MACSIS User Guide for the ANSI File Format

Revision Date 10/01/2010

MACSIS SPECIFIC ANSI 837 Data Entry

Important: Before you begin to enter data you must have the following:

1. **MUST BE USING EZCLAIM ADVANCED 7 RELEASE 23 OR HIGHER.** Update to the latest EZClaim Advanced 7 release by clicking on the Support/Help menu and selecting 'Check for Updates'.
2. For additional **MACSIS** information go to http://www.ezclaim.com/ohio
3. The following instructions are specific to **MACSIS** claims submission.
   - ANSI Data: EZClaim will not automatically "roll-up" services. Having software automatically "roll up" services allows duplicate service entries to be rolled into one. The user would not know they just unintentionally double billed. The MACSIS system would also not catch the duplicate billing since the software rolled two services into one before sending. At this point, EZClaim feels the user should manually roll up services during data entry to avoid duplicate billing. See the MACSIS documentation page regarding rolling up services.
   - COB information will only be exported if a secondary payer is selected. See COB data entry information on Page 11.

Data Entry Tips

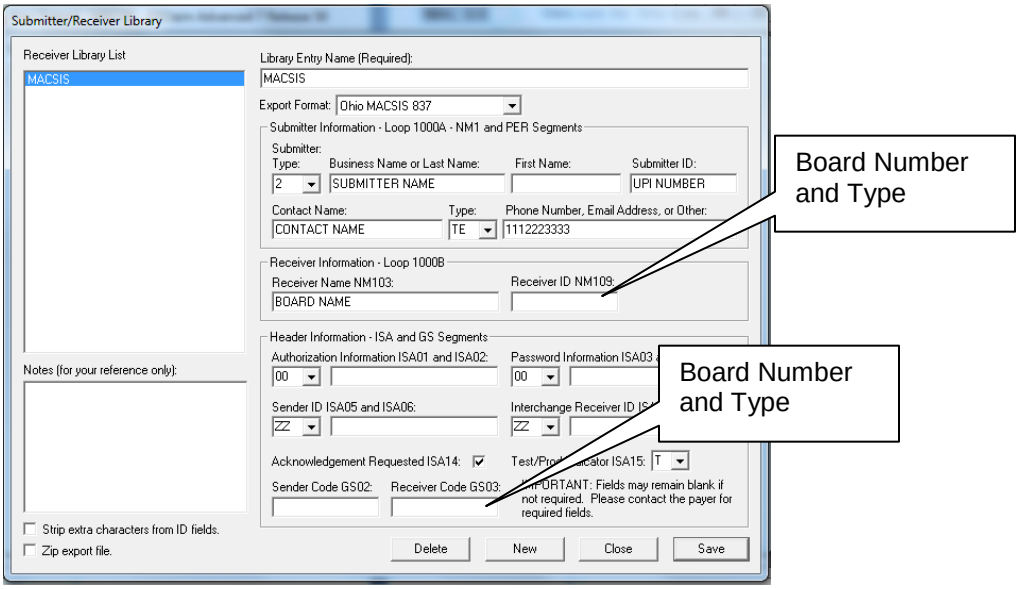
- Do not use words such as "Same" "None" or "N/A". Use only valid data in fields.
- Entering all data in CAPS is recommended.
- Do not use MR., MS. or other prefixes. Do not use DR. MD, OD etc.
- EZClaim will format the fields (such as date formats) correctly when generating the export file.

MACSIS

MACSIS specific information is marked in this document by the symbol shown on the left.

Submitter Information - Step 1

EZClaim Location: Tools > Options > Submitter Information
Click on Submitter/Receiver Library.



Required: Export Format – Using the dropdown box select OH MACSIS 837
Required: Submitter Identifier – Enter your UPI number.
Required: Submitter Name
Required: Submitter Contact Information, name and telephone number.
Required: Receiver Name (NM103) – Enter your Board Name
Required: Receiver ID (NM109) – Enter your Board Number and Type
Required: Receiver Code (GS03) – Enter your Board Number and Type.
Required: Prod (Production) or Test Indicator.
Situational: Acknowledgment Requested, Sender ID and Sender Code. Enter only if requested by your Insurance Carrier.

