

Blue Cross and Blue Shield of Illinois (BCBSIL)

HIPAA Transaction Standard Companion Guide

270/271 Health Care Eligibility Benefit Inquiry and Response

Version 1.0

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Section 1: Introduction

1.1 Scope

The Health Insurance Portability and Accountability Act (HIPAA) transaction implementation guides for Electronic Data Interchange (EDI) transactions are called Technical Reports, Type 3 (TR3s). These provide guidelines for submitting HIPAA-standard EDI transactions. The TR3s require transmitters and receivers to make certain determinations. This companion guide is provided to assist Blue Cross and Blue Shield of Illinois (BCBSIL) trading partners with the 270/271 Health Care Eligibility and Benefit Inquiry and Response transactions.

The BCBSIL Companion Guide does not replace the HIPAA ASC X12N TR3s, nor does it attempt to amend any of the information therein. It does not impose any additional obligations on trading partners of BCBSIL which are not permitted to be imposed by the HIPAA standards for electronic transactions.

Additionally, please note the BCBSIL Companion Guide provides supplemental information to the Trading Partner Agreement (TPA) which exists between BCBSIL and its trading partners. Trading partners should refer to their TPA for guidelines pertaining to any legal conditions surrounding implementation of EDI transactions and code sets.

1.2 Overview

The 270 inquiry is used to inquire about the eligibility and benefit status of a subscriber, and the 271 transaction is the response to the inquiry. BCBSIL returns detailed eligibility and benefit information on the 271 response. This companion guide contains assumptions, conventions, determinations or data specifications related to eligibility and benefits transactions which are unique to BCBSIL. This document also provides information on BCBSIL-specific code pertinent to BCBSIL business processes and situations which are within the parameters of HIPAA. Readers of the companion guide should be familiar with the HIPAA ASC X12 TR3s, their structure and content. Refer to this companion guide for information on BCBSIL business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Information contained in this companion guide is not intended to amend, revoke, contradict, or otherwise alter the terms and conditions of the TPA. If there is an inconsistency with the terms of this guide and the terms of the TPA, the terms of the TPA shall govern. If inconsistencies exist between the terms of this companion guide and the TR3(s), the relevant TR3(s) will govern with respect to HIPAA edits. The BCBSIL Companion Guide will govern with respect to business edits.

1.3 References

If you conduct electronic eligibility and benefit transactions and/or other HIPAA-standard transactions, it is your responsibility to obtain and follow EDI transaction standards specified within the current HIPAA-mandated ASC X12 5010 TR3s.

The Washington Publishing Company (WPC) is an independent publisher of technical reports recognized by the Centers for Medicare & Medicaid Services (CMS) as the industry standard. To purchase TR3s, visit the WPC website at wpc-edi.com.

Section 2: Getting Started

The purpose of this section is to provide a process by which to initiate a connection with BCBSIL.

2.1 Working with BCBSIL

Providers may not establish a direct connection with BCBSIL. Providers must transact using an existing BCBSIL vendor connection.

Vendors may establish a connection with BCBSIL through the following approved vendors: Availity[®], RealMed[®] or Passport/Nebo Systems (eCare[®] Online). A connection directly to BCBSIL must first be approved by our Alliance Management area. (*Refer to Section 8: Contact Information for details*)

2.2 Trading Partner Agreements

Trading Partner Agreements must be established our preferred clearinghouse, Availity. The only exceptions are RealMed or Passport/Nebo Systems, as referenced above.

2.3 Communication Protocol Specifications

For potential trading partners requesting a direct connection with BCBSIL to exchange 005010X279A1 (270/271) transactions, the request must first be evaluated to determine if direct connection with BCBSIL is necessary.

If it is determined a direct connection is appropriate, the interface/connectivity specifications will be sent directly to the trading partner. The trading partner must be able to support HTTPS with mutual authentication and a Simple Object Access Protocol (SOAP) wrapped X12 body. Once all criteria are met, all URLs, URIs, certificates and/or passwords will be shared upon authorization.

If the direct connect request is not accepted, BCBSIL will refer the trading partner to Availity, our preferred clearinghouse.

