



**BlueCross BlueShield
Association**

An Association of Independent
Blue Cross and Blue Shield Plans

Information Technology Documentation

Blue² User Manual

Release 17.5

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Revision History

Date	Version	Description	Author(s)
06/23/17	1.0	<p>The entire manual was reviewed and updated based on current version of BlueSquared (17.5).</p> <p>Updates/Changes (links or R17.5 indication) for 17.5 made in following sections;</p> <ul style="list-style-type: none"> 1 – Getting Started 1.1 – About This Manual 1.2 – Reference Documents 1.3 – Starting Blue² 1.4 – Accessing CA 1.5 – Accessing CBF 1.6 – Accessing VBP 1.7 – Accessing PP 3.2.1 – Message Type Home 3.2.2 – Message Type Host 3.5 – State History 4.1 – Individual Mailboxes 4.2 – BOID Mailboxes 5.7 – Evaluate Adjustment Messages 8.7 – Global Fee Messages 8.15 – Claim Appeal Messages 8.19 – Adjustment Messages 13.1 – Test and Production defects 13.2 – BlueSquared Message Grid <p>Modified due to R17.5 Enhancement:</p> <ul style="list-style-type: none"> 6.2, 12.2, 12.4, 12.11-12.27 – Removed ‘alpha’ 3.2, 8.9 and 8.9.1 – BCBS Global Core change 8.10.1 – MRR 165 Home Plan Creates Message (Date Range required w/ CM and OT) 8.6 and 12.13 – General Inquiry (Status Update) 3.8 and 6.6 – Remote View for B2 Messages 3.2, 8.15 and 8.15.3 – Claim Appeal 8.1 and 13.2 – Claim Appeal Status 3.7, 3.7.1 and 3.7.2 – Handling Failed Messages (Terminate Retrying) <p>New due to R17.5 Enhancement:</p> <ul style="list-style-type: none"> 8.6.3 – GI Receiving Plan Provides Update 3.7.1.1 and 3.7.1.2– Exception and Retrying States 	AKD

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1. Getting Started

Welcome to BlueSquared, or Blue²®, which is the Blue Cross and Blue Shield Association's remotely deployed application suite that facilitates Inter-Plan business processes in real-time by providing common Plan services and Inter-Plan messaging services. The business objectives for Blue² are to improve provider satisfaction, facilitate operational excellence and increase speed to market for business solutions. The business processes currently supported by Blue² include the ability to:

- Request and respond to medical record and pre-existing information requests
- Send and respond to general inquiries and/or misrouted claims
- Transmit informational messages, miscellaneous attachments, COB questionnaires and Global Fee messages
- Create HIPAA claim status inquiries for Inter-Plan claims (both ITS and non-ITS)
- Perform listing searches by SCCF#, Subscriber ID Number and Format Type
- Generate and respond to Provider Quality Issues (PQI) and Case Specific Rate Negotiation (CSRN) requests
- Send and respond to Claim Appeal Requests
- Send Claim Appeal Misroute and Claim Appeal Status messages
- Send and respond to Escalation Requests
- View Blue² messages and ITS formats on another Plans' database
- Create, update and send Submission Formats, incorporating functionality that is currently supported via the ITS Online Entry and Correction (OEC) tool
- Create, update and send Disposition Formats, incorporating functionality that is currently supported via the ITS Home Plan Aid (HPA) Workstation
- Creating adjustment requests, responses and closeouts
- Selectively purge and restore transactions/messages from the Formats Database
- Transport Payment Innovation message types from Home Plans to Host Plans which include: Pre-service, Admission & Discharge, Case Management and Disease Management information
- With the optional Single Sign-On feature Plans will have the ability for a user to log in to a local application and access Blue² without being required to log in to Blue² separately. For additional details reference the [functional specifications](#) on BlueWeb.
- BlueSquared starting with [R15.5](#) will support Internet Explorer 11.
- Maintain and View Plan Profile (formerly ITCP) as of R16.0.
- Informational Message 182 will allow for attachments as of R16.5.
- Ability to retransmit ITS transactions as of R16.5.
- An approval process for selective purge.

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- **New with R17.5** Ability to terminate messages that are in 'Retrying' state.
- **New with R17.5** Ability to update a General Inquiry message without closing the message.
- **New with R17.5** Enhancements to the Claim Appeal messages, including three new reason codes.
- **New with R17.5** Date Range will be required on Medical Record Requests (165) when Medical Record Type is 'CM' or 'OT'.

Business functions coming in Release 18.0 release include;

- Modifications to the Guarantee of Payment General Inquiry Message (138).

The technical vision for Blue² is to be an extendible, flexible platform for services to support current and future Plan business requirements. The technical goal for Blue², in both the short and long term, is to ensure the best possible framework for integration with Plan systems.

1.1 About This Manual

This manual explains how to use Blue² release 17.5 and is intended for Plan staff. Functions and features that are new for release 17.5 are indicated by the phrase "**New with R17.5**" in bold face type throughout this manual.

The legend of additional color-coded references is provided below:

Fields to Fill-in	Message/Summary Section
Buttons to Click	Check Boxes
Names of Tabs	Radio Buttons
Drop Down Lists	File Summary Icon
Links	Search Results
Icons	

1.2 Reference Documents

Document	Description
Licensee Requirements Manual for Blue ² Release 17.5 is posted to the National	This document provides Plans with direction and guidelines on how to implement Blue ² into their local workflows,

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Programs Release 17.5 BlueWeb page.	processes, and applications.
The Inter-Plan Programs Manual is available on BlueWeb page 215 .	The Inter-Plan Programs Manual provides the rules, requirements and guidelines for Inter-Plan Programs.
Blue ² 17.5 Release Notes are posted to the National Programs Release 17.5 BlueWeb page.	This is a technical document which includes lists of enhancements, fixes to production defects and open variances.
A list of all Blue ² application messages is available via the Inter-Plan Data Model Documentation (metadata) site at http://blueweb.bcbs.com/metadata/ under the link for "Product-Specific" information.	Clicking on the Info Button at the upper right of the Blue ² screen also brings the user to this metadata, under the "Product-Specific" information link.
Online demonstration modules will be provided on the Metadata BlueWeb page ' Manuals '.	Online demonstration modules for all Blue ² show the functions, and then become interactive, giving the user a chance to get "hands-on" practice.
Claims Administration Manual located in Metadata within the 'Manuals' section.	This document provides detailed information regarding all of the capabilities that are available through this application. This includes step by step instructions on how to perform all of the features.
Adjustment User Manual located in Metadata within the 'Manuals' section	This document provides detailed information regarding how to create Adjustment Requests/Responses and Cancel Adjustment Requests/Responses. This includes step by step instructions on how to perform all of these functions.
CBF User Manual located in Metadata within the 'Manuals' section	This document provides detailed information regarding all of the capabilities that are available through this application; this includes the features that are available through the CBF and Value Based Programs options.
Plan Profile User Manual located in Metadata within the 'Manuals' section	This document provides detailed information regarding all of the capabilities that are available through this application. This includes step by step instructions on how to perform all of the features.

1.3 **Starting Blue²**

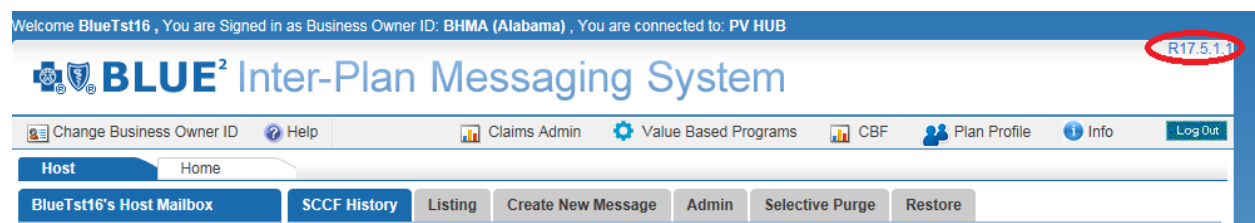
This section describes how to log on to Blue². Please contact your Blue² System Administrator or your Plan's Help Desk for your Login ID and Password.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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1. Type your user name in the User Name field.
 - Your user name is not case-sensitive at the log-in screen. Please ensure that you use the same user name each time you login to Blue² as this will impact the items you receive in your mailbox if your Plan has chosen to use this feature. See [Case Sensitivity](#) for additional details.
2. Type your password in the **Password** field.
3. Click **Login**.

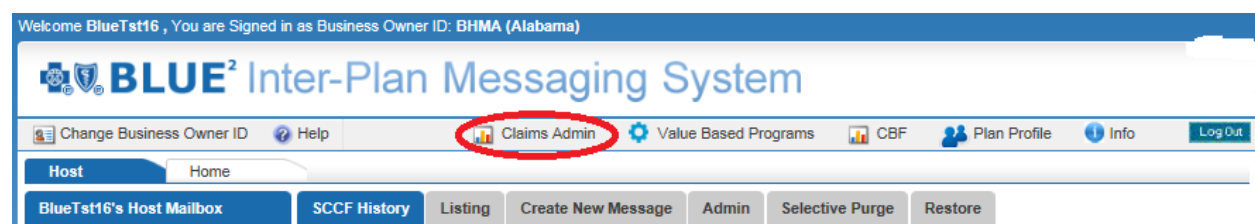
Blue² will open as shown below. The “Admin” tab will only appear if the user's security role includes administrative capability. This administrative capability is described in detail in section 5 of this user manual. The ‘Selective Purge’ and ‘Restore’ tabs will only appear if the user's security role includes purge and restore capability. Selective Purge capabilities are described in detail in section 9 of this user manual. Restore capabilities are described in detail in section 10 of this user manual.



The software version number appears in the upper right corner of every screen.

1.4 Accessing Claims Administration

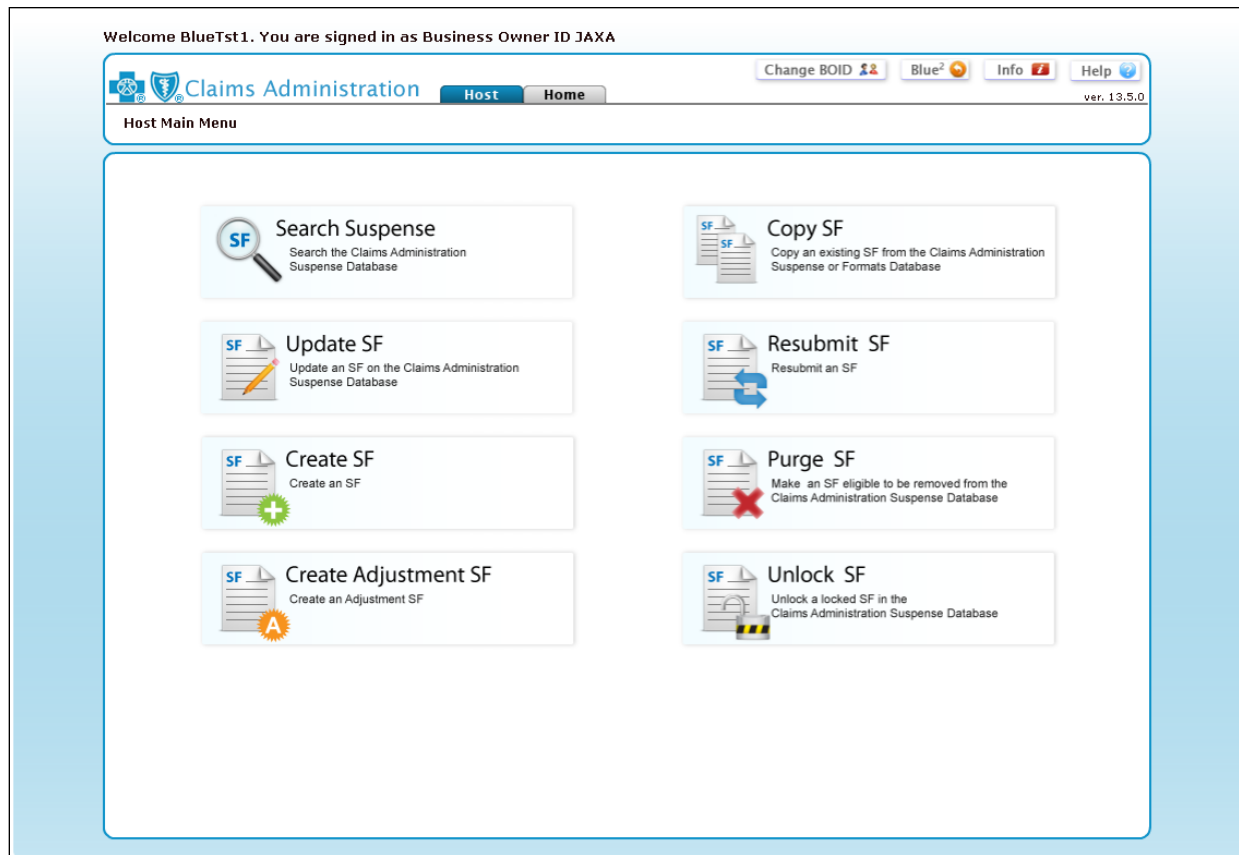
To access the Claims Administration application from Blue², select the Claims Admin button on the application header. The "Claims Admin" button will be displayed only if Claims Admin is enabled and the user has the appropriate security role to access Claims Admin.



The Claims Administration application will appear.

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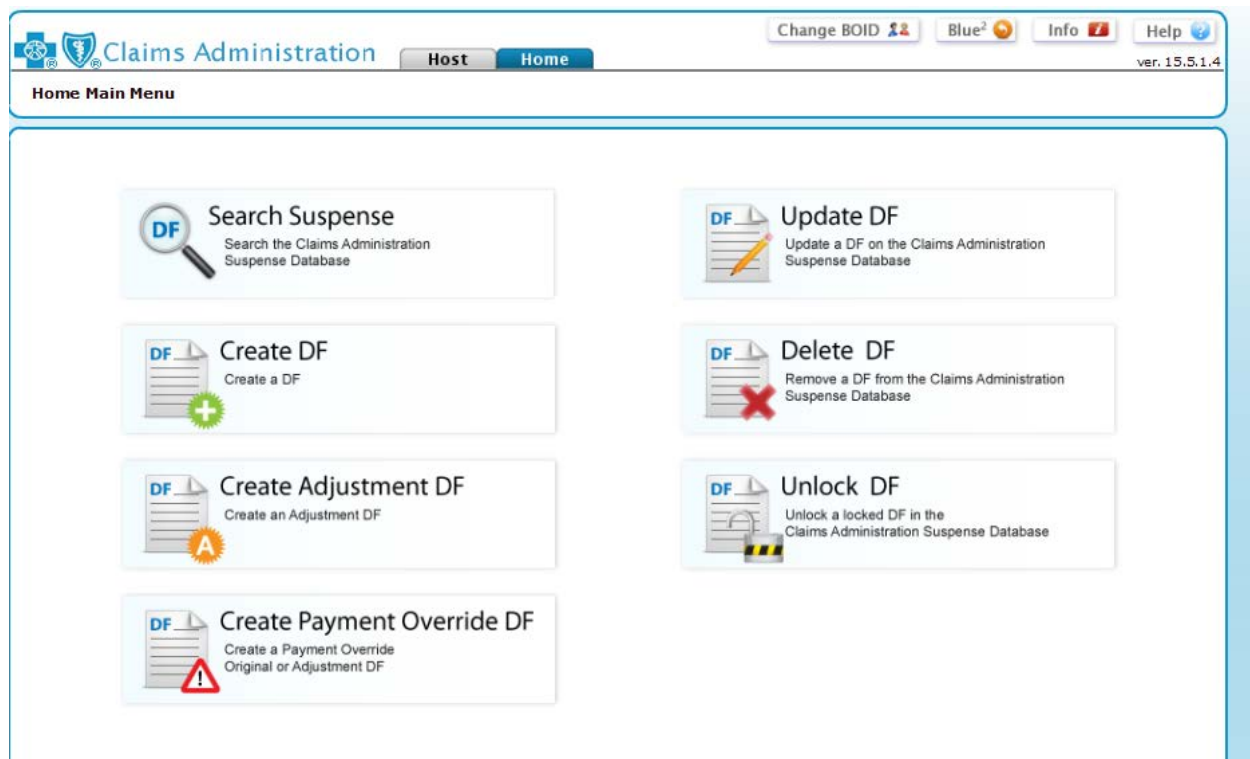
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Host Main Menu

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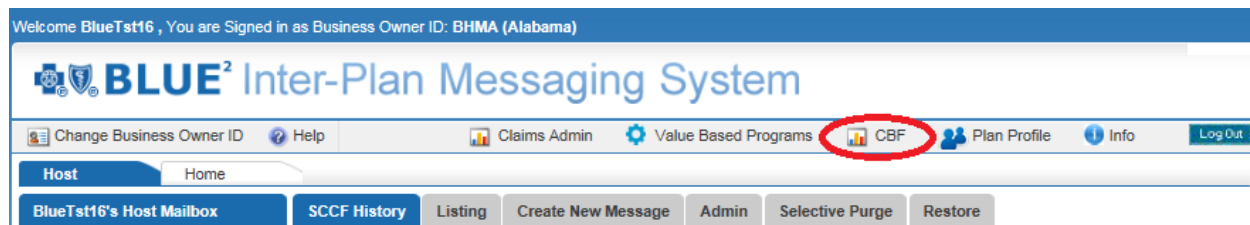


Home Main Menu

To learn more about the Claims Administration application, see the Claims Administration Manual located in [Metadata within the 'Manuals'](#) section.

1.5 Accessing CBF

To access the CBF from Blue², select the CBF button on the application header. The "CBF" button will be displayed only if CBF is enabled and the user has the appropriate security role to access CBF.



The CBF application will appear.

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Welcome BlueTst1. You are signed in as Business Owner ID BHMA



Capitation/Bulk Settlement Format (CBF)

Main Menu



Create CBF

Create a CBF Record



Update CBF

Summary CBF Inquiry and Update



Search CBF

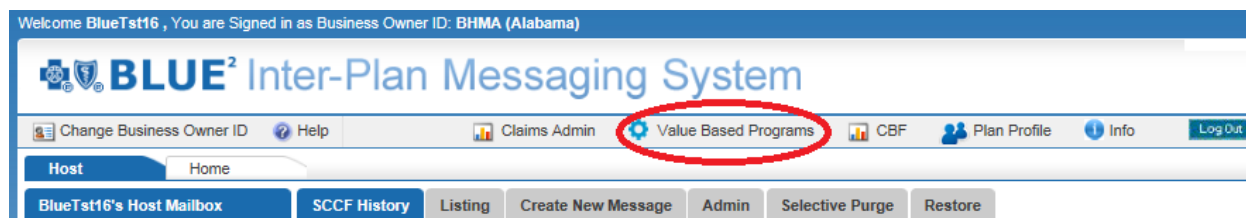
Search CBF History Database

To learn more about the CBF application, see the CBF User Manual located in [Metadata within the 'Manuals' section](#).

