Introduction to Electronic Billing

New York State Society for Clinical Social Work

October 15, 2011

Today’s Presenters

- **Jim Bavoso**
  - **Provider Outreach & Education**

Agenda

- Introduction & Welcome
- Background on HIPAA Version 5010
- ASCA - Administrative Simplification and Compliance ACT
- Introduction to Electronic Billing
- Questions and Answers

Disclaimer

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Acronyms

CMS	Centers for Medicare & Medicaid Services
EDI	Electronic Data Interchange
HIPAA	Health Insurance Portability and Accountability Act
MAC	Medicare Administrative Contractor
MSP	Medicare Secondary Payer
MU	Medicare University

Background on 5010

- **Health Insurance Portability and Accountability Act of 1996**
  - **Mandated standard formats**
    - 4010A1
      - Used since October 16, 2003
    - 5010
      - Final Rule issued on January 16, 2009
    - ICD-10
      - Final Rule issued on January 16, 2009 (page 3328)

Background on 5010

- **Mandated Medicare formats:**
  - Claims (837)
  - Remittance Advice (835)
  - Claim Status Inquiry/Response (276/277)
  - Eligibility Inquiry/Response (270/271)

- **Not mandated, but adopted by Medicare:**
  - Transaction Acknowledgement (TA1)
  - Functional Acknowledgement (999)
  - Claims Acknowledgement (277CA)

When does all this occur?

2011

January 1
Testing may begin to ensure files are structurally compliant– open testing to all submitters

April 4
Combined structural and content validation testing to begin

2012

January 1
5010 compliance by all covered entities

2013

October 1
ICD-10 compliance

Administrative Simplification Compliance Act (ASCA)

- Requires all initial Medicare claims be submitted electronically as of October 16, 2003
- Exceptions
  - Small provider (less than 10 FTEs)
  - Additional limited exceptions
- Strongly encouraged to bill electronically, even when an ASCA exception is met

ASCA Waiver

- When to complete
- ASCA FAQ and Waiver Request Form
  - www.NGSMedicare.com
  - Claims
  - Administrative Simplification Compliance Act
- Must be Mailed, include supporting documentation
- Complete for each PTAN or group PTAN
- Will be processed in 20-30 business days

ASCA Enforcement

- **Quarterly analysis conducted - highest volume paper submitters**
- **Request for Documentation Letter Mailed**
  - **Must respond within 30 calendar days**
  - **Response will be processed in 20-30 business days**
    - Valid response: Approval letter mailed/provider not reviewed again for 2 years
    - Invalid response: Paper claims denied (91st day)
    - No response: Paper claims denied (91st day)

ASCA Resources

- www.NGSMedicare.com/Claims/ASCA
  - CMS IOM reference
  - FAQ
  - ASCA Waiver Request Form
- ASCA questions
  - Provider Contact Center
- How to start billing electronically
  - www.NGSMedicare.com/Claims/EDI

Benefits of Electronic Submission

- Faster Payments (14 days vs. 29 for paper).
- Fewer Processing Errors
- More Efficient
- Less Costs
- Electronic Remittances
- Direct Deposit of Payments
- Beneficiary Eligibility Inquiry

Billing Options

- Billing Service/ Service Bureau
- Stand Alone PC Billing
- Clearinghouse
- Practice Management System

Billing Service/Service Bureau

- **A Company that will do your medical claim filing for a fee.**
- **They may charge per claim, or a percentage of monies collected.**
- **You contract with them directly.**

Stand Alone Personal Computer (PC)

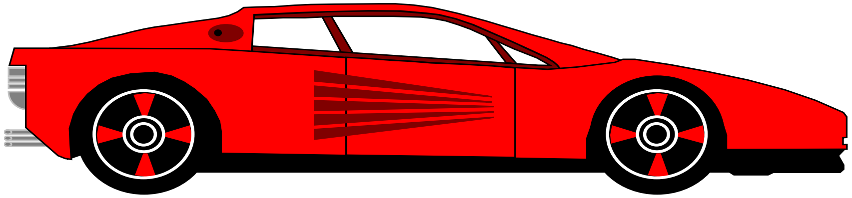
- **You can utilize either a desktop computer for your *home* or *office,* or a laptop.**

