

Spring 2017

Methods Of Claim Submissions

Presented by Dan Hickey

Objectives

-
- General overview of the Electronic Billing process and how the information gets to Conduent.
 - Overview of the different routes that claims take to get to us:
 - Math Web Portal
 - Billing Agents and Claims Clearinghouse
 - Brief word about Practice Management Software
 - Paper submissions
 - How do you get signed up to bill Electronically?
 - Paperwork
 - What's WINASAP?

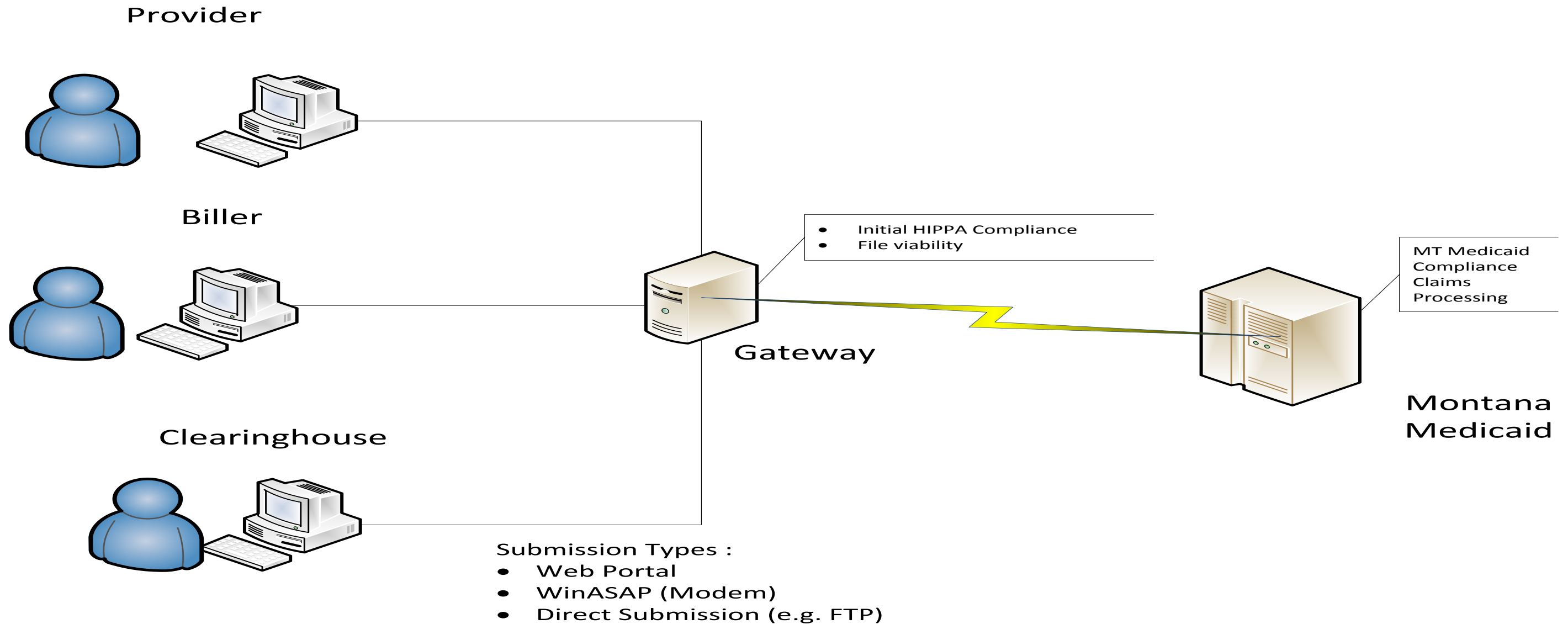
General Overview of the Electronic Claims process

What is EDI?

