Section 8. Electronic Commerce Services

Electronic Claims Submission

The N.C. Medicaid and Health Choice Programs require all providers to file claims electronically. However, there are some exceptions to this requirement. Only claims that comply with the exceptions listed on DMA's website (http://www.ncdhhs.gov/dma/provider/ECSExceptions.htm) may be submitted on paper. All other claims must be submitted electronically.

HP Enterprise Services currently processes claims through the following electronic transmission methods: modem, secure file transfer protocol (SFTP), and on the North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool (NCECSWeb Tool). Approximately 99% of all Medicaid claims are submitted electronically.

Claims submitted electronically by 5:00 p.m. on the cut-off date are processed on the following checkwrite.

Note: The electronic cut-off schedule and the checkwrite schedule are available on DMA's website at http://www.ncdhhs.gov/dma/provider/calendar.htm.

Support

HP Enterprise Services Electronic Commerce Services (ECS) is available Monday through Friday, 8:00 a.m. through 4:30 p.m., at 919-851-8888 or 1-800-688-6696, menu option 1.

Available Transactions

The HP Enterprise Services ECS Unit offers support to providers, software vendors, billing services, value-added networks (VANs), and clearinghouses in matters related to electronic data interchange (EDI). This includes providing supporting transactions implemented with the Health Insurance Portability and Accountability Act (HIPAA), including the following:

- Health Care Claim: Dental ASCX12N 837 (version 004010X097A1)
- Health Care Claim: Professional ASC X12N 837 (version 004010X098A1)
- Health Care Claim: Institutional ASC X12N 837 (version 004010X096A1)
- Health Care Payment/Advice ASC X12N 835 (version 004010X091A1)
- Health Care Claim Status Request and Response ASC X12N 276/277 (version 004010X093A1)
- Health Care Eligibility Benefit Inquiry and Response ASC X12N 270/271 (version 004010X092A1)
- Health Care Services Review: Request for Review and Response ASC X12N 278 (version 004010X094)
- 997 Functional Acknowledgment Electronic Transactions ASC X12 997 (version 004010)

- Payroll Deducted and Other Group Premium Payment for Insurance Products ASC X12N 820 (version 004010X061)
- Benefit Enrollment and Maintenance ASC X12N 834 (version 004010X095A1)
- NCPDP Pharmaceutical Drug Claim Version 5.1

In addition, HP Enterprise Services ECS Unit provides technical support to the users of the NCECSWeb Tool.

Billing Claims Electronically

All providers who submit claims electronically—whether through a clearinghouse, with software obtained from an approved vendor, or through the NCECSWeb Tool —must complete and return an **Electronic Claims Submission Agreement** to CSC for each billing provider number. Group providers must submit the name and Medicaid provider number for each individual provider affiliated with their group for whom they will be submitting claims using their group provider number. This is required even if there is only one provider in the group.

Notification of approval is mailed back to the requesting party within 10 working days and must be received from CSC before providers can begin billing electronically. To obtain a copy of this agreement for either a group or an individual, visit the NCTracks website at http://www.nctracks.nc.gov/provider/forms/.

Trading Partner Agreements

Providers and clearinghouses that submit 4010 HIPAA-compliant transactions directly to HP Enterprise Services are required to complete and submit a Trading Partner Agreement (TPA) to the HP Enterprise Services ECS Unit. The TPA stipulates the general terms and conditions by which the partners agree to exchange information electronically. ECS will work with the trading partner's staff to exchange and analyze technical information. The TPA Form is available on DMA's website at http://www.ncdhhs.gov/dma/hipaa/. Effective January 1, 2012, HP Enterprise Services will only process 5010 HIPAA complaint transactions. Trading partners that already have a 4010 TPA on file will need to complete an Appendix A in order to submit 5010 transactions. Appendix A is located at http://www.ncdhhs.gov/dma/hipaa/index.htm.

HIPAA 5010 Implementation

In accordance with 45 CFR Part 162 – Health Insurance Reform; Modifications to the Health Insurance Portability and Accountability Act (HIPAA); Final Rule, HIPAA-covered entities, which include state Medicaid agencies, must adopt modifications to the HIPAA required standard transactions by January 1, 2012. The modifications are to the HIPAA named transactions to adopt and implement ASC X12 version 5010 and NCPDP Telecommunication version D.0.

Effective January 1, 2012, HP Enterprise Services will only process 5010 HIPAA complaint transactions within the claims processing system. HP Enterprise Services is anticipating beginning vendor or trading partner testing of the 837 transactions in October, 2011. HP Enterprise Services has published the 837 and 835 companion guides on the DMA website (http://www.ncdhhs.gov/dma/hipaa/compguides.htm). Additional companion guides will be published in October and November. HP Enterprise Services is also anticipating dual processing beginning in November, 2011. In addition, if your TPA has been updated, you will receive both the ASC X12 versions 4010 and ASC 5010 of the 835 transaction beginning in November. Providers will be notified of the HIPAA 5010 implementation project status through upcoming bulletin articles.

