



835 Health Care Payment/Advice HIPAA Transaction Standard Companion Guide

Refers to the ASC X12N 835 (Version 005010X221A1)
CORE v5010 Companion Guide

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Disclosure Statement

MVP Health Care (MVP) works diligently to ensure that our systems, supporting business processes, policies and procedures successfully meet the implementation standards and deadlines mandated by the Department of Health and Human Services (DHHS). Additionally, MVP is committed to maintain the integrity and security of health care data in accordance with all applicable laws and regulations.

All instructions in this document were written using information known at the time of publication and may change from time to time. The most up-to-date version of the Companion Guide is available on the MVP Web site **mvphealthcare.com**. Please be sure that any printed version of this document you MAY use is the latest version available on that site.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Acme 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.

1: INTRODUCTION

The Health Insurance Accountability and Affordability Act of 1996 contained the Administrative Simplification provisions which required adoption of Standard Transactions, Code Sets and Identifiers by the Department of Health and Human Services (DHHS). Covered entities must utilize the adopted standards when exchanging data electronically for any of the mandated transactions.

This Companion Guide provides guidance for the use of v5010 ASC X12 Electronic Remittance Advice (835) transactions when receiving them from MVP. It includes information on trading partner set up and connectivity, communications and specific transaction data content requirements. This information is provided to supplement (not replace) the v5010 TR3 instructions. The transaction tables detail information that may:

- Specify a subset of the TR3 internal code listings.
- Clarify the use of loops and segments, as well as composite and simple data elements.
- Indicate any unique identifiers values, such as MVP's trading partner identifier, to be exchanged.

1.1. SCOPE

This Companion Guide is designed as a tool for trading partners who want to conduct the Health Care Claim Payment/Advice, also known as the Electronic Remittance Advice (ERA), or the 835 transaction, with MVP. It defines the process for initiating these electronic exchanges and provides other helpful information, such as contacts and links to reference materials.

The ASC X12 TR3 for the 835 can be obtained from the Washington Publishing Company by calling them at 1-800-972-4334. It can also be downloaded from their website at www.wpc-edi.com

1.2. OVERVIEW

The purpose of this document is to provide information specific to MVP's support of the 835 transaction. This includes trading partner set up, connectivity, testing, contacts, payer specific business rules and production implementation. This Companion Guide does not cover all the information to support and process 835 transactions. It must be used in conjunction with the Health Care Claim Payment/Advice (835) TR3 instructions.

Updates to this Companion Guide will occur periodically and new documents will be posted on [Reference Library | MVP Health Care](#) and made available to all registered trading partners with reasonable notice. Usage of situational segments and elements, or specifying qualifiers that MVP supports, is included. Receivers of the 835 should have the capability to accept any valid value within the TR3.

This Companion Guide replaces the previous MVP Companion Guide for Health Claim Payment /Advice, which was dated June 2012.

1.3. REFERENCES

This section specifies links to other sites that provide additional information pertaining to the 835 transactions.

The Council for Affordable Quality Health Care (CAQH) - <http://www.caqh.org/>

Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>

United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/admsimp/>

Centers for Medicare and Medicaid Services (CMS) – <http://www.cms.gov/>

Designated Standard Maintenance Organizations (DSMO) – <http://www.hipaa-dsmo.org/>

National Council of Prescription Drug Programs (NCPDP) – <http://www.ncdp.org/>

National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>

Accredited Standards Committee (ASC X12) – <http://www.x12.org/>

1.4. ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator and clearinghouse for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 Committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards are recognized by the United States as the standards for North America. This Companion Guide assumes the reader is familiar with the electronic 835 payment/advice transaction.

2: GETTING STARTED

2.1. WORKING WITH MVP

As a trading partner, you must first register to receive 835's from MVP. If a third party performs electronic transactions on your behalf, additional information may be required for the set up.

MVP offers several connectivity options to trading partners for these transactions. Providers should contact their current practice management software vendor, or clearinghouse, to discuss their ability to support the 835, as well as the associated timeframe, costs, etc. They should also be consulted to facilitate the 835 enrollment process. Otherwise, use the paper or electronic enrollment form located on MVP's website at <https://www.mvphealthcare.com/providers/reference-library/#edi-information-and-guides> enroll.

