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# SOS Electronic Claims - ANSI Module for WebMD/Envoy

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## The Many Advantages of Electronic Claims Submission

HIPAA (Health Insurance Portability and Accountability Act) mandated that health care providers send electronic claims in the ANSI 4010 A1 format, and that payors and clearinghouses be able to receive and process claims that are formatted in that manner. The SOS electronic claims module formats medical/mental health claims that would be filed on the HCFA 1500 to meet the ANSI specification. These are referred to as the 837P. The formatter tailors the output to match WebMD/Envoy's requirements, creating a smooth interface between *SOS Office Manager for Windows* and the WebMD/Envoy insurance claims clearinghouse. It gives you the ability to submit most insurance claims electronically through a telephone/modem session to the WebMD/Envoy bulletin board. By the end of 2004, we expect the ability to file these claims using an Internet connection. Paperless claims have many advantages over traditional insurance forms:

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### Economy

At first it may seem that the software, monthly, and coverage costs make it more expensive to file electronically. Even the smallest practices, however, will quickly find that electronic submission is much more economical. There are no forms or postage to purchase and the time savings are substantial. Many clearinghouses estimate that organizations actually end up saving several dollars per claim. Staff spend their time following-up collections from payors rather than handling paper.

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### Quick Feedback

The SOS WebMD/Envoy system provides you with rapid feedback about claims that would be rejected if filed. Claims filed by 5:30 p.m. are included in a confirmation report the next morning. These *front-end edits* done by WebMD/Envoy allow you to quickly correct errors and resubmit. With paper claims it is generally weeks before you are even aware that there is a problem! These delays impact directly and substantially on your cash flow.

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## **Convenience**

The process of generating your electronic claims with SOS ANSI is no different than printing claims except that there are no forms to load, align, fold, address, stamp, and mail! These collateral activities are the ones that consume the most human time and energy. A high performance package like *OMWin* can help you a bit with the addressing of paper claims, but does nothing to ease the remainder of the burden.

Electronic claim filing changes all that. The entire process of claim generation and submission becomes a push-button affair.

The SOS WebMD/Envoy system gives you the additional convenience of submitting commercial, Medicare, Medicaid, Blue Cross/Blue Shield, and Champus claims in a single batch. Direct electronic submission software requires that you submit your claims to one payer at a time.

WebMD/Envoy can also print and send paper claims to those payors who cannot receive electronically. You decide whether to deal with those claims in-house or to let WebMD/Envoy handle them for you.

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## **Faster Reimbursement**

With rare exceptions electronic submission will result in faster payment. Outgoing mail time is eliminated, and when the receiving carrier is equipped to process electronically, claims are adjudicated and processed at the speed of light. The additional manual data entry required to handle paper claims is eliminated.

## Requirements

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To use the SOS ANSI module, you must have *SOS Office Manager for Windows*, version 2004.01 and a current Support/Update contract. In order to submit claims through WebMD/Envoy, you must purchase the SOS ANSI claim formatter module. If you have not already done so, call SOS Sales at 352-242-9100. Once your order has been processed, SOS will provide you with a registration code that will allow you to enable the ANSI software included on your SOS CD. The SOS ANSI module includes a basic “terminal” interface which may be used to submit your claims. ***Use of the terminal interface is required if you are sending claims from a computer running the software on Windows NT, Windows 2000, or Windows XP.*** If you are using Windows 98 or ME you may submit claims using either the terminal interface or the separate WebMD/Envoy **ENline Companion** software. Each of these submission methods is covered separately below.

In addition, you must have a modem. At the present time, claims are submitted by dial-up into the WebMD/Envoy bulletin board system. (By the end of 2004, we expect an Internet-based claim file transport system from WebMD/Envoy.) A modem with error correcting circuitry is preferable, especially in areas prone to noisy telephone lines. If you do not already have a modem, we would suggest that you purchase an external, rather than an internal, model. The former generally has the advantage of status lights and an easily heard speaker to help you diagnose problems if they should occur. If you purchase an external modem, be sure that you have an available communications port (connector) on your computer, and be sure to get a cable to connect the modem to the port. Since communications ports sometimes have 25 pins and sometimes only 9, be sure that the cable has the correct connector.

The modems that come pre-installed on most computers are what are called “winmodems” or “soft modems”. This type of modem may work with the terminal submission option, but will not work with the WebMD/Envoy **ENline Companion** software. If you are planning to use the **ENline Companion** software, you must have a traditional hardware modem that connects to COM port 1, 2, 3 or 4. **DO NOT PURCHASE A WINDOWS ONLY MODEM.** Virtually all low-end modems are winmodems. Hardware modems cost more but are more reliable and do not compromise the performance of your computer system.

Internal modems require neither an existing communications port, nor a cable, but in many cases are much more difficult to configure because of

potential conflicts with other components in your computer. SOS will assist you with modem setup in the communications software, but cannot do hardware troubleshooting. If you are not sure what you are doing and run into difficulties, you may need to employ a competent consultant to do the job for you!

You also will need access to a suitable telephone line to which the modem can be connected. A low usage line, perhaps shared with a fax machine, would be best. Do not use a voice line that has additional telephone extensions. Someone lifting a handset on the line during a claims transmission is sure to garble the data being sent. If you are not using a phone line that is dedicated to modem communications, you might want to consider purchasing a special switch designed to prevent your phone line devices from interfering with one another. Be sure you have access directly to a telephone line, not to a DSL or other high speed connection. Also be sure to let your SOS rep know if you have WinFaxPro or other fax or phone answering software installed on your computer. Such programs often take control of the modem and/or COM port, preventing other programs from using the modem while they are running.

## Using a Claims Clearinghouse

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WebMD/Envoy is an electronic data interchange service bureau that handles many types of electronic transactions, including medical insurance claims. When you submit a batch of claims to WebMD/Envoy, each claim is electronically examined for any errors or missing data. The error-checking process is referred to as *front-end editing*. If no problems are detected during the edit, the claims are processed.

Processing follows one of two basic routes. If the carrier is capable of receiving the claim electronically, the data you send to WebMD/Envoy is reformatted as required by the carrier and sent along to its destination.

If the carrier is not electronically capable, WebMD/Envoy will print the claim on a high speed printer, batch it with other claims for the same destination, and mail the batch to the carrier. This means that you can submit almost any claim through WebMD/Envoy without regard to whether the target insurance company processes claims electronically. This claim printing service is optional.

Another advantage to using a clearinghouse is that it is their responsibility to stay current with any formatting or data changes required by the carrier. You will rarely have to make changes to your own software to accommodate a change by a target carrier. With direct submission systems, you must update any time there is a change. Changes occur much more frequently than you would imagine.

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## The Preliminaries

When you ordered your electronic claims software from SOS, you completed a *Provider Set Up Form* that was sent to WebMD/Envoy. If you checked any Medicare, Medicaid, Champus, Blue Cross, Blue Shield, or Medicare Railroad payors, you will receive a packet of agreements with those payors that must be completed and sent back to WebMD/Envoy in order for you to start filing to those carriers electronically. You can speed up this process by downloading the appropriate agreements from [www.webmdenvoy.com](http://www.webmdenvoy.com), completing them and sending them to WebMD/Envoy according to the instructions on the cover sheet. **DO NOT GET FORMS FROM THE PAYER UNLESS WebMD/Envoy INSTRUCTS YOU TO DO SO. YOU MUST USE THE WebMD/Envoy FORMS FOR PAYER AGREEMENTS.** You can start filing to payors that do not require agreements once you have

had your installation/ training/test appointment with SOS Technical staff and send your test claims successfully.

The forms you receive from WebMD/Envoy will vary depending on the types of submissions that you want to do and the state in which you are located. From the time you return the forms to WebMD/Envoy, several weeks may pass before you will be approved to submit claims to all of your target carriers. Generally it takes six to eight weeks to be approved for Blue Shield and government insurers like Medicare. If you want to start filing to these payors with WebMD/Envoy dropping the claims to paper, you must enter **SPRNT** in the NEIC/Payer ID field in *OMWin* (see page 17 for details).

**Before your installation appointment with SOS Technical staff, enter any additional information *OMWin* requires to support electronic filing.** These requirements are detailed in later sections of this manual.

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## **Downloading the ANSI module**

Start by downloading the latest ANSI module from our web site. Please do not assume that you have the most recent version of this module! Open your web browser and type (all lower case!):

<http://www.sosoft.com/files/downloads/sos200xxx/expansi.exe>

You will need to replace the xxx with the version number that you are currently using of *SOS Office Manager for Windows*. Example: If you are running version 2004.02, the address will be:

<http://www.sosoft.com/files/downloads/sos200402/expansi.exe>

If you are using version 2005.01, the address will be:

<http://www.sosoft.com/files/downloads/sos200501/expansi.exe>

Save the file directly to your \SOS folder. If you see a message about replacing an existing file, continue anyway. *If you are working on a network, this file must be present in the SOS folder of all workstations that will be used to format and send electronic claim files to WebMD/Envoy.*

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## **Licensing the ANSI module**

SOS will send you license information for the *ECMANSI* product which you must add to the licensing data in your SOS database.

1. Click on **Start > Programs > SOS Applications > DBTools**.
2. Once DBTools is open, click on **File > Licenses**.
3. Under the Products window find the product labeled EXPANSIWMD.
4. Highlight it and click on **Change**.
5. Enter the licensee name and the control number as it appears on your license sheet.
6. Click **OK** to Save.
7. Exit DBTools.