- EDI = Electronic Data Interchange
- ASC = Accredited Standards Committee is a subcommittee of American National Standards Institute (ANSI)
- X12N = Insurance format for the transfer of sensitive information
- X12N became a requirement for insurance transactions with the passage of HIPPA in 1996

Electronic Claims-

Different ways the Claim Files get to us.



How are we receiving the files?

Clearinghouses

- Usually a large business specifically setup to handle mass electronic billing transactions.

Billing Agents

- Individuals who handle the electronic billing directly for providers.

Providers

- Medical provider facilities, most commonly in the form of eligibility or claim verification requests.

MATH Web Portal

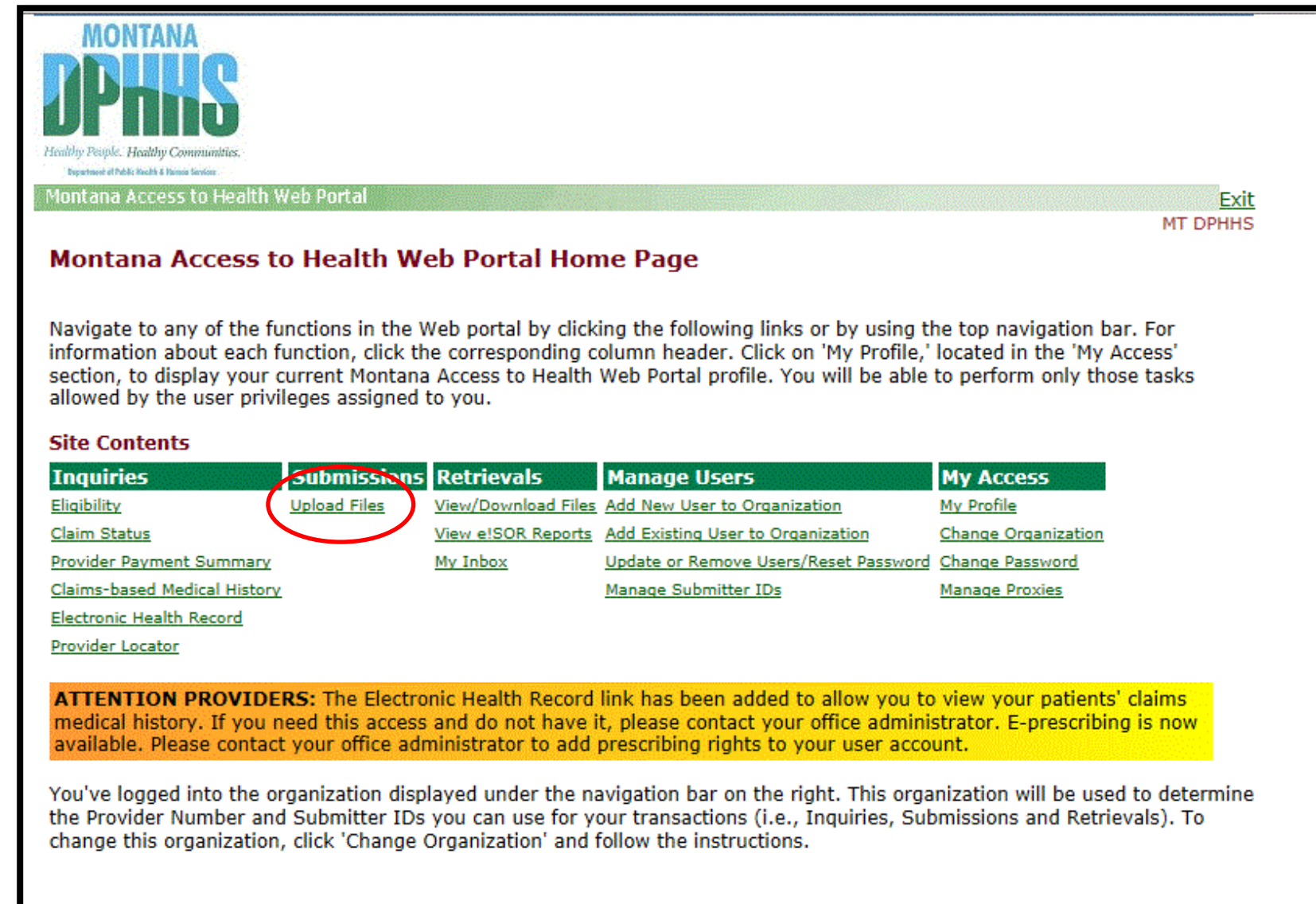
