Submitting Bills via Electronic Data Interchange (EDI)



#### **Introduction**

The purpose of this webinar is to educate providers on the Electronic Data Interchange (EDI) Process: How to establish an EDI account and submit files. Providers can submit their EDI files through the Workers' Compensation Medical Bill Process (WCMBP) System.



### **EDI Benefits**

Allows Providers to:

- Avoid claim processing delays
- Reduce administrative postage, materials and handling costs
- Detect errors
- Faster Payments.



What is Electronic Data Interchange (EDI)?



#### What is EDI?

EDI (Electronic Data Interchange) X12 is a data format based on the Accredited Standards Committee (ASC) X12 standards.

EDI allows one company to send information to another company electronically, rather than using paper. Business entities conducting business electronically are known as "trading partners." A 'Trading Partner' may represent an organization, group of organizations or any other business entity.

### EDI Transaction and Acknowledgement Files

The WCMBP System processes the following EDI transaction and acknowledgement files:

- **837 Inbound File** An electronic file that contains information about a patient claims that are sent by healthcare providers to a payor (OWCP).
- **835 Outbound File** Is the electronic Remittance Voucher (RV)/Explanation of Benefits (EOB) sent by the payor (OWCP) to the providers about the healthcare services being paid or denied.
- TA1 Outbound Acknowledgement Reports the status of processing an interchange. This
  report confirms whether EDI successfully received the interchange or transmission. It notifies the
  Trading Partner of any encountered errors after it verifies the envelope structure.
- **999 Outbound Acknowledgement** A response that a file was received properly.



EDI Bills Submission Methods



#### How Can EDI Bills Be Submitted – HIPAA Batch

**HIPAA Batch** - This feature is available for all providers and Billing Agents/Clearinghouses

- Accessible via the **"HIPAA Batch Transaction**" hyperlink on the WCMBP provider portal.
- The size limit of the EDI Batch file is **50MB.**
- Providers can see all the submitted **EDI files** along with acknowledgment/response files.
- Does <u>not</u> allow for the attachment of supporting documentation.





#### How Can EDI Bills Be Submitted - Secure FTP Batch

**Secure File Transfer Protocol (SFTP) Batch** - This feature is available via the WCMBP System and requires the use of an SFTP client.

- Access this feature via the **"SFTP User Details"** link on the provider portal. You will need to create an account using the SFTP User Details link in the provider portal to set up the SFTP account.
- SFTP allows for a file size of up to **100MB**.
- Allows for the attachment of supporting documents.
- WCMBP System will have an *account and folder structure* in SFTP and the login credentials will be shared with the provider.





#### How Can EDI Bills Be Submitted - Secure FTP Batch

#### **SFTP Batch**

• The acknowledgment/response files for the submitted EDI file are stored in its respective folder in the SFTP account for provider review.





### Billing Agents/Clearinghouses & EDI

- Billing agents/clearinghouse responsibilities: Each billing agent/clearinghouse must have an OWCP provider ID number to submit bills via the WCMBP System and must provide their OWCP Provider ID number to each provider for whom they are billing.
   Note: If you are a billing agent/clearinghouse that submitted bills on behalf of multiple providers in the Conduent system, and those providers were not enrolled and active in that system, they will be required to enroll in the WCMBP System in order for you to bill on their behalf.
- Legacy billing agent/clearinghouses: OWCP provider information would transfer to the WCMBP system only if they had an OWCP ID. They will receive a Welcome and Registration letter that provides information on how to access the system.
   Note: If you only had a trading partner ID, you would need to enroll in the WCMBP system.
- **New billing agent/clearinghouse:** Need to enroll with OWCP via the WCMBP System online enrollment process.



### Billing Agents/Clearinghouse & EDI

**Provider Responsibility:** Any provider who chooses to utilize the services of a third-party biller (billing agent or clearinghouse) to submit bills, must identify the OWCP provider ID assigned to the billing agent/clearinghouse on their own provider profile. This means that the billing agent/clearinghouse must be enrolled in the WCMBP System and have an OWCP ID.

- Legacy providers whose provider profile is currently linked to a billing agent/clearinghouse: Information will transition over to the WCMBP System; the billing agent/clearinghouse will be able to submit EDI claims on or after April 27, 2020, through the WCMBP System.
- Legacy providers whose provider profile is <u>NOT</u> linked to a billing agent/clearinghouse: Providers need to update their existing provider profile with the the billing agent/clearinghouse provider information, including the billing agent/clearinghouse's OWCP Provider ID.
- New providers: Providers who select the option to submit bills using a billing agent/clearinghouse on their enrollment application must have the billing agent/clearinghouse OWCP Provider ID. The tutorials on how to complete an enrollment application is available at <u>https://owcpmed.dol.gov</u> under Provider menu, Training and Tutorials.



