

SECTION 2 - TAPE AND CARTRIDGE SUBMISSION PROCEDURES

<u>TITLE</u>	<u>PAGE</u>
TAPE AND CARTRIDGES	
EXTERNAL LABELING INSTRUCTIONS	2.2
ROUTING INSTRUCTIONS	2.3
EXTERNAL LABEL - EXAMPLE	2.3
RETURN OF TAPES/CARTRIDGES	2.4
RECORD LENGTH	2.4
BLOCKING REQUIREMENTS FOR TAPES/CARTRIDGES	2.4
NUMERIC FIELDS	2.4
CHARACTER FIELDS	2.4
DATE FIELDS	2.4
MAGNETIC TAPE/CARTRIDGE SPECIFICATIONS	2.5
TAPE RESPONSE FILE SAMPLE	2.6
NOTIFICATION OF FAILURE TO PROCESS	2.7
IBM STANDARD LABEL FORMAT	2.8

TAPES AND CARTRIDGES

- EXTERNAL LABELING INSTRUCTIONS

Tapes and cartridges must have external labels containing the following information:

- Submitter ID (AA0-02.0)

This number is supplied to billing services and submitters by Provider Automation. Otherwise enter Provider ID.

- Submission Number (AA0-05.0)

The file ID contained in AA0-05.0. Must be unique for each file submitted. Must be 6 alpha-numeric. Cannot contain blanks.

- Submitter or Provider Name (AA0-06.0 or BA0-18.0 or 19.0 and 20.0)

If the file submission is from a billing service or submitter, the name must be given. Otherwise, give the name of the Provider.

- EMC Provider ID (BA0-02.0) - Applies only if Receiver Type Code is "C" or "G." This field is desirable for all receivers. Usually will be the provider's Medicare number.

Enter the EMC Provider IDs numbers from the batches on the file.

- Test/Production Indicator (AA0-21.0) - Applies only if Receiver Type code is "C," "F" or "G."

Designation of the type of file submission.

- TEST - a file submitted for testing
- PROD - a file submitted for payment

- Creation Date (AA0-15.0)

Date the file was created by the submitter.

- Return Address

Name and address of the person to whom the tape or cartridge is to be returned. Although a phone number is not required, it can be helpful.

- ROUTING INSTRUCTIONS

- Mail tapes and cartridges to:

- Provider Automation - Control Clerk
2-R-South, Extension 6312
Blue Cross and Blue Shield of Texas
P. O. Box 655924
Dallas, Texas 75265-5924

- Deliver tapes and cartridges to:

- Provider Automation
2-R-South, Extension 6312
Blue Cross and Blue Shield of Texas
901 South Central Expressway
Richardson, Texas 75080

RETURN LABEL EXAMPLE:

<u>S00001</u> Billing Service ID	<u>ELECTRONIC CLAIMS, INC.</u> Billing Service Name or Doctor/Supplier Name
<u>9999</u> Dr/Supplier #	<u>TEST</u> Type
<u>123456</u> File ID	<u>10/01/97</u> Creation Date
DOCTORS' CLINIC 101 MAIN ST.	CONTACT: SUE SMITH 972/555-1212

- RETURN OF TAPES/CARTRIDGES

Tapes and cartridges will be mailed back to the submitter within a week of the date in which it was received.

Accepted physical media will be returned with a Response File in report format. Accepted and rejected files/batches/claims will be listed on the report. See sample on page 2.6

Rejected physical media will be returned with a Notification of Failure to Process. See sample on page 2.7

- RECORD LENGTH

All tape/cartridge records are 320 characters in length.

- BLOCKING REQUIREMENTS FOR TAPES/CARTRIDGES

Minimum Blocking Factor - 25

Minimum Block Size - 8,000

Optimum Blocking Factor - 102

Maximum Block Size - 32,640

- NUMERIC FIELDS (DESIGNATED BY N)

Numeric fields are to be unpacked, unsigned, zero filled and right justified.

Money fields assume two decimal positions.

