



# 835 Companion Guide

HIPAA ASC x12 V5010X279A1

## Document History

### *DOCUMENT VERSION HISTORY TABLE*

Version	Sections Revised	Description	Revised By	Date
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## Introduction

This Companion Guide to the v5010 ASC X12N 835 Implementation Guide and associated errata adopted under HIPAA clarifies and specifies the data content when receiving an 835 transaction electronically from Blue Shield of California (BSC) Health Plan. 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 Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

## Scope

This document should be used as a guide when receiving electronic remittance advice (ERA) via a standard 835 EDI transaction from the BSC EDI system.

BSC EDI is a system through which trading partners can submit requests for 835 EDI transactions as well as receive 835 EDI transactions from BSC.

## References

The standard HIPAA transaction implementation guides are referenced by this guide. Copies of current guides may be obtained from [www.wpc-edi.com](http://www.wpc-edi.com)

## Additional Information

This document was developed to provide users of BSC EDI with the necessary information in order to exchange EDI transactions with BSC. With the assumption that the user has working level EDI knowledge, this document focuses on the use of the BSC EDI system and does provide background information on EDI transactions and their use.

# Getting Started

## Working with Blue Shield of California

This guide includes the instructions you will need to establish SFTP connectivity and start receiving standard 835 transactions from BSC. Please read this guide in its entirety to take advantage of the full functionality of the BSC system.

## Trading Partner Preparation

Prior to submitting your ERA/EFT enrollment, proper preparation will ease the processing of these transactions in your adjudication system. Trading Partners must:

- Read all chapters and appendices of this Companion Guide.
- Become familiar with the ANSI x12 835 Implementation Guide
- Read and make sure that you understand the terms and conditions of the BSC Trading Partner Agreement (TPA), accept the conditions and terms of the TPA.

Before using the BSC EDI system, it is important to meet the following requirements:

1. Able to receive the standard ANSI X12 835 EDI file.
2. Able to extract information from your system and interpret it.
3. Sufficient EDI technical knowledge to adjust your system to connect to the BSC EDI system.
4. Able to interact and connect with BSC EDI SFTP processing platform.

## Trading Partner Registration

Before submitting or receiving an 835 transaction, you must register as a Trading Partner with BSC to ensure you are established and recognized in our system. To register, please fill out the Enrollment Application and Trading Partner Agreements and submit to one of the following:

- Fax: 530-351-6150
- Online Application: You may also register online on the BSC Provider Connection at: <https://www.blueshieldca.com/provider/claims/electronic-transactions/enroll.sp>

## Connectivity Testing

Once you have submitted your request to become a Trading Partner with BSC and completed/submitted all the appropriate forms (see Section 10—Appendices), an EDI Business Analyst will reach out as the next steps to establish SFTP connectivity, and ERA/EFT enrollment implementation.

## Testing with BSC

Upon successful SFTP connectivity test with BSC, our EDI Analyst will work with you to pick up your first 835 file. The same connectivity that was utilized for the connectivity testing will be used in the production environment. Due to the nature of the 835 transaction and how BSC has implemented it, 835 test files cannot be generated for testing purposes.

During this testing phase, you may continue to get an online Adobe pdf file of your remittance advice to assist you with the transition to getting your remittance advice electronically via the 835 transaction. [http://: www.blueshieldca.com/provider](http://www.blueshieldca.com/provider).

## Connectivity with the Payer/Communications

### Process flows

Trading Partners submitting transactions to Blue Shield of California will connect through a secure file transfer protocol (SFTP).

### Transmission Administrative Procedures

#### *SFTP (Secure File Transfer Protocol)*

The SFTP server provides a conduit for electronic transmission of confidential data to and from Blue Shield's Trading Partners. The server is protected behind a firewall. A unique login ID and password is created for each Trading Partner. This ID is used by the Trading Partner and Blue Shield of California IT personnel to access the pertinent files.

