



BlueCross BlueShield
of Montana

Blue Cross and Blue Shield of Montana (BCBSMT)

835 Electronic Remittance Advice (ERA)
Standard Companion Guide

Refers to the Implementation Guides
Based on ASC X12 version 005010

Version 1.1

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Disclosure Statement

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The information in this document is believed to be correct at the time of publication and is provided by BCBSMT for awareness, and educational purposes only. This material does not purport to provide legal advice. The information provided here is for reference use only and does not constitute the rendering of legal, financial, or other professional advice or recommendations by BCBSMT. If legal advice is required, the reader should consult with an attorney.

Preface

The Affordable Care Act (ACA) mandates implementation of Administrative Simplification operating rules to promote greater uniformity in the exchange of electronic health care data. The Committee on Operating Rules for Information Exchange (CORE) is part of the Council for Affordable Quality Healthcare (CAQH) initiative. CAQH CORE has authored operating rules to be implemented in phases for HIPAA-standard electronic data interchange (EDI) transactions, including the Health Care Claim Payment/Advice (835).

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under the Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with BCBSMT. 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 BCBSMT 835 ERA Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the v5010 ASC X12N Implementation Guides.

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Section 1: Introduction

1.1 Scope

The HIPAA transaction implementation guides for Electronic Data Interchange (EDI) transactions are called Technical Reports, Type 3 (TR3s). These TR3s provide guidelines for submitting and receiving HIPAA-standard EDI transactions. The TR3s require transmitters and receivers to make certain determinations. The BCBSMT 835 ERA Companion Guide does not replace the HIPAA ASC X12N TR3s, nor does it attempt to amend any of the information therein. It does not impose any additional obligations that are not permitted to be imposed by the HIPAA standards for electronic transactions. If inconsistencies exist between the terms of this companion guide and the TR3(s), the relevant TR3(s) will govern with respect to HIPAA edits. The BCBSMT Companion Guide will govern with respect to business edits.

The BCBSMT 835 ERA Companion Guide provides supplemental information to the Trading Partner Agreement (TPA) that exists between BCBSMT and its electronic trading partners. Trading partners should refer to their TPA for guidelines pertaining to any legal conditions surrounding implementation of EDI transactions and code sets. Information contained in this companion guide is not intended to amend, revoke, contradict, or otherwise alter the terms and conditions of the TPA. If there is an inconsistency with the terms of this guide and the terms of the TPA, the terms of the TPA shall govern.

1.2 Overview

The 835 ERA is a HIPAA-compliant electronic data file that conforms to the requirements of the American National Standards Institute (ANSI). ERA enables automated posting of payments to a provider's patient accounts. The 835 ERA includes data content for providers regarding claim payment, such as reason for denial, or an explanation of why the total charges originally submitted were not paid in full.

This companion guide contains assumptions, conventions, determinations or data specifications that are related to ERA and may be unique to BCBSMT. This document also provides information on BCBSMT-specific code pertinent to BCBSMT business processes and situations which are within the parameters of HIPAA. Readers of the companion guide should be familiar with the HIPAA ASC X12 TR3s, their structure and content.

1.3 References

Entities that conduct HIPAA-standard transactions are responsible for obtaining and following EDI transaction standards specified within the current HIPAA-mandated ASC X12 5010 TR3s.

The Washington Publishing Company (WPC) is an independent publisher of technical reports recognized by the Centers for Medicare & Medicaid Services (CMS) as the industry standard. To purchase TR3s, visit the WPC website at wpc-edi.com.

BCBSMT has updated its systems and business processes for the Administrative Simplification Phase III Operating Rules for 835 EFT/ERA as mandated under ACA. As a result, providers may likely see changes related to patient share and liability. BCBSMT encourages providers to visit the CORE Phase III Rules page of the CAQH website at http://www.caqh.org/CORE_phase3.php to view scenarios and determine potential impact related to implementation of the operating rules for electronic claim payment and remittance transactions.

