Truli for Health

HIPAA Transaction Standard Companion Guide

For Availity®[1] Health Information Network Users

Refers to the Technical Report Type Three (TR3) based on ASC X12 Version 005010 X221A1

835 – Health Care Claim Payment/Advice

Companion Guide Version Number: 2.0

1223

Disclosure Statement

The Truli for Health HIPAA Transaction Standard Companion Guide for EDI Transactions Technical Reports, Type three (3) (TR3) provides guidelines for submitting electronic batch transactions. Because the HIPAA ASC X12-TR3s require submitters and receivers to make certain determinations /elections (e.g., whether, or to what extent, situational data elements apply) this Companion Guide documents those determinations, elections, assumptions or data issues that are permitted to be specific to Truli for Health business processes when implementing the HIPAA ASC X12 5010 TR3s.

This Companion Guide does not replace or cover all segments specified in the HIPAA ASC X12 TR3s. It does not attempt to amend any of the requirements of the TR3s or impose any additional obligations on trading partners of Truli for Health that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This Companion Guide provides information on Truli for Health specific codes relevant to Truli for Health business processes, rules and situations that are within the parameters of HIPAA. Readers of this Companion Guide should be acquainted with the HIPAA ASC X12 TR3s, their structure and content.

This Companion Guide provides supplemental information that exists between Truli for Health and its trading partners. Trading partners should refer to their Trading Partner Agreement for guidelines pertaining to Availity LLC, legal conditions surrounding the implementation of the Electronic Data Interchange (EDI) transactions and code sets. However, trading partners should refer to this Companion Guide for information on Truli for Health business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

The information contained in this Companion Guide is not intended to amend, revoke, contradict or otherwise alter the terms and conditions of your applicable Trading Partner Agreement. If there is an inconsistency between the terms of this Companion Guide and the terms of your applicable Trading Partner Agreement, the terms of the Trading Partner Agreement will govern. If there is an inconsistency between the terms of this Companion Guide and any terms of the TR3, the relevant TR3 will govern, with respect to HIPAA edits, and this Companion Guide will govern with respect to business edits.

1223

This page left blank

Version Change Log

Date	Description	Page
5-14-20	Initial document creation	NA
02-16-2021	Format Changes	Multiple
01/23/2023	Added section 1.4 Additional information as a result of CMS audit feedback	6-7
06/16/2023	Section 1.4 verbiage modification - (version 1.2)	6-7
12/15/2023	Update to section 4	8
12/15/2023	Update to section 1.4 Florida Blue Scheduled Downtown	6
12/15/2023	Update to Table of Contents	5
07/02/2024	Update to Table of Contents	5
11/26/2024	Update to Section 1.4 Scheduled Downtime & Holiday Schedule	6-7
12/19/2025	Update to Section 1.4 Scheduled Downtime & Holiday Schedule	6-7

1223

Table of Contents

1223

1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that the health care industry in the United States comply with the electronic data interchange (EDI) standards as established by the Secretary of Health and Human Services. The Technical Reports Type three (3) Guides (TR3s) for the ANSI 835 Electronic Remittance Advice transaction specifies in detail the required information and formats. It contains requirements for the use of specific segments and specific data elements within segments and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to Truli for Health via your vendor. The ASC X12 005010X221A1 is the established standard for Electronic Remittance Advice 2(ANSI 835).

1.1 Scope

This 835 Companion Guide was created for Truli for Health trading partners to supplement the ASC X12 835 5010 Technical Reports Type three (3) (TR3). It describes the data content, Truli for Health business rules, and characteristics of the 835 transaction. This section specifies the appropriate and recommended use of the Companion Guide.

1.2 Overview

The Health Insurance Portability and Accountability Act (HIPAA) requires that the health care industry in the United States comply with the Electronic Data Interchange (EDI) standards as established by the Secretary of Health and Human Services. The ASC X12 835 5010 is the established standard for the electronic Health Care Payment Advice.

The TR3 for the 835 Health Care Payment Advice Transaction specifies in detail the required format. It contains requirements for the use of specific segments and specific data elements within segments, and was written for all providers, facilities, suppliers and payers and clearinghouses involved in the exchange of the 835 transaction. It is critical that your software vendor or IT staff carefully review this companion document in conjunction with the 835 TR3 and follow the requirements to successfully receive HIPAA compliant files from Truli for Health.

