Blue Cross & Blue Shield of Rhode Island

834 Health Care Benefit Enrollment and Maintenance Companion Guide

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PREFACE

This *Companion Guide* supplements the *ASC X12 834 (004010X095A1) Implementation Guide* adopted under HIPAA. Its purpose is to clarify the rules and specify the data content when data is electronically transmitted to Blue Cross & Blue Shield of Rhode Island (hereinafter "BCBSRI"). The rules for transmitting data detailed herein are compliant with both X12 syntax and the *Implementation Guides*. This *Companion Guide* does not convey information that in any way exceeds the requirements or usages of data expressed in the *Implementation Guides.*

DISCLAIMER

This *Companion Guide* is considered a living document, and as such, the information provided herein will be subject to change after October 16, 2003 in the event that BCBSRI revises its policies or HIPAA Transactions and Code Sets law is updated or amended.

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1.0   Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS).

The *ANSI X12N Implementation Guides* and *Addenda* adhere to the final HIPAA Transaction Regulations and have been established as the standards of compliance for electronic transactions. The *Implementation Guides* are available electronically at www.wpc-edi.com.

2.0   Scope

This *834 Health Care Benefit Enrollment and Maintenance Companion Guide* is designed for use in conjunction with the *ANSI ASC X12N 834 (004010X095A1) Health Care Benefit Enrollment and Maintenance Implementation Guide.* The specifications contained within this *Companion Guide* define current functions and provide supplemental information specific to Blue Cross & Blue Shield of Rhode Island (BCBSRI). The information presented is for clarification and does not contradict any requirements in the *ANSI X12N IGs.*

The table in **Section 7.0** details the additional information directly related to loops, segments, or data elements specific to BCBSRI transactions.

3.0   Trading Partners

A BCBSRI EDI trading partner is any business partner (provider, billing service, software vendor, employer group, financial institution, etc.) who transmits to or receives electronic data from BCBSRI.

In order to register as a BCBSRI Trading Partner and begin testing, it is necessary to complete the Trading Partner Registration (TPR) form. In addition, trading partners must complete a copy of the Trading Partner Agreement (TPA) before partner testing can begin. Both documents are located on the BCBSRI Web site. Both documents must be returned to the BCBSRI EDI Trading Partner Coordinator, IT Regulatory Compliance.

4.0   Working with BCBSRI

BCBSRI will work closely with its trading partners to establish effective communication protocols and to resolve any connectivity issues that may arise regarding the exchange of HIPAA-related electronic transactions.

4.1   Contact Information

The following contact information is provided to assist in the process of implementing 834 transactions:

For Partner Testing:

BCBSRI HIPAA EDI Testing Support: 401-459-1970

HIPAA EDI Testing Support business hours are Monday through Friday, 8:15 AM to 4:30 PM.

Email Address: HIPAA.EDI.Support@bcbsri.org

Applicable Web sites: www.BCBSRI.com

For Production:

Call the Perot Systems Service Desk, which supports BCBSRI, at 401-751-1673 or
1- 800-343-5743.

5.0   Payer Connectivity/Communications

5.1   Transmission Administrative Procedures

BCBSRI Operations personnel will establish logons, passwords and a HIPAA transaction mailbox
for each trading partner approved for testing.

5.2   Retransmission Procedures

In the event that issues arise requiring trading partners to resubmit transactions, BCBSRI support
personnel will confirm that it is necessary to retransmit the file(s) in question and will forward
specific information to the trading partner.

5.3   Communications Protocols

The initial communications will utilize Internet browser technology (IP Protocol) to the secure
BCBSRI Web site. It is required that all trading partners have Internet access with an industry
standard browser.

BCBSRI provides a Web-based application known as BCBSRI Connect Enterprise System that
enables trading partners to:

- Submit (send) HIPAA transactions;
- Receive HIPAA transaction responses; and
- View history files (directory) of all transactions sent and received.

