Arkansas
BlueCross BlueShield
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Companion Guide
Trading Partner Information
ASC X12 Standards for Electronic Data Interchange
Technical Report Type 3 (TR3) v.5010
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Preface

The information in this companion guide is to provide guidance to trading partners who will be exchanging electronic data with Arkansas Blue Cross Blue Shield and its subsidiaries. This document is intended to clarify information for submission of specific electronic transactions. This includes information about enrollment, connectivity, testing and support.

The Companion Guide will provide trading partners supplemental information and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N TR3s for transactions mandated by HIPAA for electronic data interchange.

An electronic data interchange trading partner is defined as any customer that transmits or receives electronic data to or from Arkansas Blue Cross Blue Shield and its subsidiaries. The Arkansas Blue Cross Blue Shield family of companies includes:

Arkansas Blue Cross Blue Shield www.arkbluecross.com
Blue Advantage Administrators www.blueadvicearkansas.com
Health Advantage www.healthadvantage-hmo.com
FEP www.fepblue.org
Access Only www.arkbluecross.com
Medipak www.arkbluecross.com
Medipak Advantage www.arkbluecross.com
ITS www.arkbluecross.com

A customer is defined as a provider, billing service, clearinghouse or software vendor. The Arkansas Blue Cross Blue Shield Companion Guide has been created to assist you in designing and implementing transactions for version 5010 to meet line of business specific processing standards. This document will be updated periodically as deemed necessary.
1. Getting Started

1.1 Where to Get Information

Arkansas Blue Cross Blue Shield and its subsidiaries are committed in providing customer service support to our trading partners. In an effort to assist trading partners with the implementation of version 5010 and their data exchange needs, several methods of communication are available.

The EDI Services help desk is available to assist trading partners with the implementation of version 5010. EDI Services can be reached Monday through Friday from 7:00 am to 4:30 pm CST at (501) 378-2336 or 855-822-2446. EDI Services can provide information about version 5010; assist trading partners with enrollment and connectivity.

Another method of communication is the EDI mailbox. Electronic submitters can submit their questions to edi@arkbluecross.com.

Providers can apply for a submitter ID number, submit enrollment questions, or changes to their current enrollment setup using our online enroll system. Our online enrollment system can be found at https://secure.ediservices.net. You will need to register prior to enrolling or to make changes. Trading partners can contact EDI Services for assistance at (501) 378-2336 or 855-822-2446.
1.2 Enrollment

1.2.1 Existing Electronic Submitters

Trading partners who are currently enrolled with EDI Services and have been issued a submitter ID number and password will not be required to re-enroll to transition to version 5010. Your current electronic submitter ID number and password will be used to transmit and receive electronic transactions for version 5010.

1.2.2 New Electronic Submitters

1.2.2.1 Trading Partner Agreement

New providers, billing agents, clearinghouses and software vendors who have never exchanged electronic data with Arkansas Blue Cross Blue Shield must enroll with EDI Services. Providers can enroll online to obtain a submitter ID number. Clearinghouses, billing agents and vendors must complete the Trading Partner Agreement. Please contact EDI Services to obtain the Trading Partner Agreement.

Completed forms can be submitted to EDI Services by US mail, FedEx or UPS, faxed or email. Listed below is additional information for each method of delivery.

Delivery through US mail:

EDI Services – 2 BC/N
P. O. Box 2181
Little Rock, AR 72203-2181
Fax to: (501) 378-2265

Delivery through FedEx or UPS:

EDI Services – 2 BC/N
601 S. Gaines St.
Little Rock, AR 72201
Email to: edi@arkbluecross.com
Attn: EDI Enrollment

If you have questions or need assistance completing the enrollment paperwork, please contact EDI Services at (501) 378-2336 or email EDI Services at edi@arkbluecross.com.

1.2.2.2 Electronic Remittance Advice (835)

If you are enrolling with EDI Services and want to receive electronic remittance advices you must complete the 835 Enrollment Form. The 835 Enrollment Form will open in a new window after you have completed the online enrollment form. The new window will only open when you have selected the 835 option.
1.2.2.3 Electronic Submitter IDs and Passwords

An electronic submitter ID number and an initial password will be assigned to you upon completion of the ARKANSAS BLUE CROSS BLUE SHIELD ELECTRONIC DATA INTERCHANGE TRADING PARTNER AGREEMENT and / or the ABCBS Electronic Remittance Advice Request Form (ERA/835).

INITIAL PASSWORDS MUST BE CHANGED UPON THE FIRST LOGIN ATTEMPT.

