April 7, 2017

Submitting Eligibility and Benefits Transactions

As previously communicated, on November 1, 2015, Blue Cross and Blue Shield of Minnesota began migrating subscribers to our new operating system. Currently we have subscribers active on both the legacy and new operating systems, and the subscriber IDs are not the same.

Migrated subscriber IDs consist of 15 characters, which contain a 3-character alpha prefix, followed by 12 numbers (with the exception of Senior Gold, which contains the 3-character alpha prefix JZT, followed by 12 numbers and alpha suffix of A or B). All 15 or 16 characters must be submitted.

The Eligibility and Benefit (E&B) transaction routes to the new operating system first; if no subscriber is found, the transaction searches the legacy system to find a match.

If a legacy subscriber ID is submitted on an E&B transaction for a subscriber that has migrated to the new operating system, the E&B transaction should return the active new operating system subscriber ID. However, if a new operating system subscriber ID is submitted on the E&B transaction and no active coverage is found, the response **will not** return the legacy subscriber ID, if the current active coverage is in our legacy system.

MN legacy subscriber IDs should be submitted in one of the following formats:
1. A 3 digit alpha prefix followed by XZ and 7 numbers. Example: XZAXZ1234567
2. A 3 digit alpha prefix followed by XZ and 9 numbers (first 7 are sub-ID and digits 8 & 9 represent dependent code). Example: XZAXZ123456701
3. MN public programs ID prefix XZG or XZS followed by 9 numbers. Example: XZG801234597.

The three letter alpha prefix is required for member's coverage that is administered by a state other than MN.

MN new operating system subscriber IDs should be submitted in one of the following formats:
1. 12 numeric digits. Example: 123456789001
2. Three letter alpha prefix with 12 number digits. Example: JZL123456789001

HMK IDs do not have a unique two digit member identifier at the end of their IDs.

Appropriate E&B search options:
1. Patient ID, name, and date of birth
2. Patient ID, last name, and date of birth
3. Patient ID, first name, and date of birth
4. Patient ID and name
5. Patient ID and date of birth
6. Patient name and date of birth

The error messages indicated below may occur when only searching with name and date of birth. This indicates a unique member record was not found, and ensures no Protected Health Information (PHI) is inadvertently released. For best results, select a search option that includes the patient ID.

Type of Error Message	Description
Availity error message	Invalid/missing Subscriber/Insured ID
Availity error message	Invalid/Missing Patient ID
271 error message	AAA03 = 72
271 error message	AAA03 = 64

Questions?
If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.