Existing Legacy Providers: Adding/Updating EDI Submission Methods



#### Adding/Updating EDI Submission Methods

In order for Billing Agents/Clearinghouses to see 835 files, the Billing Agents/Clearinghouses submitting bills on behalf of a provider will need to be added to the provider account as the EDI Submitter. As a Legacy provider, you may also need to update your selection of Submission method to EDI Submission Method if that was not your method from the previous system.

This section will explain the process of updating your EDI Submission Method and adding a Billing Agent/Clearinghouse as the EDI Submitter.



#### Accessing Maintain Provider Information in the WCMBP System

| Log in to the WCMBP System. The system will display the    |
|--|
| default "Select a provider ID Number." Select the          |
| appropriate profile "Ext Provider File Maintenance" from   |
| the drop-down list. This profile is important to use since |
| the other profiles do not allow you to access the link     |
| shown in step 2.   |
|  |







Click on the "Maintain Provider Information" hyperlink in the column on the left under Provider.

| Provider                      | ~ |
|-------------------------------|---|
| Maintain Provider Information | - |



#### • Click the "Step 7: EDI Submission Method" hyperlink.

#### III View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete the Step - Submit Maintenance Request for Review.

| Step   | Required | Last Modification Date | Last Review Date | Status     |
|--|----------|------------------------|------------------|------------|
| Step 1: Basic Information                      | Required | 03/04/2020             | 03/04/2020       | Complete   |
| Step 2: Location                               | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 3: Taxonomies                             | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 4: Ownership Details                      | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 5: Licenses and Certifications            | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 6: Identifiers                            | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 7: EDI Submission Method                  | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 8: EDI Submitter Details                  | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 9: EDI Contact Information                | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 10: Payment Details                       | Required | 03/17/2020             | 12/29/2019       | Complete   |
| Step 11: Complete Provider Disclosure          | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 12: View/Upload Attachments               | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 13: Submit Maintenance Request for Review | Required | 12/29/2019             | 12/29/2019       | Incomplete |

If the provider previously opted out of submitting via EDI, it will show 'None' in the "EDI Submission Method" column.



Click the "None" hyperlink under EDI Submission Method.

| III EDI S   | ubmission Method               |                   |                 |                          |                           | ^  |
|-------------|--------------------------------|-------------------|-----------------|--------------------------|---------------------------|--|
| Filter By : | And                            | ×                 | And Opera       | ational Status: Active V | Go                        | ⊗ Clear Filter Save Filter ▼My Filters ▼ |
|             | EDI Submission Method<br>△▼    | Start Date<br>▲ ▼ | End Date<br>▲ ▼ | Status<br>▲ ▼            | Operational Status<br>▲ ▼ | Inactivation Date<br>▲ ▼                 |
| □ None      |                                | 2/29/2019         | 12/31/2999      | APPROVED                 | Active                    |  |
| View Page:  | 1 Go Go + Page Count SaveToCSV |                   | Viewing Page: 1 |                          |                           | K First     Prev     Next     Last       |

- 2. Select your Mode of Submission:
  - Billing Agent/Clearinghouse: A third party entity to submit provider bills.
  - Web interactive (DDE): This option is already available for providers, nothing further will be needed.
  - FTP Secure Batch: SFTP setup.
  - Web Batch: This option is already available for providers, nothing further will be needed.

| None: Don't select. | EDI Submission Details  |   |  |  |                     | ^      |
|---------------------|---|---|--|--|---------------------|--------|
| Click "OK." 2→      | Mode of Submission: Real Billing Agent/Clearinghouse Status: Approved   | Web Interactive   | FTP Secured Batch  | Web Batch  | ✓ None              |        |
|                     | Method  |   | When to Use  |  |                     |        |
|                     | Billing Agent/Clearinghouse<br>Web Interactive<br>FTP Secured Batch<br>Web Batch<br>None  |   | For providers who use a<br>For entering (keying) bill:<br>For submitting files via a<br>For upload/download of f<br>For submission through | 3rd party to bill<br>s directly in the System<br>n SFTP site<br>files in OWCP<br>paper form ONLY.  |                     |        |
|                     | <ul> <li>Web Batch method is often used b</li> <li>Your EDI submission method is "F<br/>designed with clearinghouses and</li> <li>Don"t select "None" if other submi</li> </ul> | y providers who submit their own HIPA/<br>TP Secured Batch" if you submit and re<br>billing agents in mind. It allows a maxin<br>ssion method is selected. You can alwa | A batch transactions. It allov<br>trieve batches at a secure w<br>num file size of 100 MB.<br>rys submit paper form in ado                 | ws a maximum file size of 50 MB.<br>veb folder assigned to you by OWC<br>dition to EDI Submission. | CP. This method was |        |
|                     |   |   |  |  | 3 Оок Оо            | Cancel |



3

Your EDI Submission will be in an "In Review" status. Click "Close" and go to the next step, "Step 8: EDI Submitter Details."

