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

270/271- Health Care Eligibility and Benefit Inquiry and Response

Companion Guide Version Number: 1.0

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

900-4664-1219

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.

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

This page left blank

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Version Change Log

Date	Description	Page
10-30-19	**Document creation version 1.0**	**NA**

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Contents

1 INTRODUCTION 6
1.1 Scope 6
1.2 Overview 6
1.3 References 6
2 GETTING STARTED 6
2.1 Working with Florida Blue Medicare 6
2.2 Trading Partner Registration 7
2.3 Certification and Testing Overview 7
3 TESTING WITH FLORIDA BLUE MEDICARE AND AVAILITY 7
4 CONNECTIVITY/COMMUNICATIONS WITH FLORIDA BLUE MEDICARE AND AVAILITY 7
4.1 Process Map 7
4.2 Transmission Administrative Procedure 8
4.3 Re-Transmission Procedure 8
4.4 Communication Protocol Specifications 8
4.5 Passwords 9
5 CONTACT INFORMATION 9
5.1 EDI Customer Service 9
5.2 EDI Technical Assistance 9
5.3 Provider Service Number 9
5.4 Applicable websites/e-mail 9
6 CONTROL SEGMENTS/ENVELOPES 9
7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS 16
8 ACKNOWLEDGEMENTS AND/OR REPORTS 22
9 TRADING PARTNER AGREEMENTS 22
10 TRANSACTION SPECIFIC INFORMATION 23
10.1 ASC X12 Transactions Supported 23

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

900-4664-1219

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 ANSI 270/271 Eligibility Benefit 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 005010X279A1 is the established standard for Eligibility Benefit Inquiry and Response (ANSI 270/271).

1.1 Scope

This ANSI 270/271 *Companion Guide* was created for Florida Blue Medicare trading partners to supplement the ANSI 270/271 TR3. It describes the data content, Florida Blue Medicare business rules and characteristics of the ANSI 270/271 transaction.

1.2 Overview

The Technical Reports Type 3 Guides (TR3s) for the ANSI 270/271 Eligibility and Benefit 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 005010X279A1 Eligibility Benefit Inquiry and Response (ANSI 270/271) 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 information exchange between multiple health care stakeholders through a single, secure network. The Availity Health Information Network 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,

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

please visit availity.com or call 800-282-4548.

2.2 Trading Partner Registration

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 clearing houses 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.