### Communication Protocols

#### *SFTP (Secure File Transfer Protocol)*

Connection to the server is only possible through the firewall using standard FTP connections or SSH SFTP connections over the internet. We use PGP encryption to ensure the data is kept confidential when using standard FTP connections. In most cases the Trading Partner will be responsible to up- and down-load their files to and from the Blue Shield of California FTP server.

## Connectivity with the Payer/Communications, continued

### Security Protocols

#### *SFTP (Secure File Transfer Protocol)*

A Trading Partner's password to access SFTP is assigned by Blue Shield of California system administrators. A password may be reset by Blue Shield upon request from the Trading Partner.

### Transmission Administrative Procedures

#### **Schedule, Availability, and Downtime Notification**

The BSC 835 system is available between the hours of 12:30 AM through 12:00 AM 7 days a week, BSC will notify Trading Partners of any additional planned downtime via e-mail.

Any unplanned downtime will be communicated to Trading Partners via e-mail. A follow up e-mail will be sent once the system becomes available.

### Re-Transmission Procedure

Trading Partners may contact BSC for assistance in researching problems with their transactions or a request to repost an 835/ERA file. Please contact the EDI Customer Service number listed in Section 5.

### CAQH/CORE https Connectivity

BSC does offer connectivity through https for 27X transactions as defined by CAQH CORE Rules. This method of connectivity will be made available upon request. If you would like to explore this option of connectivity, please contact the EDI Customer Service number listed in Section 5.



## Contact Information

EDI Customer Service: 1-800-480-1221  
Provider Service Number: 1-800-258-3091 Opt #3

Applicable Websites:  
[www.blueshieldca.com/provider](http://www.blueshieldca.com/provider)

## Control Segments/Envelopes:

BSC uses the v5010 ASC X12N 835 Implementation Guide and associated errata adopted under HIPAA. This specifies the data content for the 835 transaction data that you will be getting from the Blue Shield of California (BSC) Health Plan. BSC has not made any changes or customizations to this format. You may purchase a copy of the 835 implementation guide from the Washington Publishing Company at <http://www.wpc-edi.com>.



## BSC Specific Business Rules and Limitations

BSC uses the v5010 ASC X12N 835 Implementation Guide and associated errata adopted under HIPAA. BSC does not have any specific business rules or limitations that you need to be aware of. We are fully compliant with the Council for Affordable Health Care and the Committee on Operating Rules for Information Exchange as defined by the Affordable Care Act and Administrative Simplification.

## Reports

BSC does not offer any specific reports for the ERA/835 transactions.

## Appendices

### Additional Attachments:

- BSC Trading Partner Agreement
- BSC Trading Partner Enrollment Form
- ERA/EFT Enrollment Form
- IP Ownership Form
- SFTP Connectivity Form



Blue Shield of California  
Electronic Data Exchange  
Trading Partner Agreement

This Trading Partner Agreement (“Agreement”) is made as of \_\_\_\_\_,  
between California Physicians’ Service dba Blue Shield of California, for and on behalf  
of itself and its subsidiaries including Blue Shield of California Life & Health Insurance  
Company (collectively “Blue Shield”) and

\_\_\_\_\_ (“Trading Partner”).

*Trading Partner Name (please print)*

**A. Conducting Transactions**

1. The parties shall exchange electronic transactions, which may include claim submissions, eligibility requests, claims status, authorizations, remittance advice, and/or electronic funds transfer. Trading Partner shall conform transactions to the applicable Blue Shield Companion Guide. Blue Shield may modify its Companion Guides at any time without amending this Agreement.
2. Blue Shield may reject any transaction that does not conform to the applicable transaction Companion Guide and HIPAA compliance edits.
3. Trading Partner and Blue Shield shall cooperate in testing the exchange of transactions, as Blue Shield deems appropriate. Testing will be designed to ensure the accuracy, timeliness, completeness, and security of each data transmission.
4. Each party shall take reasonable care to ensure information in each electronic transaction is timely, complete, accurate, and secure.
5. A party that receives from the other party a transaction not intended for the recipient shall immediately notify the other party to arrange for the return or destruction of the transaction, as the other party directs. A party that has evidence of a lost or indecipherable data transaction from or to the other party, shall immediately notify the other party to arrange for re-transmission of the transaction.
6. Each party is responsible for all costs, charges, or fees it may incur by transmitting electronic transactions to, or receiving electronic transactions from, the other party.
7. Blue Shield will not send Trading Partner a health care provider’s electronic remittance advice (ERA-835) unless (a) Trading Partner is the health care provider or (b) Trading Partner is named in a “Provider



