

Florida Blue Health Plan

**HIPAA Transaction
Standard Companion Guide**

**Refers to the Implementation Guides
Based on ASC X12 Version 005010**

834 Companion Guide Version Number 1.7

April 2018

Disclaimer

The Florida Blue (Blue Cross and Blue Shield of Florida, Inc.) *HIPAA Transaction Standard Companion Guide for EDI Transactions Technical Reports, Type 3 (TR3)* provides guidelines for submitting electronic batch transactions. Because the **Health Insurance Portability and Accountability Act (HIPAA) Accredited Standards Committee (ASC) X12N Technical Reports Version Three (TR3)** requires transmitters and receivers to make certain determinations/elections (e.g., whether, or to what extent, situational data elements apply), this Companion Guide documents those determinations, elections, assumptions, and data issues that are permitted to be specific to Florida Blue business processes when implementing the HIPAA ASC X12 5010 TR3s.

This Companion Guide does **NOT** replace or cover all segments specified in the HIPAA ASC X12NTR3. It does not attempt to amend any of the requirements of the TR3 or impose any additional obligations on group/vendor partners of Florida Blue that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This Companion Guide provides information on Florida Blue specific codes relevant to Florida Blue business processes, rules and situations that are within the parameters of HIPAA. Readers of this Companion Guide should be acquainted with the HIPAA Technical Reports, their structure, and content.

This *Companion Guide* provides supplemental information that exists between Florida Blue and its trading partners. However, trading partners should refer to this *Companion Guide* for information on Florida Blue business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this *Companion Guide* is intended to amend, revoke, contradict or otherwise alter the terms and conditions of your applicable Trading Partner Agreement. If there is an inconsistency between the terms of this *Companion Guide* and the terms of your applicable Trading Partner Agreement, the terms of the Trading Partner Agreement will govern. If there is an inconsistency between the terms of this *Companion Guide* and any terms of the TR3, the relevant TR3 will govern with respect to HIPAA edits and this *Companion Guide* will govern with respect to business edits.

Preface

This Companion Guide to the ASC X12N version 005010X220A1 TR3, adopted under HIPAA, clarifies and specifies the data content when exchanging electronically with Florida Blue. Transmissions based on this companion guide, used in tandem with the X12N TR3, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 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 TR3.

Version Change Log

Date	Description	Page
04/2011	Added BGN08 reference	18
6/2014	Added Affordable Care Act reference	20
6/2014	Updated Connectivity	10
09/2014	Updated Format & Revised Review Period	9
01/2015	Updated Format to meet Master Companion Guide Template	multiple
01/2015	Changed Title Reference	1
01/2015	Revised Disclaimer	2
01/2015	Added Version Change Log	4
01/2015	Updated Availability and added Website and email references	13
01/2015	Added ISA-IES, GS-GE, ST-SE and common definitions	14
03/2015	Added Minimal Essential Coverage Reporting	22
03/2015	Updated Table of Contents	5
4/2018	Removed INS04 B2 requirement, updated title page, header, footer, etc.	multiple

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1. INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that the health care industry in the United States comply with the electronic data interchange (EDI) standards as established by the Secretary of Health and Human Services. The Technical Reports Type 3 Guides (TR3s) for the Benefit Enrollment and Maintenance (834) transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to Florida Blue via your vendor. The ASC X12 005010X220 is the established standard for Enrollment and Maintenance (834).

Scope

This **834 Companion Guide** was created for Florida Blue group/vendors to supplement the ASC X12 834 v005010X220A1 Technical Report Version Three (TR3). It describes the data content, Florida Blue business rules, and characteristics of the 834 transaction. This section specifies the appropriate and recommended use of the Companion Guide.

Overview

HIPAA requires that the health care industry in the United States comply with the EDI standards as established by the Secretary of Health and Human Services. The ASC X12 **834** v005010X220A1 is the established standard for benefit enrollment and maintenance.

The **Technical Reports Type 3 Guides (TR3) for the ANSI 220/231 – Benefit Enrollment and Maintenance (834) and Response Transaction** specifies in detail the required format. It contains requirements for the use of specific segments and specific data elements within segments, and was written for all employer groups, vendors and other submitters of the 834 transaction. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to Florida Blue.