- **You must use this along with a billing software product (either PC-ACE Pro32 or a Practice Management System) *purchased from an approved vendor.***

- **Utilizing a personal computer, claim processing software, and a modem, you do the billing directly to the Health Insurer.**

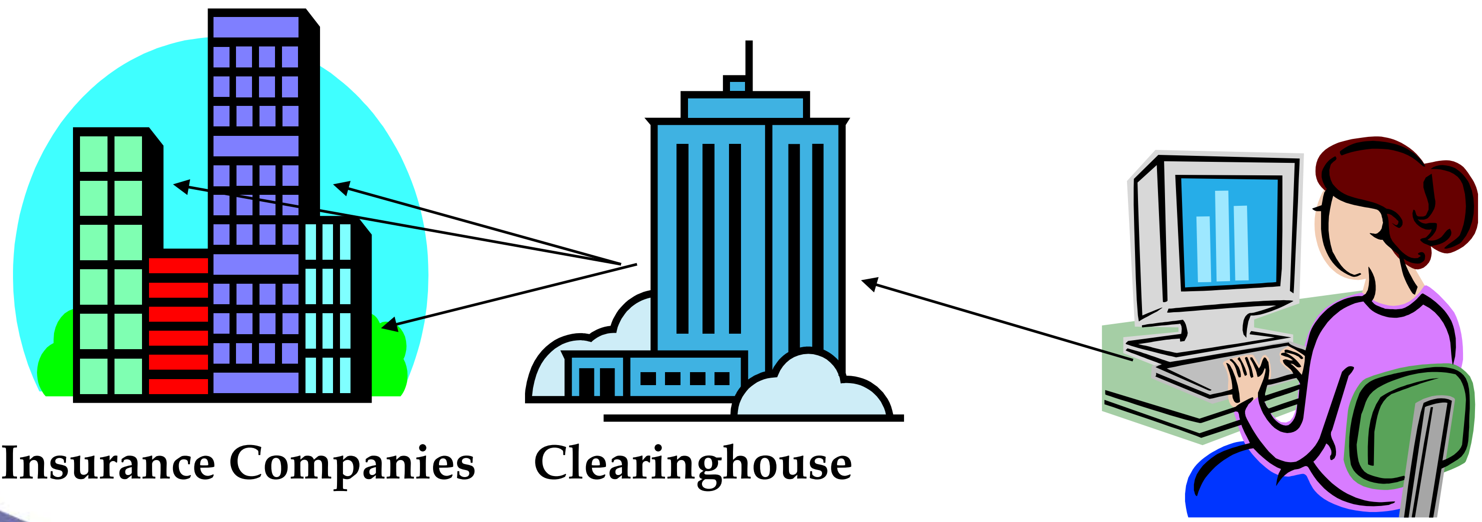
Total Practice Management System

- **This Software shares databases with one another to eliminate the redundancy of keying.**
- **You purchase this through a vendor.**
- **This Software is considered the 'Lexus' of software.**



Clearinghouse

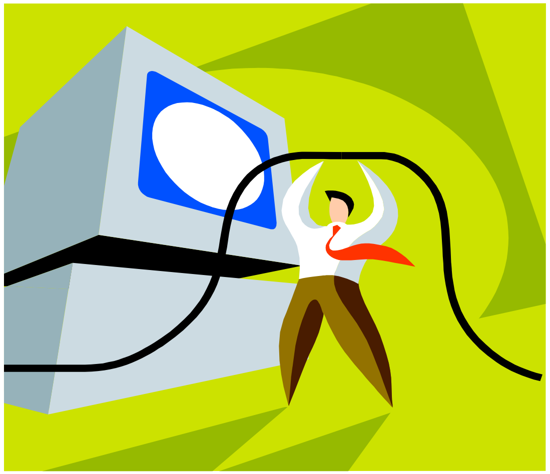
A Clearinghouse is a company you contract with to send claims to many insurance payers. We accept claims through the IVANS/M2 SmartTransfer, VisionShare, MedXpress, Secure Exchange Site, or through a Clearinghouse.