Authorization Form” as an authorized recipient of the health care provider’s electronic remittance advice.

8. Blue Shield will only make electronic funds transfers to an authorized financial institution.

## **B. Privacy and Security**

1. Each party is responsible for the accuracy, privacy, and security of transactions it submits to the other party, in accordance with state and federal laws, including the Administrative Simplification requirements of HIPAA, as set out in the Code of Federal Regulations Title 45 Parts 160-164. Each party is solely responsible for the preservation, privacy, and security of data in its possession and during transmission, until the data are received by the other party.
2. Each party shall implement reasonable and appropriate safeguards to prevent unauthorized access to (a) its own and the other party’s transmission and processing systems, (b) transactions with the other party, and (c) the control structure applied to transmissions between the parties. Such safeguards will include steps to prevent persons with authorized access from exceeding the scope of their access.
3. Each party shall implement reasonable and appropriate safeguards designed to prevent any person from circumventing security mechanisms or procedures safeguarding its own or the other party’s computer systems or data.
4. Trading Partner shall treat and shall require its employees and agents to treat any user ID or password confidentially.

## **C. General Terms**

1. Trading Partner agrees to require its employees and agents to comply with the terms of this Agreement.
2. This Agreement is effective when Blue Shield receives a copy of the Agreement signed by Trading Partner.
3. Each party shall establish and maintain a “Trade Data Log,” in which the parties shall record all transactions exchanged with the other party under this Agreement. Each party shall take reasonable steps to ensure that the Trade Data Log is a current, accurate, complete, and unaltered record of all data transmissions between the parties. Each party shall maintain accurate, complete, and unaltered copies of the Trade Data Log for ten (10) years. This paragraph shall survive the termination of the Agreement for any reason.



- 4. Trading Partner shall allow and shall require its agents to allow Blue Shield to audit Trading Partner's and Trading Partner's agents' Trade Data Log, operating systems, and relevant business records to assess Trading Partner's compliance with this Agreement. Blue Shield's audit may evaluate security precautions implemented by Trading Partner and Trading Partner's agents. Trading Partner shall cooperate and shall require the cooperation of its agents with any audit related to this Agreement by a governmental agency, licensing body, or accreditation body.
- 5. Should one party materially breach this Agreement, the other party may give the breaching party written notice of the breach and the breaching party shall have thirty (30) days to cure the breach. If the breaching party does not cure the breach within the thirty (30) day period, the non-breaching party may, in its sole discretion, either extend the cure period or give a written termination notice that becomes effective five (5) working days thereafter.

The parties acknowledge, agree to and shall be bound by all of the terms, provisions and conditions of the Agreement with the execution hereof by duly authorized representatives:

TRADING PARTNER

CALIFORNIA PHYSICIANS' SERVICE dba  
BLUE SHIELD OF CALIFORNIA

By: \_\_\_\_\_

By: Jenni Owens

Title: \_\_\_\_\_

Title: Manager, eBusiness EDI

Date: \_\_\_\_\_

Date: \_\_\_\_\_

TIN: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: 800-480-1221

Fax: \_\_\_\_\_

Fax: 530-351-6150

E-Mail: \_\_\_\_\_

<https://www.blueshieldca.com/provider/claims/electronic-transactions/submit-edi-inquiry.sp>

### Trading Partner Enrollment Form

Trading Partner will exchange transactions directly with Blue Shield of California using SFTP

<b>Transactions Elected:</b>	<input type="checkbox"/> 837 Claims/Encounter Submission	<input type="checkbox"/> 276/277 Claims Status	<input type="checkbox"/> 270/271 Eligibility
	<input type="checkbox"/> 835 ERA/EFT	<input type="checkbox"/> 278 Authorizations	

Blue Shield of California providers must use the Provider Authorization Form to enroll in electronic remittance advice and provide bank routing information for electronic funds transfer (EFT). Additional copies of this form are available online at [blueshieldca.com/provider/edi](http://blueshieldca.com/provider/edi).

