# EDI News

March 2008

*To become more environmentally friendly, we will no longer distribute the EDI News via U.S. Mail.*

## Contents



PREMERA | BLUE CROSS

## Feature *Articles*

### EDI News Has *Gone Green*

To become more environmentally friendly, we will no longer distribute the *EDI News* via U.S. Mail. As of March 1, 2008 you can now view the *EDI News* on-line at *www.premera.com/Providers*. You also have the option to receive it via email by selecting a subscription via the provider portal at *www.premera.com*.

For comments, question or suggestions for an article or topic that you would like to see in the *EDI News*, call the EDI Team at 800-435-2715, or send us an e-mail at *edi@premera.com*.

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### NSF T0301 Format Targeted For Discontinuation

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) mandated that electronic claims billed be in the standard format of ASC X12N 837, version 4010A1. Clearinghouses, such as ours, were allowed to continue to accept proprietary and older standard formats as long as the formats were translatable to the HIPAA 837 compliant format. We currently translate the National Standard Format (NSF) version T0301 that some providers and billing agents currently use today.

Future mandates, including ICD-10 with expanded diagnosis coding, impact our ability to continue to translate the NSF T0301 to the HIPAA 837 format therefore, Premera will discontinue the NSF T0301 format in late 2008.

Our EDI team members are working with providers, software vendors and billing agents for transition to the HIPAA 837 format. If needed members of our EDI staff will provide a list of companies and clearinghouses that we have successfully worked with to assist you with transition to the HIPAA standard 837 format (version 4010A1).

If you have questions or concerns please contact an EDI representative by email at *edi@premera.com* or by phone at 1-800-435-2715.

# National Provider Identifier *(NPI)*

## Premera NPI Contingency Period Ends Soon

The Centers for Medicare and Medicaid Services (CMS) announced last year that the compliance date of May 23, 2007 did not change for the use of NPI in all standard electronic transactions, including claims submission, however a contingency plan was announced. Covered entities* could implement a contingency plan for up to a 12-month period where they would accept either the NPI or legacy ID.

Each covered entity determines contingency use and duration; however, the duration cannot exceed May 23, 2008. We currently process electronic claims for providers that include both NPI with Tax ID or Tax ID only, but the option of "Tax ID only" will not exist as of May 23, 2008.

If you are submitting an NPI for the Billing or Pay To provider, the Tax ID is required per the 837 HIPAA Standard Implementation Guide as the Provider Secondary ID. You can register your NPI at *www.onehealthport.com* to share your NPI with Premera and other participating health plans.

To view additional information regarding the NPI mandate, including a comprehensive question and answer document, visit *www.premera.com/Providers*.

**Under HIPAA a covered entity is a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction.*

## NPI Contingency Ends May 23, 2008 Clearinghouse Processing

In order to comply with the contingency period for NPI that becomes effective May 23, 2008, we will implement NPI validation edits. To prevent rejections of claims please complete all NPI changes to your system by May 22. This will insure that claims received by our clearinghouse on May 22, that are processed and sent on to other payers the morning of May 23, comply with all payer NPI processing edits. Beginning May 23, 2008 claims that do not contain the required NPI will be rejected. The claim rejections related to missing required NPI will be reflected on the following reports.

ANSI X12 837P submitters will see rejections on their 837 Transaction Error Reports.

NSF T0301 submitters will see rejections on their BCWARPT reports.

For NSF T0301 submitters, additional edits are being modified and instituted for the May 23, NPI date. Those modifications include:

- Removing the requirement for payer legacy billing numbers submitted in the BA0 record.
- Removing the requirement for payer legacy rendering provider numbers in FA0.23.
- Removing the requirement for legacy referring provider numbers in EA0.20 and/or EA0.21.

Effective May 23, 2008, the only provider identifier allowed by HIPAA is the NPI number.

Note that the Billing Provider Tax ID remains a required element for both the NSF T0301 and ANSI 837 format. When Pay to Provider is included in the claim file, the Pay to Provider Tax ID is also required in both formats.

If you are not submitting NPI or your software is not yet updated to handle NPI, now is the time to act.

## Noridian Mandatory NPI Reporting

***For All Medicare Part B Trading Partners***

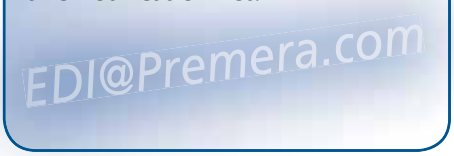
Effective March 1, 2008, Medicare fee-for-service claims must include an NPI in the primary provider fields on the claim (i.e., the billing, pay-to provider, and rendering provider fields). You may continue to submit NPI/legacy pairs in these fields or submit only your NPI.

The secondary provider fields (i.e., referring, ordering and supervising) may continue to include only your legacy number, if you choose. Failure to submit an NPI in the primary provider fields will result in your claim being rejected, beginning March 1, 2008.

In addition, if you already bill using the NPI/legacy pair in the primary provider fields and your claims are processing correctly, now is a good time to submit to your contractor a small number of claims containing only the NPI in the primary provider fields. This test will serve to assure your claims will successfully process when only the NPI is mandated on all claims by May 23, 2008.