| EDI Submission Method                    |                   |                 |                        |                           | ^   |
|--|-------------------|-----------------|------------------------|---------------------------|---|
| Filter By :   And                        | ×                 | And Operati     | ional Status: Active V | òo                        | S Clear Filter Save Filter ▼ My Filters ▼ |
| EDI Submission Method                    | Start Date<br>▲ ▼ | End Date<br>▲ ▼ | Status<br>▲▼           | Operational Status<br>▲ ▼ | Inactivation Date<br>▲ ▼                  |
| □ None                                   | 12/29/2019        | 12/31/2999      | APPROVED               | Active                    |   |
| Billing Agent/Clearinghouse              | 01/01/1964        | 12/31/2999      | IN REVIEW              | Active                    |   |
| View Page: 1 O Go + Page Count SaveToCSV |                   | Viewing Page: 1 |                        |                           | K First     K Prev     Next     Next      |

#### Add EDI Submitter Details (Step 8)

• Click the "Step 8: EDI Submitter Details" hyperlink.

|  | View/U | pdate | Provider | Data - | Individual |
|--|--------|-------|----------|--------|------------|
|--|--------|-------|----------|--------|------------|

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete the Step - Submit Maintenance Request for Review.

| Step   | Required | Last Modification Date | Last Review Date | Status     |
|--|----------|------------------------|------------------|------------|
| Step 1: Basic Information                      | Required | 03/04/2020             | 03/04/2020       | Complete   |
| Step 2: Location                               | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 3: Taxonomies                             | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 4: Ownership Details                      | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 5: Licenses and Certifications            | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 6: Identifiers                            | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 7: EDI Submission Method                  | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 8: EDI Submitter Details                  | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 9: EDI Contact Information                | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 10: Payment Details                       | Required | 03/17/2020             | 12/29/2019       | Complete   |
| Step 11: Complete Provider Disclosure          | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 12: View/Upload Attachments               | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 13: Submit Maintenance Request for Review | Required | 12/29/2019             | 12/29/2019       | Incomplete |

### Add EDI Submitter Details (Step 8)

- 1. Enter the Billing Agent/Clearinghouse OWCP ID.
- 2. Enter the start date, and end date is optional.
- 3. Click "OK."

| Associate Billing Agent/Clearinghouse  | ^         |
|--|-----------|
| <ul> <li>Your Billing Agent/Clearinghouse must be enrolled with OWCP first.</li> <li>Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete this section.</li> <li>If they are not yet enrolled, you can still complete your enrollment by temporarily choosing not to use Billing Agent/Clearinghouse.</li> <li>You can add them later after they are enrolled with OWCP.</li> </ul> |           |
| Billing Agent/Clearinghouse OWCP ID:   |           |
| Start Date: End Date: End Date:  |           |
| 3→ 0   | OK Cancel |



#### Add EDI Submitter Details (Step 8)

- 4. The system displays the Billing Agent/Clearinghouse OWCP ID entered.
- 5. Click "Close" to move on to the next step, "Step 9: Add EDI Contact Information."

**Note:** EDI Contact Information will need to be on file for any questions related to the EDI enrollment and/or future submissions and retrievals.

| <b>5</b> → | Close Add          |                                    |                           |                     |                 |               |                               |
|------------|--------------------|------------------------------------|---------------------------|---------------------|-----------------|---------------|-------------------------------|
|            | Billing Agent/Clea | ringhouse/Submitter List           |                           |                     |                 |               | ^                             |
|            | Filter By :        |                                    | And Operation             | al Status: Active 🗸 | D Go            | 🛞 Clear Fi    | Iter Save Filter My Filters - |
|            |                    | Billing Agent/Clearinghouse<br>▲ ▼ | Operational Status<br>▲ ▼ | Start Date<br>▲ ▼   | End Date<br>▲ ▼ | Status<br>▲ ▼ | Inactivation Date<br>▲ ▼      |
| 4 →        | 700036000          | A Clearing House                   | Active                    | 03/19/2020          | 12/31/2999      | In Review     |                               |
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#### Add EDI Contact Information (Step 9)

#### • Click the "Step 9: EDI Contact Information" hyperlink.

#### View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete the Step - Submit Maintenance Request for Review.

|                                      | Step          | Required | Last Modification Date | Last Review Date | Status     |
|--------------------------------------|---------------|----------|------------------------|------------------|------------|
| Step 1: Basic Information            |               | Required | 03/04/2020             | 03/04/2020       | Complete   |
| Step 2: Location                     |               | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 3: Taxonomies                   |               | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 4: Ownership Details            |               | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 5: Licenses and Certifications  |               | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 6: Identifiers                  |               | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 7: EDI Submission Method        |               | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 8: EDI Submitter Details        |               | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 9: EDI Contact Information      |               | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 10: Payment Details             |               | Required | 03/17/2020             | 12/29/2019       | Complete   |
| Step 11: Complete Provider Disclosur | re            | Required | 12/29/2019             | 12/29/2019       | Complete   |
| Step 12: View/Upload Attachments     |               | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| Step 13: Submit Maintenance Reque    | st for Review | Required | 12/29/2019             | 12/29/2019       | Incomplete |

