fallon community health plan

explanation of payment – 835

companion guide to the

health care payment/advice
ANSI X12 835 (Version 004010X091A1)
implementation guide

V2.2

document history

Revision date	Revision	Commentary
May 21, 2003	2.0	Creation date
September 2003	2.1	Contact information
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introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires that Fallon Community Health Plan (FCHP), Medicare, and all other covered entities, comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The X12N 835 (version 4010) implementation guide for Health Care Claim Payment/Advice has been established as the compliant standard for outgoing Explanation of Benefits (EOB) (a.k.a. Explanation of Payment - EOP) transactions. The implementation guide for this format is available electronically at www.wpc-edi.com/HIPAA.

The implementation guide contains requirements for specific segments and data elements within the segments for use by all health benefit payors. This document has been prepared as an FCHP-specific companion guide to the standard transaction implementation standards. The purpose of the companion guide is to clarify when conditional data elements and segments are used by FCHP, and to identify those codes and data elements that do not apply to FCHP.

This companion guide document supplements, but does not contradict any requirements of the 835 version 4010A implementation guide.

The intended audience for this document is the technical resource, who is responsible for receiving and processing the electronic EOB from FCHP. This information should be communicated and coordinated with the provider's business office in order to accurately post payments received from FCHP.

confidentiality, privacy and security

Maintaining the confidentiality of personal health information has been, and continues to be, one of the Fallon Community Health Planguiding principles. FCHP has a strict a Confidentiality Policy with regard to safeguarding patient, employee and health plan information. All staff is required to be familiar with, and comply with the FCHP Confidentiality of Member Personal and Clinical Information Policy to ensure that all member information is treated in a confidential and respectful manner. The policy permits use or disclosure of members' medical or personal information only as necessary to conduct required business, care management, approved research, quality assurance or measurement activities, when authorized to do so by a member, or, when required by law.

In order to comply with our own internal policies and the provisions of the Health Insurance Portability and Accountability Act, 1996 (HIPAA), FCHP has outlined specific requirements for the electronic exchange of protected health information (PHI) including provisions for:

- Maintaining confidentiality of protected information
- Confidentiality safeguards
- Security standards
- Return or destruction of protected information
- Compliance with state and federal regulatory and statutory requirements
- Required disclosure
- Use of business associates

implementing edi transactions with fchp

contact an edi coordinator at:

866-ASK-FCHP (866-275-3247) or e-mail edi.coordinator@fchp.org.

set-up

Providers wishing to receive an 835 should call or e-mail the contact listed above. The information necessary for implementation will be provided. An enrollment packet can be obtained in PDF format from the FCHP Web site at www.fchp.org.

trading partner set-up

There are many data elements in the ISA segment that are used for processing control measures. For example, the ISA segment contains data elements such as authorization information, security information, sender identification and receiver identification that can be used for control purposes. These data elements are agreed upon by the trading partners prior to the exchange of electronic information. FCHP-specific requirements are defined in subsequent sections of this document.

testing

FCHP will enter and process a test packet of claims as submitted by the trading partner. The test files should contain at least 100 claims, but no more than 500.

FCHP will then supply the trading partner the results of the claim adjudication in an EDI 835 4010 EOP file format within five business days. The results will be communicated via e-mail.

Unlike other transactions, the recipient of the 835 transaction is solely responsible for the testing and for determining the production readiness of their remittance software. Once Fallon Community Health Plan sets up a provider/payee to receive 835 transactions, FCHP will send production electronic EOPs. Fallon Community Health Plan will assist the 835 recipient with questions and clarifications during the testing period. However, test plans, programming, and all other functions necessary to automatically post payments to the trading partner's accounts receivable (A/R) system and the decision to move from test to production are the responsibility of the 835 recipient. As a result of work with pilot 835 providers, Fallon Community Health Plan strongly recommends the following to 835 recipients:

- Both technical and business personnel should read and understand the first two sections (pages 9 through 33) of the 835 HIPAA Implementation Guide.
- Business personnel who understand the current posting processes and rules for posting payments from Fallon Community Health Plan paper EOPs should work closely with technical employees to ensure business rules are interpreted correctly in programs that automatically post the electronic EOPs.
- Technical and business personnel should be familiar with HIPAA Claim Adjustment Group Code and HIPAA code set 139 (Health Care Claim

Adjustment Reason Codes). **The 835 and Fallon Community Health Plan's paper EOP are different.** It is important that business personnel understand the differences between Fallon Community Health Plan's internal codes and HIPAA standard codes. For example, Fallon Community Health Plan prints internal denial explanation codes on the paper EOP. The 835 denial explanation codes are from the HIPAA standard code set 139.

