



Blue Shield of California Health Plan

Unsolicited 277CA Transaction for Adjudicated
Encounters

Standard Companion Guide

Refers to the Implementation Guides Based on
version ASC X12N/005010X214

Version 1.0
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PREFACE

This companion guide contains content information specific to the secondary 277CA Claim Status Information that is for finalized Encounter status from Blue Shield's adjudication system. Transactions based on this companion guide is intended to be used in tandem with the X12N Implementation Guide and any finalized Addenda.

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DOCUMENT HISTORY

Version	Date (M/D/CCYY)	Author	Sections Updated
1.0	9/21/2020	Judy Lao	New Companion Guide for Secondary 277CA

INTRODUCTION

This document is intended to provide informational guide to Trading Partners to exchange EDI data. This includes information about registration, testing, support, and specific information about control record setup.

277CA Validation Rules

Finalized Status Category Codes will be reported to indicate the Encounter Claim or Line Denials. These codes are not compliant for use in the 277CA Claims Status Information transaction type. As such, validations for these code usages are set as "ignored" to ensure they pass our EDI Channel validation edits.

Important: Ensure your system validation are set to ignore these code usages as well.

Intended Use

The Companion Guide is not intended to replace the X12N Implementation Guides. It is intended to be used in conjunction with them. Additionally, the Companion Guide is intended to convey information that is within the framework and structure of the X12N Implementation Guides and not to contradict or exceed them.

Important: If the encounter line/service was rejected, the encounter line/service should be corrected and resubmitted. Otherwise, BSC will consider the encounter line/service as not approved and may impact downstream reporting needs for performance, quality, and/or any other regulating entities.

Scope

This Companion Guide is to provide information to Trading Partners on the procedures necessary to receive Electronic Data Interchange (EDI) transactions from Blue Shield of California for finalized Encounters.

This does not include status information from CMS for Medicare submissions.

INTRODUCTION, CONTINUED

References

A TR3 is a set of standards developed by the ASC X12N subcommittee that specify format and data requirements to be used for the electronic transactions for that specific TR3. These TR3 documents are available for purchase in PDF and/or hard copy formats at the ASC X12 website: <http://store.x12.org/>.

The X12N Implementation Guides may be obtained from the Washington Publishing Company, PMB 161, 5284 Randolph Road, Rockville, MD 20852-2116; telephone 301-949-9740; and fax 301-949- 9742. They are also available through the Washington Publishing Company on the Internet at <http://www.wpc-edi.com>.

Important Dates

The Secondary 277CA File for Adjudicated Encounters will start on 9/21/2020.

CONTACT INFORMATION

If you need to contact Blue Shield of California for any inquiries, please contact the appropriate customer service area so that the appropriate resolution is obtained in the most efficient manner. See below for EDI and Non-EDI related contact information.

EDI Customer Service and Assistance

For any inquiries or questions related to EDI Transmissions, please contact us through various forms:

- **The EDI Help Desk** is available from 8 a.m. to 4 p.m., Monday through Friday: **(800) 480-1221**
 - The EDI Help Desk support representatives are available to assist with urgent questions or issues related to EDI Transaction Transmissions. When calling the Help Desk, press "1" to be connected to a representative.
- **Submit an EDI Inquiry:** <https://www.blueshieldca.com/provider/claims/electronic-transactions/submit-edi-inquiry.sp>
 - If you need to provide PHI data for the inquiry but do not have the ability to send a secured email, please access this form to submit an inquiry that will be a secured transmission.
- **Email:** EDI_BSC@blueshieldca.com
 - This email is managed by the EDI Business Platform Services team, be sure to provide detailed information to ensure that we can assist promptly.
 - Important: Email must be secured if sending PHI. If you cannot send a secured email, see the option for Submit EDI Inquiry.

Non-EDI Customer Service and Assistance

Inquiries pertaining to Blue Shield of California's payments of claims should be directed to the appropriate Customer Service Department listed below:

- Customer/Member Services: (800) 200-3242
- Federal Employee Program: (800) 824-8839
- ITS/BlueCard: (800) 622-0632
- Provider Services: (800) 258-3091 and select option "3"
 - Provider Services Department is available to answer your questions regarding address changes, new practice locations, obtaining a Blue Shield ID number, Blue Shield allowances and claim status.
 - Representatives are available from 9:00 a.m. to noon and 1:00 p.m. to 4:00 p.m., Monday through Friday.