2.4 Passwords

The necessary connection information including network user IDs and passwords, will be identified within the interface specifications. This information will be sent once BCBSIL has determined a direct connection is applicable and the TPA is executed between BCBSIL and the provider or vendor.

Note: If intermediary connections or vendors are involved additional password policies may apply.

2.5 Certification and Testing Overview

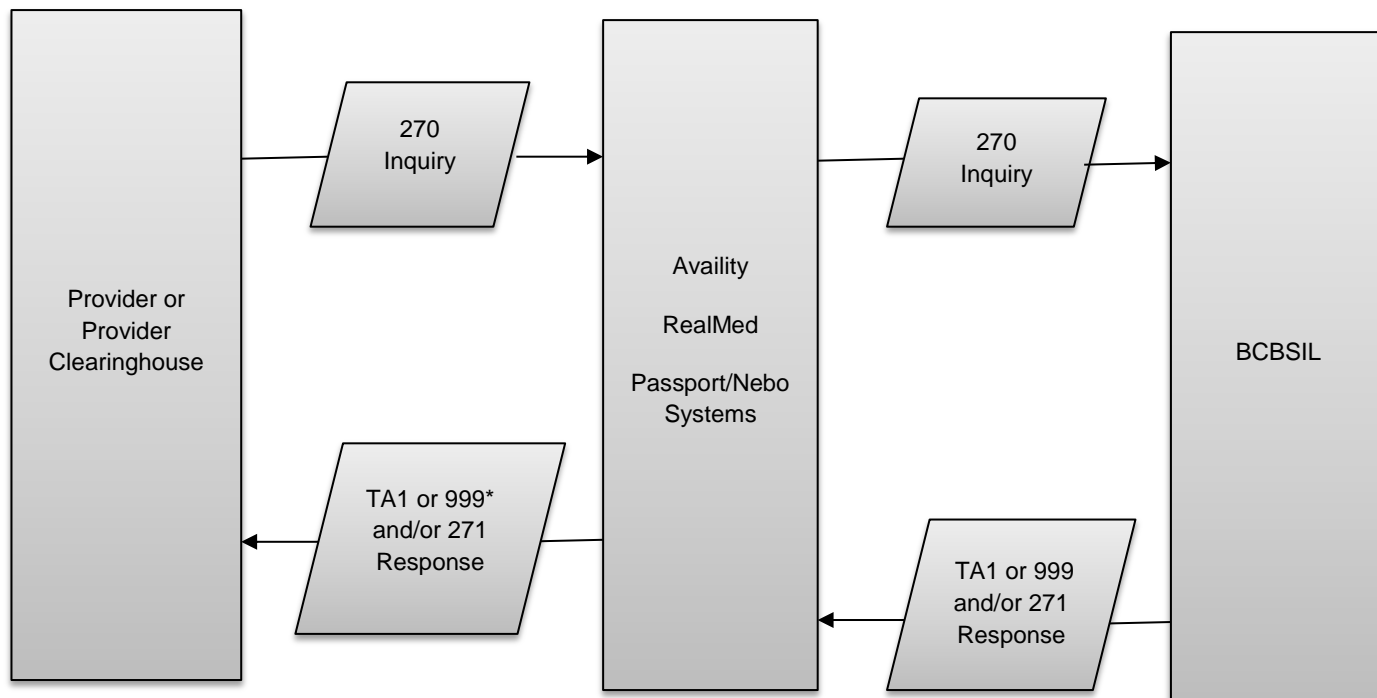
All trading partners (clearinghouses) must be certified, if applicable. BCBSIL recommends the trading partner obtain HIPAA certification from an approved third party testing and HIPAA certification vendor, prior to testing. Providers using a vendor to conduct transactions with BCBSIL should contact their vendor to verify that certification and testing requirements have been met.

Section 3: Connectivity Process

This section outlines the processes and procedures associated with transacting and communicating with BCBSIL.

3.1 Process Flow

Below is a diagram that outlines the general process flow for the 270/271 transactions.



