

# EDI *Transition News*

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

To continue submitting electronic claims and retrieving electronic reports, you must submit new EDI Enrollment Forms no later than February 15, 2006.

After your EDI Enrollment Forms have been processed, you must complete the testing and migration process by March 1, 2006. Failure to meet these deadlines will result in your inability to submit claims or retrieve reports after March 31, 2006, and you will not receive payment.

Transitioning the EDI platform for electronic claim submission and report retrieval to Highmark Medicare Services includes the Bulletin Board, Frame-Relay, DC-Access, Network Data Mover (NDM), and File Transfer Protocol (FTP) connectivity as well as the connectivity that supports Direct Data Entry (DDE) functions in the FISS application. **In order to continue claim submission, report retrieval, and using DDE for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status transactions after March 31, 2006, you must complete the following by February 15, 2006:**

- **Complete new EDI Enrollment Forms to obtain a Submitter ID** assigned by Highmark Medicare Services for continued electronic billing. Customers using Electronic Remittance Advice (ERA) and/or the PC-ACE Pro-32 Medicare software program must also complete an ERA Enrollment Form and/or a PC-ACE Pro-32 Enrollment Form, respectively. An article on Page 4 contains detailed information about the enrollment process. (Electronic Funds Transfer, or EFT, enrollment is not required.)
- **Acquire and learn new EDI connectivity and claim submission instructions to replace the current Bulletin Board, Frame-Relay, and DC-Access connectivity.** Articles on Page 5 and 6 contain information regarding the new EDI connectivity and claim submission options.
- **Upgrade to the Electronic Remittance Advice (ERA) in the HIPAA-compliant ANSI ASC X12N 835 version 4010.A1 format if you have not already done so.** If you are currently using PC-Print in conjunction with a pre-HIPAA version of the ERA, you will need to upgrade your PC-Print software program to PC-Print version 3.4.3, which is the version compatible for the X12N 835 version 4010.A1 ERA, in order to continue receiving the ERA. If you are using ETRA, you will need to upgrade to PC-Print version 3.4.3.
- **Acquire and learn new EDI connectivity and report retrieval instructions to replace the current Bulletin Board report retrieval connectivity.** Articles on Page 5 and 6 contain information regarding new EDI connectivity and report retrieval instructions.

## EDI Transition Checklist

<b>Current Connectivity Method for MD/DC Medicare:</b>	<b>✓</b>	<b>Due By</b>	<b>Action Required</b>
<b>Frame Relay or DC-Access Customers</b>		02/15/2006	Select an alternative connection method. Complete and mail EDI Enrollment Forms 8278, 8277 & 8286 (8286 is optional). Setup systems for new connection, install any needed programs and submit a test file.* Migrate submission of claims and report retrieval.
<b>Direct Data Entry (via Emdeon, Ivans or VisionShare) Customers</b>		02/15/2006	Complete and mail EDI Enrollment Forms 8278, 8277 & 8286 (8286 is optional).
<b>NDC Clearinghouse (via NDM) Customers</b>		02/15/2006	Complete and mail EDI Enrollment Forms 8278, 8277 & 8286 (8286 is optional).
<b>VisionShare Customers</b>		02/15/2006	Complete and mail EDI Enrollment Forms 8278, 8277 & 8286 (8286 is optional). Setup systems for new connection, install any needed programs and submit a test file.* Migrate submission of claims and report retrieval.
<b>Emdeon Clearinghouse (via FTP) Customers</b>		02/15/2006	Complete and mail EDI Enrollment Forms 8278, 8277 & 8286 (8286 is optional).
<b>CareFirst Bulletin Board (for Claim Submission) Customers</b>		02/15/2006	Select an alternative connection method. Complete and mail EDI Enrollment Forms 8278, 8277 & 8286 (8286 is optional). Setup systems for new connection, install any needed programs and submit a test file.* Migrate submission of claims and report retrieval.
<b>PC-ACE Pro-32 Customers</b>		02/15/2006	Complete and mail EDI Enrollment Forms 8278, 8277, 8287 & 8286 (8286 is optional). Setup systems for new connection, install any needed programs and submit a test file.* Migrate submission of claims and report retrieval.
<b>CareFirst Bulletin Board (for Report Retrieval) Customers</b>		02/15/2006	Select an alternative connection method. Complete and mail EDI Enrollment Forms 8278, 8277 & 8286 (8286 is optional). Upgrade report retrieval programs. For ERA, upgrade to the HIPAA compliant 835 version 4010.A1 format if you have not already done so. If you are using PC-Print, version 3.4.3 is required, so you may need to perform an upgrade. If you are using ETRA, you must upgrade to PC-Print version 3.4.3. Setup system for new connection, install any needed programs and test new connection.* Migrate report retrieval.

