

TEAMPRAXIS EDI UPDATE

Medicare Transition from Noridian to Palmetto GBA

Due to the Medicare blackout period for processing claims, the final processing of claims to Noridian EDI is scheduled for July 29, 2008 at 10:00 PM. We strongly recommend that providers submit as many Medicare claims as possible prior to this deadline to ensure claims are on the payment floor for processing by Noridian Medicare prior to the transition. According to Noridian Medicare, the payment floor will be reduced to 0 days during this period and an ERA for these claims should be generated by July 30-31.

During the blackout period, from July 30, 2008 through August 3, 2008 no claim files should be generated on the system. You can continue generating and sending files for other payers but must hold off on generating any Medicare electronic claims generated on form 441. During this period, we will be updating the system to meet the Palmetto GBA requirements.

Effective August 4th, you can resume the generation and staging of Medicare electronic claim files and we will begin uploading files to Palmetto GBA.

IMPORTANT: If you have not already submitted your EDI Enrollment form to Palmetto GBA, there may be an interruption in your claims processing and your cash flow may be affected in August. Please submit your paperwork as soon as possible.

Misys PM Updates that you can expect to see during this transition.

Update to the Staging of Medicare Files

When accessing the Medicare EDI User menu, Option **52) PRXMEDC - Medicare 837**

The following message is currently being displayed when staging your Medicare 441 files

NOTE: This message will be displayed up through the blackout period.

IMPORTANT NOTICE

PALMETTO TRANSITION
Medicare Claims Processing "Blackout"

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Please DO NOT generate Form 441 (Medicare) claims during the blackout period.
The blackout period is as follows:

From: Tuesday, July 29, 2008, 10:00PM
To : Sunday, August 3, 2008, 11:59PM

During this time, we will be updating the system to generate Medicare claims that meet Palmetto requirements.

Press the Enter key to continue ...

Updates to the Insurance Company File

The following changes will be made on July 30th to insurance company 1 (Medicare Participating).

- Field 2) Name The name as specified in your practice will remain the same.
- Field 4) Address The address will be updated to the Palmetto GBA Address
- Field 5) Phone The phone number will be updated to the Palmetto GBA Customer Service number
- Field 11) Ins co ID's The ID 00833 in the second slot will be replaced with 01202
- Field 39) Print ins address *The name and address printing will be left as is.

To omit the printing of the name and address, update the field from 'Y' to 'N'.

Note: There is a separate address for Medicare Secondary claims which will not be entered in the system. Providers can either send the secondary claims to the same address as the primary (to be forwarded to the MSP department) or separate and send to the MSP department directly. (The address is provided under the section **Palmetto GBA Claims and Contact Information.**)

*Per Palmetto GBA the name and address should not be printed on the CMS 1500; however, they have advised that claims should not be returned to the provider for this reason. Because of this, we will continue to print the name and address.

Note: Form 441 will continue to be used for Medicare electronic claims.

Form 5 will continue to be used for Medicare CMS 1500 claims.

First Screen:

pts/45 001 Company 1		CHG INS CO (2)		53 7/23/08 17.23			
-----+-----+-----+-----+-----+-----							
*1) Ins co #	1	2) Name	MEDICARE PARTICIPATING				
-----+-----+-----+-----+-----+-----							
3) Addt'l Name		*14) Form #	441	MEDICARE E			
4) Address	PO BOX 1051	*15) Alt form	5	CMS-1500 (
		*16) Alt ins co #					
	AUGUSTA	GA 30903-1051					
5) Phone	866 931 3901	0					
		0	18) Use alt ins addr		1		
6) Ins type	2	*Filing Indicator	2	19) Use pre-printed form			
*7) Id format	9	COMMERCIAL		20) Continue form	Y		
8) File as practice	N	Spec		21) Ins pay option	1		
9) Prac Id		Qualifier		22) Subtract paid amt			
10) Alt Prac ID		Qualifier		23) Dr id on line item	B		
11) Ins co id's	25	01202		24) Default BA	Y		
			*25) Default pat type				
12) Code slots:	Dr- 02	Diag-1	Proc-2	Mod-1	26) Pend Tax	Y	
	Tos-2	Pos-4	Loc-1	Rdr-02	IC id-2	27) Require Plan	N
	Dr type-1					28) Use DME split	
13) Clearinghouse	N						
Enter field to be changed]							
F1-Screen 1 F2-Screen 2 F3-Screen 3New Claims Filing Addresses							

