CareSource

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guide Based on X12 Version 005010X221 Health Care Claim Payment/Advice (835)

835 Health Care Claim Payment/Advice 5010 Companion Guide

Updated: November 2025

Version History

1.0	Original Version	2/12/2021
1.1	Content modified for CAQH Core Certification Requirements	2/12/2023
1.2	Content modified to include scenarios for MyCare payment showing distribution of Medicare and Medicare component payments. Inclusion of Availity for Ohio Medicaid 835 distribution.	6/9/2024
1.3	Content modified to showcase Ohio MyCare and Fully Integrated Dual Eligible (FIDE) changes where two instances of Loop 2100 will be provided. CLP segments will indicate payment of Medicare or Medicaid adjudication.	11/13/2025

Disclosure Statement

The information contained in this guide is intended to assist trading partners regarding the electronic submission of health information to CareSource. The sole purpose of this document is to provide guidance to entities who wish to become a Trading Partner. Every effort has been made to assure the information in this guide conforms to current requirements of the law. Each provider and Trading Partner has the ultimate responsibility to follow federal and state laws. All users of this guide are advised to review these legal requirements with their legal counsel.

Preface

This companion guide to the ASC X12 Implementation Guides adopted under HIPAA clarifies and specifies that data content when exchanging electronically with CareSource. Transmissions based on this companion guide, used in tandem with the X12 Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the X12 Implementation Guides. 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.

Table of Contents

1 Introduction

This document is intended as a companion to the errata Health Care Claim Payment/Advice (835) ASC X12N/005010X220A1, published in June 2010, and the Health Care Claim Payment/Advice (835) Implementation Guide (IG) ASC X12N/005010X220, originally published August 2006. This companion guide will give CareSource specific guidelines they need to process certain scenarios on a payable claim that the Implementation Guides can't provide. This clarifying information will be listed in a table format consisting of a row for each segment that CareSource has something additional, over and above, the information in the Implementation Guides. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the IGs internal code listing
- Clarify the use of loops, segments, composite and simple data elements
- Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with CareSource

Scope

The companion guide is intended to be used as a supplement of the TR3 HIPAA 5010 835 Health Care Claim Payment/Advice Implementation Guide.

Overview

This companion guide provides additional guidance for transacting with CareSource. Periodic updates can be made and posted on CareSource.com.

References

This companion guide supplements errata and IG documents "835 A1.pdf" and "835.pdf" respectively, which are published by the Washington Publishing Company www.wpc-edi.com

Additional Information

2 Getting Started

Working with CareSource

CareSource leverages ECHO Health Inc, as their vendor for 835 enrollment and payments for most plans. Please email CareSource's Treasury department at Treasury@caresource.com to initiate interaction regarding questions/comments/clarifications needed regarding this companion guide. For Ohio Medicaid based products, including Medicaid, MyCare and FIDE, providers are required to enroll their Trading partner details directly with Ohio Department of Medicaid for receipt of 835 files.

Trading Partner Registration

If you have not been set up for a testing account, the Echo Health Testing Support team at CS_Requests@echohealthinc.com can provide you with information. For providers serving Ohio Medicaid based members, please visit the Trading Partner Enrollment and Testing section of the medicaid.ohio.gov website.

Certification and Testing Overview
To establish a testing overview, please contact the clearinghouse you have registered with. If you have not been set up for a testing account, the Echo Health Testing Support team at CS_Requests@echohealthinc.com can provide you with information.

