

BCBSM V5010 Acknowledgements

1) Downloading Output Files (999, 277CA, R277, 835)

- You must retrieve your file from your outbound folder if your vendor is not scripted.
- You should verify with your software vendor prior to deleting or renaming files.
 - You must retrieve your files in the outbound folder and move them to a yearly/annual folder on your computer if you are not scripted.
 - Since the file names are reused each calendar year, if they are not downloaded and organized by year, they will overwrite the previous year(s) file(s).
- Subsequent files placed in the outbound folder that were previously deleted for that Julian date, will have the same original file naming convention (999P) (Julian date) (Sequence) if additional files are distributed. This applies to all outbound files.

Meaning, the first in a series report for April 25 would be: 999P116. If multiple reports or transactions are returned to a submitter for one date, and have not been deleted, the additional sequence would be _1, _2, _3 and so on.

- For example, the first or only 999 returned to the submitter for April 25 would show as: 999P116.
- If **multiple** reports are returned to a submitter for one Julian date and have not been deleted, the sequence would be 999P116, 999P116_1, 999P116_2, 999P116_3, and so on.
- If the file is deleted before the next one is sent to the outbound folder having the same Julian date as a previous file, the deleted file naming convention will repeat as if the original files were never there. For example:
 - 999P116, 999P116_1 but were deleted before the third 999 is loaded, the third 999 would appear as 999P116. It would **not** show as a 999P116_2 as may be expected.

2) Acknowledgment for Health Care Insurance (999) Version 5010

When claim files are submitted electronically, BCBSM EDI returns a 999 functional acknowledgement as the first level of response. The 999 acknowledges receipt of the files and indicates whether the files are **A**ccepted, **R**ejected, **P**artially accepted, or **E** accepted with errors. Submitters will receive an accepted 999 acknowledgement if the entire transaction is without errors. Submitters will receive a rejected or partially rejected 999 acknowledgment if:

- BCBSM EDI rejected interchanges, functional groups or 837 transactions that did not follow all HIPAA TR3 requirements.

Please note: if an entire transaction is rejected, claims included in the transaction will not be processed. These transactions must be corrected and resubmitted

Detailed instructions on the structure and interpretation of the 999 are located in Appendix B of all HIPAA Implementation guides (TR3) available from www.wpc-edi.com/.

For additional information about reading 999 transactions, please contact your software vendor. Most software vendors have programmed this transaction into a report that advises you how to interpret the information. Some software vendors may have scripted your files to route to a designated landing page for your review.

BCBSM returns 999 transactions using the naming convention of: (999P) (Julian date) (Sequence).

Meaning, the first in a series report for April 25 would be: **R277CAH116**. If multiple reports or transactions are returned to a submitter for one date, the additional sequence would be **_1, _2, _3** and so on.

- For example, the first or only 999 returned to a submitter for April 25 would show as: **999P116**.
- If **multiple** reports or transactions are returned to a submitter for one date, and have not been deleted, the sequence would be: **999P116, 999P116_1, 999P116_2, 999P116_3**, and so on.
- If the file is deleted before the next one is sent to the outbound folder having the same Julian date, the deleted file naming convention will repeat as if the original files were never there. For example:
 - **999P116, 999P116_1** but were deleted before the third 999 for the day is loaded, the third 999 would appear as **999P116**. It would **not** show as a **999P116_2** as may be expected.


999 Examples:

The following 999 Acknowledgment is an example of an accepted file.

An **A** in the AK9 is accepted without errors.

An **E** is accepted with errors. To avoid rejecting the entire file, these errors are reported in the 277CA.

```
ISA*00* *00* *ZZ*RECEIVERID*ZZ*SENDERID*041117*1024*^*00501*000000286*0*P* :~
GS*FA*RCVR*SNDR*20041117*1024*287*X*005010X231~
ST*999*2870001*005010X231~
AK1*HC*17456*005010X222~
AK2*837*0001~
IK5*A~
AK9*A*1*1*1~
SE*6*2870001~
GE*1*287~
IEA*1*000000286~
```



File accepted without errors

The following 999 Acknowledgment provides a sample of the various responses available.