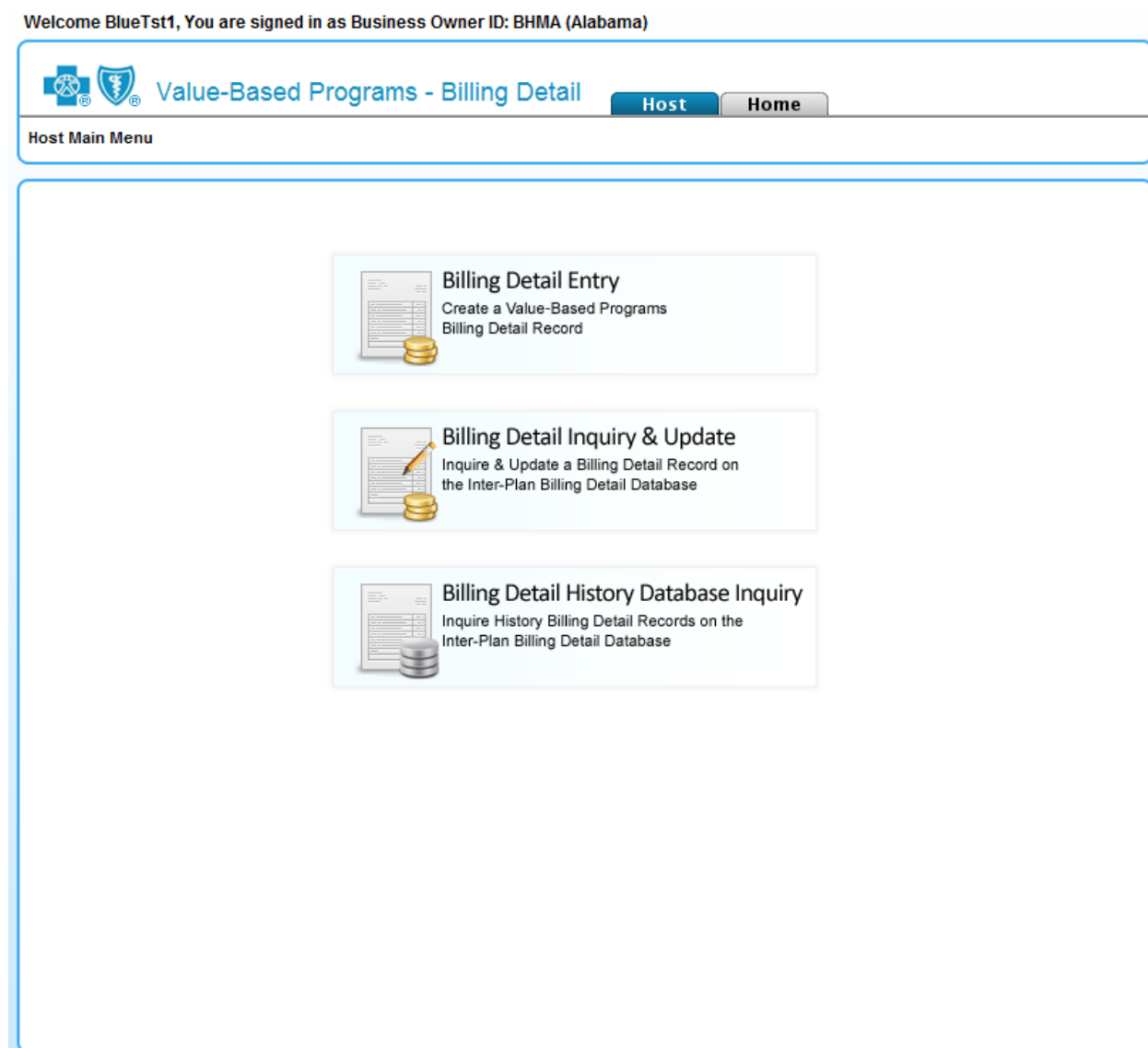
1.6 Accessing Value Based Programs

To access the Value Based Programs feature from Blue², select the Value Based Programs button on the application header. The "Value Based Programs" button will be displayed only if Value Based Programs is enabled and the user has the appropriate security role to access Value Based Programs.

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The Value Based Programs application will appear.




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Welcome BlueTst16, You are signed in as Business Owner ID: BHMA (Alabama)


Value-Based Programs - Billing Detail
Host
Home

Home Main Menu



Billing Detail Inquiry & Update
Inquire & Update a Billing Detail Record on the Inter-Plan Billing Detail Database



Billing Detail History Database Inquiry
Inquire History Billing Detail Records on the Inter-Plan Billing Detail History Database

Home Main Menu

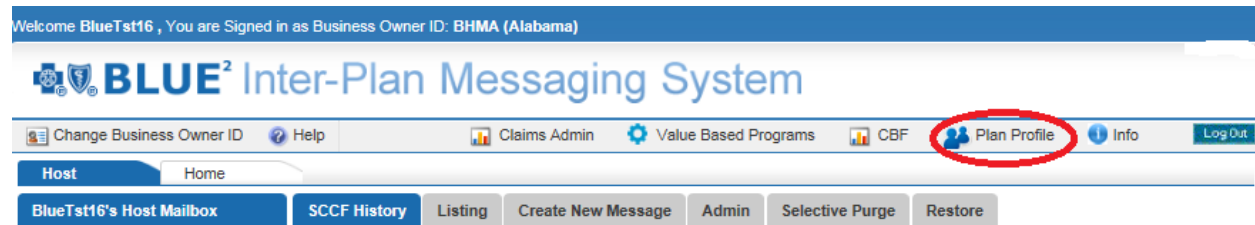
To learn more about the VBF application, see the CBF User Manual located in [Metadata within the 'Manuals' section](#).

1.7 **Accessing Plan Profile**

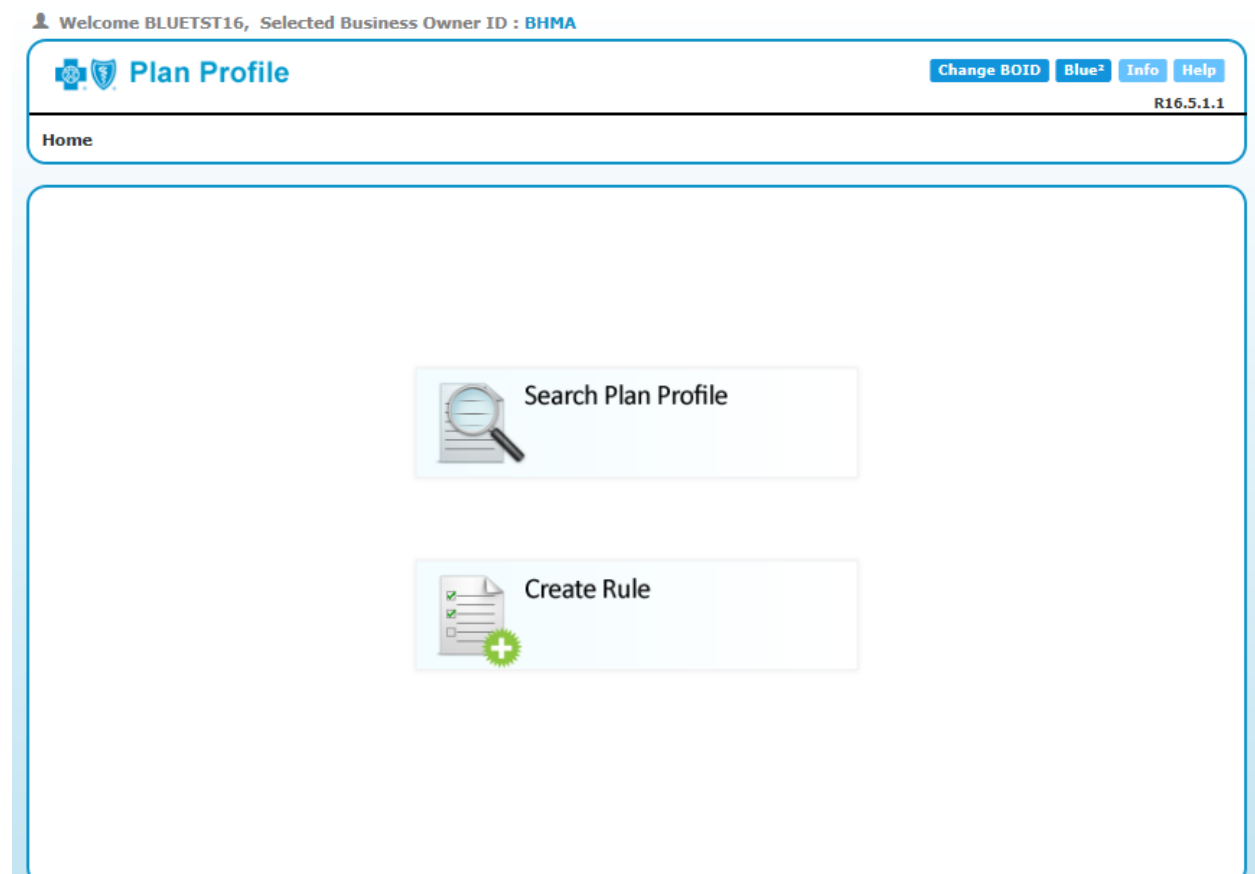
To access the Plan Profile feature from Blue², select the Plan Profile button on the application header. The "Plan Profile" button will be displayed only if Plan Profile is enabled and the user has the appropriate security role to access Plan Profile.

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The Plan Profile application will appear.

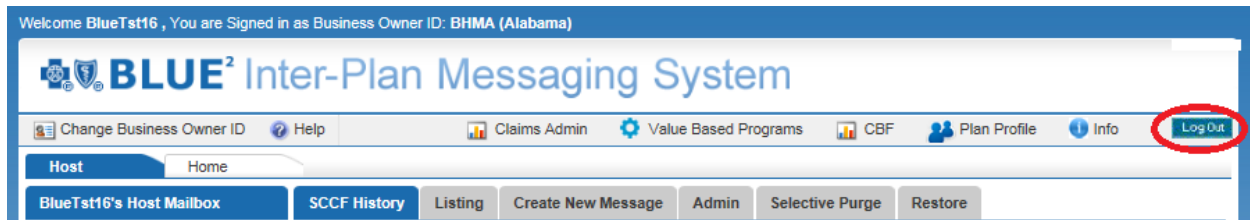


To learn more about the Plan Profile application, see the Plan Profile User Manual located in [Metadata within the 'Manuals'](#) section.

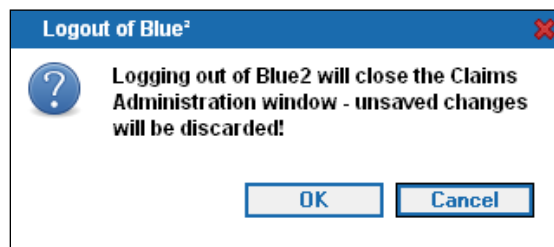
1.8 **Logging out**

To log out of Blue² select log out on the application's header.

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If you are logged into Claims Admin when you attempt to log out of Blue², you will receive the below notice.



1.9 Permissions

This manual describes all the features available in Blue². If you do not have access to some of the available features, please contact your Plan's Blue² System Administrator to determine if you should have permission to access the feature.

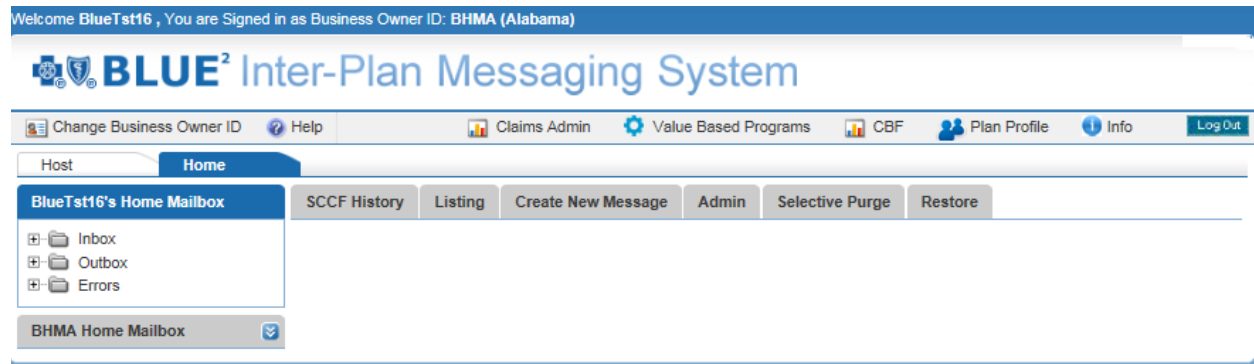
2. Overview

The Blue² main page provides many tabs that can be used to search for claims, monitor claim inventories and create messages. In addition there are tabs such as the Admin, Selective Purge and Restore tabs which will appear only if the user has the appropriate security privileges to utilize the features within these tabs. The following tabs can be accessed upon successfully logging into Blue²:

- **SCCF History**
- **Listing**
- **Create New Message**
- **Admin**
- **Selective Purge**
- **Restore**

The main page (pictured below) contains Host/Home selection tabs, the Mailbox, Help and Info buttons, a toolbar menu and access to tabbed views.

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1. **Toolbar Menu** – This menu, located in the dark blue border at the very top of the screen, displays the currently logged in user name and selected Business Owner Identification (BOID). If the Plan is configured for multi-Plan processing, it also provides an option to change the BOID selection. See the next section below for more about the BOID.
2. **Help** Button – This opens the online help feature which includes interactive hyperlinks and data element numbers for all fields shown on the new SF and DF detail screens.
3. **Claims Admin** Button – This takes the user to the Claims Administration application. For more information on Claims Admin, see the Claims Admin user guide.
4. **Value Based Programs** Button – This takes the user to the Value Based Programs application. For more information on Value Based, see the CBF user guide.
5. **CBF** Button – This takes the user to the CBF application. For more information on CBF, see the CBF user guide.
6. **Plan Profile** Button – This takes the user to the Plan Profile application. For more information on Plan Profile, see the Plan Profile user guide.
7. **Info** Button – This takes the user to the Inter-Plan Data Model Documentation (metadata). The Blue² Application Messages, also known as the edit definitions are provided via the metadata site, under the “Product-Specific” information link.
8. **Host/Home** tabs – User can select Host or Home options. This selection sets the Host/Home context for the User and will determine the contents of Mailbox.
9. **Mailbox** – This optional feature provides a view of the Message Listings. More details regarding the mailboxes are provided in section 4 of this manual.
10. **Tabbed Panes** – Each of the tabs support different functionalities described in this user manual:
 - a. The **SCCF History** tab is used to:
 - i. Search SCCF History
 - ii. Display SCCF History
 - iii. Display summaries of messages and ITS formats.

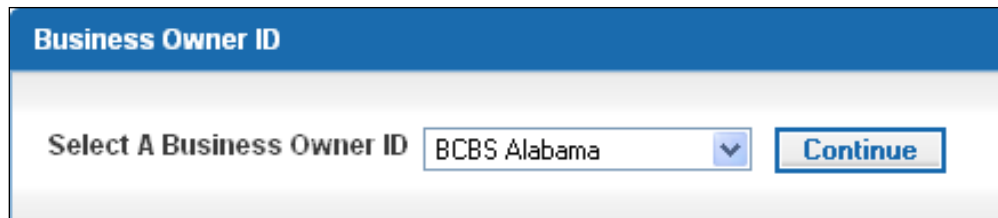
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- b. The **Listing** tab may be used to search for messages and ITS formats using filters.
- c. The **Create New Message** tab is used for creating new messages.
- d. The **Admin** tab is used to perform various administrative functions. More details about this function are provided in section 5.
- e. The **Selective Purge** tab is used to search for SF, DF, NF, RF and Blue² messages in order to purge these items from the Formats Database (either logically or physically).
- f. The **Restore** tab is used to search for SF, DF, NF, RF and Blue² messages in order to restore these items back onto the Formats Database.

2.1 **Business Owner ID (BOLD)**

The Business Owner Identification (BOLD), also referred to as a “business unit”, identifies a Plan and helps specify the appropriate security rules and permissions assigned to the Plan or affiliate. Note that not all Plans use multiple BOLDs; Plans that are configured to use multiple BOLDs have the option to select or change the BOLD within BlueSquared. Directions for selecting and changing the BOLD are provided below.

2.1.1. **Select the BOLD**



1. Select the **BOLD** from the **Select A Business Owner ID** drop-down list.
2. Click the **Continue** button.



3. The main page will appear with the BOLD information on the title bar.

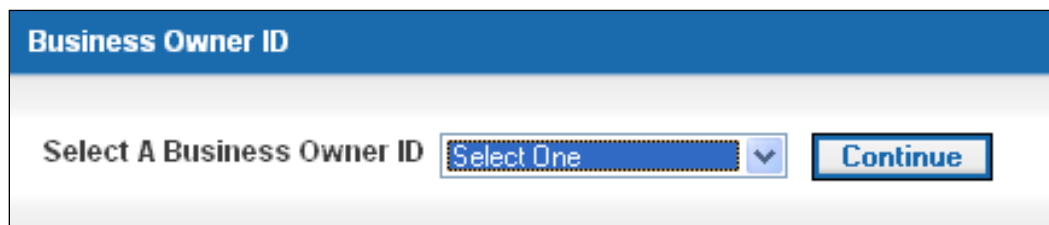
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2.1.2. Change the BOID

If your Plan uses multiple BOIDs, you can change the BOID at any time by following these steps:



1. Click the **Change Business Owner ID** button in the Tool bar at the top.



2. Select the BOID from the **Select A Business Owner ID** drop-down field and click **Continue**.

The BOID has been changed.

2.2 Navigation

Clicking the **back button** on your browser toolbar at any time to navigate through Blue² is not recommended.

For message creation, Blue² includes an “auto-tabbing” feature, which means that the user is automatically moved to the next field once the maximum length of a field is reached, without having to hit the “tab” button to proceed. This is designed to save time and support increased productivity for users when they create a new message.

With versions 16.0 and greater, the Blue² UI will support users through keyboard shortcut keys in order to perform actions without requiring the use of a mouse. The keyboard shortcuts are located in Appendix 13.3 of this manual, as well as the [BlueSquared Supplementary Specification](#) document under section 9.1.

2.3 Blue² Automatic Look-Up: Get Buttons

Automatic look-up features appear as a **Get** button, that when clicked, will populate the relevant section or page with existing data associated with the function. Information must be

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entered first for the desired look-up to work, depending on the feature.

If more than one selection is found when using a **Get** button, Blue² returns a listing of all possibilities from which the user may choose. A sample listing is provided below.

Contact Lookup Results

Select	Name	Phone	Extention	Fax	Email	Address	City	State	Zip	Country
<input type="radio"/>	Userld:bluetst12	3122974568	--	3124567890	--	225 NORTH MICHIGAN AVE	CHICAGO	IL	60601	
<input type="radio"/>	Userld:bluetst12	3122974568	--	3124567890	--	225 NORTH MICHIGAN AVE	CHICAGO	IL	60601	

Simply click the button at the far left to indicate the desired selection and hit the **Select** button located at the lower right to populate the applicable section(s) with the desired information.

2.3.1. Get SCCF

When creating a new message, the **Get** button can be used to obtain any related SCCF information and populate the page.

SCCF History
Listing
Create New Message

Create New Message

* = Required Field

* Message Type

* Reason Code

* Claim SCCF #

The following look-up features are optional for Plans and will also appear as buttons.

2.3.2. Get Contact

▼ **Contact On Receipt Details**

* User ID	bluestst12	* Phone Number	<input type="text"/>
* Name	<input type="text"/>	Extension	<input type="text"/>

Street Address	<input type="text"/>	State or Province	<input type="text" value="Select One"/>	Get Contact
City	<input type="text"/>	ZIP or Postal Code	<input type="text"/>	
		Country	<input type="text" value="United States of America"/>	

In the **Contact on Receipt Details** section of the message page, there is a **Get Contact** button, which is an optional feature for Plans that will populate the section with associated contact information.

2.3.3. Get Subscriber

▼ Subscriber Information

* Last Name

Middle Initial

* First Name

* Subscriber ID

Get Subscriber

In the **Subscriber Information** section of the message page, there is a **Get Subscriber** button, which is an optional feature for Plans that will populate the section with associated subscriber information for Home to Host Plan non-claim correlated messages.

2.3.4. Get Provider

Primary Provider Details

* Provider Name

Street Address

City

State or Province

ZIP or Postal Code

Get Provider

Country

National Provider ID

* BCBS Provider Number

* Federal Tax ID

United States of America

Select One

In the **Primary Provider Details** section of the message page, there is a **Get Provider** button, which is an optional feature for Plans that will populate the section with associated provider information for Host to Home Plan non-claim correlated messages.

2.4 Required Fields

All entry fields marked with an asterisk (*) are required. In situations where the entry in one field makes another field required the asterisk (*) may not appear, but an error message (BG011) will

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be displayed if the conditional field is not completed.

