Blue Cross & Blue Shield of Rhode Island

277CA- Health Care Claim Acknowledgement Companion Guide

HIPAA Version 5010

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This *Companion Guide* may be revised and republished if and when Blue Cross & Blue Shield of Rhode Island makes improvements and/or changes to any referenced product, process or program.

PREFACE

This *Companion Guide* supplements the *ASC X12 277CA (005010X214) 5010 Technical Report Type 3 (TR3 and Errata)* adopted under HIPAA. Its purpose is to clarify the rules and specify the data content when data is electronically transmitted to Blue Cross & Blue Shield of Rhode Island (hereinafter "BCBSRI"). The rules for transmitting data detailed herein are compliant with both X12 syntax and the *5010 Technical Reports Type 3 (TR3s and Errata)*. This *Companion Guide* does not convey information that in any way exceeds the requirements or usages of data expressed in the *5010 Technical Reports Type 3 (TR3s and Errata)*.

DISCLAIMER

This *Companion Guide* is considered a living document, and as such, the information provided herein will be subject to change prior to and after July 1, 2011 in the event that BCBSRI revises its policies or HIPAA Transactions and Code Sets law is updated or amended.

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1.0   Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS).

The *ANSI X12N 5010 Technical Reports Type 3 (TR3s)* and *Errata* adhere to the final HIPAA Transaction Regulations and have been established as the standards of compliance for electronic transactions. The *5010 Technical Reports Type 3 (TR3s)* are available electronically at www.wpc-edi.com.

2.0   Scope

This 277CA *Health Care Claim Acknowledgement Companion Guide* is designed for use in conjunction with the *ANSI ASC X12N 277CA (005010X214) Health Care Claim Acknowledgment 5010 Technical Report Type 3 (TR3)*. The specifications contained within this *Companion Guide* define current functions and provide supplemental information specific to Blue Cross & Blue Shield of Rhode Island (BCBSRI). The information presented is for clarification and does not contradict any requirements in the *ANSI X12N 5010 Technical Reports Type 3 (TR3s)*.

The tables in **Section 7.0** and **Section 7.1** detail the additional information directly related to loops, segments, data elements and settlement fields specific to BCBSRI transactions.

3.0   Trading Partners

A BCBSRI EDI trading partner is any business partner (provider, billing service, software vendor, employer group, financial institution, etc.) who transmits to or receives electronic data from BCBSRI.

In order to register as a BCBSRI Trading Partner and begin testing, it is necessary to complete the Trading Partner Registration (TPR) form. In addition, Trading Partners must print out and complete a copy of the Trading Partner Agreement (TPA) before partner testing can begin. Both documents are located on the BCBSRI Web site (https://www.bcbsri.com/BCBSRIWeb/providers/provider_network_system/companion_guides.jsp). Both original documents must be returned to:

> EDI & Electronic Information Exchange
> ATTN: EDI Trading Partner Agreement & Registration
> Blue Cross & Blue Shield of Rhode Island
> 500 Exchange Street
> Providence, RI 02903

4.0   Working with BCBSRI

BCBSRI will work closely with its Trading Partners to establish effective communication protocols and to resolve any connectivity issues that may arise regarding the exchange of HIPAA-related electronic transactions.

4.1 Contact Information

Call the Information Technology (IT) Service Desk, which supports BCBSRI, at 401-751-1673 or 1855-721-4211.

5.0   Payer Connectivity/Communications

5.1 Transmission Administrative Procedures

BCBSRI EDI & Electronic Information Exchange staff will establish logon IDs, passwords and a HIPAA transaction mailbox for each Trading Partner approved for testing.

If Trading Partners wish to test 277CA transactions during the Partner Testing Phase, Trading Partner Registration Form must be completed, signed and mailed to EDI & Electronic Information Exchange prior to the start of testing.

5.2 Communications Protocols

The initial communications will utilize Internet browser technology (IP Protocol) to the secure BCBSRI Web site. It is required that all trading partners have Internet access with an industry standard browser, using at least version 7.0 of IE.   These connections can be made via Secure File Transfer Protocol (SFTP) software with an SSH Key or HTTPS using a Certificate provided by BCBSRI.