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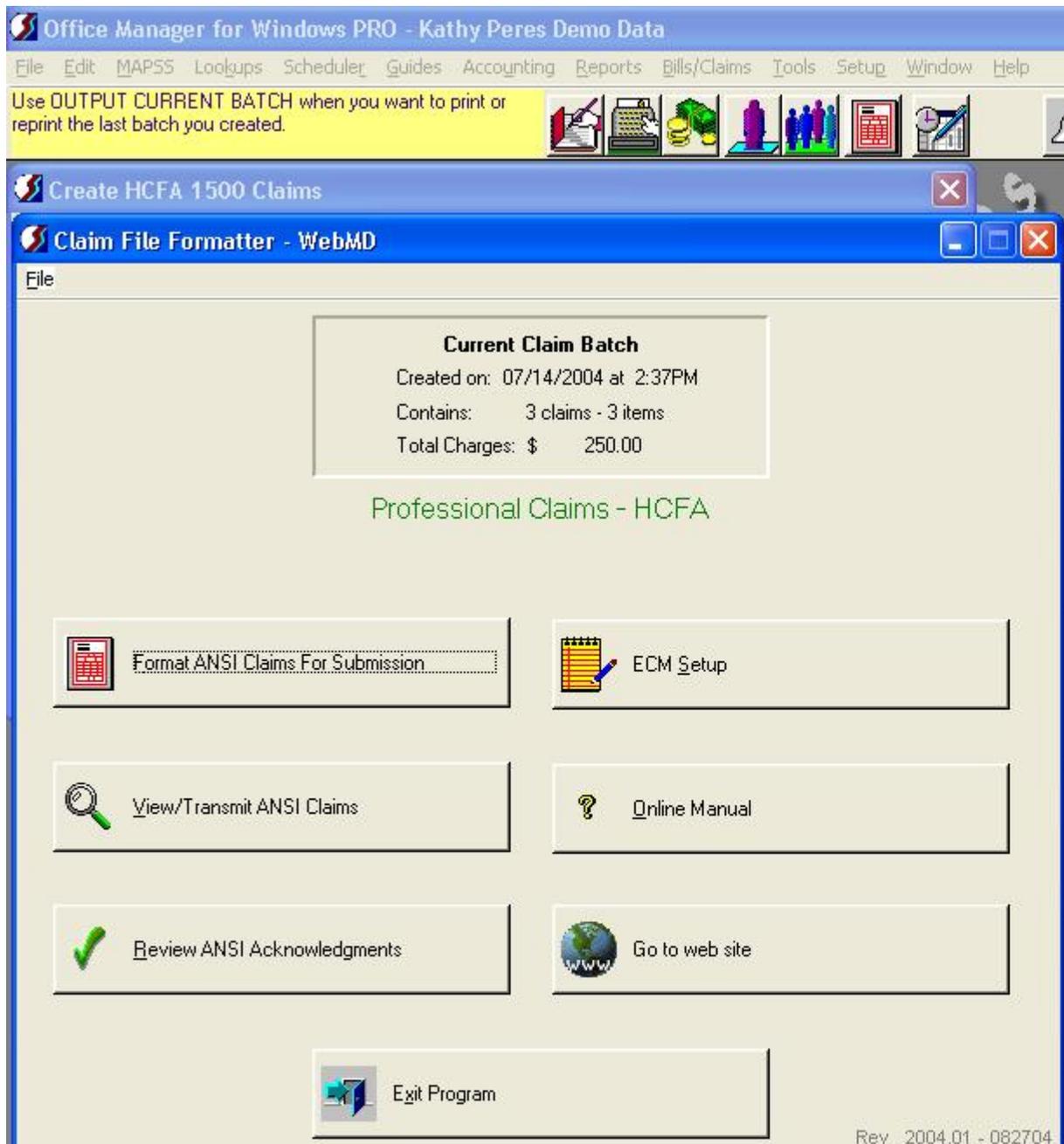
## **Adding the WebMD/Envoy ANSI Module to your Menu**

1. Start *OMWin*.
2. Select **Bills/Claims > Create HCFA 1500 Claims**.
3. With your mouse pointer over the white area of this window, click with the **RIGHT** mouse button to display a popup menu.
4. Left-click on **Add**.
5. For Report Description type: **ANSI - WebMD/Envoy**
6. For Command Line type: **EXPANSI.EXE /WM /A1 /F2**
7. Click **OK** to save.

## Entering Setup Information

Before you format your first batch of claims using the ANSI format you will need to enter the setup information for the new module.

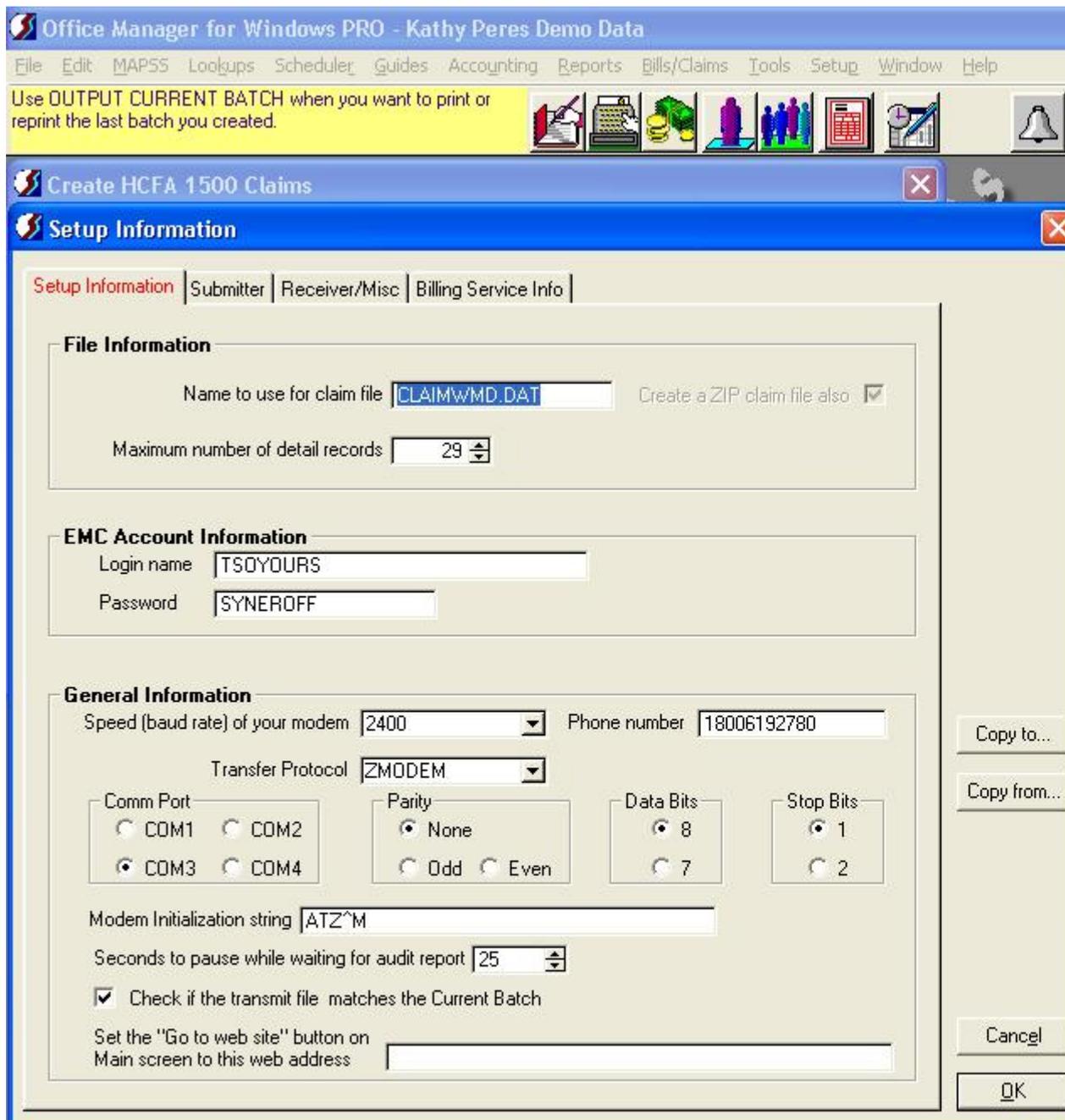
1. Select **Bills/Claims > Create HCFA 1500 Claims**.
2. Highlight **ANSI - WebMD/Envoy** on the list. If you have previously created at



least one batch of claims with the ID you used to log in to the program, select

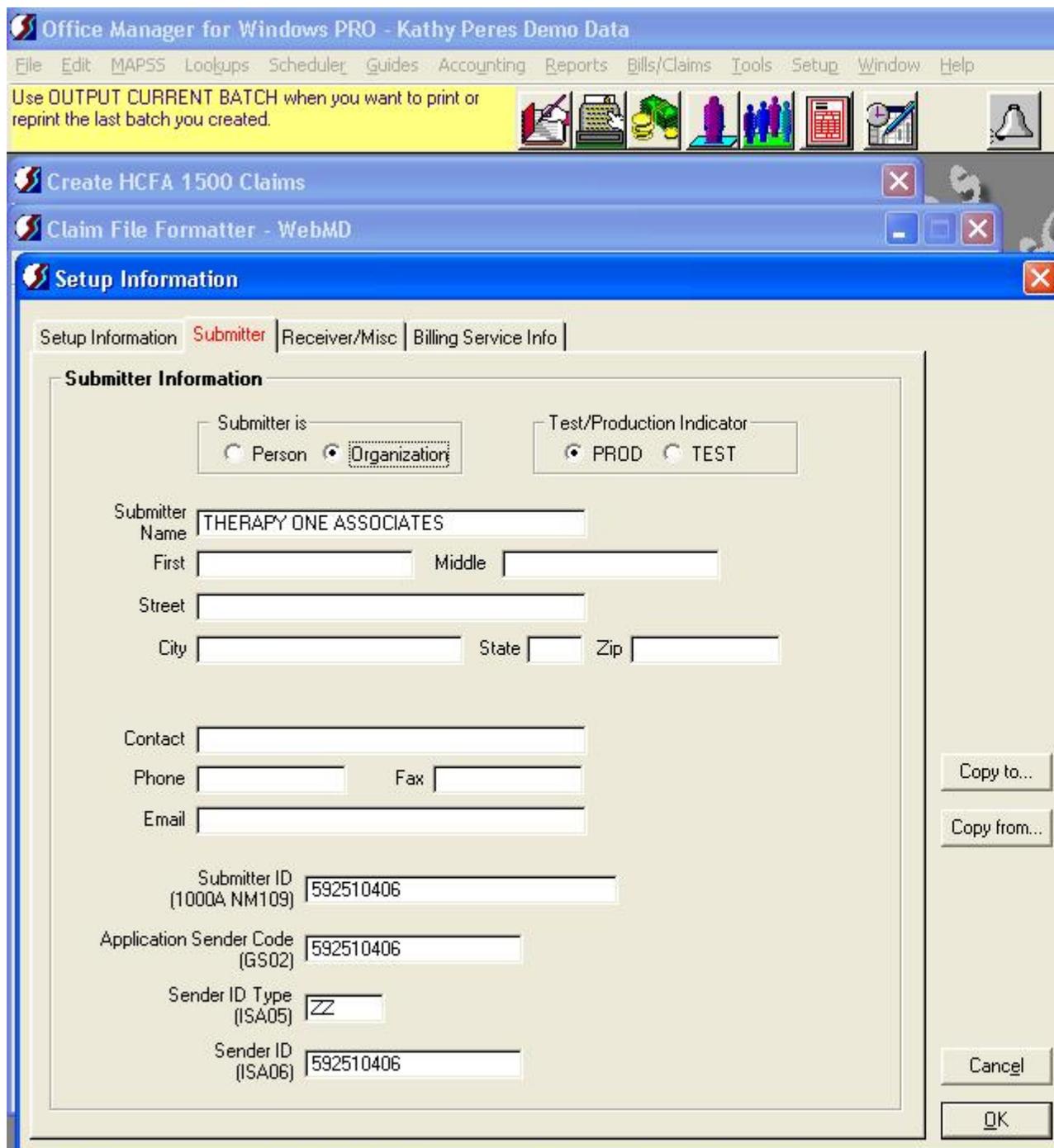
**Output Current Batch.** If that is not the case, then you will have to create a batch of claims first, so select **Create & Output New Batch**, instead.

3. *OMWin* will now invoke the **Claim File Formatter - WebMD** program.
4. When the formatter comes up, select **ECM Setup** on the main menu, then select the **Setup Information** tab.

