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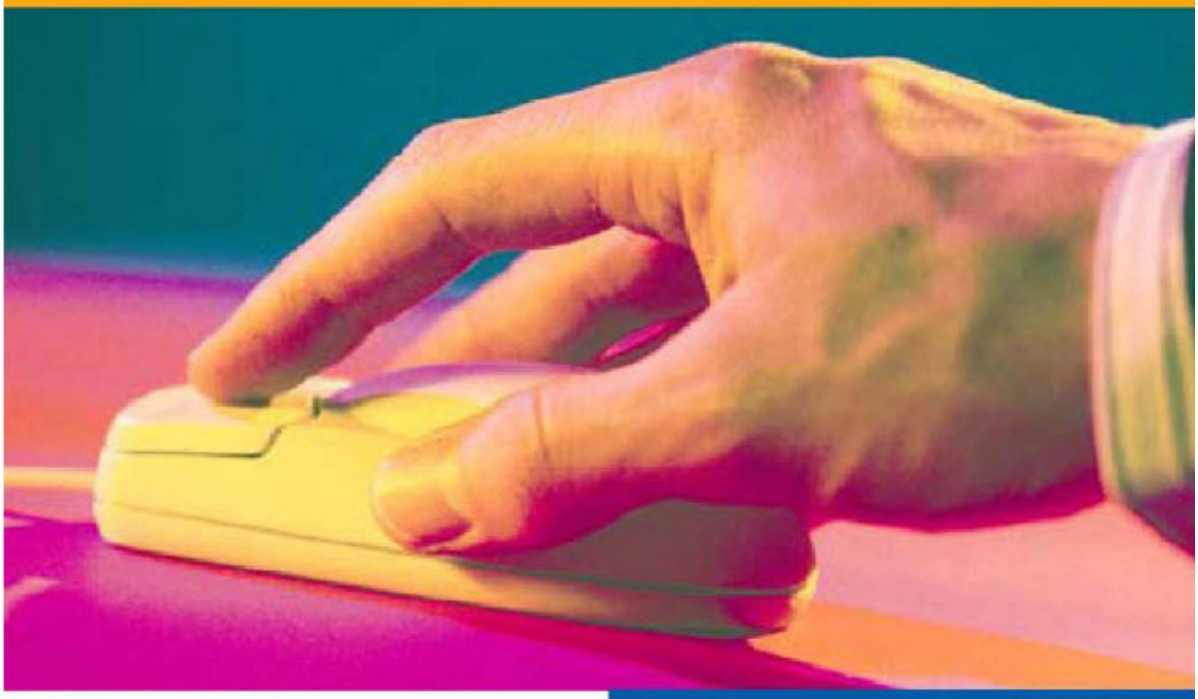
Getting Started With e-Business



User Guide

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I. Introduction

BlueCross BlueShield of Tennessee has created a convenient and secure e-business environment to meet the needs of physicians, hospitals and health care professionals. With e-business, providers can access eligibility and benefit details, complete claims transactions, and much more to help speed up and simplify administrative processes.

This guide will assist providers with achieving a smooth transition to e-business with BlueCross BlueShield of Tennessee. The following pages offer detailed information on electronic claims submission, claims confirmation reports, Web site information, electronic remittance advices, and a full spectrum of electronic data exchange information.

In addition to this guide, providers will need to refer to:

- ANSI Version 4010A1 Implementation Guides available on the Washington Publishing Web site, wpc-edi.com/hipaa. These guides are the HIPAA-compliant specification format manuals used by providers and payers in the United States to exchange health information electronically.
- BlueCross BlueShield of Tennessee Companion Guides on our company Web site, bcbst.com/providers/ecomm/technical-information.shtml. These guides supplement the ANSI Implementation Guides by identifying key data elements required by BlueCross BlueShield of Tennessee to ensure appropriate handling of electronic files.

BlueCross BlueShield of Tennessee reserves the right to modify the requirements of our electronic transmission formats, telecommunication protocols, transmission reports, claim edit errors, etc., as required to meet our claims processing criteria.

II. Quick Reference Guide

For Questions About:	Contact:	Telephone Number Fax Number E-mail Address Hours of Operation
Enrollment – Obtaining enrollment forms, enrollment status, modification of demographic information, and any additional e-business enrollment questions or assistance	e-Business Enrollment/System Configuration	1-800-924-7141 (say "Contracting," then say "Enrollment") (423) 535-7523 (Fax) ecomm_sysconfig@bcbst.com Monday-Friday, 8 a.m. to 5:15 p.m. (ET)
Marketing – Web site use (*claim status inquiry, member benefits and eligibility inquiry, authorization submission, claim submission, point-of-service, real-time adjudication*), electronic claims, electronic remittance advices, and electronic funds transfer	e-Business Marketing	(423) 535-3057 (423) 535-3334 (Fax) ecomm_marketing@bcbst.com Monday-Friday, 8 a.m. to 4:30 p.m. (ET)
Technical Support - Connectivity, specifications format testing, claims submission, confirmation reports, and any additional technical questions or assistance	e-Business Service Center	(423) 535-5717 (423) 535-1922 (Fax) ecomm_techsupport@bcbst.com Monday-Friday, 8 a.m. to 6:30 p.m. (ET)
Riverbend Government Benefits Administrator (RGBA) (Medicare A)	Customer Service	1-877-296-6189 (toll-free) Monday-Friday, 8 a.m. to 6:30 p.m. (ET)
BlueAccess/e-Health Services	Customer Service	1-800-565-9140 (toll-free) Monday-Friday, 8 a.m. to 5 p.m. (ET)

When calling e-Business, please have the provider's BlueCross BlueShield of Tennessee provider number or National Provider Identifier (NPI), and the file name or the relevant report available. If you are a Medicare A provider, please have your Medicare A provider number or NPI on hand, and the file name or the relevant report available.

Prior to submitting any transactions (claims) electronically to BlueCross BlueShield of Tennessee, providers must complete the enrollment and system configuration process. For additional information see Provider Enrollment/System Configuration, Section V, in this guide.

II. Methods of Electronic Transaction Filing

There are several methods of filing transactions (e.g., claims) electronically. The options listed in this section are for submission through the BlueCross BlueShield of Tennessee EC Gateway Bulletin Board System (ECG BBS). Submitters use a computer and modem to dial the ECG BBS and send the electronic file.

To assist providers, BlueCross BlueShield of Tennessee offers an Approved ANSI Vendor List that contains contact information on software/hardware vendors, billing services, and clearinghouses that are successfully filing claims electronically with BlueCross BlueShield of Tennessee.

These vendors have completed testing for at least one client. Testing is not required for new clients of approved vendors, unless the vendor has changed formats and desires to test.

The Approved Vendor List can be viewed on the company Web site, www.bcbst.com/providers/ecomm/ANSI_vendors/Vendors_list.asp.

Providers are not required to use a vendor from this list. BlueCross BlueShield of Tennessee will work with any vendor that would like to submit claims to us. All *new* vendors must complete testing procedures before filing claims electronically. Contact the e-Business Service Center at (423) 535-5717, Monday through Friday, 8 a.m. to 5:30 p.m. (ET), for questions or to initiate the testing process.

Note: BlueCross BlueShield of Tennessee does not charge a fee for receiving transactions of any type electronically.

Electronic Filing Options

- **Direct:** If a provider has a medical management system which is capable of transmitting files in ANSI-837 Version 4010A1, the provider can file the claims directly with BlueCross BlueShield of Tennessee.

- **Billing Service:** Providers can utilize a billing service to file claims. Files sent to BlueCross BlueShield of Tennessee by a billing service must be formatted in the ANSI-837 Version 4010A1. The Approved Vendor List includes several approved billing services.

- **Clearinghouse:** Providers can utilize a clearinghouse to file claims. Files sent to BlueCross BlueShield of Tennessee by a clearinghouse must be formatted in the ANSI-837 Version 4010A1. The Approved Vendor List includes several approved clearinghouses.

- **PC-ACE:** Riverbend Government Benefits Administrator (RGBA) offers a free, user-friendly software package called PC-ACE for **Medicare A** providers only. Claims may be keyed directly into PC-ACE and transmitted electronically. An additional feature is available for offices that have a medical management system that can create a UB-04 print image or ANSI file. This feature allows claims created in the medical management system to be moved into PC-ACE for editing and transmission. For more information about PC-ACE visit the Electronic Commerce section of the RGBA Web site at www.rgbagov.com/tools/Electronic-Billing-EDI

The AccessEDI option listed below will allow providers an alternative option of sending claims through a secure website, instead of submitting through the ECG BBS.

- **AccessEDI:** Providers interested in using the AccessEDI Web option can contact e-Business Marketing at (423) 535-3057 or by e-mail at ecomm_marketing@bcbst.com.

AccessEDI features two options for claims submissions:

- Providers with a practice management system that can create a HIPAA-compliant ANSI-837 4010A1 claim file may submit claim files from their software through AccessEDI without having to rekey claims.
- Claims may be keyed directly into AccessEDI.

In addition, AccessEDI features an online error correction option that allows provider to correct claims with errors via the Web.

IV. Types of Electronic Transactions Accepted

BlueCross BlueShield of Tennessee is capable of accepting all ANSI Version 4010A1 transactions listed below.

