2022 NGS Medicare Spring Virtual Conference
Medicare for You

What Is EDI – An Overview of Transactions

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Agenda – Do You Know?

- How EDI Works
- Benefits of EDI
- The Multiple EDI Transactions
- There is Free Software
- Where to Find Available Resources

How EDI Works

- EDI (Electronic Data Interchange) is an electronic communication method that enables fast, accurate and reliable exchange of data between the computer systems of Trading Partners that do business together by using the same standardized message formatting, without the need for human intervention

- EDI addresses how Trading Partners exchange 'transactions' electronically with Medicare

EDI Transactions

- Transactions include
  - Professional Claims (837P v005010x222A1)
  - Implementation Acknowledgement (999 v005010x231)
  - Claim Acknowledgments (277CA v005010x214)
  - Claim Remittance Advice (835 v005010x221A1)
  - Claim Status Inquiry and Responses (276/277 v005010x212)
  - Request For Information (277RFI v006020)

EDI Transactions - Professional Claims (837P v005010x222A1)

- The 837P (Professional) **is the standard format used by health care professionals and suppliers to transmit health care claims electronically**

- It is the electronic format of the paper CMS-1500 claim form that contains patient claim information

- The data in an 837 file is called a Transaction Set

- File must be sent to the payer or clearinghouse via a secure method due to patient health information within the file

EDI Transactions - Professional Claims (837P v005010x222A1)

- The ANSI ASC X12N 837P (Professional) Version 5010A1 is the current electronic claim version

  - ANSI = American National Standards Institute

  - ASC = Accredited Standards Committee

- X12N = Insurance section of ASC X12 for the health insurance industry's administrative transactions

- 837 = Standard format for transmitting health care claims electronically

- P = Professional version of the 837 electronic format

- Version 5010A1 = Current version of the HIPAA electronic transaction standards for health care professionals and suppliers

EDI Transactions - Implementation Acknowledgement (999 v005010x231)

- Reports standard syntax errors, as well as implementation guide errors

- Checks for HIPAA compliance, such as missing required data, field size and length, alpha-numeric vs numeric

- 999A = Accept

- 999E = Accept with errors; only the errored claim rejects and batch continues processing in the Common Edit Module

- 999R = File is rejected and processing does not continue

EDI Transactions - Claim Acknowledgments (277CA v005010x214)

- The 277CA is an ANSI X12 transaction indicating results of Medicare front end business editing of the claims file

- If one claim in a batch (ST to SE segment) fails, the entire batch fails and must be corrected and the entire batch resubmitted

- Batch files can vary in size from one claim up to several hundred claims

- NGS recommends that Trading Partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments

EDI Transactions - Claim Remittance Advice (835 v005010x221A1)

- The ERA, or 835, is the electronic transaction that provides claim payment information

- The 835 transaction is used to facilitate auto-posting of claim payments

- New electronic Trading Partners will not receive the SPR

EDI Transactions – Claim Remittance Advice (835 v005010x221A1)

- Benefits
    - Eliminates manual keying; saves time and effort
    - Reduces posting errors
    - Increases efficiency and saves money
    - Environmentally sustainable

EDI Transactions - Claim Status Inquiry and Responses
(276/277 v005010x212)

- Allows you to electronically check the status of production claims after they have passed the front-end edits and received claim control numbers

- Paired Transaction

  - 276 represents claim status inquiry

  - 277 represents claim status response

EDI Transactions - Claim Status Inquiry and Responses (276/277 v005010x212)

- **Real Time Versus Batch**
  - **Real Time**
    - Status is returned same day
    - Must stick to one transaction per ST – SE
    - Must be submitting claims electronically
  - **Batch**
    - Status is returned following business day
    - Must be submitting claims electronically

EDI Transactions
Request for Information (277RFI v006020)

- Replaces the paper (ADR) letters

- 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 with the response

- Reduces denials, appeals related to missing documentation, as well as reducing the need for claims status inquiries

EDI Transactions
Request for Information (277RFI v006020)

- ■ How to Get Started
  - ■ Contact your vendor, clearinghouse or billing service to ensure they support the electronic attachment program which includes the following
    - 6020 version of the 277RFI transaction;
    - HL7 CDA R2 (structured or unstructured) or HL7 C-CDA R2.1 (Operative Note template or Unstructured Document)
  - ■ Review the NGS attachment companion guides located on [our website](#)
    - Resources> EDI Solutions> Standard Companion Guides
    - 277 Request Additional Information Companion Guide
  - ■ Enroll for the attachment transactions with NGS through the online EDI enrollment tools on [our website](#)
    - Resources> EDI Enrollment> Start Enrollment Process

Benefits of Using EDI Transactions

- There are a number of advantages to enrolling and submitting claims electronically

    - Claims and other transactions submitted electronically process considerably faster than paper submission

    - HIPAA compliant electronic claims are held on the payment floor for 14 days whereas paper claims are held on the payment floor for 29 days

    - Increased cash flow and lower administrative costs

Benefits of Using EDI Transactions

- Ease of billing, including submission of documentation to other Payers

- Added efficiency and accuracy of claims filing

- Reduced paper waste (environmentally proactive)

- Automatic posting of remittances, if available

National Government Services.

EDI Software Solutions
PC-ACE

- [PC-ACE](#) is a stand-alone claims processing software that
  - Enables submitter to enter and store claim information
  - Prepares files for Medicare Part B claims
  - Stores demographic information
  - Prepares these files in the HIPAA-compliant 837P ANSI 5010A1 format
  - Prepares and reads the 276/277 transactions
  - Reads 999 and 277CA transactions
  - Reads/views/prints 835 electronic remittance advice

EDI Software Solutions
Electronic Billing – PC-ACE Key Features

- Capable of processing both Medicare Part A and Medicare Part B claims

- Flexible claim import from existing systems

- Field-level edit validation provides immediate user feedback and minimizes rejected claims

- Remittance translation/export to existing systems

EDI Software Solutions
MREP

- <u>M</u>edicare <u>R</u>emit <u>E</u>asy <u>P</u>rint
  - Save time and money by taking advantage of this **free** software
  - Allows for **viewing and printing** HIPAA-compliant 835 ERAs
  - **Easy navigation and viewing** the ERA using your PC
  - **Printing** the ERA in the SPR format
  - A **search** tool that allows providers to find claim information easily
  - **Export reports** about ERAs including denied, adjusted, and deductible applied claims
  - Easy method to **archive, restore, and delete** imported ERAs

EDI Software Solutions

MREP Specifications	
Valid Users	**Any customer submitting Medicare Part B Claims**
Requirements	**Enrolled** for ERA
Initial Application	**Online Download**: Free
Upgrades	**Join Email Updates** for notification of availability
Upgrade Timeframes	As needed based on **CMS** changes
Download MREP Software	MREP

Valuable Resources

- Standard Companion Guides

    - For all transactions

- Technical Guides and Information

- Network Service Vendors

Thank You!

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

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