

# EDI *Transition News*

June 2008



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This is published by Medicare EDI Services for Medicare providers, EDI submitters, vendors, billing services and clearinghouses. This bulletin should be shared with all health care practitioners and managerial members of the provider/supplier staff.

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*The information contained in this newsletter is for the express use of Riverbend customers, scheduled to transition on September 1, 2008.*

## Prepare Now For Uninterrupted EDI Billing

On October 24, 2007, the Centers for Medicare & Medicaid Services (CMS) announced that Highmark Medicare Services was awarded the Jurisdiction 12 (J12) Medicare contract to provide the Medicare Fee-for-Services Part A and Part B administrative services for the states of Pennsylvania (PA), Maryland (MD), New Jersey (NJ), Delaware (DE) and the District of Columbia (DC).

As part of the J12 MAC implementation, you will need to transition to the Highmark Medicare Services' front-end platform for uninterrupted Electronic Data Interchange (EDI) billing and report retrieval. The mission of Highmark's Medicare EDI Services is to ensure a smooth transition of EDI and other system-related activities for all electronic submitters, providers, vendors, billing services, and clearinghouses to Stratus, the Highmark Medicare Services' EDI front-end platform.

This newsletter details information and requirements you need to know as well as the action steps you must take to successfully transition to Stratus. Please read future transition newsletters and take required action to ensure uninterrupted EDI billing and EDI report retrieval.

## EDI Transition News: What's In It For You?

Preparations for the New Jersey Part A transition from Riverbend to Highmark Medicare Services began in May and will continue through August 2008. It is the intent of CMS, Highmark Medicare Services, and Riverbend for this transition to be as seamless as possible. The key to accomplishing this is the issuance of timely and direct communications by Highmark Medicare Services.

The EDI Transition News will provide targeted education and information to Riverbend customers during the transition period. Please read each edition carefully for important information you need in order to ensure uninterrupted EDI billing.



# EDI Transition Checklist

This checklist provides important information on changes that require action to be taken. Please read carefully and take any necessary steps required.

Action	✓	Date	Required Steps
<b>Contract with Third-Party Secure DDE Vendor</b>		<b>Immediately</b>	All Part A customers accessing FISS for DDE must contract with a Third-Party Secure DDE Vendor. Please read the article on page 3 for details.
<b>Read X12N Transaction User Guide</b>		<b>Immediately</b>	Read the article on page 18 for website link. The X12N User Guide contains important information you will need for billing electronically to Highmark Medicare Services.
<b>View Training Modules</b>		<b>Immediately</b>	Read the article on page 18 for website links. Our “Understanding the TA1 Interchange Acknowledgment”, “Understanding the 997 Functional Acknowledgment” and “Understanding the IG Edit Report” training modules provide beneficial instructions and information on EDI Reports.
<b>Read Information on EDI Reports on Stratus</b>		<b>Immediately</b>	The transition to Stratus may bring some changes to your existing Part A EDI Reports. Read the articles on pages 7-8 for details on EDI Reports generated by Highmark Medicare Services.
<b>Highmark Medicare Services will issue new Submitter ID and Login ID.</b>		Starting July 2008	After receiving your new Submitter ID and Login ID, setup systems for Stratus connection, install any needed programs and submit a test file of 25 claims.
<b>Make Contractor ID Change</b>		Starting July 2008	Refer to the article on page 3 for your new Contractor ID and page 15 for instructions on how to change the Contractor ID in the PC-ACE Pro32 software.
<b>Send a Test File</b>		Starting July 2008	After receiving new Submitter ID and Login ID, you are encouraged to send a test file of 25 claims to ensure you can connect to Stratus and successfully bill electronically to Highmark Medicare Services. Read the articles on pages 4-5 for details.
<b>Discontinue Sending Production Files to Riverbend and Send Production Files to Highmark Medicare Services</b>		September 2008	Information regarding “Dark Days” and the specific cutover dates will be published in an upcoming <i>EDI Transition News</i> .

## EDI Helpdesk Support

A dedicated toll-free telephone number is available for EDI assistance and support. Please use the following as a guide to determine the correct EDI telephone number/option to call for the proper EDI assistance.

- Call Riverbend GBA **for all current, non-EDI transition**, business as usual questions related to EDI billing such as: how to submit an electronic claim using the existing EDI platform, to confirm whether your file was received, assistance with electronic rejections, reading reports, ERA, PC-ACE, PC-Print, etc.
- **Now through the projected September 1, 2008, cutover**, call 1-866-488-0546, option 3, for all **J12 EDI transition-related** questions such as: connectivity, testing, and claim submission/report retrieval information.
- **After the projected September 1, 2008, cutover**, call 1-866-488-0546, option 2, for all **post-transition** EDI assistance once your EDI billing has transitioned to the Highmark Medicare Services EDI platform.



### New Contractor Identification Numbers: Action Required

CMS needs to change the contractor numbers in the MAC J12 for the Part A workload for New Jersey. Part A claims for New Jersey will be processed by the J12 MAC using the contractor number shown below effective September 1, 2008.

**The new J12 Contractor ID should be reported starting on September 1, 2008** in ANSI ASC X12N 837I/276 EDI transactions and it will be returned in ANSI ASC X12N 835/277 EDI transactions. PC-ACE Pro32 customers should refer to the article on page 14 for instructions on how to change the Contractor ID in the PC-ACE Pro32 software program to ensure uninterrupted EDI billing.

Locale	Existing Contractor ID	J12 Contractor ID
New Jersey	00390	12401



### Contract With a Third-Party Secure DDE Vendor: Action Required

Virtually all Part A providers access the Fiscal Intermediary Shared System (FISS), the Medicare Part A processing system, for the purpose of Direct Data Entry (DDE). DDE is used to verify beneficiary eligibility, enter claims directly into the FISS Medicare processing system, verify claim status, and/or perform claims correction. Immediate action is needed to prepare for the transition to Highmark Medicare Services to avoid billing and payment delays.