- ANSI-270 Eligibility Inquiry
- ANSI-276 Claim Status Request
- ANSI-278 Health Care Services Review (Authorization/Referral)
- ANSI-820 Premium Payments
- ANSI-834 Benefit Enrollment
- ANSI-837I Health Care Claim (Institutional)
- ANSI-837P Health Care Claim (Professional)
- ANSI-837D Health Care Claim (Dental)

Types of Claims Processed In-House:

- BlueCross BlueShield of Tennessee – all products including CoverTN
- BlueCare
- TennCare*Select*
- Federal Employee Program (FEP)
- BlueCard Program -To process out-of-state BlueCross BlueShield claims, providers must include the alpha prefix from the insured's ID number on the claim.
- Medicare Crossover (Medicare-A) Medicare will forward BlueCross BlueShield of Tennessee secondary claims when the appropriate crossover information is included on the Medicare claim.

Claims Transmitted to Other Carriers:

- Medicare — Medicare (RGBA) claims are received through the BlueCross BlueShield of Tennessee ECG BBS and forwarded to RGBA each business night.

V. Provider Enrollment/System Configuration

Providers must complete an *Electronic Provider Profile Form* prior to submitting test or production transactions (e.g., claims) electronically to BlueCross BlueShield of Tennessee. Billing services or clearinghouses are required to complete an *Electronic Vendor Profile Form* initially with BlueCross BlueShield of Tennessee.

An *Electronic Provider Profile* form must also be completed in the following situations:

- Providers who change the method of submitting claims, e.g., was sending direct with software and is now sending through a billing agent or clearinghouse
- Providers who change vendors
- Providers already enrolled for electronic transactions and is adding a new provider to the office
- Providers already enrolled for electronic transactions and wish to submit other electronic transaction(s) not initially indicated on profile form

Providers changing tax ID, provider number or name should contact Enrollment/System Configuration at 1-800-924-7141 (say "Contracting," then say "Enrollment") for the appropriate paperwork.

BlueCross BlueShield of Tennessee electronic profile forms are available on the Provider page of our Web site at www.bcbst.com/providers/ecomm/getting_started/, or the Provider can call 1-800-924-7141 (say "Contracting," then say "Enrollment").

To file Medicare A claims, the Centers for Medicare and Medicaid Services requires Medicare providers to complete an *Electronic Data Interchange (EDI) Agreement*. This form should be completed and submitted with the *Electronic Provider Profile Form*. The EDI Agreement can be found on the RGBA Web site at www.rgbagov.com/tools/Electronic-Billing-EDI/forms.shtml

Providers should review the specific instructions for these forms before completing and returning them. The completed forms may be faxed to (423) 535-7523 or mailed to:

BlueCross BlueShield of Tennessee
Attn: Provider Network Services – 3TC
P.O. Box 180176
Chattanooga, TN 37402

Once the enrollment process is complete, BlueCross BlueShield of Tennessee will assign a user ID, password and file name to be used for electronic transactions through the ECG BBS. The provider will be notified of the user ID, password and file name via mail or fax.

The instructions to access the submitter's electronic mailbox, send the provider's latest claims file, and retrieve the electronic claims report through the ECG BBS can be found in Appendix B of this guide.

VI. Testing Procedures

All new submitters are required to test with BlueCross BlueShield of Tennessee prior to submitting production claims (ANSI-837 Version 4010A1) unless they are already using approved software. For other ANSI transactions, testing is also recommended prior to sending production files.

The enrollment process must be completed before submitters can begin testing.

There are two levels of testing

- Level 1 – Web-based Self-Testing Tool. This level ensures the transaction file submitted is HIPAA-compliant. All ANSI Version 4010A1 transactions can be tested for compliance through this tool.
- Level 2 – Certification Claims Testing. This level tests ANSI-837 Version 4010A1 claims for specific edits. An example of an edit is, “Service date must not be greater than current date.” This edit stops claims with service dates that are in the future. A list of edits for institutional, professional and dental claims can be found in the e-Commerce section of the company Web site at bcbst.com/providers/ecomm/technical-information.shtml.

Test transactions for BlueCross BlueShield of Tennessee (including Cover Tennessee), BlueCare, TennCare*Select,* BlueAdvantage, FEP, BlueCard and Medicare A may be submitted.

The information below details the testing process. You may contact the e-Business Service Center at (423) 535-5717, Monday through Friday, 8 a.m. to 5:30 p.m. (ET) or via e-mail at ecomm_techsupport@bcbst.com if you have questions during testing.

Level 1 Testing – Web Tool (HIPAA Compliance)

1. To begin Level 1 testing, go to the BlueCross BlueShield of Tennessee Web site at: bcbst.com/providers/ecomm/technical-information.shtml.

2. Under "HIPAA Compliance Self-Testing Web Tool," select the “Ready to Start Testing” option.

3. Complete and submit the *Testing Registration Form*.

4. Once the registration form is received, a reply will be returned containing links to documentation to assist in creating a compliant transaction. Print and review the documents as needed during the testing process. The link to the "HIPAA Compliance Self-Testing Web Tool" will also be included in this reply and should be saved for future reference.

5. Click on the Web tool self-testing link in the reply message or go to www,bcbst.com/providers/ecomm/technical-information.shtml to begin testing via the Web tool.

Detailed instructions on how to use the tool will be supplied after submitting the *Testing Registration Form* or may be viewed or printed from www.bcbst.com/providers/ecomm/technical-information.shtml. It is important that transactions submitted using the Self-Testing Web Tool:

- Be less than one megabyte in size
- Do not include actual provider- or member-identifying data
- Do not include actual patient Protected Health Information (PHI)

When testing the ANSI-837 Version 4010A1 claim transaction through the Self-Testing Web tool:

- Include 20-50 claims
- Submit an accurate representation of the types of claims typically submitted by the practice or facility

Files submitted via the self-testing system are for testing purposes only and will not be considered for reimbursement. Please continue to use this tool until the file is error-free.

Level 2 claims testing may be started once the file submitted in Level 1 testing is error-free. For other ANSI transactions, production files may be sent once Level 1 testing is error-free.

Level 2 Testing – Certification (Pre-Claims Processing Edits)

To continue testing claim files at the Certification level, an *Electronic Provider Profile Form* must have been completed. Submitters must have been assigned a user ID and ANSI X12 or M12 file name for the ECG BBS. For questions on obtaining a user ID and file name, please contact e-Business System Configuration at 1-800-924-7141 (say "Network Contracting," then say "Enrollment") or via e-mail at ecomm_sysconfig@bcbst.com.

*Note: M12 file names may be issued only to Medicare (RGBA) providers. Medicare providers should use an M12 file extension when transmitting Medicare electronic claims.

To begin Level 2 testing, select the "Click to advance to Level 2 Testing" button on the Web Self-Testing tool. Review and/or print the documents from the links supplied. These provide information on how to send files and retrieve files/reports via the ECG BBS and how to determine testing status.

Self-testing at this level requires the tester to submit test files and retrieve all response reports on their own.

Transactions must be submitted to the ECG BBS using an ECG BBS user ID and an ANSI X12 or M12 file name. Test transactions must contain:

- Actual provider and member data
- An accurate representation of claim types that will be sent in a production file
- At least 20 claims, and no more than 50 claims, per type of bill/line of business
- Submitter Sender ID (usually Tax ID) in all required segments - ISA06, GS02, and NM109, qualifier 41
- Submitter contact information in the appropriate PER segment
- "T" (test) indicator in the ISA segment

If the incoming test is complete, has recognizable sender/receiver IDs, is submitted with the correct ANSI file name, and there are no basic ANSI formatting problems, a 997 Functional Acknowledgement (FA) will be generated and distributed to the submitter's ECG BBS mailbox to be downloaded.

An additional detailed 997 FA may also be generated if level 3 and 4 errors exist. Level 3 and 4 errors relate to balancing and situational requirements. The detailed 997 re-envelopes claims in individual transaction sets and retains the original transaction set control number for the first claim in each transaction set.

The 997 FA should be downloaded and reviewed. A translator will be required to convert the 997 ANSI transaction to readable text. If a translator is not available, you may determine the results of the 997 FA by checking the AK9 segment. The first element will indicate if the file was Accepted (A), Rejected (R) or Partially Accepted (P).

Example: AK9*__A__*3*3*3.

The A indicates this file passed compliance and was accepted.

If a 997 has not been generated and distributed to the submitter's mailbox within two hours of file transmission, the claim file should be reviewed for possible errors, corrected if needed, and resubmitted. For questions, please contact the e-Business Service Center, (423) 535-5717.

If the 997 FA shows the file was rejected, the file should be corrected and resubmitted via the ECG BBS.

For more information on the 997 FA please refer to the ANSI Implementation Guide.

Compliant claims (those generating an accepted or partial accepted 997 FA) will continue through the certification testing process. For files received before 4 p.m. (ET), an EM735/EM745 Certification report will be generated and distributed to the submitter's/provider's mailbox after 5 p.m. (ET) the same business day. If the test file is received after 4 p.m. (ET), reports will be available the following business day after 5 p.m. (ET)

A specific file name is used for certification reports distributed to electronic mailboxes. The file name format is the first nine digits of the Sender's ID (as submitted in the GS segment), followed by a date and time stamp with a file extension of Julian date plus the value of 500.

Example: 621234567C_20070101_14152256.501
621234567 = Sender's ID from the GS segment
20070101 = Date file distributed to electronic mailbox (CCYYMMDD format)
14152256 = Time distributed to electronic mailbox (HHMMSSDD format)
.501 = Julian date plus value of 500

Note: A Julian Date is the numeric value assigned to a traditional calendar's date. For example: January 1 is the first day of the year, therefore, the Julian Date is 001.

