EDI NEWS

A new proposed transition date of January 10, 2010 is targeted.

FEATURE *Articles*

WA State DSHS Delays Transition to ProviderOne

The Washington State Department of Social and Health Services (DSHS) recently announced a delay in the transition of their current MMIS claims process over to the new ProviderOne system originally scheduled for Dec. 6, 2009. A new proposed transition date of January 10, 2010 is targeted.

Frequently check the following WA State DSHS ProviderOne link below for updates and further changes to their transaction schedule: *http://maa.dshs.wa.gov/ProviderOne/*

The EDI Team sent a notification in October to all Trading Partners who send WA DSHS claims through the Premera Clearinghouse, indicating the required changes that are necessary for the ProviderOne transition. Following is WA State DSHS ProviderOne information to assist you with any further questions regarding this transition:

1 - 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*

You may also call 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

2 - You must register with WA DSHS/ProviderOne through the following link: *http://hrsa.dshs.wa.gov/ProviderOne/Registration.htm*

If you use the Premera Clearinghouse to send claims to WA DSHS, be sure to include our ProviderOne ID of: 1054083

Please note that the Premera Clearinghouse will not be exchanging the following electronic transactions with WA DSHS, ProviderOne:

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.

http://maa.dshs.wa.gov/ProviderOne/

Contents

PREMERA | BLUE CROSS

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 stop sending Payer ID 91211 for Group Health Cooperative claims.

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

REMEMBER
Include NPI
and Only
Payer ID 91051
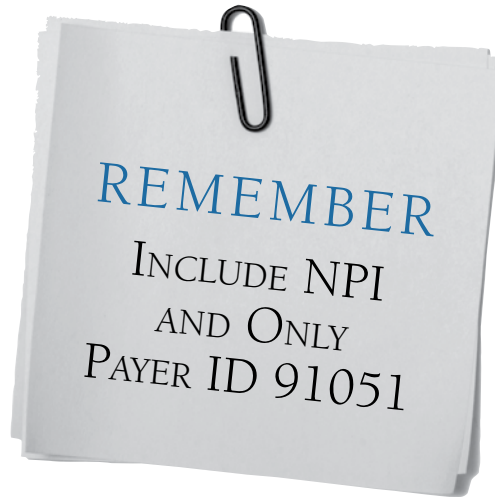
NEIC Transition to Emdeon Reports

The EDI Team is in the process of transitioning NEIC reports over to the new Emdeon reporting. You may have already received them.

The new Emdeon Reports RTP-34, -35 and -41 capture information that was reported on the old NEIC reports, R022, R023, R026, R059, R060, and R061.

The EDI Team will mail Emdeon reports to Trading Partners who send other payer claims with Carrier Code 0000 and/or claims destined for a commercial payer through Emdeon.

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

The phased project is expected to last through Dec. 31, 2011. Premera will provide regular updates about the project on the provider portal at *www.premera.com.*

NPI (National Provider Identifier)

The EDI Team continues to identify and contact 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.

Provider group offices that typically receive an electronic remittance advice 835 transaction will not receive an 835 for a provider who has not registered their NPI with Premera

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 contact list of Trading Partners 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 as well as related Tax ID and EDI Submitter ID.

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

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 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 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.

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 resulting reports available the following morning.
- Files received after 3 p.m. are processed the next business day, with resulting 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 the 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 the 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:

Noridian 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)

<u>A NEW Availity "Delayed Payer Report" is now available to provide further payer validation information.</u>

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.

Holiday Closures 2009

Premera will be closed on the following dates:

Thursday, Nov. 26 – (Thanksgiving Day)

Friday, Nov. 27 – (Day after Thanksgiving)

Thursday, Dec. 24 – (Day before Christmas)

Friday, Dec. 25 – (Christmas Day)

Friday, Jan. 1 – (New Year's Day) – 2010

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

006529 (12-2009)