



Xchange

Migrating to a New EDI Front-End Platform in July 2007

Medicare In this Issue

**EDI Front-End Platform
Transition News..... 1-12**

**Business As Usual News Starts
At The Bottom of Page 12**

I Submitted An EDI Enrollment Form. When Can I Start Billing Electronically?12

News Bytes13

Institutional Value Code Changes13

NPI: Get It. Use It. Share It. ...13

Medicare FFS NPI Implementation Contingency Plan Announced13

Reporting Tips14

PC-ACE Pro32 Version 1.83 Upgrade Available14

Are You Using The Most Current EDI Enrollment Forms?14



is published by Medicare EDI Services for 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. Bulletins are available at no cost from our website at: <http://www.highmarkmedicare.com>

CPT codes, descriptors and other data only are copyright 2005 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS apply.

Starting in July 2007, there will be a new EDI Platform. The Stratus Telecommunication Server will function as the new EDI Front-End Platform at Highmark Medicare Services. Stratus will replace the existing Part A EDI Front-End Platform, which includes the Highmark Medicare Services LAN and the Frame-Relay, Wide Area Network (WAN), and Network Data Mover (NDM) connection methods. This new EDI Platform will create one, streamlined method for electronic billing to Highmark Medicare Services for both Medicare Part A and Part B. For those customers who currently bill Pennsylvania Medicare Part B claims electronically, you are already experiencing the benefits and reliability that the new EDI Platform will provide for Medicare Part A EDI billers.

Medicare EDI Services is committed to providing Efficient, Direct, and Intelligent service and support to all EDI billers—and migrating to the new Stratus Telecommunications Server is another approach to honoring this commitment to you, our EDI customers.

Important information regarding the EDI Front-End Migration is contained within this newsletter. Please read this newsletter carefully and start preparing for these changes now to avoid negatively impacting your cash flow.

New EDI Submitter and Login ID Required for the new EDI Platform

A new EDI Submitter ID and Login ID will be issued to you in July 2007. This new Submitter ID and Login ID, along with a customer-controlled password, will be required to connect to your new EDI mailbox on the new EDI Front-End Platform.

Additionally, the new Submitter ID will need to be submitted in the X12N 837 Institutional Claim File and the X12N 276 Claim Status Inquiry Transactions you send to Highmark Medicare Services. The new Submitter ID will also be contained in any EDI transactions (X12N TA1, 997, 835, 277) that Highmark Medicare Services returns to you.

Here's some important information about the new Submitter ID, Logon ID, and customer-controlled password:

- The EDI Submitter ID is a seven-position, unique numeric value and must be reported in ISA06 and GS02. Medicare EDI Services will assign this number to you.
- The Login ID is a seven-position, unique alpha-numeric value, beginning with the standard value of PRJxxxx, where xxxx may contain a numeric or alpha numeric value. Medicare EDI Services will assign this number to you. This will also become your unique mailbox for all EDI transactions and functions.

Article Continued on Page 12



Summary of Major Changes Due to New EDI Front-End Platform

- A new Submitter ID, Login ID, and customer-controlled password will be required to connect to the new EDI Front-End Platform. Billing Services and Clearinghouses will be assigned a Submitter ID, and all providers currently billing via a Billing Service or Clearinghouse will be linked to the Billing Service/Clearinghouse's newly-assigned Submitter ID. Medicare EDI Services will assign this number to you.
- A separate transmission is required for each X12N 837I transaction. (i.e., only one ISA-IEA per transmission).
- Only one X12N transaction type (i.e., 837I or 276) can be sent in one transmission. To submit electronic claims and submit claim status inquiries, one transmission must be sent containing the 837I transaction and a separate transmission must be sent containing the 276 transaction.
- EDI files transmitted to the new EDI Front-End Platform must be sent as a "streaming" X12N data file, or one continuous string. This applies to both the X12N 837I and the X12N 276 transactions. Highmark Medicare Services will return the X12N TA1 Interchange Acknowledgment, X12N 997 Functional Acknowledgment, X12N 277 Claim Status Transaction, and the 835 Electronic Remittance Advice (ERA) to you as a "streaming" X12N data file.
- The new Submitter ID must be reported in the ISA06 **and** GS02 of your EDI transactions. If the Submitter ID in the ISA06 **and** GS02 do not match, the file will be rejected.
- Communication software for dial-up modem submissions will be required for dial-up customers, including PC-ACE customers. If you do not currently possess communication software, you will need to acquire a software program. The cost and support of any communications package is the responsibility of the submitter.
- The WinFTP software program that Highmark Medicare Services has distributed in the past will no longer be provided or supported.
- Zipped files will not be accepted for processing. Do not send a zipped file or it will be rejected.
- The PC-ACE Pro32 and PC-Print Medicare billing/ERA printing software programs will continue to be offered. However, communication software will be required in order to dial-up and connect to the new EDI Front-End Platform. Additionally, the PrintLink mapping feature within the PC-ACE software program will no longer be supported, effective immediately.
- **EDI Reports and ERA will only be available for retrieval for five business days.** This means that you will need to develop a daily routine for retrieving all EDI reports and ERA in a timely manner to ensure you retrieve the reports and ERA before they are no longer available. Once the five business days expire, you will not be able to retrieve your reports or ERA.
- EDI Report Changes:
 - The Results Report will be eliminated. The Results Report will be replaced by a TA1 Interchange Acknowledgment if an interchange control structure error is identified.
 - The existing 997 Functional Acknowledgment will continue to be provided at the same frequency it is today.
 - The IG Edit Report will continue to be provided and it will include two reports: Accept Report and Reject Report. **For Pennsylvania Part A customers**, the IG Edit Report **will include a new "Accept"** report in addition to the current "Reject" report. **For Maryland Part A customers**, the IG Edit Report **will only contain** the "Accept" and "Reject" reports in the future; the other sections within the current IG Edit Report will no longer be provided.
 - The Accept/Return-to-Provider (RTP) Reports (for Pennsylvania Part A only) will continue to be provided; however, this report will **only be available electronically** for EDI billers. The Accept/RTP Report will no longer be available in hardcopy for electronic billers.
 - The ERA will continue to be provided, and the Out-of-Balance and Forced Balance Reports will continue to be provided to you in conjunction with an ERA. However, Out-of-Balance and Forced Balance Reports **will only be reported when an actual out-of-balance or forced balance ERA is detected.**