5.3.1   Passwords

Trading partner access will be verified by the logon and password whenever the BCBSRI
Connect Enterprise system is accessed. Operation procedures will assure that logons and
passwords are initiated, monitored and maintained in a secure manner.

5.3.2   Connecting to BCBSRI via EDI Gateway

Please go to www.bcbsri.com and select the **Employers** tab, **HIPAA** and **Documentation** to
view or print *BCBSRI EDI Gateway*, a document that provides detailed instructions on how to
connect to the BCBSRI Connect Enterprise System. If necessary, also reference the *BCBSRI
EDI Gateway Dialup Networking Guide* for specific data communications set-up instructions.

6.0   Receiver/Sender Identifiers

6.1   ISA-IEA Control Segments/Envelopes

Sender ID interchange control segments: Use ID Qualifier code ZZ in ISA05. The Submitter ID
provided by BCBSRI in the Trading Partner Agreement must be used in ISA06 and GS02. ID
limited to 8 characters with a leading alpha prefix. Prefixes: **P** = **Production, T** = **Test**.

Receiver ID interchange control segments: Use ID Qualifier code ZZ in ISA07. The Receiver ID provided by BCBSRI in the Trading Partner Agreement must be used in ISA08 and GS03.

Refer to *834 Health Care Benefit Enrollment and Maintenance Implementation Guide, Control Segments, and p.B.3.*

6.1.1   ISA Delimiters

BCBSRI systems will accept the valid delimiters listed below and requests that the use of delimiters be restricted to the following:

*   **= Element Delimiter**

:   **= Composite Delimiter**

~   **= Terminator Delimiter**

6.2   GS-GE Control Segments/Envelopes

Sender ID interchange control segments: Submitter = GS02.

Receiver ID interchange control segments: Receiver = GS03.

Sender IDs will be assigned.

GS Segments/Reference Codes:

Functional Identifier Code	GS01
Application's Sender Code	GS02
Application's Receivers Code	GS03
Date	GS04
Time	GS05
Group Control Number	GS06
Responsible Agency Code	GS07
Version/Release/Industry Identifier Code	GS08

7.0   BCBSRI Specific Business Rules and Limitations

Models Supported: BCBSRI will process in batch mode only.

Valid Submitters: BCBSRI will only accept transactions from valid trading partners whose submitter IDs are on file. It will reject transmissions if the submitter ID cannot be validated.

The following are specific BCBSRI rules applicable to benefit enrollment and maintenance transactions:

Item	Loop ID Segment Description and Element Name	Reference (REF) Designator	HIPAA IG Page Number	Comments
1.	**HEADER** Transaction Set Policy Number	REF02	33	Your Master Identification Code will be assigned upon completion of the Trading Partner Agreement.