During exchange of electronic transactions, each party will comply with all applicable requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated thereunder.

Clearinghouses representing multiple providers or providers with multiple Tax Identification Numbers (TINS) or Type II NPI(s) must use the Tax Identification Detail form to indicate all Tax Identification numbers for which data will be included in EDI transmissions.

<b>Business Type:</b>	<input type="checkbox"/> Clearinghouse	<input type="checkbox"/> Billing Service	<input type="checkbox"/> Vendor	<input type="checkbox"/> MSO/CBO
	<input type="checkbox"/> Institutional provider	<input type="checkbox"/> Professional provider	<input type="checkbox"/> IPA	

Trading partner name:		
Tax ID:	National Provider Identifier (NPI) Type 2:	
Street Address:		
City:	State:	Zip:
Mailing address:		
City:	State:	Zip:
Contact name:	Phone:	Fax:
Contact title:	Email:	

**Software Vendor Information** (if applicable)

Software vendor contact name:
Vendor address:

## Electronic Payments Enrollment Form Guide and Form

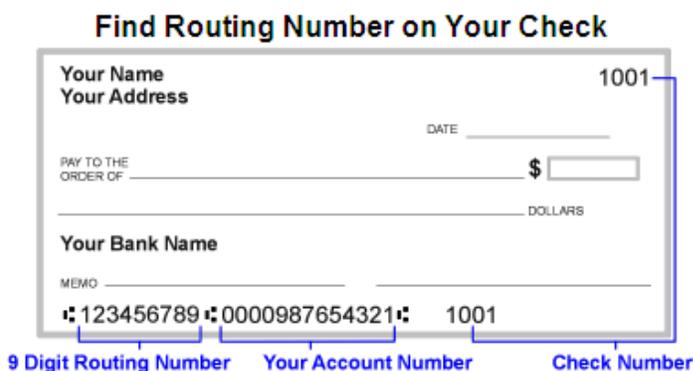
Please use this guide to complete the attached Provider Authorization form. Missing or incomplete information within the form may delay your enrollment. Please do not send or fax this guide with your completed form.

Use one form per bank account authorized for deposit of your claims payments

- Indicate only Billing Tax ID numbers for which funds will be deposited in the authorized account (Provider Business Information)
- Indicate only NPI numbers for which funds will be deposited in the authorized account (Provider Business Information)

Attach a copy of a voided check (photocopy voided checks for fax submissions)

- Enrollment requests cannot be processed without the copy of the voided check
- "Starter" checks or deposit slips cannot be accepted due to incomplete bank routing information
- Banking information provided in the enrollment form must match the voided check



Select a Remittance Advice (EOB) Option

- Direct EDI Trading Partners may receive 835 electronic remittances (ERA) directly from Blue Shield
- Authorize a vendor/clearinghouse to receive electronic remittance (electronic EOB data to automate your payment posting) your behalf (visit [blueshieldca.com/provider/edi](https://blueshieldca.com/provider/edi) for the full list of Blue Shield approved vendors/clearinghouses)
- Elect to retrieve your Explanation of Benefits online at [blueshieldca.com/provider](https://blueshieldca.com/provider).

Forms must be signed by authorized individuals

- Practitioner (MD, DO, DC, DDS, PhD, etc)
- Corporate Officer or Authorized Manager (CEO, CFO, Office Manager, Billing Manager, etc.)



