Provider / Submitter Not Yet Enrolled with EDI - FAQs

1. **What is EDI?**
   Electronic Data Interchange (EDI) is a standardized method for transferring data between different computer systems or computer networks. The EDI standards are developed and maintained by the Accredited Standards Committee (ASC) X12.

   Benefits of EDI include:
   - Speed – Data can move directly out of one computer system and into another with little to no delay.
   - Accuracy – Errors are reduced because data is not being re-keyed.
   - Simplicity – EDI standards specify how data will be formatted and where it can be found.
   - Security – Much less likely to lose information transmitted through EDI than information sent via mail. EDI can be accessed only by authorized users, and then there are audit trails and archives of data. EDI data cannot be easily changed by unauthorized users. It is also not subject to viruses.

2. **How do I enroll with EDI?**
   EDI enrollment forms can be found on the NM HCA HIPAA site - https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/

3. **What is a submitter ID/ Trading Partner ID?**
   A number assigned to submitters used to identify them and their transactions.

4. **Will EDI gateway provide 5010 Companion/User Guide?** The Companion/User Guides are found on the HCA Website:
   https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/

5. **How does a clearinghouse work?**
   The medical billing software on your desktop creates the electronic file (the claim) also known as the ANSI-X12 837 file, which is then sent (uploaded) to your clearinghouse account. The clearinghouse then ***scrubs*** the claim checking it for errors (the most important thing a clearinghouse does); and then once the claim is accepted, the clearinghouse ***securely transmits*** the electronic claim (very important) to the specified payer with which it has already established a secure connection that meets the strict standards laid down by a HIPAA. At this stage, the claim is either accepted or rejected, but either way, a status message is usually sent back to the clearinghouse who then updates that claim's status in your claim software. It then alerts you with a status update that you have an accepted or rejected claim.

6. **Can I enroll and receive multiple electronic transactions?**
   Yes, any transaction that will make your facility more efficient can be utilized. The list of electronic transactions supported by NM Medicaid can be found in question 7.

7. **What are the available EDI Transactions and the transaction purpose?**

   - **EDI Health Care Claim Transaction set (837***) is used to submit health care claim billing information, encounter information, or both. It can be sent from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses.* There are three separate Companion guides for 837 FFS healthcare claims*; 837P*

(Professional), 837I (Institutional) and 837D (Dental) and three companion guides for Managed Care Encounter claims.

- **EDI Benefit Enrollment and Maintenance Set 834** is used to send enrollment information for Managed Care members to a NM Managed Care Organization.
- **EDI Health Care Claim Payment/Advice Transaction Set – ERA 835** is used to send an Explanation of Benefits (EOB) remittance advice from HSD to a health care provider.
- **EDI Health Care Eligibility/Benefit Inquiry 270** is used to inquire about the health care benefits and eligibility associated with a subscriber or dependent under the subscriber's policy.
- **EDI Health Care Eligibility/Benefit Response 271**is used to respond to an inquiry about the health care benefits and eligibility associated with a subscriber or dependent.
- **EDI Health Care Claim Status Request 276** this transaction set can be used by a provider, recipient of health care products or services or their authorized agent to request the status of a health care claim.
- **EDI Health Care Claim Status Notification 277** This transaction set can be used by a health care payer or authorized agent to notify a provider, recipient or authorized agent regarding the status of a health care claim or encounter, or to request additional information from the provider regarding a health care claim or encounter.
- **EDI Health Care Payment Order/Remittance Advice 820** used to transmit premium payment information

8. **Can I check members' eligibility electronically?**
   Providers can check eligibility by submitting a 270 transaction via EDI and receiving a 271 response directly.

   See Companion Guides: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/

9. **How can I check the status of a claim?**
   Providers can check claim status by submitting a 276 transaction via EDI and receiving a 277 response directly.

   See Companion Guides: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/

10. **What EDI Transactions will Managed Care providers employ?**
    837(claim billing), 820(Payment *Order/Remittance advice)* and 834 (Benefit Enrollment and Maintenance Transaction), See description for each transaction in Question 7 - See Companion Guide: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/