

A p p e n d i x

K

BlueSTAR Standard File Layout

General File Information

Record Format: Fixed Block
Record Length: 1300
Blocksize: 27300
Record Sort Order: 1) Account Number
2) Corporate Entity Code
3) Subscriber Number
4) Member Number
5) Record Type (Except for Header and Trailer Records)
Dates: Always format as CCYYMMDD

Header Record Layout

Field Number	Field	Type	Length	Position	Required	Comments
1	Record Type	X	3	1	X	'ISA'
2	Transaction Type	X	4	4	X	'FILE'
	filler	X	28	8		blank
3	Customer ID	X	10	36	X	MIL "account number" A
	filler	X	5	46		blank
4	Test/Prod Indicator	X	4	51	X	'TEST', or 'PROD'
5	ID of Receiving Payor	X	15	55	X	'G00621'
6	Translated Format	X	10	70	X	'BLUESTAR'
7	Translated Length	X	5	80	X	'01300'
	filler	X	116	85		blank
8	File Type	X	1	201	X	F-Full file of all members C-Partial file of only memberships that have a change. All member data is sent. A-Audit: Full file of all members to be used as compare only. Changes are generally not to be applied.
9	File Effective Date	X	8	202	X	Effective date of file being transmitted
10	File End Date	X	8	210	X	End date of file being transmitted
11	Corporate Entity Code	X	3	218	X	IL1-Illinois NM1-New Mexico TX1-Texas XXX-As needed for new plans.
12	Account Number	X	6	221	X	BlueStar Account Number
	Filler	X	1074	227		Leave Blank
Length			1300			

Member Record Layout

Field Number	Field	Type	Length	Position	Required	Comments
1	Record Type	X	1	1	X	2-Member Detail 3-Member Benefit 4-Additional Address 5-Coordination of Benefits 6-Additional Characteristics 9-Trailer
Identifying Information						
2	Account Number	X	6	2	X	<i>BlueStar Account Number</i>
3	Corporate Entity Code	X	3	8	X	IL1-Illinois NM1-New Mexico TX1-Texas
4	Subscriber Number	X	12	11	X	Right justify and fill with leading zeros.
5	Member Number	9	2	23	X	Subscriber is always 01, followed by dependents.
6	New Subscriber Number	X	12	25		Only needed if Subscriber Number is changing.
7	Original Subscriber Number	X	12	37		Only needed if Surviving Spouse, or other member is becoming Subscriber.
8	Social Security Number	X	9	49		SSN required for Subscriber
	filler	X	3	58		blank
9	Original Eff Date	X	8	61	X	Member's original effective date w/BlueCross
10	Missing Dependent Indicator (Subscriber Only)	X	1	69	X	0-No missing dependents 1 thru 9-Count of how many dependents there should be(if available)
Member Detail Information						
11	Relationship Code	X	3	70	X	CHD-Partial Child C2-Class II Dependent DEP-Dependent Child DIS-Disabled Dependent DP-Domestic Partner SPD-Sponsored Dependent (Child) SPP-Sponsored Dependent (Parent) SPS-Spouse SSP-Surviving Spouse STD-Student SUB-Subscriber XSP-Ex-Spouse
12	Marital Status	X	1	73	X	D-Divorced M-Married S-Single (if not sending dependent must be S) W-Widowed
13	Multiple Birth Indicator	X	1	74	X	Y-Yes N-No (Default)
14	Name-Prefix	X	5	75		
15	Name-First	X	20	80	X	
16	Name-Initial	X	1	100		
17	Name-Last	X	20	101	X	
18	Name-Suffix	X	3	121		
19	Gender	X	1	124	X	M-Male F-Female
20	Tobacco Use Ind	X	1	125	X	Y-Yes N-No (Default)
21	Primary Language	X	3	126	X	ARA-Arabic CHI-Chinese CRO-Croatian ENG-English (Default) FRE-French GER-German GRE-Greek HIN-Hindu IND-Indian ITA-Italian LIT-Lithuanian POL-Polish SPA-Spanish URD-Urdu

