

EDI CONNECTION

Index

Benefits of Filing Electronic Claims	1
CGS J15 Facebook	1
Important: Change for Dial-Up Claim Submitters	1
E-Offset	2
EDI FAQ's	2
Quick Tips to avoid delays in EDI Enrollment	2
New Changes Coming for EDI Applications	3
When should the provider select Option 2 for EDI Support?	3
Who should I call for a rejection on the 999 or 277ca?	3
How to read a 999 and 277CA Response Report	5
Top 10 ANSI 5010 Claim Rejections - Ohio and Kentucky Part B	8

Benefits of Filing Electronic Claims

CGS continuously strives to educate providers on the simplicity and benefits of exchanging data electronically. Electronic Data Interchange (EDI) provides the ability to quickly and effectively send healthcare information in a safe, secure and cost effective way.

Submitting claims electronically provides several benefits:

- Faster payment.** Electronic claims are paid earlier than paper claims.
- Earlier detection of claim errors.** Claims submitted electronically immediately go through a series of editing, reducing the likelihood of claims being denied for payment.
- Availability of free software.** Free billing software, PC ACE Pro 32, has been developed based on the

requirements of the HIPAA-standard format. This software offers valuable features to assist with electronic claim submission, archiving and reporting.

- Lower administrative costs.** Claims submitted electronically reduce postage and other paper-related expenses while increasing efficiency.
- Access to other transactions.** In addition to billing claims electronically, suppliers are also able to take advantage of other electronic transactions such as; 835 - Electronic Remittance Advice (ERA).

Contact the EDI Help desk today to sign-up for Electronic Claims Filing.

CGS J15 Facebook

CGS J15 Facebook page is dedicated to educating our Provider communities in our J15 segments. Experience yet another way to get updates from CGS!

The CGS J15 Facebook page is a constant source of current and relevant information, from workshop event listings and Webinar signups, to other helpful tools and links.

Click here - [Become a Fan today!](#)
 (http://www.facebook.com/pages/CIGNA-Government-Services-Medicare-Part-B/280987371010?v=app_2309869772&ref=ts#!/pages/CIGNA-Government-Services-Medicare-Part-B/280987371010?v=wall&ref=ts)

Important: Change for Dial-Up Claim Submitters

We recently notified our dial-up claim submitters via mail and ListServ that, effective July 1, 2014, CGS will no longer offer asynchronous (async) and FTP dial-up connectivity. This date has been changed to **August 1, 2014** to allow our providers additional time to transition to another option.

This change only affects CGS providers (e.g., Part A, Part B, and home health & hospice) who submit claims to CGS using a dial-up connection. It is imperative that impacted providers read and take action on the following information.



If you currently submit claims to CGS using a dial-up connection, consider using one of the Network Service Vendors on our approved [CGS Approved Network Service Vendor List](http://www.cgsmedicare.com/hhh/edi/NSV_List.html). (http://www.cgsmedicare.com/hhh/edi/NSV_List.html)

CGS recommends that you take immediate action to transition from dial-up to avoid any disruption to your claim submission.

Please contact us with any questions or concerns:

- Part A submitters: 1-866.590.6703, Option 2
- Home Health & Hospice submitters: 1-877.299.4500, Option 2
- Part B submitters: 1-866.276.9558, Option 2

E-Offset

In May, CGS announced a new feature in the myCGS Web Portal - eOffset. This feature allows registered users to submit electronic authorizations to offset from pending overpayments that are owed to CGS. This option allows providers to request an immediate offset each time a demanded overpayment is received, or authorize a permanent request for all future demanded overpayments.

To use the eOffset function for an immediate offset, the provider must have received an overpayment demand letter from CGS. The letter will include a number in the upper-right corner of the letter. An eOffset may be requested by using this number or the account receivable (AR) number located on the attachment to the demand letter.

