

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: 1.0

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

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.

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

This page left blank

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

900-4671-1219

Version Change Log

Date	Description	Page
10-31-19	Document creation of Version 1.0.	NA

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Contents

1 INTRODUCTION	5
1.1 Scope	6
1.2 Overview	6
1.3 References	6
2 GETTING STARTED	6
2.1 Working with Florida Blue Medicare	6
2.2 Trading Partner Registration	7
2.3 Certification and Testing Overview	7
3 TESTING WITH FLORIDA BLUE MEDICARE AND AVAILITY	7
4 CONNECTIVITY/COMMUNICATIONS WITH FLORIDA BLUE MEDICARE AND AVAILITY	7
4.1 Process Map	7
4.2 Transmission Administrative Procedure	8
4.3 Re-Transmission Procedure	8
4.4 Communication Protocol Specifications	8
4.5 Passwords	9
5 CONTACT INFORMATION	9
5.1 EDI Customer Service	9
5.2 EDI Technical Assistance	9
5.3 Provider Service Number	9
5.4 Applicable websites/e-mail	9
6 CONTROL SEGMENTS/ENVELOPES	9
7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS	11
8 ACKNOWLEDGEMENTS AND/OR REPORTS	12
9 TRADING PARTNER AGREEMENTS	12
10 TRANSACTION SPECIFIC INFORMATION	13
10.1 ASC X12 Transactions Supported	13

1 INTRODUCTION

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

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

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

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.

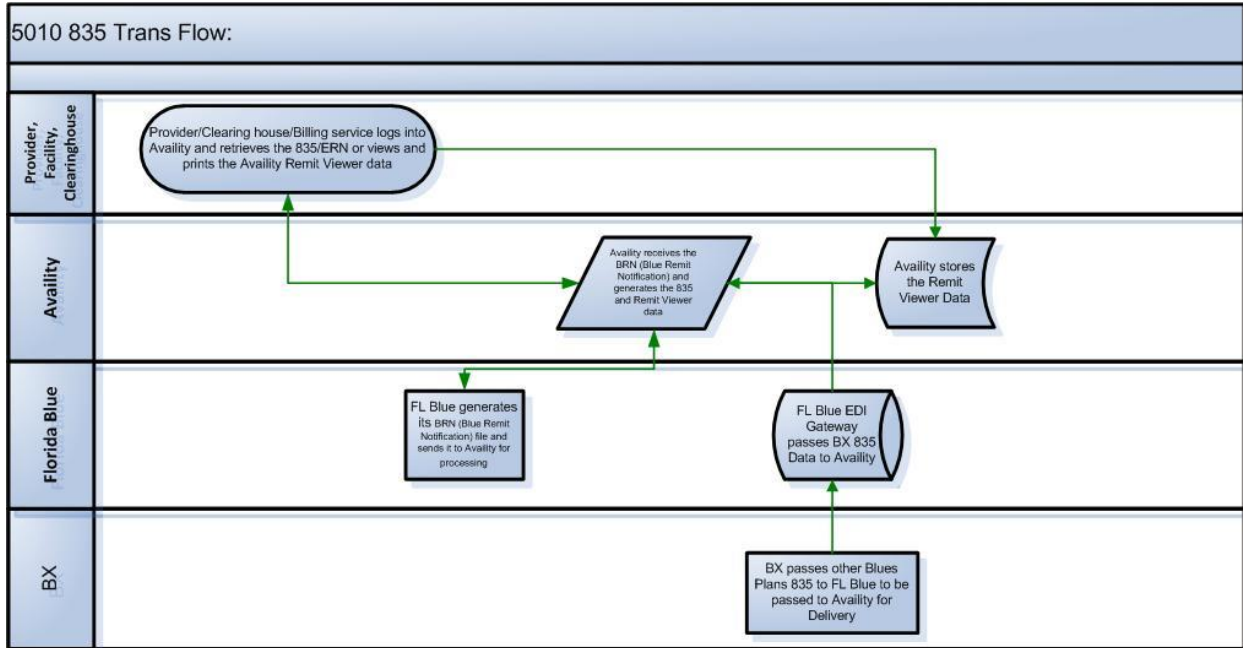
4 CONNECTIVITY/COMMUNICATIONS WITH FLORIDA BLUE MEDICARE AND AVAILITY

4.1 Process Map

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.



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

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

- 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:

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

- **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

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

¹Avality, LLC, is a multi-payer joint venture company. For more information or to register, visit avality.com.

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
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 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.
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.
GS - FUNCTIONAL GROUP HEADER			
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
GLOBAL INFORMATION			
G1	All Segments		Only loops, segments, and data elements valid for the 835 HIPAA Implementation Guide ASC X12N/005010X221A1 will be used for processing.

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
G2	Remittance Advice		<p>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.</p> <p>Institutional remittances: Florida Blue Medicare does not return detail service line items for whole priced claims.</p>
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	<p>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.</p>	<p>BPR04</p> <p>PLB03-1</p>	<p>NON – Non-payment data Anytime a levy, lien or garnishment is applied to the claim, BPR04 will contain the code NON.</p> <hr/> <p>IR – Internal Revenue LE – Levy TL – Garnishment WO – Withholding</p>
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

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

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

10 TRANSACTION SPECIFIC INFORMATION

10.1 ASC X12 Transactions Supported

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

Req #	Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
	BUSINESS REQUIREMENTS		
	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.
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.
	2100 Claim Payment Information		

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Florida Blue Medicare Health Plan Companion Guide ANSI 835 Transaction Type

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
	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.

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

B13	<p>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.</p>	PLB03-1	<p>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.</p>
B14	<p>Provider Level Adjustment Note: See Examples in the Plan Requirements Column</p>	PLB03-2	<p>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)>10355666 (invoice #) *40 (dollar amount) *72 (Refund)>10355666 (invoice #) *-40 (dollar amount)</p>

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.