

TECH SPECS

Fall 2008 Systems Enhancements

Blue Cross and Blue Shield of Illinois (BCBSIL) is in the process of making a number of enhancements to the Shared Claims Process (SCP) as a part of our semi-annual update. The Fall 2008 System Enhancements will be effective November 10. Please find a detailed description of each below.

SF Message Code Changes

The SF Message Code changes effective with the Fall 2008 System Enhancements are the following:

Retired SF Message Codes:

SF Message Code	Definition
1009	This service has not been approved by the Host/Par Plan because it is deemed to be experimental.
1010	Care was not deemed medically necessary.

New SF Message Codes:

SF Message Code	Definition
1026	Partial Hospitalization
1027	Observation Services

Modified SF Message Code:

SF Message Code	Current Definition	New Definition
1002	This provider is not eligible to bill for these services.	The provider is not eligible to receive reimbursement for these services, per provider contract.

Please note the ETR3 and HIPAA 837 positions for the SF Message Codes:

- ETR3-Svc-Sf-Msg-Cd, column 1895
- HIPAA SF Message Code -Professional - Segment K3/K301, field position 8-27
- HIPAA SF Message Code - Institutional - Segment PWK/PWK06, field position 9-28

For a complete listing of the SF Message Codes, please contact your Marketing Support representative or e-mail BCBS2008Enhancements@bcbsil.com.

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Fall 2008 Systems Enhancements (continued)

Patient Status Codes Changes

The Patient Status Code changes effective with the Fall 2008 System Enhancements are the following:

New Patient Status Code:

Patient Status Code	Definition
70	Discharged/Transferred to another Type of Health Care Institution not Defined Elsewhere in this Code list

Modified SF Patient Status Code:

Patient Status Code	Current Definition	New Definition
05	Discharged/Transferred to another type of institution for inpatient care or referred for outpatient services to another institution.	Discharged/Transferred to a Designated Cancer Center or Children's Hospital

Please note the ETR3 and HIPAA 837 positions for the Patient Status Codes:

- Etr3-Clm-Patient-Status, column 536
- HIPAA Patient Status Code – Segment CL1/CL103

For a complete listing of the Patient Status Codes, please contact your Marketing Support representative or e-mail BCBS2008Enhancements@bcsil.com.

DF Message Code Changes

The DF Message Code changes effective with the Fall 2008 System Enhancements are the following:

New DF Message Codes:

DF Message Code	Definition
1257*	Non-Par Home Plan Pricing Used
1027**	Our records indicate this dependent is not an eligible dependent as defined

*Please note DF Message Code 1257 is informational and should be used instead of DF Message Code 0291 when processing claims with a price negotiated with an out-of-state non-contracting provider.

**Please note DF Message Code 1027, which was previously retired, has been re-added with an updated definition.

Modified DF Message Codes:

DF Message Code	Current Definition	New Definition
0291	Maximum benefits have been provided.	Benefit maximum has been reached.
1157	These charges cannot be processed until we receive health history information. This information is needed to determine benefits per the member's benefit plan or policy. These charges will be considered when this information is received.	Final benefit determination cannot be made until we receive health history information for the member.

For a complete listing of the DF Message Codes, please contact your Marketing Support representative or e-mail BCBS2008Enhancements@bcsil.com.

Informational DF Message Code Edit

Several informational DF Message Codes (1131-1140) were introduced as a part of the Non-Contracted Provider Pricing enhancement in Spring 2008. Effective with the Fall 2008 System Enhancements, in order to reject a claim with these codes, or the new informational DF Message Code 1257, an ineligible DF Message Code must also be used. Claims rejected with only an informational DF Message Code will process through HPA but will not finalize in the BCBS system. Your FSU representative may contact you to correct these claims.

Please note this applies to claims rejected at the claim level.

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Fall 2008 Systems Enhancements (continued)

Split/Incremented Claims

Accounts will no longer be able to request split/incremented claims, with the exception of outpatient and professional claims that span multiple calendar years. This applies to both Illinois (Local) and BlueCard claims. This is a Blue Cross and Blue Shield Association mandate and no exceptions can be made.

SCP Re-Engineering Project – Soft Edits Update

As a part of the SCP Re-Engineering Membership Soft Editing capabilities (Soft Edits), a new field was added to the ETR3 layout in Fall 2007. Soft Edits allows BCBSIL to validate claim membership data submitted by providers without denying the claim for membership reasons. The Membership Record Indicator field indicates whether a full member match was found, no member match was found or multiple memberships were found.