2.5 Time-Out

The Blue² application will automatically time-out the user according to the Lightweight Third Party Authentication (LTPA) expiration time that each Plan has configured on their WebSphere Administration Console. By default LTPA expiration time is 120 minutes. The user will be timed out at the defined expiration time, whether or not the user is actively using Blue² and any work in progress will be lost. To change your Plan's expiration time, please contact your local Blue² System Administrator.

2.6 View Section Details

In Blue², section headings can be expanded or collapsed by clicking on the blue arrow (▶) as shown in the sample below.

SF Institutional Details - SCCF 01020060370145000

New Message Request Claim Status

SF Summary

Summary Member and Provider Claim OPL Line of Service Control Special Notations

▶ Claim Header Details

SCCF Number 01020060370145000 Length of Stay 1

Cross Reference SCCF Number Total Charges \$2225.63

Claim Type II - Inpatient Date Of Service 12/23/2005

Open/Closed Indicator Closed Type of Submission 1-Original claim

Estimate Indicator

▶ Subscriber Details

▶ Host Plan Details

▶ Home Plan Details

▶ Provider Details

▶ Plan Details

▶ Other Details

Click the arrow to hide or view section details.

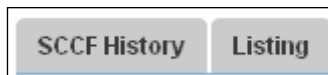
In the sample page above, the first section, called **Claim Header Details**, is open and viewable; the remaining sections are collapsed and the details are hidden.

2.7 Search Methods

There are two ways to perform a search in Blue²: through the **SCCF History** and/or the **Listing** tabs.

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- **SCCF History** search is used when the SCCF #, Message ID, Subscriber ID or Date fields are used in the search criteria. (See section 7.3 for more information regarding the Date fields.)
- **Listing** search is used when the format type, Host/Home Plan Codes, or other search filters are used in the search criteria.

When searching as a Host Plan, only those Host Plan codes applicable to the Host Plan (in the same BOID) will be viewable.

When searching as a Home Plan, only those Home Plan codes applicable to the Home Plan (in the same BOID) will be viewable.

2.8 **Open Claims and Messages**

When performing a Listing search, your results will include both open and closed records. To obtain a listing of open claims or messages, perform a listing search this way:

- Click on the Listing tab.
- Select the desired format type from the drop-down list.
- Select “Open” in the Open/Closed filter, available under “Advanced Search Options”.

2.8.1. **Definition of Open Claims – Host Plan**

Open claims for a Host Plan are:

- Submission Format (SF) transactions that have been sent, but Disposition Format (DF) has not been received.
- DF transactions that have been received, but the Reconciliation Format (RF) has not yet been sent.

2.8.2. **Definition of Open Claims – Home Plan**

Open claims for a Home Plan are:

- SF transactions that have been received, but the DF has not yet been sent
- DF transactions that have been sent, but the RF has not yet been received.

2.8.3. **Open Messages – Host and Home Plans**

For both Host and Home Plans, open messages include Blue² messages and Notification

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Format (NF) transactions that have not yet received a response. A message remains open until a response is received.

For certain types of transactions, such as Medical Record Requests, multiple attachments could be requested. However, the transaction is not closed until all responses are received, or the requestor has canceled the request.

The two-way Claim Appeal message allows multiple responses and will not close until the appropriate response is sent or a valid adjustment DF is posted.

2.9 **Dental Claims**

Users cannot perform SCCF History or Listing Searches for claims with Claim Type 40, Dental.

3. Blue² Message Overview

3.1 **Sending Messages**

In Blue², there are several ways to access and send messages:

- From the SF Summary, this can be reached by using the **SCCF History** or **Listing** tabs to obtain the SCCF requiring the message. Refer to [Using the “SCCF History” Tab](#) or [Using the “Listing” Tab](#), for more information.
- **Create New Message** tab – Provides a direct interface to create a new message. Refer to [Using the “Create New Message” tab](#) for more detailed information.

3.2 **Message Types**

Following is a list of valid Message Types and Reason Codes. Unless noted otherwise, each type is valid for Host and Home Plans. The message in **blue** are Host only, those in **green** are Home only and those in **purple** are specific to a particular Plan.

- Informational Messages; valid Reason Codes include:
 - 099 – **Miscellaneous Attachment (Host Plans only)**
 - 153 – General Information
 - 160 – Split Claim
 - 161 – **COB Speculative Questionnaire from Provider (Host Plans only)**
 - 163 – Investigated Claim
 - 164 – Carve-out claim
 - 172 – Medical Records Have Been Requested
 - 173 – **Previously Requested Pre-Existing Information Received from Provider (Host Plans only)**

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- 174 – Other
- 177 – COB Speculative Questionnaire Sent to Member
- 178 – Previously Requested Medical Records Received from Provider (Host Plans only)
- 182 – NOC (Not Otherwise Classified) Procedure Code Explanation (Host Only)
- 313 – Claim Held-Exchange Individual Grace Period (Home Plans only automated when DFMC 1293 used)
- 314 – Claim Held-Exchange Individual Grace Period (Home Plans only; Account Types E or G only)
- 317 – Member is in the First Month – Exchange Individual Grace Period (Home Plans only; Account Types E or G only)
- 318 – Blue Cross Blue Shield Global Core Misrouted Claim (Host Blue Cross Blue Shield Global Core '381 Plan Code' only)
- 319 – Claim Held – SHOP Exchange Grace Period (Home Plans only automated when DFMC 1321 used)
- 320 – Claim Held – SHOP Exchange Grace Period (Home Plans only; Account Types F or H only)
- 321 – Medicaid Provider Enrollment (Home Plans only automated when DFMC 1324 used)
- 322 – BlueCard POS Managed Care (Only for New England Host Plans who configure; Delivery Method equal 3, 4 or 5 only; [see SUC for specifics on this message](#))
- General Inquiry; valid Reason Codes include:
 - 100 – COB Question
 - 101 – EOB Question
 - 102 – Cost Sharing Question
 - 104 – Cost Containment Penalty Question
 - 105 – Eligibility and Benefit Question
 - 106 – Provider Question
 - 107 – Claim Coding Question
 - 111 – Filing Procedure Question
 - 138 – Guarantee of Payment Request (Host Blue Cross Blue Shield Global Core '381 Plan Code' only; [see SUC for specifics on this message](#))
 - 150 – Claim Failed Edits Question
 - 151 – Invalid DF Transmission Question
 - 152 – General Question
 - 154 – Pricing Information Question
 - 155 – System Problem Question
 - 156 – Payment Information Question
 - 157 – Lost Check Question

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- 158 – Overage Check Question
- 159 – Remittance Status Question
- 162 – OPL Payment Question
- 167 – Claim Status Request – International Claim (Host Blue Cross Blue Shield Global Core '381 Plan Code' only)
- 168 – Provider Reconsideration (Host Plans only)
- 175 – Medical Records Question
- 176 – Other
- 192 – Requesting Itemized Charges
- 194 – Requesting NOC (Not Otherwise Classified) Procedure Code Description
- 195 – Selective Purge Request
- 196 – New SF Request (Home Plans only)
- 197 – Medical Policy Question
- 198 – Patient Release for Medical Records Request
- 200 – Medicaid Encounter Data Elements Needed (Home Plans only; Delivery Method equal to 8 only)
- 325 – Unresolved Claim Appeal Follow-Up (**New with R17.5**)
- 326 – Verify Pricing for a Member Appeal (**New with R17.5**)
- Global Fee which is available to Home Plans only (Reason Code 300 not displayed)
- Claim Misroute which is available to Home Plans only (Reason Code 301 not displayed)
- Medical Record Request (Home Plans only); valid Reason Codes include:
 - 165 – Medical Record Request
 - 171 – Pre-Existing Information Request
- Provider Quality Issue (PQI) Message which is available to Home Plans only (Reason Code 302 not displayed)
- Case Specific Rate Negotiation (CSRN) Message which is available to Home Plans only (Reason Code 303 not displayed)
- Claim Status Request which is available to Host Plans only
- Claim Appeal Request; valid Reason Codes include:
 - 306 – Provider Appeal
 - 307 – Provider Appeal on Behalf of Member
 - 308 – Member Appeal
- Claim Appeal Misroute which is available to Home Plans only (Reason Code 310)
- Claim Appeal Status (Reason Code 309)
- Escalation Messages:
 - Escalation Level 1 (Reason Code 311)
 - Escalation Level 2 (Reason Code 312)
- Selective Purge Approval (Reason Code 324) which is auto generated based on a

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purge request of a record or claim correlated Blue² Message

- Adjustment Messages

3.2.1. Message Types Initiated by Host Plans

Host Plans can initiate Informational Messages, General Inquiries, Claim Status Requests, Claim Appeal Requests, Claim Appeal Status, Escalation Level 1 and Escalation Level 2 messages. For Adjustment messages refer to the Adjustment User Manual located in [Metadata within the 'Manuals'](#) section for detailed information.

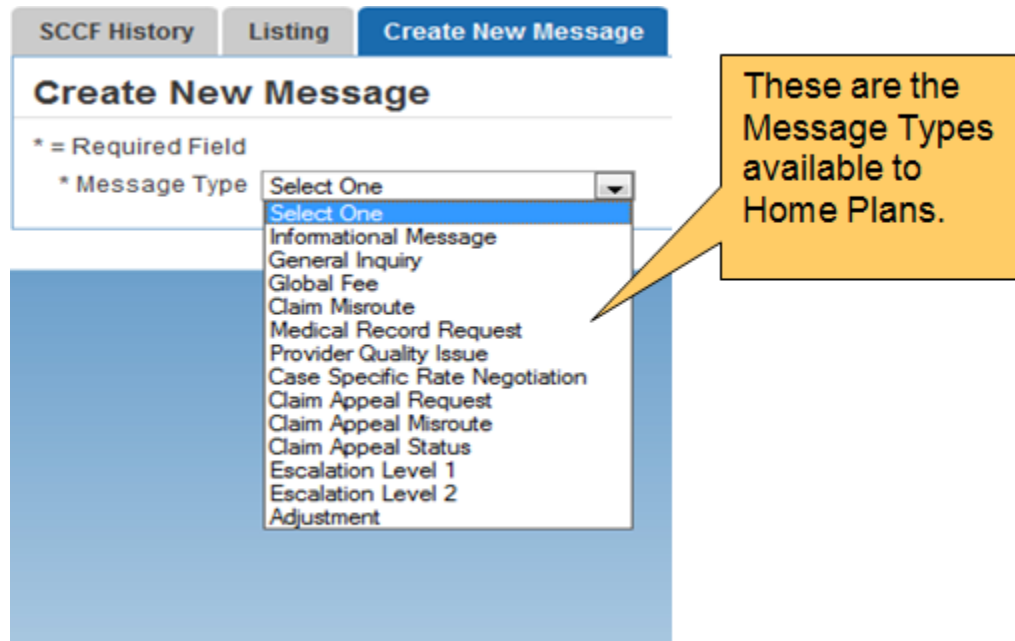


The screenshot shows a web interface with three tabs: 'SCCF History', 'Listing', and 'Create New Message'. The 'Create New Message' tab is active. Below the tabs is a form titled 'Create New Message'. A legend indicates that '*' denotes a required field. The 'Message Type' field is required and has a dropdown menu. The dropdown menu is open, showing the following options: 'Select One', 'Informational Message', 'General Inquiry', 'Claim Status Request', 'Claim Appeal Request', 'Claim Appeal Status', 'Escalation Level 1', 'Escalation Level 2', and 'Adjustment'. A yellow callout box with a pointer to the dropdown menu contains the text: 'These are the Message Types available to Host Plans.'

3.2.2. Message Types Initiated by Home Plans

Home Plans can initiate Informational Messages, General Inquiries, Global Fee, Claim Misroute, Medical Record Requests, Provider Quality Issue, Case Specific Rate Negotiation, Claim Appeal Requests, Claim Appeal Misroutes, Claim Appeal Status, Escalation Level 1 and Escalation Level 2 messages. For Adjustment messages refer to the Adjustment User Manual located in [Metadata within the 'Manuals'](#) section for detailed information.

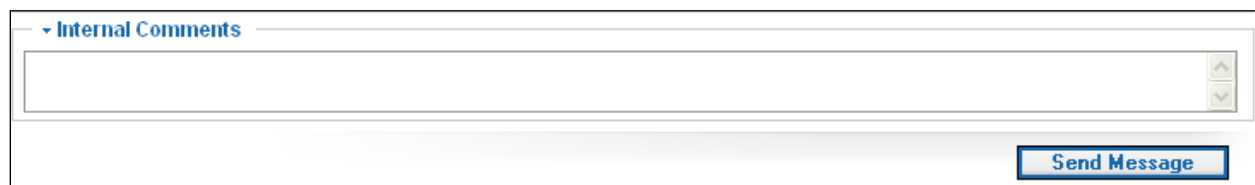
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The screenshot shows the 'Create New Message' interface. At the top are tabs for 'SCCF History', 'Listing', and 'Create New Message'. Below the tabs is the title 'Create New Message' and a note '* = Required Field'. The 'Message Type' field is a dropdown menu currently showing 'Select One'. The dropdown list is open, displaying the following options: Informational Message, General Inquiry, Global Fee, Claim Misroute, Medical Record Request, Provider Quality Issue, Case Specific Rate Negotiation, Claim Appeal Request, Claim Appeal Misroute, Claim Appeal Status, Escalation Level 1, Escalation Level 2, and Adjustment. A yellow callout box with a pointer to the dropdown contains the text: 'These are the Message Types available to Home Plans.'

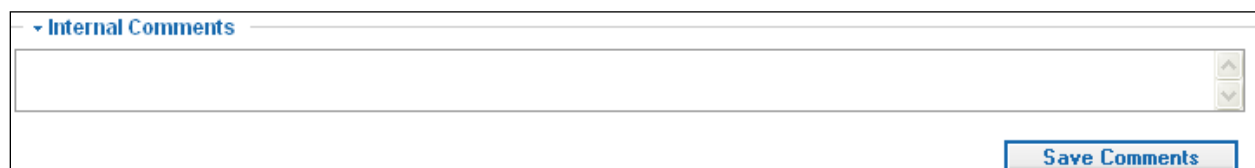
3.3 Adding Internal Comments

Internal Comments, which are not seen by other Plans, may be added to Blue² messages when creating, responding, or if the message is in an open status. Internal Comments may not be added to a closed message. ITS transactions do not have this feature.



This screenshot shows the 'Internal Comments' section at the bottom of the 'Create New Message' window. It features a text input area with a vertical scrollbar on the right. Below the input area is a blue button labeled 'Send Message'.

When you are in the 'Create New Message' window or the 'Create Response Message' window of a Blue² message, the **Internal Comments** section appears at the bottom just above the **Send Message** button.



This screenshot shows the 'Internal Comments' section at the bottom of the 'Create Response Message' window. It features a text input area with a vertical scrollbar on the right. Below the input area is a blue button labeled 'Save Comments'.

If you are in a Message Summary, the **Internal Comments** section appears in the body of the summary. Click the **Save Comments** button to save comments.

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Internal Comments

This is a test message.

- Internal Note added succesfully.

Save Comments

You will receive a confirmation message as shown above.

State History

State	Timestamp	UserId	Internal Comments
Processed	12/04/2008 14:29:05	bluetst12	This is a test message
Processed	12/04/2008 13:58:39	bluetst8	--
Processing	12/04/2008 13:58:37	bluetst8	--

Saved internal comments will appear in the [State History](#) section (see also section [3.5](#) below) of the Message Summary. This will occur whether created by a new/response message or in the Message Summary.

Note: The [Internal Comments](#) field accommodates a maximum of 500 characters. See [Special Characters](#) for the special characters that can be accommodated in this section.

3.4 Pre-Defined Comments

Plans have the option of adding Pre-Defined Comments to 'New Messages' or 'Response Messages'. Each message may be set-up specifically for the Plan's needs. These configurable messages are not an option for Medical Record Requests or Responses.

Message

Select One

*

The [Message](#) section appears on the body of the 'New Message' or 'Response Message'.

Message

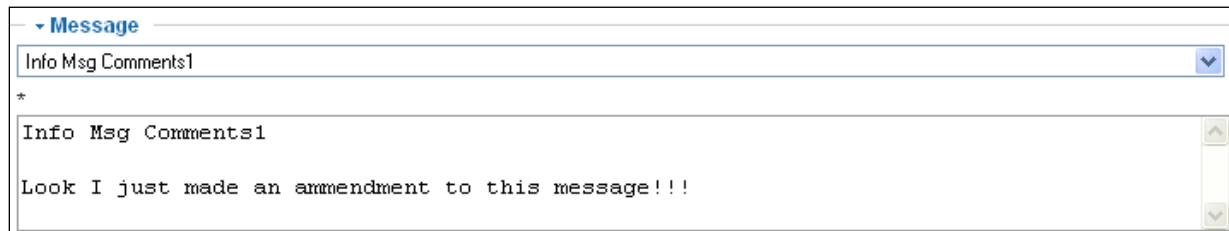
Info Msg Comments1

*

Info Msg Comments1

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When the user selects a pre-defined message from the **Pre-Defined Messages** drop-down list, the selected message will appear in the **Message** field.



Subsequently, the user will have the option of amending the message in the **Message** field.

Note: **Pre-Defined Messages** accommodates a maximum 474 characters (see [Character Limits](#)). Also see [Special Characters](#) for the special characters that can be accommodated.

3.5 State History

At the bottom of Blue² message summaries appears a **State History** section. This section shows a log of all the changes in the **Message States** (processed, retry, exception, etc.) with the corresponding **Timestamp**, **UserID**, and **Internal Comments**.

The Internal Comments for messages in an “Exception, Failed or Retrying” state are provided in detail, as shown in the sample screen below, to include the specific reason for the exception.

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▼ State History			
State	Timestamp	UserId	Internal Comments
Exception	11/19/2009 14:43:31	bluetst3	SENDER NODE: maximum number of retry attempts (1) has been met or exceeded, sent INFOMSG/O message to jms/message.dispatch.exception.q
Exception	11/19/2009 14:43:31	bluetst3	SENDER NODE: maximum number of retry attempts (1) has been met or exceeded, sent INFOMSG/O message to jms/message.dispatch.exception.q
Failed	11/19/2009 14:43:30	bluetst3	SENDER NODE: Failed calling web service: WSWWS3411E: Request timeout exceeded..
Failed	11/19/2009 14:43:30	bluetst3	SENDER NODE: Failed calling web service: WSWWS3411E: Request timeout exceeded..
Retrying	11/19/2009 13:55:26	bluetst3	SENDER NODE: max retry attempts: 1, retried: 0, INFOMSG/O message was sent to jms/message.retry.q for retrying later
Retrying	11/19/2009 13:55:26	bluetst3	SENDER NODE: max retry attempts: 1, retried: 0, INFOMSG/O message was sent to jms/message.retry.q for retrying later
Failed	11/19/2009 13:55:17	bluetst3	SENDER NODE: Failed calling web service: WSWWS3411E: Request timeout exceeded..
Failed	11/19/2009 13:55:17	bluetst3	SENDER NODE: Failed calling web service: WSWWS3411E: Request timeout exceeded..
Processing	11/19/2009 13:33:29	bluetst3	MedicalRecordItem/OneWay
Processing	11/19/2009 13:33:29	bluetst3	InformationalMessage/OneWay

If a component is unavailable, the reason specifies which component is not available and whether the unavailable component is located at the sending Plan, the Hub, or the receiving Plan. This provides Plans with specific information related to exception messages pertinent to the identification and resolution of the issues that caused the exception.

A complete list of all Blue² Application Messages, also known as the edit definitions, is provided via the Inter-Plan Data Model Documentation (metadata) site, under the “Product-Specific” information link. Clicking on the **Info** Button at the upper right of the Blue² screen brings the user to this metadata, which is also available through BlueWeb. To locate this information within BlueWeb, search key words “metadata”, use the following address <http://blueweb.bcbs.com/metadata/>.

3.6 **Sending Attachments**

Blue² users can send attachments for file types .jpg, .jpeg, .pdf, .tif or .tiff. The combined maximum file size per message is 10 MB (megabytes). You can attach a maximum of 10 attachments depending on the message type.

