



## Provider and facility digital guidelines

### Tennessee | Medicaid

To optimize efficiency, we developed digital guidelines to help providers and facilities navigate our digital platforms. We strongly encourage providers and facilities to use digital tools unless otherwise prohibited by law or other legal requirements.

Digital guidelines establish the standards for using secure digital provider platforms (websites) and applications when transacting business with us. These platforms and applications are accessible to both participating and nonparticipating providers and facilities and encompass <https://Availity.com>, electronic data interchange (EDI), electronic medical records (EMR) connections, and business-to-business (B2B) desktop integration.

Digital and/or electronic transaction applications are accessed through these platforms:

- Availity Essentials EDI Clearinghouse
- B2B application programming interfaces (APIs)
- EMR connections

Digital guidelines available through Availity Essentials include:

- Acceptance of digital ID cards.
- Eligibility and benefit inquiry and response.
- Prior authorization submissions including updates, clinical attachments, authorization status, and claim appeals.
- Claim submission, including attachments and claim status.
- Remittances and payments.
- Provider enrollment.
- Demographic updates.

Additional digital applications available to providers and facilities include:

- Pharmacy prior authorization drug requests.

All channels are consistent with industry standards. All EDI transactions use version 5010.

Note: All trading partners must currently transmit directly to the Availity EDI gateway and have an active *Availity Trading Partner Agreement* in place. This includes providers using their practice management software and clearinghouse billing vendors.

<https://provider.wellpoint.com/tn>

Medicaid coverage provided by Wellpoint Tennessee, Inc.

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Providers and facilities who do not transition to digital applications may experience delays when using nondigital methods such as mail, phone, or fax for transactions that can be conducted using digital applications.

### Section 1: accepting digital ID cards

As our members transition to digital ID cards, we expect that providers and facilities will accept digital ID cards in place of a physical card. If you require a copy of a physical ID card, members can email a copy/screenshot of their card to you from their smartphone, or you may access the card yourself in Availity Essentials through the Eligibility and Benefits Inquiry application.

### Section 2: eligibility and benefits inquiry and response

Providers and facilities should leverage these Availity Essentials clearinghouse-hosted channels for electronic eligibility and benefit inquiry and response.

EDI transaction: X12 270/271 — eligibility inquiry and response	We support the industry standard X12 270/271 transaction set for eligibility and benefit inquiry and response as mandated by <i>HIPAA</i> .
Availity Essentials	The Eligibility and Benefits Inquiry verification application allows a provider and facility to key an inquiry directly into an online eligibility and benefit look-up form with real-time responses.
Provider desktop integration via B2B APIs	We have also enabled real-time access to eligibility and benefit verification APIs that can be directly integrated within participating vendors' practice management software, revenue cycle management software, and some EMR software. Contact Availity Essentials for available vendor integration opportunities.

### Section 3: prior authorization submission, attachment, status, and clinical appeals

Providers and facilities should leverage these channels for prior authorization submission, status inquiries, and to submit electronic attachments related to prior authorization submissions.

EDI transaction: X12 278 — prior authorization and referral	We support the industry standard X12 278 transaction for prior authorization submission and status inquiry as mandated per <i>HIPAA</i> .
EDI transaction: X12 275 — patient information, including HL7 payload for authorization attachments	We support the industry standard X12 275 transaction for electronic transmission of supporting authorization documentation, including medical records via the HL7 payload.
Availity Essentials	Authorization applications include the Availity Essentials multipayer Authorization and Referral

	application and the Interactive Care Reviewer (ICR) for authorization submissions not accepted through the Availity Essentials multipayer application. Both applications enable prior authorization submission, authorization status inquiry, and the ability to review previously submitted authorizations.
Provider desktop integration via B2B APIs	We have enabled real-time access to prior authorization APIs, which can be directly integrated within participating vendors' practice management software, revenue cycle management software, and some EMR software. Contact Availity Essentials for available vendor integration.

## Section 4 — claims: submissions, claims payment disputes, attachments, and status

### Claim submissions status and claims payment disputes

Providers and facilities should leverage these channels for electronic claim submission, attachments (both pre- and post-payment), and status.

