Health Care Claim Payment Advice (835) Companion Guide for 5010

HIPAA Transaction

Standard Companion Guide

Refers to the Implementation Guides

Based on ASC X12 version 005010

Disclosure Statement

Boston Medical Center HealthNet Plan and Well Sense Health Plan (jointly referred to in this document as "the Plan") are committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Plan claim data is restricted under the provisions of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Plan claim payment advice transaction is provided for conducting Plan business only.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with the Plan. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1 INTRODUCTION

1.1 SCOPE

This document defines the Health Care Claim Payment and Remittance Advice sent to the Plan's authorized Trading Partners. To implement the HIPAA administrative simplification provisions, the 835 transaction set has been named under 45 CFR 162 as the Electronic Data Interchange (EDI) standard for Health Care Claim Payment and Remittance Advice.

The core system 835 application supports the ASC X12 835 version 005010X221A1 TR3s that are published on the following web site: http://store.x12.org/store/. The 835 is an outbound health care claims payment and remittance advice.

This Companion Guide defines 835 data content, response times, connectivity, and system availability. This document should be used to supplement the X12N 835 TR3.

1.2 OVERVIEW

BMC HealthNet Plan ("the Plan") produces 835s for any submitters who send 837 claim transactions to us, regardless of the delivery method. Please see Attachment-A for information on how the 835s are delivered.

The data included in an 835 file is to be considered true and accurate only at the time of the transaction. Questions regarding claims status/benefit data for Plan health insurance coverage should be directed to Customer Care at (888) 566-0008.

1.3 REFERENCES

The ASC X12 TR3s that detail the full requirements for these transactions are available through, Washington Publishing Company (WPC) at their website http://store.x12.org/store/. To request access to the core system 835, please contact EDI Operations at: ITOpsSupport@bmchp-wellsense.org.

1.4 ADDITIONAL INFORMATION

The Plan is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of the Plan's Beneficiary claims payment data is restricted under the provisions of the Privacy Act of 1974 and HIPAA.

1.4.1 Authorized Purposes for Retrieving Claim Payment and Remittance Advice

Verify claims claim payment and remittance advice information

2 GETTING STARTED

2.1 WORKING WITH THE PLAN

The Plan’s EDI Operations team is available to assist with this process Monday – Friday, from 8:00 AM to 5:00 PM ET at ITOpsSupport@bmchp-wellsense.org.
Please refer to Section 5 of this Companion Guide for Plan contact information.

835s are uploaded to FTP sites weekly from Wednesday afternoon until end of day on Thursday for direct submitters. Please contact your clearinghouse or billing agency representative for access to 835s that are sent to them.

2.2 CERTIFICATION AND TESTING OVERVIEW

Trading Partners should contact ITOpsSupport@bmchp-wellsense.org for applicable testing information.

Please refer to Section 5 of this Companion Guide for Plan contact information.

3 TESTING WITH THE PAYER

Trading Partners should work with the Plan EDI Operations to complete basic transaction retrieval testing. EDI Operations is available to assist with new Trading Partner testing Monday – Friday, from 8:00 AM to 5:00 PM ET. Please refer to Section 5 of this Companion Guide for Plan contact information.

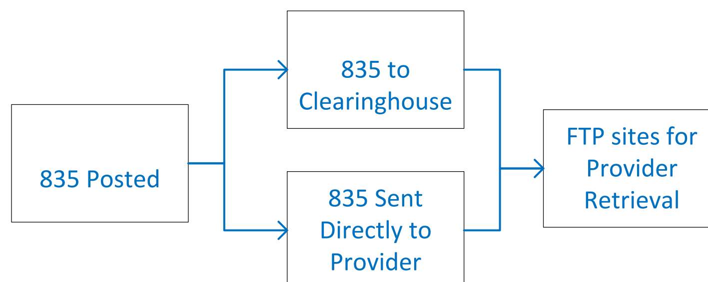
4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1 PROCESS FLOWS

4.1.1 Trading Partner Registration

Potential Trading Partners must submit claims using ASCX12 837 Health Care Claim submission in order to receive 835 transaction files.

