

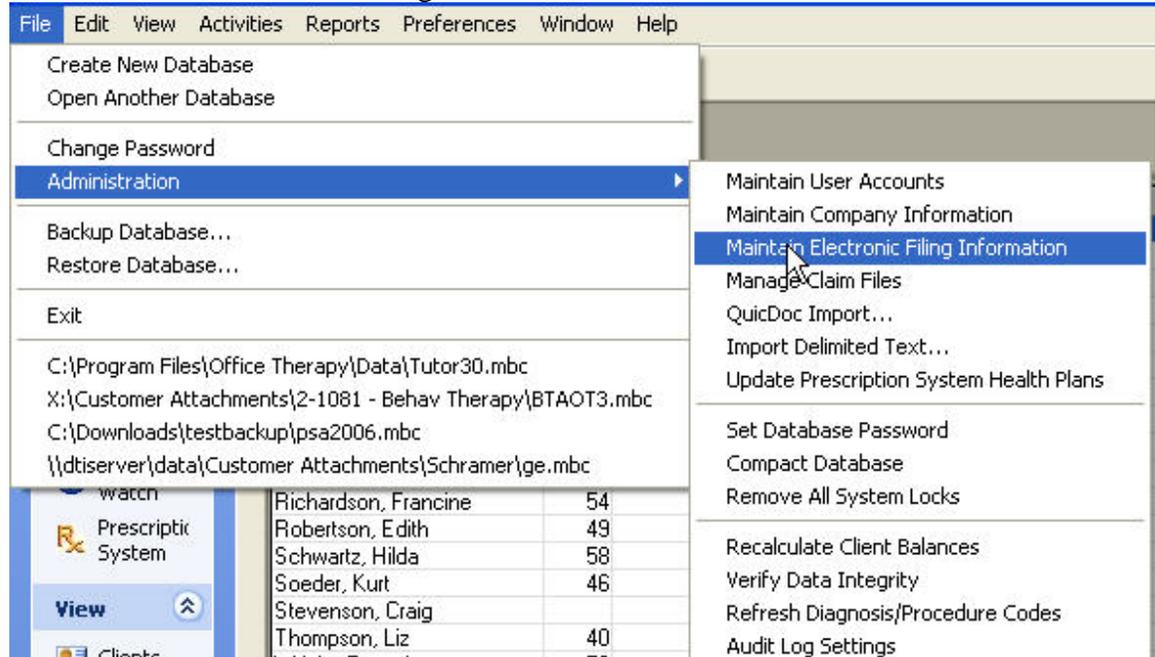
# ELECTRONIC CLAIMS QUICK SETUP USING (837ANSIX12 ONLY) FOR GATEWAY EDI

7.0

**Before you begin:**

**Make sure you are logged in as Administrator or as a user that has Administrator rights.**

1. From the **File** menu, click Administration,
2. Select Maintain Electronic Filing Information



This box will pop up. It will default to the Electronic Activation Tab

The screenshot shows the 'Electronic Filing Setup' dialog box with the 'Electronic Activation' tab selected. The 'Use Gateway EDI Clearinghouse' checkbox is checked. The 'Electronic Filing Status' is set to 'Active' and the 'Type' is '837'. The 'Export filename for HCFA 1500' is 'C:\Program Files\Office Therapy\Data\Current.bch' and the 'Export folder for NSF/837' is 'C:\Program Files\Office Therapy\Data'. The 'Interchange Sender ID' is '7987978' and the 'Interchange Sender ID Type' is 'ZZ Mutually Defined'. The 'NSF/837 Sender Code' is '156' and the 'NSF/837 Password' is '123456'. The 'NSF/837 Submission Type' is 'hyuhu' and the 'Interchange Receiver ID Type' is 'ZZ Mutually Defined'. The 'Submitter ID' is empty. The 'Submitter EDI Contact Info' section has empty fields for Name, Contact #, and Type. The 'Receiver Company Info' section has 'Name: GATEWAYEDI' and 'ID#: 431420764'. The '837 Info:' link is visible at the bottom left. 'OK' and 'Cancel' buttons are at the bottom right.

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The screenshots are broken down for you.

Follow these steps to complete the E-Filing set up

3.