The first example shows the IK5 with an **A** (the transaction is accepted).

The second example shows the IK5 with an **R** indicates a transaction level rejection.

The **P** listed in the AK9 indicates a part of this file was accepted, while another part was rejected. If a **P** is found at the AK9 level, the rejected transactions can be found by locating the IK5 with an **R**.

```

ISA*00*  *00*  *ZZ*(BCBSM ID)*ZZ*(SubmitterID)*110418*1623*^*00501*108136266*0*T*:
GS*FA*(BCBSM ID)*0003000*20250418*1623*108136393*X*005010X231A1
ST*999*0001*005010X231A1
AK1*HC*683*005010X224A2
AK2*837*0683*005010X224A2
IK5*A
AK2*837*0684*005010X224A2
IK3*HI*21*2300*8
CTX*CLM01:2235057

IK4*3:1*1270*2
IK5*R*5
AK9*P*2*2*1
SE*11*0001
GE*1*108136393
IEA*1*108136266
    
```

Transaction accepted

Transaction rejected

File partially accepted

3) 999 FUNCTIONAL AKNOWLEDGEMENT

In the example below, the data received from submitter C0XXX for GS control # 507, ST Control # 0001 was rejected.

ISA*00* *00* *ZZ*382069753 *ZZ*C0XXX *382069753*0045**00501*000000001*0*P*~
GS*FA*382069753*C0XXX*20110729*0045*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*507*005010X222A1~ (GS Control Number from Original Input)
AK2*837*0001*005010X222A1~ (ST Control Number from Original Input)
IK3*CLM*20*2300*8~ (Error Identification) (Segment ID Code*Line# in Error*Loop ID*Error Code)
CTX*CLM01:123456789~ (Data that triggered the situational requirement in the IK3)
IK4*2*782*1~ (Errors in a data element) (Element position*Element reference no*Error code)
IK5*R*5~ (TRANSACTION A – Accepted) (E – Accepted w/Errors) (R – Rejected entire batch will need to be resubmitted)
AK9*R*1*1*0~ (GROUP A – Accepted, E – Accepted w/Errors, P – Partially Accepted, R – Rejected)
SE*6*0001~
GE*1*1~
IEA*1*000000001~

TA1 Interchange Acknowledgements

Similar to the 999, a TA1 Interchange Acknowledgement is used to reply to an interchange or transmission. This acknowledgement provides the capability for the receiver to notify the sender of problems that were encountered in the interchange control structure and verifies the envelope information. BCBSM may also use a TA1 to identify duplicate files or other file level rejections. Refer to Appendix A and B of the ANSI ASC X12N HIPAA TR3s for additional terminology, summaries and format information for the TA1 Interchange Acknowledgement.

The TA1 verifies the envelopes only. It is a single segment and is transmitted without the GS/GE envelope structure.

Interchange Acknowledgement (TA1) transactions are only provided for the following scenarios:

- An interchange will be rejected when a submitter identification number is not authorized for electronic submission.
- When an invalid sender ID is reported in ISA06 or ISA08.
- To identify interchange control structure errors.
- When the 837 file contains errors that prohibit further processing of the file.
- To identify duplicate interchanges.

TA1 example:

```
ISA*00*      *00*      *ZZ*123456789
*ZZ*123456789*120622*1005*{*00501*000000000*0*P*}>~
TA1*000000010*062212*1005*R*025~
IEA*1*000000000~
```

TA1 Segment

TA1*000000010*062212*1005*R*025~

This segment reports the status of processing a received interchange header and trailer.

The **TA101** contains the interchange control number. This should be the original interchange that this TA1 is acknowledging.

The **TA102** contains the date of the original interchange being acknowledged. The format is YYMMDD.

The **TA103** contains the time of the original interchange being acknowledged. The format is HHMM.

The **TA104** provides the Interchange Acknowledgement Code indicating the status of the receipt of the interchange control structure.