\* Connectivity testing is required for everyone connecting directly to the Highmark Medicare Services Local Area Network (LAN).

## Direct Data Entry (DDE) Customers Must Complete EDI Enrollment Forms Too

The EDI transition requires **all** electronic billers to complete and submit EDI Enrollment Forms to continue electronic billing—this includes customers who are using Direct Data Entry (DDE) for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status transactions in the Fiscal Intermediary Shared System (FISS).

Copies of the EDI Enrollment Forms are available on our website at: <http://www.highmarkmedicareservices.com/parta/edi/becoming.html>. The EDI Agreement Form (8277B) and an EDI Setup Requirements Form (8278B) are both required. If you also retrieve the Electronic Remittance Advice (ERA), you will also need to complete an ERA Enrollment Form (8286B). EDI Enrollment Instructions (10213) are available on our website to assist you with form completion. Mail the completed EDI Enrollment Forms together to the address shown on the bottom of the forms.

**Only those customers who have successfully completed the EDI enrollment process by February 15, 2006, will be able to continue using DDE for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status transactions in the Fiscal Intermediary Shared System (FISS) using your existing FISS User ID. However, your current FISS User ID will be disabled if you do not successfully complete the EDI enrollment process by February 15, 2006, which means you will not be able to continue using DDE for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status transactions in the Fiscal Intermediary Shared System (FISS). Please take action now to avoid an interruption in electronic billing and cash flow.**

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

To continue submitting electronic claims and retrieving electronic reports, you must submit new EDI Enrollment Forms **no later than February 15, 2006.**

After your EDI Enrollment Forms have been processed, you must complete the testing and migration process **by March 1, 2006.** Failure to meet these deadlines will result in your inability to submit claims or retrieve reports after March 31, 2006, **and you will not receive payment.**

### EDI Helpdesk Support

During the EDI transition, there will be several telephone numbers available for EDI assistance and support. Once the EDI transition is complete, you will have one toll-free telephone number to use for all of your EDI assistance and support needs. Please use the following as a guide to call the correct EDI telephone number for the proper EDI assistance you need.

- Call 410-427-8712 or 410-427-8713 **for all current pre-EDI transition** business as usual questions related to EDI billing, 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 Pro-32, PC-Print, etc.
- Call 410-427-8712, 410-427-8713, or 1-866-488-0546, option 2 **for EDI transition related questions regarding enrollment.**
- Call 1-866-488-0546, option 2 **for EDI transition related questions regarding connectivity, and claim submission/report retrieval options and information.**
- Call 1-866-488-0546, option 2, **for all EDI assistance once you have migrated your EDI billing to the Highmark Medicare Services EDI platform.**

## All Providers, Billing Services, and Clearinghouses Must Enroll for EDI

All providers, billing services, and clearinghouses must reenroll for Electronic Data Interchange (EDI) during the EDI transition. Only those customers who successfully complete the EDI enrollment process **by February 15, 2006**, will be able to continue submitting electronic claims and retrieving electronic reports. After your EDI Enrollment Forms have been processed, you must complete the testing and migration process **by March 1, 2006**. Failure to meet these deadlines will result in your inability to submit claims or retrieve reports after **March 31, 2006**, **and you will not receive payment**.

To make the new EDI enrollment process more efficient, we are working with the home offices of chain organizations and hospital central billing offices as much as possible. Please notify us of your home/central office contact information by calling 410-427-8712 or 410-427-8713. We are also contacting providers directly to offer assistance with the enrollment process.

To reenroll for EDI, please complete the forms listed below. The forms are available on our website in the EDI Services section under “Becoming an Electronic Biller” at: <http://www.highmarkmedicare.com/parta/edi/becoming.html>. An EDI Enrollment Instruction Form (10213) is also available on our website to assist you in the enrollment process.

