Blue Cross & Blue Shield of Rhode Island

834 Health Care Benefit Enrollment and Maintenance Companion Guide

HIPAA version 5010

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This *Companion Guide* may be revised and republished if and when Blue Cross & Blue Shield of Rhode Island makes improvements and/or changes to any referenced product, process, or program.

PREFACE

This Companion Guide supplements the ASC X12 834 (005010X220A1) 5010 Technical Report Type 3 (TR3) 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 5010 Technical Reports Type 3 (TR3s). This Companion Guide does not convey information that in any way exceeds the requirements or usages of data expressed in the 5010 Technical Reports Type 3 (TR3s).

DISCLAIMER

This Companion Guide is considered a living document, and as such, the information provided herein will be subject to change after July 1, 2011, 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 5010 Technical Reports Type 3 (TR3s)* and Errata adhere to the final HIPAA Transaction Regulations and have been established as the standards of compliance for electronic transactions. The *5010 Technical Reports Type 3 (TR3s)* 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 (005010X220A1) Health Care Benefit Enrollment and Maintenance 5010 Technical Report Type 3 (TR3).* 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 *Technical Report Type 3 (TR3s).*

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 print out and complete a copy of the Trading Partner Agreement (TPA) before partner testing can begin. Both documents are located on the BCBSRI Web site:

https://www.bcbsri.com/providers/hipaa-transactions/hipaa-transaction-documents

Both original documents must be returned to:

> Director, EDI & Electronic Information Exchange
> ATTN: EDI Trading Partner Agreement & Registration
> Blue Cross & Blue Shield of Rhode Island
> 500 Exchange Street
> Providence, RI 02903

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 transmission/receipt of 834 Group Enrollment and Maintenance transactions:

Call the Information Technology (IT) Service Desk, which supports BCBSRI, at 401-751-1673 or 1-855-721-4211.

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 Sterling File Gateway using HTTPS (with certificate) or Secure File Transfer Protocol (SFTP using SSH Keys). It is required that all trading partners have Internet access with an industry standard browser.

BCBSRI provides a Web-based application known as BCBSRI Sterling File Gateway enables trading partners to:

- Submit (send) HIPAA transactions.
- Receive HIPAA transaction responses; and
- View history files (directory) of all transactions sent and received for the past 15 days

5.3.1 Passwords

Trading partner access is 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 **Providers** tab, then **HIPAA Transactions,** then **HIPAA Transaction Documents** to view or print *BCBSRI Sterling File Gateway*, a document that provides detailed instructions on how to connect to the BCBSRI Sterling File Gateway. If necessary, also reference the *BCBSRI HTTPS or SFTP documents* for specific data communications set-up instructions.

6.0   Receiver/Sender Identifiers

6.1   ISA Delimiters

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

*   = Element Delimiter

:   = Composite Delimiter

~   = Terminator Delimiter

^   = Repetition Separator Delimiter (ISA 11)

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	BE
Application's Sender Code	GS02	TXXXXXXX(test) PXXXXXXX(production)
Application's Receivers Code		222774F
Date	GS04	ccyymmdd
Time	GS05	hhmm
Group Control Number	GS06	Required
Responsible Agency Code	GS07	X
Version/Release/Industry Identifier Code	GS08	*005010X220A1*

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.

Invalid Special Characters are: [$ *; < >?!]

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

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON -SHADED rows represent "data elements" in the X12N implementation guide.