Item	Loop ID Segment Description and Element Name	Reference (REF) Designator	HIPAA IG Page Number	Comments
2.	**1000A – SPONSOR NAME** Identification Code Qualifier	N103	36	Use **ZZ** designating HIPAA Employer Identifier**.**
3.	**1000A – SPONSOR NAME** Sponsor Identifier	N104	36	Enter your Federal Taxpayer's Identification Number using the format '99-9999999'. Note: This change is a result of new HIPAA rules, which will be effective on July 31, 2004. **Failure to provide the Federal Taxpayer's ID in the prescribed format will result in the rejection of the transmission.**
4.	**1000B — PAYER** Identification Code Qualifier	N103	38	Use **FI** until National Payer ID is mandated.
5.	**1000B — PAYER** Insurer Identification Code	N104	38	Use **05-0158952**.
6.	**1000C – TPA/BROKER NAME** Identification Code Qualifier	N103	40	Use **FI** designating Federal Taxpayer's Identification Number.
7.	**1000C – TPA/BROKER NAME** TPA or Broker Identification Code	N104	40	Enter TPA Federal Taxpayer's Identification Number using the format '99-9999999'. **Note:** This change is a result of new HIPAA rules, which will be effective on July 31, 2004. **Failure to provide the Federal Taxpayer's ID in the prescribed format will result in the rejection of the transmission.**
8.	**2000 — MEMBER LEVEL DETAIL** Individual Relationship Code	INS02	44	Based upon individual group contracts, BCBSRI uses the following values: **01 Spouse** (Also, use to identify a Domestic Partner where it is agreeable to the Sponsor [TPA].) **09 Adopted Child** **17 Stepson or Stepdaughter** **18 Self** **19 Child** **23 Sponsored Dependent** (Dependent between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy.) **25 Ex-spouse** **53 Life Partner** (Partner that acts like a spouse without a legal marriage commitment.) **Note:** A dependent child over the group's maximum child age who is either a full-time student and/or identified as handicapped must be so designated. Per the HIPAA 834 IG, a full-time student designation requires the INS09 element within LOOP 2000 be coded with the value 'F.' A handicap dependent requires the INS10 element within LOOP 2000 be coded with the value 'Y.'
9.	**2000 — MEMBER LEVEL DETAIL** Maintenance Type Code	INS03	45	BCBSRI uses codes: 001, 021, 024 and 030. For full-file processing use Codes 030 (adds, changes) and 024 (cancels).

Item	Loop ID Segment Description and Element Name	Reference (REF) Designator	HIPAA IG Page Number	Comments
10.	**2000 — MEMBER LEVEL DETAIL** Maintenance Reason Code	INS04	46	A Maintenance Reason Codes is required by BCBSRI when processing a termination. The following Maintenance Reason Codes are used by BCBSRI: **01 Divorce** **03 Death** **04 Retirement** **07 Termination of Benefits (for dependents)** **08 Termination of Employment** **14 Voluntary Withdrawal** **16 Quit** **17 Fired** **22 Plan Change (not intended to identify changes to a plan)** **26 Declined Coverage** **40 Lay Off** **Note:** Where Maintenance Reason Codes are not maintained and a termination is being submitted, default to code **07** for a dependent transaction and code **08** for a subscriber transaction.
11.	**2000 — MEMBER LEVEL DETAIL** Subscriber Identifier	REF02	52	Submit the Subscriber's Social Security Number.
12.	**2000 — MEMBER LEVEL DETAIL** Insured Group Number	REF02	53	Use this segment when the group number applies to all coverage data. Enter the BCBSRI assigned six-position group number (right justified) and three-position (right justified) subgroup number. Use leading spaces. Do not use zeros.
		REF02	136	Use the Health Coverage Policy Number segment (LOOP 2300/Insured Group Number) when a unique Group Number is used for each Line of Business (e.g., Health 'HLT' is under one Group Number; Dental 'DEN' is under a different Group Number, etc.)
13.	**2000 — MEMBER LEVEL DETAIL** Reference Identification Qualifier	REF01	55	Use qualifier **ZZ** for Employee ID.
14.	**2000 — MEMBER LEVEL DETAIL** Subscriber Supplemental Identifier	REF02	56	Send Employee ID when required by contract.
15.	**2000 — MEMBER LEVEL DETAIL** Date/Time Qualifier	DTP01	59	The following Date/Time Qualifier Codes are used: ▪ **336 Employment Begin** (optional/subscriber only) ▪ **303 Maintenance Effective**
16.	**2100A — MEMBER NAME** Member Last Name	NM103	62	Maximum 15 characters. Multiple adjacent spaces are not allowed within name.
17.	**2100A — MEMBER NAME** Member First Name	NM104	62	Maximum 10 characters. Multiple adjacent spaces are not allowed within name.
18.	**2100A — MEMBER NAME** Member Middle Initial	NM105	62	Maximum 1 character.
19.	**2100A — MEMBER NAME** Member Name Suffix	NM107	62	Maximum 3 characters. (Examples: JR, SR, III.)
20.	**2100A — MEMBER NAME** Subscriber Identifier	NM109	63	Send member Social Security Number.