- CHARACTER FIELDS (DESIGNATED BY X)

Character fields will be blank filled and left justified.

- DATE FIELDS

Must be valid date in CCYYMMDD format or blank filled.

- **MAGNETIC TAPE/CARTRIDGE SPECIFICATIONS**

Since media drives have different sensitivities, new, NOT RE-CERTIFIED tapes/cartridges should be used. General requirements for magnetic tape/cartridge claim submission are:

- IBM Standard Label - See sample on page 2.8 for layout
- EBCDIC

MAGNETIC TAPE SPECIFICATIONS

- 1600 or 6250 BPI
- 9 Track
- Odd Parity

CARTRIDGE SPECIFICATIONS

- 1/2"
- IBM 3480 Compatible
- Compressed or Uncompressed

TAPE RESPONSE FILE SAMPLE

rEDI-link Blue - Claim Acceptance Response

Response Date:1997/05/08 Response Type: INITIAL Response Time: 07:43:42

SENDER: XCLR00 TEXAS HEALTH INFORMATION NETWORK
PAYER: C00900 TEXAS - MEDICARE 'B' Format: NSF

SUBMITTER ID: SSSSSS FILE ID: 001488 Status: REJECTED/PROD
Total Claims: 97 Charges: \$11,415.07
Claim Rejects: 97 Charges: \$11,415.07
I MSG-194 FILE-TOTAL-CHARGES *SUM=11,415.07 *TRAILER=9,918.07 ZA0
R MSG-190 FILE OUT OF BALANCE ZA0

PROVIDER ID: 00AAAA BATCH ID: 001488 Status: REJECTED/PROD
Total Claims: 87 Charges: \$9,760.07
Claim Rejects: 87 Charges: \$9,760.07
I MSG-294 BATCH-TOTAL-CHARGE *SUM=9,760.07 *TRAILER=9,918.07 YA0
R MSG-290 BATCH OUT OF BALANCE YA0

PATIENT: MURPHY DOROTHY PCN: 023650100874 STATUS: REJECTED
INSURED: ID: 123456789A

First DOS: 1997/02/23 Charges: \$0.00
R MSG-337 INVALID DATE (CCYMMDD) IN FIELD=EA0.07.0 EA0
R MSG-337 INVALID DATE (CCYMMDD) IN FIELD=FA0.05.0 FA0
R MSG-337 INVALID DATE (CCYMMDD) IN FIELD=FA0.05.0 FA0
I MSG-394 CLM-TOT-CHARGE * SUM=0.00 * TRAILER=158.00 XA0-12
R MSG-390 CLAIM OUT OF BALANCE XA0

PATIENT: MILLER LARRY PCN: 12345678901 STATUS: ACCEPTED
INSURED: ID: 234567891A

First DOS: 1997/03/15 Charges: \$412.00
W MSG-658 PURCHASED TEST CHARGE AMOUNT MISSING >Missing< FB0-05
W MSG-673 PROC. REQUIRES REFERRING PROV. INFO > (94060-26-) FA0-09(01

PROVIDER ID: 00BBBB BATCH ID: 001488 Status: ACCEPTED/PROD
Total Claims: 10 Charges: \$1655.00
Claim Rejects: 0 Charges: \$0.00

END OF REPORT

NOTIFICATION OF FAILURE TO PROCESS
10/01/97

NOTIFICATION OF FAILURE TO PROCESS	
THE ENCLOSED MEDIA WAS NOT ACCEPTED FOR PROCESSING FOR THE FOLLOWING REASON.	
ECS	
	DAMAGED REEL
	BENT DISKETTE
	DAMAGED SELF LOADER
	CREASED TAPE
	NO IBM STANDARD LABEL
	FIRST RECORD NOT HEADER
	INVALID BLOCK SIZE
	EMPTY FILE
	UNBLOCKED TAPE
	DATA AND/OR EQUIPMENT CHECKS; MEDIA UNREADABLE
	DATA NOT WRITTEN IN EBCDIC
MEDIA TYPE:	
_____	MAGNETIC TAPE
_____	CARTRIDGE

