




Administrative Services of Kansas


What's New 2023



ask-edi.com




Who is ASK?



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Getting StartedResource CenterABILITY | PC-ACE®EDI MidwestEDI Employer Groups

LOGIN



Helping you reduce costs and increase administrative efficiency.

GETTING STARTED

Helping you reduce costs and increase administrative efficiency.

GETTING STARTED

LATEST NEWS

July 14, 2022

Scheduled System Outage - August 14th, 2022

April 28, 2022

All Payer Edit Update - Invalid Date Range Will Reject

Visit our website www.ask-edi.com to learn more about ASK

Who is ASK?

- ✓ Administrative Services of Kansas is Blue Cross and Blue Shield of Kansas DBA ASK
- ✓ History
 - Founded in 1982
 - Tasked with developing an EDI front end system to collect electronic claims
 - Provided equipment, hardware, software etc.
- ✓ Multiple Payers Supported
 - Blue Cross and Blue Shield of Kansas
 - Blue Cross and Blue Shield of Kansas City
 - Highmark Blue Cross and Blue Shield of Western New York
 - Highmark Blue Shield of Northeastern New York
 - Preferred Health Professionals
 - EDI Midwest Commercial Claims Clearinghouse
- ✓ ASK supports approximately 1,800 trading partners



News & Email Updates



News

July 14, 2022

Scheduled System Outage- August 14th, 2022

ASK will be conducting an upgrade in our production environment which will directly impact ASK batch services by preventing trading partners from connecting. Activities will occur during our normal maintenance window (4:00AM- 10:00AM CT) on Sunday, August 14th and is not expected to extend past this time frame.

This upgrade will not impact real time 27x transactions. Please plan accordingly and don't hesitate to contact ASK at 800-472-6481 prior to this time if you have any questions.



News & Email Updates

- ✓ Visit www.ask-edi.com to sign up for our email lists and stay up to date on the latest news and happenings in EDI
- ✓ ASK communicates updates and planned system downtime using news posts and email notifications
- ✓ Typically, a news post would be accompanied by an email sent to anyone that has subscribed to the applicable mailing list
- ✓ Available mailing lists are:
 - ABILITY | PC-ACE®
 - Companion Documents
 - EDI Midwest Updates
 - Electronic Remits
 - Latest News
 - Vendor News



Why EDI?



- ✓ Reduce Costs
- ✓ Increase Administrative Efficiency
- ✓ Improve Accuracy
- ✓ Increase Speed
- ✓ Enjoy Automation

Why EDI?

- ✓ Reduce Costs
 - Eliminate Paper
- ✓ Increase Administrative Efficiency
 - Eliminate the need to manually key information
 - Reduce the need for phone calls
- ✓ Improve Accuracy
 - Editing is performed on all transactions
 - Approximately 1100 edits per claim type such as
 - Membership
 - Provider validation
 - Code set validation (medical code sets, zip codes, etc.)
- ✓ Increase Speed
 - Eligibility and claims status inquiries are responded to in real-time
 - Claims can show in the claims system the same day submitted
 - Provider can know the same day if basic information is missing or incorrect
- ✓ Enjoy Automation
 - Acknowledgments
 - Remittance advice



Coming Soon



Electronic Claim Attachments (ECA)



- ✓ ECA Solution
 - Unsolicited
 - Solicited
- ✓ X12 Versions Accepted
- ✓ Timeline
- ✓ Pilot Volunteer Opportunity
- ✓ Sign-up for ECA

Electronic Claim Attachments (ECA)

- ✓ ECA Solution
 - Unsolicited
 - Provides the ability for trading partners to transmit attachments at the same time an electronic claim is submitted using the x12 275
 - Solicited
 - Provides the ability for BCBSKS/ASK to send trading partners a 277RFAI upon receipt of a claim once the need for additional information has been determined
- ✓ X12 Versions Accepted
 - 275 – Additional Information to Support a Health Care Claim or Encounter
 - 5010 or 6020 versions accepted
 - 277RFAI – Health Care Claim Request for Additional Information
 - 6020 version
 - Acknowledgments
 - 999, 824 – version will correspond to the version of the transaction submitted
- ✓ Timeline
 - Mid to late January 2023 for a pilot group of trading partners
 - Open to all trading partners by March 31, 2023
- ✓ Pilot Volunteer Opportunity
 - Providers volunteering to sign on as pilot providers can reach out to their BCBSKS representative
 - If you use a clearinghouse or vendor to transmit claims they will need to agree to be involved and have the capability of transmitting electronic attachments
- ✓ Sign-up for ECA
 - Providers will need to opt into the ECA process similar the provider message portal. More information to come on how to do this as the production date approaches



