



J12 Transition News

August 2008

The information contained in this newsletter is for the express use of our Pennsylvania Part B customers, scheduled to transition on December 12, 2008.



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About the Highmark Medicare Services J12 Transition

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).

The award is part of a Congressional requirement to replace all current Medicare Part A and B contracts with new contract entities called Medicare Administrative Contractors (MACs). As a MAC, Highmark Medicare Services will serve as a single point-of-contact entity processing Medicare Part A and B claims from hospitals and other institutional providers, physicians, and other practitioners within the J12 region. The new single contract replaces the existing seven contracts. On March 5, 2008, CMS directed Highmark Medicare Services to commence MAC transition activities.

Highmark Medicare Services has offices in Camp Hill, Pittsburgh, Williamsport, and Fort Washington, PA, and Hunt Valley, MD. We have administered Medicare contracts and been a valued partner with the Centers for Medicare & Medicaid Services (CMS) in the Medicare Program, serving as both a carrier and an intermediary since the Program's inception in 1966, and now serving as a MAC.

Highmark Medicare Services is under the direction of Patrick Kiley, President, with David Vaughan as the Program Manager for the J12 MAC.

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

The J12 transition for Highmark Medicare Services' Pennsylvania Part B business is underway for a projected transition (or cutover) on December 12, 2008. It is the intent of CMS and Highmark Medicare Services 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 our Part B Pennsylvania EDI customers during the transition period. Please read each edition carefully for important information you need in order to ensure uninterrupted EDI billing and report retrieval. The *EDI Transition News* is located on the J12 Transition webpage under EDI/Systems at:

<http://www.highmarkmedicare.com/transition/j12/index.html>

You can also keep up-to-date on what you need to do to prepare for this transition by watching for important updates posted on our J12 website at:

<http://www.highmarkmedicare.com/transition/j12/index.html> and receive emails with important news, events, deadlines, and general information regarding the J12 MAC transition by joining the J12 MAC E-Mail list at: <http://www.highmarkmedicare.com/transition/j12/j12-mailinglists.html>

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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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
Make Contractor ID Change		December 12, 2008	Refer to the “New Contractor ID” article at the bottom of this page for your new Contractor ID. MCE users should also read the “Enter Your Contractor Identifier Number” article on page 3 for information on how to change the Contractor ID number in MCE
Start Sending Production Files to Highmark Medicare Services using the new J12 Contractor ID.		December 12, 2008	There are required system changes that must occur to complete the transition to the new J12 MAC environment. Therefore, there will be system dark days as part of this transition. 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 Highmark Medicare Services at 1-866-488-0546, option 1, **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, MCE, MREP, etc.
- **Now through the projected December 12, 2008 cutover**, call Highmark Medicare Services at 1-866-488-0546, option 3, for **all J12 EDI transition-related questions**.
- **After the projected December 12, 2008 cutover**, call Highmark Medicare Services at 1-866-488-0546, option 1, for all EDI assistance and support.

New Contractor Identifications - Action Required

CMS needs to change the Contractor Identification numbers in the MAC J12 for the Part B workload in Pennsylvania. Part B claims for Pennsylvania will be processed by the J12 MAC using the Contractor Identification number (Contractor ID) shown below.

The new J12 Contractor ID (a.k.a., Payer ID) must be reported in ANSI ASC X12N 837P/276 EDI transactions starting on the projected cutover date of December 12, 2008. The new J12 Contractor ID (Payer ID) will be returned in ANSI ASC X12N 835/277 EDI transactions.

Part B Locale	Existing Contractor ID	J12 Contractor ID
Pennsylvania	00865	12502

Attention MCE Users: Action Required 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. Part B claims for Pennsylvania will be processed using the new Contractor ID (Payer ID) shown below effective on the projected cutover date of December 12, 2008.

Part B State/Locale	Existing Contractor ID	J12 Contractor ID
Pennsylvania	00865	12502

The new J12 Contractor ID must be reported in the ISA08, GS03, and 1000B NM109 element of the ANSI ASC X12N 837P/276 EDI transactions starting on December 12, 2008. The new J12 Contractor ID will be returned in the ANSI ASC X12N 835/277 EDI transactions.

NOTE: Do not send production files to Highmark Medicare Services with the new Contractor ID number until the projected J12 MAC cutover on December 12, 2008. If making changes in MCE 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 reinstated before submitting production files to Highmark Medicare Services prior to December 12, 2008.

