EDI News

We will discontinue the National Standard Format (NSF) version T0301 in late 2008.

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FEATURE *Articles*

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. These steps also support prompt processing and claims payment.

To support the prompt payment of your claims, check member ID cards to confirm member ID numbers and any plan changes.

NSF T0301 Format to Be Discontinued 4th Quarter 2008

We have previously notified providers, billing agents and software vendors that we will discontinue the National Standard Format (NSF) version T0301 in late 2008. If you are a provider currently using this format and have not yet contacted your billing system software vendor to start preparations to transition to the ANSI X12 837 (version 4010A1) professional claims format, please do so as soon as possible. Premera will no longer support the NSF T0301 after fourth quarter 2008, due to limitations of this format for future mandates such as ICD-10 with expanded diagnosis coding.

Our EDI team members can provide a list of companies and Clearinghouses that we have successfully worked with, who can assist you in transitioning to the HIPAA compliant 837 professional claims format.

Please call the EDI Team if you have questions or concerns regarding your efforts in making this transition at 1-800-435-2715, or send us an e-mail at *edi@premera.com*

Corrected Claims Submissions

When submitting a corrected claim electronically using the HIPAA 837 standard claims transaction follow this process:
- Indicate the claim is a corrected claim by using the 'Claim Frequency Type Code' data field.
- The value of this field must be "7" to indicate Replacement of a Prior Claim (this will prevent your claim from being rejected as a duplicate).
- Send a Claim Level Note when possible to indicate the reason for the corrected claim.

Coordination of Benefits (COB) When Premera is Secondary

Once the primary payor has processed a claim, you can send it electronically to Premera. For a successful submission, you must include the primary payor processing information on the claim. This includes:

- Primary Payor Name
- Primary Payor Member ID for the patient
- Primary Payor Allowed Amount
- Primary Payor Payment Amount
- Primary Payor reason for non-payment (i.e., non-covered service, applied to deductible, benefit max, etc.)
- Primary Payor Adjudication Date for claim is required

Premera secondary to Medicare claims are automatically sent to Premera by Medicare after Medicare has processed the claim. To prevent duplicate claim submission, please do not bill these claims to Premera if your Medicare Explanation of Benefits indicates the claim was forwarded (or crossed over) to the secondary payor.

Note: The NSF T0301 electronic format does not support billing Premera secondary claims electronically.

New FEP Voucher Deduct Process

Effective July 2008, an automatic voucher deduction will be implemented for the Federal Employee Program (FEP) to process overpayment take-backs. The result of this implementation will change the Premera 835 Electronic Remittance Advice (ERA) when an automatic overpayment deduction is made during claim processing.

The change to the 835 ERA will occur in the Provider Adjustment (PLB) Segment. To provide you with information to reconcile your patient account(s), we will reflect the provider Patient Account Number(s) for claims involved in each related automatic voucher deduction. Following are examples of how the PLB Segment will appear as the result of this change:

The PLB Segment created for the FEP automatic voucher deductions will contain:
PLB*fepprovider#*yearenddate***WO**:fepclaimnumberpatientaccnumber*-recoveredamount~
Note, the '**WO**' preceding the ':' indicates: Overpayment Recovery

Example of PLB Segment with provider Patient Account Number present:
PLB*1013969195*20081231*WO:<u>807017657500</u>**PAN888777666555444***-105.2~
<u>:FEPclaim###</u>**18positionpatient acct#***

Example of PLB Segment when provider Patient Account Number <u>is not present</u>:
PLB*1013969195*20081231*WO:<u>807017657500</u>*-105.2~
<u>:FEPclaim###</u> *

For additional information regarding the FEP automatic voucher deduction overpayment process, please call **FEP Customer Service** at 1-800-562-1011. For questions about the 835 ERA process, contact the EDI Team at 1-800-435-2715, or send an e-mail at *edi@premera.com*

Trading Partner Information Update Request

Please contact an EDI representative to ensure we have your recent email address and 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.

Emdeon Payor Listing

We encourage you to obtain the most recent payor listing directly 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.

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

EDI@Premera.com

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 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 **'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 this field 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

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

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

<u>A NEW Availity "Delayed Payer Report" is now available to provide further payer validation information.</u>
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.99** (Uncompressed)

    CHAVDP1.exe through **CHAVDP99**.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 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

EDI News Now Available Online

To become more environmentally friendly, EDI News is now available online and no longer distributed 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 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 2008

Premera will be closed on the following dates:

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)

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