Item	Loop ID Segment Description and Element Name	Reference (REF) Designator	HIPAA IG Page Number	Comments
21.	**2100A — MEMBER NAME** Subscriber Address Line 1	N301	67	Maximum 25 characters. First position cannot be '#' (pound sign). Multiple adjacent spaces not allowed. No punctuation characters (ampersand, period, comma, etc.) **Note:** Enter Dependent address only if different from Subscriber.
22.	**2100A — MEMBER NAME** Subscriber Address Line 2	N302	67	Maximum 25 characters. First position cannot be '#' (pound sign). Multiple adjacent spaces not allowed. No punctuation characters (ampersand, period, comma, etc.) **Note:** Enter Dependent address only if different from Subscriber.
23.	**2100A — MEMBER NAME** Subscriber City Name	N401	68	Maximum 16 characters. Multiple adjacent spaces not allowed. **Note:** Enter Dependent Address only if different from Subscriber.
24.	**2100A — MEMBER NAME** State or Province Code	N402	68	Maximum 2 characters. **Note:** Enter Dependent address only if different from Subscriber.
25.	**2100A — MEMBER NAME** Postal (Zip) Code	N403	69	Maximum 5-position numeric code. **Note:** Enter Dependent address only if different from Subscriber.
26.	**2100A — MEMBER NAME** Marital Status Code	DMG04	71	Required for Subscriber transactions by BCBSRI.
27.	**2100A — MEMBER NAME** Location Identification Code	ICM04	74	Report department based upon contract requirements.
28.	**2100A — MEMBER NAME** Identification Code Qualifier	LUI01	79	**LE** (Three-letter ISO 639 -2 Language Code)
29.	**2100A — MEMBER NAME** Language Code	LUI02	79	Required by BCBSRI when CHiP product and the member's language is other than English. Following is a list of the more commonly used Language Codes: **Language** **Code** Arabic ARA Armenian ARM Cambodian KHM Creole CPF French FRE German GER Hmong HMN Hungarian HUN Italian ITA Loa LOA Malayalam MAL Polish POL Portuguese POR Russian RUS Spanish SPA Tamil TAM Vietnamese VIE
30.	**2300 – HEALTH COVERAGE** Maintenance Type Code	HD01	128/129	BCBSRI uses codes: 001, 021, 024 and 030. For full-file processing, use Codes 030 (adds, changes) and 024 (cancels).

Item	Loop ID Segment Description and Element Name	Reference (REF) Designator	HIPAA IG Page Number	Comments
31.	**2300 — HEALTH COVERAGE** Plan Coverage Description	HD04	130	Use this element to report the following Subscriber/Dependent information required by BCBSRI per the following order: **Subscriber transaction**: enter one-position Transaction Type - 'B' for Blue Cross or 'C' for BlueCHiP Coordinated Health Plan (1/1) - followed by a three-position Package Number (2/3). **Dependent transaction**: enter one-position Transaction Type - 'B' for Blue Cross or 'C' for BlueCHiP Coordinated Health Plan (1/1) - followed by a three-position Package Number (2/3), a three-position Coverage Level Code (5/3), and a one-position 2-Person Indicator (8/1). The 2-Person Indicator ('Y') is only reported for **non-spouse** dependent Coverage Level Codes **E1D and TWO.** **Note: 'E1D' is only used for a non-spouse dependent** Package Number(s) and relevant Coverage Level Codes will be provided to the Sponsor upon completion of the TPA. **BCBSRI requires Transaction Type, Package Number, Dependent Coverage Level Code and Two-Person Indicator (for non-spouse Dependent Coverage Level code E1D and TWO) be reported for all transactions (ADD, CHG, CNC).**
32.	**2300 — HEALTH COVERAGE** Coverage Level Code	HD05	130	**BCBSRI requires Coverage Level Code be reported for all Subscriber transactions (ADD, CHG, CNC).**
33.	**2300 — HEALTH COVERAGE DATES** Date/Time Qualifier	DTP01	132	The following Date/Time Qualifier Codes are used: ▪ **303 Maintenance Effective** ▪ **348 Benefit Begin** ▪ **349 Benefit End**
34.	**2300 – HEALTH COVERAGE** Health Coverage Policy Number	REF01	135	Use Qualifier **1L** (Group or Policy Number)
35.	**2300 — HEALTH COVERAGE** Insured Group or Policy Number	REF02	136	This segment is use to identify the Group Number for a particular insurance product. (See element HD03 in the 834 IG.) Required when insurance products (i.e., Lines of Business) have different Group Numbers. **Enter the BCBSRI assigned six-position (right justified) group number and three-position (right justified) subgroup number. Use leading spaces. Do not use zeros.** Use the Member Policy Number segment (Loop 2000/ Insured Group Number) when the Group Number applies to all coverage data.
36.	**2310 — PROVIDER INFORMATION**		139	This Loop is required for BlueCHiP Coordinated Health Plan coverage to report the member's PCP selection.
37.	**2310 — PROVIDER INFORMATION** Entity Identifier Code	NM101	141	Use **P3.**

