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Premera's ICD-10 Implementation Approach

Premera initiated our ICD-10 assessment in 2010, establishing the following guiding principles for the initiative:

- Achieve compliance by the date mandated by the Department of Health and Human Services (HHS)
- Maintain provider (i.e., physician and hospital) payment neutrality
- Avoid impacts to member benefits
- Be flexible in claims processing approach in order to do what is right for our members, our providers, and our groups, while meeting HHS compliance
- Sustain current claims auto-adjudication rates
- Maintain customer service call performance

Premera will be compliant and is also expecting providers to be compliant. To meet that requirement, we will be capable of processing both ICD-9 and ICD-10 codes and will be processing claims natively using the ICD codes submitted on the claims.

Per the regulation:

- For services received on or after Oct. 1, 2014, we expect providers to submit claims containing ICD-10 diagnosis codes and procedures.
- For claims/claims adjustments with dates of service before Oct. 1, 2014, we will process claims containing ICD-9s.

Premera's Current Status:
ICD-10 Analysis and System Remediation
During the past three years, we have completed the ICD-10 mapping of member benefits into the new code set, documented our business requirements, and remediated core claims processing systems as required for ICD-10. With the Oct. 1, 2014 revised compliance date, the team adjusted (continued)

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ICD-10 Implementation (continued)

the project schedule to accommodate the year delay and is currently executing the revised plan. Our current focus is completing remediation of other systems and initiating testing by Q3 2013.

Validation and Testing

ICD-10 testing has been structured into several phases beginning in Q1 2013 and ending by mid-2014. We are currently planning our provider (physician and hospital partners) testing strategy and will reach out to providers in Q3 2013 to initiate testing. We will determine actual testing schedules upon completion of the strategy and initial discussions with providers.

Based on the market response to the mandate, our ICD-10 remediation approach will be flexible and allow for adjustments as needed. Our goal is to ensure we are serving our customers –providers and members. If you have specific requirements that we should consider as we move forward, we welcome your feedback. We also welcome your thoughts about future testing requirements and plans that will be needed to ensure that we are jointly ready and capable of serving our customers.

We'll work collaboratively with healthcare providers to assist in their compliance efforts for the ICD-10 mandate. Find more information under Quick Links at at **premera.com/ak/ provider**.

Our ICD-10 approach will be flexible and allow for adjustments as needed.

New ICD-10 FAQ Available at onehealthport.com
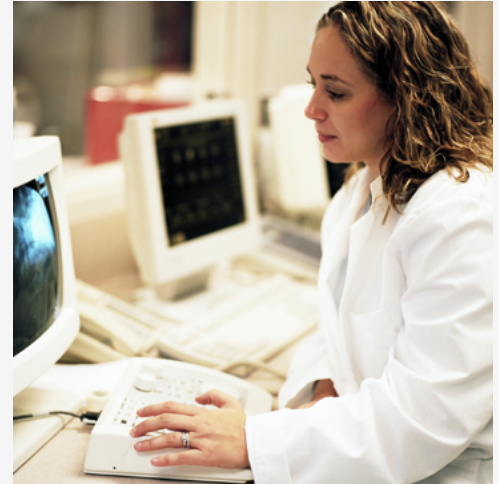
A new ICD-10 FAQ recently posted at **onehealthport.com** was produced by the ICD-10 Work Group, a collaboration of health plans and providers, facilitated by OneHealthPort. The FAQ will be updated on a quarterly basis.

Here are a few sample questions from the FAQ:

Does the ICD-10 mandate apply to paper claims?
We will not accept ICD-9 codes on claims (including electronic and paper) with dates of service (on professional and supplier claims) or dates of discharge/through dates (on institutional claims) on or after October 1, 2014.
Learn more at **cms.gov/MLNMattersArticles/Downloads/ MM7492.pdf**.

