Standard Companion Guide
Trading Partner Information

Instructions related to transactions based on ASC X12 Implementation Guides, version 005010

HIPAA/V5010X220A1
Version: 2.0

February 2024

Companion Guide Version Number: 2.0

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Trading Partner) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 Implementation Guide (IG) (Transaction Instructions). Either the Trading Partner Information component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Trading Partner Information component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.
The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use Statement.

Table of Contents

Trading Partner Information (TP)

1   TP Introduction

1.1   Purpose

This document is the property of Blue Cross and Blue Shield of Vermont (Blue Cross) and is for use solely in your capacity as a Trading Partner of health care transactions with Blue Cross. This information is intended to serve only as a Companion Guide to the HIPAA ANSI X12N 5010 834A1 and should be used in conjunction with the HIPAA Implementation Guide. The specifications contained within this Companion Guide define current functions and provide supplemental information specific to Blue Cross of Vermont. HIPAA Implementation Guides is available on the Washington Publishing Company website at www.wpc-edi.com.

This Companion Guide is subject to change as new information is available. Please check the Blue Cross of Vermont website, at https://www.bluecrossvt.org/, for updated documents.

Note: Blue Cross accepts 5010A1 version of 834 Benefit Enrollment and Maintenance.
All alpha characters in the file must be upper case.

1.2   Scope

Scope of this Companion Guide is to convey Blue Cross specific business rules around HIPAA 5010 834 X12 transaction. Please refer to 5010 834 HIPAA Implementation Guide on Washington Publishing website for complete 5010 834 implementation reference.

1.3   Overview

This Companion Guide is divided into various subsections, each subsection from top to bottom will help you become certified 5010 834 Blue Cross partner.

1.4   References

Please refer to 834 5010 HIPAA Implementation Guide. You can find it on Washington Publishing website www.wpc-edi.com.

1.5   Additional Information

Not applicable

2   Getting Started

2.1   Working Together

The Blue Cross EDI technical department will be working with you through the on-boarding, testing and the certification process.

Blue Cross EDI technical department contact information is as below.

EDI Tech Support:
Phone: (800) 334-3441, select option 2
Email: editechsupport@bcbsvt.com
Fax: (802) 225-7696

2.2   Trading Partner Registration

A Blue Cross EDI Trading Partner is any business partner (provider, clearinghouse, billing service, software vendor, employer, etc.) who transmits or receives electronic data from Blue Cross.

In order to establish a trading partner relationship with Blue Cross, it is necessary to complete a "Trading Partner Agreement". In addition, Trading Partners must also complete a copy of the EDI enrollment form for certain EDI transaction types. Both documents are located on the Blue Cross of Vermont web site. Please see this useful website section: Electronic Business Access

Both documents must be completed and returned to:

Blue Cross and Blue Shield of Vermont
E-mail: editechsupport@bcbsvt.com
Fax: (802) 225-7696

Attn: EDI Department
P.O. BOX 186
Montpelier, VT 05601-0186

Blue Cross will only accept transactions from valid Trading Partners whose submitter / sender IDs are on file. Blue Cross will reject transmissions if the submitter ID cannot be validated.

2.3   Trading Partner Testing and Certification Process

During the testing phase, we expect that at least two of your test files pass our validation layer and post to our back-end system successfully.

3   Testing and Certification Requirements

3.1   Testing Requirements

Upon receipt of a completed Trading Partner Agreement and EDI Enrollment forms, Blue Cross will provide necessary information for you to begin sending test files. Test files must be submitted with a usage indicator of 'T' in ISA15. Test files received with usage indicator of 'P' or production files received with usage indicator of 'T' will be rejected and it will require resubmission of file with correct usage indicator. We also expect the Interchange Control Number (ISA13) to be unique for each file. If a file is submitted with a duplicate Interchange Control Number, we will reject the file and the file will need to be resubmitted with unique Interchange Control Number.
We recommend that you submit transactions for all scenarios, which are outlined in the 'Appendix A' section.

