

REQUIREMENTS FOR:

GEOS

DISRUPTIONS

CLAIMS ANALYSIS

ELIGIBILITY

HOW TO SUBMIT REQUESTS TO ENCORE

GEOS, DISRUPTION ANALYSIS, CLAIMS ANALYSIS

- Send all requests for GEOs, Disruptions and Claims Analysis to encoremarketing@encoreppo.com
- Carbon copy (CC) your Encore Sales Executive on all requests sent
- Please make sure requests are in the acceptable format per information in pages to follow
- All requests require a 10-14 business day turn around time

ELIGIBILITY

- All eligibility files need to be sent to <ftp.thcg.org>

REQUIREMENTS FOR DISRUPTION ANALYSIS

DISRUPTION ANALYSIS FORMAT

(Turn Around Time 7-10 business days)

REQUIRED FIELDS	FORMAT	# OF CHARACTERS
Provider Name	Alpha, no DBA name attached to the provider or facility name	
Tax ID	Numeric, no dashes	9
Location Address	Alpha/Numeric	
City	Alpha	
State	Alpha, 2 characters	2
Zip	Numeric	5

REQUIREMENTS FOR CLAIMS ANALYSIS

CLAIMS ANALYSIS FORMAT (Turn Around Time 7-14 Business Days)

REQUIRED FIELDS	FORMAT	# OF CHARACTERS
Provider Name	Alpha, no DBA name attached to the provider or facility name	
Tax ID	Numeric, no dashes	9
NPI	Numeric, no dashes	10
Location Address	Alpha/Numeric	
City	Alpha	
State	Alpha, 2 characters	2
Zip	Numeric	5
Valid CPT Codes	Alpha/Numeric	5
Modifier	Alpha/Numeric	
Diagnosis Code (Primary)	Alpha/Numeric	
# of Units	Numeric Field (If total charges are calculated based on number of units for CPT codes)	
Place of Service Code	Alpha/Numeric	
Date of Service	Date	
Total Billed Amount	Currency	
Repriced Amount	Currency	
Discount Amount	Currency	

REQUIREMENTS FOR GEO ANALYSIS

GEO ANALYSIS FORMAT

(Turn Around Time 5 – 7 business days)

REQUIRED FIELDS	FORMAT	# OF CHARACTERS
Zip (1 line for each EE or Member)	Numeric	5
Number of Employees	Numeric (if available)	

STANDARD ELIGIBILITY FORMAT

ID	Field Name	Description	Data Type	Size	Start Position	Stop Position
1	Group ID	Group ID assigned by Payor	Character	30	1	30
2	Employer Name	Employer group name	Character	50	31	80
3	Employee ID	Employee unique ID number (SSN or other ID)	Character	9	81	89
4	Member ID	Unique member ID assigned to the member (i.e. employee ID + unique suffix)	Character	11	90	100
5	Last Name	Employee or dependent last name	Character	25	101	125
6	First Name	Employee or dependent first name	Character	25	126	150
7	Middle Initial	Employee or dependent middle initial	Character	1	151	151
8	Address Line 1	Address line 1	Character	50	152	201
9	Address Line 2	Address line 2	Character	40	202	241
10	City	City	Character	36	242	277
11	State	State	Character	2	278	279
12	Zip Code	Zip Code	Character	12	280	291
13	Phone Number	Phone number	Character	14	292	305
14	Birth Date	Date of birth (mm/dd/yyyy)	Date	10	306	315
15	Gender	Gender (valid choices are M, F)	Character	1	316	316
16	Relationship	Member's relationship to insured. Valid choices are 01 (self), 02 (spouse), 03 (child), 04 (other).	Character	2	317	318
17	Status	Employee's status (A=Active, T=Termed)	Character	1	319	319
18	Coverage Effective Date	Coverage effective date of employee or dependent (mm/dd/yyyy)	Date	10	320	329
19	Coverage Term Date	Coverage termination date of employee or dependent (mm/dd/yyyy)	Date	10	330	339
20	Alternate Employee ID	Additional employee ID (i.e. SSN)	Character	79	340	419

Required fields are shaded. File format should be fixed width text.