BCBSRI provides a Web-based application known as BCBSRI Blue Gateway that enables Trading Partners to:

- Submit (send) HIPAA transactions;
- Receive HIPAA transaction responses; and
- View history files (directory) of all transactions sent and received.

5.2.1   Passwords

Trading Partner access will be verified by the logon ID and password whenever the BCBSRI Blue Gateway system is accessed. Operation procedures will assure that logon IDs and passwords are initiated, monitored and maintained in a secure manner.

5.2.2   Connecting to BCBSRI via Blue Gateway

Please go to www.bcbsri.com and select the **Providers** tab, **HIPAA** and **Documentation** to view or print *BCBSRI Blue Gateway(HTTPS or SFTP)*, documents that provides detailed instructions on how to connect to the BCBSRI Blue Gateway system.

6.0   Receiver/Sender Identifiers

6.1 ISA-IEA Control Segments/Envelopes

Sender ID interchange control segments: Use ID Qualifier code ZZ in ISA05. The Submitter ID provided by BCBSRI in the Trading Partner Agreement must be used in ISA06 and GS02. ID limited to 8 characters with a leading alpha prefix. Prefixes: **P** = **Production, T** = **Test**.

Receiver ID interchange control segments: You will find the ID Qualifier code ZZ in ISA07. The Receiver ID provided by BCBSRI in the Trading Partner Agreement will be used in ISA08 and GS03.

6.1.1   ISA Delimiters

BCBSRI systems will accept the valid delimiters listed below and request that the use of delimiters be restricted to the following:

*   = Element Delimiter

:   = Composite Delimiter

~   = Terminator Delimiter

^, {   = Repetition Separator Delimiter (ISA11)

6.2 GS-GE Control Segments/Envelopes

Sender ID interchange control segments: Submitter = GS02.

Receiver ID interchange control segments: Receiver = GS03.

Sender IDs will be assigned.

GS Segments/Reference Codes:

Functional Identifier Code	GS01	HN
Application's Sender Code	GS02	222774
Application's Receivers Code	GS03	TXXXXXXX(test) PXXXXXXX(production)
Date	GS04	ccyymmdd
Time	GS05	hhmm
Group Control Number	GS06	Required
Responsible Agency Code	GS07	X
Version/Release/Industry Identifier Code	GS08	005010X214

7.0   BCBSRI Specific Business Rules and Limitations

Claim Models Supported: BCBSRI will only support the Provider-to-Payer claim model with the exception of BCBSRI Blue on Blue coverage. Therefore, if a payer is secondary to BCBSRI, providers must submit their own secondary claims to the payer.   BCBSRI will accept claims from Medicare for which BCBSRI is the secondary payer. Therefore, providers will not have to submit these to BCBSRI.

Valid Receivers: BCBSRI will 277CA transactions to valid Trading Partners who submit 837 claim files to BCBSRI.

General Information: At this time BCBSRI will continue to send provider control reports to providers who submit 837 Claim files. Should this policy change, providers will be notified 60 days in advance.