However, the eOffset function does not support voluntary refunds. To make a voluntary refund, follow the instructions provided on the Overpayment Web page, and use the appropriate Voluntary Refund form, available on the CGS website:

- Part A, <http://www.cgsmedicare.com/parta/overpay/index.html>
- Part B - Ohio, <http://www.cgsmedicare.com/ohb/forms/overpayment.html>
- Part B – Kentucky, <http://www.cgsmedicare.com/kyb/forms/overpayment.html>
- Home Health & Hospice, <http://www.cgsmedicare.com/hhh/financial/Overpay.html>

Note: Part A providers, including home health and hospices, are strongly encouraged to electronically adjust claims to correct overpayments, rather than submit a refund via the Voluntary Refund Request form.

If you have additional questions on using the eOffset feature you may refer to the eOffset Job Aid located at <http://www.cgsmedicare.com/pdf/eOffsetsJobAid.pdf>

EDI FAQ's

EDI updates its FAQ's page on a quarterly basis.

Check in often for valuable information.

- [EDI FAQ's HHH](http://www.cgsmedicare.com/hhh/education/faqs/index.html)
(<http://www.cgsmedicare.com/hhh/education/faqs/index.html>)
- [EDI FAQ's Part B](http://www.cgsmedicare.com/kyb/help/faqs/edi/index.html)
(<http://www.cgsmedicare.com/kyb/help/faqs/edi/index.html>)
- [EDI FAQ's Part A](http://www.cgsmedicare.com/parta/FAQs/index.html)
(<http://www.cgsmedicare.com/parta/FAQs/index.html>)

Quick Tips to avoid delays in EDI Enrollment

Frustrated with returned EDI Enrollment paperwork? Take a look at items that could create a delay in becoming an electronic biller and cause documentation to be returned for insufficient information.

- Make sure you submit with the Group PTAN/NPI rather than the Individual
- If submitting via our website verify your address and make sure the Tax ID is on the Signature Page that is faxed in.
- Your online enrollment form will be held in a pending state until your completed Signature Page is completed.
- Make sure Providers name matches what is listed on our Shared System.
- If applying for a NEW Submitter ID#, make sure you have listed an approved 5010 software Vendor which can be found in the Trading Partner Directory on our website at <http://www.cgsmedicare.com>.

If you require assistance please contact the EDI Department at the numbers listed.

Ohio/Kentucky Part B	1-866-276-9558 Option 2
Ohio/Kentucky Part A	1-866-590-6703 Option 2
Home Health/Hospice	1-877-299-4500 Option 2

EDI Help Desk Hours

Monday – Friday 8:00AM – 5:00PM (ET)

New Changes Coming for EDI Applications

In accordance with our recent notification of changes for our dial-up claim submitters via mail and ListServ that August 1, 2014 CGS will no longer offer asynchronous (async) and FTP dial-up connection, these options will be omitted from the J15 EDI Application in effect July 1st.

Options for a smooth-enrollment transition:

- Effective July 1st use only the new EDI Application
- If choosing an approved Network Service Vendor (NSV), you must also select a 5010 approved software vendor. The Trading Partner Directory and NSV's are on CGS website at <http://www.cgsmedicare.com>
- The NSV and approved vendor must be listed on new application
- May still choose a Billing Service or Clearinghouse if not choosing a NSV

To avoid any delay in your EDI enrollment process, CGS recommends that you begin using the new forms on July 1st.

When should the provider select Option 2 for EDI Support?

The EDI department gets an array of calls from the providers that have been misdirected. Many providers are not really sure what the EDI department handles. Listed below are reasons to choose option 2 for EDI when calling into CGS.

1. Checking the status of an EDI Enrollment application.
2. Checking status of remits or claim files.
3. Checking status of DDE Online Applications. Resetting passwords for myCGS. (Remember your ADMIN can and should be changing your passwords).
4. Requesting the administrator be changed on myCGS. (Keep in mind, a second ADMIN within your organization is always a good idea to avoid these calls).
5. 999 and 277CA File submission rejection questions
6. Restoring remits to customer mail boxes
7. Issues with myCGS registration
8. PTAN/NPI linkage to the Submitter ID's
9. Submitter ID user names and passwords
10. Reset submitter passwords.