Corrected and Void Claims

Corrected and void claims require specific information be present on the claim in order to process correctly



Corrected and Void Claims

- ✓ Refer to your provider manual for additional information regarding the definition of corrected/replacement or void claim
- ✓ The following must be included in the 2300 loop on professional, dental or institutional claims to adjudicate properly
 - 837 professional and dental
 - CLM segment with CLM05-3 Claim Frequency Type Code
 - 7 = corrected claim
 - 8 = void claim
 - REF segment with REF01 of F8 Payer Claim Control Number in REF02
 - The claim will reject in EDI if this value is not submitted
 - A default value included in this field will also cause the claim to be rejected in EDI
 - 837 institutional
 - CLM segment with CLM05-3 Claim Frequency Code
 - 7 = corrected claim
 - 8 = void claim
 - HI segment with HI01-2 condition code
 - REF segment with REF01 of F8 Payer Claim Control Number in REF02
 - The claim will reject in EDI if this value is not submitted
 - A default value included in this field will also cause the claim to be rejected in EDI



BCBSKS Secondary Claims

- ✓ All primary remittance information must be included when sending a secondary claim to BCBSKS
- ✓ Some practice management software automatically produces secondary claims when the remittance advice is posted
- ✓ Medicare Crossover Secondary Claims



BCBSKS Secondary Claims

- ✓ Medicare Crossover Secondary Claim Reminders
 - BCBSKS sends a monthly file to the Medicare COB carrier (COBC) so all claims should automatically cross over
 - Excludes members in network pricing groups or FEP members who do not have a residential address in the BCBSKS service area
 - Secondary claims received more than 30 days prior to the date of the Medicare remittance advice will be rejected in EDI
 - Medicare remittance advice information must be submitted on the secondary claim
 - 2320 loop, MOA segment for professional
 - 2320 loop, MOA or MIA for institutional
- ✓ High-Level Flow:
 - Primary claim submitted to Medicare
 - Medicare adjudicates claim provides RA and releases the claim to the COBC
 - COBC validates eligibility using the information provided by BCBSKS and if a match is found places the claim on a file for the secondary payer (BCBSKS)
 - EDI retrieves the file from the CMS SFTP site, performs editing and passes it to claims
- ✓ ASC/FASC Crossover Claim Reminders
 - Automated Medicare crossover claims for ASC/FASC are converted to institutional in EDI before being sent to BCBSKS claims for processing
 - Claims submitted outside of the automated process must be submitted as institutional 837I if electronic or UB04 if paper
 - This does not apply to Medicare Advantage claims which should be submitted as professional 837P if electronic or CMS 1500 if paper



Network Pricing Groups



- ✓ Please submit all primary KBTHW and IBEW226* claims to BCBSKS electronically for pricing
- ✓ Eligibility and Claim Status inquiries should go to the group
- ✓ Specific information is required on the electronic claim for processing

Group Contact Information

- IBEW226 785-267-6333 or 800-822-4812
- KBTHW 785-267-0140 or 800-432-3595

*Claims for IBEW226 with a service date prior to 06/01/2022 can continue to be submitted to BCBSKS through 12/01/2022

