

Novitas Solutions e-News

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Novitas Solutions, Inc. A/B MAC Electronic Billing Newsletter

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Part A Providers: We Heard You! Claim Status is Here!

Part A Providers: We've heard your requests! You've been asking for access to Part A Claim Status within Novitasphere, and we are happy to announce this feature is here!

With the October 3, 2019 release, Part A users now have access to search claim status within the portal, going back over two years. The feature provides details such as billed and paid amounts, check number, status and finalized date, as well as patient claim information and line item details. Also, users have the capability to save or print claim status information via a "PDF" icon.

Visit the Novitasphere Center now to enroll, or to review our reference materials!

- [JL Novitasphere Center](#)
- [JH Novitasphere Center](#)

Does Your Staff Want Access to Novitasphere?

Everyone who accesses Novitasphere, our free, secure internet portal, is required to create and use their own unique User ID in the Enterprise Identity Management (EIDM) system. Once the Novitasphere Enrollment form has been processed for your Organization, the Office Approver as listed on the form must first create their own User ID and setup the Organization in EIDM. Only then can additional staff request access.

When requesting access to your Organization, only the person listed as the Office Back-Up Approver on the Enrollment form should request the appropriate Provider Office Back-Up Approver, or Billing Office Back-Up Approver role (for Billing Services and Clearinghouses). All other staff who are accessing Novitasphere are considered "End Users", and will select that role.

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Novitas Solutions e-News is published by Novitas Solutions, Inc.'s EDI Services for providers, 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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To gain access to Novitasphere, staff must complete the following steps.

1. Create a User ID and Password
 - [JL Instructions](#)
 - [JH Instructions](#)
2. Request Novitasphere Role
 - [JL Office Approver Steps](#)
 - [JL Office Back-Up Approver, and End User Steps](#)
 - [JH Office Approver Steps](#)
 - [JH Office Back-Up Approver, and End User Steps](#)
3. End User requests will be approved by the Office Approver or Office Back-up Approver.
 - [JL Steps to Approve End Users](#)
 - [JH Steps to Approve End Users](#)

Important reminders:

- **All users are required to log in to Novitasphere portal at least once every 30 days to maintain access.** Logging into the Enterprise Identity Management (EIDM) system at <https://portal.cms.gov> to reset your password or approve users does **not** meet the 30 day requirement. Any user IDs that do not meet this requirement will be considered inactive and the Novitasphere role will be removed. After a role is considered inactive and removed, you will be required to re-request the Novitasphere role in EIDM to re-gain access to Novitasphere.
- Sharing of User IDs is prohibited. Users who share their ID will be disabled from using Novitasphere for two weeks. To regain access, the owner of the ID must contact the Novitasphere Help Desk. Users who are identified as sharing their ID three times will have their ID permanently disabled and will no longer be permitted to access any EIDM system applications, including Novitasphere.

Successfully Upload Documentation through Novitasphere

Novitasphere allows users to upload documentation for many different types of transactions instead of sending them via fax or mail.

Quick tips for an easy document submission:

- Submission size must be less than 200 MB for all documents and no single document may exceed 100 MB.
- Do not password-protect documents. Documents that are password protected are accepted thru Novitasphere, but cannot be processed due to the password protection.

- Documents must be in PDF or TIF formats. Files with invalid extensions will not be accepted. Examples include .Auditor, .mcax, .AuXML.

Detailed instructions for all the features are also available on our website:

- [Novitasphere Part A User Manual \(PDF\)](#)
- [Novitasphere Part B User Manual \(PDF\)](#)

Reminders Regarding Inactive Submitter IDs

Are you wondering why you received a letter indicating your submitter ID has been removed from EDI's files? The process to remove inactive submitter IDs is a privacy measure, and ensures our EDI records are up to date.

EDI Submitters that are considered inactive will be removed from our files when at least one of the following criteria is met:

- No claims have been submitted by the submitter in over a year.
- The submitter is not linked to any providers.
- The submitter is only approved in a HIPAA transaction version that is no longer accepted.
- The submitter was setup for a contract that they have not conducted business in.
- Novitasphere enrollment process was not fully completed.

Upon removal from our files, a letter will be issued to the Submitter address on file. This letter is informational only, and no action is necessary on your part.

