



Fallon Health

Health Care Payment Advice

835 Companion Guide

**Refers to the ASC X12N 835 Technical Report Type 3 Guide
(Version 005010X221A1)**

Companion Guide Version Number: 1.4

August 2018

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Disclosure Statement

The information in this document is subject to change. Changes will be posted via the Fallon Health websites located below

Fallon Health Provider Portal containing documentation on transactions for providers is located at <http://www.fchp.org/providers/provider-tools/electronic-data-submission.aspx>

This notice is not a guarantee of claim payment. Coverage for all services is subject to member eligibility and all terms and conditions of the member's contract in effect as of the date of service. Deductible and out-of-pocket maximum amounts are subject to change.

PREFACE

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Fallon Health. Transmissions based on this companion guide, used in tandem with the X12N Technical Report Type 3 Guides, are compliant with both 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 Technical Report Type 3 Guides.

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1. INTRODUCTION

Scope

Providers, billing services and clearinghouses are advised to use the ASC X12N 835 (005010X221A1) Implementation Guide as a basis for their Health Care Claim Payment Advice. This companion document should be used to clarify the CORE Business rules for 835 data content requirements, connectivity, response time, and system availability, specifically for submissions through Fallon Health or clearinghouses. This document is intended for use with CAQH CORE compliant systems. For additional information on building a CORE compliant system go to <http://www.caqh.org>.

Overview

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAA-AS) requires Fallon Health and all other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.

This guide is designed to help those responsible for setting up electronic Health Care Claim Payment/Advice. Specifically, it documents and clarifies when conditional/situational data elements and segments must be used for reporting, and it identifies codes and data elements that do not apply to Fallon Health. This guide supplements (but does not contradict) requirements in the ASC X12N 835 (version 005010X221A1) implementation. This information should be given to the provider's business area to ensure that Health Care Claim Payment Advice transactions are interpreted correctly.

References

The ASC X12N 835 (version 005010X221A1) Technical Report Type 3 guide for Health Care Claim Payment Advice has been established as the standard for Claim Payment transactions and is available at <http://www.wpc-edi.com>

Fallon Health Provider Portal containing documentation on transactions for providers is located at <http://www.fchp.org/providers/provider-tools/electronic-data-submission.aspx>

1. GETTING STARTED

Working with Fallon Health

Fallon Health offers the 835 ERA transaction through PaySpan. Providers must contact PaySpan to receive an 835 and the paper RAS. If you are new to Payspan, please visit their website at www.payspanhealth.com and click “Register Now”. You will need:

- 1.) Registration code and PIN (If you have not received these from PaySpan, click “Request a Registration Code” or call PaySpan at 1-877-331-7154, option 1.)
- 2.) Tax ID
- 3.) Bank routing and account number (found on your check).

If you are already registered with PaySpan but would like to add Fallon Health to your account, get your unique registration code on the PaySpan website: <https://www.payspanhealth.com/RequestRegCode/>

Trading Partner Registration

Trading partner registration is not required with Fallon because the registration is completed with Payspan.

TESTING WITH THE PAYER

Due to Payspan providing the Health Care Claim Payment Advice/835 file, testing with Fallon Health is not applicable. Payspan does not actively test with providers.

2. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Process Flows

Fallon Health's 835 files are available at www.payspanhealth.com. Providers must register to receive Fallon Health payment information. There is an option to have the 835 routed to a third party, such as: Affiliated Professional Services (APS), Athena, MedAssets, Relay Health, SSI Group, Trizetto Provider Services, Change Healthcare or Zirmed.

Confidentiality, Privacy and Security

Maintaining the confidentiality of personal health information continues to be one of Fallon Health's guiding principles. Fallon Health has a strict Confidentiality Policy with regard to safeguarding patient, employee, and health plan information. All staff required to be familiar with, and comply with, Fallon Health's policy on the Confidentiality of Member Personal and Clinical Information 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 or quality assurance or measurement activities, or when authorized to do so by a member or as required by law.

To comply with internal policies as well as the provisions of the Health Insurance Portability and Accountability Act, 1996 (HIPAA), Fallon Health has outlined specific requirements applicable to 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

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Due to its sensitivity, the use and disclosure of PHI is restricted, except in circumstances where permitted or required by law or where appropriate authorization for use or disclosure is obtained. Access to PHI is limited to those with a business need to know the information for treatment, payment, or health care operations, or as otherwise permitted or required by law.