**All Part A customers accessing FISS for DDE** (to verify beneficiary eligibility, enter claims directly into the FISS Medicare processing system, verify claim status, and/or perform claims correction) **must contract with one of the Third-Party Secure DDE Vendors in order to continue using DDE**. Now that the New Jersey Part A transition to Highmark Medicare Services is underway, you will need to contact a Third-Party Secure DDE Vendor immediately to initiate the contract and setup arrangements. You are encouraged to start contacting Third-Party Secure DDE Vendors now to begin the research and selection process. A list of Secure DDE Vendors is available on our Part A website at:

<http://www.highmarkmedicare.com/parta/edi/ddevendor.html>

Many customers are migrating at once, so it is important you take action as soon as possible avoid any interruption in your DDE capabilities. If you do not make this change prior to the transition deadline, which will be published at a later date, you will not be able to enter claims in FISS, perform claim corrections, verify beneficiary eligibility, or check claim status via DDE.

For questions regarding this transition, please contact an EDI Analyst at 1-866-488-0546, option 3.



## New EDI Submitter and Login IDs - Action Required

A new EDI Submitter ID and Login ID will be issued to you by Highmark Medicare Services in July 2008. You cannot connect to Stratus, the Highmark Medicare Services' EDI Platform, until you receive a new Submitter ID and Login ID. If you bill via a Billing Service or Clearinghouse, they will receive the new Submitter ID. You will not receive a letter from Highmark Medicare Services containing a new Submitter ID. The new Submitter ID and Login ID, along with a customer-controlled password, will be required to connect to your new EDI mailbox on Stratus.

Additionally, the new Submitter ID must be submitted in the X12N 837 Institutional Claim File and the X12N 276 Claim Status Inquiry transactions you send to Highmark Medicare Services. The new Submitter ID will also be contained in any EDI transactions (TA1, 997, 835, 277) that Highmark Medicare Services returns to you.

Here is some important information about the new Submitter ID, Login ID, and customer-controlled password:

- The EDI Submitter ID is a seven-position, unique numeric value and must be reported in ISA06 and GS02. Medicare EDI Services will assign this number.
- The Login ID is a seven-position, unique alpha-numeric value, beginning with the standard value of PRJxxxx, where xxxx may contain a numeric or alpha numeric value. Medicare EDI Services will assign this number. This will also be your unique mailbox for all EDI transactions and functions.
- The customer-controlled password must be exactly 8 characters in length, must contain both numbers and letters (any combination totaling 8), must be entered in lower case (no capital letters), cannot contain the Login ID (i.e., PRJ number) and must be changed periodically (every 30, 60, or 90 days). The first time you log on to Stratus after you receive your new Submitter ID and Login ID, you will be prompted to assign a password.

### Attention Billing Services, Clearinghouses, and EDI Billers Using a Billing Service/

**Clearinghouse:** Billing Services and Clearinghouses will be assigned a Submitter ID, and all providers currently billing via a Billing Service or Clearinghouse will be linked to the Billing Service/Clearinghouse's newly-assigned Submitter ID. This streamlined approach enables Billing Services and Clearinghouses to submit/retrieve one file for all of their clients at the same time. For EDI reports and ERA files, Billing Services and Clearinghouses must parse and distribute EDI Reports and ERA files to its respective clients.



## EDI Test Encouraged to Migrate to Stratus

The Stratus Telecommunication Server functions as the EDI Front-End Platform at Highmark Medicare Services. Stratus will replace the EDI Front-End Platform you currently use. Connectivity instructions for Stratus are found on page 6 of this newsletter.

It is important that you **DO NOT** submit a test file to Highmark Medicare Services until after you receive your new Submitter ID and Login ID. Highmark Medicare Services will send a letter to you in July 2008 containing your new Submitter ID and Login ID. If you bill via a Billing Service or Clearinghouse, they will receive the new Submitter ID. You will not receive a letter from Highmark Medicare Services containing a new Submitter ID.

Once your new Submitter ID and Login ID are received, you are encouraged to send a test file of 25 claims to Highmark Medicare Services to ensure you can connect to Stratus and successfully submit claims electronically. Once you successfully connect with us and submit a test file of 25 claims, we will contact you within 3 business days. However, you will continue to submit production electronic claims (production files) to Riverbend until the projected September 1, 2008 cutover.

## TIPS FOR SENDING A SUCCESSFUL TEST AFTER RECEIVING YOUR NEW SUBMITTER ID AND LOGIN ID:

- When connecting for the first time, you will be prompted to set a customer-controlled password. This password must be exactly 8 characters in length, must contain both numbers and letters (any combination totaling 8), must be entered in lower case (no capital letters), cannot contain the Login ID (i.e., PRJ number) and must be changed periodically (every 30, 60, or 90 days).
- When sending a test file, the Test/Production indicator located in ISA15 (of the X12N 837I) must equal “T” for test. Don’t forget to change it back to “P” for production when sending a production file. If you send a test, but the Test/Production indicator is not set to ‘T’, your file will reject and we will not know that you sent a test.
- The new Submitter ID must be reported in the ISA06 **and** GS02 of your EDI transactions. If the Submitter ID in the ISA06 **and** GS02 do not match, the file will be rejected.
- The new Submitter ID must be reported in the 1000A NM109 element of your EDI transactions or the file will be rejected.
- The new Contractor ID must be reported in the ISA08 **and** GS03 of your EDI transactions. If the Contractor ID in the ISA08 **and** GS03 do not match, the file will be rejected.
- The new Contractor ID must also be reported in the 1000B NM109 element of your EDI transaction or the batch will be rejected.
- The Version Identification Number in either the GS08 or REF02 must be reported as a value of 004010X096A1 or your file will reject.
- EDI files transmitted to the new EDI Front-End Platform must be sent as a “streaming” X12N data file, or one continuous string. If you use a tilde (~) segment terminator, do not use Carriage Return (CR) when creating the X12N data file.

