EDI News

July 2010

Effective March 14, 2011 — The Premera clearinghouse will no longer accept other payers' professional claims.

Contents

PREMERA | BLUE CROSS

Feature Articles

Premera Clearinghouse Services for Other Payers' Claims to be Discontinued Next Year (2011)

What is changing?

Effective March 14, 2011 — The Premera clearinghouse will no longer accept other payers' professional claims. Other payers include: Medicare/Noridian and Palmetto GBA-Railroad Part B, WA State: Department of Social and Health Services (DSHS), Labor and Industries (L&I), Regence Blue Shield or Asuris, Group Health NW, ID State DSHS, Kitsap Physicians Service, Emdeon/Participating Commercial Payers.

As previously communicated providers or their billing agents who send these payer's claims to the Premera clearinghouse need to make a transition for those other payers' claims to another clearinghouse prior to the March 14, 2011 cut-off date. Upon request, the EDI Team can provide you a list of alternative clearinghouses.

Why the change?

Premera has operated an electronic professional claims clearinghouse for 20 years. After careful review and consideration of the extensive system changes required to comply with HIPAA 5010, we have determined that operating a clearinghouse to support non-Premera 'other payers' claims is no longer viable. We did not make this decision lightly. We researched every consideration, as well as evaluating the impacts to our providers.

What is NOT changing?

Yes, you can continue to send Premera claims electronically!

After March 14, 2011, **'you can continue' to send your Premera electronic claims directly to us as you do today**, or through another clearinghouse.

Premera claims include: Blue Cross in WA, Blue Cross Blue Shield of AK, and LifeWise Health Plan of WA and OR, Federal Employee Program in AK, and appropriate counties in WA, BlueCard (out-of-area) and NASCO (National Accounts).

Please note that we will not be testing or accepting other payers' ASC X12 837 electronic claims in version 5010. Only Premera electronic claims are part of our 5010 project plan.

If you have any questions regarding this information, please call the EDI Team at (800) 435-2715, or by e-mail at *edi@premera.com*.

WA State DSHS has implemented the ProviderOne processing system, effective May 9, 2010

Claims received without the new **ProviderOne** billing information will be rejected back to you by the Premera Clearinghouse on the Electronic Claims Clearinghouse Transaction Report. Refer to the following WA State DSHS ProviderOne link to find out critical details about the ProviderOne claim billing requirements: ***http://hrsa.dshs.wa.gov/providerone/Providers/Fact%20Sheets/FactSheets.htm***.

ProviderOne requires that you use a WA State DSHS approved **Provider Taxonomy Code**. WA State DSHS requires the Taxonomy Code for the Billing Provider —**and**— Servicing/Rendering Provider (when the claim includes a Servicing/Rendering Provider), A Provider Taxonomy Code is **not** required for the Referring Provider. You should have obtained your appropriate Provider Taxonomy Code from DSHS for your office specialty type during the registration process.

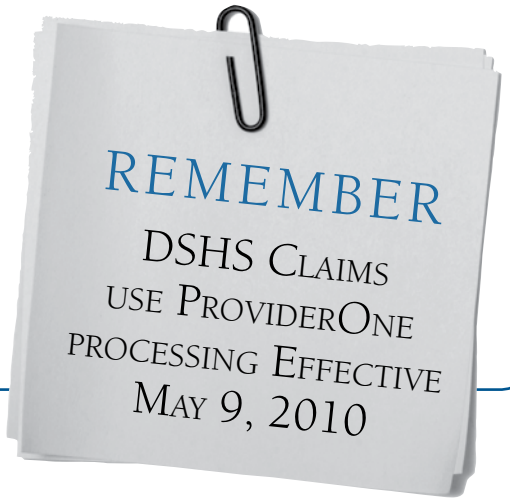
ProviderOne requires that you must use the new patient **Client Identifier** — Note that the WA State DSHS Personal Identification Code (PIC) is no longer accepted. You can obtain the patient Client Identifier for **ProviderOne** at the following link: ***https://fortress.wa.gov/dshs/npicaphrsa***.

Please note that the Premera Clearinghouse is not exchanging the following electronic transactions with WA DSHS for your office:

- 270/271 — Eligibility and Benefits Inquiry Request (270) and Response (271)
- 276/277 — Claim Status Request (276) and Response (277)
- 278 — Service Review Request and Response
- 835 — Electronic Remittance Advice

If you would like to exchange these transactions for your WA State DSHS business, you will be required to register with ProviderOne for a direct exchange, but do not include the Premera Clearinghouse ProviderOne ID.

You can contact the WA State DSHS ProviderOne Support line to address any questions you may have, at: 1-800-562-3022, option 2, and then option 4.



Premera Begins Work on HIPAA 5010

The U.S. Department of Health and Human Services final rule on standards for certain healthcare transactions — HIPAA 5010 — dictates that all covered entities must comply by Jan. 1, 2012.