New System Operation Hours for the New EDI Front-End Platform

The new EDI Front-end Platform is accessible 24 hours a day, 7 days a week. However, **our business day ends at 4 PM.** (This is a change from the current 4:45 PM end of business day under the existing EDI Front-End Platform.) **EDI files submitted after 4 PM on any business day are not considered “received” until the next business day. EDI files submitted on a non-business day are not considered “received” until the next business day or as published.**

The new EDI Front-end Platform allows for multiple transmissions within one day by assigning a unique Interchange Control Number in ISA13 for each transmission. If you are not sure how to assign a unique submission number, please contact your vendor or in-house programmer for instructions.

NOTE: In the unlikely event that you wish to submit claims via modem, but the system is unable to receive claims due to scheduled system maintenance or an outage, you will receive a busy signal, an unanswered ringing, or a message “Host Unavailable.” We do not anticipate that this will happen with any frequency. However, good system design mandates planning for every possibility.

Direct Data Entry (DDE)

Direct Data Entry (DDE, which is sometimes referred to as FISS access) allows users to verify beneficiary eligibility, enter claims directly into the FISS Medicare processing system, verify claim status, and perform claim correction. DDE connectivity will **not** be supported through the new EDI Front-End Platform.

Attention Pennsylvania Part A DDE

Customers: The current DDE process for Pennsylvania Part A EDI providers will remain available through the Highmark Medicare Service LAN and Frame Relay/Wide Area Network (WAN) until further notice.

Attention Maryland Part A DDE

Customers: The current DDE process for Maryland/DC Part A providers will not change. You will continue to access DDE/FISS the same way you do today through third-party Secure DDE Vendors. This EDI Front-End Migration to the Stratus Telecommunication Server will not impact your current DDE setup. This migration impacts EDI billing via X12N transactions only.

EDI File Format Requirements for the New EDI Front-End Platform

There are a few file format requirements for electronic billing using the new EDI Front-End Platform. **Please prepare for these changes now to avoid negatively impacting your cash flow.**

- A new Submitter ID, Login ID, and customer-controlled password will be required to connect to the new EDI Front-End Platform. The new Submitter ID must be reported in the ISA06 and GS02 of your EDI transactions. If the Submitter ID in the ISA06 and GS02 do not match, the file will be rejected.
- A separate transmission is required for each X12N 837I transaction. (i.e., only one ISA-IEA per transmission).
- Only one X12N transaction type (i.e., 837I or 276) can be sent in one transmission. To submit electronic claims and submit claim status inquiries, one transmission must be sent containing the 837I transaction and a separate transmission must be sent containing the 276 transaction.
- EDI files transmitted to the new EDI Front-End Platform must be sent as a “streaming” X12N data file, or one continuous string. This applies to both the X12N 837I and the X12N 276 transactions. Highmark Medicare Services will return the X12N TA1 Interchange Acknowledgment, X12N 997 Functional Acknowledgment, X12N 277 Claim Status Transaction, and the 835 Electronic Remittance Advice (ERA) to you as a “streaming” X12N data file.
- Zipped files will not be accepted for processing. Do not send a zipped file or it will be rejected.

