



WA State DSHS will transition to a new processing system called ProviderOne at a date not yet determined by DSHS.

FEATURE Articles

WA State Department of Social and Health Services (DSHS) Transition to ProviderOne

WA State DSHS will transition to a new processing system called ProviderOne at a date not yet determined by DSHS. In preparation for this transition WA State DSHS requests that all clearinghouses sending electronic claims to them register with ProviderOne to obtain clearinghouse submitter identification number (ID).

Before a clearinghouse can register with ProviderOne an Electronic Trading Partner Agreement must be processed between ProviderOne and the clearinghouse. The Premera Clearinghouse has completed this process,

but we have not received approval from DSHS to register with ProviderOne. Once we receive approval and have registered with ProviderOne a notification will be made to all providers or their billing agents who send WA DSHS claims through the Premera Clearinghouse.

Providers using the Premera Clearinghouse must then register with ProviderOne and include our ProviderOne clearinghouse ID.

Please see detailed information regarding WA State DSHS to ProviderOne at the following link <http://fortress.wa.gov/dshs/maa/ProviderOne/>

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N.E.I.C. Reports Transitioning to Emdeon Reporting

N.E.I.C. reports (R022, R023, R026, R059, R060, R061, etc.) currently mailed by the Premera EDI Team to Trading Partners for claims received (under Carrier Code 0000) and/or destined for a commercial payer through Emdeon will be changing to new Emdeon reports. The Premera Clearinghouse transition from the N.E.I.C. reports to the new Emdeon reports will occur March or April 2009.

Following is a listing of the reporting transition:

Current N.E.I.C. Reports:

- MCDS-R022, Provider Daily Statistics
- MCDS-R023, Provider Daily Summary
- MCDS-R026, Daily Acceptance Report by Provider
- Information on the above reports will be found on the new Emdeon
- RPT-04 File Detail Summary Report and
- RPT-04A Amended File Detail Summary Report, and/or
- RPT-06 Provider Monthly Summary Report

The Status, Key Legend for the RPT-04 File Detail Summary Report is:

*** Status Key Legend ***

Continued on page 2



Paper Submission of Premera Claims

Did you know that:

- Sending claims on paper can take several days to process and can delay your reimbursement?
- Clean/accurate claims sent electronically are usually processed the same day when they are received by 3 p.m. (PST), with related reimbursement issued in your next payment cycle?

Did you know that you can send the following claims electronically?

COB (Coordination of Benefits) when Premera is secondary

Trading partners using the X12 837 format; can submit the primary payors information within the electronic format. When doing so be certain to include all of the primary payors payment and/or non-payment (including reason for non-payment) information.

Corrected/Replacement Claims

Trading partners using the ASC X12 837 format can provide a Frequency Code within the CLM05 - 3 segment (Value 6 = Corrected Adjustment of Prior Claim) (Value 7 = Replacement of Prior Claim) and a free-form message of the explanation for the re-bill in Loop 2300 'Claim Note', NTE segment. For both Professional and Institutional claims Frequency Codes can be found in the National Uniform Billing Specification Manual, which can be obtained at www.nubc.org.

In our efforts to improve our EDI claims process, your feedback is very important to us. Some providers bill claims electronically, but still bill some claims on paper for Premera products. Please let us know why you are still sending paper claims by sending an e-mail response to Premera EDI at edi@premera.com.

Please indicate in the e-mail:

I send Premera claims electronically, but also send paper claims because: <and list your reasons>

Please include your name and contact number so we can follow up with you or you can call Premera EDI and talk with us directly at: 1-800-435-2715, option 1.

Your feedback is very important to us and helps us look for ways to improve our EDI process.

FEATURE Articles

N.E.I.C. Reports Transitioning to Emdeon Reporting

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AE and AP – Accepted Claim sent
RE and RP – Claim rejected by Emdeon
PA and PB – Claim pending testing (or at customer request)
PC – Claim pending for invalid or incomplete Emdeon registration
TE – Test claim

Current N.E.I.C. Reports:

MCDS-R059, Unprocessed Claims Report – Information on this report will be found on the new Emdeon MCDS-R060, Request for Additional Information
MCDS-R061, Zero Payment Claims - Information on the above reports will be found on the new Emdeon RPT-10 Provider Claims Status Report, and/or the RPT-11 Special Handling / Unprocessed Claims Report

The new Emdeon reports will be printed and mailed to you just as the N.E.I.C. reports are today.

We will also be updating the Electronic Claims Clearinghouse Transaction Report (ECC16000) to change the Destination Carrier name on the File Summary page and on the Detail page when applicable from N.E.I.C. to Emdeon. This change will occur on or after the reporting transition indicated above.

