EDI News

If you have not transitioned your 'Other Payers' (non-Premera) electronic claims to another clearinghouse, you need to begin that process now

FEATURE *Articles*

Premera Clearinghouse to be Discontinued

Time is running out!

If you have not transitioned your 'Other Payers' (non-Premera) electronic claims to another clearinghouse, you need to begin that process now to prevent any potential interruption to your revenue!

Beginning Monday, March 14, 2011 Premera Clearinghouse services for Other Payers' claims will be discontinued and we will no longer accept and transfer your claims to those payers for processing.

Who are those 'Other Payers'?

- Medicare Part B for Noridian
- Palmetto GBA/Railroad Medicare Part B
- Regence Blue Shield in WA & Asuris
- BCBS ID
- WA State L & I (Labor and Industries)
- Group Health Cooperative
- Participating Emdeon Commercial Payers
- Kitsap Physicians Service
- ID State Department of Social and Health Services (DSHS)
- WA State DSHS

What is the impact to you?

If you have not yet started to transition your Other Payers' claims through another clearinghouse, the processing of

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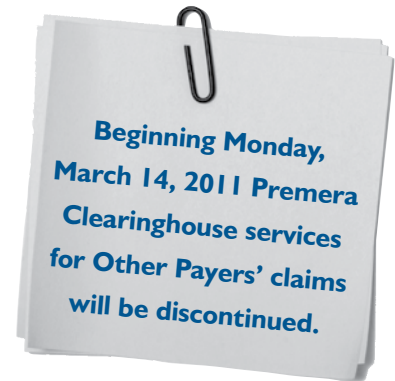
those claims could be delayed beginning March 14, 2011, as you will need to send those claims on paper to those Other Payers until you complete your transition.

Also, we will no longer be forwarding Medicare Noridian electronic remittance advice and electronic reporting to you, Availity/Regence and Emdeon reporting will cease also.

Effective Monday, March 14, 2011:

- We will not accept Other Payers electronic claims, these claims will be stopped in our process, and we will notify you to re-direct those claims on to the Other Payers directly.

- Remember only Premera electronic claims will be accepted!

If you need a list of alternative clearinghouses to electronically bill your Other Payers' claims, please contact the EDI Team at (800) 435-2715.

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HIPAA 5010 Update

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: *premera.com* via the HIPAA link.

Please be aware that during the testing phase for 5010, which is expected to begin in January 2011, we will accept Premera family claims only, this includes: Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise health plans of WA and OR, BlueCard (Out of Area), NASCO (National Accounts), FEP (Federal Employee Program) for appropriate counties in WA, and FEP in AK, LifeWise Health Plan in WA & OR.

Please note that Other Payers (non-Premera) claims are not part of our 5010 Project Plan.

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

Please notify the EDI Team when you are ready for 5010 testing on or after January 1, 2011. The testing is not automatic and requires configuration to allow you to send your electronic transactions in version 5010.

Be sure to watch for 5010 news at *premera.com*

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, or email your change to *edi@premera.com*

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 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 (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 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 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.

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 Team: Phone hours: 8 a.m. – 5:00 p.m. (PST), M-F

▶ Toll-free 1-800-435-2715

Select Option 1 for Seattle office

Select Option 2 for Spokane office

Select Option 3 for Bend office

EDI Team Office Direct Lines

425-918-4228 or

509-252-7471

▶ **Fax numbers:**
425-918-4234 or

509-252-7794

▶ **Questions or problems:**
E-mail the EDI Team at *edi@premera.com*

▶ **Premera health plan information:**
Use our Web site at *premera.com*

Holiday Closures 2010

Premera will be closed on the following dates:

Friday, Dec. 24 – (Christmas Observed)

Friday, Dec. 31 – (New Year's Day Observed)

Please post or circulate this newsletter in your office

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