

Blue Cross and Blue Shield of Texas (BCBSTX)

835 Electronic Remittance Advice (ERA)
Standard Companion Guide

Refers to the Implementation Guides
Based on ASC X12 version 005010

Version 1.2

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Disclosure Statement

This material contains confidential and proprietary information. Unauthorized use or disclosure of the information is strictly prohibited. The information in this document is intended for providers who have established a provider record with Blue Cross and Blue Shield of Texas (BCBSTX) and electronic trading partner use only. BCBSTX may make improvements and/or changes in the product and/or program described in this publication at any time. Revisions may be made periodically and updated versions of this document will be published accordingly.

Disclaimer

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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 BCBSTX. 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 BCBSTX 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 BCBSTX 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 BCBSTX Companion Guide will govern with respect to business edits.

The BCBSTX 835 ERA Companion Guide provides supplemental information to the Trading Partner Agreement (TPA) that exists between BCBSTX 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 BCBSTX. This document also provides information on BCBSTX-specific code pertinent to BCBSTX 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.

BCBSTX 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. BCBSTX 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 a provider who has established a provider record with BCBSTX and/or the provider's designated billing agent (billing service or clearinghouse) that transmits to or receives electronic data from BCBSTX. 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 BCBSTX. 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 BCBSTX 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 BCBSTX, refer to the [Claims and Eligibility/Electronic Commerce section](#) of the BCBSTX Provider website at bcbstx.com/provider.

Section 2: Getting Started

2.1 Working with BCBSTX

Commercial and government programs* providers who have established a provider record with BCBSTX 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/EFT and ERA section](#) of our website at bcbstx.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.

BCBSTX 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 BCBSTX 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 BCBSTX 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.

As an additional option, most providers may view their PCS information online using the Reporting On-Demand viewer application, which is available in the BCBSTX branded Payer Spaces section of the AvailityTM Provider 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 bcbstx.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 Provider 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

Providers who have established a provider record with BCBSTX and 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 BCBSTX Electronic Commerce Services at ecommerceservices@bcbsxx.com or 800-746-4614.

2.2.2 Paper Enrollment Process

The ERA Enrollment Form is available in the [Education & Reference/Forms section](#) of our website at bcbstx.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 BCBSTX Electronic Commerce Services at ecommerceservices@bcbstx.com or 800-746-4614.

2.3 Certification and Testing Overview

Upon completion of the enrollment process, the provider will receive a letter from BCBSTX 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 BCBSTX, BCBSTX 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, EPS file delivery is currently unavailable.**

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 BCBSTX 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 BCBSTX corporate holiday. Refer to the [Holiday Schedule Reminders](#) in the Claims and Eligibility/Electronic Commerce section of our website at bcbstx.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 BCBSTX:

1. For commercial claims, when a provider determines they are missing an ERA and/or EPS, the provider first contacts their clearinghouse for resolution. If the provider's clearinghouse is unable to assist, providers may contact BCBSTX Electronic Commerce Services at ecommerceservices@bcbstx.com or 800-746-4614. An inquiry is generated and routed to the BCBSTX 835 team for research and resolution.
2. BCBSTX 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, BCBSTX checks internal systems based on Receiver ID to determine if the ERA/EPS was issued.
3. If issued, BCBSTX 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.

