Florida Blue Health Plan

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 005010X221A1

835 – Health Care Claim Payment/Advice

Companion Guide Version Number: 4.1

99260-1219 R

Disclosure Statement

The Blue Cross and Blue Shield of Florida, Inc. (BCBSF) Companion Guide for EDI Transactions [Technical Reports, Type three (3) (TR3)] provides guidelines in submitting/receiving electronic batch transactions. Since the HIPAA-AS ASC X12-TR3s require transmitters 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 Florida Blue business processes when implementing the HIPAA-AS ASC X12 5010 TR3s.

This Companion Guide does not replace or cover all segments specified in the HIPAA-AS 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 Florida Blue that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This Companion Guide provides information on Florida Blue specific codes relevant to Florida Blue business processes and rules and situations that are within the parameters of HIPAA. Readers of this Companion Guide should be acquainted with the HIPAA-AS ASC X12 TR3s, their structure, and content.

This Companion Guide provides supplemental information that exists between Florida Blue and its trading partners. Trading partners should refer to their Trading Partner Agreement for guidelines pertaining to Availity, 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 Florida Blue 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 the Trading Partner Agreement exists, the terms of your applicable Trading Partner Agreement will govern. If there is an inconsistency between the terms of this Companion Guide and any terms of the implementation guides exists, the relevant implementation guide will govern with respect to HIPAA edits, and this Companion Guide will control with respect to business edits.

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Version Change Log

Date	Description	Page
12/09/13	Updated based on EFT/ERA Operating Rules	
10/03/14	Update Provider Level Adjustment (PLB Segment) Example	14
08/31/17	Replaced verbiage on Process Map from Remit Reader to Remit Viewer. Under Contact Information, EDI Processing Hours, replaced 835 with BRN (Blue Remit Notification).	8 8
12/6/19	Update Guide (correct font for entire document) • Removed Preface • Updated Table of Contents & numbering • Updated Trading Partner Registration • Updated to Global Information Table • Updated Business Requirement Table • Updated Business Specifics Table	3 5 7 10 - 11 11 – 13 13 - 16
02/16/2021	Format Changes	Multiple
01-23-2023	Added section 1.4 Additional information as a result of CMS audit feedback	7-8

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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 ANSI 835 Electronic Remittance Advice transaction specifies in detail the required 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 Florida Blue via your vendor. The ASC X12 005010X279A1 is the established standard for Electronic Remittance Advice (ANSI 835).

1.1 Scope

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

1.2 Overview

The Technical Reports Type three (3) Guides (TR3s) for the ANSI 270/271 Eligibility and Benefit Inquiry and Response transaction specifies in detail the required 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 Florida Blue via your vendor.
Blue.

1.3 References

- Technical Reports (version three) for ASC x12 835 v005010X221A1 (HIPAA-AS) and all other HIPAA-AS standard transactions – wpc-edi.com.
- CAQH CORE Operating Rules Phase III – caqh.org/CORE_operat_rules.php
- For more information, including an online demonstration, please visit availity.com or call 800-282-4548.

1.4 Additional Information

Florida Blue Scheduled Downtime

On Sunday's from 9PM-6AM every week, Florida Blue IT Teams will 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.

UNIX patching schedule and Release schedule to 2023

AIX-LUNIX MONTHLY PATCHING OVERVIEW	2023 JAN	2023 FEB	2023 MAR	2023 APR	2023 MAY	2023 JUN	2023 JULY	2023 AUG	2023 SEPT	2023 OCT	2023 NOV	2023 DEC
Production Environment Patching (1 day, Sunday Maintenance window)	01/22	02/26	03/19	04/23	05/21	06/25	07/30	08/27	09/17	10/22	11/12	12/17

Enterprise Release Schedule:

Release Month	Feb 11	Apr 1 FEP ONLY	Apr 14	May 20	Jun 24	July 8 FEP ONLY	Aug 12	Sep 23	Sep 30 FEP ONLY	Oct 13	Nov 18	Dec 16	Jan 1,2024 FEP ONLY
Production Milestone	Sat-Sun Imp	Sat-Sun Imp	Fri-Sat Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp	Fri-Sat Imp	Sat-Sun Imp	Sat-Sun Imp	Sat-Sun Imp
Implementation	02/11-02/12	04/01-04/02	04/14-04/15	05/20-05/21	06/24-06/25	07/08-07/09	08/12-08/13	09/23-09/24	09/30-10/01	10/13-10/14	11/18-11/19	12/16-12/17	01/01-01/02

Holiday Schedule

Our company observes the following holidays for 2023:

1. **New Year's Day (Observed)- Monday, January 2**

2. **Martin Luther King's Day- Monday, January 16**

3. **Memorial Day- Monday, May 29**

4. **Juneteenth- Monday, June 19**

5. **Independence Day- Tuesday, July 4**

6. **Labor Day- Monday, September 4**

7. **Thanksgiving Holiday- Thursday, November 23 & Friday, November 24**

8. **Christmas Holiday (Observed) -Monday, December 25 & Tuesday, December 26**

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.