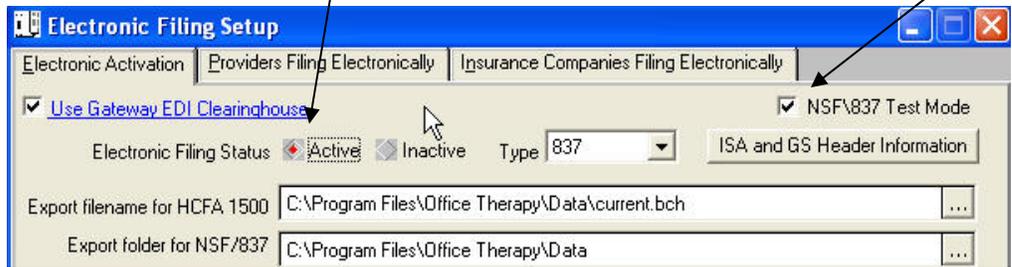
Make sure this box is checked. By checking this box it will automatically add the Receiver Company Info at the bottom of this screen.



4.

Make sure the Active button is checked

If the NSF\837 Test Mode is checked the claims will **NOT** finalize.  
  
**This is a Great tool to use when you are in the test mode with Gateway.**



5. The Export folder for NSF/837 is the location where the batch claim file will be output. This is the location you will specify to Gateway so that they can retrieve your file. This location can be changed.



Clicking the Ellipses button will allow you to Browse to a location of your choice.

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6. In this section of the box, **Submitter ID** is required. It is supplied to you by Gateway

Interchange Sender ID	<input type="text"/>	Interchange Sender ID Type	ZZ Mutually Defined
NSF/837 Sender Code	<input type="text"/>	NSF/837 Password	<input type="text"/>
NSF/837 Submission Type	<input type="text"/>	Interchange Receiver ID Type	ZZ Mutually Defined
Submitter ID	<input type="text"/>		

7. You must fill out this section with **Name** and **Telephone Number** (No Spaces or Dashes)

Submitter EDI Contact Info.	Receiver Company Info.
Name	<input type="text" value="GATEWAYEDI"/>
Contact #	ID# <input type="text" value="431420764"/>
Type	

8. Type **MUST** be specified as **Telephone**. Gateway will not accept anything else

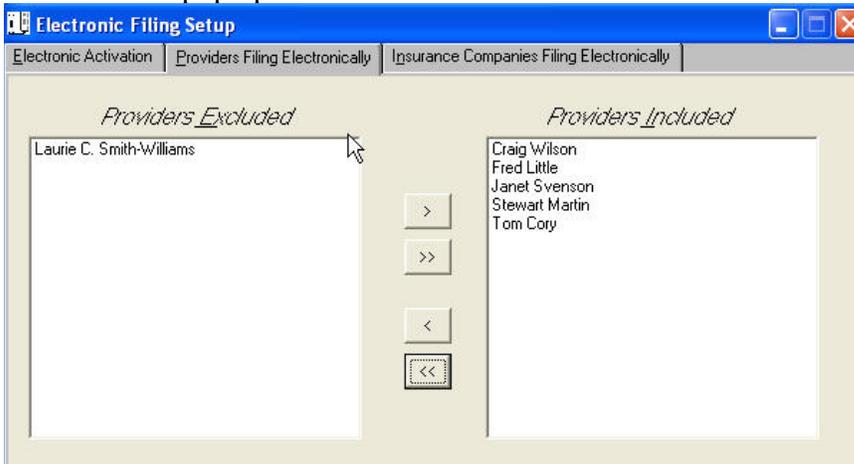
Submitter EDI Contact Info.	Receiver Company Info.
Name	<input type="text" value="GATEWAYEDI"/>
Contact #	ID# <input type="text" value="431420764"/>
Type	

837 Info: Loop 1000A PER03 Communication Number Qualif.

# ELECTRONIC CLAIMS QUICK SETUP USING (837ANSIX12 ONLY) FOR GATEWAY EDI

## 9. Click the Providers Filing Electronically Tab.

You need to select the providers you want included in the E- filing process.  
This box will pop up.

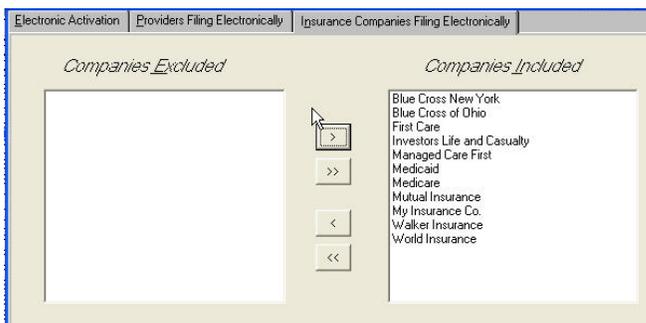


You will be filing claims for All the Providers listed in the Included box

You can elect to move ALL Provider's from Excluded to Included and visa versa by clicking a double arrow box  or  Or Move a SINGLE Provider by click on that providers name and clicking the single arrows  or 

## 10. Click on the next Tab...Insurance Companies Filing Electronically Choose the Insurance Companies you want to be included the filing process.

