

# EDI *Transition News*

July 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 transition to the Highmark Medicare Services' EDI Front-End Platform (Stratus) was successfully completed on July 11, 2008. Thank you for your responsiveness, which helped to the make the transition a success.**

## Attention MD/DCMA/DE Part B EDI Billers Affiliated To More Than One Submitter ID: Important Information Regarding Your ERA

Highmark Medicare Services generates the Electronic Remittance Advice (ERA) for you if you elected to receive it in lieu of the Standard Paper Remittance (SPR). In conjunction with the X12N 837 EDI claim testing process conducted prior to the July 11, 2008 cutover, we reviewed the results of tests received as well as verifying if a provider expects to receive the ERA. This was a critical part of the testing approval process to ensure that your EDI claims submissions and ERA would be created and generated correctly.

As a result of this verification, we discovered that many EDI billers are affiliated to more than one EDI Submitter ID. We have attempted to contact those individuals who fell into this category to determine which Submitter ID the EDI biller should be affiliated with for EDI billing and ERA. If we are unable to determine the correct Submitter ID to use for ERA, we will not be able to generate the ERA for you on a temporary basis due to the difference in EDI setup between TrailBlazer and Highmark Medicare Services. If we are unable to generate the ERA for you due to a multiple Submitter ID arrangement, we will provide you with the SPR.

**If you are affiliated with more than one EDI Submitter ID and have not already discussed this arrangement with EDI Services, please contact the EDI Helpdesk at 1-866-488-0546, option 1, to discuss this important setup.**

After discussing your EDI and ERA setup with an EDI Analyst, if you determine only one Submitter ID is needed for claim submission and ERA retrieval, the ERA can be setup for you at that time. However, if you determine that two Submitter IDs are necessary, ERA cannot be setup until all of your claims that were originally submitted to TrailBlazer for processing are finalized.

**IMPORTANT:** If you are linked to multiple Submitter IDs that also receive ERA, any claims submitted on paper or adjusted in the claims processing system will be sent to the lower of the two Submitter ID numbers. This may result in posting problems. We strongly discourage receiving ERA while maintaining multiple Submitter IDs.

## 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>NEW! PC-ACE Pro32 Utility available to enter new Contractor ID in PC-ACE Pro32.</b>		<b>Immediately</b>	PC-ACE customers should refer to pages 7-8 for instructions on how to change the Contractor ID in the PC-ACE Pro32 software and for details about the new PC-ACE Pro32 Utility to enter your new Contractor ID.
<b>Read X12N Transaction User Guide</b>		<b>Immediately</b>	Read the article on page 4 of this newsletter. 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 4 of this newsletter. Our PowerPoint training modules provide beneficial instructions and information on EDI Reports and daily work function. The MCS Edit Report training module provides important information on the RAR03 Report and the RAR04 Report generated by Highmark Medicare Services.
<b>Read Information on EDI Reports on Stratus</b>		<b>Immediately</b>	The transition to Stratus has brought some changes to our existing Part B EDI Reports. Read the articles on page 5 for details on EDI Reports generated by Highmark Medicare Services.

### EDI Helpdesk Support

A dedicated toll-free telephone number is available for Highmark Medicare Services' EDI Helpdesk. **As of July 21, 2008, you must call Highmark Medicare Services at 1-866-488-0546, option 1, for all Part B EDI assistance and support.**

As of July 21st, the EDI transition line at 1-866-488-0546, option 3, for Part B MD/DCMA/DE customers is no longer available to Part B MD/DCMA/DE customers. If you call the EDI transition line, you will be instructed to hang-up and call 1-866-488-0546, option 1. Please update your telephone book accordingly.