CGS phone numbers for EDI:

- Ohio/Kentucky Part B: 1-866-276-9558 Option 2
- Ohio/Kentucky Part A: 1-866-590-6703 Option 2
- Home Health/Hospice: 1-877-299-4500 Option 2

Who should I call for rejection on the 999 or 277ca?

The CGS EDI department is more than happy to assist with ANSI 5010 rejections that you receive after submitting your claim file. The 999 and 277ca rejections can be quite challenging if you have never had to face them before. They are both automatically generated once you submit a claim file in most cases.

If you use utilize a Clearinghouse:

- **You will need to contact your clearinghouse if you do not understand your 999 or 277ca reports.**
- **You will need to contact your clearinghouse if you did not receive your 999 or 277ca reports.**

The reason is that Clearinghouses deal with 1000's of claims per day, and they have exclusive information about when the file came into our system and in most cases can locate and resolve your rejections quickly. Sometimes Clearinghouses will contact the CGS EDI help desk with detailed information to assist them in locating and resolving the issue.

If you send your claims directly to us or go through a Network Service Vendor (NSV) we will be glad to help you figure out what may be going wrong in your claim file. In order to be able to assist you in a timely manner, please have the following available when you contact us:

- PTAN (Medicare Provider Number)
- NPI
- Last five of your tax id
- Date and approximate time you sent the claim file into the CGS system
- Patient name (if possible)
- Rejection code (if possible)FAQ's - Important Information for J15 CGS EDI Dialup Providers

CGS would like to announce significant enhancements to our EDI Gateway. These enhancements include replacements of software we currently deploy for ASC X12 TR3 edits and (Async and FTP) dial-up connectivity. We are asking that you review your email contacts to insure that appropriate persons in your organization receive this information, and if needed contact us to update your email contacts.

Please review the list below for summary information about these enhancements.

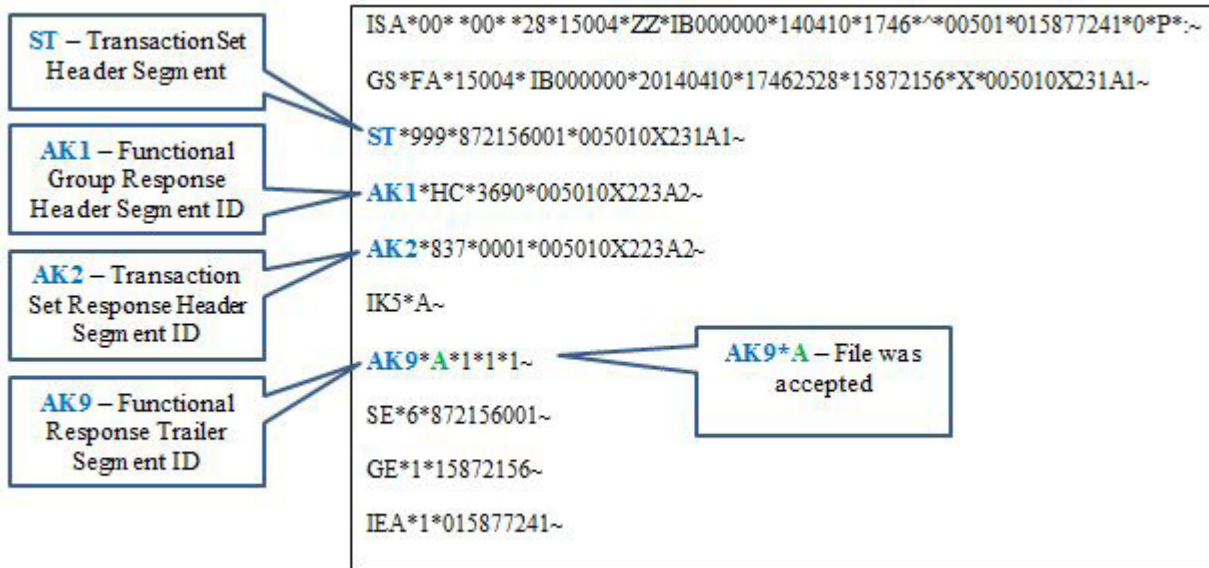
Feature	Trading Partner/Submitter Action Needed
Trading partner/submitter ids	There is no change. Your current ids remain in effect.
EDI agreements	There is no change. Your current EDI agreements remain in effect.
Connectivity	<p>Async and FTP dial up connectivity will no longer be offered. We will send documentation outlining other connectivity options to trading partners who currently use these methods to connect to our EDI Gateway. We encourage you to review this documentation and quickly decide on another connectivity method.</p> <p>All other current connectivity options will continue to be offered with no change.</p>
Submitter password security (expires every 30 days)	No immediate action is required. Your current password will remain for 30 days following our production implementation. Our system will prompt you for a new password
Trading partner-provider profiles for claim submission	There is no change. Your current profile remains in effect.
Provider-trading partner profiles for remit advice receipt	There is no change. Your current profile remains in effect.
EDI transactions processed	We will continue to process all EDI transactions we currently process.
ASC X12 TR3 (aka HIPAA compliance) edits	We are replacing the software used to perform these edits, and encourage you to submit transactions during our testing phases. There should be no changes to the edit results.
Payer companion guide edits	There is no change. The current edits remain in place.
EDI transaction acknowledgements and responses	There is no change. You will continue to receive existing transaction acknowledgements and responses.

