



Information about the project and our progress can be found at: premera.com/provider via the HIPAA link.

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Premera Continues HIPAA 5010 Planning

HIPAA 5010 update

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

Premera has a corporate-wide business plan for achieving full compliance with the electronic healthcare transaction(s) 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 can be found at: premera.com/provider via the HIPAA link.

The Trading Partner testing phase for HIPAA 5010, which occurs until December 31, 2011 includes all Premera family claims: Premera Blue Cross in Washington, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington and of Oregon, BlueCard (out of area), NASCO (National Accounts), FEP (Federal Employee Program) for institutional claims, and appropriate counties in Washington for professional claims, and all FEP in Alaska.

Where are we now?

The EDI Team is actively preparing for external trading partner testing for version 5010A (Errata) at this time. 5010A testing is targeted to begin October 2011. Prior to 5010A testing, the EDI Team will send out a testing packet to all applicable trading partners.

Trading partners must complete and return the 5010A enrollment form. Once a completed enrollment form has been returned, the EDI Team will configure settings for 5010A testing, and the trading partner will be notified of their scheduled testing start date. All testing is expected to be completed by Dec. 31, 2011 for HIPAA 5010 production compliance mandated by HHS for Jan. 1, 2012.

Premera along with other payers, providers and state agencies as part of the Washington Healthcare Forum have developed Best Practice Recommendations (BPRs) for HIPAA 5010A electronic transactions, rather than separate companion guides, which can be found at the following link: <http://www.onehealthport.com/worksmart/bproverview.php>.

Billing Provider Address and Pay-To Address

When submitting version 5010-compliant electronic transactions, the billing provider address must be a complete (physical) street address and can no longer be a P.O. Box or lock-box.

If you need remittances (payments) directed to a different address, use the pay-to address fields.

Billing Provider Address (Loop 2010AA)

- Must be a street address.
- P.O. Box or lock-box addresses as the Pay-To Address (Loop ID-2010AB), if needed.

Pay-To Address (Loop ID-2010AB)

- Required when the address for payment is different than that of the Billing Provider.

Providers should check with their clearinghouse or system vendor to request assistance with ensuring these changes. You will receive warning messages or rejection errors for incorrect address field content.

If you have questions, contact EDI at 800-435-2715.

Electronic Reports

Avoid lost claims and eligibility errors by downloading and reviewing your on-line 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 rebilled.

When Premera receives your electronic claims file we acknowledge receipt in two different ways, as follows:

- Immediately return a Functional Acknowledgement (machine readable)
- Same day, return an Electronic Claims Transaction Report (human readable)

Electronic Claims Transaction Report

This report displays all claims that were sent in your 837 electronic claims file. The report is sent out on the same business day to your Secure Transport (ST) Download directory.

Secure Transport users should follow these steps to download response and 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

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 name and its file name.

997 Functional Acknowledgement

File name: 997_YYMMDDSSNNN (837, version 4010)

999 Functional Acknowledgement

File name: 999_GSXXXXXXXXXX_YYMMDDSSNNN (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

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

The file name extension will be either: '.pdf' or '.txt' depending on your current report format.

Note: The YYYYMMDD is the date stamp, HHMMSSNNN is the time stamp in HH/hours, MM/minutes, SS/seconds and NNN/microseconds.

Bill Corrected/Replacement Claims Electronically

It's easy and paperless!

Yes, you can send Premera corrected professional, institutional, and dental claims electronically.

To send corrected/replacement claims (ASC X12 837 format) follow these steps:

- Indicate a Corrected/Replacement of a Prior Claim, using Frequency Code of '7' in Loop 2300, CLM05-3 segment.
- Bill all services from the original claim, including the corrected services.
- Include a free-form note with a brief explanation for the corrected/replacement claim in the Loop 2300 Claim Note, NTE01 must contain "ADD" and NTE02 must contain the explanation.
- If known, provide the initial Premera claim number in Loop 2300, REF01 must contain "F8" and REF02 must contain the claim number.

For professional, institutional and dental electronic claims, Frequency Codes and usage guidelines can be found in the National Uniform Billing Specification Manual, at nubc.org

Best Practice Recommendations can be found at: onehealthport.com/worksmart/bproverview.php

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.

Company Closures for 2011

Premera will be closed on the following dates:

- Friday, Sept. 2 and Monday, Sept. 5
- Thursday, Nov. 24 and Friday, Nov. 25
- Friday, Dec. 23 and Monday Dec.26

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
Toll-free 800-435-2715

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

Please post or circulate this newsletter in your office

EDI News — Online: 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.

