

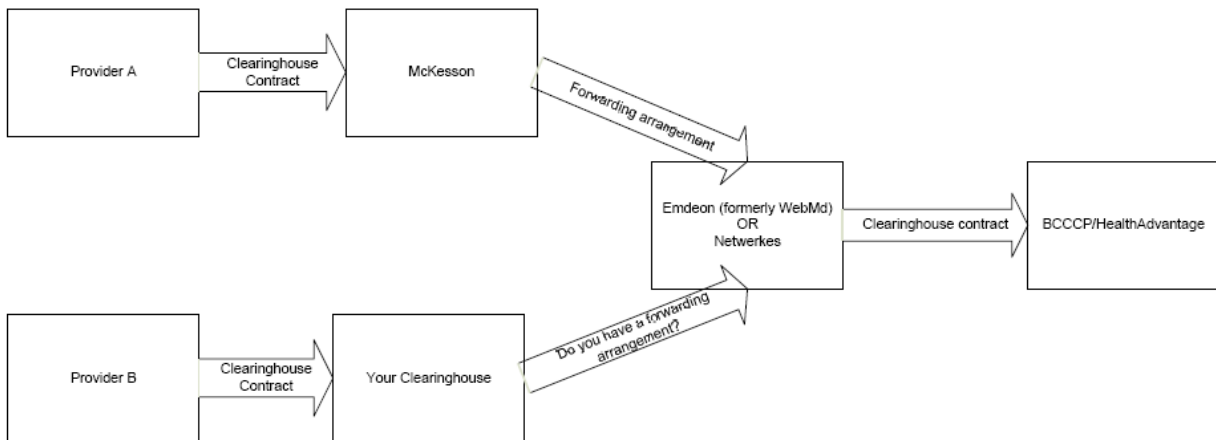
Health Advantage (HA)



EDI Claim Instructions For Providers

Clearinghouses

We receive EDI claims from Emdeon Envoy and Netwerkes clearinghouses. Since you may choose to contract with different clearinghouses you must ask whether your clearinghouse has a forwarding arrangement with Emdeon or Netwerkes. A forwarding arrangement allows your clearinghouse to pass your claims on to Emdeon Envoy or Netwerkes so that we will receive them. McKesson currently has a forwarding agreement with Emdeon.



Claim Types

We accept both professional and institutional (a.k.a. facility) EDI claims.

Claims Data Validation

EDI claims that you submit to us will be validated at several points before they are loaded into our claims payment system for review by a claims analyst.

1. Your clearinghouse validates your data.
2. Our clearinghouse validates your data.
3. Pre-Edit: Our system validates the client/member and billing provider.

Here are suggestions on how you can improve your ability to submit a claim for processing.

1. Your clearinghouse: You should be provided with rejection reports for claims that we will not receive. We do not receive a copy of your rejection reports. Please understand that we have no control over or knowledge of the validation that your non-Emdeon or non-Netwerkes clearinghouse performs.
2. Our clearinghouses: Emdeon and Netwerkes have a variety of edits in place to assist you with sending valid claims that can be promptly processed.
 - a. These are edits that are currently in place:
 - i. Subscriber (Client) Group or Policy Number (Loop: 2000B, Segment: SBR03) must be provided; value should equal **“BCCCP”**.
 - ii. Professional Quantity (Loop: 2400, Segment: SV104) must be > 0.
 - iii. Institutional Quantity (Loop: 2400, Segment: SV205) must be > 0.
 - iv. This URL contain a complete list of edits:
<http://204.250.122.62/pdfs/ErrorLookup.pdf>
 - b. These are Emdeon edits that have been lifted recently:
 - i. Zero amount charges are now valid.
 - ii. Units > 99 is now valid.
3. Pre-Edit: Your claim must contain valid ID’s for the client/member and provider in order to be processed.
 - a. Client/member Identification:
 - i. We will not process a claim that contains an invalid client/member ID. A copy of the original claim will be returned to the billing provider with a cover letter explaining the problem. **Use the client/member’s social security number** (9-digits) or contact the BCCCP claim line at 866-930-6324 if a social security number is not available.
 - ii. If the client/member name or DOB is not correct, the claim will be returned to the billing provider’s address.
 - b. Billing Provider Identification:
 - i. **We will not process a claim that contains an invalid or missing NPI.** Send the provider’s NPI number. The Tax ID number is not acceptable in lieu of this field. This must be included as the “Billing Provider Secondary Identifier”.