How to Read a 999 and 277CA Response Report

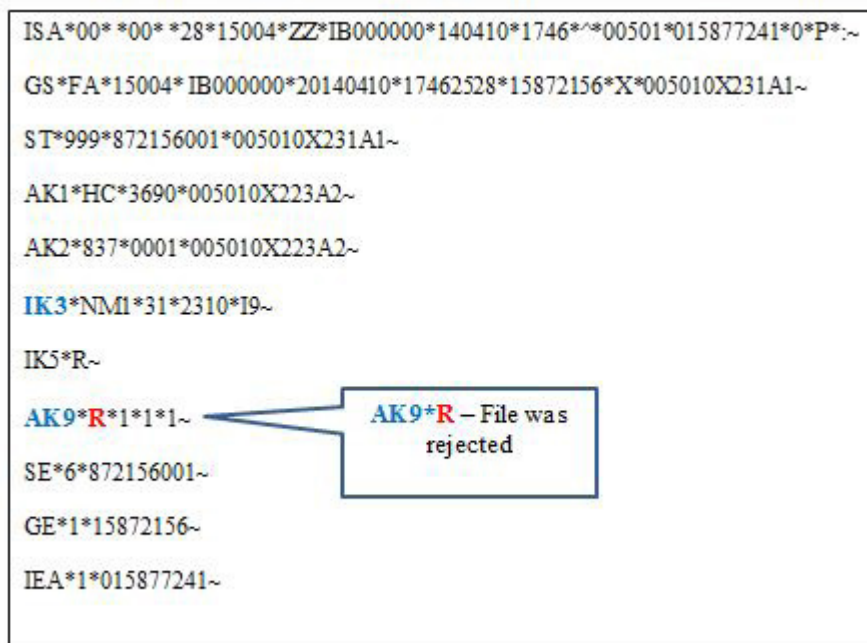
This document will help providers and trading partners learn how to read the 999 and 277CA Implementation Acknowledgement.

When a 999 is received, you may: (1) recognize errors occurred and begin a correct/resubmit action, or (2) recognize that all transactions were accepted.