### Add EDI Contact Information (Step 9)

6

- 1. Enter the Title of the contact person.
- 2. Enter contact person's First and Last Name.
- 3. Enter the 10-digit phone number.
- 4. Click "+Address."
- 5. Enter Street Number and Name in Address Line 1.
- 6. Enter Zip Code.
- 7. Click "+Validate Address."
- 8. Click "Ok."

| Contact Title:   |                                 |                                     |                    |                 |        |
|--|---------------------------------|-------------------------------------|--------------------|-----------------|--------|
| Last Name:   |                                 | *                                   | ← 2 -              | First Name:     | *      |
| Phone Number:  |                                 | *                                   |                    | Fax Number:     |        |
| Email Address:   |                                 |                                     | 3                  |                 |        |
| Ad   | ddress Line 1:                  |                                     | *                  | Address Line 2: |        |
| Ad   | ddress Line 3:                  |                                     |                    |                 |        |
|  | City/Town:                      |                                     | *                  |                 |        |
| S  | tate/Province:                  |                                     | *                  |                 |        |
|  | County:                         |                                     | *                  |                 |        |
|  | Country:                        |                                     | *                  |                 |        |
|  | Zip Code:                       | -                                   | O A                | ddress 🔶 4      |        |
| Address deta   | ails                            |                                     |                    |                 | OK Car |
| Address deta   | ails                            | *                                   | 5 Address          | i Line 2:       | OK Can |
| Address deta dress Line 1: (Enter dress Line 3:  | ails<br>Street Address or PO Bo | x Only)                             | 5 Address          | Line 2:         | OK Can |
| Address deta dress Line 1: (Enter dress Line 3: City/Town:   | ails<br>Street Address or PO Bo | x Only)                             | <b>5</b> Address   | Line 2:         | OK Can |
| Address deta dress Line 1: (Enter dress Line 3: City/Town: ate/Province:                                 | ails<br>Street Address or PO Bo | >x Only)                            | <b>5</b> Address   | s Line 2:       | OK Can |
| Address deta dress Line 1: (Enter dress Line 3: City/Town: ate/Province: County:                         | ails<br>Street Address or PO Bo | >x Only)                            | - <b>5</b> Address | s Line 2:       | OK Can |
| Address deta dress Line 1: (Enter dress Line 3: City/Town: ate/Province: County: County: County: County: | ails<br>Street Address or PO Bo | x Only)<br>x *<br>x *<br>x *<br>x * | <b>5</b> Address   | s Line 2:       | OK Can |



### Add EDI Contact Information (Step 9)

| 10 | Close O Add                  |           |                               |  |                      |                                  |  |  |
|----|------------------------------|-----------|-------------------------------|--|----------------------|----------------------------------|--|--|
|    | EDI Contact Information List |           |                               |  |                      |                                  |  |  |
|    | Filter By :                  | ~         | O Go                          | Sclear Filter Save Filter ▼ My Filters ▼ |                      |                                  |  |  |
|    | Conta                        | act Title | Contact Name<br>▲ ▼           | Contact Phone Number<br>▲ ▼              | Contact Email<br>▲ ▼ | End Date<br>▲ ▼                  |  |  |
| 9- | S                            |           |                               |  |                      | 12/31/2999                       |  |  |
|    | O Delete View F              | Page: 1   | ⊙ Go 🛛 🕂 Page Count 🖉 SaveToC | Viewing Page: 1                          | K First              | Prev      Next     Xext     Last |  |  |

The system displays the EDI Contact Information List, which displays the contact information entered.
 Click "Close."

#### Submit Maintenance Request for Review (Step 13)

• Click the "Step 13: Submit Maintenance Request for Review" hyperlink.

|       | View/Update Provider Data - Individual  |          |                        |                  |            |  |  |  |
|-------|---|----------|------------------------|------------------|------------|--|--|--|
| Busir | Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete the Step - Submit Maintenance Request for Review. |          |                        |                  |            |  |  |  |
|       | Step  | Required | Last Modification Date | Last Review Date | Status     |  |  |  |
|       | Step 1: Basic Information   | Required | 03/04/2020             | 03/04/2020       | Complete   |  |  |  |
|       | Step 2: Location  | Required | 12/29/2019             | 12/29/2019       | Complete   |  |  |  |
|       | Step 3: Taxonomies  | Required | 12/29/2019             | 12/29/2019       | Complete   |  |  |  |
|       | Step 4: Ownership Details   | Required | 12/29/2019             | 12/29/2019       | Complete   |  |  |  |
|       | Step 5: Licenses and Certifications   | Required | 12/29/2019             | 12/29/2019       | Complete   |  |  |  |
|       | Step 6: Identifiers   | Optional | 12/29/2019             | 12/29/2019       | Complete   |  |  |  |
|       | Step 7: EDI Submission Method   | Optional | 12/29/2019             | 12/29/2019       | Complete   |  |  |  |
|       | Step 8: EDI Submitter Details   | Optional | 12/29/2019             | 12/29/2019       | Complete   |  |  |  |
|       | Step 9: EDI Contact Information   | Optional | 12/29/2019             | 12/29/2019       | Complete   |  |  |  |
|       | Step 10: Payment Details  | Required | 03/17/2020             | 12/29/2019       | Complete   |  |  |  |
|       | Step 11: Complete Provider Disclosure   | Required | 12/29/2019             | 12/29/2019       | Complete   |  |  |  |
|       | Step 12: View/Upload Attachments  | Optional | 12/29/2019             | 12/29/2019       | Complete   |  |  |  |
|       | Step 13: Submit Maintenance Request for Review  | Required | 12/29/2019             | 12/29/2019       | Incomplete |  |  |  |