005010X220A1 Health Care Benefits and Enrollments and Maintenance

Page	Loop	Segment	Data Element	Comments
Interchange Control Header/ISA				
C.4	N/A	ISA05	Interchange ID Qualifier	'ZZ'
C.4	N/A	ISA06	Interchange Sender ID	BCBSRI Assigned 8-digit Trading Partner Number provided in Addendum. ID limited to 8 characters with a leading alpha prefix. Prefixes: **P = Production, T = Test**.
C.5	N/A	ISA07	Interchange ID Qualifier	'ZZ'
C.5	N/A	ISA08	Interchange Receiver ID	222774F
C.5	N/A	ISA13	Interchange Control Number	Must be unique for each transaction.
Functional Group Header/GS				
C.7	N/A	GS01	Functional Identifier Code	BE
C.7	N/A	GS02	Application Sender Code	BCBSRI Assigned 8-digit Trading Partner Number provided in Addendum. ID limited to 8 characters with a leading alpha prefix. Prefixes: **P = Production, T = Test**.
C.7	N/A	GS03	Application Receiver Code	222774F
C.7	N/A	GS04	Date	ccyymmdd
C.8	N/A	GS05	Time	hhmm

C.8	N/A	GS06	Group Control Number	Required
C.8	N/A	GS07	Responsible Agency Code	X
C.8	N/A	GS08	Version/Release/Industry Identifier Code	005010X220A1
ST03 – Transaction Set Header				
31	ST	ST03	Transaction Set Header	005010X220A1
BGN – Beginning Segment				
35	BGN	BGN08	Beginning Segment	2 - Changes Only 4 - Full File RX - Full File
REF – Transaction Set Policy Number				
36	REF	REF02	Transaction Set Policy Number	Master Identification Code is BCBSRI assigned & will be provided in Addendum
Loop 1000A – Sponsor Name				
40	Identification Code Qualifier	N103	Identification Code Qualifier	FI - Federal Taxpayer Identification Number **94 – Multi-Tenant Files only**
40	Identification Code	N104	Identification Code	Enter TPA Federal Taxpayer's Identification Number using the format '99-9999999'. **Multi-Tenant Files:** Enter BCBSRI unique assigned 9-digit ID
Loop 1000B – Payer				
42	1000B	N103	Identification Code Qualifier	FI - Federal Taxpayer Identification Number
42	1000B	N104	Identification Code	Use 05-0158952
Loop 1000C – TPA/BROKER NAME				
44	1000C	N103	Identification Code Qualifier	FI - Federal Taxpayer Identification Number
44	1000C	N104	Identification Code	Enter TPA Federal Taxpayer's Identification Number using the format '99-9999999'. **Failure to provide the Federal Taxpayer's ID in the prescribed format will result in the rejection of the transmission.**

Loop 2000 –Member Level Detail				

48	2000	INS02	Individual Relationship Code	01 = Spouse 05 = Grandson or Granddaughter 09 = Adopted Child 17 = Stepson or Stepdaughter 18 = Self 19 = Child 25 = Ex-spouse 53 = Life Partner Note: When using '53' Life Partner, Domestic partner requires marital status of 'B' Life Partner. Common law requires marital status of 'M' for married.
49	2000	INS03	Maintenance Type Code	001 = Change 021 = Addition 024 = Cancellation or Termination 030 = Audit or Compare – **full-file processing** If using '024', must use Maintenance/Termination Reason in INS04 and DTP with Termination Date (349) in 2300 Loop
49	2000	INS04	Maintenance Reason Code	**A Maintenance Reason Codes is required by BCBSRI when processing a termination.** The following Maintenance Reason Codes are used: 01 Divorce (Dependent) 03 Death (Subscriber/Dependent) 04 Retirement (Subscriber) 07 Termination of Benefits (Dependent) 08 Termination of Employment (Subscriber) 14 Voluntary Withdrawal (Subscriber) 15 Primary Care Provider (Subscriber/Dependent) 16 Quit (Subscriber) 17 Fired (Subscriber) 22 Plan Change (not intended to identify changes to a plan) (Subscriber) 26 Declined Coverage (Subscriber) 40 Lay Off without Benefits (Subscriber) XN Notification Only (Subscriber/Dependent) **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. If a full file, then INS03= 030(ADD /CHG) and INS04=XN default value can be used.

