

ANSI Level 1 and 2 Self-Testing Procedures

The information below details the new self-testing process. You may contact service staff at (423) 535-5717 or via e-mail at ecomm_techsupport@bcbst.com if you have questions during testing.

Level 1 Testing – Web Tool (HIPAA Compliance)

The first level of testing ensures the transaction submitted is HIPAA compliant. BlueCross BlueShield of Tennessee developed a testing tool that is available on the company Web site, which assists testers in evaluating HIPAA compliance for ANSI transactions.

To begin the testing process, go to the BlueCross BlueShield of Tennessee Web site at www.bcbst.com and choose the "HIPAA Compliance Self-Testing" option on the Provider page. Select the "Ready to Start Testing" option. Complete and submit the "Testing Registration Form." A reply will be returned, once the registration form is received, 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 as a 'favorite' on your Web Browser for future reference.

Click on the Web tool testing link in your reply message or go to http://www.bcbst.com/providers/docs/ecomm/tech_info.shtm to begin testing via the Web tool.

Once you have received the link to the compliance tool, you may submit tests at your convenience. Detailed instructions on how to use the tool will be supplied to you after submitting the "Testing Registration Form" or may be downloaded from http://www.bcbst.com/providers/docs/ecomm/tech_info.shtm. It is important that transactions submitted using the compliance Web tool:

- Be less than one megabyte in size
- Include 20-50 claims
- Must NOT include actual provider or member identifying data
- Must NOT include actual patient Protected Health Information (PHI)
- Should be an accurate representation of the types of claims typically submitted by your 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 your file is error free. Once the file is error free, you are ready to proceed to the next level of testing.

Level 2 Testing – Certification (Pre-Adjudication Edits)

To continue testing at the Certification level, an Electronic Profile Form must have been completed indicating your desire to transmit using the HIPAA compliant ANSI format. Submitters must have been assigned a User ID and ANSI file name for the EC Gateway Bulletin Board System (ECG). If you are not

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certain this has been done or need to get your access information to proceed, please contact the eBusiness Service Center at (423) 535-5717 or via e-mail at ecomm_sysconfig@bcbst.com.

When testing from the Web tool, select the “Click to advance to Level 2 Testing” button. Review and/or print the documents from the links supplied. These detail how to send files and retrieve files/reports via the ECG, Electronic Commerce Receipt Confirmation Reports, 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 should be submitted to the ECG using an ECG User ID and an ANSI X12 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

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 mailbox to be downloaded. An additional detailed 997 FA is also generated outlining level 3 and 4 errors, if original 997 is accepted. Level 3 and 4 errors relate to balancing and situational requirements. The detailed 997 re-envelopes claims in individual transaction sets and will retain the original transaction set control number for the first claim at each set. If a 997 has not been generated and distributed to your mailbox within two hours of file transmission, the file should be reviewed for possible errors, corrected if needed, and resubmitted.

The 997 FA should be retrieved (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, Rejected or Partially Accepted. An example AK9 segment follows; with the **A** indicating this file passed compliance and was accepted. Example: AK9***A***3*3*3. For more information on the 997 FA transaction, please refer to the ANSI X12 Implementation Guide. If the 997 FA shows the file rejected, or was partially accepted, compliance errors must be corrected and the file should be resubmitted via the ECG. A “rejected” file should be corrected and resubmitted. Only the rejected portion of a “partially accepted” file should be corrected and resubmitted.

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Compliant claims (those generating an accepted or partial compliant accepted 997 FA) will continue through the Certification process. Test transactions received before 4 p.m. (EST) will be processed that business day. Files received after 4 p.m. (EST) will be processed the following business day. During the certification process, the claims will be validated against the front-end business and pre-adjudication edits. The results of this processing will be reported on the EM735/EM745 Certification Report, which will be distributed to the submitter's ECG mailbox after 1 p.m. (EST) the following business day. These reports should be retrieved (downloaded) and reviewed. 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% acceptance rate, the testing process is complete. If the Certification Report does not reflect the 20 accepted claims/95% acceptance rate, the rejected claims must be corrected, the test file resubmitted, and the certification testing should continue until these goals are reached.

Going 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 (http://www.bcbst.com/providers/ecommm/HIPAA/registration_forms/reg_production.asp). Submitting this form ensures the necessary setup for production transmission is completed.

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.

Once the "Production Ready Form" is submitted, you should receive confirmation from BlueCross BlueShield of Tennessee in three to five business days that you may begin transmitting production ANSI files.

Once approved for production, it is vital all files and reports are retrieved and reviewed on a timely basis to ensure cash flow is not adversely affected by rejected transmissions/claims.

If you have any questions regarding the self-testing procedure or need help with correcting rejected claims encountered in your test data, contact the eBusiness Service Center at (423) 535-5717 or via e-mail at ecommm_techsupport@bcbst.com.