Helpful Tips on Responding to ASCA Reviews

As part of the Administrative Simplification Compliance Act (ASCA), Medicare contractors are required to monitor and enforce the ASCA regulations. Novitas Solutions conduct a post-payment based quarterly analysis of paper claim receipts. Following the analysis, a letter will be mailed to the providers who submitted a high volume of paper claims the previous quarter.

When responding to the ASCA quarterly reviews, please remember these tips:

- The response should be sent on company letterhead within 30 calendar days of the date of the letter.
- The Provider Transaction Access Number (PTAN)/National Provider Identifier (NPI) must be included.
- The reason why you meet the requirements for ASCA waiver must be included. A list of applicable situations is included in the letter.
 - Stating you have less than 10 full time employees will not allow for waiver without proof.

- As noted in the letter, suggestions for proof for small office (less than 10 full time employees) would include payroll information for your employees.
- If you are an office with no employees, please state that in your response.
- Medicare Secondary Payer (MSP) claim submission does not warrant ASCA waiver. MSP claims can be sent electronically via 837 claim files, or submitted through Novitasphere portal via the Direct Data Entry (DDE) option for Part B providers.
- Tertiary claims should include date of service for the patient.

If no response to the initial letter is received, a 45 day follow-up letter will be sent. After 90 days with no response, you will become EDI required as of the 91st day, and no paper claims will be accepted. More information about ACSA can be found in Chapter 12 of the EDI Billing Guide:

- [Chapter 12 EDI Billing Guide JL](#)
- [Chapter 12 EDI Billing Guide JH](#)

A B Billing MSP Claims Electronically

Billing Medicare Secondary Payer (MSP) claims, where one primary payer is billed prior to Medicare, does not meet the exceptions for submitting paper claims, as noted in the article above.

Therefore, it is necessary to understand the proper way to **submit MSP claims electronically**.

Listed below are the steps to bill Medicare as a secondary insurer:

- Submit the claim to the primary insurer.
- Retrieve the primary explanation of benefits (EOB).
- Create the Medicare claim using your software, or by using the DDE feature in Novitasphere for Part B Providers.
- Add the primary information from the primary EOB in the electronic claim file. This should include any payments, adjustments, the name and address of the insurer, and date processed.
 - **NOTE: the primary insurer's EOB should not be sent to Novitas Solutions. All information should be populated within the fields of the electronic claim.**
- Submit the electronic claim to Novitas via your Network Service Vendor, Billing Service, Clearinghouse, or through Novitasphere.

More information on MSP field requirements is available in the EDI Billing Guide, Chapter 14:

- [JL Chapter 14](#)
- [JH Chapter 14](#)

If you are unsure where to report the primary payment information on your electronic claim, please contact your third party software vendor.

Access the MSP Checklists to assist you in determining if your claim is meeting all of the requirements.

- [JL Part A](#)
- [JL Part B](#)
- [JH Part A](#)
- [JH Part B](#)

How ERA Can Benefit Your Office

When Medicare claims are submitted, a remittance advice is generated that explains the payment and any adjustment(s) that may have been made to a payment during the adjudication process. The remittance advice includes key information about the payment, assists you in identifying any additional action that may be necessary, and provides input to your accounting systems for reconciliation.

The remittance advice is issued either in an electronic or paper format. While the information found in both formats is similar, by receiving the **Electronic Remittance Advice (ERA)**, your office can **save time** and **decrease administrative burden**. ERA also increases the security of your patient's information, by downloading via secure connection and encrypting the data.

There are **increased efficiencies** and **time-saving benefits** when offices switch to receiving an ERA including:

- No mail time or delays
- Less paper shuffling
- Access to FREE Medicare translation software:
 - PC Print for Part A
 - Medicare Remit Easy Print (MREP) for Part B
 - ABILITY | PC-ACE for Part A and B
- Faster account reconciliation through electronic posting
- Ability to export data electronically to other applications
- Search capabilities to locate individual claim information
- Ability to view and print for as many or as few claims as needed. This is especially helpful when forwarding the claim information to a secondary payer.

If you're **not enrolled for ERA**, check out these quick steps and **get setup today!**

- [How to Enroll for ERA JL](#)
- [How to Enroll for ERA JH](#)

For help understanding the ERA, please review our training guides [Part A](#) and [Part B](#).