## EDI Notification Process

We have implemented an email notification distribution process to improve our communication with our Trading Partners. Please email us at *EDI@Premera.com* or call us at 1-800-435-2715 with your email address, Tax ID, and Submitter ID to add your information to this notification list.




## Emdeon Payor Listing

We encourage you to obtain the most recent payor listing directly from Emdeon (formerly known as WebMD) on a monthly basis at: *www.emdeon.com*. Here is how to access this information:

- Page down to (Payor Lists) on right hand side
- Page down to (HIPAA Payor List)
- Choose (COMMERCIAL) from Option List on left hand side

Any payor ID that includes alpha and numeric values with the exception of Tricare (SCWI0) and HMA (TH049) defaults to zeros and will reject at Emdeon. A hardcopy listing of this information is available.

Contact any of our EDI representatives for a payor listing. Questions regarding the listing should be directed to the Emdeon Payor List Help Line at 1-800-933-6869 or their help desk at 1-800-845-6592.

## Trading Partner Information Update Request

Please contact an EDI representative to ensure we have your recent email address or whenever you update your software vendor, billing service, billing staff, office address or Tax ID. This will allow us to update your records and prevent delivery disruption of your 835 Electronic Remittance Advise (ERA) and electronic reports.

# PAYOR *Updates*

## Crossover Adjustment and Corrected Billing

When Premera is the secondary payer to Medicare (also known as Crossover claims) the claims are automatically sent to Premera after Medicare has processed the claims. Claims that were not included in the Crossover process were adjustment and corrected claims. Earlier this year adjustment and corrected claims were added to our crossover process from Medicare. Now that this process is in place you see these claims reflected on your Medicare Explanation of Benefits (MEOB) as being sent on to the secondary payer and will no longer need to be billed on paper.

**Important Note:** When a patient has Medicare as their primary payer and Premera as their secondary coverage, claims should not be submitted by the provider to Premera, and more specifically when the MEOB processing message indicates the claim was forwarded (or crossed over) to the secondary payer.

## 835 Electronic Remittance Advice Processing

Premera weekly payment processing occurs each Saturday, unless the end of month falls on a Friday. In this situation the weekly payment run will coincide with end of month payment processing on Friday.

Last year we began month-end payment processing in addition to routine weekly payment processing when the end of month falls on a Monday to Thursday.

Once payment processing is completed, the related 835 files are created and validated based on HIPAA Standards, then prepared for delivery to providers or their billing agents.

Following the Saturday routine weekly payment processing, 835 deliveries occur between noon on Wednesday and Thursday afternoon. Please note when holidays fall on a Monday or Tuesday, delay of the 835 file delivery may occur.

For more information about 835 electronic remittance advice, please contact the EDI Team by email at *edi@premera.com* or by phone 1-800-435-2715.

# EDI CONFIRMATION *Reports and Transactions*

## Clearinghouse Reports

Downloading the various clearinghouse reports from Secure Transport (ST) will help you avoid lost claims and eligibility errors. The reports contain rejected claim information. Verifying these reports against your office reports ensures accurate tracking of your claims. Please remember the following key points:

- Reports are only available online via ST.
- Retrieving (downloading) your reports regularly ensures notification that we have received your claims or if there were any rejections.
- Rejected claims are not processed; they must be corrected and re-billed.

### *Electronic Claim Transaction Report (BCWARPT) – Availability*

These reports are available for all electronic claim submitters regardless of claim format.

- On-line reports are available after 6 a.m. each day and contain claims processed as follows:
  - Files received by 3 p.m. Monday through Friday are processed in that day's cycle with the reports available the following morning.
  - Files received after 3 p.m. are processed the next working day with the reports available the following business day.
- **These reports are your only notification of claim receipt or of any rejections.**
- Six generations of reports are available:

  The **most recent transmission report is named 'BCWARPT'.** Older previous transmission reports are named **'BCWARPT1'** through **'BCWARPT5'**.

  (For each report file there is a compressed (.EXE) and an uncompressed version).

Note: A recent change was made to the PROCESS NOTES field title on this report, to **PROCESS NOTES / CH TRACKING NO.** This change was made to include and report back the unique claim number when sent by a clearinghouse or other billing agent in the HIPPA 837 professional claim transaction in Loop 2300, REF*D9 segment, to assist in claim reconciliation. The first part of report area will be for Process Notes when applicable to display *REJECTED* when a claim rejects in the EDI validation process. Following the *REJECTED* message in position 12 of the column (or in position 12 of the column when the claim is not rejected), will be the CH Tracking Number. The CH TRACKING NO is a fixed 20 position field.

### *837 Transaction Error Report (ANSI X12 Submitter):*

- The '837 Transaction Error Report' was developed to report claims that reject in the HIPAA validation process. This report provides detailed information regarding the HIPAA validation errors. Claims rejected at this level do not appear on any other report and must be corrected and re-transmitted.