4 Connectivity with the Payer/Communications

Process Flows
All 835 transactions go through Echo Health with Ohio Medicaid transactions being distributed by Ohio Medicaid directly. Trading partners should contact their current clearinghouse vendor to discuss their system's requirements of the 835 transactions. All 835 enrollment, payments and inquiries should be routed to Echo or ODM Customer service (Ohio Medicaid, MyCare and FIDE Only).
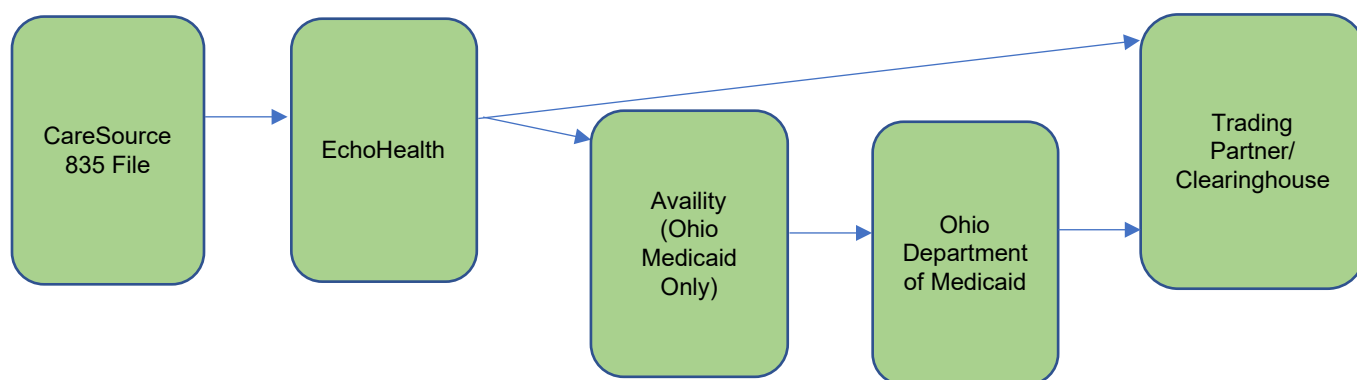
Each transaction is validated to ensure that the 835 complies with the 005010X221A1.

Transmission Administrative Procedures
The Direct Connection process with the clearinghouse Echo Health can be used in batch mode (FTP or SFTP) using Web Services. Using these types of connections will allow you to either choose a manual process or automate your system.

CareSource supports the uniform use of CARC/RARC and NCPDP Reject Reason codes that are applicable to the four defined business CAQH scenarios according to CAQH CORE Phase III Operating Rules Section 4.1 and/or its subsections. Please contact Echo Health at 440-588-5064 to get the dual delivery of the 835 and the proprietary remittance advice, if required. Please contact Echo Health at 440-588-5064 for the paper-based EFT enrollment forms or the URL for electronic EFT enrollment form, and their instructions.

Re-transmission Procedure
Trading Partners can request re-transmission of the entire 835 file by contacting Echo Health at CS_Requests@echohealthinc.com. For Ohio Medicaid re-transmission request, please submit your request to CareSource ebusiness team at ClaimStatusInquiry@Caresource.com.

Physicians and health care professionals that do not have a direct connection with Echo Health will need to contact the entity they are receiving the 835 files from to discuss how to receive a re-transmission.

Communication Protocol Specifications

Clearinghouse Connection: Physicians, facilities and health care professionals should contact their current clearinghouse.

Passwords

Clearinghouse Connection: Physicians, facilities and health care professionals should contact their current clearinghouse.

5 Contact Information

EDI Customer Service

If you need assistance with an EDI transaction accepted by CareSource, or have questions on the format of the 835, please contact Echo Health at CSRequests@echohealth.com. If you need assistance with an Ohio Medicaid specific EDI transaction please contact, ClaimStatusInquiry@Caresource.com.

EDI Technical Assistance

CareSource EDI Support team can be reached at ClaimStatusInquiry@Caresource.com

Provider Service Number

Provider services should be contacted at 1-800-488-0134 if you have questions regarding the details of a member's benefits. Provider services is available Monday – Friday, 8am – 5pm EST. you can also reference our website Provider Overview | CareSource

Applicable Websites/E-mail

CAQH CORE: https://www.caqh.org/core/caqh-core-eligibility-benefits-operating-rules

EDI Support: eBusinessTeam@caresource.com

Provider Services: https://www.caresource.com/providers

Companion Guides: https://www.caresource.com/about-us/legal/corporate-compliance/vendor-compliance/vendor-companion-guides/

6 Control Segments/Envelopes

Specific requirements/expectations based on transaction type, will be communicated by the EDI department during the implementation phase:

        ISA-IEA Interchange Control

        GS-GE Functional Group

        ST-SE Transaction Set

7 Payer Specific Business Rules and Limitations

Caresource will utilize two 2100 loops for reporting adjudication of member benefits when a member is covered under an integrated product and CareSource is the payer for multiple benefit types. Integrated products consist of more than one payer type being managed under a singular enrollment record. Examples of integrated products include Dual Eligible Special Needs Plans (D-SNP), Fully Integrated Dual-Eligible Special Needs Plans (FIDE SNP), Highly Integrated Dual Eligible Special Needs Plan (HIDE D-SNP), MyCare, and MI MMP (Medicare and Medicaid).