56	2000	REF01	Member Group or Policy Number Code	1L Group or Policy Number May be passed in either Loop 2000 or 2300
56	2000	REF02	Assigned Group/Subgroup	Enter the BCBSRI assigned 8-digit group ID, followed by the 4digit subgroup #. Group and subgroup IDs must be 12 characters left justified, zero filled. Example:000012260001 Example: 00000MCA1005 May be passed in either Loop 2000 or 2300.
57	2000	REF01	Member Supplemental Identifier **Code**	1. Use Qualifier '**ZZ**' for Employee ID 2. Use Qualifier '**DX**' for Department ID 3. Use Qualifier '**6O**' for Annuitant SSN 4. Use Qualifier '**23**' for Subscriber ID (Client Number) 5. Use Qualifier '**F6**' for Medicare ID (MBI) – Required for Plan 65 and Medicare members 6. Use Qualifier '**3H**' for Dependent Number (Case Number) 7. Use Qualifier **ABB** for Medicaid ID (Personal ID Number) 8. Use Qualifier "**17**" for Unique Exchange ID (Client Reporting Category)

| 58 | 2000 | REF02 | Member Supplemental Identifier | 1. Send Employee ID (Mutually Defined)
2. Send Department ID when required by contract-must be 4 digit alpha numeric
3. Send SSN of Annuitant
4. Send BCBSRI assigned Subscriber ID for Client Number
5. Send Medicare ID Number (MBI)
6. Send BCBSRI assigned three-digit Dependent Number for Case number
7. Send Medicaid ID for Personal ID Number
8. Send Unique Exchange ID – for Exchange accounts only |
| 59 | 2000 | DTP01 | Date Time Qualifier | The following Date/Time Qualifier Codes are used:
300 Enrollment Signature Date - Required for Medicare members
303 Maintenance Effective
336 Employment Begin (optional/subscriber only)
338 Medicare Begin
339 Medicare End
340 Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin
341 Consolidated Omnibus Budget Reconciliation Act (COBRA) End |

2100A Member Name				
62	2100A	NM101	Entity Identifier Code	74 = Corrected Insured IL = Insured or Subscriber
63	2100A	NM103	Member Last Name	Maximum 60 characters. BCBSRI will only allow 35 characters in our system. Multiple adjacent spaces are not allowed within name. **Send Mixed Case**
63	2100A	NM104	Member First Name	Maximum 35 characters. BCBSRI will only allow 15 characters in our system. Multiple adjacent spaces are not allowed within name. **Send Mixed Case**

2100A Member Name Continued				
63	2100A	NM105	Member Middle Initial	Maximum 1 character.
63	2100A	NM107	Member Name Suffix	Maximum 3 characters. Titles can only be: II, III, IV, V, JR, SR

64	2100A	NM108	Identification Code Qualifier	34 = Social Security Number
68	2100A	N301	Member Address Line 1	Maximum 55 characters. BCBSRI will only allow 40 characters in our system. First position cannot be '#' (pound sign). Multiple adjacent spaces not allowed. No punctuation characters (ampersand, period, comma, etc.) **Send Mixed Case** Note: Medicare members cannot have a PO Box as part of a home address (line 1 or 2).
68	2100A	N302	Member Address Line 2	Maximum 55 characters. BCBSRI will only allow 40 characters in our system. First position cannot be '#' (pound sign). Multiple adjacent spaces not allowed. No punctuation characters (ampersand, period, comma, etc.) **Send Mixed Case.**
69	2100A	N401	Member City Name	Maximum 30 characters. BCBSRI will only allow 19 characters in our system. Multiple adjacent spaces not allowed. **Send Mixed Case**
69	2100A	N402	State or Province Code	Maximum 2 characters.
70	2100A	N403	Postal (Zip) Code	Maximum 15-position numeric code. BCBSRI will allow 5 digits in our system.
72	2100A	DMG04	Marital Status Code	Required for Subscriber transactions by BCBSRI. Values Accepted by BCBSRI: M = Married I = Single D = Divorced W = Widowed S = Separated X = Legally Separated B = Life Partner
84	2100A	LUI01	Identification Code Qualifier	**LE** (Three-letter ISO 639 -2 Language Code)

