

## Electronic Data Interchange (EDI)

*Simplify your claims submission workflow and shorten your reimbursement timeline with Electronic Data Interchange (EDI).*



### What is EDI?

EDI is a secure interorganizational exchange of documents using a standardized format. EDI integration is most beneficial for Providers using *Que* — Integra Partners' proprietary claims processing platform—in conjunction with another Payment Management System (PMS) to transmit protected patient data automatically between systems.

### How does it work?

Claims data elements move directly from your PMS and are transmitted to *Que*, our proprietary claims processing platform.

### Business Benefits

- **EDI automation improves efficiency, increases productivity and reduces errors.**  
With EDI you can eliminate duplicate work, paper trails, and the potential for human error through manual data entry.
- **EDI automation saves time.**  
EDI allows for faster and more accurate claims processing and payment.

### Sign Up Today!

Please complete the **Electronic Data Interchange Enrollment Form** and our EDI Team will get back to you with next steps.

For more information on EDI, and how to prepare for EDI implementation, review the rest of this EDI Enrollment & Planning Guide.

Please reach out to us at **EDIhelp@accessintegra.com** if you have any questions.



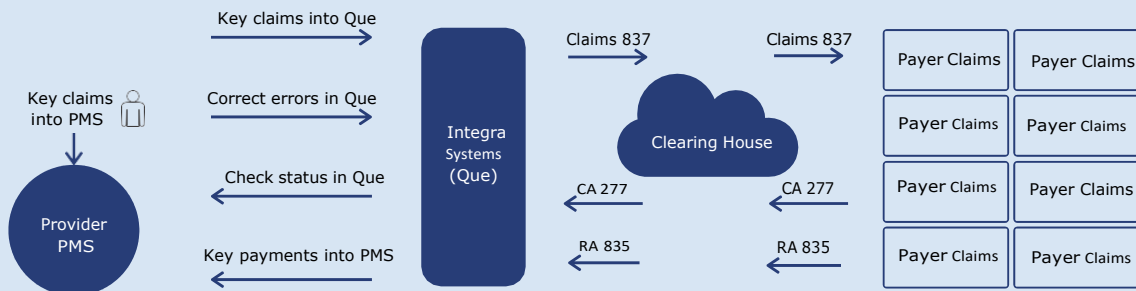
## The EDI Difference

Here's how it works:

| File Format Type | Capabilities  |
|------------------|---|
| 837              | The 837 file is a standard form for electronically transmitting claims instead of using paper (CMS-1500 form). Claims data is automatically transferred from your system into <i>Que</i> via the clearinghouse network. |
| 277              | Claims Status Response 277 is an automated status update, including both accepted and rejected claims.  |
| 835              | The Electronic Remittance Advice (ERA), or 835, is the end-to-end electronic payment and remittance information from <i>Que</i> to your PMS.  |

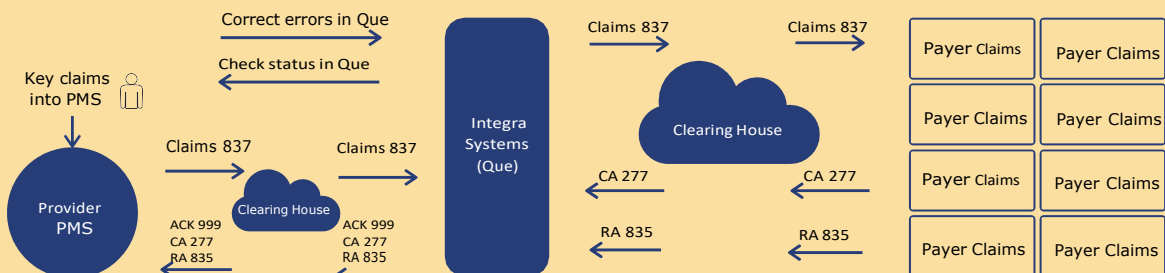
### MANUAL CLAIMS DATA ENTRY BEFORE EDI

- Keying claims and payment postings into PMS and *Que* (duplicate work)
- Upload attachments, correct Payer rejections and review claims status (Provider Needs Attention) and reporting in *Que*.



### CLAIMS ELECTRONIC DATA DELIVERY AFTER EDI

- Most PMS support automated loading of claims, status and payment postings back into the PMS with EDI 837, 277 and 835 interfaces.
- You will continue to upload attachments, correct Payer rejections and review claims status (Provider Needs Attention) and reporting in *Que*.



## EDI Enrollment & Planning Guide

*The following steps outline the technological specifications and requirements needed for a swift and successful EDI enrollment and onboarding process. Please review with your EDI specialist and/or PMS support agent.*

### Step 1: Determine EDI Systems Compatibility

If your organization's Payment Management System (PMS) can generate an ANSI 837 standard claim and can send Integra a unique four-character Payer ID, then you are eligible for EDI.