Connecting to the New EDI Platform

Dial-up via a Modem

Starting in July, you can connect to the Stratus Telecommunication Server, the new EDI Front-End Platform, and transmit your electronic transactions using our 56K modem line. The 56K modem line is also equipped with downspeed capability, so even if your modem isn't capable of achieving 56K, you will still be able to communicate with our system. Analog or digital modem lines can be used to connect to the Medicare telecommunication server. DSL, Cable modem, and Voice-Over Internet Protocol (VOIP) connections **cannot** be used to connect to the Medicare telecommunication server. The 56K modem line for electronic transmissions is:

(717) 214-7376

A Communications software program, such as HyperTerminal or Procom Plus, for dial-up modem submissions will be required for dial-up customers--including PC-ACE customers. (These are only examples of possible communication software programs. Medicare does not recommend or endorse any particular product.) If you do not currently possess communication software, you will need to acquire a software program. The cost and support of any communications package is the responsibility of the submitter.

Technically speaking, the modem transmission is based on American Standard Code for Information Interchange (ASCII)/Asynchronous Transmission (TTY or TTY-Compatible). You may utilize a modem that incorporates Microcom Networking Protocol (MNP) error correction capabilities, or you may utilize a non-MNP modem if Z-Modem Data Integrity Protocol is incorporated. The communication line set up between the computer and modem requires the following for asynchronous transmission:

- **2-Two start bits.** (Signals that a frame is starting and enables the receiving device to synchronize itself with the message.)
 - **1-One stop bit.** (Signals the end of the data frame.)
 - **8-Eight data bits.** (Consists of a group of eight bits when character data is being transmitted.)
 - **N-No parity.** (Transmission error detection.)
 - **Full duplex** should be implemented to allow data to be sent in both directions at the same time.
- * It is required to have **X-ON/X-OFF flow control** implemented on remote sites. This implementation should occur between remote Data Terminal Equipment (DTE) and Data Communications Equipment (DCE).

Alternative Third-Party Secure Connection for Large Volume Billers Only

File Transfer Protocol (FTP) is a method for transferring data, which is especially beneficial for transferring large volumes of data. FTP will only be available to existing Part A EDI billers who currently connect to Highmark Medicare Services via a Frame Relay, Wide Area Network (WAN), or Network Data Mover (NDM) connection.

If you are an existing Part A EDI biller who currently connects to Highmark Medicare Services via a Frame Relay, Wide Area Network (WAN), or Network Data Mover (NDM) connection, we will contact you about your future connectivity options, which may require connection via a third-party secure connection or AT&T Global Network (AGNS). If the volume of data for transfer necessitates an alternative connection method and you choose to use this alternative connection option, FTP will be available to you. Otherwise, you will need to use the dial-up connection method.

Attention WinFTP Users: WinFTP is an FTP software program for transferring data that Highmark Medicare Services has provided in the past to submitters. This program is currently used to send or receive files to and from the Highmark Medicare Services LAN. With the migration to the new EDI Platform, this program is no longer required and will not be provided. Submitters using the new dial-up modem connectivity option may choose from a vast array of communications packages offered in the consumer marketplace. HyperTerminal and ProComm Plus are just two examples of communication software programs that are available commercially. Submitters using an alternative connection method that permits the use of FTP may choose from a vast array of FTP programs offered in the consumer marketplace. The cost and support of any Communication or FTP program is the responsibility of the submitter.

Transmission Bulletin Board Menu for the New EDI Platform

The following information describes how to log onto the new EDI Platform, which is known as the Stratus Telecommunication Server. Please refer to these instructions for connecting to the new EDI Platform, which will be available in July 2007 (and not sooner). The Login ID depicted in this example is for example purposes only; your Submitter and Login ID will be mailed to you in July 2007.

Login Screen with Login Prompt:

| |
|---|
| Welcome to Direct Access Services Electronic Mail Claims Network LOGIN: prj0000 (Press Enter) |
|---|

Login Screen with Password Prompt:

| |
|--|
| Welcome to Direct Access Services Electronic Mail Claims Network PASSWORD: (Press Enter) |
|--|

IMPORTANT: Passwords must be entered in lower case and MUST be eight characters long. Passwords must contain numbers and letters, but no special characters or the Login ID. Passwords should be changed every 30, 60 or 90 days.

Security Message on the Transmission Bulletin Board:

When you dial-in to Medicare to submit and/or retrieve electronic transactions, you will receive the following message after you login using your Login ID and password, but before you make a menu selection:

“This system is for the use of authorized users only. This system may be monitored to ensure proper operation, to verify authorized use and security procedures, and similar purposes. Your use of this system constitutes consent to such monitoring. Unauthorized attempts to change or copy information, to defeat or circumvent security features, or to utilize this system for other than its intended purposes are prohibited and may result in disciplinary and/or legal action.”