Questions

If you have questions about becoming a customer of Emdeon or initial testing:

Contact Emdeon Transaction Division/Envoy Customer Solutions
(800) 845-6592 (<http://www.webmdenvoy.com>).

If you have problems with claim rejections that were received from Emdeon Envoy:

Contact Emdeon Transaction Division/Envoy Customer Solutions
(800) 845-6592 (<http://www.webmdenvoy.com>).

For Netwerkes customer inquiries and claims questions: Contact Netwerkes (262) 523-3600
(<http://www.netwerkes.com>).

If you need the status of a claim that you have submitted to us:

Contact BCCCP at 866-930-6324

Health Advantage (HA)



EDI Claims Requirements

Effective: 12/03/07

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: **BCCCP**

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.

Health Advantage (HA)

EDI Claim Examples



Forward these instructions to your EDI vendor or programming staff.

“**BCCCP**” needs to be placed on the claim form in the following boxes:

- **Electronic claims:**

EDI Professional (HCFA1500) (x098A1) – **Loop 2000B, SBR03** (Insured Group Number)

EDI Institutional (UB-04) (x096A1) – **Loop 2000B, SBR03** (Insured Group Number)

- **Paper claims:**

Paper Professional (HCFA1500) **Box 11**

Paper Institutional (UB-04) – **Box 62**

Example I

Provider is a company/group

Provider NPI = 100005555

Subscriber/Member ID Number = 123456789

Our Payer ID = BCCCP

NM1*85*2* <u>GENERAL HOSPITAL</u> *****XX* <u>100005555</u> ~	Billing Provider Name and NPI
N3*345 ANY STREET~	Billing Provider Street Address
N4* <u>FLINT</u> *MI*48507~	Billing Provider City, State, Zip
REF*EI* <u>380000001</u> ~	Billing Provider TIN
REF*G2*1021234~	Billing Provider ID
PER*IC*JOHN DOE*TE*0000000000~	Billing Provider Contact
HL*2*1*22*0~	(Inserted by our clearinghouse)
SBR*P*18* <u>BCCCP</u> *****CI~	Subscriber Information and Member Group Number
NM1*IL*1*ADAMS*JOHN*Q***MI* <u>123456789</u> ~	Subscriber Name and ID
N3*345 OTHER ST~	Subscriber Street Address
N4*BURTON*MI*48529~	Subscriber City, State, Zip
DMG*D8*19020202*F~	Subscriber DOB
NM1*PR*2*MCLAREN HEALTH PL*****PI* <u>BCCCP</u> ~	Payer Name and ID
CLM*12345*150***13^A^1*** <u>Y</u> *Y*****Y~	Claim
	Information/Assignment of
	Benefits Indicator: Use Y when
	assigning benefits to provider

Example II

Provider is an individual person

Provider NPI = 1000005556

Subscriber/Member ID Number = 123456789

Our Payer ID = BCCCP

NM1*85*1*SPOCK*BENJAMIN*M***XX*1000005556~	Billing Provider Name and NPI
N3*123 ANY STREET~	Billing Provider Street Address
N4*LANSING*MI*48991~	Billing Provider City, State, Zip
REF*EI*380000002~	Billing Provider TIN
REF*G2*1011234~	Billing Provider ID
PER*IC*JANE DOE*TE*9893451184~	Billing Provider Contact
HL*2*1*22*0~	(Inserted by our clearinghouse)
SBR*P*18*BCCCP*****CI~	Subscriber Information and Member Group Number
NM1*IL*1*ROOSEVELT*FRANKLIN*D***MI*123456789~	Subscriber Name and ID
N3*555 FEDERAL~	Subscriber Street Address
N4*HOUGHTON LAKE*MI*48629~	Subscriber City, State, Zip
DMG*D8*19010101*F~	Subscriber DOB
NM1*PR*2*MCLAREN HEALTH PL*****PI*BCCCP~	Payer Name and ID
CLM*123456*150***11::1*Y*A*Y*Y*C~	Claim Information/Assignment of Benefits

Indicator: Use Y when assigning benefit