Associates with a business need to handle PHI must be identified and granted appropriate access in accordance with their department-level policies and procedures. FallonHealth maintains policies and procedures for the HIPAA compliant transfer of protected health information to external health care partners. These provisions include secure file transfer, encryption, password protection, secure fax, and other measures, as indicated based on the nature of the data being transferred.

System Availability

Routine downtime is scheduled weekly from 6 p.m. to 11 p.m. on Thursdays and 7 a.m. to 11 a.m. on Sundays to support maintenance and enhancements for all EDI transactions. Non-routine downtime will be communicated via email at least one week in advance. Emergency unscheduled downtime will be communicated to trading partners via email within one hour following the determination that emergency downtime is needed.

3. CONTACT INFORMATION

EDI Customer Service & Technical Assistance

If you cannot find the answers to your questions within this Companion Guide, please use the contact information below to reach our EDI Support team.

Phone: 1-866-275-3247 (Option 6)

Email: edi.coordinator@fallonhealth.org

EDI support is available Monday through Friday, 8:00 AM to 5:00 PM EST, excluding the following major holidays:

New Year's Day (1/1)

Presidents Day (3rd Monday in February) Memorial Day (Last Monday in May) Independence Day (7/4)

Labor Day (1st Monday in September) Columbus Day (2nd Monday of October) Thanksgiving Day (4th Thursday in November) Day after Thanksgiving Day

Christmas Day (12/25)

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Provider Service Number

Phone: 1-866-275-3247 (Option 4)

Email: AskFCHP@fallonhealth.org

Applicable Websites/ E-mail

This section contains a list of useful websites and email addresses:

- Fallon Health website is www.fallonhealth.org
- PaySpan Health website is www.payspanhealth.com
- CORE website is www.cagh.org/CORE_overview.php
- CAQH website is www.cagh.org
- Washington Publishing Company is www.wpc-edi.com
- WEDI website is www.wedi.org
- EDI Coordinator email address is edi.coordinator@fallonhealth.org

4. Production EDI-835 File – Frequency

Production files will be sent on a weekly basis. Normally the 835 files are available by close of business on Wednesday (Thursday if a holiday week).

5. 835 Electronic Remittance Advice Specifications

General Notes

- An ANSI X12N 837 Health Care Claim is NOT required in order to receive ANSI X12N 835 Electronic Remittance Advice
- Provider must be registered with Payspan in order to receive the 835 file.

Transaction Specific Information

- Claims that have the same providers as the Pay-to Provider and the Rendering Provider will have the Rendering Providers listed on the claim. This is a change for the Hospital/UB04 claims.
- The date of service will be listed on the service line.
- Withhold amounts are listed at the line level as CAS*CO*104.
- CARC and RARC mapping has been enhanced to more accurately reflect the denial reasons. See Appendix B.
- There is only one ISA, 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
 - a. ISA
 - b. GS
 - c. ST*835*
 - d. One check per payee number (BPR Segment) per insurance system
 - e. NM Loop 1000B—Payee Identification Qualifier XX the National Provider Identifier
 - f. Provider Loop 2000 – LX segment is used to indicate the start of a provider's claims.
 - g. Loop 2000 —TS3 contains the National Provider Identifier for the subsequent group of claims.
 - h. Provider's claim header (Loop 2100 CLP)
 - i. One or more service lines with adjustment details. (Loop 2110 SVC)
 - j. Additional claims and corresponding service lines for the provider Note: A provider's claims are grouped by product.
 - k. Repeat loops for additional providers' claims and service lines
 - l. SE*
 - m. Repeat ST/SE loops for additional payee/checks for this submitter.

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File Retrieval Methods

The Fallon Health gateway will be configured to automatically deliver the 835 file to PaySpan gateway. It is the receiver's responsibility to configure their PaySpan gateway in order to accept the 835 file. Please contact PaySpan representative to review your gateway software version and configuration.