Transmission Bulletin Board Menu

After you connect to the new EDI Platform, a user-friendly menu is displayed to access your mailbox and conduct EDI transactions. Please use the following instructions to navigate the new Bulletin Board Menu, which will be available in July 2007 (and not sooner).

| To Submit/Retrieve the Following Transactions/Miscellaneous Options: | Select the Following: |
|--|-----------------------|
| X12N 837I Claim Transaction | S |
| X12N 276 Claim Status Inquiry Transaction | S |
| X12N TA1 Interchange Acknowledgment | G |
| X12N 997 Functional Acknowledgment | G |
| IG Edit Report | A |
| Accept/Return-to-Provider (RTP) Report (Pennsylvania Part A Only) | A |
| X12N 277 Claim Status Response | X277 |
| X12N 835 ERA Transaction | R |
| ERA Out-of-Balance Report | A |
| ERA Forced Balance Report | A |
| Change Your Customer-Controlled Password (Every 30, 60, or 90 Days) | C |
| View Help Information | H |
| Logoff | L |

| |
|---|
| Welcome to Direct Access Services Electronic Mail Claims Network Please select one of the following: S)ubmit Claims Data G)et Confirmation A)cquire MCS Edit Report R)etrieve Reconciliation C)hange Password H)elp L)ogoff Enter Letter of Selection=> |
|---|

EDI Reports Based on the New EDI Platform

The transition to the new EDI Platform will bring some changes to the existing EDI reports. After migrating to the new EDI Platform, the following reports will be generated for EDI billers:

- TA1 Interchange Acknowledgment (replaces the existing Results Report when a TA1 error is detected)
- X12N 997 Functional Acknowledgment
- IG Edit Report
- Accept/Return-to-Provider (RTP) (for Pennsylvania Part A only)
- X12N 835 Electronic Remittance Advice (ERA) (for those providers who are enrolled for ERA)
- Out of Balance and Forced Balance Reports (when an out-of-balance or forced balance ERA is detected)

All EDI Reports and ERA are only available for retrieval for five business days, so it is important for you to retrieve your EDI Reports and ERA in a timely manner. The EDI Report and ERA can be reset for you as many times as needed during those five days. However, **once the five days expire, the EDI reports and ERA are no longer available and cannot be reset or recreated for you.**

To retrieve the EDI Reports and ERA from the new EDI Front-End Platform, use the menu option associated to the respective EDI Report/ERA. Please refer to the “*Transmission Bulletin Board Menu*” section of the *Transmission Bulletin Board Menu for the New EDI Platform article* on Page 5 for details.

Results Report

To streamline the EDI reports, the Results Report will be eliminated with the transition to the new EDI Platform.

X12N TA1 Interchange Acknowledgement

The X12N TA1 Interchange Acknowledgement will be generated **if** an interchange control structure error is identified. For Pennsylvania and Maryland Part A customers, the TA1 will be generated for you immediately and remain available for five business days. The TA1 replaces the existing Results Report.

Please read the Using the TA1 Interchange Acknowledgment article on Pages 8-9 of this newsletter for detailed information.

X12N 997 Functional Acknowledgement

The X12N 997 Functional Acknowledgement will continue to be generated for you at the same frequency you are already accustomed. For Pennsylvania Part A customers, the 997 will be generated approximately one hour after transmitting your file and remain available for five business days. For Maryland Part A customers, the IG Edit Report will be available the next business day and remain available for five business days.

The 997 verifies that the transmission was received and indicates whether the transmission was accepted or rejected, test or production.

- If the transmission is accepted, the file has successfully passed the initial edits. Your file will be forwarded for secondary editing and the IG Edit Report will be created for you.
- If the transmission is rejected, the errors must be corrected and the entire claim file must be retransmitted. The claims will not be forwarded for secondary editing, but the IG Edit Report will be generated. Your claims will not be processed in FISS.

IG Edit Report

The MEDATRAN Implementation Guide (IG) Edit Report will continue to be generated for you at the same frequency you are already accustomed. For Pennsylvania Part A customers, the IG Edit Report will be generated approximately one hour after transmitting your file and remain available for five business days. For Maryland Part A customers, the IG Edit Report will be available the next business day and remain available for five business days.

The IG Edit Report indicates whether your claims will be accepted or rejected for processing consideration.

- If the file/batch/claim is accepted, the file/batch/claim has successfully passed the secondary edits. The file/batch/claims that are accepted will be forwarded to the FISS Medicare processing system for processing and payment consideration.
- If the file/batch/claim is rejected, the file/batch/claim errors must be corrected and resubmitted. Any file/batch/claims that are rejected will not be forwarded to the FISS Medicare processing system for processing or payment consideration.

Accept/Return to Provider (RTP) Report (Pennsylvania Part A Only)

The Accept/Return-to-Provider (RTP) Report will continue to be generated for Pennsylvania Part A only at the same frequency you are already accustomed. However, **this report will only be available electronically for EDI billers; it will no longer be available in hardcopy for electronic billers.** For Pennsylvania Part A customers, the Accept/RTP Report will be generated on a daily basis and remain available for five business days.