In each of the 2100 loops CareSource will utilize the element Claim Status Code (CLP02) indicating the order of processing and Claim filing Indicator Code (CLP06) indicating the benefit type (Medicare Part A, Medicare Part B, and Medicaid).

8 Acknowledgements and/or Reports

Report Inventory
Currently, there are no reports available

9 Trading Partner Agreements

Trading Partners
An EDI Trading Partner is defined as any CareSource customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from CareSource.

10 Transaction Specific Information
Transactions transmitted during real-time are identified by an interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission and provides sender and receiver identification.

Appendices

Implementation Checklist
This companion guide contains all necessary steps for going live with CareSource.

Business Scenarios
All personal or organizational data outlined in the examples below does not contain actual PHI/PII information. This data is presented for example purposes only.

Business Scenario 1:
Dollars and data are being sent together through the banking system to pay Medicare Part A institutional claims.

Transmission Example

```
ST*835*1234~
BPR*C*150000*C*ACH*CTX*01*999999992*DA*123456*1512345678**01*999988880*DA*98765*20
200913~
TRN*1*12345*1512345678~
DTM*405*20200916~
```

N1*PR*CareSource Ohio~
N3*One South Main St~
N4*Dayton*OH*45402~
REF*2U*31114~
N1*PE*REGIONAL HOPE HOSPITAL*XX*6543210903~
N3*540 E Main St~
N4*Canfield*OH*44406~
LX*110212~
TS3*6543210903*11*20201231*1*211366.97****138018.4**73348.57~
TS2*2178.45*1919.71**56.82*197.69*4.23~
CLP*666123*1*211366.97*138018.4**MA*1999999444444*11*1~
CAS*CO*45*73348.57~
NM1*QC*1*JONES*SAM*O***HN*666666666A~
MIA*0***138018.4~
DTM*232*20200816~
DTM*233*20200824~
QTY*CA*8~
LX*130212~
TS3*6543210909*13*19961231*1*15000****11980.33**3019.67~
CLP*777777*1*15000*11980.33**MB*1999999444445*13*1~
CAS*CO*45*3019.67~
NM1*QC*1*BORDER*LIZ*E***HN*996669999B~
MOA***MA02~
DTM*232*20200512~
PLB*6543210903*20201231*CV:CP*-1.27~
SE*28*1234

Business Scenario 2:
Dollars and data are sent separately. The funds are moved separately from the remittance detail. In this scenario, the funds are sent by EFT to the provider's account, and the remittance data is transmitted directly to the provider.

Transmission Example

ST*835*112233~
BPR*I*945*C*ACH*CCP*01*888999777*DA*24681012*1935665544**01*111333555*DA*144444*20200316~
TRN*1*71700666555*1935665544~
DTM*405*20200314~
N1*PR*CareSource Ohio~
N3*One South Main St~
N4*Dayton*OH*45402~
N1*PE*ACME MEDICAL CENTER*XX*5544667733~
REF*TJ*777667755~
LX*1~
CLP*5554555444*1*800*450*300*12*94060555410000~
CAS*CO*A2*50~

NM1*QC*1*BUDD*WILLIAM****MI*33344555510~
SVC*HC:99211*800*500~
DTM*150*20200301~
DTM*151*20200304~
CAS*PR*1*300~
CLP*8765432112*1*1200*495*600*12*9407779923000~
CAS*CO*A2*55~
NM1*QC*1*SETTLE*SUSAN****MI*44455666610~
SVC*HC:93555*1200*550~
DTM*150*20200310~
DTM*151*20200312~
CAS*PR*1*600~
CAS*CO*45*50~
SE*25*112233~

Business Scenario 3:
Regardless of which COB methodology is used to derive a subsequent payment, the following examples provide illustrations of how to report secondary or tertiary payments back to the provider that will facilitate auto-posting.