## Attention MD/DCMA/DE Part B EDI Customers: Important Information Regarding EDI Enrollment Forms

Highmark Medicare Services started processing EDI Enrollment forms forwarded from TrailBlazer prior to the July 11, 2008 cutover and we will continue to receive pending EDI Enrollment forms from TrailBlazer for a few weeks after cutover. If you submitted an EDI Enrollment form to TrailBlazer prior to July 11th, it was forwarded to Highmark Medicare Services and will be subject to all Highmark Medicare Services form processing guidelines, including the address validation and signature requirements. For more information on these form processing guidelines, please read the EDI Enrollment Instructions form carefully. This form is found on our website at the link provided below.

**Effective July 14, 2008, new EDI Enrollment requests or updates to your existing EDI Enrollment should be submitted directly to Highmark Medicare Services using the EDI Enrollment forms located on our website at: <http://www.highmarkmedicareservices.com/partb/edi/eforms.html>**

Highmark Medicare Services' EDI Enrollment forms are often updated to ensure the most recent data is collected and to make the enrollment process more efficient. Before completing and submitting an EDI Enrollment form, always visit our website and download the most recent version of all EDI Enrollment forms. This will ensure you are completing and submitting the most recent version of the EDI Enrollment forms. Mail your completed EDI form(s) to the EDI mailing address shown on the form(s).

We would be happy to answer any questions or provide assistance in the completion of your EDI Enrollment forms. Please contact us toll-free at 1-866-488-0546, option 1. Please allow at least ten business days for EDI Enrollment form processing.

### 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. **Please keep in mind that 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.

### Professional Provider Terminal Network (PPTN) Discontinued

The Professional Provider Terminal Network (PPTN), an online inquiry and eligibility product which TrailBlazer customers accessed via GP Online.net (a.k.a., GP Net), is not available at Highmark Medicare Services.

Highmark Medicare Services supports the CMS-preferred solution for the HIPAA 276/277 Batch Transaction process to provide Claim Status Inquiry and Responses. The Interactive Voice Response (IVR) is also available to provide Claim Status Inquiry and Beneficiary Eligibility information.

We encourage you to take advantage of these products to obtain Claim Status and Beneficiary Eligibility information.

## X12N Transaction User Guide

Highmark Medicare Services' X12N Transaction User Guide is a valuable reference tool that we encourage you to utilize. This user guide contains much of the information you will need for your EDI daily work functions. As you become familiar with the X12N Transaction User Guide, you will find it is very comprehensive.

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 Professional: ANSI ASC X12N 837 Professional 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 Eligibility Benefit Inquiry and Response: ANSI ASC X12N 270 (Inquiry) and 271 (Response) Version 004010.A1
- Health Care Claim Status Request and Response: ANSI ASC X12N 276 (Request) and 277 (Response) Version 004010.A1
- Part B Testing Process and Requirements can be found on page 12
- EDI Reports can be found on page 14
- MCS Edit Report Roadmap and information can be found starting on page 29
- MCS Edit Report Errors can be found starting on page 106. This entire section is devoted to defining each claim, batch, and file deletion (rejection) that could potentially occur on the MCS Edit Report. Here's what you need to do when you receive a claim, batch, or deletion (rejection) that you do not understand:
  - Locate the Error Number on your MCS Edit Report. The Error Number is in the "Err Num" field on the H99RAR04 portion of the report. This error number will help you to quickly locate the problem and identify the needed correction.
  - Starting on Page 106, locate the Error Number (from the MCS Edit Report) in the "Err Num" column of the chart.
  - Once you locate the Error Number, read across the row to learn the requirements for the particular information that caused the deletion (rejection).
  - Now that you know the requirements, correct the claim, batch, and/or file and resubmit it to Medicare.

The X12N Transaction User Guide is located on our Part B website at:

<http://www.highmarkmedicare.com/edi/pdf/x12ntransactionuserguide.pdf>

## EDI Part B Training Modules

Highmark Medicare Services has EDI Part B training modules available to learn and understand our Part B EDI Reports and the EDI daily work function. We encourage you to view the following training modules:

### **Understanding the Daily Work for EDI**

The purpose of the "Understanding the Daily Work for EDI" training module is to provide a general overview of a typical workday for an office that bills Medicare electronically.

