Florida Blue Health Plan

HIPAA Transaction
Standard Companion Guide

Refers to the Implementation Guides
Based on ASC X12 Version 005010
820 Companion Guide Version Number 1.3

March, 2015

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 X12N TR3. 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
01/2013	Initial Creation	all
01/2015	Updated Format to meet Master Companion Guide Template	multiple
	Changed Title Reference	1
	Revised Disclaimer	2
	Added Version Change Log	4
	Updated Availability and added Website and email references	13
	Added ISA-IES, GS-GE, ST-SE and common definitions	14

Table of Contents

1.   INTRODUCTION

The Companion Guide contains information necessary to establish and support sending payment information electronically to Florida Blue. 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 Payroll Deducted and Other Group Premium Payment for Insurance Products (820) 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 the Payroll Deducted and Other Group Premium Payment for Insurance Products (820).

Scope

This **820 Companion Guide** was created for Florida Blue group/vendors to supplement the ASC X12 820 v005010X218 Technical Report Version Three (TR3). It describes the data content, Florida Blue business rules, and characteristics of the 820 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 **820** v005010X218 is the established Payment Order/Remittance Advice transaction set to transmit payroll deducted premiums for insurance products.

The **Technical Reports Type 3 Guides (TR3) for the ANSI 218/231 TR3 for the 820 Group Premium Payments for Insurance Products 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 820 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.

References

- Technical Reports Type 3 for ASC XC12 **820** v005010X218 (HIPAA) and all other HIPAA standard transactions http://www.wpc-edi.com and www.x12.org.

- Florida Blue. - www.floridablue.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 Group Payment 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's requirements and business processes.

- Processing a group payment file 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@floridablue.com. Please contact this team when you are ready to begin.

Overview of Automated Payment Implementation Activities

An **initial implementation conference call** may be scheduled with the group/vendor partner and the 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 Documentation** (ACVD) will be issued. This document is created uniquely for each client and contains group specific information.

- **Login credentials** for delivery of the payment 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, 820 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@floridablue.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 payment 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 EDI gateway edits. At this point, your file will be forwarded on for further testing.

4. Submit test file that successfully meets all other 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. An initial *Move to Production Orientation* call is scheduled between Florida Blue's Automated Enrollment Team, Membership and Billing team, the employer group, and the group's vendor (when applicable). 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 (Hypper 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-FTP Pro, 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 a 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.

HIPAA 820 GROUP PREMIUM PAYMENT PROCESS FLOW DIAGRAM

Effective October 2010

Employer Group/Vendor

Employer Group/Vendor builds the HIPAA 820 Payment File from their financial or billing system.

HIPAA 820

Employer Group/Vendor sends HIPAA 820 and retrieves TA1 or 999 Acknowledgement

Florida Blue EDI Gateway

TA1 or 999 Acknowledgment (refer to Chapter 8 of the 820 Companion Document for details)

Secured File Transfer (SFT) Mailbox

File did not pass compliance and/or business rules editing

Compliance & ACVD Rules Editing

File successfully passed compliance edits

Florida Blue Internal Processing

Business Rules Editing

File is applied to Florida Blue financial system

5.

- Payment files received before 4PM EST are normally processed, reviewed and approved to load same day.
- 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.

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

Applicable websites/e-mail

www.bcbsfl.com

automatedenrollment@bcbsfl.com

Payment 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 send are 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 218/231 - for the 820 Group Premium Payments for Insurance Products Transaction and Response:**

The purpose of this section is to delineate specific data requirements where multiple valid values are presented within the ANSI 218/231 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 218/231 - for the 820 Group Premium Payments for Insurance Products Transaction and Response:

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
	GLOBAL INFORMATION			
G1	**All Transactions**			Florida Blue requires a Trading Partner Agreement to be on file indicating all electronic transactions the Trading Partner intends to send or receive.
G2	**All Segments**			Only loops, segments, and data elements valid for the 820 HIPAA-AS Implementation Guide 005010X218 will be used for processing.
G3	**Acknowledgments** - FLORIDA BLUE acknowledgements are created to communicate the status of files or claims. It is imperative that they be retrieved on a daily basis. One file could result in multiple acknowledgements. **ANSI X12:** -TA1 – Interchange Acknowledgement -999 – Implementation Acknowledgement			Only negative TA1s are returned, and only when ISA14 = 1. **999** is available immediately after "depositing file"
G5	**Batch Transaction Processing**			Generally, the EDI Gateway accepts transmissions 24 hours a day, 7 days a week. Florida Blue will strive to process premium payment transactions on the day of receipt if received before 2 p.m. Monday – Friday (with exception of holidays). Otherwise, the transaction will be processed the following business day.
G6	**Multiple Transmissions**	All Segments		Florida Blue requests separate transmissions for multiple clients. Any errors detected in a transaction set will result in the entire transmission being rejected.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Requirement
	ENVELOPING INFORMATION			
E1	Interchange Control Structure	**ISA**	Appendix B (B.1.1.2.5)	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	**Application Control Structure** Basic Character Set/Extended Character Set	ISA	Appendix B (B.1.1.2.2 & B.1.1.2.3).	Must submit incoming premium payment data using the basic character set as defined in Appendix A of the 005010X218 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the @ symbol from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected by the Plan.
E3	**Interchange Control Header** Authorization Information Qualifier	ISA01	Appendix C (C.4)	Florida Blue requires the number 00
E4	**Interchange Control Header** Authorization Information	ISA02	Appendix C (C.4)	Florida Blue requires 10 **spaces**
E5	**Interchange Control Header** Security Information Qualifier	ISA03	Appendix C (C.4)	Florida Blue requires the number 00
E6	**Interchange Control Header** Security Information	ISA04	Appendix C(C.4)	Florida Blue requires 10 **spaces** in this field.
E7	**Interchange Control Header** Interchange ID Qualifier **-** Sender	ISA05	Appendix C (C.4)	Florida Blue requires a value of ZZ
E8	**Interchange Control Header** Interchange Sender ID (mailbox ID)	ISA06	Appendix C (C.4)	Florida Blue submission of your individually assigned FLORIDA BLUE sender mailbox number in this field. Generally this is your tax ID unless otherwise defined.
E9	**Interchange Control Header** Interchange ID Qualifier **-** Receiver	ISA07	Appendix C (C.5)	Florida Blue requires the number 30
E10	**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.
E11	**Interchange Control Header** Interchange Date	ISA09	Appendix C (C.5)	**YYMMDD** Requires submission of the relevant date of the interchange.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Preference
E12	**Interchange Control Header** Interchange Time	ISA10	Appendix C (C.5)	**HHMM** Requires submission of relevant time of the interchange.
E13	**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 data structure.
E14	**Interchange Control Header** Interchange Control Version Number	ISA12	Appendix C (C.5)	**00501** Florida Blue requires submission of the above value in this field.
E15	**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.
E16	**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
E17	**Interchange Control Header** Usage Indicator	ISA15	Appendix C (C.6)	**P** – Production Data **T** – Test Data _____ Florida Blue requires a **P** in this field to indicate the data enclosed in this interchange is Production. A **T** would indicate the interchange is for Testing.
E18	**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 data structure.
E19	**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.
E20	**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.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Preference
E21	**Functional Group Header/Functional Group Trailer**	GS-GE ISA-IEA	Appendix C (C.7,C.9)	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.
E22	**Functional Group Header** Functional Identifier Code	GS01	Appendix C (C.7)	**RA – Payment Order/Remittance Advice** _____ Florida Blue requires submission of the above value in this field.
E23	**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.
E24	**Functional Group Header** Application Receiver's Code	GS03	Appendix C (C.7)	**RBG005010X218** _____ Florida Blue submission of the above value in this field for 820 Premium Payment, all others may cause rejection.
E25	**Functional Group Header** Date	GS04	Appendix C (C.7)	**CCYYMMDD** _____ Florida Blue requires submission of relevant date for the functional group creation date.
E26	**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.
E27	**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.
E28	**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.
E29	**Functional Group Header** Version/Release/Industry Identifier Code	GS08	Appendix C (C.8)	**005010X218** _____ Florida Blue requires submission of the above HIPAA-AS ANSI X12 820 Premium Payment version number (#)
E30	**Transaction Header Set** Transaction Set Identifier Code	ST01	Page 35	**820** – Premium Payment for Insurance Products _____ 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 Preference
E31	**Transaction Set Header** Transaction Set Control Number	ST02	Page 35	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. |
| E32 | **Transaction Set Header** Implementation Convention Reference | ST03 | Page 35 | **005010X218** |
| E33 | **Transaction Set Trailer** Transaction set Control Number | SE02 | Page 119 | 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. |
| E34 | **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 (#). |
| E35 | **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. |