Here are the steps to send an attachment on a message:

1. Click the **Create New Message** tab, select the Message Type from the menu as shown below and enter the necessary information in the fields.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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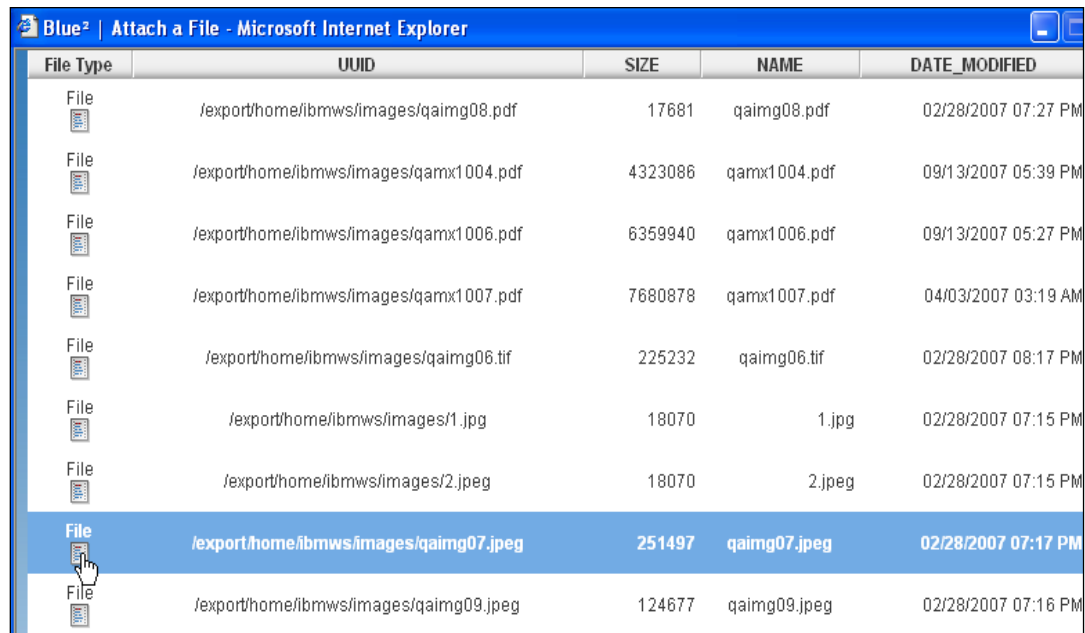
If a message type supports an attachment, it will appear on the page under the Message Box as an expandable link, as shown below. If the message requires an attachment the section will be open 'Hide' will display, not 'Add Attachment'.



2. Click the **Add Attachment** link. If 'Hide' appears go to Step 3.
3. Select the **Medical Record Type** or **Attachment Type** from the drop-down list. If the message allows only for a specific attachment type the field will be pre-populated and grayed out.

4. Click the **Browse** button to select the file, or if your Plan uses local Content Keys, enter the appropriate Content Key and skip to step 8.

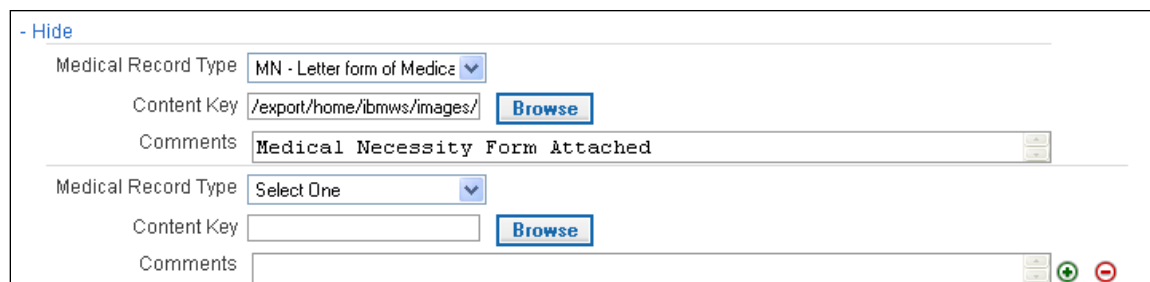
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File Type	UUID	SIZE	NAME	DATE_MODIFIED
File	/export/home/ibmws/images/qaimg08.pdf	17681	qaimg08.pdf	02/28/2007 07:27 PM
File	/export/home/ibmws/images/qamx1004.pdf	4323086	qamx1004.pdf	09/13/2007 05:39 PM
File	/export/home/ibmws/images/qamx1006.pdf	6359940	qamx1006.pdf	09/13/2007 05:27 PM
File	/export/home/ibmws/images/qamx1007.pdf	7680878	qamx1007.pdf	04/03/2007 03:19 AM
File	/export/home/ibmws/images/qaimg06.tif	225232	qaimg06.tif	02/28/2007 08:17 PM
File	/export/home/ibmws/images/1.jpg	18070	1.jpg	02/28/2007 07:15 PM
File	/export/home/ibmws/images/2.jpeg	18070	2.jpeg	02/28/2007 07:15 PM
File	/export/home/ibmws/images/qaimg07.jpeg	251497	qaimg07.jpeg	02/28/2007 07:17 PM
File	/export/home/ibmws/images/qaimg09.jpeg	124677	qaimg09.jpeg	02/28/2007 07:16 PM

A pop-up window appears with a list of files.

- To preview the file prior to attaching it, click the File Name in the second column headed "UUID".
- Click the **File Type Icon** at the far left in the first column as shown above.



- Hide

Medical Record Type: MN - Letter form of Medicine



Content Key: /export/home/ibmws/images/ **Browse**

Comments: Medical Necessity Form Attached

Medical Record Type: Select One

Content Key: **Browse**

Comments:

- The file name appears in the Content Key field.
- Enter a **Comment**, if necessary.
- Add additional attachments, as needed. Click the green plus to add (or the red minus to delete) attachments.



3.7 **Handling Failed Messages**

A message in exception or retrying state is a message which has failed in its transmission to the

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receiving Plan, generally due to an issue at one of three key points: at the sending Plan, or at the Hub or at the receiving Plan. To view exception or retrying messages, use the Errors folders in either the individual or business unit mailboxes (see section 4 for more on mailboxes), or perform a [Listing Search](#) (see section 7.2) and in the Advanced Search Options section, indicate that Message State is Exception or Retrying, as shown below.

SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

Listing Search

Format Type: Informational Message
Order: Descending
Subscriber ID:
Date Type: Create Date
BCBS Provider Number:
Date: From 01/01/2016 To 06/01/2016
(mm/dd/yyyy) (mm/dd/yyyy)
Host Plan Code: All, AR - Arkansas BCBS - 020-LRCA, AR - Arkansas BCBS - 021-LRCA, AR - Arkansas BCBS - 022-LRCA
Home Plan Code: AL - BCBS of Alabama - 010-BHMA, AL - BCBS of Alabama - 510-BHMA, PA - Highmark - Worldwide - 381-WWPA
Message Sub Type: Select One
Message Direction: Select One

[Advanced Search Options \[Hide \]](#)

Reason Code: Select One
Claim Type: Select One
Open / Closed: Select One
Status Code: Select One
Program Code: Select One
Blue Card Type: Select One
Delivery Method: Select One
Estimate Indicator: Select One
Attachment Indicator: Select One
SF Type: Select One
Action Code: Select One
Message State: Exception
OPM MSPP Product: Select One

Search

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SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

Listing Search

Format Type: General Inquiry
Subscriber ID:
BCBS Provider Number:
Order: Descending
Date Type: Create Date
Date: From To (mm/dd/yyyy) (mm/dd/yyyy)
Host Plan Code: FL - BCBS of Florida - 090-JAXA, FL - BCBS of Florida - 590-NFLA
Home Plan Code: AL - BCBS of Alabama - 010-BHMA, AL - BCBS of Alabama - 510-BHMA, All, AR - Arkansas BCBS - 020-LRCA
Message Sub Type: Request
Message Direction: Select One

Advanced Search Options [Hide]

Reason Code: Select One
Claim Type: Select One
Open / Closed: Select One
Status Code: Select One
Program Code: Select One
Blue Card Type: Select One
Delivery Method: Select One
Estimate Indicator: Select One
Attachment Indicator: Select One
SF Type: Select One
Action Code: Select One
Message State: Retrying
OPM MSPP Product: Select One

3.7.1. Resend or Mark as Terminated

Messages in an exception state display both **Resend** and **Mark as Terminated** buttons, while those in retrying (**New with R17.5**) will display only the **Mark as Terminated** button.

Transport Message Types are now viewable and the exception handling features can be used to rectify the exception which caused the message to fail. Transport Messages cannot be created in the Blue² user interface. They can only be viewed and, when applicable, exception handling features are enabled.

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3.7.1.1 Exception State Messages

Patient Information
 Provider Details
 Claim Appeal Request Details

Reason Code 306 Provider Appeal
 Appeal Receipt Date 02/02/2008
 Appeal Response Mandate Days 2
 Appeal Response Mandate Type Medicare Advantage

Related DF Message Code nm89
 Message Comments Claim Appeal Message details
 Message Status Code Exception

Mark as Terminated Resend Message

The **Resend** button resends the same original message that went into exception state, exactly as it was in its original form including all attachments.

A message which was successfully resent will provide the following confirmation message.

Claim Appeal Summary

Claim Appeal Summary

Your message fbf946bc1d163b2bf953298c4658753e was resent.

If you click the **Resend** button and receive the following error message, this indicates that the message is no longer in the exception repository. This message is not eligible to be resent; therefore the **Resend** button becomes grayed-out and not available for use. You must instead click the **Mark as Terminated** button to terminate the message, then create a new message.

General Inquiry Summary

General Inquiry Summary

Message cannot be resent because it is no longer available.

Plan Details
 Subscriber Information
 Patient Information
 Provider Details
 General Inquiry Request

Resubmission No
 Comments HOST plan create GI RC100 sub rsq-with Institutional SF with minimum required fields only
 Message Status Code Exception

Mark as Terminated Resend Message

The **Mark as Terminated** button when used on messages in an exception state removes the message from the exception repository, while updating the Message State to 'Terminated' and the Open/Closed Indicator to 'Closed'.

SCCF	Format	Status Code	Disp Code	O/C Status	Msg Status	Date	Claim Type	Subscriber ID	Reason Code	Action Code	H
01020171710001600	SF	V	--	Open	--	10/01/2015	II	MXRIPDSLDLAMBAQUI	--	--	IPC
01020171710001600	GENINQ	--		Closed	TERM 0	10/22/2017	II	MXRIPDSLDLAMBAQUI	152	--	IPD

General Inquiry Summary	
<h1>General Inquiry Summary</h1>	
<ul style="list-style-type: none"> Plan Details Subscriber Information Patient Information Provider Details General Inquiry Request 	
Resubmission No	
Comments	020 - XX -GENINQM - Display 512 Characters Including HIPPA - BOID - HOME - REASON CODE ALL - XX - ZXCVBNMlkjhgfdsaPOIUyTREWQ since the Plan is not defined as 'Host' or 'Home', the user must be able to view the pre-defined comment from the configuration for both Host and Home Plan BOID level - 'Message type'Reason code' configuration is made successfully QAZXSWEDCVFRMLPKNQAZXSW%~@[]\?'!#\$%^&*()=+ \;,'".: Product- ITAD Depart, IL 60601 %~@[]\?'!#\$%^&*()=+ \;,'".. Display 512 Characters Including HIPPA - BOID
Message Status Code	Terminated
Create Date	06/22/2017
Release Number	17.5
Contact On Receipt Details	
User Id	BlueTst16
Name	Bluetst16
Phone Number	3122975845
Street Address	1234 Main Street
Extension	

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3.7.1.2 Retrying State Messages (*New with R17.5*)

General Inquiry Summary

General Inquiry Summary

- Plan Details
- Subscriber Information
- Patient Information
- Provider Details
- General Inquiry Request

Resubmission No
Comments 002 Test for Duplicate Message Comments - BOID + Reason Code All (*) - XX
-GENINQM

Message Status Code Retrying

Create Date 06/22/2017

Release Number 17.5

Mark as Terminated

Contact On Receipt Details

User Id rrajanala
Name Rajesh Rajanala
Street Address 225 North Michigan Avenue
City Chicago
ZIP Or Postal Code 60601

Phone Number 3122975555
Extension
State Or Province IL
Country US

Evaluate Remote Message State

- General Inquiry Update History
- State History

The **Mark as Terminated** button when used on messages in a retrying state removes the message from the retry scheduler, thereby stopping the system from attempting to send the message. It will also remove the message from the exception repository, while updating the Message State to 'Terminated' and the Open/Closed Indicator to 'Closed'. If the message is found on the receiving Plan side an error will be issued "BC332 - Message is currently present at the Partner Plan. Termination is not allowed at this time". Should this occur you should refer to Evaluate Remote Message State (3.7.3) or Reprocess Utility (5.6).

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SCCF	Format	Status Code	Disp Code	O/C Status	Msg Status	Date	Claim Type	Subscriber ID	Reason Code	Action Code	H
01020171710001600	SF	V	--	Open	--	10/01/2015	II	MXRIPDSLDLAMBAQUI	--	--	IPC
01020171710001600	GENINQ	--		Closed	TERM	01/22/2017	II	MXRIPDSLDLAMBAQUI	152	--	IPD

General Inquiry Summary	
<h1>General Inquiry Summary</h1>	
<ul style="list-style-type: none"> Plan Details Subscriber Information Patient Information Provider Details General Inquiry Request 	
Resubmission No	
Comments	020 - XX -GENINQM - Display 512 Characters Including HIPPA - BOID - HOME - REASON CODE ALL - XX - ZXCVBNMlkjhgfdsaPOIUYTREWQ since the Plan is not defined as 'Host' or 'Home', the user must be able to view the pre-defined comment from the configuration for both Host and Home Plan BOID level - 'Message type'"Reason code' configuration is made successfully QAZXSWEDCVFRMLPKNQAZXSW%~@[_]\?'!#\$%^&*()=+ \,'". Product- ITAD Depart, IL 60601 %~@[_]\?'!#\$%^&*()=+ \,'". Display 512 Characters Including HIPPA - BOID
Message Status Code	Terminated
Create Date	06/22/2017
Release Number	17.5
Contact On Receipt Details	
User Id	BlueTst16
Name	Bluetst16
Phone Number	3122975845
Street Address	1234 Main Street
Extension	

3.7.2. Multiple Responses in Exception or Retrying (New with R17.5) State

It is also possible for a message to include multiple responses in an exception or retrying (**New with R17.5**) state, as shown in the sample screen below.

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Medical Record Response

☐ Comments 1: Response 4
Message Status Code: Exception Terminate Message Resend Message

☐ Comments 2: Responded with CR
Message Status Code: Processed

☐ Comments 3: Response 4
Message Status Code: Exception Terminate Message Resend Message

☐ Comments 4: Response 1 with CR and DM attachments.
Message Status Code: Exception Terminate Message Resend Message

☐ Comments 5: Response 2 created, with CR DM SS OT
Message Status Code: Exception Terminate Message Resend Message

View Remote Message State

In this situation, you must first click on the “radio” button at the far left side to select the exception or retrying (**New with R17.5**) message to be terminated or resent (exception state only). Only one message can be selected at a time.

3.7.3. Evaluate Remote Message State

This feature is only available to users that have access to view message summary pages. A button called “**Evaluate Remote Message State**” will appear on any message in a Processing or Retrying state, letting users resolve messages that are “stuck” in either state beyond the Plan’s established parameters.

When the user presses the **Evaluate Remote Message State** button, the system will first evaluate the message to determine if it is truly “stuck”. If not, you get a message as shown below:

Evaluate Remote Message State Remote message not found.

Message is in flight. Local message state remains as Processing.

If the system determines that the message is “stuck” (meaning that it has exceeded the Plan’s established parameters), it will next look to the remote Plan to see if they received the message or not. If they did get it, the system will update the message from either Processing or Retrying to “Processed” and provide a message as shown below. Please note that when a request

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message is updated to “Processed”, the Open/Closed indicator is updated to Open. When a response message is updated to “Processed”, the Open/Closed indicator on the request and response is set to Closed.



If the other Plan did not receive the message, the system will update the message status from Processing or Retrying to “Exception”, place it in the Exception repository, and provide a message as shown in either of the two samples provided below.



After the message is updated to “Exception”, the user then has the option to either resend or terminate the message. Please refer to section 3.7.1, Resend or Mark as Terminated, above, for more information regarding this process.

3.8 View Blue² Messages Associated With Purged SFs

Users can view claim-correlated Blue² messages, even if the associated SF has been purged. These messages can be viewed either locally or remotely, and users cannot perform any functions on them. Remotely, users can only view the message summary. This is covered in more detail in sections 6.6 and 6.7 of this manual.

4. Mailbox Overview

The mailbox is composed of individual and business unit (also called ‘BOID’ for Business Owner Identification) mailboxes. The mailboxes are an optional feature that Plans may define according to their needs. Both individual and business unit mailboxes are arranged in folders, with each subfolder showing a message type.

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As shown in the tables below, the Message Types displayed in the mailboxes depend upon the Host/Home selection and whether you are viewing it at the individual or business unit level.

4.1 **Individual Mailbox**

An individual's mailbox contains three folders: Inbox, Outbox, and Errors. The Inbox lists the responses to the messages sent by the user. The Outbox lists the messages that were sent by the logged in user and await response. The sub-folders are arranged by Message Type. Section [4.3](#) below discusses the Error Messages.

Claim appeal responses with any response reason, including "Appeal Approved" will be presented in the appropriate response folder. Refer to section 8.15 for more information on the claim appeal functions.

Escalation Level 1 messages will appear in the inbox when they are closed as a result of having been raised to a Level 2. More details regarding these message types are provided in section 8.18.

For Adjustment and Cancel Adjustment mailboxes refer to the Adjustment User Manual located in [Metadata within the 'Manuals'](#) section for detailed information.

4.2 **Business Unit Mailbox**

The business unit mailbox contains three sub-folders: Inbox, Outbox, and Errors. Inbox contains a) Responses received b) messages received from other business units. The Outbox contains the messages sent by the business unit awaiting response. Error Messages are discussed below in section [4.3](#).

Claim appeal responses with any response reason, including "Appeal Approved" will be presented in the appropriate response folder. Refer to section 8.15 for more information on the claim appeal functions.

Escalation Level 1 messages will appear in the inbox when they are closed as a result of having been raised to a Level 2. More details regarding these message types are provided in section 8.18.

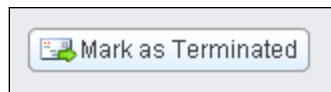
For Adjustment and Cancel Adjustment mailboxes refer to the Adjustment User Manual located in [Metadata within the 'Manuals'](#) section for detailed information.

4.3 **Error Messages**

Individual and business unit "in" boxes contain an 'Errors' folder. Only messages that are in 'Failed', 'Exception' or 'Retrying' states appear in the 'Errors' folder.

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The **Mark as Terminated** button is available in the message summary of messages in an 'Exception' state. If your Plan uses mailboxes, click the **Mark as Terminated** button to close the message and remove the message from either the individual or business unit 'Errors' folders.

4.4 Case Sensitivity

In general Blue² is not case sensitive; for example, a search on Subscriber ID beginning with either 'xoh' or 'XOH' will return the same result.

At the log-in screen, your User Name is not case-sensitive (See [Starting Blue²](#)).

Please note that when searching by User ID in the Admin tab (highlighted in section 5 below) the search is case-sensitive.

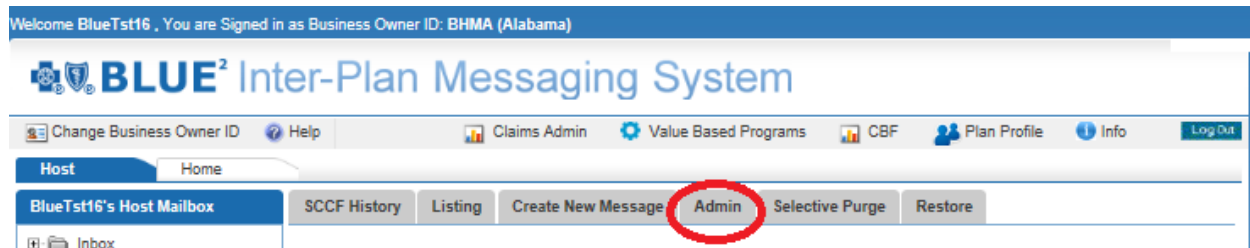
5. Using the Admin Tab

The **Admin** tab (circled below) will only appear if the user's security role includes administrative capabilities.