PROVIDERS ARE NOT PERMITTED TO SHARE THEIR PERSONAL EDI SUBMITTER ID NUMBER AND PASSWORD WITH:

- ANY BILLING AGENT
- CLEARING HOUSE / NETWORK SERVICE VENDOR
- ANYONE ON THEIR OWN STAFF WHO DOES NOT NEED TO SEE THE DATA FOR COMPLETION OF A VALID ELECTRONIC CLAIM, TO PROCESS A REMITTANCE ADVISORY FOR A CLAIM, TO VERIFY BENEFICIARY ELIGIBILITY OR TO DETERMINE THE STATUS OF A CLAIM
- NO OTHER NON-STAFF INDIVIDUALS OR OTHER ENTITIES


PROVIDERS THAT CONTACT A CONTRACTOR TO SUBMIT AND/OR RECEIVE TRANSACTIONS ELECTRONICALLY USING A BILLING AGENT AND/OR CLEARING HOUSE NETWORK SERVICE VENDOR, ARE REQUIRED TO HAVE AN AGREEMENT SIGNED BY THAT THIRD PARTY IN WHICH THE THIRD PARTY HAS AGREED TO MEET THE SAME MEDICARE SECURITY AND PRIVACY REQUIREMENTS THAT APPLY TO THE PROVIDER IN REGARD TO VIEWING OR USE OF MEDICARE BENEFICIARY DATA.

CLEARING HOUSE AND THIRD PARTY REPRESENTATIVES MUST OBTAIN AND USE THEIR OWN UNIQUE EDI SUBMITTER ID NUMBER, USER ID, AND PASSWORD FROM MEDICARE CONTRACTORS TO WHOM THEY WILL SEND OR FROM WHOM THEY WILL RECEIVE EDI TRANSACTIONS.

All requestors must attest and acknowledge the Arkansas Blue Cross Blue Shield security statement:

Requirements prohibit ABCBS data or ABCBS system access to entities or individuals outside the United States and its Territories.

Providers, Submitters, Payers, Network Service Vendors, or anyone else who conduct ABCBS billing, access to ABCBS data or systems, cannot do so outside the United States and its territories unless explicitly authorized in writing by ABCBS or his/ her designated representatives with concurrence from ABCBS personnel security department.
2. Connectivity/Communications

2.1 Communication Methods

EDI Services offers SFTP and HTTPS connectivity. Electronic submitters will need to determine which communication protocol they want to use.

2.1.1 MoveIT DMZ

MoveIT DMZ safely and securely allows exchange of electronic data between organizations using an encrypted connection. An https protocol will be used to quickly, easily and securely exchange electronic data.

MoveIT DMZ is directory structured to allow submitters to send and receive electronic data. Every electronic submitter will have a home folder. Within the home folder are two subfolders. There is a subfolder named Inbound and a subfolder named Outbound. The Inbound subfolder is used to send electronic transactions to EDI Services. The Outbound subfolder is used to retrieve your electronic data such as reports and electronic remittance advices that EDI Services has delivered to you. If files are placed in the root folder they will not be processed. If you place claim files in the outbound folder they will not be worked.

### 3. 5010 Transactions

Arkansas Blue Cross Blue Shield and its subsidiaries will exchange the following transactions. Trading Partners must test and pass the most current adopted errata or addenda version(s).

<table>
<thead>
<tr>
<th>Transaction Type</th>
<th>Version Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>270 / 271 Health Care Eligibility Benefit Inquiry and Response</td>
<td>005010X279A1</td>
</tr>
<tr>
<td>276 / 277 Health Care Claim Status Request and Response</td>
<td>005010X212</td>
</tr>
<tr>
<td>837 Health Care Claim: Professional</td>
<td>005010X222A1</td>
</tr>
<tr>
<td>837 Health Care Claim: Institutional</td>
<td>005010X223A2</td>
</tr>
<tr>
<td>837 Health Care Claim: Dental (FEP only)</td>
<td>005010X224A2</td>
</tr>
<tr>
<td>835 Health Care Claim Payment/Advice</td>
<td>005010X221A1</td>
</tr>
<tr>
<td>999 Implementation Acknowledgment for Health Care Insurance</td>
<td>005010X231A1</td>
</tr>
</tbody>
</table>

Trading partners who will be exchanging electronic transactions for version 5010 must purchase their TR3s from [www.wpc-edi.com](http://www.wpc-edi.com). Due to copyright laws, Arkansas Blue Cross Blue Shield cannot provide trading partners with the TR3’s.
4. Testing Criteria and Requirements

It is each submitter’s responsibility to test their electronic files to ensure their data is compliant and in order to avoid payment interruption. Testing can be completed before a submitter can begin submitting claim files in production. Testing is automated and is the submitter’s responsibility to ensure claims are being accepted by retrieving and reviewing system provided reports. It is recommended that providers/submitter’s test prior to sending production claims or if changes to their software environment occur.

Many electronic submitters use the same software, billing service or clearinghouse to submit their electronic claims. A directory listing of HIPAA compliant vendors can be found by clicking on the link below. These vendors have successfully tested with us and are in production. If you are utilizing a vendor from the list you will not be required to test.