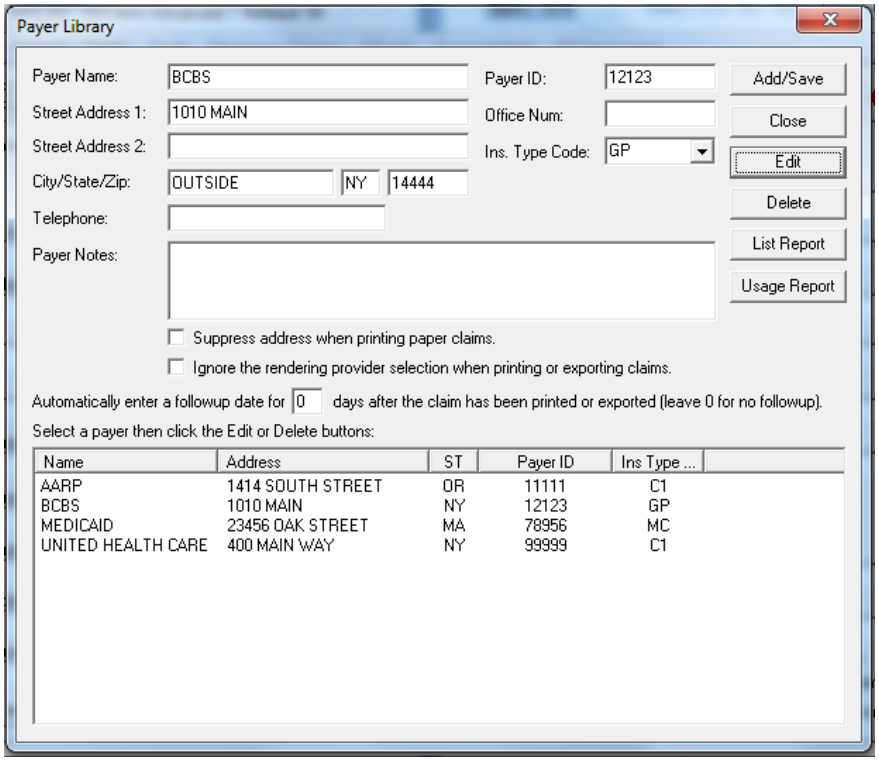
MACSIS Make sure the 'Strip extra characters from ID fields when exporting data' is **UNCHECKED**

Payer Library - Step 2

EZClaim Location: Tools > Payer Library

MACSIS If you are billing **MACSIS** only with no COB information, **you may skip this step**. If you will be sending COB information or using EZClaim to bill other insurance companies direct, please follow the 'Payer Library' instructions. <u>All claims exported using the Ohio MACSIS 837 export will have the correct MACSIS payer information.</u>

The Payer Library is used for setting up your insurance (Payer) information for each payer you will be submitting claims electronically. This information <u>must</u> be entered before entering data into the Physician, Facility Library.



Add Payer Information

1. Enter name and address data. Use tab to move between fields. Use 5 digit Zip Code unless 9 digit is required by Payer.
2. Using dropdown arrow, enter the Insurance Type Code.
3. Enter Payer ID# of insurance carrier. Click on 'Add/Save'.
4. Payer information is now listed in the box below.

Required: Contact your insurance carrier for Payer ID#'s. **MACSIS** does not look at this field but the file must have data, if you do not know the payer ID, enter 99999.

Physician/Facility Library – Step 3

EZClaim Location: Tools>Physician/Facility Library

This information must be entered before entering patient data.

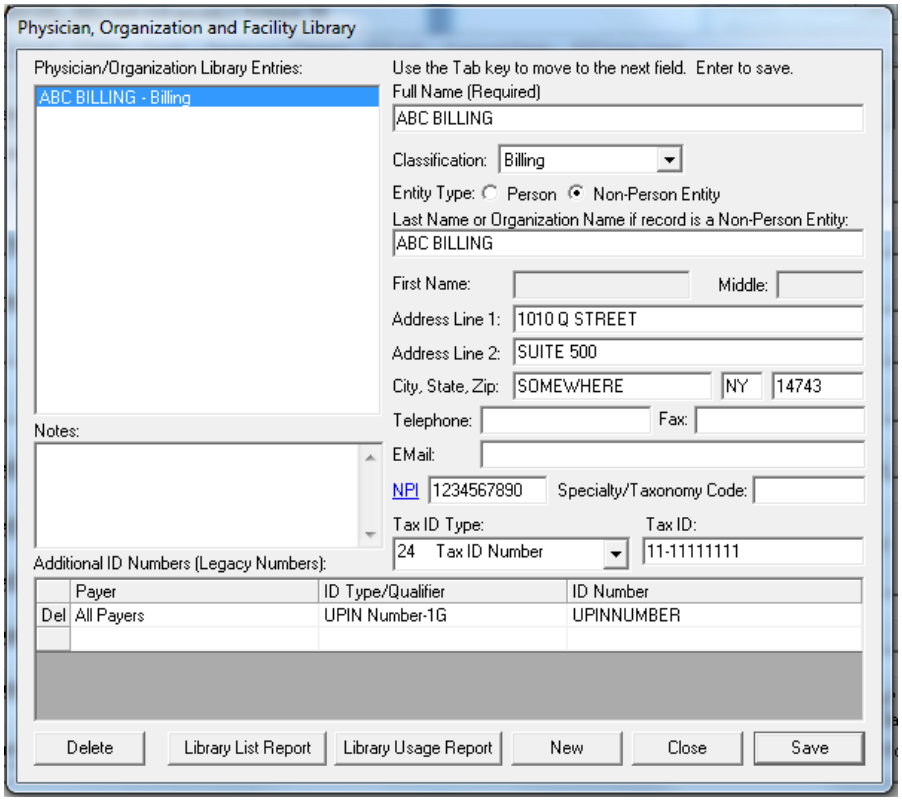
Setting up the Physician/Facility Library correctly is very important for error free electronic claim submissions. Once the entries are made in the library, they will be selected on EZClaim's data entry screens.