### **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 MCS Edit Report**

This training module will help you learn how to read the MCS 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 837 4010.A1 only.

The EDI Part B training modules are located on our website at:

<http://www.highmarkmedicare.com/partb/edi/editraining.html>

## EDI Reports on Stratus - Important Changes

The transition to Stratus has brought some changes to your existing EDI reports. Now that you have migrated to Stratus the following reports are generated for you:

- X12N997 Functional Acknowledgement
- MCS Edit Report
- X12N 835 Electronic Remittance Advice (ERA) (for those providers who are enrolled for ERA)

**All EDI Reports and ERA are only available for retrieval for five business days, so it is important for you to retrieve your EDI Reports and ERA in a timely manner.** The EDI Report and ERA 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 are no longer available and cannot be reset or recreated.**

To retrieve the EDI Reports and ERA 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 6 of this newsletter for details.

### **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 MCS 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 MCS 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/partb/edi/editraining.html>

### **MCS Edit Report**

The MCS Edit Report provides file totals and lists any claims that were rejected during the secondary editing process. Approximately 24 hours after receiving an accepted X12N 997 Functional Acknowledgement, you must dial-in to Stratus to retrieve the MCS Edit Report. If you receive a rejection on the X12N 977 Functional Acknowledgement, you will not receive the MCS Edit Report.

The MCS Edit Report remains available for five business days. It is imperative for you to retrieve this report since any claims and/or transmissions that are deleted (rejected) on the MCS Edit Report are not forwarded to the Medicare processing system for payment or denial and will not be reported on a Standard Paper Remittance (SPR), Electronic Remittance Advice (ERA), or available on the Interactive Voice Response (IVR).

**IMPORTANT:** View the “Understanding the MCS Edit Report” training module. This training module will help you learn how to read the MCS Edit Report and interpret any errors encountered on this report. This training module can be found on our website at <http://www.highmarkmedicareservices.com/partb/edi/editraining.html>.

### **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 B claims were adjudicated.

## 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 using your new Submitter ID and Login ID. The Login ID depicted in this example is for illustration purposes only.

### Login Screen with Login Prompt:

Welcome to Direct Access Services Electronic Mail Claims Network  LOGIN: prj0000 (Press Enter)
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### Login Screen with Password Prompt:

Welcome to Direct Access Services Electronic Mail Claims Network  PASSWORD: (Press Enter)
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**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 new EDI Platform, a user-friendly menu is displayed to access your mailbox and conduct EDI transactions. Please use the following instructions to navigate the new Bulletin Board Menu.

<b>To Submit/Retrieve the Following Transactions/Miscellaneous Options:</b>	<b>Select the Following:</b>
X12N 837P Claim Transaction	S
X12N 276 Claim Status Inquiry Transaction	S
X12N 997 Functional Acknowledgement	G
X12N 277 Claim Status Response	X277
X12N 835 ERA Transaction	R
MCS Edit Reports	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 one 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 =>
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## 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. Please continue using your current version of PC-ACE Pro32 billing software for Professional 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: NEW Utility Is Now Available to Enter Your New Contractor Identification Number

Due to the transition to the J12 MAC, new Contractor identification (Payer ID) numbers have been assigned for each contract and need to be entered into your software program. This will ensure the correct Contractor ID (Payer ID) Number is included in your EDI claim file. The following chart outlines the new Contractor ID (Payer ID) Numbers for your state or locale.

Part B State/Locale	Current Contractor ID Number	J12 Contractor ID Number
MD	00901	12302
DCMA	00903	12202
DE	00902	12102

**Please follow these instructions for entering the 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.”
- If a value is present in the “Payer ID” field, please delete this information.
- Click on “Save.”
- Click on “Close.”