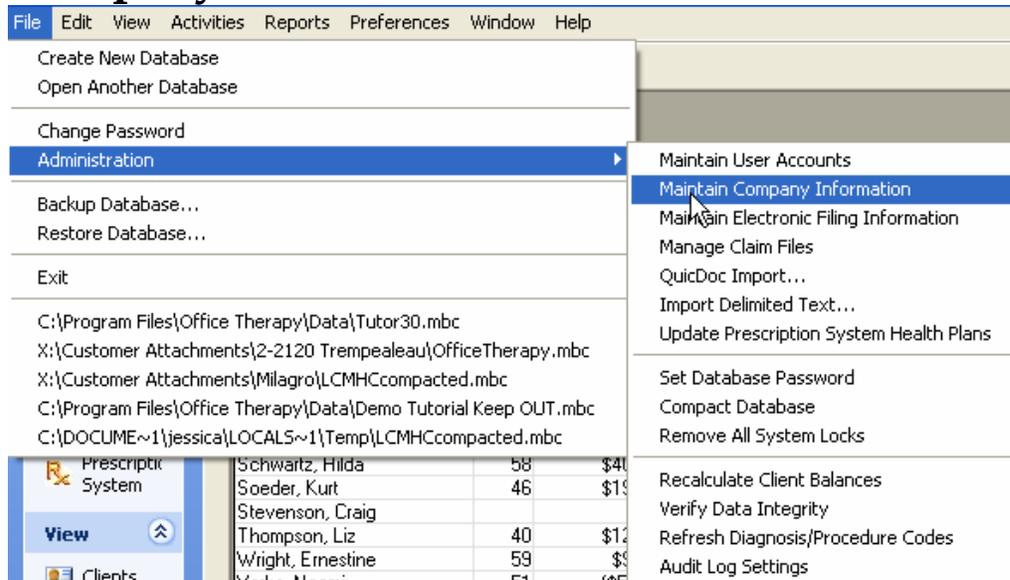
You can elect to move ALL Insurance Companies from Excluded to Included and visa versa by clicking a double arrow box  or  Or Move a SINGLE Insurance Company by click on that Ins. Companies name and clicking the single arrows  or 



11. Use the drop down arrow and click on NSF/837 Format
12. Click Convert Format
13. Click OK

# ELECTRONIC CLAIMS QUICK SETUP USING (837ANSIX12 ONLY) FOR GATEWAY EDI

## Company Information



**Step 1. Click File, Administration, Maintain Company Information.**

The dialog box titled 'Company: Enter your company name here!' has three tabs: 'Company Information', 'Billing Service Information', and 'Prescription System'. The 'Company Information' tab is active. It contains the following fields and options:

- Company Name: Enter your company name here!
- Address: Enter your address here!
- City: [ ] State: [ ] Zip: [ ]
- Phone: ( ) - - - - Fax: ( ) - - - -
- Tax Id: [ ] (  SSN or  EIN )
- Use Company information for the 837 Pay To Address

Buttons for 'OK' and 'Cancel' are at the bottom right.

**Step 2. Fill out the information and Check the box "Use Company information for the 837 pay To Address"**

**Click OK.**

# ELECTRONIC CLAIMS QUICK SETUP USING (837ANSIX12 ONLY) FOR GATEWAY EDI

## PROVIDER SET UP

Step 1.

From the View menu, click Providers; double click a provider, E-File tab.

Provider: Janet Svenson

Provider Demographics | HCFA Details | Provider Earning Distribution | E-File | Rate Card | Work Schedule

Activate electronic insurance filing for this provider?

E-Field	Value
EMC Id	
Medicare Number	
UPIN - USIN Id	
Medicaid Number	
Champus Number	
Blue Shield Number	
Commercial Number	
Other Number 1	
Other Number 2	
Organization Name	

OK Cancel

Step 2. Check the box. Activate Electronic insurance filing for this provider.

Step 3. Scroll down through the fields to find Speciality.

