

**Blue Cross and Blue Shield of Oklahoma
Trading Partner Agreement Companion Document**

835, Health Plan Premium Payment – The Health Insurance Portability and Accountability Act (HIPAA) requires that as covered entities, health insurance payers comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services. The ANSI X1N Implementation Guides have been established as the standards of compliance for electronic transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com. The items within this document are for clarification and are a companion to the execution of the Trading Partner Agreement. The information in this document is subject to change. This companion document supplements, but does not contradict any requirements in the ANSI X12N implementation guides. This information is strictly for 835 transactions produced by BCBSOK and excludes 835 transactions produced by the fiscal intermediary Chisholm System.

Item No.	Loop ID – Segment Description and Element Name	Ref Desc	HIPAA Page	Plan Preferences
1.	General Information			835 Electronic Provider Payment Remittances are provided for BCBSOK ‘pay-to’ providers. Remittances will be sent to the check recipient or a third party selected by the check recipient. BCBSOK requires a signed release designating remittances to be sent to the provider’s third party. Claims submitted by paper will be included in the 835 Remittance Advice, in addition to those submitted electronically.
2.	Envelopes – Multiple Transaction types within an Interchange	ISA, GS, GE, IEA	B.8 – B.9	The envelope transmittal will contain only 835 HIPAA transactions.
3.	Interchange Control Header Authorization Information Qualifier	ISA01	B.3	‘00’
4.	Interchange Control Header Authorization Information	ISA02	B.3	Spaces
5.	Interchange Control Header Security Information Qualifier	ISA03	B.4	‘00’
6.	Interchange Control Header Security Information	ISA04	B.4	Spaces
7.	Interchange Control Header Interchange ID Qualifier	ISA05	B.4	‘30’
8.	Interchange Control Header Interchange Sender ID	ISA06	B.4	BCBSOK Federal Tax ID number ‘730266607’ (9 Digits, No leading zero)
9.	Interchange Control header Interchange ID Qualifier	ISA07	B.4	‘30’
10.	Interchange Control Header Interchange Receiver ID	ISA08	B.5	Provider’s Federal Tax ID number, no leading zero)
11.	Functional Group Header Application Sender’s Code	GS02	B.8	Same value as for ISA06
12.	Functional Group Header Application Receiver’s Code	GS03	B.8	Same value as for ISA08
13.	1000A – Payer Identification	N104	63	The BCBSOK payer identifier will be coded in this data element.
14.	1000B – Payee Additional Identification	REF01	77	Provider will receive “1B” (Blue Shield Provider Number) on BCBSOK Professional claims, “1A” (Blue Cross Provider Number) on non-Medicare Institutional claims or “1C” for Medicare Institutional claims.
15.	2100 – Rendering Provider Identification	REF01	128	Provider will receive “1B” (Blue Shield Provider Number) on BCBSOK Professional claims, “1A” (Blue Cross Provider Number) on non-Medicare Institutional claims or “1C” for Medicare Institutional