The criteria for testing electronic claim files are listed below.

1. Claim files that are submitted for testing must be representative of the services that you intend to submit after you are approved for production.
2. A test file must contain at least 25 claims.
3. 5010 transactions must be submitted in a continuous string. Claim files that are not in a continuous string will be rejected.
4. Only professional or institutional claims can be submitted in a file (ISA-IEA). Files received with a mixture of professional and institutional claims will be rejected.
5. Only one functional group (GS-GE) must be submitted within an interchange (ISA-IEA). Files received with more than one functional group may be rejected.
6. It is highly recommended to only send one transaction set (ST-SE) within a functional group (GS-GE).
7. Standard syntax editing will be performed. Claim files submitted for testing must pass 100 percent of the standard syntax editing. Syntax editing will validate the programming of the incoming file and includes file layout, record sequencing, balancing, alpha-numeric/numeric/date file conventions, field values and relational edits.
8. IG semantic data testing validates data required for claims processing, e.g., procedure/diagnosis codes, modifiers. Claim files submitted for testing must demonstrate, at a minimum, a 95 percent accuracy rate in data testing before production is approved. The vendor/submitter must make necessary correction(s) prior to submitting a production file.
9. Monitor the appropriate response files after each test submission to determine format and/or data elements to be corrected and re-tested. You will not receive any other form of notification for initial test results.

On occasion, there are some direct electronic submitters that may not have a large volume of patients to test with. Below are some suggestions and tips to assist you in achieving production status.

1. Compile some claims that have been previously submitted and paid. Convert those claims or enter those claims in your software package to convert them to the 5010 format for testing.
2. Create 25 claims for different types of services. Test claims are not routed to production for further processing or adjudication.
3. You can use one or two patient’s insurance information on all of your test claims. You do not have to submit 25 different patients on your test files.
5. Envelope Structure / Data Content

For testing and production the envelope structure and data element content for electronic claim files should be submitted as indicated below. The following information applies to 837 institutional and professional data submitted in the 5010 format. Specific guidelines and instructions for all other data content can be found in the 5010 TR3 Implementation Guides.