Figure 1 – Process for Retrieving 835 Claim Payment and Remittance Advice



Trading Partner must be registered and submitting ASCX12 837 Health Care Claim submission to receive 835s

4.1.2 Transaction Process

The 835 transactions include remittance data for all claims in a payment. A paper remittance advice includes applicable data for all claims. Additionally, PDF copies of remittance advices are available via the Provider e-Services section of our website. To gain access to those services, please contact your Provider Representative.

4.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

4.2.1 Schedule, Availability, and Downtime Notification

The core system application is available 24 hours a day 7 days a week.

Non-routine downtime with the core system application will be communicated to the Trading Partners via email one week prior to the planned downtime.

Unplanned downtime with the core system application will be communicated to the Trading Partners via email within 1 hour of being aware that the system application is down. A second follow-up email will also be sent alerting the Trading Partners when the core system application becomes available.

Please refer to Section 5 of this Companion Guide for Plan contact information.

4.2.2 Re-Transmission Procedure

Trading Partners may call the Plan for assistance in researching problems with their transactions.

4.3 COMMUNICATION PROTOCOL SPECIFICATIONS

Various FTP applications are used to transfer 835s to the Trading Partners. If a Trading Partner already has a preferred FTP application, we will use that application. If not, we suggest some that can be used. Please contact ITOpsSupport@bmchp-wellsense.org

4.4 PASSWORDS

The core system 835 application is located at a secure Plan data center. Trading Partners must be submitting 837 Health Care Claim transactions.

All Trading Partners must assume full responsibility for the privacy and security of all member claims payment data. CONTACT INFORMATION: ITOpsSupport@bmchp-wellsense.org

5 CONTACT INFORMATION

5.1 EDI CUSTOMER SERVICE

ITOpsSupport@bmchp-wellsense.org

5.2 EDI TECHNICAL ASSISTANCE

ITOpsSupport@bmchp-wellsense.org

5.3 PROVIDER SERVICE NUMBER

Provider Line – 888-566-0008

5.4 APPLICABLE WEBSITES/E-MAIL

www.bmchp.org
www.wellsense.org
Email: ITOpsSupport@bmchp-wellsense.org

6 835 CONTENT INFORMATION

6.1 Segment Terminators

The Plan's 5010 835s utilize a tilde (~) as the segment terminator in all cases.

6.2 REFERENCE IDENTIFICATION (POSITION-02)

The 02 position (Reference Identification) of the TRN (Re-association Trace Number) segment will contain the check number or, if the payee uses EFT (Electronic Funds Transfer), it will contain the Plan's internal payment reference number. The payment reference number uses the following format:
YYYYMMDD123456780XXXX0
Where:
YYYYMMDD is the payment date
12345678 is a system-assigned incremental identifier
0 is a placeholder
XXXX is a payment-type identifier

6.3 DENIED CLAIMS

Denied claims are no longer indicated with a "4" in the 02 position (Claim Status Code) of the CLP segment (Claim Payment Information); instead, you'll see a value indicating how the claim was processed. The 5010 format changed the meaning of a "4" to apply only "if the Patient/Subscriber is not recognized, and the claim was not forwarded to another payer."

6.4 ADJUSTED CLAIMS

When an adjusted claim is shown on the 835, the original claim will also appear in the 835, but with the money previously paid out shown in the negative.

CLP*Patient Account #*22*-1114*-135.3MC*Original BMCHP Claim ID*22**
CLP* Patient Account #*1*1114*232.3MC*Adjusted BMCHP Claim ID*22**

Note the reversal code (22) in Position 02 (Claim Status Code) of the first CLP segment.

6.5 LINE ITEM CONTROL NUMBERS

Line Item Control Numbers sent in 837s (Loop 2400, REF segment, Position 01, Qualifier = 6R) are not included in the Plan's 5010 835. If you need them to process the data in the 835, we can supply them, but they are often returned inconsistently. Please contact us if you need the Line Item Control Numbers in your 835.

6.6 CAS*PI*147

If the presence of CAS*PI*147 in your 835 causes problems for you, we can change that to CAS*CO*45 if that helps. Please let us know if you'd like that change made before we deliver your 835s.

