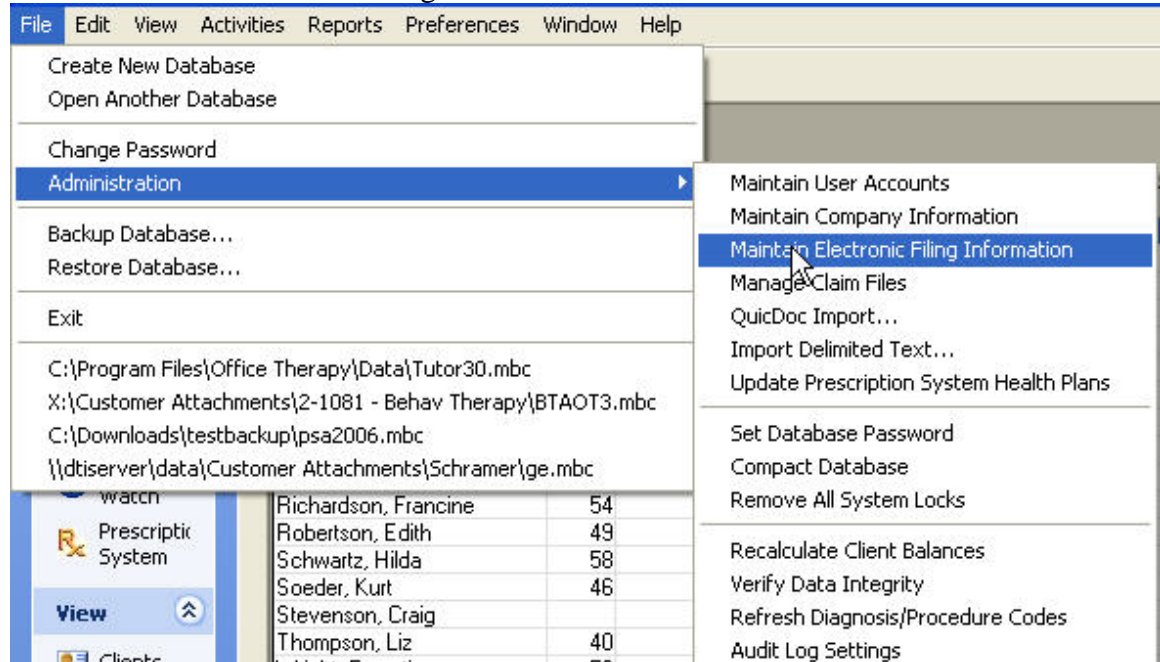


ELECTRONIC CLAIMS QUICK SETUP USING (837ANSIX12 ONLY) FOR GATEWAY EDI 7.0

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

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

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.

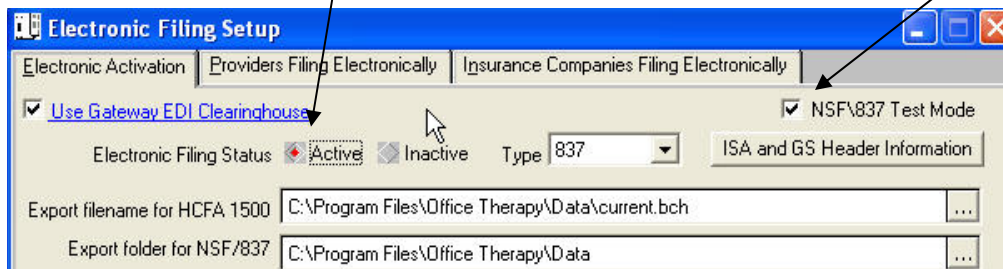


4.

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.

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

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

This screenshot shows the 'Interchange Sender ID' section of the setup form. It contains five input fields and two dropdown menus. The 'Interchange Sender ID Type' and 'Interchange Receiver ID Type' dropdowns are both set to 'ZZ Mutually Defined'. The 'Submitter ID' field is empty.