999 Report – Accepted – 277CA will be generated



999 Report – Rejected – 277CA will not be generated



IK3*NMI*31*2310*I9~

NM1 = Segment within the claim file that contains error

31 = Segment position within the claim file

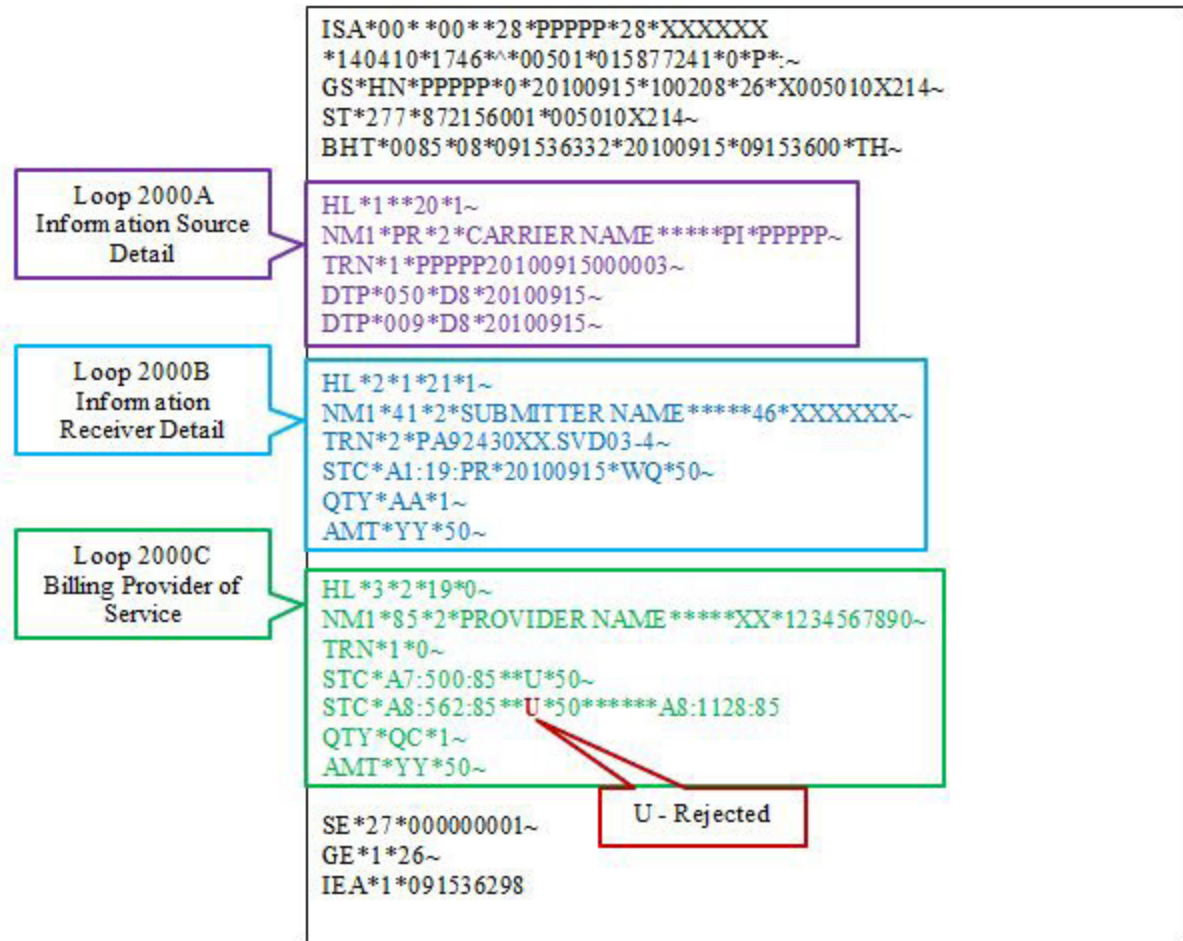
2310 = Loop of segment containing error

I9 = Error Code

277CA Report – Accepted

<p>Loop 2000A Information Source Detail</p>	<p>ISA*00*00**28*PPPPP*28*XXXXXX*140410*1746*^*00501*015877241*0*P*~ GS*HN*PPPPP*0*20100915*100208*26*X005010X214~ ST*277*872156001*005010X214~ BHT*0085*08*091536332*20100915*09153600*TH~</p>
<p>Loop 2000B Information Receiver Detail</p>	<p>HL*1**20*1~ NMI*PR*2*CARRIER NAME*****PI*PPPPP~ TRN*1*PPPPP20100915000003~ DTP*050*D8*20100915~ DTP*009*D8*20100915~</p>
<p>Loop 2000C Billing Provider of Service</p>	<p>HL*2*1*21*1~ NMI*41*2*TEST SUBMITTER*****46*XXXXXX~ TRN*2*000008~ STC*A1:19:PR*20100915*WQ*4500~ QTY*90*1~ AMT*YU*4500~</p>
<p>Loop 2000D Patient Detail</p>	<p>HL*3*2*19*1~ NMI*85*2*PROVIDER NAME*****XX*1234567890~ TRN*1*IA92330H1..0001~ STC*A1:19:PR**WQ*4500~ QTY*QA*1~ AMT*YU*4500~</p>
	<p>HL*4*3*PT~ NMI*QC*1*TEST**PART**A*M*111111111F~ TRN*2*IA92330H1..0001~ STC*A2:20:PR*20100915*WQ*4500~ REF*1K*21025800000107TST~ REF*BLT*131~ DTP*472*RD8*20090701-20090701~</p>
	<p>SE*27*000000001~ GE*1*26~ IEA*1*091536298</p>

