



NGSMEDICARE UNIVERSITY
MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION



NGS Medicare Virtual Conference

Fall 2021

**2021 NGS Think Green: Go Paperless!
Understanding the Benefits of Medicare EDI**

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Today's Presenters

- Kathy Dunphy
- Linda Mayer



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No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- Provide you with the available healthcare transactions to improve productivity in that it enables a high level accuracy, efficiency and speed.
- Because there is limited human intervention, errors are reduced. EDI minimizes the instances of manual data errors, shipping errors, billing address errors, and the like.

Agenda

- NGS POE Think Green, Go Paperless Campaign
- EDI, Advantages of Electronic Submissions
 - Electronic Remittance Advice
 - Electronic Attachments and Appeal Requests
 - Electronic Funds Transfer
 - Medicare Remit Easy Print Software
 - NGSConnex
 - PC-ACE

NGS POE Think Green, Go Paperless Campaign Goals

We Want to Hear From You

- Bring more awareness to NGS JK and J6 Medicare providers about 'Go Paperless' services
- Work with NGS Incoming Mail Service, Provider Contact Center, and operations for top reasons providers send unnecessary paper
- Identify any barriers from each line of business regarding hesitancy on adding 'Go Paperless' services into facilities and practices
- Work with the provider community to request suggestions and issues that would prevent barriers

Administrative Simplification Compliance Act

- Effective 10/16/2003
 - Medicare may not pay claims submitted on paper with certain exceptions, including
 - Small provider
 - Dentist
 - Claims for Medicare demonstration projects
 - Providers that conduct mass immunizations
 - Tertiary claims
 - Claims for services rendered outside of the U.S.
 - Disruption in electricity/communication connection beyond provider's control
 - “Unusual circumstance” claims
 - Beneficiary submitted claims
 - Provider who submits less than 120 claims annually
 - Non-Medicare managed care organizations

Electronic Data Interchange Transactions

- National Government Services, in conjunction with the CMS, strongly encourages EDI transactions. EDI is not just about submitting claims electronically.
- EDI is about electronic reports, electronic remittances, EFT, beneficiary eligibility and so much more.

EDI and How It Works

- EDI is an electronic communication method that enables fast, accurate and reliable exchange of data between the computer systems of organizations that do business together by using the same standardized message formatting, without the need for human intervention
- Our providers communicate with NGS using one of our approved Network Service Vendors (NSVs) through SFTP Gateway for all approved transactions or directly through our Internet Gateway for the 276/277 and 835 transactions

Electronic Transactions Available To You

- 837I - Institutional (Part A) claims version 5010
- 837P - Professional (Part B) claims version 5010
- 835 - Electronic remittance advice ERA version 5010
- 276/277 - Electronic claim status inquiry and response version 5010
- 999 - Electronic acknowledgment report initial receipt of your claim file and whether it was accepted or rejected version 5010
- 277CA - Electronic claim level acknowledgement report version 5010
- 275 - Electronic attachments version 6020
- 277RFI - Electronic Request For Additional Information version 6020

Advantages of EDI Transactions

- Eliminates paperwork and reduces errors, therefore, claims process more accurately
- Improves cash flow (14-day payment floor for Health Insurance Portability and Accountability Act [HIPAA]-compliant claims), which saves time and money. Paper claims are not paid until 29 days after they reach us
- Flexibility. Unlimited number of claims accepted 24 hours a day, 7 days a week for electronic submitters
- Free telephone support from the EDI help desk
- Security (unique password and submitter ID number)
- Receive reports verifying receipt of claim submission and acceptance into the Medicare processing system within 24 hours
- Free Medicare software: PC-ACE

Advantages of EDI Transactions

- There are a number of advantages to enrolling and submitting claims online. Claims and other transactions submitted electronically process considerably faster than paper submission. For example, HIPAA-compliant electronic claims are held in the payment floor for 14 days whereas paper claims are held in the payment floor for 29 days.
- Some of the other advantages of electronic submission include
 - Increased cash flow and lower administrative costs
 - Ease of billing
 - Added efficiency and accurate claims filing