A CWF Eligibility Transactions Eliminated for New and Reinstated FISS Users

Effective August 1, 2019, beneficiary eligibility information [must be obtained through the HIPAA Eligibility Transaction System \(HETS\) system](#). This is part of the CMS effort to transition providers and third party billing agencies from using the Common Working File (CWF) transactions: HIQA, HIQH, ELGA, and ELGH. Part A Medicare Administrative Contractors (MAC) are no longer processing requests for direct access to the (CWF) eligibility transactions. Looking ahead, HETS will be the only source for this data.

How to Obtain Beneficiary Eligibility Details through HETS:

1. Contacting the Interactive Voice Response (IVR)
2. Enrolling for direct access to the CMS HETS system in order to submit and receive the HIPAA compliant 270/271 transactions
3. Enrolling for access to Novitasphere, our FREE secure internet portal

By enrolling in Novitasphere, users not only have the ability to obtain beneficiary eligibility and benefits information, but also have access to numerous other features such as Electronic Batch Claim Submission, Electronic Remittance Report (ERA) file downloads, Credit Balance Report Submission, MBI Lookup Tool, Medical Review Information, Print Remittance Advice Copies, Submit Appeals, Immediate Recoupments and much more!

To get started with Novitasphere enrollment, visit the Novitasphere Portal Center at:

- [JL Novitasphere Center](#)
- [JH Novitasphere Center](#)

A Annual FISS Recertification

The Centers for Medicare & Medicaid Services (CMS) requires annual recertification of every user that has access to the Fiscal Intermediary Shared System (FISS) using Direct Data Entry (DDE) and/or Health Insurance Query Access (HIQA). Novitas Solutions will mail letters to Part A providers who have active DDE user(s) due to be recertified. These letters contain a list of the user(s) associated with the institution's Provider Transaction Access Number (PTAN) that are due to be recertified. As a reminder, if you have a billing agreement with any third party billing entity, those logon IDs will be included in the list when they are due to be recertified. If an active FISS user is not on your letter, they are not due to be recertified at this time.

It is imperative that the instructions for completing the recertification are completed accurately and timely. The completed letters should be faxed to 1-877-439-5479. Any authorized or delegated official listed on the provider's CMS 855A enrollment record can recertify each of the individual user(s) within 30 days of the date of the letter. If you have recently changed authorized or delegated officials, please update that information with our Provider Enrollment

department. Please call (JL) 1-877-235-8073 option 4, or (JH) 1-855-252-8782 option 4, for more details.

Failure to return the letter accurately and timely will result in the user(s) losing access to that facility. The user(s) who lost access due to not being recertified will be required to submit a FISS application to regain access. To determine if a letter was mailed to your facility, to request a copy of the letter, or for any other questions, contact our EDI helpdesk at (JL) 1-877-235-8073, Option 3 or (JH) 1-855-252-8782, Option 3.

Attention ABILITY | PC-ACE Customers: **New Version 4.4 Upgrade Available**

ABILITY | PC-ACE is a software program that enables electronic billing for both Medicare Part A and Part B claims in a Health Insurance Portability and Accountability Act (HIPAA)-compliant format. To provide the most up-to-date information within PC-ACE, the software program is updated quarterly. The most current upgrade is PC-ACE Version 4.4, which was released on **October 7, 2019. Please take time now to upgrade immediately.**

To streamline the distribution process for software program upgrades, the PC-ACE software program is available via Internet download from our Web page ([JL](#)) ([JH](#)).

IMPORTANT: An installation password is required to install or upgrade the PC-ACE software. This password was provided to you in the new enrollment notification letter. If you do not have this letter, please contact an EDI Analyst to obtain the password. Please call 1-877-235-8073 if you are a JL customer or 1-855-252-8782 for JH customers. The password is needed for each quarterly upgrade or new installation; therefore, please keep it in a safe place where it is readily available.

The **Internet download is available free of charge** for all new and existing PC-ACE customers. The [PC-ACE Release Newsletter](#) includes a summary of changes with this upgrade.

If you would like more information about PC-ACE or would like to enroll and begin using this software program, please visit our Electronic Billing (EDI) Center on our [website](#).

Medicare Learning Network (MLN) Connects Articles

Claim Status Category and Claim Status Codes Update	
MLN Matters Number: MM11393	Related Change Request (CR): 11393
Related CR Release Date: August 23, 2019	Effective Date: January 1, 2020
Related CR Transmittal Number: R4377CP	Implementation Date: January 6, 2020
http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11393.pdf	