If you have additional questions, please contact MVP's EDI Services department by emailing them at EDIServices@mvphealthcare.com.

2.2. TRADING PARTNER REGISTRATION

All trading partners who wish to receive 835's from MVP must first enroll. The enrollment form can be found at <https://www.mvphealthcare.com/providers/reference-library/#edi-information-and-guides> under the EDI information and guides.

This form must be completed before you can receive any 835 transactions directly from MVP. If you want to enroll for Electronic Funds Transfer (EFT), you will need to contact **PaySpan** at **1-877-331-7154**. They will provide you with information related to the EFT and assist with the enrollment process. You will also receive your 835s from PaySpan if enrolled for receipt of EFT's.

All the fields on the enrollment form must be completed. Enrollment may take between 7 and 14 business days, and we will notify you, or your clearinghouse, once it is completed.

If you have any questions on this process, please refer to the contact section of this guide.

2.3. CERTIFICATION AND TESTING OVERVIEW

Enrollment for the 835 is required before testing can be initiated. Trading partners must also establish connectivity with MVP if they do not use a clearinghouse or other agent.

An EDI Coordinator will coordinate 835 testing activities with new trading partners.

3: TESTING WITH THE PAYER

Implementation of the 835 transaction is performed in four phases:

3.1. DEVELOPMENT

MVP will contact the trading partner to review 835 implementation procedures. MVP will set up a client specific profile to enable the trading partner to retrieve 835 files. The trading partner will develop, or modify, their system to accept and process these transactions from MVP with the required data.

3.2. TESTING WITH MVP

MVP will notify the trading partner when test files will be available for retrieval. A schedule will be agreed upon for testing activities.

Upon retrieving 835 files, the trading partner should validate the file format, and data, for accuracy. The file should then be passed through their payment receipt process. An EDI Coordinator will assist with questions related any transaction errors, file failures, or connectivity problems. Once the trading partner can successfully post 835 transactions from MVP, they will be moved to production.

Refer to Section 4 for information on access to MVP's systems to retrieve test 835 transaction files.

3.3. GO-LIVE

Once the testing process has been deemed successful, and both the parties have signed off, MVP will move the process into production.

Providers may contact the MVP Customer Care Center, or their Professional Relations Representative, with questions regarding individual claim payments.

All inquiries related to transaction errors should be directed to EDI Services.

Please refer to the contact information in Section 5 as necessary.

3.4. POST-PRODUCTION

MVP will monitor the trading partner's 835 transactions. The trading partner is responsible for enrolling new providers, as well as changing to the status of any existing providers, as they occur.

To ensure inclusion/exclusion of providers appropriately, timely receipt of this information is critical. Also, the trading partner should inform MVP of any questions, issues or problems in a timely fashion.

4: CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1. PROCESS FLOWS MVP

Direct Connectivity



MVP Clearinghouse Connectivity



4.2. TRANSMISSION ADMINISTRATIVE PROCEDURES

PAYMENT PROCESSING SCHEDULE

MVP releases 835 transactions on Mondays, Wednesdays and Fridays after 9:00 am (Eastern Time), at which time trading partners can retrieve them. In the event of a holiday, the 835 transaction files will be available on the following business day.

SYSTEM MAINTENANCE

Scheduled Down-Time

MVP performs routine maintenance of its computer systems each month. This maintenance activity is scheduled in advance, and you may review the schedule through the following link:

<https://www.mvphealthcare.com/wp-content/uploads/download-manager-files/mvp-health-care-planned-maintenance-downtime-2021.pdf>

Unscheduled Down-Time

Please note this schedule is not all inclusive and may vary on occasion. In the event of any unscheduled downtime, all trading partners will be notified by email within one hour of discovery of the downtime or sooner, if possible.

CONNECTIVITY METHODS

Depending on the connectivity method, trading partners can retrieve their 835 files using one of the following methods:

Secure File Transfer Protocol (SFTP)

Test URL: [_testtransfer.mvphealthcare.com](https://testtransfer.mvphealthcare.com)

File Transfer Protocol (FTP) with Pretty Good Privacy (PGP) Encryption

Test URL: testtransfer.mvphealthcare.com

Production URL: transfer.mvphealthcare.com

4.3. RE-TRANSMISSION PROCEDURE

If an 835 file cannot be located, contact EDI Services to request to have it re-transmitted. The request must be in writing, and it must include the submitter ID, check date, check number or check reference identifier. The turn-around time is two to four business days.