3.2   Certification Requirements

834 test files must contain a combination of the examples provided in appendix 9.2. It is required to submit a minimum of two test files that pass our EDI validation layer and post into Blue Cross's membership system successfully.

4   Connectivity/Communications

4.1   Process Flows

Blue Cross uses SFTP to exchange any test or production file. Trading Partners can access Blue Cross SFTP site to submit X12 files. You will be provided with username and password upon receipt of a completed Trading Partner Agreement. If you need more information about our SFTP guide, please visit the Blue Cross website https://www.bluecrossvt.org/documents/moveit-sftp-guide. Please contact Blue Cross helpdesk at: (800) 334-3441 or by e-mail helpdesk@bcbsvt.com for password reset, if required.

Via FTP Client using FTP over SSL or FTP over SSH
Configure your FTP client to use one of the above protocols along with the hostname, username and password. After it is configured, simply login to see your "Home" and "Distribution" folders. SFTP User Guide the "Online Manual" link from the website provides more information about supported clients.

4.2   Transmission Administrative Procedures

This section provides specific transmission procedures.

4.2.1 Re-transmission Procedures

If you are resubmitting a file, please make sure it has a unique Interchange Control Number (ISA13). If a file is received with a duplicate Interchange Control Number, we will reject the file and it will require resubmission with a unique Interchange Control Number.

4.3   Communication Protocols

We use SFTP (Secure File Transfer Protocol) to exchange any files.

4.4   Security Protocols

We use SFTP (Secure File Transfer Protocol) to exchange any files.

5   Contact Information

5.1   EDI Customer Service

See EDI Technical Assistance below.

5.2   EDI Technical Assistance

Blue Cross EDI technical support will be available Monday through Friday from 7.00 AM to 5.00 PM. For more information regarding EDI transactions, please contact us at:

Phone: (800)334-3441 select option 2
Email: editechsupport@bcbsvt.com
Fax: (802)225-7696

5.3   Provider Services

Not applicable to enrollments.

5.4   Applicable Websites/E-mail

This section contains detailed information about useful websites and email addresses.
You can find all EDI related forms (TP agreement, SFTP guide, Companion Guide and other EDI forms) at this link: https://www.bluecrossvt.org/provider/forms/edi

6   Control Segments/Envelopes

6.1   ISA-IEA

This section describes the use of the Interchange Control Segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

Interchange Control Header (ISA)		
Authorization Information Qualifier	ISA01	Blue Cross requires **00**
Authorization Information	ISA02	Blue Cross requires **10 spaces**
Security Information Qualifier	ISA03	Blue Cross requires **00**
Security Information	ISA04	Blue Cross requires **10 spaces**
Interchange ID Qualifier	ISA05	Blue Cross requires **ZZ**
Interchange Sender ID	ISA06	Blue Cross assigned 4-digit **Sender ID** followed by **11 spaces**
Interchange ID Qualifier	ISA07	Blue Cross requires **ZZ**
Interchange Receiver ID	ISA08	Must be **BCBSVT** followed by **9 spaces**
Interchange Date	ISA09	Format should be **YYMMDD**
Interchange Time	ISA10	Format should be **HHMM**
Repetition Separator	ISA11	**{**
Interchange Control Version Number	ISA12	**00501**

Interchange Control Number	ISA13	9-digit unique control number must match with IEA02. For re-transmission of files, please refer to Appendix 4.2.1.
Acknowledgment Requested	ISA14	**0** - Blue Cross does not use this value to generate acknowledgement. Contact EDI department with your request for acknowledgements.
Usage Indicator	ISA15	**P - for Production Files** **T - for Test Files**
Component Element Separator	ISA16	Use a valid HIPAA Element Separator, it should be different from Repetition Separator (ISA11).
Interchange Control Trailer (IEA)		
Number of Included Functional Groups	IEA01	Number of functional groups (GS/GE)
Interchange Control Number	IEA02	9-digit unique control number must match with ISA13

6.2   GS-GE

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes, how functional groups are to be sent, how similar transaction sets will be packaged and the use of functional group control numbers.

