VALUEOPTIONS
Putting People First

EDI Claims Link for Windows®
Version 3.5

User's Manual

December 2011

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DISCLAIMER
The names of persons appearing in the examples used in this documentation are intentionally fictional.

Help and Information Contact

If you have any questions about the EDI Claims Link for Windows® application, please contact
ValueOptions
EDI Helpdesk
PO Box 1287
Latham, NY 12110
Phone: 888-247-9311
Hours: 8:00 AM to 6:00 PM (Eastern Time), Monday through Friday*
Fax: 866-698-6032
Email address: e-supportServices@valueoptions.com
Not available during the following observed Holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, The Day After Thanksgiving, and Christmas Day.

Overview – EDI Claims Link for Windows®

The EDI (Electronic Data Interchange) Claims Link for Windows® application provides a method for providers or their designated representatives to submit HIPAA (Health Insurance Portability and Accountability Act of 1996) compliant electronic claims to *ValueOptions, Inc.* (*ValueOptions*). Electronic claims submission provides a value-added service to the providers by reducing submission costs. It also helps reduce the turn-around time for the payment of claims by ensuring that all data critical to the claims payment process is included and accurate.

Claims information is entered directly into the EDI Claims Link for Windows® application database. The software minimizes the number of keystrokes required to create electronic claims. The user enters only those fields required to meet *ValueOptions* claims processing systems requirements. The EDI Claims Link for Windows® application contains a flexible Table Maintenance function. Provider information can be modified, added, or deleted at any time from the database. In addition, other code tables, such as Occurrence, Occurrence Span, Relationship, Type of Service, Place of Service and Condition, can be modified to meet any special requirements.

Using EDI Claims Link for Windows® is a six-step process:

1. Install the software, and install necessary patches
2. Identify who is submitting the claims
3. Create a database of the Providers for whom claims will be submitted
4. Create a database of individual clients for whom claims will be submitted
5. Enter individual claim information
6. Create a file for electronic transfer to *ValueOptions*.

System Requirements
- Operating system: Windows XP or later
- Computer/Processor: Pentium 2, 233 MHz or greater
- Memory: 64MB Ram
- Minimum Screen Resolution: 1024 x 768
- Initial application set up takes up less than 5MB hard drive space. Storage space will increase as you add data to the program
- Internet Explorer 6.0 or later

Windows Vista/7 specifics:
- It is highly recommended that the EDI Claims Link software, or any updates that may be released, be installed and executed using a profile with full administrative rights.
- Windows Vista users may need to install the Microsoft .Net Framework 3.5 onto your computer before installing EDI Claims Link 3.1, available at: http://www.microsoft.com/downloads/details.aspx?familyid=262D25E3-F589-4842-8157-034D1E7CF3A3&displaylang=en   (ValueOptions is only forwarding this as a reference, and ValueOptions is not responsible for any changes you make to your own computer.)

Installing The Software
- Download the software from http://www.valueoptions.com/providers/ProCompliance.htm and save it to your desktop.
- Double click downloaded file on your desktop to install the software.
- Follow the prompts in the installation program to complete the process.

Running the Software

The current version of EDI Claims Link does not create a shortcut on your desktop for the software. You will need to browse manually to the installation directory, and create a shortcut manually:

- Double click on "My Computer" on your desktop
- Double click on "Local Disk C:"
- Double click on the folder "Program Files"
- Double click on the folder "ValueOptions"
- Double click on the folder "EDI Claims Link 3"
- Locate the file called "EDI Claims Link 3"
    - o You can double click the file "EDI Claims Link" to start the software
    - o If you want to create a shortcut on your desktop, use your right mouse button to click and hold on the "EDI Claims Link 3" file, drag it to an empty portion of your desktop, release the right mouse button, then click the left mouse button on "Create Shortcut Here"
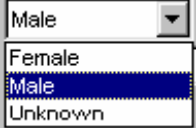
About the EDI Claims Link for Windows® Application

The EDI Claims Link for Windows® (ECLW) application uses a series of screens or windows with boxes or fields in which data is entered. The fields may be required (must have data entered in it), optional (can have data entered in it), or protected (only displays data).

Note: The general rule for entering claims is to enter the same information you included on the paper forms that ensured claims payment by *ValueOptions.* New and current providers should consult the *ValueOptions'* Provider Manual for specific claims submission instructions and/or contact your local *ValueOptions* Claims Service Center.

Help Icon appears by any missing information or incorrect entry. To view the message, hover the cursor over the icon.

The **<TAB>** key is used to move from field to field. Pressing the **<SHIFT>** and **<TAB>** keys at the same time moves the cursor back to the previous field.

	Many of the fields have drop-down reference boxes. Clicking on the arrow at the end of the field displays a list of valid entries. Selecting the appropriate choice by highlighting it places the text in the field.

	Clicking the down arrow adjacent to the date field displays a Calendar to assist in selecting the appropriate date. You can also type the date in the date fields. The format for the date fields is MMDDCCYY. All date fields require that the century be typed in addition to the year (i.e., 2003).

The **Total Pane** will display all totals for the Batches and Claims

How to Log in to EDI Claims Link for Windows

1. Browse to the installation directory, or double-click the EDI Claims Link for Windows icon located on your desktop that you may have created

2. The first time you access EDI Claims Link for Windows, the Submitter Maintenance Screen displays with a welcome message. (Refer to *Identifying and Adding the Submitter* section for details.)

The Submitter ID **must match** the ID you have for the ValueOptions ProviderConnect website.

3. Once you have created your submitter ID, the following screen displays when you click the EDI Claims Link for Windows icon:

# Identifying and Adding the Submitter

A submitter is the individual or billing agent assigned by the Service Provider to prepare and submit claims on their behalf. A submitter record in EDI Claims Link is established the first time you log into the software. If you need to establish more than one submitter record, follow the steps below.

Note: Visit www.valueoptions.com/providers.htm for instructions on obtaining Submitter ID(s) from *ValueOptions.*

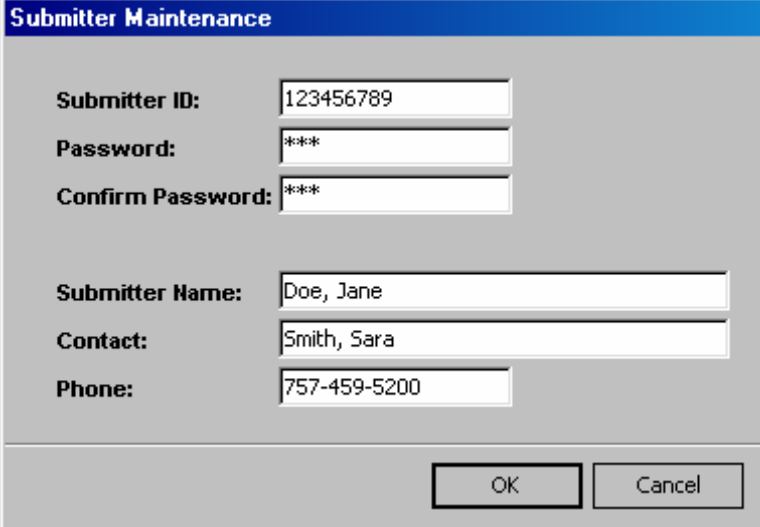1. From the Main Screen, click **Tools**, and then click **Submitter Data Maintenance**.
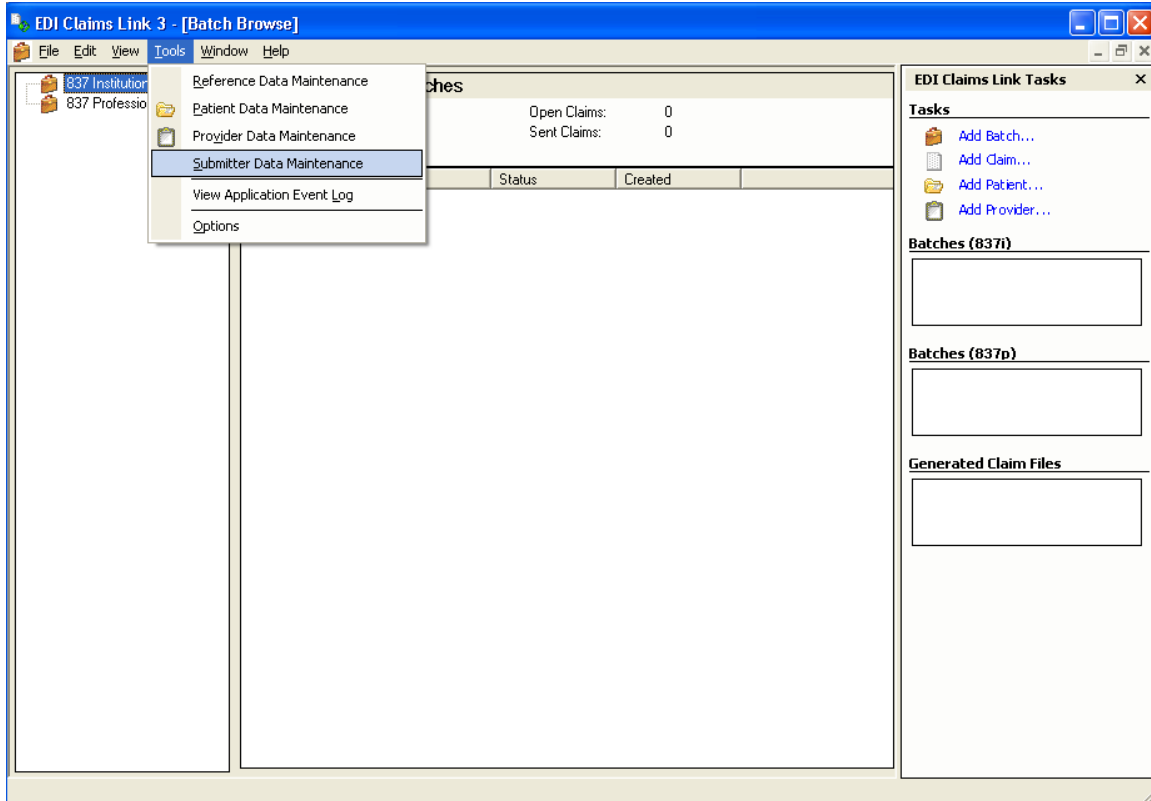
2. The Submitter List screen displays. Double-click **Add Submitter**.
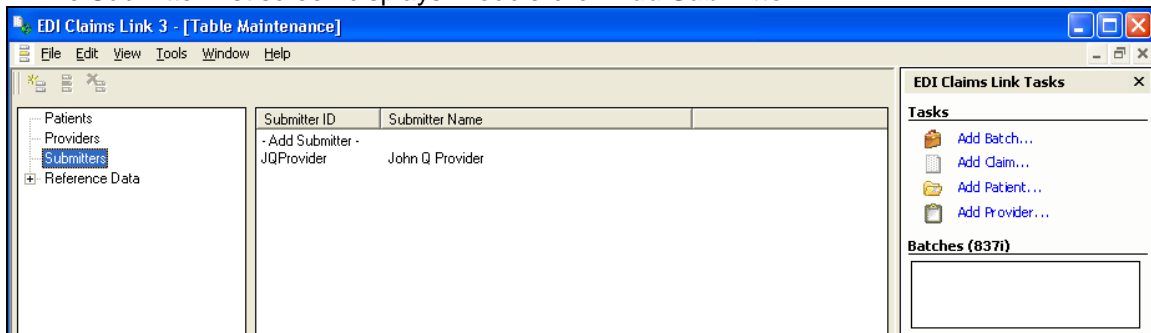
3. The Submitter Maintenance Screen displays:

Submitter Maintenance

Submitter ID:	123456789
Password:	***
Confirm Password:	***
Submitter Name:	Doe, Jane
Contact:	Smith, Sara
Phone:	757-459-5200

OK   Cancel

4. Type the Submitter ID issued by *ValueOptions*. This Submitter ID is obtained by sending in the application found on the provider web page. If you have questions about obtaining an identification number, please call the EDI Helpdesk at the number listed in the *Whom to Call for Help/Information* section of this manual.

5. Type the Submitter's password and then type it again in the Confirm Password field.

6. Enter the submitter name.

7. Assign a contact person and enter his/her name.

8. Enter the contact person's telephone number.

9. Click **OK**.

The name of the Submitter displays in the Submitter List window.

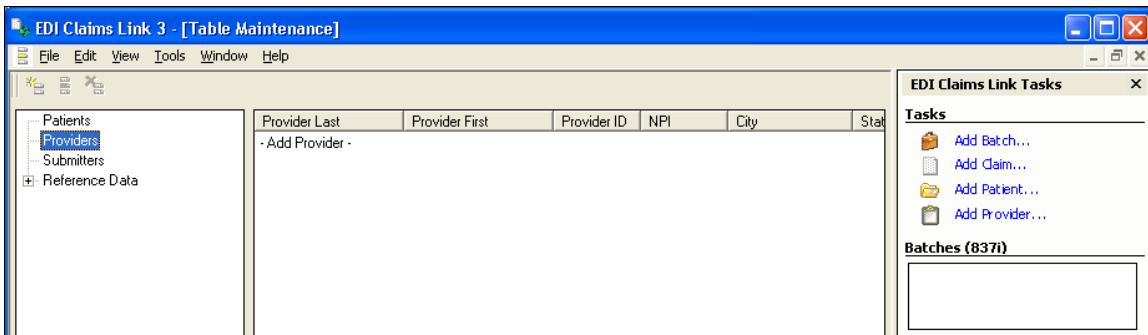# Adding Provider Information to the Provider Database

It is best practice to specifically identify your billing address, service locations, and rendering or attending provider as needed. With this information we can best process your claims once they are transferred into our claim system.

Billing Address:

1. From the Main Screen, click **Tools**, and then click **Provider Data Maintenance**, or click **Add Provider** under the EDI Claims Link Tasks pane to go directly to the Provider Maintenance Screen (Step 3).
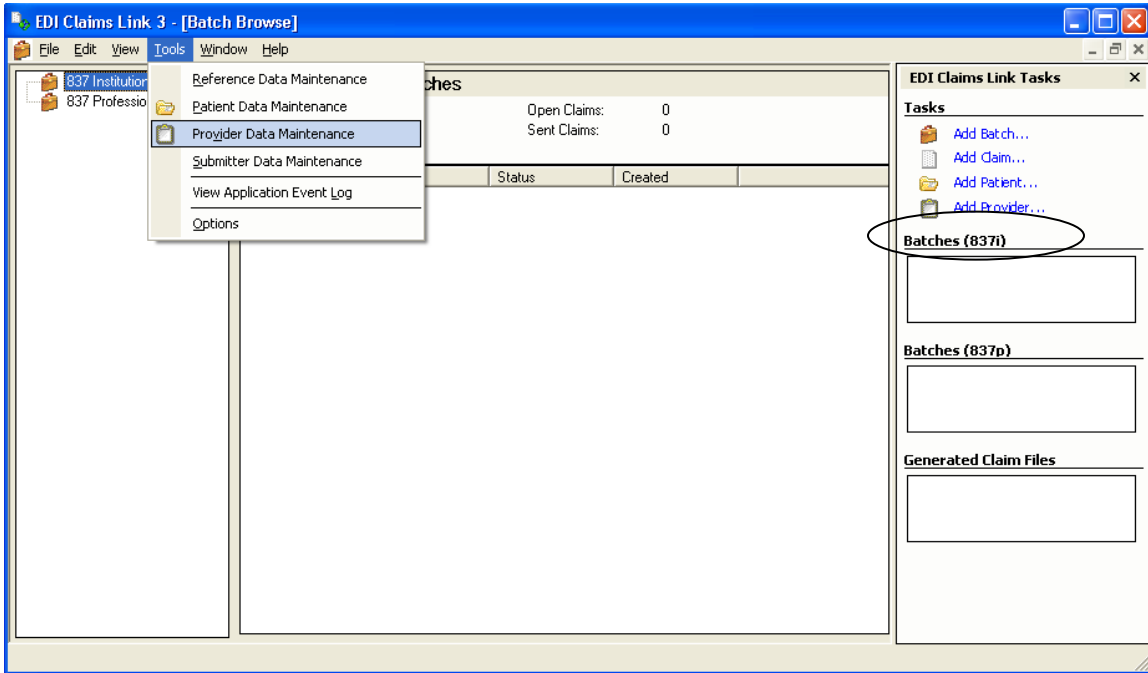
2. If you clicked Provider Maintenance located under **Tools**, The Provider List screen displays. Click **Add Provider** located under the Provider List screen or click **Add Provider** located under the EDI Claims Link Tasks pane on the right.

3. The Provider Maintenance Screen displays:

Demographics
1. Record type: "Billing Provider"
2. Type the Provider's last name or the Organization name
3. Enter the Provider's first name and middle initial.
4. Enter the Billing Provider's address, this address cannot be a PO Box.
5. Type the name of the office contact person.
6. Type the Provider's office phone number.
7. Enter the Provider's fax phone number.

Identification Numbers
1. Select the type of Provider ID number used, Employer Identification Number (or Federal Tax ID number), or the Provider's Security Social Number, from the drop-down menu in the Provider ID box. Type the appropriate ID number in the unlabeled box next to the right of Provider ID
2. Enter your National Provider ID (NPI) number into the NPI field.
3. Type the Taxonomy Code (if applicable)
4. Click **OK**. The name of the Provider displays in the Provider List window.

Note: Contact your Provider Relations representative if you have questions regarding the appropriate information for these fields.

Service Facility Location:

It is highly recommended you create a record indicating your service location, even if is the same as your mailing address.

1. Create a blank provider record by clicking on **"Add Provider"** on the right hand side, or click on **Tools**, then **Provider Data Maintenance,** then double click **"Add Provider"** in at the top of the list.