Network Pricing Groups

KBTHW/KBT – Kansas Building Trades Health and Welfare

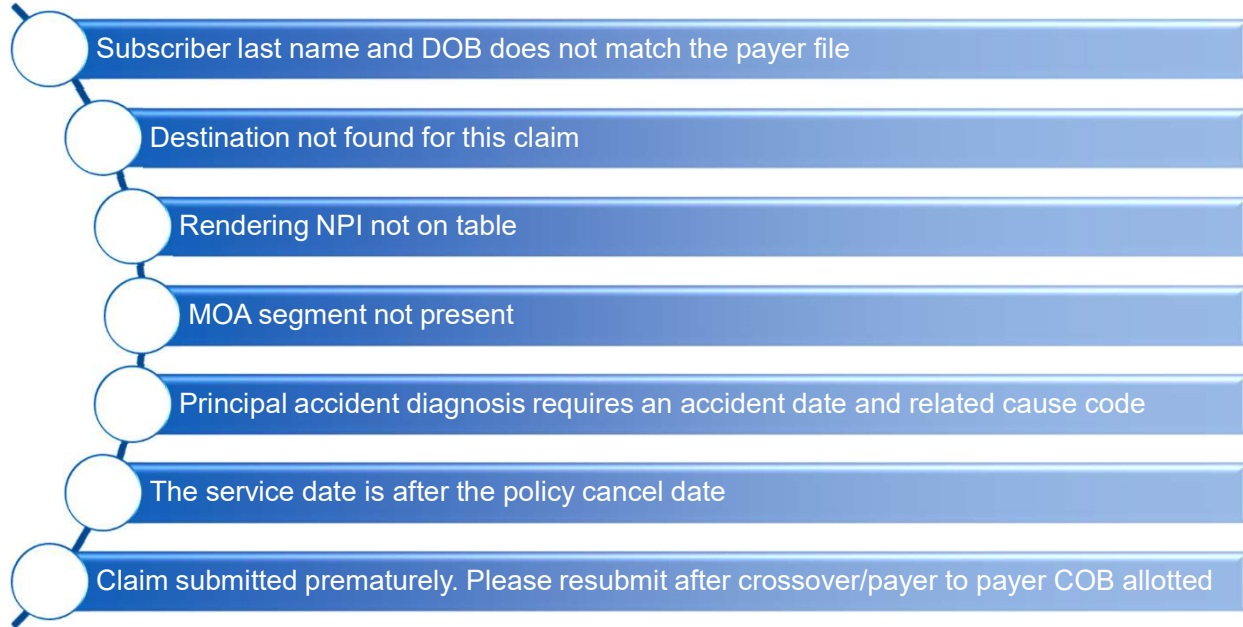
IBEW226/IBEW – International Brotherhood of Electrical Workers*

*Claims for IBEW226 with a service date prior to 06/01/2022 can continue to be submitted to BCBSKS through 12/01/2022. Effective 06/01/2022 IBEW226 members began coverage with Blue Cross and Blue Shield of Illinois.

- ✓ Pricing groups lease the BCBSKS provider network in order to price claims
- ✓ Any eligibility and claim status inquiries need to go through the group
 - BCBSKS does not provide this information since these are not BCBSKS members
- ✓ Claims submitted for Network Pricing services must contain the following
 - 2000B SBR03 Reference Identifier (Group Number) from the member's ID card
 - 2000B SBR09 Claim Filing Indicator BL



Top Errors Received



Top Errors Received

These are some of the top errors received in EDI

- ✓ Reminder – EDI performs approximately 1100 edits on each claim received
 - Membership
 - Provider validation
 - Code set validation
 - Payer requested edits



EDI Acknowledgments

- ✓ Acknowledgments are generated by EDI when transactions are received and returned to the trading partner outbound folder for download
- ✓ 999 Implementation Acknowledgment
- ✓ 277CA Claim Acknowledgment

```

ISA*00*          *00*          *ZZ*ASKINC          *ZZ*0003000
*110614*1355*~*00501*165140088*0*T*~
GS*HN*BCBSKS*0003000*20110614*1355*165140905*X*005010X214~
ST*277*0001*005010X214~
BHT*0085*08*2011061413554781238*20110614*1355*TH~
HL*1**20*1~
NM1*PR*2*BCBS*****46*ASK INC~
TRN*1*2011061413554781240~
DTP*050*D8*20110614~
DTP*009*D8*20110614~
HL*2*1*21*1~
NM1*41*2*TEST*****46*0003000~
TRN*2*04EADE~
STC*AI:19:PR*20110614*WQ*210~
QTY*90*1~
QTY*AA*1~
AMT*YU*105~
AMT*YY*250~
HL*3*2*19*1~
NM1*85*2*DONALD DUCK MD*****XX*1999999999~
TRN*1*~
STC*AI:19:85*WQ*210~
QTY*QA*1~
QTY*QC*1~
AMT*YU*105~
AMT*YY*250~
HL*4*3*PT~
NM1*QC*1*MOUSE*MICKEY****MI*XSB123456789~
TRN*2*DOB-A~
STC*AI:19:QC*20110614*WQ*105~
REF*D9*2009120109335P009123~
DTP*472*D8*20091130~
HL*5*3*PT~
NM1*QC*1*MOUSE*MINNEY****MI*XSB987654321~
TRN*2*DOB-A~
STC*A7:21:82*20110614*U*105*****A7:562:82~
STC*A7:562:82*20110614*U*105*****A8:562:85~
STC*A8:562:82*20110614*U*105*****A8:562:85~
REF*D9*2009120109335P009123~
DTP*472*D8*20091130~
SE*38*0001~
GE*1*165140905~
IEA*1*165140088~
  
