

Florida Blue Medicare Health Plan

HIPAA Transaction Standard Companion Guide

For Availity^{®1} Health Information Network Users

Refers to the Technical Report Type Three (TR3) Based on ASC Version 005010X279A1

276/277 – Health Care Claim Status Inquiry and Response

Companion Guide Version Number: 1.0

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Disclosure Statement

The Florida Blue Medicare HIPAA Transaction Standard Companion Guide for EDI Transactions Technical Reports, Type 3 (TR3) provides guidelines for submitting electronic batch transactions. Because the HIPAA ASC X12-TR3s require 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 or data issues that are permitted to be specific to Florida Blue Medicare 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 X12 TR3s. It does not attempt to amend any of the requirements of the TR3s or impose any additional obligations on trading partners of Florida Blue Medicare that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This Companion Guide provides information on Florida Blue Medicare specific codes relevant to Florida Blue Medicare business processes, rules and situations that are within the parameters of HIPAA. Readers of this Companion Guide should be acquainted with the HIPAA ASC X12 TR3s, their structure and content.

This Companion Guide provides supplemental information that exists between Florida Blue Medicare and its trading partners. Trading partners should refer to their Trading Partner Agreement for guidelines pertaining to Availity LLC, legal conditions surrounding the implementation of the EDI transactions and code sets. However, trading partners should refer to this Companion Guide for information on Florida Blue Medicare 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.

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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 ANSI 276/277 Claim Status Inquiry and Response 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 Medicare via your vendor. The ASC X12 005010X212A1 is the established standard for Claim Status Inquiry and Response (ANSI 276/277).

1.1 Scope

This ANSI 276/277 *Companion Guide* was created for Florida Blue Medicare trading partners to supplement the ANSI 276/277 TR3. It describes the data content, Florida Blue Medicare business rules, and characteristics of the ANSI 276/277 transaction.

1.2 Overview

The Technical Reports Type 3 Guides (TR3s) for the ANSI 276/277 Claim Status Inquiry and Response 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 Medicare via your vendor.

1.3 References

- TR3 Guides for ASC X12 005010X212A1 Eligibility Benefit Inquiry and Response (ANSI 276/277) and all other HIPAA standard transactions are available electronically at wpc-edi.com.
- For more information, including an online demonstration, please visit availity.com or call 800-282-4548.
- CAQH Core Operating Rules Phase II caqh.org/CORE_operat_rules.php.

2 GETTING STARTED

2.1 Working with Florida Blue Medicare

Availity optimizes an information exchange between multiple health care stakeholders through a single, secure network. Availity encompasses administrative, financial, and clinical services, supporting both real-time and batch EDI via the web and through business-to-business (B2B) integration. For more information, including an online demonstration, please visit availity.com or call 800-282-4548.

2.2 Trading Partner Registration

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In order to register, you will need:

- Basic information about your practice, including your Federal Tax ID and National Provider Identifier.
- Someone with the legal authority (typically an owner or senior partner) to sign agreements for your organization.
- An office manager or other employee who can oversee the Availity implementation and maintain User IDs and access.

2.3 Certification and Testing Overview

All trading partners and clearinghouses should be certified via Availity. It is recommended that the trading partner obtain HIPAA Certification from an approved testing and certification third party vendor prior to testing.

3 TESTING WITH FLORIDA BLUE MEDICARE AND AVAILITY

Florida Blue Medicare recommends that Trading Partners contact Florida Blue Medicare to obtain a testing schedule and or notify Florida Blue Medicare of potential testing opportunities prior to implementing any foreseen transaction impacts to the business flow of both Florida Blue Medicare and/or the trading partner.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS WITH FLORIDA BLUE MEDICARE AND AVAILITY

4.1 Transmission Administrative Procedures

- Connectivity
- Secure File Transfer via Internet
- FTP via ISDN, Leased Lines, Frame Relay, VPN
- 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 client tries to list the files available in the Server or during upload or download of files.

