FAQ: Submitting Electronic Claims and Receiving Electronic Payment
November 2017

Effective January 1, 2018, Blue Shield of California requires that all network providers submit claims electronically, when no medical record needs to be attached. Blue Shield will also require network providers to receive claims payments electronically, and receive electronic remittance advice. Blue Shield hosted a provider webinar on this topic on November 9, 2017. This document provides answers to questions asked during the webinar.

Review the document in its entirety or use this table of contents to navigate directly to the information you need. If you are viewing this online, you can click on the question and go!

1. **What is EDI?**

   A Electronic Data Interchange (EDI) enables you to submit claims and receive payments electronically for faster processing and payment. EDI allows paperless billing and payment for healthcare services and supplies, and automates many types of routine inquiries. There are two ways to submit claims using EDI: Through an EDI clearinghouse such as Office Ally, or (2) for organizations that submit more than 1,500 claims per month, by connecting directly with Blue Shield through a secure file transfer protocol (SFTP). You can learn more by visiting the Enroll in Electronic Data Interchange on Blue Shield's **Provider Connection** website (blueshieldca.com/provider).

2. **What is EFT?**

   A Electronic Funds Transfer (EFT) enables providers to receive payment through direct deposit into a designated bank account. You can enroll in EFT/ERA on Blue Shield's **Provider Connection** website.

3. **What is ERA?**

   A Electronic Remittance Advice (ERA) enables providers to receive claims payment information electronically. You can enroll in EFT/ERA on Blue Shield's **Provider Connection** website.

4. **Is the 1/1/2018 EDI requirement applicable to Medicare primary, Blue Shield secondary claims submission?**

   A Yes, it is applicable. Medicare primary claims automatically cross over to Blue Shield from GHI, so there is no need to submit paper claims. If you have an Explanation of Benefits (EOB) from Medicare with a code "MA18," Medicare has already sent that claim to Blue Shield, and there is no reason for you to send it again.

5. **How do we get started billing electronically?**

   A To enroll in EDI, follow the steps below.

   1. If you are not currently submitting electronic claims, choose one of our approved EDI clearinghouses to submit claims for free.

   2. Complete and return the ePayments Provider Authorization form to authorize Blue Shield to send ERA to a third party on your behalf, and designate a business account for direct deposit of your claims payments.

      a) Return the completed form by fax, Attention: eBusiness Data Exchange (530) 351-6150, or by postal mail to: eBusiness Data Exchange, 4700 Bechelli Lane, Redding, CA 96002.

   3. Contact the selected EDI clearinghouse to enroll and begin exchanging electronic transactions.

   4. Blue Shield will send confirmation of your enrollment in electronic payments within 10 business days. ERA's are available within one business day and funds are deposited within two business days after your claims finalize. Contact the EDI Helpdesk at EDI_BSC@blueshieldca.com or **(800) 480-1221** if you have questions or need help completing the forms.

6. Are secondary claims submitted electronically?

A Yes. Secondary claims should be submitted electronically. Contact your vendor or clearinghouse to obtain specifics on how to submit secondary claims. Your vendor or clearinghouse may have the ability to auto-create secondary claims using data received for the primary payment. Or, data may need to be manually entered to create an electronic secondary claim.

7. Does the EDI requirement apply to non-contracted providers?

A Yes. The EDI requirement applies to non-contracted providers if they are receiving payment from Blue Shield. Note that providers don't need to be contracted with Blue Shield to submit claims electronically. However, the provider must have a Blue Shield Provider ID Number (PIN) and NPI to submit.

8. What if the physician I work for does not want to sign up for EFT/ERA?

A While we understand that everyone has different preferences, EFT/ERA will be required. Providers who wish to be exempt from this requirement must submit an email to EDI_BSC@blueshieldca.com stating the reasons for the exemption. We will look at these requests on a case-by-case basis.

9. Is there a deadline to sign up for EFT/ERA?

A There is no specified date. We are working with our providers to encourage the migration to Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) so that the process is in place come 1/1/2018. If you need help signing up for EFT, please call the EDI Help Desk at **(800) 480-1221,** or email EDI_BSC@blueshieldca.com.

10. How do I find out my PIN, or how do I get one?

A To find your Provider Identification Number (PIN) or to secure one, please call Provider Information and Enrollment at **(800) 258-3091** and **select option 3.**

11. Can several physicians in a practice use the same PIN?

A It depends on whether you are billing for a group or for several individual providers. A provider group has a unique National Provider Identifier (NPI) and Tax ID number corresponding to the group. If you are billing for a group, you would use that NPI and Tax ID. If you are billing for individual physicians, you would use each physician's Provider Identification Number (PIN).

12. Can FEP claims still be billed by paper?

A No. Federal Employee Program (FEP) claims that do not require a medical record attached, must be submitted electronically.

13. I am currently sending payer/electronic claims. The clearinghouse shows one electronic payer ID for both Blue Shield *and* FEP claims. Is this correct?

A Yes. You only need to use one Payor ID for Blue Shield claims regardless of the line of business (including FEP).

14. Do I submit transplant claims electronically?

A Transplant claims typically require medical record attachments, so they can be submitted on paper.

15. What is the process for sending claims electronically if we bill an unlisted code and need to include medical necessity and medical records?

A Claims requiring a medical attachment should be submitted on paper.

16. How do I send a corrected claim electronically?

A Once the initial claim has finalized in our system, re-submit the corrected claim with the appropriate adjustment bill type. You will also need to include the following EDI segments on the adjusted claim:

- Send "F7" in REF01 (Loop 2300) (F7 = replacement claims & F8=voided claim)
- Send the 12-digit claim number from the incorrect original claim in REF02 (Loop 2300).
  - Example: REF*F7*12345678912345~

Note: 12345678912345 should be replaced with the original claim number. Obtain the Blue Shield claim number via the claim status option on Provider Connection, from the explanation of benefits (EOB), or from the electronic remittance advice (ERA).

Ensure the request is within the timely filing period as specified in the contract.

Note: Send corrected claims originally processed by a Foundation for Medical Care directly to that Foundation.

Corrected billings submitted with no documentation clearly describing the correction being made may be processed as a raw claim or returned with a request for additional information regarding the change(s).

17. Does Office Ally charge fees?

A When using Office Ally to submit claims and receive electronic remittances with Blue Shield of California, there is no fee charged for the services or training that Office Ally provides.

18. Will Office Ally train us to use their electronic system?

A Yes. Office Ally offers free training on claims submission and ERA. Office Ally will also convert data used by your existing practice management system, at no cost. Visit www.officeally.com.

19. What is Blue Shield's Payor Identification Number?

A Please contact your vendor or clearinghouse to obtain Blue Shield's payor ID. Many times, the Blue Shield payor ID used is 94036 or BS001.