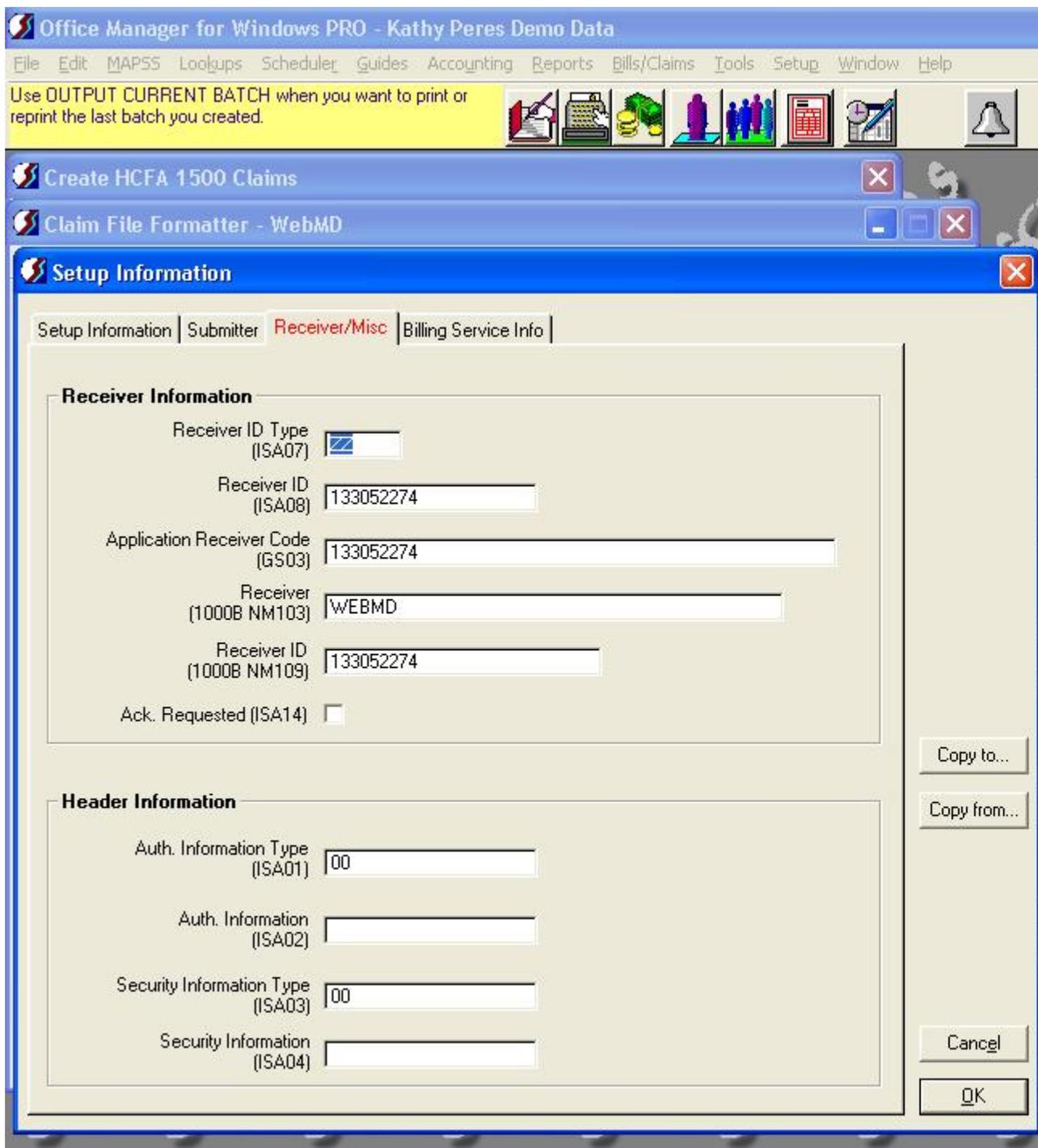


5. At the **Name to use for claim file** type: **CLAIMWMD.DAT**

6. Check the field Create a ZIP claim file also unless you are using the Online Companion to send your claims.
7. Enter the number **29** in the **Maximum number of detail records field**.
8. In the **Login name** field enter the letters **TSO** plus the **TSO number** that was assigned to you by SOS. For example, if the TSO number that was assigned to you is **XXXX** then you would enter as your Login name **TSOXXXX**
9. In the **Password** field enter **SYNEROFF**
10. Enter the baud rate of your modem under the **Speed (baud rate of your modem)** field.
11. In the **Phone number** field type **18006192780**
12. Enter **zmodem** in the **Transfer Protocol** field.
13. **Comm Port** should reflect the Comm Port number assigned to your modem. **Parity** should be set to **None**, **Data Bits** to **8** and **Stop Bits** to **1**.
14. **ATZ^M** is entered in the **Modem Initialization string** field.
15. In the **Seconds to pause while waiting for audit report** enter **25**
16. Check the box for **Check if the transmit file matches the Current Batch**.
17. Leave the **Set "Go to web site" button on Main screen to this web address** field blank.
18. Go to the **Submitter** Tab.
19. Check the appropriate box for the **Submitter is** field. If you are submitting for a provider then select **Provider** and if you are submitting as an organization select **Organization**.
20. Click on **PROD** for the **Test/Production Indicator**.
21. Enter the Submitter information. If you have selected **Provider** in step 19, make sure that you enter the last name of the provider in the **Submitter Name** field and the first name of the provider is entered in the **First** field. If you have selected **Organization** then enter the organization's name under the **Submitter Name** field.
22. In the **Submitter ID (1000A NM109)** and in the **Application Sender Code (GS02)** fields enter **592510406**.
23. Enter **ZZ** in the **Sender ID Type (ISA05)** field.
24. Enter **592510406** in the **Sender ID (ISA06)** field.



- 25. Go to the **Receiver/Misc** Tab.
- 26. Enter **ZZ** in the **Receiver ID Type (ISA07)** field.
- 27. In the **Receiver ID (ISA08)** and **Application Receiver Code (GS03)** fields enter **133052274**



- 28. Enter **WEBMD** in the **Receiver (1000B NM103)** field.
- 29. Enter **133052274** for the **Receiver ID (1000B NM109)** field.
- 30. Leave the box unchecked for **Ack. Requested (ISA14)** field.

31. Put **00** (these are zeros and not the letter O) in the **Auth. Information Type (ISA01)** field.
32. Leave the **Auth. Information (ISA02)** field blank.
33. Put **00** (these are zeros and not the letter O) in the **Security Information Type (ISA03)** field.
34. Leave the **Security Information (ISA04)** field blank.
35. Under the **Billing Service Info** tab leave all the fields blank unless you are a billing service. If you are unsure please give SOS a call.
36. Click **OK** to save.

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## Adding Supplementary Information to *OMWin* Data Files

Using the ANSI module to submit WebMD/Envoy claims requires that certain additional information be added to your existing *OMWin* data. The necessary additions are detailed in the following sections.

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### System Setup

System Setup in *OMWin* controls a variety of data entry defaults that can make the difference between successful claim filing and rejected or pended claims. Make sure that you go through every item on every tab of the Setup form (**Setup > System Options**). Any items that have not been checked in the past will be for new patients.

Under the **Patient** tab, be sure you have checked Signature on File for both HCFA box 12 and box 13. If you have not had these checked in the past, you will need to assure that they are checked for each patient for whom you are sending electronic claims.

On the **Other** tab, be sure you have selected ICD codes. These are the diagnostic codes required for HIPAA compliant claims. If you have been using DSM codes, you will need to determine whether they match the ICD codes and change whichever codes do not match.

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### Patient Information

Be sure to enter complete address, birth date and insurance ID information for each patient and for the insured. If the patient is a Medicare patient, be sure to enter the correct **Referred by** information for the referring physician. Be sure to include the Medicare ID of the referring doctor.

Assure that **Intake date** is the date the patient was actually first seen and is not a default date supplied by *OMWin* on the day you entered the patient information.

Make sure your **Policy** information for the patient is correct and complete. Be sure that the **CSU/1500** information contains the Date of the Current Illness and that it precedes the Intake Date, the Admission Date and the Date of Service. Make sure you have an ICD diagnosis entered. For Medicare claims, assure that you have **Facility** information (box 32) entered, even if the facility is your office.

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## Providers

There are several changes that must be made to provider information. Click on **Lookups > Providers**.

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### Title

On the Provider Form, General tab, make sure that you have the provider's title entered in the **Title** field; e.g. MD, PhD, LCSW, CISW, etc. Leave out punctuation. Do not put spaces where the punctuation would have been.

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### Specialty

In the **Specialty/Taxonomy** field enter the appropriate taxonomy code for this provider's specialty. You can download the Taxonomy code document from the following address:

[http://www.sosoft.com/files/downloads/taxonomy\\_31.pdf](http://www.sosoft.com/files/downloads/taxonomy_31.pdf)

There is an underline character between taxonomy and 31 so it should be taxonomy\_31.pdf

Click the **Additional** tab to continue.

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### Provider SS# and EIN#

Some carriers require both the group and individual provider Tax ID numbers to indicate which individual provided the service. Enter the provider's Social Security Number and Employer ID if one is used. These numbers will be used to identify the rendering provider, not for payment purposes.