#### Submit Maintenance Request for Review (Step 13)

Click the "Submit Modification" button to complete your update.

| tion"  | Final Modification Submission   |
|--------|---|
| pdate. | Instructions for submitting signature and supporting documentation: 1. Click this link to download and print the Provider Enrollment Form. 2. Review the Terms on the Provider Enrollment form Signature page (Page 8), sign and date. 3. Upload the signature page and other supporting document. 4. You can also click this link to open the documentation cover sheet, enter the Application Number and print. Then mail or fax the cover sheet, signature page, and other supporting document to the address below. 5. After you submit the enrollment, you cannot make further change until your modification request is approved.   |
|        | Mailing Address:<br>OWCP<br>P.O. Box 34690<br>San Antonio, TX 78265<br>Fax: ### ###   |
|        | Privacy Act Statement<br>Collection of this information by OWCP is necessary for its administration of the Federal Employees' Compensation Act, the Black Lung Benefits Act, the Longshore and Harbor Workers' Compensation Act and the Energy Employees<br>Occupational Illness Compensation Program Act, and is authorized under 20 CFR 10.800, 20 CFR 30.700, 20 CFR 702.145, 20 CFR 725.714 and 33 USC 918(b). The information provided will be used to ensure accurate payment of medical and<br>vocational rehabilitation provider bills and is protected by the Privacy Act of 1974, as amended (6 USC 652a) in accordance with the following systems of records: DOL/GOVT-1, DOL/OWCP-4 DOL/OWCP-9 and DOL/OWCP-11, published in the<br>Federal Register, Vol. 81, page 25766, April 29, 2016, or as updated and republished. Completion and submission of this form is voluntary; however, failure to provide the information (including SSN or EIN) will result in substantially delayed<br>payment of bills. This information will be furnished to OWCP and its data processing contractors, and may also be disclosed to other federal and sate agencies in connection with the administration of other programs, to the Department of<br>Justice for litigation purposes, and to medical and other provider review boards. Additional disclosures may be made through the routine uses for information contained in the referenced systems of records. |
|        | ×   |



A dialog box will populate confirming your submission, click "OK."

#### This site says...

The modification request has been submitted for review. Please check this Web site to verify the status of your request.

OK

## EDI Testing Process



### **EDI Testing Process**

Completion of the testing process is not mandatory prior to submitting electronic transactions to WCMBP. However, it is strongly recommended to ensure proper billing and prompt medical bill processing and payment.

Testing is conducted to ensure the following HIPAA compliance levels:

- 1. Level 1 Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, numeric values in numeric data elements, validation of X12 syntax, and compliance with X12 rules.
- 2. Level 2 Syntactical requirements: Testing for HIPAA Implementation Guide specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.
- **3.** Level **3** HIPAA Balance Testing: Validate that claim line items amounts are equal to the total claim amount.
- **4.** Level 7 WCMBP defined custom rules: Transactions are validated against WCMBP defined custom rules as specified in the Transaction Specification section.



## Trading Partner Testing Procedures

- 1. WCMBP companion guides are available for download via the web at <u>https://owcpmed.dol.gov/portal/provider/bill-</u> <u>submissions</u>.
- 2. The trading partner submits all HIPAA test files through the WCMBP web portal or Secure File Transfer Protocol (SFTP).
  - Web Portal URL: Open <u>https://owcpmed.dol.gov/portal/provider/bill-submissions</u>, expand the "Web Batch Upload EDI files online" section, and click the "Provider Login for EDI Testing" button.
  - SFTP URL: <u>sftp://mft.wcmbp.com</u>.
- 3. The trading partner downloads acknowledgements for the test file from the WCMBP Portal or SFTP.

4. If the WCMBP System generates a positive TA1 and positive 999 acknowledgement, the file is successfully accepted. The trading partner is then ready to send 837 HIPAA files in production.

5. If the test file generates a negative TA1 or negative 999 acknowledgment, then the submission is unsuccessful and the file is rejected. The trading partner should resolve all errors that are reported on the negative TA1 or negative 999 and resubmit the file for testing. Trading partners can continue to test in the testing environment until they receive a positive TA1 and a positive 999.