MATH Web Portal

- Using your user ID and Password log into the Math Web Portal.
- This can be found on the Medicaid Provider web page or the at the following address.
<https://mtaccesstohealth.acs-shc.com/mt/secure/home.do>



Upload Files

- Chose the Upload files option under the Submissions tab.



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Montana Access to Health Web Portal Exit
MT DPHHS

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

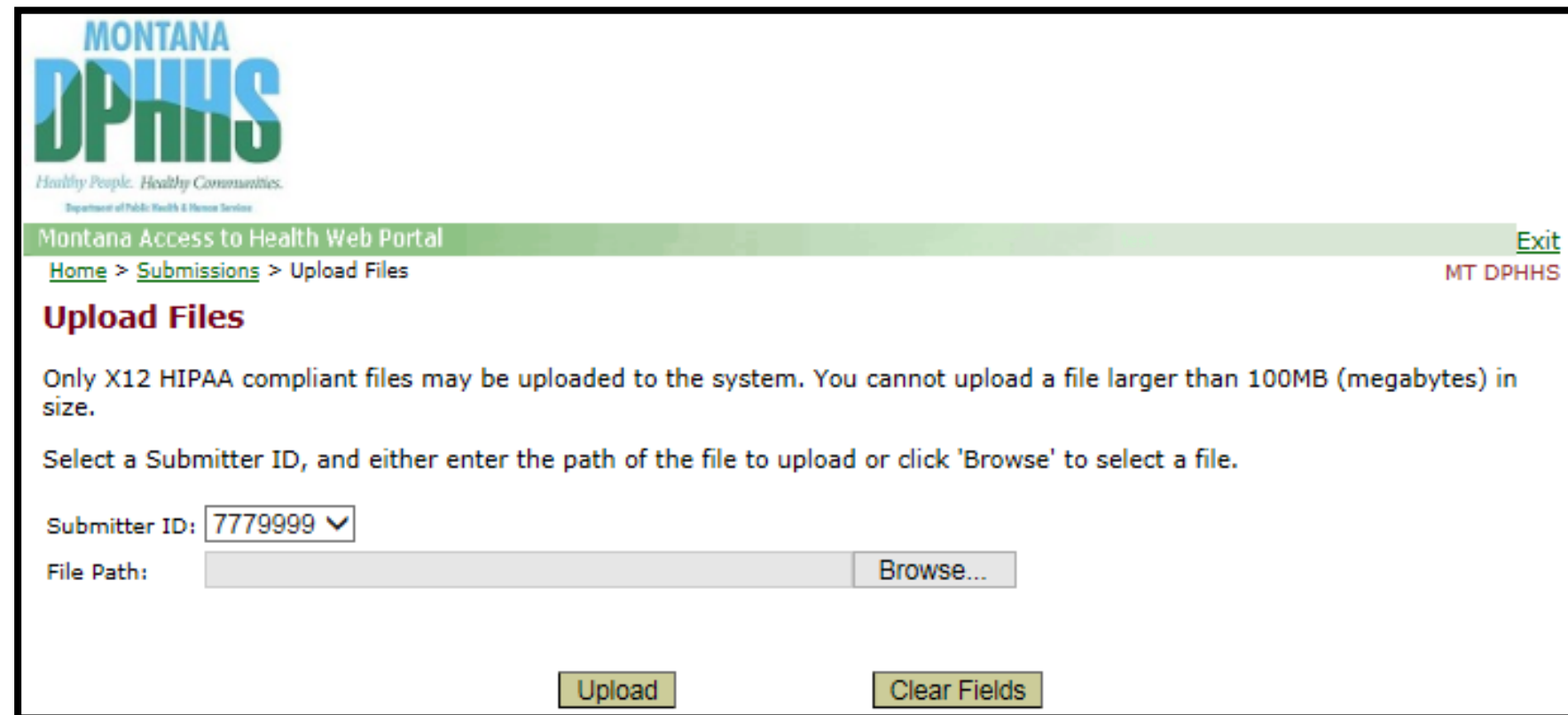
Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim Status		View e!SOR Reports	Add Existing User to Organization	Change Organization
Provider Payment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Provider Locator				

