



BLUE CROSS

May 8, 2006

Clinic/Provider
Attn: Contact
Address
Address

Subject: Electronic Claims- **ANSI 837 Transaction-** Trading Partner Information

Dear Sir:

Thank you for your inquiry regarding electronic transaction exchange. As a covered entity, Premera Blue Cross (PBC) is responsible for identifying our business associates and ensuring that appropriate agreements are in place. We have evaluated our business relationship with you and determined that the services we perform for you do not meet the HIPAA definition of business associate. Therefore, you are not required to sign our standard business associate agreement, nor are we required to sign your business associate agreement. However, you will need to complete and return the enclosed Trading Partner Information Form to set up the exchange of electronic HIPAA transactions with us. Please be sure to complete all items on the form. If you are unsure of how to complete any portion of it, please contact your software vendor or technical support staff for assistance.

PBC has a two-level testing process for submitters of 837, 270, 276 and 278 ANSI X12 4010A1 transactions. **An exception to the Level 1 Testing process would be if you choose a software Vendor or Clearinghouse/ Billing Service that has already passed the Level 1 testing process.** Level 2 testing is completed directly with our EDI department and validates that your transactions pass data content requirements and PBC business rules. Please see the attached document titled "Premera Blue Cross – ANSI X12 4010A1 Version Testing Process" for an outline of the testing process.

The PBC Clearinghouses also forwards claims to other Insurance Payers (see page 4). Certain Payers require Enrollment or Electronic Agreements to be completed. Please call EDI for the Electronic Agreements you will need.

- Complete each form fully. Be sure that applicable provider numbers are included and the forms are signed by an officer of the practice.
- Return the original agreements to the EDI in the enclosed envelope. You may make photocopies for your records if desired.

Access to the PBC Clearinghouse (www.connectiva.com) is via Secure Transport Browser client through your One Health Port (OHP) user ID number. If you do not currently have OHP access, please register for a user ID at www.onehealthport.com. When you have your OHP User ID, complete the attached enrollment form and return it along with the completed electronic agreements.

We will work with you to ensure a smooth transition to submitting transactions electronically. If you have any questions or need additional information, please contact an EDI Representative at 800-435-2715.

Sincerely,

XXXXXXXXXX
EDI Department

Premera EDI Team Members			
Spokane 1-800-435-2715 option 2 Fax 509-252-7794		Seattle 1-800-435-2715 option 1 Fax 425-918-4234	
Shari Johnson	509-252-7488	Rowena Solomon	425-918-4983
Beth Passmore	509-252-7842	Lynnette Boulch	425-918-4218
		Linda Hunt	425-918-3294
		e-mail – EDI@premera.com	
		Dana Thomas	425-918-5129
		Leanea Dyer	425-918-3505
		Liza Franzen	425-918-3128



BLUE CROSS

Secure Transport Enrollment Form

Premera Blue Cross
PO Box 327
M/S 281
Seattle WA 98111-0327

Premera Blue Cross
P O Box 3048
M/S 770
Spokane WA 99220-3048

Phone: 1-800-435-2715
Fax: 425-918-4234 Seattle
Fax: 509-252-7794 Spokane
e-mail: edi@Premera.com

To set up exchanging electronic transactions using Secure Transport, please complete this form in full and mail or fax to PBC at the address listed above.

Trading Partner Information:

Provider or Group/Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax ID: _____ National Provider Identifier (NPI): _____

Primary Office Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Email Address (**REQUIRED**): _____

One Health Port (OHP) User ID _____

Software Vendor Name: _____

Electronic Format (Check One) ANSI X12 _____ NSF-H _____

If more than one person in your office will submit claims or retrieve reports, please list the contact name and OHP User ID for each person below.

*Additional Office Contact(s)

Name: _____ Email Addr _____

One Health Port (OHP) User ID _____

Name: _____ Email Addr _____

One Health Port (OHP) User ID _____

Name: _____ Email Addr _____

**attach a separate page if necessary

Spokane 1-800-435-2715 option 2 Fax 509-252-7794		Premera EDI Team Members		Seattle 1-800-435-2715 option 1 Fax 425-918-4234	
Shari Johnson	509-252-7488	Rowena Solomon	425-918-4983	Dana Thomas	425-918-5129
Beth Passmore	509-252-7842	Lynnette Boulch	425-918-4218	Leanea Dyer	425-918-3505
		Linda Hunt	425-918-3294	Liza Franzen	425-918-3128
		e-mail – EDI@premera.com			

1. Transaction(s):

Please enroll our office in the following transaction(s). (Mark the appropriate box(es)).

Note: The 270, 276, 278 transactions are only allowed for Premera related products.