<table>
<thead>
<tr>
<th>Element</th>
<th>Name</th>
<th>Codes / Content</th>
<th>Comments / Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISA01</td>
<td>Authorization Information Qualifier</td>
<td>00, 03</td>
<td>A value of 00 or 03 can be submitted.</td>
</tr>
<tr>
<td>ISA02</td>
<td>Authorization Information</td>
<td></td>
<td>If ISA01 = 00, submit 10 blank spaces in the ISA02.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If ISA01 = 03, data content must be present in ISA02.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Data can be a combination of data and spaces and must be 10 bytes in length.</td>
</tr>
<tr>
<td>ISA03</td>
<td>Security Information Qualifier</td>
<td>00, 01</td>
<td>Must be 00.</td>
</tr>
<tr>
<td>ISA04</td>
<td>Security Information</td>
<td>10 blank spaces</td>
<td>Must be 10 blank spaces.</td>
</tr>
<tr>
<td>ISA05</td>
<td>Interchange ID Qualifier</td>
<td>01, 14, 20, 27, 28, 29, 30, 33, ZZ</td>
<td>Must be a value of ZZ.</td>
</tr>
<tr>
<td>ISA06</td>
<td>Interchange Sender ID</td>
<td></td>
<td>The submitter ID number assigned by EDI Services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clearinghouses and billing agents who will be exchanging electronic data on behalf of a provider must send the assigned submitter ID number of the clearinghouse or billing agent. Otherwise, the provider’s assigned electronic submitter ID number must be sent in the ISA06.</td>
</tr>
<tr>
<td>ISA07</td>
<td>Interchange ID Qualifier</td>
<td>01, 14, 20, 27, 28, 29, 30, 33, ZZ</td>
<td>Must be ZZ</td>
</tr>
<tr>
<td>ISA08</td>
<td>Interchange Receiver ID</td>
<td></td>
<td>Must be 00520 for ABCBS and its family of companies. Otherwise, the interchange receiver ID must be the applicable ID of the payer.</td>
</tr>
<tr>
<td>ISA09</td>
<td>Interchange Date</td>
<td></td>
<td>Must be formatted as YYMMDD.</td>
</tr>
<tr>
<td>ISA10</td>
<td>Interchange Time</td>
<td></td>
<td>Must be formatted as HHMM.</td>
</tr>
<tr>
<td>ISA11</td>
<td>Repetition Separator</td>
<td></td>
<td>Must be present.</td>
</tr>
<tr>
<td>ISA12</td>
<td>Interchange Control Version Number</td>
<td>00501</td>
<td>Must be 00501.</td>
</tr>
<tr>
<td>ISA13</td>
<td>Interchange Control Number</td>
<td></td>
<td>Must be 9 numbers.</td>
</tr>
<tr>
<td>ISA14</td>
<td>AcknowledgementRequested</td>
<td>0, 1</td>
<td>Must be 0 or 1.</td>
</tr>
<tr>
<td>ISA15</td>
<td>Interchange Usage Indicator</td>
<td>P, T</td>
<td>Must be P for production and T for test.</td>
</tr>
<tr>
<td>ISA16</td>
<td>Component Element Separator</td>
<td></td>
<td>Must be present.</td>
</tr>
<tr>
<td>Element</td>
<td>Name</td>
<td>Codes / Content</td>
<td>Comments / Requirements</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>GS01</td>
<td>Functional Identifier Code</td>
<td></td>
<td>Must be HC.</td>
</tr>
<tr>
<td>GS02</td>
<td>Application Sender’s Code</td>
<td></td>
<td>Must be the same value as sent in the ISA06.</td>
</tr>
<tr>
<td>GS03</td>
<td>Application Receiver’s Code</td>
<td></td>
<td>Must be the same value as sent in the ISA08.</td>
</tr>
<tr>
<td>GS04</td>
<td>Date</td>
<td></td>
<td>Must be formatted as CCYYMMDD.</td>
</tr>
<tr>
<td>GS05</td>
<td>Time</td>
<td></td>
<td>Must be formatted as HHMM.</td>
</tr>
<tr>
<td>GS06</td>
<td>Group Control Number</td>
<td></td>
<td>Must be 1 – 9 bytes in length.</td>
</tr>
<tr>
<td>GS07</td>
<td>Responsible Agency Code</td>
<td>X</td>
<td>Must be a value of X.</td>
</tr>
<tr>
<td>GS08</td>
<td>Version / Release / Industry Identifier Code</td>
<td></td>
<td>Must be the errata version. 837I – 005010X223A2 837P – 005010X222A1</td>
</tr>
<tr>
<td>ST01</td>
<td>Transaction Set Identifier Code</td>
<td>837</td>
<td>Must be a value of 837.</td>
</tr>
<tr>
<td>ST02</td>
<td>Transaction Set Control Number</td>
<td></td>
<td>Must be 4 – 9 bytes in length.</td>
</tr>
<tr>
<td>ST03</td>
<td>Implementation Convention Reference</td>
<td></td>
<td>Must be the errata version code. Must be the same value as sent in the GS08.</td>
</tr>
<tr>
<td>1000A</td>
<td>Submitter Name Identification Code</td>
<td></td>
<td>Must be the assigned electronic submitter ID number of the provider.</td>
</tr>
<tr>
<td>1000B</td>
<td>Receiver Name Identification Code</td>
<td></td>
<td>Must be the payer ID code. This value must be the same value as sent in the ISA08 and GS03.</td>
</tr>
<tr>
<td>2010AA</td>
<td>Billing Provider Name Identification Code</td>
<td></td>
<td>Must be the pay-to National Provider Identifier (NPI) of the provider.</td>
</tr>
<tr>
<td>SE02</td>
<td>Transaction Set Control Number</td>
<td></td>
<td>Must be the same value as sent in the ST02.</td>
</tr>
<tr>
<td>GE02</td>
<td>Group Control Number</td>
<td></td>
<td>Must be the same value as sent in the GS06.</td>
</tr>
<tr>
<td>IEA02</td>
<td>Interchange Control Number</td>
<td></td>
<td>Must be the same value as sent in the ISA13.</td>
</tr>
</tbody>
</table>
6. Reports

Electronic submitters who will be exchanging electronic data in a 5010 format will receive the following reports:

TA1
999
Batch Processing Report

Below is an example of a TA1 report:

ISA*00* 00* *ZZ*00520 *ZZ*E9999 *110407*2007*{00501*724560196*0*P*:~
TA1*000000004*110406*1324*A*000~
IEA*0*724560196~

Below is an example of a 999:

ISA*00* 00* ZZ*00520 *ZZ*E9999*110407*2007*{00501*724560196*0*P*:~
GS*FA*00520*E9999*20110407*1324000*1*X*005010X231~
SP*999*6PF6FO9PC*005010X231~
AK1*HC *4*005010X222A1~
AK2*837*0001*005010X222A1~
IK5*A~
AK9*A*1*1*1~
SE*6*6PF6FO9PC~
GE*1*1~
IEA*1*724560196~

7. Contact Information

If you need assistance or additional information you can contact EDI Services at (501) 378-2336 or 855-822-2446. Other helpful resources are:

- Provider newsletters: www.arkansasbluescross.com/providers/
- EDI Services Enrollment: https://secure.ediservices.net/EDIS.Web/Login/TPA.aspx
- EDI email address: edi@arkbluecross.com