Florida Blue Medicare Health Plan

HIPAA Transaction Standard Companion Guide
For Availity® 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: 1.0
Disclosure Statement

The Florida Blue Medicare HIPAA Transaction Standard Companion Guide for EDI Transactions Technical Reports, Type 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.
### Version Change Log

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<th>Date</th>
<th>Description</th>
<th>Page</th>
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<tr>
<td>10-31-19</td>
<td>Document creation of Version 1.0.</td>
<td>NA</td>
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1 INTRODUCTION

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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 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 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) require 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

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.

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
### 4.2 Transmission Administrative Procedure

**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**

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

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Florida Blue Medicare Health Plan Companion Guide ANSI 835 Transaction Type

- 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 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:

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Florida Blue Medicare Health Plan Companion Guide ANSI 835 Transaction Type

- **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**

<table>
<thead>
<tr>
<th>Req #</th>
<th>Loop ID – Segment Description &amp; Element Name</th>
<th>Reference Description</th>
<th>Plan Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GLOBAL INFORMATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E1</td>
<td>Interchange Control Header</td>
<td>ISA</td>
<td>All transactions utilize delimiters from the following list: &gt;,*,-,^,</td>
</tr>
<tr>
<td>E2</td>
<td>Interchange Control Structure</td>
<td>ISA</td>
<td>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.</td>
</tr>
<tr>
<td>E3</td>
<td>Interchange Control Header Authorization Information Qualifier</td>
<td>ISA01</td>
<td>Florida Blue Medicare sends 00 in this field.</td>
</tr>
<tr>
<td>E4</td>
<td>Interchange Control Header Authorization Information</td>
<td>ISA02</td>
<td>Florida Blue Medicare sends 10 spaces in this field.</td>
</tr>
<tr>
<td>E5</td>
<td>Interchange Control Header Security Information Qualifier</td>
<td>ISA03</td>
<td>Florida Blue Medicare sends 00 in this field.</td>
</tr>
<tr>
<td>E6</td>
<td>Interchange Control Header Security Information</td>
<td>ISA04</td>
<td>Florida Blue Medicare sends 10 spaces in this field.</td>
</tr>
<tr>
<td>E7</td>
<td>Interchange Control Header Interchange ID Qualifier</td>
<td>ISA05</td>
<td>Florida Blue Medicare sends ZZ in this field.</td>
</tr>
<tr>
<td>E8</td>
<td>Interchange Control Header Interchange Sender ID</td>
<td>ISA06</td>
<td>Florida Blue Medicare sends 592015694 in this field.</td>
</tr>
<tr>
<td>E9</td>
<td>Interchange Control Header Interchange ID Qualifier</td>
<td>ISA07</td>
<td>Florida Blue Medicare sends 01 in this field.</td>
</tr>
<tr>
<td>E10</td>
<td>Interchange Control Header Interchange Receiver ID</td>
<td>ISA08</td>
<td>Florida Blue Medicare sends individually assigned Florida Blue Medicare sender mailbox number in this field.</td>
</tr>
</tbody>
</table>

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7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Business Requirements

<table>
<thead>
<tr>
<th>Req #</th>
<th>Loop ID – Segment Description &amp; Element Name</th>
<th>Reference Description</th>
<th>Plan Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>All Segments</td>
<td></td>
<td>Only loops, segments, and data elements valid for the 835 HIPAA Implementation Guide ASC X12N/005010X221A1 will be used for processing.</td>
</tr>
</tbody>
</table>

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### 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](http://availity.com).

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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.

<table>
<thead>
<tr>
<th>Req #</th>
<th>Loop ID – Segment Description &amp; Element Name</th>
<th>Reference Description</th>
<th>Plan Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BUSINESS REQUIREMENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1000B</td>
<td>Payee Identification and Additional Identification</td>
<td>N103</td>
<td>The billing provider NPI qualifier of XX will be returned in this segment.</td>
</tr>
<tr>
<td></td>
<td>Identification Code Qualifier</td>
<td>N104</td>
<td>The billing provider NPI will be returned in this segment.</td>
</tr>
<tr>
<td></td>
<td>Identification Code</td>
<td>REF01 &amp; REF02</td>
<td>Qualifier PQ in REF01 indicates the Availity Customer Identification number in REF02.</td>
</tr>
<tr>
<td></td>
<td>Reference Identification Qualifier</td>
<td>REF01 &amp; REF02</td>
<td>Qualifier TJ in REF01 indicates the federal tax identification (ID) or social security number in REF02.</td>
</tr>
<tr>
<td></td>
<td>Loop 2100 Corrected Priority Payer ID</td>
<td>NM103</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Individual or Organizational Name</td>
<td>NM108</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Identification Code Qualifier</td>
<td>NM109</td>
<td>The code in the NM109 segment will be populated to identify the payer that processes as primary before Florida Blue Medicare.</td>
</tr>
<tr>
<td></td>
<td>Identification Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2100 Claim Payment Information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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| B8 | Claim Status Code | CLP02 | CLP02 – Florida Blue Medicare will only send status codes 1, 2, 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 |
| 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: 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 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)  |