EDI NEWS

Our EDI Team can assist those providers who need help to transition to another clearinghouse.

FEATURE *Articles*

Premera to Discontinue Clearinghouse Services for Other Payers' Claims in 2011

Premera has operated an electronic professional claims clearinghouse for the past 20 years, enabling providers to bill their professional claims for all payers through one channel, instead of to each payer individually.

After careful review and consideration of the extensive system changes required to comply with HIPAA 5010, we have determined that operating a clearinghouse is no longer viable. We did not make this decision lightly. We researched every consideration, as well as evaluating the impacts to our providers.

In the past, operating a clearinghouse offered Premera a viable solution to promote electronic billing. While the Premera Clearinghouse operates on a smaller scale, it offers basic electronic services such as electronic; reporting, remittance advice and other inquiry transactions for response. In this new era of vast technologies, we have seen our customers shift to larger clearinghouse entities that offer an assortment of services and solutions.

Premera will discontinue our clearinghouse operations and no longer accept **other payers'** professional claims, reporting and remittance advice, effective March 14, 2011. After this date, we will only accept Premera electronic claims from providers, their billing agent or clearinghouse. This includes: Blue Cross in WA, Blue Cross Blue Shield of AK,

LifeWise Health Plan of WA and OR, Federal Employee Program in AK, and appropriate counties in WA, BlueCard (out-of-area) and NASCO (National Accounts).

We will continue to accept Premera electronic inquiry transactions for response, which includes the 270 benefit and eligibility inquiry for 271 response the 276 claim status inquiry for 277 response and the 278 service review inquiry for response. We will also continue to provide electronic reporting and Premera remittance advice as we do today.

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 1-800-435-2715, option 1 (Seattle Office) or option 2 (Spokane Office), or by email at *edi@premera.com*.

Contents

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PAYER *Updates*

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 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: *www.premera.com*.

NPI (National Provider Identifier)

Have you updated your NPI list with Premera?

Be advised that provider group offices that receive an electronic remittance advice 835 transaction and have not updated their NPI list with Premera for new providers, will not receive an 835 for those providers.

Please provide Premera with NPI updates or changes you have made since initially registering your NPI list.

Three ways to register your NPI updates or changes:

◗ Register your NPIs at *http://www.onehealthport.com/* or 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.

Transition to Emdeon Reports

We are pleased to announce our transition to the new Emdeon report was completed in early December 2009. Please take a minute to familiarize yourself with these new reports as you received them in the mail.

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

Please call us with any questions at 1-800-435-2715 or email *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

◗ 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.

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

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 HIPPA 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:

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)

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

Holiday Closures 2010

Premera will be closed on the following dates:

Monday, May 31 – (Memorial Day)

Monday, July 5 – (Independence Day)

Monday, Sept. 6 – (Labor Day)

Thursday, Nov. 25 – (Thanksgiving Day)

Friday, Nov. 26 – (Day after Thanksgiving)

Friday, Dec. 24 – (Christmas Observed)

Friday, Dec. 31 – (New Years Day Observed)

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