X12N 835 Electronic Remittance Advice (ERA)

The X12N 835 Electronic Remittance Advice (ERA) will continue to be generated for you at the same frequency you are already accustomed. For Pennsylvania Part A customers, the ERA will be generated on a daily basis and remain available for five business days. For Maryland Part A customers, the ERA will be generated on a weekly basis and remain available for five business days. If no claims finalize on a particular day/week, then the ERA will not be created for you that day/week.

The ERA indicates how your Medicare Part A claims were adjudicated.

Out-Of-Balance Report and Forced Balance Report

Both the Out-Of-Balance Report and Forced Balance Report will continue to be generated for you in conjunction with the X12N 835 version 4010.A1 Electronic Remittance Advice (ERA). However, these reports will be provided to you **ONLY** when an **actual** out-of-balance or forced balance is detected. For Pennsylvania Part A customers, the Out-Of-Balance Report/Forced Balance Reports will be available on a daily basis in conjunction with an Out-of-Balance or Forced Balance ERA and remain available for five business days. For Maryland Part A customers, the Out-Of-Balance Report/Forced Balance Reports will be available on a weekly basis in conjunction with an Out-of-Balance or Forced Balance ERA and remain available for five business days.

Using the X12N TA1 Interchange Acknowledgment

The X12N TA1 Interchange Acknowledgment, which will replace the existing Results Report, will be generated **if** an interchange control structure error is identified. For Pennsylvania and Maryland Part A customers, the TA1 will be generated for you immediately and remain available for five business days. The TA1 replaces the existing Results Report.

If the interchange control structure (header/trailer) of an X12N 837 or 276 transaction is not correct, the transmission will be rejected. The rejection will be indicated in Segment TA1 Data Element 04 with an “R,” which indicates the file was rejected. An example of a TA1 Interchange Acknowledgment rejection is displayed below.

```

ISA*00*                *00*                *27*00865                *ZZ*9999999
   *070420*1358*U*00401*704205810*0*P*:
TA1*000000659*070420*1346*R*023  <= The “R” indicates a rejection.
IEA*1*704205810
    
```

If a TA1 rejection is generated, your file will be rejected, and it will not be forwarded for additional editing or to the Medicare processing system for processing or payment consideration. A list of potential TA1 rejections is charted below.

| TA1 Error | Requirement |
|---|--|
| No Action. The period in the file name is replaced with an ‘E’ character. | The file data must start with the string the following string: ISA |
| TA105 - 022: Invalid Control Structure | Each input file must contain <u>one and only one</u> ISA – IEA X12 groups. |
| TA105 - 004: Invalid Segment Separator TA105 - 026: Invalid Element Separator TA105 - 027: Invalid Composite Separator | The ISA element, composite, and segment separators will be validated as follows: <ul style="list-style-type: none"> ■ The X12 Element separator must be an Asterisk (*). ■ The X12 Segment separator must be a Tilde (~). ■ The composite separator can be any character <u>except</u> for the following: Period, Dash, Space, 0 through 9, A through Z, and a through z. ■ The Segment Separator in the ISA in position 106. ■ The Composite Separator in the ISA in position 105. ■ The Element Separators in the ISA are in positions: 4, 7, 18, 21, 32, 35, 51, 54, 70, 77, 82, 84, 90, 100, 102, and 104. |
| TA105 - 004: Invalid Segment Separator TA105 - 026: Invalid Element Separator TA105 - 027: Invalid Composite Separator | The segment, element, and composite separators must be all be unique from one another. For example, the segment separator must be unique from the element and composite separators, the element separator must be unique from the segment and composite separators, and the composite separator must be unique from the segment and element separators. |
| TA105 - 026: Invalid Element Separator | The element separator must be the same character in the fixed positions of the ISA segment. The ISA fixed element separator positions are: 4, 7, 18, 21, 32, 35, 51, 54, 70, 77, 82, 84, 90, 100, 102, and 104. |

A list of potential TA1 rejections continued from Page 8 is charted below.