- We strongly recommend that our trading partner's technical personnel (or IT vendor) work closely with their business representatives to facilitate a successful implementation of the 835 transaction.

production

At the completion of successful testing, trading partners will be given a production username and password, as well as a date to begin the exchange of compliant production transaction files.

technical requirements

Production files will be sent on a weekly basis. Normally the 835 files are available by close of business on Thursday.

Fallon Community Health Plan has mapped its internal code structure to the ANSI X12 code structure.

explanation of specific data components

outgoing eobs

general

The purpose of this section is to clarify what data elements and segments are used by Fallon Community Health Plan. The following information is designed to help you understand the 835 transaction. If you follow these guidelines, you will be able to apply FCHP's information to your system more accurately and efficiently.

There is only one ISA and GS segment per file. There may be one or more ST segments per file. Each ST segment corresponds to a payee/check number. The file is structured in the following hierarchy:

- ISA
- GS
- ST*835*nn
- One check per payee number (BPR Segment) per insurance system
- REF Loop 1000B – Payee Additional Identification Qualifier PQ – the FCHP-assigned payee number. This may or may not be the same as the provider number.
- Provider Loop 2000 – LX segment is used to indicate the start of a provider's claims.
- Loop 2000 – TS3 contains the Fallon Community Health Plan provider number for the subsequent group of claims.
- Provider's claim header (Loop 2100 CLP)
- One or more service lines with adjustment details. (Loop 2110 SVC)
- Additional claims and corresponding service lines for the provider
- Note: A provider's claims are grouped by product.
- Repeat loops for additional providers' claims and service lines

- SE*
- Repeat ST/SE loops for additional payee/checks for this submitter.

835 content

The 835 transaction is compliant in both form and content. It is important to note that FCHP will continue to use some nonstandard revenue, CPT, location and explanation codes in its internal systems. Any internal nonstandard codes will be mapped to standard codes during creation of the 835 transaction. Paper EOPs will not change; they will continue to reflect values stored in Fallon Community Health Plan's insurance systems, not the values in the 835 transaction.

835 transaction data elements

Seg ID	Segment description	Loop ID	Seg. Req	Max Seg. Use	Notes	Valid values	Provider paper EOP field name
					Fields shaded in gray will not be sent by FCHP		
ISA	**Interchange control header**		R	1			
	ISA01 - Auth info qualifier					"00"	
	ISA02 - Auth info qualifier						
	ISA03 - Security info qual					"00"	
	ISA04 - Security info						
	ISA05 - Interchange ID qual					zz	
	ISA06 - interchange sender ID				FCHP's identification, as per Trading Partner agreement. Refer to Companion Guide.	FCHP	
	ISA07 - Interchange ID qual					zz	
	ISA08 - Interchange RX ID				Receiver's ID based on trading partner agreement		
	ISA09 - Envelope creation date				Date		
	ISA10 - Envelope creation time				Time		
	ISA11 - Interchange control std				HIPAA version	U	
	ISA12 - Interchange Version					"00401"	
	ISA13 - Interchange Control				EDI compliance value	EDI Assigned	
	ISA14 - Ack requested					N	