PC-ACE Pro 32

- Developed by Systems Design, Inc. for distribution as *free software* provided by National Government Services.
  - It is a windows product that is provided as a download from the internet or you may purchase a CD-Rom disk for $25.00.
- It works in conjunction with the communication software, IVANS FTP BlueZone-Link, or Visionshare, MedXpress, etc. to transmit your claim file and download your reports.
- This software compatible with Windows Software

Communication Software



You can either connect to us directly utilizing Network Service Venders such as IVANS software, VisionShare, MedXPress, or you can go through a Clearinghouse.

The Advantages of a Personal Computer

- **Low start-up cost**
- **Minimal learning effort**
- **Benefits of electronic submission – 14 day payment floor**
- **Other PC applications (e.g. word processing) on the same computer can be integrated into a more comprehensive system in the future**

The Advantages of a Practice Management System

- **This software fully automates your medical practice. It utilizes the data entered during scheduling, registration, service recording, payment posting and follow-up and shares between all databases..**

- **It often has the ability to automatically post payments directly to the patient's account.**

- **It is often 'specialty specific' for the type of practice you have.**

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Or, you could utilize a Clearinghouse to send your claims for you for a fee. You would contract with them directly!

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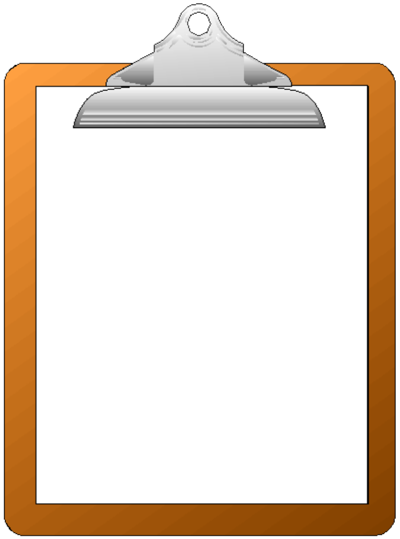
All Options Have the Same Thing in Common…………

- ***<u>They are all considered electronic claims!</u>***

Guidelines To Keep In Mind

Billing Service:



- Make sure they are submitting your claims electronically. If not, your payment will arrive in 29 days, instead of 14 days.
- Ask how will they be charging you, per claim, or a percentage of monies billed?
- How are resubmission's handled and will you be charged again?
- What reports are created?
- Are there any contracts to sign?

Guidelines To Keep In Mind

Practice Management System:

- **Ask if they have a software created specifically for your specialty. Request a demonstration and *make sure it can bill electronically!***
- **Ask if you can send your claim file directly to Empire or if you have to utilize a Clearinghouse.**
- **If they are using a Clearinghouse, what are the costs involved? Can modules be purchased at a later date and what are the costs?**

What are the costs for maintenance and customer support? How do you receive training on the software and will they retrain in the event of staff turnover?

Guidelines To Keep In Mind

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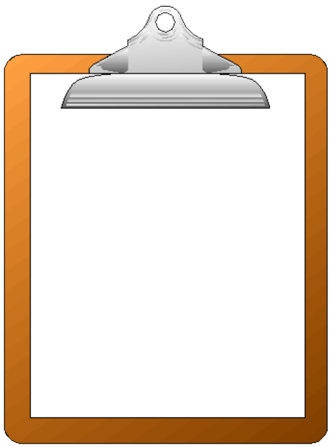
***Trying to Choose a software program*:**

- **Check with other submitters and ask what they use, what they like or don't like about their software program.**
- **Ask how they feel about their customer service and training needs.**
- **How are updates to the system handled?**
- **What are the costs involved with upgrades and maintenance?**
- **What hours are technical assistance provided?**
- **Do I need just a claims processing software, or should I be purchasing a Practice Management System.**



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Reports available through e-Link:

- *Transmission Verification Message*
- *Transmission Receipt Report*
- *GENRPT Report*
- *RPT Report*
- *977 Reports*