EDI transaction: X12 837 — Professional, institutional, and dental claim submission (version 5010)	We support the industry standard X12 837 transactions for all fee-for-service and encounter billing as mandated per <i>HIPAA</i> .
	837 Claim batch upload through EDI allows a provider to upload a batch/file of claims (must be in X12 837 standard format).
EDI transaction: X12 276/277 — Claim status inquiry and response	We support the industry standard X12 276/277 transaction set for claim status inquiry and response as mandated by <i>HIPAA</i> .
	Availity Essentials: The Claims and Payments application enables a provider to enter a claim directly into an online claim form and upload supporting documentation for a defined claim.
	The Claim Status application enables a provider to access online claim status. Access the Appeal Tool from Claim Status by initiating a dispute when the option is available on the claim status result. It is our expectation that electronic claim payment disputes are adopted when and where it is integrated.
Provider desktop integration via B2B APIs	We have also enabled real-time access to claim status via APIs, which can be directly integrated within participating vendor's practice management software, revenue cycle management software, and some EMR software. Contact Availity Essentials for available vendor integration.

## Claim attachments

Providers and facilities should leverage these channels for electronic claim attachments from <https://Availity.com>.

EDI transaction: X12 275 — Patient information, including HL7 payload attachment	We support the industry standard X12 275 transaction for electronic transmission of supporting claim documentation, including medical records via the HL7 payload.
Availity Essentials — The Claim Status application enables a provider or facility to digitally submit supporting claims documentation, including medical records, directly to the claim	Digital Request for Additional Information (Digital RFI): The Medical Attachments application in Availity Essentials enables the transmission of digital notifications when additional documentation including medical records are needed to process a claim.

## Section 5: electronic remittance advice and electronic claims payment

### Electronic remittance advice

ERA is an EDI transaction of the explanation of payment of your claims. We support the industry standard X12 835 transaction as mandated per *HIPAA*.

Providers and facilities can register, enroll, and manage ERA preference in <https://Availity.com>. Printing and mailing remittances will automatically stop 30 days after the ERA enrollment date:

- Viewing an ERA on Availity Essentials is under Claims and Payments, Remittance Viewer. Features of remittance viewer include the ability to search a two-year history of remittances and access the paper image.
- Viewing a PDF version of a remit is under Payer Spaces, which provides a downloadable PDF of the remittance.

To stop receiving ERAs for your claims, contact Availity Client Services at **800-282-4548**. To reenroll paper delivery, contact Provider Services.

### Electronic claims payment

Electronic claims payment is a secure and fast way to receive payment, reducing administrative processes. There are several options to receive claims payments electronically:

- **Electronic funds transfer (EFT)** — EFT uses the automated clearinghouse (ACH) network to transmit healthcare payments from a health plan to a provider's or facility's bank account at no charge for the deposit. Health plans can use a provider's or facility's banking information only to deposit funds, not to withdraw funds. The EFT deposit is assigned a trace number (TRN) to help match the payment to the correct 835 electronic remittance advice (ERA), a process called reassociation. Enrollment:
  - **To enroll in EFT:** Providers and facilities can register, enroll, and manage account changes for EFT through [EnrollSafe \(payeehub.org\)](https://payeehub.org). EnrollSafe enrollment eliminates the need for paper registration. EFT payments are deposited faster and are generally the lowest-cost payment method.

- For help with enrollment, use this convenient [EnrollSafe User Reference Manual \(payeehub.org\)](#).
- To disenroll from EFT: Providers and facilities are entitled to disenroll from EFT. Disenroll from EFT payments through [EnrollSafe \(payeehub.org\)](#).
- **Zelis Payment Network (ZPN) electronic payment and remittance combination** — ZPN is an option for providers and facilities looking for the additional services Zelis can offer. Electronic payment (ACH or VCC) and ERA via the Zelis portal are included together with additional services. For more information, go to [Zelis.com](#). Zelis may charge fees for their services. Note:
  - We may receive revenue for issuing ZPN.
  - ERA through Availity Essentials is not available for providers and facilities using ZPN.
  - **To disenroll from ZPN payment**, there are two options:
    - Enrolling for EFT payments automatically removes you from ZPN payments. To receive EFT payments instead of ZPN payments, enroll for EFT through [EnrollSafe \(payeehub.org\)](#).
    - To disenroll from ZPN payments, update your Zelis registration on the Zelis provider portal or call Zelis at **877-828-8770**.

Not being enrolled for EFT or ZPN will result in paper checks being mailed. If you have any additional questions, call Availity Client Services at **800-282-4548** Monday through Friday from 8 a.m. until 8 p.m.