



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.

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 third-quarter 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 and 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 5010A electronic transactions, rather than separate companion guides. Please contact the EDI Team to obtain a softcopy of the related BPRs.

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

EDI Reporting Changes

Currently, when Premera receives your electronic claims file we confirm receipt in one of the following ways:

- Return a 997 Functional Acknowledgement immediately (machine readable)
- Return a 837 Transaction Error Report within one hour (human readable), displaying claims that rejected HIPAA validation
- Return an Electronic Claims Transaction Report by the next business day (human readable), displaying claims that passed HIPAA validation, claims that rejected business edit(s) validation, and claims accepted for adjudication.

New Consolidated Report

Beginning June 20, 2011, we will consolidate the 837 Transaction Error Report and the Electronic Claims Transaction Report to display and all accepted and all rejected claims with rejection reasons.

This report will be called Electronic Claims Transaction Report (human readable), and will be sent on the same business day to your Secure Transport (ST) download directory. If you send multiple transaction files separately, multiple report files will be posted to your download directory.

EDI Report Name Changes

Also starting June 20, 2011, the file naming conventions will change for EDI response reports and transactions posted to your ST download.

The new file names will include the same report number followed by the date stamp (YYYYMMDD) and time stamp (HHMMSSNNN, HH/hours, MM/minutes, SS/seconds and NNN/microseconds).

For example, the new consolidated Electronic Claims Transaction Report file name will appear as: 837RPT_YYYYMMDDHHMMSSNNN.txt

This new naming convention provides better capability for tracking, for those trading partners who use an auto-scheduler to download transaction files.

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.

Send Corrected/Replacement Claims Electronically

It's easy and paperless!

Did you know you should submit 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

Company Closures for 2011

Premera will be closed on the following dates:

- Monday, July 4
- Friday, Sept. 2 and Monday, Sept. 5
- Thursday, Nov. 24 and Friday, Nov. 25
- Friday, Dec. 23 and Monday Dec.26

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.

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.