This tab allows a user to perform various administrative functions, such as:

- Reassign the User ID for Blue² messages
- Load/update User Security Configuration
- Load/update Predefined Message Comment Configuration
- Add Claims Administration Local Edit Descriptions
- Load/update Subscriber ID Wildcard Search Configuration
- Invoke the Reprocess Utility
- Evaluate Adjustment Message Status
- Configure Post Processing Rules
- Retransmit ITS Transactions

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5.1 Reassign Blue² User ID

There are two basic ways to reassign user IDs, which include:

- a) Reassigning a specific message using the Message ID field or
- b) Using the User ID and Format Type fields, along with any additional search parameters, to search out a range of messages and reassign some or the entire group.

Each of these two methods is detailed in the sub-sections below. This feature is only applicable to Blue² request or one-way messages that were sent by the user's Plan. Only messages in Exception, Failed, Processed or Retrying states can be reassigned.

The system will not modify the User ID for request or one-way message received, nor for responses, acknowledgements, updates and cancellations sent or received. The system also does not permit reassignment of messages to or from a user ID of "SYSTEM". Please note that when searching by User ID, the search is case sensitive.

Blue² is delivered to Plans with an optional User ID validation feature set to "OFF". If your Plan implements the validation feature, entering an incorrect User ID will return a message in red stating "Invalid User Id."

Please note that a reassigned User ID will not appear on the standard Blue² screens. Although the User ID is changed on the database, the screens will continue to display the original User ID.

5.1.1. Reassign User ID via the Message ID Field

1. After clicking on the **Admin** tab, enter a valid Message ID in the **Message ID** field (shown below). Note that the other fields become grayed out and are not available for use.
2. Click on the **Search** button at the lower right

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The screenshot shows the 'Admin' tab selected in the top navigation bar. Below it, the 'Select Admin Function' dropdown is set to 'Reassign User Id'. The form contains several input fields: 'User ID' (empty), 'Message Id' (65e274a437b4263ffcode78b2), 'Format Type' (Select One), 'Message State' (Select One), 'Open/Closed' (Select One), 'Date: From' and 'To' (empty), and 'Reason Code' (Select One). A 'Search' button is located at the bottom right of the form area.

- On the “**Reassign User Id Search Results**” screen shown below, click on the box in the second column (circled below) to select the desired message.

The screenshot shows the 'Reassign User Id Search Results' screen. It indicates 'Showing 1-1 of 1 Results'. Below this is a table with the following columns: SCCF, Format, Message ID, O/C Status, Date, Messg. Orig, Host Code, Home Code, and Subscriber ID. The first row contains the following data: 01020060370180000, INFOMSG, ac2252565e274a437, Unknown, 06/17/2009, 010, 010, 444, ZPO561494843. A red circle highlights the first column icon, which is a small square with a diagonal line.

NOTE: Clicking on the icon at the far left brings up the **Summary** screen. When the message **Summary** screen appears, all available functions supported for that message type can be performed as usual via that message **Summary** screen. This would include Mark as Terminated, Resend, View Remote Message State or if in Retrying status, Evaluate Remote Message State. A section called **Reassign User Id** will also appear above the message **Summary** screen.

- The section called “**Reassign User Id**” is located at the bottom of the screen. Enter the case-sensitive user ID to which the message is to be reassigned. For the purpose of this example, we chose the user ID of “SAMPLE”.

The screenshot shows the 'Reassign User Id' section. It has a label 'Reassign To' followed by a text input field. A red circle highlights the input field. To the right of the input field is a blue 'Reassign' button. A red arrow points from the input field towards the button.

- Click on the **Reassign** button.
- A confirmation messages appears in green near the bottom as shown below.

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The screenshot shows the 'Admin' tab with the 'Reassign User Id' function selected. The search criteria include: User ID (empty), Message Id (65e274a437b4263ff0cde78b2), Format Type (Select One), Open/Closed (Select One), Reason Code (Select One), and Date (From/To). A 'Search' button is at the bottom right. The results section at the bottom shows '1 message(s) reassigned to SAMPLE.' circled in red.

5.1.2. Search a Group of Messages for User ID Reassignment



In this example, we will search out all messages with the **User ID** of “SAMPLE”, and reassign them to “New Person”.

1. After clicking on the “**Admin**” tab, enter the case-sensitive **User ID** to be changed, as shown below. Note that the **Message ID** field is now grayed out and not available for use, and that both the **User ID** and **Format Type** fields have become required (marked by an asterisk ‘*’).
2. Select a **Format Type** *.
3. Select an **Open/Closed Indicator**, **Reason Code**, **Message State** and/or **Date: From/To**, if desired as these are not required but available for searching.
4. Click on the **Search** button at the lower right.

The screenshot shows the 'Admin' tab with the 'Reassign User Id' function selected. The search criteria are: * User ID (SAMPLE), * Format Type (Informational Message), Message Id (grayed out), Message State (Select One), Open/Closed (Select One), Reason Code (Select One), and Date (From/To). A 'Search' button is at the bottom right.

5. On the “**Reassign User Id Search Results**” screen shown below, the system found two messages with the specified **User ID**. Either click on the top box in the second column to select all of the messages or use the individual boxes to select only certain ones to be changed.

Note that all messages in the **Reassign User Id Search Results** are displayed in ascending order of **Create Date**, up to the maximum number configured by your Plan.

Reassign User Id Search Results											
Showing 1-2 of 2 Results											
	<input checked="" type="checkbox"/>	SCCF	Format	Message ID	O/C Status	Date	Messg. Orig	Host Code	Home Code	Subscriber ID	
	<input checked="" type="checkbox"/>	01020060370180000	INFOMSG	ac2252565e274a437	Unknown	06/17/2009	010	010	444	ZPO561494843	
	<input checked="" type="checkbox"/>	01020060401145000	INFOMSG	d14500fe52b607ded	Closed	06/17/2009	510	510	090	XJA997355576	

NOTE: Clicking on the icon at the far left brings up the **Summary** screen associated with that particular message. When the message **Summary** screen appears, all available functions supported for that message type can be performed as usual via that message **Summary** screen. This would include Mark as Terminated, Resend, View Remote Message State or if in Retrying status, Evaluate Remote Message State. A section called **Reassign User Id** will also appear above the message **Summary** screen.

6. Scroll to the bottom of the screen to complete the **Reassign To** field.
7. Click on the **Reassign** button in the lower right.

▼ Reassign User Id

Reassign To

Reassign

8. A confirmation messages appears in green near the bottom as shown below. Note that it indicates the total number of messages reassigned.

SCCF History

Listing

Create New Message

Admin

Select Admin Function

Reassign User Id

* User ID

SAMPLE

* Format Type

Informational Message

Open/Closed

Select One

Reason Code

Select One

Message Id

Message State

Select One

Date: From

To

(mm/dd/yyyy)

(mm/dd/yyyy)

Search

2 message(s) reassigned to New Person.

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5.1.3. Error Messages

After clicking the **Reassign** button for a group of messages, the Blue² system may experience a time out error, and display a “Request timed out” error message. Similarly, the User ID update may fail due to a database or system exception. In these situations, the system will display the appropriate database or system exception error message. Should any of these errors occur, some or all User ID updates may have been completed. The user should re-execute the original search to verify which messages have been updated.

Other possible error messages include “No matching records found.”, or “Message is ineligible for user id reassignment.” (shown on the sample screens below).

The screenshot shows the 'Admin' tab selected. Under 'Select Admin Function', 'Reassign User Id' is chosen. The search criteria are: * User ID: New Person, * Format Type: Informational Message, Open/Closed: Open, Reason Code: 160 Split Claim, Message Id: (empty), Message State: Failed, Date: From (empty) To (empty). A 'Search' button is at the bottom right. Below the search area, a red error message states: 'No matching records found.'

The screenshot shows the 'Admin' tab selected. Under 'Select Admin Function', 'Reassign User Id' is chosen. The search criteria are: User ID: (empty), Format Type: Select One, Open/Closed: Select One, Reason Code: Select One, Message Id: 1ac35c0812aedcc919f1fbd4f, Message State: Select One, Date: From (empty) To (empty). A 'Search' button is at the bottom right. Below the search area, a red error message states: 'Message is ineligible for user id reassignment.'

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5.1.4. Exporting User ID Search Results

This export feature works exactly the same as the Blue² system's general Export function described in detail in sections 11.1 and 11.2 of this user manual. Please note that all messages displayed in the **User ID Search Results** will be exported regardless of which messages are selected or not selected using the click boxes on the left side.

5.2 Blue² Security Configuration File

The Configure Security capability is available to allow specific users to load/add or update the Blue² security configuration file. Only users with appropriate security will have access to this feature. Please note that due to the technical nature of this feature only users with the proper skill set should be permitted to access this menu option. The changes that are made through this feature will be applied in real-time, thus eliminating the need to restart the server, which was a requirement in previous releases in order to make these types of changes.

5.2.1. Load/Add Blue² Security Configuration File

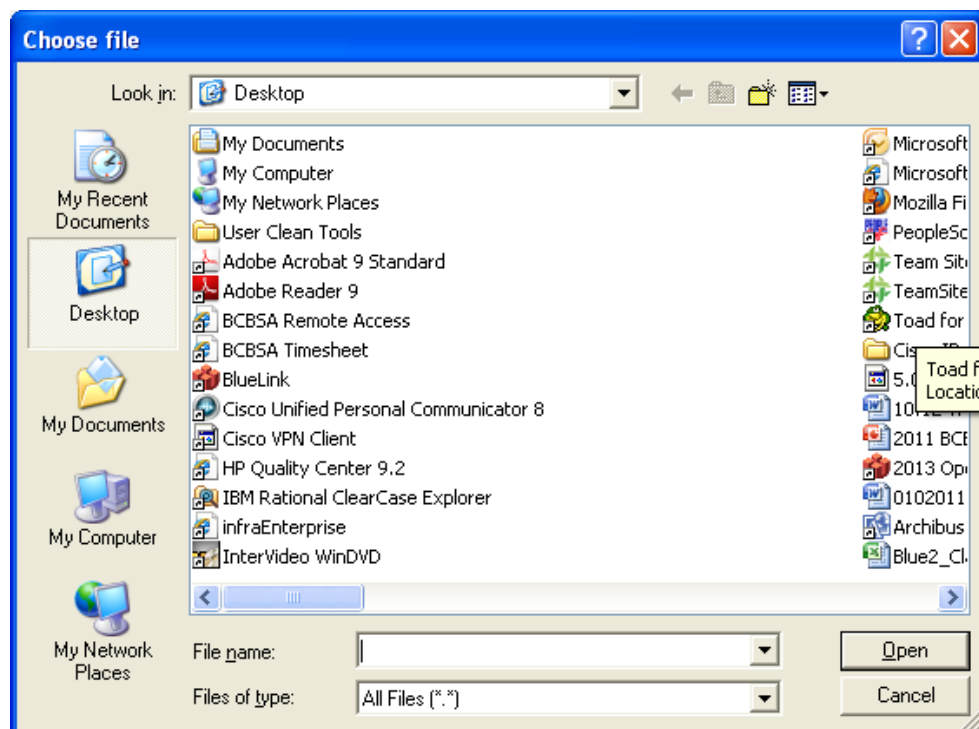
1. After clicking on the **Admin** tab, select the Configure Security option from the Select Admin Function drop down list.

The screenshot shows the Blue² Security Configuration File interface. At the top, there are four tabs: 'SCCF History', 'Listing', 'Create New Message', and 'Admin'. The 'Admin' tab is currently selected. Below the tabs, there is a 'Select Admin Function' dropdown menu with 'Configure Security' selected. Below this, there is a 'Configuration File' input field, a 'Browse...' button, and a 'Save' button. A message 'Loaded existing configuration!' is displayed above a large empty text area.

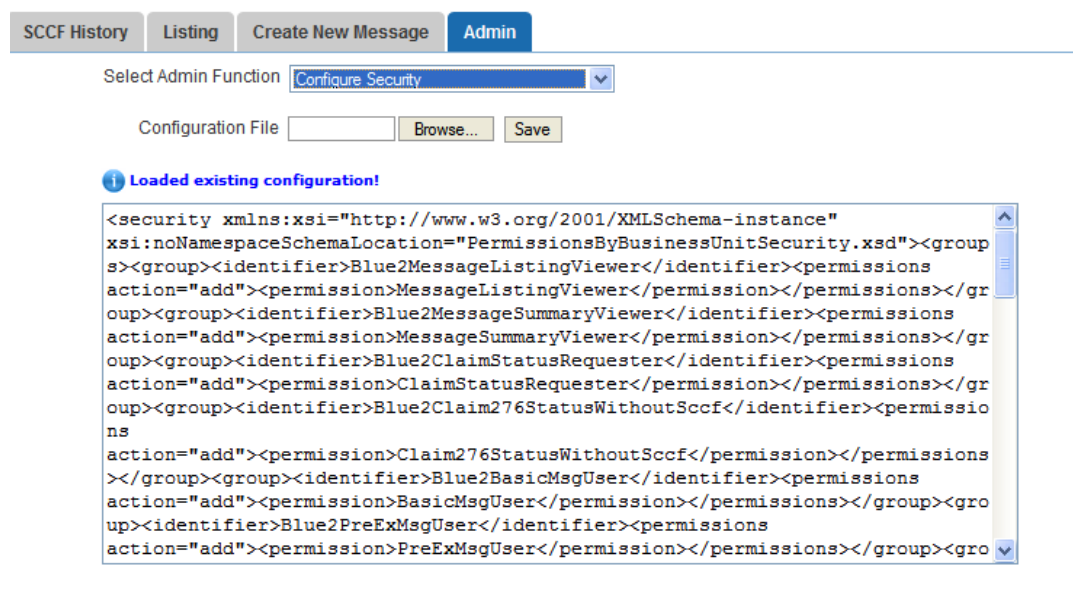
The Configuration Security window is presented.

2. Click the **Browse** button to locate the file that you wish load.

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3. Click **Open** to select the file to load.



The file is loaded and the contents are displayed in the text box.

4. If changes are needed, make the changes that you wish to make.

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- Click **Save** to save the file, including any changes that were made.

Select Admin Function: Configure Security

Configuration File: Browse... Save

Configuration saved!

```
<security xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xsi:noNamespaceSchemaLocation="PermissionsByBusinessUnitSecurity.xsd"><group
s><group><identifier>Blue2MessageListingViewer</identifier><permissions
action="add"><permission>MessageListingViewer</permission></permissions></gr
oup><group><identifier>Blue2MessageSummaryViewer</identifier><permissions
action="add"><permission>MessageSummaryViewer</permission></permissions></gr
oup><group><identifier>Blue2ClaimStatusRequester</identifier><permissions
action="add"><permission>ClaimStatusRequester</permission></permissions></gr
oup><group><identifier>Blue2Claim276StatusWithoutSccf</identifier><permissio
ns
action="add"><permission>Claim276StatusWithoutSccf</permission></permissions
></group><group><identifier>Blue2BasicMsgUser</identifier><permissions
action="add"><permission>BasicMsgUser</permission></permissions></group><gro
up><identifier>Blue2PreExMsgUser</identifier><permissions
action="add"><permission>PreExMsgUser</permission></permissions></group><gro
```

The message 'Configuration saved' will appear. Changes are reflected in the application in real-time.

5.2.2. Update Blue² Security Configuration File

- After clicking on the **Admin** tab, select the Configure Security option from the Select Admin Function drop down list.

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SCCF History Listing Create New Message **Admin**

Select Admin Function Configure Security

Configuration File

Loaded existing configuration!

```
<security xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xsi:noNamespaceSchemaLocation="PermissionsByBusinessUnitSecurity.xsd"><group
s><group><identifier>Blue2MessageListingViewer</identifier><permissions
action="add"><permission>MessageListingViewer</permission></permissions></gr
oup><group><identifier>Blue2MessageSummaryViewer</identifier><permissions
action="add"><permission>MessageSummaryViewer</permission></permissions></gr
oup><group><identifier>Blue2ClaimStatusRequester</identifier><permissions
action="add"><permission>ClaimStatusRequester</permission></permissions></gr
oup><group><identifier>Blue2Claim276StatusWithoutSccf</identifier><permissio
ns
action="add"><permission>Claim276StatusWithoutSccf</permission></permissions
></group><group><identifier>Blue2BasicMsgUser</identifier><permissions
action="add"><permission>BasicMsgUser</permission></permissions></group><gro
up><identifier>Blue2PreExMsgUser</identifier><permissions
action="add"><permission>PreExMsgUser</permission></permissions></group><gro
```

The Configuration Security window is presented with the current configuration file displayed in the text box.

2. Make the changes that you wish to make.
3. Click **Save** to save the file, including any changes that were made.

SCCF History Listing Create New Message **Admin**

Select Admin Function Configure Security

Configuration File

Configuration saved

```
<security xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xsi:noNamespaceSchemaLocation="PermissionsByBusinessUnitSecurity.xsd"><group
s><group><identifier>Blue2MessageListingViewer</identifier><permissions
action="add"><permission>MessageListingViewer</permission></permissions></gr
oup><group><identifier>Blue2MessageSummaryViewer</identifier><permissions
action="add"><permission>MessageSummaryViewer</permission></permissions></gr
oup><group><identifier>Blue2ClaimStatusRequester</identifier><permissions
action="add"><permission>ClaimStatusRequester</permission></permissions></gr
oup><group><identifier>Blue2Claim276StatusWithoutSccf</identifier><permissio
ns
action="add"><permission>Claim276StatusWithoutSccf</permission></permissions
></group><group><identifier>Blue2BasicMsgUser</identifier><permissions
action="add"><permission>BasicMsgUser</permission></permissions></group><gro
up><identifier>Blue2PreExMsgUser</identifier><permissions
action="add"><permission>PreExMsgUser</permission></permissions></group><gro
```

The message 'Configuration saved' will appear. Changes are reflected in the application in real-time.

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5.3 Configure Predefined Message Comments

The Configure Predefined Message Comments capability is available to allow specific users to load/add or update the Blue² predefined message configuration file. Only users with appropriate security will have access to this feature. Please note that due to the technical nature of this feature only users with the proper skill set should be permitted to access this menu option. The changes that are made through this feature will be applied in real-time, thus eliminating the need to restart the server, which was a requirement in previous releases in order to make these types of changes.

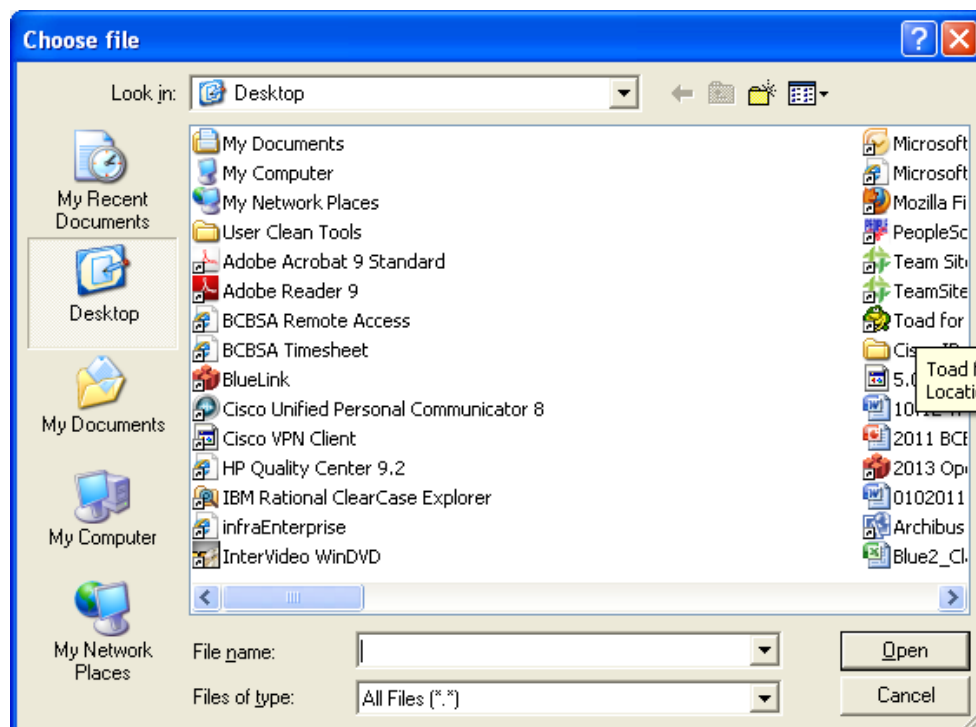
5.3.1. Load/Add Predefined Message Comments

1. After clicking on the **Admin** tab, select the Configure Predefined Message Comments option from the Select Admin Function drop down list.