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New ICD-10 FAQ (continued)

When will Premera stop accepting ICD-9 codes? As long as the date of service/discharge is prior to Oct. 1, 2014, ICD-9 codes will still be valid. Because of claims timely filing limits, appeals, retroactive coverage, and other administrative processes can span the implementation date, the length of time that ICD-9 codes can
be accepted will vary by payer.

Find more resources here:

- **cms.gov/MLNMattersArticles/downloads/MM7492.pdf**
- **cms.gov/MLNMattersArticles/downloads/SE0832.pdf**
- **cms.gov/ContractorLearningResources/downloads/JA0832.pdf**

Should we expect updates to the Impairment Group Codes (for rehab, SNF, etc.), and if so, when? According to the CMS ICD-10 Impact Analysis, Impairment Group Codes will be translated to ICD-10, which will impact current CMS business processes. No specific dates are indicated for these updates to the Impairment Group Codes. View the complete CMS ICD-10 Impact Analysis at: **cms.gov/Medicare/Coding/ICD10/CMSImplementationPlanning.html**

Premera Alpha Prefix List Now Online

In response to provider requests to verify a member's ID card alpha prefix, we published an alpha plan prefix list on our provider websites. The Premera alpha plan prefix precedes the member's ID number on the identification card, for example, Prefix: ZKA   Identification #: 123456789.

To view the alpha plan prefix list, visit **premera.com/ak/provider**, and look in Library > Reference Info > Tools and Information. You'll need your OneHealthPort (OHP) user ID and password to access the alpha plan prefix list.

More Helpful Tips

- Send both the alpha plan prefix (when known) and the member ID on all claims, for example: ZKA123456789.
- Verify that you have the patient's most current ID card for your records via the "Date Printed" section, but note that Premera ID cards are not always reprinted every year.

Are there any providers exempt from having to use ICD-10 codes?

All providers designated as a HIPAA-covered entity must use ICD-10.

Learn more at cms.gov/ICD10Downloads/ICD-10MythsandFacts.pdf

You'll need your OneHealthPort user ID and password to access the alpha plan prefix list.

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HIPAA 5010 Administrative Simplification Best Practice Recommendations (BPRs)

Along with other healthcare payers, providers and state agency subject matter experts, Premera has developed Administrative Simplification Best Practice Recommendations (BPRs) for HIPAA 5010 electronic transactions. You'll find these BPRs at onehealthport.com.

Electronic Confirmation Reports Help Avoid Lost Claims, Errors

Downloading and reviewing your electronic confirmation reports from your Secure Transport (ST) download directory can help you avoid lost claims and eligibility errors. You can also view rejected claim information. Verifying the reports against your office reports ensures accurate claim tracking.

Here are some key points to remember to effectively use the reports:

- Reports are only available online via ST
- Downloading your reports regularly ensures 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 Claims Transaction Reports

The electronic claims transaction report displays all claims that were sent in your 837 electronic claims file. The report is sent on the same business day to your ST Download Directory.

ST 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. Access file in the appropriate report directory on your PC

2013 Company Closures

Thursday, July 4

Monday, Sept. 2

Thursday, Nov. 28

Friday, Nov. 29

Tuesday, Dec. 24

Wednesday, Dec. 25

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Electronic Confirmation Reports (continued)

EDI Report File Naming Convention

The EDI response reports and transactions are posted to your Secure Transport download directory. Here is a list of each report or transaction name and its file name:

997 Functional Acknowledgement
File name: 997_YYMMDDSSNNN (837, version 4010)

999 Functional Acknowledgement
File name: 999_GSXXXXXXXXX_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 report format. YYYYMMDD is the date stamp, HHMMSSNNN is the time stamp in HH/hours, MM/minutes, SS/seconds and NNN/microseconds.

Share the knowledge.

Please post and share this newsletter with co-workers in your office.

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), Monday through Friday.

800-435-2715

Questions or problems: You can also email your questions to us at **edi@premera.com.**

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