We are currently connected to several PMS systems, including but not limited to, the following:

- Fastrack
- Brightree Cortex
- Medical
- Manager
- DMEworks
- HDMS
- Lytec
- Opie
- Futura

### Step 2: Clearinghouse Connection

Integra's primary clearinghouse is Waystar, through which we are able to connect to all other clearinghouses.

Note: The submitter/receiver ID (also known as the Payer ID) is INTEG. Many other insurer Payer IDs are numeric, but ours is alpha. Providers should use Integra's Payer ID only when submitting claims to our contracted Payers.

See below for summarized connection information for select platforms. Note: this list is not all-inclusive.

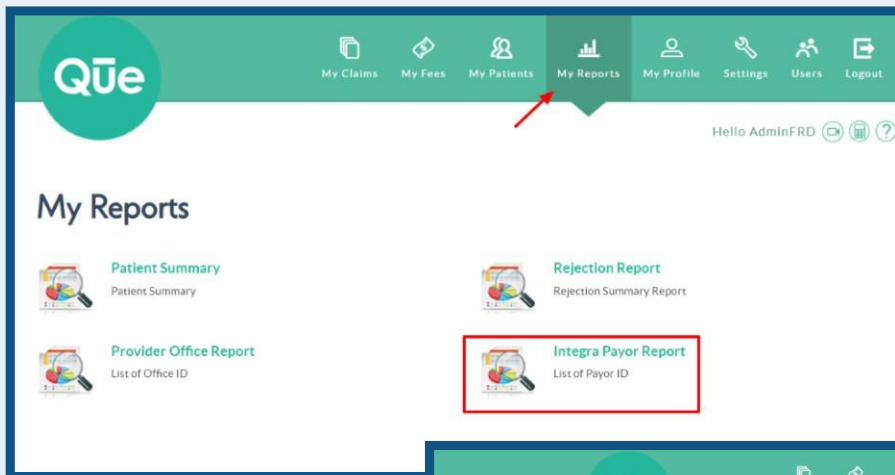
| Platform     | Clearinghouse       | Que Payer ID Submission Type |
|--------------|---------------------|------------------------------|
| Brightree    | Change HealthCare   | NM1-PayorName                |
| Fastrack     | Waystar             | NM1-PayorName                |
| Opie         | Waystar             | NM1-PayorName                |
| Cortex       | Cortex EDI          | REF LU                       |
| DMEWorks     | Ability or Availity | NM1-PayorName                |
| Futura, HDMS | Waystar             | NM1-PayorName                |

## Step 3: Configure *Que* Payer ID

*Que* is a single solution claims processing tool for Providers and health plans. Therefore, we must know the four-character unique Payer ID for each health plan to be billed. You can automatically generate the Integra Payer ID Reports from *Que*.

### Integra Payer Report

To access these reports and export into Excel, go to the 'My Reports' tab and select the report. For the Payer ID, please select 'Integra Payer Report'.



| Payer ID | Name                              | InsuranceType    | CH Payer Name             | Family         |
|----------|-----------------------------------|------------------|---------------------------|----------------|
| 2599     | BCBS Bluecard - (Non NY Plans)    | Commercial       | BC/BS of New York Empire  | Empire BC/BS   |
| 2891     | Montefiore HMO/MH/C               | Managed Medicaid | Montefiore HMO            | Montefiore CHD |
| 2923     | Aetna Better Health Medicaid (NY) | Medicaid         | Aetna Better Health, Inc. | Aetna          |
| 2924     | Aetna Better Health (NY) - DUAL   | DUAL             | Aetna Better Health, Inc. | Aetna          |
| 2925     | Aetna NJ - Fully Insured Products | Commercial       | Aetna                     | Aetna          |

There are two methods of capturing the *Que* Payer ID depending on the PMS platforms you use.

- Payer Name: Many PMS platforms are configured to include the Payer ID in the first 4 characters of the Payer name, followed by a hyphen or other separator character. For example: '4268-Health Partners Plan, Inc. Medicare'. This field value will then be included in loop 2010BB in NM103 segment at the claim level. This is the simplest approach and does not require customization by the PMS vendor.
- REF LU: Include the code in the REF LU segment of the 2010BB loop at the claim level.

## Step 4: Testing

To ensure data quality, the final step is to test the new EDI connection. Testing is required even if your PMS is already connected with Integra. The purpose of this testing is to verify that the Payer ID configuration is correct and to ensure there are no other issues with the claims submission process. Testing can take as little as one week, or up to several weeks if data problems need to be resolved.

### **How Testing Works:**

Each Provider must send a sample test file with two or more claims; claims must be for different Payers. One claim must include multiple services or items billed.

After testing is complete, your organization will go live with 837 EDI claim processing. From this point forward, Integra will automatically send out 835 EOB remittance files twice per week.

To get started with EDI, please complete the **[Electronic Data Interchange Enrollment Form](#)**. Our EDI Team will get back to you with next steps shortly.

If you have questions regarding EDI, please reach out to us at [EDIhelp@accessintegra.com](mailto:EDIhelp@accessintegra.com).