The submitter/provider is responsible for retrieving and reviewing all reports during testing and when sending production claims. These reports indicate acceptance and rejection of individual claims. Once a certification report is received with at least 20 accepted claims and a 95 percent acceptance rate, the testing process is complete. If the certification report does not reflect the 20 accepted claims/95 percent acceptance rate, the rejected claims must be corrected, the test file resubmitted, and the certification testing continued until these goals are reached.

Note: See Section IX: Electronic Reports for additional information on the certification reports. See Appendix B: Sending/Retrieving Electronic Files for details on how to retrieve the certification report from the submitter's/provider's electronic mailbox.

Going to Production

At the end of the testing process, please complete and submit the *Production Ready Form* located on the BlueCross BlueShield of Tennessee Web site at www.bcbst.com/providers/ecomm/technical-information.shtml. Submitting this form ensures the necessary setup for production transmission is complete.
Software vendors should indicate their desire to be added to the Approved Vendor List by marking the appropriate option on this form. The Approved Vendor List is a resource for providers looking for billing software, billing agents or clearinghouses.

You will receive confirmation from BlueCross BlueShield of Tennessee, that you may begin transmitting production ANSI Version 4010A1 files. Once approved for production, it is vital all files and reports are retrieved and reviewed on a timely basis. Rejected production claims should be corrected and resubmitted.

For questions regarding the self-testing procedure or to obtain help with correcting rejected claims encountered in the test data, contact the e-Business Service Center at (423) 535-5717, Monday through Friday, 8 a.m. (ET) to 5:30 p.m. (ET), or via e-mail at ecomm_techsupport@bcbst.com.

NOTE: Claims used for testing purposes will <u>not</u> be processed or paid. While testing, please continue filing claims through the provider's current methods to avoid interruptions with cash flow.

VII. Transmitting Transactions (e.g., Claims)

The ECG BBS is a communication system for the transmission of electronic transactions such as claims. The ECG BBS is available seven days a week during the following hours for clients to send (upload) files and retrieve (download) files:

Sunday	2 a.m. until 4:59 p.m. (ET)
Monday	2 a.m. until 11:59 p.m. (ET)
Tuesday	2 a.m. until 11:59 p.m. (ET)
Wednesday	2 a.m. until 11:59 p.m. (ET)
Thursday	2 a.m. until 6:59 p.m. (ET)
Friday	6 a.m. until 11:59 p.m. (ET)
Saturday	2 a.m. until 11:59 p.m. (ET)

The ECG BBS is accessed by dialing (423) 535-7294.

Each submitter is mailed or faxed a unique log on, consisting of a user ID and file name, required for transmitting transactions (claims) to the ECG BBS. If the submitter has multiple people who will be submitting files, a unique user ID is assigned for each person.

Submitters may transmit multiple files in the same day. If the submitter receives a busy signal this means all lines are busy. The submitter should wait a few minutes and try again. If the lines continue to remain busy for an extended amount of time, please contact the e-Business Service Center at (423) 535-5717.

Claims received by 4 p.m. (ET), Monday through Friday, will be forwarded for processing that evening. Claims received after 4 p.m. (ET), Monday through Friday, will be forwarded for processing the following business day.

VIII. Production/Problem Solving

Once a submitter is cleared for production it is assumed that the provider or submitter is familiar with the electronic processes and reports. BlueCross BlueShield of Tennessee will not monitor the provider's production data.

The e-Business Service Center is available to assist submitters with any problems that may arise by calling (423) 535-5717, Monday through Friday, 8 a.m. to 5:30 p.m (ET). When calling the e-Business Service Center, please have the provider's BlueCross BlueShield of Tennessee provider number or National Provider Identifier (NPI), the file name and/or relevant report available. If you are a Medicare A provider, please have your Medicare A provider number or NPI on hand, and the file name or the relevant report available.

IX. Electronic Reports

Each provider, provider group, billing agent or clearinghouse submitting claims electronically to BlueCross BlueShield of Tennessee will receive a series of reports indicating the status of the claims submitted. It is vital that providers review these reports to determine if claims were accepted or rejected. Rejected claims must be corrected and resubmitted. The EM735 Ansi-Receipts Confirmation reports from BlueCross BlueShield of Tennessee serve as proof of timely filing.

Other reports may also be generated for Medicare A providers. These reports include the Medicare Part A Summary of Pended Claims (201), and the HB997ZRJ-A reject reports.,

Examples of these reports can be found in Appendix C of this document.

All reports can be retrieved electronically from the submitter's electronic mailbox on the BlueCross BlueShield of Tennessee ECG BBS. When retrieving reports, all files in the mailbox will be downloaded and removed from the mailbox.

Clients submitting ANSI-837 claim transactions may have some or all of the following in their electronic mailbox:

- **ANSI 997 STANDARD FUNCTIONAL ACKNOWLEDGEMENT:** The 997 transaction will be distributed to the client's mailbox within two hours of receipt of a complete ANSI transaction. The 997 will identify any compliance issues with the incoming ANSI transaction. The 997 should be used to determine if any part of the incoming transaction was rejected for non-compliance. Any rejections will have to be corrected and resubmitted. The ANSI 997 is distributed to the submitter's/provider's mailbox with the file name in the format of "XXXXXXXXX.EDI" (where XXXXXXXXX is a system generated stamp).

  Example: 123456789.edi

- **ANSI 997 <u>DETAILED</u> FUNCTIONAL ACKNOWLEDGEMENT (.ERR):**
  As a benefit to providers, BlueCross BlueShield of Tennessee began editing electronic ANSI-837 claim submissions for HIPAA compliance at the claim level in 2004. This process allows claims without certain compliance errors to continue on for further editing/processing. Previously, the entire file would have been rejected due to errors in only some of the claims. With claim-level editing, electronic submitters **may** receive an additional detailed 997 Functional Acknowledgement in their electronic mailbox. When a detailed 997 is issued, a standard 997 Functional Acknowledgement is also issued. The detailed 997 is distributed to the submitter's/provider's mailbox with the file name in the format of "XXXXXXXXX.ERR" (where XXXXXXXXX is a system generated stamp). Because the detailed 997 is generated in addition to the standard 997, it will have the same system generated stamp as the standard 997 to which it corresponds. Only the file extension will be different.

  Example: 123456789.err (detailed 997)
  123456789.edi (standard 997)

  The detailed Functional Acknowledgement identifies Level 3 and 4 HIPAA compliance errors. Level 3 and 4 errors relate to balancing and situational requirements (if A occurs, then B must be populated).

  The detailed 997 re-envelopes claims into individual transaction sets and will retain the submitter's original transaction set control number for the first claim of each set.

  Both the standard 997 and detailed 997 files should be reviewed to assess the success of claim submissions.

- **EM735R01/EM745R01 ANSI- RECEIPTS CONFIRMATION REPORT:** The EM735R01 (claim receipt confirmation) and EM745R01 (claim receipt summary) provide a list of all production claims submitted that go through initial processing edits. This report includes the status of claims (either accepted or rejected) that have been submitted for BlueCross BlueShield of Tennessee (including CoverTN), BlueCare, TennCare*Select*, BlueAdvantage,

FEP, BlueCard and Medicare A.

The EM735/EM745 reports are distributed to electronic mailboxes with a specific file name format. The file name is based on a unique number or facility code assigned by BlueCross BlueShield of Tennessee. Facility codes are used when there is a need to tie multiple providers together for reporting. In some cases file names may be based on part of the submitter's tax ID due to a submitter level error.

Example: (provider) 123456789_20070101_14152256.501
Example: (facility code) 0ZYXWVUTF_20070101_14152256.501
Example: (submitter level error) 621234567_20070101_14152256.501

123456789
0ZYXWVUTF
621234567

} Unique number, facility code, or part of submitter tax ID

20070101 = Date file distributed to electronic mailbox (CCYYMMDD format)
14152256 = Time distributed to electronic mailbox (HHMMSSDD format)
.501 = Julian date plus value of 500

Note: A Julian Date is the numeric value assigned to a traditional calendar's date. For example: January 1 is the first day of the year, therefore, the Julian Date is 001.

This report is not created immediately following transmission. If the claims file is received before 4 p.m. (ET), the EM735/EM745 report files are available the next business day after 1 p.m. (ET). If the transmission file is received after 4 p.m. (ET), the report files are available on the second business day after 1 p.m. (ET).

All rejected claims on this report should be corrected and re-filed electronically. The EM735 Ansi-Receipts Confirmation report from BlueCross BlueShield of Tennessee should be maintained by the provider or billing agent for proof of timely filing.

A detailed listing of edit errors that may appear on the Claim Receipt Confirmation reports can be found on the BlueCross BlueShield of Tennessee Web site at www.bcbst.com/providers/ecomm/technical-information.shtml under the *BCBST's Companion Implementation Guides* heading.

- **PROVIDER NOTIFICATIONS REGARDING ELECTRONIC TRANSACTIONS**
  Important provider notices are distributed as needed to communicate changes or issues that may affect electronic transactions. These notices will have a PDF file extension and can be viewed with Adobe Acrobat Reader. Providers are urged to review these notifications in a timely manner.

Riverbend Government Benefits Administrator (RGBA) Medicare Reports

- **201 SUMMARY OF PENDED CLAIMS REPORT**
  With the exception of the remittance advice, the 201 Report is the most important claims-related report generated by the Medicare processing system. The report provides a status of claims that have been entered into the Medicare claims processing system.

