

Appendix B: Frequently Asked Questions

What is HIPAA and how does it pertain to MCEs?

The Administrative Simplification provisions of HIPAA, Title II, include requirements that national standards be established for electronic health care transactions. These standards are being adopted to improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of EDI in health care. LDH has chosen to adopt these standards for MCE encounter data reporting.

Who is Gainwell and what is their role with the MCEs?

Gainwell is under contract as LDH's Fiscal Intermediary and responsible for providing functions and services to receive and send ANSI ASC X12N transactions on behalf of their clients.

Is there more than one 837 format? Which shall I use?

There are three HIPAA-compliant 837 transactions — Institutional, Professional, and Dental services, and one (1) HIPAA NCPDP Transaction set for Pharmacy. The transactions MCEs will use will depend upon the type of service being reported. Further instructions can be found in Section 2.

Whom do I contact if I have a question regarding the EDI Information Sheet or need technical assistance concerning electronic claim submission?

You may contact the Gainwell EDI Support Unit Monday through Friday, from 8:00 a.m. to 5:00 p.m. CDT, at 225-216-6303.

I am preparing for testing with EDIFICS. Whom do I contact for more information?

For answers to questions regarding specifications and testing, please contact Gainwell's EDI Business Support Analysts at 225-216-6303.

Will LDH provide us with a paper or electronic remittance advice?

LDH's FI will provide MCEs with an electronic 835 Health Care Claim Payment/Advice (ERA), if requested and arranged for in advance.

Where can I find HIPAA code lists, including the Claim Adjustment Reason Codes and Remittance Remark Codes, which appear in the 835 Health Care Claim?

The Claim Adjustment Reason Codes provide the “explanation” for the positive or negative financial adjustments specific to particular claims or services that are referenced in the 835.

The Remittance Remark Codes are used in the 835 to relay informational messages that cannot be expressed with a Claim Adjustment Reason Code. These codes are all nationally mandated codes that must be used by payers in conjunction with the 835.

Payers may no longer use the proprietary codes that they used prior to HIPAA, even if the proprietary codes give better details about how a claim was adjudicated.

HIPAA code lists can be found on the Washington Publishing Company’s website at: <https://x12.org/codes>.

We understand that LDH will require the NPI, taxonomy code and 9-digit zip of the provider to process the 837 COB. Is this correct?

Yes, that is correct. All providers are required to have an NPI and taxonomy. LDH will also require that a 9- digit zip code be placed on the encounter.

Does Gainwell have any payer-specific instructions for 837 COB transactions?

Yes, the Gainwell Companion Guides contain a number of payer-specific instructions for 837 transactions. The FI Companion Guides can be found at www.lamedicaid.com. Once on the LDH website, choose HIPAA Billing Instructions & Companion Guides from the left hand menu. There are separate companion guides for each of the 837 transactions.

What is a Trading Partner ID?

The Trading Partner ID is a number assigned by the FI for each submitter of encounter data. You are assigned this ID prior to testing.

Why must MCEs submit encounter data?

MCEs are required to submit encounter data based on requirements set forth in the RFP.