

**OPERATIONAL SUPPORT  
ELECTRONIC COMMUNICATIONS  
HIPAA 835 - VOUCHER**

**Policy # OS -EC- EC835**

**Subject:** HIPAA 835 - VOUCHER

**Policy:** Electronic Remittance Advice (835). Receive claim payment information in an electronic format, allowing automated patient account updates and expedited secondary billing.

The HIPAA Standards referred to as the 835 is for the Electronic Remittance Advice.

The Health Plan will provide the 835 Remittance for provider(s) meeting the following guidelines:

- Claims must be successfully submitting the HIPAA Standard 837 for electronic claims to The Health Plan.
- The Provider will be placed in a Testing Stage initially for the 835 Remittance. During this process, the Provider will receive the Test 835 Remittance results in addition to receiving the paper remittance voucher.
- Once successful 835 Remittance has been produced, the Provider's 835 Remittance will be moved to Production. As a courtesy, the paper remittance vouchers will continue to be sent for one month preceding the Test.

A Provider using one of our established Clearinghouses, who have been successfully receiving an 835 Remittance, can contact the Clearinghouse to begin the set up. This process will be between the Clearinghouse and The Health Plan but will be quicker based on the previous experience with this Clearinghouse.

The next progress from the 835 Remittance is to the Direct Deposit.