Please note the ETR3 and HIPAA 837 positions for the Membership Record Indicator:

- Etr3-Clm-Memb-Rec-Edit, column 325
- HIPAA 837 Member Record Indicator – Segment K3/K301, field position 3

The following new **ETR3** fields are being added to further clarify what information, if any, BCBS altered on a claim prior to transmitting the claim to an account:

Column	ETR3 Field Name	Field Value(s)	Definition
326	Etr3-Clm-Memb-P-F-Name-Upd	Y/N	Patient first name updated
327	Etr3-Clm-Memb-P-L-Name-Upd	Y/N	Patient last name updated
328	Etr3-Clm-Memb-P-M-Name-Upd	Y/N	Patient middle name updated
329	Etr3-Clm-Memb-P-Sex-Upd	Y/N	Patient sex updated
330	Etr3-Clm-Memb-P-DOB-Upd	Y/N	Patient DOB updated
331	Etr3-Clm-Memb-P-SubID-Upd	Y/N	Patient SubID updated

The following new **HIPAA 837** fields are being added to further clarify what information, if any, BCBS altered on a claim prior to transmitting the claim to an account:

Segment/Field/Position	HIPAA 837 Field Name	Field Value(s)	Definition
K3/301/75	Memb-P-F-Name-Upd	Y/N	Patient first name updated
K3/301/76	Memb-P-L-Name-Upd	Y/N	Patient last name updated
K3/301/77	Memb-P-M-Name-Upd	Y/N	Patient middle name updated
K3/301/78	Memb-P-Sex-Upd	Y/N	Patient sex updated
K3/301/79	Memb-P-DOB-Upd	Y/N	Patient DOB updated
K3/301/80	Memb-P-SubID-Upd	Y/N	Patient SubID updated

Each field will be populated with either Y (Yes) or N (No) to indicate whether that field had been updated on the claim prior to transmission. Please note that accounts who have not begun to utilize the Soft Edit process will receive a value of N in each field.

This field is informational for electronic processing; however, it must be used by accounts when processing claims on HPA. In order for a corrected record to be sent to the Host Plan, the claims processor must update patient information on HPA for the above mentioned fields that have a Y value on the transmission record. The attached “Fall 2008 Enhancement Soft Edits HPA Screens” document identifies the HPA screens and fields that should be updated during claims processing.

Please see the attached updated ETR3 layout and HIPAA 837 layout.

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Fall 2008 Systems Enhancements (continued)

Line, Dollar and Unit Expansion

Blue Cross and Blue Shield Association will implement a Line, Dollar and Unit Expansion (LDUES) effective with the Fall 2008 System Enhancements. Reports or file layouts must be able to accommodate 999 service lines, 10 bytes in any dollar field (99999999.99) and 4 bytes in the unit field (9999). As a result, the following changes will be made:

● Inquiry Screen Changes

Several inquiry screens on IMNU will change to accommodate LDUES expansions. The new screens will be visible to any account accessing IMNU, but will not require any programming changes.

Please see the attached "Fall 2008 Inquiry Screen Changes" document for examples of each screen change.

● Inventory Report Changes

As a result of LDUES, the Illinois and BlueCard inventory reports, rEDI-link files RPT and BCB, will expand to accommodate the new dollar threshold. Please note this expansion will shift multiple field positions within the layout.

The RPT-Claim-Total-Charge field will expand from 9 characters to 11 characters, which will lengthen the full RPT report to 138 characters (from 136 characters.)

The BCB-Claim-Total-Charge field will expand from 9 characters to 11 characters, which will lengthen the full BCB report to 155 characters (from 153 characters.) Please see the attached updated RPT and BCB layouts.

● Financial Report Changes

Financial reports received via rEDI-Link files, DET (monthly financial report), BGR (weekly financial report) and PCL (weekly printable financial report) will expand to accommodate the new dollar and unit thresholds. Please note this expansion will shift multiple fields within the layouts.

The following fields on the BGR file layout will expand two characters: Days-Visits, Amount-Paid, ADP-Disc, Access-Amount, Net-Paid-Amount, COB-Rcvry-Amount and COB-Savng-Amount. The final filler field in the layout has been reduced to accommodate the expansions.

The following fields on the DET file layout will expand two characters: HCSC-Net-Clm-Amt and Clm-Paid-Amt. The final filler field in the layout has been reduced to accommodate the expansions. Please see the attached updated layout for the DET file and the BGR file, as well as the attached screen print highlighting the changes on the PCL printable report.