2. Change the record type to "Service Facility Location"
3. Enter the last name of the provider or the name of the organization.
4. Enter **the street address of the physical location** of where you meet with your clients.
5. Enter your Provider ID/SSN, and NPI number, matching as you entered in the Billing Provider record.
6. For Facility Identifier, select the option that best describes your location.
7. Click **OK**. The entry for the service location is now listed in the Provider List window.

Rendering Provider: (Professional/837p claims only)

If you are not a sole practitioner, and the name of the Billing provider is not the name of an individual, then it may be required to include the name and licensure information of the specific rendering provider.

1. Create a blank provider record by clicking on **"Add Provider"** on the right hand side, or click on **Tools**, then **Provider Data Maintenance,** then double click **"Add Provider"** in at the top of the list.


2. Change the record type to "Rendering Provider"
3. Enter the last name of the rendering provider, followed by their title or licensure level, as per the example above. **Formatting is very crucial in this field. It must be in the format similar to "Johnson, CSW" (Comma, one space, letters only for the title)**
4. Enter your organization's NPI number, as matching your Billing Provider record**.**
5. Enter the taxonomy code that properly reflects the licensure level of the rendering provider when required.
6. Click **OK**. The entry for the rendering provider is now listed in the Provider List window.

> **Exception for Maryland providers submitting Mental Hygiene Administration Claims:**
> **The rendering provider NPI may reflect the individual provider's NPI, as opposed to the billing practice NPI.**

Attending Provider: (Institutional/837i claims only)

For all institutional claims, you must identify the attending provider who provided the service on behalf of your organization. If a client was seen by more than one attending provider, then service lines reflecting that will have to be in separate claims.

1. Create a blank provider record by clicking on **"Add Provider"** on the right hand side, or click on **Tools**, then **Provider Data Maintenance,** then double click **"Add Provider"** in at the top of the list.

2. Change the record type to "Attending Provider"
3. Enter the last name of the attending provider, followed by their title or licensure level, as per the example above. **Formatting is very crucial in this field. It must be in the format similar to "Johnson, CSW" (Comma, one space, letters only for the title)**
4. Enter your organization's NPI number, as matching your Billing Provider record.
5. Enter the taxonomy code that properly reflects the licensure level of the attending provider when required.
6. Click **OK**. The entry for the attending provider is now listed in the Provider List window.
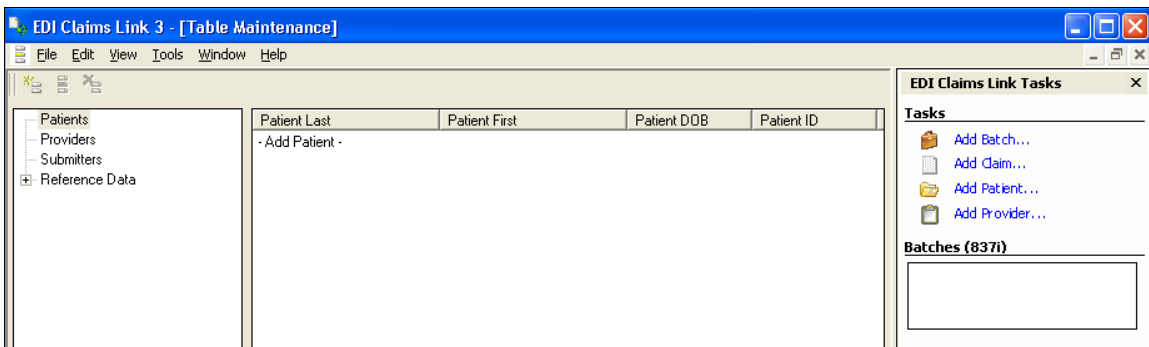
> **Exception for Maryland providers submitting Mental Hygiene Administration Claims:**
> **The attending provider NPI may reflect the individual provider's NPI, as opposed to the billing practice NPI.**

Adding a Patient to the Patient Database

1. From the Main Screen, click **Tools**, and then click **Patient Data Maintenance** or click **Add Patient** under the EDI Claims Link Tasks to go directly to the Patient Maintenance Screen (Step 3).
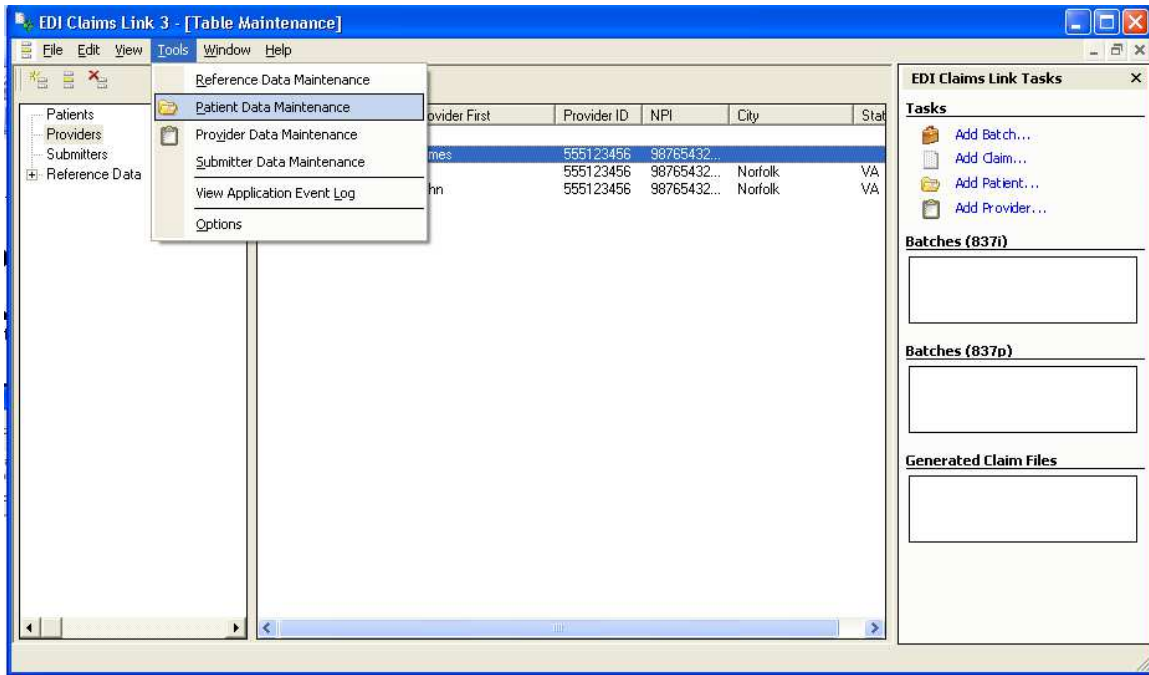
2. If you clicked Patient Maintenance located under **Tools**, The Patient List screen displays. Click **Add Patient** located under the Patient List screen or click **ADD Patient** located under the EDI Claims Link Tasks pane.

3. The Patient Maintenance Screen displays:

4. Enter the patient's demographics and Patient ID number.

Note: The Date of Birth field must be in MMDDCCYY format (e.g., 01/01/2000).

5. If the patient is also the subscriber (or primary insured), click the box next to "**Subscriber is Patient**." This will pre-fill most of the lower section.

6. **Payer Responsibility:** Select the appropriate response.

7. Type the **Subscriber's ID Number**. This will most likely be the same as the Patient ID in the upper right. System will prompt for this information on all tabs except **Subscriber/Consumer** tab.

8. Enter **Group Number** if needed by the appropriate carrier requirements.

9. **Payer Name:** Select **ValueOptions, Inc**

10. **Payer ID should be pre-entered. Do not change this value.**

11. Select the appropriate answer from the drop-down box for the **Release of Information.**

12. Select the appropriate answer from the drop-down box for the **Assignment of Benefits**, if necessary to change to **YES**.

13. Select the appropriate statement from the drop-down box for the **Patient Signature Source**, if necessary to change to **On File**.

14. Select the appropriate statement from the drop-down box for the **Claim Filing Indicator.**

15. If there are Secondary and Tertiary subscribers, click on the appropriate tab at the top of the window and complete the required information on each tab.

Note: Remember to complete any other fields that are required for the specific contract.