References

- Technical Reports Type 3 for ASC XC12 **834** v005010X220A1 (HIPAA) and all other HIPAA standard transactions <http://www.wpc-edi.com> and www.x12.org.
- Florida Blue. - www.bcbsfl.com
- Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>
- United States Department of Health and Human Services (HHS) – <http://aspe.hhs.gov/>
- Centers for Medicare and Medicaid Services (CMS) – <http://www.cms.gov>
- Accredited Standards Committee (ASC X12) – <http://www.x12.org>

2. GETTING STARTED

Establish Relationship with Florida Blue to Send Enrollment Data Electronically

- An Agreement to Share document must be signed and returned by the group to Florida Blue.
- Review this **Companion Guide** thoroughly for an understanding of Florida Blue requirements and business processes.
- Processing enrollment data electronically and defining the implementation process at Florida Blue is a function of our Automated Enrollment Team. This team can be reached by email at automatedenrollment@bcbsfl.com. Please contact this team when you are ready to begin.

Overview of Automated Enrollment Implementation Activities

An **initial implementation conference call** may be scheduled with the group/vendor partner and Florida Blue Automated Enrollment Team. At that time, implementation activities, along with a time line for completion, will be established.

- A Florida Blue **Accepted Code and Value Document** (ACVD) will be issued. This document is created uniquely for each client and contains group specific information.
- **Login credentials** for delivery of the enrollment file will be provided. Florida Blue will create the employer group's login credentials and communicate this information via SECURE email. Login credentials include a Florida Blue secure file transfer site, sender code, mailbox ID and mailbox password. The employer group/vendor will use this information when accessing Florida Blue for submission of the file and retrieval of the EDI acknowledgement transactions. This information describes the connectivity links between the Employer Group/Vendor Partner and the Florida Blue EDI gateway. Once **Connectivity** has been established, it will be tested. Section four of this Companion Guide discusses connectivity considerations and should answer many of the questions.
- After connectivity has been successfully tested, the **transaction testing** phase begins. This phase is broken into multiple testing components. First, 834 format/compliancy testing is completed, followed by data validation testing. Testing is described in Section three and in Appendix 2 of this Companion Guide.
- If there are any questions regarding the information presented in this Companion Guide, please contact automatedenrollment@bcbsfl.com.

3. TESTING OVERVIEW

The purpose of this section is to outline FLORIDA BLUE's recommended testing processes. All Employer groups/vendors must complete the testing process in order to provide both parties a level of confidence for a successful production implementation.

Methodology and Requirements of Testing

An Employer group/vendor must accomplish the following testing milestones prior to being approved to send production enrollment files.

1. Complete connectivity testing, which means that you are able to login to the Secure File Transfer site using your current login credentials.
2. Submit test file electronically using the approved method of connectivity, which means that the test file is able to be transmitted securely and successfully.
3. Submit test file that successfully passes all Florida Blue EDI gateway edits. At this point, your file will be forwarded on for further testing.
4. Submit test file that successfully meets all other Florida Blue business rules as outlined in the Accepted Code and Value Document (ACVD).
5. Submit test file that meets all data validation requirements and expectations.
6. Successfully process all test files to both the group/vendor's and Florida Blue's satisfaction. This is the final step that leads to approving the move from test to production.

Review Period, Move to Production

Once testing is complete and approval has been granted by both parties to move to production, the Review Period begins. The Review Period begins with the first production file transmission and typically lasts for four consecutive successful file transmissions. Utilizing this approach, we will ensure that all defects are proactively identified, worked and resolved before the review period ends.

4. CONNECTIVITY / COMMUNICATIONS

Connectivity Options

- Secure File Transfer via Internet
- FTP via ISDN, Leased Lines, Frame Relay, VPN