Premera has begun this complex project with scope and implications analysis, with a corporate-wide business plan for achieving full compliance with the electronic healthcare transactions requirements including all relevant Premera applications that involve employer groups, providers, vendors, and trading partners.

The phased project is expected to last through Dec. 31, 2011. Information about the project and our progress will be updated regularly on the provider portal at: *premera.com* via the HIPAA link.

Please be aware that during the testing phase for 5010, which is expected to begin in January 2011, we will accept testing of Premera family claims only, which include: Blue Cross in WA, Blue Cross Blue Shield of AK, Federal Employee Program (FEP) in AK, and in WA (WA professional claims for appropriate counties only), LifeWise Health Plan (Oregon and Washington), BlueCard (Out of Area), NASCO (National Accounts).

Please note that Other Payers (non-Premera) claims are not part of our 5010 Project Plan.

Reporting Changes:

As part of our 5010 project preparation efforts our EDI Electronic Claims Transaction reporting will be changing.

We will be incorporating our HIPAA validation and EDI business process into one report. This reporting will indicate any claims that failed HIPAA validation and/or EDI business edits, why those claims rejected, and list all claims that passed HIPAA and EDI business edits and were accepted for further processing.

Therefore you will receive a full reporting of all claims transmitted in one report, rather than the two you receive today.

Details regarding this reporting change and examples of the new reporting format will be shared with you at a later date.

Please watch for 5010 changes in further EDI News editions and HIPAA Updates at *premera.com*.

NPI (National Provider Identifier)

The National Provider Identifier (NPI) is required by all covered healthcare entities within the ASC X12 837 electronic claim transactions as the primary provider identifier for the Billing Provider, as well as the Pay-To and/or Rendering Provider (if sent and different from the Billing Provider).

Remember Federal Tax ID (SSN or Employer ID) is required as the 'secondary' identifier for the Billing Provider. EDI has been tracking usage of the NPI by providers and many providers are still not yet sending the NPI. NPI will be a hard requirement when the ASC X12 837 claim transaction is updated to version 5010. During 2011 when providers begin testing for version 5010, EDI will not approve production status if the NPI is not sent where applicable.

Please review your provider files within your practice management system to be sure that you have all providers affiliated with their NPI for billing. Provide Premera with NPI updates or changes you have made since initially registering your NPI list.

Three ways to register your NPI updates or changes:

- Register your NPIs at *http://www.onehealthport.com/* or
- Send a spreadsheet with your changes by email to *edi@premera.com* or
- Fax your NPI updates to EDI at 425-918-4234.

The EDI Team will make sure that the NPI updates are made in your Premera provider file records.

Billing Medicare Advantage Claims

To successfully bill Medicare Advantage claims (according to the CMS guidelines); please be sure to provide the following information where indicated. This information must be provided in HIPAA X12N version 4010A1, 837 electronic institutional and/or professional claim transactions.

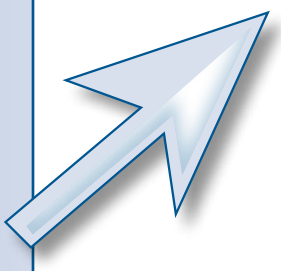
- **National Provider Identifier (NPI)** — NPI is always required on electronic institutional and professional claims as the primary provider identifier for the Billing Provider in Loop 2010AA, NM109 segment, (and when sent, for the Pay-To Provider in Loop 2010AB, NM109 segment). Note, the Federal Tax ID or Employer ID is required as the provider secondary identifier in the related Loop in the REF02 segment.
- **Source of Referral for Admission** — Required for institutional Inpatient and Outpatient claims, when Revenue Code 0023 is billed. Provide the Source of Admission code in Loop 2300, Claim Code within the CL segment. (Form Locator 15 on the UB04 claim form)
- **Value Code for the Core Based Statistical Area (CBSA)** — Required for institutional Inpatient and Outpatient claims, when Revenue Codes: 0023, 0821, 0831, 0841, 0851, 0880, or 0881 are billed. Provide the appropriate Value Code of 61 and appropriate Value Amount in Loop 2300, HI Value Information segment. (Form Locator(s) 39 — 41 lines a, b, c, d on the UB04 claim form)
- **Benefit Management Treatment Authorization Code** — Required for Institutional Inpatient and Institutional Outpatient when Revenue Code 0023 is present. Provide the Treatment Authorization Code in Loop 2300, Prior Authorization or Referral Number in the REF02 segment.
  (Form Locator 63 on the UB04 claim form)
- **Admitting Diagnosis Code** — Required on Institutional Inpatient claims. Provide the Admitting Diagnosis in Loop 2300, Admitting Diagnosis Information, HI segment (preceded with the BJ qualifier)
  (Form Locator 69 on the UB04 claim form)
- **Value Code for the ESRD (End Stage Renal Disease) Height and Weight** — Required for Inpatient and Outpatient institutional claims when Revenue Code 0821, 0831, 0841, 0851, 0880 or 0881 are billed. Provide the appropriate Value Code of A8 and A9 in Loop 2300, HI Value Information segment.
  (Form Locator(s) 39 — 41 lines a, b, c, d on the UB04 claim form)
- **HIPPS Code (Health Insurance Prospective Payment System)** — Provide the appropriate HIPPS Code in Loop 2400, of the Institutional Service Line in the SV202 segment.
  (Form Locator 44 on the UB04 claim form)
- **Taxonomy Code** — Required for Institutional and Professional claims. Institutional providers with more than one subpart are to bill with a Taxonomy Code for Medicare Advantage PPO claims:
  - Institutional claims - Provide the Taxonomy Code in Loop 2000A Billing/Pay-To Provider Specialty and Loop 2310A Attending Physician Specialty Information, in the PRV03 segment, preceded with qualifier 'ZZ' in the PRV02 segment.
  - Professional claims - Provide the Taxonomy Code in Loop 2000A Billing/Pay-To Provider Specialty, and in Loop 2310B Rendering Provider of the PRV03 segment, preceded with qualifier 'ZZ' in the PRV02 segment.
- **Service Location Zip Code** — Professional Claims, when services were provided in a location that is different than that indicated for the Billing Provider, be sure to provide the Service Facility Location (Name and Address) in Loop 2310D, including the Service Location Zip Code.
  (Form Locator 32 on the CMS1500 claim form)

