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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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15 Days Remaining

**to Transition to the Highmark Medicare Services EDI Platform.
Act Now to Avoid Cash Flow Problems!**

Effective March 31, 2006, all EDI transactions must be conducted through the Highmark Medicare Services EDI platform. The CareFirst EDI Bulletin Board, Frame-Relay and DC-Access connectivity methods will not be available after close of business on March 31, 2006.

To continue submitting electronic claims and retrieving electronic reports, you were required to submit new EDI Enrollment Forms by February 15, 2006 and complete the testing and migration process by March 1, 2006.

If you have not yet submitted new EDI Enrollment Forms and migrated, we will make every accommodation possible to help you meet the March 31, 2006 deadline. Please act immediately to avoid a cash flow problem.

Only HIPAA-Compliant ERA will be Available

Effective March 31, 2006, only the HIPAA-compliant X12N 835 4010.A1 Electronic Remittance Advice (ERA) transaction will be provided to you if you enrolled for ERA by completing the ERA Enrollment Form (8286). Providers currently receiving ERA in a non-HIPAA compliant format must transition to the 4010.A1 format. Please contact your vendor to obtain the necessary software upgrade to allow you to retrieve HIPAA-compliant ERA.

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. Only those customers who have successfully completed the EDI enrollment process will be able to continue 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) 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 March 31, 2006. Please take action now to avoid an interruption in electronic billing and cash flow.

What Will Happen on April 1 if You Do Not Complete the Enrollment and Migration Process

- The Frame Relay and DC-Access connections 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 must migrate to an alternative method by March 31, 2006. Secure DDE to the Arkansas Data Center for claim entry, claim correction, beneficiary eligibility inquiry, and/or claim status inquiry through the vendors Emdeon (WebMD) Medical Manager, Ivans and VisionShare will continue; however, EDI enrollment is required.
- The **CareFirst Bulletin Board** for submitting electronic claims and retrieving electronic reports, including the Electronic Remittance Advice (ERA) will **not** be available. Customers using the CareFirst Bulletin Board must migrate to the Dial-up Networking (DUN) option offered by Highmark Medicare Services or another available alternative.
- Real-time Eligibility through HDX and Passport will continue unless EDI Enrollment Forms and the Amendment to EDI Agreement for a Network Service Vendor Form have not been completed and returned by March 31, 2006.
- DDE connections via Emdeon (WebMD) Medical Manager, Ivans and VisionShare will continue as long as DDE customers completed EDI Enrollment Forms by March 31, 2006. If EDI Enrollment Forms were not submitted, your existing FISS user ID and password will be disabled.
- Only the HIPAA-compliant X12N 4010.A1 835 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. ERA enrollment is required by March 31, 2006. The PC-Print 3.4.3 Medicare software program used in conjunction with the X12N 835 version 4010.A1 ERA will continue to be offered. PC-Print version 3.4.3 will be the only PC-Print software program available. Older PC-Print versions and the ETRA Medicare software program must be upgraded to PC-Print version 3.4.3 for compatibility with the 835 version 4010.A1.
- The PC-ACE Pro-32 Medicare billing software program will continue to be offered. EDI and PC-ACE enrollment by March 31, 2006 is required.

Local Area Network (LAN) Migration Steps

The steps you will follow to migrate to the LAN after completing the EDI Enrollment Forms are summarized below:

1. Create a New Connection
2. Connect to the Highmark Medicare Services LAN
3. Install the Nexus Software (we will provide Nexus Software if you do not already have FTP 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.

The instructions for PC-ACE users to connect to the Highmark Medicare Services LAN are different than the current instructions used for the CareFirst EDI platform. The new instructions will help you to create a new DUN connection and then install and configure the Nexus software program 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.

Daily Activities For Using the Highmark Medicare Services Local Area Network (LAN)

The steps you will follow when sending and/or receiving production files from the Highmark Medicare Services LAN are summarized below. Detailed instructions will be sent to you after your EDI Enrollment Form has been processed.