Billing with the N.C. Electronic Claims Submission/Recipient Eligibility Verification Web Tool

The NCECSWeb Tool is available to providers at no charge. Once the provider's ECS Agreement has been approved, providers may complete the Remittance and Status report in PDF format and National Correct Coding Initiative information form to obtain a logon ID and password. You may access the form on DMA's website at http://www.ncdhhs.gov/dma/provider/forms.htm. For existing providers, attach a copy of the cover page of any paper Remittance and Status Report. For new providers, attach a cover letter stating you are a new provider. A logon ID and password will be sent to the provider via mail. Providers must receive a logon ID and password before claims can be submitted using the NCECSWeb Tool.

To ensure the privacy and security of protected health information, change the NCECSWeb Tool password if an employee has been terminated. Providers may contact the HP Enterprise Services ECS Unit at 1-800-688-6696, option 1, to obtain an NCECSWeb Tool Logon ID and Password Change Request Form. The HP Enterprise Services ECS Unit will fax a copy of the form for completion to the provider. Providers should return via fax (919-859-9703) to facilitate the password change. Providers may also access the form on DMA's website at http://www.ncdhhs.gov/dma/provider/forms.htm.

Billing with Software Obtained from a Vendor

A variety of software programs that provide integrated health insurance billing are available. Providers must obtain software from a vendor who has written the program using specifications adopted under HIPAA. For a list of approved vendors, call the HP Enterprise Services ECS Unit at 1-800-688-6696 or 919-851-8888, menu option 1.

After verifying that the vendor has tested their software with HP Enterprise Services, complete the TPA located on DMA's website at http://www.ncdhhs.gov/dma/hipaa/. If the provider is already billing on the NCECSWeb Tool, provide the current logon ID on the TPA. If the provider does not currently utilize the NCECSWeb Tool, a new logon ID and password will be assigned. Once your TPA is processed and returned to you via USPS, you may begin submitting immediately.

Billing with Software Written by Your Office or Company

Facilities and providers may develop their own software for electronic claims filing. This software must comply with the electronic standards as adopted under HIPAA. HIPAA Transaction Implementation Guides may be obtained from Washington Publishing Company at http://www.wpc-edi.com. In addition, N.C. Medicaid Companion Guides, designed for use in conjunction with HIPAA Transaction Implementation Guides, may be found at http://www.ncdhhs.gov/dma/hipaa/compguides.htm. Once the software program has been written, call the HP Enterprise Services ECS Unit at 1-800-688-6696 or 919-851-8888, menu option 1, to obtain a **test logon identification number** and a **password**.

Providers are asked to submit 5 to 20 test claims electronically. These claims can be previously paid claims or new claims that will be submitted for payment at a later date. Claims must have valid information and dates of service that are not over one year old. The claims are tested for compliance to HIPAA standard format only.

The HP Enterprise Services Testing Coordinator contacts providers with the test results within 5 to 7 business days. No payments are made on test claims. When testing is complete, the provider is responsible for refiling the claims for payment in production. After successful completion of testing, a production **logon identification** number and **password** are assigned to the provider through the processing of a TPA.

Billing through a Clearinghouse

Providers may choose to contract with a clearinghouse to submit claims to Medicaid. The clearinghouse must use HIPAA-compliant software. It is not necessary for providers to test the software. The clearinghouse handles all of the connections, procedures, and claim submission processes for the provider.

Electronic Availability of Remittance and Status Report

Accessing Remittance and Status Report with the N.C. Electronic Claims Submission/Recipient Eligibility Verification Web Tool

Effective with the July 7, 2010, checkwrite, the N.C. Medicaid Program ceased printing and mailing Remittance and Status Reports (RA) to providers. Providers may request access to download a PDF version of their paper RAs on the NCECSWeb Tool. All providers who wish to download a PDF version of their RA are required to register for this service regardless if they already have an NCECSWeb Tool logon ID. The Remittance and Status Reports in PDF Format and National Correct Coding Initiative Information Request Form and instructions can be found on DMA's website at http://www.ncdhhs.gov/dma/provider/forms.htm. Providers new to billing or providers without an RA cover page must submit a letter on company letterhead stating the Medicaid Provider Number, NPI, address and reason why an RA has not been received. Providers are encouraged to complete the form immediately and return it to the HP Enterprise Services ECS Unit to ensure adequate time for set up.