● ALIM Changes

To accommodate the line expansion to 999 service lines, the Adjudication Line Number (LIALM-Adjud-Ln-Num) field in the ALIM Request and ALIM Response areas have expanded from two to three characters.

For the "L2" request call to ALIM, Adjudication-Line-Number field will expand to three characters.

For the "L2" and "L3" response from ALIM, the ALM- Adjudication-Line-Number field will expand to three characters.

An updated ALIM copybook and data dictionary will be provided to accounts utilizing the ALIM process.

● File Layout Changes

Later this year, BCBSIL will offer both proprietary layouts (ETR3/EDF2) and the HIPAA 837 and HIPAA 835 layouts to exchange claim data with accounts. The HIPAA layouts will accommodate LDUES expansions effective in November; however, the current ETR3 layout does not have the capacity to accommodate all LDUES expansions. On the current ETR3 layout, the dollar fields can accommodate this expansion, but the service lines and unit field cannot. As a result, a manual workaround has been developed to accommodate claims with over 39 lines of service.

The unit field will expand and move to a new position on the ETR3 layout:

Current ETR3 Field Name	ETR3 Column	New ETR3 Field Name
Etr3-Svc-Units	1802	Etr3-Svc-Filler-Not-Used8
Etr3-Svc-Filler-Misc	1824	Etr3-Svc-Units

Please see the attached "Service Line Workaround" document for additional details regarding the manual workaround.

Additional training and information regarding the manual workaround will be available during an FSU-hosted webinar in mid-November. Webinar details will be communicated in mid-October.

For questions regarding the Fall 2008 Systems Enhancements, please contact your Marketing Support representative, or e-mail BCBS2008Enhancements@bcbsil.com.

Frequently Asked Questions for Fall 2008 Systems Enhancements

Q: Will the Units field on the Etr3 be signed or unsigned?

A: The Units field will expand from 3 bytes to 5 bytes and will move to a new position on the Etr3 layout. The field will remain signed, right justified and will be zero filled. For example, if a claim was currently transmitted with seven units, the Etr3-Svc-Units field would normally indicate "00G". After the expansion, the updated layout would indicate, "0000G" in the Etr3-Svc-Units field.

Q: Are there any changes to the Edf2 layout?

A: No, there are no changes to the Edf2 layout effective with the Fall 2008 System Enhancements.

Q: How will claims with over 39 lines of service be received?

A: Claims with over 39 lines of service, for any account not utilizing the HIPAA layouts, will be received via rEDI-Link in an LPP file or LPB file. These files will be transmitted daily to the Illinois production and BlueCard production rEDI-Link mailboxes. Both the LPP and LPB files will download to a printable report, the Individual Claims Summary (ICS).

Q: Is LCSL a function that needs to be added or programmed for an account?

A: LCSL is a claim processing system supported by BCBSIL and can be accessed via the BCBSIL mainframe. Additional instructions for LCSL will be available during the FSU training webinar in November.

Q: Will rejected claims originally processed on LCSL need to be resolved on LCSL?

A: Yes, a rejected claim that was originally processed on LCSL will need to be resolved on LCSL. LCSL has several edits which prevent most claims from rejecting; however, if a claim does reject, it will be included in the rejected claims summary the following day.

Q: Why will LCSL training occur in mid-November if the effective date for these changes is November 10th?

A: BCBSIL will host the training webinar just after the enhancements effective date, since accounts will not be receiving any claims over 39 lines of service prior to this date. As with HPA training for a new account, BCBSIL avoids scheduling trainings too far in advance of any effective dates.

Q: When should accounts use LCSL?

A: Accounts that have not converted to the HIPAA layouts should use LCSL to finalize or pend an Illinois (Local) claim with over 39 lines of service. They may also use it to pend a BlueCard claim with over 39 lines of service.

Q: Is the dollar field expansion to accommodate nine million or ninety-nine million dollars?

A: The dollar field expansion will accommodate \$99,999,999.99.

Q: Will updated HIPAA 835 documentation be provided to accounts?

A: Yes, HIPAA 837 and HIPAA 835 documentation was sent to accounts on September 9th. If an account did not receive the documentation, please request the updated documentation at BCBS2008Enhancements@bcbasil.com.

Q: Will accounts still finalize claims via HPA and ALIM?

A: BlueCard claims will continue to be finalized (paid or denied) via HPA or ALIM.

Q: If membership information is changed on a claim sent from a Host plan, how will this impact HPA?