Member Record Layout

Field Number	Field	Type	Length	Position	Required	Comments
22	VIP Code (Subscriber Only)	X	4	129		blank (Default) BS-Benefits Staff CE-Company Executive CEO-CEO FC-Frequent Caller PR-President
23	Deductible Amount (Subscriber Only)	9	9	133		Zeros
24	Deductible Eff Date	X	8	142		Leave Blank
25	Date of Birth	X	8	150	X	
26	Date of Death	X	8	158		Leave Blank
27	Hire Date	X	8	166		Leave Blank
28	Out of Area Indicator	X	1	174		POS Only Y-Yes(Member is out of network area) N-No
29	Details Eff Date	X	8	175	X	If sending adds or changes, this is the date that the add or change should be effective.
30	Employment Status (Subscriber Only)	X	1	183	X	A-Active R-Retired
Subscriber Category Information (Only required if benefits are determined based on Benefit Agreement/Category)						
31	Category - Product (Subscriber Only)	X	4	184		Leave Blank
32	Category - Product Eff Date		8	188		Leave Blank
33	Category - Bill (Subscriber Only)	X	4	196		Leave Blank
34	Category - Bill Eff Date		8	200		Leave Blank
35	Category - Mail (Subscriber Only)	X	4	208		Leave Blank
36	Category - Mail Eff Date		8	212		Leave Blank
37	Category - Report (Subscriber Only)	X	4	220		Leave Blank
38	Category - Report Eff Date		8	224		Leave Blank
Address/Contact Information						
39	Address Type Code	X	2	232		PR-Primary
40	Address-Street Line 1	X	25	234		
	filler	X	15	259		
41	Address-Street Line 2	X	25	274		
	filler	X	15	299		
42	Address-In Care of	X	25	314		
	filler	X	15	339		
43	Address-Apartment Number	X	5	354		
44	Address-City	X	25	359		
45	Address-State	X	2	384		
46	Address-Zip Code	X	9	386		
47	Address-Country Code	X	3	395		Leave Blank
48	Address-Country Name	X	25	398		Leave Blank
49	Address-County Code	X	3	423		Leave Blank
50	Address-Foreign Postal Code	X	9	426		Leave Blank
51	Address-Foreign Province	X	25	435		Leave Blank
52	Phone-Home	9	10	460		Leave Blank
53	Phone-Work	9	10	470		Leave Blank, unless this information is available.
54	Phone-Work Extension	X	5	480		Leave Blank
55	Phone-Fax	9	10	485		Leave Blank
56	Email Address	X	50	495		Leave Blank
Medicare Information						
57	Medicare Reason 1	X	4	545		Leave Blank
58	Medicare Reason 1 Eff Date	X	8	549		Leave Blank
59	Medicare Reason 1 End Date	X	8	557		Leave Blank
60	Medicare Reason 2	X	4	565		Leave Blank
61	Medicare Reason 2 Eff Date	X	8	569		Leave Blank
62	Medicare Reason 2 End Date	X	8	577		Leave Blank
63	HIC Number	X	12	585		Leave Blank
64	Medicare A P/S	X	1	597		Leave Blank
65	Medicare A Eff Date	X	8	598		Leave Blank
66	Medicare A End Date	X	8	606		Leave Blank
67	Medicare B P/S	X	1	614		Leave Blank
68	Medicare B Eff Date	X	8	615		Leave Blank
69	Medicare B End Date	X	8	623		Leave Blank

