820 GROUP PREMIUM PAYMENT FOR INSURANCE PRODUCTS

Trading Partner Agreement Companion Document Business Requirements
For
Blue Cross Blue Shield of Florida, Inc. and Health Options, Inc.
ANSI X12 Version 004010X061A1

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
	GLOBAL INFORMATION			
G1	**All Transactions**			BCBSF requires a Trading Partner Agreement to be on file indicating all electronic transactions the Trading Partner intends to send to or receive from BCBSF.
G2	**All Segments**			Only loops, segments, and data elements valid for the 820 HIPAA-AS Implementation Guide 004010X061A1 will be used for processing.
G3	**Acknowledgments - BCBSF acknowledgments are created to communicate the status of files or claims. It is imperative that they be retrieved on a daily basis. One file could result in multiple acknowledgements.** **ANSI X12:** -TA1 – Interchange Acknowledgement -997 – Functional Acknowledgement -**BCBSF Proprietary Acknowledgement**		Appendix B (B.11, B.15)	**TA1** is available immediately after "depositing file". **997** is available immediately after "depositing file". **BCBSF Proprietary** is available immediately.
G4	**Date fields**			All dates submitted on an incoming 820 Group Premium Payment transaction must be a valid calendar date in the appropriate format based on the respective HIPAA-AS Implementation Guide qualifier. Failure to do so may cause processing delays or rejection.

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G5	**Batch Transaction Processing**			Generally, the EDI Gateway accepts transmissions 24 hours a day, 7 days a week. BCBSF will strive to process premium payment transactions on the day of receipt if received before 2 p.m. Monday – Friday (with exception of holidays). Otherwise, BCBSF intends to process the transaction the following business day.
G6	**Multiple Transmissions**	All Segments		BCBSF requests separate transmissions for multiple clients. Any errors detected in a transaction set will result in the entire transmission being rejected.
	ENVELOPING INFORMATION			
E1	**Interchange Control Header**	**ISA**	Reference Appendix A (A.1.2.7) A.4	All transactions utilize delimiters from the following list: **>,*,~,^,|** and **:** . Submitting delimiters not supported within this list may cause an interchange (transmission) to be rejected**.**
E2	**Interchange Control Structure** Basic Character Set/Extended Character Set	**ISA**	Appendix A (A.1.2.2 &) A.1.2.3) A.2	Must submit incoming premium payment data using the basic character set as defined in Appendix A of the 004010X061A1 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the @ symbol from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected by the Plan.

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E3	**Interchange Control Header** Authorization Information	ISA02	Appendix B (B.3)	BCBSF requires 10 **spaces**
E4	**Interchange Control Header** Security Information	ISA04	Appendix B (B.4)	BCBSF requires 10 **spaces** in this field.
E5	**Interchange Control Header** Interchange Sender ID (mailbox ID)	ISA06	Appendix B (B.4)	BCBSF requires submission of your individually assigned BCBSF sender mailbox number in this field. Generally this is your tax ID unless otherwise defined.
E6	**Interchange Control Header** Interchange Receiver ID	ISA08	Appendix B (B.5)	BCBSF will only accept the submission of BCBSF tax ID number **592015694** in this field.
E7	**Interchange Control Header** Interchange Date	ISA09	Appendix B (B.5)	**YYMMDD** _____ Requires submission of the relevant date of the interchange.
E8	**Interchange Control Header** Interchange Time	ISA10	Appendix B (B.5)	**HHMM** _____ Requires submission of relevant time of the interchange.
E9	**Interchange Control Header** Interchange Control Standards Identifier	ISA11	Appendix B (B.5)	**U** – U.S. EDI Community of ASC X12, TDCC, and UCS _____ BCBSF requires submission of the above value this field.
E10	**Interchange Control Header** Interchange Control Version Number	ISA12	Appendix B (B.5)	**00401** – Draft Standards for Trial Use Approved by ASC X12, etc. _____ BCBSF requires submission of the above value in this field.