1.4 Additional Information

The reader of this companion guide is assumed to be an independently contracted BCBSMT provider and/or the provider's designated billing agent (billing service or clearinghouse) that transmits to or receives electronic data from BCBSMT. For the purposes of this document, the reader may be referred to as a trading partner or a provider.

In addition to the 835 ERA, trading partners are encouraged to conduct other HIPAA-standard EDI transactions when conducting business with BCBSMT. Before, during and after the claim submission process, electronic transactions help maximize administrative efficiencies, reduce unnecessary paper waste, decrease the need to conduct time-consuming telephone transactions, increase security of BCBSMT members' protected health information and promote greater accuracy with faster completion of each transaction. For additional information on the variety of EDI transactions available and/or supported by BCBSMT, refer to the [Claims and Eligibility/Electronic Commerce section](#) of the BCBSMT Provider website at bcbsmt.com/provider.

Section 2: Getting Started

2.1 Working with BCBSMT

BCBSMT independently contracted commercial and government programs* providers are strongly encouraged to participate with the Plan's ERA under the Terms and Conditions set forth within the ERA Enrollment Form. Providers also must use their best efforts to participate with the Plan's Electronic Funds Transfer (EFT) as described on the EFT Authorization Agreement. Additional information on EFT and ERA is available in the [Claims and Eligibility/Claim Payment and Remittance section](#) of our website at bcbsmt.com/provider.

*Government programs products include Blue Cross Medicare Advantage (PPO)SM (MA PPO) and Blue Cross Medicare Advantage (HMO)SM (MA HMO).

2.1.1 System Compatibility/Software

To receive and utilize the ERA, translator software must be built into the provider's practice management system. This software translates the ERA into a readable format that can then be used for automated posting and payment reconciliation. Providers should contact their practice management software vendor, as well as their billing service and/or clearinghouse, if applicable to confirm ERA-compatibility and availability of automated posting software.

BCBSMT does not charge for set up or delivery of the ERA. However, fees may be incurred for translation software. If a software vendor, billing service or clearinghouse will be the designated ERA Receiver, it is very important to contact them regarding any requirements or potential fees for products and services they offer.

2.1.2 Electronic Payment Summary

For commercial claims, enrolling for ERA automatically enrolls providers to receive the Electronic Payment Summary (EPS), which is provided by BCBSMT as a companion file, in conjunction with the ERA. The EPS replaces the paper Provider Claim Summary (PCS) and offers many advantages. It arrives much faster than the PCS and is also easier to retrieve, search and archive. The EPS may be used as an added tool when reconciling BCBSMT payments. However, the EPS cannot be used for automated posting and is only available in combination with the ERA.

For government programs claims, the EPS is not available. The paper PCS will continue to be mailed for MA PPO and MA HMO claims.

As an additional option, most providers may view their PCS information online using the Reporting On-Demand viewer application, which is available in the BCBSMT branded Payer Spaces section of the Availity™ Web portal. This tool permits registered Availity users to readily view, download, save and/or print the PCS, along with other reports as they become available. Refer to the [Education and Reference Center/Provider Tools section](#) of our website at bcbsmt.com/provider for additional information on the [Reporting On-Demand](#) application.

2.2 Trading Partner Registration

Providers are strongly encouraged to enroll for ERA electronically. Registration with Availity is required prior to enrolling for ERA. Availity, LLC supports the exchange of electronic remittances in the ASC X12 835, version 5010A1 format. There is no cost to register or use the Availity Web portal; details are available at availity.com.

The ERA enrollment process establishes an electronic mailbox where Availity will place the electronic remittance file(s) received from payer(s). The provider's Federal Tax ID is required to establish an ERA Receiver mailbox and also will be used to parse remittance transactions from the payer.

To designate a billing service or clearinghouse as their designated ERA Receiver, the provider must either complete the enrollment process authorizing the vendor to retrieve their remittance files, or a copy of the Power of Attorney must be submitted at the time of enrollment.