Possible codes in the **TA104**:

Code	Description
A	Interchange accepted with no errors.
E	Interchange accepted, but errors are noted. Sender must NOT resend this data.
R	Interchange rejected because of errors. Sender must resend data.

4) Health Care Claim Acknowledgments (277CA)

BCBSM EDI selected the ANSI ASC X12 277CA acknowledgement format to return notification of v5010 837 claim statuses. Accepted claims and claims receiving BCBSM EDI front-end edits are identified on either a 277CA transaction or 277CA report.

a) **277CA Transaction**

The 277CA transaction identifies which claims have edited and will not continue on for processing. The transaction is generally used by clearinghouses, software vendors or submitters with practice management systems that can translate the information into a human readable report. See [277CA Transaction Example](#).

b) **277CA Report**

In addition to, or in place of the 277CA transaction, BCBSM EDI returns a 277CA edit report. The report provides detailed information about claims that have received edits. The report also contains a summary of all accepted and rejected claims, together with the total charges. See [277CA Report Example](#).

c) **277x228CA Transaction and Report**

277x228 acknowledgements identify pended claims for Health Insurance Marketplace Advance Premium Tax Credit eligible members during the 31-90 day grace period of premium delinquency. The report and transaction format is very similar to R277CA and 277CAP files. See [277x228 Transaction Example](#) and [277x228CA Report Example](#)

The table below identifies the U277 and 277CA acknowledgement names as returned by BCBSM EDI. **Please note:** BCBSM will continue to return unsolicited (U277) reports for some payers, rather than v5010 277CAs. U277 reports will not contain 100% accountability of accepted and rejected claims - U277s only contain edit detail for rejected claims.

Transaction names	Description
277CAP	Transaction version for all payers
277x228	Health Care Claim Pending Status Information electronic transaction
Front-end edit report names	Description
COMMERCIAL_DPT	This acknowledgement will return only rejected claims. Please note not all Commercial Payers will return rejected claims.
R277CAK	Medicare Advantage - Professional and Institutional
R277CAC	All Commercial payers
R277CAA	Blue Cross Complete Professional
R277CAB	Blue Cross Complete Institutional
R277CAF	Blue Care Network
R277CAH	BCBSM Professional (includes FEP, Auto National, and NASCO/MOS)
R277CAD	Dental (FEP only)
R277CAI	BCBSM Institutional (includes FEP, Auto National, and NASCO/MOS)
R277CAN	Medicare Part A – WPS Part A
R277CAW	Medicare Part B – WPS Part B
R277CAM	Medicare Part B – DMERC
Pended claim report names	Identifies pended claims for Health Insurance Marketplace Advance Premium Tax Credit eligible members during the 31-90 day grace period of premium delinquency. Submitters may not see these reports returned on a daily or weekly basis:
R277CAE	BCBSM Professional
R277CAG	BCBSM Institutional
R277CAJ	Blue Care Network Professional
R277CAQ	Blue Care Network Institutional
Informational report names	Prior to implementing new edit rejections, BCBSM may issue informational edits for a short period of time. These two reports will only be distributed when informational edits are active. Submitters will not see these reports returned on a daily or weekly basis:
R277CAX	Professional informational edits
R277CAZ	Institutional informational edits

The report and transaction use the naming convention of: ([Report/File Name](#)) ([Julian date](#)) ([Sequence](#)).

Meaning, the first in a series report for April 25 would be: 999P116. If multiple reports or transactions are returned to a submitter for one date, and have not been deleted, the additional sequence would be _1, _2, _3 and so on.

- For example, the first or only 999 returned to the submitter for April 25 would show as: 999P116.
- If **multiple** reports are returned to a submitter for one Julian date and have not been deleted, the sequence would be 999P116, 999P116_1, 999P116_2, 999P116_3, and so on.
- If the file is deleted before the next one is sent to the outbound folder having the same Julian date as a previous file, the deleted file naming convention will repeat as if the original files were never there. For example:
 - 999P116, 999P116_1 but were deleted before the third 999 is loaded, the third 999 would appear as 999P116. It would **not** show as a 999P116_2 as may be expected.

