

McLaren Health Plan (MHP)
McLaren Health Advantage (MHA)
Health Plan Management Services (HPMS)
Health Advantage (HA)

EDI Claims Requirements
Effective: 01/01/04

We accept EDI claims through our clearinghouse – WebMD Envoy:
WebMD Transaction Division/ENVOY Customer Solutions (800) 845-6592.
<http://www.webmdenvoy.com/>. You can get claims to WebMD ENVOY by:

- 1) becoming a customer of theirs. Contact the number or website above.
- 2) contacting any existing clearinghouse you are a customer of to see if they have a forwarding arrangement with WebMD ENVOY.

We will accept **professional and institutional** EDI claims.

WebMD ENVOY Payer ID for all present lines of business: **38338**

BILLING PROVIDER – 2010AA

Billing Provider Name – NM1*85

Individual Providers – Enter each part of name in **separate fields**:

Use format: *LASTNAME*FIRSTNAME*MIDDLEINITIAL* – so the provider name is **not** all in the last name field.

No punctuation

Example EDI: NM1*85*1*SMITH*JOHN*A***24*123456789*~ (need TIN)

***If your software does not allow name separation, please contact MHP Provider Services to discuss options.**

***Do not put MD, DO etc in last name field. It is not really used in 837.**

***If you bill a person's name all in last name field, your claim may be delayed.**

Companies/Groups – Enter as much of full name as possible in last name field

Use format: *GROUPNAME*

No punctuation

Example EDI: NM1*85*2*SMITH RADIOLOGY GR*****24*123456789*~

Billing Provider Street Address – N3

All Providers – 999 S ANYWHERE ST or PO BOX 999

No punctuation. N, E, S, W, NE, SW, etc. Standard USPO street-type abbreviations.

Example EDI: N3*1234 MAIN ST*STE 100~

No additional address information required or processed for street.

Billing Provider City, State, Zip – N4

Full city name as space allows and standard USPS 2-digit state abbreviation.

Important: 5-digit Zip Code

Example EDI: N4*FLINT*MI*48532~

Each in a separate field.

Billing Provider Secondary Identification – 2010AA REF

Required to bill NPI number.

Example EDI: REF*G2*1234567~

SUBSCRIBER INFORMATION – 2000B SBR

Member Group Number – SBR03

WebMD requires a value. Providers can bill the member's group ID if they know it OR can be a default of: **999999**

Subscriber Name – 2010BA NM1*IL (same for QC dependent – 2010CA as applicable)

Member Name – Enter each part of name in **separate fields**:

Use format: *LASTNAME*FIRSTNAME*MIDDLEINITIAL*

***NOTE:** Incorrect spelling or formatting of name will cause rejection. Must match what is on member card. For contracts with dependents, dependent name must match our system as provided to us by subscriber.

Member Identification# - NM109 – Any member ID not exactly matched will result in entire claim rejection.

McLaren Health Plan Medicaid: *All begin with **9** and 9-digits long (use

9+Medicaid Recipient ID)

McLaren Health Advantage: Subscriber's MHA Insurance ID (see member card) or subscriber's SSN

Health Plan Management Services: HPMS-provided 9-digit member ID number (may be SSN)

Health Advantage: Subscriber's member ID from member card

Example EDI: NM1*IL*1*DOE*JOHN*T**JR*MI*123456789~

Subscriber's Street Address – N3

Same as provider

Example EDI: N3*125 CITY AVE~

Subscriber's City, State, Zip – N4

Same as provider

Example EDI: N4*FLINT*MI*48532~

Subscriber's Demographic Info (Date of Birth) – DMG

CCYYMMDD – no punctuation

Example EDI: DMG*D8*20030114*M~

CLAIM INFORMATION – 2300

Assignment of Benefits Indicator - CLM08

*Note: Make sure **CLM08** value is “Y” if you have signature on file from insured or authorized person authorizing benefits to be assigned to provider or check will not be issued to billing provider.

ALTERNATE PROVIDERS INFO (Referring/Rendering/Service-Facility Location etc.) – 2310A/B/D/E – NM1

Alternate Provider Name

Individual Providers – Enter each part of name in **separate fields** where they exist:

Use format: *LASTNAME*FIRSTNAME*MIDDLEINITIAL* - so the provider name is not all in the last name field. Do **not** put title MD, DO etc in last name field.

No punctuation

Same format as Billing Provider Name.

Companies/Groups – Enter as much of full name as possible in last name field

Same format as Billing Provider Name.

Alternate Provider Street Address – where applicable

All Providers – 999 S ANYWHERE ST or PO BOX 999

No punctuation. N, E, S, W, NE, SW, etc. Standard USPO street-type abbreviations.

No additional address information required or processed for street.

Alternate Provider City, State, Zip – where applicable

Full city name as space allows and standard USPS 2-digit state abbreviation.

Important: 5-digit Zip Code

Each in a separate field.

SERVICE LINE – 2400 – SV1 (Professional); SV2 (Institutional)

SV104 – Units/Quantity value cannot be 0.

Example EDI: SV1*HC:76817:26*80*UN*1***1~

SV205 – Units/Quantity value cannot be 0.

Example EDI: SV2*0350*HC^72128*788.40*UN*1~

If you have questions about becoming a customer of WebMD Envoy in order to submit EDI claims to MHP / MHA / HPMS / HA, or if you have problems with claim rejections from WebMD Envoy due to formatting, please contact WebMD Transaction Division/ENVOY Customer Solutions (800) 845-6592; <http://www.webmdenvoy.com/> **OR** your clearinghouse if you are using another to forward to WebMD ENVOY. Do **NOT** contact WebMD ENVOY for claims status unless you receive a rejection directly from them.

If you have questions about the correct format to gain entry and adjudication of your claim by MHP / MHA / HPMS / HA **OR** if you wish to perform a claims status, contact Provider Services at (888) 327-0671.