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E11	**Interchange Control Header** Interchange Control Number	ISA13	Appendix B (B.5)	This is a unique control number that is assigned by the sender and the number in this field must be identical to the associated interchange trailer in the IEA02 segment.
E12	**Interchange Control Header** Usage Indicator	ISA15	Appendix B (B.6)	**P** – Production Data **T** – Test Data _____ BCBSF requires a **P** in this field to indicate the data enclosed in this interchange is Production. A **T** would indicate the interchange is for Testing.
E13	**Interchange Control Header** Component Element Separator	ISA16	Appendix B (B.6)	**>** Delimiters **:** **^** **|** _____ BCBSF requires the use of the above delimiters to separate component data elements within a composite data structure.
E14	**Interchange Control Trailer** Number of Included Functional Groups	IEA01	Appendix B (B.7)	A count of the number (#) of functional groups included in an interchange.
E15	**Interchange Control Trailer** Interchange Control Number	IEA02	Appendix B (B.7)	A control number (#) assigned by the interchange sender. This number must be identical to the number assigned in ISA13.

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E16	**Interchange Control Header** Functional Group Header/Functional Group Trailer	GS-GE ISA-IEA	Appendix B (B.8,B.10)	BCBSF will only process one transaction type per GS-GE (functional group). However, we will process multiple ST's within one (1) GS segment as long as they are all the same transaction type.
E17	**Functional Group Header** Functional Identifier Code	GS01	Appendix B (B.8)	**RA – Payment Order/Remittance Advice** _____ BCBSF requires submission of the above value in this field.
E18	**Functional Group Header** Application Sender's Code	GS02	Appendix B (B.8)	BCBSF requires the submission of the BCBSF assigned Sender Code in this field.
E19	**Functional Group Header** Application Receiver's Code	GS03	Appendix B (B.8)	**RBG004010X061A1** _____ BCBSF requires submission of the above value in this field for 820 Premium Payment, all other values may cause rejection.
E20	**Functional Group Header** Date	GS04	Appendix B (B.8)	**CCYYMMDD** _____ BCBSF requires submission of relevant date for the functional group creation date.
E21	**Functional Group Header** Time	GS05	Appendix B (B.8)	**HHMM** _____ BCBSF requires the time associated with the creation of the functional group (reference GS04) expressed in the above format.

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E22	**Functional Group Header** Group Control Number	GS06	Appendix B (B.9)	This is a unique number that is assigned by the sender and the number in this field must be identical to the data element in the associated functional group trailer GE02.
E23	**Functional Group Header** Responsible Agency Code	GS07	Appendix B (B.9)	**X** – Accredited Standards Committee X12 _____ BCBSF requires submission of the above value in this field.
E24	**Functional Group Header** Version/Release/Industry Identifier Code	GS08	Appendix B (B.9)	**004010X061A1** _____ BCBSF requires submission of the above HIPAA-AS ANSI X12 820 Premium Payment version number (#)
E25	**Transaction Header Set** Transaction Set Identifier Code	ST01	Appendix B (B.17)	**820** – Premium Payment for Insurance Products _____ BCBSF requires submission of the above value in this field.
E26	**Transaction Set Header** Transaction Set Control Number	ST02	Appendix B (B.17)	An identifying control number assigned by the sender that must be unique within the transaction set functional group. The transaction set control number in the SE02 segment must be identical to the number in this field.
E27	**Transaction Set Trailer** Transaction Segment Count	SE01	98	Must include the total number of segments included in a transaction set including ST and SE segments (#).

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E28	**Transaction Set Trailer** Transaction set Control Number	SE02	98	An identifying control number assigned by the sender that must be unique within the transaction set functional group. The transaction set control number in the ST02 segment must be identical to the number in this field.
E29	**Functional Group Trailer** Number of Transaction Sets Included	GE01	Appendix B (B.10)	BCBSF requires the submission of the total number of transaction sets included in the functional group or interchange group terminated by the trailer (#).
E30	**Functional Group Trailer** Group Control Number	GE02	Appendix B (B.10)	This is a unique number that is assigned by the sender and the number in this field must be identical to the same data element in the associated functional group header GS06.
E31	**997 Functional Acknowledgement**	GS08	Appendix B (B.15)	BCBSF will return the version of the 820 inbound transactions in the GS08 segment of the 997 functional acknowledgement.
E32	**BCBSF Proprietary Acknowledgement**	Acknowledgement		If 100 errors are encountered on a transaction set, the editing process will be discontinued and the entire transaction set (ST-SE) will be rejected.

