

HIPAA 835 Transaction Standard Companion Guide

*Refers to the Implementation Guides
based on ASC X12 version 005010*

Disclosure Statement

This Companion Guide is issued in an effort to provide Trading Partners of CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc., collectively known as “CareFirst,” with the most up-to- date information related to standard transactions. Any and all information in this guide is subject to change at any time without notice. Each time you test or receive a standard transaction, we recommend that you refer to the most recently posted Companion Guide to ensure you are using the most current information available.

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 CareFirst. 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.

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1. Introduction

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is enable health information to be exchanged electronically and to adopt standards for those transactions.

1.1 Scope

This companion guide is intended for CareFirst Trading Partners interested in receiving HIPAA compliant X12 835 electronic Health Claim payment/ advice transaction with CareFirst. It is intended to be used in conjunction with the X12N Implementation Guide and is not intended to contradict or exceed X12 standards. It contains information about specific CareFirst requirements for processing the X12 835 transaction.

1.2 Overview

This Companion Guide is issued in an effort to provide the CareFirst trading partners with the most up-to-date information related to standard transactions. Any and all information in this guide is subject to change at any time without notice.

This Companion Guide is applicable to all lines of business within CareFirst.

This document is designed to assist both technical and business areas of trading partners who wish to receive HIPAA standard 835 transactions with CareFirst, Inc. It contains specifications for the transactions, contact information, and other information that is helpful.

All instructions in this document are written using information known at the time of publication and are subject to change.

Please use the most current version of the Companion Guide available at carefirst.com/electronicclaims > *Claims Submission* > *Companion Guides*. CareFirst is not responsible for the performance of software outside of its installations.

1.3 References

This companion guide is an adjunct to the National Electronic Data Interchange Transaction Set Implementation Guide Health Care Claim Payment/ Advice ASC X12N (005010X221A1)

1.4 Additional information

Please be sure to always use the most current version of the companion guide available at carefirst.com/electronicclaims > *Claims Submission* > *Companion Guides*.

Always feel free to contact CareFirst as described in Section 5.

2. Getting Started

2.1 Working with CareFirst

In general, there are three steps to receiving standard 835 transactions from the CareFirst production environment:

- Registration
- Testing & certification
- Production status

CareFirst sends X12 standard transactions to any HIPAA covered entity with which it has an agreement. Prior to approving the transmission of the 835 transactions, the transactions are tested according to a specific test plan. Results are verified by both parties. Once test results are verified and approved, CareFirst advises the Trading Partner about receiving remittances from the production environment.

A receiver is typically a company that has Trading Partner status with CareFirst and is acting on behalf of a group of HIPAA covered entities (e.g., a service bureau or clearinghouse).

All potential CareFirst submitters must contact the EDI Operations Support Group (refer to the CareFirst Contact Information in Section 5) to initiate action and authorization and to receive the necessary information for proceeding.

2.2 Trading partner registration

To register to receive 835 electronic transactions, a Trading partner must contact CareFirst according to the instructions in Section 5.

The requested information on Trading Partner Information Form (see Section 3) must be filled out by the Trading Partner and emailed to the EDI Operations Support Group address listed in Section 5.

2.3 Testing & certification overview

CareFirst requires all potential receivers to participate in testing to ensure that transactions produce the desired results. CareFirst supplies the test data and access information to the test system. Successful completion and validation is an indication that all systems can properly send and receive the transactions.

2.4 Production status

The EDI Operations Support Group will advise the new receiver when all conditions are satisfied and transmission of production transactions can begin. At that time a production certificate of trust will be issued by CareFirst to the Trading Partner.

3. Testing

CareFirst requires all potential receivers to participate in testing to ensure that transactions produce the desired results. Successful completion and validation is an indication that all systems can properly transmit and receive the transactions.

The CareFirst EDI Operations Support Group coordinates the testing activities and provides a detailed test plan and test data. Additional test cases may be added by the receiver.

Test time is available from 9 a.m. to 5 p.m. EST, Monday–Friday.

The successful completion of testing is to be verified and approved by the EDI Operations Group.