  This report has three main sections – Pended, Processed and Returned.
  - Pended - claims that are awaiting processing in the Medicare system
  - Processed - claims that have been processed in the Medicare system
  - Returned - claims that have not passed Medicare's edits and must be corrected by the provider before processing can resume. For returned claims, providers may submit a new, corrected claim electronically or can obtain access to the Direct Data Entry (DDE) system to correct returned claims online. For information on obtaining access to DDE, visit the RGBA Web site at http://www.rgbagov.com/Tools/Electronic-Billing-EDI/New-Users.shtml

  The 201 report is distributed to electronic mailboxes using the same file name format as the EM735 Claims Receipt Confirmation reports discussed earlier in this document.

  Technical questions on accessing the 201 report electronically may be directed to

the e-Business Service Center at (423) 535-5717. For claim-specific questions, please contact the RGBA Customer Service Contact Center at 1-877-296-6189.

- **MEDICARE PART A INBOUND REJECT REPORT (HB997ZRJ-A)**
  Additional editing of Medicare Part A claims occurs before the claims are entered in the Medicare claims processing system. Claims that do not pass these edits will be shown on the HB997ZRJ-A Reject Report. Rejected claims must be corrected and resubmitted. Note: Claims may show as accepted on the EM735 Claims Receipt Confirmation Report but rejected on the HB997ZRJ-A Reject Report due to additional Medicare-specific editing.

  Claims shown on the HB997ZRJ-A Reject Report will not be listed on the 201 report because the incorrect claim(s) reject before reaching RGBA.

  The HB997ZRJ-A Reject Report will be distributed to electronic mailboxes using the same file name format as the EM735 Ansi- Receipt Confirmation Report discussed earlier in this document.

- **PROVIDER STATISTICAL AND REIMBURSEMENT REPORT (PS&R)**
  RGBA accumulates current year-to-date reimbursement data for providers and distributes this data to Medicare providers via a monthly PS&R report. This report is for informational purposes. The report also includes the previous three years of data. Due to its length, the sample report shown at the end of this document only includes the first page. The actual report will include multiple pages showing a detailed breakdown of both charges and reimbursement amounts.

  The PS&R report is only accessible through the RGBA secured web page. It is not available for downloading through the ECG.

X. Electronic Remittance Advices

BlueCross BlueShield of Tennessee and RGBA provide Electronic Remittance Advices (ERAs) in the ANSI-835 4010A1 formats.

These remits, when processed through translation software, may be used to automatically post payments to the provider's system or print reports of payments. Translation software may be available from the provider's vendor. RGBA also provides translation software for printing of the electronic remit for Medicare Part A only. The software, called PCPrint, can be downloaded from the RGBA Web site at http://www.rgbagov.com/Tools/Electronic-Billing-EDI/Downloads.shtml

Remits are placed in the electronic mailbox that may be accessed via the ECG BBS. The schedule for distributing electronic remits is as follows:

Monday	Riverbend Government Benefits Administrator (Medicare A)
Tuesday	Medicare A
Wednesday	BlueCross BlueShield of Tennessee, BlueCard and FEP
Thursday	Medicare A
Friday	BlueCare, TennCare*Select*

This schedule may be altered due to company holidays.

Each ANSI-835 Version 4010A1 remittance advice is placed in the mailbox using the following file name formats:

- **Riverbend Government Benefits Administrator (Medicare Part A) Only**

  Example: 123456.001

  123456 = Medicare provider number
  .001 = Julian date

- **BlueCross BlueShield of Tennessee, BlueCare, TennCare*Select*, FEP, Out-of-State Blue Plans**

  Example: 123456789_FAC_20070101_14152256_835.edi

  123456789 = Submitter ID number from the GS03 of the transaction

FAC = Line of business*
20060601 = Date the file was created (usually in the CCYYMMDD format)
14152256 = Time the file was created (usually in the HHMMSSDD format)
835 = Transaction type (e.g., 835 remittance advice)

The file extension will be ".edi."

*The lines of business noted in the file name for ANSI-835 Version 4010A1 will be one of the following:
AMI – BlueCare and TennCare*Select*
FAC – Commercial BlueCross BlueShield of Tennessee
FEP – Federal Employee Program
ITS – Out-of-State Blue Plan
EDI – Miscellaneous

Providers should contact their vendor prior to requesting ERAs to ensure their vendor can support translation of the ERA.

Detailed ANSI specifications for the ANSI-835 Version 4010A1 are available at www.wpc-edi.com/hipaa.

See Appendix B for an example of the procedure to retrieve a remittance advice file from the ECG BBS.

XI. Other ANSI Transactions

BlueCross BlueShield of Tennessee can accept Version 4010A1 of the ANSI-270 eligibility inquiries, ANSI-276 claim status requests, ANSI-278 authorization/referral, ANSI-834 benefit enrollment and ANSI-820 premium payments.

RGBA (Medicare A) can accept Version 4010A1 of the ANSI-276 (Claims Status Request).

These other transactions may be submitted through the BlueCross BlueShield of Tennessee ECG BBS during the following hours:

Sunday	2 a.m. until 4:59 p.m. (ET)
Monday	2 a.m. until 11:59 p.m. (ET)
Tuesday	2 a.m. until 11:59 p.m. (ET)
Wednesday	2 a.m. until 11:59 p.m. (ET)
Thursday	2 a.m. until 6:59 p.m. (ET)
Friday	6 a.m. until 11:59 p.m. (ET)
Saturday	2 a.m. until 11:59 p.m. (ET)

Responses to Eligibility, Claim Status and Authorization/Referral Requests
BlueCross BlueShield of Tennessee will respond electronically to Version 4010A1 ANSI-270 requests for eligibility, ANSI-276 claim status and ANSI-278 authorization/referral requests with the appropriate ANSI response within 48 business hours of receipt of the request.

The ANSI-271, 277 and 278 responses are placed in the client's electronic mailbox that may be accessed via the ECG BBS using the following file name format:

Example: 123456789_FAC_20070101_14152256_271.edi

123456789= Submitter ID number from the GS03 of the transaction
FAC = Line of business*
20060601 = Date the file was created (usually in the CCYYMMDD format)
14152256 = Time the file was created (usually in the HHMMSSDD format)
271 = Transaction type (e.g., 271 Eligibility Benefit response)

The file extension will always be ".edi" for these transactions.

*The lines of business noted in the file name for the ANSI-271, 277 and 278 will be one of the following:

AMI – BlueCare and TennCare*Select*
FAC– Commercial BlueCross BlueShield of Tennessee
FEP– Federal Employee Program
ITS – Out-of-State Blue Plan
MED –Riverbend Government Benefits Administrator (Medicare A) – 277's only
EDI – Miscellaneous

XII. Web Site Information – bcbst.com

In an ongoing effort to provide a high level of service to our health care providers, BlueCross BlueShield of Tennessee offers information obtained from phone calls, workshops and other sources on its Web site, bcbst.com.

The Web site includes both a general access area and a secure area requiring a log on to access more personalized provider services. BlueCross BlueShield of Tennessee safeguards its data and the information on its network with multiple layers of security.

On the general access area of bcbst.com, providers can view a variety of useful provider information simply by using the provider button from the home page. Highlights include:

- **Provider Manuals**
  - BlueCross BlueShield of Tennessee Provider Administration Manual
  - Medical Policy Manual
  - Health Care Practice Recommendations Manual
  - BlueCare Provider Administration Manual

- **Provider Publications**
  - *BlueAlert* Newsletter (monthly)

- **Provider Forms**
  - Electronic Funds Transfer Enrollment Form
  - Acknowledgement of Financial Responsibility for the Cost of Services
  - e-Health Registration Instructions

- **Provider Network Directories**

- **Electronic Commerce Information**
  - Companion Guides and Edit Listings
  - Approved Vendor List
  - Electronic Provider Profile Form
  - Self-Testing Tool

- **Pharmacy Information**
  - Commercial Drug Formulary
  - Preferred Drug List

On BlueAccess, the **secure** area of bcbst.com, providers may log on and view information specific to the provider's patients or practice. For best results in using BlueAccess, providers should have:

- DSL, cable or other high-speed Internet connection
- Internet Explorer 6.x or above

Providers can register for BlueAccess from the home page of bcbst.com or by selecting the BlueAccess link on the Provider page of bcbst.com. Providers simply follow the screens to register.

BlueAccess includes:

- **Claims Status, Eligibility and Coverage Information**
  - BlueCross BlueShield of Tennessee
  - BlueAdvantage and BlueAdvantage Plus
  - BlueCare and TennCare*Select*
  - Federal Employee Program
  - BlueCard
- **Remittance Advices (online versions of provider's paper remits)**
  - BlueCross BlueShield of Tennessee
  - BlueAdvantage and BlueAdvantage Plus
  - BlueCare and TennCare*Select*
  - Federal Employee Program
  - BlueCard
- **Practitioner Pattern Analysis (PPAs)**
- **PCP Member Roster**
  - BlueCare
  - TennCare*Select*
  - Best Practice Network (BPN)
- **Shared Health Clinical Health Record (see details in Appendix A)**

To request a demonstration or training on BlueAccess features, please contact e-Business Marketing at (423) 535-3057, Monday through Friday, 8 a.m. to 4:30 p.m. (ET) or via e-mail at ecomm_marketing@bcbst.com. For general questions about the Web site, call 1-800-924-7141, Monday through Friday, 8 a.m. to 5 p.m. (ET).