16. Click **OK**. The name of the Patient displays in the Patient List window.
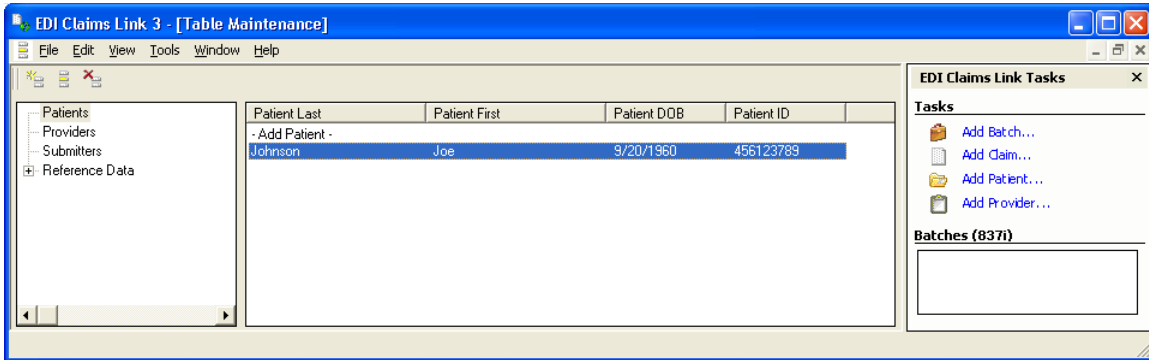
The Batch Browse Window

The Batch Browse Window is the main work area within the EDI Claims Link for Windows® application. It is displayed when the application is opened. From this window, the type of claims batch being entered is selected, an identifying name is assigned to the batch, the provider is selected, and the claim is entered.
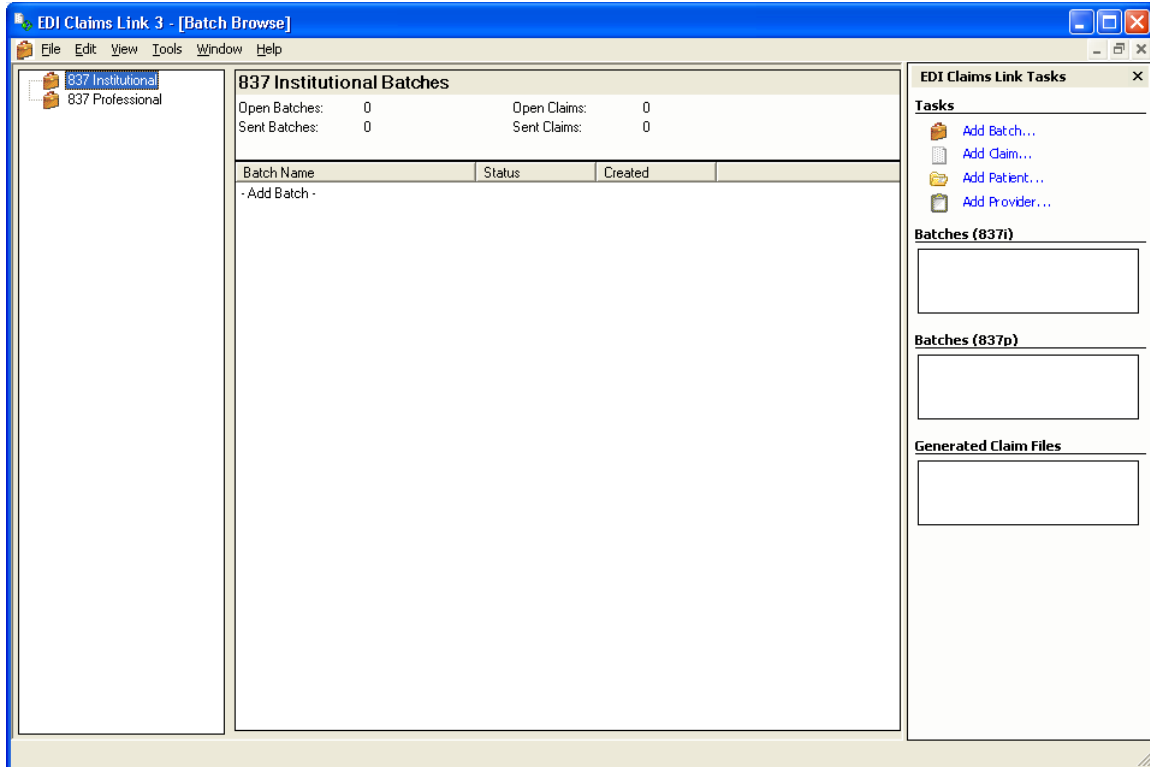
If your screen is missing any of the fields shown above, click on the *View* menu at the top, and make sure there is a checkmark next to both "Batch Browse" and "Task Pane".

The left side of the Batch Browse Window is the **Treeview** showing the hierarchy of claims and batches. The two form types (Institutional and Professional) are the top level, batches for each form are on the next level, and providers are the third level within the hierarchy. Individual claims are listed under each provider. Selecting an item by clicking on it in the **Treeview** opens it and displays all the items under it in the **Listview** on the right side of the window. Double-clicking a claim item in the **Listview** opens the Claim Entry window.

Expanding an item (clicking on the '+' sign in front of it or double-clicking it) in the **Treeview** lists all items under it in the **Treeview** section.

Getting started with creating a batch and adding a claim

One great feature is the ability to go back and forth between open batches. You can start one batch now, create a few claims, then put that batch off for later or start a new batch.

You can build a batch all at once, or over the course of a week or month, then submit the batch whenever you are ready.

The basic steps required to enter a claim in the EDI Claims Link for Windows® application are outlined in the steps below. More detailed information for each step can be found on the following pages of this manual.

Creating and naming a professional or institutional batch.

Creating a claim.

Selecting the correct provider and member for the specific claim.

Entering the claim details.

Save the claim.

Starting the next claim, if needed.

Generating the 837 claim file.

Institutional or Professional batch?

If you usually submit paper claims on the CMS-1500 form, you will create a Professional batch.
If you usually submit paper claims on the UB04 form, you will create an Institutional batch.

Professional and Institutional claims cannot be together in the same batch. If your practice has to submit both types, the claims must be separate batches based on type.

A batch may contain claims for multiple providers and multiple patients.

Batch & Claim Limits:
- 100 claims per Billing Provider
- 50 service lines per claim

What is an 837 file?

The HIPAA 837 file is the industry standard format for electronic claims submission. Since institutional and professional batchs need to be separate, we may refer to an 837i or 837p file.

Adding a Claims Batch

1. Click on **Add Batch** link on the **Task Pane** on the right side of the window. The Add Batch Window displays.
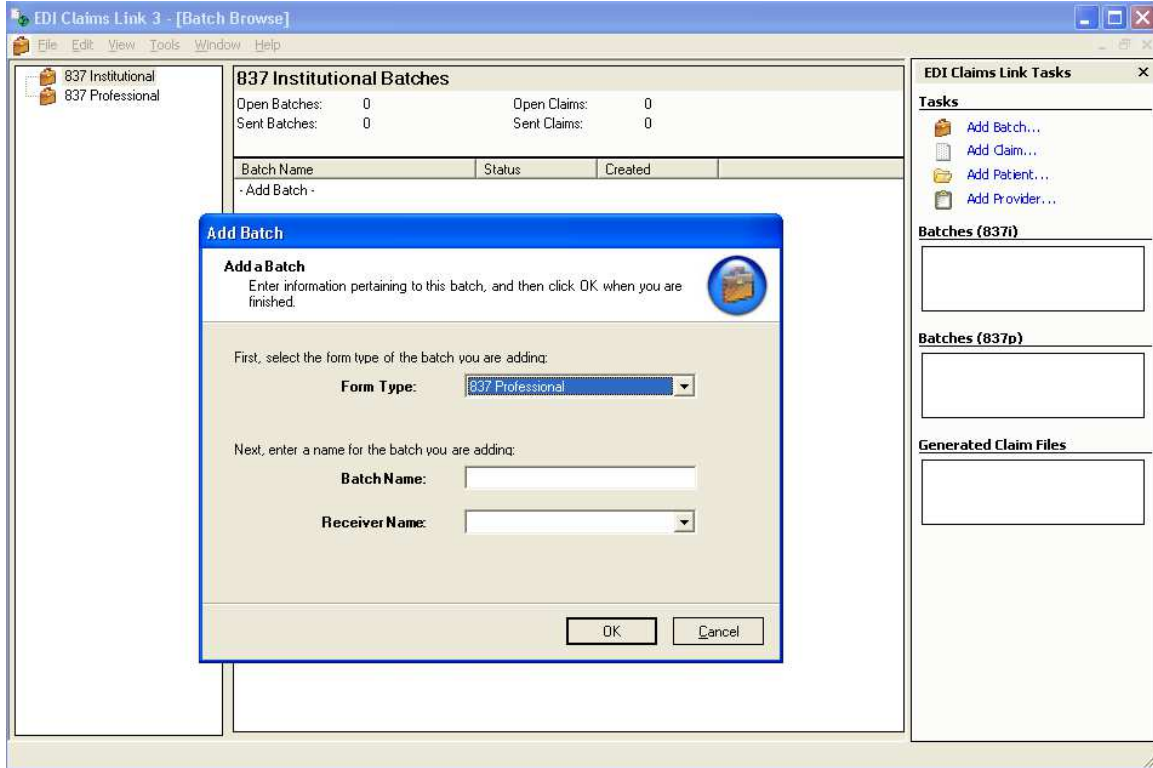

2. **Form Type:** Select whether you are creating an Institutional or Professional batch.

3. Type an identifying name for the batch. The Batch Name can be a combination of alpha and numeric characters and should be something that provides easy identification of the batch. A batch consists of any number of claims for any number of providers.