1.3 References

- TR3 Guides for ASC X12 835 v005010X221A1 Electronic Remittance Advice (ANSI 835) and all other HIPAA standard transactions are available electronically at wpc-edi.com.
- CAQH CORE Operating Rules Phase III - CAQH CORE Operating Rules Phase III
- For more information, including an online demonstration, please visit essentials.availity.com or call 800-282-4548.

1.4 Florida Blue Scheduled Downtime

Florida Blue production systems are available 24 hours per day, 7 days per week except for scheduled monthly maintenance. On Sunday's from 9PM-6AM every week, Florida Blue IT Teams conduct a scheduled outage on IT systems and services. UNIX patching occurs once a month as well as Florida Blue Enterprise Release. Please see scheduled downtimes below.

[1]Availity, LLC, is a multi-payer joint venture company. For more information or to register, visit essentials.availity.com.

Truli for Health is a trade name of BeHealthy Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

1223

2026 UNIX patching schedule and Release schedule

AIX-LUNIX MONTHLY PATCHING OVERVIEW	2026 JAN	2026 FEB	2026 MAR	2026 APR	2026 MAY	2026 JUN	2026 JULY	2026 AUG	2026 SEPT	2026 OCT	2026 NOV	2026 DEC
Production Environment Patching (1 day, Sunday Maintenance window)	01/25	02/15	03/22	04/26	05/17	06/28	07/26	08/23	09/20	10/11	11/15	12/13

2026 Enterprise Release Schedule:

Release Month	Feb 7	Mar 28 FEP Only	April 17	May16	June 27 FEP	Aug 15	Sep 18	Oct 10 FEP ONLY	Oct 17	Nov 21	Dec 19	Jan 1,2027 FEP ONLY
Production Milestone	Sat-Sun Imp	Sat-Sun Imp	Fri-Sat Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Fri-Sat Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Fri-Sat Imp
Implemen-tation	02/7-02/8	03/28-03/29	04/17-04/18	05/16-05/17	06/27-06/28	08/15-08/16	09/18-09/19	10/10-10/11	10/17-10/18	11/21-11/22	12/19-12/20	01/01-01/02

Any additional planned maintenance or unscheduled outages will be posted on the Status page as well as on News and Announcements at essentials.availity.com.

Holiday Schedule

Our company observes the following holidays for 2026:

1. New Year's Day - Thursday, January 1
2. Martin Luther King Jr. Day - Monday, January 19
3. Memorial Day - Monday, May 25
4. Juneteenth - Friday, June 19
5. Independence Day - Friday, July 3
6. Labor Day - Monday, September 7
7. Thanksgiving Holiday - Thursday, November 26 & Friday, November 27
8. Christmas Holiday - Thursday, December 24 & Friday, December 25

If a holiday falls on a day when our company doesn't operate, we will observe that holiday on the closest business day. For example, if a holiday falls on a Sunday, the following Monday will be observed as a holiday.

2 GETTING STARTED

2.1 Working with Truli for Health

Availity optimizes information exchange between multiple health care stakeholders through a single, secure network. The Availity Health Information Network encompasses administrative, financial, and clinical services, supporting both real-time and batch EDI via the web and through business to business (B2B) integration. For more information, including an online demonstration, please visit essentials.availity.com or call 800-282-4548.

[1]Availity, LLC, is a multi-payer joint venture company. For more information or to register, visit essentials.availity.com.

Truli for Health is a trade name of BeHealthy Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

1223

2.2   Trading Partner Registration

To register, you will need:

- Basic information about your practice, including your Federal Tax ID and National Provider Identifier.
- Someone with the legal authority (typically an owner or senior partner) to sign agreements for your organization.
- An office manager or other employee who can oversee the Availity implementation and maintain User IDs and access.

2.3   Certification and Testing Overview

All trading partners and clearing houses should be certified via Availity. It is recommended that the trading partner obtain HIPAA certification from an approved testing and certification third party vendor prior to testing.