Check Box	Transaction Number	Transaction Title	Version	Authorization Form Required Call EDI for form.
<input type="checkbox"/>	270/271	Health Care Eligibility Benefit Inquiry and Response		X
<input type="checkbox"/>	276/277	Health Care Claim Status Request and Response		X
<input type="checkbox"/>	278	Health Care Services Review-Request for Review and Response		X
<input type="checkbox"/>	835	Health Care Claim Payment/Advice (If you request the 835, a separate enrollment and authorization form will be sent to you)		X
<input type="checkbox"/>	837	Health Care Claim: Professional		
<input type="checkbox"/>	837	Health Care Claim: Institutional		
<input type="checkbox"/>	837	Health Care Claim: Dental		

Will you accept 997 Functional Acknowledgements for ANSI transactions?

Yes No

Companion Documents can be found at: <http://www.wahealthcareforum.org/hipaa/companiondocs/default.asp>

These Companion Guides serve to provide any data clarifications to supplement the specifications outlined in the Implementation Guides and to provide more specific PBC requirements.

2. Delimiters for ANSI Transactions:

Premera delimiter defaults are:

- asterisk (*) for element separator
- colon (:) for sub-element separator
- tilde (~) for segment separator

3. Will you be using the Premera default delimiters?

Yes

No - Please indicate below the delimiters you will be using:

Element Separator Character: _____

Sub-Element Separator Character: _____

Segment Terminator: _____

Spokane 1-800-435-2715 option 2 Fax 509-252-7794			Premera EDI Team Members			Seattle 1-800-435-2715 option 1 Fax 425-918-4234		
Shari Johnson	509-252-7488		Rowena Solomon	425-918-4983	Dana Thomas	425-918-5129		
Beth Passmore	509-252-7842		Lynnette Boulch	425-918-4218	Leanea Dyer	425-918-3505		
			Linda Hunt	425-918-3294	Liza Franzen	425-918-3128		
			e-mail – EDI@premera.com					

4. Sender/Receiver information for transactions. Please refer to the companion guide(s) for further information.

ISA

ISA06-Interchange Sender ID:	<u>Assigned by PBC</u>
ISA05-Interchange Sender ID Qualifier:	<u>ZZ</u>
ISA07-Interchange ID Qualifier:	<u>ZZ</u>
ISA08-Interchange Receiver ID:	<u>00430</u>

GS

GS02-Application Sender ID:	<u>Provider Tax ID</u>
GS03-Application Receiver ID:	<u>00430</u>

5. Loop 1000A – Submitter Name Loop

Loop 1000A must contain the Submitter Practice Name and Submitter ID (see table below)

NM103 Submitter Practice Name	NM109 Submitter ID
Practice Name	Assigned by PBC

6. Loop 1000B – Receiver Name Loop

Loop 1000B must contain the carrier code and name of the receiver (see table below)

NM103 Organization Name	NM109 ID Code
Department of Social & Health Services (DSHS) **Enrollment/Electronic Agreement Required**	WA00
Noridian Government Services-Medicare Part B **Enrollment/Electronic Agreement Required**	WA01
Regence Blue Shield and Asuris NW Health	WA02
Department of Labor & Industries **Electronic Agreement Required**	WA03
Premera Blue Cross (PPO/PAR, Indemnity, Traditional)	WA05
Premera Dimensions – Foundation, Access, Global and Heritage	WA05
Out of Area Blue Cross/Blue Shield (Blue Card)	WA05
LifeWise Health Plan of Washington (may also be submitted in WA05)	WA10
LifeWise Health Plan of Oregon (may also be submitted in WA05)	93093
LifeWise Health Plan of Arizona (may also be submitted in WA05)	91155
NorthStar Administrators (may also be submitted in WA05)	WA10
Palmetto GBA-Railroad Medicare **Enrollment/Electronic Agreement Required**	WA11
Kitsap Physicians Service	WA17
Emdeon (Commercial) For Payer List: www.emdeon.com	0000
Premera Blue Cross –Dental Claims	00430

THE PREMERA BLUE CROSS CLEARINGHOUSE WILL ACCEPT ONLY PREMERA CLAIM TYPES FROM OTHER CLEARINGHOUSES (CARRIER CODES: WA05, WA10).