Please note, claims received that do not contain the required codes will be returned to the provider.

Should you or your technical support staff have questions regarding billing Medicare Advantage claims that are not answered in the above information, please contact the EDI Team for assistance.

Emdeon Payer Listings

The Premera Clearinghouse is a free service for other payer claims. To ensure that you are only sending Emdeon Participating Payer claims, providers may review a payer's status with Emdeon at emdeon.com. Here's how:



- Click on Payer Lists
- Click on Medical/Hospital/Dental Payers
- In the "Payer Name" field, enter the name of the payer
- In the "Code" field, enter the Premera Clearinghouse Submitter ID of 910499247
- Click on View List at the bottom of the page
- Scroll down for payer ID number
- Be sure the Type displays as "Par" (for participating) before sending claims for any payer

Please note that only Emdeon "participating" payers are to be sent to the Premera Clearinghouse. Trading Partners that send non-participating payers will lose the capability to send Emdeon Payer claims.

Also, any Payer ID that includes alpha and numeric values with the exception of Tricare (SCWI0) and HMA (TH049) must not be sent to Premera Clearinghouse.

For questions regarding the listing, contact the Emdeon Payer List Help Line at 1-800-933-6869 or their help desk at 1-800-845-6592.

Does the EDI Team Have Your Current Contact Information?

Premera's EDI Team maintains a list of Trading Partner contacts to improve EDI communications. If your contact information has changed, please be sure to email the EDI Team at ***edi@premera.com*** or call us at the number below so that we can update our records. Be sure to include all email addresses and telephone numbers, including the related Tax ID and EDI Submitter ID.

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

EDI@Premera.com

EDI Confirmation *Reports and Transactions*

Electronic Reports

Avoid lost claims and eligibility errors by downloading and reviewing the clearinghouse reports from Secure Transport (ST). These reports contain rejected claim information. Verifying the reports against your office reports ensures accurate claim tracking. Remember these key points to effectively use the reports:

- 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):
The Electronic Claim Transaction Report is available for all electronic claim submitters regardless of claim format. Online 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 there is a compressed (.EXE) file and an uncompressed file.

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, Process Notes, displays *"REJECTED*" when a claim is rejected in the EDI validation process. In position 12 of the column is the CH Tracking No., a fixed, 20-position field.

837 Transaction Error Report (ANSI X12 Submitter):
The 837 Transaction Error Report was developed to report claims that are rejected in the HIPAA validation process. This report provides detailed information about 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. For assistance, please contact a member of our EDI Team at 1-800-435-2715.

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 HIPPA 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.

Secure Transport (ST) users, please use the following steps to download your response report files:

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 *premera.com*

Mountlake Terrace office

	Direct Lines
Lynnette Boulch	425-918-4218
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
Eric Gilbert	509-252-7471

Bend office:

Darci Simms	541-318-2007

Holiday Closures 2010

Premera will be closed on the following dates:

Monday, July 5 — (Independence Day)
Monday, Sept. 6 — (Labor Day)
Thursday, Nov. 25 — (Thanksgiving Day)
Friday, Nov. 26 — (Day after Thanksgiving)
Friday, Dec. 24 — (Christmas Observed)
Friday, Dec. 31 — (New Years Day Observed)

Please post or circulate this newsletter in your office

EDI News — Online: *premera.com*

EDI News is produced quarterly to provide important information related to lectronic 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.

PREMERA BLUE CROSS

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