TRADING PARTNER EXPECTATIONS

Trading Partners that submit Encounters will receive a secondary 277CA for Adjudicated Encounters. This section will cover general expectations as well as provide additional information for prospective Trading Partners.

Registration

Only Trading Partners that submits Encounter records on an 837 will receive the secondary 277CA for Adjudicated Encounters for Finalized Status Information. If the Trading Partner would like to opt out of receiving the secondary 277CA, please contact us.

As such, any Trading Partner who would like to submit electronic transactions must complete and forward a Trading Partner Agreement (TPA) and EDI Enrollment Form to Blue Shield of California EDI Platform Services.

The TPA must be completed and signed by an authorized representative of the organization. Complete and accurate reporting of information on both documents will ensure that your request is processed in a timely manner.

You can access our website for additional information on obtaining the TPA and the EDI Enrollment Forms:

https://www.blueshieldca.com/bsca/bsc/wcm/connect/provider/provider_content_en/claims/electronic_transactions/enroll_in_edi

Trading Partners changing their information (i.e., adding a new provider, deleting a provider, address, EDI transactions, etc.) must inform EDI Platform Services in writing immediately. To change existing information, you would complete a new EDI Enrollment Form and either fax or mail the form to EDI Platform Services.

Testing and Certification Process

Review the **Registration** section first as this will apply only to prospective Trading Partners that would like to submit 837. To submit 837 for Encounters as a new Trading Partner with Blue Shield of California, we require your EDI transactions to be tested. There are two phases of testing. EDI Platform Services, along with the Trading Partner, will coordinate testing. EDI Platform Services will determine when the Trading Partner has completed testing and is ready for production.

- **Testing Requirements:** The testing will involve connecting to Blue Shield of California and submitting validated transaction files. Transactions will be loaded into our test environment and validated through our internal processing systems. TA1, 999, and 277CA files will be returned indicating the results of the test. Any Trading Partner that submits Encounters will include the testing for the secondary 277CA file as well. The Trading Partner is approved for production implementation once successful testing is completed.
- **Certification Requirements:** Testing may require 2-3 rounds of accepted files before implementation to production.

TRADING PARTNER EXPECTATIONS, CONTINUED

Trading Partner Agreement

Trading Partner Agreements (TPAs) are not required by HIPAA, at this time. TPAs define the duties and responsibilities of the partners that enable business documents to be electronically interchanged between them.

TPAs are requested by Blue Shield of California clearinghouses that assist in processing electronic transactions on behalf of their clients. TPAs define Trading Partner, Blue Shield of California and mutual obligations under the contract.

Trading Partners

An EDI Trading Partner is defined as any Blue Shield customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Blue Shield.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The 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.

Receiving the Transaction

The SFTP (Sterling) server provides a path for electronic transmissions 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.

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 pushing and pulling their files through the Blue Shield of California FTP server.

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.

Important: If the Trading Partner chooses to not receive this file and they are a clearinghouse, BSC requires that the Trading Partner provides notification to all Encounters submitters.