EDI Services will research your request. If it is determined your 835 needs to be replaced, the replacement file will be placed back into your folder to be downloaded again. If you receive your 835 file through a clearinghouse, please contact them directly. If your clearinghouse is unable to locate your 835, they will follow up with EDI Services directly.

4.4. COMMUNICATION PROTOCOL SPECIFICATIONS

MVP currently supports transmittal of 835 transactions in batch mode only. The files can be downloaded using one of the following communications methods.

- Secure File Transfer Protocol
 - o Trading partners must the SFTP/PGP External Communication Form prior to initiating connectivity
 - o All files must be encrypted using PGP

4.5. PASSWORDS

MVP's utilizes a combination of unique user id's and passwords for user authentication. User ID's will be supplied upon signing of the Trading Partner Agreement.

X.509 certificates may be used if requested. Advise your MVP contact if you will request to use X.509 certificates. Coordination and transfer of certificates will be discussed when the request is made.

MVP's password policy defines acceptable user passwords as meeting the following criteria:

- Passwords are a minimum of 8 characters, suggest a maximum of 20 characters
- Password must contain at least 3 of 4 (can be 4 of 4) of the following criteria
 - o Upper case A –Z
 - o Lower case a-z
 - o Numeric 0-9
 - o Special characters, limit to !@#\$%^&()[]

5: CONTACT INFORMATION

5.1 EDI CUSTOMER SERVICE

If you receive your 835's from MVP directly and need EDI assistance, use the following contact information:

MVP EDI Services
1-877-461-4911
EDIServices@mvphealthcare.com

5.2 EDI TECHNICAL ASSISTANCE

- Information required for initial email:
- Name of requestor
- Phone Number
- Email Address
- NPI Number
- HIPAA File Name
- Detailed Description of Issue
- HIPAA Transaction
- **Information required for follow up call(s):**

5.3 PROVIDER SERVICE NUMBER

MVP's Customer Care Center for Providers can be contacted for any questions related claims adjudication and payments using one of the following options:

Monday – Friday, 8:30 am – 5:00 pm (Eastern Time)
Toll Free: 1-800-684-9286
TTY: 1-800-662-1220

5.4 APPLICABLE WEBSITES/E-MAIL

For Additional Information on:	Visit
MVP's programs, initiatives and related resources	www.mvphealthcare.com/provider
MVP's EDI Transactions	Reference Library MVP Health Care
PaySpan Support	providersupport@payspanhealth.com

6: CONTROL SEGMENTS/ENVELOPES

6.1 ISA-IEA

ELEMENT	ELEMENT NAME	VALUES	DESCRIPTION
ISA01	AUTHORIZATION INFORMATION QUALIFIER	00	No Authorization Information
ISA02	AUTHORIZATION INFORMATION	Blank	
ISA03	SECURITY INFORMATION QUALIFIER	00	No Security Information
ISA04	SECURITY INFORMATION	Blank	
ISA05	INTERCHANGE ID QUALIFIER	01	Duns (Dun & Bradstreet)
ISA06	INTERCHANGE SENDER ID	141650868	MVP Dun & Bradstreet
ISA07	INTERCHANGE ID QUALIFIER	30, ZZ	30-Federal Tax ID ZZ-Mutually Defined
ISA08	INTERCHANGE RECEIVER ID		Trading Partner Tax ID or Mutually Defined Value
ISA09	INTERCHANGE DATE	YYMMDD	Date of interchange
ISA10	INTERCHANGE TIME	HHMM	Time of interchange
ISA11	REPETITION SEPARATOR	^	Separator value
ISA12	INTERCHANGE CONTROL VERSION NUMBER	00501	Draft Standards Approved by ASC X12 thru October 2003
ISA13	INTERCHANGE CONTROL NUMBER		Must match IEA02
ISA14	ACKNOWLEDGMENT REQUESTED	0 or 1	
ISA15	INTERCHANGE USAGE INDICATOR	P or T	P = Production T= Test
ISA16	COMPONENT ELEMENT SEPARATOR	:	Delimiter
IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		A count of the functional groups
IEA02	INTERCHANGE CONTROL NUMBER		Assigned by the sender