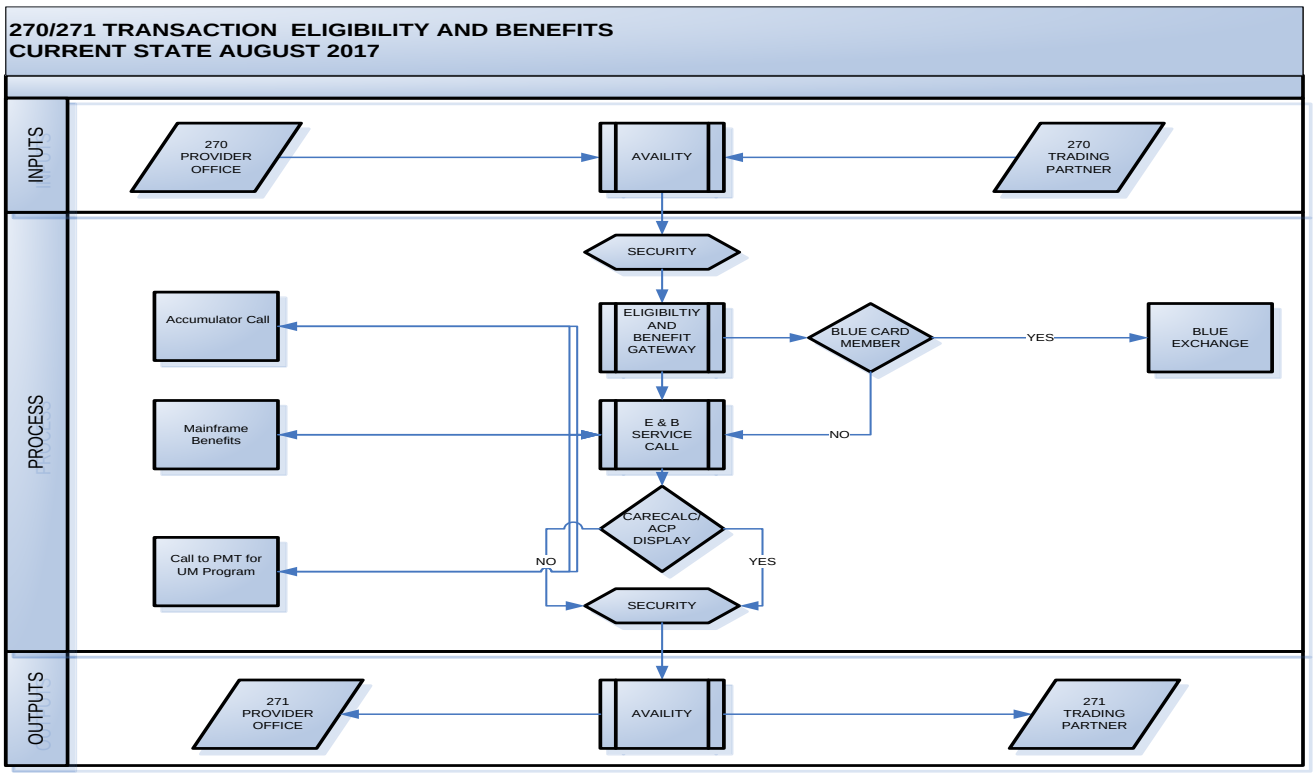
4 CONNECTIVITY/COMMUNICATIONS WITH FLORIDA BLUE MEDICARE AND AVAILITY

4.1 Process Map

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.



4.2 Transmission Administrative Procedure

Connectivity

Secure File Transfer via Internet

FTP via ISDN, Leased Lines, Frame Relay, VPN

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 client tries to list the files available in the Server or during upload or download of files.

4.3 Re-Transmission Procedure

Encryption Method

Secure Socket Layer (SSL)

4.4 Communication Protocol Specifications

Protocols Used

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

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

5 CONTACT INFORMATION

5.1 EDI Customer Service

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

5.2 EDI Technical Assistance

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

5.3 Provider Service Number

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

5.4 Applicable websites/email

- availity.com
- floridablue.com

6 CONTROL SEGMENTS/ENVELOPES

ANSI 270/271 - Eligibility and Benefit Inquiry and Response:

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

The purpose of this section is to delineate specific data requirements where multiple valid values are presented within the ANSI 270/271 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 Medicare 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 270/271 - Eligibility and Benefit Inquiry and Response:

Global Information

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3Page (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 270 HIPAA-AS TR3 Guides ASC X12 005010X279A1 will be used for processing.

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3Page (s)	Plan Requirement
G3	Acknowledgments – 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. **ANSI X12:** -TA1 – Interchange Acknowledgement -999– Functional Acknowledgement			TA1 is available immediately after depositing file 999 is available immediately after depositing file
G4	**Negative Values**			Submission of any negative values in the 270 transaction will not be processed or forwarded.
Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
G5	**Date fields**			All dates submitted on an incoming 270 Eligibility and Benefit Inquiry must be a valid calendar date in the appropriate format based on the respective ANSI 270/271 5010 A1 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.

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3Page (s)	Plan Requirement
G8	**All Transactions**			Although you may have submitted multiple patients in one 270 Inquiry, Florida Blue Medicare will send a separate 271 response for each patient.
G9	**2100C Subscriber Name** **Qualifier** **Identification Code**	NM108 NM109		When the MI qualifier is submitted in NM108, 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, including any applicable prefix or suffix. (This includes any out of state Blue Plan ID cards.) The ID must contain a minimum of a three character prefix followed by characters for a maximum of 17 characters. Or an H followed by exactly 8 or 10 numbers. **Note:** For Federal Employees an R followed by exactly 8 numbers.
Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
G10	**All Transactions**			ELIGIBILITY AND BENEFIT requests with multiple dependents will be split into separate transactions and returned one at a time.
G11	**All Transactions**			Florida Blue Medicare requires that you do not submit any special characters in any text fields.
G12	**2110C Subscriber Spend Down Amount** **Monetary Amount**	AMT	137	Although the 270 allows submission of data in this segment, this does not apply to Florida Blue Medicare products. Therefore any information submitted will not be utilized in processing the 270 request.

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3Page (s)	Plan Requirement
G13	**All transactions**			Requests for information should not include coverage specific inquiries for dates or procedure codes. Response information will not include specific request for procedure coverage date, procedure maximum amounts, patient responsibility amounts or non-covered amounts.

Enveloping Information – 270 Inquiry

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
E1	**Interchange Control Header**	ISA	*Appendix B.3 ; C.3*	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	*Appendix B (B.4)*	Must submit E&B inquiry data using the basic character set as defined in Appendix B of the ASC X12 005010X279A1 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	*Appendix C(C.4)*	Florida Blue Medicare requires 00 in this field.
E4	**Interchange Control Header Authorization Information**	ISA02	*Appendix C(C.4)*	Florida Blue Medicare requires 10 spaces in this field.