2100A - Member Name Continued				
85	2100A	LUI02	Language Code	The following is a list of the more commonly used Language Codes: <table><tr><th>Language</th><th>Code</th></tr><tr><td>Arabic</td><td>ARA</td></tr><tr><td>Armenian</td><td>ARM</td></tr><tr><td>Cambodian</td><td>KHM</td></tr></table>

					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	

2100G - Responsible Person				
124	2100G	NM101	Entity Identifier Code	1. LR - Legal Representative – Use for Authorized Representative 2. QD - Responsible Party – Use for Emergency Contact Currently applicable to Medicare members only **Note:** When supplying Responsible Person information – indicated below fields are mandatory
124	2100G	NM103	Name - Last Name	Mandatory
124	2100G	NM104	Name - First Name	Mandatory
124	2100G	NM105	Name - Middle Initial	Maximum 1 character.
125	2100G	NM107	Name - Suffix	The following are the only valid values allowed: II, III, IV, V, JR, SR
125	2100G	NM108	Identification Code Qualifier	ZZ – Mutually defined - for identifying the Relationship of person to member. Mandatory field when Entity Identifier Code QD or LR is used.

2100G Responsible Person Continued

125	2100G	NM109	Identification Code	Relationship code – Use HIPAA Relationship code values similar to INS02. Mandatory for Responsible Person 01 = Spouse 05 = Grandson or Granddaughter 09 = Adopted Child 17 = Stepson or Stepdaughter 18 = Self 19 = Child 25 = Ex-spouse 53 = Life Partner
127 128	2100G	PER03 PER05 PER07	Responsible Person Communication Number Qualifier	HP - Home Phone TE - Telephone CP - Cell Phone EM - Email
127 128	2100G	PER04 PER06 PER08	Communication Number	Phone = 10 Numeric
129	2100G	N301	Responsible Person-Address Line 1	Mandatory – See member address format rules.
129	2100G	N302	Responsible Person-Address Line 2	
130	2100G	N401	Responsible Person City	Mandatory
131	2100G	N402	Responsible Person State	Mandatory
131	2100G	N403	Responsible Person Zip Code	Mandatory

2300 – Health Coverage				
140	2300	HD01	Maintenance Type Code	BCBSRI uses codes: 001, 021, 024 and 030. For full-file processing, use Code 030.
141	2300	HD03	Insurance Line Code	Use Values: DEN Dental HLT Health PDG Prescription Drug VIS Vision Required by BCBSRI to denote the coverage levels of subscriber and dependent(s).

2300 – Health Coverage Continued				
141	2300	HD04	Plan Coverage Description	**For Class id enrollment (most employer 834 accounts):** Enter 4-digit class id - including leading zeroes. Position 1 - 4 Class id (4) - required 5 - 12 blank spaces (8) 13 - 16 CDH indicator (4) - if applicable HD04 example (Class id): HD*030**HLT*0006*FAM **For Product id enrollment (Exchange accounts / new 834 employer accounts):** Enter 8-digit product id - HD loop required for each product member has selected. Position 1 - 4 XXXX 5 - 12 Product id (8) - required 13 - 16 CDH indicator (4) - if applicable HD04 example (Product id): HD*030**HLT*XXXXMHD00022 Class IDs, Product IDs, and CDH indicators are provided in Addendum upon completion of the Trading Partner Agreement (TPA).
142	2300	HD04	Coverage Level Code/ Contract Type	BCBSRI requires Coverage Level Code be reported at the Subscriber level for all Subscriber and Dependent transactions (ADD, CHG, CNC). IND- Individual FAM- Family ESP- Employee and spouse E1D- Employee and 1 child ECH- Employee and children
143	2300	DTP01	Date/Time Qualifier	The following Date/Time Qualifier Codes are used: 300 Enrollment Signature Date – **Required for Medicare members** 303 Maintenance Effective 348 Benefit Begin 349 Benefit End (Term date)
146	2300	REF01	Health Coverage Policy Number Code	Use Qualifier **1L** for Group or Policy Number