Seg ID	Segment description	Loop ID	Seg. Req	Max Seg. Use	Notes	Valid values	Provider paper EOP field name
	ISA15 - Test/production				Since data will be from its production systems, it is the provider's responsibility to post to their test or production environment.	T	
	ISA16 - Component Element Separator				105th byte of ISA line	:	
	Segment Terminator				Tide ~	~	
	(Data element separator)				Fourth byte of ISA line	*	
GS	**Functional Group Header**		R	1			
	GS01 - Functional ID Code					**HP**	
	GS02 - Application Sender's Code				FCHP's identification, as per Trading Partner agreement. Refer to Companion Guide.	FALLON835O	
	GS03 - Appl. Receiver's Code				Receiver's ID based on Trading Partner agreement		
	GS04 - Data Interchange Date				Date	CCYYMMDD	
	GS05 - Data Interchange Time				Time		
	GS06 - Data Interchange Ctl No.					EDI assigned	
	GS07 - Responsible Agency Code					X	
	GS08 - Version					004010X091A1	
ST	**Transaction Set Header**		R	1	Each ST/SE loop corresponds to a payee/check		
43	ST01 - Transaction set ID code					835	
	ST02 - Transaction control number					EDI assigned	
BPR	**Payment order/Remittance advice**		R	1			
44	BPR01 - Transaction Handling Code				Remit information only	I	
	BPR02 - Monetary Amount				Total amount of the check	FCHP supplied	On the cover sheet
	BPR03 - Credit/debit Flag C				Credit	C	
	BPR04 - Payment Method Code				Check only. Set to NON if check amount is $0.00	CHK/NON	
	BPR05 - Payment Format Code				NA		
	BPR06 - DFI ID Number Qua				NA		
	BPR07 - DFI ID Number				NA		
	BPR08 - Account Number Qual				NA		
	BPR09 - Account Number				NA		

Seg ID	Segment description	Loop ID	Seg. Req	Max Seg. Use	Notes	Valid values	Provider paper EOP field name
	BPR10 - Originating Company ID				NA		
	BPR11 - Originating Company Code				NA		
	BPR12 - DFI ID Number Qua				NA		
	BPR13 - DFI ID Number				NA		
	BPR14 - Account Number Qual				NA		
	BPR15 - Account Number				NA		
	BPR16 - Date				Post date of check	CCYYMMDD	Post date
TRN	Reassociation trace number		R	1			
52	TRN01 - Trace Type Code						
	TRN02 - Reference Identifier				Check number (Note: If the amount of the check would have been $0, FCHP does not issue a check number.)	FCHP supplied	Check number
	TRN03 - Originating Company				FCHP IRS number	1<FCHP tax id>	NA
	TRN04 - Reference Identifier					FCHP	
CUR	Foreign Currency Info		S		Not used		
REF	Receiver Information		S	1			
	REF01					EV	
	REF02					FCHP vendor #	
REF	Version Identification		S	1	Not used		
DTM	Production Date		S	1			
	DTM01					405	
	DTM02					System date	
N1	Payer Name	1000A	R	1			
62	1000A – N101 - Entity Code					PR	
	1000A - N102 - Name				Fallon Community Health Plan	FCHP supplied	
	1000A - N103 - ID Code Qual				NA		
	1000A - N104 - ID Code				NA		
N3	Payer Address	1000A	R	1			
64	1000A - N301 - Address info				One Chestnut Place	FCHP supplied	
	1000A - N301 - Address info				10 Chestnut Street	FCHP supplied	

Seg ID	Segment description	Loop ID	Seg. Req	Max Seg. Use	Notes	Valid values	Provider paper EOP field name
N4	Payer Geography	1000A	R				
65	1000A - N401 - City				Worcester	FCHP supplied	
	1000A - N402 - State				MA	FCHP supplied	
	1000A - N403 - postal code				01608-2810	FCHP supplied	
REF	Additional payer info	1000A	S		Not used		
PER	Payer contact info	1000A	S	1	Not used		
	PAYEE INFORMATION						
N1	Payee name	1000B	R	1			
72	1000B - N101 - Entity Code					PE	
	1000B - N102 - Name				Payee name - who the check is for, as stored in FCHP		Payee name
	1000B - N103 - ID code Qual					FI	
	1000B - N104 - ID code				Payer's tax ID	FCHP supplied	Tax ID number
N3	Payee address	1000B	S	1	Not used		
N4	Payee geography	1000B	S		Not used		
REF	Payee Additional Identification		S		Not used		
LX	Header Number	2000	S		LX before each provider and before each product		
79	2000 - LX01 - Assigned Number					Increments of one starting at	
TS3	Provider Summary Information	2000	S		Not used		
TS2	Transaction supplemental statistics		S		Not used		
CLP	Claim Level Data	2100	R	1			
89	2100 - CLP01 - Claim submitter's identifier				Claim account number or "999"		Account number
	2100 - CLP02 - Claim status code				Reference available codes in implementation guide.	1,4 or 22	
	2100 - CLP03 - Monetary amount				Total charges submitted.		Total of claim CHARGED lines
	2100 - CLP04 - Monetary amount				Total approved for this claim - less withhold amount		

