Blue Cross & Blue Shield of Rhode Island

835 Health Care Claim Payment/Advice 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 835 (005010X221A1) 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 *835 Health Care Claim Payment/Advice Companion Guide* is designed for use in conjunction with the *ANSI ASC X12N 835 (005010X221A1) Health Care Claim Payment/Advice 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

The following contact information is provided to assist in the process of implementing 835 transactions:

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 835 transactions during the Partner Testing Phase, Trading Partner Registration Form must be completed, signed and mailed to the Director, 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	HP
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	005010X221A1

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 only send 835 transactions to valid Trading Partners whose receiver IDs are on file.

General Information: At this time BCBSRI will continue to send paper settlement reports to providers who receive the electronic remittance. Should this policy change, providers will be notified 60 days in advance.

7.1 Settlement Key Fields

835 Position		Field Information
Loop 1000	REF02	Version Identification (LRSP or FACETS)
Loop 2100	CLP07	BCBSRI claim number (FACETS claim IDs will begin with an "E" and be a total of 12 characters for paperless claims. LRSP claim IDs are a total of 11 digits.)
	CLP11	DRG code - will only be populated when the adjudication of an institutional claim considered the DRG(Diagnosis Related Grouping)
	CLP12	DRG Weight - This field will be zero filled when NO CLP11 value present, and be populated when CLP11 has data
	NM1*IL	Subscriber name and ID FACETS new Member IDs will include the three alpha prefix plus nine numerics (e.g. ZBF123456789)
	NM1*74	Corrected Patient/Insured Name- will only be populated to provide corrected information about the patient or insured.
	REF*CE	Class of contract Code - CE qualifier will be used on FACETS 835's only to identify product type
Loop 2110	AMT01	Service Line Supplemental Info, I = Interest
	AMT02	Service Line Monetary Amount- Interest Amount
Trailer	PLB03	Provider Adjustment Identifier, L6 = Interest Owed
	PLB04	Situational – advance/recoup/adjustment amount

8.0   Certification and Testing

If you wish to receive 835 Remittance files, you must submit a request in writing on practice letterhead with the effective date, your National Provider identification numbers, Tax identification number, and whom you wish the files to be sent. Please include the name and submitter id/Mailbox id of the clearinghouse, billing agency that you wish to receive this file. . Document Version Control

Version Number	Date	Modified By	Comments/Revision Details
0.1	November 11, 2010	J. Harvey S. Romano	Draft version for 5010 format
1.0	April 29, 2011	S.Romano D.Santos	Published version for 5010
1.1	July 27, 2011	S. Romano G. Ruggiero	Updated
1.2	March 7, 2012	D.Santos	Updated communications section 5.2
1.3	October 29, 2014	D.Santos	Updated section 4.1 telephone number
1.4	November 9, 2016	D. Santos	Removed Foresight reference Section 8.0