4. **Receiver name:** Select **ValueOptions, Inc**

5. Click OK.

The Batch Name is now displayed on the left side of the Batch Browse Window and under the appropriate claim type on the right side.
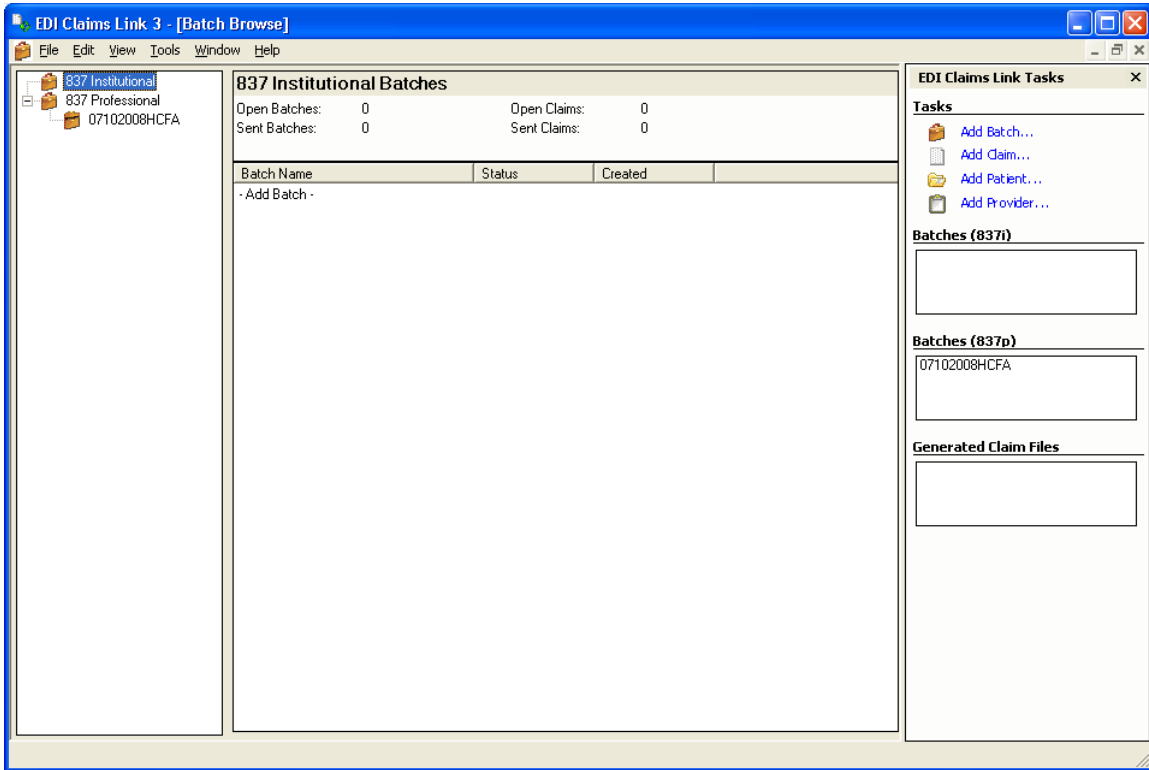
1. Click the Batch Name on the left side of the Batch Browse Window.

2. Click on **– File**, then **New Claim** on the menu bar at the top of the window **or** click the **Add Claim** link on the **Task Pane** on the right side of the window. The Add Claim Wizard displays.

3. Select the correct form type, select an existing batch name or add a new batch name, select the Receiver Name, and click Next.

4. The Add Claim Wizard continues; select an existing provider and patient from the drop down boxes, then click **Next.**

The available provider list will only display records created as Billing/Pay To Providers.

If you are creating a Professional Claim/837p batch:

The provider tab is automatically populated with information contained in the Provider database. Verify all information is accurate. If it is not, you can close the claim without saving, go to the Provider Maintenance section, and correct the provider record. Then start the Add Claim procedure again.

Click on the **Patient** tab to review that information is accurate as well. If it is not, you can close the claim without saving, go to the Patient Maintenance section, and correct the patient record. Then start the Add Claim procedure again.

On the patient tab, this is also your opportunity to include Coordination Of Benefits information that will apply to the entire claim. This will go into the "Other Carrier" tabs.

Click on the **Claim tab:**

The following minimum information is required below the Claim tab:
- The **Provider Accept Assignment** field must be completed.
- The **Claim's Submitter's Identifier**, which should be pre-populated.
- The **Frequency Type. If you are submitting a Corrected or Replacement claim, read Appendix 1 for proper formatting of the Original Reference Number.**
- At least **1 Diagnosis Code.**

The rest of the data is optional, or should be completed as per the requirements of the claim.

Click on the **Claim Details** tab:
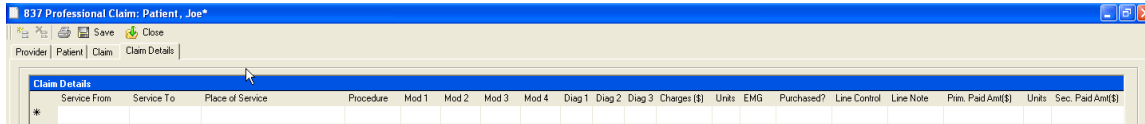
This is where you will enter the specific service line information just as you would on a paper claim. You may need to maximize the window to see all the options at once.

- Enter the **Service From** and **Service To** dates for this line of service. Each date of service should have its own service line
- Select the appropriate **Place of Service** code
- **Procedure Code:** The correct procedure code for this line of service.
- Optional: Modifier codes. Enter this only if required for this particular service
- **Diagnosis codes:** Select the drop down number that *corresponds* to the correct diagnosis code previously entered on the Claim tab.
- Charges: Enter your total charge for this service line. Use decimals, no dollar sign (ex: 100.00)
- **Units:** Enter the number of billing units being represented on this particular service line.

**CONTINUE SCROLLING TO THE RIGHT OF THE CLAIMS DETAIL WINDOW FOR MORE FIELDS**
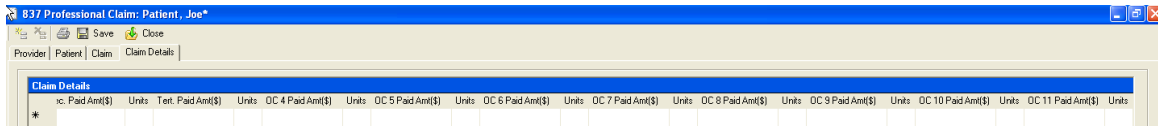
- Optional: EMG. Select Y for this field if this was an emergency session.
- You may disregard the Line Control & Line Note fields. These are reserved for Illinois Mental Health Collaborative claims.
- Primary Paid Amt ($), Units (and Sec. and Tert.): If you entered Coordination Of Benefits information within the patient tab of the claim, you will be able to enter a distribution of how much of the payment and how many units applies to each individual claim line.

You can now continue to enter more service lines, or click on Save at the top of the window.

If all the information you have entered is accurate, the Save button will change from color to greyed out. Then click Close.

If there are any errors or discrepancies with the data you have entered, the **icon will** appear. You can hover the icon to display the error.

Click the **Close** button. The claim is saved and assigned a sequential number that is displayed in the Batch Browse Window. The Add Claim Wizard displays, to add another claim, click **Add Another Claim**, and repeat the above steps. If not, click **Finish**.
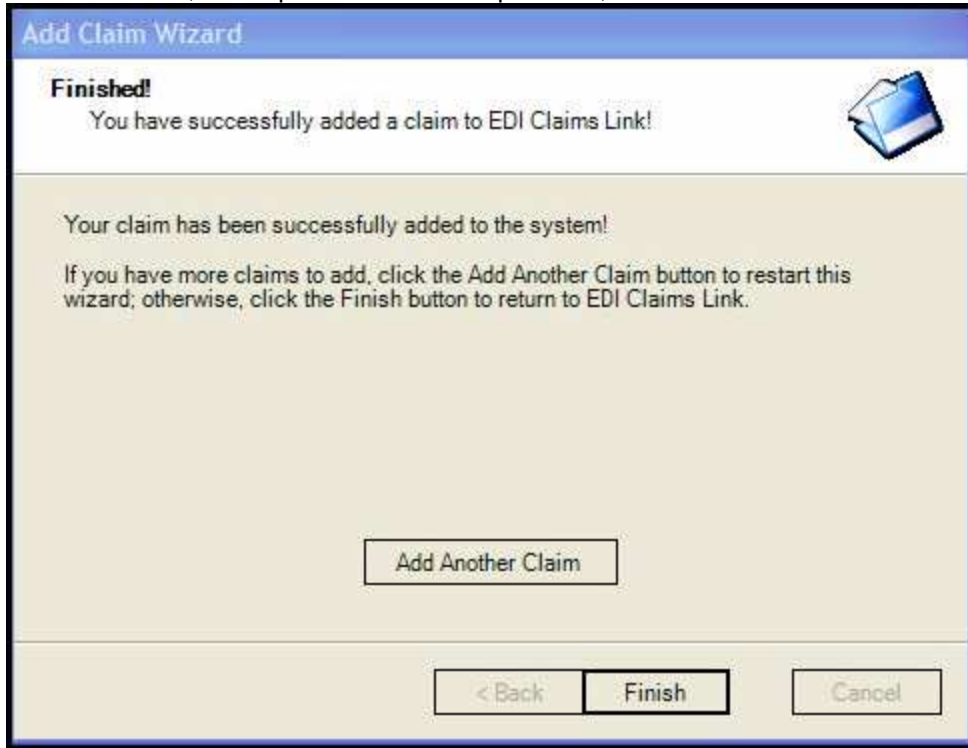
IMPORTANT
The instructions above contain the minimal information necessary for verification and acceptance of the claim into the *ValueOptions* Claims Processing systems. It does not imply, nor guarantee, payment of the claim. Information on required data elements for a particular contract can be found in the Claims Submission Manual.