## System Operation Hours for EDI Transactions

Stratus, the Highmark Medicare Services’ EDI Front-End Platform, is accessible 24 hours a day, 7 days a week. However, **our business day ends at 4 PM. EDI files submitted after 4 PM on any business day are not considered “received” until the next business day. EDI files submitted on a non-business day are not considered “received” until the next business day.**

Stratus allows for multiple transmissions within one day by verifying the Interchange Control Number in ISA13 for each transmission. If you are not sure how to assign a unique Interchange Control Number, please contact your vendor or in-house programmer for instructions.

**NOTE:** In the unlikely event that the system is unable to receive claims due to scheduled system maintenance or an outage, you will receive a busy signal, an unanswered ringing, or a message “Host Unavailable.” We do not anticipate that this will happen with any frequency. However, good system design mandates planning for every possibility.



## Connecting to Stratus: Dial-up via a Modem

A new EDI Submitter ID and Login ID will be sent to you by Highmark Medicare Services in July 2008. You **cannot** connect to Stratus, the Highmark Medicare Services' EDI Platform until you receive a new Submitter ID and Login ID.

Once you receive your new Submitter ID and Login ID in July 2008, you can connect to the Stratus Telecommunication Server and transmit a test file using our 56K modem line. Please refer to the article on page 13 of this newsletter for instructions on how to update the new Submitter ID in the PC-ACE program. This is the line that you will need to use to transmit your electronic transactions after projected cutover on September 1, 2008. The 56K modem line is equipped with downspeed capability. Therefore, even if your modem isn't capable of achieving 56K, you will still be able to communicate with our system. Analog or digital modem lines can be used to connect to the Medicare telecommunication server. DSL and Cable modem connections **cannot** be used to connect to the Medicare telecommunication server. The phone number for our 56K modem line for electronic transmissions is:

(717) 214-7376

A communications software program, such as HyperTerminal or Procomm Plus, for dial-up modem submissions will be required for dial-up customers. These are only examples of possible communication software programs. Medicare does not recommend or endorse any particular product. If you do not currently possess communication software, you will need to acquire a software program. The cost and support of any communications package is the responsibility of the submitter.

*Technically speaking*, the modem transmission is based on American Standard Code for Information Interchange (ASCII)/Asynchronous Transmission (TTY or TTY-Compatible). You may utilize a modem that incorporates Microcom Networking Protocol (MNP) error correction capabilities, or you may utilize a non-MNP modem if Z-Modem Data Integrity Protocol is incorporated. The Z-Modem Data Integrity Protocol is the default. If you are using a MNP modem, please notify us by calling 1-866-488-0546, option 3. The communication line set up between the computer and modem requires the following for asynchronous transmission:

- **2 - Two start bits.** (Signals that a frame is starting and enables the receiving device to synchronize itself with the message.)
- **1 - One stop bit.** (Signals the end of the data frame.)
- **8 - Eight data bits.** (Consists of a group of eight bits when character data is being transmitted.)
- **N - No parity.** (Transmission error detection.)
- **Full duplex** should be implemented to allow data to be sent in both directions at the same time.

It is required to have **X-ON/X-OFF flow control** implemented on remote sites. This implementation should occur between remote Data Terminal Equipment (DTE) and Data Communications Equipment (DCE).



## EDI Reports on Stratus - Important Changes

The transition to Stratus will bring some changes to your existing EDI reports. After migrating to Stratus, the Highmark Medicare Services' EDI Platform, the following reports will be generated for EDI billers:

- TA1 Interchange Acknowledgement
- X12N 997 Functional Acknowledgement
- IG Edit Report
- X12N 835 Electronic Remittance Advice (ERA) (for those providers who are enrolled for ERA)
- Out of Balance and Forced Balance Reports (when an out-of-balance or forced balance ERA is detected)

**All EDI Reports and ERA files are only available for retrieval for five business days, so it is important for you to retrieve your EDI Reports and ERA files in a timely manner.** The EDI Report and ERA files can be reset for you as many times as needed during those five days. However, **once the five days expire, the EDI reports and ERA files are no longer available and cannot be reset or recreated.**

To retrieve the EDI Reports and ERA files from Stratus, use the menu option associated to the EDI Report/ERA. Please refer to the "Transmission Bulletin Board Menu" section of the "Transmission Bulletin Board Menu for the Stratus EDI Platform" article on page 11 of this newsletter for details.

### **X12N TA1 Interchange Acknowledgement**

The X12N TA1 Interchange Acknowledgement is generated **if** an interchange control structure error is identified. The TA1 is generated for you immediately and remains available for five business days. Please read the "Using the TA1 Interchange Acknowledgement" article on pages 9-10 of this newsletter for detailed information.

### **X12N 997 Functional Acknowledgement**

The X12N 997 Functional Acknowledgement is generated within one hour after transmitting your file and remains available for five business days.

The 997 verifies that the transmission was received and indicates whether the transmission was accepted or rejected in test or production.

- If the transmission is accepted, the file has successfully passed the initial edits. Your file will be forwarded for secondary editing and the IG Edit Report will be created.
- If the transmission is rejected, the errors must be corrected and the entire claim file must be retransmitted. The claims will not be forwarded for secondary editing, and the IG Edit Report will not be generated. Your claims will not be processed.

**IMPORTANT:** View the "Understanding the 997 Functional Acknowledgement" training module. This training module will help you learn how to read the 997 Functional Acknowledgement and interpret any errors encountered on this report. This training module can be found on our website at <http://www.highmarkmedicareservices.com/parta/edi/editraining.html>.

### **IG Edit Report**

The MEDATRAN Implementation Guide (IG) Edit Report is generated daily after transmitting your file and remains available for five business days.

The IG Edit Report indicates whether your claims will be accepted or rejected for processing consideration.

- If the file/batch/claim is accepted, the file/batch/claim has successfully passed the secondary edits. The file/batch/claims that are accepted will be forwarded to the FISS Medicare processing system for processing and payment consideration.
- If the file/batch/claim is rejected, the file/batch/claim errors must be corrected and resubmitted. Any file/batch/claims that are rejected will not be forwarded to the FISS Medicare processing system for processing or payment consideration.