- EDI Agreement Form (8277)
- EDI Setup Requirements Form (8278)
- ERA Enrollment Form (8286) if you want to continue to receive the Electronic Remittance Advice (ERA) (or to begin receiving it). The ERA will only be available in the HIPAA-compliant ANSI ASC X12N 835 version 4010.A1 format. No pre-HIPAA ERA formats or versions are available. If you are currently receiving ERA and do not submit an ERA Enrollment Form, you will no longer receive ERA after March 31, 2006.
- PC-ACE Pro-32 Enrollment Form (8287) if you want to continue using the PC-ACE Pro-32 Medicare software program (or to begin using it).

Please print and download the forms, **complete and return them no later than February 15, 2006** to: Highmark Medicare Services, Attention: Medicare EDI Services, P.O. Box 890386, Camp Hill, PA 17089-0386. If you require assistance, please feel free to contact an EDI Analyst at 410-427-8712, 410-427-8713, or 1-866-488-0546, option 2.

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### Signature Requirements for EDI Enrollment Forms

When submitting EDI Enrollment Forms, it is necessary to have an authorized signature on the form or it will be returned to you. The signature must be an original signature from the individual provider, or in the case of a group or other entity, an original signature from one of the providers in the group or an authorized official. An authorized official is an appointed official to whom the provider has granted the legal authority to enroll it in the Medicare Program, to make changes and/or updates to the provider’s status in the Medicare Program (e.g., new practice locations, change of address, etc.), and to commit the provider to fully abide by the laws, regulations, and the program instructions of Medicare. The authorized official must be the provider’s general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of five percent or more of the provider (as defined in Section 5 of the 855 Enrollment Form), administrator, director, or must hold a position of similar status and authority within the supplier’s organization. Signature stamps are not acceptable.

In addition, the name and title of the person who signed the form as well as the date the form was signed must also be typed or printed on the form.

## EDI Connectivity, Claim Submission, and Report Retrieval Options Available at Highmark Medicare Services

The following EDI connectivity and electronic claim submission options are available at Highmark Medicare Services. If you are currently using the Bulletin Board, Frame-Relay, or DC-Access connectivity options, you must select one of the following available alternatives offered by Highmark Medicare Services:

- **Dial-up Networking (DUN) to the Highmark Medicare Services LAN** for sending electronic claims using the X12N 837 version 4010.A1 as well as retrieving electronic reports and the Electronic Remittance Advice (ERA). This is offered to all Medicare Part A providers by Highmark Medicare Services and is the most common method of electronic billing and report retrieval. This replaces the CareFirst Bulletin Board, and therefore, is a likely alternative for those customers who are currently using the CareFirst Bulletin Board. If you select this option, you need to select the “Dial-Up” option on the EDI Setup Requirements Form when completing the enrollment process. Please read the article on Page 6 for additional details.
- **Secure Direct Data Entry (DDE) directly to the Arkansas Data Center for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status inquiry through products/services offered by Emdeon (WebMD) Medicare Manager, Ivans, and VisionShare.** In addition to the EDI enrollment process with Highmark Medicare Services, you will also need to contact one of these companies directly to contract their services if you would like to use DDE for either claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status inquiry functions. This is a likely alternative for those customers who currently use the Frame Relay and DC-Access methods.

Customers using secure DDE to submit claims must also enroll for Dial-up Networking to the Highmark Medicare Services LAN to receive electronic reports and ERA. This is a free option offered to all Medicare Part A providers by Highmark Medicare Services for retrieving electronic reports and ERA.

- **Network Data Mover** through products/services offered by NDC and VisionShare (Batch File Transfer, not DDE) for sending batches of Medicare Part A claims and/or retrieving electronic reports and the Electronic Remittance Advice (ERA). In addition to the EDI enrollment process with Highmark Medicare Services, you will also need to contact one of these companies directly to contract their services if you would like to use this option.