Note: If enrolled for the 835 EFT and ERA, the provider must contact their financial institution to arrange for the delivery of the CORE-required Minimum CCD+ data elements needed for reassociation of the payment and the 835 ERA. Reassociation is a process that supports matching of payments with claim data for posting to your patient accounts. A sample letter you can customize and send to your bank is available in the CORE section of the CAQH website at <http://www.caqh.org/benefits.php>. (Go to Mandated Operating Rules then select EFT and ERA. Scroll down to Implementation Resources section and look for the [Sample Provider EFT Reassociation Data Request Letter](#) link.) This document includes instructions to assist you with requesting delivery of the data, as well as a glossary of key terms.

2.2.1 Electronic Enrollment Process

BCBSMT contracted providers who are registered with Availity may enroll online for ERA through the Availity portal at availity.com. Please note that this function must be performed by the provider's Availity Administrator. For enrollment status and assistance with other enrollment-related concerns, contact the BCBSMT Electronic Commerce Center at ecommercehotline@bcbsil.com or 800-746-4614.

2.2.2 Paper Enrollment Process

The ERA Enrollment Form is available in the [Education & Reference/Forms and Documents section](#) of our website at bcbsmt.com/provider. The ERA Enrollment Form must be fully completed, signed and returned via fax to 312-946-3500. For enrollment status and assistance with other enrollment-related concerns, contact the BCBSMT Electronic Commerce Center at ecommercehotline@bcbsil.com or 800-746-4614.

2.3 Certification and Testing Overview

Upon completion of the enrollment process, the provider will receive a letter from BCBSMT to acknowledge and approve the request for ERA and EPS. This letter indicates the date the provider is scheduled to begin receiving the ERA/EPS files. The letter also provides notification that, for most commercial claims, the paper PCS will be discontinued 31 business days from the date the provider begins receiving the ERA/EPS files.*

If the 31-day transitional period does not encompass a minimum of three payments to the provider by BCBSMT, BCBSMT will continue to offer to issue proprietary paper claim remittance advices for a minimum of three payments. An extension will be granted at the provider's request.

*For government programs claims, the PCS will continue to be mailed and the EPS will not be transmitted.

2.3.1 Availability of ERA/EPS Files

For commercial claims, the following schedule provides information that should be used as a guideline to determine when the ERA and EPS files will be available:

| CLAIMS PROCESSED | ERA/EPS AVAILABLE* |
|------------------|--------------------|
| Monday | Tuesday |
| Tuesday | Wednesday |
| Wednesday | Thursday |
| Thursday | Friday |
| Friday | Monday |

For government programs claims, the BCBSMT ERA will be available within 24-48 hours of claim finalization, depending on the payment schedule.* Medicare Advantage claims are finalized weekly on Mondays.

*Add one day if the normal day falls on a BCBSMT corporate holiday. Refer to the [Holiday Schedule Reminders](#) in the [Claims and Eligibility/Electronic Commerce section](#) of our website at bcbsmt.com/provider for details.

2.3.2 Late/Missing ERA/EPS Resolution Procedure

Late or missing is defined as a maximum elapsed time of four business days.

For commercial claims, the following process describes how late/missing ERAs and EPSs are identified and resolved by BCBSMT:

1. For commercial claims, when a provider determines they are missing an ERA and/or EPS, the provider contacts the BCBSMT Electronic Commerce Center at ecommercehotline@bcbsil.com or 800-746-4614. An inquiry is generated and routed to the BCBSMT 835 team for research and resolution.
2. BCBSMT researches to determine if the provider is set up for ERA/EPS. If not, the provider is advised on how to enroll. If enrollment is confirmed, BCBSMT checks internal systems based on Receiver ID to determine if the ERA/EPS was issued.
3. If issued, BCBSMT advises the provider accordingly. If not issued, rejection reports are assessed and internal teams are engaged to determine the cause of the late/missing ERA/EPS file(s).
4. Upon completion of research, the impacted internal area confirms a resolution and the providers advised of the status.