### **X12N 835 Electronic Remittance Advice (ERA)**

The X12N 835 Electronic Remittance Advice (ERA) is generated on a daily basis and remains available for five business days. If no claims finalize on a particular day, then the ERA will not be created that day. The ERA indicates how your Medicare Part A claims were adjudicated.

### **Out-Of-Balance Report and Forced Balance Report**

Both the Out-Of-Balance Report and Forced Balance Report are generated in conjunction with the X12N 835 version 4010.A1 Electronic Remittance Advice (ERA). However, these reports will be provided to you **ONLY** when an actual out-of-balance or forced balance is detected. The Out-Of-Balance Report/Forced Balance Reports is available on a daily basis in conjunction with an Out-of-Balance or Forced Balance ERA and remain available for five business days.



### **EDI File Format Requirements for Stratus - Important Changes**

Below are the file format requirements for electronic billing using Stratus. **Please prepare for these changes now to avoid negatively impacting your cash flow.**

- A new Submitter ID, Login ID, and customer-controlled password will be required to connect to the EDI Front-End Platform (Stratus). Highmark Medicare Services will assign the new Submitter ID and Login ID.
- The new Submitter ID must be reported in the ISA06 **and** GS02 of your EDI transactions. If the Submitter ID in the ISA06 **and** GS02 do not match, the file will be rejected.
- The new Submitter ID must also be reported in the 1000A NM109 element of your EDI transactions or the file will be rejected.
- The new Contractor ID must be reported in the ISA08 **and** GS03 of your EDI transactions. If the Contractor ID in the ISA08 **and** GS03 do not match, the file will be rejected.
- The new Contractor ID must also be reported in the 1000B NM109 element of your EDI transaction or the batch will be rejected.
- The Version Identification Number in either the GS08 or REF02 must be reported as a value of 004010X096A1 or your file will reject.
- A separate transmission is required for each X12N 837I transaction. (i.e., only one ISA-IEA per transmission.)
- Only one X12N transaction type (i.e., 837I or 276) can be sent in one transmission. To submit electronic claims and submit claim status inquiries, one transmission must be sent containing the 837I transaction and a separate transmission must be sent containing the 276 transaction.
- EDI files transmitted to our EDI Front-End Platform must be sent as a “streaming” X12N data file, or one continuous string. This applies to both the X12N 837I and the X12N 276 transactions. Highmark Medicare Services will return the X12N TA1 Interchange Acknowledgement, X12N 997 Functional Acknowledgement, X12N 277 Claim Status Transaction, and the 835 Electronic Remittance Advice (ERA) to you as a “streaming” X12N data file.
- Zipped files will not be accepted for processing. Do not send a zipped file or it will be rejected.

## Using the Part A X12N TA1 Interchange Acknowledgement

The X12N TA1 Interchange Acknowledgement is generated if an interchange control structure error is identified. The TA1 is generated for you immediately and remains available for five business days.

If the interchange control structure (header/trailer) of an X12N 837 or 276 transaction is not correct, the transmission will be rejected. The rejection is indicated in Segment TA1 Data Element 04 with an “R,” which indicates the file was rejected. An example of a TA1 Interchange Acknowledgement rejection is displayed below.

```

ISA*00*                *00*                *27*12401                *ZZ*9999999
  *070420*1358*U*00401*704205810*0*P*:
TA1*000000659*070420*1346*R*023 <= The "R" indicates a rejection.
IEA*1*704205810
    
```

If a TA1 rejection is generated, your file is rejected, and it is not forwarded for additional editing or to the Medicare processing system for processing or payment consideration. A list of potential TA1 rejections is charted below.

TA1 Error	Requirement
No Action. The period in the file name is replaced with an ‘E’ character.	The file data must start with the string the following string: ISA
TA105 - 022: Invalid Control Structure	Each input file must contain one and only one ISA – IEA X12 groups.
TA105 - 004: Invalid Segment Separator TA105 - 026: Invalid Element Separator TA105 - 027: Invalid Composite Separator	The ISA element, composite, and segment separators will be validated as follows: <ul style="list-style-type: none"> <li>■ The X12 Element separator must be an Asterisk (*).</li> <li>■ The X12 Segment separator must be a Tilde (~).</li> <li>■ The composite separator can be any character except for the following: Period, Dash, Space, 0 through 9, A through Z, and a through z.</li> <li>■ The Segment Separator in the ISA in position 106.</li> <li>■ The Composite Separator in the ISA in position 105.</li> <li>■ The Element Separators in the ISA are in positions: 4, 7, 18, 21, 32, 35, 51, 54, 70, 77, 82, 84, 90, 100, 102, and 104.</li> </ul>
TA105 - 004: Invalid Segment Separator TA105 - 026: Invalid Element Separator TA105 - 027: Invalid Composite Separator	The segment, element, and composite separators must be all be unique from one another. For example, the segment separator must be unique from the element and composite separators, the element separator must be unique from the segment and composite separators, and the composite separator must be unique from the segment and element separators.
TA105 - 026: Invalid Element Separator	The element separator must be the same character in the fixed positions of the ISA segment. The ISA fixed element separator positions are: 4, 7, 18, 21, 32, 35, 51, 54, 70, 77, 82, 84, 90, 100, 102, and 104.

A list of potential TA1 rejections continued from page 9 is charted below.

