



EDI Support Services recently launched a new service

FEATURE Articles

NEW SERVICE
Total OnBoarding

Register Now for Total OnBoarding, New Medicare EDI System

EDI Support Services (EDISS) recently launched a new service, called "Total OnBoarding" for the provider and Trading Partner communities. This web-based application allows providers to register with Medicare directly to update their information. It also allows providers or Trading Partners to submit electronic transactions to Medicare. Total OnBoarding will be

required for all providers using Premera Blue Cross as their clearinghouse and submitting claims and/or receiving remittance advice for Medicare Part B claims.

Complete the online registration for Total OnBoarding at noridian.totalonboarding.com.

For more information, contact Medicare EDISS at 1-800-967-7902.

Contents

Feature Articles	page 1
Payer Updates	page 2-3
Transactional Tips	page 4
EDI Confirmation Reports and Transactions	page 5-6
How to Contact EDI	page 6
EDI News Available Online	page 7
Holiday Closures	page 7

Group Health Changes: NPI Required, New Payer ID

Group Health Cooperative has notified Premera EDI that they will soon begin rejecting electronic claims that do not contain the National Provider Identifier (NPI).

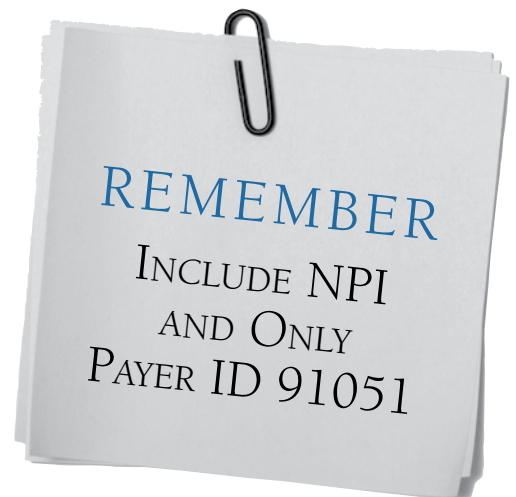
To prevent rejection of your Group Health Cooperative claims, be sure to enter the NPI as the primary provider identifier for the Billing Provider and Pay-To-Provider (if sent). The provider's tax ID number (or Social Security number) is required as the secondary provider identifier.

Use the NPI as the provider identifier (when required or sent) for any of the following provider types within the claim at either the claim or service line level:

- ▶ Referring Provider
- ▶ Rendering Provider
- ▶ Purchased Service Provider
- ▶ Service Facility Location
- ▶ Supervising Provider

Group Health also has indicated that they will only accept Payer ID 91051. Please remove and no longer send Payer ID 91211 for Group Health Cooperative claims.

Please make these necessary changes to your system to prevent claim rejections.



Update on DSHS Transition to ProviderOne

The Washington State Department of Social and Health Services (DSHS) will transition to a new processing system called ProviderOne on Dec. 6, 2009. In preparation for this transition, DSHS requests that all clearinghouses sending electronic claims to them register with ProviderOne to obtain a clearinghouse submitter identification number.

Premera has completed ProviderOne registration with DSHS. Providers using the Premera Clearinghouse to send professional claims to DSHS must register with ProviderOne and include the Premera ProviderOne clearinghouse ID, which is **1054083**.

By Dec. 6, providers will need to have made all the necessary changes in their electronic billing system for DSHS claim files. You must include your NPI, use new client identifiers instead of the PIC ID currently used, and use the DSHS approved taxonomy codes. All DSHS legacy ID's must be removed.

Please see detailed information regarding the ProviderOne transition and the necessary changes you will have to make at fortress.wa.gov/dshs/maa/ProviderOne/.

Provider-requested Improvements Delay NEIC Transition to Emdeon Reports

NEIC reports will soon be changing to Emdeon reports, but a delay in the transition has resulted from modifications being made.