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

Choose the File to upload.

- Click the “Browse” button and select the location and file to be uploaded.
- Click the “upload” button.
- Check your “View/Download Files” option in a few hours.



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Montana Access to Health Web Portal [Exit](#)

[Home](#) > [Submissions](#) > Upload Files MT DPHHS

Upload Files

Only X12 HIPAA compliant files may be uploaded to the system. You cannot upload a file larger than 100MB (megabytes) in size.

Select a Submitter ID, and either enter the path of the file to upload or click 'Browse' to select a file.

Submitter ID:

File Path:

Clearinghouse or Billing Agent

Clearinghouse or Billing Agent

Things to know

We can't tell you who to choose, you have to do your due diligence to choose the best fit for your practice.

- Is it through Practice management software or paper submission to them for electronic submission to the claim system?
- How are issues going to be resolved?
 - Will the clearinghouse or billing agent be reaching out for resolutions or issues? Or is that responsibility on you?

Clearinghouse or Billing Agent

Things to know

- If your intent is to have your claims sent electronically make sure that is how the company is submitting your claims.
 - Be sure that they are not taking your information electronically and then filling out a form and mailing/or faxing it to us.
- Clearinghouse or billing agent need to be familiar with the Montana Specific Electronic Submission Standards.
 - They have to make changes to get the claim into the system not Medicaid.

Know what the expectations are and what you are getting into.

