

834 BENEFIT ENROLLMENT AND MAINTENANCE

Trading Partner Agreement Companion Document Business Requirements
For
Blue Cross Blue Shield of Florida, Inc. and Health Options, Inc.
ANSI X12 Version 004010X095A1

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 or receive.
G2	All Segments			Only loops, segments, and data elements valid for the 834 HIPAA-AS Implementation Guide 004010X095A1 will be used for processing.
G3	<p>Acknowledgments - BCBSF acknowledgements 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.</p> <p><u>ANSI X12:</u> -TA1 – Interchange Acknowledgement -997 – Functional Acknowledgement <u>-BCBSF Proprietary Acknowledgement</u></p>		Appendix B (B.11, B.15)	<p>TA1 is available immediately after “depositing file”.</p> <p>997 is available immediately after “depositing file”</p> <p>BCBSF Proprietary is available immediately.</p>
G4	Negative Values			Submission of any negative values in the 834 transactions will not be processed or forwarded.
G5	Date fields			All dates submitted on an incoming 834 Benefit Enrollment and Maintenance 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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G6	Batch Transaction Processing			Generally, the EDI Gateway accepts transmissions 24 hours a day, 7 days a week. BCBSF will strive to process enrollment transactions on the day of receipt if received before 2 p.m. Monday – Friday (with exception of holidays). Otherwise, the transaction will be processed the following business day.
G7	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.

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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 enrollment data using the basic character set as defined in Appendix A of the 004010X095A1 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.
E3	Interchange Control Header Authorization Information	ISA02	Appendix B (B.3)	BCBSF requires 10 spaces in this field.
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 number 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.

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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.
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 The above values designate if the transaction is destined for production processing or testing only. Use a P in this field to indicate the data enclosed in this transaction is a production file. A T would indicate the interchange is for testing purposes only.

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E13	Interchange Control Header Component Element Separator	ISA16	Appendix B (B.6)	> : ^ 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.
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)	BE – Benefit Enrollment and Maintenance 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)	RBG004010X095A1 BCBSF submission of the above value in this field for 834 Benefit Enrollment, all others may cause rejection.

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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.
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)	004010X095A1 BCBSF requires submission of the above HIPAA-AS ANSI X12 834 Benefit Enrollment version number (#)
E25	Transaction Header Set Transaction Set Identifier Code	ST01	27	834 – Benefit Enrollment and Maintenance BCBSF requires submission of the above value in this field.

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Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
E26	Transaction Set Header Transaction Set Control Number	ST02	27	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	158	Must include the total number of segments included in a transaction set including ST and SE segments (#).
E28	Transaction Set Trailer Transaction set Control Number	SE02	158	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 834 inbound transaction in the GS08 segment of the 997 functional acknowledgement.

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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.
BUSINESS REQUIREMENTS				
B1	2000 Member Level Detail Individual Relationship Code	INS02	44	Reference account specific materials that will be provided during initial group set up discussions. BCBSF will provide the External Group Account Contact, the appropriate code values to be submitted in this filed. Failure to use the code values provided will result in errors and the submitter will be contacted.
B2	2000 Member Level Detail Maintenance Reason Code	INS04	46	BCBSF requests submission of the applicable maintenance reason code as defined in the HIPAA-AS Implementation Guide, if available. 004010X095A1.
B3	2000 Member Level Detail Employment Status Code	INS08	49	<p>FT – Full Time PT – Part Time LI – Leave of Absence RT – Retired TE - Terminated</p> <hr/> <p>Only the above codes are valid for BCBSF Benefit Enrollment Transactions.</p> <p>Submission of any others will result in errors and the submitter will be contacted.</p>

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B4	2000 Subscriber Number Reference Identification (Subscriber Identifier)	REF02	52	BCBSF requires submission of the assigned subscriber contract number in this field (usually the social security number).
B5	2000 Member Policy Number Reference Identification (Insured Group or Policy Number)	REF02	53	BCBSF requests submission of the 8 alpha- numeric character group/division number assigned by BCBSF.
B6	2100A Member Name - Identification Code Qualifier - Identification Code	NM108 NM109	63	NM108 34 – Social Security Number BCBSF requests submission of the above code if available. <hr/> NM109 BCBSF requests submission of the member Social Security Number if available.
B7	2100A Member Demographics Gender Code	DMG03	84	F – Female M- Male <hr/> BCBSF requires that only the gender codes listed above can be submitted, all others will be result in errors and the submitter contacted.
B8	2100A Member Demographics Marital status Code	DMG04	71	BCBSF requests submission of the applicable marital status code as defined in the HIPAA-AS Implementation Guide 004010X095A1 if available.

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B9	2300 Health Coverage Insurance Line Code	HD03	129	Reference account specific materials that will be provided during initial group set up discussions. BCBSF will provide the External Group Account Contact, the appropriate code values to be submitted in this field. Failure to use the code values provided will result in errors and the submitter will be contacted.
B10	2300 Health Coverage Plan Coverage Description	HD04	130	Reference account specific materials that will be provided during initial group set up discussions. BCBSF will provide the External Group Account Contact, the appropriate code values to be submitted in this field. Failure to use the code values provided will result in errors and the submitter will be contacted.
B11	2300 Health Coverage Coverage Level Code	HD05	130	Reference account specific materials that will be provided during initial group set up discussions. BCBSF will provide the External Group Account Contact, the appropriate code values to be submitted in this field. Failure to use the code values provided will result in errors and the submitter will be contacted.

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B12	2300 Health Coverage Policy Number Reference Identification	REF	135	Information at this segment is optional. BCBSF requests the group and division number be indicated in Loop 2000 as noted in requirement B6
B13	2300 Identification Card Quantity	IDC03	138	1 (number) BCBSF limits to one (1) the number of replacement I.D. card packages per subscriber, per transmission.
B14	2310 Provider Name Entity Identifier Code	NM101	141	P3 – Primary Care Provider Only the above code is valid for BCBSF Benefit Enrollment Transactions. Submission of any others will result in errors and the submitter will be contacted.
B15	2310 Provider Name - Identification Code Qualifier - Identification Code	NM108 NM109	142 (page 16 4010 addenda).	NM108 SV – Service Provider Number Only the above code is valid for BCBSF Benefit Enrollment Transactions. NM109 BCBSF requests submission of the BCBSF assigned provider number in this field.

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B16	2320 Coordination of Benefits Reference ID	COB02	151	BCBSF requests submission of the other carriers reference ID for this member, if available when submitting Coordination of Benefits data.
B17	2320 Additional Coordination of Benefits Identifiers - Reference ID Qualifier - Reference Identification	REF01 REF02	152	REF01/REF02 6P – Group Number If Coordination of Benefits data is submitted, BCBSF requests the other carrier's group number in this field, if available.
B18	2320 Other Insurance Company Name Name (Insurer Name)	N102	154	BCBSF requests submission of the other carrier's name, even if the standard identifier is present.

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