The change is occurring for NEIC 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. The transition has been delayed due to recent modifications to Emdeon reports based on provider feedback.

The new Emdeon reports are expected to be available later this year. The Premera EDI Team is working closely with Emdeon, and we will follow up with each Trading Partner on the changes prior to the transition.

HIPAA Updates

The U.S. Department of Health and Human Services (HHS) has issued the final rule for adoption of both a new HIPAA electronic transaction version and the transition to the ICD-10 coding structure:

HIPAA 5010

HHS has published the final rule to adopt the 5010 version for the related health claim standard transactions in order to:

- 1) Resolve issues (such as gray areas for data content requirements) that exist with the current 4010A1 version.
- 2) Prepare for implementing the ICD-10, as version 4010A1 does not support field lengths to accommodate the ICD-10 coding structure.

Following are key dates for the transition from version 4010A1 to 5010:

- Payers must be ready to begin Trading Partner testing on Jan. 1, 2011
- Compliance testing must be completed by Dec. 31, 2011
- Full transition compliance for all parties expected by Jan. 1, 2012

ICD-10

The industry has been using the International Classification of Diseases (ICD) coding structure version ICD-9 for many years. The HHS final rule now adopts version ICD-10 to replace ICD-9 for diagnosis and procedure code usage. ICD-10 coding is to be implemented with Dates of Service beginning **Oct. 1, 2013**.

While the dates for compliance for both the HIPAA standard electronic transaction version 5010 and for the ICD-10 coding structures appear to be far into the future, they are considered to be very aggressive by the healthcare industry.

Planning at Premera is currently underway to meet the target dates.

Premera advises providers to contact your system vendor or billing agent to find out about their transition plans to meet these compliance dates.

Now You Can Electronically Bill Corrected/Replacement Claims

Yes, Premera corrected claims can be sent electronically! To send Premera a corrected/replacement claim electronically (using the ASC X12 837 format) be sure to provide:

- Frequency Code of '7' to indicate a Replacement of Prior Claim, in Loop 2300, CLM05-3 segment
- A free-form message with an explanation for the corrected/replacement claim (in the Loop 2300 Claim Note, NTE01 must contain "ADD" and NTE02 must contain the explanation)
- When known, you may provide the initial Premera claim reference number or claim number (in Loop 2300, REF01 must contain "F8" and REF02 must contain the claim number)

For both professional and institutional claims, Frequency Codes can be found in the National Uniform Billing Specification Manual, which can be obtained at nubc.org.

Using the NPI (National Provider Identifier)

Greater than 99 percent of all Premera claims are received with the NPI as the primary Provider Identifier for all provider records indicated in the claim.

Premera's EDI Team is identifying and contacting providers who are not utilizing the NPI on their claims. This may only pertain to specific providers in an office whose NPI has not yet been registered with Premera.

Premera also advises that provider offices who receive an electronic remittance advice 835 transaction and have not registered an NPI with Premera for a specific provider, the 835 will not include that provider's remittance information.

Please provide Premera with any updates or changes you have made since initially registering your NPI list. You may 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 provider file records.

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

How to Review 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 (on right side of screen)
- ▶ 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 Tax 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 (SCW10) and HMA (TH049) must not be sent to the 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.

How to Use Clearinghouse 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 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 payer reports available in your ST Download Directory:

Nordian Medicare Reports

The Nordian report file names are:

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

Additional (archived) generations of the online 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 online 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)

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

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

Eric Gilbert 509-252-7471

Shari Johnson 509-252-7488

Bend office:

Darci Simms 541-318-2007

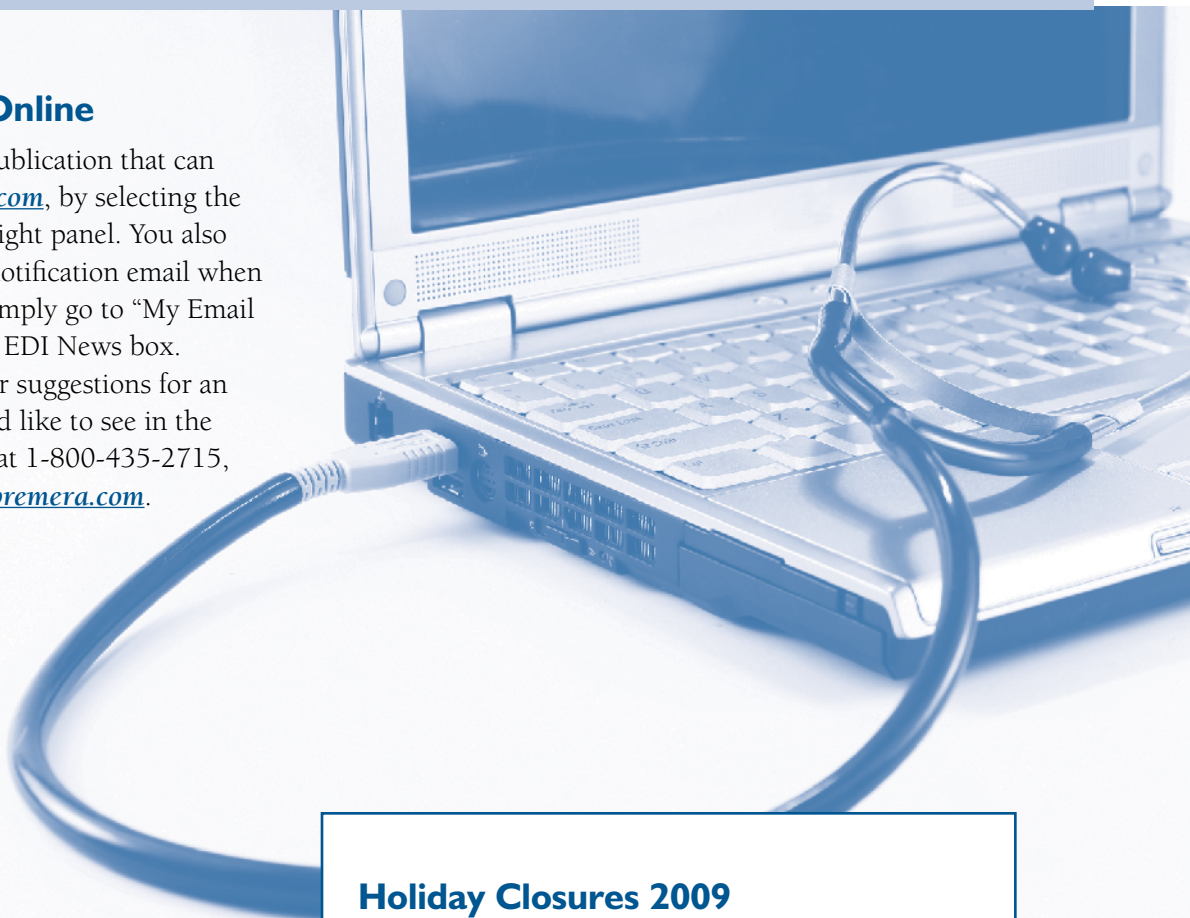
Lynnette Boulch 425-918-4218

Please post or circulate this newsletter in your office

EDI News Available Online

EDI News is an online publication that can be viewed at 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:

- Friday, Sept. 4 – (Premera Closure Day)
- Monday, Sept. 7 – (Labor Day)
- Thursday, Nov. 26 – (Thanksgiving Day)
- Friday, Nov. 27 – (Day after Thanksgiving)
- Thursday, Dec. 24 – (Day before Christmas)
- Friday, Dec. 25 – (Christmas Day)

EDI News – Online: 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.

Editor:

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e-mail: lenea.dyer@premera.com

The EDI team is dedicated to providing, excellent service.