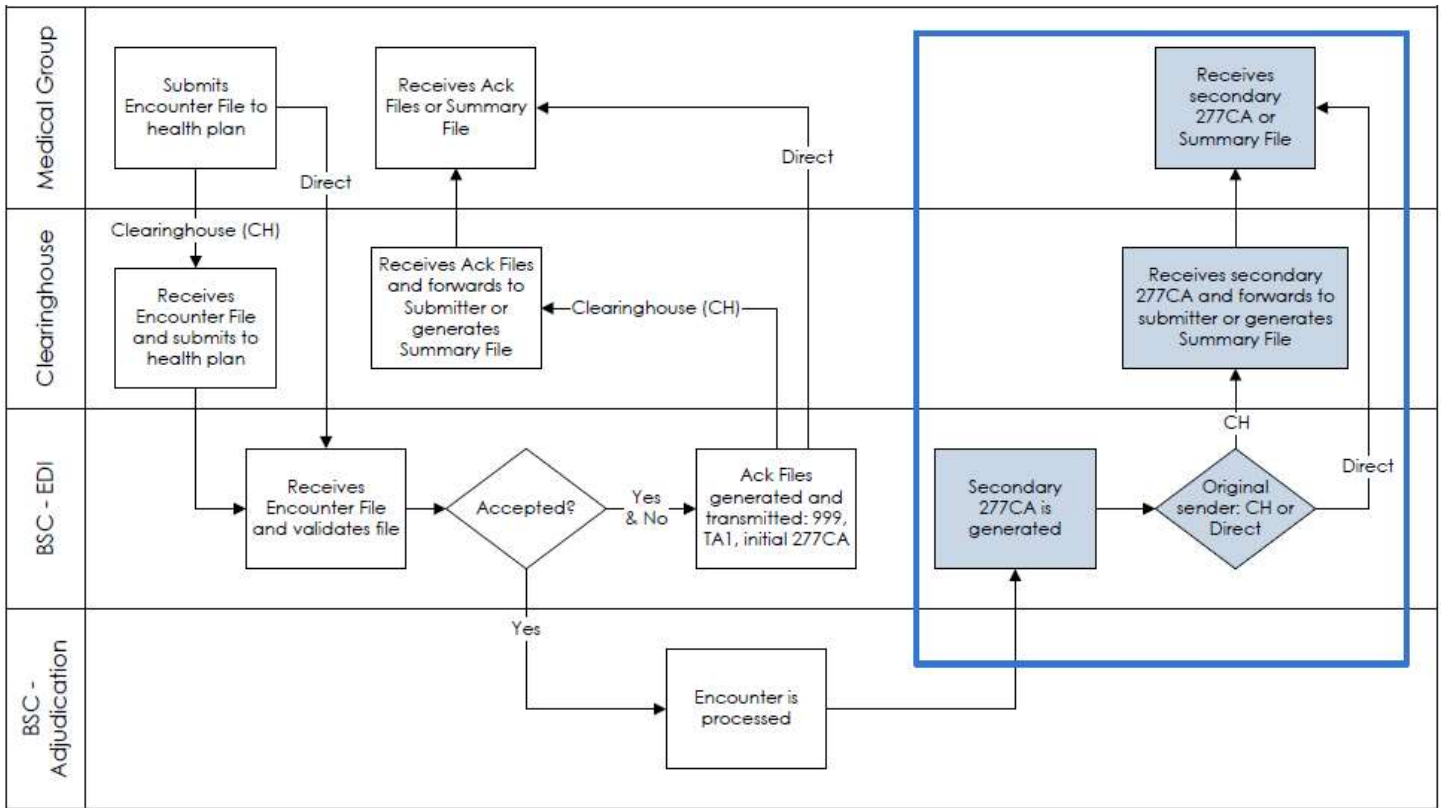
SECONDARY 277CA TRANSACTION PROCEDURES

This section will cover the Encounters Process Flow to demonstrate when the secondary 277CA is applied. The file naming convention, file structure expectations and transaction components are covered in this section as well.

Process Flow

This process map is intended to show Blue Shield's end-to-end process at a high level and show where the secondary 277CA information is generated from.

The secondary 277CA File is generated every business day for finalized Encounters.



SECONDARY 277CA TRANSACTION PROCEDURES, CONTINUED

File Name Convention

The Secondary 277CA File Names will be in the following file naming convention:

<RECEIVER_ID>_FACETS_<TRANSACTION_TYPE>_RP_<EXTRACT_DATETIMESTAMP>_<ICN - ISA13>.277

Example: 123456789_FACETS_837P_RP_20200506_987654321.277

File Structure

Each Secondary 277CA file will contain finalized claim status information with the following structure:

- Each file will contain a maximum of 10,000 claim status information records. As such multiple files may be received per day with the file name containing the different control number in the sixth field.
 - Example:
 - File 1: 123456789_FACETS_837P_RP_20200506_987654321.277
 - File 2: 123456789_FACETS_837P_RP_20200506_987654322.277
- Transaction type records will be in their own secondary 277CA file
 - Example: Professional Encounter status in their own secondary 277CA file

Transaction Components

Below are characters use for the transaction syntax and delimiter use.