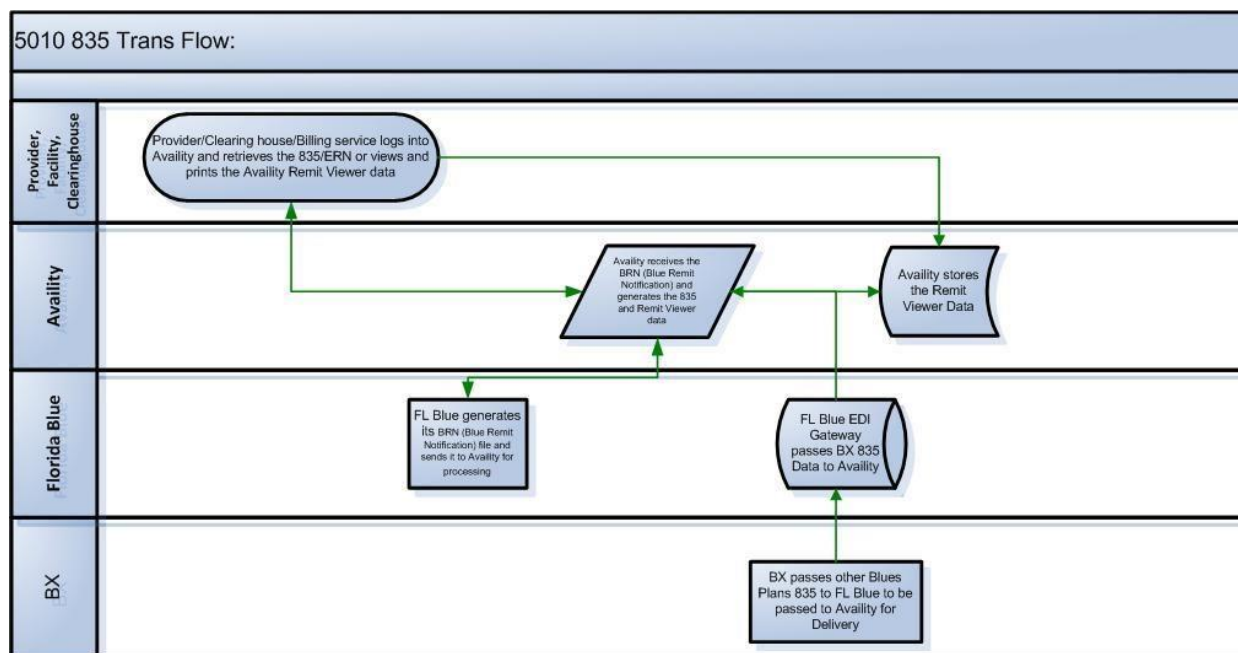# 3 TESTING WITH TRULI FOR HEALTH AND AVAILITY

Truli for Health recommends that trading partners contact Truli for Health to obtain a testing schedule and or notify Truli for Health of potential testing opportunities prior to implementing any foreseen transaction impacts to the business flow of both Truli for Health and/or the trading partner.

4 CONNECTIVITY/COMMUNICATIONS WITH FLORIDA BLUE MEDICARE AND AVAILITY

1223

4.1   Process Map

4.2   Passwords

If a password change is necessary, please contact Availity at 800-282-4548 or essentials.availity.com.

5 CONTACT INFORMATION

5.1   EDI Support

For EDI support, please visit essentials.availity.com or call 800-282-4548.

5.2   Provider Service Number

For provider services, please contact Truli for Health at 823-238-8144. For faster service, please have your Availity transaction id available.

5.3 Applicable websites/e-mail

- essentials.availity.com
- trulforhealth.com

6 CONTROL SEGMENTS/ENVELOPES

ANSI 835 – Electronic Remittance Advice:

The purpose of this section is to delineate specific data requirements where multiple valid values are presented within the ANSI 835 5010 A1 TR3.

1223

Common Definitions:

- **Interchange control header (ISA06) Interchange Sender ID (Mailbox ID)** – is individually assigned to each trading partner.
- **Interchange control header (ISA08) Interchange Receiver ID** - If submitting directly to Truli for Health use, 592015694 (+ six (6) spaces). If submitting through Availity, use 030240928 (+6 spaces). Reference the Availity EDI guide at essentials.availity.com.
- **Interchange control header (ISA15) Usage Indicator** – defines whether the transaction is a test (T) or production (P).
- **Functional Group Header (GS02) Application Sender's code** – is individually assigned to each trading partner.