The screenshot shows the Blue2 Admin interface. At the top, there are four tabs: 'SCCF History', 'Listing', 'Create New Message', and 'Admin'. The 'Admin' tab is selected. Below the tabs, there is a 'Select Admin Function' dropdown menu with 'Configure Predefined Message Comments' selected. Below this, there is a 'Configuration File' input field, a 'Browse...' button, and a 'Save' button. Below the input field, there is a message 'Loaded existing configuration!' with a blue information icon. Below the message is a large empty text area with a vertical scrollbar on the right side.

2. Click the **Browse** button to locate the file that you wish load.

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3. Click **Open** to select the file to load.

SCCF History
Listing
Create New Message
Admin

Select Admin Function

Configure Predefined Message Comments

Configuration File

Browse...

Save

Loaded existing configuration!

```

<MessageComments><MessageComment type="GENINQ" plan="HOST"
reasoncode="100">The coordination of benefits questionnaire was forwarded
to your plan. Please advise of the timeframe for
adjustment</MessageComment><MessageComment type="GENINQ" plan="HOST"
reasoncode="100">Provider is a VA facility and does not file to Medicare.
Please advise of the timeframe for
adjustment</MessageComment><MessageComment type="GENINQ" plan="HOST"
reasoncode="100">Primary remittance has been forwarded to you. Please
advise of the timeframe for adjustment</MessageComment><MessageComment
type="GENINQ" plan="HOST" reasoncode="100">Has the member updated COB
information? If yes, please advise of the timeframe for
adjustment</MessageComment><MessageComment type="GENINQ" plan="HOST"
reasoncode="150">Please approve the stripping of this SF as the claim
cannot be processed. A new SF is
forthcoming</MessageComment><MessageComment type="GENINQ" plan="HOST"

```

The file is loaded and the contents are displayed in the text box.

4. If changes are needed, make the changes that you wish to make.
5. Click **Save** to save the file, including any changes that were made.

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SCCF History Listing Create New Message **Admin**

Select Admin Function Configure Predefined Message Comments

Configuration File

Configuration saved!

```
<MessageComments><MessageComment type="GENINQ" plan="HOST"
reasoncode="100">The coordination of benefits questionnaire was forwarded
to your plan. Please advise of the timeframe for
adjustment</MessageComment><MessageComment type="GENINQ" plan="HOST"
reasoncode="100">Provider is a VA facility and does not file to Medicare.
Please advise of the timeframe for
adjustment</MessageComment><MessageComment type="GENINQ" plan="HOST"
reasoncode="100">Primary remittance has been forwarded to you. Please
advise of the timeframe for adjustment</MessageComment><MessageComment
type="GENINQ" plan="HOST" reasoncode="100">Has the member updated COB
information? If yes, please advise of the timeframe for
adjustment</MessageComment><MessageComment type="GENINQ" plan="HOST"
reasoncode="150">Please approve the stripping of this SF as the claim
cannot be processed. A new SF is
forthcoming</MessageComment><MessageComment type="GENINQ" plan="HOST"
```

The message 'Configuration saved' will appear. Changes are reflected in the application in real-time.

5.3.2. Update Predefined Message Comments

1. After clicking on the **Admin** tab, select the Configure Predefined Message Comments option from the Select Admin Function drop down list.

SCCF History Listing Create New Message **Admin**

Select Admin Function Configure Predefined Message Comments

Configuration File

Loaded existing configuration!

```
<MessageComments><MessageComment type="GENINQ" plan="HOST"
reasoncode="100">The coordination of benefits questionnaire was forwarded
to your plan. Please advise of the timeframe for
adjustment</MessageComment><MessageComment type="GENINQ" plan="HOST"
reasoncode="100">Provider is a VA facility and does not file to Medicare.
Please advise of the timeframe for
adjustment</MessageComment><MessageComment type="GENINQ" plan="HOST"
reasoncode="100">Primary remittance has been forwarded to you. Please
advise of the timeframe for adjustment</MessageComment><MessageComment
type="GENINQ" plan="HOST" reasoncode="100">Has the member updated COB
information? If yes, please advise of the timeframe for
adjustment</MessageComment><MessageComment type="GENINQ" plan="HOST"
reasoncode="150">Please approve the stripping of this SF as the claim
cannot be processed. A new SF is
forthcoming</MessageComment><MessageComment type="GENINQ" plan="HOST"
```

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The Predefined Message window is presented with the current configuration file displayed in the text box.

2. Make the changes that you wish to make.
3. Click **Save** to save the file, including any changes that were made.

SCCF History Listing Create New Message **Admin**

Select Admin Function Configure Predefined Message Comments ▼

Configuration File Browse... Save

Configuration saved!

```
<MessageComments><MessageComment type="GENINQ" plan="HOST"
reasoncode="100">The coordination of benefits questionnaire was forwarded
to your plan. Please advise of the timeframe for
adjustment</MessageComment><MessageComment type="GENINQ" plan="HOST"
reasoncode="100">Provider is a VA facility and does not file to Medicare.
Please advise of the timeframe for
adjustment</MessageComment><MessageComment type="GENINQ" plan="HOST"
reasoncode="100">Primary remittance has been forwarded to you. Please
advise of the timeframe for adjustment</MessageComment><MessageComment
type="GENINQ" plan="HOST" reasoncode="100">Has the member updated COB
information? If yes, please advise of the timeframe for
adjustment</MessageComment><MessageComment type="GENINQ" plan="HOST"
reasoncode="150">Please approve the stripping of this SF as the claim
cannot be processed. A new SF is
forthcoming</MessageComment><MessageComment type="GENINQ" plan="HOST"
```

The message 'Configuration saved' will appear. Changes are reflected in the application in real-time.

5.4 Claims Administration Local Edit Descriptions

The Claims Administration Local Edit Descriptions capability is available to allow specific users to maintain description information related to locally defined and/or standard ITS SF/DF edits. Once information has been entered through this feature, it is then viewable through Claims Administration via the edit specific info buttons. The edit specific info buttons, when selected, provide users with full details associated with the edit that was encountered in Claims Administration. Only users with appropriate security will have access to this feature. The changes that are made through this feature are applied in real-time.

5.4.1. Enter New Edit Description

1. After clicking on the **Admin** tab, select the Claims Administration Local Edit Descriptions option from the Select Admin Function drop down list.

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The screenshot shows the 'Admin' tab selected in the top navigation bar. Below the navigation bar, there is a 'Select Admin Function' dropdown menu with 'Claims Admin Local Edit Description' selected. The main heading is 'Local Edit Description'. Below this heading, there is a text input field labeled '* Edit Code :' followed by a 'Search' button. To the right of the 'Search' button is an 'Export' button.

2. Enter the Edit Code for which you would like to provide edit description information.
3. Click the **Search** button.

The screenshot shows the 'Admin' tab selected in the top navigation bar. Below the navigation bar, there is a 'Select Admin Function' dropdown menu with 'Claims Admin Local Edit Description' selected. The main heading is 'Local Edit Description'. Below this heading, there is a text input field labeled '* Edit Code :' containing the value 'IS040', followed by a 'Search' button. To the right of the 'Search' button is an 'Export' button. Below the 'Search' button, the text 'Short Description : IS040 - SUBSCRIBER GROUP NUMBER CANNOT CONTAIN EMBEDDED LOW VALUES OR BLANKS 01' is displayed. Below this text is a label 'Enter Custom Description - Up to 2000 characters.' followed by a large text area for input. At the bottom right of the form are three buttons: 'Save', 'Delete', and 'Cancel'.

4. Enter the edit description information that you wish to be displayed in Claims Administration in the Custom Description text box.
5. Click the **Save** button.

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The screenshot shows the 'Admin' tab selected in the top navigation bar. Below the navigation bar, there is a 'Select Admin Function' dropdown menu with 'Claims Admin Local Edit Description' selected. The main content area is titled 'Local Edit Description'. It contains a form with a label '* Edit Code :', a text input field containing 'IS040', and a 'Search' button. To the right of the form is an 'Export' button. Below the form, a green message states 'IS040 Custom description saved.'

A confirmation appears as shown above.

5.4.2. Update Edit Description

1. After clicking on the **Admin** tab, select the Claims Administration Local Edit Descriptions option from the Select Admin Function drop down list.

The screenshot shows the 'Admin' tab selected in the top navigation bar. Below the navigation bar, there is a 'Select Admin Function' dropdown menu with 'Claims Admin Local Edit Description' selected. The main content area is titled 'Local Edit Description'. It contains a form with a label '* Edit Code :', an empty text input field, and a 'Search' button. To the right of the form is an 'Export' button.

2. Enter the Edit Code for which you would like to update edit description information.
3. Click the **Search** button.

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SCCF History Listing Create New Message **Admin**

Select Admin Function Claims Admin Local Edit Description ▼

Local Edit Description

* Edit Code : IS040

Short Description : IS040 - SUBSCRIBER GROUP NUMBER CANNOT CONTAIN EMBEDDED LOW VALUES OR BLANKS 01

Enter Custom Description - Up to 2000 characters.

test

4. Modify the information in the Custom Description text box as you wish.
5. Click the **Save** button.

SCCF History Listing Create New Message **Admin**

Select Admin Function Claims Admin Local Edit Description ▼

Local Edit Description

* Edit Code : IS040

IS040 Custom description saved.

A confirmation appears as shown above.

5.4.3. Delete Edit Description

1. After clicking on the **Admin** tab, select the Claims Administration Local Edit Descriptions option from the Select Admin Function drop down list.

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[SCCF History](#)
[Listing](#)
[Create New Message](#)
[Admin](#)

Select Admin Function [Claims Admin Local Edit Description](#)

Local Edit Description

* Edit Code : [Search](#) [Export](#)

- Enter the Edit Code for which you would like to delete edit description information.
- Click the **Search** button.

[SCCF History](#)
[Listing](#)
[Create New Message](#)
[Admin](#)

Select Admin Function [Claims Admin Local Edit Description](#)

Local Edit Description


* Edit Code : [Search](#) [Export](#)


Short Description : IS040 - SUBSCRIBER GROUP NUMBER CANNOT CONTAIN EMBEDDED LOW VALUES OR BLANKS 01

Enter Custom Description - Up to 2000 characters.

[Save](#) [Delete](#) [Cancel](#)

- Click the **Delete** button.

Confirm Delete 

 Click Ok to Delete the description

[OK](#) [Cancel](#)

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A confirmation window is displayed.

- Click the **OK** button.

The screenshot shows a web application interface with tabs: SCCF History, Listing, Create New Message, and Admin. The 'Admin' tab is selected. Below the tabs is a dropdown menu labeled 'Select Admin Function' with 'Claims Admin Local Edit Description' selected. The main content area is titled 'Local Edit Description'. It contains a text input field labeled '* Edit Code : ' with the value 'IS040', a 'Search' button, and an 'Export' button. A green message at the bottom states 'IS040 Custom description deleted.'

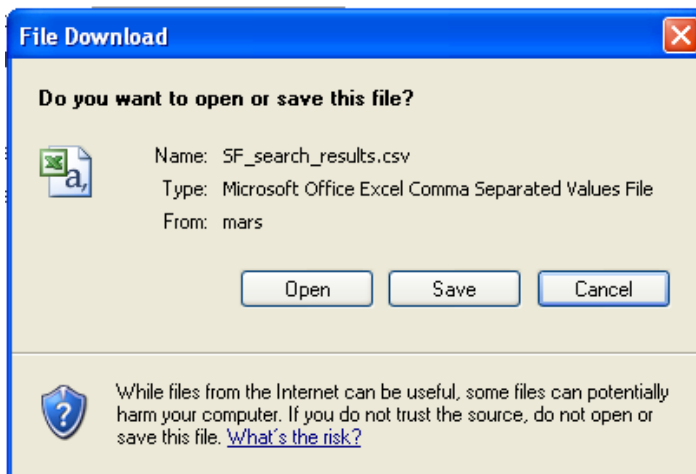
A confirmation appears as shown above.

5.4.4. Export Edit Descriptions

- After clicking on the **Admin** tab, select the Claims Administration Local Edit Descriptions option from the Select Admin Function drop down list.

This screenshot is similar to the previous one, showing the 'Local Edit Description' window. The 'Export' button is now highlighted with a blue border, indicating it is the next step in the process.

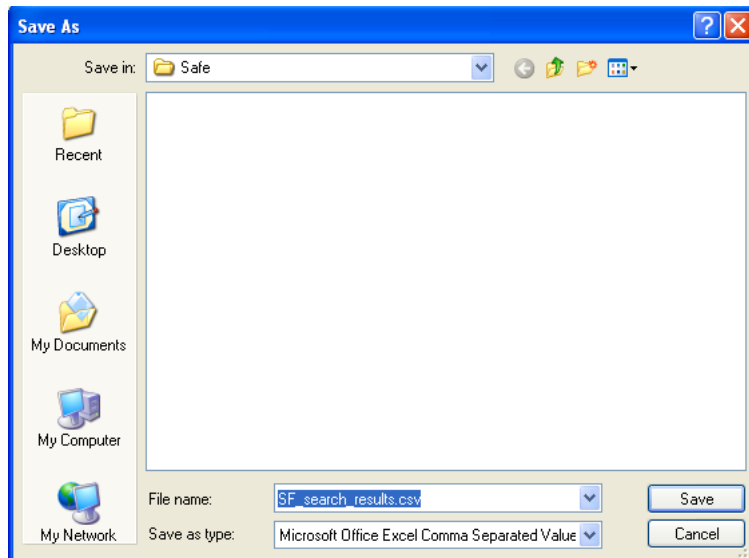
- Click the **Export** button.



The File Download dialog box appears.

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3. Click **Save**.



4. Navigate to the appropriate folder and click the **Save** button.

5.5 **Configure Subscriber ID Wildcard Search**

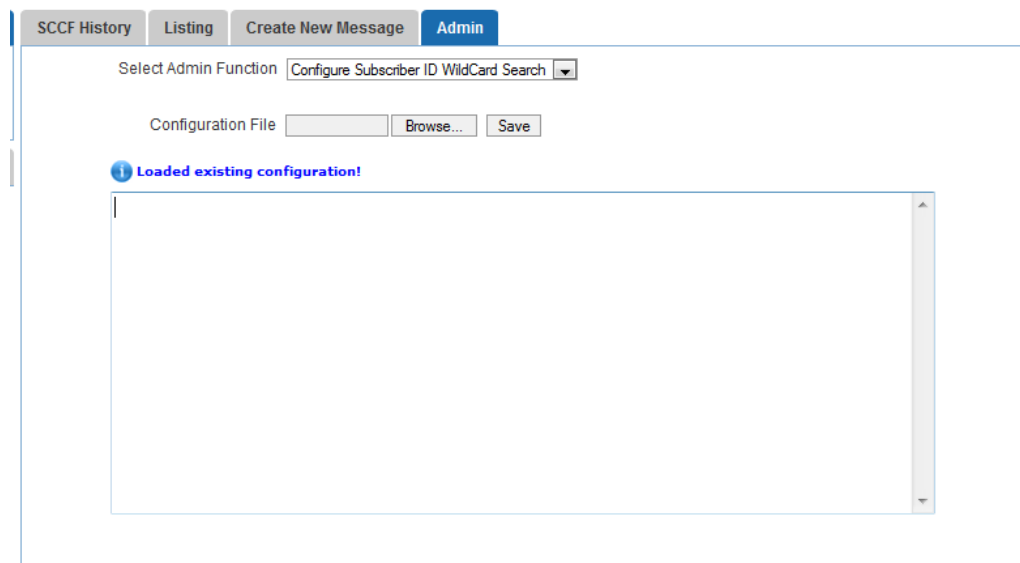
The Configure Subscriber ID Wildcard Search capability is available to allow specific users to load/add or update the Blue² subscriber ID wildcard search configuration file. Only users with appropriate security will have access to this feature. Please note that due to the technical nature of this feature only users with the proper skill set should be permitted to access this menu option. The changes that are made through this feature will be applied in real-time, thus eliminating the need to restart the server, which was a requirement in previous releases in order to make these types of changes.

5.5.1. **Load/Add Subscriber ID Wildcard Search Configuration File**

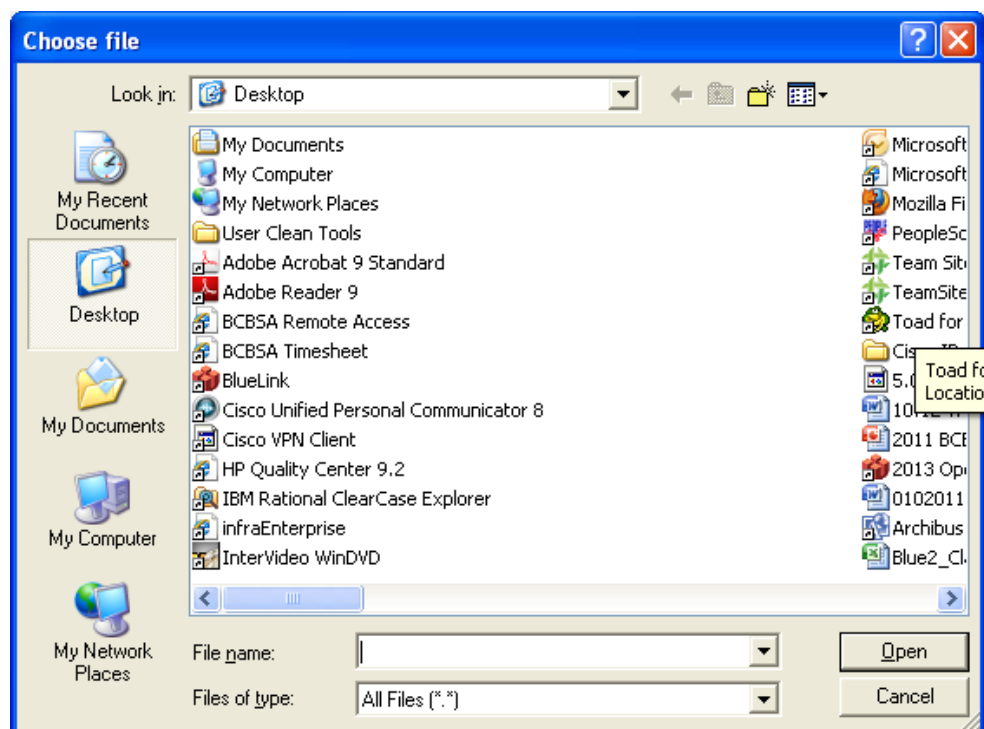
1. After clicking on the **Admin** tab, select the Configure Subscriber ID Wildcard Search option from the Select Admin Function drop down list.