## Provider Authorization Form Electronic Payment Information

- Designate a bank account for deposit of your claims payment amounts via Electronic Funds Transfer (EFT)
- Indicate how Remittance Advice (ERA) files will be received on your behalf

Provider Business Information		
Name of Provider Organization:		
Billing Tax ID Number(s):		
NPI(s) (National Provider Identification):		
Physical address:		
City:	State:	Zip:
Primary contact name:		Telephone:
Email Address:		Fax:
<b>Remittance Election Choose One:</b>	<input type="checkbox"/> Trading Partner Enrolled to Receive ERA via SFTP Direct from Blue Shield	
	<input type="checkbox"/> Authorizing the Third Party Vendor/Clearinghouse below to Receive ERA	
	<input type="checkbox"/> Provider will retrieve EOBs online via blueshieldca.com/provider	
Vendor/Clearinghouse or Trading Partner authorized to receive ERA:		
Name:		
Address:		
City:	State:	Zip:
Technical contact name:		Telephone:
Email Address:		Fax:
Bank Information Authorized for Deposit of Funds		
Bank name:		Branch phone:
Branch address:		
Administrative contact:		Contact phone:
Bank Routing Number (9 digits):		Bank Account number:
Attach a copy of a voided check to confirm banking information. Deposit slips are not accepted.		
Authorized Signature		
Signature:		Print name:
Title:		Date:

This form will certify that the Third Party named above is authorized to receive the provider electronic remittance advice (also known as the 835) for the provider listed or retrieved via direct connection. EOBs will be downloaded via secure online access if electronic remittance is not elected.

We will discontinue sending paper Explanation of Benefits (EOB) at the time of enrollment. Copies of paper provider EOB are available online in the Claims section of our provider website, blueshieldca.com/provider. Electronic Fund Transfer (EFT) requestors must be established Electronic Remittance Advice (ERA) recipients with Blue Shield or agree to use online Explanation of Benefit (EOB) retrieval to qualify for EFT.

**The provider is responsible to notify Blue Shield of California of any changes to Third Party information authorized to receive electronic remittance advice or account information for electronic funds transfer.**

**Blue Shield of California**  
Attn: EDI  
4700 Bechelli Lane  
Redding, CA 96002

Fax to: EDI/Blue Shield at (866) 276-8456  
<https://www.blueshieldca.com/provider/claims/electronic-transactions/submit-edi-inquiry.sp>

Trading Partner Enrollment Form

**IP Ownership Verification Form**

If the DNS Name / IP address is not registered in the name of the trading partner, please complete this form to verify ownership.

This DNS Name / IP address is **static** and for the trading partner's sole purpose.

Trading Partner Name: \_\_\_\_\_

Static IP Address: (primary) \_\_\_\_\_

(secondary) \_\_\_\_\_

DNS Name: (primary) \_\_\_\_\_

(secondary) \_\_\_\_\_

Check one:

DNS Name / IP address allocated by my Hosting Provider

Name of Hosting Provider \_\_\_\_\_

DNS Name / IP address provided by my ISP

Name of ISP \_\_\_\_\_

Other: \_\_\_\_\_

Please explain: \_\_\_\_\_

Authorized Signature	
Signature:	
Print Name:	
Title:	
Address:	
Telephone:	

**Blue Shield of California** Fax to: EDI/Blue Shield at (530) 351-6150

Attn: EDI

4700 Bechelli Lane Redding, CA 96002

## Connectivity Detail Form

Complete this form to establish a direct connection with Blue Shield.