MACSIS

Below is an example of entering 'Billing Provider' information for **MACSIS NPI** billing. Do not enter NPI information until instructed by your Board to submit the NPI number.

Important Note: If you do not want to submit MACSIS NPI information then enter your TX ID# in the Primary ID Type and UPIN # under 'Additional ID Numbers'.

Physician/Facility Library – Billing Provider Information Using the NPI Provider Number



1. Enter the Organization name.
2. Select ‘Billing’ as Classification.
3. Choose ‘Entity’ type.
4. Enter the Organization Name leaving First name field blank.
5. Enter the address information
6. Enter the NPI number.
7. Tax ID Type dropdown arrow, select the ‘Primary ID Type’ and enter tax id number including the dash: 88-9999999.
8. Enter ‘Additional ID Numbers’. For **MACSIS** billing select ‘All Payers’ and enter the UPIN number. (See sample above.)
9. For COB or other insurance billing click in the blank line and choose the Payer, then the ID Type and the ID Number. (See www.ezclaim.com/ohio for additional COB information)

MACSIS

Note: For more detailed information on entering the Referring, Facility, Rendering etc. in the Physician Library, see complete EZClaim manual, ‘Physician, Organization and Facility Library’.

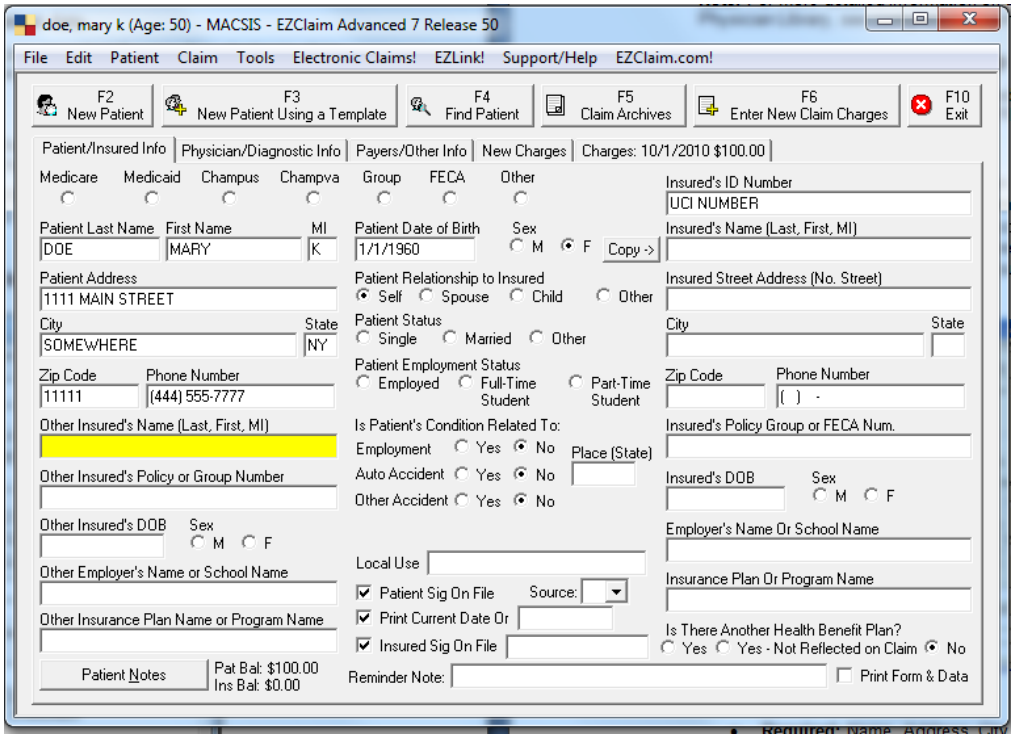
Patient/Insured Info Screen – Step 4

IMPORTANT: Not all fields are required for electronic submission. Entering data into additional fields may generate additional errors. Please enter data into fields only if required.