4.2 Re-Transmission Procedure

- Encryption Method – Secure Socket Layer (SSL)

4.3 Communication Protocol Specifications

- HTTPS/FTPS
- HTTPS and your common Internet browsers (IE, Firefox, etc.) Port 443 (default)
- FTPS: Any FTP client capable of SSL encryption

4.4 Client examples are:

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- Valicert FTP Client
- Cute-FTP
- WS-FTP Pro
- FileZilla

FTPS Parameters

- Port 21
- Authentication: FTP over SSL (explicit) or FTP over TLS (explicit)
- Active Mode
- File retention is 72 hours

SSH Parameters

- Use SFTP or SCP
- Port 22
- Authentication: User id and Password

4.5 Passwords

- If a password change is necessary, please contact Availity at 800-282-4548 or availability.com.

5 CONTACT INFORMATION

5.1 EDI Customer Service

For EDI customer service related to Florida Blue Medicare, please visit availability.com or call 800-282-4548.

5.2 EDI Technical Assistance

For support of EDI transactions through Availity, please visit availability.com or call 800-282-4548.

5.3 Provider Service Number

For provider services, please contact Florida Blue Medicare at 800-727-2227. For faster service, please have your Availity transaction ID available.

5.4 Applicable websites/email:

- availability.com
- floridablue.com

6 CONTROL SEGMENTS/ENVELOPES

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

Common Definitions

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Florida Blue Medicare Health Plan Companion Guide ANSI 276/277 Transaction Type

- 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 276/277 - Claim Status Inquiry and Response:

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
G1	All Transactions			Florida Blue Medicare requires a trading partner Agreement to be on file with Availity indicating all electronic transactions the trading partner intends to send or receive.
G2	All Segments			Only loops, segments, and data elements valid for the 276 HIPAA-AS TR3 Guide ASC X12 005010X212 will be used for processing.
G3	<p>Acknowledgments –</p> <p>Florida Blue Medicare acknowledgements are created to communicate the status of transactions. It is imperative that they be retrieved on a daily basis. One file could result in multiple acknowledgements.</p> <p><u>ANSI X12:</u></p> <p>-TA1 – Interchange Acknowledgement</p> <p>-999– Functional Acknowledgement</p>			<p>TA1 is available immediately after depositing file.</p> <p>999 is available immediately after depositing file.</p>
G4	Negative Values			Submission of any negative values in the 276 transaction will not be processed or forwarded.

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Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
G5	Date fields			All dates submitted on an incoming 276 Claim Status Inquiry must be a valid calendar date in the appropriate format based on the respective HIPAA-AS TR3 qualifier. Failure to do so may cause processing delays or rejection.
G6	Batch Transaction Processing			Generally, Availity and Florida Blue Medicare Gateway accept transmissions 24 hours a day, 7 days a week.
G7	Multiple Transmissions	All Segments		Any errors detected in a transaction set will result in the entire transaction set being rejected.
	All transactions – B2B / EDI			Florida Blue Medicare requests to remove - (dashes) from all tax IDs, SSNs and zip codes.
G9	All Segments	Response		An outbound 277 HIPAA compliant claim status is contingent upon Florida Blue Medicare’s receipt of an original ANSI X12 5010 837 claim. Therefore, if the claim was not received via a HIPAA compliant 837 claim, all relevant data elements and values are not available for return on the 277 transactions.
G10		Response		If the provider of services has been assessed a lien, levy or garnishment, all money from claim payments will be withheld by Florida Blue Medicare. If an ANSI X12 276, requests the status of a claim that meets this condition, the 277 response will provide the payment information that you would have received without the garnishment being

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Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
				applied.

Enveloping Information – 276 Inquiry

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E1	Interchange Control Header	ISA	<i>Appendix (B.5; 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	ISA	<i>Appendix B (B.3)</i>	Must submit Claim Status inquiry data using the basic character set as defined in Appendix B of the ASC X12 005010X212 TR3. In addition to the basic character set, you may choose to submit lower case characters and the special character (@) 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 Qualifier	ISA01	<i>Appendix C (C.4)</i>	Florida Blue Medicare requires “00” in this field.
E4	Interchange Control Header Authorization Information	ISA02	<i>Appendix C (C.4)</i>	Florida Blue Medicare requires 10 spaces in this field.
Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E5	Interchange Control Header Security Information Qualifier	ISA03	<i>Appendix C (C.4)</i>	Florida Blue Medicare requires 00 in this field.
E6	Interchange Control Header Security Information	ISA04	<i>Appendix C (C.4)</i>	Florida Blue Medicare requires 10 spaces in this field.
E7	Interchange Control Header Interchange ID Qualifier	ISA05	<i>Appendix C (C.4)</i>	Florida Blue Medicare requires 01 in this field.
E8	Interchange Control Header Interchange Sender ID	ISA06	<i>Appendix C (C.4)</i>	Florida Blue Medicare requires submission of your individually assigned Florida Blue Medicare sender mailbox number in this field.