*TA1 or 999 sent per agreement between provider or provider clearinghouse and Availity, RealMed, or Passport/Nebo Systems

3.2 Transmission Administration Procedures

BCBSIL only allows a transaction to contain a single member inquiry per transmission. In addition, BCBSIL only allows a single transaction to be contained within a submission, which translates to:

- One interchange (ISA-IEA) per transmission
- One functional group (GS-GE) per transmission
- One transaction set (ST-SE) per transmission

Refer to the TR3(s) for term clarification and additional information.

3.3 Re-transmission Procedures

The following notifications will be sent if a transmission is unable to be completed:

- **'AAA' Error Codes**

Refer to Section 5.1: AAA Reject Reason Codes used by BCBSIL for the AAA error codes and their descriptions.

- **TA1 Interchange Acknowledgement Transaction**

All X12 file submissions are pre-screened upon receipt to determine if the interchange control header (ISA) or interchange control trailer (IEA) segments are readable. If errors are found, a TA1 response transaction will be sent to notify the trading partner the file could not be processed.

Once BCBSIL determines the file is readable upon re-transmission, validation is performed on the ISA and IEA loop information. If these segments have a non-standard structure, the file will receive a full file reject and the TA1 response transaction will be sent to the trading partner.

- **999 Functional Acknowledgement Transaction**

If the transaction submission passes the ISA/IEA pre-screening above, it is then checked for ASC X12 syntax and HIPAA-compliance errors. When the compliance check is complete, a 999 will be sent to the trading partner informing them if the transaction has failed the compliance check. If multiple transaction sets (ST-SE) are sent within a functional group (GS-GE), the entire functional group (GS-GE) will be rejected with a 999 response.

Section 4: Control Segments/Envelopes

Control Segments apply to all transactions and include the ISA and GS Segments. These segments are part of every transmission structure. The parameters outlined below are applicable to vendors who have a direction connection with BCBSIL.

4.1 Common Definitions

The *Interchange Control Header (ISA06) Interchange Sender ID (Mailbox ID)* is individually assigned to each trading partner.

The *Functional Group Header (GS02) Application Sender's Code* is individually assigned to each trading partner.

4.2 Enveloping Details

| ANSI v5010 Requirements | | | |
|-------------------------|--------|--|--|
| Field | Length | 270 Inquiry | 271 Response |
| ISA01 | 2 | 00 | 00 |
| ISA02 | 10 | Blank | Blank |
| ISA03 | 2 | 00 | 00 |
| ISA04 | 10 | Blank | Blank |
| ISA05 | 2 | 01 or 30 | ZZ |
| ISA06 | 15 | Vendor's Dun & Bradstreet (D&B) Data Universal Numbering System (D-U-N-S [®]) Number or Federal Tax ID | G00621 for BCBSIL |
| ISA07 | 2 | ZZ | 01 or 30 |
| ISA08 | 15 | BCBSIL = G00621 | Vendor's D&B D-U-N-S Number or Federal Tax ID |
| ISA09 | 6 | Date (yyymmdd) | Date |
| ISA10 | 4 | Time (hhmm) | Time |
| ISA11 | 1 | Repetition separator (see table below) | Repetition separator (see table below) |
| ISA12 | 5 | 00501 | 00501 |
| ISA13 | 9 | Control number | Control number |
| ISA14 | 1 | 0 | 0 A 999 Implementation Acknowledgement is returned regardless of what value is sent in the ISA14. |
| ISA15 | 1 | "P" must be used to indicate Production "T" must be used to indicate Test | "P" must be used to indicate Production "T" must be used to indicate Test |
| ISA16 | 1 | : = Composite separator | : = Composite separator |
| GS01 | 2 | HS | HB |
| GS02 | 2/15 | Vendor's D&B D-U-N-S Number or Federal Tax ID with a leading "R" | G00621 for BCBSIL |
| GS03 | 2/15 | G00621 for BCBSIL | Vendor's D&B D-U-N-S Number or Federal Tax ID with a leading "R" |
| GS04 | 8 | Date (ccyyymmdd) | Date |
| GS05 | 4/8 | Time (hhmm) | Time |
| GS06 | 1/9 | Group Control Number | Group Control Number |