Appendix A – Shared Health Clinical Health Record

Shared Health Clinical Health Record – Free to you and your practice
Before the Shared Health Clinical Health Record (CHR), accessing patient medical information could be difficult. Now, the Shared Health CHR lets you quickly and easily supplement the notes in your patients' files with a wealth of relevant patient information, right at the point of care.

The Shared Health CHR lets clinicians spend more time on patient care and less time on administrative paperwork. It increases office efficiency, reducing the amount of time spent hunting down paper records or calling other practices for medical information. It ensures greater safety for patients, reducing the likelihood of duplicate tests and potentially dangerous drug-to-drug and drug-allergy interactions. And, unlike paper records, it protects valuable medical data in the case of a catastrophic event like Hurricane Katrina, which destroyed approximately one million medical records in the New Orleans area.

The CHR includes ePrescribe, a tool that lets you prescribe medications electronically. With one click, ePrescribe lets you review your patient's medication history before writing an electronic prescription, including the prescriptions you've written, prescriptions other physicians have written, prescriptions waiting for signatures, and a list of recent medication claims. Additionally, Shared Health ePrescribe allows you to electronically submit prescriptions directly to your patient's pharmacy.

Shared Health ePrescribe also acts as a desk reference at the point of care, giving you current drug information, dosing instructions, side effects and pregnancy warnings for every available medication. Plus, it includes up-to-date formulary information, helping you choose the most effective medication at the lowest cost to your patients. Most importantly, ePrescribe's advanced logic supports your medical decisions by automatically alerting you to any potentially harmful drug-to-drug and drug-allergy interactions.

Overall, the Shared Health CHR assists with reaching a better diagnosis, more informed decisions and reduced health care costs. And it's free to you and your practice. Learn more at www.sharedhealth.com or call 1-888-283-6691.

Appendix B – Sending/Retrieving Electronic Files

Using the ECG BBS

The ECG BBS is a communication system used to send claims or other transactions and to pick up remittance advice(s), electronic reports and ANSI response transactions. It is accessed by dialing (423) 535-7294.

The ECG BBS is available during the following hours for clients to send (upload) files and retrieve (download) files:

Sunday	2 a.m. until 4:59 p.m. (ET)
Monday	2 a.m. until 11:59 p.m. (ET)
Tuesday	2 a.m. until 11:59 p.m. (ET)
Wednesday	2 a.m. until 11:59 p.m. (ET)
Thursday	2 a.m. until 6:59 p.m. (ET)
Friday	6 a.m. until 11:59 p.m. (ET)
Saturday	2 a.m. until 11:59 p.m. (ET)

IMPORTANT: All connections will be terminated when the ECG BBS goes down. Any transmission in progress at this time will not be completed.

Please call the e-Business Service Center at (423) 535-5717, Monday through Friday, 8 a.m. to 5:30 p.m. (ET) with any questions.

LOGGING ON TO THE ECG BBS

Dial into the BlueCross BlueShield of Tennessee ECG BBS: (423) 535-7294.

Enter your user ID and password (supplied on the spreadsheet which was faxed/mailed to you) at the log-on screen.

```
BLUECROSS BLUESHIELD OF TENNESSEE
EC GATEWAY BULLETIN BOARD SYSTEM
(ECG BBS)

IMPORTANT NOTICE: Remember To
Download Files from Your ECG BBS
Mailbox

Enter your User ID: ecg_user
Enter your PASSWORD: ********
```

Passwords will expire every 45 days. Upon your first log on, you will need to change your password. Once successfully logged on with the one-time password assigned to you, select the menu option “C” to change your password. You will then be prompted to enter your old password (this will be the password you just used to log on to the system), then enter and confirm a new password.

```
U)pload                 D)ownload
P)rotocol               F)iles
C)hange Password        G)oodbye

Select: C

Enter your old PASSWORD,
Or hit return back to the MENU:******

Enter your new PASSWORD,
Or hit return back to the MENU:******

Confirm your new PASSWORD: ******
```

Passwords must be at least eight to 10 characters in length, contain at least one alpha and one numeric character, and not have been used before.

Once you have successfully changed your password, it will expire in 45 days. You will receive the following message: “Your Password is expired. Please change your

Password now." At this prompt, simply create a new password following the steps above.

If you enter your password incorrectly three times, your account will be locked and you must contact the e-Business Service Center at (423) 535-5717.

SENDING (UPLOADING) A FILE

Once successfully logged on, select the menu option "**U**" to upload your file.

```
U)pload           D)ownload
P)rotocol         F)iles
C)hange Password  G)oodbye

Select: U
Start your ZModem upload
...**B0100000023be50
Transfer Successful
```

If you are using the XModem, XModem CRC or XModem 1K protocols, you will be prompted to enter your file name (Enter Destination Filename On Host). Use of other protocols (ex: ZModem) will take the file name from your communication software (the steps for choosing protocols is shown at the end of this section).

Please use your assigned X12 or M12 file name when sending files.

If the message "**Your transfer was unsuccessful!**" is displayed, repeat the upload process. If you continue to have difficulty uploading a file, please contact the e-Business Service Center (423) 535-5717.

Once a successful ANSI X12 file transmission has been received, a 997 Functional Acknowledgement will be available for retrieval. This acknowledgement will be distributed to the submitter's mailbox within two hours after receipt of the file. If there are compliance issues with the file, the 997 will identify these.

RETRIEVING (DOWNLOADING) A FILE

Once successfully logged on, select the menu option "**F**" to view a list of all files available to download; select option "**D**" to download these files. This will download all files in the mailbox, which will be removed from the mailbox once downloaded.

```
U)pload
D)ownload
P)rotocol
F)iles
C)hange Password
G)oodbye

Select: F
TESTFILE.001
TESTFILE.002
TESTFILE.003
TESTFILE.004
TESTFILE.005
```

```
U)pload
D)ownload
P)rotocol          F)iles
C)hange Password
G)oodbye

Select: D
**Transferring files
...rz


Your transfer was
successful!
```

If the download was not successful or there were no files to download, the following messages will be displayed on the screen:

```
U)pload
D)ownload
P)rotocol          F)iles
C)hange Password   G)oodbye

Select: D
Transferring files ...rz

Failed to transfer file
TESTFILE.0001
```

```
U)pload
D)ownload
P)rotocol          F)iles
C)hange Password
G)oodbye

Select: D
No files to transfer!
```

LOGGING OFF THE ECG BBS

Once all files have been sent and retrieved, select option "**G**" to log off the system.

```
U)pload
D)ownload
P)rotocol          F)iles
C)hange Password   G)oodbye

Select: G

Thank you for calling
```

CHOOSING A TRANSFER PROTOCOL

Once successfully logged on, select the menu option "**P**" to choose a transfer protocol. A list of different protocols will appear. Select the corresponding number of the protocol that will be used to transfer files. **The default/recommended protocol is ZModem**.

```
U)pload            D)ownload
P)rotocol          F)iles
C)hange Password   G)oodbye

Select: P

1) ZModem      (Recommended Protocol)
2) XModem
3) XModem CRC
4) XModem 1K
5) YModem
6) YModem G
7) Kermit
8) CompuServe
Select: 1
```

Appendix C – Sample Electronic Reports

EM735R01 Ansi- Receipts Confirmation Reports

Electronic claims undergo pre-adjudication edits before the claims are entered into the processing system. Both accepted and rejected claims will be shown on the EM735R01 Ansi-Receipts Confirmation Report. Rejected claims must be corrected and resubmitted.

A listing of the electronic claim error codes and descriptions that may appear on the EM735 Ansi-Receipts Confirmation Report is available on the company Web site at www.bcbst.com/providers/ecomm/technical-information.shtml. A separate edit listing exists for institutional (hospitals or facilities), professional (physicians or practitioners) and dental (dentists).

Sample EM735R01 Ansi-Receipts Confirmation Reports are shown on the following pages. To help explain the field names on the report, a sample rejected claim from a Professional EM735R01 Ansi-Receipts Confirmation Report is highlighted on the next page. A key follows using this claim example.

REPORT ID: EM735R01 BLUE CROSS BLUE SHIELD OF TENNESSEE
PAGE NO.
RUN DATE: 02/27/2007 ELECTRONIC COMMERCE
1
RUN TIME: 10:30:25 ANSI - RECEIPTS CONFIRMATION REPORT

FACILITY CODE : 00FAMILYF DOE FAMILY PRACTICE ATTN:
PROVIDER NPI : 1234567892 JOHN DOE BILLING MANAGER
PROVIDER TAX-ID : 621234561 SUBMITTED PROV: 2345678 MAILBX POINTER:
002345678

PATIENT LAST NAME FIRST PATIENT ACCT NUMBER FROM TO DATE
TOTAL CHARGES
SUBSCRIBER ID ECTN CLAIM NUMBER PAYER ID
ERROR CD ANSI REFERENCES ERROR DESCRIPTION SUBMITTED
VALUE BETWEEN ( )

**** **REJECTED** PROFESSIONAL CLAIMS ****

SMITH JANE 57256000972 1/30
1/30/2007 375.00
ZEA999999999 15029P123455 00890
640026 2400 SV101 454 PROCEDURE CODE MUST BE VALID HCPCS
CODE (A345)

- Patient's Last Name **SMITH**
- Patient's First Name **JANE**
- Patient Account Number **57256000972**
- From and To Dates (Service Dates) **1/30 1/30/2007**
- Total Charges **375.00**

- Subscriber/Member ID **ZEA999999999**
- Electronic Claim Tracking Number (ECTN) **15029P123455**
- Claim Number (Only listed on accepted claims)
- Payer ID **00890**
- Error Code **640026**
- ANSI References **2400 SV101 454**
  This would include the loop, segment and element in the ANSI-837 Version 4010A1 format where the error is found, if applicable. In this example it is referencing Segment SV1 and Element 01 in the 2400 Loop. This is the procedure code field of the service line of the claim.
- Error Description **PROCEDURE CODE MUST BE VALID HCPCS CODE**
- Submitted Value **A345**
  The data in error from the provider's actual file will be listed in parentheses. If no data is shown between the parentheses, it means the data was missing or blank.