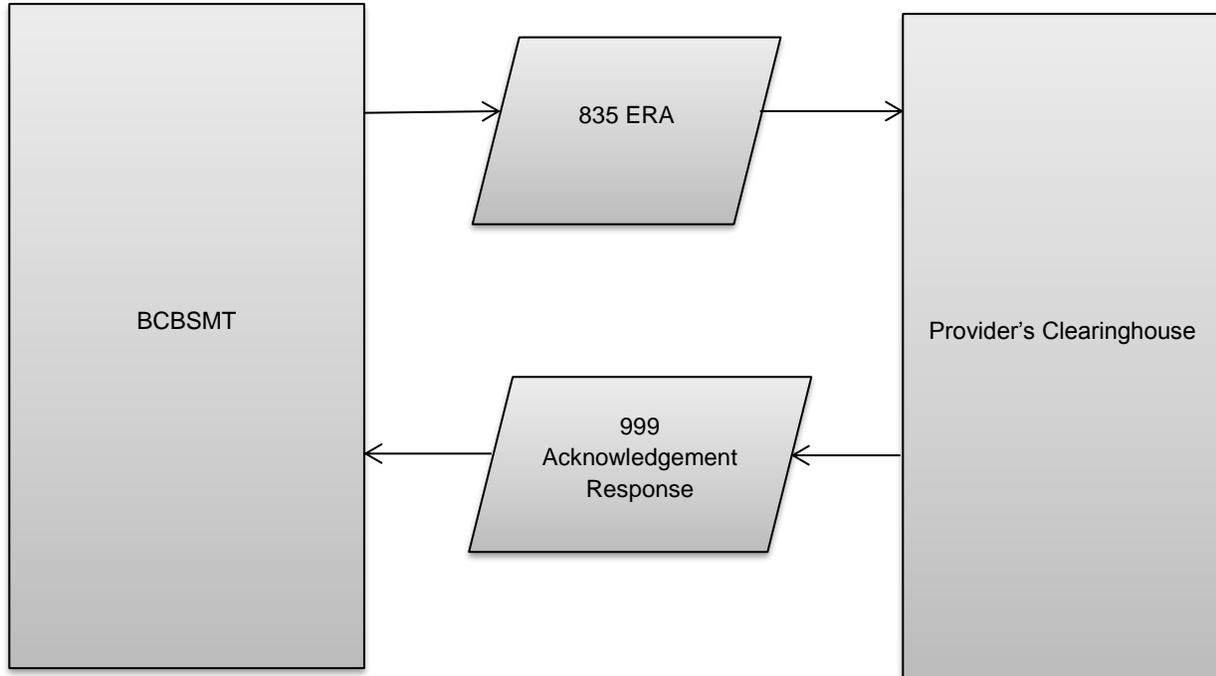
For government programs claims, additional information may be obtained from your clearinghouse. Please note that, for Medicare Advantage claims, ERA files cannot be reloaded. If ERA files are lost or corrupted, providers must refer to the PCS for posting payments related to government programs claims.

Section 3: Connectivity with BCBSMT/Communications

This section outlines the processes and procedures associated with transacting and communicating with BCBSMT.

3.1 Process flow

Below is a diagram that outlines the general process flow for the 835 ERA and 999 acknowledgement transactions. The 999 acknowledgement is sent per the agreement between BCBSMT and the provider's clearinghouse.



3.2 Transmission Administrative Procedures

BCBSMT (the payer) sends transmissions to the appropriate clearinghouse for distribution in a manner consistent with agreements. The clearinghouse formats the data based on the provider's agreement with the clearinghouse.

Refer to the TR3(s) for term clarification and additional information.

3.3 Re-transmission Procedures

The following notifications will be sent if a transmission is unable to be completed:

- **999 Functional Acknowledgement Transaction**

A 999 will be sent by the clearinghouse to BCBSMT for both accepted and rejected 835 transmissions. If the transaction submission passes the ISA/IEA pre-screening, it is then checked for ASC X12 syntax and HIPAA compliance errors. When the compliance check is complete, a 999 will be sent to BCBSMT indicating that the transaction has passed or failed the compliance check. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), only the transactions between an (ST-SE) will be rejected.