Electronic Remittance Advice

- The ERA is the electronic version of the Standard Paper Remittance or SPR, which serves as a notice of payment and adjustments sent to providers, billers and suppliers
- These electronic remittances provide the same information that is found on the SPR, as well as data and administrative efficiencies not available in an SPR

Benefits of ERA Versus SPR

- Faster account reconciliation
- Streamlines the reconciliation process and increases productivity and efficiency
- Reduces Costs
 - Paperwork reduction
 - Storage and maintenance costs
 - Lower administrative costs
 - Environmentally responsible – Reduces the amount of environmental resources used

276/277: Real Time Claim Status Inquiry and Response - A Faster Better Option

- Receive your claim status response in minutes instead of hours
- Format your 276 claim status request to contain ***one transaction per ST-SE***. Files containing ***multiple transactions within the ST-SE*** receive a response the next day
- The real time process runs during existing claim system availability on regular business days
- Files eligible for the real time process received during off hours will be held and processed when the systems become available

999- Electronic Acknowledgement Report

- The 999 indicates whether or not the file successfully passed the initial file structure edits
- 999 Implementation Acknowledgement document is **used by NGS to provide confirmation that a file was received**
- It gives additional information about potential errors in the received transaction

999- Electronic Acknowledgement Report

- Files will be accepted on the 999 even if there are errors in some of the claims. This approach allows the return of individual claims as opposed to entire transactions sets when an error is not a syntactical structure issue.
- See the 999 training module for more information on the 999 report

Electronic Claim Level Acknowledgement Report

- The 277CA Claims Acknowledgement is a report created by NGS after your claim file has been received electronically
- The report is generated after electronic edits have been applied to the transaction sets and groups via the Implementation Acknowledgement (999)
- A 277CA will acknowledge all accepted or rejected claims in the file
- A 277CA for an accepted claim will contain the claim number. Use returned claim numbers for future claim status inquiries

Electronic Attachments

- The X12 275 Attachment transaction supports sending additional documentation electronically. Clinical documentation includes but not limited to; operative notes, consult notes, procedure notes, care plan, and history and physical information. The transaction allows for the documentation to be sent as structured or unstructured data
- The 275 transaction can be sent unsolicited based on defined claim criteria and is sent at the same time the corresponding claim is submitted
- The unsolicited model is available for JK/J6 Part B providers
- The 275 transaction can also be solicited as a response to a request for additional documentation. The solicited model is available for JK/J6 Part A and Part B providers

Benefits of Electronic Attachments

- Allows you to send additional documentation such (e.g. Medical records, operative reports) with the claim submission
- Allows you to send documentation in response to the Additional Documentation Request (ADR)
- Reduces administrative burden associated with the paper process, cuts down on mail and processing time
- Participating providers are reporting up to 50% reduction in Medical Review denials
- Participating providers are reporting up to a 50% reduction in claim status calls
- Participating providers are reporting being paid up to 30 days sooner

Electronic Request For Additional Information

- The X12 277 RFI transaction replaces the paper Additional Development Request (ADR) letters
- The 277RFI transaction is available for JK/J6 Part A and Part B providers
- The benefits of the 277RFI transaction include
 - Expedites the receipt of the documentation requests
 - Allows for the request to be routed to the appropriate person/department, eliminating lost or misdirected requests
 - Facilitates a quicker turnaround time of the response
 - Reduces denials, appeals related to missing documentation, as well as reducing the need for claims status inquiries
 - Improves payment revenue cycles. Uses the Logical Observation Identifier Names and Codes standard code set to identify the requested documents

Electronic Appeal Requests

- National Government Services will now allow Medicare Part A and Part B providers to submit their claim appeal requests, including medical record documentation, through electronic transactions rather than a paper appeal form
- The purpose of the appeals process is to ensure the correct adjudication of previously processed claims. The appeal can take the form of a reopening – a reprocessing of a claim to fix minor mistakes, or a redetermination – an examination of a claim that includes analysis of documentation. To learn more about the appeals process visit [About Appeals](#) on our website