Upload Batches via Web Interface (HIPAA Batch Transaction)



#### Submit HIPAA Batch Transaction





#### Batch Attachment Response

3

Click the "Upload" Button.

| 1        | A > Provider Portal > Batch Attachment Response        |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|--|
|          | O Close  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |
| <b>→</b> | Upload   |  |  |  |  |  |  |  |
|          | Please click on the Upload button to upload your file. |  |  |  |  |  |  |  |



Click the "Browse" Button in the File Upload Dialog box to upload the EDI file. WCBMP limits a file size to 50 MB.



#### EDI files must meet the following criteria:

File Size: The file cannot be empty, i.e. 0 kb.
File Name Extension: The file name extension must be .dat with all lower case (for example - My\_Hipaa\_File.dat).
File Name Length: The file name length (including the file name extension) cannot be greater than 50 characters.
File Name Special Characters: The file name should not contain special characters.

### Batch Attachment Response

| 5                           |  |           |
|-----------------------------|--|-----------|
| Attachment                  |  | ^         |
| Please select the file to b |  |           |
| Filename:                   | C:\Users\Clarks\OneDrive - CNSI\EDI.dat Browse |           |
|                             |  | OK Cancel |



#### File Naming Convention for Inbound Transactions

When a HIPAA file is uploaded via the Web Portal or SFTP, WCMBP will rename the file as per the Inbound Transaction naming conventions below:



Hipaa.<TPId>.<datetimestamp>.<uploadmethod>.<originalfilename>.pgp

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, WWeb
- <originalfilename> is the original file name which is submitted by the trading partner.

(Web Ex) Hipaa.123456789.20200225151636.W.OriginalFileName.dat (SFTP Ex) Hipaa.123456789.20200225151636.F.OriginalFileName.dat.pgp SFTP Passed Validation Ex: 123456789.20200225151636.F.OriginalFileName.dat.pgp.processced SFTP Failed Validation Ex: Hipaa.123456789.20200225151636.F.OriginalFileName.dat.pgp.error



#### **EDI File Submission**

6

The system will display the notification that your file has been successfully uploaded.

- File Name
- Date/Time File was submitted

#### Note:

- You can upload another file or click "Close" to return to the home page.
- WCMBP limits a file size to 50 MB while uploading HIPAA files through the WCMBP web portal.

| Close  |
|--|
| O Upload   |
| Please click on the Upload button to upload your file.<br>Upload File Response   |
| Thank You  |
| The following File has been successfully uploaded:<br>File Name: HIPAA.191301000.03192020.100353.W.EDI.dat<br>Date/Time: 03/19/2020 10:17:56<br>Your file has been submitted for processing.Please print this page for your reference. |



#### Submitting Supporting Documents - HIPAA Batch Transaction

The following steps should be performed to send supporting documents to the WCMBP System for the bills submitted via HIPAA Batch Transaction:

- For each supporting document, assign a unique Attachment Control Number and use it in 2300 Loop PWK segment following the Transaction Specifications in Section 3 below.
- Download the Bills Supporting Documents Cover Sheet from the WCMBP Web Portal at <u>https://owcpmed.dol.gov/portal/resources/forms-and-</u> references/general
- 3. Fill out the Cover Sheet with all the required information. Select "EDI Attachment Control Number" as the Identifier Type and enter the Attachment Control Number in the Identifier Value field.
- 4. Print the cover sheet and mail it with the supporting document to the mailbox listed on the cover sheet for the respective claimant's program.

| •   | ffice of Workers' Comp<br>Bills Supporting Doce  | ensation Programs (OV<br>uments Cover Sheet  | VCP)                               |
|---|--|--|------------------------------------|
| Program Name:   | DFEC   |  |                                    |
| Claimant Case Id:                                     | 012345678  | 0  | Vin 6 - Max 16 characters)         |
| Identifier Type:                                      | EDI Attachment Control N   | lumber ·   |                                    |
| Identifier Value:                                     | 12345  | (*   | nin 2 - max 50 characters)         |
| OWCP Provider ID:                                     | 123456789  |  | B district                         |
| INSTR   | UCTIONS (Instructions will not a   | opear on the printed cover sheet   | );                                 |
| INSTE<br>To complete t                                | UCTIONS (Instructions will not ap<br>his cover sheet, download this file<br>To Print, please use ONLY th<br>HOULD BE THE FIRST PAGE<br>DOCUMENTATION BEHIN           | opear on the printed cover sheet<br>e and open in Adobe Reader 9.0<br>we 'Print' Button above.<br>OF YOUR FAX/MAIL WITH /<br>D THIS COVER SHEET.           | ):<br>or higher.<br>ALL SUPPORTING |
| INSTE<br>To complete th<br>THIS COVER SHEET S<br>DFEC | UCTIONS (Instructions will not ap<br>his cover sheet, download this file<br>To Print, please use ONLY th<br>HOULD BE THE FIRST PAGE<br>DOCUMENTATION BEHIN<br>DEEOIC | opear on the printed cover sheet<br>e and open in Adobe Reader 9.0<br>the 'Print' Button above.<br>OF YOUR FAX/MAIL WITH /<br>D THIS COVER SHEET.<br>DCMWC | l:<br>or higher.<br>ALL SUPPORTING |



