Florida Blue Medicare 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 005010 X279A1

835 – Health Care Claim Payment/Advice

Companion Guide Version Number: 2.0

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900-4671-1223

Disclosure Statement

The Florida Blue Medicare 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 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 Medicare 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 Florida Blue Medicare that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This Companion Guide provides information on Florida Blue Medicare specific codes relevant to Florida Blue Medicare 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 Florida Blue Medicare 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 EDI transactions and code sets. However, trading partners should refer to this Companion Guide for information on Florida Blue Medicare business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this Companion Guide is 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.

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Version Change Log

Date	Description	Page
10-31-19	**Document creation of Version 1.0.**	**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**
06-01-2023	**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**

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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 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 Florida Blue Medicare 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 Medicare trading partners to supplement the ASC X12 835 5010 Technical Reports Type three (3) (TR3). It describes the data content, Florida Blue Medicare 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 Florida Blue Medicare.

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.
- For more information, including an online demonstration, please visit availity.com or call 800-282-4548.
- CAQH CORE Operating Rules Phase II caqh.org/CORE_operat_rules.php

1.4 Additional Information

Florida Blue Scheduled Downtime

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2024 UNIX patching schedule and Release schedule

AIX-LUNIX MONTHLY PATCHING OVERVIEW	2024 JAN	2024 FEB	2024 MAR	2024 APR	2024 MAY	2024 JUN	2024 JULY	2024 AUG	2024 SEPT	2024 OCT	2024 NOV	2024 DEC
Production Environment Patching (1 day, Sunday Maintenance window)	01/21	02/25	03/24	04/28	05/19	06/23	07/28	08/25	09/22	10/13	11/10	12/15

Enterprise Release Schedule:

Release Month	Feb 10	Apr 12	May 18 FEP	Jun 22	July 27 FEP ONLY	Aug 24	Sep 21	Oct 12 FEP ONLY	Oct 18	Nov 16	Dec 14	Jan 1,2025 FEP ONLY
Production Milestone	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	Mon - Tues Imp
Implemen-tation	02/10-02/11	04/12-04/13	05/18-05/19	06/22-06/23	07/27-07/28	08/24-08/25	09/21-09/22	10/12-10/13	10/18-10/19	11/16-11/17	12/14-12/15	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 www.Availity.com.

Holiday Schedule

Our company observes the following holidays for 2024:

1. New Year's Day - Monday, January 1
2. Martin Luther King Jr. Day - Monday, January 15
3. Memorial Day - Monday, May 27
4. Juneteenth - Wednesday, June 19
5. Independence Day - Thursday, July 4
6. Labor Day - Monday, September 2
7. Thanksgiving Holiday - Thursday, November 28 & Friday, November 29
8. Christmas Holiday -Tuesday, December 24 & Wednesday, 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 Florida Blue Medicare

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.

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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

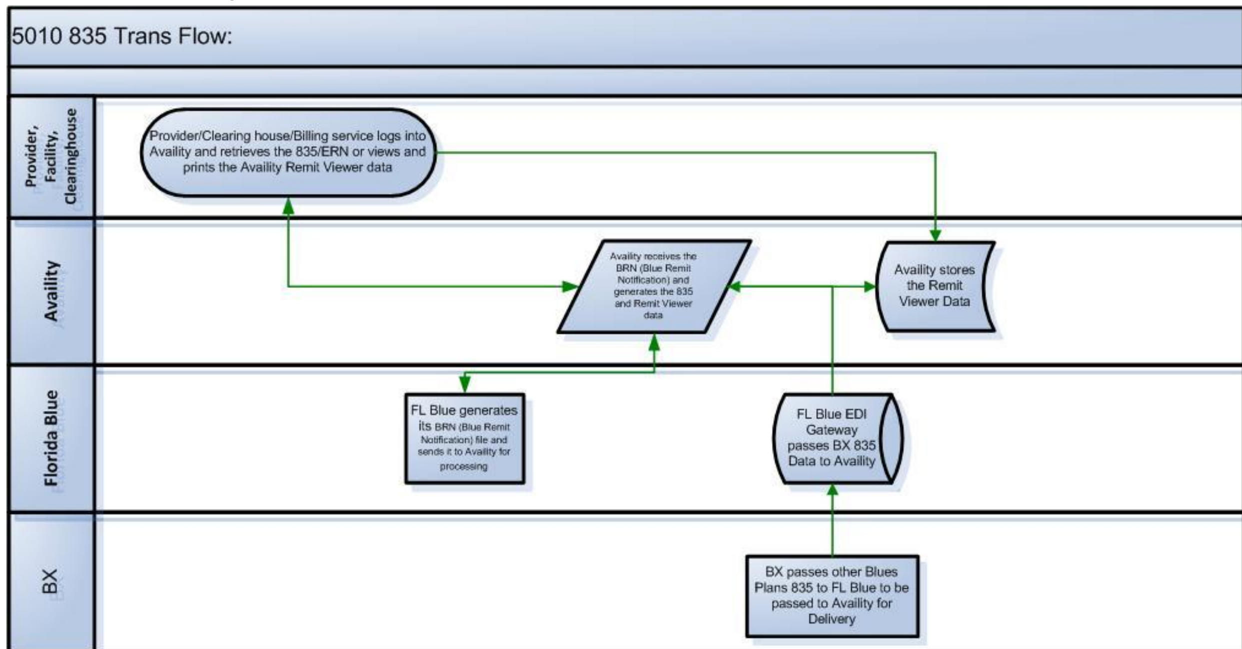
All trading partners and clearing houses should be certified via Availity. It is recommended that the trading partner obtain HIPAA certification from an approved testing and certification third party vendor prior to testing.