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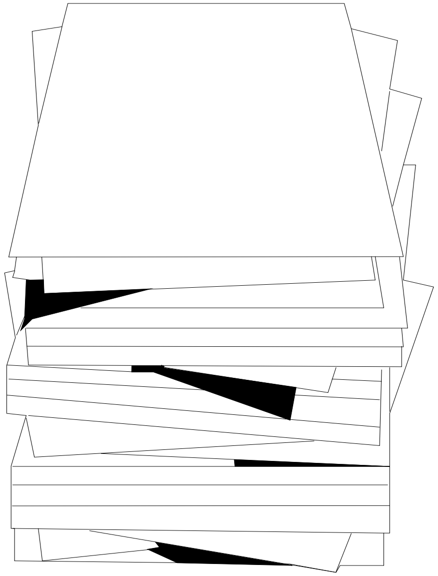
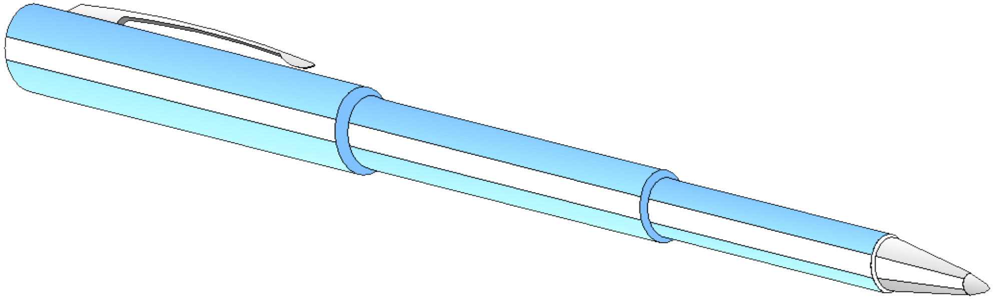
WHAT'S BEST FOR MY PRACTICE?



How Do I Become an Electronic Submitter?



Becoming an Electronic Submitter

- Choose a software package; PCACE Pro32 or a Practice Management System from a certified vendor.
- Obtain the necessary hardware to run the software.
- Complete the necessary forms.
- Submitter ID, passwords, and software are mailed to you in 4-6 weeks.
-

Forms for Becoming an Electronic Submitter

Practice Management Software

- Submitter Action Request Form
- EDI Agreement for Medicare
- IVANS Communications Agreement or another communication agreement that you choose.

PC-ACE PRO32

- PC-ACE PRO32 Request Form
- EDI Agreement for Medicare
- IVANS Communications Agreement. or another communication agreement that you choose.
- Submitter Action Request Form

Connex Online Inquiry
Customer Service (IVR and Telephone)
Fee Schedules
Forms
Mailing Addresses
Medical Policy Center (LCDs)
Medicare Monthly Review
News Articles
Self Service Center

Expand All | Collapse All

Publications
- E-mail Updates
- Manuals
- Medicare Monthly Review
- News Articles

Claims
- Administrative Simplification Compliance Act
- Coordination of Benefits
- **Electronic Submissions (EDI)**
- Fee Schedules
- HCPCS Codes
- Medicare Secondary Payer

Electronic Submissions (EDI)

IMPORTANT MESSAGE

78 days, 4 hours, 8 minutes, and 10 seconds left to migrate to version 5010 Errata transactions.

All providers, facilities, clearinghouses, billing services, and software vendors must transmit version 5010 Errata transactions by **January 1, 2012** to avoid payment delays.

Visit the Version 5010 Implementation Web page below for more details.

Index

- 2011 Medicare Online System User ID Recertification
- EDI Enrollment Application Status Tool
- EDI Help Desk Information/Password Reset/E-mail Inquiry Form
- EDI Help Desk Post Call Survey Link EXT
- Electronic Funds Transfer
- Electronic Remittance Advice
- Electronic Remittance Advice
- Enrollment Information
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- Getting Started
- Jurisdiction 15
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- Overview of Products and Services
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- Think Green and Go Paperless!
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- Version 5010 Implementation

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Connex Online Inquiry
Customer Service (IVR and Telephone)
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- Medicare Secondary Payer
- Top Claims Submission Errors

Coverage Determinations
- Medical Policy Center

Education and Training

Enrollment Information

Electronic data interchange (EDI) enrollment forms are completed and submitted online. After completing any of the online forms below, you must select the **Submit** button, print, sign, and fax the form to the number located on the printed form. **Do not print the screen before you select the Submit button.**

Important: Forms that are not printed after selecting the **Submit** button and/or are not signed and faxed to EDI will not be processed.