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
E5	**Interchange Control Header Security Information Qualifier**	ISA03	*Appendix C(C.4)*	Florida Blue Medicare requires 00 in this field.
E6	**Interchange Control Header Security Information**	ISA04	*Appendix C(C.4)*	Florida Blue Medicare requires 10 spaces in this field.
E7	**Interchange Control Header Interchange ID Qualifier**	ISA05	*Appendix C(C.4)*	Florida Blue Medicare requires 01 in this field.
E8	**Interchange Control Header Interchange Sender ID**	ISA06	*Appendix C(C.4)*	Florida Blue Medicare requires submission of your individually assigned Florida Blue Medicare sender mailbox number in this field.
E9	**Interchange Control Header Interchange ID Qualifier**	ISA07	*Appendix C(C.5)*	Florida Blue Medicare requires ZZ in this field.
Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
E10	**Interchange Control Header Interchange Receiver ID**	ISA08	*Appendix C(C.5)*	Florida Blue Medicare will only accept the submission of Florida Blue Medicare tax ID number 592015694 in this field.

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

E11	**Interchange Control Header Repetition Separator**	ISA11	*Appendix C(C.5)*	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	*Appendix C(C.6)*	The TA1 will not be provided without a code value of 1 in this field.
E13	**Interchange Control Header Interchange Usage Indicator**	ISA15	*Appendix C(C.6)*	Florida Blue Medicare requires P in this field to indicate the data enclosed in this transaction is a production file.
Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
E14	**Interchange Control Header Component Element Separator**	ISA16	*Appendix C(C.6)*	: Delimiter --- Florida Blue Medicare requires the use of the above delimiter to separate component data elements within a composite data structure.
E15	**Interchange Control Header Functional Group Header/Functional Group Trailer**	GS - GE ISA - IEA	*Appendix C(C.7)*	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.

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

E16	**Functional Group Header Functional Identifier Code**	GS01	*Appendix C(C.7)*	HS – E & B Inquiry Florida Blue Medicare requires submission of the above value in this field.
E17	**Functional Group Header Application Sender's Code**	GS02	*Appendix C(C.7)*	Florida Blue Medicare requires the submission of the Florida Blue Medicare assigned Sender Code in this field.
Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
E18	**Functional Group Header Application Receiver's Code**	GS03	*Appendix C(C.7)*	592015694 Florida Blue Medicare requires submission of the above value in this field for 270 E&B, all others may cause rejection.
E19	**Implementation Convention Reference**	ST03	*62*	Must contain 005010X279A1.
E20	**999 Functional Acknowledgement**	GS08		Florida Blue Medicare will return the version of the 270 inbound transactions in the GS08 segment of the 999 functional acknowledgements.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Business Requirements

[1]Availity, LLC, is a multi-payer joint venture company. For more information or to register, visit availity.com.
Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.
All rights reserved. This document may be copied.

Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
B1	**2100A – Information Source Name** **Entity Identifier Code**	NM101	69	Florida Blue Medicare requires PR in this field.
B2	**2100A – Information Source Name** **Last Name or Organization Name**	NM103	70	Florida Blue Medicare requires the following in this field: Florida Blue Medicare
B3	**2100A – Information Source Name** **Identification Code Qualifier**	NM108	71	Florida Blue Medicare requires PI in this field.
B4	**2100A – Information Source Name** **Information Source Primary Identifier**	NM109	71	This value is required to be 831056418.
B5	**2100B - Information Receiver Name** **Identification Code Qualifier**	NM108	77	Florida Blue Medicare requires submission of the XX in NM108.
B6	**2100B - Information Receiver Name** **Information Receiver Identification Number**	NM109	78	Florida Blue Medicare requires submission of the NPI number in NM109.
B7	**2100B - Information Receiver Name** **Reference Identification Qualifier**	REF01	79	Florida Blue Medicare requests submission of the EO qualifier in REF01

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

B8	**2100B - Information Receiver Name** **Information Receiver Additional Identifier**	REF02	80	Sender ID is required in this field.
Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
B9	**2100C – Subscriber Name** **2100D – Dependent Name** **Patient Last Name**	NM103	93/152	Florida Blue Medicare requires this field and will not allow spaces.
B10	**2100C – Subscriber Name** **2100D – Dependent Name** **Patient First Name**	NM104	93/152	Required when NM102 = 1 (person) and the person has a first name.
B11	**2100C – Subscriber Name** **Patient ID**	NM109	96	Florida Blue Medicare requires this field and will not allow spaces.
B12	**2100C – Subscriber Eligibility and Benefit (E&B) Inquiry Information** **As of Date**	DTP	123	Default is current date. Date cannot be more than 24 months in the past. Date cannot be more than 12 months in the future. Date must be on or after the date of birth.
Req #	Loop ID – Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