7.   SPECIFIC BUSINESS RULES and LIMITATIONS

EDI Processing Hours

Electronic payment 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 the 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

820 Group Premium Payment for Insurance Products Business Requirements for
HIPAA ASC X12N 005010X218

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Preference
	BUSINESS REQUIREMENTS			
B1	Header – Financial Information Beginning Segment for Payment Order/Remittance Advice	BPR01	37	**C** – Payment Accompanies Remittance Advice **I** - Remittance Information Only **P** – Pre-notification of Future Transfers _____ Only the above codes are valid for FLORIDA BLUE Premium Payment. Submission of any others will result in errors and the submitter will be contacted.
B2	Header – Currency Currency Code	CUR02	46	**USD** – United States Dollars _____ Only the above code is valid for FLORIDA BLUE Premium Payment. Submission of any others will result in errors and the submitter will be contacted.
B3	Premium Receivers Identification Key - Reference Identification Qualifier - Reference Identification	REF01 REF02	48,49	REF01/REF02 **14** – Master Account Number When submitting a 14 in the REF01 field, the reference ID in REF02 must be the FLORIDA BLUE assigned group/division number. The group number is comprised of 8 alpha -numeric characters (5 alpha –numeric characters for group number and 3 alpha –numeric characters for division).

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Preference
B4	**1000B Premium Payer's Name** - Identification Code Qualifier - Identification Code	N103 N104	65	N103 FI – Federal Taxpayer's Identification Number Only the above code is valid for FLORIDA BLUE Premium Payment. Submission of any others will result in errors and the submitter will be contacted. _____ N104 The Group Federal Tax ID Number should be submitted in this field.
B5	**2000A Organization Summary Remittance** - Identification Code Qualifier - Identification Code	ENT03 ENT04	83	ENT03 **FI** – Federal Taxpayer's Identification Number Only the above code is valid for FLORIDA BLUE Premium Payment. Submission of any others will result in errors and the submitter will be contacted. _____ ENT04 The Group Federal Tax ID Number should be submitted in this field

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Preference
B6	**2300A Organization Summary Remittance Detail** **-** Reference Identification Qualifier - Reference Identification	RMR01 RMR02	87 - 88	RM01 **IK** – Invoice Number Only the above code is valid for FLORIDA BLUE Premium Payment. Submission of any others will result in errors and the submitter will be contacted. _____ RM02 Submit the FLORIDA BLUE invoice number in this field.
B7	**2320A Organization Summary Remittance Level Adjustment** - Adjustment Reason Code	ADX02	104	FLORIDA BLUE will not systematically process adjustments reported on a summary remittance. Any adjustment codes submitted in this field will result in an error and the submitter will be contacted.
B8	**2000B Individual Remittance** - Identification Code Qualifier - Identification Code	ENT03 ENT04	106	ENT03 **34** – Social Security Number Only the above code is valid for FLORIDA BLUE Premium Payment for individual remittance. Submission of any others will result in errors and the submitter will be contacted. _____ ENT04 The individual member's Social Security Number should be submitted in this field.

Req #	Loop ID – Segment Description & Element Name	Reference Description	Implementation Guide Page(s)	Plan Preference
B9	**2300B Individual Premium Remittance Detail** - Reference Identification Qualifier - Reference Identification	RMR01 RMR02	112	RM01 **IK** – Invoice Number Only the above code is valid for FLORIDA BLUE Premium Payment. Submission of any others will result in errors and the submitter will be contacted. _____ RM02 Submit the FLORIDA BLUE invoice number in this field.
B10	**2320B Individual Premium Adjustment** Adjustment Reason Code	ADX02	117	**AX**- Person No Longer Employed FLORIDA BLUE will process the above code as a delete. Submission of any others will result in errors and the submitter will be contacted.

10. Electronic Enrollment File Implementation Checklist

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

◆ Participate in an initial phone call with the Florida Blue AE team.

◆ Obtain 820 Accepted Code Value Document from Florida Blue (if not already obtained).

◆ Provide the 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's secure file transfer mailbox (https://securefile.Florida Bluel.com). If issues exist, contact Florida Blue AE team by sending an email to automatedenrollment@floridablue.com.

◆ Begin Florida Blue EDI gateway testing. After receiving feedback from the Florida Blue AE team, 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.

◆ Participate in "Move to Production, Orientation call" with the Florida Blue AE team and Florida Blue's Membership and Billing team. The Review Period is defined on this call.

◆ 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.