3 TESTING WITH FLORIDA BLUE MEDICARE AND AVAILITY

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

4 CONNECTIVITY/COMMUNICATIONS WITH FLORIDA BLUE MEDICARE AND AVAILITY

4.1 Process Map



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4.2 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 Medicare, 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

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 Medicare 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

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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 Medicare 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 Medicare sends 00 in this field.
E4	**Interchange Control Header Authorization Information**	ISA02	Florida Blue Medicare sends 10 spaces in this field.
E5	**Interchange Control Header Security Information Qualifier**	ISA03	Florida Blue Medicare sends 00 in this field.
E6	**Interchange Control Header Security Information**	ISA04	Florida Blue Medicare sends 10 spaces in this field.
E7	**Interchange Control Header Interchange ID Qualifier**	ISA05	Florida Blue Medicare sends ZZ in this field.
E8	**Interchange Control Header Interchange Sender ID**	ISA06	Florida Blue Medicare sends 592015694 in this field.
E9	**Interchange Control Header Interchange ID Qualifier**	ISA07	Florida Blue Medicare sends 01 in this field.
E10	**Interchange Control Header Interchange Receiver ID**	ISA08	Florida Blue Medicare sends individually assigned Florida Blue Medicare sender mailbox number in this field.
E11	**Interchange Control Header Repetition Separator**	ISA11	Florida Blue Medicare uses | as repetition separator.
E12	**Interchange Control Header Acknowledgement Requested**	ISA14	The TA1 will not be provided by Florida Blue Medicare without a code value of one (1) in the field
E13	**Interchange Control Header Interchange Usage Indicator**	ISA15	Florida Blue Medicare sends P in this field to indicate the data enclosed in this transaction is a production file.

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Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
E14	**Interchange Control Header Component Element Separator**	ISA16	Florida Blue Medicare 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 Medicare 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) Florida Blue Medicare sends the above value in this field.
E17	**Functional Group Header Application Sender's Code**	GS02	Florida Blue Medicare sends "592015694" in this field.
E18	**Functional Group Header Application Receiver's Code**	GS03	Florida Blue Medicare sends Florida Blue Medicare 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 Medicare 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 Medicare does not

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Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
			return detail service line items for whole priced claims.
G3	**Remittance Remarks**		Federal regulation limits Florida Blue Medicare's ability to provide proprietary explanations on standard electronic transactions; therefore all remittance reasons and remarks will be reported using industry standard code sets.
G6	**Transition Handling Code**	BPR01	Florida Blue Medicare will only generate an H or I
G4	**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 Florida Blue Medicare.**	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
G5	**Limitations**	CLP	Florida Blue Medicare 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

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10 TRANSACTION SPECIFIC INFORMATION

10.1 ASC X12 Transactions Supported

Florida Blue Medicare processes the following ASCX12 HIPAA transactions for Eligibility and Benefit Request

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.
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 Medicare will return this information when Florida Blue Medicare is aware that another payer should process a claim prior to Florida Blue Medicare.
B6	**Identification Code Qualifier**	NM108	PI – Payer Identifier will be in the NM108 data element when Florida Blue Medicare is aware that another payer should process a claim prior to Florida Blue Medicare.
Req #	**Loop ID – Segment Description & Element Name**	**Reference Description**	**Plan Requirement**
B7	**Identification Code**	NM109	The code in the NM109 segment will be populated to identify the payer that processes as primary before Florida Blue Medicare.

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	2100 Claim Payment Information		
B8	**Claim Status Code**	CLP02	CLP02 – Florida Blue Medicare 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 Medicare product. Claim Status Code 22 is the only way to identify a reversal for 5010.
B9	**Claim Filing Indicator Code**	CLP06	CLP06 – Florida Blue Medicare 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 Medicare will only send qualifier type "MI" to indicate insured identification and prior to NM109 – Florida Blue Medicare 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
Req #	**Loop ID – Segment Description & Element Name**	**Reference Description**	**Plan Requirement**

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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: Levys, 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 Florida Blue Medicare.**	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 Florida Blue Medicare 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 Medicare has chosen to send an invoice to the provider requesting overpaid funds be returned to Florida Blue Medicare within a specified timeframe. If those funds are not received within the timeframe, Florida Blue Medicare will withhold funds from future payments. When this occurs, Florida Blue Medicare will return a FCN (Financial Control Number) in the PLB03

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			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 (dollar amount)

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