A: The new Soft Edits fields, used to clarify which membership information was changed on a claim, will be used to update the information on HPA.

Q: What is the process for rejecting claims with the new informational DF Message Code?

A: The new informational DF Message Code 1257 should be used in place of DF Message Code 0291 when processing claims with a price negotiated with an out-of-state non-contracting provider. If an account wishes to fully reject one of these claims, an Ineligible Reason Code should be used in addition to the informational DF Message Code.

SCP Re-Engineering Project Update

Soft Edits

Membership soft editing on SCP claims is now available for all accounts with current membership data on the BCBSIL system. Many accounts are making the required membership file updates to take advantage of these new edits. Account Management will contact each account to discuss their readiness for membership file testing.

HIPAA 837/835 File Formats

SCP accounts can begin converting to HIPAA 837 and 835 formats. These conversions may be phased in based on an account's technical capabilities. Companion guides and mapping documents for both file formats have been distributed to all accounts. Please contact Account Management if you have not received the documentation.

HIPAA Electronic Inquiries

Beginning this fall, a new value-added feature will allow BCBSIL to assist accounts with Blue Cross and Blue Shield Association mandated responses to electronic inquiries from providers. Please note these electronic responses will include a disclaimer indicating they are not a guarantee of coverage.

This enhancement will include eligibility, benefit and accumulator inquiries.

Responses to *eligibility* inquiries will be based on membership information that is housed on the BCBSIL system once an account has made their changes for the Soft Edits project. BCBSIL began responding to these inquiries on behalf of SCP accounts in September.

Responses to *benefit* inquiries will be based on benefit information that is housed on the BCBSIL system. Accounts have been asked to provide current benefit information (SPDs or Plan Benefit Booklets) for loading. BCBSIL will begin responding to these inquiries on behalf of SCP accounts in November.

Responses to *accumulator* inquiries will be based on accumulator information that is housed on the BCBSIL system. Accounts will be required to transmit frequent electronic data files to BCBSIL with accumulator information for all members. File layout details will be provided in November and BCBSIL will begin responding to these inquiries in December.

Please contact your Account Management representative or e-mail BCBS2008Enhancements@bcbsil.com with any questions.

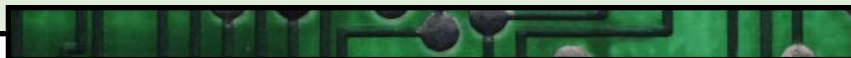


New Marketing Support Staff Member



Noah Moran joined the Marketing Support team in July 2008. Noah obtained his Bachelor of Science degree from Indiana University and has completed internships in both marketing and communications. Most recently, he spent several years at Charles Schwab where his responsibilities included direct client contact and Sales support.

Noah is a native of Evansville, Indiana and recently relocated to the Lincoln Park area.



Provider Inquiries Reminder

Please direct providers to contact BCBSIL at (800) 972-8088, which is the dedicated customer service number for all provider inquiries. Providers should not be directed to call Group Benefit Specialists in the Full Service Units.

BCBSIL Systems Support Information

Mainframe Hours

This includes HPA, ALIM, LCSL, IMNU and TRMN:

- Monday through Friday:
7:00 a.m. - 11:45 p.m. (CST/CDT)
- Saturday: 7:00 a.m. - 3:30 p.m. (CST/CDT)
- Sundays and Holidays: Not available

As a general rule, clients should contact their Marketing Support representative if they plan to work on Saturday. BCBSIL frequently performs file conversions and production moves on weekends that may affect mainframe system availability.

rEDI-link Availability

Disposition Files:

rEDI-Link is available to transmit disposition files any time. The processing of these files depends upon the time they are sent.

- Files sent before 10:00 p.m. (CST/CDT) will be processed the next business day.
- Files sent after 10:00 p.m. (CST/CDT) will be processed the second business day.

Transmission Files:

Transmission files are sent by BCBSIL via rEDI-Link Monday through Saturday, and are received by clients Tuesday through Saturday morning by 6:00 a.m. (CST/CDT), and in the evening on Sunday.

Help Desk Support Hours

Phone Number: (877) 242-1369

- **Full Support:** Monday through Friday,
7:00 a.m. - 10:00 p.m. (CST/CDT)
- **Limited Support:** Before/after hours listed above, Saturday, Sunday and BCBSIL Holidays



2008 Blue Cross and Blue Shield of Illinois Holidays

- Thanksgiving Day – November 27
- Day after Thanksgiving – November 28
- Christmas Eve – December 24
- Christmas Day – December 25

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