Florida Blue
Your Health Solutions Partner

October 2025

Important Reminders About Patient Data Requests

It is important all requests for member information comply with requirements of the Health Insurance Portability and Accountability Act (HIPAA). This includes submitting Health Care Eligibility and Benefits (270) and Claim Status (276) inquiry transactions only when necessary.

To ensure compliance with this HIPAA mandate, please review and follow the submission guidelines below for each transaction type.

270 – Eligibility and Benefits Requests

- Only submit 270 requests for Florida Blue members with scheduled services and be sure to include the applicable service type codes.
    - Do not submit 270 requests for your full patient load or services in your system, or all Service Type codes available at scheduled intervals.
    - For all submissions, wait at least 20 seconds to receive a response before resubmitting a request.
- Use the information from the member's ID card (Name, Member ID with Prefix, and Group Number) tied to the applicable eligibility effective period being used. As eligibility and dates change, you must have the most recent ID card for the member.
    - Please note, entering the member's social security number as the member ID will result in a "member not found" response.
- Validate member data is up to date and accurate to avoid transactions being returned as invalid.

276 – Requests for Claims Status

- Do not submit 276 requests when claims are aged less than seven days. This can result in a "not found" message returned on the 277 Claims Status response.
    - Refer to the confirmation of the 837 Health Care Claim submission to confirm receipt prior to submitting a 276 request.
    - Address 837 errors returned by Florida Blue when received, to ensure quality claim submissions.

For more information about these transactions, visit FloridaBlue.com. Select *For Providers* and click *Companion Documents*.

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