| TA1 Error | Requirement | | | | | | | | |
|---|---|-------------|-------------|-----|----|-----|----|-----|----|
| TA105 - 004: Invalid Segment Separator TA105 - 026: Invalid Element Separator TA105 - 027: Invalid Composite Separator | No elements within the ISA can contain a segment, element, or composite separator character. | | | | | | | | |
| TA105 – 005: Invalid Interchange Sender Qualifier | The ISA05 Interchange Sender ID Qualifier must equal: 01, 02, 03, 04, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36,37, AM, NR, SN, or ZZ. | | | | | | | | |
| TA105 - 006: Invalid Interchange Sender | The ISA06 must be an <u>exact</u> match of an existing Submitter ID. For example, an exact match means that 12345 will <u>not</u> match 0012345. | | | | | | | | |
| TA105 – 007: Invalid Interchange Receiver Qualifier | The ISA05 Interchange Receiver ID Qualifier must equal: 01, 14, 20, 27, 28, 29, 30, 33, or ZZ. | | | | | | | | |
| TA105 - 009: Unknown Receiver ID | The ISA08 must equal either 00363 for Pennsylvania Part A or 00366 for MD/DC Part A. The two leading zeros are significant and must be included or a rejection will occur. | | | | | | | | |
| TA105 - 010: Invalid Authorization Information Qualifier | The ISA01 Authorization Information Qualifier must equal “00” or “03.” | | | | | | | | |
| TA105 – 016: Invalid Interchange Standards Identifier | The ISA11 Interchange Control Standards Identifier must equal “U.” | | | | | | | | |
| TA105 – 017: Invalid Interchange Version ID Value | The ISA12 Interchange Control Version must equal “00401.” | | | | | | | | |
| TA105 – 019: Invalid Acknowledgement Request Value | The ISA14 Acknowledgement Requested must equal “0” or “1.” | | | | | | | | |
| TA105 - 020: Invalid Test Indicator | The ISA15 Usage Indicator must contain a ‘T’ or ‘P’ indicating whether the file is a Test or Production File. | | | | | | | | |
| TA105 – 024: Invalid Interchange Content | <p>The GS01 Functional Group ID must be the same in all GS segments within the ISA-IEA envelope. Valid GS01 values are: HC, HR, and FA. The ST01 must correspond to the GS01 as follows:</p> <table border="0" data-bbox="938 1409 1243 1556"> <thead> <tr> <th data-bbox="938 1409 1013 1440"><u>ST01</u></th> <th data-bbox="1166 1409 1243 1440"><u>GS01</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="938 1455 987 1486">837</td> <td data-bbox="1182 1455 1230 1486">HC</td> </tr> <tr> <td data-bbox="938 1493 987 1524">276</td> <td data-bbox="1182 1493 1230 1524">HR</td> </tr> <tr> <td data-bbox="938 1530 987 1562">997</td> <td data-bbox="1182 1530 1230 1562">FA</td> </tr> </tbody> </table> | <u>ST01</u> | <u>GS01</u> | 837 | HC | 276 | HR | 997 | FA |
| <u>ST01</u> | <u>GS01</u> | | | | | | | | |
| 837 | HC | | | | | | | | |
| 276 | HR | | | | | | | | |
| 997 | FA | | | | | | | | |
| TA105 - 006: Invalid Interchange Sender | The GS02 element in all GS segments in an 837 or 276 file must equal the ISA06 element. | | | | | | | | |
| TA105 – 024: Invalid Interchange Content | At least one GS segment must be present in the file. | | | | | | | | |
| TA105 - 022: Invalid Control Structure | There must be at least one ST Segment, and the ST01 must equal 837, 276, or 997. | | | | | | | | |
| TA105 - 023: Premature End of File | The X12N file must end with an IEA segment. | | | | | | | | |
| TA105 – 001: Interchange Numbers Don’t Match | The IEA02 Interchange Control Number must equal the ISA13 Interchange Control Number. | | | | | | | | |

File Naming Convention for EDI Reports

The new EDI Front-End Platform incorporates a unique file naming convention for EDI reports and ERA that is specific to the Submitter ID (which will be assigned to you in July 2007), which ensures that your specific reports are distributed to your secure, unique mailbox. Each file name specifies your current contract, your EDI Submitter ID, a Julian Date/Time, a “retrieval” indicator, and the file extension.

NOTE: The new file naming convention will eliminate the need for you to “rename” your files once you migrate to the new EDI Front-End Platform.

Examples are below of the new file naming convention as well as an explanation of the file name structure:

| Example of a Report File Name Waiting for Retrieval | Example of a Report File Name That Has Already Been Retrieved |
|--|--|
| CC_XXXXXXXX_JJJHHMMSS.XXX | CC_XXXXXXXX_JJJHHMMSSsXXX |

| Element | Element Description |
|--------------|---|
| CC | Represents the contract ID: PA or MD. |
| XXXXXXXX | Represents your unique EDI Submitter ID Number. |
| JJJHHMMSS | Represents the Julian Date and Time that the report or file was placed into your mailbox. |
| • (a period) | Represents a “retrieval indicator,” which depicts that the report or file is awaiting retrieval. After retrieving the report or file, the period will change to an “s” to indicate the report or file has already been sent (retrieved). This feature prevents you from accidentally “retrieving” the same report or file again. (If you happen to need a file again after it’s already been retrieved, contact the EDI Helpdesk and request the report or file to be reset.) |
| XXX | Represents the type of report or file to be retrieved. |

