

## **Medicare Contractors**

HIGLAS will not change the basic role of Medicare contractors. Contractors will continue to be responsible for the Medicare claims processing activities they currently perform.

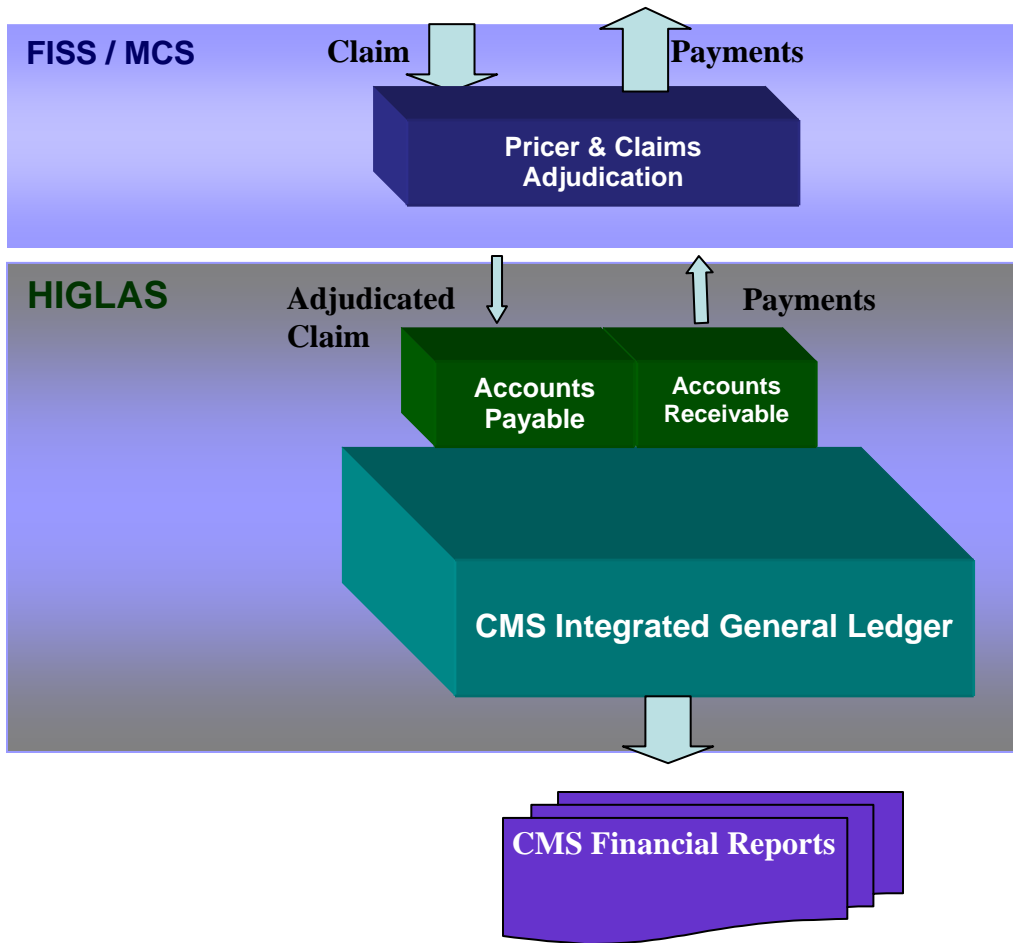
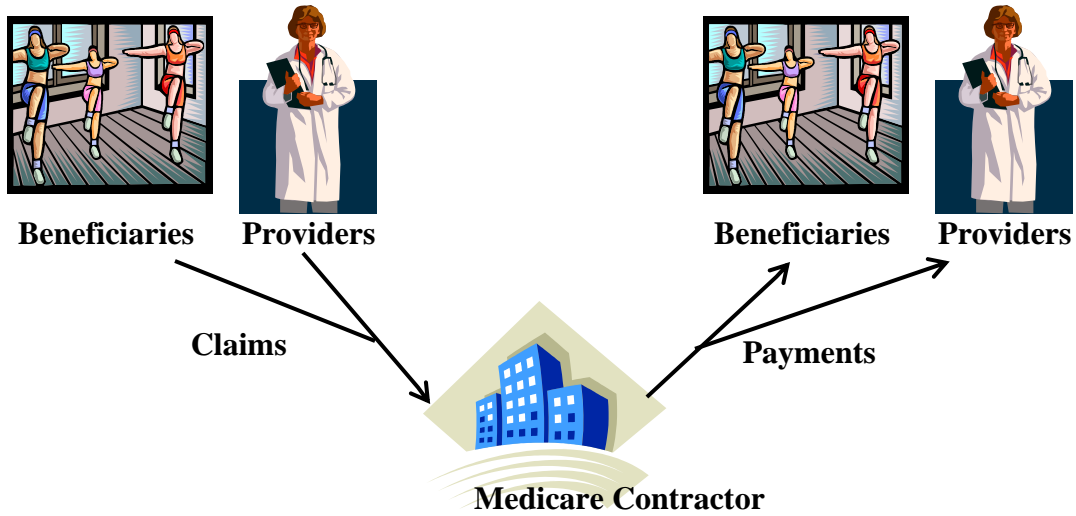
Accounting functions that are now executed in Medicare contractor selected shared claims processing systems will be incorporated into HIGLAS. For example, once a Medicare claim has been approved for payment, HIGLAS, not the selected shared system will perform the payment calculations, formatting, and accounting. The General Ledger feature in HIGLAS will give CMS enhanced oversight of contractor accounting systems and provide high quality, timely data for decision-making and performance measurement. Contractors will use HIGLAS to perform these functions on a daily basis.