Submitters should contact their software developers and inquire about whether they will receive their edit information via the transaction file or report.

Submitters who transmit claims via a clearinghouse other than BCBSM may receive their responses in files with names different from those noted above. Consult with your clearinghouse for a list of file names.

If electronic claims are submitted and your 277CA file (or report) is not downloaded and reviewed, you will not be aware that your claims have edited. It is very important that providers have the ability to download these files.

To understand more about the 277CA, please refer to the Technical Report Type 3 Implementation Guide. TR3s can be purchased from the Washington Publishing Company (WPC) <http://www.wpc-edi.com>². Copies of the Claims Status Category Codes and the Claim Status Codes are available from WPC at no charge.

Distribution Cycle:

TA1 / 999	Monday – Saturday Sunday	Hourly, 6AM-8PM* Hourly 6AM-3PM**
277CA transactions	Monday – Saturday Sunday	8:00 PM 1:00 PM
277CA reports	Monday – Saturday Sunday	10:00 PM 5:00 PM
Other payer 277CA reports	Daily	Distributed upon receipt

* After 8PM, the TA1 / 999 will be generated the following day at 6AM.

** After 3PM, the TA1 / 999 will be generated the following day at 6AM.

277CA Transaction Example

ISA*00* *00* *ZZ*123456789 *ZZ*C0xxx *120607*1643*^*00501*000000132*1*P*::~
 GS*HN*123456789 *C0xxx*20120607*1643*2321*X*005010X214~
 ST*277*0081*005010X214~
 BHT*0085*08*277X2140001*20120607*1643*TH~
 HL*1**20*1~
 NM1*AY*2*BCBSM EDI*****46*00710~
 TRN*1*0001~
 DTP*050*D8*20120607~
 DTP*009*D8*20120607~
 HL*2*1*21*1~
 NM1*41*2*(Submitter Name)*****46*(Submitter ID)~
 TRN*2*1~



STC*A1:19*20120607*WQ*2490~

File accepted at the Information Receiver (Submitter) level

QTY*90*7~

Total claims accepted (7). HINT: If a QTY*AA* segment were also present, it would indicate the total claims rejected

AMT*YU*2490~

HL*9*2*19*1~

NM1*85*2*(Billing Provider Name)*****XX*(Billing Provider NPI)~

TRN*1*0~

STC*A1:19**WQ*125~

File accepted at the Billing Provider level. HINT: 'WQ' present in the STC segment indicates acceptance

QTY*QC*1~

AMT*YY*125~

HL*10*9*PT~

NM1*QC*1*(Patient Last)*(Patient First)****MI*(Contract #)~

TRN*2*001000439011~

STC*A3:164*20120607*U*125~

File rejected at claim/patient level. HINT: 'U' present in the STC segment indicates rejection

DTP*472*RD8*20111004-20111004~

SE*60*0029~

GE*25*2321~

IEA*1*000000132~

277CA Report Example

The following is an example of a 277CA report as it is delivered to the trading partner from BCBSM, in a format that is easy to read. **This example is not for the same claim data shown in the transaction example above.**