| Report/File Type | File Name For PA/MD EDI Billers | Menu Option |
|-------------------------------------|--|-------------|
| X12N TAI Interchange Acknowledgment | PA and MD: PRJ_Y_SSSJJJ.HH (SSSJJJ.HH same as input file) | G |
| X12N 997 Functional Acknowledgment | PA: PA_XXXXXXXX_JJJHHMMSS.997 MD: MD_XXXXXXXX_JJJHHMMSS.997 | G |
| IG Edit Report | PA: PA_XXXXXXXX_JJJHHMMSS.IGR MD: MD_XXXXXXXX_JJJHHMMSS.IGR | A |
| Accept/RTP (PA Part A Only) | PA: PA_XXXXXXXX_JJJHHMMSS.ARJ MD: Not Applicable | A |
| X12N 835 ERA | PA: PA_XXXXXXXX_JJJHHMMSS.835 MD: MD_XXXXXXXX_JJJHHMMSS.835 | R |
| ERA Out-Of-Balance Report | PA: PA_XXXXXXXX_JJJHHMMSS.OOB MD: MD_XXXXXXXX_JJJHHMMSS.OOB | A |
| ERA Forced Balance Report | PA: PA_XXXXXXXX_JJJHHMMSS.FBA MD: MD_XXXXXXXX_JJJHHMMSS.FBA | A |
| X12N 277 Claim Status Response | PA: PA_XXXXXXXX_JJJHHMMSS.277 MD: MD_XXXXXXXX_JJJHHMMSS.277 | X277 |

Attention PC-ACE Customers Using PrintLink

Effective immediately, Highmark Medicare Services will no longer support the PrintLink feature in PC-ACE Pro32, which allows a claim file from another software program to be imported into PC-ACE Pro32 and mapped into the proper X12N format for transmission to Medicare. This means we will no longer provide support for new or existing PrintLink mapping (.map) files. Although we will no longer support PrintLink, the following alternatives are available:

- Contact SDI, the PC-ACE Pro32 software vendor, for the creation or support of mapping files to use with PC-ACE Pro32. This service can be provided, for a fee, directly from the vendor to the submitter. For Print Image Import Mapping Services from SDI, please visit the following website for information and instructions: <http://www.system-designs.com/plink.htm>. If you have any questions after reviewing SDI's website, you may contact SDI at either 904-260-9220 or the SDI Help Desk at 904-482-0631.
- PC-ACE Pro32 can accept a HIPAA-compliant ANSI X12N claim file. If your other billing system is able to create a valid X12N claim file, it can be imported into PC-ACE Pro32.
- Enter claims directly into PC-ACE Pro32.
- Select another HIPAA-compliant billing software program or contract with a billing service or clearinghouse.

PC-ACE Pro32 is a low-cost software program available to Medicare Part A providers. The purpose of the software program is to enable Medicare Part A providers to submit Medicare Part A claims electronically. The PrintLink feature is outside the general purpose of the low-cost software program.

Who to Call for Help

For assistance, please use the following information to reach the appropriate contact.

Call your **Software/Hardware Vendor** for the following:

- Communication software to connect to the new EDI Front-End Platform
- Communication software assistance if modem does not dial or connect with Highmark Medicare Services
- File Transfer Protocol (FTP) software
- Assistance with error messages in software billing program
- Questions on reports generated by software program (Pre- or post-billing reports)

Call Medicare EDI Services at 1-866-488-0546, option 2 for the following:

- Enroll as EDI biller
- Enroll for Electronic Remittance Advice
- Transmission protocol and bulletin board access information
- X12N Implementation Guide Questions
- Reset EDI reports or questions about EDI reports generated by Highmark Medicare Services
 - X12N TA1 Interchange Acknowledgment
 - X12N 997 Functional Acknowledgment
 - IG Edit Report
 - Accept/RTP Report (PA Part A Only)
 - X12N 835 Electronic Remittance Advice (ERA)
 - Out-Of-Balance and Forced Balance Reports
- PC-ACE and PC-Print Software Support (excluding PrintLink support)

New EDI Submitter and Login ID Required for the new EDI Platform, continued from Front Page:

- The customer-controlled password must be exactly 8 characters in length, must contain both numbers and letters (any combination totaling 8), must be entered in lower case (no capital letters), cannot contain the Login ID (i.e., PRJ number) and must be changed periodically (every 30, 60, or 90 days). The first time you log on to the new EDI Front-End Platform, you will be prompted to assign a password.

Attention Billing Services, Clearinghouses, and EDI Billers Using a Billing Service/ Clearinghouse: Billing Services and Clearinghouses will be assigned a Submitter ID, and all providers currently billing via a Billing Service or Clearinghouse will be linked to the Billing Service/ Clearinghouse's newly-assigned Submitter ID. This streamlined approach will enable Billing Services and Clearinghouses to submit/retrieve one file for all of their clients at the same time. For EDI reports and ERA, Billing Service and Clearinghouses must parse and distribute EDI Reports and ERA to its respective clients.

For those customers who currently bill Pennsylvania Medicare Part B claims electronically, this is parallel to how you are enrolled for EDI billing. **Please prepare for these changes to avoid a negative impact to your cash flow.**

This concludes the EDI Front-End Platform Transition portion of the EDI Part A Xchange.

I Submitted an EDI Agreement Form. When Can I Start Billing Electronically?