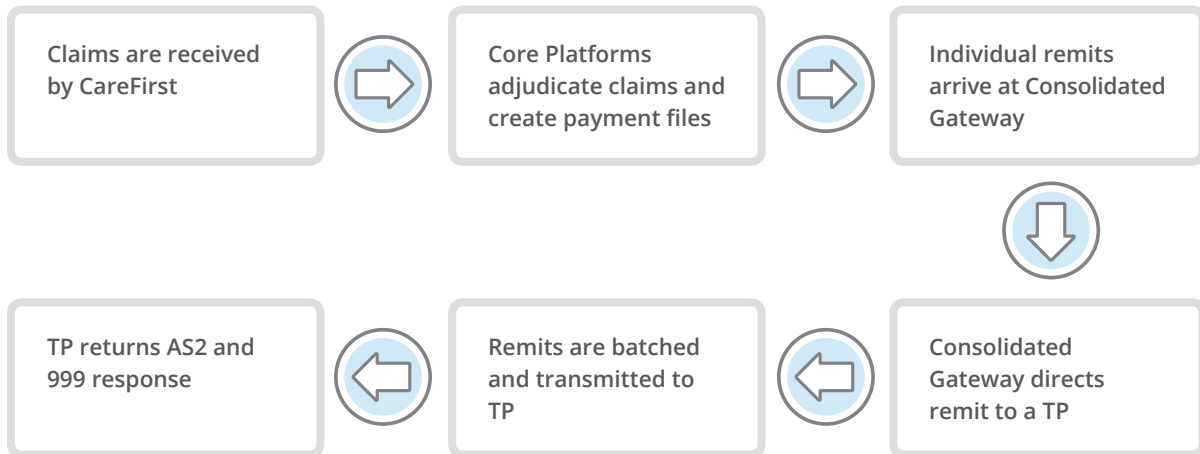
Security is verified with a certificate of trust attached to each transaction and verification of the receiving IP address. CareFirst will provide a certificate of trust to the receiving Trading Partner. A separate certificate will be available for testing. A production certificate will be issued at the successful completion of testing. The Trading Partner must provide the IP address(es) used for both testing and production submission of transactions.

The information below should be provided to CareFirst for setup so CareFirst can begin testing with Submitters. CareFirst will need to receive this information at least 30 days in advance.

Trading Partner Name:
Primary EDI Support Contact:
Primary EDI Support Contact Phone #:
Primary EDI Support Contact Email:
Primary EDI Support Contact Address:
TP Test/Production IP Address(es) Submitting Transactions:

4. Connectivity/Communications

4.1 Process flows



The above illustrates the basic creation steps and flow of the 835 remittance transactions.

4.2 Transmission administrative procedures

4.2.1 Schedule, availability and downtime notification

The CareFirst production system is available 24 hours per day, 7 days per week for the 835 remittance transaction. There are occasional downtimes for system maintenance that are scheduled outside of normal business hours.

4.2.2 Re-transmission procedures

CareFirst will retransmit a transaction when the Trading Partner returns an MDN that indicates the original transmission failed.

4.3 Communication protocol specifications

CareFirst uses TIBCO BusinessConnect™ enterprise-level B2B as the gateway to exchange HIPAA transactions via AS2 protocol. Trading

Partners will be expected to provide 2 security certificates, one for Test and one for Production. Additional setup information such as the IP address of the receiving system and the Trading Partner Identifier will be requested.

4.4 Passwords

Logon and passwords are replaced by the use of security certificates and verification of submitting IP addresses. CareFirst will transmit the certificate supplied by the Trading Partner with every transaction. There are separate certificates for test and production.

CareFirst security is maintained on three levels:

1. Verification of a certificate of trust attached to each transaction.
2. Verification of the IP address submitting the transaction (supplied by the submitter).
3. Verification of the Trading Partner ID (in the ISA segment) supplied by CareFirst.

5. CareFirst Contact Information

5.1 EDI customer service

All inquiries and comments regarding initiation, set-up, testing, and receipt of HIPAA transactions should be directed to EDIdirectsubmission@carefirst.com.

Support for all EDI Transactions is provided by the HelpDesk during normal business hours at (877) 526-8390 or at EDIdirectsubmission@carefirst.com.

5.2 EDI technical assistance

All inquiries and comments regarding initiation, set-up, testing, and receipt of HIPAA transactions should be directed to EDIdirectsubmission@carefirst.com.

Support for all EDI Transactions is provided by the HelpDesk during normal business hours at (877) 526-8390 or at EDIdirectsubmission@carefirst.com.

5.3 Provider service number

All inquiries and comments regarding initiation, set-up, testing, and receipt of HIPAA transactions should be directed to EDIdirectsubmission@carefirst.com.

Support for all EDI Transactions is provided by the HelpDesk during normal business hours at (877) 526-8390 or at EDIdirectsubmission@carefirst.com.