Section 4: Contact Information

4.1 EDI Customer Service

For assistance with ERA enrollment questions and/or to report late/missing ERA files for commercial claims, contact the BCBSMT Electronic Commerce Center at ecommercehotline@bcbsil.com or 800-746-4614. To report late/missing ERA files for government programs claims, contact your clearinghouse.

4.2 EDI Technical Assistance

For assistance with vendor (software vendor, billing service, clearinghouse) questions on specific transactions and/or technical assistance or support, contact the appropriate vendor.

4.3 Provider Service Number

Check the member's BCBSMT ID card for the appropriate number to call for assistance. As a reminder, electronic options are available for most types of transactions. If you do not have online access, you may contact BCBSMT Provider Customer Service at 800-447-7828.

For government programs claim-related questions, contact Customer Service, as follows:

| |
|---|
| Blue Cross Medicare AdvantageSM (MA HMO and MA PPO) |
| Individual: 877-774-8592 |
| Group: 877-299-1008 |

4.4 Applicable Websites

| For additional information on: | Visit: |
|---|--|
| BCBSMT announcements, programs, initiatives, provider learning opportunities and related resources | bcbsmt.com/provider |
| Purchasing TR3s | wpc-edi.com |
| CAQH CORE Phase III 835 EFT and ERA Operating Rules | caqh.org |
| Availity registration, electronic ERA enrollment and other electronic transactions and services for BCBSMT contracted providers | availability.com |

Section 5: Control Segments and Envelopes

Control Segments apply to all transactions and include the ISA and GS Segments. These segments are part of every transmission structure. The parameters outlined below are applicable to provider clearinghouses that have a direct connection with BCBSMT.

5.1 ISA-IEA

The Interchange Control Header (ISA06) Interchange Sender ID and (ISA08) Interchange Receiver ID are individually assigned to each trading partner (BCBSMT and the provider's clearinghouse) per mutual agreement.

| Field | Length | 835 ERA |
|-------|--------|--|
| ISA01 | 2 | 00 |
| ISA02 | 10 | (10 spaces) |
| ISA03 | 2 | 00 |
| ISA04 | 10 | (10 spaces) |
| ISA05 | 2 | Interchange Sender ID Qualifier |
| ISA06 | 15 | Interchange Sender ID |
| ISA07 | 2 | Interchange Receiver ID Qualifier |
| ISA08 | 15 | Interchange Receiver ID |
| ISA09 | 6 | Date (yymmdd) |
| ISA10 | 4 | Time (hhmm) |
| ISA11 | 1 | Repetition separator (see table below) |
| ISA12 | 5 | 00501 |
| ISA13 | 9 | Control number |
| ISA14 | 1 | 0 |
| ISA15 | 1 | "P" must be used to indicate Production "T" must be used to indicate Test |
| ISA16 | 1 | : = Composite separator |

5.1.1 Delimiters/Separators

The delimiters/separators below cannot be used in a data element value elsewhere in the transaction. Use of these delimiters/separators within a data element could result in translation errors when the transaction is processed.

| Delimiters/Separators | | |
|-----------------------|-----------|-----------------------------|
| Name | Character | Description |
| Asterisk | * | Data Element Separator |
| Carat | ^ | Repetition Separator |
| Colon | : | Component Element Separator |
| Tilde | ~ | Segment Terminator |

5.2 GS-GE

The Group Control Header (GS02) Group Sender ID and (GS03) Group Receiver ID are individually assigned to each trading partner (BCBSMT and the provider's clearinghouse) per mutual agreement.

| Field | Length | 835 ERA |
|-------|--------|--|
| GS01 | 2 | HR |
| GS02 | 2/15 | Application Sender's Code |
| GS03 | 2/15 | Application Receiver's Code |
| GS04 | 8 | Date (ccymmdd) |
| GS05 | 4/8 | Time (hhmm) |
| GS06 | 1/9 | Group Control Number |
| GS07 | 1/2 | X |
| GS08 | 1/12 | Version/Release/Industry Identifier Code |

Section 6: BCBSMT-specific Business Rules and Limitations

The section may be enhanced in the future to provide BCBSMT-specific data, business processes and situations which are within the parameters of HIPAA.