Seg ID	Segment description	Loop ID	Seg. Req	Max Seg. Use	Notes	Valid values	Provider paper EOP field name
	2100 - CLP05 - Monetary amount				Copay amount plus deductible amount.		
	2100 - CLP06 - Claim filling indicator				HM	FCHP supplied	Product (name)
	2100 - CLP07 - Ref identification				FCHP's internal claim number	FCHP supplied	Claim number
	2100 - CLP08 - Facility Code				NA		
	2100 - CLP09 - Claim Frequency Code				NA		
	2100 - CLP10 -				NA		
	2100 - CLP11 - DRG Code				DRG as stored at FCHP - inpatient only	FCHP supplied	DRG #
	2100 - CLP12 - DRG Quantity				NA		
	2100 - CLP13 - Percent				NA		
CAS	**Claim Adjustment**	**2100**	**S**	**1**			
95	2100 - CAS01 - Claim Adj group code						
	2100 - CAS02 - Clam Adj reason code						
	2100 - CAS03 - Monetary amount						
	2100 - CAS04 - Quantity						
	2100 - CAS05 - Claim Adj reason code						
	2100 - CAS06 - Monetary Amount						
	2100 - CAS07 - Quantity						
NM1	**Patient Name**	2100	R	1			
102	2100 - NM101 - Entity Code				Patient indicator	QC	
	2100 - NM102 - Entity Type Qualifier				Person	1	
	2100 - NM103 - Name last or Organization				Patient last name from FCHP records	FCHP supplied	Patient name
	2100 - NM104 - Name First				Patient first name from FCHP, records may include middle initial	FCHP supplied	Patient name
	2100 - NM105 - Name Middle				NA		
	2100 - NM106 - Name Prefix				NA		
	2100 - NM107 - Name Suffix				NA		
	2100 - NM108 - Identification Code				Member ID indicator	MI	NA
	2100 - NM109 - Identification Code				Member ID claim was paid "against" May not match	FCHP supplied	ID number

Seg ID	Segment description	Loop ID	Seg. Req	Max Seg. Use	Notes	Valid values	Provider paper EOP field name
					Member ID sent by the provider		
NM1	Subscriber/Insured Name	2100	S	1	If patient isn't the subscriber (Patient is not the 00 member or 01 in Pilgrim Legacy)	FCHP supplied	Not on standard report
105	2100 - NM101 - Entity Code				Insured/subscriber	IL	
	2100 - NM102 - Entity Type Qualifier				Person	1	
	2100 - NM103 - Name Last or Organization				Subscriber last name from FCHP records	FCHP supplied	
	2100 - NM104 - Name First				Subscriber first name from FCHP records may include middle initial	FCHP supplied	
	2100 - NM105 - Name Middle				NA		
	2100 - NM106 - Name Prefix				NA		
	2100 - NM107 - Name Suffix				NA		
	2100 - NM108 - Identification Code				Member ID indicator	MI	
	2100 - NM109 - Identification Code				Subscriber member ID	FCHP supplied	
NM1	Corrected Patient/Insured Name	2100	S		Not used		
NM1	Service Provider Name	2100	S	1			Not on standard report
NM1	Crossover Carrier Name	2100	S		Not used		
NM1	Corrected priority payer name	2100	S	1	Not used		
MIA	Medicare Inpatient Adjudication	2100	S		Not used		
MOA	Medicare Outpatient Adjudication	2100	S		Not used		
REF	Other Claim Related Information	2100	S		Contains claim comment		
	REF01				1W		
	REF02				Claim comment	FCHP supplied	
REF	Rendering Provider Identification		S		Not used		
DTM	Claim date/time	2100	S	1			