277CA Report – Rejected



STC*A8:562:85**U*50*****A8:1128:85

A8 = Health Care Claim Status Industry Code

562 = Specific Claim Status Industry Code

85 = Entity Identifier Code

U = Action Code

50 = Monetary Amount

Top 10 ANSI 5010 Claim Rejections - Ohio and Kentucky Part B

	Edit Number	Business Edit Message	Resolution
1	X222.087.2010AA. NM109.050	This Claim is rejected for relational field due to a Billing Provider's submitter not approved for electronic claim submission on behalf of this billing Provider	2010AA NM109 Billing provider must be "associated" to the submitter. Verify the Submitter ID (IS06) is valid and setup for electronic submission (EDI) for the Billing provider NPI sent in the electronic file. If invalid, please correct and resubmit the file(s)affected
2	X222.094.2010AA. REF02.50	This claim is rejected for relational field Billing Provider's NPI (National Provider ID) and Tax ID	Verify the Billing Provider NPI is valid, contains 10 digits and matches what is on the file with CGS. If invalid, please correct and resubmit the claim(s) affected.
3	X222.121.2010BA. NM109.020	This Claim is rejected for invalid information for a Subscriber's contract/member number	Verify the Patient member ID number (Patient's Medicare Number, HICN) is valid. Please correct and resubmit the claim (s) affected.
4	X222.273.2310C. N403.020	This Claim rejected for Invalid Information for A service Location's Postal/Zip	2310C N403 must be a valid 9 digit Zip Code
5	X222.351.2400.SV101- 2.020	This Claim is rejected for relational field information within the HCPCS	Verify procedure code (HCPCS or CPT) submitted is valid. If invalid, please correct and resubmit the claim (s) affected.
6	X222.087.2010AA. NM109.030	This Claim is rejected for invalid information for a Billing Provider's National Provider Identifier(NPI)	Verify the Billing Provider NPI is valid, contains 10 digits and matches what is on the file with CGS. If invalid, please correct and resubmit the claim(s) affected.
7	X222.262.2310B. NM109.030	This Claim is rejected for invalid information for a Rendering Provider's National Provider Identifier(NPI)	Verify the Rendering Provider NPI is valid, contains 10 digits and matches what we have on file.
8	X222.351.2400.SV101- 3.010	This Claim is rejected for relational field information within the Procedure Code Modifier(s) for Service(s) Rendered	Verify procedure modifier submitted is valid. If invalid, please correct and resubmit.
9	X222.351.2400.SV101- 7.020	This Claim is rejected for relational field information within the Detailed description of service	2400.SV101-7 must be present when 2400.SV101-2 is present on the table of procedure codes that require a description. When you send a procedure code that does not describe the service provided specifically, the description of the service provided is required in the field. (Example-SV1*HC:97760:GO::::Occupational Therapy*50*UN*1~) Please correct and resubmit the claim(s) affected.
10	X222.430.2420A. NM109.030	This Claim is rejected for invalid information within the Rendering Provider's National Provider Identifier (NPI)	2010AA NM109 Billing provider must be "associated" to the submitter. Verify the Submitter ID (IS06) is valid and setup for electronic submission (EDI) for the Billing provider NPI sent in the electronic file. If invalid, please correct and resubmit the file(s)affected