Test and Production URL

<https://securefile.bcbsfl.com>

Encryption Methods

- Secure Shell -SSH (preferred for automation)
- Secure Socket Layer - SSL

Supported Protocols

- SFTP (Secure File Transfer Protocol - Uses SSH)
 - Client: any FTP client capable of SSH encryption. (Unix/Linux SCP, PSCP, FileZilla, CuteFTP, WS-FTP, etc)
 - Server: securefile.bcbsfl.com (prod)
 - Port: 22 (Default)
 - Authentication: loginId/password, public/private keys (required for automation)
 - Usability: easy setup and easy automation.
- SCP (Secure Copy - Uses SSH)
 - Client: any FTP client capable of SSH encryption. (Unix/Linux SCP, PSCP, FileZilla, CuteFTP, WS-FTP, etc)
 - Server: securefile.bcbsfl.com (prod)
 - Port: 22 (Default)
 - Authentication: loginId/password, public/private keys (required for automation)
 - Usability: easy setup and easy automation
- HTTPS (Hyper Text Transfer Protocol over SSL)
 - Client: Common Internet browsers (IE, Firefox, etc)
 - Server: <https://securefile.bcbsfl.com> (prod)
 - Port: 443 (Default)
 - Usability: easy setup, but requires user interaction (no automation).
- FTPS (FTP over SSL)
 - Client: any FTP client capable of SSL encryption. (Cute-FTP, WS-FTPPro, FileZilla, LFTP, Curl, IglooFTP, SmartFTP etc)

- Server: securefile.bcbsfl.com (prod)
- Port: 21 (Default)
- Active Mode
- Settings: FTP over SSL (explicit) or FTP over TLS (explicit). Active Mode.
- Authentication: loginId/password, Certificate
- Usability: can be automated but has the most difficult setup due to firewall handling.

Firewall Mechanics

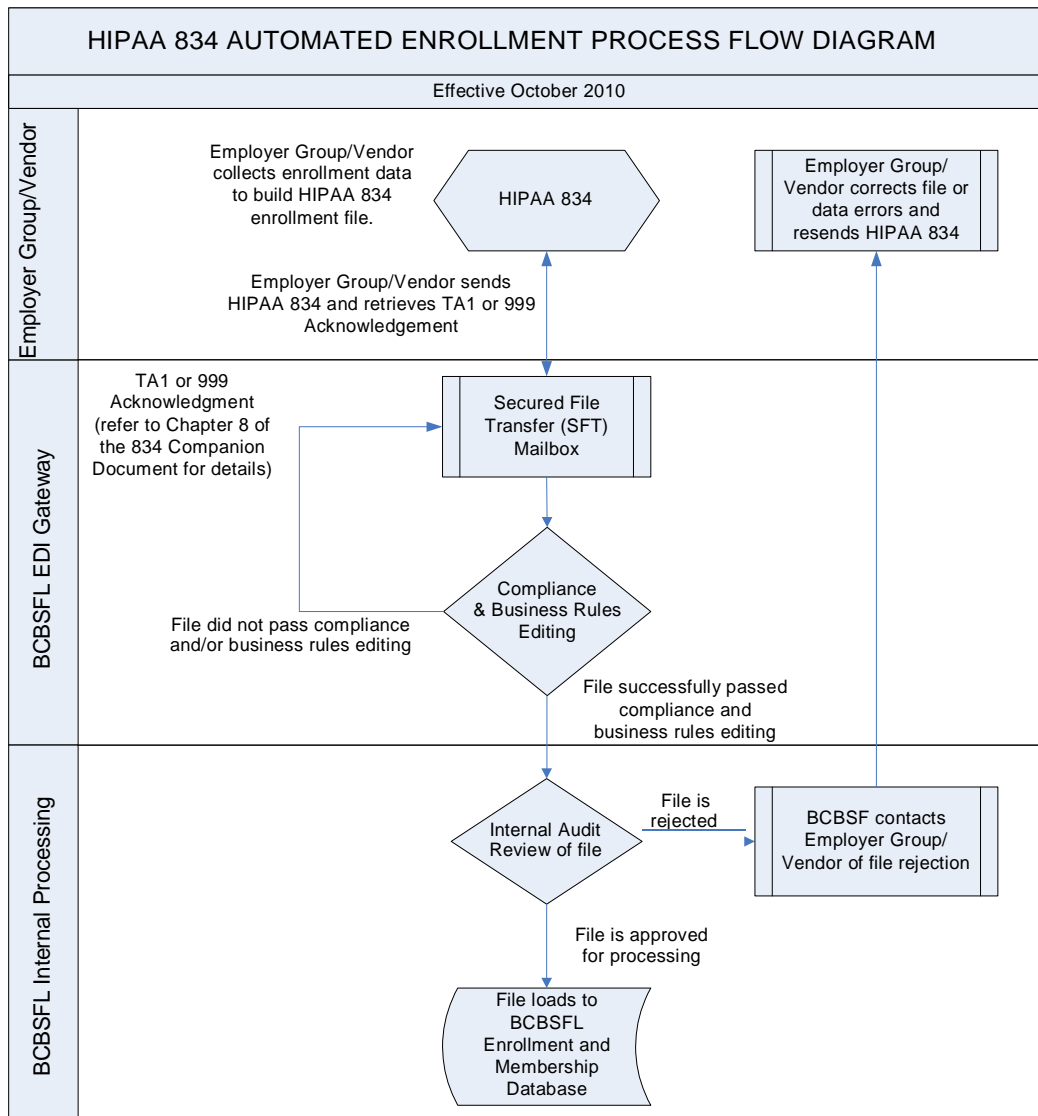
If you are behind a firewall make sure that your FTPS client passes the Internet facing IP address of the Server rather than the Internal IP. Failure to do so usually causes the communication break when the employer group/vendor attempts to list the files available in the Server or during upload or downloading of files