Practice Management Software

Practice Management Software

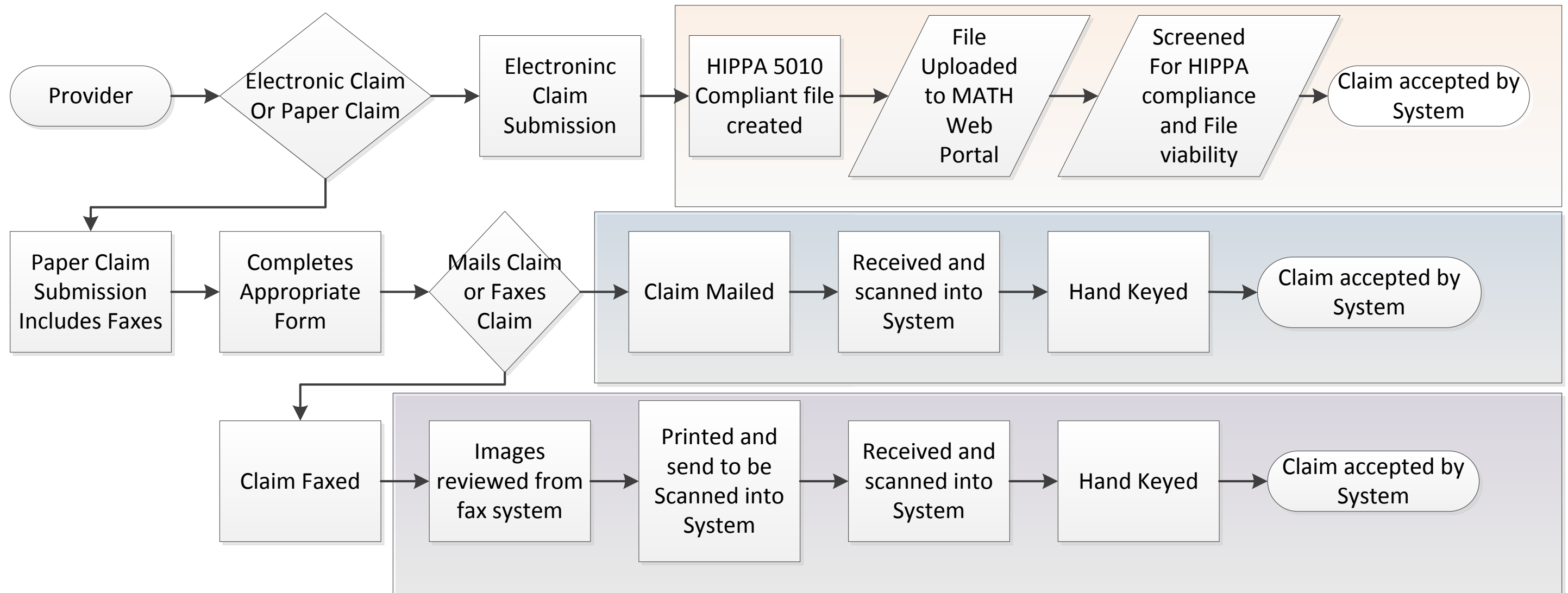
Things to know

We can't tell you what software to choose

- You have to do your due diligence to choose the best software to fit for your practice.
- Some Clearinghouses will/can offer software, you should ask them if it's available.
- WINASAP is not Practice Management Software.

Paper Claims

Paper Claims.



How do you get signed up to bill Electronically?

Where to find the forms to E- Bill

[Information about getting setup to Electronically submit claims, and the forms that are required can be found on the Medicaid Provider Web Site.](#)

<http://medicaidprovider.mt.gov/claims#515376129-electronic-submission-setup>

EDI Required Forms

Trading Partner Agreement (TPA)

Establishes the basics.

- Web portal access
- Access to e!Sors
- Creation of trading partner ID (TPID)
- Eligibility Verification

**ACS EDI GATEWAY, INC.
TRADING PARTNER AGREEMENT**

THIS TRADING PARTNER AGREEMENT ("Agreement") is by and between **TRADING PARTNER** ("Trading Partner") and **ACS EDI GATEWAY INC.** ("EDI Gateway") collectively "the parties".

WHEREAS, Trading Partner desires to transmit Transactions to EDI Gateway for the purpose of submitting data to a Health Plan;

WHEREAS, EDI Gateway desires to receive such transactions for this purpose recognizing the EDI Gateway performs such services on behalf of the Health Plan; and

WHEREAS, Trading Partner is subject to the Transaction and Code Set Regulations with respect to the transmission of such transactions.

Now, therefore, the Parties agree as follows:

1. Definitions

EDI Gateway means ACS EDI Gateway, Inc.

Trading Partner means the party identified as "Trading Partner" on the signature line of this Agreement who is a Health Care Provider or Health Care Clearinghouse as defined in 45 CFR 160.103.

Standard is defined in 45 CFR 160.103.

Transaction and Code Set Regulations means those regulations governing the transmission of certain health claims transactions as published by DHHS under HIPAA.

2. Obligations of the Parties Effective Upon Execution of this Agreement by Trading Partner

A) The Parties agree, in regard to any electronic Transactions between them:

- 1) They will exchange data electronically using only those Transaction types as selected by Trading Partner on the ACS EDI Gateway Trading Partner Enrollment Form (TPEF).
- 2) They will exchange data electronically using only those formats (versions) as specified on the TPEF.
- 3) They will not change any definition, data condition, or use of a data element or segment in a Standard transaction they exchange electronically.
- 4) They will not add any data elements or segments to the Maximum Defined Data Set.
- 5) They will not use any code or data elements that are not in or are marked as "Not Used" in a Standard's implementation specification.
- 6) They will not change the meaning or intent of a Standard's implementation specification.
- 7) EDI Gateway may reject a Transaction submitted by Trading Partner if the Transaction is not submitted using the data elements, formats or Transaction types set forth in the TPEF. EDI Gateway may refuse to accept any claims from Trading Partner if Trading Partner repeatedly submits Transactions that do not meet the criteria set forth in TPEF or if Trading Partner repeatedly submits inaccurate or incomplete Transactions to EDI Gateway.