Member Record Layout

Field Number	Field	Type	Length	Position	Required	Comments
Special Dependent Certification Information (Dependents Only)						
70	Certification Type 1	X	3	631		Leave Blank
71	Certification 1 Eff Date	X	8	634		Leave Blank
72	Certification 1 End Date	X	8	642		Leave Blank
73	Certification Type 2	X	3	650		Leave Blank
74	Certification 2 Eff Date	X	8	653		Leave Blank
75	Certification 2 End Date	X	8	661		Leave Blank
COBRA Information						
76	COBRA Eff Date	X	8	669		Leave Blank
77	COBRA End Date	X	8	677		Leave Blank
Health Insurance Portability and Accountability Information (HIPAA)						
78	HIPAA-Calc-Ind	X	1	685		Leave Blank
79	HIPAA-Prev Carr Eff Date	X	8	686		Leave Blank
80	HIPAA-Prev Carr End Date	X	8	694		Leave Blank
81	HIPAA-Prev Carr Hire Date	X	8	702		Leave Blank
82	HIPAA-Late Enrollee	X	1	710		Leave Blank
83	HIPAA-Date/Days of Creditable Coverage	X	8	711		Leave Blank
Comments						
84	Comments	X	50	719		Leave Blank
Characteristic Information (Only needed if benefits are determined based on employee characteristics)						
85	Characteristic 1 Name	X	6	769		Leave Blank
86	Characteristic 1 Value	X	18	775		Leave Blank
87	Characteristic 1 Eff Date	X	8	793		Leave Blank
88	Characteristic 2 Name	X	6	801		Leave Blank
89	Characteristic 2 Value	X	18	807		Leave Blank
90	Characteristic 2 Eff Date	X	8	825		Leave Blank
91	Characteristic 3 Name	X	6	833		Leave Blank
92	Characteristic 3 Value	X	18	839		Leave Blank
93	Characteristic 3 Eff Date	X	8	857		Leave Blank
94	Characteristic 4 Name	X	6	865		Leave Blank
95	Characteristic 4 Value	X	18	871		Leave Blank
96	Characteristic 4 Eff Date	X	8	889		Leave Blank
97	Characteristic 5 Name	X	6	897		Leave Blank
98	Characteristic 5 Value	X	18	903		Leave Blank
99	Characteristic 5 Eff Date	X	8	921		Leave Blank
100	Characteristic 6 Name	X	6	929		Leave Blank
101	Characteristic 6 Value	X	18	935		Leave Blank
102	Characteristic 6 Eff Date	X	8	953		Leave Blank
103	Characteristic 7 Name	X	6	961		Leave Blank
104	Characteristic 7 Value	X	18	967		Leave Blank
105	Characteristic 7 Eff Date	X	8	985		Leave Blank
106	Characteristic 8 Name	X	6	993		Leave Blank
107	Characteristic 8 Value	X	18	999		Leave Blank
108	Characteristic 8 Eff Date	X	8	1017		Leave Blank
109	Characteristic 9 Name	X	6	1025		Leave Blank
110	Characteristic 9 Value	X	18	1031		Leave Blank
111	Characteristic 9 Eff Date	X	8	1049		Leave Blank
112	Characteristic 10 Name	X	6	1057		Leave Blank
113	Characteristic 10 Value	X	18	1063		Leave Blank
114	Characteristic 10 Eff Date	X	8	1081		Leave Blank
	Filler	X	212	1089		Leave Blank
Length			1300			

Benefit Record Layout

Field Number	Field	Type	Length	Position	Required	Comments
1	Record Type	X	1	1	X	2-Member Detail 3-Member Benefit 4-Additional Address 5-Coordination of Benefits 6-Additional Characteristics 9-Trailer
Identifying Information						
2	Account Number	X	6	2	X	<i>BlueStar Account Number</i>
3	Corporate Entity Code	X	3	8	X	IL1
4	Subscriber Number	X	12	11	X	Right justify and fill with leading zeros.
5	Member Number	9	2	23	X	Subscriber is always 01, followed by dependents.
Product Information						
6	Insurance Type Code	X	1	25	X	H-Health D-Dental
7	Group Number	X	6	26		<i>Group Number</i>
8	Section Number	X	4	32		<i>Section Number</i>
9	Product Type	X	6	36	X	HMO POS PPO PPO+ EPO TRAD-Traditional CPO-Community Participating Option ----- DECAP-DentaCap PDENT-PreDent TDENT-Traditional Dental ----- DRUG-Standalone Drug (Not Add-on)
10	Benefit Agreement	X	4	42		Leave Blank
11	Benefit Effective Date	X	8	46	X	Date that member's benefits became effective at HCSC
12	Benefit End Date	X	8	54		This should be left blank, unless member is cancelling coverage.
13	Coverage Tier	X	1	62	X	S-Single F-Family M-Mixed
14	Coverage Tier Effective Date	X	8	63	X	Original effective date of Member
Change Reason Information						
15	Event Type	X	2	71	X	AF-Affiliation (Default) CB-COBRA IL-Illinois State Senate Continuation OB-OBRA ** Please send 'AF' for active members and 'CB' for COBRA participants.