We advise you to send one GS-GE loop per file.

Functional Group Header (GS)		
Functional Identifier Code	GS01	**BE**
Application Sender Code	GS02	Blue Cross assigned 4-digit **Sender ID**
Application Receiver's Code	GS03	Must be **BCBSVT**
Date	GS04	Format should be **CCYYMMDD**
Time	GS05	Format should be **HHMM**
Group Control Number	GS06	1 to 9-digit control number (must match with GE02)
Responsible Agency Code	GS07	**X**
Version/Release/Industry Identifier Code	GS08	**005010X220A1**
Functional Group Trailer (GE)		
Number of Transaction Sets Included	GE01	Number of Transaction Sets (ST/SE) included
Group Control Number	GE02	1 to 9-digit control number (must match with GS06)

6.3   ST-SE

This section describes the use of transaction set control numbers.

Transaction Set Header (ST)		
Transaction Set Identifier Code	ST01	**834**
Transaction Set Control Number	ST02	4 to 9-digit control number (must match with SE02)
Implementation Convention Reference	ST03	**005010X220A1**
Transaction Set Trailer (SE)		
Number of Included Segments	SE01	Number of segments included in the transaction set
Transaction Set Control Number	SE02	4 to 9-digit control number (must match with ST02)

7   Blue Cross Specific Business Rules and Limitations

This section describes Blue Cross specific business rules and validations around use of information in 834 X12 file.

7.1   Header (BGN/REF/DTP)

BGN – Beginning Segment		
Transaction Set Control Number	BGN01	**00 - Original** Blue Cross requires this code to be used for the first transmission, corrected transmission, and resending of a transmission that has been lost and never received by the Payer.
Action Code	BGN08	**2 - Change/Update** Must be 2 for Change Files **4 - Verify** Must be 4 for Verify/Full Files
REF – Transaction Set Policy Number *Blue Cross requires this segment for Full Files (BNG08 = 4) only. Do not send this segment on Change Files.*		
Reference Identification Qualifier	REF01	**38 -** Master Policy Number
Reference Identification	REF02	Must be 12 position **Blue Cross Group Number** and only in a Full File. This Group Number will be provided to you after the Trading Partner Agreement is signed prior to begin testing.

DTP – File Effective Date		
Blue Cross requires this segment for Full Files (BNG08 = 4) only. Do not send this segment on Change Files.		
Date/Time Qualifier	DTP01	**303 - Maintenance Effective** Must be 303
Date Time Period	DTP03	Format should be **CCYYMMDD**

7.2   Sponsor, Payer and TPA

Sponsor Name – Loop 1000A		
Identification Code Qualifier	N103	**FI -** Federal Taxpayer's Identification Number
Identification Code	N104	Blue Cross requires your **Federal Taxpayer's Identification Number** using the format '123456789'. Do not use spaces, hyphens, or special characters. Failure to provide the Federal Taxpayer's ID in the prescribed format will result in the rejection of the transmission.

Payer – Loop 1000B		
Identification Code Qualifier	N103	**FI - Federal Taxpayer's Identification Number**
Identification Code	N104	Must use '**030277307**'

7.3   Member Level Details – Loop 2000

Loop 2000 – Member Level Details (INS)		
Individual Relationship Code	INS02	Relationship Codes that are used by Blue Cross of Vermont: **01 - Spouse** Should also use this code for Partner/Party of a Civil Union/Domestic Partner **09 - Adopted Child** **17 – Stepchild** **18 - Self** **19 - Child**
Maintenance Type Code	INS03	Valid Maintenance Type Codes for Blue Cross of Vermont are: **001 - Change** **021 - Addition** **024 - Cancellation or Termination** Do not send a cancellation or termination transaction when changing BENEFIT PACKAGE (HD04). Send a Change Transaction (001) with the new BENEFIT PACKAGE (HD04) and the new