B) Trading Partner understands that EDI Gateway or others may request an exception from the Transaction and Code Set Regulations from DHHS. If an exception is granted, Trading Partner will participate fully with EDI Gateway in the testing, verification, and implementation of the modification to a Transaction affected by the change.

C) EDI Gateway understands that DHHS may modify the Transaction and Code Set Regulations. EDI Gateway will modify, test, verify, and implement all modifications or changes required by DHHS using a schedule mutually agreed upon by Trading Partner and EDI Gateway.

D) Neither Trading Partner nor EDI Gateway accepts responsibility for technical or operational difficulties that arise out of third party service providers' business obligations and requirements that undermine Transaction exchange between Trading Partner and EDI Gateway.

EDI Required Forms

X12N transaction paper work

AKA - EDI Provider Enrollment Packet for X12N Transactions

- Clearinghouse and Billing Agents
- Individual provider requests to set up for self billing.

MONTANA DPHHS EDI PROVIDER ENROLLMENT FORM	
	<p>Please return to: ACS, A Xerox Company Attn: MT EDI PO Box 4936 Helena, MT 59604 Or fax to 406-442-4402</p> 
EDI SUBMITTER ENROLLMENT FORM. Please print or type. Complete all areas of the Submitter Enrollment Form, unless otherwise indicated.	
Section 1. Classification. Please indicate your classification.	
<input type="checkbox"/> Software Vendor <input type="checkbox"/> Billing Agent <input type="checkbox"/> Clearinghouse	
Section 2. Submission Method. Please indicate how you plan to submit your electronic transactions.	
<input type="checkbox"/> Asynchronous (Direct Submission to EDI) <input type="checkbox"/> WINASAP5010	
Section 3. Submitter Information.	
Business Name (if applicable)	
Provider Name (Last, First, MI, and Suffix)	
Business Street Address	
City, State, and Zip Code	
Telephone	Fax
Email Address	Federal Tax ID Number
Section 4. Montana Submitter ID.	
If you are currently submitting electronic transactions directly to Montana FAS, please indicate your Montana 7-digit Submitter ID: NOTE: This is your Montana DPHHS Submitter ID Assigned by FAS.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Section 4a. Submitter/Trading Partner ID Number.	
If you are currently submitting electronic transactions directly to ACS EDI Gateway, please indicate your ACS EDI Gateway 5-digit Submitter ID or 6-digit Trading Partner ID. NOTE: This is NOT your Montana submitter ID	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Section 5. Software Vendors Only	
If you have indicated that you are a Software Vendor in Section 1, please provide the following information:	
1.800.987.6719 (phone) 1.406.442.4402 (fax) www.acs-ecro.com	
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EDI Required Forms

MATH Link Request

- Connection between multiple NPI's and a submitter ID for Web Portal
- Applicable to group settings
- Each NPI must have its own completed form

Hint:

- Provider Name & NPI is who you want to link.
- Submitter ID is where you want the information to go.



Montana Access to Health Web Portal Link Request

For multiple providers to appear on your drop-down list in the Montana Access to Health web portal, you must submit a Link Request.

Each National Provider Identifier (NPI) or Atypical Provider Identifier (API) used as the billing or pay-to provider will have an electronic statement of remittance (e!SOR) generated; therefore, it is important to have the NPI/API linked to the submitter/trading partner number for retrieval. You may verify your submitter number by selecting "My Profile" in the MATH web portal.