If you are creating an Institutional Claim/837i batch:

Start with the **Provider** Tab:
- Verify the Billing Provider information
- Select your Service Location:

Click on the **Patient** Tab:

Click on the **Patient** tab to review that information is accurate as well. If it is not, you can close the claim without saving, go to the Patient Maintenance section, and correct the patient record. Then start the Add Claim procedure again.

On the patient tab, this is also your opportunity to include up to 3 entries of Coordination Of Benefits information that will apply to the entire claim. This will go into the "Other Carrier" tabs.

Click on the **Claim** Tab:

The following minimum information is required:

- **Statement covers dates:** The entire date range for this claim, covering every service line.
- **Diagnosis Codes:** The Principal Code is required; the rest are as needed for the claim
- **Bill Details:** Select the **Type of Facility, Bill Classification, Frequency,** Admission Type Code, Admission Source Code and Patient Status Code for this particular claim.
- The **Frequency Type. If you are submitting a Replacement claim, read Appendix 1 for proper formatting of the Original Reference Number.**
- **Attending Physician:** Select the name from the dropdown list, or enter the information manually.

You may also need to enter the **Admitting Diagnosis, Admission or Discharge Information** or

Patient Status, based on the Bill Details selected. If it is required, you will see the [icon] icon when you try to save the claim.

Click on the **Claim Details** tab:
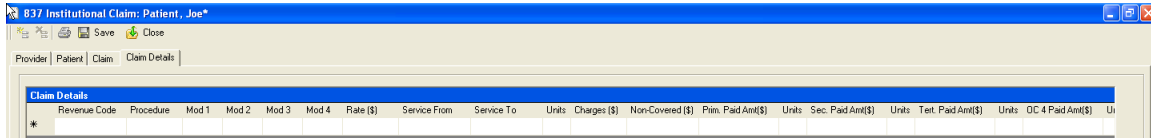
This is where you will enter the specific service line information just as you would on a paper claim.

Enter the appropriate claim details:
- **Revenue code**
- Procedure code as needed
- Optional: Modifier Codes
- Rate: Enter the rate you charge for the particular service that was provided
- **Service From & Service To:** The date ranges of this specific line of service
- Units: **Units:** Enter the number of billing units being represented on this particular service line.
- **Charges: You will have to manually calculate this number. Rate X Units = Charges**

CONTINUE SCROLLING TO THE RIGHT OF THE CLAIMS DETAIL WINDOW FOR MORE FIELDS
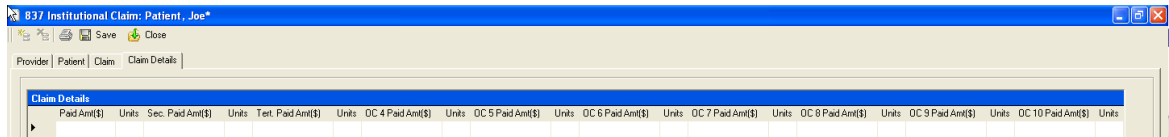
- Primary Paid Amt ($), Units (and Sec. and Tert.): If you entered Coordination of Benefits information within the patient tab of the claim, you will be able to enter a distribution of how much of the payment and how many units applies to each individual claim line.

You can now continue to enter more service lines, or click on Save at the top of the window.

If all the information you have entered is accurate, the Save button will change from color to greyed out. Then click Close.

If there are any errors or discrepancies with the data you have entered, the [icon] icon will appear. You can hover over the icon to display the error.

Click the **Close** button. The claim is saved and assigned a sequential number that is displayed in the Batch Browse Window. The Add Claim Wizard displays, to add another claim, click **Add Another Claim**, and repeat the above steps. If not, click **Finish**.
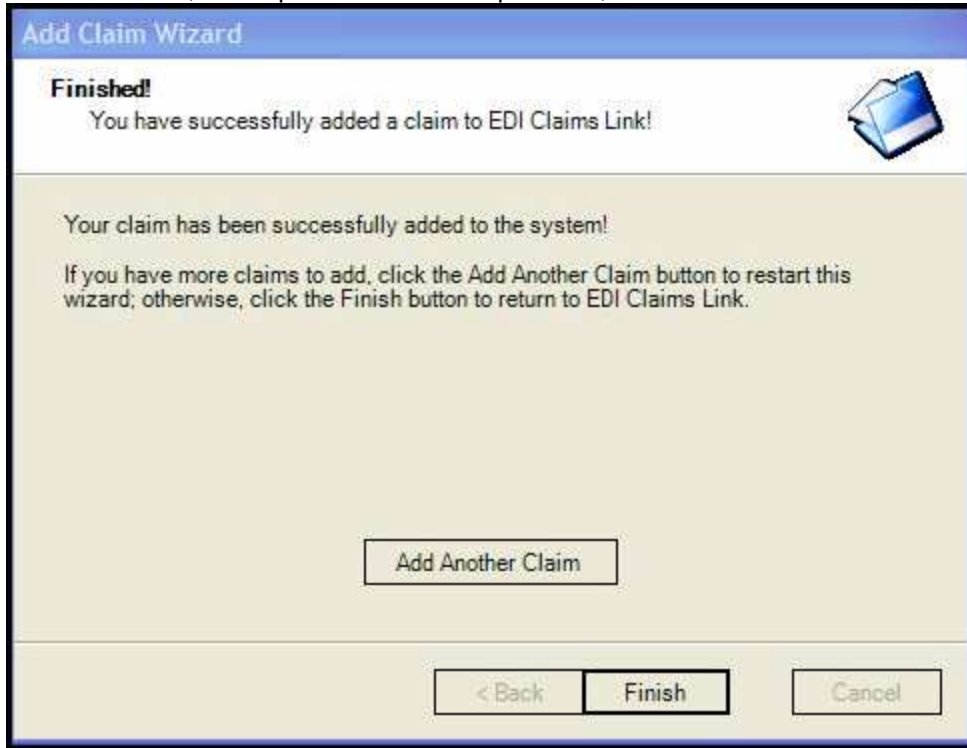
IMPORTANT
The instructions above contain the minimal information necessary for verification and acceptance of the claim into the *ValueOptions* Claims Processing systems. It does not imply, nor guarantee, payment of the claim. Information on required data elements for a particular contract can be found in the Claims Submission Manual.

Generating and Sending an 837 EDI Claim File

When all claims have been entered in the EDI Claims Link for Windows® application, you can create a file to send to *ValueOptions*. You can transmit this file to *ValueOptions* through the internet by accessing www.valueoptions.com and following the instructions on screen.

You can also transmit the file using a modem and any commercially available communications software. Some Windows versions come with their own communications software called: **Hyper Terminal** (see the section addressing the set up and use of Hyper Terminal).