		effective date in Loop 2300. Our system will automatically cancel/terminate the previous benefit package with the date prior to the effective date of the new benefit package and re-add with the new information provided. When sending a dependent termination transaction, include the subscriber record above the dependent record. **025 - Reinstatement** *All the above codes must only be used in Change Files* **030 - Audit or Compare** This code should only be used when the contract between the sponsor and the payer has agreed upon its usage. This code is required on Full File processing (for all transactions).
Maintenance Reason Code	INS04	A valid Maintenance Reason Code from the below list is required to process transactions successfully into Blue Cross of Vermont system. **01 - Divorce** **02 – Birth** - When using birth as an event, see Loop 2000 and Loop 2300 for additional date requirements **03 - Death** **04 - Retirement** **05 - Adoption** **07 - Termination of Benefits** **08 - Termination of Employment** **14 - Voluntary Withdrawal** **15 - Primary Care Provider (PCP) Change** **22 - Plan Change** Use this when the changing the Division or Benefit Package **25** - **Change in Identifying Data Elements** Should be sent when a change to the members First Name, Last Name, Date of Birth, or Gender is being made. If a change to a subscriber SSN is required, a termination transaction for the incorrect number should be sent, followed by an add transaction with the correct number. **28 - Initial Enrollment** **31 - Legal Separation** **32 - Marriage** **41 - Re-enrollment** **43 - Change of Location** **AI** - **No Reason Given**

		This code is not used unless agreed upon by both Trading Partners **XN - Notification Only** This code should only be used when the contract between the sponsor and the payer has agreed upon its usage. This code must be submitted on Full Files. **XT - Transfer** A transfer is when a change to the Blue Cross Group Number is required. A termination transaction of the old Group must be sent, followed by an add transaction with all the new Blue Cross information.
Benefit Status Code	INS05	**A** - **Active**
Employment Status Code	INS08	This is required for subscriber add and change transactions only. This should not be sent for dependent records. Valid Employment Status Codes for Blue Cross are: **AO - Active Military - Overseas** **AU - Active Military - USA** **FT - Full-Time** **L1 - Leave of Absence** **PT - Part-Time** **RT - Retired** **TE - Terminated**
Loop 2000 – Subscriber Number (REF)		
Reference Identification Qualifier	REF01	**0F - Subscriber Number**
Reference Identification	REF02	Subscriber's 9-digit **Social Security Number** or 15-digit **Coverage Contract ID** (V123456789000915).
Loop 2000 – Member Policy Number (REF) *This segment must be sent at member level with each transaction.*		
Reference Identification Qualifier	REF01	**1L - Group or Policy Number**
Reference Identification	REF02	REF02 must be sent with the subscribers 12 position Blue Cross of Vermont **Group Number**.
Loop 2000 – Member Supplemental Identifier (REF) *This segment must be sent at member level with each transaction.*		
Reference Identification Qualifier	REF01	**DX - Department/Agency Number** DX is the required minimum qualifier for this segment. Other qualifiers may be used in addition to the DX qualifier.

Reference Identification	REF02	REF02 must be 4 position Blue Cross of Vermont **Division Code** when REF01 equals DX.

Loop 2000 – Member Level Dates (DTP)		
Change File - Member Cancellation must be submitted with DTP01 = 357. *Full File - Member Add and Change transactions must be submitted with DTP01 = 356. Member Cancellation from a Full File must be submitted with two DTP segments, DTP01 = 356 & DTP01 = 357* *Birth Event - Vermont State mandate requires that we add newborns for the first 31 to 60 days following the DOB, without premium impact. DTP 356 & 303 must read the sequential day following this eligibility period.*		
Date/Time Qualifier	DTP01	Valid Date/Time Qualifiers for Blue Cross of Vermont are: **336 – Employment Begin** **356 - Eligibility Begin** Required for Add and Change transactions **303 - Maintenance Effective Date** Required for changes that do not contain 356 **357 - Eligibility End** Required for Cancellation transactions. Send the last day that the member will have coverage

