EDI News

September 2010

Effective March 14, 2011, claims received for other payers will be rejected as invalid payer, and will not be sent to those other payers for processing.

Contents

Feature Article	*page 1*
Payer Updates	*page 2-3*
Transactional Tips	*page 4*
EDI Confirmation Reports and Transactions	*page 5*
How to Contact EDI	*page 6*
Holiday Closures	*page 6*

PREMERA BLUE CROSS

Feature Articles

Clearinghouse Services Will Be Discontinued March 14, 2011

What is changing?

Premera will discontinue clearinghouse operations and no longer accept other payers' professional claims, reporting or remittance advice, **effective March 14, 2011.**

Other payers are: Medicare Part B for Noridian and Palmetto GBA/Railroad, Regence Blue Shield in WA, ID, & Asuris, ID State: Department of Social and Health Services (DSHS), WA State DSHS WA State L & I (Labor and Industries), Kitsap Physicians Service, Group Health Cooperative and other Participating Emdeon Commercial Payers, Other Payer Electronic Remittance & Reports.

What is the impact to you?

On March 14, 2011, we will only accept Premera electronic claims, this includes: Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise health plans of WA and OR, BlueCard (Out of Area), NASCO (National Accounts), FEP (Federal Employee Program) for appropriate counties in WA, and FEP in AK, LifeWise Health Plan in WA & OR.

Effective March 14, 2011, claims received for other payers will be rejected as invalid payer, and will not be sent to those other payers for processing.

Additional Support:

Our EDI Team will continue to support our customers and assist those providers who need to transition their other payers' claims and services to another clearinghouse. Upon request, we can provide you a list of alternative clearinghouses.

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

HIPAA 5010 Update

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 Premera family claims only, this includes: Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise health plans of WA and OR, BlueCard (Out of Area), NASCO (National Accounts), FEP (Federal Employee Program) for appropriate counties in WA, and FEP in AK, LifeWise Health Plan in WA & OR.

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***.

Requirements for 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.

EDI@Premera.com

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 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 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.

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 Team :

Phone hours: 8 a.m. – 5:00 p.m. (PST), M-F

- **Toll-free** **1-800-435-2715**

  Select Option 1 for Seattle office
  Select Option 2 for Spokane office
  Select Option 3 for Bend office

EDI Team Office Direct Lines

Direct Lines

Seattle office:	425-918-4228
Spokane office:	509-252-7471

- **Fax numbers:**

Seattle, WA and Bend, OR offices:	425-918-4234
Spokane office	509-252-7794

- **Questions or problems:**
  E-mail the EDI department at *EDI@premera.com*
- **Premera health plan information:**
  Use our Web site at *premera.com*

Holiday Closures 2010

Premera will be closed on the following dates:

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 electronic claims processing for the office billing staff, billing services and software vendors from Premera. Please keep this newsletter for future reference.

Editor:
Kathy Leahy – Phone 1-800-435-2715, Fax: 425-918-4234
e-mail: *kathy.leahy@premera.com*

The EDI team is dedicated to providing, excellent service.

PREMERA BLUE CROSS

006529 (09-2010)