Complete the information below. **Complete a separate form for each NPI/API you want linked.** The form must be signed by the provider or an authorized representative. Mail or fax to Provider Relations, P.O. Box 8000, Helena, MT 59604, 406.442.4402.

Allow up to 10 days for Provider Relations to process the request.

Provider Name

NPI/API

Complete a separate form for each NPI/API you want linked.

Submitter ID

Printed Name

Title

Signature _____ Date _____

Updated 04/2014

EDI Required Forms

835 request

- It can only be delivered to one place. Usually this is the clearinghouse


Form located at;

<http://medicaidprovider.mt.gov/Portals/68/docs/forms/montanamedicaid835request.pdf>

Used for sending and Electronic Remittance Advice back to the requested submitter ID.


- Section A is info about the provider
- Section B is for the Clearing house information that is being sent the 853 electronic information.

MONTANA DPHHS EDI PROVIDER ENROLLMENT FORM



MONTANA
Department of Public Health & Human Services

Please return to:
ACS, A Xerox Company
Attn: MT EDI
PO Box 4936
Helena, MT 59604
Or fax to 406-442-4402



ACS

Provider Billing Agent/Clearinghouse ACS EDI Gateway, Inc Authorization Form

Section A. Provider Information.	
Business Name	
Provider Name (Last, First, MI and Suffix)	
Provider Number	Federal Tax ID Number
Business Address	
City, State, and Zip	
Telephone Number	Fax Number
Contact Name	E-mail Address

Section B. Authorization Signature (required).

Provider, _____ hereby appoints
Provider name /Provider Representative name (please print)

Billing Agent/Clearinghouse name (please print) *Billing Agent/Clearinghouse ACS Trading Partner/Submitter ID*

to act as the authorized agent for the purpose of submitting health care transactions electronically to ACS EDI Gateway, Inc. Provider also authorizes the Billing Agent/Clearinghouse's access to the following X12N transaction responses if selected below:

<input type="checkbox"/> 277-Claim Status Response	<input type="checkbox"/> 271-Eligibility Response
<input type="checkbox"/> 835-Healthcare Claims Payment Advice	<input type="checkbox"/> 278-Prior Authorization Response
<input type="checkbox"/> Exception Report (Print Image)	<input type="checkbox"/> 999-Implementation Acknowledgement
<input type="checkbox"/> 277CA-Healthcare Claim Acknowledgement	

Provider/Provider Representative name (Please print)

Provider/Provider Representative Signature _____
Date

1.800.987.6719 (phone) 1.406.442.4402 (fax)
www.acs-ecrp.com
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WINASAP

WINASAP- What is it?

- Windows Accelerated Submission And Processing (WINASAP)
 - It is **NOT** Practice Management Software. It **only** creates the claim file.
- It creates an x12N HIPPA compliant electronic message that can be used to submit claims data.
- Free!! But also has very limited technical support available.

WINASAP -Known issue

Microsoft released a security patch in June, 2016 that is not compatible with WINASAP. This security patch has made WINASAP incompatible with Windows 10. At this time there is no available ETA on when or if this will be addressed.

- Please check the medicaidprovider.mt.gov website. Any changes in this status will be updated here.

WINASAP-It can be found.

