



*CMS will not enforce  
HIPAA 5010 compliance  
until March 31, 2012,  
but still encourages  
entities to be ready by  
Jan. 1, 2012.*

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## HIPAA 5010 Compliance Extended

On Nov. 17, 2011, the Centers for Medicare & Medicaid Services' Office of E-Health Standards and Services (CMS OESS) announced that it will not enforce compliance with the ASC X12 version 5010 until **March 31, 2012**.

CMS' OESS is the division of U.S. Department of Health and Human Services (HHS) that enforces compliance with HIPAA transactions and code set standards. The HHS had previously directed that all HIPAA-covered entities comply by Jan. 1, 2012.

You can view the announcement on the CMS website:  
[CMS Statement 5010 Enforcement](#)

Although compliance enforcement has been extended, OESS encourages all covered entities to continue working with their Trading Partners\* to determine their readiness and comply with the new HIPAA version 5010 standards by Jan. 1, 2012.

### What does this mean to you?

All Trading Partners who send and/or receive electronic transactions, (claims, remittance advice, eligibility and benefit information, claims status, etc.) should continue their efforts to become HIPAA 5010 compliant between now and March 31, 2012.

Effective **April 1, 2012**, all Trading Partners must send and receive electronic standard transactions in version 5010 (with Errata changes).

### Where are we now?

Premera/LifeWise EDI is actively testing version 5010 with all willing Trading Partners. Once testing is completed, we will notify providers about when to begin sending electronic transactions using version 5010.

Premera and other payers, providers, and state agencies have developed Administrative Simplification Best Practice Recommendations (BPRs) for HIPAA 5010 (with Errata changes) electronic transactions, rather than separate companion guides.

HIPAA 5010 BPRs can be found at: <http://onehealthport.com/>

### Don't Wait!

If you have not yet started 5010 testing with us, please contact the EDI Team to get started today! If you are a provider who bills claims from your office directly to Premera, but are considering a change to a clearinghouse for the 5010 transition, please email the EDI Team at [edi@premera.com](mailto:edi@premera.com), or call 800-435-2715.

## Address Guidelines for 5010

When submitting version 5010-compliant electronic transactions, follow these guidelines:

- Billing Provider Address (Loop 2010AA): Must be a complete (physical) street address. It cannot be a P.O. Box or lock-box.
- Pay-To Address (Loop ID-2010AB): Complete if your remittance (payment) address is different from the Billing Provider Address, or is a P.O. Box or lock-box.

We encourage providers to contact their clearinghouse or system vendor to ensure these guidelines are followed. Incorrect address field content will result in claim rejection errors.

If you have questions about these guidelines, call EDI at 800-435-2715.

## Coordination of Benefits (COB), Premera is Secondary

Once the primary payer has processed a claim, you can send it electronically to Premera.

This includes: Premera Blue Cross, Federal Employee Program, and LifeWise health plans of Washington and Oregon claims.

For a successful submission, you must include the following primary payer information on the claim:

- Primary payer Name
- Primary payer Member ID
- Primary payer Allowed Amount
- Primary payer Payment Amount
- Primary payer reason for nonpayment (i.e., non-covered service, applied to deductible, benefit max, etc.)
- Primary payer adjudication date for claim

**Please note:** All Premera secondary to Medicare claims are automatically sent to Premera by Medicare after Medicare has processed the claim. To prevent duplicate claim submission, please do not bill these claims to Premera if your Medicare Explanation of Benefits indicates the claim was forwarded (or crossed over) to the secondary payer.

## Federal Employee Program (FEP) Claims Billing

When billing professional services for FEP members in Washington, be sure to send claims to the correct Blue Plan for processing. Sending claims to the wrong plan causes payment delays, as claims must be re-routed to the correct plan administrator.

For instructions about where to send FEP claims by county and claim type, see the detailed map at: [FEP at premera.com/provider](http://FEP.at.premera.com/provider).

EDI validates providers' location using the zip code in the Service Provider Location Address (when sent), or by the zip code in the Billing Provider Address.

Regence Blue Shield of Washington is the plan administrator for FEP professional claims in the counties listed in Table 1 below. Contact your clearinghouse for the appropriate Payer ID Code and use it when billing Regence for FEP professional claims in these counties.

**Table 1: Counties where professional FEP claims should be billed to Regence Blue Shield of Washington.**

Clallam	Pacific
Columbia	Pierce
Cowlitz	San Juan
Grays Harbor	Skagit
Island	Skamania
Jefferson	Snohomish
King	Thurston
Kitsap	Wahkiakum
Klickitat	Walla Walla
Lewis	Whatcom
Mason	Yakima

FEP professional claims for all other Washington counties should be sent to Premera Blue Cross. (**Exception:** Garfield and Asotin counties go to Regence Blue Shield of Idaho.)

All FEP institutional/facility claims within all Washington counties are should go to Premera (**Exception:** Clark County institutional/facility claims go to Regence Blue Shield of Oregon.) Following these steps when billing claims for FEP members will minimize claims processing delays.

## Electronic Reports

Avoid lost claims and eligibility errors by downloading and reviewing your on-line reports from Secure Transport (ST). Verifying these reports assists your practice with accurate claim tracking.

To effectively use the reports, remember:

- Reports are only available online via Secure Transport (ST).
- Retrieving your reports regularly ensures we have received your claims and alerts you to claim rejections.
- Rejected claims must be corrected and rebilled.

### 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 Response Report Files

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

**Note:** The file name extension will be either: '.pdf' or '.txt' depending on your current report format. 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](http://nubc.org)

Best Practice Recommendations can be found at: [onehealthport.com/worksmart/bproverview.php](http://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](mailto: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](http://connectiva.com)), call EDI at 800-435-2715, fax to 425-918-4234, or email your change to [edi@premera.com](mailto:edi@premera.com).

### 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](mailto:edi@premera.com)
- **Premera health plan information:**  
Use our website at [premera.com](http://premera.com)

### 2011 Company Closures

—————  
**Friday, December 23**  
**Monday, December 26**  
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*Please post or circulate this newsletter in your office*

### ***EDI News*** — [Premera.com/provider](http://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.