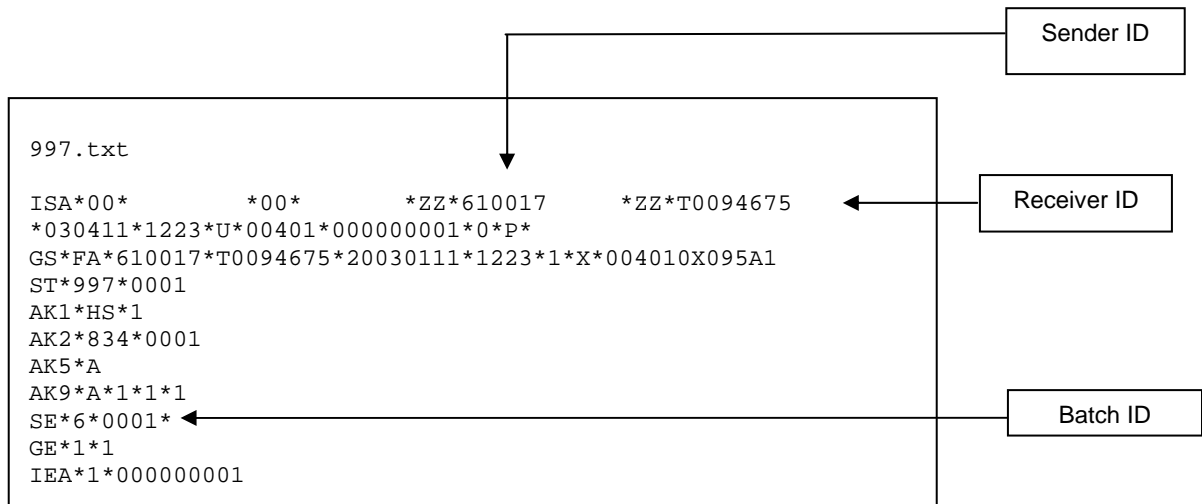| Item	Loop ID Segment Description and Element Name	Reference (REF) Designator	HIPAA IG Page Number	Comments
38.	**2310 — PROVIDER INFORMATION** Identification Code Qualifier	NM108	142	Must use **SV**.
39.	**2310 — PROVIDER INFORMATION** Provider Identifier	NM109	142	Enter the selected primary care Provider's ID from the Provider Directory. Format: 10-position field, right justified, left zero fill.