Re-Transmission Procedures

Is at the discretion of either party or as needed.

Password Assistance

If a password change or password reset is necessary, please contact our AE team by sending an email to our team distribution email address: automatedenrollment@bcbsfl.com.



- Enrollment files received before 4PM EST are normally processed, reviewed and approved to load sameday.
- There are two points where the HIPAA 834 file can be rejected: during Compliance and Business Rules Editing or at the Internal Audit Review of the file.
- 999 or TA1 acknowledgements must be picked up and reviewed at the SFT Mailbox by the Employer Group/Vendor.
- TA1 responses will not be provided unless specified with a value of '1' in the ISA14 element.
- Employer Groups/Vendors whose files are rejected by the Internal Review of File will be contacted directly.
- Although the HIPAA 834 file may have loaded to the enrollment database, individual records that do not pass business edits may be rejected. The Employer Group/Vendor will be contacted directly to assist with resolution.

5. CONTACT INFORMATION

EDI Technical Assistance

The **Technical team at Florida Blue** is referred to as the Automated Enrollment (AE) team and can be reached by sending an email to automatedenrollment@bcbsfl.com. The Automated Enrollment (AE) Team is available Monday through Friday from 9:00 am to 5:00 pm Eastern Standard Time of any calendar week excluding weekends and corporate holidays listed below:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the day after
- Christmas Day and the day after

The AE team is responsible for leading the testing and implementation development effort and will also be responsible for supporting production technical issues post implementation.

If the file format is modified, the origination of the file changes, or there are any other questions/issues with the technicalities of the file, please contact the AE team at Florida Blue.

Applicable websites/e-mail

www.bcbsfl.com

automatedenrollment@bcbsfl.com

Enrollment Data Customer Assistance

The **Business team at Florida Blue** is referred to as the Enrollment, Maintenance, and Billing team (EM&B). Each employer group/client will be assigned to a specific Service Advocate from this team. The name of your Service Advocate will be provided prior to your move to production. This is the person to be contacted concerning any and all day-to-day data issues.

6. CONTROL SEGMENTS / ENVELOPES

ISA-IEA

This section describes Florida Blue Health Plan's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

GS-GE

This section describes Florida Blue Health Plan's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Florida Blue Plan expects functional groups to be sent and how Florida Blue Health Plan will send functional groups. These discussions will describe how similar transaction sets will be packaged and Florida Blue Health Plan's use of functional group control numbers.

ST-SE

This section describes Florida Blue Health Plan's use of transaction set control numbers. This section describes Florida Blue Health Plan's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

Example: **ANSI 220/231 – Benefit Enrollment and Maintenance (834) and Response:**

The purpose of this section is to delineate specific data requirements where multiple valid values are presented within the ANSI 220/231 5010 A1 TR3.

Common Definitions

Interchange control header (ISA06) Interchange Sender ID (Mailbox ID) – is individually assigned to each trading partner.

Interchange control header (ISA08) Interchange Receiver ID – is the Florida Blue tax ID, 592015694.

Interchange control header (ISA15) Usage Indicator – defines whether the transaction is a test (T) or production (P).

Functional Group Header (GS02) Application Sender's code – is individually assigned to each trading partner.