All online EDI enrollment forms are required to be signed and faxed within ten business days. Any forms that are not signed and faxed to National Government Services within those ten business days will be rejected.

FORM	COMPLETE FOR:
EDI Enrollment Agreement Form	Every new electronic trading partner. (If you do not already have an existing sender or submitter ID, please complete the EDI Submitter Action Request Form along with the EDI Enrollment form.) Trading partners to add a new Provider Transaction Access Number (PTAN) or National Provider Identifier (NPI) number to an existing submitter ID.
EDI Submitter Action Request Form	Every new electronic trading partner. (Must also complete the EDI Enrollment Form.) Ordering the Express Plus or PC-ACE Pro32 software programs. (Check box included on the form, under Section II – SOFTWARE VENDOR.) Existing trading partners who need to: • Request the addition of a new transaction; • Change a file transfer option; • Change software vendors; and • Update contact information.
EDI Submitter Change of Address and/or Contact Information PDF	EDI Submitters who want to update the address and/or contact information associated with the Submitter IDs. This form will only update the address and contact information on file with EDI used by the existing Submitter IDs.
EDI Third-Party Authorization Form	Providers using a clearinghouse, billing service, or other third party to exchange any transactions with EDI (this includes claims, electronic remittance advices [ERAs], and 276/277 transactions).
EDI Professional Provider Telecommunications Network Request	New providers wishing to become a Professional Provider Telecommunications Network (PPTN) user (available in Indiana and Kentucky only). Existing PPTN users who need to: • Request the addition of new user ID; • Request the addition of new PTAN or NPI added to current user ID;

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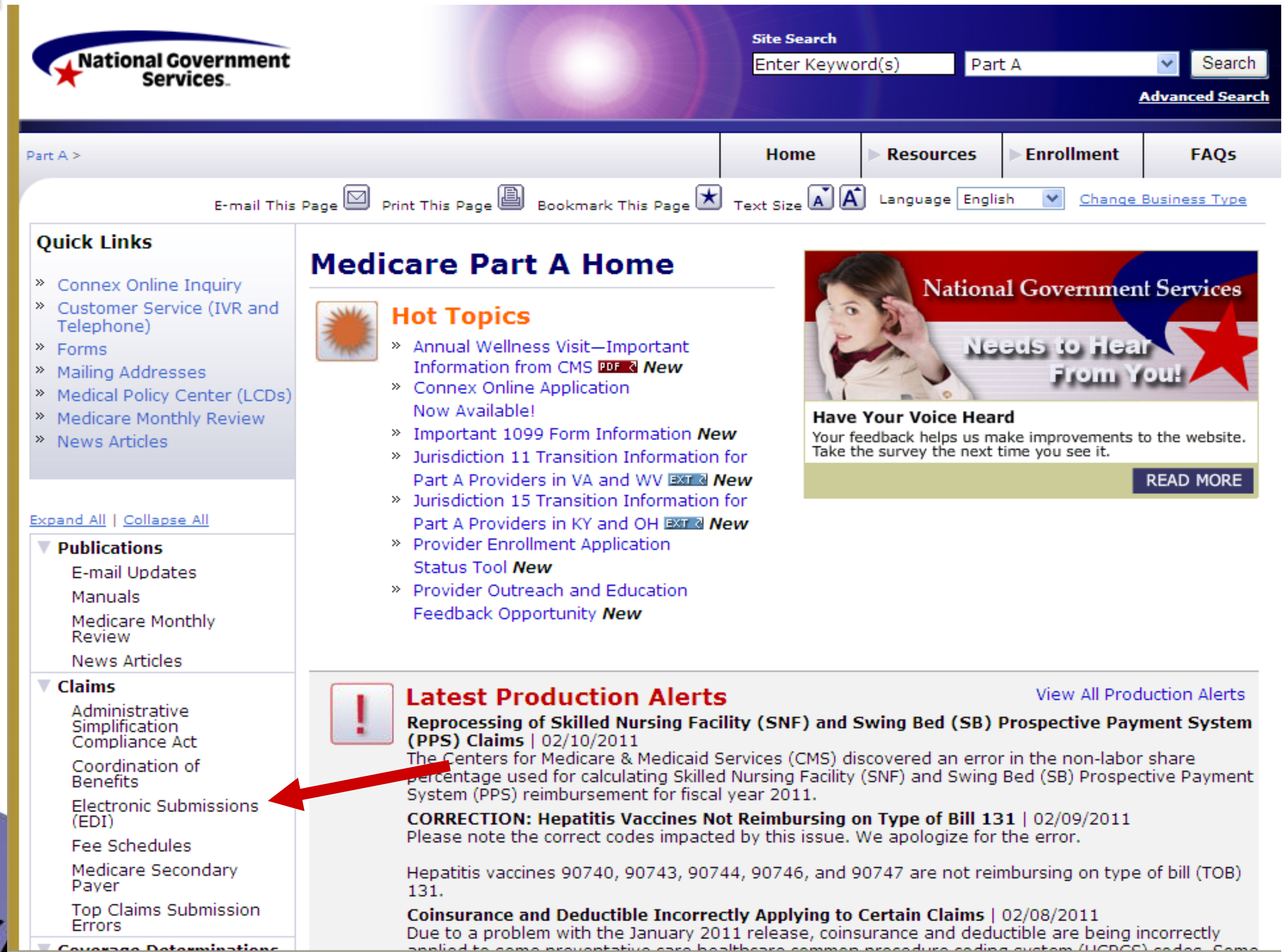
We strongly urge you to consider cutting through all of the paper in your life and signing up for Electronic Remittance (ERA) and Direct Deposit (EFT) of your check.