- Step 1 – Transmitting Claim File(s).** Connect and transfer X12N 837 claim files as often as needed. If sending more than one file within the same upload hour, the **files must have different and unique names** to avoid overwriting each other. Files may be transmitted 24 hours a day, 7 days a week.
- Step 2 – Retrieving and Reading the Results File.** The results file is available within minutes of the file being picked up by Highmark Medicare Services. The results file indicates whether the 837 claim file was successful in passing the initial edits. If unsuccessful, errors are given and the claim file must be corrected and resubmitted. See the “Retrieving and Reading the Results File” article for details.
- Step 3 – Retrieving and Reading the 997 Report.** The day after transmitting an accepted claim file, open the report in the 997 folder that corresponds to the date and time the file was sent. Verify the file accepted. If the report indicated the file was accepted, proceed to Step 4. If the report indicated the file was rejected, no claims will appear in FISS and the claim file must be corrected and resubmitted.
- Step 4 – Retrieving and Reading the IGE/Translator Report.** This report is also available the day after transmitting an accepted claim file. Review this report to determine whether specific claims were rejected or accepted after passing through the CMS Implementation Guide Edits. If claims reject at this level, they will not appear in FISS and they must be corrected and resubmitted.
- Step 5 – Retrieving the 835 ERA File (if applicable) and associated Forced Balance and Out of Balance Reports.** The ERA and associated reports are available once a week (based on claim finalization) and may be retrieved Monday after 1:00 PM (EST). The 835 ERA File is the HIPAA compliant remittance file containing the finalized payment or rejection information from FISS. An ERA Enrollment Form is required to receive this report.

File Processing Schedule

The Highmark Medicare Services Local Area Network (LAN) runs hourly cycles to pick up production files for processing at the times listed below:

Monday – Friday

**8:50, 9:50, 10:50, 11:50, 12:50,
1:50, 2:50, 3:50, 4:50**

Once your claim file is picked up, it is sent through several levels of editing and then to FISS for processing (depending on edits). The last file of the day is picked up at 4:50 PM. Any accepted files received in the LAN after that time will be sent to the FISS for processing the next business day (or the next scheduled FISS processing cycle).

Files may be transmitted 24 hours a day, 7 days a week. However, if you want to ensure that your files are sent to FISS for processing on the day that you send them, we recommend that you finish sending your files to us by 4:45 PM, which is the official Highmark Medicare Services close of business day.

Report Retention

Listed below are the report names and time frames for how long each report is retained on the Highmark Medicare Services LAN.

Report Name	Retention Timeframe
Results File	60 Days
997 Reports	10 Days
IGE/Translator Reports	25 Days
835 ERA Files	30 Days

To store reports longer than the retention timeframe, move the reports to a location on the Local PC info side of the WinFTP screen.

To reduce multiple files on the Remote Host info side of the WinFTP screen, delete files from the Remote Host side if saving the reports directly to a drive on your computer.

Any reports that are not manually deleted will be automatically deleted after the retention timeframe expires.

Retrieving and Reading the Results File

The Results File provides information about any errors encountered at the initial editing level. The Results File will indicate if the file was accepted or rejected during the initial edits. If rejected the file must be corrected and resubmitted.

The Results File is available within minutes of the file being picked up by Highmark Medicare Services (see the “File Processing Schedule” section). It is important to wait until the Highmark Medicare Services scheduled hourly processing cycle has completed before checking for the results file. This report should be checked for every X12N 837 production file that is submitted to Highmark Medicare Services. Results files are available for 60 days.

Follow the below instructions to check the results file:

Note: These instructions are for use with the WinFTP product supplied by Highmark Medicare Services. If you are using another FTP product, please consult your in-house computer support for assistance.

1. Connect to the Highmark Medicare Services LAN.
2. Connect to the WinFTP Client.
3. On the Remote Host info side, check your home directory to verify the file was picked up by Highmark Medicare Services. If your claim file is no longer listed in your home directory, it was picked up and you may proceed with checking the Results File. If your claim file is still showing in the home directory, the hourly processing cycle has not yet completed. Do not proceed until the claim file is no longer listed in your home directory.
4. On the Remote Host info side, double click on the results directory. The lower box will display all results files in Julian date order.
5. Double click on the file name of the Results File corresponding to the date and time that the 837 file was sent. This will open the Results File report for viewing.

The file names are an 8-digit number representing the Plan ID, File Creation Date and Time. The first three digits represent the Julian date followed by the 2-digit hour and 2-digit minute (DDDHHMM.TXT) format.

6. The Results File is a text file and will display when opened. An accepted file will display a message indicating “*** File has passed initial edits. ***” A rejected file will display an error. If rejected, the errors are provided. Rejected files must be corrected and resubmitted. Contact Medicare EDI Services at 1-866-488-0546, option 2, if additional assistance is needed.