B13	**2110C – Subscriber E&B Inquiry Information** **Type of Benefits Requested** **Benefit / Service Type**	EQ	125	Florida Blue Medicare requires an EQ loop for either the subscriber or dependent as applicable in order for benefit information to be returned on the 271 response record. Florida Blue Medicare will not accept multiple types of benefits. Reference 1.4.7 Implementation-Compliant Use of the 270 / 271 Transaction Set of 5010X279A1 TR3.
B14	**2100C – Subscriber Name** **2100D – Dependent Name** **Patient Date of birth (DOB)**	DMG02	108/165	Florida Blue Medicare requires submission of patient's DOB in this field.
B15	**2100D – Dependent Name** **Dependent Relationship**	INS	168	Florida Blue Medicare accepts the following Code Values: Self 01-Spouse 19-Child 34-Other Adult

Enveloping Information – 271 Response

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
E1	**Interchange Control Header**	ISA	*Appendix B.3 ; C.3*	All transactions utilize delimiters from the following list: >,*,~,^,|,{ and :
E2	**Interchange Control Structure**	ISA	*Appendix B (B.3)*	Florida Blue Medicare sends E&B response data using the basic character set as defined in Appendix B of the ASC X12 005010X279A1 TR3. In addition to the basic character set, lower case characters and the special character (@) from the extended character set may be

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
				used.
E3	**Interchange Control Header Authorization Information Qualifier**	ISA01	*Appendix C(C.4)*	Florida Blue Medicare sends 00 in this field.
E4	**Interchange Control Header Authorization Information**	ISA02	*Appendix C(C.4)*	Florida Blue Medicare sends 10 spaces in this field.
Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
E5	**Interchange Control Header Security Information Qualifier**	ISA03	*Appendix C(C.4)*	Florida Blue Medicare sends 00 in this field.
E6	**Interchange Control Header Security Information**	ISA04	*Appendix C(C.4)*	Florida Blue Medicare sends 10 spaces in this field.
E7	**Interchange Control Header Interchange ID Qualifier**	ISA05	*Appendix C(C.4)*	Florida Blue Medicare sends ZZ in this field.
E8	**Interchange Control Header Interchange Sender ID**	ISA06	*Appendix C(C.4)*	Florida Blue Medicare sends 592015694 in this field.
E9	**Interchange Control Header Interchange ID Qualifier**	ISA07	*Appendix C(C.5)*	Florida Blue Medicare sends 01 in this field.
Req #	Loop ID - Segment Description & Element	Reference	TR3Page(	Plan Requirement

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
	Name	Description	s)	
E10	**Interchange Control Header Interchange Receiver ID**	ISA08	*Appendix C(C.5)*	Florida Blue Medicare sends individually assigned Florida Blue Medicare sender mailbox number in this field.
E11	**Interchange Control Header Repetition Separator**	ISA11	*Appendix C(C.5)*	Florida Blue Medicare uses { as repetition separator.
E12	**Interchange Control Header Acknowledgement Requested**	ISA14	*Appendix C(C.6)*	The TA1 will not be provided by Florida Blue Medicare without a code value of 1 in the field.
E13	**Interchange Control Header Interchange Usage Indicator**	ISA15	*Appendix C(C.6)*	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	*Appendix C(C.6)*	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	*Appendix C(C.7)*	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	TR3Page(s)	Plan Requirement
E16	**Functional Group Header Functional Identifier Code**	GS01	*Appendix C(C.7)*	HB – E&B Response Florida Blue Medicare sends the above value in this field.
E17	**Functional Group Header Application Sender's**	GS02	*Appendix C(C.7)*	Florida Blue Medicare sends 592015694 in this field.

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

Req #	Loop ID - Segment Description & Element Name	Reference Description	TR3Page(s)	Plan Requirement
	Code			
E18	**Functional Group Header Application Receiver's Code**	GS03	*Appendix C(C.7)*	Florida Blue Medicare sends Florida Blue Medicare assigned Sender Code in this field.
E19	**Implementation Convention Reference**	ST03	*62*	Florida Blue Medicare sends 005010X279A1 in this field.
E20	**999 Functional Acknowledgement**	GS08		Florida Blue Medicare will return the version of the 271 outbound transactions in the GS08 segment of the 999 functional acknowledgements.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

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

TA1 Interchange Acknowledgement Transaction

All X12 file submissions are pre-screened upon receipt to determine if the interchange control header (ISA) or interchange control trailer (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 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 trading partner, provided the file contains a code value of 1 in the ISA14.

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

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.

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 Eligibility and Benefit Request:

ASC X12 270 ASC X12 005010X279A1	Eligibility and Benefit 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 v005010X231A1 (HIPAA)	Functional Acknowledgement

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

Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

All rights reserved. This document may be copied.