Field Requirements

Please follow the guidelines below when entering data for electronic billing.

- Do not use words such as **“Same” “None” or “N/A”**. Use only valid data in fields.
- Entering all data in CAPS is recommended.
- Do not use MR. MS. or other prefixes.
- EZClaim will format the fields (such as date formats) correctly when generating the export file.



Patient Information

- **Required:** Name, Address, City, State and Zip
- **Required:** Date of Birth
- **Required:** Patient Gender
- **Required:** Patient Relationship to Insured
- **Required:** Assignment of Benefits Indicator and Release of Information Indicator.
  EZClaim fields: Patient Signature on File and Insured Signature on File.
- **Required:** Patient Signature Source Located on Patient/Insured Information tab
  - B = Signed signature authorization. CMS-1500 Claim Form block 12 and block 13 are on file.
  - C = Signed CMS-1500 claim form on file.
  - M = Signed signature authorization form for Block 13 on file.
  - P = Signature generated by provider because the patient was not physically present for services.
  - S = Signed signature authorization form for CMS-1500 Claim Form block 12 on file.

Insured Information:

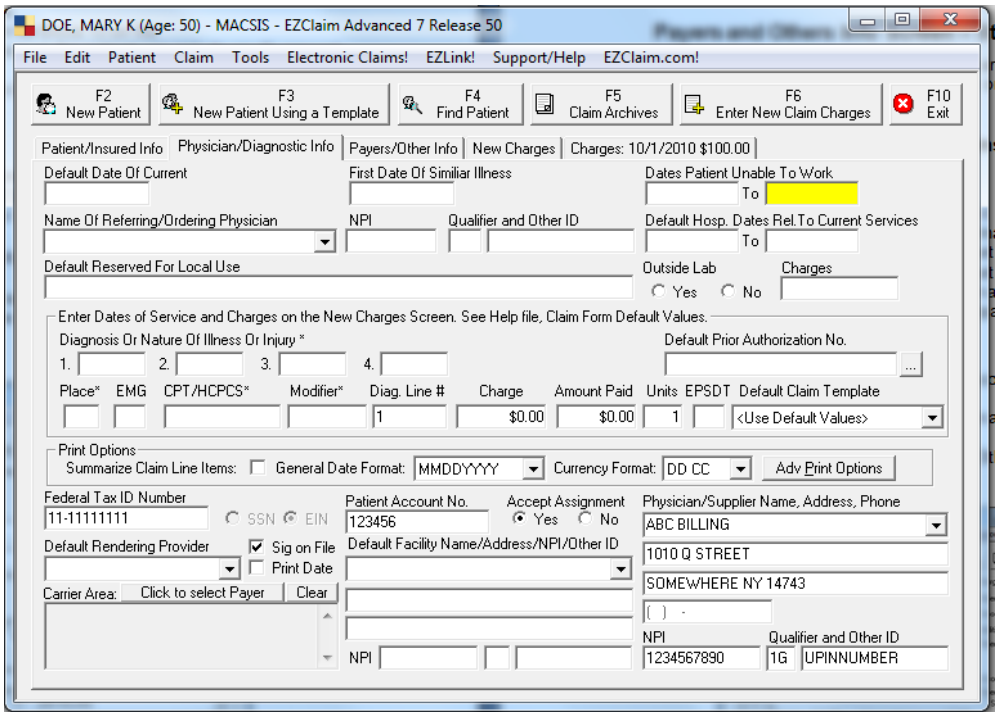
MACSIS

Since all patients are the insured, (the Patient relationship is always 'self'), there is no need to fill in the Insured name, address and other details. EZClaim will use the patient information for the insured's information. Make sure to mark all 'Patient Relationship to Insured' as 'Self'.

MACSIS

- **Required**: Enter the patients UCI number into the Insured ID# field.
- **Required**: Date of Birth, Gender
- **Required:** Other Subscriber Information. If sending COB information and the other insured is different than the patient, enter the other insured's details.

Physician/Diagnostic Info Screen – Step 5



Field Requirements

- **Required**: The Physician's billing information, (Box 33). Use the dropdown arrow to select the Physician/Organization name.
  - Provider UPIN, TX ID and NPI numbers, as entered into the Physician/Facility Library will be automatically entered and submitted with your 837 file.

MACSIS

- **Required:** Patient Account number. EZClaim will automatically enter a Patient Account Number if the Patient Account Number field is blank.
- **Required:** 'Accept Assignment Indicator'. 'Yes' or 'No'
- **Required:** 'Signature on File Indicator'.
- **Situational:** 'Rendering Provider' Enter data only if required by your Board.