You sent an EDI Agreement Form and you're anticipating the benefits of electronic billing. But when can you start billing electronically?

EDI Agreement Forms are processed in the order that they are received. Please allow at least ten business days for processing. We recommend EDI Enrollment Form(s) be submitted via the mail even though it will add a few days to the process to allow sufficient time for the forms to reach our office. If you fax your EDI Agreement Form(s), the forms must be clear and legible. The EDI Agreement Form is a legal document, so if the forms are blurred, cut off, have lines going through them, or anything else that compromises the integrity of the form, it will be returned to you. Therefore, it is best to send your EDI Enrollment Form(s) via the mail.

Once the EDI Agreement Form is processed and approved, we will notify you by mail regarding the outcome of your request. If you requested to bill Medicare directly, the information will be mailed to you. If you requested to use a Billing Service or Clearinghouse, the notification will be mailed to the Billing Service or Clearinghouse.

If you have any questions, please call an EDI Analyst at 1-866-488-0546.

Institutional Value Code Changes

Effective July 1, 2007, Providers who bill for Medicare services with X12n 837 institutional claim transactions can no longer use Value codes A1, A2, A7, B1, B2, B7, C1, C2, C7. Direct Data Entry claims will also not accept these Value codes.

The National Uniform Billing Committee has restricted the use of these Value codes to paper claims only. For more details, please read the CMS MLN Matters article at: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5411.pdf>

NPI: Get It. Use It. Share It.

Now that you have obtained your NPI, you should be submitting it on your electronic claims. Currently, Medicare accepts the National Provider Identification Number (NPI) for HIPAA inbound 837 claims and 276 claim status inquiry transactions and returns the NPI on the HIPAA 835 and 277 claim status response.

When submitting EDI claims with the NPI, use the Identification Code Qualifier XX in the NM108 and enter the NPI in the NM109. We strongly encourage you to also continue to submit your Medicare Legacy Provider number in the REF segment with the appropriate qualifier. Use the 1C qualifier for reporting the Medicare Legacy Provider number. Share your NPI with other providers, health plans, or any other entity that may need it for billing purposes.

Medicare Fee-For-Service (FFS) NPI Implementation Contingency Plan Announced

CMS has announced an NPI Contingency Plan. Please read the related MLN Matters article at: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5595.pdf> on the CMS website. This information will also be available shortly on the dedicated CMS NPI webpage. A national NPI Roundtable on this topic is scheduled for May 10, 2007 from 2-3:30 PM EDT.

As always, more information and education regarding NPI can be found on the CMS NPI webpage at: www.cms.hhs.gov/NationalProvIdentStand. Providers can apply for an NPI online at: <https://nppes.cms.hhs.gov> or can call the NPI Enumerator to request a paper application at: 1-800-465-3203.

Getting an NPI is free - not having one can be costly.

REPORTING TIPS

PC-ACE Pro32 Version 1.83.0.300 Upgrade Available via Internet Download

PC-ACE Pro32 is a Medicare software product that offers the ability to prepare Medicare Part A HIPAA compliant electronic claim files. To provide the most up-to-date information within PC-ACE Pro32, the product is updated quarterly. The last upgrade was released April 30, 2007. This upgrade includes the PC-ACE Pro 32 Version 1.83.0.300 and the Service Pack Download. To streamline the distribution process, the PC-ACE Pro32 software program is available via an internet download. This internet download is available free of charge for all new and existing PC-ACE Pro32 customers.

As of September 5, 2006, there is a quarterly \$25 shipping and handling fee for all PC-ACE Pro32 requests via CD-ROM. This fee will be billed at \$100 annually, covering the initial shipping and handling of the CD-ROM and the shipping and handling for any additional upgrades issued within the next year. To save time and money for you and the Medicare program, we strongly encourage you to download this program when enrolling or upgrading. If you are interested in more information about PC-ACE Pro32 or would like to enroll to begin using this product, please visit our website at:

<http://www.highmarkmedicareservices.com/parta/edi/pace32.html>. The PC-ACE Pro32 Release Newsletter can be viewed on our website at:

<http://www.highmarkmedicareservices.com/parta/edi/qtrly-pace-newsletters.html>

If you have questions or require additional assistance, please contact an EDI Analyst at: 1-866-488-0546, option 2.

Are You Using The Most Current EDI Enrollment Forms?

EDI Enrollment Forms are often updated to ensure the most recent data is collected. It is important that you use the most recent version of any EDI Enrollment Form when enrolling for EDI or updating your existing EDI Status. **Effective July 1, 2007, Medicare EDI Services will begin to return all EDI Enrollment Forms received that contain a form revision date older than September 2006.** The form revision date is located in the lower left-hand corner of all EDI Enrollment Forms.

Before completing and submitting an EDI Enrollment Form, please visit: www.highmarkmedicareservices.com and download the most recent version of all EDI Enrollment Forms. This will ensure you are completing and submitting the most recent version of the EDI Enrollment Forms.