All inquiries and comments regarding adjudication outcomes, such as service line payment amount, service line denial, patient liability, etc., should be directed to Provider Services. Appropriate contact information is available online at carefirst.com/providers.

5.4 Applicable web-sites/email

All inquiries and comments regarding initiation, set-up, testing, and submission of HIPAA transactions should be directed to EDIdirectsubmission@carefirst.com.

Support for all EDI Transactions is provided by the HelpDesk during normal business hours at (877) 526-8390 or at EDIdirectsubmission@carefirst.com.

The most current version of this companion guide is available on the CareFirst website at carefirst.com/electronicclaims > *Claims Submission* > *Companion Guides*.

6. Control Segments/Envelope

6.1 ISA-IEA

This section describes the values utilized by CareFirst in the ISA and IEA segments.

IG Page	Reference	X12 Element Name	Length	Valid Values/Notes/Comments
C.4	ISA01	Authorization Information Qualifier	2	Must be "00"—no authorization information present.
C.4	ISA03	Security Information Qualifier	2	Must be "00"—no security information present.
C.4	ISA05	Interchange ID Qualifier	2	Must be "ZZ"—Mutually defined
C.4	ISA06	Interchange Sender ID	15	Must be "CFGATEWAY"—the CareFirst Sender ID. The value is left justified and space filled.
C.5	ISA07	Interchange ID Qualifier	2	Must be "ZZ"
C.5	ISA08	Interchange Receiver ID	15	Must be the Trading Partner ID. The value is left justified and space filled.
C.5	ISA09	Interchange Date	6	Must be YYMMDD
C.5	ISA10	Interchange Time	4	Must be HHMM
C.5	ISA11	Repetition Separator	1	Must be "{"
C.5	ISA12	Interchange Control Version Number	5	Must be "00501"
C.5	ISA13	Interchange Control Number	9	9 digit unique number. ISA13 must be identical to the value in IEA02.
C.6	ISA14	Acknowledgement Indicator	1	Must be "0"—no interchange acknowledgement requested.
C.6	ISA15	Usage Indicator	1	Must be "T" or "P". NOTE: test system rejects P; Production system rejects T.
C.6	ISA16	Component Element Separator	1	Must be ":"
C.10	IEA01	Number of included Functional Groups	1/5	Must be "1"
C.10	IEA02	Interchange Control Number	9/9	IEA02 must be identical to ISA13

I 6. Control Segments/Envelope

6.2 GS-GE

This section describes the values utilized by CareFirst in the GS and GE segments.

IG Page	Reference	X12 Element Name	Length	Valid Values/Notes/Comments
C.7	GS01	Functional Identifier Code	2/2	Must be "HP"—Health Care Claim Payment/Advice
C.7	GS02	Application Sender's Code	2/15	Must be "CFGATEWAY"—the CareFirst Sender ID.
C.7	GS03	Application Receiver's Code	2/15	Must be the Trading Partner ID.
C.8	GS04	Date	8/8	CCYYMMDD—Functional group creation date.
C.8	GS05	Time	4/8	HHMMSS
C.8	GS06	Group Control Number	1/9	The Functional Group Control Number in GS06 must be identical to GE02.
C.8	GS07	Responsible Agency Code	1/2	Must be "X"
C.8	GS08	Version/ Release/ Industry Identifier Code	1/12	Must be "005010X221A1"
C.9	GE01	Number of Transaction Sets Included	1/6	Must be populated
C.9	GE02	Group Control Number	1/9	The Functional Group Control Number in GE02 must be identical to GS06.

6.3 ST-SE

CareFirst utilizes standard HIPAA values in the ST and SE segments.

IG Page	Reference	X12 Element Name	Length	Valid Values/Notes/Comments
61	ST01	Transaction Set Identifier Code	3/3	Must be "835"
61	ST02	Transaction Set Control Number	4/9	The Transaction Set Control Numbers in ST02 and SE02 must be identical.
62	ST03	Implementation Convention Reference	1/35	Not used
200	SE01	Number of Included Segments	1/10	Count of data segments including ST and SE Segments.
200	SE02	Transaction Set Control Number	4/9	The Transaction Set Control Numbers in ST02 and SE02 must be identical.

7. CareFirst Business Rules and Limitations

7.1 Real time processing mode

CareFirst does not support real time 835 transactions.

7.2 CareFirst claim adjudication systems

CareFirst generates payments from 3 separate core claim adjudication systems. The systems are Facets, FEP, and NASCO. Each core claim system has an independent schedule to pay a given provider. See the payment schedule in Section 11 for specific details.