I can assist you with both of these important transactions

ERA and MREP

- **Electronic Remittance Advice (ERA)**
  - **"Understanding Remittance Advice Guide" on CMS website**
  - **To sign up for electronic remittances (835), complete ERA agreement**
    - www.ngsmedicare.com under Claims > Electronic Data Interchange > Enrollment
- **Medicare Remittance Easy Print Software (MREP)**
  - **Print paper copies of your Medicare Remittances**
  - **Available as free download**
    - www.ngsmedicare.com under Claims > Electronic Data Interchange > Software

Where Do I Get Additional Help?



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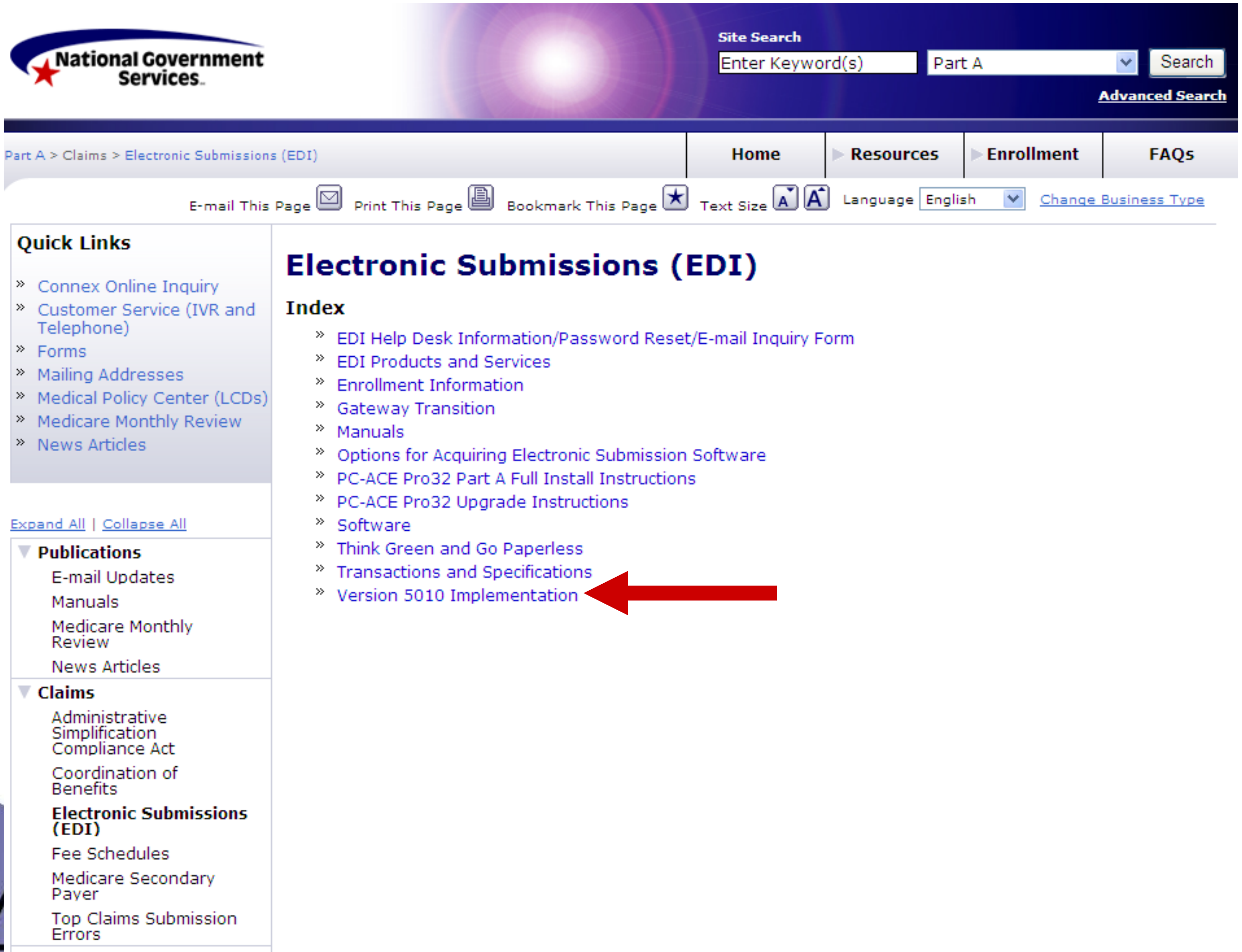

