CMS will not enforce HIPAA 5010 compliance until March 31, 2012, but still encourages entities to be ready by Jan. 1, 2012.

Contents

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HIPAA 5010 Compliance Extended

On Nov. 17, 2011, the Centers for Medicare & Medicaid Services' Office of E-Health Standards and Services (CMS OESS) announced that it will not enforce compliance with the ASC X12 version 5010 until **March 31, 2012**.

CMS' OESS is the division of U.S. Department of Health and Human Services (HHS) that enforces compliance with HIPAA transactions and code set standards. The HHS had previously directed that all HIPAA-covered entities comply by Jan. 1, 2012.

You can view the announcement on the CMS website:
CMS Statement 5010 Enforcement

Although compliance enforcement has been extended, OESS encourages all covered entities to continue working with their Trading Partners* to determine their readiness and comply with the new HIPAA version 5010 standards by Jan. 1, 2012.

What does this mean to you?

All Trading Partners who send and/or receive electronic transactions, (claims, remittance advice, eligibility and benefit information, claims status, etc.) should continue their efforts to become HIPAA 5010 compliant between now and March 31, 2012.

Effective **April 1, 2012**, all Trading Partners must send and receive electronic standard transactions in version 5010 (with Errata changes).

Where are we now?

Premera/LifeWise EDI is actively testing version 5010 with all willing Trading Partners. Once testing is completed, we will notify providers about when to begin sending electronic transactions using version 5010.

Premera and other payers, providers, and state agencies have developed Administrative Simplification Best Practice Recommendations (BPRs) for HIPAA 5010 (with Errata changes) electronic transactions, rather than separate companion guides.
HIPAA 5010 BPRs can be found at: http://onehealthport.com/

Don't Wait!

If you have not yet started 5010 testing with us, please contact the EDI Team to get started today! If you are a provider who bills claims from your office directly to Premera, but are considering a change to a clearinghouse for the 5010 transition, please email the EDI Team at edi@premera.com, or call 800-435-2715.

Address Guidelines for 5010

When submitting version 5010-compliant electronic transactions, follow these guidelines:

- Billing Provider Address (Loop 2010AA): Must be a complete (physical) street address. It cannot be a P.O. Box or lock-box.

- Pay-To Address (Loop ID-2010AB): Complete if your remittance (payment) address is different from the Billing Provider Address, or is a P.O. Box or lock-box.

We encourage providers to contact their clearinghouse or system vendor to ensure these guidelines are followed. Incorrect address field content will result in claim rejection errors.

If you have questions about these guidelines, call EDI at 800-435-2715.

Coordination of Benefits (COB), Premera is Secondary

Once the primary payer has processed a claim, you can send it electronically to Premera.

This includes: Premera Blue Cross Blue Shield of AK, Premera Blue Cross in Washington, FEP in Alaska and Washington, and LifeWise health plans of Washington and Oregon.

For a successful submission, you must include the following primary payer information on the claim:
- Primary payer Name
- Primary payer Member ID
- Primary payer Allowed Amount
- Primary payer Payment Amount
- Primary payer reason for nonpayment (non-covered service, benefit max, etc.)
- Primary payer adjudication date for claim

Please note: All Premera secondary to Medicare claims are automatically sent to Premera by Medicare after Medicare has processed the claim. To prevent duplicate claim submission, do not bill these claims to Premera if your Medicare Explanation of Benefits indicates the claim was forwarded (or crossed over) to the secondary payer.

Federal Employee Program (FEP) Claims Billing

When billing Alaska FEP professional and institutional/facility claims electronically, be sure to direct them to Premera Blue Cross Blue Shield of AK, the plan administrator for FEP claims. Sending claims to the wrong plan causes payment delays, as claims must be re-routed to the correct plan administrator.

For instructions about where to send FEP claims by county and claim type, see the detailed map at: FEP at premera.com/provider.

EDI validates providers' location using the zip code in the Service Provider Location Address (when sent), or by the zip code in the Billing Provider Address.

Contact your clearinghouse for the appropriate Payer ID Code to use for Premera Blue Cross Blue Shield of AK and direct your FEP AK member claims there. This will result in correct processing and the fastest claim processing turnaround time for your business!

Did You Know?
FEP AK secondary to Medicare claims are automatically sent to Premera by Medicare after Medicare has processed the claim. To prevent duplicate claim submission, please do not bill these claims to Premera FEP if your Medicare Explanation of Benefits indicates the claim was forwarded (or crossed over) to the secondary payer.

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Electronic Reports

Avoid lost claims and eligibility errors by downloading and reviewing your online reports from Secure Transport (ST). Verifying these reports assists your practice with accurate claim tracking.

To effectively use the reports, remember:

- Reports are only available online via Secure Transport (ST).
- Retrieving your reports regularly ensures we have received your claims and alerts you to claim rejections.
- Rejected claims must be corrected and rebilled.

Secure Transport 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. Report file will be downloaded to the appropriate report directory on your PC.

EDI Response Report Files

The EDI response reports and transactions are posted to your ST Download directory. Below is a list of each report/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 current report format. The YYYYMMDD is the date stamp, HHMMSSNNN is the time stamp in HH/hours, MM/minutes, SS/seconds and NNN/microseconds.

Bill Corrected/Replacement Claims Electronically

It's easy and paperless!

Yes, you can send 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

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 — 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.

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