2300 – Health Coverage Continued				
147	2300	REF02	Insured Group or Policy Number	**Group** - This segment is used to identify the Group Number for a particular insurance product. (See element HD03 in the 834 TR3.) Required when insurance products (i.e., Lines of Business) have different Group Numbers. Supply this REF02 when using qualifier "1L". **Use the Member Policy Number segment (Loop 2000/ Insured Group Number) when the Group Number applies to all coverage data**. Enter the BCBSRI assigned 8-digit group ID, followed by the 4-digit subgroup #. Group and Subgroup IDs must be 12 characters left justified, zero filled. Example group id/subgroup, send 00012260001

2310 — Provider Information				
152	2310	LX	Insured Group or Policy Number	This Loop is required for members in PCP required products. For Medicare members, send when member is in Long Term Care Facility.
153	2310	NM101	Entity Identifier Code	P3 - Primary Care Provider FA - Facility (Long Term Facility)
154	2310	NM103	Facility Name	Facility Name – Only if FA in NM101
155	2310	NM108	Identification Code Qualifier	Use XX for National Provider Identification Qualifier code.
155	2310	NM109	Provider Identifier	Enter primary care provider's National Provider Identification number when NM108= XX
156	2310	N301	Facility Address 1	Address requirements and format similar to Member address.
157	2310	N302	Facility Address 2	
157	2310	N401	Facility City	

2310 — Provider Information Continued					
157	2310	N402	Facility State		
158	2310	N403	Facility Zip Code		
160	2310	PER03	Communication Number Qualifier	TE - Telephone HP - Home Phone	
160	2310	PER04	Provider Communication Numbers	Phone = 10 Numeric	
162	2310	PLA01	PLA Provider Change Reason	2 – Change (Update PCP)	
162	2310	PLA02	Entity Qualifier Code	1P - Provider	
162	2310	PLA03	Entity Qualifier Code Date	Date of PCP Change (CCYYMMDD)	

2320 - Coordination of Benefits Use for coordinating Medicare RX Plans. All details are for member's other RX coverage.					
164	2320	COB01	Payer Responsibility Sequence Code	P - Primary S – Secondary T – Tertiary U – Unknown Responsibility of supplied insurer information	
164	2320	COB02	Reference Identification	Subscriber ID	
164	2320	COB03	Coordination of Benefits Code	1 - Coordination of Benefits 6 - No Coordination of Benefits Only send this information if COB applies	
165	2320	COB04	Service Type Code	89 - Pharmacy	
166	2320	REF01	Reference Identification Qualifier	6P - Group Number	

167	2310	REF02	Reference Identification	Group Number or ID

2320 - 2330 - COB Related Entity Use for coordinating Medicare RX Plans.				
169	2330	NM101	Entity Identifier Code	IN - Insurer
170	2330	NM102	Entity Type Qualifier	2 - non-Person
170	2330	NM103	Organization Name	Insurer Name

2750 - Reporting Categories <u>Medicare Care Plans Only</u> Contains miscellaneous information related to Medicare members that is not available in specific loops and segments.				
Disenrollment Reason Code The disenrollment reason for the member. Required if terminating a member.				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	DRC
179	2750	REF01	Reference Identifier Qualifier	17 - Client Reporting Category
180	2750	REF02	Reference ID	Disenrollment Reason Code 11 - Voluntary disenrollment through plan 91 - Failure to pay premiums 92 - Relocation out of plan service area 93 - Lost specific plan eligibility (SNP only)
Medicare Part A Date Provide if member has Medicare Part A				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	PARTA

