**HIPAA ELECTRONIC CLAIM SUBMISSIONS**

The following procedure has been established for submission of HIPAA Claims electronically:

A provider wanting to submit claims electronically must successfully complete testing through the Maryland Medicaid Electronic Exchange (MMEE) web portal – this phase will be processed through the MMIS-II test region.

The following reference materials will be needed to create the file with the necessary data elements:

Companion Guides: Available for download from the following MDH website –

[https://health.maryland.gov/hipaa/Pages/transandcodesets.aspx](http://ad_prodspapp1:81/HIPAA/Pages/transandcodesets.aspx)

Implementation Guides: Available for purchase from the Washington Publishing Company at the following website: <http://www.wpc-edi.com/>

To enroll for testing: submit an email to <mdh.hipaaeditest@maryland.gov> requesting

enrollment for HIPAA 5010 testing. The following forms will be supplied to you:

005010 TP EDI Enrollment Form, Submitter Identification Form, and the Trading Partner

Agreement (these forms are also available for download at the following [website](http://ad_prodspapp1:81/HIPAA/Pages/transandcodesets.aspx). You will complete forms, sign forms (original signatures required) and then submit the completed forms via email to [mdh.hipaaeditest@maryland.gov](mailto:mdh.hipaaeditest@maryland.gov).

Upon receipt of your Trading Partner EDI Enrollment Form, Submitter Identification Form, and Trading Partner agreement you will then be enrolled for testing. You will be given login, password, URL and connectivity instructions for the Maryland Medicaid Electronic Exchange (MMEE) web portal.

**Maryland Medicaid Electronic Exchange (MMEE) web portal**

Submission of test file through MMEE will be processed through the MMIS-II test region and analyzed. The test results will be reported via email. The email will also indicate whether approved for Production or that more testing is required.

It is your responsibility to check the functional acknowledgements and/or response reports returned by Maryland Medicaid concerning the file submission. You will always receive a functional acknowledgement and/or response report. These acknowledgements and/or reports will provide valuable information concerning the file you just submitted. Refer to your Implementation Guide for information concerning functional acknowledgements and response reports.

If you have requested, via the Trading Partner EDI Enrollment Form, an 835 transaction, it will be available after the test file is adjudicated. The 835 transaction is an electronic version of a remittance advice – you will utilize this to determine claims paid and errors encountered.

During testing, you will have the opportunity to request the hard copy EOB produced by the test file submission.

Cut-off time for processing of test files received is 12:00 p.m. daily. Files received after that time will be processed the next business day. Results, as indicated above, are reported via email and normally completed within three business days.

**Production Migration:**

Upon test file approval, an email will be sent to you with the effective Production date you can submit your claims electronically in Production and the date you will receive your first Production 835 transaction if applicable.

**Assistance**

Questions for testing are to be directed to the following email address:

[mdh.hipaaeditest@maryland.gov](mailto:mdh.hipaaeditest@maryland.gov)

Questions concerning Production files are to be directed to the following email address:

[mdh.ediops@maryland.gov](mailto:mdh.ediops@maryland.gov)

Questions concerning the error codes received from file submission are to be directed to unit responsible for those transaction types:

For 837-Institutional, contact the Problem Resolution Unit at 410-767-5457

For 837-Professional, contact the Provider Relations Unit at 410-767-5503

**Obtaining an 835 Return Transaction**

The Submitter Identification Form (SIF) must be completed and on file prior to 835 set-up. The SIF can be obtained from the following website:

[https://health.maryland.gov/HIPAA/pdf/Submitter-Identification-Form-005010.pdf](http://ad_prodspapp1:81/HIPAA/pdf/Submitter-Identification-Form-005010.pdf)

After mailing forms, allow 7-10 business days before contacting [mdh.hipaaeditest@maryland.gov](mailto:mdh.hipaaeditest@maryland.gov) to confirm receipt of forms and to confirm 835 set-ups.

The email should include the following:

Provider Name:

Maryland Medicaid Provider Number (9 digits):

NPI:

Your Submitter ID:

File types to be linked (837P/I, 835, 270/271, 276/277):

**NPI Information**

Review the following website for information pertaining to the National Provider Identifier: <https://mmcp.health.maryland.gov/Pages/Links-to-National-Information-on-NPI.aspx>

**Direct Claim Submission via eMedicaid**

Certain provider types (see below) billing on CMS 1500 are now able to submit their claims electronically through the eMedicaid site (<https://encrypt.emdhealthchoice.org/emedicaid/>)

Direct claim submission is for single CMS 1500 claims only, (i.e. claims with attachments cannot be submitted).

Assistance and questions may be emailed to [mdh.emedicaidmd@maryland.gov](mailto:mdh.emedicaidmd@maryland.gov)

Provider Types eligible to submit claims via eMedicaid

If you need to confirm your provider type, contact ePREP at 1-844-463-7768. Be prepared to give them your 9-digit Maryland Medicaid provider number.

T1 AMBULANCE SERVICES                                            
39 AMBULATORY SURGICAL CENTERS                                   
75 ASSISTED LIVING SERVICES PROVIDER                             
19  AUDIOLOGY SERVICES PROVIDER                                                  
13 CHIROPRACTOR               
32  CLINIC, DRUG ABUSE (METHADONE)                                
33  CLINIC, FAMILY PLANNING                                                               
38  CLINIC, GENERAL                                                                            
36  CLINIC, MARYLAND QUAL HEALTH CNTR                             
60 DIAGNOSTIC SERVICES, OTHER                                    
85 DIETICIAN/NUTRITIONIST                                        
62 DME/DMS                                                                                   
40 HOME AND COMM BASED SVCS, OTHER                               
10 LABORATORIES, MEDICAL                                         
91 LOCAL EDUC AGNCY/LCL LEAD AGNCY                               
42 MEDICAL DAY CARE, ADULT                                       
43 MEDICAL DAY CARE, CHILDREN                                    
21 NURSE ANESTHETIST                                             
22 NURSE MIDWIFE                                                 
23 NURSE PRACTITIONER                                        
18 OCCUPATIONAL THERAPIST                                        
63 OXYGEN SERVICES                                                                            
16 PHYSICAL THERAPIST                                            
20 PHYSICIAN                                                     
11 PODIATRY                                                  
87 REM/SLM PROVIDERS                                             
53 RESIDENTIAL SERVICE AGENCY                   
17 SPEECH/LANGUAGE PATHOLOGIST                                   
28 THERAPY GROUP PROVIDER

08 URGENT CARE CENTERS  
12 VISION CARE