Transmission Example

ST*835*0001~
BPR*I*1222*C*CHK***********20200412~
TRN*1*0012524965*1559123456~
REF*EV*030240928~
DTM*405*20200412~
N1*PR*CareSource Ohio~
N3*One South Main St~
N4*Dayton*OH*45402~
N1*PE*ACME MEDICAL CENTER*FI*599944521~
N3*PO BOX 863382~
N4*ORLANDO*FL*55115~
REF*PQ*10488~
LX*1~
CLP*L0004828311*2*10323.64*912**12*05090256390*11*1~
CAS*OA*23*9411.64~
NM1*QC*1*TOWNSEND*WILLIAM*P***MI*XXX123456789~
NM1*82*2*ACME MEDICAL CENTER*****BD*987~
DTM*232*20200303~
DTM*233*20200304~
AMT*AU*912~
LX*2~
CLP*0001000053*2*751.50*310*220*12*50630626430~
NM1*QC*1*BAKI*ANGI****MI*456789123~

```
NM1*82*2*SMITH JONES PA*****BS*34426~
DTM*232*20200106~
DTM*233*20200106~
SVC*HC>12345>26*166.5*30**1~
DTM*472*20200106~
CAS*OA*23*136.50~
REF*1B*43285~
AMT*AU*150~
SVC*HC>66543>26*585*280*220*1~
DTM*472*20200106~
CAS*PR*1*150**2*70~
CAS*CO*42*85~
REF*1B*43285~
AMT*AU*500~
SE*38*0001~
```

Business Scenario 4:
This is an example of a tertiary payment.

Transmission Example

```
ST*835*0001~
BPR*I*187.50*C*CHK***********20050412~
TRN*1*0012524879*1559123456~
REF*EV*030240928~
DTM*405*20050412~
N1*PR*CareSource Ohio~
N3*One South Main St~
N4*Dayton*OH*45402~
N1*PE*ACME MEDICAL CENTER*FI*599944521~
N3*PO BOX 863382~
N4*ORLANDO*FL*55115~
REF*PQ*10488~
LX*1~
CLP*0001000054*3*1766.5*187.50**12*50580155533~
NM1*QC*1*ISLAND*ELLIS*E****MI*789123456~
NM1*82*2*JONES ASSOCIATES*****BS*AB34U~
DTM*232*20050120~
SVC*HC*24599*1766.5*187.50**1~
DTM*472*20050120~
CAS*OA*23*1579~
REF*1B*44280~
AMT*AU*1700~
SE*38*0001~
```

Business Scenario 5:
Example of dual product using two CLP segments to showcase payments being issued from both
Medicare and Medicaid components for a single claim