Payers and Others Info Screen – Step 6

MACSIS

MACSIS claims only. Since all claims are going to **MACSIS**, you do not need to select MACSIS as the Primary/Destination Payer. **The only field you will normally fill in on this screen is the Subscriber SSN number.**

Enter Payer Information (For claims other than MACSIS)

Selecting Payers

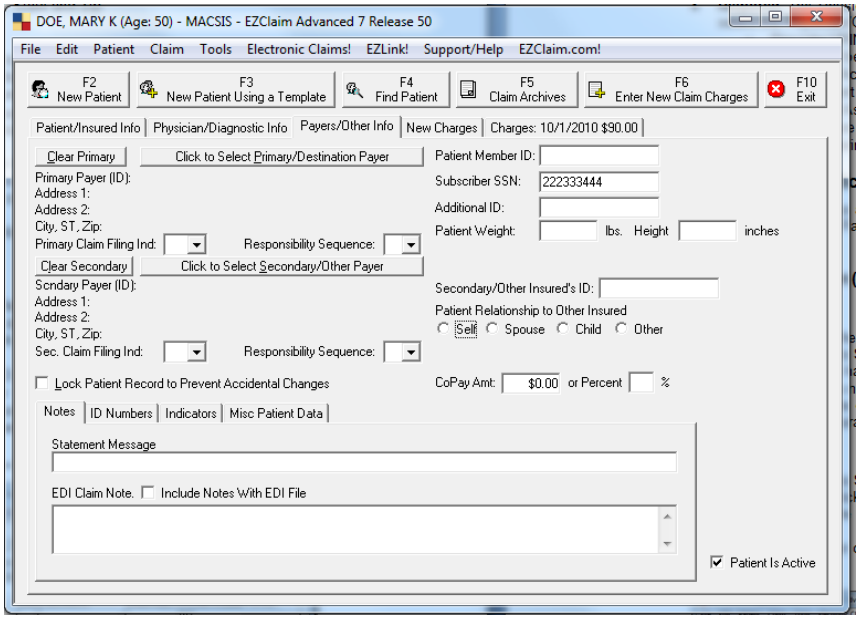
Before using the Payers/Other Info tab it is recommended you set up your 'Payer Library'.

1. Click on the 'Click to Select Primary Payer' button.
2. If the Payer Library has been set up, highlight Payer and click OK
3. If Payer Library has not been set up click on 'Payer Library' and enter data.
4. **Required**: Using the dropdown arrow select 'Primary/Destination Claim Filing Indicator'.
5. Enter any other insurance company required information.

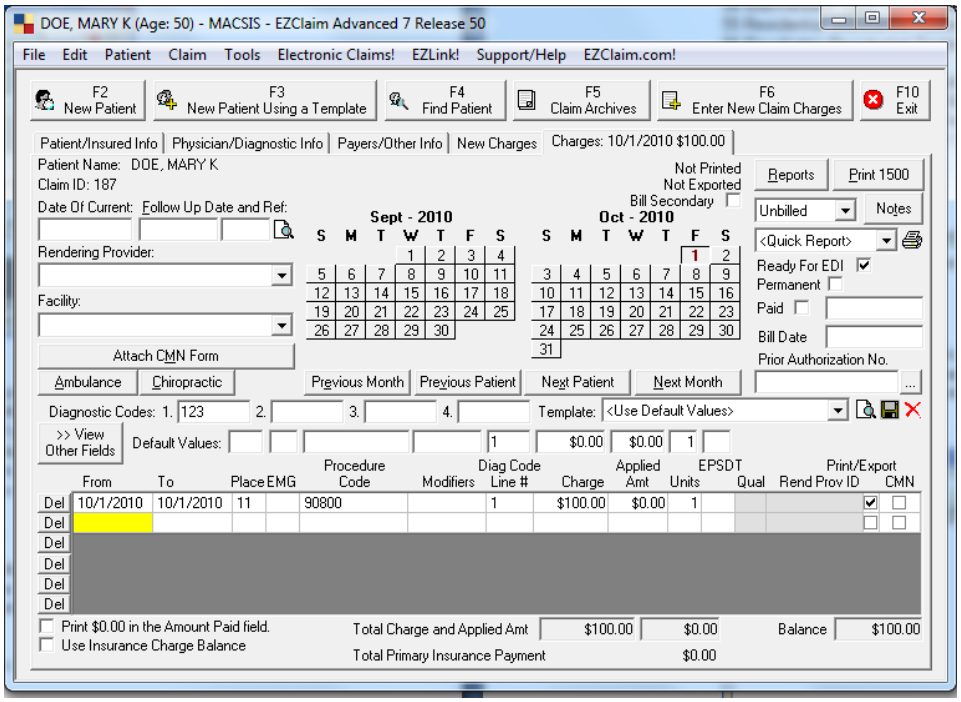
Other Payers

1. Click on the 'Click to Select Secondary Payer' button.
2. Highlight 'Payer', click OK.
3. **Required:** Using the dropdown arrow select 'Secondary/Other Claim Filing Indicator'.