7.4 Member Name – Loop 2100A

Loop 2100A – Member Name (NM1)		
Entity Identifier Code	NM101	**IL - Insured or Subscriber** **74 - Corrected Insured** Must only be submitted this code when Name, Date of Birth, Gender or Marital Status change is submitted along with the incorrect information in Loop 2100B.
Entity Type Qualifier	NM102	**1 - Person**
Member Last Name	NM103	Blue Cross allows 35 characters
Member First Name	NM104	Blue Cross allows 25 characters
Member Middle Name	NM105	Blue Cross allows 25 characters
Name Suffix	NM107	Blue Cross allows 10 characters
Identification Code Qualifier	NM108	**34 -** Social Security Number
Identification Code	NM109	9-digit member's **Social Security Number**

Loop 2100A – Member Contact Information		
Member Communication Numbers	PER	Use PER segment for submitting member communication phone number and/or email address.

		Valid Communication Number Qualifier in PER segment: **WP - Work Phone** **HP - Home Phone** **AP - Alternate Phone** Blue Cross allows 7-10 characters, and no special characters for phone numbers **EM - Email** (Blue Cross of Vermont has a 64-character limit)
Loop 2100A – Member Demographics (DMG)		
Gender Code	DMG03	Valid Gender Codes for Blue Cross are: **F - Female** **M - Male** **U - Undisclosed**
Marital Status Code	DMG04	Marital Status Code must only be sent on Subscriber Transactions. <u>Do not</u> submit on dependent enrollment transactions. Valid Marital Status Codes for Blue Cross are: **B - Registered Domestic Partner** **D - Divorced** **I - Single** **M - Married** **R - Unreported** **S - Separated** **U - Unmarried (Single or Divorced or Widowed)** **W - Widowed** **X - Legally Separated**

7.5 Incorrect Member Name – Loop 2100B

This loop must be submitted only when there is a name, date of birth, gender or marital status change/correction being requested in Loop 2100A with NM101=74.

Loop 2100B – Member Name (NM1) *Submit with prior incorrect information*		
Entity Identifier Code	NM101	**70 - Prior Incorrect Insured.** Required only when Name, Date of Birth, Gender or Marital Status change is submitted along with the corrected information in loop 2100A.
Entity Type Qualifier	NM102	**1 - Person**
Member Last Name	NM103	Blue Cross allows 35 characters
Member First Name	NM104	Blue Cross allows 25 characters
Member Middle Name	NM105	Blue Cross allows 25 characters
Name Suffix	NM107	Blue Cross allows 10 characters
Identification Code Qualifier	NM108	**34 - Social Security Number**

Identification Code	NM109	**9-digit member's Social Security Number**
Loop 2100B – Member Demographics (DMG) *Submit with prior incorrect information*		
Gender Code	DMG03	Valid Gender Codes by Blue Cross are: **F - Female** **M - Male** **U - Undisclosed**
Marital Status Code	DMG04	Marital Status Code must only be sent on Subscriber Transactions. <u>Do not</u> submit on dependent enrollment transactions. Valid Marital Status Codes by Blue Cross are: **B - Registered Domestic Partner** **D - Divorced** **I - Single** **M - Married** **R - Unreported** **S - Separated** **U - Unmarried (Single or Divorced or Widowed)** **W - Widowed** **X - Legally Separated**
Loop 2100C – Member Mailing Address – *Required Field*		
Member Mailing Street Line 1 Address	N3	Blue Cross allows 25 characters
Member Mailing Line 2 Address	N3	Blue Cross allows 25 characters
Member Mailing City	N4	Blue Cross allows 22 characters
Member Mailing State	N4	Blue Cross allows 2 characters
Member Mailing Zip	N4	Blue Cross allows 5-9 characters (numerical values only)
Custodial Parent (Loop 2100F)	NM1, PER, N3 & N4	Use this segment to submit custodial parent information. Valid Communication Number Qualifier in PER segment for Custodial Parent are: **HP - Home Phone Number** **WP - Work Phone Number** **EX - Telephone Extension**