Please follow these instructions for entering the new Contractor ID (Payer ID) number in the MCE software starting with production files submitted on December 12, 2008:

- Open the MCE program.
- Click on the “**File Maintenance**” icon.
- Click on the “**State-Payer**” folder.
- Click on the “**Payer ID**” field you want to update.
- Enter the new Contractor ID in the “**Payer ID**” field.
- Click on “**Save.**”
- Click on “**Close.**”

Please ensure that you are using the most recent version of the MCE 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 MCE software, this could affect your ability to make the required Contractor ID changes and submit production files to Highmark Medicare Services on December 12, 2008. Please upgrade to the most recent version of the MCE software through Highmark Medicare Services.

Submitting Medical Documentation to Highmark Medicare Services for Electronic Claims

Under HIPAA, claims for reimbursement by the Medicare Program must be submitted electronically, except where waived, even for claims with attachments. Highmark Medicare Services uses the Claim Supplemental Information segment (PWK) whenever paper medical documentation is sent for an electronic claim. When sending an electronic claim that contains an attachment, follow these rules to submit the attachment for your electronic claim:

- Maintain the appropriate medical documentation on file for electronic (and paper) claims.
- Complete the “Cover Sheet for Submitting Medical Documentation for Electronic Claims” form, which is located at http://www.highmarkmedicare.com/edi/pdf/medicaldoc_coversheet.pdf
- Clearly write the Patient Name, Health Insurance Claim (HIC) Number, Date of Service, and your Medicare National Provider Identification (NPI) Number and Provider Transaction Access Number (PTAN) on the cover sheet. Only send documentation for one patient per cover sheet.

At least seven days prior to your electronic claim submission, mail the cover sheet and all pertinent medical documentation to the address listed below for your location:

Pennsylvania Part B customers should mail the cover sheet and all pertinent medical documentation to:

Highmark Medicare Services
PO Box 890425
Camp Hill, PA 17089-0425

Medicare EDI Services does not accept faxed medical documentation.

In the Claim Supplemental Information Segment (PWK):

- Select the appropriate Report Type Code for the medical documentation
- Use the “By Mail” option for the Report Transmission Code
- Enter AC for the Identification Code Qualifier
- Report the Attachment Control Number as the Identification Code

NOTE: Only send medical documentation when necessary for the adjudication of procedures/services that are unusual or require such documentation on a pre-payment basis. Otherwise, do not submit documentation unless it is requested during the claim processing.

Technically speaking, Claim Supplemental Information (PWK) is reported as follows:

Data Element	Loop/Segment
Report Type Code	2300-PWK01
Report Transmission Code	2300-PWK02
Identification Code Qualifier	2300-PWK05
Identification Code	2300-PWK06

It is acceptable to enter the statement “RECORDS SENT” in the Claim Note Segment in Loop 2300-NTE-02 (claim level) or Loop 2400-NTE-02 (line level) for X12N 837 4010.A1.

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 Medicare Remit Easy Print (MREP), 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.highmarkmedicareservices.com/edi/pdf/8262.pdf>

Medicare Remit Easy Print (MREP) for Part B Providers

The MREP software program is available for viewing and printing the Medicare Part B Electronic Remittance Advice (ERA). This software provides the ability to view, search and print the Medicare Part B ANSI ASC X12N 835 Electronic Remittance Advice, as well as print and export reports.

The MREP software program is available via an internet download free of charge. If interested in MREP, you must enroll for ERA with Highmark Medicare Services. Please read the Save Time and Money by Working Smarter, Not Harder article at the top of this page for information on how to enroll for ERA.

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

- The new Contractor ID must be reported in the ISA08 **and** GS03 of your EDI transactions starting on December 12, 2008. 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.
- Highmark Medicare Services will continue to forward electronically submitted claim files to the Enterprise Data Center (EDC) for processing.

Frequently Asked Questions

Q: What is the date of transition for Highmark Medicare Services' Pennsylvania Part B workload?

A: The transition of Highmark Medicare Services' Part B workload for Pennsylvania is projected to begin on December 12, 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 Stratus to submit electronic claims and retrieve electronic reports?

A: Yes, you will continue to use Stratus, the Highmark Medicare Services' EDI Platform, the same as you do today.

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

A: You will need to update your Contractor ID in order to continue to submit electronic claims. Your new Contractor ID becomes effective on the projected cutover date of December 12, 2008. Please refer to the article on page 2 of this newsletter for your new Contractor ID.

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

A: No. You will continue to receive and retrieve the same EDI reports as you do today.

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 webpage under EDI/Systems.

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

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

EDI Enrollment and Information - <http://www.highmarkmedicareservices.com/partb/edi/index-enrollment.html>

EDI Enrollment Forms and EDI Product information.

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

EDI technical documentation, User Guides and MREP 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 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

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

The following EDI Part B training modules are available to learn and understand these Part B EDI Reports and the EDI daily work function:

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.