



In this Issue

EDI Helpdesk Support	2
www.highmarkmedicare.com ...	2
EDI and DDE Vendor Lists	2
Daily Activities for Using the Highmark Medicare Services LAN	3
File Processing Schedule	3
Report Retention	3
Retrieving and Reading the Results File	4
Important Information for ERA Users	5

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 Platform was successfully completed on March 31, 2006. Thank you for your responsiveness, which helped to make the transition a success.

Access Requests, Password Resets, and Support for the Fiscal Intermediary Shared System (FISS)

Access Requests

In accordance with the CMS security policy, the FISS Logon ID is not to be used by anyone other than the assigned user. Highmark Medicare Services requires that every user of the Fiscal Intermediary Standard System (FISS) must have a unique Logon ID for greater accountability and security. The password is not to be revealed to anyone, including Supervisors and Managers.

Providers who are requesting access to FISS for the first time or need changes to their present access must complete the appropriate FISS Access Request Form, which is available on our website at:

To make changes to your present access:

<http://www.highmarkmedicare.com/parta/fiss/fiss-change.html>

To request access for the first time:

<http://www.highmarkmedicare.com/parta/fiss/fiss-new.html>

When completing your FISS Access Request Form, please provide a detailed business purpose for requesting access (i.e., billing, correcting claims). Please allow **at least** ten business days for processing.

Note: HIQA access for beneficiary eligibility is automatically provided when requesting FISS access.

Password Resets

- To reset your FISS password, please contact the Technical Assistance Center (TAC) at 1-800-561-2802.
- If at any time you believe someone has used your Logon ID, contact the Technical Assistance Center at 1-800-561-2802 to have it suspended immediately and then use the Form to Request a Medicare Part A Logon ID to have a new one established.

Continued on Page 2

EDI Helpdesk Support

Now that the EDI transition is complete, there is one toll-free telephone number to use for **all** of your EDI assistance and support needs.

The correct EDI telephone number is:

1-866-488-0546, option 2.

Please use this telephone number **for Medicare Part A EDI assistance.**

<http://www.highmarkmedicare.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 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>.

Access Requests, Password Resets, and Support for the Fiscal Intermediary Shared System (FISS)

Continued from Page 1

Support

- If you have questions or require assistance when using FISS, please call the Provider Contact Center at 1-866-488-0545.
- If you have questions about your DDE connection or response time, please contact your Secure DDE Vendor.

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\XXXXXX\XXXXXX\BXXXXX.PRD
Volume in drive I is PUB
Volume Serial Number is A7A4-224A

Directory of i:\isa\XXXXXX\XXXXXX

01/26/2006  01:21 PM           699,062 B390067.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 M 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\XXXXXX\XXXXXX\BXXXXX.PRD passed EMC edits, and successfully
copying to +010x096\prod\261350 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\BXXXXX\XXXXXX\XXXXXX.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
```