* MOUNTAIN STATE BLUE CROSS BLUE SHIELD’S AND HHIC’S READINESS TO RECEIVE HIPAA VERSION 5010 ELECTRONIC CLAIM-RELATED TRANSACTIONS *

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TO: (1) CHIEF FINANCIAL OFFICER
    (2) DIRECTOR/MANAGER OF PATIENT ACCOUNTS
    (3) BILLING OFFICE STAFF
    (4) DIRECTOR OF INFORMATION SYSTEM

FROM: MOUNTAIN STATE BLUE CROSS BLUE SHIELD PROVIDER RELATIONS

SUBJECT: MOUNTAIN STATE BLUE CROSS BLUE SHIELD’S AND HHIC’S READINESS TO RECEIVE HIPAA VERSION 5010 ELECTRONIC CLAIM-RELATED TRANSACTIONS

REFERENCE: 

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PURPOSE

This bulletin announces that Mountain State Blue Cross Blue Shield and Highmark Health Insurance Company (HHIC) have completed the necessary preparation and will be able to receive HIPAA Version 005010 (“Version 5010”) claim transactions and send Version 5010 remittance and acknowledgment transactions in production on November 1, 2010.

The bulletin also announces a change that facility providers submitting claims in Version 5010 other than through NaviNet will need to make in the way they submit prior payer information in certain situations.

BACKGROUND/OVERVIEW
Earlier this year, providers were notified that as the next step in its preparation for Version 5010, Mountain State and HHIC would begin testing with several “early adopter” trading partners. This process is now complete, and as a result, Mountain State and HHIC are ready to receive Version 5010 claim transactions 837I and 837P. They are also able to send the electronic transactions listed below:

- 835 - Health Care Claim Payment/Advice
- 999 - Implementation Acknowledgment for Health Care Insurance
- 277CA - Health Care Claim Acknowledgment

**IMPACT/ACTION**

**Learn When Your Facility’s Billing Service, Clearinghouse or Software Vendor Will Be Certified to Submit Version 5010 Electronic Claims**

Providers that submit claims through a billing service, clearinghouse or software vendor should contact that entity to learn when it will be certified by Mountain State and/or HHIC to submit claims in Version 5010. A list of vendors that have been approved will be posted on the Mountain State website, at [www.msbcbs.com](http://www.msbcbs.com), under the Provider drop-down link. As additional vendors are approved, the listing will be updated.

Providers that submit claims directly to Mountain State Blue Cross Blue Shield and HHIC (rather than through a billing service or clearinghouse) are considered Mountain State and/or HHIC Trading Partners. Such providers must ensure that the vendor whose software they use to submit their claims has been tested and approved for Version 5010 by Mountain State or HHIC. Once the vendor’s software has been tested and approved, the Trading Partner must follow Mountain State’s and HHIC’s authorization processes in order to begin submitting claims in Version 5010.

For those providers using the UB Claim Submission transaction on NaviNet, claim submissions as of December 10, 2010 will be in Version 5010. Providers using this transaction do not need to take any additional steps in order to begin submitting in Version 5010. Additional information will be available on NaviNet Plan Central when this transition occurs. Providers are asked to be alert for this information.

**Be Aware of Coding and Claim Submission Requirements**

Providers should be aware that certain changes in billing and claim submission requirements may impact them as Mountain State and HHIC transition to Version 5010. The extent to which such changes impact a provider depends upon the billing service or clearinghouse through which the provider submits its claims or the software vendor responsible for the provider’s claim submission system. If they have not already done so, providers should consult their billing service, clearinghouse or software vendor to determine whether changes are required in their coding or billing procedures.

Providers are also reminded that during the transition to Version 5010, Mountain State and HHIC have begun to tighten some edits related to UB claim submission but not necessarily dictated by requirements of Version 5010. The tightening of UB claim edits will be ongoing. It is the provider’s responsibility to be aware of the national UB claim submission requirements and to ensure that any
necessary changes are made so that submitted claims meet these requirements.

**Consult Your Facility’s Billing Service, Clearinghouse or Software Vendor about Receiving the 835 Transaction in Version 5010**
A separate authorization process is required in order to receive the electronic remittance advice (ERA) in Version 5010. When the trading partner that handles electronic transactions with Mountain State and/or HHIC on behalf of your facility is ready, it should submit a separate request to receive the 835 transaction (or ERA) in Version 5010. Providers should consult their billing service, clearinghouse or software vendor to learn when this will occur.

**Utilize the Version 5010 Companion Guide**
Mountain State’s and HHIC’s Provider EDI Companion Guide for Version 5010 transactions will soon be available through the Mountain State website, at www.msbcbs.com, under the Provider drop-down link. The Companion Guide is designed to help Mountain State’s and HHIC’s trading partners with submitting and receiving institutional claim, claim acknowledgment and claim payment transactions to Mountain State and HHIC. This document supplements the HIPAA Version 5010 national implementation guides and errata with clarifications and payer-specific usage and content requirements. Providers will be notified when the Companion Guide has been posted for their use.

**TIME FRAME**

Mountain State and HHIC are prepared to receive HIPAA Version 5010 claim transactions (837I and 837P) and to send Version 5010 transactions 835, 999 and 277CA as of November 1, 2010.

Department of Health and Human Services (HHS) regulations require that as of January 1, 2012, only Version 5010 transactions with HHS-mandated maintenance changes will be accepted and sent between HIPAA-covered entities. This category includes providers, clearinghouses and payers. Therefore, any claims submitted using a Version 004010A1 transaction format after the compliance date will be rejected. Providers should plan carefully to ensure that they will be compliant in advance of this deadline.

**ASSISTANCE**

**This Bulletin**
Questions regarding this bulletin may be directed to your assigned External Provider Relations representative.

**Inquiries About Eligibility, Benefits, Claim Status or Authorizations**
For inquiries about eligibility, benefits, claim status or authorizations, Mountain State Blue Cross Blue Shield and HHIC encourage providers to use the electronic resources available to them – NaviNet® and the applicable HIPAA transactions – prior to placing a telephone call to the Customer Service Center.
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