7.6   Health Coverage – Loop 2300

Loop 2300 – Health Coverage (HD)

Maintenance Type Code	HD01	Valid Maintenance Type Codes for Blue Cross are: **001 - Change** **021 - Addition** **024 - Termination** **025 - Reinstatement** **030 - Audit or Compare** *This code must be used for Full Files only*
Insurance Line Code	HD03	**HLT**
Plan Coverage Description	HD04	Send BENEFIT PACKAGE value. Value should be a fixed length: BENEFIT PACKAGE = 8 Characters Example: ABCD1200 *This information will be provided by Blue Cross upon submission of Trading Partner Agreement*

Loop 2300 – Health Coverage Dates (DTP) *Birth event - Vermont State mandate requires we add newborns for the first 31 to 60 days following the DOB, without premium impact. DTP 356 & 303 must read the sequential day following this eligibility period.*		
Date/Time Qualifier	DTP01	*Valid Date/Time qualifiers for Blue Cross of Vermont are:* **303 - Maintenance Effective** **348 - Benefit Begin** *This code is required for changes to an existing policy as well as add transactions for a Full File.* *Use this code for add transactions only for a Change File.*

7.7   Provider Information – Loop 2310

Loop 2310 – Provider Name (NM1) *Exclude this segment for members who reside outside of Vermont.*		
Entity Identifier Code	NM101	Valid Entity Identifier Codes for Blue Cross are: **P3 - Primary Care Provider** Physician that is selected by the insured to provide medical care.
Entity Type Qualifier	NM102	**1 - Person**
Identification Code Qualifier	NM108	Valid Entity Identification Code Qualifiers for Blue Cross are: **XX - Health Care Financing Administration National Provider Identifier**

Identification Code	NM109	Must be the Provider's 10 position PCP NPI Number.
Entity Relationship Code	NM110	Valid Entity Relationship Codes for Blue Cross are: **25 - Established Patient** **26 - Not Established Patient**
PCP Change Reason Effective Date	PLA03	Use this segment to report the effective date that a member changes primary care provider

7.8   Coordination of Benefits –Loop 2320

Only send if sending coordination of benefits for Medicare

Loop 2320 – Medicare Information (COB)		
Primary or Secondary Flag	COB01	**P - Primary** **S - Secondary** **T - Tertiary**
Medicare Beneficiary Identifier	COB02	Members 11-digit **Medicare Policy Number**
Coordination of Benefits Code	COB03	**1**
Medicare Effective/Expiration Dates	DTP01	**344 - Members Medicare Effective Date** Use this field to report the effective date for the Medicare Type listed in NM103 **345 - Member Medicare End Dates** Use this field to report the End date for the Medicare Type listed in NM103
Date Time Format Period Qualifier	DTP02	**D8**
Loop 2330 – Coordination of Benefits Related Entity (NM)		
Entity Identifier	NM101	**IN**
Entity Type Qualifier	NM102	**2**
Medicare Type	NM103	Indicates whether the member has Part A Medicare coverage, Part B Medicare coverage, Part D Medicare coverage or combinations: • **A - Part A** • **B - Part B** • **C - Both Part A and Part B** • **F - Part A, No Part B** • **G - Part A&D, No Part B** • **X - Part A/B and D**
Medicare City	N401	**Atlanta**
Medicare State	N402	**GA**
Medicare Zip	N403	**30303**

8   Acknowledgements and Reports

This section contains information and examples on any acknowledgements and/or reports returned by the author.

8.1   ASC X12 Acknowledgments

Not applicable

8.2   Report Inventory

Not applicable

9   Additional Trading Partner Information

This section contains additional reference information.

9.1   Implementation Checklist

Not applicable

9.2   Transmission Examples

This appendix contains examples of the control segments and envelopes.