TA1 Error	Requirement								
TA105 - 004: Invalid Segment Separator  TA105 - 026: Invalid Element Separator  TA105 - 027: Invalid Composite Separator	No elements within the ISA can contain a segment, element, or composite separator character.								
TA105 – 005: Invalid Interchange Sender Qualifier	The ISA05 Interchange Sender ID Qualifier must equal: 01, 02, 03, 04, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36,37, AM, NR, SN, or ZZ.								
TA105 - 006: Invalid Interchange Sender	The ISA06 must be an <u>exact</u> match of an existing Submitter ID. For example, an exact match means that 12345 will <u>not</u> match 0012345.								
TA105 – 007: Invalid Interchange Receiver Qualifier	The ISA05 Interchange Receiver ID Qualifier must equal: 01, 14, 20, 27, 28, 29, 30, 33, or ZZ.								
TA105 - 009: Unknown Receiver ID	The ISA08 must equal 12401 for New Jersey Part A. The two leading zeros are significant and must be included or a rejection will occur.								
TA105 - 010: Invalid Authorization Information Qualifier	The ISA01 Authorization Information Qualifier must equal “00” or “03.”								
TA105 – 016: Invalid Interchange Standards Identifier	The ISA11 Interchange Control Standards Identifier must equal “U.”								
TA105 – 017: Invalid Interchange Version ID Value	The ISA12 Interchange Control Version must equal “00401.”								
TA105 – 019: Invalid Acknowledgement Request Value	The ISA14 Acknowledgement Requested must equal “0” or “1.”								
TA105 - 020: Invalid Test Indicator	The ISA15 Usage Indicator must contain a ‘T’ or ‘P’ indicating whether the file is a Test or Production File.								
TA105 – 024: Invalid Interchange Content	The GS01 Functional Group ID must be the same in all GS segments within the ISA-IEA envelope. Valid GS01 values are: HC, HR, and FA. The ST01 must correspond to the GS01 as follows: <table data-bbox="906 1402 1209 1549" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>ST01</u></th> <th style="text-align: center;"><u>GS01</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">837</td> <td style="text-align: center;">HC</td> </tr> <tr> <td style="text-align: center;">276</td> <td style="text-align: center;">HR</td> </tr> <tr> <td style="text-align: center;">997</td> <td style="text-align: center;">FA</td> </tr> </tbody> </table>	<u>ST01</u>	<u>GS01</u>	837	HC	276	HR	997	FA
<u>ST01</u>	<u>GS01</u>								
837	HC								
276	HR								
997	FA								
TA105 - 006: Invalid Interchange Sender	The GS02 element in all GS segments in an 837 or 276 file must equal the ISA06 element.								
TA105 – 024: Invalid Interchange Content	At least one GS segment must be present in the file.								
TA105 - 022: Invalid Control Structure	There must be at least one ST Segment, and the ST01 must equal 837, 276, or 997.								
TA105 - 023: Premature End of File	The X12N file must end with an IEA segment.								
TA105 – 001: Interchange Numbers Don’t Match	The IEA02 Interchange Control Number must equal the ISA13 Interchange Control Number.								

## Transmission Bulletin Board Menu for the Stratus EDI Platform

The following information describes how to log onto Highmark Medicare Services EDI Platform, which is known as the Stratus Telecommunication Server. Please refer to these instructions for connecting to Stratus **after** you receive your new Submitter ID and Login ID. The Login ID depicted in this example is for illustration purposes only. **Highmark Medicare Services will send you a new Submitter ID and Login ID in July 2008.**

### Login Screen with Login Prompt:

Welcome to Direct Access Services  
Electronic Mail Claims Network

  

LOGIN: prj0000 (Press Enter)

### Login Screen with Password Prompt:

Welcome to Direct Access Services  
Electronic Mail Claims Network

  

PASSWORD: (Press Enter)

**IMPORTANT:** Passwords must be entered in lower case and **MUST** be eight characters long. Passwords must contain numbers and letters, but cannot contain special characters or the Login ID. Passwords should be changed every 30, 60 or 90 days.

### **Security Message on the Transmission Bulletin Board:**

When you dial-in to Medicare to submit and/or retrieve electronic transactions, you will receive the following message after you login using your Login ID and password, but before you make a menu selection:

*“This system is for the use of authorized users only. This system may be monitored to ensure proper operation, to verify authorized use and security procedures, and similar purposes. Your use of this system constitutes consent to such monitoring. Unauthorized attempts to change or copy information, to defeat or circumvent security features, or to utilize this system for other than its intended purposes are prohibited and may result in disciplinary and/or legal action.”*

### **Transmission Bulletin Board Menu**

After you connect to the EDI Platform, a user-friendly menu is displayed to access your mailbox and conduct EDI transactions. Please use the following instructions to navigate the Bulletin Board Menu.

<b>To Submit/Retrieve the Following Transactions/Miscellaneous Options:</b>	<b>Select the Following:</b>
X12N 837I Claim Transaction	S
X12N 276 Claim Status Inquiry Transaction	S
X12N TA1 Interchange Acknowledgement	G
X12N 997 Functional Acknowledgement	G
IG Edit Report	A
X12N 277 Claim Status Response	X277
X12N 835 ERA Transaction	R
ERA Out-of-Balance Report	A
ERA Forced Balance Report	A
Change Your Customer-Controlled Password (Every 30, 60, or 90 Days)	C
View Help Information	H
Logoff	L

Welcome to Direct Access Services  
Electronic Mail Claims Network

  

Please select on of the following:  
 S)ubmit Claims Data  
 G)et Confirmation  
 A)cquire MCS Edit Report  
 R)etrieve Reconciliation  
 C)hange Password  
 H)elp  
 L)ogoff

  

Enter Letter of Selection =>

## File Naming Convention for EDI Reports

Stratus, the Highmark Medicare Services' EDI Front-End Platform, incorporates a unique file naming convention for EDI reports and ERA that is specific to the Submitter ID (this will be assigned to you in July 2008). This ensures that your specific reports are distributed to your secure, unique mailbox.

Examples are below of the file naming convention as well as an explanation of the file name structure:

Example of a Report File Name Waiting for Retrieval	Example of a Report File Name That Has Already Been Retrieved
CC_Y_XXXXXXXX_JJHHMMSS.	CC_Y_XXXXXXXX_JJHHMMs

Element	Element Description
CC	Represents the Contractor ID: NJ = New Jersey
Y	Represents P(roduction) or T(est)
XXXXXXXX	Represents your unique EDI Submitter ID Number.
JJHHMMCC	Represents the Julian Date and Time that the report or file was placed into your mailbox and the contract state identifier.
. (a period)	Represents a "retrieval indicator," which depicts that the report or file is awaiting retrieval. After retrieving the report or file, the period will change to an "s" to indicate the report or file has already been retrieved. This feature prevents you from accidentally retrieving the same report or file again. (If you need a file again after it's already been retrieved, contact the EDI Helpdesk on the same day and request the report or file to be reset.)