6.7 CAS*PR* (PATIENT RESPONSIBILITY)

CAS*PR* (Patient Responsibility) codes sometimes show up incorrectly in our 835, so those are automatically scrubbed out before 835s are delivered. If you'd like to get a version of the 835 that has the CAS*PR* segments in it, we can provide that; however, please be aware that balance billing to patients is forbidden under Medicaid and for most Commonwealth Care services.

6.8 PLB SEGMENTS

PLB segments currently show the Plan's Claim ID number instead of the submitted Patient Account Number (which was supplied on our 4010 835s). This is an issue we are working to resolve. Patient Account Numbers can be looked up using the Plan's Claim ID via the Provider e-Services section of our website. To gain access to those services, please contact your Plan Provider Relations Consultant. If the PLB volume is too large for the e-Services solution to be viable, please contact us.

Appendix A Implementation Checklist

- ☐ Contact Plan EDI Operations Support at ITOpsSupport@bmchp-wellsense.org to register as a Trading Partner
- ☐ Establish FTP connectivity
- ☐ Perform test transaction
- ☐ Approval for production

Appendix B FAQs

<> Denied claims

Denied claims are no longer indicated with a 4 in the 02 position (Claim Status Code) of the CLP segment (Claim Payment Information); instead, you'll see a value indicating how the claim was processed. The 5010 format changed the meaning of a 4 to apply only "if the Patient/Subscriber is not recognized, and the claim was not forwarded to another payer."

<> Adjusted claims

When an adjusted claim is shown on the 835, the original claim will also appear in the 835, but with the money previously paid out shown in the negative.

CLP*Patient Account #*22*-1114*-135.3MC*Original BMCHP Claim ID*22**

CLP* Patient Account #*1*1114*232.3MC*Adjusted BMCHP Claim ID*22**

Note the reversal code (22) in Position 02 (Claim Status Code) of the first CLP segment.

<> Line Item Control Numbers sent in 837s (Loop 2400, REF segment, Position 01, Qualifier = 6R) are not included in the Plan's 5010 835. If you need them to process the data in the 835, we can supply them, but they are often returned inconsistently. Please contact us if you need the Line Item Control Numbers in your 835. This is an issue we are working to resolve.

<> If the presence of CAS*PI*147 in your 835 causes problems for you, we can change that to CAS*CO*45 if that helps. Please let us know if you'd like that change made before we deliver your 835s. This is an issue we are working to resolve.

<> CAS*PR* (Patient Responsibility) codes sometimes show up incorrectly in our 835, so those are automatically scrubbed out before 835s are delivered. This is an issue we are working to resolve. If you'd like to get a version of the 835 that has the CAS*PR* segments in it, we can provide that; however, please be aware that balance billing to patients is forbidden under Medicaid and for most Commonwealth Care services. Anyone requesting 835s with PR

codes will be asked to sign a statement indicating that you’ve put measures in place to catch any incorrect patient responsibility codes in our 835s.

<> PLB segments currently show the Plan’s Claim ID number instead of the submitted Patient Account Number (which was supplied on our 4010 835s). This is an issue we are working to resolve. Patient Account Numbers can be looked up using the Plan’s Claim ID via the Provider e-Services section of our website. To gain access to those services, please contact your Plan Provider Representative. If the PLB volume is too large for the e-Services solution to be viable, please contact us.

Attachment A

BMC HealthNet Plan (“the Plan”) produces 835s for any submitter that transmits 837s to us, regardless of the submitter’s delivery method.

If you send your 837s to us directly, via a clearinghouse, or via a billing agency we can produce an 835 for your organization. 835s are currently returned to:

- Billing Agencies
- Direct Submitters
- Allscripts
- Gateway EDI
- NEHENNet
- RelayHealth
- SSI Group

NOTES: For any of the scenarios listed below, please contact us at ITOpsSupport@bmchp-wellsense.org to establish a process to deliver 835s directly to you

1. If you use Capario as your clearinghouse for 837s that are submitted to BMC HealthNet Plan and would like to receive 835s
2. If you use ChangeHealthcare (aka Emdeon)
3. If you use any of the clearinghouses listed in the previous section and would like to receive 835s directly
4. If you use a billing agency and would like to receive 835s directly

For more information about the Plan’s 835, please contact EDI/I.T. Operations Support at ITOpsSupport@bmchp-wellsense.org