ANSI 220/231 – Benefit Enrollment and Maintenance (834) and Response:

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
	ENVELOPING INFORMATION			
E1	Interchange Control Header	ISA	<i>Reference Appendix B.1 ; C.3</i>	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 CharacterSet	ISA	Appendix C (C.3)	Must submit incoming enrollment data using the basic character set as defined in Appendix B of the 005010X220A1 TR3. 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 C (C.4)	Florida Blue requires 10 spaces in this field.
E4	Interchange Control Header Security Information	ISA04	Appendix C (C.4)	Florida Blue requires 10 spaces in this field.
E5	Interchange Control Header Interchange Sender ID	ISA05 & ISA06	Appendix C (C.4)	Florida Blue requires submission of the ZZ qualifier with your individually assigned Florida Blue sender mailbox number in these fields.
E6	Interchange Control Header Interchange Receiver ID	ISA08	Appendix C (C.5)	Florida Blue will only accept the submission of Florida Blue tax ID number 592015694 in this field.
E7	Interchange Control Header Interchange Date	ISA09	Appendix C (C.5)	YYMMDD Requires submission of the relevant date of the interchange.
E8	Interchange Control Header Interchange Time	ISA10	Appendix C (C.5)	HHMM Requires submission of relevant time of the interchange.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
E9	Interchange Control Header Repetition Separator	ISA11	Appendix C (C.5)	> Delimiters : ^ Florida Blue requires the use of the above delimiters to separate component data elements within a composite datastructure.
E10	Interchange Control Header Interchange Control Version Number	ISA12	Appendix C (C.5)	00501 – Draft Standards for Trial Use Approved by ASC X12, etc. Florida Blue requires submission of the above value in this field.
E11	Interchange Control Header Interchange Control Number	ISA13	Appendix C (C.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 Acknowledgment Requested	ISA14	Appendix C (C.6)	0 – No Interchange Acknowledgement Requested (TA1) 1 – Interchange Acknowledgement Requested (TA1) The TA1 will not be provided without a code value of 1 in the field
E13	Interchange Control Header Usage Indicator	ISA15	Appendix C (C.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.
E14	Interchange Control Header Component Element Separator	ISA16	Appendix C (C.6)	> Delimiters : ^ Florida Blue requires the use of the above delimiters to separate component data elements within a composite datastructure.
E15	Interchange Control Trailer Number of Included Functional Groups	IEA01	Appendix C (C.10)	A count of the number (#) of functional groups included in an interchange.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
E16	Interchange Control Trailer Interchange Control Number	IEA02	Appendix C (C.10)	A control number (#) assigned by the interchange sender. This number must be identical to the number assigned in ISA13.
E17	Interchange Control Header Functional Group Header/Functional Group Trailer	GS-GE ISA-IEA	Appendix C (C.7)	Florida Blue 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.
E18	Functional Group Header Functional Identifier Code	GS01	Appendix C (C.7)	BE – Benefit Enrollment and Maintenance Florida Blue requires submission of the above value in this field.
E19	Functional Group Header Application Sender's Code	GS02	Appendix C (C.7)	Florida Blue requires the submission of the Florida Blue assigned Sender Code in this field.
E20	Functional Group Header Application Receiver's Code	GS03	Appendix C (C.7)	RBG005010X220A1 Florida Blue submission of the above value in this field for 834 Benefit Enrollment, all others may cause rejection.
E21	Functional Group Header Date	GS04	Appendix C (C.7)	CCYYMMDD Florida Blue requires submission of relevant date for the functional group creation date.
E22	Functional Group Header Time	GS05	Appendix C (C.8)	HHMM - Florida Blue requires the time associated with the creation of the functional group (reference GS04) expressed in the above format.
E23	Functional Group Header Group Control Number	GS06	Appendix C (C.8)	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.
E24	Functional Group Header Responsible Agency Code	GS07	Appendix C (C.8)	X – Accredited Standards Committee X12 Florida Blue requires submission of the above value in this field.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
E25	Functional Group Header Version/Release/Industry IdentifierCode	GS08	Appendix C (C.8)	005010X220A1 Florida Blue requires submission of the above HIPAA-AS ANSIX12 834 Benefit Enrollment version number (#)
E26	Transaction Header Set Transaction Set IdentifierCode	ST01	31	834 – Benefit Enrollment and Maintenance Florida Blue requires submission of the above value in this field.
E27	Transaction Set Header Transaction Set ControlNumber	ST02	31	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.
E28	Implementation ConventionReference	ST03	31	Must contain 005010X220A1
E29	Beginning Segment Action Code	BGN08	35	Code indicating type of action. 2 - Change (Update) 4 – Verify RX – Replace Florida Blue requires submission of the RX value when the intention of the file is a Full FileReplace.
E30	Transaction Set Trailer Transaction Segment Count	SE01	184	Must include the total number of segments included in a transaction set including ST and SE segments (#).
E31	Transaction Set Trailer Transaction set ControlNumber	SE02	184	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.
E32	Functional Group Trailer Number of Transaction Sets Included	GE01	Appendix C (C.9)	Florida Blue requires the submission of the total number of transaction sets included in the functional group or interchange group terminated by the trailer (#).