179	2750	REF01	Reference Identifier Qualifier	17 - Client Reporting Category
180	2750	REF02	Reference ID	Y - Yes
182	2750	DTP03	Date	Part A effective date - (CCYYMMDD)

Medicare Part B Date Provide if member has Medicare Part B				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	PARTB
179	2750	REF01	Reference Identifier Qualifier	17 - Client Reporting Category
180	2750	REF02	Reference ID	Y - Yes
182	2750	DTP03	Date	Part A effective date - (CCYYMMDD)

Legal Rep Completing **Definition**: Authorized Representative/Legal Representative Completing Application. Signature and Signature date are required if Legal Representative/Authorized Representative completing application.				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	AUTH-REP-SIGN
179	2750	REF01	Reference Identifier Qualifier	17 - Client Reporting Category
180	2750	REF02	Reference ID	Y – Yes (Representative completing)
182	2750	DTP03	Date	Authorized representative signature date - (CCYYMMDD)

Working Status				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	WORK-STATUS

| 179 | 2750 | REF01 | Reference Identifier Qualifier | 17 - Client Reporting Category |
| 180 | 2750 | REF02 | Reference ID | Y – Yes (If You or Spouse is working) |

Retire Supply retiree information if applicable				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	RETIREE
179	2750	REF01	Reference Identifier Qualifier	17 - Client Reporting Category
180	2750	REF02	Reference ID	Retiree name - If not Retiree. Supply first and last name
182	2750	DTP03	Date	Retirement date - (CCYYMMDD)

Covered Spouse Supply spouse information if member is covered as spouse of retiree.				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	SPOUSE
179	2750	REF01	Reference Identifier Qualifier	17 - Client Reporting Category
180	2750	REF02	Reference ID	Name - Supply first and last name (ex. Mary Smith)

Dependent Supply dependent information if member is covered as dependent of retiree.				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	DEPENDENT
179	2750	REF01	Reference Identifier Qualifier	17 - Client Reporting Category
180	2750	REF02	Reference ID	Name – Supply first and last name (ex. Mary Smith)

Alternate Format Supply if alternate method is requested for printed materials				
178	2750	N101	Entity Identifier Code	75 - Participant

178	2750	N102	Name	ALT-FORMAT
179	2750	REF01	Reference Identifier Qualifier	ZZ – Mutually defined
180	2750	REF02	Reference ID	**Values accepted**: LP - Large Print BR - Braille AT - Audio Tape

2750 - Reporting Categories Continued - Medicare Plans Only **Enrollment Period information** Questions pertaining to enrolling in Medicare prescription drug plans. Supply any information that is applicable to the enrollment of the member. If not applicable, do not supply. Note: At least 1 question must be supplied with a "Y" (Yes) response.				
Question 1 **Previous Employer** Description: I am enrolling during my former employer's Annual Open Enrollment Period.				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	PREV-EMP-OEP
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes
Question 2 **RX Assistance** Description: I belong to a pharmacy assistance program provided by my state.				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	RX-HELP-PGM
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes
Question 3 **New to Medicare** Description: I am new to Medicare.				
178	2750	N101	Entity Identifier Code	75 - Participant

178	2750	N102	Name	PREV-EMP-OEP
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes

Question 4				
Loss/Change Medicaid				
Description: I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on:				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	MEDICAID-CHG
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes
182	2750	DTP03	Date	Loss/change date - (CCYYMMDD)

Question 5				
Medicaid / Extra Help - No Change				
Description: I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change. I am making this enrollment request between January 1 and September 30 and I understand I can only make this request once per quarter.				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	MEDICAID-HELP-NCHG
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes

Question 6				
Loss/change extra help				
Description: I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on:				
178	2750	N101	Entity Identifier Code	75 - Participant

178	2750	N102	Name	EXTRA-HELP
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes
182	2750	DTP03	Date	Extra help date - CCYYMMDD

Question 7
Moving in/out Long-Term Care
Description: I live in or recently moved out of a Long-Term Care Facility (example, a nursing home).