Notes

- **New Year's Day** – Monday, January 2, 2023, will be recognized as a holiday since New Year's Day 2023 is on a Sunday.

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- **Christmas 2023** - Christmas Day 2023 is on a Monday. Tuesday, December 26, 2023, will be recognized as a holiday since Christmas Eve 2023 is on a Sunday.

2 GETTING STARTED

2.1 Working with Florida Blue

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 availity.com or call 800-282-4548.

2.2 Trading Partner Registration

In order 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.
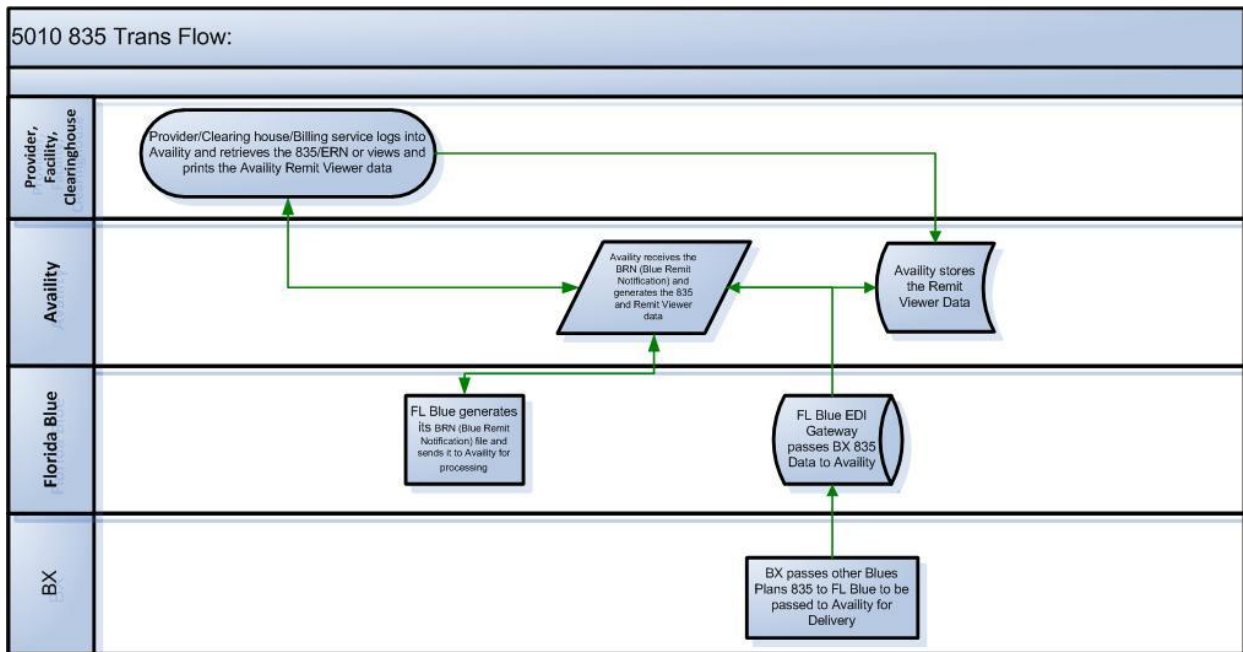
3 TESTING WITH FLORIDA BLUE AND AVAILITY

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

4 CONNECTIVITY/COMMUNICATIONS WITH FLORIDA BLUE AND AVAILITY

4.1 Process Map

4.2 Transmission Administrative Procedures

Connectivity

Secure File Transfer via Internet

FTP via ISDN, Leased Lines, Frame Relay, VPN

Firewall Mechanics

If you are behind a firewall, make sure that your FTPS client passes the Internet facing IP address of the server rather than the internal IP. Failure to do so usually causes the communication break when the client tries to list the files available in the server or during upload or download of files.

4.3 Re-Transmission Procedure

Encryption Method

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Secure Socket Layer (SSL)

4.4 Communication Protocol Specifications

Protocols Used

- HTTPS/FTPS
- HTTPS and your common Internet browsers (IE, Firefox, etc.) Port 443 (default)
- FTPS: Any FTP client capable of SSL encryption
- Client examples
- Valicert ftp client
- Cute-FTP
- WS-FTP Pro
- FileZilla
- FTPS Parameters
- Port 21
- Authentication: FTP over SSL (explicit) or FTP over TLS (explicit)
- Active Mode
- File retention is 72 hours
- SSH Parameters
- Use SFTP or SCP
- Port 22
- Authentication: User ID and Password

4.5 Passwords

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

5   CONTACT INFORMATION

5.1 EDI Customer Service

For EDI customer service related to Florida Blue, please visit availity.com or call 800-282-4548.

5.2 EDI Technical Assistance

For support of EDI transactions through Availity, please visit availity.com or call 800-282-4548.

5.3 Provider Service Number

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For provider services, please contact Florida Blue at 800-727-2227. For faster service, please have your Availity transaction ID available.

5.4 Applicable websites/email

- availity.com
- floridablue.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.