Change File Format:

Subscriber segments <u>MUST</u> be sent with all dependent transactions

Subscriber Add:

```
INS*Y*18*021*28*A***FT**N~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~

DTP*356*D8*YYYYMMDD~
NM1*IL*1*SUBLASTNAME*SUBFIRSTNAME****34*123456789~
PER*IP**HP*5555555555*EM*EMAIL@EMAIL.COM~
DMG*D8*19600301*F*I~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*021**HLT*ABCD1234~
DTP*348*D8*YYYYMMDD~
LX*1
NM1*P3*1******XX*0123456789*26
PLA*2*1P*YYYYMMDD**AI
```

Subscriber & Dependent Add:

> **Subscriber & Spouse**:

INS*Y*18*021*28*A***FT**N~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
DTP*356*D8*YYYYMMDD~
NM1*IL*1*SUBLASTNAME*SUBFIRSTNAME****34*123456789~
DMG*D8*19600301*F*M~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*021**HLT*ABCD1234~
DTP*348*D8*YYYYMMDD~
INS*N*01*021*28*A******N~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
DTP*356*D8*YYYYMMDD~
NM1*IL*1*SPOLASTNAME*SPOFIRSTNAME****34*987654321~
DMG*D8*19600401*M~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*021**HLT*ABCD1234~
DTP*348*D8*YYYYMMDD~

> **Subscriber & Child:**

INS*Y*18*021*28*A***FT**N~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
DTP*356*D8*YYYYMMDD~
NM1*IL*1*SUBLASTNAME*SUBFIRSTNAME****34*123456789~
DMG*D8*19600301*F*I~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*021**HLT*ABCD1234~
DTP*348*D8*YYYYMMDD~
INS*N*19*021*28*A****N*N~
REF*0F*123456789~

REF*1L*123456789915~
REF*DX*9876~
DTP*356*D8*YYYYMMDD~
NM1*IL*1*DEPLASTNAME*DEPFIRSTNAME****34*987654321~
DMG*D8*20090301*M~
NM1*31*1~
N3*1 MAILING STREET~
N4* MONTPELIER*VT*05601~
HD*021**HLT*ABCD1234~
DTP*348*D8*YYYYMMDD~

Add with Medicare Coordination of Benefits:

INS*Y*18*021*28*A***FT**N~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
DTP*356*D8*YYYYMMDD~
NM1*IL*1*SUBLASTNAME*SUBFIRSTNAME****34*123456789~
DMG*D8*19600301*F~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*021**HLT*ABCD1234~
DTP*348*D8*YYYYMMDD~
COB*P*34567890X2*1~
DTP*344*D8*YYYYMMDD~
NM1*IN*2*A~
N4*ATLANTA*GA*30303~
COB*P*34567890X2 *1~
DTP*344*D8*YYYYMMDD~
NM1*IN*2*B~
N4*ATLANTA*GA*30303~

Dependent Add/Upgrade:

INS*Y*18*001*22*A***FT**N ~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
DTP*356*D8*YYYYMMDD~
DTP*303*D8*YYYYMMDD~
NM1*IL*1*SUBLASTNAME*SUBFIRSTNAME****34*123456789~
DMG*D8*19600301*F~

```
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*001**HLT*ABCD1234~
DTP*303*D8*YYYYMMDD~
INS*Y*19*028*21*A****N*N~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
NM1*IL*1*DEPLASTNAME*DEPFIRSTNAME****34*987654321~
DMG*D8*20000301*F~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*021**HLT*ABCD1234~
DTP*348*D8*YYYYMMDD~
```

Termination:

Send the termination date in Loop 2000, DTP*357 segment.