IMPORTANT: All login accounts for ProviderConnect are created in test mode by default. You must submit a successful test batch before the account can be placed in production mode. Please contact the EDI Helpdesk to check the status of your account, or to place your account into production status.
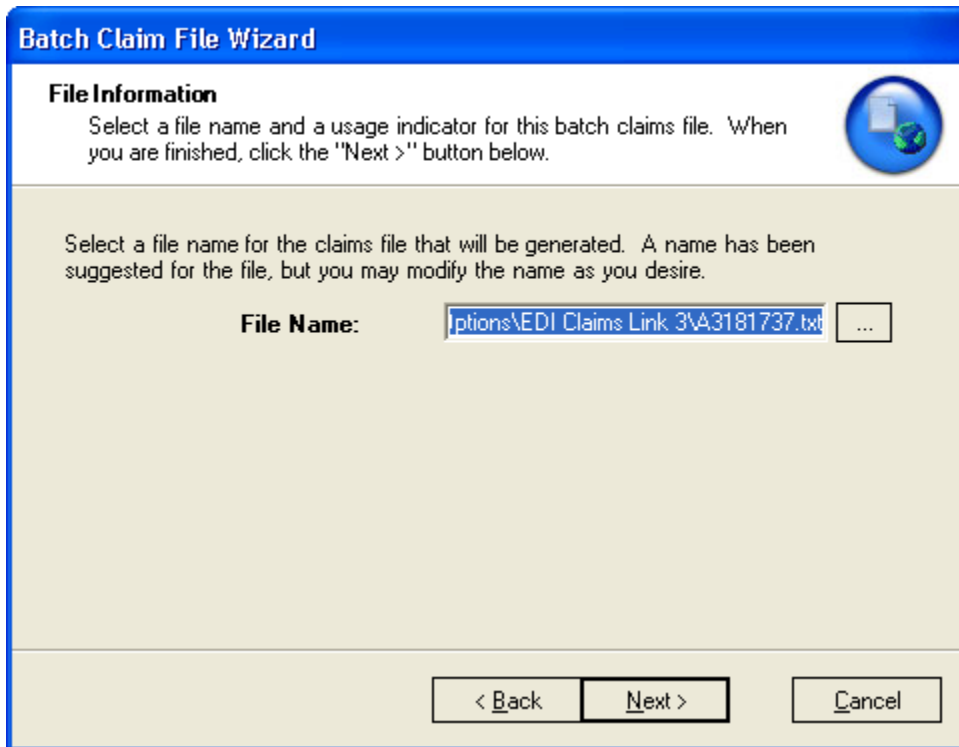
To generate the 837 file:
1. Highlight the Batch Name on the left side of the Batch Browse Window, or double click the batch name in the Batch window on the right hand side:
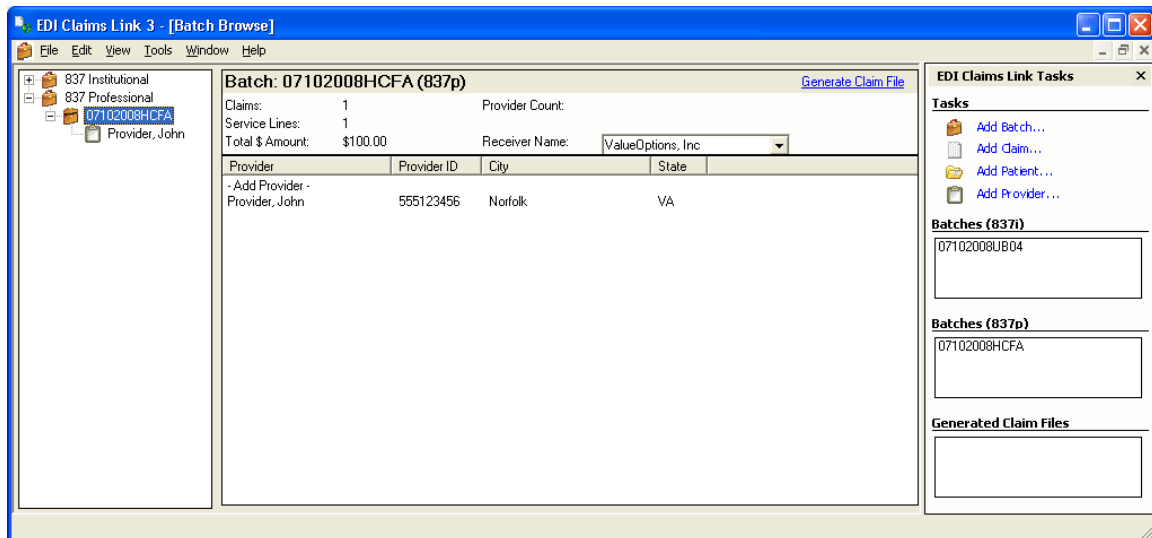
2. From the File menu, select **Create EDI Claim File** or click the **Generate Claims File** link located at the top of the window.

The Create EDI Claim File dialog box displays.

3. The path where the claims batch files are stored is defaulted by using the **File Name** Link. We recommend keeping the default path and filename, but you can change it if you like.

IMPORTANT NOTE FOR WINDOWS VISTA OR WINDOWS 7 USERS: Due to security features in these versions of Windows may not allow you to save the file to the Programs Files directory. As a workaround, you may want to create a new folder on your computer, and save the file to that location. Use the browse button (…) to select the folder you wish to save to.

4. Click **Next**. The Batch Claim File Wizard will calculate the values in the batch.

The following screen will appear. **We highly recommend writing down the complete File Name, Total # of claims, and Total $ Amount. You will need this information when visiting the ProviderConnect website.**
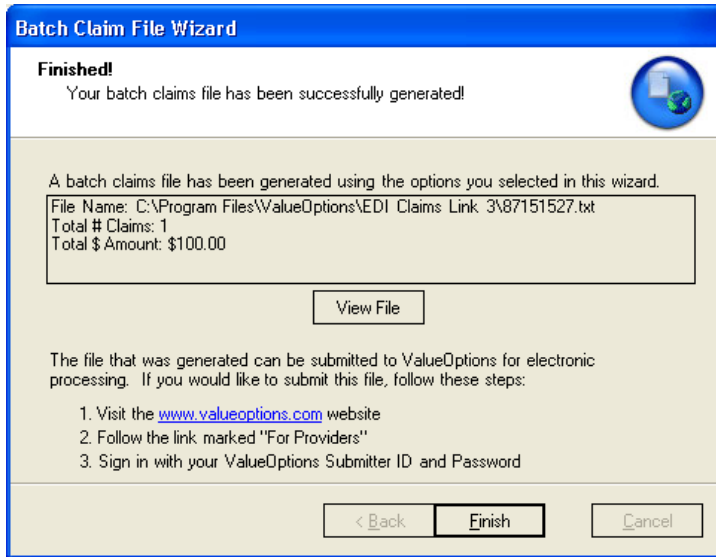
The EDI Claims Link file is created. You can either click on Finish, or click the link to be taken to the ValueOptions website.

Note: The symbol next to the Batch Name on the Batch Browse Window changes from an open briefcase to a closed brief case indicating that an EDI claim file has been generated for this batch. If a file has been created for a batch and you want to access that batch to adjust information, you need to reopen the batch, make your changes, and create a new batch file.

Reviewing and Editing Previously Entered Claims

Highlight the Batch Name on the left side of the Batch Browse Window, or double click the batch name in the Batch window on the right hand side:

If you just need to review and read a claim, you can double click on the provider name and the patient name.

If you need to make any changes to any claims, click on the link that now says **"Reopen Batch".**
This link will change to "Generate Claim File". (Don't click again on Generate Claim File yet!)

You can now go into the batch, make the appropriate changes to existing claims, add new claims, or delete existing claims. You can then generate a new claim file as described in the preceding section.

How to Print a Claim

Once you have created a claim, you can print a copy of the claim for your records.
Note: You can also print claims that you previously entered. Refer to *Reviewing and Editing Previously Entered Claims* for details on displaying these claims.

1. With the appropriate claim displayed on the screen, click the printer icon.

2. The claim displays in a printable format. Click on *File* then *Print* to send the claim to the appropriate printer.

Appendix 1:
Proper formatting of Original Reference Number for submission of Corrected or Replacement Claims

Submitting a replacement or corrected claim will supersede all information from the previous claim. The process does not allow for selective replacement of individual claim lines. For instance, if the original claim had 3 claim lines, and the corrected claim only has 1 line, it will result in only the 1 claim line being processed. The original 3 claim lines will be reversed and the 1 claim line on the corrected claim will be the only line processed. Regardless of the payment status of the original claim, a corrected claim must still be submitted within the timely filing guidelines for your client's benefit package.

Obtain the claim number from your original claim, either from your summary page on ProviderConnect, from a claim search on ProviderConnect, or from your Provider Summary Voucher. For this example, we will use the claim number: 01-70308-65-1

First, the claim number must be expanded to segments of 2, 6, 5, and 5 digits respectively, using leading zeros:

01-70308-65-1 → 01-070308-00065-00001

Next, remove the dashes and spaces:

01-070308-00065-00001 → 010703080006500001

This string of numbers can be applied to the Original Reference Number in both your professional and institutional claims.

APPENDIX 2:

Adding a Reference to the Reference Database

Reference data from the Reference Databases appear throughout the application. The item description and values are defined in the HIPAA Companion Guide. You may add, delete or update item descriptions and values for any of the reference databases.

Warning: If you add or change an item description or value and make it a non-compliant HIPAA value (one not listed in the HIPAA Companion Guide), or a value that ValueOptions does not accept, any claim with the non-compliant value may not process correctly.