6.2 GS-GE

ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
GS01	FUNCTIONAL IDENTIFIER CODE	HP	Health Care Claim Payment Advice (835)
GS02	APPLICATION SENDER'S CODE	141650868	MVP Dun & Bradstreet
GS03	APPLICATION RECEIVER'S CODE		Trading Partner Tax ID or Mutually Defined Value
GS04	DATE	CCYYMMDD	Group Creation Date
GS05	TIME	HHMMSS	Creation Time
GS06	GROUP CONTROL NUMBER		Assigned by MVP
GS07	RESPONSIBLE AGENCY CODE	X	Accredited Standards Committee X12
GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X221	
GE01	NUMBER OF TRANSACTION SETS		Total count of transaction sets
GE02	GROUP CONTROL NUMBER		Must be the same as GS06

6.3 ST-SE

ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
ST01	TRANSACTION SET IDENTIFIER CODE	835	Health Care Claim/Payment Advice
ST02	TRANSACTION SET CONTROL NUMBER		Must match SE02 control number
SE01	NUMBER OF SEGMENTS	835	Total number of segments included
SE02	TRANSACTION SET CONTROL NUMBER		Must match ST02

7: PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

A delimiter is a character used to separate two data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105-byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction. Must not deliberately submit batch files that contain Viruses

MVP supports the following default delimiters, and any permissible delimiter specified by the trading partner in the ISA/IEA envelope structure:

Name	Character	Description
Asterisk	*	Data Element Separator
Colon	:	Sub-element Separator
Tilde	~	Segment Terminator
Caret	^	Repetition Separator

The length of monetary amounts in the 835 is limited to 10 characters (not including decimal point and leading sign if used). No monetary amount in 835's issued by MVP will exceed: \$99,999,999.99. Maximum number of Batch transactions that can be transmitted per minute by a single trading partner (Client) is unlimited.

MVP will not limit the quantity of claims and service lines in one 835.

Description	Maximum from MVP
ST-SE Envelope	CLP Segments – No Limit SVC Segments – No Limit

8: ACKNOWLEDGEMENTS AND/OR REPORTS

MVP accepts TA1 and 999 transactions associated with the 835 transactions.

9: TRADING PARTNER AGREEMENTS

An MVP EDI trading partner is any business partner (provider, billing service, software vendor, employer group, financial institution, etc.) who transmits or received electronic data from MVP.

Payers have EDI Trading Partner Agreements in place 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. The Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions. Trading Partner Agreement must be signed and completed prior to set up.

10: TRANSACTION SPECIFIC INFORMATION

The guidance in the following table is provided to clarify specific field usage. Please refer to the TR3 guide for the complete 835 transaction specifications.

Please note the **Payer Identification, Payer Address and Payer City, State, Zip Code** segments will reflect the payer information associated with the claims being reported in the remittance.

R= REQUIRED S=SITUATIONAL N= NOT USED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	BPR	FINANCIAL INFORMATION		BPR addresses a single payment to a single payee. The BPR contains mandatory information, even when it is not being used to move funds electronically.
R	BPR01	HANDLING CODE TRANSACTION	H, I	Code relaying whether and how money and information are to be processed. I = Remittance Information Only H = Notification Only
R	BPR02	TOTAL ACTUAL PROVIDER PAYMENT AMOUNT		Total amount being paid to the provider.
R	BPR03	CREDIT OR DEBIT FLAG CODE	C, D	C = Credit to provider's account D = Debit to payer's account
R	BPR04	PAYMENT METHOD CODE	CHK, NON	Code specifying how payment is being made MVP - uses codes CHK = Check NON=Non-Payment Data
N	BPR05	PAYMENT FORMAT CODE		NOT USED FOR ERA-ONLY RECIPIENTS
N	BPR06	(DFI) ID NUMBER QUALIFIER		NOT USED FOR ERA-ONLY RECIPIENTS

