B Electronic Media Claims (EMC) Guidelines

This appendix contains information about electronic submission of claims and the software that providers use to transmit claims to HP. It contains the following sections:

- General Information
- Provider Electronic Solutions
- Vendor Software
- Alabama Medicaid Interactive Website

Technical support is available through the HP Electronic Claims Submission Help Desk. Providers in Alabama call 1(800) 456-1242. (Out of state providers call (334) 215-0111.)

B.1 General Information

Effective March 1, 2010, all claims which do not require attachments or an Administrative Review override by Medicaid must be submitted electronically. Electronic Claim Submission (ECS) offers many benefits to all participants in the claims submission process. ECS is the most efficient and effective means of processing claims, ensuring swift adjudication and payment to providers.

Electronic claim submission reduces claims processing time from start to finish. Rather than mailing paper claims, providers use PCs to submit claims to a central location via a web interface. The web interface then sends the claims to the system for processing.

With ECS, electronic claims avoid the sorting and keying process. The claim data is immediately available to the system. However, it is not only at the start of the claims cycle that electronic submission can save providers time.

Providers who submit claims electronically can check their claims to ensure that the data has passed basic edits, or can determine claim data that prevents the claim from paying. Providers can determine how much payment they will receive from each submission, in a fraction of the time it took when submitting claims on paper.

Electronic claim submission assists providers in receiving quick payment. Just as ECS can greatly reduce claims processing time, it can also help providers receive payment faster than with paper submission. As providers track submissions, make corrections, and resubmit claims online, they receive payment much quicker than paper filing.

Electronic claims submission provides an audit trail of claims that have failed preliminary edits. Providers receive information about certain problems on submitted claims within minutes instead of a few weeks. Providers can correct the problem or error and resubmit the claim before the next scheduled checkwriting date.

To submit claims electronically, providers use software designed specifically for this purpose as well as the Alabama Medicaid Interactive web site. Providers may use software created by HP, called Provider Electronic Solutions software, or software developed by outside vendors. The following three sections provide general information about each electronic option.

B.2 Provider Electronic Solutions

Provider Electronic Solutions software is data entry software used to verify eligibility and transmit claims in the proper format to the web so that they may be processed by the system.

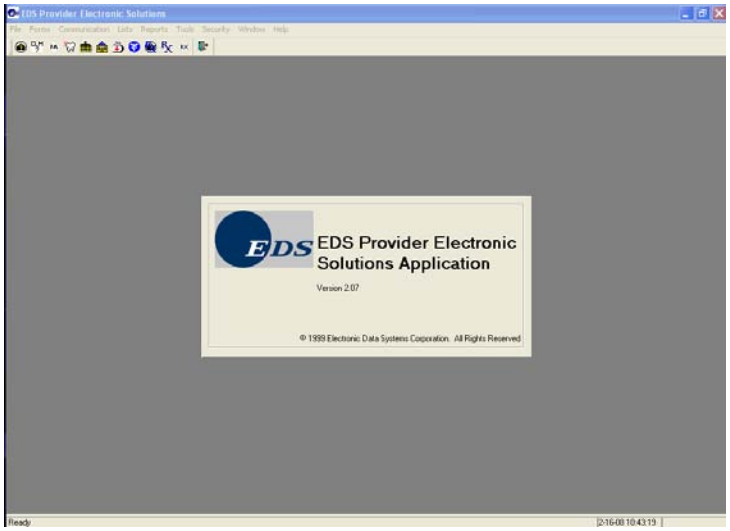
Provider Electronic Solutions software is available free of charge to any provider. HP will mail the software to the provider at no cost, or the provider may download the software from the Internet. The Alabama Medicaid web address is http://www.medicaid.alabama.gov.

With Provider Electronic Solutions, providers can verify eligibility and transmit claims from the same program. The software allows providers to submit eligibility requests and claims in batch or interactive mode. In batch mode providers transmit groups of information. Interactive mode permits providers to submit information one transaction at a time.

Providers use Provider Electronic Solutions software to submit the following claim types:

- Dental – 837 Dental
- CMS 1500 – 837 Professional
- CMS 1500 Crossover (Medicare-related claims) – 837 Professional
- UB-04 - Inpatient, Outpatient, and Long Term Care – 837 Institutional
- UB-04 Crossover - Inpatient, Outpatient, and Long Term Care (Medicare-related claims) – 837 Institutional
- Pharmacy

The software also allows providers to perform eligibility verification, claim reversal, pharmacy reversal, and long-term care (LTC) census transactions.