1. From the Main Screen, click **Tools**, and then click **Reference Data Maintenance**.
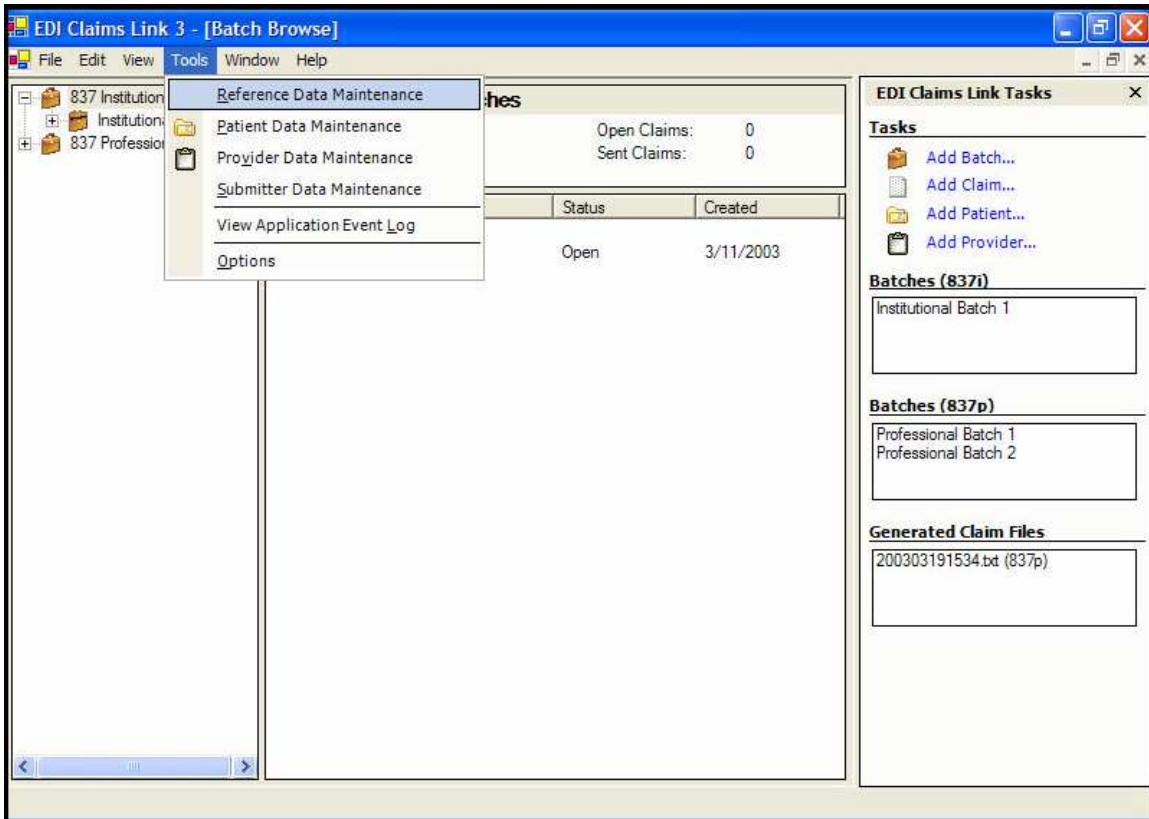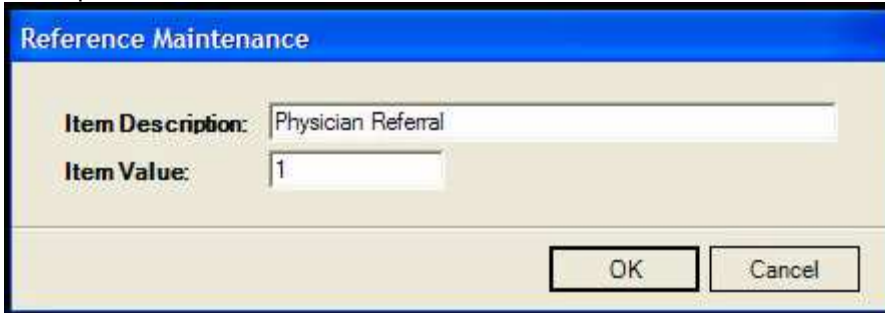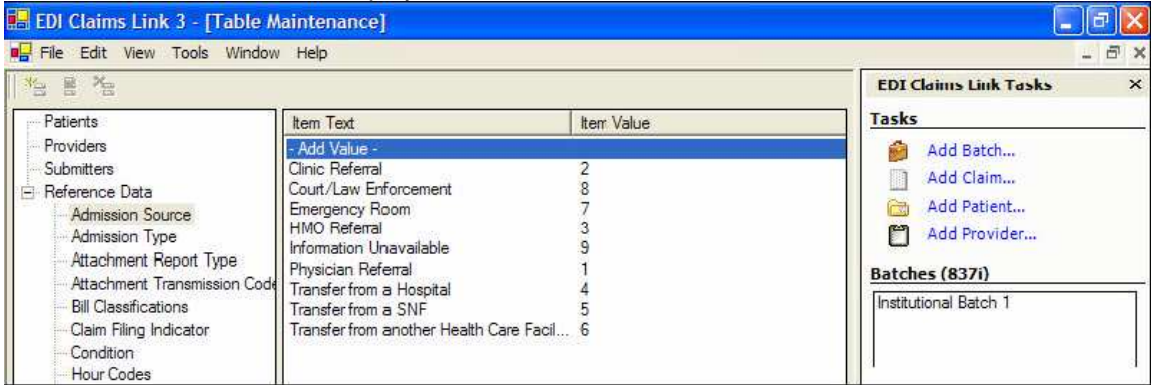
2. The Reference List screen displays. Click the appropriate **Reference Data**, then click **Add Value**
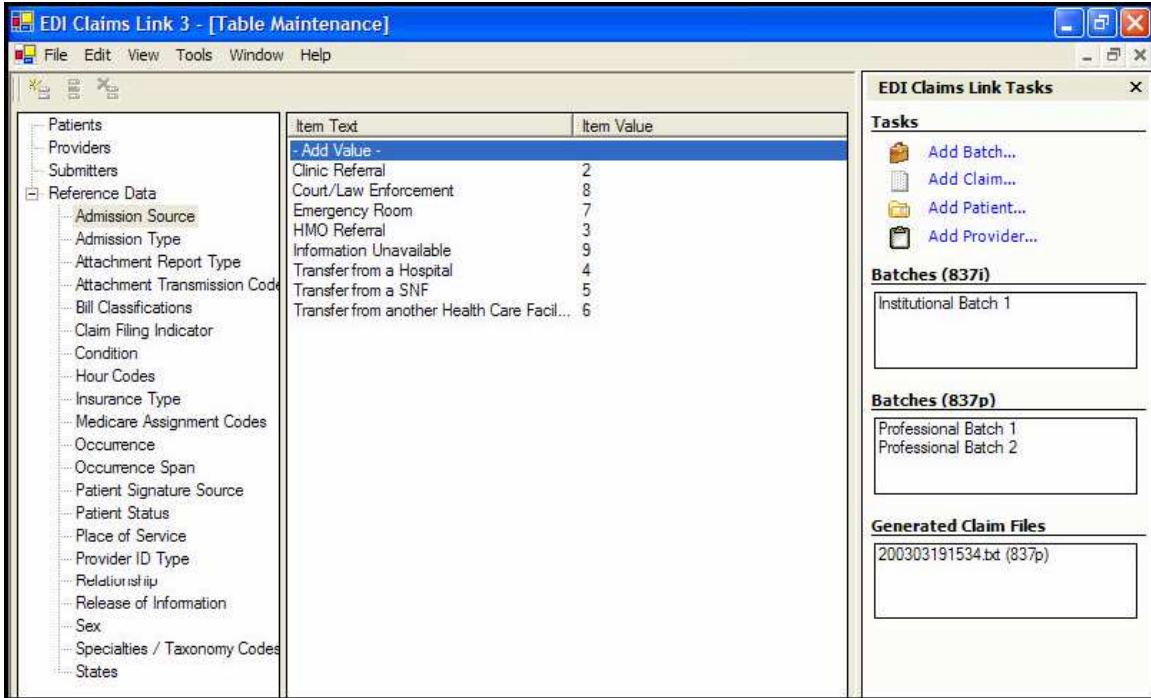
3. Enter the appropriate item description and item value. Refer to the HIPAA Companion Guide for help with this information.

4. Click **OK**. The new value displays in the Reference Value Window.

Appendix 3:

How to use ProviderConnect for 837 file submission
Once you have generated your 837 file, submitting it via our website is a simple process

1. Log into ProviderConnect using your Submitter ID and password.
2. Click on "EDI Homepage" in the upper left corner of the page
3. Click on "Submit a Batch" File
4. Indicate from the drop down menu if you are submitting and 837i or 837p file, then click "Next"
5. Enter the total number of claims, and total dollar amount for this file, then click "Next"
6. Type the full path of your filename, or use the "Browse" button to select your file from a dialog box.
7. When the filename has been entered, click "Submit". You should now see a page indicating the file has been submitted.
8. Within a few minutes, you will receive 2 emails to your email:
   - The first will tell you the file has been received, and will contain your submission number.
   - The second email will tell you whether the passed or failed validation, and will also contain your submission number.

If you need any assistance from the EDI Helpdesk at this point, please have your submission number from these emails handy, as it will help us look up your submission faster.

Help and Information Contact

If you have any questions about the EDI Claims Link for Windows® application, please contact
ValueOptions
EDI Helpdesk
PO Box 1287
Latham, NY 12110
Phone: 888-247-9311
Hours: 8:00 AM to 6:00 PM (Eastern Time), Monday through Friday*
Fax: 866-698-6032
Email address: e-supportServices@valueoptions.com
*Not available during the following observed Holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, The Day After Thanksgiving, and Christmas Day.