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
E33	Functional Group Trailer Group Control Number	GE02	Appendix C (C.9)	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.
E34	999 Functional Acknowledgement			The GS08 of the 999 will always contain 005010X231A1

7. FLORIDA BLUE SPECIFIC BUSINESS RULES and LIMITATIONS

EDI Processing Hours

Electronic Enrollment files can be transmitted seven days per week, 24 hours per day. Standard EDI processing hours are Monday through Friday, 7:00am to 4:00pm, EST. Files received after 4:00pm will be processed the next business day. Files are not processed on weekends or company holidays.

Affordable Care Act

The Affordable Care Act prohibits rescissions; cancellations cannot be submitted for the period in which a premium is collected. Premiums cannot be collected from the canceled employees/dependents for coverage after the requested termination date.

Minimum Essential Coverage Reporting

According to Federal Regulations and Internal Revenue Service (IRS) Regulations the initial request for SSN is made at the time the “relationship with the payee is established”. For Group Enrollment, this would be upon receipt of the application or the Automated Enrollment/834 file record.

*In general, under § 301.6724(e) (regarding missing TINs), a person will be treated as acting in a responsible manner if the person properly solicits the TIN but does not receive it. Under these rules, the reporting entity makes an initial solicitation **at the time the relationship with the payee is established.***

When you submit your employee’s enrollment, it would benefit you and your employees to ensure that all member and dependent SSNs are provided and accurate. This will allow us to properly report to your information to the IRS regarding your employee’s health insurance coverage. If SSNs are missing or inaccurate, your employees and their dependents will receive correspondence from the IRS requesting that you provide verification of your group health insurance coverage in order to avoid a shared responsibility payment.

8. ACKNOWLEDGEMENTS and REPORTS

The purpose of this section is to outline Florida Blue processes for handling the EDI gateway processing of incoming files and the electronic acknowledgment generation process.

TA1 Interchange Acknowledgement Transaction

All X12 file submissions are pre-screened upon receipt to determine if the ISA or IEA segments are readable. If errors are found, Florida Blue will send a TA1 response transaction to notify the group/vendor that the file could not be processed, provided the file contains a code value of 1 in the ISA14.

Once Florida Blue determines that the file is readable, validation is performed on the ISA and IEA loop information. If these segments have a non-standard structure, the file will receive a full file reject and the TA1 response transaction will be sent to the Employer Group/vendor via your group secure file mailbox, provided the file contains a code value of 1 in the ISA14.

999 Functional Acknowledgement Transaction

If the file submission passes the ISA/IEA pre-screening above, it is then checked for ASC X12 syntax and HIPAA compliance errors. When the compliance check is complete, a 999 will be sent to the group/vendor via your Employer Group secure file mailbox informing them if the file has been accepted or rejected. The entire file will be rejected when an ASC X12 or HIPAA compliance error is found.

The Technical Report Type 3 for the 999 Functional Acknowledgement is available electronically at <http://www.wpc-edi.com> and www.x12.org.