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)

This screenshot shows the 'Submitter EDI Contact Info.' and 'Receiver Company Info.' sections. The 'Submitter' section has three empty fields: Name, Contact #, and Type. The 'Receiver' section has two pre-filled fields: Name (GATEWAYEDI) and ID# (431420764). Two arrows point from the text above to the 'Name' and 'Contact #' fields in the 'Submitter' section.

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

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

This screenshot shows the 'Submitter EDI Contact Info.' section with the 'Type' dropdown menu open. The dropdown list shows four options: E-Mail, Fax, Telephone (highlighted), and EDI Access Number. The 'Receiver Company Info.' section is also visible, showing pre-filled Name and ID# fields. At the bottom right, there are 'OK' and 'Cancel' buttons. A blue text link '837 Info: Loop 1000A PER03 Communication Number Qualif.' is visible below the 'Receiver' section.

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

837 Info: Loop 1000A PER03 Communication Number Qualif.

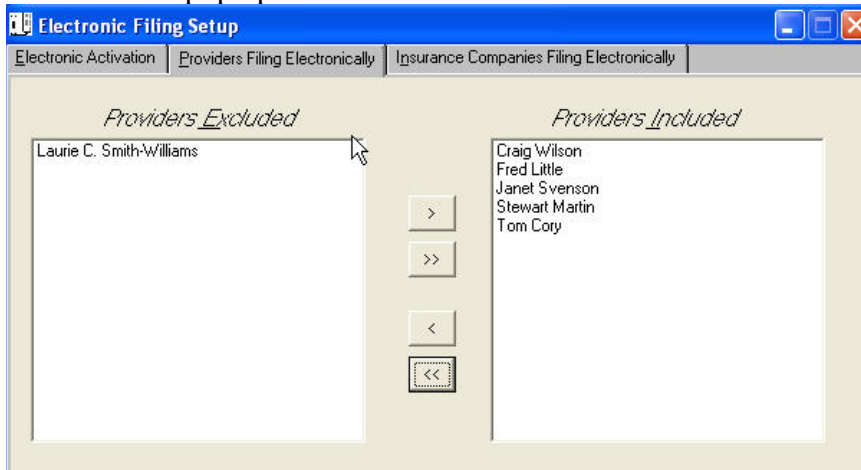
OK Cancel

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



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



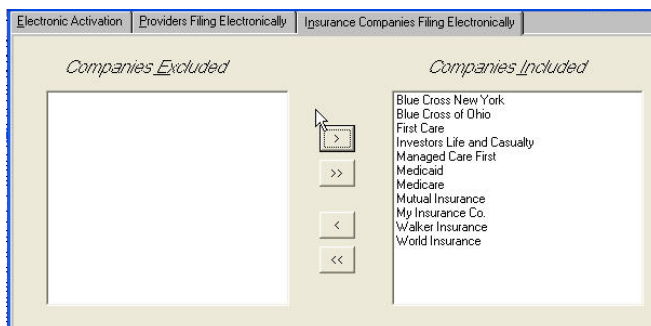
Or

Move a SINGLE Insurance Company by click on that Ins. Companies name and

clicking the single arrows



or



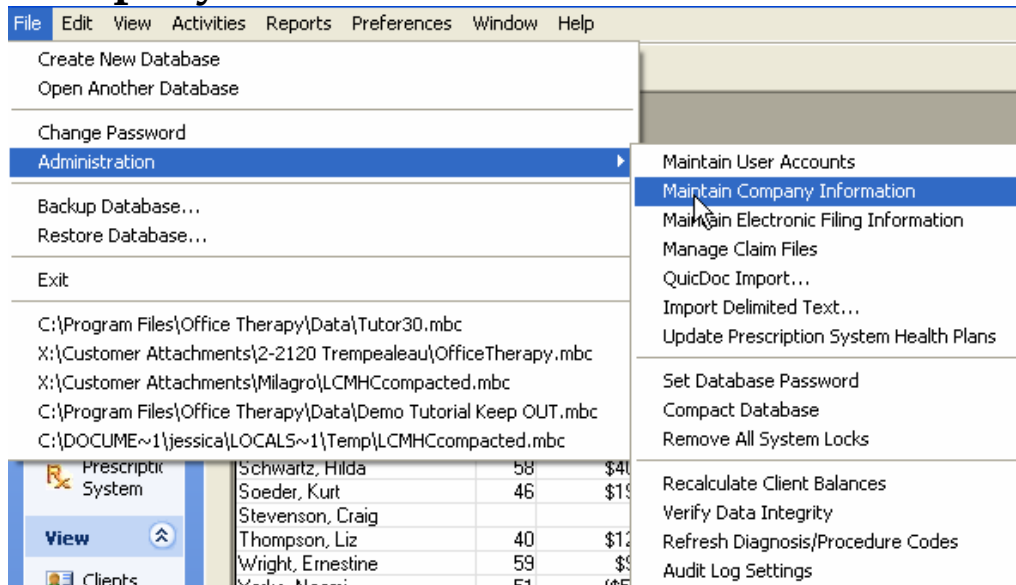
11. Use the drop down arrow and click on NSF/837 Format

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 screenshot shows the 'Company Information' dialog box. It has tabs for 'Company Information', 'Billing Service Information', and 'Prescription System'. The 'Company Information' tab is active. The form contains fields for 'Company Name', 'Address', 'City', 'State', 'Zip', 'Phone', 'Fax', and 'Tax Id'. Below these fields is a checkbox labeled 'Use Company information for the 837 Pay To Address'. An arrow points to this checkbox. The 'OK' and 'Cancel' buttons 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 is a Web site with more information on how to obtain a taxonomy code

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

