

471-000-50 Standard Electronic Transaction Instructions

Nebraska Medicaid exchanges standard electronic transactions and electronic reports with approved trading partners. Trading partners include clearinghouses conducting transactions on behalf of Medicaid-enrolled providers and Medicaid providers conducting their own transactions. Electronic transactions and reports are exchanged with Nebraska Medicaid through SFTP (secure file transfer protocol) submission.

Standard Electronic Transactions: Nebraska Medicaid conducts the following standard electronic transactions with approved trading partners –

- Health Care Claim: Institutional (ASC X12N 837)
- Health Care Claim: Professional (ASC X12N 837)
- Health Care Claim: Dental (ASC X12N 837)
- Health Care Claim Payment/Advice (ASC X12N 835)
- Health Care Claim Status Request and Response (ASC X12N 276/277)
- Health Care Eligibility Benefit Inquiry and Response (ASC X12N 270/271)
- Health Care Services Review - Request for Review and Response (ASC X12N 278)
- Benefit Enrollment and Maintenance (ASC X12N 834)
- Payroll Deducted and Other Group Premium Payment for Insurance Products (ASC X12N 820)
- Functional Acknowledgement (ASC X12N 997)
- The standard electronic drug claim format (NCPDP version D.0) is accepted from pharmacies through the Department's drug claims processor.

Attachments to Standard Electronic Transactions: Paper forms and documentation may be submitted with the standard electronic health care claim (ASC X12N 837) and health care services review (ASC X12N 278) transactions. When submitting paper attachments, the transaction must include the Identification Code (referred to as the "Attachment Control Number") in the appropriate PWK segment as outlined in the Nebraska Medicaid Companion Guide for the transaction. Use the Electronic Claim Attachment Control Number Form, MC-2, when an attachment is required for an electronic claim. When received, the Electronic Claim Attachment Control Number Form and attachments will be matched to the electronic claim using the attachment control number. See Medicaid Provider Handbook Appendix 471-000-87, "Electronic Attachment Control Number Form".

Electronic Reports: Nebraska Medicaid provides the following electronic reports in addition to the standard electronic transactions. Providers that conduct transactions through a clearinghouse should ensure that they are receiving the information from these reports.

- Electronic Claim Activity Report: The Electronic Claim Activity Report is generated as needed to approved trading partners of electronic ASC X12N 837 institutional, professional and dental health care claims. The report identifies rejected electronic claims, deleted electronic claims, and unprocessed electronic adjustment requests.
- Electronic Refund Request: The electronic Refund Request is generated as needed for approved trading partners of the electronic ASC X12N 835 health care claim payment/advice transaction. The report lists claims for which Nebraska Medicaid is requesting refunds.
- 277 Claims Acknowledgment: The HIPAA 5010 277 claims acknowledgment transaction is an acknowledgment of receipt of claim submission(s) at the pre-processing stage; which is the process that determines whether or not to introduce the claim into the MMIS adjudication system. Claims will be reported back to the trading partner as either 'accepted' or 'rejected'.

The 277 claims acknowledgment transaction may report at the information receiver level, provider level, claim level and line level, providing the following information:

- Reports total claims accepted and total claims rejected.
- Reports total accepted billed amounts and total rejected billed amounts.
- Claims that have been accepted are reported with the assigned MMIS claim number.
- Claims that have been rejected are reported with a HIPAA X12 claim status category code and claim status code(s). Up to 3 may be reported for a claim.
- Service line information is included when a service line causes the rejection of a claim.

Trading Partner Enrollment, Testing and Approval: The following steps are required for trading partner approval. The referenced forms may be downloaded from the DHHS web site or are available from the Department on request:

1. To initiate trading partner enrollment, the trading partner completes the Nebraska Medicaid Trading Partner Profile and the Nebraska Medicaid Trading Partner Enrollment Form. Mail or e-mail the completed forms to: DHHS.MedicaidEDI@nebraska.gov or Medicaid EDI Customer Support, Dept. of Health and Human Services, Medicaid and Long-Term Care, P.O. Box 95026, Lincoln, NE 68509-5026.

Note: The Nebraska Medicaid Trading Partner Authorization form must also be completed for each provider for whom the trading partner will conduct transactions. The authorization forms may be submitted at any time during the testing process, but must be received by the Department before final approval can be issued. Providers that receive the ASC X12N 835 Health Care Claim Payment/Advice must enroll for Medicaid payment through electronic funds transfer (EFT). EFT enrollment forms are available on the DHHS web site.

2. When the trading partner enrollment forms are received, Department staff issues the trading partner a submitter identification number and provides specifications on testing and test files.

3. SFTP Testing Process

- EDI help desk staff will confirm your trading partner EDI enrollment is complete and will establish your test status. The Medicaid providers provided to us on the trading partner authorization(s) must be loaded into our test region (an overnight process) before testing can begin.
- After test status has been established, the EDI help desk will email log-in information to the contacts provided on the trading partner profile. The email will also confirm we are ready to receive your test files in the inbox on the testing server.
- Response files and test results are placed in your outbox on the testing server. At least two successful test files with 20-25 claims/inquiries are required before approval for production.

4. SFTP Test File Requirements

- Each transaction you selected on the trading partner profile must pass the testing process before moving to production. Exception includes outbound-only files (835, 277CA).
- Each test file must have 20 to 25 claims/inquiries per test file. Two successful files for each transaction are required before moving to production.
- The trading partner authorization provided to Nebraska Medicaid during enrollment will establish the providers for use in your test files. Work with these providers to acquire active data to use on the claims/inquiries.
- We follow the TR3 guide (available for purchase) industry standard for our file format. Any Nebraska Medicaid specifics can be found in our companion guides.

- The EDI help desk will contact the trading partner after two successful test files are received to determine the date for moving the transaction(s) into production status.

Electronic Data Interchange (EDI) Information and Resources: The following resources are available to assist Nebraska Medicaid trading partners in submission of electronic transactions -

- Instructions, forms and other information for electronic data interchange (EDI) trading partners is published on the DHHS web site: <https://dhhs.ne.gov/Pages/Medicaid-Provider-Electronic-Data-Interchange.aspx>
- Nebraska Medicaid EDI Customer Support Team may be contacted at 1-866-498-4357 or 402-471-9461 (in the Lincoln area) or via e-mail at DHHS.MedicaidEDI@nebraska.gov.
- Nebraska Medicaid Companion Guides to the ASC X12N Implementation Guides for each transaction adopted under HIPAA are available on the DHHS web site. The companion guides are used in tandem with the X12N Implementation Guides to clarify and specify the data content required for Nebraska Medicaid. Revisions to the Nebraska Medicaid Companion Guides are published as needed
- The Nebraska Medicaid X12 Submission Requirements Manual for File Transfer Protocol (FTP) guide outlines the requirements and procedures for submitting files to Nebraska Medicaid.
- Testing and approval status of Nebraska Medicaid trading partners for standard electronic transactions is published on the DHHS web site.
- Medicaid Provider Handbook appendix 471-000-49, "Claim Submission Table," lists the paper claim forms, electronic claim formats, and billing instruction appendices required for Medicaid services.