```

File accepted at the Information Receiver (submitter) level.

Total Claims Accepted & Rejected

File accepted at the Billing Provider level.

File accepted at the Claim level.

Claim rejected at the patient level.

EDI Acknowledgments

- ✓ One of the most common EDI help desk calls received is for assistance in understanding claim acknowledgments
- ✓ Additional information can be found at www.ask-edi.com under the Manuals/User Doc section topic Acknowledgments
- ✓ 999 Implementation Acknowledgment
 - Reports acceptance, rejection or partial acceptance/rejection
 - Reports syntax edits – referred to as SNIP level one and two
- ✓ 277CA Claim Acknowledgment
 - Identifies claims that are accepted for adjudication as well as rejected claims
 - Rejected claims are not sent to the payer for processing and must be corrected and resubmitted
 - Reports business level edits – referred to as SNIP level three through seven
- ✓ This slide has an example of a 277CA that has been unwrapped, this is the raw data and may not resemble what you see if you use a clearinghouse.



Understanding the 277CA

Example of a claim accepted at the claim level

```
NM1*QC*1*MOUSE*MICKEY****MI*XSB123456789~
TRN*2*DOB-A~
STC*A1:19:QC*20110614*WQ*105~
REF*D9*2009120109335P009123~
DTP*472*D8*20091130~
```

Claim Status	A7	Acknowledgment/Rejected for Invalid Information
Category Codes	A8	Acknowledgment/Rejected for relational field in error
Health Care Claim Status Code	21 562	Missing or Invalid Information Entity's National Provider Identifier (NPI)
Entity Identifier Code	82 85	Rendering Provider Billing Provider

Example of a claim rejected at the claim level

```
NM1*QC*1*MOUSE*MINNEY****MI*XSB987654321~
TRN*2*DOB-A~
STC*A7:21:82*20110614*U*105*****A7:562:82~
STC*A7:562:82*20110614*U*105*****A8:562:85~
STC*A8:562:82*20110614*U*105*****A8:562:85~
REF*D9*2009120109335P009123~
DTP*472*D8*20091130~
```

X12 houses standardized HIPAA code sets at <https://x12.org/codes>

Understanding the 277CA

- ✓ If you use a clearinghouse, acknowledgments are most likely translated into a proprietary format for you
- ✓ In the example on the previous slide, the STC segment provides codes indicating acceptance or rejection at any of the following levels
 - Information Receiver
 - Billing Provider
 - Claim Level
- ✓ "U" in the STC segment it indicates a rejection
 - The first STC element indicates a rejection for invalid or missing information in the rendering provider NPI
 - The second STC element indicates invalid or missing information at both the rendering and billing provider NPIs
 - The third STC element is rejecting because the relationship between the rendering and billing NPI is incorrect. In this case the rendering provider is not listed as being associated with the billing provider.



Electronic Remittance Advice (ERA)



Visit the Forms section at www.ask-edi.com to complete an Electronic Remittance (ERA) form

Electronic Remittance (ERA) Form

Use this form to:

Receive the HIPAA compliant electronic remittance (835 transaction). This format is designed for auto-posting through a practice management software or for sites using software to translate the electronic file into a readable format.