Note: To delete a Payer on Payer/Others Info screen, click on the 'Clear Primary' or 'Clear Secondary' button.



New Charges Screen - Step 7



Data Entry

- EZClaim formats all dates and other fields correctly when generating ANSI files. There is no need to enter dates in a special format when performing data entry.
- Modifier positions need to be maintained. If you need a modifier in position 1, 3 and 4, you would enter HE99HFHW into the modifier field on the Charges screen. Do not use spaces or commas to separate the modifiers.
- Each date of service will be exported as one service line per claim

- Do not use decimal points in the DX codes.

Enter charges and other service line information. Enter codes in two-digit format.

Place of Service:

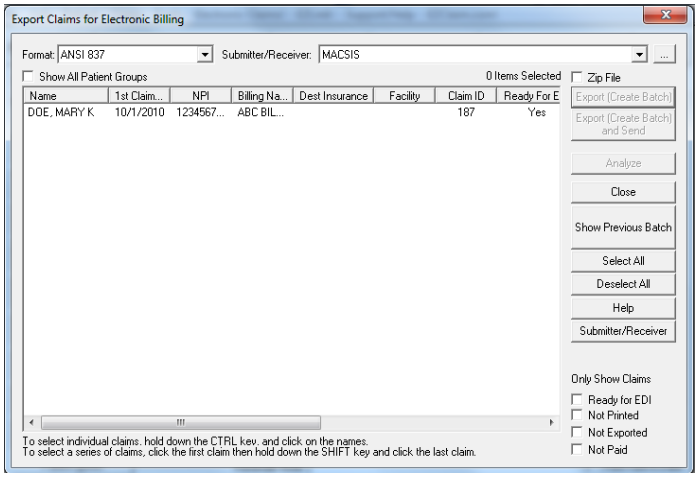
11 Office
12 Home
21 Inpatient Hospital22 Outpatient Hospital
23 Emergency Room - Hospital
24 Ambulatory Surgical Center
25 Birthing Center
26 Military Treatment Facility
31 Skilled Nursing Facility
32 Nursing Facility
33 Custodial Care Facility
34 Hospice
41 Ambulance - Land
42 Ambulance - Air or Water
50 Federally Qualified Health Center
51 Inpatient Psychiatric Facility

52 Psychiatric Facility Partial Hospitalization
53 Community Mental Health Center
54 Intermediate Care Facility/Mentally Retarded
55 Residential Substance Abuse Treatment Facility
56 Psychiatric Residential Treatment Center
60 Mass Immunization 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

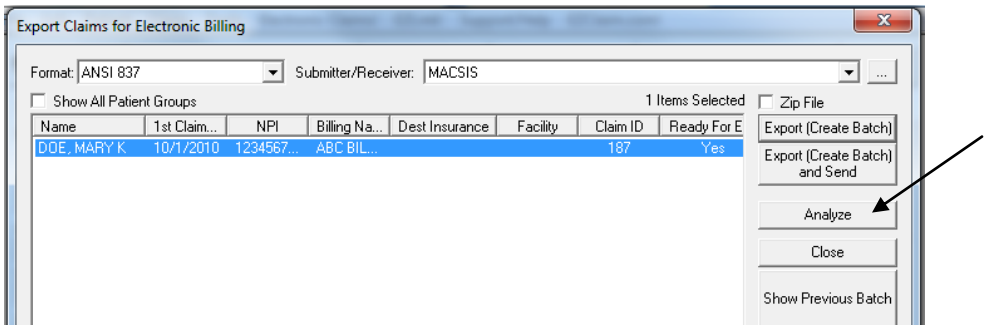
Exporting Claims – Step 8

EZClaim Location: Menu Bar>Electronic Claims
Once the patient and claim data has been entered into the EZClaim program you are now ready to generate your file for electronic transmission.