Example of an Institutional EM735R01 Report – Rejected Claims

REPORT ID: EM735R01 BLUE CROSS BLUE SHIELD OF TENNESSEE
PAGE NO.
RUN DATE: 02/27/2007 ELECTRONIC COMMERCE
1
RUN TIME: 10:30:25 ANSI - RECEIPTS CONFIRMATION REPORT

FACILITY CODE : 0FAMILY6F FAMILY SOUTH ATTN:
PROVIDER NPI : 1234567891 FAMILY HOSPITAL SOUTH JANE DOE
PROVIDER TAX-ID: 621234567 SUBMITTED PROV: 1234567 MAILBX POINTER:
001234567

PATIENT LAST NAME FIRST PATIENT ACCT NUMBER FROM TO DATE
TOTAL CHARGES
SUBSCRIBER ID ECTN CLAIM NUMBER PAYER ID
ERROR CD ANSI REFERENCES ERROR DESCRIPTION SUBMITTED
VALUE BETWEEN ( )

**** REJECTED IP FACILITY CLAIMS ****

ALLEN JANE 57256000971 1/30
1/30/2007 375.00
ZEA999999999 15029I123456 00890
110001 DUPLICATE TO RECEIPT DATE MM/DD (01/20)

HARRIS JOHNNIE 57256000973 1/30
1/30/2007 375.00
ZEA333333333 15029I123452 00890
140007 2010CA DMG02 158 PAT BIRTHDATE > CURRENT DATE (20221225)

JOHNSON JOE 57256000977 1/30 375.00
ZEC222222222 01029I123450 00890

150001 2010CA DMG02	158	PATIENT DATE OF BIRTH > STMT DATE	(20240101	)
140034 2400 SV201	455	O/P REV CODE NOT 0220-0999	(92100	)

TOTALS: REJECTED		TOTAL CHARGES	1,125.00
IP FACILITY CLAIMS		TOTAL CLAIMS	3

Example of an Institutional EM735R01 Report – Accepted Claims

REPORT ID: EM735R01 BLUE CROSS BLUE SHIELD OF TENNESSEE
PAGE NO.
RUN DATE: 02/27/2007 ELECTRONIC COMMERCE
2
RUN TIME: 10:30:25 ANSI - RECEIPTS CONFIRMATION REPORT

FACILITY CODE : 0FAMILY6F FAMILY SOUTH ATTN:
PROVIDER NPI : 1234567891 FAMILY HOSPITAL SOUTH JANE DOE
PROVIDER TAX-ID: 621234567 SUBMITTED PROV: 1234567 MAILBX POINTER:
001234567

PATIENT LAST NAME FIRST PATIENT ACCT NUMBER FROM TO DATE
TOTAL CHARGES
SUBSCRIBER ID ECTN CLAIM NUMBER PAYER ID
ERROR CD ANSI REFERENCES ERROR DESCRIPTION SUBMITTED
VALUE BETWEEN ( )

**** ACCEPTED BCBST IP FACILITY CLAIMS ****

BLACK DON 57256000983 1/30
1/30/2007 375.00
ZEA444444444 15029I123453 EXTBNFV69100 00890

ROE JACOB 57256000985 1/30
1/30/2007 375.00
ZEA666666666 15029I123456 EXTBNFV69100 00890

TOTALS: ACCEPTED TOTAL CHARGES 750.00
BCBST IP FACILITY CLAIMS TOTAL CLAIMS 2

*** ACCEPTED BLUECARE/TENNCARE SELECT IP FACILITY CLAIMS ***

JONES SALLY 21589746354 1/30
1/30/2003 486.00
ZECM98745632 15029I123450 00390

TOTALS: ACCEPTED
TOTAL CHARGES 486.00
BLUECARE/TENNCARE SELECT IP FACI
TOTAL CLAIMS 1

Example of an Institutional EM745R01 – Summary Report

REPORT ID: EM745R01 BLUE CROSS BLUE SHIELD OF TENNESSEE PAGE NO.
RUN DATE: 02/27/2007 ELECTRONIC COMMERCE
1
RUN TIME: 10:30:25 ANSI - RECEIPTS CONFIRMATION REPORT
SUMMARY TOTALS

FACILITY CODE : 0FAMILY6F FAMILY SOUTH ATTN:
PROVIDER NUMBER: 001234567 FAMILY HOSPITAL SOUTH JANE DOE

	INPATIENT			OUTPATIENT			TOTAL CLAIMS		
	NO. OF CLAIMS	%	TOTAL CHARGES	NO. OF CLAIMS	%	TOTAL CHARGES	NO. OF CLAIMS	%	TOTAL CHARGES
**TOTAL ALL REJECTED CLAIMS:									
	3	50	1,125.00				3	50	1,125.00
ACCEPTED CLAIMS:									
BCBST									
	2	33	750.00				2	33	750.00
BLUECARE/TENNCARE SELECT									
	1	17	486.00				1	17	486.00
**TOTAL ALL ACCEPTED CLAIMS									
	3	50	1,236.00				3	50	1,236.00
**CURRENT DAY'S TOTALS:									
	6	100	2,361.00				6	100	2,361.00

PLEASE NOTE: On the Professional and Dental EM735 and EM745 reports there will not be a break down of inpatient and outpatient claims.

Example of a Professional EM735R01 Report – Rejected Claims

REPORT ID: EM735R01 BLUE CROSS BLUE SHIELD OF TENNESSEE
PAGE NO.
RUN DATE: 02/27/2007 ELECTRONIC COMMERCE
1
RUN TIME: 10:30:25 ANSI - RECEIPTS CONFIRMATION REPORT

FACILITY CODE : 00RICHARF RICHARDS FAMILY PRACTICE ATTN:
PROVIDER NPI : 1234567892 DICK RICHARDS BILLING MANAGER
PROVIDER TAX-ID : 621234561 SUBMITTED PROV: 2345678 MAILBX POINTER:
002345678

PATIENT LAST NAME FIRST PATIENT ACCT NUMBER FROM TO DATE
TOTAL CHARGES
SUBSCRIBER ID ECTN CLAIM NUMBER PAYER ID
ERROR CD ANSI REFERENCES ERROR DESCRIPTION SUBMITTED
VALUE BETWEEN ( )

**** REJECTED PROFESSIONAL CLAIMS ****

HILL GERALD 57256000971 1/30
1/30/2007 375.00
ZEA888888888 15029P123456 00890
610001 DUPLICATE TO RECEIPT DATE MM/DD (01/20)

MILTON GRANT 57256000972 1/30
1/30/2007 375.00
ZEA999999999 15029P123455 00890
640026 2400 SV101 454 PROCEDURE CODE MUST BE VALID HCPCS CODE (A345)

SMITH SAMUEL 57256000973 1/30
1/30/2007 375.00
ZEA777777777 01029P123454 00890

640006 2010CA DMG02 158 PATIENT DOB > CURRENT DATE (20240101)

TODD DORRIE 57256000977 1/30
1/30/2007 375.00
ZEE666666666 01029P123453 00890
620002 2010BA NM109 33 SUB ID NOT ON ELIGIBILITY FILE (ZEE6666666)
650022 SERVICE UNIT COUNT MUST BE > 0 (0)
TOTALS: REJECTED TOTAL CHARGES 1,500.00
PROFESSIONAL CLAIMS TOTAL CLAIMS 4

Example of a Professional EM735R01 Report – Accepted Claims

REPORT ID: EM735R01 BLUE CROSS BLUE SHIELD OF TENNESSEE
PAGE NO.
RUN DATE: 02/27/2007 ELECTRONIC COMMERCE
2
RUN TIME: 10:30:25 ANSI - RECEIPTS CONFIRMATION REPORT

FACILITY CODE : 00RICHARF RICHARDS FAMILY PRACTICE ATTN:
PROVIDER NPI : 1234567892 DICK RICHARDS BILLING MANAGER
PROVIDER TAX-ID : 621234561 SUBMITTED PROV: 2345678 MAILBX POINTER:
002345678

PATIENT LAST NAME FIRST PATIENT ACCT NUMBER FROM TO DATE
TOTAL CHARGES
SUBSCRIBER ID ECTN CLAIM NUMBER PAYER ID
ERR CD ANSI REFERENCES ERROR DESCRIPTION SUBMITTED
VALUE BETWEEN ( )

**** ACCEPTED BCBST PROFESSIONAL CLAIMS ****

MILTON GRANT 57256000983 1/26
1/26/2007 375.00
ZEA999999999 15029P123452 EXTBNFV69100 00890

TODD DORRIE 57256000985 1/26
1/26/2007 375.00
ZEA666666666 15029P123451 EXTBNFV69100 00890

TODD DORRIE 57256000985 1/31
1/31/2007 370.00
ZEA666666666 15029P123457 EXTBNFV69100 00890

TOTALS:	ACCEPTED BCBST	TOTAL CHARGES	1,120.00
	BCBST PROFESSIONAL CLAIMS	TOTAL CLAIMS	3

Example of a Professional EM745R01 – Summary Report

REPORT ID: EM745R01 BLUE CROSS BLUE SHIELD OF TENNESSEE PAGE NO.
RUN DATE: 02/27/2007 ELECTRONIC COMMERCE 1
RUN TIME: 10:30:25 ANSI - RECEIPTS CONFIRMATION REPORT
SUMMARY TOTALS