Global Information

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
E1	**Interchange Control Header**	ISA	All transactions utilize delimiters from the following list: >,*,~,^,|,{ and :
E2	**Interchange Control Structure**	ISA	Truli for Health sends Health Care Claim Payment/Advice data using the basic character set as defined in the ASC X12 005010X221A1 TR3. In addition to the basic character set, lower case characters and the special character (@) from the extended character set may be used.
E3	**Interchange Control Header Authorization Information Qualifier**	ISA01	Truli for Health sends 00 in this field.
E4	**Interchange Control Header Authorization Information**	ISA02	Truli for Health sends ten spaces in this field.
E5	**Interchange Control Header Security Information Qualifier**	ISA03	Truli for Health sends 00 in this field.
E6	**Interchange Control Header Security Information**	ISA04	Truli for Health sends ten spaces in this field.
E7	**Interchange Control Header Interchange ID Qualifier**	ISA05	Truli for Health sends ZZ in this field.
Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
E8	**Interchange Control Header Interchange Sender ID**	ISA06	Truli for Health sends 592015694 in this field.

1223

E9	Interchange Control Header Interchange ID Qualifier	ISA07	Truli for Health sends 01 in this field.
E10	Interchange Control Header Interchange Receiver ID	ISA08	Truli for Health sends individually assigned Truli for Health sender mailbox number in this field.
E11	Interchange Control Header Repetition Separator	ISA11	Truli for Health uses | as repetition separator.
E12	Interchange Control Header Acknowledgement Requested	ISA14	The TA1 will not be provided by Truli for Health without a code value of one (1) in the field
E13	Interchange Control Header Interchange Usage Indicator	ISA15	Truli for Health sends P in this field to indicate the data enclosed in this transaction is a production file.
E14	Interchange Control Header Component Element Separator	ISA16	Truli for Health uses : as the delimiters to separate component data elements within a composite data structure.
E15	Interchange Control Header Functional Group Header/Functional Group Trailer	GS-GE ISA-IEA	Truli for Health will only process one transaction type per GS-GE (functional group). However, we will process multiple ST's within one (1) GS segment as long as they are all the same transaction type.
E16	Functional Group Header Functional Identifier Code	GS01	HP – Health Care Claim Payment/Advice (835) Truli for Health sends the above value in this field.
E17	Functional Group Header Application Sender's Code	GS02	Truli for Health sends 592015694 in this field.
E18	Functional Group Header Application Receiver's Code	GS03	Truli for Health sends Truli for Health assigned sender code in this field.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Business Requirements

Global Information

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement

1223

G1	All Segments		Only loops, segments, and data elements valid for the 835 HIPAA Implementation Guide ASC X12N/005010X221A1 will be used for processing.
G2	Remittance Advice		Truli for Health electronic Health Care Payment Advice is available through Availity. Payment will be made either via electronic funds transfer (EFT) or paper check. Monthly capitation payments/adjustments will be disbursed with a paper roster and check. Institutional remittances: Truli for Health does not return detail service line items for whole priced claims.
G3	Remittance Remarks		Federal regulation limits Truli for Health's ability to provide proprietary explanations on standard electronic transactions; therefore, all remittance reasons and remarks will be reported using industry standard code sets.
G4	Transition Handling Code	BPR01	Truli for Health will only generate an H or I
G5	Payment Method Code Levy, lien and garnishment Note: All monies will be applied toward the levy, lien or garnishment. However, any money over the amount required to satisfy the levy, lien or garnishment will be reimbursed by Truli for Health.	BPR04 PLB03-1	NON – Non-payment data Anytime a levy, lien or garnishment is applied to the claim, BPR04 will contain the code NON. _____ IR – Internal Revenue LE – Levy TL – Garnishment WO – Withholding
G6	Limitations	CLP	Truli for Health limits the maximum number of CLP segments to 10,000 within one ST-SE envelope.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

N/A

1223

9 TRADING PARTNER AGREEMENTS

Please contact Availity for your trading partner agreement at 800-282-4548 or essentials.availity.com.

10 TRANSACTION SPECIFIC INFORMATION

10.1 ASC X12 Transactions Supported

Truli for Health processes the following ASCX12 HIPAA transactions for Health Care Claim Payment/Advice.