Report/File Type	File Name	Menu Option
X12N 997 Functional Acknowledgement	NJ_Y_XXXXXXXX_JJHHMMSS.997	G)et Confirmation
IG Edit Report	NJ_Y_XXXXXXXX_JJHHMMSS.IGR	A)cquire Report
X12N 835 ERA	NJ_Y_XXXXXXXX_JJHHMMSS.835	R)etrieve Reconciliation
X12N 277 Claim Status Response	NJ_Y_XXXXXXXX_JJHHMMSS.277	X277
X12N TA1 Interchange Acknowledgement	PRJ_Y_SSSJJJ.HH (SSSJJJ.HH same as input file) SSS = Unique Sequence Number	G)et Confirmation
ERA Out-of-Balance Report	NJ_Y_XXXXXXXX_JJHHMMSS.OOB	A)cquire Report
ERA Forced Balance Report	NJ_Y_XXXXXXXX_JJHHMMSS.FBA	A)cquire Report

## PC-ACE Pro32 Software Program

The PC-ACE Pro32 software program is an effective and easy-to-use program for entering Medicare claims. PC-ACE Pro32 offers the ability to key all claim data prior to establishing a connection with Highmark Medicare Services. This feature reduces telephone charges for providers connecting via modem. Some other features of PC-ACE Pro32 include:

- Full Medicare claim data entry capability with comprehensive editing
- Integration with your current billing system
- Establishment of a patient information database that will automatically post demographic patient information when entering claim data
- Availability of Claims History and Tracking

To provide the most up-to-date information within PC-ACE Pro32, this product is updated quarterly. CMS requires that upgrades be installed within 90 days of receipt. However, you will be able to use your current software until the next release is issued for upgrade.

Please continue using your current version of PC-ACE Pro32 billing software for Institutional claims. Highmark Medicare Services will be distributing an upgrade to the most recent version of PC-ACE Pro32 in the near future. You will be notified when the new version is available.

The internet download of PC-ACE Pro32 is available free of charge for all new and existing PC-ACE Pro32 customers. Download instructions are mailed to customers with initial PC-ACE enrollment and for each quarterly upgrade. There is a quarterly \$25 shipping and handling fee for all PC-ACE Pro32 requests via CD-ROM. This fee will be billed at \$100 annually, covering the initial shipping and handling of the CD-ROM and the shipping and handling for any additional upgrades issued within the next year. To save time and money for you and the Medicare program, we strongly encourage you to download this program when enrolling or upgrading.



### Attention PC-ACE Pro32 Users: Action Required Enter Your New Submitter ID Number

In July 2008, Highmark Medicare Services will send you a new Submitter ID. **The new Submitter ID number should not be used to send production files to Highmark Medicare Services until the projected September 1, 2008 cutover.** The instructions below should be followed after you receive your new Submitter ID number to send a test file to Highmark Medicare Services prior to cutover and to send production files to Highmark Medicare Services starting on September 1, 2008.

Once you receive your new Submitter ID number, please follow these instructions to enter your new Submitter ID number in the PC-ACE Pro32 software and to make required changes:

- Open the PC-ACE Pro32 program.
- Click on the “Reference File Maintenance” icon.
- Click on the “Codes/Misc” tab.
- Click on the “Submitter” button.
- Click on and highlight the row you want to update.
- Click on “View/Update.”
- Enter your new Submitter ID number in the “ID” and “EIN” fields.
- Click on “Save.”
- Click on the “ANSI Info” tab.
- Enter “ZZ” in the “Submitter Intchg ID Qual” and “Receiver Intchg ID Qual” fields.
- Click on “Save.”
- Click on “Close.”

If you have questions or require additional assistance, please contact an EDI Analyst at 1-866-488-0546, option 3.



## Attention PC-ACE Pro32 Users: Action Required Enter Your New Contractor Identification Number

Due to the transition to the J12 MAC, new Contractor Identification numbers have been assigned for each contract. Please refer to the chart on page 3 of this newsletter that outlines the new Contractor Identification numbers under Highmark Medicare Services.

**NOTE: Do not send production files to Highmark Medicare Services with the new Contractor ID number until the projected September 1, 2008 cutover. If making changes in the PC-ACE Pro32 software for the submission of a test file to Highmark Medicare Services, it is imperative that you notate the initial settings. The initial settings will need to be re-instated to continue submitting production files to Riverbend until the projected cutover on September 1, 2008.**

Please follow these instructions for entering your new Contractor ID (Payer ID) number in the PC-ACE Pro32 software:

- Open the PC-ACE Pro32 program.
- Click on the “Reference File Maintenance” icon.
- Click on the “Payer” tab.
- Click on and highlight the row you want to update.
- Click on “View/Update.”
- Enter the new Contractor ID in the “Payer ID” field.
  - \* **If a value is present in the “ISA08 Override” field, please delete this information.**
- Click on “Save.”
- Click on the appropriate “Provider” tab.
- Click on and highlight the row you want to update.
- Click on “View/Update.”
- Enter the new Contractor ID in the “Payer ID” field.
- Click on “Close.”

## Remember to Change the Test/Production Indicator in PC-ACE Pro32

**You may not send a test file until after you receive a new Submitter ID and Login ID. Highmark Medicare Services will send these to you in July 2008.**

Once you receive your new Submitter ID and Login ID in July, you are encouraged to send a test file of 25 claims to Highmark Medicare Services to ensure you can connect with Stratus to submit electronic claims and retrieve electronic reports.

When sending a test file, the Test/Production indicator located in ISA15 (of the X12N 837I) must equal “T” for test. If you send a test, but the Test/Production indicator is not set to “T”, your file will reject and we will not know that you sent a test. If you send a test file to Highmark Medicare Services, don’t forget to change the Test/Production indicator back to “P” for production when sending a production file to Riverbend. You will continue to send production files to Riverbend until the projected cutover on September 1, 2008.