To correctly balance files transmitted to our Clearinghouse you will need to reference both the Electronic Claim transaction report (BCWARPT) and the 837 Transaction Error Report to reflect a full accounting of the claims transmitted to Premera. For assistance, please contact an EDI Representative.

Note: You may have noticed recently that a new column and field titled CH Tracking Number have been added to this report. This change was made to include and report back the unique claim number when sent by a clearinghouse or other billing agent in the HIPPA 837 professional claim transaction in Loop 2300, REF*D9 segment, to assist in claim reconciliation. Up to 20 characters will be displayed in this new field.

### *997 (Functional Acknowledgement – ANSI X12 Submitters):*

- The 997 is found in the ST Download Directory.
- It is the responsibility of each provider office to download their 997 after every file transmission
- The 997 is available within one hour of transmitting the file
- If any portion of your file does not pass HIPAA validation or contains other errors, all or part of the file may be rejected and reported on the 997.
- Contact your software vendor for assistance in interpreting this report.

The following are other payor reports available to you in your ST Download Directory

***Noridian Medicare Reports***

**The Nordian report file names are:**

| 'Claims Confirmation Report' | 'Batch Detail Control Listing' |
|---|---|
| **CHNORA.NEW** (Uncompressed version) | **CHNORB.NEW** (Uncompressed version) |
| **CHNORA.EXE** (Compressed version) | **CHNORB.EXE** (Compressed version) |

Additional (archived) generations of the on-line reports will be available from previous transmissions, and will be numbered from most recent to oldest, such as:

**CHNORA.1** through **CHNORA.99** (Uncompressed version)

**CHNORA1.EXE** through **CHNORA99.EXE** (Compressed version)

***Availity Reports, include WA Regence Blue Shield and Asuris NW Health, Idaho Blue Shield, and Idaho Welfare***

**The Availity report file names are:**

**CHAVAI.NEW** (Uncompressed version)

**CHAVAI.EXE** (Compressed version)

Additional (archived) generations of the on-line reports will be available from previous transmissions, and

will be numbered from most recent to oldest, such as:

**CHAVAI.01** through **CHAVAI.99** (for previous report uncompressed versions)

**CHAVAI01.exe** through **CHAVAI99.exe** (for previous compressed versions)

Please use the following steps to download your response report files:

**Secure Transport (ST) users:**

1. Go to your Download Directory.
2. Highlight the appropriate report file.
3. Select Download
4. Report file will be downloaded to the appropriate report directory on your PC.

**ST is available 7 days a week, 24 hours a day**

## How to Contact EDI

If you have questions or wish to obtain information about any of the articles in this newsletter, please call one of the EDI representatives listed below:

**Phone hours: 8 a.m. – 5:00 p.m. (PST), M-F**

**Toll-free 1-800-435-2715**

**Select Option 1 for Seattle – (Mountlake Terrace) office**

**Select Option 2 for Spokane office**

**Select Option 3 for Bend office**

### Fax numbers:

Seattle –
(Mountlake Terrace) office: 425-918-4234
Spokane office: 509-252-7794
Bend office: 541-318-2337

### Questions or problems:

E-mail the EDI department at ***EDI@premera.com***.

### Premera health plan information:

Use our Web site at ***www.premera.com***.

### Mountlake Terrace office

| | Direct Lines |
|---|---|
| Lynnette Boulch | 425-918-4218 |
| Lenea Dyer | 425-918-3505 |
| Liza Franzen | 425-918-3128 |
| Linda Hunt | 425-918-3294 |
| Patricia McCabe | 425 918-4077 |
| Rowena Solomon | 425-918-4983 |
| Dana Thomas | 425-918-5129 |

### Spokane office:

| | |
|---|---|
| Toll-free | 1-800-572-5256 |
| Beth Passmore | 509-252-7842 |
| Shari Johnson | 509-252-7488 |

### Bend office:

| | |
|---|---|
| Alex Dufault | 541-318-2133 |
| Leana Morton | 541-318-2140 |

*Please post or circulate this newsletter in your office*

## Supporting Prompt Provider Claims Payment

Many members receive new ID cards or change health plans at the beginning of a year. To support the prompt payment of your claims, check member ID cards to confirm member ID numbers and any plan changes. Following these steps as well as verifying the patient name, alpha plan prefix ID number and member/patient name as they appear on the new member ID card, will ensure you are submitting claims with the most current and up-to-date information and supports prompt processing and claims payment.

## Holiday Closures 2008

**Premera will be closed on the following dates:**

Monday, May 26 — (Memorial Day)
Friday, July 4 — Independence Day)
Monday, September 1 — (Labor Day)
Thursday, November 27 — (Thanksgiving Day)
Friday, November 28 — (Day after Thanksgiving)
Thursday, December 24 — (Christmas Eve)
Friday, December 25 — (Christmas Day)

## EDI News

*EDI News* is produced quarterly to provide important information related to electronic claims processing for the office billing staff, billing services and software vendors from Premera. Please keep this newsletter for future reference.

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The EDI team is dedicated to providing excellent service.

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