Termination of Subscriber:

```
INS*Y*18*024*07*A*E**FT**N~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
DTP*356*D8*YYYYMMDD~
DTP*357*D8*YYYYMMDD~
NM1*IL*1*SUBLASTNAME*SUBFIRSTNAME****34*123456789~
DMG*D8*19600301*F~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*024**HLT*ABCD1234~
DTP*349*D8*YYYYMMDD~
```

Termination of Dependent/Downgrade:

```
INS*Y*18*001*22*A***FT**N ~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
DTP*356*D8*YYYYMMDD~
DTP*303*D8*YYYYMMDD~
NM1*IL*1*SUBLASTNAME*SUBFIRSTNAME****34*123456789~
```

```
DMG*D8*19600301*F~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*001**HLT*ABCD1234~
DTP*303*D8*YYYYMMDD~
INS*Y*19*024*14*A****N*N~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
DTP*357*D8*YYYYMMDD~
NM1*IL*1*DEPLASTNAME*DEPFIRSTNAME****34*987654321~
DMG*D8*20000301*F~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*024**HLT*ABCD1234~
DTP*349*D8*YYYYMMDD~
```

Plan Change:
Only the REF02 and HD04 information will be changed, the new benefit effective date is reflected on the DTP*348 segment of Loop 2300.

```
INS*Y*18*001*22*A***FT**N~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
DTP*356*D8*YYYYMMDD~
NM1*IL*1*SUBLASTNAME*SUBFIRSTNAME****34*123456789~
DMG*D8*19600301*F~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*001**HLT*ABCD2468~
DTP*348*D8*YYYYMMDD~
```

Name and Birth Date Correction:
Always include the old demographics information in Loop 2100B when there is a change of the member demographic data. Address changes are excluded from this.

Name Change:
```
INS*Y*18*001*25*A***FT*N*N~
REF*0F*123456789~
```

REF*1L*123456789915~
REF*DX*9876~
NM1*74*1*NEWLASTNAME*SUBFIRSTNAME~
PER*IP**WP*5555555555*EM*EMAIL@EMAIL.COM~
DMG*D8*19600301*F*M~
NM1*70*1*OLDLASTNAME*SUBFIRSTNAME~
DMG*D8*19600301*F~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*001**HLT*VEHIEGC2*EMP~
DTP*303*D8*YYYYMMDD~

DOB change:
INS*Y*18*001*25*A***FT*N*N~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
NM1*74*1*NEWLASTNAME*SUBFIRSTNAME~
PER*IP**WP*5555555555*EM*EMAIL@EMAIL.COM~
DMG*D8*19700401*F*M~
NM1*70*1*SUBLASTNAME*SUBFIRSTNAME~
DMG*D8*19600301*F~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER*VT*05601~
HD*001**HLT*VEHIEGC2*EMP~
DTP*348*D8*YYYYMMDD~

Full File Format:
Full Files should always include 030 (INS03) and XN (INS04) in Loop 2000 segments.

Full File Add/Change:
INS*Y*18*030*XN*A***FT**N~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
DTP*356*D8*YYYYMMDD~
NM1*IL*1*SUBLASTNAME*SUBFIRSTNAME****34*123456789~
DMG*D8*19600301*F~
NM1*31*1~
N3*1 MAILING STREET~

N4*MONTPELIER*VT*05601~
HD*030**HLT*ABCD1234~
DTP*348*D8*YYYYMMDD~

Full File Termination:
INS*Y*18*030*XN*A***FT**N~
REF*0F*123456789~
REF*1L*123456789915~
REF*DX*9876~
DTP*356*D8*YYYYMMDD~
DTP*357*D8*YYYYMMDD~
NM1*IL*1*SUBLASTNAME*SUBFIRSTNAME****34*123456789~
DMG*D8*19600301*F~
NM1*31*1~
N3*1 MAILING STREET~
N4*MONTPELIER *VT*05601~
HD*030**HLT*ABCD1234~
DTP*348*D8*YYYYMMDD ~
DTP*349*D8*YYYYMMDD~

9.3   Trading Partner Agreement

EDI Trading Partner Agreement ensures the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party within the agreement. Please refer to our website for the Trading Partner Agreement form. Here is the link to the repository of Trading Partner Agreement forms: https://www.bluecrossvt.org/provider/forms/edi

9.4   Frequently Asked Questions

Not applicable at this time.

9.5   Other Resources

Not applicable at this time.