7.1 277CA Health Care Claim Acknowledgement Key Fields

Envelope/Section Label	Segment	Description	Value	Description/Comment
Transaction Set Header	ST01	Transaction Set Identifier Code	277	Health Care Claim Status Response
Transaction Set Header	ST02	Transaction Set Control Number	Same as SE02	Identifying Control Number that must be unique within the transaction set functional group
Transaction Set Header	ST03	Implementation Convention Reference	005010X214	Version, Release or Industry Id
Beginning of Hierarchical Transaction	BHT01	Hierarchical Structure Code	0085	Information source, Information Receiver, Provider of service, Patient
Beginning of Hierarchical Transaction	BHT02	Transaction Set Purpose Code	08	Status
Beginning of Hierarchical Transaction	BHT03	Reference Identification	CCYYMMDDX XXX	
Beginning of Hierarchical Transaction	BHT04	Transaction Set Creation Date	CCYYMMDD	Creation date
Beginning of Hierarchical Transaction	BHT05	Transaction Type Code	TH	Receipt Acknowledgement Advice
Loop ID- 2200D		Claim submitter Trace Number- Claim Level Status Information		
Claim Status Tracking Number	TRN01	Trace Type Code	2	Referenced Transaction Trace Numbers
Claim Status Tracking Number	TRN02	Reference Identification	Patient control number	This data element corresponds to the CLM01 data element from 837
Claim Level Status Information	STC01-1	Health Care Claim Status Category Code	Industry Code	One of the Health Care Industry Category codes used from Code Source 507
Claim Level Status Information	STC01-2	Health Care Claim Status Code	Industry Code	One of the Health Care Industry Category codes used from Code Source 508
Claim Level Status Information	STC01-3	Entity Identifier Code	Please see Implementation guide for valid codes	
Claim Level Status Information	STC02	Status Information Effective Date	CCMMYYDD	Effective date of the above category/status.
Payer Claim Control Number	REF01	Reference Identification Qualifier	1K	Payer's claim Number
Payer Claim Control Number	REF02	Reference Identification	Payer Claim Control Number	Claim id
Claim Identifier for Clearinghouse and Other Transmission Intermediaries	REF01	Claim Number	D9	Clearinghouse Trace Number
Claim Identifier for Clearinghouse and Other Transmission Intermediaries	REF02	Reference Identification	Clearinghouse Trace Number	Clearinghouse Trace Number sent within the incoming ASC X12 837 5010 transaction
Institutional Bill Type Identification	REF01	Billing Type	BLT	Billing type for Institutional claims only
Institutional Bill Type Identification	REF02	Reference Identification	Code Source 236 and 235 respectively	Concatenated 837I CLM05-1 and CLM05-3 from incoming ASC X12 837 5010 transaction
Transaction Set Trailer	SE02	Transaction Set Control Number	Same as ST02	Identifying Control Number that must be unique within the transaction set functional group

8.0   Examples

```
ISA*00*      *00*      *ZZ*222774      *ZZ*P5001799      *161229*0609*{*00501*000001234*0*P*:
GS*HN*222774*P501799*20161229*06091490*1*X*005010X214
ST*277*0001*005010X214
BHT*0085*08*205805104*20161229*06091490*TH
HL*1**20*1
NM1*PR*2*BLUE CROSS BLUE SHEILD OF RI*****PI*222774
TRN*1*205805104
DTP*050*D8*20161206
DTP*009*D8*20161229
HL*2*1*21*1
NM1*41*2*PROVIDER NAME*****46*P5001799
TRN*2*205805104
STC*A1:19:PR*20161206*WQ*18577.27
QTY*90*0
QTY*AA*1
AMT*YU*0
AMT*YY*18577.27
HL*3*2*19*1
NM1*85*2*RHODE ISLAND HOSPITAL*****XX*1588659528
HL*4*3*PT
NM1*QC*1*PATIENT LASTNM*PATIENT FIRST****MI*SUBSCRIBER ID
TRN*2*HB100290157401
STC*A3:23:41*20161229*U*18577.27
REF*D9*01578-1142008089
REF*BLT*131
DTP*472*D8*20161117
SE*25*0001
GE*1*1
IEA*1*000001234
```

Look for the STC segment in the file
> You will be able to see the Claim Status Code and/or Claim Status Category Codes in the STC segment on the report.

Locate the Claim Status code and/or Claim Status Category code.
Verify the code's definition on the Washington Publishing (WPC) web site

> Claims Status Codes
> http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/
> Claim Status Category Codes
> http://www.wpc-edi.com/reference/codelists/heatlhcare/claim-stauts-category-codes/

Locate the QTY segment to determine the total rejected claims or rejected quantity.
> 90 =   Acknowledged Quantity
> AA =   Unacknowledged Quantity
> QA =   Quantity Approved
> QC =   Quantity Disapproved

Locate the entity identifier code in the NM1 segment located just above the STC segment. This will identify which entity has an error. Examples of the Entity Code are:

> AY =   Clearinghouse
> 41 =   Billing Service
> 85 =   Billing Provider
> IL =   Subscriber

STC03= 'WQ' ACCEPTED, OR 'U' FOR REJECTED

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1.0	January 12, 2017	D. Santos	Draft version for 5010 format