A list of other vendors/clearinghouses who have completed testing with Highmark Medicare Services for the X12N 837 4010.A1 claim transaction is available at: <http://www.highmarkmedicareservices.com/parta/edi/vendors.html>. A list of additional companies who have tested connectivity with Highmark Medicare Services in Pennsylvania is available at: [http://www.veritusmedicare.com/provider/hipaa/vndr\\_hipaa\\_web\\_directory.xls](http://www.veritusmedicare.com/provider/hipaa/vndr_hipaa_web_directory.xls)

**NOTE:** If you are *currently* using NDC or VisionShare to send claims electronically using NDM or are *currently* using Emdeon (WebMD) Medicare Manager, Ivans, or VisionShare to send claims electronically using secure DDE, you do not need to select a new EDI connectivity and claim submission option unless you want to make a vendor change. However, you are still required to complete the EDI enrollment process.

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After your EDI enrollment forms have been processed, you must complete the testing and migration process **by March 1, 2006.** Failure to meet these deadlines will result in your inability to submit claims or retrieve reports after March 31, 2006, **and you will not receive payment.**

## Highmark Dialup LAN Replaces CareFirst Bulletin Board for Submission and Retrieval

Highmark Medicare Services offers Dial-up Networking (DUN) via a modem to our LAN for sending electronic claims using the X12N 837 version 4010.A1 as well as retrieving electronic reports and the 835 version 4010.A1 Electronic Remittance Advice (ERA). This is offered to all Medicare Part A providers by Highmark Medicare Services and is the most common method of electronic billing and report retrieval. This will replace the current CareFirst Bulletin Board, and therefore, is a likely alternative for those customers who are currently using the CareFirst Bulletin Board for claim submission and report retrieval.

To connect to Highmark Medicare Services using this option, you need the following:

- Point-to-Point Protocol (PPP) communication software, also known as Internet Dialer or Dial-Up Networking. This comes bundled with Windows®. You may also use any other operating system that supports this type of communication.
- Analog telephone line and the ability to dial a toll telephone number. Two telephone numbers are available (717 and 412 area code). A dedicated telephone line for your modem is recommended. NOTE: Providers will incur long-distance telephone charges based upon the length of the connection to the Highmark Medicare Services LAN.
- Hayes Compatible Modem supporting 28800 bps data rate or greater.
- Any File Transfer Protocol (FTP) software. (We will provide Nexus software if you do not already have FTP software.)
- Assistance from your Network Administrator to setup the PPP connection if your PC is attached to a network.
- A level of technical expertise with sufficient understanding of your PPP communication software. It is your responsibility to establish a successful Dial-up Networking connection.

After completing enrollment forms, you will need to complete the following setup steps:

1. Create a New Connection
2. Connect to the Highmark Medicare Services LAN
3. Install the Nexus Software\*
4. Configure the FTP Client\*
5. Connect to the FTP Client\*
6. Submit a Connectivity Test Claim File

\*Steps 3, 4 and 5 are specific to the products provided by Highmark Medicare Services. If you are using another FTP product, please consult your in-house computer support for assistance.

Detailed setup instructions for connecting to the Highmark Medicare Services LAN are available at:<http://www.highmarkmedicareservices.com/parta/edi/transition.html>.

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### EDI Testing Required

After completing the EDI enrollment process, EDI testing will be required for those customers who must replace the current CareFirst Bulletin Board, Frame-Relay, and DC-Access connectivity with a new method. This testing is required to validate your new connectivity method and Submitter ID. (Since the EDI reporting requirements and edits are not changing, this testing is not to validate data entry.) Testing is optional for those customers who do not need to change their connection method. Testing information will be provided to you during the EDI enrollment process.

### EDI and DDE Vendor Lists

If you are looking for a software vendor, billing service, or clearinghouse, a list of companies who have successfully tested is available at: <http://www.highmarkmedicareservices.com/parta/edi/vendors.html>.

A list of additional companies who have tested with Highmark Medicare Services in Pennsylvania is available at: [http://www.veritusmedicare.com/provider/hipaa/vndr\\_hipaa\\_web\\_directory.xls](http://www.veritusmedicare.com/provider/hipaa/vndr_hipaa_web_directory.xls)

If you are looking for a vendor to conduct Secure Direct Data Entry (DDE) for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status inquiry, a list of companies who offer connectivity for these services is available at: <http://www.highmarkmedicareservices.com/parta/edi/ddevendor.html>

## Attention PC-ACE Users

The PC-ACE PRO-32 software program has been upgraded to version 1.73.0.200. This upgrade, which must be installed within 90 days of receipt, was mailed to you in January.