FACILITY CODE : 00RICHARF RICHARDS FAMILY PRACTICE ATTN:
PROVIDER NUMBER: 002345678 DICK RICHARDS BILLING MANAGER

	PROFESSIONAL NO. OF CLAIMS	%	TOTAL CHARGES
**TOTAL ALL REJECTED CLAIMS:	4	57	1,500.00
ACCEPTED CLAIMS:			
BCBST	3	43	1,120.00
**TOTAL ALL ACCEPTED CLAIMS	3	43	1,120.00
**CURRENT DAY'S TOTALS:	7	100	2,620.00

Example of a Dental EM735R01 Report – Rejected Claims

REPORT ID: EM735R01 BLUE CROSS BLUE SHIELD OF TENNESSEE
PAGE NO.
RUN DATE: 02/27/2007 ELECTRONIC COMMERCE
1
RUN TIME: 10:30:25 ANSI - RECEIPTS CONFIRMATION REPORT

FACILITY CODE : 0WILCDNTF FAMILY DENTAL ATTN:
PROVIDER NPI : 1234567893 FRANK WILCOX OFFICE MANAGER
PROVIDER TAX-ID : 621234562 SUBMITTED PROV: 3456789 MAILBX POINTER:
003456789

PATIENT LAST NAME FIRST PATIENT ACCT NUMBER FROM TO DATE
TOTAL CHARGES
SUBSCRIBER ID ECTN CLAIM NUMBER PAYER ID
ERROR CD ANSI REFERENCES ERROR DESCRIPTION SUBMITTED
VALUE BETWEEN ( )

**** REJECTED CLAIMS ****

ADAMS BEATRICE 57256000976 1/30
1/30/2007 75.00
ZEA111111111 15029Q123456 00890
920002 2010BA NM1 SUB ID NOT ON ELIGIBILITY FILE (ZEA1111111)

SHEPHARD LORI 57256000974 1/30
1/30/2007 75.00
ZEA888888888 15029Q123455 00890
940011 2400 TOO TOOTH NUMBER MUST BE VALID (SN)
940011 2400 TOO TOOTH NUMBER MUST BE VALID (SN)

SHEPHARD	LORI	57256000975	1/30	
	1/30/2007	75.00		
ZEA177777777		01029Q123454		00890
920003	SUB ID, PAT NAME, DOB, DO NOT AGREE			(ZEA1777777)

TOTALS: REJECTED		TOTAL CHARGES	225.00
DENTAL CLAIMS		TOTAL CLAIMS	3

Example of a Dental EM735R01 Report – Accepted Claims

REPORT ID: EM735R01 BLUE CROSS BLUE SHIELD OF TENNESSEE
PAGE NO.
RUN DATE: 02/27/2007 ELECTRONIC COMMERCE
1
RUN TIME: 10:30:25 ANSI - RECEIPTS CONFIRMATION REPORT

FACILITY CODE : 0WILCDNTF FAMILY DENTAL ATTN:
PROVIDER NPI : 1234567893 FRANK WILCOX OFFICE MANAGER
PROVIDER TAX-ID : 621234562 SUBMITTED PROV: 3456789 MAILBX POINTER:
003456789

PATIENT LAST NAME FIRST PATIENT ACCT NUMBER FROM TO DATE
TOTAL CHARGES
SUBSCRIBER ID ECTN CLAIM NUMBER PAYER ID
ERR CD ANSI REFERENCES ERROR DESCRIPTION SUBMITTED
VALUE BETWEEN ( )

*** ACCEPTED DENTAL CLAIMS ***

MILTON GRANT 57256000983 1/30
1/30/2007 70.00
ZEA444444444 15029Q123442 DENUBTB69100 00890

SMITH SAMUEL 57256000985 1/30
1/30/2007 75.00
ZEA277777777 15029Q123441 DENUBTB69201 00890

TODD DORRIE 57256000985 1/30
1/30/2007 75.00
ZEA666666666 15029Q123447 DENUBTB69402 00890

TOTALS: ACCEPTED TOTAL CHARGES 220.00
DENTAL CLAIMS TOTAL CLAIMS 3

Example of an Dental EM745R01 – Summary Report

REPORT ID: EM745R01 BLUE CROSS BLUE SHIELD OF TENNESSEE PAGE NO.
RUN DATE: 02/27/2007 ELECTRONIC COMMERCE 1
RUN TIME: 10:30:25 ANSI - RECEIPTS CONFIRMATION REPORT
SUMMARY TOTALS

FACILITY CODE: 0WILCDNTF FAMILY DENTAL ATTN:
PROVIDER NUMBER: 003456789 FRANK WILCOX OFFICEMANAGER

	DENTAL NO. OF CLAIMS	%	TOTAL CHARGES
**TOTAL ALL REJECTED CLAIMS:	3	50	225.00
ACCEPTED CLAIMS:			
BCBST	3	50	220.00
**TOTAL ALL ACCEPTED CLAIMS	3	50	220.00
**CURRENT DAY'S TOTALS:	6	100	445.00

Sample Riverbend Government Benefits Administrator (RGBA) Medicare A Reports

Example of Medicare Part A Inbound Reject Report (HB997ZRJ-A)

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**********************************************************************************************************************************************
******************
                                PROVIDER NUMBER:  123456
                                PROVIDER NAME:    FAMILY MEDICAL CENTER
                                PROVIDER ATTN:
                                PROVIDER ADDR:
                                PROVIDER ADDR:    PO BOX 111
                                PROVIDER CITY:    ANYWHERE
                                PROVIDER STATE:   FL
                                PROVIDER ZIP:     11111
**********************************************************************************************************************************************
******************
 REPORT ID: HB997ZRJ-A                    RIVERBEND GOVERNMENT BENEFITS ADMIN
PAGE:       1
 SYSTEM DATE: 01/16/07                    MEDICARE PART A INBOUND REJECT REPORT
SYSTEM TIME: 21:21:19
 INTERCHANGE DATE: 01/15/07
        SUBMITTER: 123456789 – FAMILY MEDICAL    PROVIDER: 123456     – FAMILY MEDICAL CENTER
–  NPI:


 ISA CTRL NBR          GS SUBMITTER          GS CTRL NBR     TXNSET ID     ST CTRL NBR
                58     123456789                      01     837               00001