Transmission Example

ST*835*11483
BPR*C*96.67*C*BOP**01*111111111*DA*11111111111111111111*1311143265**01*987612345*DA
*13579*20251121
TRN*1*25335B10005282211ECPT0*1311111113
REF*EV*ECHO
DTM*405*20251118
N1*PR*Ohio MyCare Dual Eligibles
N3*One South Main St
N4*Dayton*OH*45402
REF*2U*31114
PER*BL*IT Service Desk*TE*9375312950
PER*IC**UR*https://www.caresource.com/providers/provider-portal/appeals/
N1*PE*The Hospital*XX*1316490402
N3*PO Box 123
N4*Cleveland*OH*441931481
REF*TJ*111222333
LX*1
CLP*HHHZZZY2K*1*1923*77.02*19.65*MA*2536603ZZZ00*13*1
NM1*QC*1*DOE*JOHN*L***MI*11223344500
REF*1L*OH_DUAL
REF*1W*CD OHMCRM
REF*EA*27272727
REF*SY*999999999
DTM*050*20251101
DTM*232*20251001
DTM*233*20251001
AMT*AU*98.24
SVC*HC|76818*641*77.02*0402*1
DTM*472*20241211
CAS*OA*253*1.57
CAS*CO*45*1824.76**94*-1282
CAS*PR*2*19.65
REF*6R*HHHZZZY2K-1
REF*0K*CareSource Policy
AMT*B6*98.24
LQ*HE*N381
LQ*HE*N45
SVC*HC|76820*641*0*0402*0**1
DTM*472*20241211
CAS*CO*97*641
REF*6R*HHHZZZY2K-2
REF*0K*CareSource Policy

```
LQ*HE*M80
SVC*HC|76821*641*0*0402*0**1
DTM*472*20251001
CAS*CO*97*641
REF*6R*HHHZZZY2K-3
REF*0K*CareSource Policy
LQ*HE*M80
CLP*HHHZZZY2K*2*1923*19.65**MC*2536603ZZZ00*13*1
NM1*QC*1*DOE*JOHN*L***MI*11223344500
REF*1L*OH_DUAL
REF*1W*CD OHMCRM
REF*EA*27272727
REF*SY*999999999
DTM*050*20251101
DTM*232*20251001
DTM*233*20251001
AMT*AU*244.07
SVC*HC|76818*641*19.65*0402*1
DTM*472*20251001
CAS*OA*23*78.59
CAS*CO*45*518.97**94*23.79
REF*6R*HHHZZZY2K-1
REF*0K*CareSource Policy
AMT*B6*122.03
LQ*HE*N23
LQ*HE*N381
SVC*HC|76820*641*0*0402*0**1
DTM*472*20241211
CAS*CO*45*579.98**94*61.02
REF*6R*HHHZZZY2K-2
REF*0K*CareSource Policy
AMT*B6*61.02
LQ*HE*N381
SVC*HC|76821*641*0*0402*0**1
DTM*472*20241211
CAS*CO*45*579.98**94*61.02
REF*6R*HHHZZZY2K-3
REF*0K*CareSource Policy
AMT*B6*61.02
LQ*HE*N381
SE*82*11483
```

Business Scenario 6:
Example of dual product using two CLP segments to showcase payment being issued from Medicare component while no additional payment is being made from the Medicaid component for a single claim

Transmission Example

ST*835*11511
BPR*C*26.57*C*BOP**01*111111111*DA*11111111111111111111*1311143265**01*987612345*DA
*13579*20250901
TRN*1*21115B20005282211ECPT0*1311111114
REF*EV*ECHO
DTM*405*20250825
N1*PR*Ohio MyCare Dual Eligibles
N3*One South Main St
N4*Dayton*OH*45402
REF*2U*31114
PER*BL*IT Service Desk*TE*9375312950
PER*IC**UR*https://www.caresource.com/providers/provider-portal/appeals/
N1*PE*TheClinic*XX*1316490402
N3*PO Box 123
N4*Cleveland*OH*441931368
REF*TJ*111222333
LX*1
CLP*AAAZZZY2K*1*315*26.57*6.78*MB*2536803ZZZ00*21*1
NM1*QC*1*JOE*JILL****MI*9988771100
NM1*82*1*SMITH*MICHAEL***DO*XX*1112223334
REF*1L*OH_DUAL
REF*1W*CD OHMCRM
REF*G1*RS6TTV8
REF*EA*41191122
REF*SY*999999999
DTM*050*20250829
AMT*AU*33.89
SVC*HC|76771|26*315*26.57**1
DTM*472*20250813
CAS*OA*253*.54
CAS*CO*45*281.11
CAS*PR*2*6.78
REF*6R*AAAZZZY2K-1
REF*0K*CareSource Policy
AMT*B6*33.89
LQ*HE*N381
LQ*HE*N45
CLP*AAAZZZY2K*2*315*0**MC*2536803ZZZ00*21*1
NM1*QC*1*JOE*JILL****MI*9988771100
NM1*82*1*SMITH*MICHAEL***DO*XX*1112223334
REF*1L*OH_DUAL

REF*1W*CD OHMCRM
REF*G1*RS6TTV8
REF*EA*41191122
REF*SY*999999999
DTM*050*20250829
AMT*AU*25.76
SVC*HC|76771|26*315*0**1
DTM*472*20250813
CAS*OA*23*27.11
CAS*CO*45*289.24**94*-1.35
REF*6R*AAAZZZY2K-1
REF*0K*CareSource Policy
AMT*B6*25.76
LQ*HE*N23
LQ*HE*N381
SE*56*11511

Frequently asked questions

None