HP Enterprise Services

General Billing Manual

Electronic Data Interchange (EDI) Chapter 6

Nevada Medicaid Management Information System (NV MMIS)

State of Nevada
Department of Health and Human Services (DHHS)
Division of Health Care Financing and Policy (DHCFP)

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Chapter 6: Electronic Data Interchange (EDI)

EDI defined

Short for Electronic Data Interchange, EDI is the transfer of data between companies by use of a computer network. Electronic data transfers are called transactions. Different transactions have unique functions in transferring health care data. These will be described in this chapter.

The American National Standards Institute (ANSI) X12N committee sets the technical standards for health care EDI transactions. For more information, visit the [ANSI website](#).

Benefits of EDI

There are many benefits to using EDI, such as:

- Saving money on envelopes, preprinted forms and postage. ☐
- Eliminating certain data entry and document handling tasks.
- Reducing claim errors by validating fields before the claim reaches HPES.
- Quicker claims processing and quicker claims payment. ☐
- Verifying claim status within 48 hours of submission.

Common EDI terms

The following are terms used by HPES when discussing EDI:

Clearinghouse

A clearinghouse is a business that submits claims to HPES on behalf of a provider. Payerpath is one example of a clearinghouse.

When you use a clearinghouse, you send claim data from your computer to the clearinghouse. The clearinghouse performs a series of validation checks on the claim and then forwards it to HPES.

Direct submitter

A provider that submits electronic claims to HPES using their practice management software is a direct submitter.

Service center

A service center is any entity that submits electronic claims to HPES. Clearinghouses and direct submitters are both service centers. If your business submits claims through a clearinghouse, your business is not a service center.

All Service Centers must test with HPES and become approved before electronic claims from that service center can be processed.

Introducing Payerpath

Payerpath is a clearinghouse contracted with HPES to provide <u>free electronic claim submission</u> for Medicaid claims.

Medicaid claims submitted through Payerpath are free of charge to Medicaid providers.

Payerpath is a claims management system that is accessed over the Internet. Users can also interface Payerpath with their current practice management system to upload claims.

Submitting claims through Payerpath requires an Internet-ready computer and Internet Explorer, version 6.0 or higher. You will also need to register as discussed later in this chapter.

Visit the [Payerpath website](#) for more information.

Available Transactions

The following is a list of EDI transactions used by HPES:

Transaction 270/271: A request from you (the provider) to verify recipient eligibility including program coverage and benefits and the HPES response to your request.

Transaction 276/277: A request from you to verify the status of a claim and the HPES response to your claim status request.

Transaction 278: Your inquiry and HPES' response to verify the status of one or more prior authorization requests.

Transaction 820: Premium payment for enrolled MCO recipients. ☐

Transaction 834: Recipient enrollment/disenrollment to an MCO.

Transaction 835/277u: The electronic Remittance Advice from HPES showing status and payment of the provider's most recent claims. The 277u transaction is also supplied to show claims with a pended status.

Transaction 837D: Electronic dental claim submitted by the provider (paper equivalent is the ADA claim form).

Transaction 837I: Electronic institutional claim submitted by the provider (paper equivalent is the UB-92/UB-04 claim form).

Transaction 837P: Electronic professional claim submitted by the provider (paper equivalent is the CMS-1500 claim form).

NCPDP: National Council for Prescription Drug Programs Batch submitted by pharmacy providers.

Electronic Remittance Advice

To receive an electronic Remittance Advice, submit FH-37 form as described on the next page.

Although multiple clearinghouses may submit claims on your behalf, only <u>one</u> service center can accept your electronic Remittance Advice.

Paper Remittance Advices will cease approximately six billing cycles after you authorize an electronic Remittance Advice.

EDI resources

The following documents are provided on the HPES Provider Web Portal.

The service center directory

When considering electronic submission through a clearinghouse, you may want to refer to the Service Center Directory. This directory provides contact information for clearinghouses that currently meet HPES' transaction requirements.

Service center user manual

The Service Center User Manual provides instruction for service centers, i.e., clearinghouses and direct submitters. It describes HIPAA requirements and HPES' technical requirements for Secure File Transfer Protocol (SFTP), Secure Sockets Layer (SSL), transaction testing and more.

Companion guides

There are ten Companion Guides on the Electronic Claims/EDI webpage. These guides provide clearinghouses and direct submitters with specific technical requirements for the submission of electronic claim data to HPES.

Links

The following websites provide additional information on EDI practices and standards.

> ANSI website at http://www.ansi.org
> WEDI website at http://www.wedi.org/
> CMS website at http://www.cms.hhs.gov