424114621*0*T*:~
GS*HC*00000906*00000001*20070605*160055*123456789*X*004010X098A1~
ST*837*000000001~
BHT*0019*00*183811600001*20070529*1645*CH~
REF*87*004010X098A1~
NM1*41*2*YOUR CLINIC*****46*00000906~
PER*IC*Jane Doe*TE*9005555555~
NM1*40*2*LAC DEPARTMENT OF MENTAL HEALTH*****46*00000001~
HL*1**20*1~
NM1*85*2*YOUR CLINICS*****XX*1234567890~   ←=NPI
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*EI*123456789~  ← NPI requirement, use qualifier EI for Employer's ID Num,
                     use qualifier SY if SSN is entered
REF*B3*919~
REF*FH*5161~
HL*2*1*22*0~
SBR*S*18*******11~
NM1*IL*1*Doe*John****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
DMG*D8*19330706*M~
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
CLM*A37YH556*39.4***11::1*Y*A*Y*Y*B~
HI*BK:30921~
NM1*82*1*HERNAN*MONICOCO****XX*1234567890~   ←NPI
PRV*PE*ZZ*225400000X~
REF*N5*943580~
SBR*P*18***OT****MC~  ← (loop 2320)  Medi-Cal is the primary payer
DMG*D8*19330706*M~
OI***Y*B**Y~
NM1*IL*1*Doe*John****MI*199H912345678D~ ← Healthy Families item# 3, 14digit Medi-Cal Id
N3*225 Main Street~
N4*Centerville*PA*17111~
NM1*PR*2*MEDICAL*****
PI*01~
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SBR*T*18***OT****11~ ←LACDMH is the tertiary payer
DMG*D8*19330706*M~
OI***Y*B**Y~
NM1*IL*1*Doe*John****MI*9234567~
N3*225 Main Street~
N4*Centerville*PA*17111~
REF*IG*yyyy-01~ ← Healthy Families item# 4 above, must not be HF PlanID
NM1*PR*2*LAC DEPARTMENT OF MENTAL HEALTH*****PI*953893470~
LX*1~
SV1*HC:90887*39.4*MJ*20***1~
DTP*472*D8*20040114~
SE*43*000000001~
GE*1*123456789~
IEA*1*424114621~