Please follow these instructions to change the Test/Production indicator in PC-ACE:

- Click on the “Codes/Misc” tab in Reference File Maintenance and then click on “SUBMITTER.”
- Click on “View/Update.”
- Click on the “Prepare” tab.
- Update the “Submission status” to a “P” for production or a “T” for test.
- Click on “Save.”

## Important Information for PC-ACE Pro-32 Customers

### Regarding PrintLink

PC-ACE Pro32 is a low-cost software program available to Medicare providers. The purpose of the software program is to enable Medicare providers to submit Medicare claims electronically. The PrintLink feature is outside the general purpose of the low-cost software program.

**Highmark Medicare Services does not support the PrintLink feature in PC-ACE Pro32**, which allows a claim file from another software program to be imported into PC-ACE Pro32 and mapped into the proper X12N format for transmission to Medicare. This means we do not provide support for new or existing PrintLink mapping (.map) files. Although we do not support PrintLink, the following alternatives are available:

- Contact SDI, the PC-ACE Pro32 software vendor, for the creation or support of mapping files to use with PC-ACE Pro32. This service can be provided for a fee directly from the vendor to the submitter. For Print Image Import Mapping Services from SDI, please visit the following website for information and instructions: <http://www.system-designs.com/plink.htm>. If you have any questions after reviewing SDI's website, you may contact SDI at either 904-260-9220 or the SDI Help Desk at 904-482-0631.
- PC-ACE Pro32 can accept a HIPAA-compliant ANSI X12N claim file. If you use a billing system that is able to create a valid X12N claim file, it can be imported into PC-ACE Pro32.
- Enter claims directly into PC-ACE Pro32.
- Select another HIPAA-compliant billing software program or contract with a billing service or clearinghouse.

### Save Time and Money by Working Smarter, Not Harder!

The Electronic Remittance Advice (ERA) is the electronic version of the paper remittance, and it can help you work smarter, not harder. How can it do that? The ERA is created on a daily basis to EDI customers. No more waiting for your paper remittance to arrive in the mail! Most software products, including PC-Print offer the ability to print the ERA in a paper remittance format. This is especially helpful when you need to forward claim information to a secondary payer.

Depending on your software program, the ERA may also be used for accurate posting to your Accounts Receivable system (check with your software vendor for availability). This means you no longer need to spend valuable time doing manual bookkeeping and generating patient bills. It can all be done for you electronically!

To enroll for ERA, please complete and return the ERA Agreement Form (8262), which is available on our website at: <http://www.highmarkmedicare.com/edi/pdf/8262.pdf>

If you have questions regarding ERA, contact an EDI Analyst at 1-866-488-0546, option 3.

### PC-Print Can Help with ERA Interpretation

PC-Print is software offered at no cost through Highmark Medicare Services for Part A ERA Interpretation. This free software allows the viewing and printing of the Medicare Part A 835 ANSI Electronic Remittance Advice (ERA).

The primary purpose of PC-Print is to produce a paper remittance advice containing all of the data residing within the ERA. The intent of the paper remittance advice is to facilitate Accounts Receivable processing for the end user and to provide a paper remittance advice acceptable for subsequent payers.

If interested in PC-Print, EDI and ERA enrollment with Highmark Medicare Services is required. See the Save Time and Money by Working Smarter, Not Harder article on this page for information on how to enroll for ERA.

If you have questions regarding PC-Print, contact a Part A EDI Analyst at 1-866-488-0546, option 3.

## What You Need to Know *at-a-Glance*

- Customers must migrate to Stratus, the Highmark Medicare Services' EDI Platform.
- A new Submitter ID, Login ID, and customer-controlled password is required to connect to Stratus. Billing Services and Clearinghouses will be assigned a Submitter ID, and all providers currently billing via a Billing Service or Clearinghouse will be linked to the Billing Service/Clearinghouse's newly-assigned Submitter ID. Medicare EDI Services will assign this number.
- A separate transmission is required for each X12N 837I transaction. (i.e., only one ISA-IEA per transmission.)
- Only one X12N transaction type (i.e., 837I or 276) can be sent per transmission. To submit electronic claims and submit claim status inquiries, one transmission must be sent containing the 837I transaction, and a separate transmission must be sent containing the 276 transaction.
- EDI files transmitted to Stratus must be sent as a "streaming" X12N data file, or one continuous string. This applies to both the X12N 837I and the X12N 276 transactions. Highmark Medicare Services will return the X12N TA1 Interchange Acknowledgment, X12N 997 Functional Acknowledgment, X12N 277 Claim Status Transaction, and the 835 Electronic Remittance Advice (ERA) to you as a "streaming" X12N data file.
- The new Submitter ID must be reported in the ISA06 **and** GS02 of your EDI transactions. If the Submitter ID in the ISA06 **and** GS02 do not match, the file will be rejected.
- The new Submitter ID must be reported in the 1000A NM109 element of your EDI transactions or the file will be rejected.
- The new Contractor ID must be reported in the ISA08 **and** GS03 of your EDI transactions. If the Contractor ID in the ISA08 **and** GS03 do not match, the file will be rejected.
- The new Contractor ID must also be reported in the 1000B NM109 element of your EDI transaction or the batch will be rejected.
- The Version Identification Number in either the GS08 or REF02 must be reported as a value of 004010X096A1 or your file will reject.
- Communication software for dial-up modem submissions is required for dial-up customers, including PC-ACE customers. If you do not currently possess communication software, you will need to acquire a software program. The cost and support of any communications package is the responsibility of the submitter.
- Zipped files are not accepted for processing. Do not send a zipped file or it will be rejected.
- EDI electronic reports, including the ERA, will be available through Stratus. **EDI Reports and ERA are only available for retrieval for five business days.** This means that you must develop a daily routine for retrieving all EDI reports and ERA in a timely manner to ensure you retrieve the reports and ERA before they are no longer available. Once the five business days expire, you will not be able to retrieve your reports or ERA.
- Highmark Medicare Services forwards electronically submitted claim files to the Enterprise Data Center (EDC) for processing.
- PC-ACE Pro32 and PC-Print Medicare Part B billing/ERA printing software are offered. ERA Enrollment is required for ERA. Refer to the "Work Smarter, Not Harder" article on page 15 of this newsletter.