Each core claim system has separate business rules to group together claims for a payment within the payment cycle. Claims from different systems will never be grouped together to produce a combined (single) payment.

Each core claim system has separate business rules to label a payment with the primary provider identifier (NPI).

7.3 Limitations

CareFirst can issue an administrative check using a manual process that is not part of the claim adjudication cycle. An administrative check will not generate a corresponding 835 Health Care Claim Payment/Advice.

8. Acknowledgements and/or Reports

The recipient of an 835 Health Claim Payment/Advice must return a 999 to acknowledge receipt of all transactions.

The TA1 Interchange Acknowledgement is used to indicate a rejection (aka a negative acknowledgement) of the ISA/IEA Interchange containing the 835 Health Claim Payment/Advice.

8.1 Report inventory

There are no reports regarding the 835 transaction available to trading partners.

9. Trading Partner Agreements

9.1 Trading partners

All inquiries and comments regarding trading partner relationships with CareFirst should be addressed by contacting CareFirst using the information in Section 5.

10. Transaction Information

10.1 The 835 health claim payment/advice

This section describes the values utilized by CareFirst.

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
70	NA	BPR01	Transaction Handling code	H, I	1/2	CareFirst will only use H (notification) or I (remittance information only).
71	NA	BPR03	Credit/Debit Flag code	C	1/1	CareFirst will always use C (credit).
72	NA	BPR04	Payment Method Code	ACH, CHK, NON	3/3	CareFirst will use ACH for payments by EFT, CHK for payments by check, and NON for no payment.
72	NA	BPR05	Payment Format Code	CCP	1/10	CareFirst will use CCP when the payment method is ACH.
73	NA	BPR06	DFI ID Number Qualifier	01	2/2	CareFirst will use 01 when the payment method is ACH.
73	NA	BPR09	Account Number		1/35	CareFirst will use separate account numbers for CFMI and GHMSI payments.
74	NA	BPR10	Originating Company Identifier		10/10	CFMI: 1521385894 GHMSI: 1530078070 BlueChoice: 1530078070, 1521358219 Dental Network HMO: 1521840919 First Care: 1521962376
75	NA	BPR12	DFI ID Number Qualifier	01	2/2	CareFirst will use 01 when the payment method is ACH.
76	NA	BPR14	Account Number Qualifier	DA, SG	1/3	CareFirst will support both DA and SG.
77	NA	TRN02	Check or EFT Trace Number	Variable by Core claim system	1/50	Facets: Voucher number if there is a payment; date + internal tracking number if there is no payment. FEP: Check number if there is a payment; date + internal sequence number if there is no payment. NASCO: Check number if there is a payment; F + financial document serial number if there is no payment.

10. Transaction Information

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
77	NA	TRN03	Originating Company Identifier		10/10	CFMI: 1521385894 GHMSI: 1530078070 BlueChoice: 1530078070, 1521358219 Dental Network HMO: 1521840919 First Care: 1521962376
87	1000 A	N102	Payer Name		1/60	GHMSI, CAREFIRST BLUECHOICE, CAREFIRST BLUE CHOICE, CAREFIRST OF MARYLAND INC, CAREFIRST BLUECROSS BLUESHIELD OF MD, NATIONAL ACCOUNTS DEDICATED SERVICE, THE DENTAL NETWORK HMO, FIRST CARE, INC.
103	1000 B	N103	Payee Identification Code Qualifier	XX, FI	1/2	CareFirst will use XX when the billing NPI is available at the remittance level, and FI when the NPI is not available.
103	1000 B	N104	Payee Identification Code		2/80	Facets: The NPI from the provider source system (associated with the internal legacy provider ID). FEP: Claims are grouped by billing. NPI. Claims that do not have an NPI are grouped together, and the tax ID will be used. NASCO: The NPI from the first claim in the remittance.
107	1000 B	REF01	Payee Additional Identification Qualifier	TJ, PQ	2/3	CareFirst will use TJ when the primary payee identification is NPI, and PQ when the primary identification is the Tax ID.
108	1000 B	REF02	Payee Additional Identifier		1/50	CareFirst will use the Tax ID when the primary payee identification is NPI, and CareFirst legacy ID when the primary identification is the Tax ID.
123	2100	CLP01	Patient Control Number		1/38	CareFirst will use the patient control number from the originating 837, or the value submitted on a paper claim. Otherwise, CareFirst will use zero.
124	2100	CLP02	Claim Status Code	1, 2, 3, 4, 22	1/2	CareFirst will use 1 when processing as primary, 2 when processing as secondary, 3 when processing as tertiary, 4 when all services are denied, and 22 when reversing a previous payment.