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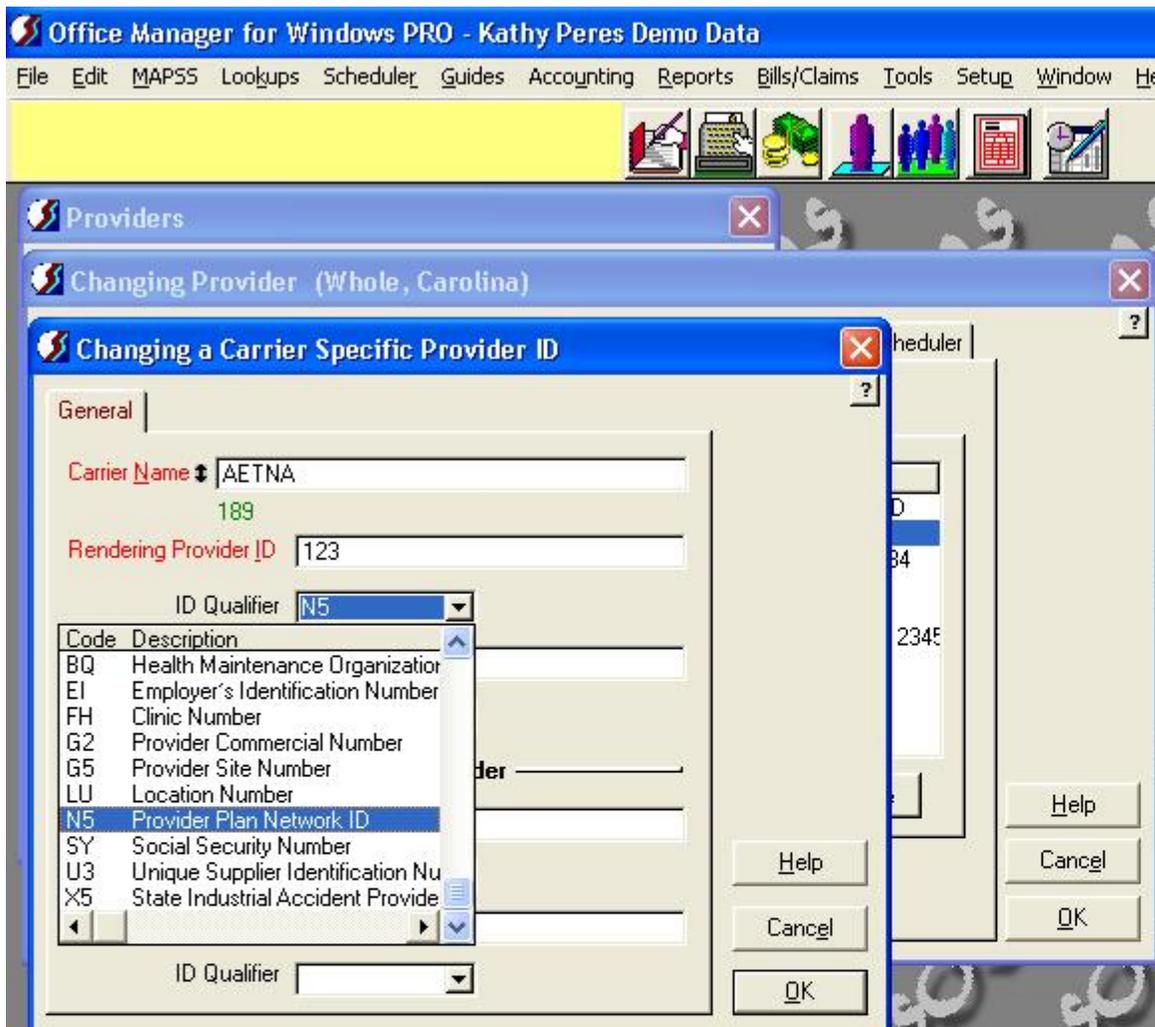
## Electronic Claims Provider Number

Toward the bottom of the **Additional** screen, you will see a field with the prompt **Electronic Claims Provider Number**. Add the appropriate ID (called "Site ID") *assigned by SOS* for each provider. Generally, this will be a combination of the providers' initials with a number, of the form "ab01", "cd02", and so forth. Do not create one of your own. SOS assigns this code when you enroll your providers.

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## Carrier Specific Provider ID's

If you have been assigned IDs by specific carriers, enter these as Carrier Specific Provider ID's for each provider. **Enter only carrier assigned IDs**. Other information entered in this field will cause your claims to reject.



If you have entered Carrier Specific Provider ID's for your providers, you will also need to select the proper ID Qualifier for the ID you have

entered. Click on the down arrow at the end of the field to view the list. If the carrier requires a secondary ID, enter it at this time and make sure that you select the ID Qualifier for the secondary ID.

Click **OK** to save these changes to the provider information.

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## **Adding Providers**

Whenever you start filing for an additional provider, you will need to complete a WebMD/Envoy Add/Change/Delete (ACD) Form for that provider and fax it to SOS. Contact SOS if you do not have a blank form to use. Please **DO NOT** send these directly to WebMD/Envoy.

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## **Services**

Each of your service codes should be updated to reflect the appropriate T.O.S. (type of service) code on the General tab of the Service Form (Lookups > Services). Enter the appropriate code in accordance with the following table.

### **Type of Service Codes for Electronic Claims**

<b>Code</b>	<b>Definition</b>
01	Medical Care
02	Surgery
03	Consultation
04	Diagnostic X-Ray
05	Diagnostic Laboratory
06	Radiation Therapy
07	Anesthesia
08	Surgical Assistance
09	Other Medical Service
10	Blood Charges
11	Used DME
12	DME Purchase
13	ASC Facility
14	Renal Supplies in jthe Home
15	Alternate Method Dialysis Payment
16	CRD Equipment
17	Pre-Admission Testing
18	DME Rental
19	Pneumonia Vaccine
20	Second Opinion on Elective Surgery
21	Third Opinion on Elective Surgery
99	Other

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## Insurance Companies

Select **Lookups > Insurance Carriers**. *The following changes must be made to every carrier you wish to submit through WebMD/Envoy!*

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### NEIC/Payer#

In order to submit to commercial carriers through WebMD/Envoy, you must specify a payer number. The appropriate number can be found on the WebMD/Envoy Medical Payer List. To receive the most current list, you should download from WebMD/Envoy's web site ([www.webmdenvoy.com](http://www.webmdenvoy.com)), and click on Payer Lists. Scroll down to Commercial Payers > Medical and click on the .pdf icon on the right. Print out this list. If you plan to file Medicare, Medicaid or Blue Cross/Blue Shield claims, scroll down just a bit further to Government Payers. Look at the list for the payer IDs for your state's carriers. PLEASE NOTE: sometimes it is difficult to determine if the ID listed contains a "0" (zero) or an "O" (oh). Compare to other IDs in the list. The narrower character is the zero. The wider character is the letter O.

These lists are updated monthly, so do check regularly to see if new payors have been added. Enter the payer number from the list in the **NEIC/Payer #** field.

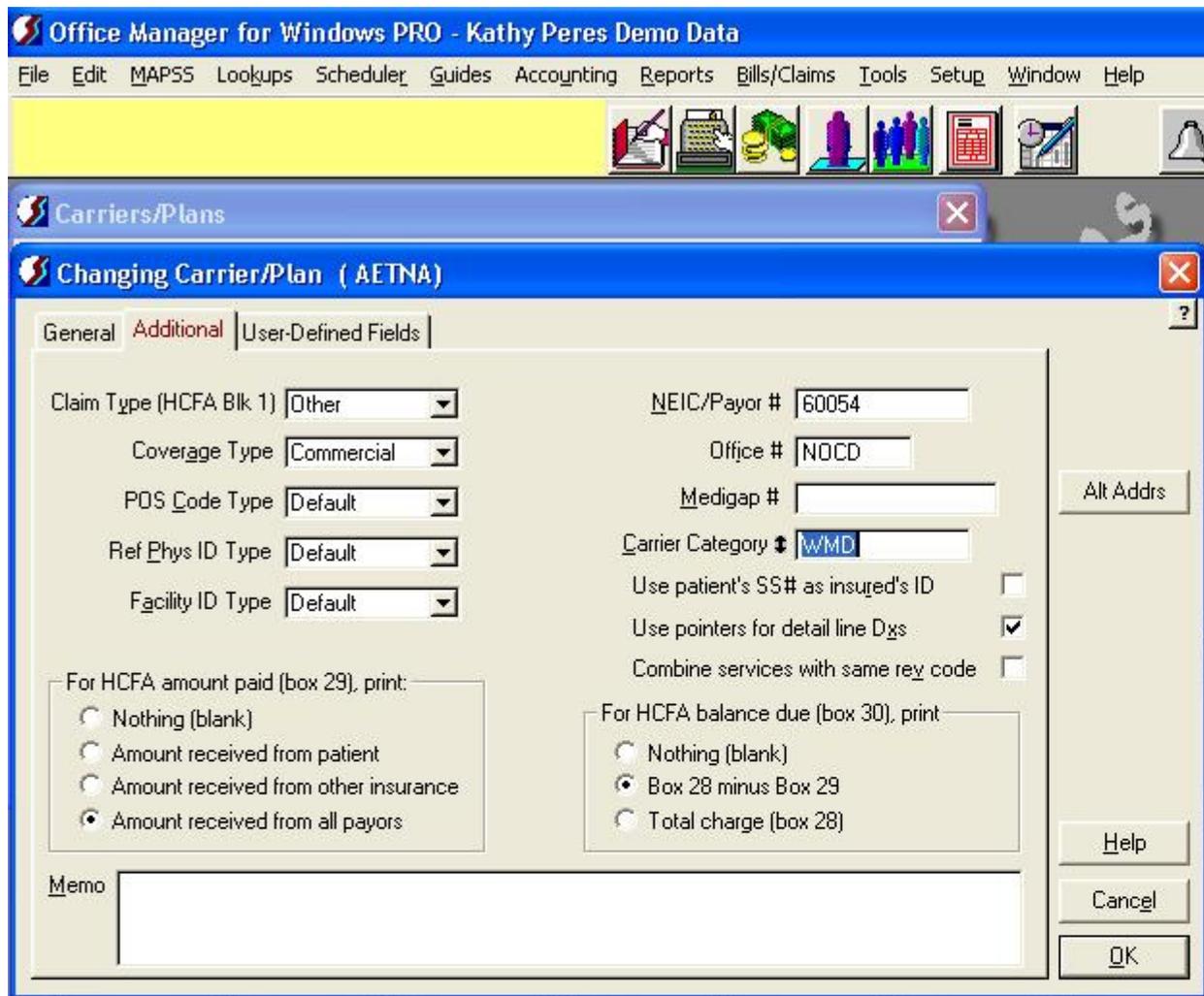
Do not enter the Payer# for payors with whom you are signing contracts (like Medicare, Blue Cross/Blue Shield, or Champus) until you have received approval from WebMD/Envoy. If you want to drop these claims to paper while you are waiting for approval of your contracts, type **SPRNT** in the field. If you are going to wait for your contract approval to send these claims to WebMD/Envoy, leave this field blank until you receive approval and do not batch these claims for electronic filing.

Any Blue Cross/Blue Shield carriers that have a Payer# that is all numeric, must have **Coverage Type** in *OMWin* set to **Commercial**.

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## Office #

Some payors in the WebMD/Envoy list have a second line with a second number (e.g., 06). If such a number is there, you must enter it in the *Office #* field. If no such number is there, enter **NOCD** in this field.



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## Carrier Category

All carriers to be submitted through WebMD/Envoy should share the same **Carrier Category**. You will find **Carrier Category** at **Lookups > Insurance Carriers**; select a carrier and click **Change**. Click on the **Additional** tab. The **Carrier Category** field is on the right side of the window. Do not use a category that you currently use for paper claims.

To minimize confusion, we would suggest that you use the category **WMD**, though any unique code will do. If you expect to submit all, or most, of your claims through WebMD/Envoy, you may leave the **Carrier Category** blank, but then you should add a non-blank category to any carriers that you will *not* be submitting electronically. The idea is that you must be able to use the category code to select carriers for electronic submission and to exclude those that you are filing on paper.