7.1 BCBSRI 834 Transaction Loop/Segment Usage

LOOP	LEVEL	SEGMENT	POSITION #	NAME
		ISA		Interchange Control Header
		GS		Function Group Header
		ST		Transaction Set Header
		BGN		Beginning
	HEADER	REF	030	Transaction Set Policy Number
1000A	HEADER	N1	070	Sponsor Name
1000B	HEADER	N1	070	Payer
2000	DETAIL	INS	010	Member Level Detail
2000	DETAIL	REF	020	Subscriber Number
2000	DETAIL	REF	020	Member Policy Number
2000	DETAIL	REF	020	Member Identification Number
2000	DETAIL	DTP	025	Member Level Dates
2100A	DETAIL	NM1	030	Member Name
2100A	DETAIL	PER	040	Member Communications Numbers
2100A	DETAIL	N3	050	Member Residence Street Address
2100A	DETAIL	N4	060	Member Residence City, State, Zip Code
2100A	DETAIL	DMG	080	Member Demographics
2100A	DETAIL	ICM	110	Member Income
2100A	DETAIL	LUI	150	Member Language (CHiP Product)
2100B	DETAIL	NM1	030	Incorrect Member Name
2300	DETAIL	HD	260	Health Coverage
2300	DETAIL	DTP	270	Health Coverage Dates
2300	DETAIL	DTP	290	Health Coverage Policy Number
2310	DETAIL	LX	310	Provider Information
2310	DETAIL	NM1	320	Provider Name

8.0   Functional Acknowledgement/Reports

8.1   997 Transaction Acceptance Report

Upon receipt of an 834, BCBSRI will respond with a 997 functional acknowledgement transaction to inform the submitter that the transaction has arrived. The 997 transaction may include information regarding the syntactical quality of the 834 transmission, or the extent to which the syntax complies with the standards for transaction sets and functional groups.

```
997.txt

ISA*00*        *00*        *ZZ*610017      *ZZ*T0094675
*030411*1223*U*00401*000000001*0*P*
GS*FA*610017*T0094675*20030111*1223*1*X*004010X095A1
ST*997*0001
AK1*HS*1
AK2*834*0001
AK5*A
AK9*A*1*1*1
SE*6*0001*
GE*1*1
IEA*1*000000001
```

Sender ID

Receiver ID

Batch ID

8.2   997 Plain Language Report (Acceptance)

A plain language report confirming the acceptance of a transmission will be issued for the convenience of the trading partner.

```
 BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND
 PAPERLESS TRANSMISSION ACKNOWLEDGEMENT
 FUNCTIONAL ACKNOWLEDGEMENT REPORT
 Sender ID Number: 610017
 ISA CTRL#: 000000001

 FUNCTIONAL GROUP INFORMATION
 REPORT DATE-20030513
 REPORT TIME-08: 33: 31
 SUBMITTER ID: D0888999
 Report ID: 20030513083331-1-297

 TRANSACTION INFORMATION
 FUNCTIONAL GROUP CONTROL  #: 297
 NUMBER OF INCLUDED TRANSACTION SETS: 1
 NUMBER OF RECEIVED TRANSACTION SETS: 1
 NUMBER OF ACCEPTED TRANSACTION SETS: 1

 TRANSACTION SET INFORMATION
        TRANSACTION SET CONTROL #: 0001
        TRANSACTION SET ACKNOWLEDGEMENT STATUS: ACCEPTED
```

8.3   997 Plain Language Report (Rejection/Error)