6.1 Local and BlueExchange® (Out-of-area) Transactions

Local (in this section) is used to refer to the following Blue Plan states: Illinois, Montana, New Mexico, Oklahoma, and Texas.

BlueExchange is the process that enables the exchange of electronic health care information for Blue Plan members, as part of our BlueCard® Program. In these instances, the payer-specific business rules of the member's Home Plan typically apply.

Upon enrollment for ERA, BCBSMT contracted providers may elect to receive Blue Plan Secondary Payer ERAs (Medicare Primary) from non-local, out-of-area Blue Plan states. BCBSMT will receive the ERA data through BlueExchange and deliver it to the designated ERA Receiver according to our normal delivery process.

Section 7: Acknowledgements and/or Reports

BCBSMT processes the following ASCX12 HIPAA acknowledgements for ERA:

| Acknowledgements | Description |
|--|---|
| ASC X12 999 v005010X212 (HIPAA) | Functional Acknowledgement; a negative 999 is sent in case of compliance issues |

(Refer to Section 3.3: Re-transmission Procedure for more information about 999s.)

Section 8: Trading Partner Agreements

This section contains general information concerning Trading Partner Agreements (TPAs).

An EDI Trading Partner is defined as any BCBSMT customer (provider, billing service, clearinghouse, software vendor, financial institution, etc.) that transmits to, or receives electronic data from BCBSMT.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. A Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement. For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

Appendices

A1 Frequently Asked Questions

[Answers to frequently asked questions](#) and other helpful resources are available in the [Claims and Eligibility/Claim Payment and Remittance section](#) of our Provider website at bcbsmt.com/provider.

A2 Change Summary

The Change Log below will be used to document revisions that are made after initial publication of the BCBSMT ANSI v5010 Companion Guides.

| 835 ERA Companion Guide Change Log | | | | |
|------------------------------------|---------|--|----------------|---------|
| Chapter | Section | Change Description | Date of Change | Version |
| Getting Started | 2.1 | Added reference to government programs with full product names. | May 15, 2017 | 1.1 |
| Getting Started | 2.1.2 | Added information on government programs to confirm EPS is not available. Also added reference to Reporting On-Demand viewer application. | May 15, 2017 | 1.1 |
| Getting Started | 2.3 | Added clarification (“for most commercial claims”); also added note regarding continued PCS mailing/no EPS for government programs | May 15, 2017 | 1.1 |
| Getting Started | 2.3.1 | Added reference to government programs with timeline for availability of ERA files | May 15, 2017 | 1.1 |
| Getting Started | 2.3.2 | Added Electronic Commerce Center email address for commercial; also added information on late/missing claims for government programs | May 15, 2017 | 1.1 |
| Contact Information | 4.1 | Added Electronic Commerce Center email address for EDI Customer Service. Also added and note to contact clearinghouse to report late/missing ERAs for government programs. | May 15, 2017 | 1.1 |
| Contact Information | 4.2 | Removed reference to Electronic Commerce Center; added language to direct provider to the appropriate vendor for EDI Technical Assistance | May 15, 2017 | 1.1 |
| Contact Information | 4.3 | Adjusted wording (removed reference to claim status for commercial); also added government programs customer service phone numbers | May 15, 2017 | 1.1 |
| Appendices | A1 | Adjusted wording and removed reference to Electronic Options Tutorial | May 15, 2017 | 1.1 |

CAQH CORE is a multi-stakeholder collaboration of more than 130 organizations representing providers, health plans, vendors, government agencies and standard-setting bodies developing operating rules to help simplify health care administrative transactions. For additional information, refer to the CORE section of the CAQH website at <http://www.cagh.org/benefits.php>.

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