Delimiter Type	Character Used	Character Description
Data Element Separator	*	Asterisk
Component Element Separator	>	Greater than
Segment Terminator	~	Tilde

SECONDARY 277CA TRANSACTION LOOPS AND SEGMENTS

The tables contained in this section of the Companion Guide is intended to provide information on how BSC is reporting data information for commonly used or critical elements. It is to assist Trading Partner with reconciling Encounters by understanding how to interpret Claim and Line Level Status Information in the Secondary 277CA file for finalized Encounters from BSC's Adjudication System.

Control Segments

The following loops and segments for the Control Segments tables contain information for Sender and Receiver IDs.

Loop ID	Reference	Name	Usage	Details
	ISA	Interchange Control Header	R	
	ISA06	Interchange Sender ID	R	940360524 for BSC as Sender
	ISA08	Interchange Receiver ID	R	Trading Partner's External ID
	GS	Functional Group Header	R	
	GS02	Application Sender's Code	R	940360524 for BSC as Sender
	GS03	Application Receiver's Code	R	Trading Partner's External ID
	GE	Functional Group Trailer	R	
	GE01	Number of Included Segments	R	Number should match the number of ST-SE segments in the file.

Transaction Set Header

The following loops and segments for the Transaction Set Header tables contain information structural expectations.

Loop ID	Reference	Name	Usage	Details
	ST*277	Transaction Set Header	R	There will be one Claim Status Information record per ST*277 record, not to exceed 5000 records per 277CA file.
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	Will start with "000001" and increment by 1 from there on.

SECONDARY 277CA TRANSACTION LOOPS AND SEGMENTS, CONTINUED

Information Source Detail

The following loops and segments for the Information Source Detail Table contains information that follow the Sender's ID, and the receipt date of the original 837.

Loop ID	Reference	Name	Usage	Details
2100A	NM1*PR	Information Source Name	R	
	NM103	Organization Name	R	BLUESHIELD OF CA
	NM109	Identification Code	R	940360524
2200A	DTP*050	Information Source Receipt Date	R	
	DTP03	Date Time Period	R	<p>This is the date of when the 837 Encounter File was received in Sterling.</p> <p>When looking at the original submission file, reference any 837 acknowledgement files for BSC's receipt date stamp: BSCInboundFilename. bsc20191125104200.837</p>

SECONDARY 277CA TRANSACTION LOOPS AND SEGMENTS, CONTINUED

Information Receiver Detail

The following loops and segments for the Information Receiver Detail Table contains information for the name submitted on the Original 837 for the Encounter.

See the information in the Notes/Details to understand if the data elements reported for the Encounter are as how it was originally received on the 837 or as how it was processed in BSC's Adjudication System.

IMPORTANT:

Status Information for the Information Receiver Detail will default with "Accepted". Refer to Loop 2220D STC01 to determine if the Encounter line/service was "Rejected".

Loop ID	Reference	Name	Usage	Notes/Details
2100B	NM1*41	Information Receiver Name	R	All data elements mapped from original 837 submitted to BSC.

SECONDARY 277CA TRANSACTION LOOPS AND SEGMENTS, CONTINUED

Information Receiver Detail, continued

Loop ID	Reference	Name	Usage	Notes/Details
2200B	TRN*2	Information Receiver Application Trace Identifier	R	
	TRN02	Reference Identification	R	Claim Transaction Batch Number from the Original 837, BHT03 element.
	STC01	Information Receiver Status Information	R	Refer to IMPORTANT note on page 14
	STC01 – 1	Health Care Claim Category Status Code	R	Will always reported with value F0 = "Finalized-The claim/encounter has completed the adjudication cycle and no more action will be taken."
	STC01 – 2	Health Care Claim Status Code	R	Will always reported with value 105 = "Claim/line is capitated."
	STC02	Status Information Effective Date	R	Encounter processing finalized date in BSC's adjudication system.
	STC03	Action Code	R	Will always reported with value WQ = "Accept"
	STC04	Total Charges of Encounter	R	The total charge of the Encounter in BSC's adjudication system. If a service is split from the Encounter during processing, it will be different from the submitted total charge.