Seg ID	Segment description	Loop ID	Seg. Req	Max Seg. Use	Notes	Valid values	Provider paper EOP field name
	DTM01					050	
	DTM02				Receive date		
PER	Claim contact info	2100	S	1	Not used		
AMT	Claim Supplemental Amount Info	2100	S	1			
QTY	Supplemental quantity info	2100	S	1	Not used		
SVC	Service Information	2110	S	1			
139	2110 - SVC01-1 - Product or Service qua				Mutually defined	HC	
	2110 - SVC01-2 - Product Code				FCHP adjudicated procedure code - the code FCHP is paying against.	FCHP supplied	Proc#
	2110 - SVC01-3 -6 - Procedure code Modifier				Modifier		
	2110 - SVC01-7 - Description				NA		
	2110 - SVC02 - Monetary Amount				Submitted/amount charged	FCHP supplied	Charged
	2110 - SVC03 - Monetary Amount				Approved amount minus withhold amount (if applicable)		Payment
	2110 - SVC04 - Product Service ID				Not used		
	2110 - SVC05 - Quantity				Units of service	FCHP supplied	Days/cnt
	2110 - SVC06				Not used		Not on the report
DTM	Service Date	2110	S	1	Either DTM will be sent based on single or multiple dates of service		
146	2110 - DTM01 – Date/Time Qual				151 if multiple dates of service 472 if single date of service	151/472	Service date
	2110 - DTM02 - Date				Service date per FCHP	CCYYMMDD	
DTM	Service Date	2110	S	1			
146	2110 - DTM01 – Date/Time Qual				Sent if multiple dates of service	150	Service date
	2110 - DTM02 - Date				Service date per FCHP	CCYYMMDD	
CAS	Claim Adjustment	2110	S		Svc line adjustments - Map to std codes for allowed, denied, ded/copay, riskdisc, COB		
148	2110 - CAS01 - Claim Adj group code				Reference implementation guide.		
	2110 - CAS02 - Claim Adj reason code				Code Source 139		Disposition code
	2110 - CAS03 - Monetary amount						
	2110 - CAS04 - Quantity				NA		

Seg ID	Segment description	Loop ID	Seg. Req	Max Seg. Use	Notes	Valid values	Provider paper EOP field name
REF	**Additional service identification**	2110	S	1	APC results		
154	2110 - REF01 - Reference Ident Qual				1S if APC has been calculated	**1S**	
	2110 - REF02 - Reference Ident				APC result	FCHP supplied	
REF	**Rendering Provider Information**	2110	S				
	2110 – REF01 – Rendering provider qualifier					**1C**	
	2110 – REF02 – Rendering provider Ident				FCHP Identifier	FCHP supplied	
AMT	**Supplement Amount Info**	2110	S	1	FCHP will indicate service line allowed amount		Allowed
158	2100 - AMT01 - Amount Qualifier Code				Allowed amount - if applicable	**B6**	
	2100 - AMT02 - Monetary Amount					FCHP supplied	
QTY	**Service Supplemental Quantity**	2110	S	6	Not used		
LQ	**Health care remarks**	2110	S		Not used		
PLB	**Provider level adjustment**		S	1			
SE	**Transaction set trailer**		M	1			
	SE01 - number of included segments					EDI assigned	
	SE02 - Transaction set control number					EDI assigned	
GE	**Functional Group trailer**		M	1			
	GE01 - Number of transaction sets incl.					EDI assigned	
	GE02 - Functional group control number					EDI assigned	
IEA	**Interchange control number**		M	1			
	IEA01 - Number of included functional groups					EDI assigned	
	IEA02 - Interchange control number					EDI assigned	

frequently asked questions

Q: If I receive an electronic 835, will I still receive a paper EOP?

A: At this time, Fallon Community Health Plan will not be sending paper EOPs.

Q: When are the 835 files generated?

A: FCHP produces checks on a weekly basis. In general, the 835 files are available by close of business on Thursday.