HIGLAS will communicate with Medicare Contractors' shared systems to process claim billing information, provider profile information, beneficiary profile information, check reconciliation, payment information, and other claim related data. These Medicare Contractor shared systems are the Federal Intermediary Standard System (FISS) and the Multi-Carrier System (MCS).

FISS is a single standard Medicare Part A claims processing system used to process Medicare claims related to medical care provided by hospital and hospital based providers. FISS exchanges data with HIGLAS for accounting and processing Part A claims and some Part B claims.

MCS is a single standard Medicare Part B claims processing system used by a majority of Medicare Part B contractors to process Medicare claims related to non-hospital based physician care. MCS exchanges data with HIGLAS for accounting and processing of Part B claims.

### **HIGLAS Medicare Contractor Architecture:**



**Contractors Using HIGLAS:**

Under Wave-1, CMS transitioned six large Medicare Contractors to HIGLAS.

Palmetto Part A (Pilot 1)	May 4, 2005
Empire Part B (Pilot 2)	July 6, 2005
Empire Part A	August 5, 2005
First Coast Part A	September 9, 2005
Trailblazer Part A	November 4, 2005
Mutual of Omaha Part A	February, 2006

**Contractors Currently Transitioning to HIGLAS:**

Six new Medicare Contractor transitions are underway for Wave-2

Trailblazer Health Enterprise Part B	4th Quarter Fiscal Year 2006
Palmetto GBA Part B	1st Quarter Fiscal Year 2007
Highmark Part B	2nd Quarter Fiscal Year 2007
United Government Services Part A	3rd Quarter Fiscal Year 2007
Group Health Service of Oklahoma, Inc Part A	4th Quarter Fiscal Year 2007

**Transition Process:**

The HIGLAS transition period for a Medicare Contractor encompasses a six to nine month timeframe although schedule modifications may occur to extend the duration of individual contractor transitions. Below is an overview of the cutover process. For more information, contact 1-800-Medicare.

**Establish  
CMS/Medicare  
Contractor  
Transition Team**



**Develop a  
Transition Plan**



**Configure  
Medicare  
Contractor Site**



**Configure  
Data Center**



**Implement  
Connectivity and  
Telecommunications**



**Perform  
HIGLAS Test**



**Convert Medicare  
Contractor Data to  
HIGLAS**



**Perform Medicare  
Contractor  
Cutover to  
HIGLAS**