Benefit Record Layout

Field Number	Field	Type	Length	Position	Required	Comments
16	Event Reason Code	X	2	73	X	AD-Adoption BN-Chapter 11 Bankruptcy BR-Birth BS-Bankruptcy/Surviving Spouse DC-Senate Bill 300 - Divorce DD-Dependent Disabled DR-Discontinuance & Replacement DS-Loss of Dependent Status DT-Senate Bill 300 - Death DV-Divorce ED-Employee Disabled ES-End Stage Renal Disease (ESRD) ET-Employee's Death JT-Job Termination/Discharge LG-Legal Guardianship LO-Layoff LS-Legal Separation MC-Municipal Employee Continuation ME-Employee's Medicare Entitlement MR-Marriage NA-New Applicant (default) NH-New Hire OP-Open Enrollment RA-Read RH-Reduction in Hours RT-Retiree SB-Senate Bill 152 - Spousal Retiree SC-Spousal Coverage SJ-Job Term/Discharge-SSD SL-Layoff-SSD SQ-Subscriber Qualified SR-Reduction In Hours-SSD
17	Event Eff Date	X	8	75	X	Date that member's benefits became effective at HCSC
18	Cancel Reason Code	X	2	83		blank-(Member is not canceled) 01-Account Request 02-Subscriber Request 03-Military Service 04-Deceased 05-Transfer out of State 08-Transfer Member as a New Sub 10-Layoff 11-Other Carrier/Vendor 12-Transfer to Another Account 13-Other 19-Left Employment 20-Involuntary Termination 22-Insufficient Hours Worked 23-Leave of Absence 25-Overage Dependent 26-Student Status Expired 27-Disabled Status Expired 28-Ex-Spouse Coverage Extension Expired 29-Divorce/Legal Separation 30-No Response to Student Certification 31-No Response to Dependent Certification ****Please leave blank if member is not
Provider Information						
19	Provider 1-Type	X	5	85		Leave Blank
20	Provider 1-Provider ID Number	X	20	90		Leave Blank
21	Provider 1-Medical Group	X	3	110		Leave Blank
22	Provider 1-CPO Location	X	3	113		Leave Blank
23	Provider 1-Alt Provider ID Number	X	20	116		Leave Blank
24	Provider 1-Alt Medical Group	X	3	136		Leave Blank
25	Provider 1-Alt CPO Location	X	3	139		Leave Blank
26	Provider 1-Eff Date	X	8	142		Leave Blank
27	Provider 2-Type	X	5	150		Leave Blank
28	Provider 2-Provider ID Number	X	20	155		Leave Blank

Benefit Record Layout

Field Number	Field	Type	Length	Position	Required	Comments
29	Provider 2-Medical Group	X	3	175		Leave Blank
30	Provider 2-CPO Location	X	3	178		Leave Blank
31	Provider 2-Alt Provider ID Number	X	20	181		Leave Blank
32	Provider 2-Alt Medical Group	X	3	201		Leave Blank
33	Provider 2-Alt CPO Location	X	3	204		Leave Blank
34	Provider 2-Eff Date	X	8	207		Leave Blank
35	Provider 3-Type	X	5	215		Leave Blank
36	Provider 3-Provider ID Number	X	20	220		Leave Blank
37	Provider 3-Medical Group	X	3	240		Leave Blank
38	Provider 3-CPO Location	X	3	243		Leave Blank
39	Provider 3-Alt Provider ID Number	X	20	246		Leave Blank
40	Provider 3-Alt Medical Group	X	3	266		Leave Blank
41	Provider 3-Alt CPO Location	X	3	269		Leave Blank
42	Provider 3-Eff Date	X	8	272		Leave Blank
	Filler	X	1021	280		Leave Blank
Length			1300			

Additional Address Record Layout
Do not complete. Not required for labor accounts.