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 LAST NAME     FIRST NAME     HIC        TOB    PATIENT CTL NBR    MEDICAL REC NBR   ADMIT    FROM
THRU TOTAL CHARGES
----------------------------------------------------------------------------------------------------------------------------------------------
----------------------------------
  ERR TYPE    LOOP    SEG    ELE    SUB    SEG   POS  DATA REF ERR    CD     ERROR MESSAGE
QUALIFIER
```

BAD DATA /LX-01
VAN CLAIM ID

----------SMITH SAM 777777777A 121 11634-47
06/12/2006 06/12/2006 06/15/2006 221.79
IG EDIT 2300 DTP 01 99 DISCHRG HOUR QL
REQUIRED FOR FINAL TOB

WILSON GRANT 999999999A 121 27413-17 06/10/2006
06/10/2006 06/15/2006 369.65
IG EDIT 2300 DTP 01 99 DISCHRG HOUR QL
REQUIRED FOR FINAL TOB

07018I418195

NOTE: THIS ST/SE TRANSACTION SET HAS BEEN PROCESSED SUCCESSFULLY BY THE TRANSLATOR.
IMPLEMENTATION/MEDICARE EDIT ERRORS EXIST.
CLAIMS SHOWN ON THIS REJECT REPORT WILL NOT BE ENTERED INTO THE CLAIMS SYSTEM.

Example of a Medicare 201 Report

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****
****

PROVIDER NUMBER: 123456
NPI NUMBER:
PROVIDER NAME: FAMILY SKILLED NURSING CENTER
PROVIDER ATTN:
PROVIDER ADDR: 111 SAMPLE STREET
PROVIDER ADDR:
PROVIDER CITY: ANYWHERE
PROVIDER STATE: FL
PROVIDER ZIP: 11111

****
****
****
****

REPORT: 201 MEDICARE PART A - 00390 PAGE: 1
CYCLE DATE: 1/09/07 SUMMARY OF **PENDED** CLAIMS FREQUENCY: DAILY
BLUE CROSS CODE: OUTPATIENT NPI: PROVIDER NUMBER: 123456

NAME	MED REC NUMBER	HIC NUMBER	RECD DATE	ADMIT DATE	FROM DATE	THRU DATE	ADJ IND	LAST TRAN	SUB IND	SUSP TYPE	TOTAL CHARGES	ADS
JOHNSON, JOE		222222222A	12/08/06	10/03/06	10/03/06	10/03/06		12/13/06	A	SUSP	100.00	
PAT CONTROL NBR: 4032												
MITCHELL, DON		444444444A	12/08/06	10/25/06	10/25/06	10/31/06		12/14/06	A	SUSP	418.75	
PAT CONTROL NBR: 4167												
MITCHELL, DON		444444444A	12/12/06	10/25/06	11/01/06	11/01/06		12/18/06	A	SUSP	62.50	
PAT CONTROL NBR: 4167												
PARKS, JOHNNIE		333333333A	12/12/06	11/20/06	11/20/06	11/29/06		12/15/06	A	SUSP	650.00	
PAT CONTROL NBR: 4100												

ROBBINS, MINNIE 111111111D 12/04/06 08/28/06 08/28/06 08/31/06 12/07/06 P
SUSP 225.00
PAT CONTROL NBR: 3958

	(MED) MEDICAL	(MSP) MSP	(CWFR) CWF REGULAR	(CWFD) CWF DELAYED	(SUSP) SUSPENSE	TOTAL
CLAIMS COUNT	0	0	0	0	5	5
TOTAL CHARGES	0.00	0.00	0.00	0.00	1,456.25	1,456.25
ADJUSTMENTS COUNT	0	0	0	0	0	0
TOTAL CHARGES	0.00	0.00	0.00	0.00	0.00	0.00

REPORT: 201 MEDICARE PART A - 00390 PAGE: 2
CYCLE DATE: 1/09/07 SUMMARY OF **PENDED** CLAIMS FREQUENCY: DAILY
BLUE CROSS CODE: SNF NPI: PROVIDER NUMBER: 123456

NAME	MED REC NUMBER	HIC NUMBER	RECD DATE	ADMIT DATE	FROM DATE	THRU DATE	ADJ IND	LAST TRAN	SUB IND	SUSP TYPE	TOTAL CHARGES	ADS
TUCKER, DONALD		666666666A	01/08/07	04/12/05	10/01/05	10/11/05		01/09/07	A	CWFR	1,570.00	
PAT CONTROL NBR: 4167												
SMITH, WALTER		777777777A	01/08/07	02/08/06	02/08/06	02/28/06		01/09/07	A	CWFR	6,032.19	
PAT CONTROL NBR: 4258												
SMITH, WALT		777777777A	01/08/07	02/08/06	03/01/06	03/13/06		01/09/07	A	CWFR	3,312.27	
PAT CONTROL NBR: 4258												

	(MED) MEDICAL	(MSP) MSP	(CWFR) CWF REGULAR	(CWFD) CWF DELAYED	(SUSP) SUSPENSE	TOTAL
CLAIMS COUNT	0	0	3	0	0	3
TOTAL CHARGES	0.00	0.00	10,914.46	0.00	0.00	10,914.46
ADJUSTMENTS COUNT	0	0	0	0	0	0
TOTAL CHARGES	0.00	0.00	0.00	0.00	0.00	0.00

	INP	OTP	SNF	HHA	HOSPICE	CORF	ESRD	LAB	OTHER	TOTAL
PENDING	0	5	3	0	0	0	0	0	0	8
CLAIMS	0	5	3	0	0	0	0	0	0	8
ADJUSTMENTS	0	0	0	0	0	0	0	0	0	0

REPORT: 201 MEDICARE PART A - 00390 PAGE: 3
CYCLE DATE: 1/09/07 SUMMARY OF **PROCESSED** CLAIMS FREQUENCY: DAILY
BLUE CROSS CODE: OUTPATIENT NPI: PROVIDER NUMBER: 123456

NAME	MED REC NUMBER	HIC NUMBER	RECD DATE	ADMIT DATE	FROM DATE	THRU DATE	ADJ IND	PAID DATE	REJECT IND	CLEAN CODE
HARRIS, MELBA		888888888A	01/02/07	03/08/02	11/05/06	11/05/06		01/17/07	D	
PAT CONTROL NBR: 4175										

0TOTALS - PAID CLAIMS: 1 REJECTED CLAIMS: 0 PAID ADJUSTMENTS: 0
REJECTED ADJUSTMENTS: 0

	INP	OTP	SNF	HHA	HOSPICE	CORF	ESRD	LAB	OTHER	TOTAL
PROCESSED	0	1	0	0	0	0	0	0	0	1
CLAIMS	0	1	0	0	0	0	0	0	0	1
PAID	0	0	0	0	0	0	0	0	0	0
REJECTED	0	0	0	0	0	0	0	0	0	0
ADJUSTMENTS	0	0	0	0	0	0	0	0	0	0
PAID	0	0	0	0	0	0	0	0	0	0
REJECTED	0	0	0	0	0	0	0	0	0	0

REPORT: 201 MEDICARE PART A - 00390 PAGE: 4
CYCLE DATE: 1/09/07 SUMMARY OF **RETURNED** CLAIMS
FREQUENCY: DAILY
BLUE CROSS CODE: SNF NPI: PROVIDER NUMBER: 123456

NAME	MED REC NUMBER	HIC NUMBER	RECD DATE	ADMIT DATE	FROM DATE	THRU DATE	ADJ IND	RTP DATE
HART, DONNA		666666666A	01/08/07	09/20/05	12/05/05	12/31/05		01/10/07
PAT CONTROL NBR: 4032								
REASON CODES: 12206 12302 32114								
HART, DONNA		666666666A	01/08/07	09/20/05	01/01/06	01/06/06		01/12/07
PAT CONTROL NBR: 4032								
REASON CODES: 38119								

TOTALS - CLAIMS: 2 ADJUSTMENTS: 0

	INP	OTP	SNF	HHA	HOSPICE	CORF	ESRD	LAB	OTHER	TOTAL
RETURNED	0	0	2	0	0	0	0	0	0	2
CLAIMS	0	0	2	0	0	0	0	0	0	2
ADJUSTMENTS	0	0	0	0	0	0	0	0	0	0

REPORT: 201 MEDICARE PART A - 00390 PAGE: 5
CYCLE DATE: 1/09/07 CLAIMS **SUMMARY** TOTALS FREQUENCY: DAILY
BLUE CROSS CODE: NPI: PROVIDER NUMBER: 123456

	INP	OTP	SNF	HHA	HOSPICE	CORF	ESRD	LAB	OTHER	TOTAL
PENDING	0	5	3	0	0	0	0	0	0	8
CLAIMS	0	5	3	0	0	0	0	0	0	8
ADJUSTMENTS	0	0	0	0	0	0	0	0	0	0
PROCESSED	0	0	0	0	0	0	0	0	0	0
CLAIMS	0	1	0	0	0	0	0	0	0	1
PAID	0	1	0	0	0	0	0	0	0	1
REJECTED	0	0	0	0	0	0	0	0	0	0
ADJUSTMENTS	0	0	0	0	0	0	0	0	0	0
PAID	0	0	0	0	0	0	0	0	0	0
REJECTED	0	0	0	0	0	0	0	0	0	0
RETURNED	0	0	2	0	0	0	0	0	0	2
CLAIMS	0	0	2	0	0	0	0	0	0	2
ADJUSTMENTS	0	0	0	0	0	0	0	0	0	0

The PS&R report is only available on the RGBA website under a secure log on and is not part of the EM735 Ansi-Receipts Confirmation Report.

Example of a Medicare Provider Statistical and Reimbursement (PS&R) Report

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                    P R O V I D E R   S T A T I S T I C A L   A N D   R E I M B U R S E M E N T   S Y S
T E M

PROGRAM ID: MD430502 - V36.C
PAGE:  1
PAID DATES: 01/01/04 THRU 01/31/07                    PROVIDER SUMMARY REPORT
REPORT #: OD44203
RUN DATE:   02/19/07                                 INPATIENT - PART A (MSP-LCC)
REPORT TYPE:  11A
PROVIDER FYE:  12/31                                 PROSPECTIVE PAYMENT PROVIDER
PROVIDER NUMBER: 123456            FAMILY MEDICAL CENTER

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REVENUE                    SERVICES FOR PERIOD        SERVICES FOR PERIOD        SERVICES FOR PERIOD
SERVICES FOR PERIOD
 CODE     DESCRIPTION      01/01/04 - 12/31/04        01/01/05 - 12/31/05        01/01/06 - 12/31/06
01/01/07 - 12/31/07
                           UNITS          CHARGES     UNITS          CHARGES     UNITS          CHARGES
UNITS       CHARGES
*************************************************************************************************
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*** ACCOMMODATION CENSUS ***

0111 MED-SUR-GY/2BED           0              $.00        6        $34,200.00       18       $107,630.00
3        $17,925.00
0121 MED-SUR-GY/2BED          42       $211,000.00      287     $1,577,834.00      316     $1,814,053.00
188     $1,082,011.00
0124 PSYCHIATRIC/2BED          4        $20,000.00        9        $49,500.00        0              $.00
0              $.00
0132 OB/3&4BED                 0              $.00        3        $16,500.00        0              $.00
0              $.00
0202 ICU/MEDICAL               0              $.00        0              $.00       18       $178,614.00
30       $297,690.00
0206 POST ICU                 10        $80,000.00       35       $294,000.00       21       $185,220.00
33       $291,060.00
0207 ICU/BURN CARE            22       $198,000.00       15       $141,750.00        0              $.00
0              $.00
0210 CCU GENERAL               0              $.00        0              $.00        2        $19,846.00
1         $9,923.00
```

0214 POST/CCU	0	$.00	0	$.00	0	$.00
4 $35,280.00						
TOTAL ACCOMODATIONS	78	$509,000.00	355	$2,113,784.00	375	$2,305,363.00
259 $1,733,889.00						
DISCHARGES	17		104		135	
98						
MEDICARE DAYS	78		355		375	
259						
CLAIMS	17		104		135	
98						

*Note: This only represents one page of the PS&R report.