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Florida Blue Medicare Health Plan Companion Guide ANSI 276/277 Transaction Type

E9	Interchange Control Header Interchange ID Qualifier	ISA07	<i>Appendix C (C.5)</i>	Florida Blue Medicare requires ZZ in this field.
Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E10	Interchange Control Header Interchange Receiver ID	ISA08	<i>Appendix C (C.5)</i>	Florida Blue Medicare will only accept the submission of Florida Blue tax ID number 592015694 in this field.
E11	Interchange Control Header Repetition Separator	ISA11	<i>Appendix C (C.5)</i>	All transactions utilize { as repetition separator. Submitting delimiters other than this may cause an interchange (transmission) to be rejected.
E12	Interchange Control Header Acknowledgement Requested	ISA14	<i>Appendix C (C.6)</i>	The TA1 will not be provided without a code value of 1 in the field.
E13	Interchange Control Header Interchange Usage Indicator	ISA15	<i>Appendix C (C.6)</i>	Florida Blue Medicare requires P in this field to indicate the data enclosed in this transaction is a production file.
E14	Interchange Control Header Component Element Separator	ISA16	<i>Appendix C (C.6)</i>	: Delimiter ----- Florida Blue Medicare requires the use of the above delimiter to separate component data elements within a composite data structure.
Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E15	Interchange Control Header Functional Group Header/Functional Group Trailer	GS - GE ISA - IEA	<i>Appendix C (C.7)</i>	Florida Blue Medicare 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.
E16	Functional Group Header Functional Identifier Code	GS01	<i>Appendix C (C.7)</i>	HR – Claim Status Inquiry Florida Blue Medicare requires submission of the above value in this field.
E17	Functional Group Header Application Sender's Code	GS02	<i>Appendix C (C.7)</i>	Florida Blue Medicare requires the submission of the Florida Blue Medicare assigned Sender Code in this field.
E18	Functional Group Header Application Receiver's Code	GS03	<i>Appendix C (C.7)</i>	592015694 Florida Blue Medicare requires the submission of the above value in this field for 276 Claim Status, all others may cause rejection.

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E19	Implementation Convention Reference	ST03	36	Must contain 005010X212.
E20	999 Functional Acknowledgement	GS08		Florida Blue Medicare will return the version of the 276 inbound transactions in the GS08 segment of the 999 functional acknowledgements.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Business Requirements

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
B1	2100A – Information Source Level - Payer Name Name Last or Organization Name	NM103	41	FBM ----- Florida Blue Medicare requests submission of above value in this field.
B2	2100B – Information Receiver Level - Information Receiver Name 2100C – Service Provider Level – Provider Name	NM1	45	Florida Blue Medicare requests the requester’s Florida Blue Medicare Sender in this field with NM108 qualifier of 46 and the sender ID in NM109 when NM101 = 41.
B3	2100C - Service Provider Level First Name	NM104	50	Required by Florida Blue Medicare when NM102 = 1 and the person has a first name that is known.
B4	2100C - Service Provider Level Identification Code Qualifier Identification Code – Provider Identifier –	NM108 NM109	51	Florida Blue Medicare requires XX in NM108 and Provider NPI number in NM109. FBM01 Florida Blue Medicare Provider Identifier
Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement

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B5	2000D/2000E – Subscriber / Dependant Demographic Information Subscriber/Patient Date of Birth (DOB)	DMG02	55	Patient DOB is required field by Florida Blue Medicare. Patient DOB cannot be greater than today's date.
B6	2000D/2000E – Subscriber / Dependant Demographic Information Subscriber/Patient Gender Code	DMG03	55	Florida Blue Medicare requires that only the gender codes listed below be submitted, all others will be rejected. M - Male, F – Female
B7	2100D – Subscriber Name First Name	NM104	57	Required by Florida Blue Medicare when NM102 = 1 and the person has a first name that is known.
B8	2100D – Subscriber Name 2100E – Dependant Name Identification Code Qualifier Identification Code	NM108 NM109	57, 136	NM108 - MI member identification number. Florida Blue Medicare requires the submission of the above qualifier in this data element. <hr/> NM109 Florida Blue Medicare requires the submission of the ID number (#) exactly as it appears on the Florida Blue Medicare ID card without any embedded spaces, (this includes any out-of-state Blue Card IDs) including any applicable prefix or suffix. Failure to submit the data as indicated above may result in a claim/encounter not found message.

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Florida Blue Medicare Health Plan Companion Guide ANSI 276/277 Transaction Type

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
B9	2200D/2200E - Claim Status Tracking Number Reference Identification Qualifier Payer Claim Control Number	REF01 REF02	59	Florida Blue Medicare requires Reference Identification Qualifier (REF01) to be 1K (Payer's Claim Number).
B10	2200D/2200E - Claim Status Tracking Number Total Claim Charge Amount	AMT02	66	Florida Blue Medicare will not accept negative numbers in this field.
B11	2100E – Dependant Name Patient First Name	NM104	80	Required by Florida Blue Medicare when NM102 = 1 and the person has a known first name.
B12	2200D/2200E – Claim Status Tracking Number Institutional Bill Type	REF02 REF01	83	Florida Blue Medicare requires Bill Type Qualifier (REF01) to be BLT (Billing Type).
B13	2200D - Payer Claim Identification Number 2200E - Claim Submitter Trace Number Trace Number	TRN02 Response:	137	Florida Blue Medicare requires the submission of the Patient Account Number if available in this data element. Florida Blue Medicare will return the number that was submitted in the 276 inquiry on the 277 response transaction.
Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
B14	2200D - Subscriber Level 2200E – Dependant Level Check Number	STC09 Response	146	Florida Blue Medicare will not return a check number in this data element if multiple checks are issued for a paid claim. This is in compliance with the direction provided in the ANSI X12 5010A1 277 TR3.

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B15	<p>2200D/2200E – Claim Status Tracking Number</p> <p>Patient Account Number</p> <p>Patient Control Number</p>	<p>REF01</p> <p>REF02</p>	151	<p>Florida Blue Medicare requires REF01 = EJ.</p> <p>Florida Blue Medicare restricts Patient Account Number to 20 characters or less.</p> <p>This segment should not be sent for a Claim Status inquiry if the provider has already received a statement on the claim, electronic or otherwise using the claim number.</p> <p>Submission of this segment when a statement has already been received may result in a mismatch condition.</p>
B16	<p>2200D - Subscriber Level</p> <p>2200E – Dependant Level</p> <p>Claim Service Period From</p> <p>Claim Service Period To</p>	DTP03	156	<p>The Claim Service Period From and Claim Service Period To dates must be a date that occurs on or after the Patient Birth Date.</p> <p>The Claim Service Period From and Claim Service Period To dates must be within 2 years of the current date.</p> <p>The Claim Service Period From and Claim Service Period To dates cannot be in the future.</p> <p>The Claim Service Period From date cannot be greater than the Claim Service Period To date.</p> <p>The Claim Service Period From and Claim Service Period To dates must not span more than two years.</p>

Enveloping Information – 277 Response

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E1	Interchange Control Header	ISA	<i>Appendix B.5; C.3</i>	All transactions utilize delimiters from the following list: >,*,~,^, ,{ and : .