## Retrieve HIPAA Batch Responses



#### Retrieve HIPAA Batch Responses



#### HIPAA Response/Acknowledgement for HIPAA Batch

The system will display the following:

- HIPAA File Name
- Transaction Type
- Status (Accepted/Rejected)
- Upload Date
- TA1 Response File
- 999 Response File

**Note:** Using the filter options such as Transaction Type, Upload Date or HIPAA File (File Name) to search for the EDI files of interest. Click on the hyperlink under the HIPAA File to retrieve the response.

| O Close                        |                                     |               |                   |                          |                          |  |  |  |
|--------------------------------|-------------------------------------|---------------|-------------------|--------------------------|--------------------------|--|--|--|
| HIPAA Response/Acknowledgement |                                     |               |                   |                          |                          |  |  |  |
| Transaction Type: 837 V And    | Transaction Type: 837 V And V OG Go |               |                   |                          |                          |  |  |  |
| HIPAA File<br>▲ ▼              | Transaction Type<br>▲ ▼             | Status<br>▲ ▼ | Upload Date<br>▲♡ | TA1 Response File<br>▲ ▼ | 999 Response File<br>▲ ▼ |  |  |  |
| No Records Found !             |                                     |               |                   |                          |                          |  |  |  |

## SFTP User Set Up



#### Accessing SFTP User Details



#### SFTP User Info

3

Click the "Create SFTP User" button to create the SFTP User.

Note: If the SFTP user has been created already, this button will be disabled. The "Reset SFTP Password" button will be enabled.

4

The EDI SFTP User Info dialog box will be displayed allowing you to create a password and to confirm it. Click "OK."

Note: Passwords must be 8-14 characters long. Must include at least one letter, one number, and at least one special character (special character examples !@#\$)



| EDI SFTP Us       | er Info:  | ^      |
|-------------------|---|--------|
|                   | Password Policy   |        |
|                   | Must be 8-14 characters long<br>Must include at least one letter and one number<br>Must have at least one special character(for example:!\$#) |        |
| User Login ID:    | OWCP123456789   |        |
| Password:         | *   |        |
| Confirm Password: | *   |        |
|                   | Ock   | Cancel |



#### SFTP User Info



User account will be created and SFTP User ID will be displayed.

| Close Create SFTP User     |               |  |  |  |  |  |
|----------------------------|---------------|--|--|--|--|--|
| EDI SFTP User Info:        |               |  |  |  |  |  |
| Your SFTP User Details are |               |  |  |  |  |  |
| SFTP User Login ID:        | OWCP123456789 |  |  |  |  |  |

After completing the SFTP user setup within the Provider Portal, you will need to download an SFTP client or use one that you already use.



## SFTP Client Connection



### SFTP Login

Once the SFTP user account is setup, you can now access the SFTP folders using an SFTP client, such as WinSCP or Filezilla with your username/password. Please note the host name and port number displayed in the screenshot. These settings will be required for the SFTP connection.

**Note:** The example here shows the WinSCP SFTP client session setup screen. You can choose any SFTP client of your choice.

| Session        |              |   |
|----------------|--------------|---|
| File protocol: |              |   |
| SFTP 🗸         |              |   |
| Host name:     | Port number: |   |
| mft.wcmbp.com  | 1026         |   |
| User name:     | Password:    |   |
|                |              |   |
| Save           | Advanced     | • |

#### SFTP Directory

Once logged in, the folder structure will appear as follows:

• There will be 2 categories of folders:

1. **TEST** - Trading Partners should submit and receive their test files under this folder.

2. **PROD** - Trading Partners should submit and receive their production files under this folder.

• The folders are structured (as shown here) under TEST/PROD folders within the SFTP root.





#### SFTP Directory - Inbound

Inbound - This Inbound folder should be used to drop the inbound files that need to be submitted to WCMBP.

**Note:** After the inbound 837 file is dropped to the Inbound folder, WCMBP will rename the file following the inbound naming convention and perform the file level validation before processing.

- Files that pass the validation will be ready for processing. After being processed, the file name will be renamed with "processed" extension. After the user logs out from the SFTP account, the processed file will be moved to the Inbound/Archive folder.
- Files that fail the validation will be renamed with an "error" extension. After the user logs out from the SFTP account, the error file will be moved to the Inbound/Error Folder.

**Note:** The files in both Inbound/Archive and Inbound/Error folders will be retained for 30 days before they are purged by the system automatically.

### SFTP Directory – Inbound Continued

#### **File Level Validation**

#### EDI files must meet the following criteria:

File Size: The file cannot be empty, i.e. 0 kb.