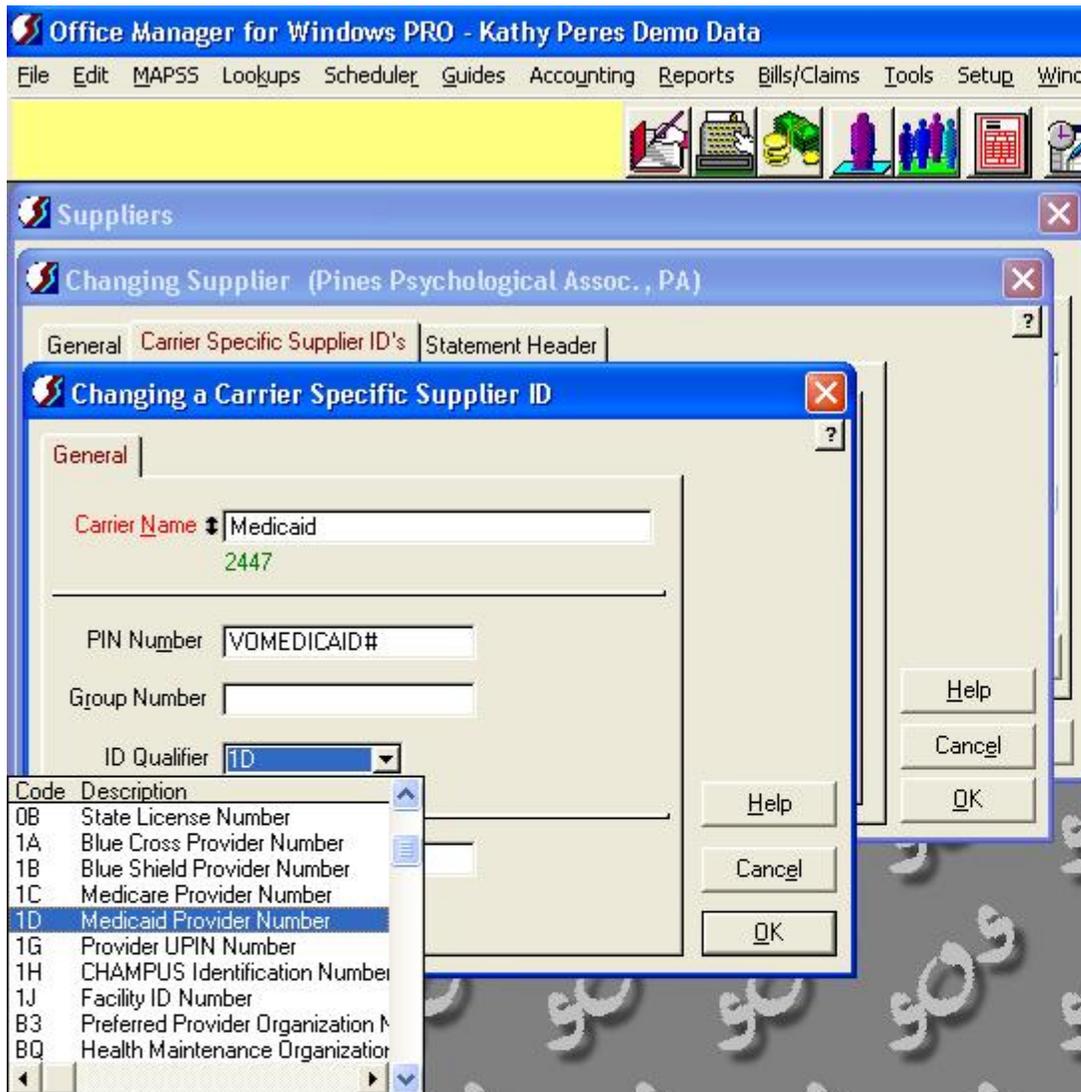
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## Suppliers

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### Carrier Specific Supplier ID and ID Qualifier

If you have entered Carrier Specific Supplier ID's for your providers, you will need to go to each one and select the proper ID Qualifier for the ID you have entered. Click on the down arrow at the end of the field



to view the list. If the carrier requires a secondary ID, enter it at this time and make sure that you select the ID Qualifier for the secondary ID.

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## Referral Sources

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### Specialty/Taxonomy Code

Some payors may require that you enter the taxonomy code (specialty) for your referral sources. Go to **Lookups > Referral Sources**. In the **Specialty/Taxonomy** field enter the appropriate taxonomy code for this provider's specialty. You can download the Taxonomy code document from the following address:

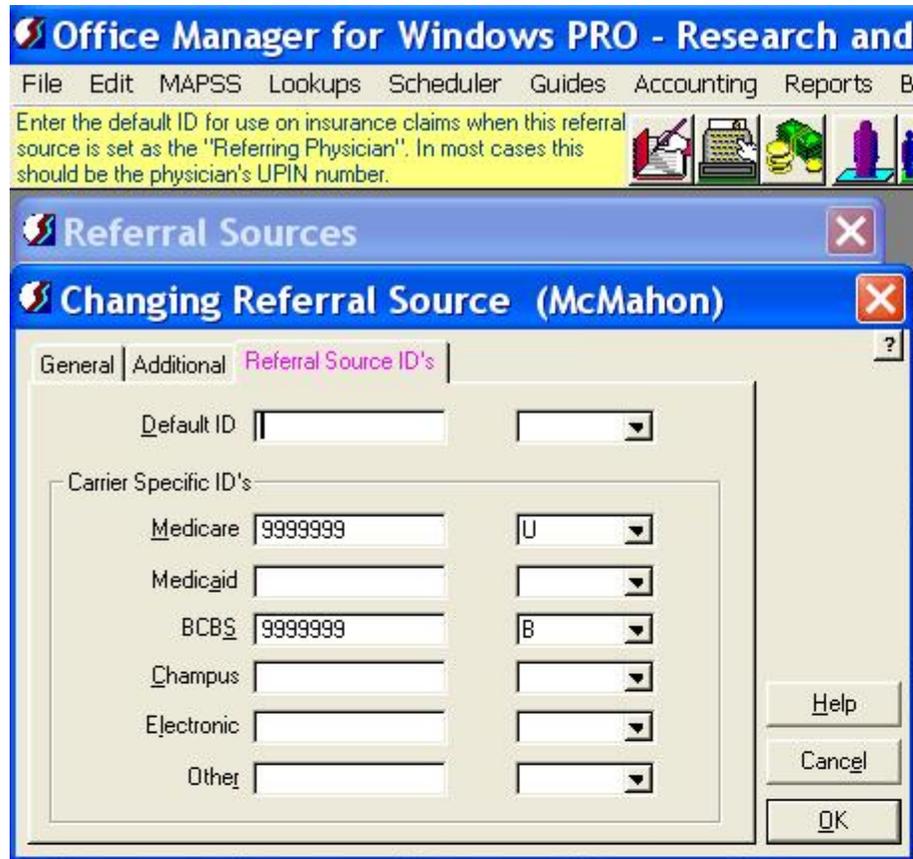
[http://www.sosoft.com/files/downloads/taxonomy\\_31.pdf](http://www.sosoft.com/files/downloads/taxonomy_31.pdf)

There is an underline character between taxonomy and 31 so it should be taxonomy\_31.pdf

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### Referral Source ID and ID Qualifier

Some payors, like the Medicaid and Medicare intermediaries and some private commercial networks, are now requiring that you include the



Carrier Specific Provider ID for your referring physicians. This information has been added to **Lookups > Referral Sources > Referral Source ID's**. You will need to obtain this information from your Referral Sources and enter it into *OMWin*. After entering the Referral Source ID, select the proper ID Qualifier. Click on the down arrow at the end of the field to view the list. If the carrier requires a secondary ID, enter it at this time and make sure that you select the ID Qualifier.

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## Entering Transactions

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### Units and date range

If you specify different *Begin* and *End* dates on your charge entry, the number of units for that charge must equal the number of days in the date range. If fewer units of service were provided than days in the date range, enter a separate charge for each date on which a service was provided.

When entering charges in *SOS Office Manager for Windows*, it is crucial that you use the following Place of Service Codes from WebMD/Envoy. For more detailed explanation of these codes, call SOS and ask for the WebMD/Envoy Place of Service Codes list

Code	Description
11	Office
12	Patient's Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility (MTF)
31	Skilled Nursing Facility (SNF)
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance - Land
42	Ambulance - Air or Water
51	Psychiatric Facility - Inpatient
52	Psychiatric Facility - Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility / Mentally Retarded
55	Residential Substance Abuse Treatment Facility

56	Psychiatric Facility - Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility

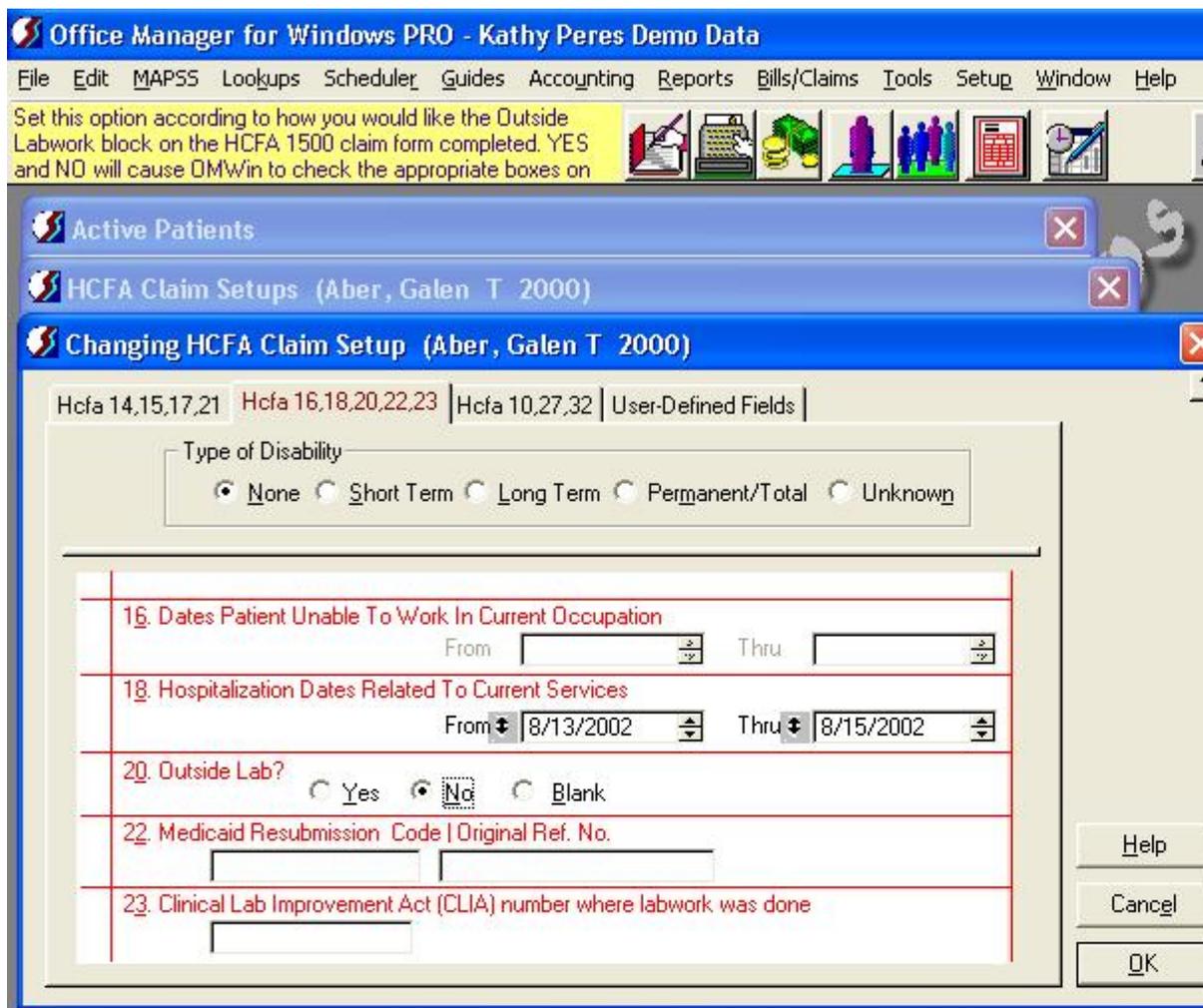
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## **Dates of Intake, Illness and Service**

For paper claims, it is not often important to attend to the date of intake and date of admission relative to the dates of the current illness and dates of service. However, HIPAA requires that carriers verify that these dates are in the proper relationship to one another. WebMD/ Envoy uses a front-end edit to check the sequence of these dates. Be sure they are in the proper order, or your claims will reject.