Article and PC-ACE Utility Instructions continued on page 8

In addition to the above required changes in the Payer Reference File, Contractor (Payer) IDs may also be referenced extensively in the Patient Reference File as well as in the Provider Reference File (to create payer-specific provider records), the Data Communications Reference File, and the Submitter Reference File.

The Contractor IDs will need to be changed throughout the entire program in order to submit an electronic claim file to Highmark Medicare Services with the correct Contractor ID. If the Contractor ID is not updated in the patient records, you will receive an “Invalid Payer ID” error message when attempting to save a claim, which needs to be corrected before you can save the claim.

Although you can manually make these changes each time you encounter an error while preparing your claim file for submission, there is a “Payer ID Swap Utility” available to automatically make the change in the PC-ACE program for you. This utility will make all the necessary Reference File changes for you by replacing the retiring Payer ID with the replacement Payer ID, which could be a tremendous time saver compared to manually changing the Payer IDs throughout the product. To use the Payer ID Swap Utility, download the utility from our website at: <http://www.highmarkmedicare.com/parta/edi/hidden/binary/payswap.exe> and run the utility. The instructions for running this utility are at the end of this article.

Please ensure that you are using the most recent version of the PC-ACE Pro32 software. CMS requires you to use the most current version of the software program and to eliminate the use of prior versions within 90 days of receipt of an upgrade. If you are not using the most recent version of PC-ACE Pro32 software, this could affect your ability to make the required Contractor ID changes and submit production files to Highmark Medicare Services. Please upgrade to the most recent version of the PC-ACE Pro32 software through Highmark Medicare Services.

#### **Instructions for Running the Payer ID Swap Utility:**

- Go to: <http://www.highmarkmedicare.com/parta/edi/hidden/binary/payswap.exe>
- Click on “Run.”
- Select the applicable Line of Business (LOB) from the dropdown list. Select MCA for Institutional (Part A) or MCB for Professional (Part B).
- Enter the retiring (old) Payer ID value and the replacement (new) Payer ID value.
- If you wish to perform a test run to review the changes to be made without actually making the changes, then check the “Test Run Only” checkbox.
- Finally, click the “Swap Payer ID” button to perform the replacement. A summary report of the changes will be presented upon completion. If you performed a test run, don’t forget to repeat the operation with the “Test Run Only” option unchecked to actually make the changes. You can repeat these steps without exiting the utility if needed to swap additional Payer ID values.
- Click the “Close” button when finished to exit the utility.

## **EDI Part B Publications**

During the transition process from TrailBlazer to Highmark Medicare Services, the *EDI Transition News* provided you with targeted education and information need to ensure uninterrupted EDI billing and report retrieval. Please feel free to refer to the April-June 2008 editions for instructions and details related to EDI processing.

Now that cutover has occurred, information pertaining to our Part B EDI customers in MD, DCMA, and DE will be featured in our quarterly Part B publications; the *Part B EDI Xchange* and the *EDI Xcellence*. Both of these publications provide timely information and updates related to EDI.

## EDI Resources Available

Please utilize the Highmark Medicare Services Part B website for valuable EDI information and resources. <http://www.highmarkmedicare.com/partb/index.html>

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

**Part B EDI Index Page** - <http://www.highmarkmedicare.com/partb/edi/index-edi.html>

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

**Technical Support Page** - <http://www.highmarkmedicare.com/partb/edi/techsup.html>  
EDI technical documentation, User Guides and MREP information

### X12N Transaction User Guide

<http://www.highmarkmedicare.com/edi/pdf/x12ntransactionuserguide.pdf>

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**EDI Part B Training Modules** - <http://www.highmarkmedicare.com/partb/edi/editraining.html>

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### EDI Part B Xchange and EDI Xcellence

<http://www.highmarkmedicare.com/partb/edi/index-publications.html>

Highmark Medicare Services publishes two quarterly Part B newsletters; the *Part B EDI Xchange* and the *EDI Xcellence*. Both of these publications provide timely information and updates related to EDI.