Exporting Claims

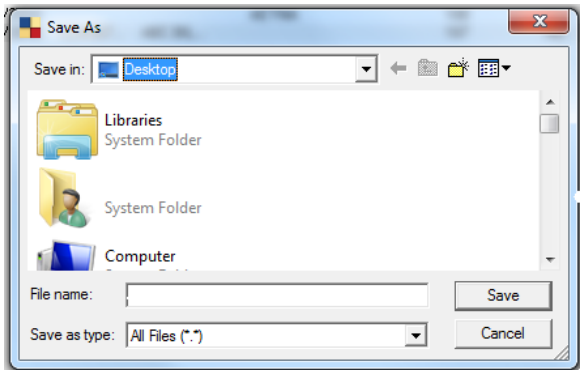


1. Click ‘Electronic Claims’ on the menu bar.
2. Select ANSI 837 in the Format field.
3. Select your MACSIS Submitter/Receiver Library entry in the Submitter/Receiver field.
4. Select by highlighting, the claims for export. If a claim is not appearing in the dialog box, uncheck the checkbox ‘Only Show Claims Not Exported’. (See ‘Re-Exporting Claims’ Step 9, for additional information on ‘Sorting’ and ‘Filtering’ claim list.)
    - To select a **series of claims**, click the first claim then hold down the SHIFT key and click the last claim.
    - To select **individual claims**, hold down the CTRL key, and click on the names.
5. Once claims have been selected, click on the ‘Analyze’ button to analyze the file **before** submitting. (If errors are found, return to patient record and update data.) Use the ANSI 837 to EZClaim Reference Map for help in fixing errors.

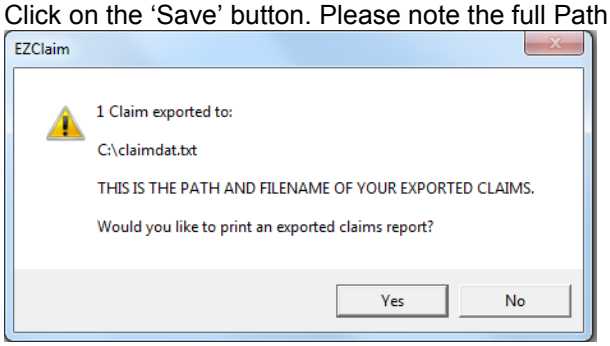


6. Return to 'Electronic Claims' dialog box and select claims to send.
7. Click on the 'Export and Send' button.
8. In the 'Save As' dialog box, click the 'Save In' dropdown arrow and select 'C:' drive or a location of your choice.
9. By default, file name will be 'Claimdat.txt'. **IMPORTANT:** Please use the **MACSIS** required filename format. These naming conventions can be found in the 'Guidelines Pertaining to **MACSIS** under HIPAA' document found on the MACSIS web page. http://www.mh.state.oh.us/ois/macsis/mac.claims.index.html

   ASC X12N 835 Health Care Claim Payment/Advice files will be named according to the format Abbbxxxxxx.julyy. An example is A25B001043.31402, where:
   - "A" is a constant used to identify the file as an ANSI-compliant file. (Note: ANSI is American National Standards Institute.)
   - "bbb" equals the remitting Board's number and type code (ex. 25B for Franklin ADAMH).
   - "xxxxxx" equals the provider's **MACSIS**-assigned UPI number (ex. "001043")
   - "jul" equals the julian date the file was created (ex. 314 for November 10th)
   - "yy" equals the year the file was created (ex. 02 for 2002)



10. Click on the 'Save' button. Please note the full Path and Filename of your batch file.



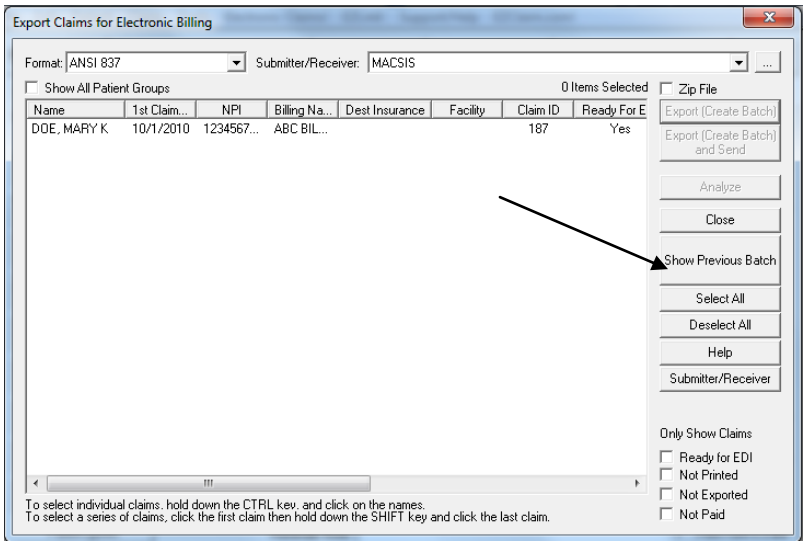
11. If you would like a printed Submission report, click 'Yes' to print report. (Submission Reports are saved and may be accessed by going to File on the menu bar>Reports>Submission Reports.)
12. Follow board instructions for claims submission.