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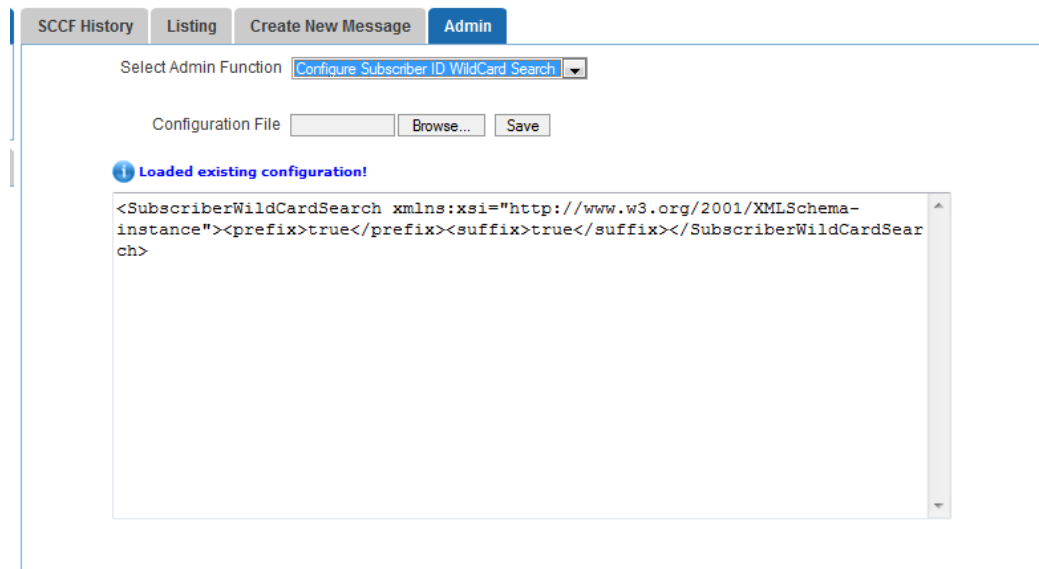
2. Click the **Browse** button to locate the file that you wish load.



3. Click **Open** to select the file to load.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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SCCF History Listing Create New Message **Admin**

Select Admin Function **Configure Subscriber ID WildCard Search**

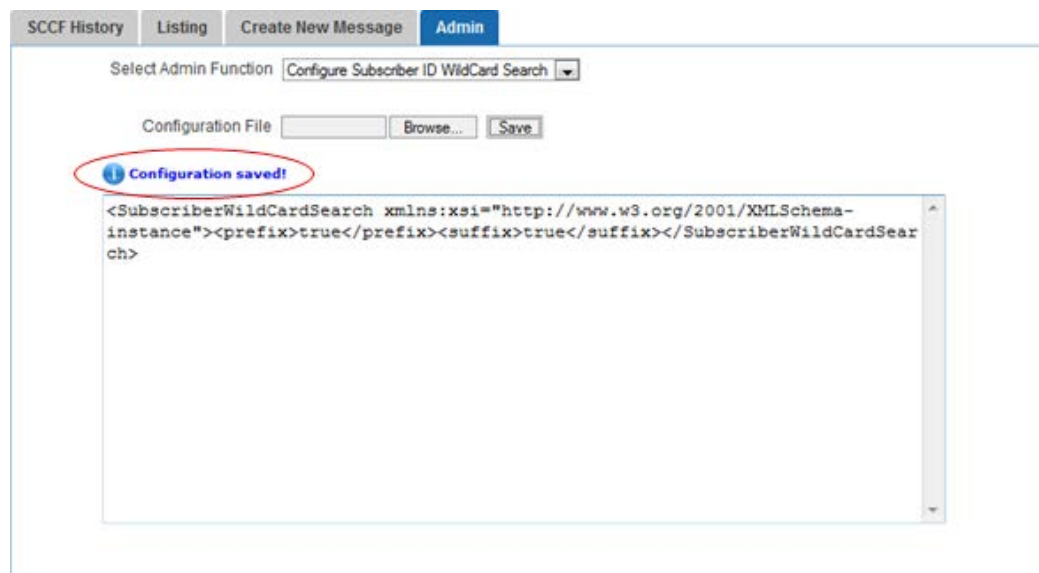
Configuration File Browse... Save

Loaded existing configuration!

```
<SubscriberWildCardSearch xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"><prefix>true</prefix><suffix>true</suffix></SubscriberWildCardSearch>
```

The file is loaded and the contents are displayed in the text box.

- If changes are needed, make the changes that you wish to make.
- Click **Save** to save the file, including any changes that were made.



SCCF History Listing Create New Message **Admin**

Select Admin Function **Configure Subscriber ID WildCard Search**

Configuration File Browse... Save

Configuration saved!

```
<SubscriberWildCardSearch xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"><prefix>true</prefix><suffix>true</suffix></SubscriberWildCardSearch>
```

The message 'Configuration saved' will appear. Changes are reflected in the application in real-time.

5.5.2. Update Subscriber ID Wildcard Search Configuration File

- After clicking on the **Admin** tab, select the Configure Subscriber ID Wildcard Search

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option from the Select Admin Function drop down list.

SCCF History Listing Create New Message **Admin**

Select Admin Function **Configure Subscriber ID WildCard Search**

Configuration File

Loaded existing configuration!

```
<SubscriberWildCardSearch xmlns:xsi="http://www.w3.org/2001/XMLSchema-
instance"><prefix>true</prefix><suffix>true</suffix></SubscriberWildCardSear
ch>
```

The file is loaded and the contents are displayed in the text box.

2. Make the changes that you wish to make.
3. Click **Save** to save the file, including any changes that were made.

SCCF History Listing Create New Message **Admin**

Select Admin Function **Configure Subscriber ID WildCard Search**

Configuration File

Configuration saved!

```
<SubscriberWildCardSearch xmlns:xsi="http://www.w3.org/2001/XMLSchema-
instance"><prefix>true</prefix><suffix>true</suffix></SubscriberWildCardSear
ch>
```

The message 'Configuration saved' will appear. Changes are reflected in the application in real-time.

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5.6 **Reprocess Utility**

The Reprocess Utility is available to enable Plans to manage exception inventory, which includes messages that are in a processing, retrying or exception message status. Previously, this utility could only be leveraged outside of the user interface. Only users with appropriate security will have access to this feature. Please note that due to the technical nature of this feature only users with the proper skill set should be permitted to access this option.

5.6.1. Find Eligible Messages

The Find Messages activity type will allow users to identify messages that are eligible for processing through the reprocess utility.

1. After clicking on the **Admin** tab, select the Reprocess Utility option from the Select Admin Function drop down list.

The screenshot shows a web interface with four tabs: 'SCCF History', 'Listing', 'Create New Message', and 'Admin'. The 'Admin' tab is active. Below the tabs is a form with a 'Select Admin Function' dropdown menu currently showing 'Reprocess Utility'. Underneath this is a section titled 'Select Activity' containing an 'Activity Type' dropdown menu currently showing 'Find Messages'. At the bottom left of the form is a 'Submit' button.

2. Select the Find Messages option from the Activity drop down list.
3. Click **Submit**.

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SCCF History Listing Create New Message **Admin** Selective Purge Restore

Select Admin Function Reprocess Utility

Select Criteria - FIND

* Message Status: Select One

Message Type: Select One (optional)

Date: From To (optional)
(mm/dd/yyyy) (mm/dd/yyyy)

Originating Plan Code: AL - BCBS of Alabama - 010-BHMA
AL - BCBS of Alabama - 510-BHMA
PA - Highmark - Worldwide - 381-WWPA

Destination Plan Code: All
AR - Arkansas BCBS - 020-LRCA
AR - Arkansas BCBS - 021-LRCA
AR - Arkansas BCBS - 022-LRCA

Reason Code: Select One

Error Code:

Submit

4. Enter or select search criteria, minimally you must select a Message Status.
5. Click **Submit**.

SCCF History Listing Create New Message **Admin**

Select Admin Function Reprocess Utility

Message Reprocess Service invoked Successfully.

Download Report

[Back to Select Operation](#)

A confirmation appears as shown above.

6. Click the **Download Report** button to view all messages that are eligible for processing through the utility.

5.6.2. Submit Eligible Messages

The Submit Messages activity type will allow users to submit eligible messages for processing through the reprocess utility.

1. After clicking on the **Admin** tab, select the Reprocess Utility option from the Select

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Admin Function drop down list.

SCCF History Listing Create New Message **Admin**

Select Admin Function Reprocess Utility

Select Activity

Activity Type Submit Messages

Submit

2. Select the Submit Messages option from the Activity drop down list.
3. Click **Submit**.

SCCF History Listing Create New Message **Admin** Selective Purge Restore

Select Admin Function Reprocess Utility

Select Criteria - SUBMIT

* Message Status: Select One

Message Type: Select One (optional)

Date: From To (optional)
(mm/dd/yyyy) (mm/dd/yyyy)

Originating Plan Code: AL - BCBS of Alabama - 010-BHMA
AL - BCBS of Alabama - 510-BHMA
PA - Highmark - Worldwide - 381-WWPA

Destination Plan Code: All
AR - Arkansas BCBS - 020-LRCA
AR - Arkansas BCBS - 021-LRCA
AR - Arkansas BCBS - 022-LRCA

Reason Code: Select One

Error Code:

Submit

4. Enter or select search criteria, minimally you must select a Message Status.
5. Click **Submit**.

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The screenshot shows the 'Admin' tab selected in the top navigation bar. Below the navigation bar, there is a 'Select Admin Function' dropdown menu with 'Reprocess Utility' selected. A green message states 'Message Reprocess Service invoked Successfully.' Below this message is a 'Download Report' button and a 'Back to Select Operation' link.

A confirmation appears as shown above.

- Click the **Download Report** button to view all of the messages that were successful or that were unable to be processed, along with a message describing why they were not successful.

5.7 Evaluate Adjustment Message Status

The Evaluate Adjustment Message Status capability is available to enable users to identify out of sync messages and take corrective action. Only users with appropriate security will have access to this feature. Please reference the Adjustments User Manual for a complete description of this function and for the steps necessary to complete this process.

For details on this process, including step by step instructions, reference section 18 of the Adjustment User Manual located in [Metadata within the 'Manuals'](#) section.

5.8 ITS Retransmit Utility

The ITS Retransmit Utility provides the ability to initiate the retransmission of SF and DF records. This includes valid original, void and re-issue SF and DF records. Previously, this process could only be leveraged outside of the user interface. There is also the ability to view the records submitted using the utility. Only users with appropriate security will have access to this feature. Please note that due to the technical nature of this feature only users with the proper skill set should be permitted to access this option.

For more detailed information on ITS Retransmit Utility reference the [System Use Case](#) document.

5.8.1. Enter Transactions by Individual SCCF

- After clicking on the **Admin** tab, select the ITS Retransmit Utility option from the Select Admin Function drop down list.

Host View

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SCCF History Listing Create New Message **Admin** Selective Purge Restore

Select Admin Function ITS Retransmit Utility ▼

Activity Type Select One
Enter Transactions
Import Transactions

SCCF Format Type SF

Home View

SCCF History Listing Create New Message **Admin** Selective Purge Restore

Select Admin Function ITS Retransmit Utility ▼

Activity Type Enter Transactions ▼

SCCF Format Type DF

2. Select the Enter Transactions option from the Activity Type drop down list.
3. Enter the 17 digit SCCF for the SF or DF you need to retransmit.
 - a. If you are on the Host tab the Format Type will be prefilled with SF. If you are on the Home tab the Format Type will be prefilled with DF.
4. Then select the **Search** button to display the results.

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SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

Select Admin Function ITS Retransmit Utility

Activity Type Enter Transactions

SCCF 01020161180013400

Format Type SF

Search

Retransmit Search Results

	SCCF	Format Type	Status Code	Disposition Code
<input type="checkbox"/>	01020161180013400	SF	V	--

Transmission Mode Override

☐ Retransmit Batch

Submit

5. In the Retransmit Search Results section check the box of the corresponding record you want to retransmit.
 - a. Even if multiple records are displayed (DF only) you can only select one record at a time.

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[Listing](#)
[Create New Message](#)
[Admin](#)
[Selective Purge](#)
[Restore](#)

Select Admin Function

Activity Type

SCCF Format Type

Retransmit Search Results

	SCCF	Format Type	Status Code	Disposition Code
<input checked="" type="checkbox"/>	01020161400000400	DF	V	1
<input checked="" type="checkbox"/>	01020161400000400	DF	V	4

[Transmission Mode Override](#)

☐ Retransmit Batch

BC320 - User can send only one record at a time

- b. In the Transmission Mode Override section you can retransmit the record(s) in batch even if it was originally sent in real-time.

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SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

Select Admin Function ITS Retransmit Utility

Activity Type Enter Transactions

SCCF 01020161180013400
Format Type SF

Search

Retransmit Search Results

	SCCF	Format Type	Status Code	Disposition Code
<input checked="" type="checkbox"/>	01020161180013400	SF	V	—

Transmission Mode Override

☒ Retransmit Batch

Submit

- Then select the **Submit** button to invoke the retransmit process.

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SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

Select Admin Function ITS Retransmit Utility

Activity Type Enter Transactions

SCCF 01020161180013400
Format Type SF

Search

Retransmit Search Results

	SCCF	Format Type	Status Code	Disposition Code
<input checked="" type="checkbox"/>	01020161180013400	SF	V	—

Transmission Mode Override

☒ Retransmit Batch

Submit

SF was successfully processed and stored in Suspense DB

7. You will receive a message indicating success as noted above.

5.8.2. Import Transactions

- After clicking on the **Admin** tab, select the ITS Retransmit Utility option from the Select Admin Function drop down list.

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The screenshot shows the 'Admin' tab of the SCCF interface. Under 'Select Admin Function', 'ITS Retransmit Utility' is selected. Under 'Activity Type', 'Import Transactions' is selected. Below these, there is an 'Attach File' text box, a 'Browse...' button, and an 'Upload' button.

2. Select the Import Transactions option from the Activity Type drop down list.
3. Click the **Browse** button to locate the file that you wish load. The file must be a 'txt' file type and contain for SFs the 17 digit SCCF number and for DFs the 17 digit SCCF number followed by a comma then the Disposition number (1 or 4) of the transactions that need to be retransmitted.
 - a. If on the Host tab it will be only SFs that are retransmitted. If on the Home tab it will be only DFs that are retransmitted.
 - b. File layout for SF

```
File Edit Format View Help
17872345123456000
23344444444444444
01020152940001200
```

- c. File layout for DF

```
File Edit Format View Help
01020153020000300,1
01020152940001200,1]
```

4. Click **Open** to select the file to upload.

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5. Click **Upload** to submit the SCCFs from the file for retransmission.

The screenshot shows the Blue2 Admin interface. At the top, there are tabs: 'SCCF History', 'Listing', 'Create New Message', 'Admin' (selected), 'Selective Purge', and 'Restore'. Below the tabs, there is a 'Select Admin Function' dropdown menu with 'ITS Retransmit Utility' selected. Below that is an 'Activity Type' dropdown menu with 'Import Transactions' selected. Underneath is an 'Attach File' field with the text 'C:\Users\ida07660\Documents\Retransm'. To the right of the file path is a 'Browse...' button. Further right is an 'Upload' button, which is circled in red. Below the 'Attach File' field, there is a message box that says 'The file has been successfully uploaded'.

6. You will receive a message indicating success as noted above.

5.8.3. ITS Retransmit Audit History

1. After clicking on the **Admin** tab, select the ITS Retransmit Audit History option from the Select Admin Function drop down list.
2. You can search by SCCF, Transmission Date (the date the transaction was retransmitted in the utility) or a combination of both.
 - a. If you are in the Host tab the results will be only SF records. If you are in the Home tab the results will be only DF records.
 - b. SCCF must be 17 digits.
 - c. Transmission Date must be in MM/DD/YYYY format.
3. Then select the **Search** button to display the results.

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[Listing](#)
[Create New Message](#)
[Admin](#)
[Selective Purge](#)
[Restore](#)

Select Admin Function

SCCF Format Type

Transmission Date

Retransmit Audit History Search Results

SCCF	Format Type	Status Code	Disposition Code	Transmission Date	CA Event Code
01020161180007300	SF	V	--	06/28/2016	G

[SCCF History](#)
[Listing](#)
[Create New Message](#)
[Admin](#)
[Selective Purge](#)
[Restore](#)

Select Admin Function

SCCF

Format Type

Transmission Date

Retransmit Audit History Search Results

SCCF	Format Type	Status Code	Disposition Code	Transmission Date	CA Event Code
01020161180013400	SF	V	--	06/28/2016	G
01020161590001900	SF	V	--	06/28/2016	H
01020161180011400	SF	V	--	06/28/2016	H
01020161650000700	SF	V	--	06/28/2016	G
01020161521001000	SF	V	--	06/28/2016	G
01020161180007300	SF	V	--	06/28/2016	G

SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

Select Admin Function ITS Retransmit Audit History

SCCF
Format Type DF

Transmission Date 06/28/2016
Search

Retransmit Audit History Search Results

SCCF	Format Type	Status Code	Disposition Code	Transmission Date	CA Event Code
01020161970001800	DF	V	1	06/28/2016	H
01020168970002700	DF	V	1	06/28/2016	G
01020168980001800	DF	V	1	06/28/2016	H

4. The results will be displayed based on the search criteria entered. This is only a display no action can be taken from the Audit History.
 - a. The CA Event Code indicates if the retransmitted transaction was sent via Batch (G), Real-Time (H) or failed/rejected (R).

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6. Using the SCCF History Tab

6.1 SCCF History Overview

The Blue² **SCCF History** Tab allows a user to search for SCCF history. This tab displays all transactions on file related to a specific SCCF number, Message ID, Subscriber ID, claim type, or range of dates. These transactions include the SF, DF, RF, NF, and any related Blue² messages.

6.2 How to Search Using SCCF History

1. From either the Host or Home Plan tabs, click the **SCCF History** Tab. At a minimum, a Message ID, Remote Message ID, SCCF number or Subscriber ID is required to conduct a SCCF History Search.
2. Enter a valid **SCCF** to get all messages and ITS formats for that SCCF. When performing an SCCF History search, if the user enters the fifteen-digit SCCF (without the suffix), the results will display all records for that SCCF, including the 00s, 01s, 02s, etc. If the user enters the seventeen-digit SCCF, the results will display only those records that exactly match on all 17 digits.
3. If a message is claim correlated, enter a **Message ID** to bring up the specific message and all associated ITS transactions and Blue² messages.
4. Provide a **Subscriber ID** to get all messages and ITS formats for that member. For DFs, this will search **both** the Input Subscriber ID and the Actual Subscriber ID. For RFs, it will search the Actual Subscriber ID only. The Subscriber ID search field has been modified to separate the Prefix and Suffix. In addition, users may optionally perform wildcard searches by placing an asterisk (*) as the right most character in the Suffix field. To perform a wildcard search by using only the Prefix, simply enter the three character Prefix.

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- Plans may optionally enable wildcard searches for each of these fields. Please follow up with your internal teams to determine if your Plan allows for these types of searches.
- 5. Enter a **Remote Message ID** to search by the Remote Message ID.
- 6. Under Claim Type, the default is “All” types, or use the drop-down arrow to specify I for Institutional Inpatient, IO for Institutional Outpatient or P for Professional.
- 7. * **Database** is a required field, so you must specify if the search is to be conducted on either the Local or Remote database. If you do not make a selection, the system will automatically default to the “Local” database. Section 6.5 below provides more details regarding a search of the remote database of another Plan.
- 8. Select a **Format Type**, if desired from the drop-down menu. This feature permits host or home Plan users to specify a Format Type for their local SCCF searches; is not available for remote database searches. Clicking on the drop-down arrow shows the format types available for selection. Note that the default for this field, if nothing is selected, will produce “all” format types. If you select Claim Misroute as the Format Type, proceed to the next step; otherwise skip it as the “**Date Type**” field will not be activated.
- 9. If the **Format Type** was set to Claim Misroute, the **Date Type** field becomes active and available for use. This feature is available to both Home and Host Plans. Select a **Date Type** by specifying either the Create Date or Date of Service associated with the Claim Misroute (the default setting is Create Date). Note that Plans may only search for Claim Misroute messages by Date of Service on messages created on or after Blue² release 4.1 was implemented April 18, 2010. The date provided in the search results will vary depending on what you selected here.
- 10. You may also search by Date, BCBS Provider Number, Federal Tax ID, or National Provider ID. (Refer to section 7.3 for more details regarding date searches.)
- 11. Click the **Search** button.