<u>Field Number</u>	<u>Field</u>	<u>Type</u>	<u>Length</u>	<u>Position</u>	<u>Required</u>	<u>Comments</u>
1	Record Type	X	1	1	X	2-Member Detail 3-Member Benefit 4-Additional Address 5-Coordination of Benefits 6-Additional Characteristics 9-Trailer
Identifying Information						
2	Account Number	X	6	2	X	
3	Corporate Entity Code	X	3	8	X	
4	Subscriber Number	X	12	11	X	
5	Member Number	9	2	23	X	
Address Information						
6	Address Type Code	X	2	25	X	SC-Secondary CS-Custodial EO-Estate of AT-Attorney BA-Bank ID-ID Card LT-Letter CO-COB(Other Insurer Address)
7	Street Line 1	X	25	27		
	filler	X	15	52		
8	Street Line 2	X	25	67		
	filler	X	15	92		
9	In Care of	X	25	107		
	filler	X	15	132		
10	Apartment Number	X	5	147		
11	City	X	25	152		
12	State	X	2	177		
13	Zip Code	X	9	179		
14	Country Code	X	3	188	X	
15	Country Name	X	25	191		
16	County Code	X	3	216		
17	Foreign-Postal Code	X	9	219		
18	Foreign-Province	X	25	228		
19	Home Phone	X	10	253		
20	Work Phone	X	10	263		
21	Work Phone Extension	X	5	273		
22	Fax	X	10	278		
23	Email Address	X	50	288		
24	Effective Date	X	8	338	X	
	Filler	X	955	346		
Length			1300			

Coordination of Benefits Record Layout

Do not complete. Not required for labor accounts.

Field		Type	Length	Position	Required	Comments
Number	Field					
1	Record Type	X	1	1	X	2-Member Detail 3-Member Benefit 4-Additional Address 5-Coordination of Benefits 6-Additional Characteristics 9-Trailer
Identifying Information						
2	Account Number	X	6	2	X	
3	Corporate Entity Code	X	3	8	X	
4	Subscriber Number	X	12	11	X	
5	Member Number	9	2	23	X	
Coordination of Benefits Information						
6	Other Coverage Code	X	2	25	X	Y-Yes N-No ----- (or, if more information is known) HL-Health D-Dental HR-Hearing V-Vision
7	Insurance Carrier Policy Number	X	24	27		
8	Insurance Carrier Name	X	40	51		
9	Street Line 1	X	40	91		
10	Street Line 2	X	40	131		
11	City	X	25	171		
12	State	X	2	196		
13	Zip Code	X	9	198		
14	Country Code	X	3	207		
15	Country Name	X	25	210		
16	Foreign-Postal Code	X	9	235		
17	Foreign-State Name	X	25	244		
18	Foreign-Province Name	X	25	269		
19	Insured's Employer	X	30	294		
	Filler	X	977	324		
Length			1300			

Additional Characteristics Layout
Do not complete. Not required for labor accounts.