R= REQUIRED S=SITUATIONAL N= NOT USED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
N	BPR07	(DFI) IDENTIFICATION NUMBER		NOT USED FOR ERA-ONLY RECIPIENTS
N	BPR08	ACCOUNT NUMBER QUALIFIER		NOT USED FOR ERA-ONLY RECIPIENTS
N	BPR09	ACCOUNT NUMBER		NOT USED FOR ERA-ONLY RECIPIENTS
N	BPR10	ORIGINATING COMPANY IDENTIFIER		NOT USED FOR ERA-ONLY RECIPIENTS
N	BPR11	ORIGINATING COMPANY SUPPLEMENTAL CODE		NOT USED FOR ERA-ONLY RECIPIENTS
N	BPR12	(DFI) ID NUMBER QUALIFIER		NOT USED FOR ERA-ONLY RECIPIENTS
N	BPR13	(DFI) IDENTIFICATION NUMBER		NOT USED FOR ERA-ONLY RECIPIENTS
N	BPR14	ACCOUNT NUMBER QUALIFIER		NOT USED FOR ERA-ONLY RECIPIENTS
N	BPR15	ACCOUNT NUMBER		NOT USED FOR ERA-ONLY RECIPIENTS
R	BPR16	DATE	CCYYMMDD	Check issue date

R	TRN	REASSOCIATION TRACE NUMBER		Uniquely identifies a transaction to an application
R	TRN01	TRACE TYPE CODE	1	1 = Current Transaction Trace Numbers

R= REQUIRED S=SITUATIONAL N= NOT USED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	TRN02	CHECK NUMBER		This number must be unique within the sender/receiver relationship. The sender assigns this number. If a payment is made by check, this number should be the check number. If this is a non-payment 835, this must be a unique remittance advice identification number.
R	TRN03	PAYER IDENTIFIER	1141650868	TRN03 must contain the Federal Tax ID Number, preceded by a "1." If used it must = BRP10.
S	REF	RECEIVER IDENTIFICATION		Required when the receiver of the transaction is other than the payee
R	REF01	REFERENCE ID QUALIFIER	EV	EV = Receiver Identifier
R	REF02	REFERENCE IDENTIFICATION		Receiver Identification Number

S	REF	VERSION IDENTIFICATION		Use this to report the version number of the adjudication system that generated the claim payments in this transaction.
R	REF01	REFERENCE ID QUALIFIER	F2	F2 = Version Code-Local
R	REF02	VERSION IDENTIFICATION CODE		Version Identification Code
S	DTM	PRODUCTION DATE		Under most circumstances, this segment is expected to be sent.
R	DTM01	DATE/TIME QUALIFIER	405	405 = Production
				Use this code for the end date for the adjudication production cycle for claims included in this 835.
R	DTM02	PRODUCTION DATE	CCYYMMDD	Cutoff date of the adjudication system
Transaction Details				
R	CLP	CLAIM PAYMENT INFORMATION		This segment is used to report claim specific information.
R	CLP07	PAYER CLAIM CONTROL NUMBER		MVP assigned claim number
R	NM1	PATIENT NAME		Used to report patient's name and identification number.

R	NM101	ENTITY IDENTIFIER CODE	QC	Patient
S	NM108	IDENTIFICATION CODE QUALIFIER	MI	MVP assigned member identification number

11: VERSION CHANGE LOG

Version	Date
Version 1.0 Original	October 12, 2003
Version 1.6 MVP First	November 20, 2003

Version	Date
Version 1.7 MVP Removed unused segments	January 15, 2004
Version 1.8 MVP Added unused elements for clarification. Modified some elements to correspond to value produced by the Facets system	August 25, 2005
Version 1.9 MVP	August 25, 2005

<p>Updated the current business section. Removed some duplicate statements.</p>	
<p>Version 2.0 MVP Updated for Single Brand Identity.</p>	<p>April 27, 2009</p>
<p>Version 2.1 MVP Updated for 5010/EFT</p>	<p>August 12, 2013</p>
<p>Version 3.0 MVP Updated as per new CMS guidelines</p>	<p>June 19, 2014</p>
<p>Version 4.0 MVP Provided additional information and clarification for connectivity requirements and removed unnecessary segments.</p> <p>Version 5.0 MVP Updates to Communication Protocol and Contact Information</p>	<p>November 24, 2015</p>
	<p>July 23, 2021</p>