Re-Exporting Claim Data – Step 9

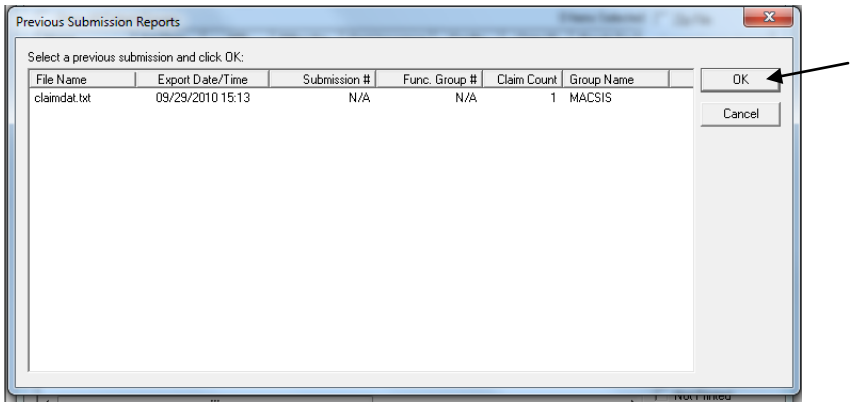
If the claim is rejected for some reason, you will most likely need to re-submit the claim(s). EZClaim makes it easy to select claims for re-exporting by selecting 'Show Precious Batch' on the 'Electronic Claims' screen

Step-by-Step Instructions

1. Click Electronic Claims.
2. Select 'Show Previous Batch'



3. Select the correct batch file and click OK. This will list the claims exported for that batch.



4. Click on ‘Select All’ to highlight all the claims or hold down the shift or ctrl key on the keyboard to select the claims to be re-exported.
5. Click on the ’Export’ or ‘Export and Send’ button.
6. Re-export claims.
    a. When sending file, click ‘Send File’ on menu bar and enter Filename by right clicking and choosing ‘Paste’. Select Protocol. Use ZModem or choose alternate protocol by clicking on dropdown arrow.
    b. When finished click the ‘Hang Up’ button
    c. Exit program

Ohio MACSIS 837 COB Information

Notes: This article applies to the Ohio MACSIS 837 export format ONLY!

There are 4 pieces of information that must be entered for COB information to transfer correctly in the Ohio MACSIS ANSI 837 format.

1 - Other Insured Name and Address Information - If the Other
Insured area is left blank, the program will use the Patient information. This will simply reduce the amount of data entry. If the Other Insured info is different than the patient's, enter into the left bottom of the Patient/Insured Info screen. This information is exported into ANSI 837 Loop 2330A.

2. Other Payer - On the Payers/Other screen, there must be a Secondary/Other Payer selected. You can enter payers into the Payer Library in the Tools > Payer Library menu. At a minimum, you will need a Payer Name, Payer ID and Insurance Type Code. MACSIS does not use this loop for adjudication purposes so you may be able to put a fake number (12345) into the Payer ID field. EZClaim does not have a list of Payer ID's. Valid Insurance Type Codes are listed below. The field is required just for ANSI compatibility purposes. This information is exported into ANSI 837 Loop 2330B.

Also on the Payers/Other info screen, a ZZ must be entered into the Secondary Claim Filing Indicator field. This field is not required for MACSIS but needs to be entered for compatibility purposes. This information is exported in ANSI 837 Loop 2320 Segment SBR.

3 - Insurance Payments - On the charges screen that needs to include COB information, click on the Applied Amt column. This will open a Payments window. Enter the amounts paid (or leave zero). This data will be totaled and export into ANSI 837 Loop 2320 Segment AMT*D

4 - COB Codes (REF*IG) - On the Charges screen in the EMG column, enter the COB indicator code. These codes can be found in the MACSIS 837 Professional Claim Informational Guide at Loop 2330A REF*IG Field 02. This document can be found on the MACSIS web site or the link on the MACSIS page of the EZClaim web site at http://www.ezclaim.com/ohio. NOTE: If you need to show a zero amount in segment AMT*D then you will require 5.0 release 21 or higher.

Step 4 COB Codes
2 - Blue Cross/Blue Shield
3 - A private carrier
4 - Employer or Union
5 - Public Agency (Medicare, Worker's Comp)
6 - Other carrier
R - No response from carrier
P - No coverage for this recipient number
F - No coverage for all recipient numbers
L - Disputed or contest liability
S - Non-covered service
E - Insurance benefits exhausted
X - Non-cooperative member.

Step 2 Insurance Type Code Reference
AP Auto Insurance Policy
C1 Commercial
CP Medicare Conditionally Primary
GP Group Policy
HM Health Maintenance Organization (HMO)
IP Individual Policy
LD Long Term Policy
LT Litigation
MB Medicare Part B
MC Medicaid
MI Medigap Part B
MP Medicare Primary
OT Other
PP Personal Payment (Cash - No Insurance)
SP Supplemental Policy