<b>Contact Information</b> (at least two contacts are required):			
Contact Type	Name	Phone	Email
Business			
Technical Lead			
Primary User			
Backup User			
<b>COMPLETE INFORMATION BELOW FOR SECURE FILE TRANSFER PROTOCOL (SFTP)</b>			
<b>Data Integrity Protocol (select one):</b>			
Not Required <input type="checkbox"/>	SHA-1 <input type="checkbox"/>	MD5 <input type="checkbox"/>	RIPEMD-160 <input type="checkbox"/>
<b>Transport Method &amp; Data Encryption (select one):</b>			
Secure FTP over SSH with no PGP data encryption <input type="checkbox"/>		Secure FTP over SSH with PGP encryption of data <input type="checkbox"/>	
<b>PGP Encryption Method (please select only one):</b>			
AES (128 bit) <input type="checkbox"/>	Diffie-Hellman (1024 bit) <input type="checkbox"/>	RSA (1024 bit) <input type="checkbox"/>	
AES (192 bit) <input type="checkbox"/>	Diffie-Hellman (2048 bit) <input type="checkbox"/>	RSA (2048 bit) <input type="checkbox"/>	
AES (256 bit) <input type="checkbox"/>	Diffie-Hellman (4096 bit) <input type="checkbox"/>	RSA (4096 bit) <input type="checkbox"/>	
Cast 5 (128 bit) <input type="checkbox"/>	El Gamal (1024 bit) <input type="checkbox"/>	Triple DES (168 bit) <input type="checkbox"/>	
DSA v3 & v4 (1024 bit) <input type="checkbox"/>	El Gamal (2048 bit) <input type="checkbox"/>	Two Fish (256 bit) <input type="checkbox"/>	
DSA v3 & v4 (2048 bit) <input type="checkbox"/>	El Gamal (4096 bit) <input type="checkbox"/>		
DSA v3 & v4 (4096 bit) <input type="checkbox"/>	IDEA (128 bit) <input type="checkbox"/>		
<b>Static DNS Name and/or Static IP Address &amp; Data Delivery Method (select one):</b>			
Primary DNS Name and/or IP address: (     ).(     ).(     ).(     )			
Secondary DNS Name and/or IP address: (     ).(     ).(     ).(     )			
<b>IP addresses must be static.</b> For IP address not registered in the name of the trading partner, complete the IP Ownership Verification Form.			
<b>NOTE:</b> Notify Blue Shield of California at (800) 480-1221 two weeks prior to any IP address change to avoid interruption in service.			
<b>Inbound to BSC:</b>	Customer pushes file to BSC <input type="checkbox"/>		
	BSC FTP Server pulls file from customer <input type="checkbox"/>	Source Directory:	
<b>Outbound to customer:</b>	Customer pulls from the BSC SFTP server <input type="checkbox"/>		
	BSC FTP Server pushes to customer <input type="checkbox"/>	Source Directory:	
<b>Note:</b> Blue Shield will email with your login ID and password for our secure FTP server, with a copy of our PGP public key, if applicable. Blue Shield will also request a login ID and Password if BSC will push or pull from the customer's server.			

COMPLETE INFORMATION BELOW FOR HTTP/s CONNECTIVITY	
<b>Transmission Mode:</b>	
Batch	Real Time
<b>HTTP/s Connectivity Standards:</b>	
SOAP	MIME
<b>Static DNS Name and/or Static IP Address &amp; Data Delivery Method</b>	
Primary DNS Name and/or IP address: (     ). (     ). (     ). (     )	
Secondary DNS Name and/or IP address: (     ). (     ). (     ). (     )	
<p><b>IP addresses must be static.</b> For IP address not registered in the name of the trading partner, complete the IP Ownership Verification Form.</p>	
<b>Static DNS Name and/or Static IP Address &amp; Data Delivery Method</b>	
Primary DNS Name and/or IP address: (     ). (     ). (     ). (     )	
Secondary DNS Name and/or IP address: (     ). (     ). (     ). (     )	
<p><b>IP addresses must be static.</b> For IP address not registered in the name of the trading partner, complete the IP Ownership Verification Form.</p>	
<p><b>NOTE:</b> Notify Blue Shield of California at (800) 480-1221 two weeks prior to any IP address change to avoid interruption in service.</p>	
<p><b>Note:</b> Blue Shield will email with your login ID and password for our secure FTP server, with a copy of our PGP public key, if applicable. Blue Shield will also request a login ID and Password if BSC will push or pull from the customer's server.</p>	