9. TRANSACTION SPECIFIC INFORMATION

**834 Benefit Enrollment and Maintenance, Business Requirements for FLORIDABLUE
HIPAA ASC X12N5010X2201A1**

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
	BUSINESS REQUIREMENTS			
B1	2000 Member Level Detail Individual RelationshipCode	INS02	48	Reference account specific materials that will be provided during initial group set up discussions. Florida Blue will provide the External Group Account Contact, with the appropriate code values to be submitted in this field in the Accepted Code Value Document (ACVD). Failure to use the code values provided will result in errors and the submitter will be contacted.
B2	2000 Member Level Detail Employment Status Code	INS08	52	FT – Full Time PT – Part Time LI – Leave of Absence RT – Retired TE - Terminated AC – Active Only the above codes are valid for Florida Blue Benefit Enrollment Transactions. Submission of any others will result in errors and the submitter will be contacted.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
B3	2000 Subscriber Number Reference Identification (Subscriber Identifier)	REF02	55	Florida Blue requires submission of the assigned subscriber contract number in this field (usually the social security number). 0F – Subscriber Number.
B4	2000 Member Policy Number Reference Identification (Insured Group or Policy Number)	REF02	56	Florida Blue requires submission of the 8 alpha- numeric character group/division number pre-assigned by Florida Blue. 1L – Group or Policy Number. Florida Blue 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.
B5	2100A Member Name Identification Code Qualifier Identification Code	NM108 NM109	64	NM108 34 – Social Security Number Florida Blue requests submission of the above code when sending an SSN. NM109 Florida Blue requires a SSN for all contract holders and dependents when the member's age is equal or greater than 45 years. SSN's for all other members are preferred.
B6	2100A Member Demographics Gender Code	DMG03	72	F – Female M – Male Florida Blue requires that only the gender codes listed above can be submitted, all others will be result in errors and the submitter contacted.
B7	2100A Member Demographics Marital Status Code	DMG04	72	Florida Blue requests submission of the applicable marital status code as defined in the HIPAA-AS TR3 .005010X220A1 if available.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
B8	2300 Health Coverage Insurance Line Code	HD03	141	Reference account specific materials that will be provided during initial group set up discussions. Florida Blue will provide the External Group Account Contact with 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.
B9	2300 Health Coverage Plan CoverageDescription	HD04	141	Reference account specific materials that will be provided during initial group set up discussions. Florida Blue will provide the External Group Account Contact with 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 Coverage Level Code	HD05	142	Reference account specific materials that will be provided during initial group set up discussions. Florida Blue will provide to the External Group Account Contact with 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 Policy Number Reference Identification	REF	146	Information at this segment is optional. Florida Blue requests the group and division number be indicated in Loop 2000 as noted in requirement B6. QQ – Prior Coverage Months

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
B12	2300 Identification Card Quantity	IDC03	151	I (number) _____ Florida Blue limits to one (1) the number of replacement I.D. card packages per subscriber, per transmission.
B13	2310 Provider Name - Identification Code Qualifier - Identification Code	NM108 NM109	155	NM108 XX – National Provider Identifier Only the above code is valid for Florida Blue Benefit Enrollment Transactions. _____ NM109 Florida Blue requests submission of the assigned provider number in this field.
B14	2320 Coordination of Benefits Reference ID	COB02	164	Florida Blue requests submission of the other carriers reference ID for this member, if available when submitting Coordination of Benefits data.
B15	2320 Additional Coordination of Benefits Identifiers - Reference ID Qualifier - Reference Identification	REF01 REF02	166	REF01/REF02 6P – Group Number If Coordination of Benefits data is submitted, Florida Blue requests the other carrier's group number in this field, if available.
B16	2330 Coordination of Benefits Related Entity Name Last or Organization Name (Insurer Name)	NM103	170	Florida Blue requests submission of the other carrier's name, even if the standard identifier is present.

10. Electronic Enrollment File Implementation Checklist

This checklist should be used to define the implementation steps from the EmployerGroup/vendor's perspective.

- ◆ Participate in an initial phone call if necessary with the Florida Blue AE team.
- ◆ Obtain 834 Companion Guide from Florida Blue (if not already obtained).
- ◆ Provide Florida Blue AE team with the employer group specifications as requested. For example, identify if COBRA or Retiree data will be included on the file.
- ◆ Obtain an Accepted Code and Values Document (ACVD) from the Florida Blue AE team, which provides group specific details such as the Florida Blue assigned group division numbers.
- ◆ Obtain login credentials from the Florida Blue AE team. This will include your Florida Blue sender code, mailbox ID and mailbox password for your group's secure file transfer account.
- ◆ Obtain connectivity information (if needed) and determine type of connectivity (transmission protocol / method).
- ◆ Test login process to Florida Blue secure file transfer mailbox (<https://securefile.bcbsfl.com>). If issues exist, contact Florida Blue AE team by sending an email to automatedenrollment@bcbsfl.com.
- ◆ Begin Florida Blue EDI gateway testing. After receiving feedback from the Florida Blue AETeam, make necessary changes, resubmit corrected file, and repeat if necessary. Successfully pass EDI gateway edits at Florida Blue.
- ◆ Begin data validation testing with Florida Blue. Correct data and retransmit as needed during the testing process. Once this phase of testing is complete, the group is approved for production.
- ◆ Upon receiving approval, production details will be collected and the schedule defined.
- ◆ Review Period begins with the first production file processed. Review period typically lasts for 30 days. Review period ends at the end of the 30 days or when 4 successful defect-free production files have been processed.