BLUE CROSS BLUE SHIELD OF MICHIGAN - HIPAA 5010																															
RUN DATE: 04-16-2012		277CA UNSOLICITED RPT		PROFESSIONAL		TIME: 22:05:50																									
MSGFLW_277CA				PAGE: 000001																											
PAYER ID: 00710																															
SUBMITTER ID: C0xxx																															
NAME: PROVIDER		SUB ETIN/TIN: C0xxx																													
NPI: 0000000000		SOP: BL																													
NAME: PROVIDER		TAX EIN: 123456789																													
MEMBER NBR		LAST NAME		FIRST NAME																											
PATIENT ACCOUNT NBR																															
TRACE NUMBER																															
SERV LN	SERV DATE		PROC CODE		ORIG CHG																										
REA ST CD	DESCRIPTION																														
AAA000000000		DUCK		DAFFY																											
ZZZYYYQQQ1234																															
CLAIM TOTAL CHARGES						130.00																									
A3 164	IL	P013	BCBSM OR BCN CONTRACT NUMBER IS INVALID																												
A3 164	IL	P615	CONTRACT PREFIX IS REQUIRED																												
001			K0001			130.00																									
A3 247	LINE INFORMATION																														
<table border="1"> <thead> <tr> <th>NPI</th> <th>TOTALS</th> <th colspan="2">-----ACCEPTED-----</th> <th colspan="2">-----REJECTED-----</th> <th colspan="2">---GRAND TOTAL---</th> </tr> <tr> <th>SOP</th> <th>NPI</th> <th>CLAIMS</th> <th>AMOUNT</th> <th>CLAIMS</th> <th>AMOUNT</th> <th>CLAIMS</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>BL</td> <td>0000000000</td> <td>9</td> <td>7,605.50</td> <td>1</td> <td>130.00</td> <td>10</td> <td>7,735.50</td> </tr> </tbody> </table>								NPI	TOTALS	-----ACCEPTED-----		-----REJECTED-----		---GRAND TOTAL---		SOP	NPI	CLAIMS	AMOUNT	CLAIMS	AMOUNT	CLAIMS	AMOUNT	BL	0000000000	9	7,605.50	1	130.00	10	7,735.50
NPI	TOTALS	-----ACCEPTED-----		-----REJECTED-----		---GRAND TOTAL---																									
SOP	NPI	CLAIMS	AMOUNT	CLAIMS	AMOUNT	CLAIMS	AMOUNT																								
BL	0000000000	9	7,605.50	1	130.00	10	7,735.50																								
<p>Summary of total claims accepted and rejected. Accepted claims did <u>not</u> receive a front-end edit.</p>																															

The Claim Status Category and Claim Status Codes on the report match what is shown in the STC segments of the 277CA transaction. They provide detail of the claim disposition.

Claims Status Category Code (www.wpc-edi.com)	A3	Acknowledgement/Receipt – The claim/encounter has been rejected. For a complete list of codes, visit Washington Publishing Company.
Health Care Claim Status Code (www.wpc-edi.com)	164	Entity's contract/member number. For a complete list of codes, visit Washington Publishing Company.
Entity Identifier Code (Defined in 277CA TR3)	IL	IL = Insured or Subscriber
Payer Edit Code	P013 P615	Proprietary to individual payers. Detail of edit is shown next to the code on the report

Line-by-line detail of the 277CA report information:

Report Fields	Description
BLUE CROSS BLUE SHIELD OF MICHIGAN – HIPAA 5010 277CA UNSOLICITED REPORT	This is the report name. The name includes one of the following to further describe the report, as applicable: Dental; Professional; Institutional, ValueOptions, WPS Part A; WPS Part B; CEDI DMERC, Commercial.
RUN DATE	Date the report was generated
PAGE	Page number of the report
PAYER ID:	This field will contain one of the following, depending on the entity that has issued the front end edit rejection: 00710: Professional (includes BCBSM, BCN, Blue Cross Complete, FEP, and Medicare Adv.) 00210: Institutional (includes BCBSM, BCN, Blue Cross Complete, FEP, and Medicare Adv.) 382069753: Dental (FEP) D00111: Professional or Institutional (Medicaid) 08202: Professional (Medicare) 08201: Institutional (Medicare) 17013: DMERC (Medicare) Commercial insurance payer ID: See Commercial Payer list
The following information is returned from the originating inbound transaction BCBSM received from the trading partner.	
SUBMITTER ID	Submitter ID
NAME	Submitter Name
SUB ETIN/TIN	Submitter tax ID
NPI	Billing provider NPI
SOP	Source of payment BL=BCBSM HM=BCN, BCN Advantage and Blue Cross Complete CI=Commercial MA=Medicare A and Medicare Advantage MB=Medicare B, DMERC, Medicare Advantage and Medicare Advantage DME MC=Medicaid FI=FEP (Professional, Institutional and Dental)
NAME	Provider name
TAX EIN	Provider tax ID
MEMBER NBR	Subscriber contract number
LAST NAME	Patient last name
FIRST NAME	Patient first name
PATIENT ACCOUNT NBR	Trading partner assigned patient account number
TRACE NUMBER	Claim number or document number assigned by clearinghouse
SERVLN	Service line number
SERV DATE	Date of service
PROC CODE	Procedure code
ORIG CHARGE	Line item charge
REAST CD	Claim adjustment reason codes (see Claims Status Category and Claim Status Codes description on report example)
DESCRIPTION	Payer edit code and edit description
The following information is the submitter summary and grand total sections of the report.	
NPI TOTALS	Breakdown by billing provider NPI
ACCEPTED / Claims and Amount	Total number of ACCEPTED claims and total charges of ACCEPTED claims. No further action is needed from the provider for these claims.
REJECTED / Claims and Amount	Total number of REJECTED claims and total charges of REJECTED claims
GRAND TOTAL	Total number of claims and total charges for ALL accepted and rejected claims
SOP	Breakdown by source of payment