Accepted File

Rejected File

```

----- Starting Log Entry -----
01/26/06 01:50:31 pm
----- Starting isaproc.bat -----
File being processed: i:\isa\XXXXXXXX\XXXXXXXX\XXXXXXXX.PRD
Volume in drive I is PUB
Volume Serial Number is A7A4-224A

Directory of i:\isa\XXXXXXXX\XXXXXXXX

01/26/2006  01:21 PM                699,062  XXXXXXXX.PRD
             1 File(s)                699,062 bytes
             0 Dir(s)  97,387,216,896 bytes free

      H I G H M A R K  M E D I C A R E  S E R V I C E S
      F I S S  A N S I  C O N T R O L - E D I T  R E P O R T
      R U N  D A T E :  1 - 2 6 - 2 0 0 6

*** File has passed initial edits. ***

** NOTICE **
File i:\isa\XXXXXXXX\XXXXXXXX\XXXXXXXX.PRD passed EMC edits, and successfully
copying to 4010x096\prod\XXXXXX directory.
----- Ending isaproc.bat -----
01/26/06 01:50:36 pm
----- Ending Log Entry -----
    
```

```

----- Starting Log Entry -----
01/11/06 03:51:00 pm
----- Starting isaproc.bat -----

***** ERROR ***** ERROR ***** ERROR *****

** NOTICE **
File i:\isa\XXXXXXXX\XXXXXXXX\XXXXXXXX.PRD failed EMC edits.
The file you sent failed for one of the following reasons.

1. The file is not an ANSI formatted file.
2. The file is not in one of three acceptable formats, 80 char,
unwrapped, or wrapped.
3. The IEA segment is missing or doesn't end with an ~.
4. There is a presence of ** or ~* on the file.
5. There are back to back tildes ~~
6. There is no star between 2 tildes, Example ~DTP~ or ~N3~
7. ISA16 is followed by ~
8. Star and tilde back to back ~*

If you have any questions, please contact the

***** ERROR ***** ERROR ***** ERROR *****
----- Ending isaproc.bat -----
01/11/06 03:51:02 pm
----- Ending Log Entry -----
    
```

Important information for ERA users!

If you receive Electronic Remittance Advice (ERA) reports via the Highmark Medicare Services LAN, then the 835 files will be placed in the 835 subdirectory for the specified ISA. This folder will also contain “Out of Balance” and “Forced Balance” files.

These files are named the same as the 835 file, but have an .oob or .fb extension to denote “Out of Balance” or “Forced Balance”. The .fb file is a notification of a forced balance, which does not require any action on your part. **The .oob file is a notification that the 835 ERA is out of balance and may require action by you. It is the provider’s responsibility to retrieve and read these reports. If a file is out of balance, the .oob file is the only notification you will receive.**

This is an example of a Forced Balance file:

```
BREAK FOR xxxxxxxx
SYSTEM DATE: 3/06/2006 10:56AM           835 4010-A1 FLAT FILE
CYCLE: 3/06/2006

                                OUT OF BALANCE RPT

PROVIDER NUMBER: xxxxxxxx
PROVIDER NAME:

***THIS PROVIDER REMITTANCE ADVICE BALANCED***
```

This is an example of an Out of Balance file:

```
MAFD8085RB2-A1                        00366
PAGE: 1
RUN: 4010 835 OUTBOUND ERROR/STATISTICS REPORT
CYCLE: 3/06/2006

PROVIDER: xxxxxxxx

          DCN          PATIENT          CLM          OUT OF
          ADJUSTMENTS  LAST NAME    /LN          BALANCE AMT    SUBMITTED
          PAID-AMT

-----
-----
                                ERA BALANCES
```

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To continue submitting electronic claims and retrieving electronic reports, you were required to submit new EDI Enrollment Forms by February 15, 2006 and complete the testing and migration process by March 1, 2006.

If you have not yet submitted new EDI Enrollment Forms and migrated, we will make every accommodation possible to help you meet the March 31, 2006 deadline. Please act immediately to avoid a cash flow problem.

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.highmarkmedicare.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.

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.highmarkmedicare.com/parta/edi/ddevendor.html>.

15 Days Remaining

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If you have not yet submitted new EDI Enrollment Forms and migrated, we will make every accommodation possible to help you meet the March 31, 2006 deadline. Please act immediately to avoid a cash flow problem.

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.**

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 to those who enroll for ERA by completing the ERA Enrollment Form (8286). 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.highmarkmedicareservices.com/parta/edi/techsup.html>

Attention PC-ACE Users

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.

The electronic claims file created by PC-ACE PRO32 is called **trans.dat**. When transmitting, users will find the trans.dat file in the local PC info side of the WinFTP screen in the X:\Winpceac directory where X is the drive where the PCACE PRO32 program is installed.

EDI Testing Required

After completing the EDI enrollment process, EDI testing may 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.

<http://www.highmarkmedicareservices.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.

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

- 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) Medical Manager, Ivans and VisionShare will continue; however, EDI enrollment is required.
- Real-time Eligibility through HDX and Passport 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.)
- 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.
- Customers using secure Direct Data Entry (DDE) connections via Emdeon (WebMD) Medical 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.

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.

Frequently Asked Questions

For answers to frequently asked questions regarding the EDI transition, please visit the Highmark Medicare Services website at <http://www.highmarkmedicare.com/parta/edi/transition-faq.html>.



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