| | | | |
|-------------|------|---|---|
| GS07 | 1/2 | X | X |
| GS08 | 1/12 | 005010X279 | 005010X279 |
| 2100A-NM101 | 2/3 | PR | PR |
| 2100A-NM103 | 1/35 | BCBSIL | BCBSIL |
| 2100A-NM108 | 1/2 | PI | PI |
| 2100A-NM109 | 2/80 | G00621 for BCBSIL Above dependent on HPID rule | G00621 for BCBSIL Above dependent on HPID rule |

4.3 Delimiters/Separators

The delimiters/separators below cannot be used in a data element value elsewhere in the transaction. Use of these delimiters/separators within a data element could result in translation errors when the transaction is processed.

| Delimiters/Separators | | |
|-----------------------|-----------|--|
| Name | Character | Description |
| Asterisk | * | Data element separator |
| Carat/Curlly Bracket | ^ or { | Repeating data element separator (Vendor and/or Provider must support both values) |
| Colon | : | Composite data element separator |
| Tilde | ~ | Terminator |

Section 5: Business Rules and Limitations

The purpose of this section is to provide BCBSIL-specific data, business processes and situations which are within the parameters of HIPAA.

5.1 Business Rules

The guidelines below apply when transacting with BCBSIL.

- Only the ANSI v5010 format will be accepted.
- Transactions received within core business hours will be responded to in real-time (20 seconds).

5.2 AAA Reject Reason Codes used by BCBSIL

| AAA03 Values | Reason Code | Description of Reason Code |
|--------------|-------------|---|
| 2000A/2100A | 42 | Unable to Respond at current time |
| 2100B | 50 | Provider Ineligible for Inquiries |
| | 51 | Provider Not on File |
| 2100C | 58 | Invalid/Missing Date of Birth |
| | 62 | Date of Service Not Within Allowable Inquiry Period |
| | 71 | Patient Date of Birth Does Not Match That for the Patient on the Database |
| | 72 | Invalid/Missing Subscriber/Insured ID |
| | 73 | Invalid/Missing Subscriber/Insured Name |
| | 75 | Subscriber/Insured Not Found |
| | 76 | Duplicate Subscriber/Insured ID Number |
| 2110C | 62 | Date of Service Not Within Allowable Inquiry Period |
| 2100D | 62 | Date of Service Not Within Allowable Inquiry Period |
| | 64 | Invalid/Missing Patient ID |
| | 65 | Invalid/Missing Patient Name |
| 2110D | 62 | Date of Service Not Within Allowable Inquiry Period |

5.3 Local and BlueExchange® (Out-of-state) Transactions

“Local” (in this section) is used to refer to the following Blue Cross and Blue Shield (BCBS) Plans: Illinois, New Mexico, Oklahoma, and Texas.

When local transactions are submitted, BCBSIL uses the provider type and/or provider specialty along with the providers contracting network status to determine the applicable benefits.

BlueExchange is the process which enables the exchange of information for out-of-state BCBS members, as part of our BlueCard® Program. Through BlueExchange, transactions are routed to the appropriate BCBS Plan who responds with the appropriate eligibility and/or benefits. In these instances, the BCBS Plans' payer -specific business rules apply.

For BlueExchange transactions, the following information is returned by BCBSIL:

- Benefits for both facility and professional providers (If applicable to the Service Type Code)
 - Benefits for both in-network and out-of-network (If applicable to the product type)

5.4 Service Type Codes

When sending a 270 inquiry, using a specific Service Type Code related to the services being performed will provide a more streamlined response specific to the services requested (e.g., Service Type Code 2 – Surgical or Service Type Code 33 – Chiropractic).

Service Type Codes which are not explicitly supported by BCBSIL will return a response equivalent to the Service Type Code 30 – Health Benefit Plan Coverage.

Only one Service Type Code (EQ01) is supported for each 270 inquiry.