Accessing National Correct Coding Initiative Edit Explanations with the N.C. Electronic Claims Submission/Recipient Eligibility Verification Web Tool

The National Correct Coding Initiative (NCCI) and additional correct coding edits implementation resulted in new EOBs for procedure-to-procedure (CCI) edits, medically unlikely edits (MUE), and additional correct coding edits to be reported on a provider's RA. Providers will have the ability to view the explanation and justification for all NCCI edits using the NCECSWeb Tool. Providers can view the edits on a claim- and line-level basis by entering the internal claim number (ICN) indicated on their RA. The portal provides a detailed explanation of why the edit was invoked and the supporting industry (CMS, American Medical Association, etc.) standards justifying the denial.

Two new menu items will be added to the NCECSWeb Tool:

- NCCI Denied Claims List: Providers will be able to retrieve a list of ICNs from a specific checkwrite for claims that denied for CCI/MUE edits.
- NCCI Explanation by ICN: Providers will be able to view a detailed explanation for each denial.

Providers who currently have an NCECSWeb Tool logon ID and password and can view their RA in PDF format will be automatically enrolled for access. Providers who do not currently have an NCECSWeb Tool logon ID and password must complete and submit a **Remittance and Status Reports in PDF Format and NCCI Information Request Form.** A copy of the form can be found on DMA's website at http://www.ncdhhs.gov/dma/provider/forms.htm.

Accessing Electronic Remittance Advices (835 Transaction)

Providers may wish to receive an electronic version of a Remittance Advice. This is referred to as the Health Care Payment/Advice ASC X12N 835 (version 004010X091A1). The 835 transaction will be sent, upon request, to a health care provider as an electronic transaction.

A variety of software programs that provide integrated health insurance management are available. Providers must obtain software from a vendor who has written the program using specifications adopted under HIPAA to interpret the 835 transaction. The 835 transaction may also be leveraged to automatically post claims processing information to providers' accounts receivable.

For a list of approved vendors supporting the 835 transaction, call the HP Enterprise Services ECS Unit at 1-800-688-6696 or 919-851-8888, menu option 1.

Electronic Verification of Recipient Eligibility

Verifying Recipient Eligibility Using the N.C. Electronic Claims Submission/Recipient Eligibility Verification Web Tool

Additional functionality has been added to the NCECSWeb Tool interface that allows users to submit eligibility inquiries for N.C. Medicaid/Health Choice recipients. This function is accessed by the user selecting Recipient Eligibility from the menu items on the left side of the browser screen. Refer to **Appendix F** and to the **September 2009 Special Bulletin, *North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool Instruction Guide,*** for additional information.

Value Added Networks

VANs are the services used for transporting data from point to point. EDI vendors offer the services that are needed to begin utilizing online services, such as:

- Interactive recipient eligibility verification (EVS)
- Batch transmissions
- Point-of-sale (POS) interactive claim transmission (for pharmacies)

Interactive Recipient Eligibility Verification

Providers may wish to contract the services of a VAN for access to real-time recipient eligibility verification. Approved VANs interface directly with the N.C. Medicaid/Health Choice recipient database maintained by HP Enterprise Services and provide network software verification services to providers at a reasonable cost. Providers also pay a transaction fee to the fiscal agent ($0.08 for each immediate real-time inquiry and response). The transaction charges are deducted from the Net Pay Amount listed in the claims Payment Summary section (row G) of the Remittance and Status Report (RA). The Adjusted Net Pay Amount equals the amount on the payment check.

The eligibility verification database is updated daily from the State's master eligibility file. This service option is available 24 hours a day, 7 days a week, except during system maintenance (1:00 a.m. to 5:00 a.m. on the first, second, fourth, and fifth Sundays of the month and 1:00 a.m. to 7:00 a.m. on the third Sunday of the month).

To verify eligibility, providers must have the following information:

1. The Medicaid Provider Number or NPI to identify the provider making the inquiry; and
2. The recipient's N.C. Medicaid/Health Choice identification (MID) number, or Social Security Number and date of birth; and
3. The date of service, which must be a specific date of inquiry within the prior 12 months or a span of dates not more than one calendar month.

The matching response to the eligibility inquiry includes the following:

1. The recipient's N.C. Medicaid/Health Choice identification number
2. The name of the recipient
3. The recipient's date of birth
4. The recipient's Social Security Number if used to make inquiry
5. The coverage group for eligibility (such as MPW, MQB, MAA, etc.)
6. Managed care enrollment, if applicable, including the CCNC/CA primary care provider (PCP) name and telephone numbers
7. Medicare Part A or B coverage, if applicable
8. Third-party insurance coverage (on up to three policies)