BUSINESS REQUIREMENTS 1000B Payee Identification and Additional Identification

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
B1	Identification Code Qualifier	N103	The billing provider NPI qualifier of XX will be returned in this segment.
B2	Identification Code	N104	The billing provider NPI will be returned in this segment.
B3	Reference Identification Qualifier	REF01 & REF02	Qualifier PQ in REF01 indicates the Availity Customer Identification number in REF02.
B4	Reference Identification Code	REF01 & REF02	Qualifier TJ in REF01 indicates the federal tax identification (ID) or social security number in REF02.
B5	Individual or Organizational Name	NM103	NM103 Truli for Health will return this information when Truli for Health is aware that another payer should process a claim prior to Truli for Health.
B6	Identification Code Qualifier	NM108	PI – Payer Identifier will be in the NM108 data element when Truli for Health is aware that another payer should process a claim prior to Truli for Health.
B7	Identification Code	NM109	The code in the NM109 segment will be populated to identify the payer that processes as primary before Truli for Health.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement

1223

B8	**Claim Status Code**	CLP02	CLP02 – Florida Blue will only send status codes one (1), two (2), four (4), and 22. **Note**: Claim Status Code 4 - when the patient is not recognized as a Florida Blue member. Claim Status Code 22 - for a Reversal of a previous payment.
B9	**Claim Filing Indicator Code**	CLP06	CLP06 – Truli for Health will only send the following indicator codes: 12 – Preferred Provider Organization HM – Health Maintenance Organization
B10	**2100 Insured Name Identification Code Qualifier**	NM108	NM108 – Truli for Health will only send qualifier type MI to indicate insured identification and prior to NM109 – Truli for Health member Identification Number
B11	**Claim Adjustment Group Code**	CAS01	CO – Contractual Adjustment OA – Other Adjustment PI – Payor Initiated Reductions PR – Patient Responsibility
B12	**Claim Adjustment Information**	CAS CAS01-03 CAS05-06 CAS08-09 CAS11-12 CAS14-15 CAS17-18	When Recognizing Physician Excellence (RPE) bonus amounts apply, Group Code and Claim Adjustment Reason Code (CARC) CO*161 (Payer Initiated Bonus) will be used at the service line level. In order to balance your account receivables, money amounts associated with CO*161 should not be applied to the patient's account, but rather to your general ledger account.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement

1223

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
B13	**Provider Level Adjustment Note: Levy's, liens and garnishments. All monies will be applied toward the levy, lien or garnishment. However, any money over the amount required to satisfy the levy, lien or garnishment will be reimbursed by Truli for Health.**	PLB03-1	50 – Late Charge 72 – Authorized Refund CS – Adjustment FB - Forward Balance IR – Internal Revenue Withholding L6 – Interest LE – Levy, Lien, Garnishment WO – Overpayment Recovery The above code values will identify the type of adjustment for the money amount found in PLB04.
B14	**Provider Level Adjustment Note: See Examples in the Plan Requirements Column**	PLB03-2	Whenever there are situations that require Truli for Health to withhold or refund funds, the 835 TR3 requires payers to report these circumstances one of three specific ways on the 835. For overpayments, Truli for Health has chosen to send an invoice to the provider requesting overpaid funds be returned to Truli for Health within a specified timeframe. If those funds are not received within the timeframe, Truli for Health will withhold funds from future payments. When this occurs, Truli for Health will return a FCN (Financial Control Number) in the PLB03 composite data element following the WO qualifier. The FCN will consist of the patient account # and date of service. An example is indicated below: PLB* 12345845 (Provider NPI)*20140101 (date) *WO (overpayment recovery qualifier)>1103006_ _20140101 (patient account #_ _date of service)*40 (dollar amount) Refunds will be reported similarly but will be paired with the overpayment recovery qualifier WO in addition to the 72 qualifier followed by a negative dollar amount. For example: PLB* 12345845 (Provider NPI)*20140101 (date) *WO (overpayment recovery qualifier)>103555666 (invoice #) *40 (dollar amount) *72 (Refund)>103555666 (invoice #) *-40
Req #	**Loop ID – Segment Description & Element Name**	**Reference Description**	**Plan Requirement**

1223

			(dollar amount)

1223