National Provider Identifier (NPI) Update

Some providers and billing agents are not yet using the mandated NPI for the Billing Provider and the Pay to Provider (when used). Please ensure that your billing system has been updated to include the required NPI. The EDI Team will be contacting those providers who are not yet using the NPI. If you are not sure how to bill your claims electronically using the NPI, please contact your billing system vendor for assistance.

Trading Partner Information Update Request

Please contact an EDI representative to ensure we have your current email address, and whenever you update your software vendor, billing service, billing staff, office address or Tax ID. We need to keep our records up-to-date to prevent delivery disruption of your 835 Electronic Remittance Advise (ERA) and electronic reports.

Also, if you wish to delete or add access for your billing staff to our Secure Transport (ST) www.connectiva.com secure web-site please call the EDI Team at 1-800-435-2715 or fax your changes to 425-918-4234.

Emdeon Payor Listing Update

We encourage you to review and/or obtain the most recent payor listing directly from Emdeon on a monthly basis at: www.emdeon.com.

Here is how to access and view this information:

- Page down to (Payor Lists) on right hand side
- Click on arrow button > Medical/Hospital Payers
- Claims Payor List:
 - ‘Please Select a Product’ arrow down to Direct Submitter
 - ‘Payor Type’ arrow down to Commercial
 - ‘Payor Name’ enter name of payor
- Click on View List at the bottom of the page scroll down for payor ID number.

Any payor ID that includes alpha and numeric values with the exception of Tricare (SCW10) and HMA (TH049) defaults to zeros and will reject at Emdeon. 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.

EDI Notification Process Reminder

To keep our email notification distribution list current, please be sure to email the EDI Team at edi@premera.com or call us at 1-800-435-2715 when your contact information has changed. We use this list to improve EDI communications with our Trading Partners. Be sure to include all email addresses and telephone numbers, with the related Tax ID, and EDI Submitter ID.

EDI@Premera.com

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 and alerts you to claim 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 business day with the reports available the following business day.

These reports are your only notification of claim receipt or any rejections.

Six generations of reports are available:

The most recent transmission report is named 'BCWARPT.' Older previous transmission reports are named 'BCWARPT1' through 'BCWARPT6.'

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

To assist in claim reconciliation the PROCESS NOTES/CH TRACKING NO field on this report includes and reports back the unique claim number when sent by a clearinghouse or other billing agent in the HIPAA 837 professional claim transaction in Loop 2300, REF*D9 segment.

The first part of this field is 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) is 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.

To assist in claim reconciliation the CH Tracking Number field on this report includes and reports back the unique claim number when sent by a clearinghouse or other billing agent in the HIPAA 837 professional claim transaction in Loop 2300, REF*D9 segment. 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:

Nordian 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

(Includes WA Regence Blue Shield and Asuris NW Health, Idaho Blue Shield and Idaho Welfare)

Availity Batch 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.1 through **CHAVAI.6**

(previous uncompressed report versions)

CHAVAI1.exe through **CHAVAI6.exe**

(previous compressed report versions)

A NEW Availity "Delayed Payer Report" is now available to provide further payer validation information.

This report provides claim warning and rejections that are not reported in the Availity Batch Report.

Availity Delayed Payer Report file names are:

CHAVDP.NEW (Uncompressed version)

CHAVDP.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:

CHAVDP.1 through **CHAVDP.6** (Uncompressed)

CHAVDP1.exe through **CHAVDP6.exe** for (Compressed)

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: 8:00 – 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

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:

Lynnette Boulch 425-918-4218

Alex Dufault 541-318-2133

Please post or circulate this newsletter in your office

EDI News Available Online

EDI News is an on-line publication that can be viewed at www.premera.com, by selecting the Providers link on the right panel. You also have the option to receive a notification email when a new edition is published, simply go to “My Email Subscriptions” and check the EDI News box.

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 1-800-435-2715, or send us an e-mail at edi@premera.com.



Holiday Closures 2009

Premera will be closed on the following dates:

- Monday, May 25 – (Memorial Day)
- Friday, July 3 – (Independence Day)
- Monday, September 7 – (Labor Day)
- Thursday, November 26 – (Thanksgiving Day)
- Friday, November 27 – (Day after Thanksgiving)
- Thursday, December 24 – (Day before Christmas)
- Friday, December 25 – (Christmas Day)

EDI Staff Updates

Please join us in welcoming Eric Gilbert to our Spokane, WA office and Darcina “Darci” Simms to our Bend, OR office. Before joining EDI, both Eric and Darci were with our Customer Service departments.

EDI News – Online: www.premera.com

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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e-mail: lenea.dyer@premera.com

The EDI team is dedicated to providing excellent service.