Approved VANs

Emdeon (Previously known as WebMD Envoy, including MediFax – EDI) 1283 Murfreesboro Pike Nashville TN 37217 Contact: Sales Department 1-877-469-3263 e-mail: businessservicessales@emdeon.com Web: http://www.emdeon.com	**MedData** 2100 Rexford Road, Suite 300 Charlotte NC 28211 Contact: Marketing, Eric Donovant 1-877-633-3282 e-mail: info@medconnect.net Web: http://www.meddatahealth.com
HDX 51 Valley Stream Parkway Malvern PA 19355-1751 Contact: Marketing Department 1-888-826-9702 Web: http://www.siemensmedical.com	**Passport Health Communications, Inc.** 720 Cool Springs Blvd., Suite 450 Franklin TN 37067 Contact: Marketing, Lloyd Baker e-mail: Lloyd@passporthealth.com Web: http://www.passporthealth.com/

Electronic Commerce Services Unit

Call 1-800-688-6696 or 919-851-8888, menu option 1, for inquiries on the following topics:

- Electronic Claims Submission Agreement
- EDI vendors, clearinghouses, and VANs
- Approved software vendor and clearing house list
- N.C. Electronic Claims Submission/Recipient Eligibility Verification Web Tool logon requests or logon issues.
- Logon authorization and change requests
- Transmission issues
- Trading Partner Agreement
- Point-of-sale transactions
- Eligibility verification logon issues

Electronic Funds Transfer

The N.C. Medicaid/Health Choice Programs no longer issues paper checks for claims payment. All payments are made electronically by automatic deposit to the account specified in a provider's Electronic Funds Transfer (EFT) Authorization Agreement for Automatic Deposits.

To initiate the automatic deposit process, providers must complete and return the **EFT Authorization Agreement** and attach a voided check to confirm the provider's account number and bank transit number. A separate EFT Form must be submitted for each provider number. Providers must submit a new EFT Form if they change banks or bank accounts. A copy of the form can be obtained on DMA's website at http://www.ncdhhs.gov/dma/provider/forms.htm.

Completed forms can be returned by fax to the HP Enterprise Services Financial Unit at 919-816-3186 or by e-mail to NCXIXEFT@hp.com. Providers can verify that the EFT process for automatic deposits has been completed by checking the top left corner of the last page of their RA, which will indicate **EFT number**.

Electronic Funds Transfer – Frequently Asked Questions

1. **What is the automatic deposit process?**

   HP Enterprise Services generates a list of deposits on an electronic wire, which represents payments to providers who have chosen automatic deposit. This electronic wire is sent to the Federal Reserve Bank, which makes the transactions to the providers' banks. Simultaneously, the HP Enterprise Services account is debited for the funds.

2. **How do providers enroll for automatic deposit?**

   Providers must complete an **Electronic Funds Transfer Authorization Agreement for Automatic Deposit Form.** A copy of the form is available on DMA's website at http://www.ncdhhs.gov/dma/provider/forms.htm. Complete a separate form for each provider number your organization plans to enroll and attach a voided check for each bank account to verify the account number and bank transit number.

3. **Where are completed EFT forms sent?**

   Mail the completed form along with a voided check for each bank account to

   HP Enterprise Services
   Attn. Finance—EFT
   P.O. Box 30968
   Raleigh NC 27622

   Or fax to HP Enterprise Services, Attn. Finance—EFT at 919-816-3186.

   Or e-mail NCXIXEFT@hp.com.

4. **How long does it take for deposits to be credited?**

   Funds are automatically deposited into the provider's account within four days of the checkwrite date. Copies of the electronic cut-off schedule and the checkwrite schedule are available on DMA's website at http://www.ncdhhs.gov/dma/provider/calendar.htm.

5. **How can providers verify the bank received the money?**

   Once HP Enterprise Services has completed the automatic deposit, it is each provider's bank's responsibility to receive the transaction and post it to the designated account. Transactions can be confirmed by calling the bank's automatic clearinghouse department. The transaction may be referred to the bank as a type "ACH," "direct deposit," or other references. Providers will need to supply that department with the account number, the checkwrite date, and the amount of the transaction. This information can be obtained from the RA or by calling the Automated Voice Response (AVR) system at 1-800-723-4337.Refer to **Appendix A** for instructions on using the AVR system.

6. **What is the process to change banks or bank accounts?**

   Complete a new EFT form with the new information. **Providers must be able to provide the old bank account information in order to update to new account information.** All requests must be in writing on the EFT Authorization Agreement Form. The top left corner of the last page of your RA will indicate "EFT number" when your automatic deposit request has processed.

7. **Are recoupments debited from provider's account?**

   No. Completing the EFT Form only authorizes deposits to the account. However, the deposit may be reduced by claim recoupments as shown on the RA.

8. **What is the contact information for questions regarding automatic deposits?**

   Providers may contact HP Enterprise Services at 800-688-6696 or 919-851-8888, fax questions to the HP Enterprise Services Finance unit at 919-816-3186, Attn: Finance – EFT, or e-mail questions to NCXIXEFT@hp.com.