**File Name Extension:** The file name extension must be .dat with all lower case (for example - My\_Hipaa\_File.dat). **File Name Length:** The file name length (including the file name extension) cannot be greater than 50 characters. **File Name Special Characters:** The file name should not contain special characters.

Note: It is recommended to limit the file size to 100MB while uploading a HIPAA file through SFTP.

### File Naming Convention for Inbound Transactions

When a HIPAA file is uploaded via Web Portal or SFTP, the WCMBP System will rename the file as per the Inbound Transaction naming conventions below:



#### SFTP Directory - Outbound

**Outbound** - X12 outbound transactions generated by WCMBP will be available in this outbound folder.

- Trading partner should look for acknowledgments to the files submitted in the Outbound/Ack folder. TA1 and 999 will be available for all the files submitted by the Trading Partner that passed file-level validation.
- Trading Partner should look for an 835 file in the PROD/Outbound/Data folder. The 835 file will NOT be generated for the test 837 files uploaded in TEST folder.

**Note:** It's recommended that the trading partner delete the acknowledgement and 835 files after they are downloaded. The files in both Outbound/Ack and Outbound/Data folders will be retained for 10 days before they are moved to the Outbound/Archive folder by the system automatically. The files in Outbound/Archive folder will be retained for 30 days before they are purged by the system automatically.



#### File Naming Convention for Outbound Transactions

Once the Inbound Transaction is uploaded, the system will generate the Acknowledgement/Response files as per the Outbound naming conventions below:

#### For Outbound TA1 Acknowledgement File:

 $\label{eq:hippa.state} Hipaa.<TPId>.<datetimestamp>.<uploadmethod>.<originalfilename>.<ta1extension>.dat$ 

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, WWeb.
- <originalfilename> is the original file name which is submitted by the trading partner.
- <ta1extension> is the system generate TA1 file extension

EX: Hipaa.123456789.20200225151745.F.OriginalFileName.dat.tmp\_TA1.dat

#### For Outbound 999 Acknowledgement File:

Hipaa.<TPId>.<datetimestamp>.<uploadmethod><originalfilename>.<999extension>.dat

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, WWeb.
- <originalfilename> is the original file name which is submitted by the trading partner.

Ex: Hipaa.123456789.20200225152018.F.OriginalFileName.dat.tmp\_GS3031980\_999.dat

For Outbound 835 Transaction File: Hipaa.<TPId>.<datetimestamp>.835.dat • <TPId> is the Trading Partner Id, which is also the OWCP Provider ID • <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss Ex: Hipaa.123456789.20200301010043.835.dat



## EDI Transaction Specification Changes



### **EDI Transaction Specification Changes**

- You will need to enter the 9-digit OWCP Provider ID ONLY (1000 A Loop Segment)
- Use the following Receiver ID for each program:
  - 77044 for DFEC
  - 77103 for DEEOIC
  - 77104 For DCMWC
- OWCP Case Number. Please get updated Case Numbers from DCMWC and DEEOIC Claimants. (2010 BA Loop Segment NM1 REF - NM109 IG- S DOL- R)

- Attachments cannot be uploaded, but you can download a cover sheet that will require an Attachment Control Number. You will assign a unique Attachment Control Number and use it in 2300 Loop PWK segment.
- Use the following Transaction Versions:
  - ASC X12N 837 Professional (005010X222A1)
  - ASC X12N 837 Institutional (005010X223A2)
  - ASC X12N 837 Dental (005010X224A2)

## EDI Contact and Resources



### EDI Contact Information and Resources

Customer Service: 1-800-987-6717 Hours: 8:00 a.m. – 8:00 p.m. Eastern Time, Monday through Friday.

- Information required for the phone call:
- Topic of Call (setup, procedures, etc.)
- Name of caller
- Submitter's OWCP Provider ID
- Organization of caller
- Telephone number of caller
- Nature of problem (connection, receipt status, etc.)

HIPAA Help Desk email: owcp-hipaa-help@cns-inc.com

Companion Guides can be found at <a href="https://owcpmed.dol.gov">https://owcpmed.dol.gov</a>:

- Click Provider
- Click Bill Submission
- Click Web Batch Upload EDI files Online OR FTP
   Secured Batch Upload EDI files to Secured FTP folder
- Click Companion Guide

EDI Enrollment Form can be found at <a href="https://owcpmed.dol.gov">https://owcpmed.dol.gov</a>:

- Click Resources
- Click Forms & References
- Click EDI Enrollment Template



# Thank you!

CNSI looks forward to being the new medical bill processing agent for OWCP programs and working with each of you!

Email: CNSIOWCPOutreach@cns-inc.com

<u>Call Center:</u> Division of Federal Employees' Compensation (DFEC) 1-844-493-1966

> Division of Energy Employees Occupational Illness Compensation (DEEOIC) 1-866-272-2682

Division of Coal Mine Workers' Compensation (DCMWC) 1-800-638-7072

