Effective March 14, 2011, non-Premera claims will be stopped and you will be notified to rebill them directly to the payer(s)

Contents

Premera Clearinghouse – Final Notification

Ending Services for Other Payers' Claims

Premera Clearinghouse services are in final days of operation for non-Premera claims. Effective March 14, 2011, we will discontinue services for the following payers:

- Medicare Noridian Part B
- Medicare Palmetto GBA-Railroad Part B
- Other Commercial Payers (via Emdeon)

What is the impact to you?

Effective Monday, March 14, 2011, the non-Premera claims listed above will be stopped and you will be notified to rebill them directly to the payer(s).

March 14 through the end of March 2011, will be the run out for related remittance advice and response reporting from Medicare Noridian, and payer response reporting from Availity (for Regence and Asuris), and Emdeon (for Commercial Payers) for claims that the Premera Clearinghouse received prior to March 14, 2011.

Only these Premera claims will be accepted on and after March 14, 2011:

- Premera Blue Cross in Washington
- Premera Blue Cross Blue Shield of Alaska
- BlueCard® (out of area)
- Federal Employee Program (FEP) in Alaska
- FEP in Washington (appropriate counties)
- LifeWise Health Plan of Washington
- NASCO (National Accounts)
- LifeWise Health Plan of Oregon

If you have any questions regarding this notification, please contact the EDI Team at 800-435-2715 or at edi@premera.com

HIPAA 5010 Update

What is HIPAA 5010?

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 begun this complex project with scope and implications analysis, with 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 will be updated regularly on the provider portal at premera.com/provider via the HIPAA link.

Please be aware that during the Trading Partner testing phase for HIPAA 5010, which occurs until Dec. 31, 2011, only Premera family claims are allowed. This includes: Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise health plans of Washington and Oregon, BlueCard (Out-of-Area), NASCO (National Accounts), FEP (Federal Employee Program) for appropriate counties in Washington, and FEP in Alaska.

Where are we now?

Our EDI Team is actively testing electronic Premera claims with external trading partners for version 5010-nonErrata at this time. 5010 Errata testing is targeted to begin third quarter 2011, at which time all 5010-nonErrata testing will cease. Once 5010 Errata testing is available the EDI Team will send out the 5010 Errata Testing packet to all applicable trading partners. Trading partners must complete and return the 5010 Errata enrollment form. Once a completed enrollment form has been returned, the EDI Team will configure settings for 5010 Errata 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 full HIPAA 5010 production compliance mandated by HHS for Jan. 1, 2012.

Where are we now? *(cont.)*

Premera, along with other payers, providers, and state agencies as part of the Washington Healthcare Forum and the WorkSmart Institute, have developed Best Practice Recommendations (BPRs) for HIPAA version 5010 Errata electronic transactions, rather than separate companion guides. Please contact the EDI Team to obtain a copy of the related BPRs.

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 show 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. Reporting naming conventions will change for your download directory, and the 999 Functional Acknowledgement will be used for version 5010 transactions. Details regarding these reporting changes and examples of the new report format will be shared with you during your preparation for 5010 Errata testing.

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.

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 (for current ASC X12N 4010A1 837 transactions)

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 called BCWARPT.** Older transmission reports are **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 (for current ASC X12N 4010A1 837 transactions)

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 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 (for current ASC X12N 4010A1 837 transactions)

- 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.

Company Closures for 2011

Premera will be closed on the following dates:

- Friday, May 27 and Monday, May 30
- Monday, July 4
- 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

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.

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