

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 sent on the system. You can continue generating and sending files for other payers but must hold off on sending any Medicare electronic claims generated. During this period, we will be updating the system to meet the Palmetto GBA requirements.

Effective August 4th, you can resume normal processing of Medicare electronic claim files and we will begin uploading files to Palmetto GBA. However, any Medicare claim batches that were generated throughout the blackout period (July 30 – August 3) will need to be regenerated before sending. This must be done in order to update the files to meet the Palmetto GBA requirements.

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.

ConnxtMD Updates that you can expect to see during this transition.

Updates to the Insurance Company File

The following changes will be made on July 30th to insurance company Medicare (payer# 697/plan# 3229)

Payer Name	The name Medicare will remain the same.
Address	The address will be updated to the Palmetto GBA Address 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)
Phone	The phone number will be updated to the Palmetto GBA Customer Service number
Paper Claim Form	The form will be updated to Palmetto Medicare, effective August 3 rd

Microsoft Internet Explorer - Edit Payer

devtest2.connmd.com

Edit Payer

Key: 697 Name: MEDICARE Country: United States

Short Name: MEDICARE Claim Name: MEDICARE

Office Phone: (866)931-3901 Office Fax: Contact Phone:

Contact Name: Contact Title:

Street Address: PO Box 1051

City: Augusta State: GA Zip Code: 30903-1051 #

Start Date: 01/01/1900 End Date:

Do Not Use
 Assess Tax on Claims
 Suppress Claims

Primary: Electronic Secondary: Electronic Tertiary: Electronic

Paper Claim Form: Palmetto Medicare

Plans	Payer Classes	Payer Numbers			
Key	Name	Address	City	State	Zip Code
2819	MEDICARE A ONLY	PO BOX 8709	Fargo	ND	58108-8709
3192	MEDICARE B IP	PO BOX 9040	Cleawater	FL	33755
2039	MEDICARE NON PARTICIPAT	PO BOX 3497	Honolulu	HI	96802
3229	MEDICARE PARTICIPATING	PO Box 1051	Augusta	GA	30903-1051
3173	MEDICARE SUPPLEMENT IN	VFW CLAIMS OFFIC	Kansas City	MO	64111

Add Edit

Save Close

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.

On August 3rd, the submitter Id(s) that are currently defined in the PIN tables for Medicare (payer# 697) will be updated from the existing Hlxxxx number to the business NPI for the practice.

Before update:

PIN Detail (*)

PIN Selection Pay-To Entity Other Information

Business: ConnatMD Test Practice Provider: Connatmd, Doctor PIN Value: HPTAN

Facility: (all) Group PIN Value: HGROUPTAN

Payer: MEDICARE (#697) Submitter ID: HI01234

Plan: CLIA Number:

NOTE: Since the Payer is implied by a Plan selection, either a Payer or a Plan may be selected (but not both) in the key of a PIN detail entry.

Save Close

After update:

The screenshot shows a window titled "PIN Detail (*)" with three tabs: "PIN Selection", "Pay-To Entity", and "Other Information". The "PIN Selection" tab is active. It contains several fields:

- Business: ConnxtMD Test Practice
- Provider: Connxtmd, Doctor
- Facility: (all)
- Payer: MEDICARE (0007)
- Plan: (empty)
- PIN Value: HPTAN
- Group PIN Value: HGROUPPTAN
- Submitter ID: BUSINESSNPI (highlighted with a blue circle)
- CLS Number: (empty)

 A note at the bottom states: "NOTE: Since the Payer is implied by a Plan selection, either a Payer or a Plan may be selected (but not both) in the key of a PIN detail entry." Buttons for "Save" and "Close" are at the bottom right.

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 an 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 use the ConnxtMD Links page to access Palmetto GBA's website www.palmettogba.com/j1 under the EDI Section.

Sample RSP Report with No Errors

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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

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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
    
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Sample RSP Report with File Errors

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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 NM1-09
    
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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

Updating Medicare EMC Claim Batches for Palmetto GBA

Any Medicare EMC claim batches that may have been generated prior to the transition to Palmetto GBA will need to be regenerated to meet the requirements of Palmetto GBA. To regenerate a Medicare claims batch you will highlight the batch and click on the action menu item to Regenerate Batch. Then you may continue processing as normal.

Updates to CMS 1500 Form Printing

There are 2 significant changes that will be made to the printing of the CMS 1500 form.

1. Omission of Insurance Name and Address on Form

The name and address will no longer be printed on the CMS 1500 forms for Palmetto GBA claims. This was a requirement by Palmetto GBA.

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.

Example:

N400703352403 DECADRON 1 MG

06 17 08 11 J1100

N458063079725 PALONOSETRON HCL (ALOXI)

06 17 08 11 J2469

Additional Changes:

Box 4: If this is a live donor claim, the recipient's name (as entered in the Claim Fields tab on the ticket) will be printed.

Box 7: If the patient and subscriber are different, but they have the same address, "SAME" will be printed.

Box 11a: For secondary/tertiary claims, DOB & gender will be filled in only if the patient is not the subscriber.

Box 19: If the claim contains procedure(s) with Not Otherwise Categorized (NOC) drug codes, the NOC info will be printed in the format [NDC-code drug-description dosage unit-of-measure].

If there are test results, the test result info will be printed in the format [identifier-code/qualifier-code/result-value].

If there are anesthesia times, the anesthesia time will be printed.

The priority for printing will be NOC, test results, anesthesia times, and other text.

Box 24a: NDC printing as indicated above.

Box 24h: Always left blank for Palmetto Medicare.

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