In addition to upgrading the PC-ACE PRO-32 software program, **you also need to complete and return the EDI Enrollment Forms and the PC-ACE Agreement Form (including the ERA Agreement Form if you receive the Electronic Remittance Advice) to Highmark Medicare Services no later than February 15, 2006.** New EDI Enrollment Forms are required due to the transition from the existing CareFirst EDI platform to the Highmark Medicare Services EDI platform. **If we do not receive your EDI Enrollment Forms, you will not be able to continue electronic billing after March 31, 2006.** EDI Enrollment Forms as well as copies of the EDI Transition News newsletter are available on our website at: <http://www.highmarkmedicare.com/parta/edi/transition.html>.

Upon receipt of an accurate EDI Enrollment Form, we will process your request and issue you a new LAN User ID along with instructions for connecting to the Highmark Medicare Services LAN for claim submission and report retrieval.

The instructions for connecting to the Highmark Medicare Services LAN are different than the current instructions you use today for the CareFirst EDI platform. The new instructions will help you to create a new dial up networking (DUN) connection, and then install and configure the Nexus software program (a File Transfer Protocol (FTP) application), so you can transmit your files to the Highmark Medicare Services LAN. (NOTE: The CD-ROM containing the PC-ACE PRO-32 version 1.73.0.200 upgrade also contains the Nexus software program.) Highmark Medicare Services does not support the Hyperterminal connection method you may currently use.

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**After your EDI Enrollment Forms have been processed, you must complete the testing and migration process by March 1, 2006. Failure to meet these deadlines will result in your inability to submit claims or retrieve reports after March 31, 2006, and you will not receive payment.**

## Attention PC-Print/ETRA Customers

Highmark Medicare Services offers PC-Print, a free software program for reading the HIPAA-compliant X12N 835 version 4010.A1 Electronic Remittance Advice (ERA). Only the X12N 835 4010.A1 ERA will be provided. NOTE: An ERA Enrollment Form must be completed to continue receiving ERA.

- If you are currently using PC-Print version 3.4.3 in conjunction with the X12N 835 version 4010.A1 ERA, you will be able to continue to use this program. If you are using the ETRA Medicare software program for reading the ERA, you need to upgrade to PC-Print version 3.4.3.
- If you are currently using PC-Print or ETRA in conjunction with a pre-HIPAA version of the ERA, you **need** to upgrade to the PC-Print version 3.4.3 software program, which is the version compatible for the X12N 835 version 4010.A1 ERA, in order to continue receiving the ERA. To upgrade to the PC-Print software program, please download the program from our website at: <http://www.highmarkmedicare.com/parta/edi/techsup.html>

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

### What will NOT Change

- Highmark Medicare Services will continue to forward electronically submitted claim files to the Arkansas Data Center for processing. This means that the EDI translator reports and edits will remain the same.
- Secure Direct Data Entry (DDE) to the Arkansas Data Center for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status inquiry through the vendors Emdeon (WebMD) Medicare Manager, Ivans, and VisionShare will continue; however, EDI enrollment is required.
- Real-time Eligibility through HDX will continue. (Enrollment required.)
- Electronic Funds Transfer (EFT) will not be impacted. No change or EFT enrollment is required.
- The PC-ACE Pro-32 Medicare billing software program will continue to be offered. (EDI, PC-ACE Enrollment required.)
- The PC-Print 3.4.3 Medicare software program used in conjunction with the X12N 835 version 4010.A1 Electronic Remittance Advice (ERA) will continue to be offered. (EDI/ERA Enrollment required.)