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E2	Interchange Control Structure	ISA	<i>Appendix B (B.3)</i>	Florida Blue Medicare sends Claim Status response data using the basic character set as defined in Appendix B of the ASC X12 005010X212 TR3. In addition to the basic character set, lower case characters and the special character (@) from the extended character set may be used.
E3	Interchange Control Header Authorization Information Qualifier	ISA01	<i>Appendix C (C.4)</i>	Florida Blue Medicare sends 00 in this field.
E4	Interchange Control Header Authorization Information	ISA02	<i>Appendix C (C.4)</i>	Florida Blue Medicare sends 10 spaces in this field.
Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E5	Interchange Control Header Security Information Qualifier	ISA03	<i>Appendix C (C.4)</i>	Florida Blue Medicare sends 00 in this field.
E6	Interchange Control Header Security Information	ISA04	<i>Appendix C (C.4)</i>	Florida Blue Medicare sends 10 spaces in this field.
E7	Interchange Control Header Interchange ID Qualifier	ISA05	<i>Appendix C (C.4)</i>	Florida Blue Medicare sends ZZ in this field.
E8	Interchange Control Header Interchange Sender ID	ISA06	<i>Appendix C (C.4)</i>	Florida Blue Medicare sends 592015694 in this field.
E9	Interchange Control Header Interchange ID Qualifier	ISA07	<i>Appendix C (C.5)</i>	Florida Blue Medicare sends 01 in this field.
E10	Interchange Control Header Interchange Receiver ID	ISA08	<i>Appendix C (C.5)</i>	Florida Blue Medicare sends individually assigned Florida Blue Medicare sender mailbox number in this field.
Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E11	Interchange Control Header Repetition Separator	ISA11	<i>Appendix C (C.5)</i>	Florida Blue Medicare uses { as repetition separator.
E12	Interchange Control Header Acknowledgement Requested	ISA14	<i>Appendix C (C.6)</i>	The TA1 will not be provided by Florida Blue Medicare without a code value of 1 in the field.

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E13	Interchange Control Header Interchange Usage Indicator	ISA15	<i>Appendix C (C.6)</i>	Florida Blue Medicare sends P in this field to indicate the data enclosed in this transaction is a production file.
E14	Interchange Control Header Component Element Separator	ISA16	<i>Appendix C (C.6)</i>	Florida Blue Medicare uses : as the delimiters to separate component data elements within a composite data structure.
E15	Interchange Control Header Functional Group Header/Functional Group Trailer	GS - GE ISA - IEA	<i>Appendix C (C.7)</i>	Florida Blue Medicare 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.
Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3 Page(s)	Plan Requirement
E16	Functional Group Header Functional Identifier Code	GS01	<i>Appendix C (C.7)</i>	HN – Claim Status Response Florida Blue Medicare sends the above value in this field.
E17	Functional Group Header Application Sender's Code	GS02	<i>Appendix C (C.7)</i>	Florida Blue Medicare sends 592015694 in this field.
E18	Functional Group Header Application Receiver's Code	GS03	<i>Appendix C (C.7)</i>	Florida Blue Medicare sends Florida Blue Medicare assigned Sender Code in this field.
E19	Implementation Convention Reference	ST03	36	Florida Blue Medicare sends 005010X212 in this field.
E20	999 Functional Acknowledgement	GS08		Florida Blue Medicare will return the version of the 277 outbound transactions in the GS08 segment of the 999 functional acknowledgements.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

The purpose of this section is to outline Florida Blue Medicare processes for handling the initial 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, a TA1 response transaction will be sent to notify the trading partner that the file could not be processed provided the file contains a code value of 1 in the ISA14. No TA1 response transaction will be sent for error-free files.

Once Florida Blue Medicare determines that the file is readable, validation is performed on the interchange control header (ISA) and interchange control trailer (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 trading partner, provided the file contains a code value of 1 in the ISA14.

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999 Functional Acknowledgement Transactions

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 trading partner informing them if the file has been accepted or rejected. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), the entire functional group (GS-GE) will be rejected when an ASC X12 or HIPAA compliance error is found.

9 TRADING PARTNER AGREEMENTS

Please contact Availity for your Trading Partner Agreement at 800-282-4548 or availity.com.

10 TRANSACTION SPECIFIC INFORMATION

10.1 ASC X12 Transactions Supported

Florida Blue Medicare processes the following ASCX12 HIPAA transactions for Claim Status Request:

ASC X12 276 ASC X12 005010X231A1	Claim Status Inquiry
ASC X12 TA1 v005010X231A1 (HIPAA)	Response to the X12 transactions where errors are encountered in the outer envelopes (ISA/IEA and GS/GE segments)
ASC X12 999 V 005010X231A1 (HIPAA)	Functional Acknowledgement

¹Availity, LLC, is a multi-payer joint venture company. For more information or to register, visit availity.com.

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