Field		Type	Length	Position	Required	Comments
Number	Field					
1	Record Type	X	1	1	X	2-Member Detail 3-Member Benefit 4-Additional Address 5-Coordination of Benefits 6-Additional Characteristics 9-Trailer
Identifying Information						
2	Account Number	X	6	2	X	
3	Corporate Entity Code	X	3	8	X	
4	Subscriber Number	X	12	11	X	
5	Member Number	9	2	23	X	
Characteristic Information						
6	Characteristic 11 Name	X	6	25		
7	Characteristic 11 Value	X	18	31		
8	Characteristic 11 Eff Date	X	8	49		
9	Characteristic 12 Name	X	6	57		
10	Characteristic 12 Value	X	18	63		
11	Characteristic 12 Eff Date	X	8	81		
12	Characteristic 13 Name	X	6	89		
13	Characteristic 13 Value	X	18	95		
14	Characteristic 13 Eff Date	X	8	113		
15	Characteristic 14 Name	X	6	121		
16	Characteristic 14 Value	X	18	127		
17	Characteristic 14 Eff Date	X	8	145		
18	Characteristic 15 Name	X	6	153		
19	Characteristic 15 Value	X	18	159		
20	Characteristic 15 Eff Date	X	8	177		
21	Characteristic 16 Name	X	6	185		
22	Characteristic 16 Value	X	18	191		
23	Characteristic 16 Eff Date	X	8	209		
24	Characteristic 17 Name	X	6	217		
25	Characteristic 17 Value	X	18	223		
26	Characteristic 17 Eff Date	X	8	241		
27	Characteristic 18 Name	X	6	249		
28	Characteristic 18 Value	X	18	255		
29	Characteristic 18 Eff Date	X	8	273		
30	Characteristic 19 Name	X	6	281		
31	Characteristic 19 Value	X	18	287		
32	Characteristic 19 Eff Date	X	8	305		
33	Characteristic 20 Name	X	6	313		
34	Characteristic 20 Value	X	18	319		
35	Characteristic 20 Eff Date	X	8	337		
	Filler	X	956	345		
Length			1300			

Trailer Record Layout

Field Number	Field	Type	Length	Position	Required	Comments
1	Record Type	X	1	1	X	2-Member Detail 3-Member Benefit 4-Additional Address 5-Coordination of Benefits 6-Additional Characteristics 9-Trailer
2	Account Number	X	6	2	X	<i>BlueStar Account Number</i>
3	Corp Entity Code	X	3	8	X	IL1
4	Number of Member Records	9	9	11		Total of ' 2 ' records
5	Number of Benefit Records	9	9	20		Total of ' 3 ' records
6	Number of Addl Address Records	9	9	29		0
7	Number of COB Records	9	9	38		0
	Filler	X	1254	47		Leave Blank
Length			1300			

<u>Code</u>	<u>Description</u>	<u>Type</u>	<u>Max Length</u>
ACTRSN	Action Reason	X	2
SPXRSK	Active/Risk/Non-Risk	X	2
AEP	AEP / Paper	X	10
AGENBR	Age Range	9	3
BENCDE	Benefit Code	X	6
BRANCH	Branch	X	2
BUSUNI	Business Unit	X	10
COMPNY	Company	X	2
DEPTNO	Department Number	X	18
DISTR1	District	X	10
DIVISN	Division	X	18
DIVCDE	Division Code	X	4
RXIND	Drug Indicator	X	10
EMPLID	Employee ID	X	12
STATUS	Employee Status	X	1
EMPTYP	Employee Type	X	10
ENTITY	Entity Code	X	10
EXESTA	Executive Status	X	10
FACLT	Facility	9	10
FLSACD	FLSA	X	10
FSACOD	FSA	X	1
FPTIME	Full Time / Part Time	X	1
GLNBR	GL Number	X	5
GRPID	Group ID	X	6
GRPPKG	Group Package	X	2
HIREDT	Hire Date	D	8
HOURS	Hourly / Salary	X	1
LOCATI	Location	X	18
LTDDTE	LTD Date	D	8
ORGCD	Organization	X	10
PAYCLS	Payroll Class	X	2
PAYGRP	Payroll Group	X	2
PAYROL	Payroll Location	X	18
PENEFF	Pension Effective Date	D	8
PLAN	Plan	X	10
PLNOPT	Plan Option	X	10
PLNTYP	Plan Type	X	4
PCODE	Pool Code	X	2
PSA	PSA	X	10
REGION	Region	X	10
RETIDT	Retirement Date	D	8
STATE	State	X	2
SUBGRP	Sub Group	X	2
GPDATA	Sub Group Data	X	10
TERMDT	Termination Date	D	8
UNNONU	Union / Non-Union	X	1
UNCLAS	Union Classification	X	1
UNCNTR	Union Contract	X	4
LOCAL	Union Local	X	4