Becoming an Electronic Submitter

- Step 1: Obtain software for electronic claim submission
 - Utilize a software vendor's product
 - Write a software program utilizing the approved HIPAA ANSI X12N 837
 - Employ a billing service or clearinghouse
 - If a provider chooses this option, Step 2 (applying for a Submitter number) is not required
 - Download NGS' HIPAA-compliant software program, PC-ACE
- Step 2: Apply for a Submitter ID
 - [Enrollment Packet](#)

NGSConnex – Our Provider Portal

- NGSConnex is a free, secure, web-based application developed by National Government Services just for you! NGSConnex provides access to a wide array of self-service functions that save you time and money, such as
 - Obtain beneficiary eligibility information
 - Query for your claims status
 - Initiate and check the status of redetermination and reopening requests
 - View your provider demographic information
 - Query for your financial data
 - Submit documents for an additional documentation request
 - Submit Credit Balance Reports
 - And more!

PC-ACE

- NGS' PC compatible software program
 - Submit HIPAA-compliant claims
 - Submit MSP claims
- Payment based on 14-day payment floor
- User managed tables
 - Patient demographics, name, facility name
- Free software available on NGS website

Electronic Remittance Advice

- ERA
 - Receive the day claim finalizes
 - Streamline reconciliation process with automated posting software
 - Reduction of paper and printing
 - Reduces office footprint
 - Lower administrative costs
 - Less staff time spent on review and filing paper remits
 - Environmentally responsible
- Standard Paper Remittance
 - SPRs are mailed weekly
 - Manually post payments to patient accounts
 - Remit format is only paper
 - Store and maintain paper files

Electronic Funds Transfer

- EFT allows for claim payments to be electronically transferred to your bank in place of a hard copy check mailed to the facility
- Medicare payments due a provider or supplier of services may be sent to a bank (or similar financial institution) for deposit in the provider/supplier's account

Medicare Remit Easy Print Software

- Print Your ERA Using Medicare Remit Easy Print
 - Easy navigation and viewing of the ERA using your personal computer
 - Print the ERA in the SPR format
 - Search capability that allows providers and suppliers the ability to easily find claims information
 - Print and export reports about ERAs including denied, adjusted, deductible/coinsurance service lines on applied claims, and
 - Easy-to-use method to archive, restore and delete imported ERAs

Medicare Remit Easy Print Software Key Features

- View/Print
 - All claims for a remittance and details for a single claim
 - Total amounts for a remittance
 - Look up CARC/RARC codes
- Available Reports
 - COB and Non-COB claims
 - MSP and Non-MSP claims
 - Deductible/coinsurance service lines
 - Denied service lines
 - Adjusted service lines

Medicare Remit Easy Print Software

- **Minimum System Requirements and Support**
 - In order to use this application you must have NET framework (at least 2.0 service pack 2) installed on each PC utilizing this application
 - Requires WinZip or compatible decompression application to extract files
 - Requires Adobe Acrobat – PDF Reader to read PDF files
- Available on NGS website, the link on the website routes to CMS.GOV for download

Advantages of Submitting Electronically

- Eliminates paperwork
- Reduces errors
 - Claims process more accurately
- Improves cash flow
- Flexibility
- Security
- Verification of claim receipt
- Less costly

EDI Enrollment

- Fast, easy online enrollment process
- EDI Guided Enrollment User Guide
- We provide information about electronic billing and offer support to all electronic billers in the testing and production process

EDI Help Desk

888-379-9132

Support personnel – NGS EDI Help Desk staff are dedicated to supporting electronic claim submitters.

Available by phone or email Monday–Friday*

- 8:00 a.m.–4:00 p.m. ET/8:00 a.m.–4:00 p.m. CT

*Closed for training on the 2nd and 4th Friday of the month.

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

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