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** – is the Florida Blue Tax ID, 592015694.
- **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.

ANSI 835 – Electronic Remittance Advice:

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	Florida Blue sends Health Care Claim Payment/Advice data using the basic character set as defined in the ASC X12 005010X279A1 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	Florida Blue sends 00 in this field.

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Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
E4	Interchange Control Header Authorization Information	ISA02	Florida Blue sends 10 spaces in this field.
E5	Interchange Control Header Security Information Qualifier	ISA03	Florida Blue sends 00 in this field.
E6	Interchange Control Header Security Information	ISA04	Florida Blue sends 10 spaces in this field.
E7	Interchange Control Header Interchange ID Qualifier	ISA05	Florida Blue sends ZZ in this field.
E8	Interchange Control Header Interchange Sender ID	ISA06	Florida Blue sends 592015694 in this field.
E9	Interchange Control Header Interchange ID Qualifier	ISA07	Florida Blue sends 01 in this field.
E10	Interchange Control Header Interchange Receiver ID	ISA08	Florida Blue sends individually assigned Florida Blue sender mailbox number in this field.
E11	Interchange Control Header Repetition Separator	ISA11	Florida Blue uses | as repetition separator.
E12	Interchange Control Header Acknowledgement Requested	ISA14	The TA1 will not be provided by Florida Blue without a code value of one (1) in the field
E13	Interchange Control Header Interchange Usage Indicator	ISA15	Florida Blue 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	Florida Blue 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	Florida Blue 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.
	GS - FUNCTIONAL GROUP HEADER		
E16	Functional Group Header Functional Identifier Code	GS01	HP – Health Care Claim Payment/Advice (835) Florida Blue sends the above value in this field.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
E17	**Functional Group Header Application Sender's Code**	GS02	Florida Blue sends 592015694 in this field.
E18	**Functional Group Header Application Receiver's Code**	GS03	Florida Blue sends Florida Blue assigned Sender Code in this field.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Business Requirements

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
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**		Florida Blue 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: Florida Blue does not return detail service line items for whole priced claims.
G3	**Remittance Remarks**		Federal regulation limits Florida Blue'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	Florida Blue will only generate an H or I

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
G5	**Payment Method Code** Note: Levy, lien and garnishment - 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 Florida Blue.	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	Florida Blue limits the maximum number of CLP segments to 10,000 within one ST-SE envelope.

8   ACKNOWLEDGEMENTS AND/OR REPORTS

N/A

9   TRADING PARTNER AGREEMENTS

Please contact Availity for your Trading Partner Agreement at 800-282-4548 or availity.com.

10 TRANSACTION SPECIFIC INFORMATION

835 Health Care Remittance Advice Business Specifics for Florida Blue HIPAA-AS ASC X12N 5010X221A1

BUSINESS REQUIREMENTS

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
	1000B Payee Identification and Additional Identification		
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.

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Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
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.
	Loop 2100 Corrected Priority Payer ID		
B5	**Individual or Organizational Name**	NM103	NM103 Florida Blue will return this information when Florida Blue is aware that another payer should process a claim prior to Florida Blue.
B6	**Identification Code Qualifier**	NM108	PI – Payer Identifier will be in the NM108 data element when Florida Blue is aware that another payer should process a claim prior to Florida Blue.
B7	**Identification Code**	NM109	The code in the NM109 segment will be populated to identify the payer that processes as primary before Florida Blue.
	2100 Claim Payment Information		
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 will only be used to indicate that the patient is not recognized as a member of any Florida Blue product. Claim Status Code 22 is the only way to identify a reversal for 5010.

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Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
B9	**Claim Filing Indicator Code**	CLP06	CLP06 – Florida Blue will only send the following indicator codes: 12 – Preferred Provider Organization HM – Health Maintenance Organization
B10	**2100 Insured Name Identification Code Qualifier**	NM108	NM108 – Florida Blue will only send qualifier type: MI to indicate insured identification and prior to NM109 – Florida Blue member Identification Number
	2110 Service Payment Information		
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. Reversals – Effective with version 5010, CR group code is no longer valid. The original group code from the previous 835 will be returned. The claim status indicator (CLP02) of 22 is the only way to identify a reversal for 5010.
B13	**Provider Level Adjustment** Note: Levy, lien, garnishment -	PLB03-1	50 – Late Charge 72 – Authorized Refund

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Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
	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 Florida Blue.		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 Florida Blue to withhold or refund funds, the 835 TR3 requires payers to report these circumstances one of three specific ways on the 835. For overpayments, Florida Blue has chosen to send an invoice to the provider requesting overpaid funds be returned to Florida Blue within a specified timeframe. If those funds are not received within the timeframe, Florida Blue will withhold funds from future payments. When this occurs, Florida Blue 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

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
			NPI)*20140101 (date) *WO (overpayment recovery qualifier)>103555666 (invoice #) *40 (dollar amount) *72 (Refund)>103555666 (invoice #) *-40 (dollar amount)

* Remember, positive amounts reported in the 835 decrease the payment and negative amounts increase the payment.