If you are billing for services provided in an inpatient setting, you must assure that the date of admission, the start date of a hospitalization (entered in the Claim Setup, second tab in box 18 in *OMWin*), is after the date of the illness (box 14 on CSU). The patient must be sick before being admitted. Your claims will be rejected if the date of admission is before the date of illness.

For all services, another controlling sequence is Date of Illness (box 14 on the CSU in *OMWin*), then Date of First Consult (Intake Date in *OMWin*), then Date of Service. The Date of Current Illness in Box 14 of the CSU must precede or be the same as the Date of First Consult (Intake Date) which must be the same as or precede the Date of the Service.



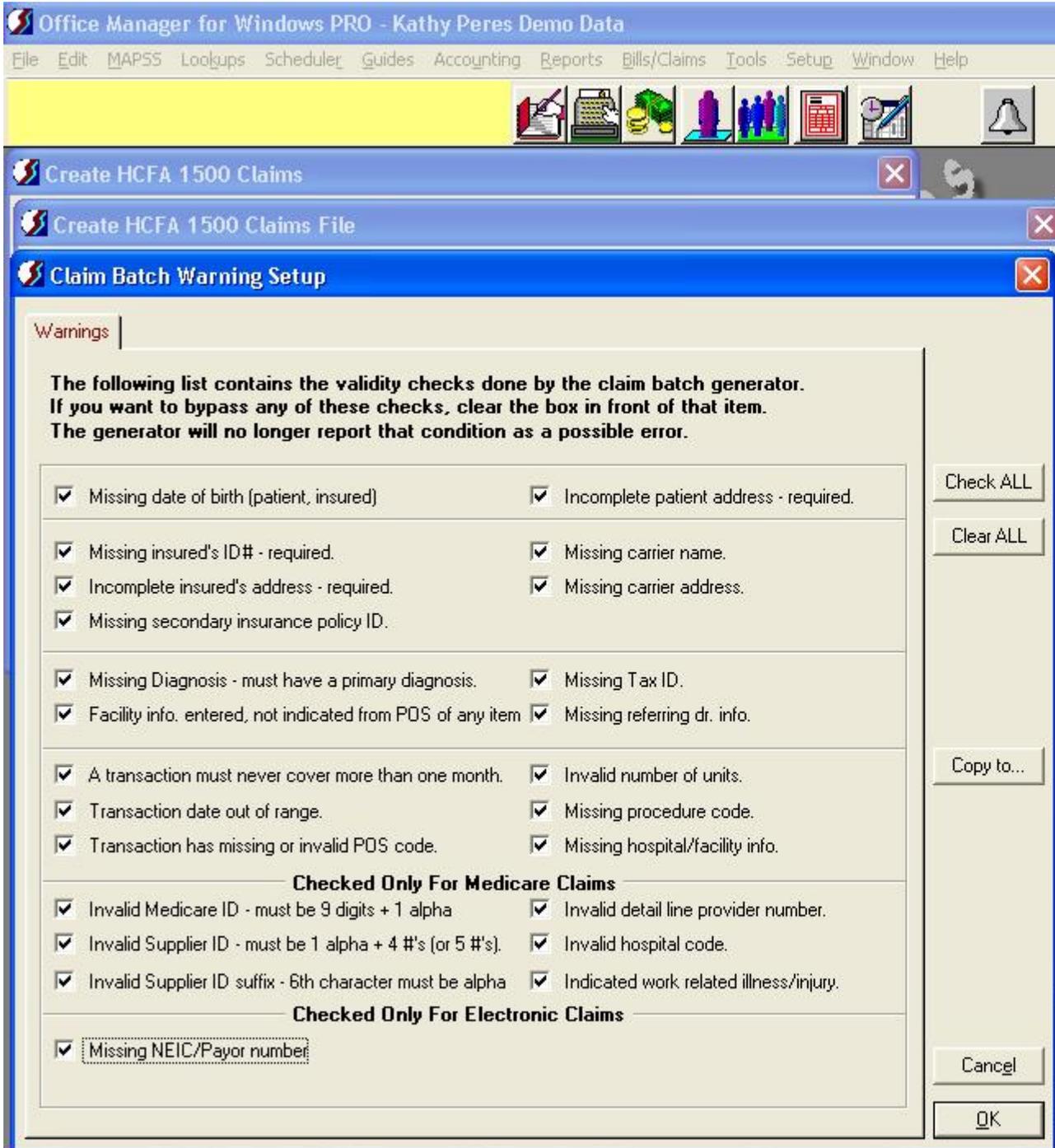
If the Date of Illness is after the Date First Consulted, your claims will reject. If the Date First Consulted is later than the Date of Service, your claims will reject.

## Creating a Claim Batch

Create a batch of claims just as you normally would, but begin with your new **ANSI - WebMD/Envoy** menu item highlighted. When selecting options for the batch, choose a **Carrier Category** that will restrict the carriers in the batch to those you want to send through your electronic claims processor. See page 18 of this document for explanation of how to use **Carrier Category** for this purpose.

## Formatter Warnings

When you click on **Create & Hold New Batch** or **Create & Output New Batch**, you will find a button, **Warnings**. Clicking this button will show you details of the types of "errors" the program will detect and report.



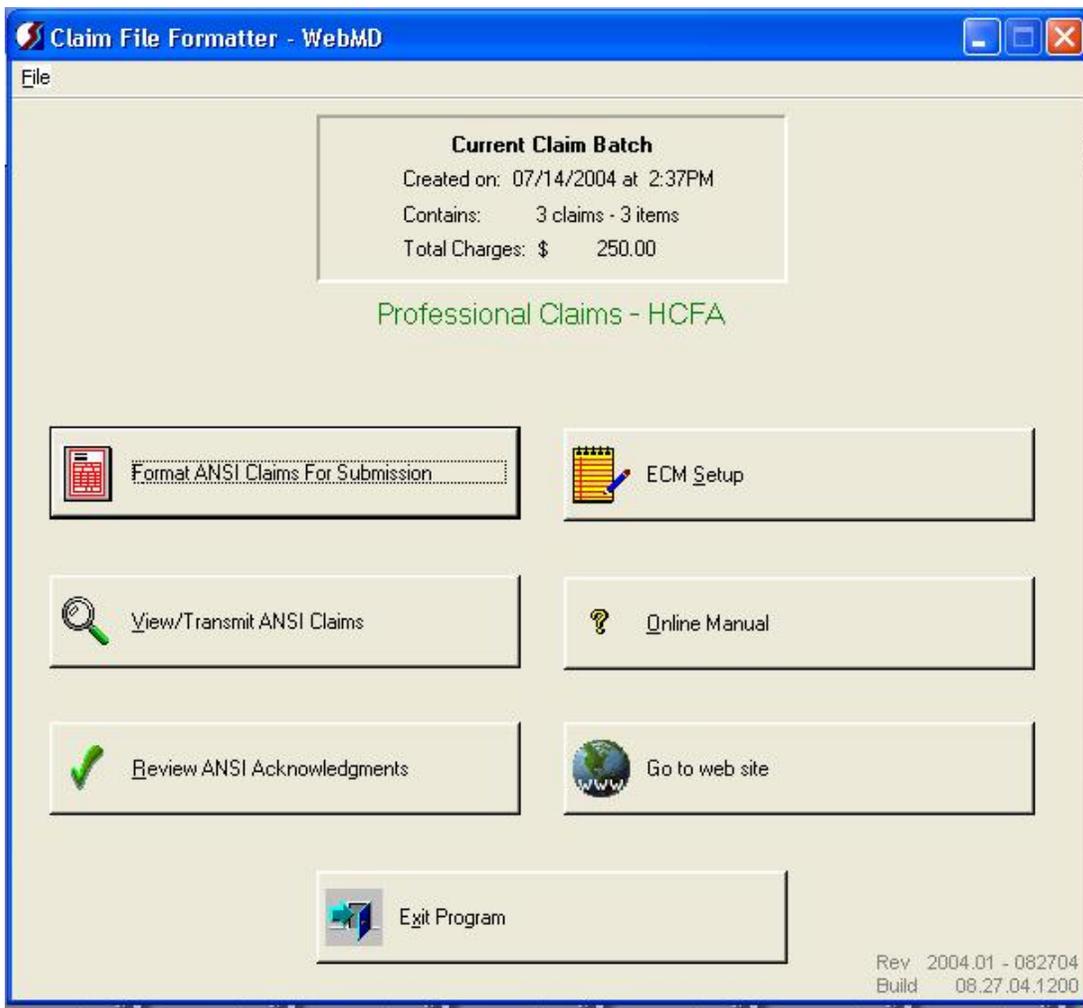
To begin with, SOS recommends that you turn all the error detection on by clicking the **Check All** button. In some cases you may find that what the program sees as errors are not errors at all. You can later return to this window and uncheck any error trapping that you do not want the program to do.

When you have completed this form, click **OK** to save your changes.

---

## Outputting the Claim File

Once your batch has been created, instead of outputting your claims to paper, *OMWin* will start the ANSI formatting module. You will see a window that looks something like the following:



If you have not previously done so, click on **ECM Setup**. This window contains information that the formatter needs to create a file that will be accepted for processing by the WebMD/Envoy system. You must enter the information as detailed on pages 8 through 13 of this manual. This must be done prior to formatting the claim file.

---

## Formatting the Batch

The next step is to format the claim batch. At the top of the **Claim File Formatter - WebMD** module window you will see a notation of the batch creation date, time, and size.

Click the **Format ANSI Claims for Submission** button. A confirmation window will appear. Click **OK** to continue.