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Site Search

Enter Keyword(s) | Part A | Search

Advanced Search

Part A > Claims > Electronic Submissions (EDI)

Home | Resources | Enrollment | FAQs

E-mail This Page | Print This Page | Bookmark This Page | Text Size | Language English | Change Business Type

Quick Links

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Electronic Submissions (EDI)

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- Version 5010 Implementation

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5010 Questions EDI Help Desk E-mail Inquiry Form.

* Required Field. Please complete all required fields.

Note: The Centers for Medicare & Medicaid Services (CMS) does not allow National Government Services to accept protected health information (PHI) or personally identifiable information (PII) via e-mail.

Choose your line of business: Please Select *

**for DME trading partners, please visit www.NGSCedi.com

Medicare Contractor Number: Please Select *

Provider Transaction Access Number (PTAN): *

National Provider Identifier (NPI): *

Submitter ID: *

Organization Name: *

Contact Name: *

E-mail Address: *

Telephone Number: *

Fax Number:

Reason for Inquiry: Please Select *

- Please Select
- 5010 – Testing and/or Production
- Batch Status
- Connectivity
- Electronic Remittance Advice
- Software – Express Plus

Detailed Description of issue: *

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EDI Help Desk Information

- Questions that the EDI Help Desk can address:
- Acquiring a sender ID
- Communication issues
- EDI enrollment information
- Front-end error reports
- Acquiring National Government Services software
- National Government Services software support only

EDI Help Desk Information

- **877-273-4334**
  - **8:00 a.m.–4:00 p.m. eastern time, Monday through Friday**
- **EDI Help Desk Inquiry Form**

J13 Contact Information

Interactive Voice Response (IVR)	877-869-6504
Provider Contact Center	866-837-0241
Fax on Demand	866-709-1905
Electronic Data Interchange (EDI)	877-273-4334
Correspondence	National Government Services Part B Provider General Written Inquiries P.O. Box 7052 Indianapolis, IN 46207-7052
New Direct Telephone line for Provider Enrollment (J13)	888-379-3807

Interactive Voice Recognition *IVR*
(877) 869-6504

Easy and Quick Method to Obtain Information

- **Monday – Friday** ***6am - 7pm ET***
- **Saturday** ***7am - 3pm ET***

Information Available:

