IQVIA COPAY 837 EDI PROVIDER REGISTRATION

Companion Guide

This Companion Guide is designed to streamline the 837 EDI provider registration and management for participating providers in IQVIA copay assistance programs.

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Contents

DISCLOSURE	2
KEY INFORMATION FOR GETTING REGISTERED FOR EDI	2
STEP 1: IQVIA PAYER NAME AND PAYER ID	2
STEP 2: SETTING UP YOUR PRACTICE ACCOUNT WITH IQVIA	2
STEP 3: 837 EDI CLAIM ADDITIONAL SUBMISSION INSTRUCTIONS	3
STEP 4: ENROLLING WITH SMART DATA SOLUTIONS (SDS) TO RECEIVE 835 ELECTRONIC REMITTANCE ADVICE (ERA)	3



DISCLOSURE

The content in this document provides additional information for submitters to assist in their implementation of submitting 837 EDI Claims to IQVIA for adjudication.

The below information are instructions on how to register for the IQVIA EDI system for medical claim submission for select IQVIA copay Programs.

KEY INFORMATION FOR GETTING REGISTERED FOR EDI

STEP 1: IQVIA PAYER NAME AND PAYER ID

Please check for and use the following Payer ID and Payer Name when submitting claims:

- Payer Name: IQVIA
- Payer ID: 15060

STEP 2: SETTING UP YOUR PRACTICE ACCOUNT WITH IQVIA

There are two methods that may be available to providers for submitting and registering their practice account information with IQVIA:

- First, using an IQVIA HCP Portal for the specified Copay Program
 - Providers will provide identifiers and their practice demographic information.
 - Providers will be able to select the payment vehicle of their choice, when applicable. (Check, EFT, etc.)
 - If EFT is an option, providers will have access to the IQVIA payment partner (Transcard) via link from IQVIA HCP Portal and provide payment information.
- Second, if provider registration is not available via an IQVIA HCP Portal, then registration via an EFT Microsite may be available.
 - IQVIA Program Support Group (PSG) would need to be notified of a provider's desire to submit their copay claim via EDI.
 - The IQVIA PSG would register the providers practice information and a user's email address.
 - Once the email address is entered, an email is sent out with a unique link to the IQVIA SSO site.
 - Once the provider has set their password and logged in for the first time, then can then setup their banking information for EFT payments and being submitting EDI claims.



STEP 3: 837 EDI CLAIM ADDITIONAL SUBMISSION INSTRUCTIONS

Once you have received the primary Explanation of Benefits (EOB/ERA) from the patient's insurance provider, please follow the steps listed below for submitting claims to the Copay Assistance Program:

- 1. Within your billing or clearinghouse software, search for 15060 (IQVIA) as an available payer.
 - a. If 15060 is an available payer, you may begin submitting electronic claims transactions (837 files).
 - b. If 15060 is not available, please work directly with your billing and/or clearing house software vendor to have 15060 added as an available payer.
 - i. **Please take note, you may be able to have 15060 easily added into your billing software, however, you will still need to contact your claims clearing house vendor to ensure they are registered/contracted to transmit your claims to the IQVIA payer ID 15060. If your clearinghouse does need to have the IQVIA payer and ID added, depending on the providers clearinghouse, it may take upwards of a few weeks to complete. **
- 2. After confirming that 15060 is an available payer within your software, please add the specified IQVIA Co-Pay Program to your patient's insurance profile as a secondary or tertiary payer. Make sure to include the payer ID (15060), Copay Card Group Number and Copay Card ID as shown on the copay card. Claims submitted without this information will be rejected automatically.
- 3. Request that your practice management software vendor accept electronic remittance advice (ERA) (835) transactions from 15060.
- 4. Depending on the prescriber's billing software set up, they may use a separate clearing house, in which case, the billing software creates an electronic batch file of multiple claims and submits the batches to the clearing house at specific designated times throughout the day.
- 5. The clearing house will transmit the claims out to the payers (i.e. IQVIA) and a response report is generated showing the status of the claims accepted for adjudication, rejected by payer, or rejected at the claim level.

Once your practice is registered with IQVIA and the above steps have been cleared, you will need to register with IQVIA's clearinghouse to receive the 835 (ERA) reports. Below are the steps and screenshots to register directly with the SDS Smart Data Solutions Provider Portal.

STEP 4: ENROLLING WITH SMART DATA SOLUTIONS (SDS) TO RECEIVE 835 ELECTRONIC REMITTANCE ADVICE (ERA)

- Go to Home | Smart Data Solutions (sdata.us)
- At the top, right of that page, select Provider Portal.
 - New User Select Register.
 - Fill in the requested information.
- Once the form has been filled out, providers will need to select how they want the activation code to be delivered.
 - Phone 1 Business Day.
 - Fax 1 Hour.
 - Mail 3 to 7 Business Days.



- Once the selection of the activation code delivery has been selected, providers will get a pop up informing them of the timeframe for the activation code delivery and an email detailing the next steps.
- Once the provider has their activation code, they will need to finalize their SDS account.
 - To finalize their account, the provider will need to go here: <u>https://quickclaim.smart-data-</u> <u>solutions.com/quickclaim/servlet/quickclaim/template/ClearingHouse%2COpenEnrollmentAccountVerification.vm</u>, this link is sent to the provider in an email
 - The provider will need to enter the exact information they did during registration to verify their account and have it created.
 - Next, they will need their activation/verification code sent via phone, fax, or mail.
 - They will set up a password.
 - Lastly, they will be given their login name.
- Once registration is successfully completed and you've logged in for the first time, you should be prompted to start your ERA enrollment.
- Follow these next steps:

After you've logged in and changed your password, you should be immediately prompted to start your ERA enrollment.