10. Transaction Information

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
127	2100	CLP07	Payer Claim Control Number		1/50	Facets: The claim DCN assigned by CareFirst, including a two position adjustment level suffix. FEP: The claim DCN assigned by CareFirst. NASCO: The claim DCN assigned by NASCO (see REF*F8 for the claim DCN assigned by CareFirst).
139	2100	NM108	Patient identification code qualifier	MI	1/2	CareFirst will always use MI—membership identification number.
139	2100	NM109	Patient identification code		2/80	Facets: Subscriber ID plus a two position suffix. Prefix is excluded. FEP: Subscriber ID (R + 8 numerics). NASCO: Subscriber ID (including prefix)
143	2100	NM1	Corrected patient/ insured name			Facets: Future release. FEP: Sent when applicable. NASCO: Sent when applicable.
148	2100	NM108	Service provider identification code qualifier	XX, FI	1/2	CareFirst will send XX if the rendering NPI is available, and it was used for claims processing. CareFirst will send FI if the rendering NPI and billing NPI are not available, and the segment is not suppressed. The segment is suppressed if the provider does not have a roster of practitioners.
170	2100	REF02	Original Reference Number (REF01 = F8)		1/50	NASCO: The claim DCN assigned by CareFirst for NASCO claims.
206	2110	REF02	Line item control number (REF01 = 6R)		1/50	Facets: Future release. FEP: Sent when applicable. NASCO: Sent when applicable

10. Transaction Information

IG Page	Loop ID	Reference	X12 Element Name	Codes	Length	Valid Values/Notes/Comments
218	N/A	PLB03-2	Provider Adjustment Identifier (Overpayment recovery)		1/50	<p>Facets before Aug. 9, 2015: The claim DCN if applicable, else the A/R number.</p> <p>Facets on or after Aug. 9, 2015: A composite identifier if applicable: Facets claim DCN, a space, patient control number (if present).</p> <p>FEP before July 16, 2018: FEP claim DCN, a space, patient control number(if present).</p> <p>FEP on or after July 16, 2018: FEP claim DCN, or TRN02 check number.</p> <p>NASCO: A composite identifier if applicable: A/R number, a space, NASCO claim DCN, a space, patient control number (if present).</p>

11. Appendices

11.1 Implementation checklist

There is no published checklist at this time. Please refer to section 2 'Getting Started'.

11.2 Business scenarios

There are no Business Scenarios at this time.

11.3 Transmission examples

There are no Transmission Examples at this time.

11.4 Frequently asked questions

How does a provider enroll with CareFirst to receive ERA/835s?

The provider must work with their Trading Partner to submit enrollment information to CareFirst. The Trading Partners agree to collect information in compliance with CORE rule 382. Trading Partners will send information to CareFirst in accordance with the CareFirst submitter guide to set-up a provider to receive an ERA/835.

How does a provider enroll with CareFirst to receive Electronic Funds Transfer (EFT)?

The provider must work with their Trading Partner to submit enrollment information to CareFirst. The Trading Partners agree to collect information in compliance with CORE rule 380. A provider must be enrolled to receive an ERA/835 in order to receive payment by EFT.

Is a provider able to enroll for ERA/835 and for EFT at the same time?

CareFirst requires that a provider be enrolled in the CareFirst system for ERA/835 first. When the enrollment for ERA/835 is complete at CareFirst, if the enrollment for EFT was also received it will then be processed by CareFirst. The Trading Partner will manage the sequence of enrollment steps.

The provider receives a paper voucher. Will he continue to receive a paper voucher after he enrolls for ERA/835?

Yes, the paper voucher will continue to be produced.

The provider receives a paper voucher. Will he continue to receive a paper voucher after he enrolls for EFT?

No, the paper voucher will no longer be produced and mailed, after the provider is enrolled for EFT. Your Electronic Remittance Advice (ERA/835) delivered by your clearinghouse will be your new payment voucher. A copy of the ERA/835 information can also be retrieved online through the CareFirst provider portal.

The provider is missing a specific ERA/835. How can the provider locate the "missing" remittances?

The provider should contact their Trading Partner first. If the Trading Partner is not able to locate the remittance, they will contact the CareFirst EDI Help Desk, or contact the EDI department. See section 5.1 for contact information and further details.