- Blue Cross and Blue Shield of Kansas (BCBSKS)
- BCBSKS BlueExchange Medicare Crossover 835s (BCBSKS Providers Only)

Electronic Remittance Advice (ERA)

- ✓ Health Care Claim Payment Advice – 835
- ✓ Once a claim has been processed a remittance advice is created
- ✓ If you use a clearinghouse or vendor and you want to enroll for ERA have them complete the form on the www.ask-edi.com site on your behalf
- ✓ If you have signed up for electronic remittance advice these are sent to EDI for delivery
- ✓ BCBSKS 835s
 - Delivered to EDI Monday evening & the last business day of the month
 - Print image available in BlueAccess® after noon on Tuesday and are available in BlueAccess for 2 years from the creation date
 - Distributed at the NPI level
 - Filename KS835*.*
- ✓ Medicare Advantage 835s
 - Signing up for BCBSKS 835s also includes enrollment in Medicare Advantage 835s
 - Medicare Advantage 835s not applicable for dental providers
 - Delivered to EDI Wednesday morning
 - Not available in BlueAccess
 - Filename AD835*.*



Medicare Crossover Remittance Advice

- ✓ Providers enrolled to receive ERA from BCBSKS can sign up for Medicare crossover 835s from other Blue Plans
- ✓ Paper RA for Medicare crossover claims are only available through the Plan that adjudicated the claim – these are not available through BlueAccess



Medicare Crossover Remittance Advice

- ✓ Medicare Crossover remittance advice through BlueExchange are only available for Medicare crossover claims processed by Plans other than BCBSKS
- ✓ Upon completion of an enrollment form ASK will send your NPI to BlueExchange and it will be communicated to other participating Blue Plans
- ✓ When BCBSKS receives a Medicare crossover remittance advice through BlueExchange from another Plan the 835 will be placed in your outbound folder for download with a file name beginning with KSBX*.*
- ✓ Providers can elect to dis-enroll from Medicare crossover remittance advice by visiting www.ask-edi.com and marking cancel on the EDI enrollment form for BlueExchange Medicare crossover 835s



ABILITY | PC-ACE



- ✓ Free Billing Software
- ✓ System Requirements
- ✓ Features
- ✓ Import Options

ABILITY | PC-ACE

- ✓ Free Billing Software
 - PC-ACE is ideally suited for keying and submitting claims electronically whether you are a one-person office or have a networked billing staff
 - If you are submitting claims via paper and do not have a practice management system that allows you to submit electronically, consider PC-ACE
- ✓ System Requirements
 - PC-ACE requires a windows computer or Vista operating system
 - For full system requirements visit the ABILITY | PC-ACE section of www.ask-edi.com
- ✓ Features
 - Electronic submission of claims in ANSI X12 837 format
 - Comprehensive real-time claim editing to minimize rejected claims
 - Field-level edit validation providing immediate feedback to the user
 - Automatic code validation (diagnosis, procedure, etc.)
 - Context-sensitive pop-up selection lists to speed claim entry and promote accuracy
 - Ongoing maintenance, updates and enhancements
- ✓ Import Options
 - Flexible claim import from existing systems



Resources



EDI Resources



www.ask-edi.com

X12 standardized HIPAA code sets

<https://x12.org/codes>

Health care code lists

- Claim adjustment reason codes (CARC)
- Remittance advice remark codes (RARC)
- Claim status category codes
- Claim status codes
- Service type codes
- Health care services decision reason codes
- Health care provider taxonomy code set
- Provider characteristic codes
- Insurance business process application error codes



Contact Us

Hours: 7:00 a.m. – 4:30 p.m. Monday through Friday

Phone: 1-800-472-6481

- Help desk – option 1
- EDI account representative – option 2

Email: askedi@ask-edi.com

Website: www.ask-edi.com

Please have the following information ready

Billing NPI

Seven-digit trading partner number (if available)

Claim questions

- Member ID
- Claim amount
- Date of service
- Account number

Remittance advice

- Check date
- Check amount (if available)
- Check number (if available)





EDI Account Representative

Administrative Services of Kansas

p: 1-800-472-6481 M-F 7am to 4:30pm

e: askedi@ask-edi.com

w: www.ask-edi.com

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