B.2.1 Verifying Eligibility

Providers have access to all available eligibility information on a recipient including but not limited to the following:

- Recipient name on file
- Full recipient number including the check digit (13th digit)
- Managed care status – Patient 1st or Maternity Care
- Aid category – indicating benefit limitations, for example, SOBRA
- Name and phone number of assigned Primary Medical Provider
- Benefit limits to date, for services such as physician visits, inpatient/outpatient visits, EPSDT screenings, and vision services
- Third party insurance information

NOTE:

The Provider Electronic Solutions (PES) software offers the feature of verifying recipient's eye care benefit limits. Select the eligibility icon and enter the requested information in all of the fields. When inquiring about a recipient's eligibility for eye care services, be sure to check the current year and previous year. For example, if inquiring about 2008 eye care benefits, enter the current date with 2008 year.

B.2.2 Viewing Submission Information: Understanding your Data

Providers have access to the following information about their submissions.

- **Communication Log** - displays information about communication during submissions
- **View Batch Response** - allows the user to view the response files downloaded from the web. Claim responses may be viewed after the submission of a 276 – Claim Status Request or by means of the Alabama Medicaid Interactive web site.
- **View Electronic Remittance Advice (ERA)** - allows the user to download the 835 - Electronic Remittance Advice (RA).

B.2.3 Using Report and List Features: Managing your Data

Providers use the Lists feature to store frequently submitted values. These values can then be reused in later claims submissions, shortening data entry time. Provider Electronic Solutions software stores lists of data about the following topics:

- Attending/Operating Provider
- Prescriber
- Provider
- Recipient

- Admission Type
- Carrier
- Modifier
- NDC
- Other Insurance Reason
- Policy Holder
- Taxonomy
- Condition Code
- Diagnosis
- Occurrence
- Patient Status
- Place of Service
- Procedure/HCPCS
- Revenue
- Type of Bill

Providers can generate reports about these lists, as well as detail and summary reports about the claims they have submitted.

B.2.4 Archive and Connection Tools: Protecting your Data

Providers use the Get Upgrades option to upgrade their software from any downloaded update through the web. Options allow users to set up their modems, batch and interactive submitter IDs, carrier information (for example, phone number to dial), and to establish their retention settings (sets the number of files to keep before archiving).

The Archive tool allows users to create archives and restore archives. This feature is very useful for space conservation on the provider's computer system. The Database Recovery tool allows users to compact, repair, and unlock their databases. These tools are very useful in correcting database problems, allowing users to correct the problem without HP sending new software.

B.2.5 Additional Information about Provider Electronic Solutions

Provider Electronic Solutions software does not interface with accounting systems or other databases. It requires claim data to be keyed twice, once when submitting the claim, and again when office staff enter it into the provider's database.

However, this software is perfect for providers who do not submit a large number of Medicaid claims, and for providers who want to save the vendor fee.

Provider Electronic Solutions software comes with full installation instructions, a user's guide, and full technical support.

For more information on obtaining Provider Electronic Solutions software, contact the HP Electronic Claims Submission Help Desk at 1(800) 456-1242 (Out of state providers call (334) 215-0111).

B.3 Vendor Software

Providers may prefer to submit claims using vendor software. Providers are recommended to contact HP to determine if their vendor's software is approved for claims submission.

B.4 Alabama Medicaid Interactive Web Site

The Interactive Services web site allows providers to verify Alabama Medicaid recipient eligibility, claim status and to upload and download claim files.

The website is available free of charge to any provider. This site is available 24-hours a day, seven days a week, excluding time for scheduled maintenance. Through the use of online user friendly forms, a provider is able to inquire on recipient eligibility, claim status, prior authorization requests and household inquiries. A provider is also able to enter and submit claims, including online voids and adjustments and prior authorization requests.

The Alabama Medicaid Interactive web site address is https://www.medicaid.alabamaservices.org/ALPortal. For additional information regarding the features or sign-up procedures, refer to the Alabama Medicaid Interactive Web Site User Manual, found on the site's Information to AL Links page.

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