### What will Change

- The CareFirst EDI Bulletin Board for submitting electronic claims will **not** be available. Customers using the CareFirst EDI Bulletin Board must migrate to the Dial-up Networking option offered by Highmark Medicare Services or another available alternative.
- The CareFirst EDI Bulletin Board for retrieving electronic reports, including the Electronic Remittance Advice, will **not** be available. Customers using the CareFirst EDI Bulletin Board must migrate to the Dial-up Networking option offered by Highmark Medicare Services or another available alternative.
- Frame Relay and DC-Access for Direct Data Entry (DDE) for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status inquiry will **not** be available. Current Frame Relay and DC-Access customers will need to migrate to an alternative method.
- Highmark Medicare Services is working directly with HDX, NDC and VisionShare to establish a Network Data Mover (NDM) connection. The NDM connection change used by HDX and NDC customers should be transparent to customers. The connection with VisionShare may require customer changes. EDI/ERA enrollment is required for all HDX, NDC, and VisionShare customers.
- Customers using secure Direct Data Entry (DDE) connections via Emdeon (WebMD) Medicare Manager, IVANS, and VisionShare only need to complete the EDI/ERA enrollment process; no claim submission changes are required.
- Dial-up Networking (DUN) is the modem connection option for connecting to the Medicare Highmark Services LAN for sending claims and retrieving reports. This will replace the current CareFirst Bulletin Board. Providers will incur long-distance telephone charges based upon the length of the connection to the Highmark Medicare Services LAN.
- A Results Report, which acknowledges the initial receipt of your claim file, will be available approximately one hour after your file submission. The 997 Functional Acknowledgment and Translator Reports (generated by the Arkansas Data Center) will be available the day after your file has been submitted.
- Only the HIPAA-compliant X12N 837 version 4010.A1 transaction for electronic claim submission is accepted.
- Only the HIPAA-compliant X12N 4010.A1 835 Electronic Remittance Advice (ERA) transaction will be provided. Providers currently receiving a non-HIPAA compliant ERA format must transition to the 4010.A1 format by March 31, 2006.
- The PC-Print version 3.4.3 Medicare software program used in conjunction with the X12N 835 version 4010.A1 Electronic Remittance Advice (ERA) will be the only PC-Print software program available. Older PC-Print versions and the ETRA Medicare software program will need to be upgraded to PC-Print version 3.4.3 for compatibility with the 835 version 4010.A1.

## Frequently Asked Questions

Q: What is the deadline for the EDI transition to Highmark Medicare Services?

A: To continue submitting electronic claims and retrieving electronic reports, you must submit new EDI Enrollment Forms no later than February 15, 2006. After your EDI Enrollment Forms have been processed, you must complete the testing and migration process by March 1, 2006. Failure to meet these deadlines will result in your inability to submit claims or retrieve reports after March 31, 2006, and you will not receive payment. Please take action now to avoid interruption in electronic billing and cash flow.

Q: Do I need to do anything to continue billing electronically to Highmark Medicare Services after March 31, 2006?

A: Yes, to continue submitting electronic claims and retrieving electronic reports, you must submit new EDI Enrollment Forms no later than February 15, 2006. After your EDI Enrollment Forms have been processed, you must complete the testing and migration process by March 1, 2006. Failure to meet these deadlines will result in your inability to submit claims or retrieve reports after March 31, 2006, and you will not receive payment. Please take action now to avoid interruption in electronic billing and cash flow.

Q: Do I need to complete new EDI Enrollment Forms even if I don't need to change my billing method?

A: Yes, all EDI customers must complete and submit EDI Enrollment Forms by February 15, 2006, to continue electronic billing with Highmark Medicare Services. In the case of a hospital or chain organization where all billing is done from one location and there is one primary provider number with affiliated provider numbers, we will accept one enrollment form for the primary provider number with a signed list of affiliated provider numbers that are associated with the main provider number.

Q: Will the Frame Relay and DC-Access options for Direct Data Entry (DDE) be available at Highmark Medicare Services?

A: No, the Frame Relay and DC-Access connection method for DDE for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status inquiry will not be available after March 31, 2006. Providers using Frame Relay or DC-Access for DDE through the vendor Emdeon (WebMD) must select an alternative submission method. Selecting, preparing, and migrating to a new submission method may take awhile, so please complete this process immediately to avoid an interruption in claim submission and cash flow. Secure DDE for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status inquiry offered by Emdeon (WebMD), Ivans, and VisionShare is available at Highmark Medicare Services. This is a likely alternative for those customers who must migrate from Frame Relay or DC-Access.

Q: Will the Secure Direct Data Entry (DDE) option for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status inquiry offered by Emdeon (WebMD), Ivans, and VisionShare be available at Highmark Medicare Services?

A: Yes, the Secure Direct Data Entry (DDE) option for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status inquiry offered by Emdeon (WebMD), Ivans, and VisionShare will be available at Highmark Medicare Services. This is a likely alternative for those customers who must migrate from Frame Relay or DC-Access.