If a provider does not receive a paper voucher, and the ERA/835 is delayed or missing, is there an alternative way for the provider to obtain payment information?

The provider can access CareFirst Direct to see ERA information. A copy of the ERA/835 information can be retrieved online through the provider portal.

After a provider is registered for ERA/835, will the provider receive an ERA for all payments from CareFirst?

No. There are exception cases where an ERA/835 is not created. CareFirst can issue an administrative check using a manual process that is not part of the claim adjudication cycle. An administrative check will not generate a corresponding ERA.

How many claim adjudication systems do you have at CareFirst?

CareFirst has three core adjudication systems—Facets, FEP, and NASCO. Two CareFirst legacy adjudication systems, CARE and FLEXX, were retired in 2014.

Does your Electronic Remittance Advice (ERA/835) combine claims from several systems?

No. Each system produces a separate electronic remittance advice (ERA).

How does each claim system group claims together to create a payment?

Each system has unique rules to group claims together. Facets and NASCO use an internal CareFirst legacy ID. FEP uses the billing NPI. If a claim does not have a billing NPI, FEP uses an internal CareFirst legacy ID.

Does the ERA/835 include claims that were submitted on paper?

Yes. The ERA/835 includes electronic, paper and Medicare crossover claims

Will the paper voucher use the HIPAA code sets, or non-standard codes?

The paper voucher will continue to show the current proprietary codes.

Will a Claim Adjustment Reason Code always be paired with a Remittance Remark Code?

No. Remark codes are only used for some services.

A provider has a question about the payment or denial of a service. Who should be contacted?

All inquiries and comments regarding adjudication outcomes, such as service line payment amount, service line denial, patient liability, etc., should be directed to Provider Services. Appropriate contact information is available online at carefirst.com/providers.

Does CareFirst require a 999 Acknowledgement in response to an 835 transaction?

Yes, under the Core rule 382 recipients of an ERA/835 are required to send a 999 Acknowledgement. The clearinghouse should send this upon receipt of the ERA/835.

What is your schedule for producing ERA/835s?

See the Payment schedule charts at the end of this appendix.

Payment schedule

Facets

Monday remits go to:	Tuesday remits go to:	Wednesday remits go to:	Thursday remits go to:	Friday remits go to:
Professional providers with remittance addresses in Maryland zip code range 211-212 (i.e., the first 3 positions of the zip code)	Professional providers with remittance addresses in any other Maryland zip code	Professional providers with remittance addresses in the following states: AK AR CA CO DE FL GA IA ID IL IN KS LA MO MO MS MT NE NJ NM NY OK OR PR SC SD UT VA VI VT	Professional providers with remittance addresses in any other zip code or territory including the District of Columbia	Institutional providers
Check date: Mon EFT date: Tues	Check date: Tues EFT date: Wed	Check date: Wed EFT date: Thur	Check date: Thur EFT date: Fri	Check date: Fri EFT date: next Mon

FEP

Monday remits go to:	Tuesday remits go to:	Wednesday remits go to:	Thursday remits go to:	Friday remits go to:
All institutional providers. Professional providers with legacy IDs that end with AA to 22.	All institutional providers. Professional providers with legacy IDs that end with 23 to 44.	All institutional providers. Professional providers with legacy IDs that end with 45 to 66.	All institutional providers. Professional providers with legacy IDs that end with 67 to 88.	All institutional providers. Professional providers with legacy IDs that end with 89 to 99.
Check date: Mon EFT date: Tues	Check date: Tues EFT date: Wed	Check date: Wed EFT date: Thur	Check date: Thur EFT date: Fri	Check date: Fri EFT date: next Mon

NASCO

All providers are processed Friday night. Remittances are delivered Saturday. The check date is Friday. The EFT deposit date is the following Wednesday.

For all systems, CareFirst holidays and banking holidays can alter the day of the week that an ERA/835 is processed, and/or the date of the EFT deposit.

11.5 Change summary

The following chart includes the summary of changes made to the Companion Guide.

Date	Version	Status	Page	Section	Description
12/31/2013	1.0				Publish using CORE Template
08/06/2015	2.0		17	10.1	Update notes for PLB03
08/06/2015	2.0		18	11.4	Update FAQ
8/12/2016	3.0		15	10.1	Update Company Identifier, Payer Name
9/20/2018	4.0		15, 17	10.1	Update TRN02, PLB03-2 for FEP