Data Content and Specifications

Segment / Element	Description							Values (Code - Definition)
ISA	Interchange Control Segment							
								"00" No Authorization Information Present
								Leave Blank
								"00" No security Information Present
								Leave Blank
								"ZZ" Mutually Defined
	Interchange Sender ID							
	Interchange Receiver ID Qualifier							Your Receiver ID Qualifier as per Trading Partner Agreement document
	Interchange Receiver ID							Your Receiver ID as per Trading Partner Agreement
	Interchange Date							Date of interchange. Date format is YYMMDD
	Interchange Time							Time of interchange. Time format is HHMM
	Interchange Control Standards							"A"
	Interchange Control Version							"00501" ANSI Version number that covers the Interchange Control
	Interchange Control Number							Interchange Control Number - Unique number sent by FCHP. Must = IEAO2
	Acknowledgement Requested							"0" No Acknowledgement Requested "1"
	Usage Indicator							"P" Production
	Component element Separator							":" Delimiter used to separate Components (colon)
GS	Functional Group Header							

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N1	Payer Identification						Required
							"ECH
N3	Payer Address						Required
N4	Payer City, State, Zip Code						Required
REF	Additional Payer Identification						Segment not used at this time
PER	Payer Contact Information						Situational
PER	Payer Technical Contact						Required
							"ECH
PER	Payer Web Site						Situational
N1	Payee Identification						Required
							"XX" = National Provider Identifier
							"FI" = Federal Taxpayers's Identification Number
N3	Payee Address						Situational (when needed to inform Receiver of Payee

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CAS05 – CAS19	(Repeat of reason code, amount, and quantity)						Not used at this time, only one adjustment is reported on a give CAS
NM1	Patient Name						Required
							"34" / "MI" = Member Identification Number (other values reserved for future use)
NM1	Insured Name						Segment not used at this time
							"34" / "MI" = Member Identification Number (other values reserved for future use) Generally the member's id number from their FCHP ID card is returned here
NM1	Corrected Patient/Insured						Segment not used at this time
NM1	Service Provider Name						Situational (Required when different than Payee
	Rendering Provider Last or Organization Name						
	Rendering Provider Identification Code Qualifier						
NM1	Crossover Carrier Name						Segment not used at this time
NM1	Corrected Priority Payer Name						Segment not used at this time
MIA	Inpatient Adjudication						Segment not used at this time
MOA	Outpatient Adjudication						Segment not used at this time

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							FCHP supplies Remark Codes sometimes at the header level as well as the claim line level. This is dependent on how the claim processes in our core
REF							Segment not used at this time
REF	Rendering Provider						Segment not used at this time
DTM	Statement From or To Date						Segment not used at this time
DTM	Coverage Expiration Date						Situational (Required due to expiration of coverage)
DTM	Claim Received Date						Situational
PER	Claim Contact Information						Not used at this time
AMT	Claim Supplemental						Situational (Informational only, not used for balancing)
							Allowed Values:
	Claim Supplemental Information Amount						
QTY	Claim Supplemental Information Quantity						Segment not used at this time
SVC	Service Payment Information						Situational (Expected to be sent under most
							See HIPAA 835 Technical Report Type 3, pg. 187-188 for supported codes
							Provided if procedure code in SVC01 is different from procedure code
							Provided if procedure code in SVC01 is different from procedure code

Appendix A—frequently asked questions

Q: What is claim payment turnaround time for EDI claims?

A: In most cases, payment will be received within three weeks of date of submission.

Q: Does Fallon offer electronic notification of claims received and claims denied for each file received electronically?

A: Fallon will send the standard ANSI X12 999 acknowledgement to all trading partners. Please contact the EDI Coordinators for testing of the HIPAA compliant 276 / 277 Health Care Claim Status Request and Response transaction set.

Q: Does Fallon offer real-time eligibility and claim status?

A: Fallon offers real-time eligibility and claim status. Fallon also offers a Web-based eligibility tool that allows providers to verify eligibility. Claims metric reports for a rolling 12-week period are also available to contracted providers via the Web. Contact an EDI Coordinator at 866-ASK-FCHP (866-275-3247) option 6 or e-mail Edi.Coordinator@fchp.org for assistance.

Appendix B—CARC and RARC

The Adjustment Reason Codes for the remittance advice can be found at

<http://www.x12.org/codes/claim-adjustment-reason-codes/>

The Remittance Remark Codes for the remittance advice can be found at

<http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/>

Appendix C – Revision History

Revision	Date	Section	Notes
1.0	9/1/11	Full	Initial draft
1.1	6/1/12	Full	Update
1.2	3/15/1	Full	Update with Payspan
1.3	10/29/	Full	Review and Update
1.4	05/14/	Section	Updated the Maintenance information.
1.5	08/17/	Disclos	Updated the link to Fallon Health provider