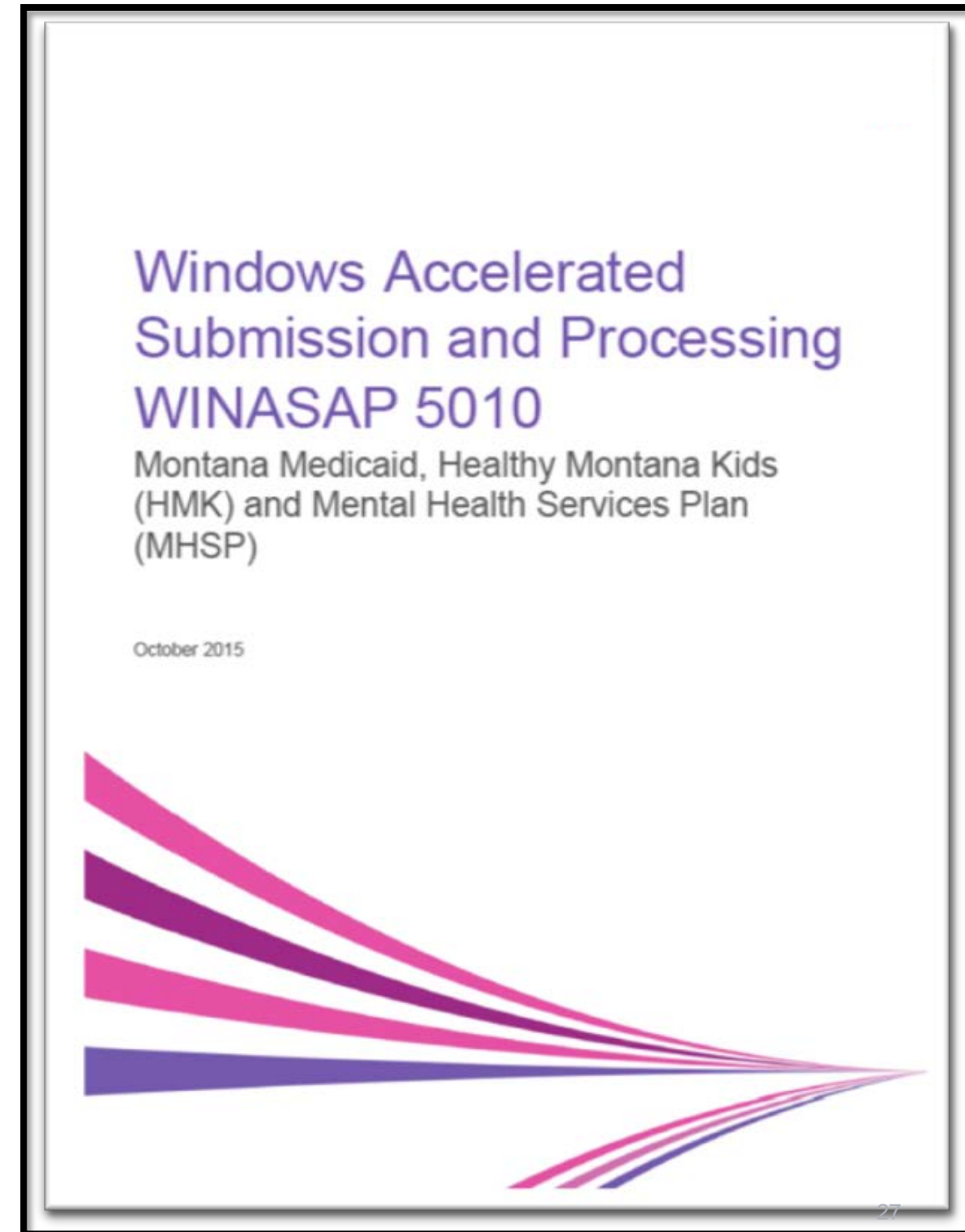
Its on the Medicaid Provider web page. Choose “Resources”, then Electronic Billing. It should be in the Software Downloads and Users Guides.

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There is a User Guide:

- Very useful info about setting up the program.
- Most of the trouble shooting via the phone is from this guide first

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Who to contact if you have questions?

Provider Relations Contact Information

Provider Relations Call Center:

- (800) 624-3958 or (406) 442-1837
- Monday through Friday
- 8 a.m. - 5 p.m. Mountain Time

Field Representatives:

- Dan Hickey (406) 457-9553
- Jason Armstrong (406) 457-9598

CONDUENT

