



If you feel you are at risk for not meeting the deadline, please contact the EDI Team at 800-435-2715.

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HIPAA Version 5010 Compliance Update

The Centers for Medicare & Medicaid Services' Office of E-Health Standards and Services (CMS OESS) announced that it will not enforce compliance with the ASC X12 version 5010 through **June 30, 2012**.

CMS' OESS is the division of U.S. Department of Health and Human Services (HHS) that enforces compliance with HIPAA transactions and code set standards. The HHS had previously directed that all HIPAA-covered entities comply by Jan. 1, 2012.

You can view the announcement on the CMS website:

[CMS Statement 5010 Enforcement](#)

What does this mean to you?

All trading partners* who send and/or receive electronic transactions, (claims, remittance advice, eligibility and benefit information, claims status, etc.) should continue their efforts to become HIPAA 5010 compliant between now and June 30, 2012.

Effective July 1, 2012, all trading partners must send and receive electronic standard transactions in version 5010 (with Errata changes).

If you feel you are at risk of not meeting this deadline, please contact the EDI Team at 800-435-2715, or edi@premera.com.

How is Premera preparing?

Premera EDI is completing testing with our final trading partners and our transition from version 4010A1 to 5010 is near completion. If you have not yet started your 5010 testing with Premera/LifeWise, please contact the EDI Team.

Premera and other payers, providers, and state agencies have developed Administrative Simplification Best Practice Recommendations (BPRs) for HIPAA 5010 (with Errata changes) electronic transactions.

HIPAA 5010 BPRs can be found at: <http://onehealthport.com/>

**Trading partners are healthcare clearinghouses, billing services, providers, payers, financial institutions, applicable employer groups, etc.*



Ancillary Claims Filing

Generally, healthcare providers should file claims for their Blue Cross and/or Blue Shield members to the local Blue Plan. However, there are unique filing guidelines for certain ancillary services.

For these ancillary services, you should submit your claim as follows:

- **Durable Medical Equipment (DME) suppliers** – Submit your claim to the Blue Plan in the state* where the equipment was shipped or purchased at a retail store.
- **Independent clinical laboratories** - Submit your claim to the Blue Plan in the state* where the specimen was drawn.
- **Specialty pharmacies** – Submit your claim to the Blue Plan in the state* where the ordering physician is located.

If you have any questions about filing ancillary claims, please contact Physician and Provider Relations at 877-342-5258, option 4.

**If you contract with more than one Plan in a state for the same product type (i.e., Preferred Provider Organization or Participating), you may submit the claim to either Plan.*

Coordination of Benefits (COB), Premera is Secondary

Once the primary payer has processed a claim, you can send it electronically to Premera.

This includes claims for: Premera Blue Cross, Federal Employee Program, and LifeWise health plans of Washington and Oregon claims.

For a successful submission, you must include the following primary payer information on the claim:

- Primary payer Name
- Primary payer Member ID
- Primary payer Allowed Amount
- Primary payer Payment Amount
- Primary payer reason for nonpayment (i.e., non-covered service, applied to deductible, benefit max, etc.)
- Primary payer adjudication date for claim

Please note: All 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 payer.

Bill Correct Alpha-prefix for WEA Claims

When billing claims for WEA members (Washington Education Association), please use alpha-prefix **WEU** (not WEA).

The submission of the wrong prefix will delay claims processing.

CMS offers ICD-10 Handbooks

Centers for Medicare & Medicaid Services (CMS) have developed Implementation Handbooks as additional resources to assist providers with the transition from ICD-9 to ICD-10 codes.

Each guide provides detailed information for planning and executing the ICD-10 transition process. Use the guides as a reference whether you're in the midst of the transition or just beginning the process.

View the tailored step-by-step plans and relevant templates for each of the following practice sizes impacted by the transition:

- Large Provider Practices
- Small Hospitals
- Small/Medium Provider Practices

Link to CMS Implementation Handbooks and all CMS ICD-10 resources:

cms.gov/ICD10/02b_Latest_News

If you haven't already started your ICD-10 implementation plan, please consider starting today!

EDI Reports and Transactions

Avoid lost claims and eligibility errors by downloading and reviewing your online reports from Secure Transport (ST).

To effectively use the reports, remember:

- Reports are only available online via ST
- Retrieving your reports regularly ensures we have received your claims and alerts you to claim rejections.
- Rejected claims must be corrected and rebilled.

Electronic Claims Transaction Reports

This report displays all claims that were sent in your 837 electronic claims file. The report is sent on the same business day to your ST Download Directory.

Secure Transport users should follow these steps:

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.

New Feature!

Once you view or download a report or transaction from the download directory it will automatically move to an 'archive' folder. You can continue to view reports and transaction within the archive folder for 30 days (after 30 days it will automatically be deleted).

This feature was added due to feedback from of our trading partners.

EDI Report File Naming Convention

The EDI response reports and transactions are posted to your ST Download directory. Below is a list of each report/transaction and its file name:

997 Functional Acknowledgement

File name: 997_YMMMDDSSNNN (837, version 4010)

999 Functional Acknowledgement

File name: 999_GSXXXXXXXXXX_YMMMDDSSNNN (837, version 5010)

Electronic Claims Transaction Report

File name: 837RPT_YYYYMMDDHHMMSSNNN

835 Electronic Remittance Advice

File name: 835_YYYYMMDDHHMMSSNNN

271 Eligibility & Benefit Response

File name: 271_YYYYMMDDHHMMSSNNN

EDI Report File Naming Convention (cont.)

277 Claim Status Response

File name: 277_YYYYMMDDHHMMSSNNN

278 Review Response

File name: 278_YYYYMMDDHHMMSSNNN

270 Transaction Error Report

File name: 270REJECT_YYYYMMDDHHMMSSNNN

276 Transaction Error Report

File name: 276REJECT_YYYYMMDDHHMMSSNNN

278 Transaction Error Report

File name: 278REJECT_YYYYMMDDHHMMSSNNN

Note: The file name extension will be either: '.pdf' or '.txt' depending on your report format. YYYYMMDD is the date stamp, HHMMSSNNN is the time stamp in HH/hours, MM/minutes, SS/seconds and NNN/microseconds.

Does EDI Have Your Current Contact Information?

If your contact information has changed, please be sure to email edi@premera.com or call the number below, so we can update our records. Please include all email addresses and telephone numbers, including Tax ID and EDI Submitter ID.

Also, if you wish to delete or add access to our Secure Transport (ST) secure website (connectiva.com), call EDI at 800-435-2715, fax to 425-918-4234, or email your change to edi@premera.com.

How to Contact EDI

If you have questions or wish to obtain information about any of the articles in this newsletter, please call the EDI Team, 8 a.m. – 5 p.m. (PST), M-F
800-435-2715

- **Questions or problems:**
Email the EDI Team at edi@premera.com
- **Premera health plan information:**
Use our website at premera.com

2012 Company Closures

- Wednesday, July 4
- Thursday, July 5
- Monday, September 3

Please post or circulate this newsletter in your office

EDI News — Premera.com/provider

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.