



Summary

This document is intended to give guidance on the steps necessary to begin HIPAA claiming and to provide sample timelines to DMH Providers who wish to implement HIPAA claim submission processes via the Virtual Gateway to Enterprise Invoice Management/Enterprise Service Management (EIM/ESM) application. Providers should refer to this document as they begin planning, to estimate the level of effort and time associated with implementing HIPAA claiming via the Virtual Gateway and EIM/ESM. It is a significant commitment, and the EIM/ESM Operations and DMH teams are committed to providing as much guidance as possible for Providers migrating to HIPAA billing. Timelines in this document are estimates only, and each Provider should determine their own internal systems and personnel readiness before submitting a request to begin submitting HIPAA claims via the Virtual Gateway and EIM/ESM. This document does not replace DMH billing guidelines.

Note: It is recommended a Provider be well-versed in the details of the HIPAA Implementation Guides and the Companion Guide (provided by EIM/ESM Operations) prior to submitting a request to begin configuration and testing.

Steps and timelines to Prepare for HIPAA billing on the Virtual Gateway

1. Provider determines they would like to begin submitting HIPAA claims via Virtual Gateway and EIM/ESM.
2. Provider decides whether they will submit HIPAA claims directly to the Virtual Gateway, or whether they will engage a clearing house to submit claims on their behalf. If direct claiming, proceed to step 3. If utilizing a clearing house, providers should engage with an appropriate clearing house familiar with HIPAA claiming and EIM/ESM. Neither EIM/ESM nor the Department of Mental Health contract with any clearing house on behalf of Providers.
3. Provider confirms they have an active EIM account/ORG established. If not, contact Virtual Gateway Customer Service or go to <https://www.mass.gov/service-details/accessing-eimesm>.
4. Provider confirms they have the appropriate technical and business support staff for testing and implementation of HIPAA claims.
5. Provider requests EIM access for users expected to submit HIPAA billing.
6. Provider obtains and reviews HIPAA Implementation Guides
7. Provider obtains and reviews EIM/ESM Companion Guide (<https://www.mass.gov/files/documents/2016/07/sf/hipaa-5010-companion-guide.pdf>)
8. Provider submits DMH HIPAA Claiming Request Form to DMH via email.
 - a. The request form and email address will be posted with the billing guidelines at [mass.gov/accs](https://www.mass.gov/accs),
 - b. The request form must contain the following:
 - i. Provider Organization Name
 - ii. EIM Org ID
 - iii. NPI Number (National Provider ID. A unique 10-digit identification number issued by the Centers for Medicare and Medicaid Services)



- iv. FEIN Number (Federal Employee Identification Number aka Tax ID. unique 9-digit number issued by the Internal Revenue Service)
 - v. Activity Code and Activity Name associated with contract against which Claims will be submitted.
 - vi. HIPAA file type to be submitted (Professional, Institutional, Both)
 - vii. Contact Name, email and phone for Provider contact who will primary HIPAA file compliancy contact. It is important that this contact be familiar with HIPAA claiming and the file and data requirements.
9. DMH acknowledges and validates the request and responds via email with approval or rejection and reason, if rejected. Common rejections could be missing or incomplete forms. DMH will respond to submissions within 2 business days.
 10. DMH engages EIM/ESM Operations to begin inter-agency preparation (contract readiness, EIM readiness, agency configuration, etc.). This step takes 2-5 business days.
 11. The EIM/ESM Operations team updates configurations to EOM (Organizational configuration for EIM) and the HIPAA translator. This step takes 2-5 business days.
 12. The EIM/ESM Operations team performs Compliancy Testing (file compliancy with HIPAA standards and data compliancy with program and contract requirements) with the Provider. The effectiveness and timeliness of this step is largely determined by provider technical and HIPAA expertise and readiness. This step could take 60-90 days or more.
 13. EHS IT and the EIM/ESM Operations team configure, develop and test the FTS mailbox. This step may take up to 30 days. This step may happen concurrently with step 13.
 14. Upon successful completion of testing, EIM/ESM Operations certifies vendor readiness, and contacts DMH.
 15. Provider submits FTS (File Transfer Service) mailbox access from Virtual Gateway (<http://www.mass.gov/eohhs/docs/vg/user-request-form-fts-hipaa.xls>).
 16. DMH notifies provider via email of approval to begin HIPAA claiming.

Notes, tips and helpful links

<http://www.mass.gov/vg/5010>

<https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html>

<https://nppes.cms.hhs.gov/#/> - (NPPES) National Plan & Provider Enumeration System

Questions or Need Assistance?

Call Virtual Gateway Customer Service

1-800-421-0938

617-847-6578 - TTY for the deaf and hard of hearing

8:30 am to 5:00 pm Monday through Friday



DRAFT