178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	LTC-CHANGE
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes
182	2750	DTP03	Date	LTC change date - CCYYMMDD

Question 8
Involuntary Loss of Coverage
Description: I am involuntarily losing coverage I had from an employer or union.
Please attach copy of coverage termination letter.

178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	INV-LOSS-COV
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes

Question 9
Lost Creditable Coverage
Description: Recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). Date I lost my drug coverage:

178	2750	N101	Entity Identifier Code	75 - Participant

178	2750	N102	Name	LOST-CRED-COV
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes
182	2750	DTP03	Date	Lost coverage date - CCYYMMDD

Question 10
Voluntary Leaving Employer
Description: I am voluntarily leaving employer or union coverage. Date I am leaving this coverage:

178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	VOL-LEFT-EMP
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes
182	2750	DTP03	Date	Coverage End Date - CCYYMMDD

Question 11
Moved Out of Area
Description: I recently moved outside of the service area for my current plan, or I recently moved, and this plan is a new option for me. Date of move:

178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	MOVE-OOA
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes
182	2750	DTP03	Date	Date of Move - CCYYMMDD

Question 12
OEP or Trial
Description: I am eligible to disenroll from my Medicare Advantage plan and enroll in a Part D plan during an MA Open Enrollment Period or during a trial period.

Provide beginning and end dates of eligibility period.				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	OEP-OR-TRIAL
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes
182	2750	DTP03	Date	Effective Date/End Date (Date Range – RD8) Example: N1*75*OEP-OR-TRIAL REF01*XX1*Y DTP*007*RD8*20190101-20190331
Question 13 **Return to USA** Description: I recently returned to the United States after living permanently outside of the U.S. Date I returned to the U.S.				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	RETURN-USA
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes
182	2750	DTP03	Date	Date Returned to U.S. - CCYYMMDD
Question 14 **Left PACE** Description: I recently left a Program of All-inclusive Care for the Elderly (PACE). Date I left PACE.				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	LEFT-PACE
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes

182	2750	DTP03	Date	Date left PACE - CCYYMMDD

Question 15 **End of Contract** Description: My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	END-CONTRACT
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes
Question 16 **Weather Related Emergency** Description: I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	DISASTER
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)
180	2750	REF02	Reference ID	Y - Yes
Question 17 **None Applicable** Description: None of these statements apply to me				
178	2750	N101	Entity Identifier Code	75 - Participant
178	2750	N102	Name	NONE-APPLICABLE
179	2750	REF01	Reference Identifier Qualifier	XX1 (Special Program Code)

180	2750	REF02	Reference ID	Y - Yes

8.0 Functional Acknowledgement/Reports

8.1 999 Transaction Acceptance Report

Upon receipt of an 834, BCBSRI will respond with a 999 functional acknowledgement transaction to inform the submitter that the transaction has arrived. The 999 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.

```
ISA*00*      *00*      *ZZ*222774F      *ZZ*U0001799
*101129*2248*;*00501*000000001*0*P*:
GS*FA*222774F*U0001799*20101129*2248*1*X*005010X220A1
ST*999*0001*005010X220
AK1*BE*100000611*005010X220A1
AK2*834*000000013*005010X220A1
IK5*A
AK9*A*1*1*1
SE*6*0001
GE*1*1
IEA*1*000000001
```

8.2 999 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: 222774F
ISA CTRL#:000027673

FUNCTIONAL GROUP INFORMATION
REPORT DATE-20101110
REPORT TIME-15:00:25
SUBMITTER ID: U0001799
Report ID:-276730001-160051