SECONDARY 277CA TRANSACTION LOOPS AND SEGMENTS, CONTINUED

Billing Provider of Service Detail

The following loops and segments for the Billing Provider of Service Detail Table contains details for the submitted provider from the 837 NM1*85 Loop and the Status Code.

IMPORTANT:

Status Information for the Billing Provider of Service Detail will default with "Accepted". Refer to Loop 2220D STC01 to determine if the Encounter line/service was "Rejected".

Loop ID	Reference	Name	Usage	Notes/Details
2100C	NM1*85	Billing Provider Name	R	All data elements mapped from original 837 submitted to BSC.
	NM108	Identification Code Qualifier	R	FI = Tax ID XX = NPI
	NM109	Identification Code: Value of NPI or Tax ID	R	Value from the Original 837 submitted to BSC. If the NPI is reported on the 837 Encounter, then the submitted Tax ID will be reported in Loop 2200C, REF*TJ on the secondary 277CA. If the NPI is not submitted on the 837 Encounter, then the Tax ID will be reported in this field, and Loop 2200C, REF*TJ will not be reported on the secondary 277CA.

SECONDARY 277CA TRANSACTION LOOPS AND SEGMENTS, CONTINUED

Billing Provider of Service Detail, continued

Loop ID	Reference	Name	Usage	Notes/Details
2200C	STC01	Billing Provider Status Information	R	Refer to IMPORTANT note on page 16
	STC01 – 1	Health Care Claim Category Status Code	R	Will always be reported with value F0 = "Finalized-The claim/encounter has completed the adjudication cycle and no more action will be taken."
	STC01 – 2	Health Care Claim Status Code	R	Will always be reported with value 105 = "Claim/line is capitated."
	STC02	Status Information Effective Date	R	Encounter processing finalized date in BSC's adjudication system.
	STC03	Action Code	R	Will always be reported with value WQ = "Accept"
	STC04	Total Charges of Encounter	R	The total charge of the Encounter in BSC's adjudication system. If a service is split from the Encounter during processing, it will be different from the submitted total charge.

SECONDARY 277CA TRANSACTION LOOPS AND SEGMENTS, CONTINUED

Patient Detail

The following loops and segments for the Patient Detail Table contains information for the Patient that was processed for the Encounter in the Adjudication System, and the Claim Level Status Code. Along with the Patient details are the Line Level details when a line is denied in BSC's Adjudication System.

See the information in the Notes/Details to understand if the data elements are reported from the Encounter as how it was originally received on the 837 or as how it was processed in BSC's Adjudication System.

IMPORTANT:

Status Information Action Code for the Patient Detail will be reported with "Accept" when some lines are denied in the Adjudication System. Refer to Loop 2220D STC01 to view and validate that the Encounter line/service was "Reject".

If not reported, then consider the Encounter line/service as "Accept".

If all lines on the encounter was denied in the Adjudication System, then the Status Information Action Code for the Patient Detail (Loop 2200D) will be reported as "Reject".

Loop ID	Reference	Name	Usage	Notes/Details
2100D	NM1*QC	Patient Name	R	All data elements mapped from original 837 submitted to BSC Promise.

SECONDARY 277CA TRANSACTION LOOPS AND SEGMENTS, CONTINUED

Patient Detail, continued

Loop ID	Reference	Name	Usage	Notes/Details
2200D	TRN*2	Claim Status Tracking Number	R	
	TRN02	Reference Identification	R	Patient Control Number from the Original 837 submitted to BSC. Patient Control Number submitted in the CLM01 element of the 837 Encounter.
	STC01	Claim Level Status Information	R	Refer to IMPORTANT note on page 18
	STC01 – 1	Health Care Claim Category Status Code	R	Will always be reported with value F0 = "Finalized-The claim/encounter has completed the adjudication cycle and no more action will be taken."
	STC01 – 2	Health Care Claim Status Code	R	Will always be reported with value 105 = "Claim/line is capitated."
	STC02	Status Information Effective Date	R	Encounter's finalized date in BSC's adjudication system.