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	BUSINESS REQUIREMENTS			
B1	**Header – Financial Information** Beginning Segment for Payment Order/Remittance Advice	BPR01	36	**C** – Payment Accompanies Remittance Advice **I** - Remittance Information Only **P** – Pre-notification of Future Transfers _____ Only the above codes are valid for BCBSF Premium Payment. Submission of any others will result in errors and the submitter will be contacted.
B2	**Header – Currency** Currency Code	CUR02	46	**USD** – United States Dollars _____ Only the above code is valid for BCBSF Premium Payment. Submission of any others will result in errors and the submitter will be contacted.

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B3	**Premium Receivers Identification Key** - Reference Identification Qualifier - Reference Identification	REF01 REF02	48,49	REF01/REF02 **14** – Master Account Number When submitting a 14 in the REF01 field, the reference ID in REF02 must be the BCBSF assigned group/division number. The group number is comprised of 8 alpha -numeric characters (5 alpha – numeric characters for group number and 3 alpha –numeric characters for division). *Note:* You must submit a minimum of one code value 14. Failure to do so may result in delays in processing or a rejection.
B4	**1000A Premium Receiver's Name** Identification Code Qualifier	N103 N104	57	N103 **FI** – Federal Taxpayer's Identification Number Only the above code is valid for BCBSF Premium Payment. Submission of any others will result in processing delays or rejection. _____ N104 The Group Federal Tax ID Number should be submitted in this field.

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B5	**1000B Premium Payer's Name** - Identification Code Qualifier - Identification Code	N103 N104	63	N103 **FI** – Federal Taxpayer's Identification Number Only the above code is valid for BCBSF Premium Payment. Submission of any others will result in processing delays or rejection. _____ N104 The Group Federal Tax ID Number should be submitted in this field.
B6	**2000A Organization Summary Remittance** - Identification Code Qualifier - Identification Code	ENT03 ENT04	73	ENT03 **FI** – Federal Taxpayer's Identification Number Only the above code is valid for BCBSF Premium Payment. Submission of any others will result in processing delays or rejection. _____ ENT04 The Group Federal Tax ID Number should be submitted in this field

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B7	**2300A Organization Summary Remittance Detail** - Reference Identification Qualifier - Reference Identification	RMR01 RMR02	75	RM01 **IK** – Invoice Number Only the above code is valid for BCBSF Premium Payment. Submission of any others will result in errors and the submitter will be contacted. _____ RM02 Submit the BCBSF invoice number in this field.
B8	**2320A Organization Summary Remittance Level Adjustment** Adjustment Reason Code	ADX02	85	BCBSF will not systematically process adjustments reported on a summary remittance. Any adjustment codes submitted in this field will result in an error and the submitter will be contacted.
B9	**2000B Individual Remittance** - Identification Code Qualifier - Identification Code	ENT03 ENT04	87	ENT03 **34** – Social Security Number Only the above code is valid for BCBSF Premium Payment for individual remittance. Submission of any others will result in errors and the submitter will be contacted. _____ ENT04 The individual member's Social Security Number should be submitted in this field.

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B10	**2300B Individual Premium Remittance Detail** - Reference Identification Qualifier - Reference Identification	RMR01 RMR02	92	RM01 **IK** – Invoice Number Only the above code is valid for BCBSF Premium Payment. Submission of any others will result in errors and the submitter will be contacted. _____ RM02 Submit the BCBSF invoice number in this field.
B11	2320B Individual Premium Adjustment Adjustment Reason Code	ADX02	97	**AX** - Person No Longer Employed BCBSF will process the above code as a disenroll. Submission of any others will result in errors and the submitter will be contacted.

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