Second Screen:

pts/45 001 Company 1		CHG INS CO (2)		53	7/23/08	17.27
-----+-----+-----+-----+-----+-----+-----						
*1) Ins co #	1	2) Name	MEDICARE PARTICIPATING			
-----+-----+-----+-----+-----+-----+-----						
36) Scroll policy id		Y	53) Percent to pay			00
37) Print BA box		Y	54) Aftercare slot			01
38) Print loc as practice			55) Time unit definition			N
39) Print ins address		Y				
40) Print proc name						
41) Print DX name			58) Use 8-digit/Y2K date format			N
42) Print DX indicator		M				
43) Print DOS as onset date						
44) Print VL comments		Y				
48) Mand line posting		N				
49) COB		Y				
52) MMI id	0000001					
Enter field to be changed]						
F1-Screen 1 F2-Screen 2 F3-Screen 3						

Updates to Electronic Claims Submission and Reporting

With the transition to Palmetto GBA, the individual submitter Id that you are currently using (Example: HI01234) will no longer be used to submit claims. The TeamPraxis clearinghouse Id (CH00041) will replace your submitter ID and the NPI will be used for reporting your electronic claim batches.

In return, providers will no longer receive Claims Confirmation (GENRPT) and Batch Detail Control Listing (BDCL) reports. These reports were specific to Noridian processing. Palmetto GBA will instead return a Acknowledgement (997) and a Response (RSP) report for each file uploaded. The Response (RSP) report will replace the GENRPT and BDCL reports and will detail file, batch, and claim level edits.

If you have any questions regarding the reports please refer to the Palmetto GBA GPNet Edits Manual located on our TeamPraxis' website www.teampraxis.com/help_desk or Palmetto GBA's website www.palmettogba.com/j1 under the EDI section.

Sample RSP Report with No Errors

rEDI-link - Claim Acceptance Response			
Response Date: 2008/07/14 Response Type: INITIAL Response Time: 18:22:03			
SENDER: XMCARE	GATEWAY PRODUCTION NETWORK (GPNET)		
PAYOR: 00833	HI,AM SAMOA,GUAM,N.MARIANAS		Format: ANSI
SUBMITTER	ID: CH00041	FILE ID: 337312	Status: ACCEPTED/PROD
Total Claims:	6	Charges:	\$1000.00
Claim Rejects:	0	Charges:	\$0.00
-----+-----+-----+-----+-----+-----+-----			
PROVIDER	ID: 0123456789	BATCH ID: 3600-3 0001	Status: ACCEPTED/PROD
Total Claims:	6	Charges:	\$1000.00
Claim Rejects:	0	Charges:	\$0.00
END OF REPORT			

Sample RSP Report with File Errors

rEDI-link - Claim Acceptance Response

Response Date: 2008/07/14 Response Type: INITIAL Response Time: 15:53:42

SENDER: XMCARE GATEWAY PRODUCTION NETWORK (GPNET)
PAYOR: C99999 Format: ANSI

SUBMITTER ID: CH00041 FILE ID: 057659 Status: REJECTED/PROD
Total Claims: 4 Charges: \$579.92
Claim Rejects: 4 Charges: \$579.92
R MSG-V02 Payor ID is invalid ISA-08
R MSG-V01 Invalid Interchange Qualifier ID for payor ISA-07
R MSG-Z04 Application Sender Code must = APP sender ID GS -02
R MSG-V04 Submitter ID invalid NMI-09
R MSG-183 FILE REJECTED - NO ACCEPTED BATCHES