As the ANSI claim file is built, *OMWin* checks for the types of errors you specified on the **Warnings** screen. If it detects any conditions it believes to be problematic, a window will appear detailing the condition and suggesting how the problem can be corrected. The same information is recorded in a file that you can view and print later. At this point you can choose to continue to build the claim file with the error, stopping at other errors along the way (**YES**), build the rest of the claim file without stopping at other errors (**IGNORE**), stop with the file partially created (**NO**), or stop and discard the incomplete file (**ABORT**). Note that even if you select **IGNORE**, all errors will be recorded to the error log for later review, so in most cases this selection is appropriate. Just be sure to review the error file (see next section) before submitting.

---

## Reviewing Possible Claim File Errors

Different payer systems have different requirements and edits for their claims. As a result, what is seen as an error in a Medicare claim may be perfectly acceptable in a Medicaid claim. Therefore, supposed "errors" found by the formatter are not always a problem.

To review errors, click the **Show File Warnings** button on the **Create HCFA 1500 Claims** screen.

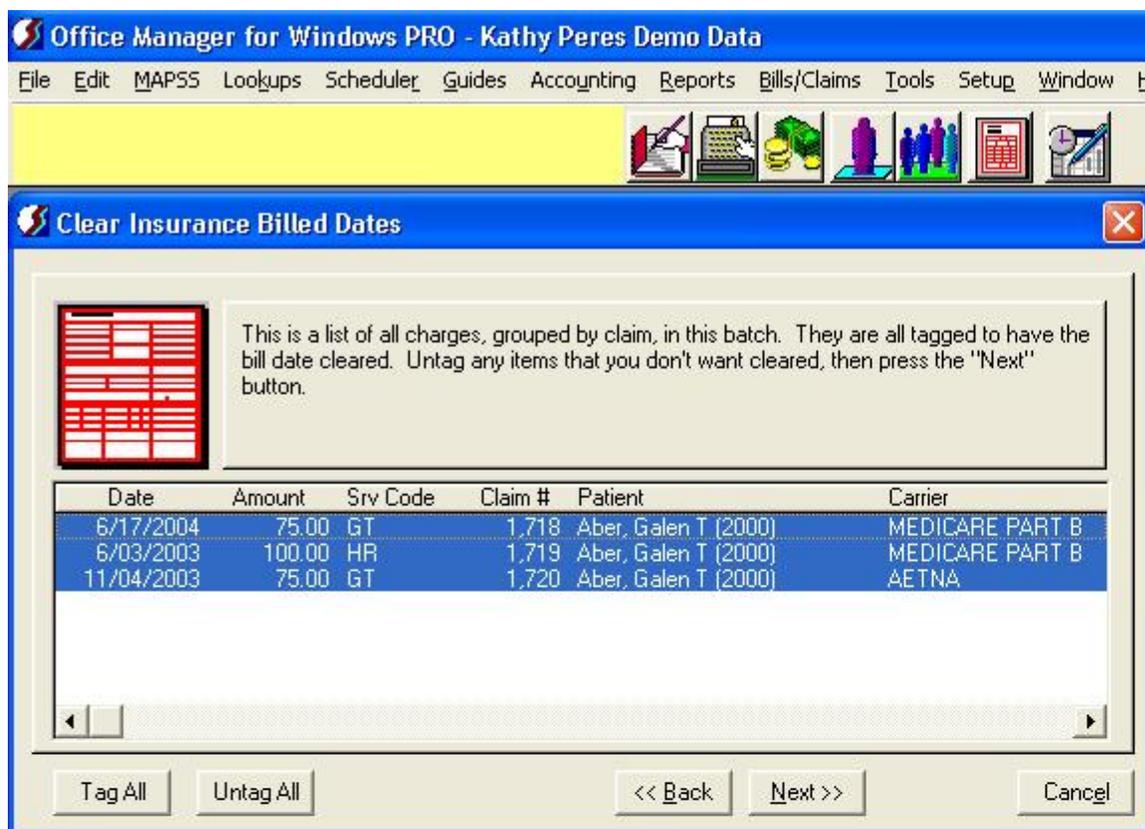
You can read the logged warnings on screen or click the **Print** button to output a hard copy. A printout can be very handy if it is necessary to go back to *OMWin* to correct and add data.

## Correcting Errors

In the NSF format, it was possible and often simple to correct your claims directly. While it is still possible to do that in the ANSI module, the claim format is much harder to understand. To make a change directly in the file, you must know the line number and loop in order to make a correction. If you have this information, highlight the appropriate line and click **Change** to display that line in an edit window.

It is critical that you understand that *changes made directly in the file have absolutely no effect on the data stored in OMWin*. For this reason, we recommend that you make the appropriate changes in *OMWin* and regenerate your batch. Here is how that would be done:

1. Close the claim formatter module.
2. Back in *OMWin*, select **Bills/Claims > Clear Ins Billed Dates**.



3. Follow the guided procedure to select your batch (press <F2> to see all your insurance batches). The one you want will probably be at the top of the list. When you click **Next** after selecting your batch, you will see all the charges in the batch, tagged and ready to go. Click

**Next** to continue, then **Finish** to make the changes. This operation removes the Last Billed Date from those charge splits so that the claim batch can be regenerated just as if it had never been done in the first place!

4. Next, make whatever changes or additions to your *OMWin* data that were indicated by the error report.
5. Regenerate and reformat your batch for submission.
6. Transmit the formatted batch.
7. **PLEASE NOTE: You must transmit your claim file every time you have formatted one. When you create a new claim file, *OMWin* overwrites the old one. It is not possible to create several batches and send them all at one time or even one at a time. TRANSMIT EACH TIME YOU FORMAT A BATCH FOR SUBMISSION.**

---

## Transmitting Your Claim File

There are two ways to submit your claim file:

- w Using the separate WebMD/Envoy **ENline Companion** software (Windows 98/me ONLY).
- w Using the SOS-provided terminal emulation program (must be used if you are running the software on Windows NT, Windows 2000, or Windows XP). The terminal program can be run in automated or manual modes. Both are described below.
- w (By the end of 2004, we hope to add “Using an Internet connection” to this list.)

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### Using ENline Companion

When you have completed the enrollment process and all the indicated changes in your *OMWin* data, you must arrange for a telephone appointment with an SOS representative to train you in the use of the ENline Companion software.

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### Using the SOS Terminal Module

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#### Configuring the Terminal Module

The following information is a supplement to the setup described on pages 8 through 13.

1. Select **Bills/Claims > Create HCFA 1500 claims.**

2. Highlight **ANSI - WebMD/Envoy** on the list. Select **Create & Output New Batch**. If you have already generated your claim file, select **Output Current Batch** instead.
3. Once the claim batch has been generated, *OMWin* will open the **Claim File Formatter - WebMD** program.
4. Select **File** at the top left of your screen then select **Terminal Program**.
5. Click on **Setup > General Configuration**.
6. Enter the *Upload Directory* **C:\SOS\CLAIMS**. If *OMWin* is installed on a different drive on your computer, use that drive designation.
7. Enter the *Download Directory*, which should be the same as in step 6 above.
8. Click on the **Change Terminal Type** button. Under *Terminal Type* select "TTY" and leave *Keyboard File* blank.
9. Check the *Show Opening Screen* option.
10. Click **OK** to save.
11. Click on **Setup > Modem Configuration**.
12. Under the **Port Settings** tab select the appropriate information for the *Port* and *Baud Rate*. Set *Parity* to "None", *Data Bits* to "8" and *Stop Bits* to "1".
13. Click **OK** to save.
14. Click on **Setup > Phone Book**.
15. Click on **Add** to create a new entry.
16. For *BBS Name* enter **webMD**.
17. For *Phone number* enter **18006192780**. Be sure to prefix the phone number with 9, followed by a comma, if you are dialing through a PBX or other system that requires it: **9,18006192780**. The comma after the nine instructs the modem to pause briefly before continuing to dial.
18. For *Baud Rate* enter the appropriate speed (38,400 in most cases) and select "ZModem" as the *Protocol*.
19. Click **OK** to save.

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### **Automatic Submission using the Terminal Module**

In many cases use of the Terminal Module is as simple as:

1. Click the **View/Transmit ANSI Claims** on the main formatter menu.
2. Highlight the claim file.

3. Click the **Transmit** button.

Within 24 hours, the reports related to your submission will be available. Download the reports from the same View/Transmit window, using the **Get Reports** button rather than the **Transmit** button. Available reports are combined in a single, compressed, unreadable, “zip” file. Once they have been downloaded, use the **Unzip Reports** button to prepare the reports for viewing, and the **View Report** button to read and/or print them.

If you find that this approach does not send your claims or retrieve your reports successfully, try the manual approach described in the next section.

---

### Using the Terminal Module to Transmit Your Claims Manually

1. Click on **Bills/Claims > Create HCFA 1500**. Highlight **ANSI - WebMD/Envoy** and click **Create & Output New Batch** to create a new claim batch, or **Output Current Batch** if you have already created your claim batch.
2. Enter all the information to create your batch then click on **Continue**.
3. When the batch has been generated, *OMWin* will open the **Claim Formatter for WebMD**. Click on **Format ANSI Claims for Submission**.
4. Click on **View/Transmit ANSI Claims**.
5. The file you formatted will be highlighted. Click **Terminal Prgm**.
6. Click **Connect > Dial**.
7. Highlight the WebMD/Envoy selection and click **Dial**. The modem will dial and connect with WebMD/Envoy’s BBS system.
8. Follow the instructions on your screen. The first question will be: **Production or test (P/T)**. Enter **P** for Production.
9. **Is this correct (Yes or No)?** Enter **YES**.
10. **Login ID**. Enter your TSO number (the letters **TSO** followed by four additional characters. SOS will provide this WebMD/Envoy-assigned number.
11. **Password**. Enter **SYNEROFF**
12. **(D)ownload (U)pload (G)oodbye**. Enter **U**
13. **Payer or Submitter/Provider (P/S)**. Enter **s**
14. **Transaction type**. Enter **m**
15. **File Format: is the file zipped?** Enter **y**
16. **Modem protocol**. Enter **z** for Zmodem

17. At the top of the terminal window you will see an icon with an arrow pointing up. Click on that icon to start the upload (file transmit) procedure.
18. Confirm the Zmodem protocol selection by clicking **OK**.
19. Select (highlight) the file named CLAIMWMD.ZIP and click **Open**.
20. Once the file is uploaded the software will ask you if you want a session log. Type **N** for “no”.
21. Now either type **G** for “Goodbye” to disconnect, or, if you would like to pick up reports from a prior submission, type **D** to download your reports and continue to the next step.
22. **Payer or Submitter/Provider (P/S)** enter **s**
23. **Transmission type** enter **MCDS**
24. **Modem protocol** enter **z** for Zmodem
25. Type **G** for “Goodbye” once the file has been downloaded.

---

## **Reports**

It is essential that you pick up reports after each time that you send claims and review them carefully. Without picking up and reading the reports, you will have no idea which claims have been received successfully by WebMD/Envoy and sent on to the payers and/or which claims have been rejected by the payer.

Within 24 hours of sending your claims, you can pick up a first level report from WebMD/Envoy. This will tell you which claims they received and which ones contained errors that caused them to be rejected by WebMD/Envoy. Correct the indicated errors and re-submit the claims.