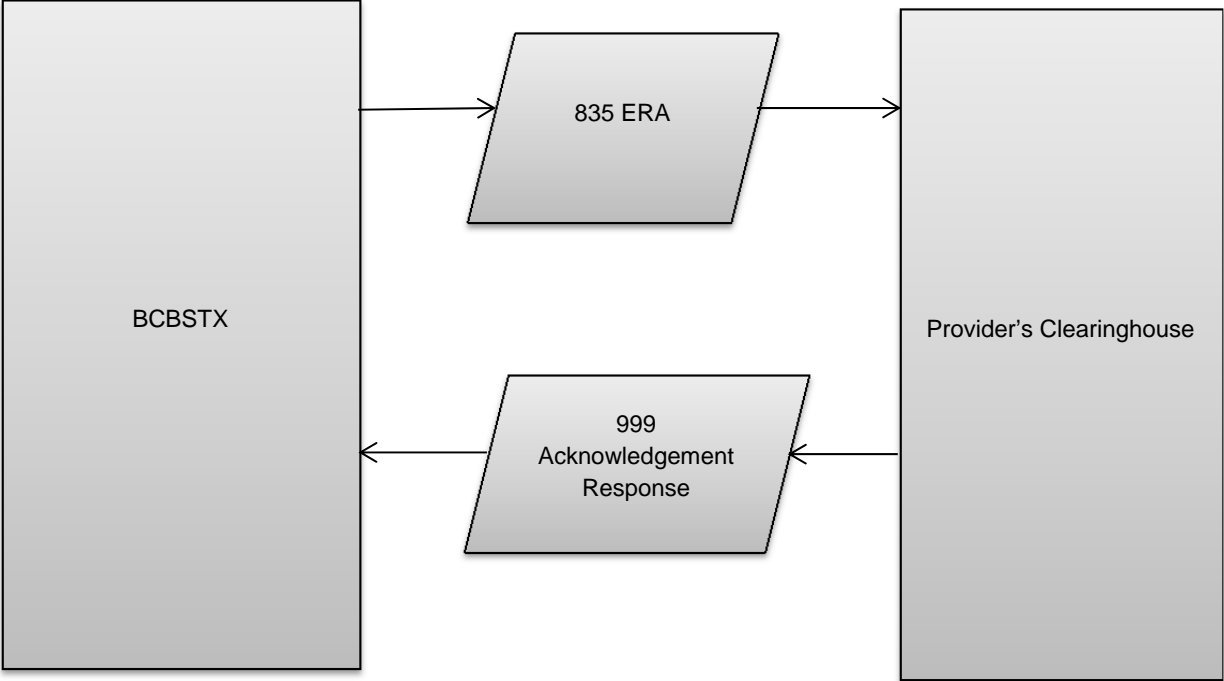
For government programs claims, additional information may be obtained from your clearinghouse. Providers enrolled to receive the 835 ERA from BCBSTX may request redelivery of missing ERA files, issued since Jan. 1, 2017, to their designated receivers. Please note that, ERA files originally issued prior to Jan. 1, 2017 cannot be reloaded. If the provider's clearinghouse is unable to assist, they may contact the Customer Service number(s) listed in section **4.3 Provider Service Number**.

Section 3: Connectivity with BCBSTX/Communications

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

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 BCBSTX and the provider's clearinghouse.



3.2 Transmission Administrative Procedures

BCBSTX (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 BCBSTX 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 BCBSTX 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 BCBSTX Electronic Commerce Services at ecommerceservices@bcbstx.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 BCBSTX 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 BCBSTX Provider Customer Service at 800-451-0287 to use our automated interactive voice response (IVR) system.

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:
BCBSTX announcements, programs, initiatives, provider learning opportunities and related resources	bcbstx.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 BCBSTX 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 BCBSTX.

5.1 ISA-IEA

The Interchange Control Header (ISA06) Interchange Sender ID and (ISA08) Interchange Receiver ID are individually assigned to each trading partner (BCBSTX 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 (BCBSTX 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: BCBSTX-specific Business Rules and Limitations

The section may be enhanced in the future to provide BCBSTX-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, BCBSTX contracted providers may elect to receive Blue Plan Secondary Payer ERAs (Medicare Primary) from non-local, out-of-area Blue Plan states. BCBSTX 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

BCBSTX 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 BCBSTX customer (provider, billing service, clearinghouse, software vendor, financial institution, etc.) that transmits to, or receives electronic data from BCBSTX.

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 Additional Resources

Additional information and other helpful resources are available in the [Claims and Eligibility/EFT and ERA section](#) of our Provider website at bcbstx.com/provider.

A2 Change Summary

The Change Log below will be used to document revisions that are made after initial publication of the BCBSTX 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
Appendices	A1	Removed hyperlink to Frequently Asked Questions document that was removed from the Provider website	April 9, 2018	1.2
Getting Started	2.1	Updated references to government programs product names and customer service phone number	April 9, 2018	1.2
Getting Started	2.1.2	Removed reference to the PCS continuing to be mailed for government programs claims	April 9, 2018	1.2
Getting Started	2.3.2	Updated government program ERA redelivery information	April 9, 2018	1.2
Contact Information	4.3	Updated references to government programs product names and customer service phone number	April 9, 2018	1.2

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.caqh.org/benefits.php>.

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