Premera EDI Team Members

<p>Spokane 1-800-435-2715 option 2 Fax 509-252-7794</p> <p>Shari Johnson 509-252-7488 Beth Passmore 509-252-7842</p>	<p>Seattle 1-800-435-2715 option 1 Fax 425-918-4234</p> <p>Rowena Solomon 425-918-4983 Lynnette Boulch 425-918-4218 Linda Hunt 425-918-3294 e-mail – EDI@premera.com</p>	<p>Dana Thomas 425-918-5129 Leanea Dyer 425-918-3505 Liza Franzen 425-918-3128</p>
---	--	--

7. Loop 2010BB – Payer Name

Loop 2010BB must contain the name of the receiver and the appropriate payer code (see table below)

NM103 Organization Name	NM109 Identification Code
Premera Blue Cross (PPO/PAR, Indemnity, Traditional)	00430
Premera Dimensions – Foundation, Access, Global and Heritage	00430
Out of Area Blue Cross/Blue Shield (Blue Card)	00430
LifeWise Health Plan of Washington (if using WA10)	91049
LifeWise Health Plan of Oregon	93093
LifeWise Health Plan of Arizona	91155
LifeWise Health Plan of Washington/ NorthStar Administrators	00430
Department of Social & Health Services (DSHS)	AIDWA
Noridian Government Services-Medicare Part B <u>Washington Providers</u>	00836
Noridian Government Services-Medicare Part B <u>Alaska Providers</u>	00831
Asuris Northwest Health	93221
Regence Blue Shield (contracted providers only)	00932
Department of Labor & Industries (L&I)	916001069
Palmetto GBA (Railroad Medicare)	00882
Kitsap Physicians Svcs (contracted providers only)	KPS01
Emdeon (Commercial) • Commercial Payer List is available at www.emdeon.com	Valid Payer ID from Participating Payer List
Other (no valid payer code)	99999

Premera Blue Cross accepts **FEP MEDICAL claims from providers in **Alaska** and **Eastern Washington** counties except Walla Walla, Yakima and Asotin. Providers in the other counties must send these claims to Regence Blue Shield.

Premera EDI Team Members			
Spokane 1-800-435-2715 option 2 Fax 509-252-7794		Seattle 1-800-435-2715 option 1 Fax 425-918-4234	
Shari Johnson 509-252-7488	Rowena Solomon 425-918-4983	Dana Thomas 425-918-5129	
Beth Passmore 509-252-7842	Lynnette Boulch 425-918-4218	Leanea Dyer 425-918-3505	
	Linda Hunt 425-918-3294	Liza Franzen 425-918-3128	
	e-mail – EDI@premera.com		

Premera Blue Cross ANSI X12 4010A1 Version Testing Process

Premera has a two-level testing process for **submitters of 837 ANSI X12 transactions**. You, the trading partner, complete Level 1 testing, using a Web-based application that allows you to validate that your ANSI transactions pass HIPAA requirements. **An exception to the Level 1 Testing process would be if you choose a software Vendor or Clearinghouse/ Billing Service that has already passed the Level 1 testing process.** Level 2 testing is completed directly with our EDI Department and confirms that your transactions pass data content requirements and Premera business rules.

The following steps outline Premera's testing process. Please **continue to submit claims** electronically in the old format or on paper during the testing process.

1. You request to exchange electronic transactions with Premera.
2. You receive, complete and return the Trading Partner Information Form to our EDI department.
3. After receiving your TP form, we complete your set up and notify you of the Level 1 testing Web site address, your log on ID and your password.
4. You use the Web-based application to test your files for HIPAA requirement validation, including:
 - reviewing your test results and making corrections
 - continuing Level 1 testing until all errors have been resolved
5. Our EDI department monitors your Level 1 testing progress and notifies you when you have successfully completed Level 1 testing and are ready to begin Level 2 testing.
6. Level 2 Testing Procedures:
 - You will submit test files to Premera via the Secure Transport Browser. Access to the PBC Clearinghouse is through your One Health Port (OHP) log on.
 - Be sure your PBC assigned submitter ID is in the correct segments.
 - Set the ISA 15 Usage Indicator to T (Test Data)
 - Limit the number of claims in each batch to no more than 25.
 - You must test for all types of claims.
 - Test results will be sent to you when we complete our review of your test transmission.
 - Do not send additional test claims until you receive the results from your first transmission.
 - **Test claims are reviewed for accuracy, but are not processed for payment.**
7. You will continue to correct your file and resubmit test claims until notified by us that you are approved for production.
8. After receiving approval notification, you may begin submitting production claims.
9. At this time, you can discontinue paper claims and/or old electronic format submissions.

Spokane 1-800-435-2715 option 2 Fax 509-252-7794		Premera EDI Team Members		Seattle 1-800-435-2715 option 1 Fax 425-918-4234	
Shari Johnson	509-252-7488	Rowena Solomon	425-918-4983	Dana Thomas	425-918-5129
Beth Passmore	509-252-7842	Lynnette Boulch	425-918-4218	Leanea Dyer	425-918-3505
		Linda Hunt	425-918-3294	Liza Franzen	425-918-3128
		e-mail – EDI@premera.com			