TRANSACTION INFORMATION
FUNCTIONAL GROUP CONTROL #: 160051
NUMBER OF INCLUDED TRANSACTION SETS: 1
NUMBER OF RECEIVED TRANSACTION SETS: 1
NUMBER OF ACCEPTED TRANSACTION SETS: 1
```

8.3   999 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 999 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: 222774F
        ISA CTRL#:000027692

        FUNCTIONAL GROUP INFORMATION
        REPORT DATE-20101123
        REPORT TIME-06:07:59
        SUBMITTER ID: U0001799
        Report ID:-276920001-290791

        TRANSACTION INFORMATION
        FUNCTIONAL GROUP CONTROL #: 290791
        NUMBER OF INCLUDED TRANSACTION SETS: 1
        NUMBER OF RECEIVED TRANSACTION SETS: 1
        NUMBER OF ACCEPTED TRANSACTION SETS: 0

        TRANSACTION SET INFORMATION
        TRANSACTION SET CONTROL #: 000000001
        TRANSACTION SET ACKNOWLEDGEMENT STATUS: R
        TRANSACTION SET ERROR REASON: One or More Segments is in Error

        DATA SEGMENT(S) IN ERROR
         ERROR NUMBER:  1
         DATA SEGMENT ERROR: SEGMENT HAS DATA ELEMENT ERRORS
          ANSI LOOP ID:
         POSITION WITHIN TRANSACTION SET: 57
         BAD SEGMENT: NM1
        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

If you wish to submit 834 Group Enrollment and Change transactions to BCBSRI, complete the Trading Partner Agreement (TPA) and Registration (TPR) forms from the www.bcbsri.com Web site. Complete the form and return to the appropriate address from the form. An EDI staff member will provide you with your Submitter id (Mailbox id) upon receipt of these signed forms. This id will be used within your 834 transaction as well.

10.0 Document Version Control

0.1	December 1, 2010	G. Ruggiero D. Santos M. Hegarty	Made changes for HIPAA 5010 Draft version
1.0	April 29. 2011	G. Ruggiero D. Santos M. Hegarty	Made changes for HIPAA 5010 Published
1.1	August 16, 2011	D. Santos	Clarification for Cancel Records on Full Files.
1.2	December 22, 2011	D. Santos	Updated GS02, Section 6.2
1.3	February 16, 2012	D. Santos	Updated Section 5.3 connectivity options Updated Section 7.0 to clarify Mixed Case
1.4	April 3, 2012	D. Santos	Updated Section 7.0 Marital Status codes
1.5	July 13, 2012	D. Santos	Updated document for Current processing system.
1.6	July 1, 2013	G. Ruggiero	Updated document with more current information.
1.7	August 12, 2014	G. Ruggiero	Made changes to the 2000 and 2300 loop, REF segments.
2.0	October 16, 2014	G. Ruggiero	New version for Private Exchange
2.1	July 7, 2015	M. Angell G. Ruggiero	Combining class and product id into one companion guide
2.2	March 28, 2016	D. Santos	Updated Help Desk number
2.3	October 13, 2016	L. DiVello	Updated Section 7.0 Insurance Line Code 'AG' in Loop 2300
2.4	November 9, 2016	D. Santos	Removed Foresight references
2.5	November 8, 2018	L. DiVello	Updated Maintenance Reason Codes INS04 Updated Product ID, HD04 Pos 1-4
2.6	April 5, 2019	L. DiVello	Updated Marital Status Codes Section 6 Updated Section 7.0 Insurance Line Code
2.7	May 11, 2022	L. DiVello	Updated Loop 2000, INS06, INS12, REF01, REF02, DTP01 Added Loop 2100G Updated Loop 2310, N301, N302, N401, N402, N403, PER03, PER04, PLA01, PLA03 Added Loop 2320 Added Loop 2330 Added Loop 2750

| 2.8 | February 28,2023 | L. DiVello | Corrected Loops 1000A, 1000B |
| 2.9 | August 8, 2023 | L. DiVello | Added Multi-Tenant info in Loop 1000A |