## Frequently Asked Questions

**Q: What is the date of transition to Highmark Medicare Services?**

A: The transition of Riverbend's New Jersey Part A workload is projected for September 1, 2008. All dates for all contracts under the J12 MAC transition, as well as additional transition information, can be found on our website at <http://www.highmarkmedicareservices.com/transition/j12/index.html>

**Q: Will I continue using my current EDI Front-End Platform or connection method to submit electronic claims and retrieve electronic reports?**

A: No, Stratus will replace any existing EDI Front-End Platform you may currently use.

**Q: What is Stratus? How do I connect to Stratus?**

A: The Stratus Telecommunication Server is the EDI Front-End Platform at Highmark Medicare Services. Stratus will replace any existing EDI Front-End Platform you may currently use. Connectivity instructions for Stratus are contained on page 6 of this newsletter.

**Q: Do I need to do anything before billing electronically with Highmark Medicare Services?**

A: In July 2008, we will send a letter containing the new Submitter ID and Login ID. Once you receive your new Submitter ID and Login ID, you are encouraged to send a test file of 25 claims to us to ensure you can connect to Stratus and successfully submit claims electronically. Once you successfully connect with us and submit a test file of 25 claims, we will contact you within 3 business days. Billing Services and Clearinghouses will be assigned a Submitter ID, and all providers currently billing via a Billing Service or Clearinghouse will be linked to the Billing Service/Clearinghouse's newly-assigned Submitter ID. If you bill via a Billing Service or Clearinghouse, they will receive the new Submitter ID. You will not receive a letter from Highmark Medicare Services containing a new Submitter ID.

**Q: Will there be any changes to the reports I currently receive?**

A: Yes, the transition to Stratus will bring some changes to your existing EDI reports. After migrating to Stratus, certain reports will be generated for you. Please refer to the EDI Reports on Stratus article on pages 7-8 of this newsletter for details. Also refer to the "Understanding the TA1 Interchange Acknowledgement" training module, the "Understanding the 997 Functional Acknowledgement" training module and the "Understanding the IG Edit Report" training module. These training modules will help you learn how to read these reports and interpret any errors encountered on each report so you can correct and resubmit your electronic claims quickly. All training modules can be found on our website at: <http://www.highmarkmedicareservices.com/parta/edi/editraining.html>.

**The EDI Transition is Underway.  
Act Now to Avoid Cash Flow Problems!**

To ensure you can connect with Stratus, the Highmark Medicare Services' EDI Front-End Platform, to submit electronic claims and retrieve electronic reports, you are encouraged to send us a test file of 25 claims after you receive your new Submitter ID and Login ID.

## EDI Resources Available

Please utilize the Highmark Medicare Services website for valuable EDI information and resources.

**J12 Transition Webpage** - <http://www.highmarkmedicareservices.com/transition/j12/index.html>

Highmark Medicare Services' dedicated J12 transition area on the web. Several topic options are available to click on for further information on the various subjects related to this transition. The EDI Transition News newsletters are also located on the J12 Transition webpage under EDI/Systems. Check the J12 Transition webpage often for further information and updates regarding J12 MAC.

**The EDI Transition News publications are located on the J12 Transition website under EDI/Systems.**

**The Highmark Medicare Services website contains links to Medicare EDI Services information.**

<http://www.highmarkmedicareservices.com/index.html>

**Within the Part A EDI sections of the Highmark Medicare Services website, you will find the following:**

**Part A EDI Index Page** - <http://www.highmarkmedicareservices.com/parta/edi/index-edi.html>

**EDI Enrollment and Information** - <http://www.highmarkmedicareservices.com/parta/edi/index-enrollment.html> EDI Enrollment Forms and EDI Product information.

**Technical Support Page** - <http://www.highmarkmedicareservices.com/parta/edi/techsup.html>

EDI technical documentation, User Guides, and PC-Print information

**X12N Transaction User Guide** - <http://www.highmarkmedicareservices.com/edi/pdf/x12ntransactionuserguide.pdf>

The X12N Transaction User Guide provides you with information regarding the following HIPAA standard electronic transactions in the American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12N:

- Health Care Claim Institutional: ANSI ASC X12N 837 Institutional Healthcare Claim Version 004010.A1
- Health Care Functional Acknowledgement: ANSI ASC X12N 997 004010.A1
- Health Care Claim Payment Advice: ANSI ASC X12N 835 Version 004010.A1
- Health Care Claim Status Request and Response: ANSI ASC X12N 276 (Request) and 277 (Response) Version 004010.A1
- Part A Testing Process and Requirements can be found on page 10
- EDI Reports can be found on page 12
- IG Edit Report Roadmap and information can be found on pages 18-23
- IG Edit Report Errors can be found on pages 64-109

**EDI Part A Training Modules** - <http://www.highmarkmedicareservices.com/parta/edi/editraining.html>

The following EDI Part A Training Modules are available to learn and understand these Part A EDI Reports:

### **Understanding the TA1 Interchange Acknowledgement**

This training module will help you learn how to read the TA1 Interchange Acknowledgement and interpret any errors encountered on this report so you can correct and resubmit your electronic claim files quickly.

### **Understanding the 997 Functional Acknowledgement**

This training module will help you learn how to read the 997 Functional Acknowledgement and interpret any errors encountered on this report so you can correct and resubmit your electronic claims quickly.

### **Understanding the IG Edit Report**

This training module will help you learn how to read the IG Edit Report and interpret any errors encountered on this report so you can correct and resubmit your electronic claims quickly. NOTE: This report is for electronic claims submitted using X12N 837I 4010.A1 only.