Q: If I am using the CareFirst Bulletin Board to submit electronic claims or the CareFirst Bulletin Board to retrieve electronic reports, do I need to do anything?

A: Yes, the CareFirst Bulletin Boards for submitting claims and/or retrieving reports will not be available after March 31, 2006. Providers using the CareFirst Bulletin Boards for submitting claims and/or retrieving reports must select an alternative claim submission and report retrieval method. Selecting, preparing, and migrating to a new submission method may take awhile, so please complete this process immediately to avoid an interruption in claim submission and cash flow. The Dial-up Networking (DUN) connection option to the Highmark Medicare Services LAN may be a likely alternative.

Q: If I am using a pre-HIPAA Electronic Remittance Advice (ERA), do I need to upgrade to the HIPAA-compliant 835 version 4010.A1 ERA?

A: Yes, only the HIPAA-compliant 835 version 4010.A1 ERA will be available. No pre-HIPAA ERA will be available, so you will need to upgrade to 835 version 4010.A1 if you are not already using the HIPAA compliant ERA.

Q: If I am using PC-Print/ETRA, do I need to do anything?

A: If you are using PC-Print in conjunction with the X12N 835 version 4010.A1 ERA, you will be able to continue to use this program. If you are currently using PC-Print/ETRA in conjunction with a pre-HIPAA version of the ERA, you will need to upgrade to the PC-Print version 3.4.3 software program, which is the version compatible for the X12N 835 version 4010.A1 ERA, in order to continue receiving the ERA. If you are using the ETRA Medicare software program to read the ERA, you need to upgrade to the PC-Print version 3.4.3 software program. To upgrade to the PC-Print version 3.4.3 software program, please download the program from our website at: <http://www.highmarkmedicareservices.com/parta/edi/techsup.html>

<http://www.highmarkmedicare.services.com>

The Highmark Medicare Services internet website contains a link to Medicare EDI Services. Within the EDI Services section of the website, you will find the following pages:

- EDI Transition - EDI transition information, newsletters, FAQs
- Becoming an Electronic Biller - EDI Enrollment Forms as well as EDI and DDE Vendor Lists
- Technical Support - EDI technical documentation, PC-ACE and PC-Print information
- EDI Library - Archived EDI information

Please use this site for valuable EDI information and resources.

## EDI Terminology

**Login ID** The number used when signing in to Medicare. It is also referred to as an Account Number.

**Submitter ID/Number** The number used to identify the submitter, or sender, of an electronic transaction. This number is assigned by Highmark Medicare Services and may be the same as the Provider Number. It is also referred to as an ISA Number.

**Provider Number** The number assigned by CMS when enrolling for Medicare.

**Dial-Up Networking (DUN)** Dial-Up Networking (DUN) is a means of connecting one computer to another via a modem. Dial-Up Networking is offered by Highmark Medicare Services in order to transmit Medicare claims and/or retrieve electronic reports to Highmark Medicare Services.

**Local Area Network (LAN)** Highmark Medicare Services uses a LAN for electronic file transfers.

**Secure Direct Data Entry (DDE)** Secure Direct Data Entry (DDE) is a direct connection between providers and Medicare to the Medicare claims processing system (FISS) for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status inquiry. Secure DDE for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status inquiry offered by Emdeon (WebMD), Ivans, and VisionShare is available at Highmark Medicare Services. This is a likely alternative for those customers who must migrate from Frame Relay or DC-Access.

**EDI Enrollment Forms** EDI Enrollment Forms are contracts between providers and Medicare for electronic billing. EDI Enrollment Forms are required from all providers in order to continue electronic billing with Highmark Medicare Services.

**Vendor** A software company that sells various software packages and offers support for their software for a fee. A vendor does not transfer claims for the provider nor do they have any need to access Medicare data from the Intermediary.

**Billing Service** A company that compiles Medicare billing information from their client and enters the data into their own computer. The billing service then transmits the created claims to Medicare for processing either directly or through a Clearinghouse.

**Clearinghouse** A billing company that receives electronic data from a billing service or the provider's office, edits the file for errors, generates corrections, and transmits directly to Medicare for processing.