5.5 Dates of Service

Future Dates of Service

- Requests for future dates of service are supported up to the last day of the current month
- Requests for future dates of service not falling within the current month will receive the following response: AAA Error Code 62 – Date of Service Not Within Allowable Inquiry Period

Past Dates of Service

- Requests for past dates of service are supported up to 12 months prior to the current date
- Requests for past dates of service greater than 12 months prior to the current date will receive the following response: AAA Error Code 62 – Date of Service Not Within Allowable Inquiry Period

5.6 Additional BCBSIL Information

Alpha Prefixes

All 270 inquiries require the three-character alpha prefix to precede the member ID number with the exception of Federal Employee Program (FEP). The FEP policies require an “R” to precede the member ID number.

Group Numbers

BCBSIL currently does not use the group number as a determining factor when searching for the member information.

National Provider Identifier (NPI) – Billing vs. Rendering

Physicians and other professional providers must use their Rendering NPI (Type 1). Facilities and Institutional providers must use their Billing NPI (Type 2).

Procedure and Diagnosis codes

BCBSIL does not use procedure and/or diagnosis codes sent in the EQ02 and QA05 segments within the 270 inquiry to determine the benefits.

NM109 Segment

For BCBSIL transactions, the NM109 segment must be 4 – 17 characters in length.

Supported Search Options

BCBSIL supports the below search options. If the member ID is not found, it will be treated as a Social Security Number (SSN) search.

- Member ID, Date of Birth, First Name, Last Name
- Member ID, Date of Birth, Last Name
- Member ID, First Name, Last Name
- Member ID and Date of Birth
- Member ID, Date of Birth, First Name

Section 6: Transaction Specific Information

| # | Loop ID – Segment Description and Element Name | Reference Description | TR3 Page(s) | BCBSIL Required and Recommended Fields and Values |
|---|---|---|-------------|--|
| 1 | 2100A Information Source Level Payer Name | NM101 NM102 NM103 NM108 NM109 | 69 | Required: NM101PR – (Payer) NM102 – 2 (Non-Person) NM103 – BCBSIL (<i>Refer to Section 7</i>) NM108 – PI (Payer Identification) NM109 – Payer ID (<i>Refer to Section 7</i>) |
| 2 | 2100B Information Receiver Level Information Receiver Name | NM101 NM102 NM103 NM108 NM109 | 75 | Required: NM101 – 1P Provider NM102 – 1 (Person) or 2 (Non Person Entity) NM103 – Last Name or Organization Name NM108 – XX (denotes NPI) NM109 – NPI Recommended: N4 – Provider City, State and Zip Code PRV01 – AT (Attending) or H (Hospital) |
| 3 | 2100C Subscriber Name 2100D Dependent Name | NM101 | 92/151 | Required: NM101 – IL Subscriber or 03 Dependent NM103 – Last name Must send for use in Primary Search or to support the required Alternate Searches that require last name. Recommended: REF01 – 6P (Group Number) REF02 – Group number as listed on ID card |
| 4 | 2100C Subscriber/Dependent Date of Birth | DMG01 DMG02 DMG03 | 107/164 | Required: DMG01 – D8 DMG02 – Date of birth CCYYMMDD format DMG03 – Gender Must send for use in Primary Search or to support the required Alternate Searches that require DOB. If patient is dependent, do not send in this loop. |

Section 7: Acknowledgements

BCBSIL processes the following ASCX12 HIPAA acknowledgements for Eligibility and Benefit Inquiries:

| Acknowledgements | Description |
|--|---|
| ASC X12 TA1 v005010X231A1 (HIPAA) | Response to the X12 transactions where errors are encountered in the outer envelopes (ISA/IEA and GS/GE segments) |
| ASC X12 999 v005010X231A1 (HIPAA) | Functional Acknowledgement: A negative 999 is sent in case of compliance issues |

(Refer to Section 3.3: Re-transmission Procedure for more information about TA1s and 999s)