Step 4. Click on the HCFA Details Tab

Provider: Janet Svenson

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

25. Federal Tax ID Number ☐ SSN ☒ EIN

24]. NPI

31. Physician Or Supplier

33. Physician's, supplier's billing name, address, zip code & phone #

Name: Your Name

Address 1: Address Line 1

Address 2: 2

City, State Zip: City ST 11225

Phone: (301) 888-5656

33 (Pin #). Enter below only if different from Box 25 (837 Secondary IDs)

	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: Add, Modify, Delete, OK, Cancel

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.

Insurance ID

Insurance Company:

Id:

Type:

☐ Use this ID on HCFA or NSF

Rendering Provider is the same as the PayTo/Billing Provider when filing the 837 Format

Buttons: OK, Cancel

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.

The screenshot shows the 'Insurance Company: Managed Care First' dialog box with the 'E-File' tab selected. The 'Activate electronic filing?' checkbox is checked. The 'Electronic Filing Format' dropdown is set to 'NSF/837 Format'. Below this is a table with two columns: 'E-Field' and 'Value'. The 'E-Field' column lists: National Payer Id, PPO Id, Source Of Payment, Receiver Type Code, Location Id, Secondary ID, Secondary ID Type, and 837-Use Prov Addr (Y or blank). The 'Value' column is empty. At the bottom are 'OK' and 'Cancel' buttons.

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:

The screenshot shows the 'Insurance Company: Investors Life and Casualty' dialog box with the 'HCFA Details' tab selected. It contains several fields and sections: 'Box 1' (Insurance Type: Group Health Plan), 'Box 24a Format' (Date Format: MMDDYYYY), 'Box 33 - Grp#' (Insurance Id and ID Type), 'Box 29 - Amt Paid' (Primary and Secondary Options), 'Paper Filing Settings' (Print the address on the top of the paper form? checked, Use Old style HCFA 1500, Use New Style CMS 1500), and 'Additional HCFA Fields' (a table with columns: HCFA Box #, Leave Blank, Copy Data From HCFA Box #, Use The Following Text). The 'Additional HCFA Fields' table has rows for boxes 4, 7, and 9. At the bottom are 'OK' and 'Cancel' buttons.

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