PROVIDER ID: 1234567890 BATCH ID: 819601 0001 Status: REJECTED/PROD
Total Claims: 4 Charges: \$579.92
Claim Rejects: 4 Charges: \$579.92
R MSG-Y3G NPI SUBMITTED NOT ON CROSSWALK 2010AA >1234567890
R MSG-V0B EMC Enrollment required HL= REF-02
R MSG-Y1K BILLING PROVIDER SSN OR EIN NOT ON CROSSWALK REF-NM

PATIENT: TEST CLARE PCN: 0000750991 Status: REJECTED
INSURED: ID: 555123333A

First DOS: 2007/03/22 Charges: \$125.65 Payor: C99999
R MSG-X0B NPI NOT ON CROSSWALK IN 2310B LOOP > 1234567890

PATIENT: TEST CLARE PCN: 0000785551 Status: REJECTED
INSURED: ID: 555123333A

First DOS: 2007/05/16 Charges: \$125.65 Payor: C99999
R MSG-X0B NPI NOT ON CROSSWALK IN 2310B LOOP > 1234567890

PATIENT: TEST CLARE PCN: 0000827201 Status: REJECTED
INSURED: ID: 555123333A

First DOS: 2007/06/27 Charges: \$125.65 Payor: C99999
R MSG-X0B NPI NOT ON CROSSWALK IN 2310B LOOP > 1234567890

PATIENT: TEST CLARE PCN: 0000858421 Status: REJECTED
INSURED: ID: 555123333A

First DOS: 2007/08/15 Charges: \$202.97 Payor: C99999
R MSG-X0B NPI NOT ON CROSSWALK IN 2310B LOOP > 1234567890

END OF REPORT

Updates to CMS 1500 Form Printing

1. Omission of Insurance Name and Address on Form
If the insurance update (indicated under the insurance updates) is made to not include the name and address, the top right portion of the CMS 1500 will be left blank.
2. Printing of the NDC
If the NDC number is currently printed on the claims, the formatting will change. The printing of the NDC number will be reported in the following format to meet the CMS 1500 guidelines specified by Palmetto GBA.

Claim before change

ZZ#00703-3524-03 DECADRON 1 MG

06 17 08 11 J1100

ZZ#58063-0797-25 PALONOSETRON HCL (ALOXI)

06 17 08 11 J2469

Claim after change

N400703352403 DECADRON 1 MG

06 17 08 11 J1100

N458063079725 PALONOSETRON HCL (ALOXI)

06 17 08 11 J2469

ERA Processing and Reporting Delays

As a result of the transitioning of claims processing from Noridian to Palmetto GBA, the electronic remittance advice (835) files will also be affected. There is an expected delay in receiving the 835 files from Palmetto GBA.

Once Palmetto starts processing the claims, they will resume the payment processing floor window as follows:

EMC Claims: 14 business days

Hard Copy Claims: 28 business days

Therefore, for Medicare claims submitted electronically on August 4th, there is a possibility that we will not receive any electronic remittance advice (835) until August 18th.

In addition, once we start receiving ERA files from Palmetto GBA, there may be programming changes necessary to process the files and generate an ERA Report. Please be assured that we will make every effort to process the files in a timely manner so that they are available to you.

Palmetto GBA Claims and Contact Information

Provider Contact Center

Call Center Hours: 7 AM – 5 PM (PST)

Claims Mailing Address

J1 MAC – Palmetto GBA
PO Box 1051
Augusta, GA 30903-1051

Medicare Secondary Payer

J1 MAC – Palmetto GBA
PO Box 1687
Augusta, GA 30903-1687

Electronic Data Interchange (EDI)

(866) 749-4301

Customer Service

(866) 931-3901

Part B IVR

(866) 931-3903

TTY

(866) 931-3902