



Electronic Data Interchange for Medicare Providers

is for . . .

EARLIER Payment of Claims

Billing electronically cuts the disbursement time in half and improves cash flow. For electronic claims, the payment floor is only 14 days. Paper claims have a 29 day payment floor. Simply put, by transmitting claims electronically, your Medicare payments are processed 15 days sooner than if you submit your claims on paper.

Electronic Funds Transfer (EFT)

This service transfers money directly to your account eliminating the mail time for a paper check. Once payment is processed, typical turnaround time for the money to appear in your account is two days. EFT eliminates mail time and the chance of checks getting lost in the mail.

Earlier Detection of Errors via Edits

Electronic billing allows more tracking methods than filing claims on paper which gives you more control over the billing process.

✓ **Online receipt verification**

After transmitting your claims to Medicare, you will receive automatic verification that the transmission was successful. Although the confirmation will not give you details about the claims in the transmission, it will acknowledge the transmission has been uploaded to Medicare successfully.

✓ **997 Functional Acknowledgement (997)**

The 997 Functional Acknowledgement report recognizes receipt of ANSI X12N claim file(s). The 997 is generated for each transaction received that contains enough data in a valid format to identify the user. This report informs the sender if the file was accepted for processing or if the file was rejected and why.

✓ **Electronic Reports**

Within 48 hours of a successful transmission, you can download an Electronic Receipt List (ERL). The ERL report includes the total number of claims received, accepted, or deleted. If claims were accepted for processing, an Internal Control Number (ICN) will be assigned and will appear at the end of the report along with the patient's Health Insurance Claim Number (HICN). If the claim is deleted, an ICN will not be assigned, but an error number and message will be provided as to the reason for deletion. You will then be able to correct the claim and retransmit the file to Medicare.

Easy to Do

In many cases filing your claims electronically is easier than mailing paper claims. You have the ability to transmit electronic claims 24 hours a day, 7 days a week when it is most

LET EDI HELP YOU HELP
YOUR BUSINESS!



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convenient to you. You are not bound by daily mail pick-ups, unnecessary trips to the post office or holiday and weekend mail restrictions. In addition, a fully staffed Electronic Data Interchange (EDI) help desk is available to assist you through every step of the process.

Excess Money in Your Pocket

Transmitting electronically eliminates the need for paper claim forms. You will not incur postage and handling costs to mail claim forms. In addition, sending claims electronically results in more efficient use of office staff by freeing up time spent manually processing claims.

Effortless & FREE Software Available

The Centers for Medicare & Medicaid Services (CMS) mandates all Medicare contractors provide and support free billing software to build Medicare electronic claims. Medicare Claims Express (MCE) is a basic, easy-to-use software package offered by CIGNA Government Services (CGS) for the creation of claims for Part B services. Additional information on MCE can be found at <http://www.cignagovernmentservices.com/partb/claims/edi/billing.html>.

In addition to free software for creating claims, software is also available for processing Electronic Remittance Advices (ERA). The ERA is the electronic equivalent of the Standard Paper Remittance (SPR) received in the mail. Medicare Remit Easy Print (MREP) allows you to download the ERA file and import the file into the MREP software where you can print as much or as little as you need by running different reports to meet your needs. Additional information on MREP can be found at http://www.cignagovernmentservices.com/partb/claims/edi/easy_print.html.

Extra Products & Services

Claim Status Inquiry (CSI) and Beneficiary Eligibility are also available for use. CSI allows you to get information on your transmitted claims within 48 hours. You can find out if your claims are in process, denied or still pending. Additional information on CSI can be found at http://www.cms.hhs.gov/ElectronicBillingEDITrans/10_ClaimStatus.asp#TopOfPage.

Beneficiary Eligibility allows you to confirm a beneficiary's eligibility in the Medicare program prior to submitting your Medicare claims. Additional information on beneficiary eligibility can be found at http://www.cms.hhs.gov/ElectronicBillingEDITrans/09_Eligibility.asp#TopOfPage.

The Help Desk
is available
Monday through Friday
NC: 8:00 AM – 4:30 PM EST
TN & ID: 8:00 AM – 5:00 PM CST
In addition, we have an EDI online help center you can visit and send an e-mail to us.



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