Section 8: Contact Information

| Electronic Trading Partner Inquiries | |
|---|---|
| For assistance with: | Contact the following: |
| Connectivity issues, or applications/functions | Vendor or clearinghouse with whom you are trying to connect |
| Questions on obtaining and following EDI transaction standards specified within the current HIPAA-mandated TR3s | Washington Publishing Company (WPC) 🌐: wpc-edi.com |
| Requesting direct connection with BCBSIL | BCBSIL Alliance Management ✉: alliancemanagement@BCBSIL.com |
| General EDI-related questions which cannot be addressed by Availity | BCBSIL Electronic Commerce Center ☎: (800) 746-4614 |
| Questions on specific transactions and/or need technical assistance or support | Assigned BCBSIL EDI Representative |

| BCBSIL Provider Inquiries | |
|--|--|
| For more information on: | Contact the following: |
| The utilization of a practice management system and/or an electronic trading partner to conduct electronic transactions on your behalf | Your current software vendor, billing service and/or clearinghouse |
| Other eligibility or benefit related questions | BCBSIL Provider Customer Service ☎: (800) 972-8088 |

| Applicable Websites | |
|--|---|
| Additional information on: | Visit: |
| BCBSIL related materials, such as Electronic Commerce Alerts, general News and Updates, and more | 🌐: BCBSIL.com/provider |
| Registering with Availity or to learn more about products and services available to BCBSIL independently contracted providers | 🌐: availity.com |
| Registering with RealMed or to learn more about products and services available to BCBSIL independently contracted providers | 🌐: realmed.com |
| Registering with Passport/Nebo Systems or to learn more about products and services available to BCBSIL independently contracted providers | 🌐: nebo.com |
| Purchasing TR3s | 🌐: wpc-edi.com |

Appendices

A1 Implementation Checklist

The necessary steps for transacting with BCBSIL include:

- Establish connectivity with BCBSIL (*Refer to Section 2 and 3 for detailed instructions*)
- Confirm Trading Partner Registration and Agreements are on file with BCBSIL (*Refer to Section 2.2 for details*)
- Perform testing and certification prior to onboarding with BCBSIL (*Refer to Section 2.3 for details*)

A2 Business Scenarios

Business Scenarios may be obtained by contacting the Washington Publishing Company (WPC). (*Refer to Section 7: Contact Information*)

A3 Transmission Examples

To obtain Testing Transmissions Examples, contact the WPC (*Refer to Section 7: Contact Information*)

A4 Frequently Asked Questions

How much time will testing require?

The time line varies depending on the support and coordination providers establish with their software vendor and/or clearinghouse. The accuracy of the test file, based on the TR3(s) and the BCBSIL Companion Guide requirements, will also help expedite the testing process.

Does BCBSIL have special requirements for HIPAA transactions?

Yes. There are situational data elements BCBSIL needs in order to conduct business electronically and process transactions. BCBSIL has developed this Companion Guide to supplement the TR3s. The BCBSIL Companion Guide contains specific data elements required for transactions and clarifies some of the standard uses of the transaction elements.

What is the difference between real-time and batch transactions?

Batch transactions are sent with the expectation that a response will not be available immediately. Real-time transactions are sent with the expectation that a response should be returned in the same session, within 20 seconds.

A5 Change Summary

The Change Log below will be used to document revisions that are made after initial publication of the BCBSIL ANSI v5010 Companion Guides.

| 270/271 Companion Guide Change Log | | | | |
|------------------------------------|---------|--------------------|----------------|---------|
| Chapter | Section | Change Description | Date of Change | Version |
| | | | | |

Availity is a registered trademark of Availity, L.L.C. eCare is the registered trademark of Nebo Systems, a division of Passport Health Communications, Inc. (Passport/Nebo Systems offers the NDAS Online product to independently contracted BCBSIL providers). RealMed is a registered trademark of RealMed Corporation, an Availity Company. D-U-N-S is a registered trademark of Dun & Bradstreet Credibility Corporation. Availity, L.L.C., Passport/Nebo Systems, RealMed Corporation and Dunn & Bradstreet Credibility Corporation are independent third party vendors and are solely responsible for their products and services. BCBSIL makes no representations or warranties regarding any of these vendors. If you have any questions or concerns about the products or services they offer, you should contact the vendor(s) directly.