In the event that a transmission is rejected, a plain language report detailing the reasons for rejection will be issued for the convenience of the trading partner. This is a 997 Rejection Report converted to plain language. The following is a sample report:

```
 BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND
 PAPERLESS TRANSMISSION ACKNOWLEDGEMENT
 FUNCTIONAL ACKNOWLEDGEMENT REPORT
 Sender ID Number: 610017
 ISA CTRL#: 000000001

  FUNCTIONAL GROUP INFORMATION
  REPORT DATE - 20030521
  REPORT TIME -14:16:31
  SUBMITTER ID: D0316777
  Report ID: 20030521141631-1-297

  TRANSACTION INFORMATION
  FUNCTIONAL GROUP CONTROL #: 297
  NUMBER OF INCLUDED TRANSACTION SETS: 1
  NUMBER OF RECEIVED TRANSACTION SETS: 1
  NUMBER OF ACCEPTED TRANSACTION SETS: 0

 TRANSACTION SET INFORMATION
        TRANSACTION SET CONTROL  #: 0001
        TRANSACTION SET ACKNOWLEGEMENT STATUS: REJECTED
        TOTAL NUMBER OF ERRORS IN TRANSACTIONS SET: 1

 DATA SEGMENT (S) IN ERROR
        ERROR NUMBER: 1
        DATA SEGMENT ERROR: SEGMENT HAS DATA ELEMENT ERRORS
        ANSI LOOP ID:
        POSITION WITHIN TRANSACTION SET: 12
        BAD ELEMENT: N4
 DATA ELEMENT (S) IN ERROR
        POSITION IN SEGMENT: 1
        DATA ELEMENT ERROR CODE: MANDATORY DATA ELEMENT MISSING
        BAD DATA ELEMENT:

 DATA ELEMENT (S) IN ERROR
        POSITION IN SEGMENT: 3
        DATA ELEMENT ERROR CODE: MANDATORY DATA ELEMENT MISSING
        BAD DATA ELEMENT:
```

9.0   Certification and Testing

BCBSRI has partnered with Foresight to provide a 24/7 online tool for self-service transaction validation. To use this tool, download the Trading Partner Registration (TPR) form from the www.bcbsri.com Web site. Complete the form and return to the EDI Trading Partner Coordinator at the address given. Upon receipt of this signed TPR, BCBSRI will provide you with a User ID and password allowing you to access the Foresight HIPAA Web site.

10.0   Document Version Control

Version Number	Date	Modified By	Comments/Revision Details
1.0	July 18, 2003	Kinkead	Published version incorporating all previous draft versions.
1.1	November 1, 2003	Kinkead	Revised table in Section 7.0, Items #15 and 16.
1.2	December 30, 2003	Kinkead	**Section 7.0:** Revised Items #11, 13, 16, 17, 18 19 and 21. **Sections 8.1, 8.2, and 8.3**: Revised language.
1.3	January 13, 2004	Kinkead	**Sections 3.0, 5.3, 5.3.2:** Revised language/instructions. **Section 7.0:** Added Items #12-21. **Attachment 1:** Revised.
1.4	February 02, 2004	Kinkead	**Section 7.0:** Revised Items # 7, 8 and 31. Added Items # 26 and 30. **Section 7.1:** Added new row for Loop 2300, position # 290, Health Coverage Policy Number
1.5	February 13, 2004	Kinkead	**Section 1.0:** Deleted reference to Medicare. **Section 7.0:** Item #9, Deleted reference to Medicare.
1.6	May 01, 2004	Kinkead	**Section 3.0:** Revised language relating to TPR and TPA. **Section 7.0:** Revised Items # 6, 8, 17, 18, 30 and 31. **Section 9.0:** Revised. **Attachment 1:** Removed.
1.7	May 18, 2004	Powers	**Section7.0:** Revised language in items 30, 31.
1.8	July 15, 2004	Powers	**Section 7.0:** Added number 2,3,6,7 and renumbered items.
1.9	September 17, 2004	Powers	**Section 3.0:** Revised language **Section 4.0:** Revised contact information **Section 7.0:** Revised item #2.
2.0	December 17, 2004	Powers	**Renaming BCBSRI/BlueCHiP**
2.1	May 12, 2005	Powers	**Section 7.0:** Added language relating to Business Rules and Limitations.
2.2	November 27, 2007	Santos	Section 7.0: Added Note to item #31 for non-spouse dependents