	ERA (835)	Enrollmen
1) Contin	nue Enrollment	Start Enrollmen
2) Final \	Validation	
3) Enroll	ment Complete	



If the above screen does not automatically appear you can select Account Management at the top bar. Then select Provider Profiles.

			Users
SMARTDATASTREAM Clearinghouse Portal			Reset Password
Home Remits	Account Management	Help	My SDS Plan
			My Providers
		\longrightarrow	Provider Profiles
			Admin Change Request

OR

Select Remits at the top bar then Manage Enrollments.

Manage Enrollments



The next step is to complete the enrollment form. Please take note of the following:

*Profile Name will not affect your ERAs and is only for labeling enrollments.

*Don't forget to verify your Tax ID.

*NPI is not required for your ERA enrollment. If left blank, you will receive ERAs for all NPIs associated with the Tax ID you enroll.

*Trading Partner ID is not required if you do not have one.

*Fax may be left blank if unavailable.

Profile				
Profile Nickname				
Provider Information				
Test Provider T1000				
Doing Business As (DBA)				
* Address Line 1				
* Address Line 1 Address Line 2				
• Address Line 1 Address Line 2 Provider Identifiers Information				
Address Line 1 Address Line 2 Provider Identifiers Information Tax Identification Number (TIN) ©	* Verify TIN:			
Address Line 1 Address Line 2 Provider Identifiers Information * Tax Identification Number (TIN) ⊕ National Provider Identifier (NPI)	* Verify TIN: Verify NPI:			
Address Line 1 Address Line 2 Provider Identifiers Information * Tax Identification Number (TIN) ⊕ National Provider Identifier (NPI) Trading Partner ID ⊕	* Verify TIN: Verify NPI:			
Address Line 1 Address Line 2 Provider Identifiers Information Tax Identification Number (TIN) © National Provider Identifier (NPI) Trading Partner ID © Provider Contact Information	* Verify TIN: Verify NPI:	 		
Address Line 1 Address Line 2 Provider Identifiers Information Tax Identification Number (TIN) © National Provider Identifier (NPI) Trading Partner ID © Provider Contact Information Last Name	* Verify TIN: Verify NPI: * First Name			
Address Line 1 Address Line 2 Provider Identifiers Information Tax Identification Number (TIN) © National Provider Identifier (NPI) Trading Partner ID © Provider Contact Information Last Name test	Verify TIN: Verify NPI: First Name test			
Address Line 1 Address Line 2 Provider Identifiers Information Tax Identification Number (TIN) © National Provider Identifier (NPI) Trading Partner ID © Provider Contact Information Last Name test Contact Phone	* Verify TIN: Verify NPI: * First Name test			



Under Payer Selection select "or select individual payers" You will then see the screen below:

	aipnabet	s to sear	in by pa	iyei i	name.															
All A B C I	E		H I		K L	М	<u>N</u>		P	Q	R	T	U	¥.	W	×		z		
Show 10 v ent	ries												5	Search	£ 🗌					
Select Payer	μĿ	Payer Nan	e												11	Pay	er ID		11	
3																				
		3P ADMIN														204	13			
A																				
		All Payers														ALL				
0		ACTIVA B	NEFIT S	ERVIC	ES LLC											38254				
		Administra	ministrative Concepts, Inc						22384											
0		American I	nerican Family Insurance						56071											
•		AMERICA	IERICAN REPUBLIC INSURANCE COMPANY						42011											
		AMPS	NPS .						21825											
		AMPS - C	IPS - CX						25667											
		AMPS Am	/IPS America						66775											
		ARISE HE	ARISE HEALTH PLAN ARISE							ARISE										
Showing 1 to 10 of 41	entries											Previ	ous	1	2	3	4	5	Next	



Select Clearinghouse.

Payer Selection				
Payer Name	Payer ID	Clearinghouse Name	Actions	
ACTIVA BENEFIT SERVICES LLC	38254	Ability	Apply All	×
Administrative Concepts, Inc	22384	SDS Enrollment Portal	Apply All	×
American Family Insurance	56071	SDS Enrollment Portal	Apply All	×
AMERICAN REPUBLIC INSURANCE COMPANY	42011	SDS Enrollment Portal	Apply All	\times
AMPS	21825	SDS Enrollment Portal	Apply All	×

Select "Apply All" to the right of the Clearinghouse Name and you will see the following result.





The form will automatically have New Enrollment selected. If you click Save Progress and then come back to it, it will say Change Enrollment.

Type your name for the signature.

For the effective date, the soonest date available will be three days after the submission date. Any payments you receive after that submission date will have a corresponding ERA sent to your account.

Submission Information Reason for SUBMISSION () New Enrollment Change Enrollment Cancel Enrollment	
Authorized Signature	
* Signature ①	Submission Date
8	2019-08-27
* Requested ERA Effective Date SAVE PROGRESS	

SUBMIT



After you click Submit it will redirect you to a page that looks like this. If you see this page, you have successfully submitted your ERA enrollment.

Account Management

This page is for maintaining account wide preferences such as viewing or re-issuing your API key, or managing payment methods.

03613		
Reset Password		
Provider Profiles	Test 11111111	Edit/Review
Admin Change Request	Current Status: Complete	
	Show Details	Delete Provider Profile
	Add New Provider Profile	

- Lastly, for any help or assistance, you can select help on the provider portal and then select Smart Data Stream Guide.
 - o Providers can also contact Smart Data Solutions at 855-297-4436 or via email at stream.support@sdata.us

Thank you,

IQVIA PSS Affordability Team