Within 72 hours, most of your payors will have returned reports indicating any claims they rejected. Correct those errors and re-submit the claims. Use Appendix 3 of this document to see report types and Document 543 on our web site to understand content of those reports. <http://www.sosoft.com/fod/doc543-wmdrpts.pdf>

## Appendix 1

# Avoiding WebMD/Envoy Claim Submission Errors

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## Overview

This document details the types of configuration and entry errors that have been identified by SOS tech support when users call in to report unsuccessful claim submissions. Some of these errors prevent claim files from being transmitted successfully. Others result in claim rejections after successful transmission.

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## Claim Transmission Difficulties

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### Modem Issues

Submission of claims to WebMD/Envoy requires that the computer used to transmit the claims has a working modem. Make sure that the modem is correctly configured as follows (Windows 98):

1. **Start > Settings > Control Panel.**
2. Double-click the **Modems** icon.
3. Double-click your modem entry (if there is no modem in this list, then you must first click **Add** to install the modem in Windows).
4. Click the **Diagnostics** tab. Note the COM port that corresponds to your modem.
5. Click once on the appropriate COM port entry to highlight it.
6. Click the **More Info...** button just below the list.
7. After a few seconds you should see a window containing technical information returned by your modem when it was queried by Windows. If no information appears here, try removing the modem from the list and re-adding it. If that doesn't work, the modem may be defective or conflicting with another device in your computer. You may require outside assistance to troubleshoot the problem.

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## **Incorrect or Missing Information in ECM Setup Window**

In order to create a valid claim file for submission, you must enter some configuration information required by the ANSI format. In order to do so, you must run the Electronic Claims Module and add this information. Refer to pages 8-13 and 25 for details.

---

## **Transmitting Incorrect File**

It is important that you create the submission file on the same computer from which you will be transmitting that file. By default the submission files are created on the local workstation's hard drive. In at least one case, an organization was getting repeated denials for submission of duplicate claim files because they were submitting an old file over and over rather than submitting the new claim file, which was sitting on a second workstation that was used to format the file.

---

## **Errors Causing Claim Rejections**

If you are new to electronic filing, you will soon discover that the electronic systems that examine your claims are much less tolerant of missing or incorrect data than were the human beings that processed your paper claims. The electronic systems have certain rules, called "edits" that check for missing, invalid, or inconsistent data. If you break any of these rules, the systems will cold-heartedly reject individual claims, or in some cases, your entire claim batch.

---

## **Incomplete System Setup**

System Setup in *OMWin* controls a variety of data entry defaults that can make the difference between successful claim filing and rejected or pended claims. Make sure that you go through every item on every tab of the Setup form (**Setup > System Options**). Be sure to review your settings for the following, even if you think you have already gone through System Options once. See page 13 for details.

- ❑ **Setup > System Options, Patient tab: options in the *Defaults when adding a NEW patient policy* panel.**
- ❑ **Setup > System Options, Other tab: Dx type - make sure that you permit display of ICD codes, even if not set as the default. Do NOT check the *Use only one Dx type*.**

---

## Incorrect Insurance Carrier Information

- q **Claim Type**
- q **Coverage Type**
- q **NEIC/Payer #**
- q **Office #**

Make sure that you specify the correct Claim Type and Coverage Type on the Additional tab of each Insurance Carrier/Plan form (**Lookups > Insurance Carriers/Plans**).

Also be sure to input the correct payer number, as designated by WebMD/Envoy, for each carrier to be submitted electronically.

Enter **NOCD** in the *Office #* field.

See pages 17-18 for details.

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## Missing Supplier Information

- q **Supplier PIN and/or Group numbers**

It is essential that your claims include the correct identifier for your organization or practice (the entity that will be receiving payment). This identifier, referred to as *Supplier ID*, *PIN number*, or *Group number* appears in block 33 on paper HCFA 1500 claims. See pages 19-20 for details.

You may notice that there are *PIN#* and *GRP#* fields on the **HCFA Bottom** tab of the **Policy** form. These are “over-rides” in case you have the need to force particular data into these fields that conflicts with what you have set in the Supplier form. Normally you would leave them blank, in which case *OMWin* will use the Supplier data.

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## Missing Provider Information

- q **Tax ID**
- q **Rendering provider ID**
- q **Electronic Claims Provider Number (assigned by SOS)**
- q **Title**
- q **Specialty**

To view or change provider data, select **Lookups > Providers**, highlight the provider in question, and click **Change**. We would recommend that you check every provider for whom claims are submitted to be sure that this information is correct.

See pages 14 through 16 for detail.

---

## Missing Patient/Client Data

- q Full name
- q Date of Birth
- q SS #
- q Diagnosis
- q Intake date
- q Current Illness date
- q Signature on file

When entering your data be sure that the following items are present:

Information	Window	Remarks
Full name of patient	Patient form	
Date of birth	Patient form	
Social Security #	Patient form	
Intake date	Patient form	The system defaults this value to the current date. If you are back entering charges, be sure to set this date to the correct intake date.
Diagnosis	CSU/1500 or CSU/UB92 form	Make sure every claim setup to be used for claim filing includes at least one valid ICD-9 diagnosis code.
Date of Current Illness	CSU/1500 form	Must be no later than the dates of services that you will be billing.
Admission & Discharge dates	CSU/1500 form	Required if filing for hospital services
Facility ID	CSU/1500 and Facility form	Required if filing for hospital services. Select appropriate facility in CSU/1500 form after checking for complete data in the Facility form.
Insured's ID	Policy form	
Signature on File	Policy form	These boxes should generally be checked. If you have set the Setup > System Options correctly, they will be set to "yes" for any new policies that you enter, but existing policies will not be changed

---

## Referring Physician Data

- q Name
- q UPIN

If your claims include a referring physician (specified on the patient's CSU/1500 form), make sure that the physician's UPIN number or other Carrier Specific ID has been entered on the **Referral Source ID's** tab of the Referral Source form (**Lookups > Referral Sources**). Also choose the correct Qualifier from the drop down list in the box to the right of the ID.

---

## **Invalid Data on Charge Form**

- q Units no less than days in charge entry date range**
- q Place of service**
- q Admission precedes service date**
- q Intake is same as or precedes service date**
- q Illness date is same as precedes Admission and Intake**

Be sure units match the date range, that you use the correct POS codes, and that dates of service are appropriate relative to Intake date and Admission date. See details on pages 22 through 24.

## Appendix 2 WebMD/Envoy Errors and Solutions

WebMD/Envoy Error	Description	Solution
	Claim rejects because of multiple calendar years in the same claim.	Change range of dates for claim batch to include only one calendar year.
Date of Admission is before Date of illness.	Claim rejects because date of admission is before date of illness	Enter or Change date of admission in HCFA CSU box 18, and check that date of illness in HCFA CSU box 14 is earlier. Illness must precede admission.
Date of Illness is after Date First Consulted.	Claim rejects because date of illness is after date of intake.	Check that date of illness in HCFA CSU box 14 is earlier than intake date (Active Pt > Change > Additional > Intake Date)
First consult date is later than date of service.	Claim rejects because date of service is earlier than Date First Consulted (or Date First Consulted is after Service Date).	Enter or Change Intake Date in <i>OMWin</i> (Active Pt > Change > Additional > Intake Date) and make sure it is earlier than service date.
Invalid Payer ID#	Claim intended for paper rejects because of no or wrong Payer ID#.	In NEIC#/Payer ID, must enter "SPRNT".
Invalid Payer ID#	Claim rejects for invalid Payer ID# or invalid Office Location.	For all carriers who do not have an Office # on the Payer List, must include "NOCD" in the Office # field in <i>OMWin</i> .
Can't retrieve confirmation reports	WebMD/Envoy queues the report to be picked up only once. If you tried to retrieve the report without success the first time it will not be there if you try to retrieve it a second time.	You need to call the HelpDesk and asked them to queue the report again.

Invalid or missing Rendering Provider Network ID	If the payer requires a carrier-specific rendering provider ID, it must show be in the claim along with the correct Qualifier code.	Enter Carrier Specific Payer ID in <i>OMWin</i> . Lookups > Providers > highlight provider > Change > Carrier Specific > Select Payer from list > enter ID# and Qualifier.
<b>Warnings: warnings will not cause claims to reject, they are purely informational.</b>		
The signature of the patient is missing from box 12.	The Signature on File indicator is missing.	In <i>OMWin</i> , check the box (Signature on File, box 12) in the Policy > HCFA bottom information for the patient.

Carrier Specific Errors		
Invalid or missing Rendering Provider SS# when payer is <b>Cigna</b> .	<b>Cigna</b> requires a rendering provider Tax ID to be entered.	<b>Cigna</b> does not assign a provider ID. Asks providers to use EIN or SS#. <i>OMWin</i> pulls Provider SS# or Provider EIN into the appropriate place in the claim.
<b>Oregon BCBS</b>	Provider specialty is incorrect for the service entered or does not match the enrollment information.	<i>OMWin</i> Provider > Title must not include punctuation. <i>OMWin</i> Provider > Specialty Code must match their actual specialty so the service is appropriate to their level of training.
<b>Oregon BCBS</b>	FEP must be in group name for Federal Employee Plan. OHP must be there for Oregon Health Plan.	<i>OMWin</i> Patient > Policy > Box 11 must contain FEP or OHP.
<b>Oregon BCBS</b>	No E or M <b>text</b> record.	<i>OMWin</i> Patient > Ledger > Charge > Additional tab > large Memo field must have something like "This is a test" and "Use memo for ECM narrative (HAO record)" must be checked.

### Appendix 3 WebMD/Envoy Reports

WebMD/Envoy provides a variety of reports of your claim filing experience. At various times, you will receive the following sub-reports merged into a single report.

Reference #	Report Type	Report Name	Description
R020	Claim Status	Daily Management Summary	A 1-page Provider report listing the number of claims received and the total claim charges for that day's submissions.
R022	Daily	Provider Daily Statistics	Shows the number of claims accepted and rejected in a submission. If the file is accepted, month-to-date and year-to-date statistics are also listed.
R023	Daily	Provider Daily Summary	Shows the number of accepted claims per batch. Also has a totals section which displays all input, accepted and rejected daily, month-to-date and year-to-date statistics.
R026	Daily	Daily Acceptance Report by Provider	Lists the claims accepted by WebMD/Envoy and sent to the Payors.
R028	Daily	Provider Daily Summary	Displays the number of accepted claims sent to the Payors with month-to-date and year-to-date statistics.
R059	Claim Status	Unprocessed Claims Report	Identifies claims that cannot be processed by the Payer and the corrective action which should be taken.
R060	Claim Status	Request for Additional Information	Lists claims that require additional information for processing. Each message identifies the information required to process the claim and the Payer contact.
R061	Claim Status	Zero Payment Report	Lists claims for which the Payer has determined no payment will be made.
R062	Claim Status	Claim Settlement Report	Explains the disposition of adjudicated claims.