277x228 Transaction Example

277x228CA
pended claim
transaction

ISA*00* *00* *ZZ*123456789 *ZZ* C0xxx *140315*1643*^*00501*000000132*1*P*::~~
GS*HN*123456789* C0xxx*20140315*1643*2321*X*005010X228~
ST*277*0081*005010X228~

BHT*0085*08*277BCBSMPEND*140315*1643*NO~

HINT: 'NO' indicates the transaction is a Notice

HL*1**20*1~

NM1*PR*2*BCBSM NASCO*****PI*00710~

Identifies the payer issuing the notice

HL*2*1*21*1~
NM1*41*2*BCBSM EDI DEPARTMENT*****46*382069753~
HL*3*2*19*1~
NM1*1P*2*(Billing Provider Name)*****XX*(Billing Provider NPI)~
HL*4*3*PT~

NM1*QC*1*(Patient Last)*(Patient First)*****MI*(Contract #)
TRN*1*(Claim Control Number)~

Claims for this patient are in pended status

STC*P5:734*140316**110~

P5:734 present in the STC segment indicates 'Pending – verifying premium payment'

REF*EJ*(Patient control number)~
REF*D9*(Claim number)~
DTP*472*D8*(Service date)~
DTP*050*D8*(claim accepted date)~
SE*17*0007~
GE*2*601~
IEA*1*000000601~

277x228CA Report Example

Example of a 277x228CA report as it is delivered to the trading partner from BCBSM.

BLUE CROSS BLUE SHIELD OF MICHIGAN - HIPAA 5010		
RUN DATE: 01-06-2014	277CA UNSOLICITED RPT Prof BCBSM - Pend	TIME: 10:25:18
SGFLW_277CA	PAGE:	1
PAYER ID: 00710	SUB ETIN/TIN:	123456789
SUBMITTER ID: C0xxx	SOP: BL	
NPI: 0987654321		
NAME: PHYSICIAN OR PRACTICE NAME		
MEMBER NBR	LAST NAME	FIRST NAME
PATIENT ACCOUNT NBR		
CLAIM NBR		
TRACE NUMBER		
REA ST CD	DESCRIPTION	
AAA000000000	DUCK	DAFFY
ZZZYYYQQQ1234		
0000000000_5		
20140000000000000000		
CLAIM TOTAL CHARGES		145.00
P5 734	Pending - verifying premium payment	

The Claim Status Category and Claim Status Codes on the report match what is shown in the STC segments of the 277CA transaction. They provide detail of the claim disposition.

Claims Status Category Code (www.wpc-edi.com ³)	P5	Pending/Payer Administrative/System hold. For a complete list of codes, visit Washington Publishing Company.
Health Care Claim Status Code (www.wpc-edi.com)	734	Verifying premium payment. For a complete list of codes, visit Washington Publishing Company.
Claim Detail		Patient information and claim charges for pended claims.

³ BCBSM does not own or control this website.
BCBSM V5010 Acknowledgements