SECONDARY 277CA TRANSACTION LOOPS AND SEGMENTS, CONTINUED

Patient Detail, continued

Loop ID	Reference	Name	Usage	Notes/Details
2200D, continued	STC03	Action Code	R	<p>WQ = "Accept"</p> <ul style="list-style-type: none"> • Encounter record with all service lines Allowed • Encounter record with multiple service lines, of which some are Allowed, and some are Denied <p>U = "Reject"</p> <ul style="list-style-type: none"> • Encounter record with all service lines Denied
	STC04	Total Charges of Encounter	R	<p>The total charge from the Encounter in BSC's adjudication system.</p> <p>If a service was split from the Encounter during processing, it will be different from the submitted total charge.</p> <p>Services are commonly split for reasons:</p> <ul style="list-style-type: none"> • Dates of Service span the member's service years • Services are considered as BSC's responsibility and was processed as a claim. As such, look for an EOB/ERA to contain processing information.

SECONDARY 277CA TRANSACTION LOOPS AND SEGMENTS, CONTINUED

Patient Detail, continued

Loop ID	Reference	Name	Usage	Notes/Details
2200D, continued	REF*1K	Payer Claim Control Number	R	
	REF02	Payer Claim Control Number	R	Encounter BSC Claim ID from Adjudication System Important: Use this Claim ID when submitting an adjustment or correction on the 837 in the REF03 field of REF*F8.
	REF*D9	Claim Identifier Number for Clearinghouse	S	
	REF02	Clearinghouse Tracer Number	s	Clearinghouse Trace Number from REF*D9 in the Original 837, if it was submitted
	REF*BLT	Institutional Bill Type Identification	S	Applies to 837I Encounters Only
	REF02	Bill Type Identifier	S	Type of Bill that is a combined value of the Facility Type Code and Claim Frequency Code as processed in the Adjudication System

SECONDARY 277CA TRANSACTION LOOPS AND SEGMENTS, CONTINUED

Patient Detail, continued

Important: Loop 2220D will ONLY be reported if the line was denied in the Adjudication System regardless of the Claim Level Status in Loop 2200D.

Loop ID	Reference	Name	Usage	Notes/Details
2220D	SVC01	Service Line Information	S	Refer to IMPORTANT note above
	SVC01 – 1	Product/Service ID Qualifier	S	See IG for all qualifier codes 837P: <ul style="list-style-type: none"> • HC = Procedure Code • HP = HIPPS Code 837I: <ul style="list-style-type: none"> • HC = Procedure Code • HP = HIPPS Code • NU = Revenue Code
	SVC01 – 2	Product/Service ID	S	Procedure Code/HIPPS/Revenue Code
	SVC04	Product/Service ID	S	837I Only: Revenue Code if HCPCS or HIPPS Code was reported in SVC01-2
	STC01	Service Line Level Status Information	S	Refer to IMPORTANT note above
	STC01 – 1	Health Care Claim Category Status Code	S	Refer to X12.org for all "Finalized" Claim Status Category Codes and Descriptions.
	STC01 – 2	Health Care Claim Status Code	S	0 = "Cannot provide further status electronically." <ul style="list-style-type: none"> • This will occur when the Adjudication System does not have an appropriate Claim Status Code. Please reach out to the EDI Contact Information for additional assistance. Important: Refer to X12.org for all "Finalized" Claim Status Codes and Descriptions.

SECONDARY 277CA TRANSACTION LOOPS AND SEGMENTS, CONTINUED

Patient Detail, continued

Loop ID	Reference	Name	Usage	Notes/Details
2220D, continued	STC01 – 3	Entity Identifier Code	S	Refer to Implementation Guide for all Entity Codes and Descriptions.
	STC02	Status Information Effective Date	S	Encounter processing finalized date in BSC's adjudication system.
	STC03	Action Code	S	Will always be reported with U = "Reject" Only denied lines status codes will be reported on the secondary 277CA.
	STC04	Total Charges of Encounter	S	The total charge of the Encounter in BSC's adjudication system. If a service is split from the Encounter during processing, it will be different from the submitted total charge.
	REF*FJ	Service Line Item Identification	S	Refer to IMPORTANT note on page 22
	REF02	Line Item Control Number	S	The Service Line Number (LX01) from the Original 837 submitted to BSC regardless of the information submitted in the Original 837 REF*6R segment.