This is where the TAXONOMY code needs to be inserted

Provider: Janet Svenson

Provider Demographics | HCFA Details | Provider Earning Distribution | E-File | Rate Card | Work Schedule

Activate electronic insurance filing for this provider?

E-Field	Value
Champus Number	
Blue Shield Number	
Commercial Number	
Other Number 1	
Other Number 2	
Organization Name	
Speciality	
Speciality License	
Type Organization	

OK Cancel

### Taxonomy Code:

A taxonomy code is 10 digit code required by Gateway EDI that identifies your specialty.

If you do not have a taxonomy code you must look one up.

[www.wpc-EDI.com/codes/taxonomy](http://www.wpc-EDI.com/codes/taxonomy) is a Web site with more information on how to obtain a taxonomy code

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## Step 4. Click on the HCFA Details Tab

The screenshot shows a software window titled "Provider: Janet Svenson" with the "HCFA Details" tab selected. The window contains the following fields and sections:

- 25. Federal Tax ID Number:** A text input field with radio buttons for "SSN" and "EIN".
- 24]. NPI:** A text input field.
- 31. Physician Or Supplier:** A text input field.
- 33. Physician's, supplier's billing name, address, zip code & phone #:** A section with fields for "Name", "Address 1", "Address 2", "City, State Zip", and "Phone".
- 33 (Pin #). Enter below only if different from Box 25 (837 Secondary IDs):** A table with columns "Insurance Company" and "ID".
 

	Insurance Company	ID
1	Blue Cross New York	Provider Number
2	Blue Cross of Ohio	Provider Number
3	Medicare	Provider Number
4	Mutual Insurance	Provider Number

Buttons for "Add", "Modify", "Delete", "OK", and "Cancel" are also visible.

25. An insurance company may require either a SSN or an EIN (Tax ID) number

24]. This is for the New National Provider Identifier number assigned to you

31. The Physician or Supplier.

33. This is the rendering providers' information.

33. (PIN #). This is a field for the secondary Id that may be assigned by an insurance company.

## Step 5.

The screenshot shows the "Insurance ID" window with the following fields and options:

- Insurance Company:** A dropdown menu.
- Id:** A text input field.
- Type:** A dropdown menu.
- Use this ID on HCFA or NSF
- Rendering Provider is the same as the PayTo/Billing Provider when filing the 837 Format

Buttons for "OK" and "Cancel" are at the bottom.

Choose an Insurance Company

Type an Id

Choose a Type

**\*\* For Gateway EDI you must select NO next to Rendering Provider is the same as the Pay to Billing Provider when filing the 837 Format**

# ELECTRONIC CLAIMS QUICK SETUP USING (837ANSIX12 ONLY) FOR GATEWAY EDI

## Insurance Company Set Up

Step 1.

From the View menu, click Insurance Companies; double click an Insurance company, E-File tab.

E-Field	Value
National Payor Id	
PPO Id	
Source Of Payment	
Receiver Type Code	
Location Id	
Secondary ID	
Secondary ID Type	
837-Use Prov Addr (Y or blank)	

Step 2. Check the box. Activate Electronic insurance filing for this Ins. Co.

Step 3. Select NSF/837 Format in the Electronic Filing Format box.

Step 4. National Payer ID is a 5 digit provider number you will receive from Gateway

Step 5. Click on HCFA Details:

HCFA Box #	Leave Blank	Copy Data From HCFA Box #	Use The Following Text
4			
7			
9			

**Box 1. IF APPLIES** Choose the Insurance Type,  
**Box 33 Grp#** Insurance Id and ID Type.

There may be additional values needed in the **Additional HCFA Fields** Required by your insurance company

Step 6. If you were issued a Group number from the Insurance Company you will need to put it in 33 – Grp.#.

# ELECTRONIC CLAIMS QUICK SETUP USING (837ANSIX12 ONLY) FOR GATEWAY EDI Client Set up

## Step 1.

From the View menu, click Clients; double click a client , Insurance tab.

This is where you insert the clients Primary and Secondary insurance Information.

This is where you insert the clients Primary and Secondary insurance Information.

Step 2. Make sure File Claims is checked

Step 3. Gateway EDI requires values in the **Claim Filing Ind.** and the **Ins. Type**

Step 4. Click HCFA/837 Details

### Special Notes.

14. Make sure Date of Current Illness is ON or BEFORE the date of service.

32. Fill in Facility Name and Address or Make sure Copy HCFA Box #33 is checked.

\*\*\*Complete any other information the Insurance Company may require