- **Status of Claim**
- **Eligibility**
- **Request Duplicate Remittances**
- **Deductible Information**
- **Enrollment Application Information**
- **Pricing**
- **Seminars**
- **Appeal Rights**

Provider Customer Service Representative *CSR* Toll Free Line (866) 837-0241

- **To be used for Inquiries that Can Not be Handled through the Automated Line.**
- **A CSR will Assist You.**
- **Monday, Tuesday, Wednesday, Friday 8:00 a.m.- 4:00 p.m. ET**
- **Thursday 8:00 a.m. - 2:00 p.m. ET**

Training Hour Closure Time – Thursdays 2:00 - 4:00

Contacting the TRU Line
888-812-8905 for NYS

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- **Hours of Availability:**
  - **Monday - Friday 8:00 am - 12:00 pm. and 1:00 pm - 4:00 pm ET**
- **The Telephone Reopening Representative will assist you with up to Three Claims each time you call.**
- **When requesting a reopening over the phone, you must be prepared to provide the following information:**
  - **Beneficiary's Name**
  - **Medicare Health Insurance Claim Number**
  - **Your Full Name (first and last name)**
  - **Your Phone Number**
  - **Provider's Name**
  - **Provider's Number**
  - **Date(s) of Service in Question**
  - **Reason for Request**

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Eligibility Status Can Be Obtained Through the IVR Line/Eligibility Option

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The Following Information Must Be Given:

This information must match EXACTLY or the information CANNOT be released

- **Provider's Name and PIN**
- **Beneficiary Last Name and First Initial**
- **Beneficiary Date of Birth**
- **Beneficiary HICN**

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Dealing with Medicare

- **Addresses were changed in 2010**

- **Sign up for the www.ngsmedicare.com listserv to keep up to date on changes.**

- **Check our Provider Outreach and Education calendar on www.ngsmedicare.com**

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CONNEX

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What is Connex?

- New Web application
- Provides
  - Claim status
  - Beneficiary eligibility
  - Financial data
  - Provider demographics
  - Ability to order remittances

What is Connex?

- Self-service
- Similar options available
  - Interactive Voice Response (IVR)
  - Direct Data Entry (DDE)
  - Professional Provider Telecommunications Network (PPTN)
  - Claim Status Inquiry (CSI)

How to access

- www.NGSConnex.com
- Need
  - Internet access
  - E-mail address
- No cost

Local Security Officer (LSO)

- **At least one for each organization (National Government Services recommends two LSOs)**
- **Responsible for**
  - **Approving access**
  - **Declining access**
  - **Removing access**

Local Security Officer (LSO)

- **Access code is Mailed**
- **Generates a customer service number (CSN)**
- **Must have an LSO prior to adding additional users**
- **Complete for each provider account**

User Profile

Edit | Change Password

User ID:
HARE123

First Name:
Lisa

Middle Name:

Last Name:
Hare

Time Zone:
(GMT-05:00) Eastern Time (US & Canada)

Challenge Question:
What High School did you attend?

Challenge Answer:
****

Work Phone #:

Fax #:

Email:
lisa.hare@wellpoint.com

System Access

Save | Cancel

Status:
Open

User ID:
HARE123

***NPI:**

***PTAN:**

***TIN (Last 5 Digits of Tax ID Number):**

CSN:

***Line of Business:**

***State:**

Contract:

My Provider Profile:

My Claims - Summary:

My Claims - Detail:

Entitlement:

My Financials:

---- Required fields for Local Security Officer (LSO) Access ----

User Management:

Check Number (Within the last 90 days):

Check Amount:

Access Code:

System Access Detail

My Provider Profile:

My Claims - Summary:

My Claims - Detail:

Entitlement:

My Financials:

User Management:

User Management Comments:

Registration Summary

- **Additional users**
  - **User ID**
  - **Obtain CSN from LSO**
  - **Get approved by the LSO**

Support

- **Provider Contact Center**
  - **1-866-837-0241**

Summary

- Connex provides
  - Claim status
  - Beneficiary eligibility
  - Financial data
  - Provider demographics
  - Ability to order remittances
- Future enhancements- Reason Rejection Codes and RAs in PDF format

Sign up Today!

- www.NGSConnex.com
- Use the training materials available on the Connex home page

Questions and Answers

Thank You!