6.3 **SCCF History Search Constraints**

In addition to the information provided below, please note that sections 6.5 and 7.3 of this manual provide more details regarding “SCCF History Search Criteria and Expected Results” and “Searches by Date; Special Criteria” respectively.

At a minimum, a Message ID, Remote Message ID, SCCF number or Subscriber ID is required to conduct a SCCF History search. In addition, the following constraints apply when performing SCCF History searches:

- If you use the **Message ID, Remote Message ID** or **SCCF**, then the other search

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fields become “grayed out” and are not available in the search.

- If the **Subscriber ID** is used, then the **Message ID**, **Remote Message ID** and **SCCF** become “grayed out” and are not available in the search.

- If the **Format Type** is set to “Claim Misroute”, the **Date Type** field becomes active and available for use. For all other format type selections, the **Date Type** field will remain “grayed-out” and not available. This is explained in section 6.2 above.

6.4 **SCCF History Search Results**

Click either the **Host** or **Home** Tab.

Click the **SCCF History** tab. The **SCCF Search** page appears.

1. Enter the SCCF number in the **SCCF** field. This example uses the SCCF, but other fields could be used instead; refer to the section above number 6.3 for further explanation.

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- Click the **Search** button and the SCCF **History Search Results** display, as shown below.

The SCCF History results include one column at the far left showing whether or not the request or response message includes an attachment. If the column includes a paperclip symbol (as shown below), that is indicative of at least one attachment for the message.

When searching by Message ID or Remote Message ID, the row of the message that corresponds to the Message ID or Remote Message ID used in the search will be highlighted.

SCCF History Search Results

Showing 1-7 of 7 Results

	SCCF	Format	Status Code	Disposition Code	O/C Status	Date	Claim Type	Subscriber ID	Reason Code	Host Plan Ctrl #	Processing Site Ctrl #
	01020092162037400	SF	V	--	Closed	12/01/2006	IO	BAT1234	--	E43037-DD024-0804	--
	01020092162037400	DF	V	1		08/04/2009	IO	BAT1234	--	E43037-DD024-0804	1234
	01020092162037400	CLMAPPLS	--	--	Closed	03/18/2010					--
	01020092162037400	MEDREC	--	--	Open	03/18/2010				0804	--
	01020092162037400	CLMAPPLM	--	--	Closed	03/18/2010	IO	BAT1234	310	E43037-DD024-0804	--
	01020092162037400	CLMAPPL	--	--					308	E43037-DD024-0804	--
	01020092162037400	RF	--	--					--	E43037-DD024-0804	1234

Click anywhere inside the desired Summary row to view the associated summary and details.

This paperclip symbol indicates the presence of at least one attachment for request or response messages created after release 4.2 was implemented Oct. 17, 2010.

- For claim misroute searches, the “Date” column will show either the “Create Date” or the “Date of Service”, depending upon what was previously selected as a search parameter. Section 6.2 above provides additional information regarding this feature.

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- Each row can be opened by clicking inside of it to view its summary information. Click inside the desired row to view the summary and detail information as shown below. This example selected the SF Summary.

From the summary screen, users can create a new message by clicking “New Message” in the upper left hand corner. A user can return to the previous search results by selecting “Return to SCCF History Search Results.”

6.5 SCCF History Search Criteria and Expected Results

As a convenience for Blue² users, the following table summarizes various SCCF History Search options and their respective results. At a minimum, a Message ID, Remote Message ID, SCCF number or Subscriber ID is required to conduct a SCCF History search. Please refer also to

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section 7.3 of this manual for more details regarding “Searches by Date; Special Criteria”.

Search Options	Records/Messages Displayed	Comments
SCCF Number	All claim records (SF, DF, NF and RF) with their corresponding messages on the formats database with the SCCF serial number specified.	You may enter either the full 17 character SCCF number or 15 character SCCF number. If you enter the full 17 then the results will only include formats/messages that contain the suffix entered in the search. If you enter the 15 character SCCF number then the results will include all suffixes for the SCCF number entered in the search.
SCCF Number and Format Type filter	All Claim Records with their corresponding messages on the formats database with the SCCF serial number specified then filtered by the format type selected in the Format Type filter.	
Message ID or Remote Message ID	Any non-claim correlated message with a matching Message ID or Remote Message ID OR The SCCF History (with the matching 17 character SCCF serial number) for any match found on a claim correlated Message ID or Remote Message ID.	
Message ID or Remote Message ID and Format Type filter	Any non-claim correlated message with a matching Message ID or Remote Message ID then filtered by the format type selected in the Format Type filter OR The SCCF History (with the matching 17 character SCCF serial number) for any match found on a claim correlated Message ID or	

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Search Options	Records/Messages Displayed	Comments
	Remote Message ID then filtered by the format type selected in the Format Type filter.	
Subscriber ID (Prefix/Suffix)	All claim records with their corresponding messages AND any non-claim correlated messages that have a matching Subscriber ID.	DF, NF, RF, Medical Record Request, Claim Appeal, Claim Appeal Misroute, Claim Appeal Status and Escalation Level 1 or Level 2 messages can be found by using either the Input or the Actual Subscriber ID.
Subscriber ID (Prefix/Suffix) and Format Type filter	All claim records with their corresponding messages and any non-claim correlated messages that have a matching Subscriber ID then filtered by the format type selected in the Format Type filter	DF, NF, RF, Medical Record Request, Claim Appeal, Claim Appeal Misroute, Claim Appeal Status and Escalation Level 1 or Level 2 messages can be found by using either the Input or the Actual Subscriber ID.
Subscriber ID (Prefix/Suffix) and Date From and To	All claim records with their corresponding messages AND non-claim correlated messages that have a matching Subscriber ID and that have date equal to or that falls within the date range entered in the Date From and To fields	DF, NF, RF, Medical Record Request, Claim Appeal, Claim Appeal Misroute, Claim Appeal Status and Escalation Level 1 or Level 2 messages can be found by using either the Input or the Actual Subscriber ID.
Subscriber ID (Prefix/Suffix) and any other search option	All claim records with their corresponding messages AND any non-claim correlated messages that have a matching Subscriber ID and that have all other matching attributes defined in the other search options	DF, NF, RF, Medical Record Request, Claim Appeal, Claim Appeal Misroute, Claim Appeal Status and Escalation Level 1 or Level 2 messages can be found by using either the Input or the Actual Subscriber ID. Users may filter by BCBS Provider Number, Federal Tax ID and NPI within the same search. However, in these instances, only one of the filters will be used in the search.

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Search Options	Records/Messages Displayed	Comments
		<p>The following hierarchy is used:</p> <ol style="list-style-type: none"> 1. BCBS Provider Number 2. NPI 3. Federal Tax ID

6.6 View Another Plan's Database

New with R17.5 all BlueSquared Messages can be viewed remotely. All ITS transactions (SF, DF, RF and NF) have always been available for remote view.

1. Click either the **Host** or **Home** Tab.
2. Click the **SCCF History** tab. The **SCCF Search** page appears.

3. Enter the SCCF number in the **SCCF#** field. Remote Databases may only be searched by SCCF number. When performing an SCCF History search, if the User enters the fifteen-digit SCCF#, the results will display all records for that SCCF#, including the 00s, 01s, 02s, etc. If the User enters the seventeen-digit SCCF#, the results will display only those records that exactly match on all 17 digits.
4. Click the **Search** button and the **SCCF History Search Results** display, as shown below.

Remote SCCF History Search Results									
Showing 1-1 of 1 Results									
SCCF	Format	Status Code	Disposition Code	O/C Status	Date	Claim			
09020092731050900	SF	Y	--	Open	04/02/2009	P	YPM2749		7600

Click anywhere inside the desired Summary row to view the associated summary and details.

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- Click inside the desired row to view the summary information. This example selects the SF Summary. The selected summary appears as in the screen excerpt shown below.
- Each row can be opened by clicking inside of it to view its summary information. Click inside the desired row to view the Remote SF summary information as shown below. As shown below, detail information is not available in remote views.

Remote SF Summary

SF Summary

Summary

Claim Header Details

SCCF Number 01020161020005800

Total Charges \$350.00

Cross Reference SCCF Number

Date Of Service 04/11/2016

Claim Type P - Professional

Type of Submission 1 - Original claim

Open/Closed Indicator Closed

Estimate Indicator

Subscriber Details

Subscriber ID AAJ44332211

Subscriber Group Number JLCPAROA

Host Plan Details

Host Plan Code 010 - BCBS of Alabama

Host Plan Receipt Date 04/11/2016

Host Plan Station Code BHMA

Adjustment Receipt Date

Host Plan Control # E104562

Home Plan Details

Home Plan Code 090 - BCBS of Florida

Processing Site Station Code JAXA

Processing Site Plan Code 090 - BCBS of Florida

Processing Site Control # TC3

Provider Details

Provider Name HOUSE GREG

National Provider ID

BCBS Provider Number BDCP001018502

Federal Tax ID 215616448

Plan Details

Program Code 1 - ITS Model

Electronic Claims Routing Indicator

Delivery Method J - AllNet Networks

BlueCard Program Product Type F

National/OOA Code 1 - National account

Plan Payer Code 1 - Local Plan

Payment Disposition Code 3 - Payment to provider

Remark Code KYC

International Code

Adjustment Edit Indicator Y

Account Type Code B

Initial Transmission Mode Code 4 - Real-Time

835 Indicator N

Transport

Access Fee Percentage 2.40

Transmission Mode Code 4 - Real-time

Transport

Other Details

Edit Date 04/11/2016

Status Code Valid

FDB Posting Date 04/11/2016

Close Date 05/09/2016

Error Details

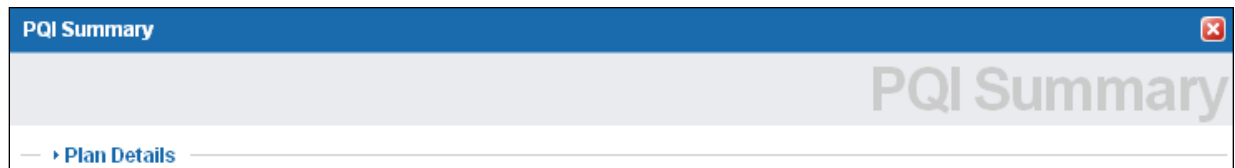
Error Code

6.7 View Another Plan's Database (Blue² Transactions)

From the Blue² message summary page, click the **View Remote Message State** button located near the bottom of the page.

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The state of the remote message will appear next to the **View Remote Message State** button. In the example shown below, the word “Processed” appears to the right.



For message types which permit multiple responses, such as an open Medical Record request, the **View Remote Message State** button will appear as shown below.



Click on “Show Attachment” to view the various responses as shown in the sample screen below.

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Medical Record Response

Comments 1: Medical Record Response

Message Status Code: Processed

View Remote Message State

- Hide

Medical Record Type	TP - Treatment Plan	Content Key	/export/home/ibmws/images/1.jpeg
Comments			
Message Status Code	Processed		
Medical Record Type	PR - Pathology Report	Content Key	/export/home/ibmws/images/1.jpeg
Comments			
Message Status Code	Processed		
Medical Record Type	AR - Anesthesia Record	Content Key	/export/home/ibmws/images/1.jpeg
Comments			
Message Status Code	Processed		
Medical Record Type	CR - Consultant/Consultation Report	Content Key	
Comments	CR No attachment included		
Message Status Code	Processed		
Medical Record Type	OT - Other	Content Key	
Comments	OT No attachment included		
Message Status Code	Processed		

7. Using the Listing Tab

7.1 Listing Overview

The Blue² **Listing** Tab provides basic and advanced search functions. Use this search page to search the database for claims, claims related information and other messages. Users can perform searches using the Format Type and many other search criteria.

Click the **Listing** Tab. As shown below, the search criteria appear on the screen. The user need not populate any filters to generate a Listing, as the first filter, called **Format Type**, will automatically default to the first item in the drop down list, which is the SF; further instructions are provided below. Please note that the **Date Type** filter on the right is activated only when **Format Type** is set to "Claim Misroute". This is explained in more detail in section 6.2 above. Certain additional filters are explained in more detail below.

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SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

Listing Search
Return to SCCF History Search Results

Format Type SF
Subscriber ID
BCBS Provider Number
Host Plan Code
AL - BCBS of Alabama - 010-BHMA
AL - BCBS of Alabama - 510-BHMA
PA - Highmark - Worldwide - 381-WWPA
Home Plan Code
All
AR - Arkansas BCBS - 020-LRCA
AR - Arkansas BCBS - 021-LRCA
AR - Arkansas BCBS - 022-LRCA
Message Sub Type Select One
Message Direction Select One
Order: Descending
Date Type: Create Date
Date: From To
(mm/dd/yyyy) (mm/dd/yyyy)

Advanced Search Options [Hide]
Reason Code Select One
Claim Type Select One
Open / Closed Select One
Status Code Select One
Program Code Select One
Blue Card Type Select One
Delivery Method Select One
Estimate Indicator Select One
Attachment Indicator Select One
SF Type Select One
Action Code Select One
Message State Select One
OPM MSPP Product Select One

Search

Order

This filter, if available, allows users to display their Listing Search results in Ascending or Descending order by date. Depending upon your Plan's configuration, this filter may not be viewable or useable.

Message Sub-Type

This filter becomes activated only for Format Types set to General Inquiry, Medical Record, Case Specific Rate Negotiation, Provider Quality Issue, Claim Appeal, Claim Misroute, Escalation Level 1 or Escalation Level 2.

Options include "Request" which is the default setting, or "Response". For a search using the "Response" setting, if a Date Range is specified, the Date From and Date To values are compared against the Response Message Create Date. If multiple response messages for the same request message are found, only the response with the most recent Response Create Date will be displayed in the search results. Note that a search by response message sub types will yield the response message information in the search results.

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Estimate Indicator

This filter is activated only for Format Types SF or DF, allowing users to choose to eliminate or include estimate SFs and DFs from their Listing Searches. The default setting is “Claims Only”, which excludes estimates. However the drop down menu provides the option of searching “Estimates Only” or “All” which will yield both claims and estimates.

Attachment Indicator

This filter allows users to perform Listing searches for messages with or without an attachment by selecting “Yes” or “No” from the drop-down menu. This filter is grayed out and inactive for message types that do not support attachments. The results will indicate an attachment with a paperclip symbol on the far left side

OPM MSPP Product

This filter allows users to perform Listing searches for Claim Appeal messages for members that have an OPM MSPP product (Account Type Code = ‘G’ or ‘H’). This filter is grayed out and inactive for format types other than Claim Appeal Request.

7.2 Perform a Listing Search

Here are the steps to perform a Listing Search for format type Medical Record. Other search criteria can be used, as described in the following sections. Please note that searches by Date From/Date To involve special criteria which are described in detail in section 7.3 below.

In addition, certain Advanced Search Option criteria which appear to be available are not applicable and will be disregarded by the system. For Blue² messages, Claim Type, Status Code, Program Code, Blue Card Type and Estimate Indicator selections are not applicable and will be disregarded by the system in producing search results. For ITS messages, Message State is not applicable. With R16.0, two new advanced search options were added; SF Type specific to SF records and Action Code specific to Adjustment Messages/NF07.

1. Click either the **Host** or **Home** Plan Tab. For this example, the Host Plan was selected.
2. Click the **Listing** Tab.

















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3. Select the format type from the **Format Type** drop-down list.
4. Select the Host Plan from the **Host Plan Code** drop-down list and/or select the Home Plan from the **Home Plan Code** drop-down list. The values in the **Host Plan/Home Plan Code** filter will be in alphabetic order by the two-letter state postal code and are multi-selectable.
5. The user may select the **Message Direction**. Using the box at the lower left, the user may select either 'Sent' or 'Received'. This option only applies to Blue² messages.
6. Click the **Search** button after all the criteria have been entered.
7. Scroll through the results until the desired record is found (see screen shot below). Each row can be opened by clicking inside of it to view its summary information.

The Listing Search Results display a column second from left indicating the presence of at least one attachment with a paperclip symbol.

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Listing Search Results											
Showing 1-25 of 51 Results											
	SCCF	Format	Message ID	Status Code	Disposition Code	O/C Status	Date	Messg. Orig	Host Code	Home Code	
	01020060170967500	MEDREC	de6c8696adb03ac98	--	--	Closed	06/29/2009	510	510	090	
	01020060170967500	MEDREC	492737df59f304a0c	--	--	C				090	
	01020060381140000	MEDREC	51c5e780c49c91838	--	--	C				090	
	01020060381140000	MEDREC	a3eeaaa24e35af543	--	--	C				090	
	01020060330112500	MEDREC	9882596498056c4e6							090	
	01020060381140000	MEDREC	0015c0173f91e091	--	--	C				090	
	01020060270117500	MEDREC	760246a78d87311b3	--	--	Closed	07/10/2009	010	010	090	
	01020060400132500	MEDREC	62f9f6a65867a7883	--	--	Closed	08/10/2009	010	010	090	
	01020060400132500	MEDREC	f7b979b4d7846d740	--	--	Closed	08/10/2009	010	010	090	
	01020060401075000	MEDREC	5f051bfde4f783181	--	--	Unknown	08/11/2009	510	510	865	
	01020060400132500	MEDREC	fc								
	01020060191237500	MEDREC	29								
	01020060251487500	MEDREC	8								
	01020060300215000										
	01020052430515000	MEDREC	73723cc5b481a804c	--	--	Closed	02/23/2010	510	510	363	
	01020060170622500	MEDREC	b0472aaefd110f999	--	--	Closed	02/23/2010	510	510	378	

Click anywhere inside the desired Summary row to view the associated summary and details.

This paperclip symbol indicates the presence of at least one attachment. Note that this paperclip will only appear for attachment messages that were created after release number 4.2, which was implemented as of Oct. 17, 2010.

- Click the **Summary icon** at the far left in the first column to display the SF summary and details. If you choose, you may click anywhere on the record to go to the SCCF history.
- The detailed SF Summary page information appears as shown in the excerpt below.

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SF Institutional Details - SCCF 01020161650000700

New Message

Request Claim Status

SF Summary

Summary

Member and Provider

Claim

OPL

Line of Service

Control

Special Notations

Claim Header Details

SCCF Number 01020161650000700

Length of Stay 1

Cross Reference SCCF Number

Total Charges \$500.00

Claim Type II - Inpatient

Date Of Service 06/01/2016

Open/Closed Indicator Open

Type of Submission 1 - Original claim

Estimate Indicator

Subscriber Details

Subscriber ID VOV12345

Subscriber Group Number

Host Plan Details

Host Plan Code 010 - BCBS of Alabama

Host Plan Receipt Date 06/10/2016

Host Plan Station Code BHMA

Adjustment Receipt Date

Host Plan Control # TEST

Home Plan Details

Home Plan Code 090 - BCBS of Florida

Processing Site Station Code JAXA

Processing Site Plan Code 090 - BCBS of Florida

Processing Site Control #

Provider Details

Provider Name PROVIDENT HOSPITAL

National Provider ID 000000001

BCBS Provider Number 5452156478415

Federal Tax ID 561121211

Plan Details

Program Code 9 - Medicare Advantage

Electronic Claims Routing Indicator H

Delivery Method 5 - Medicare Advantage Regional PPO w Reciprocity

BlueCard Program Product Type G

National/OOA Code 1 - National account

Plan Payer Code 1 - Local Plan

Payment Disposition Code 3 - Payment to provider

Remark Code DPT

International Code

Adjustment Edit Indicator Y

Account Type Code E

Initial Transmission Mode Code 4 - Real-Time Transport

835 Indicator N

Transmission Mode Code 4 - Real-time Transport

Access Fee Percentage 0.00

Other Details

Edit Date 06/13/2016

Status Code Valid

FDB Posting Date 06/13/2016

Close Date

Claims Admin SF Audit History

Audit Event	CA Action Code	Edit Status	User Id	Timestamp
P - Released (Passed)	E	V	BLUETST16	06/13/2016 16:16:31
U - Updated	H	I	BLUETST16	06/13/2016 16:16:21
F - Released (Failed)	H	I	BLUETST16	06/13/2016 16:15:50

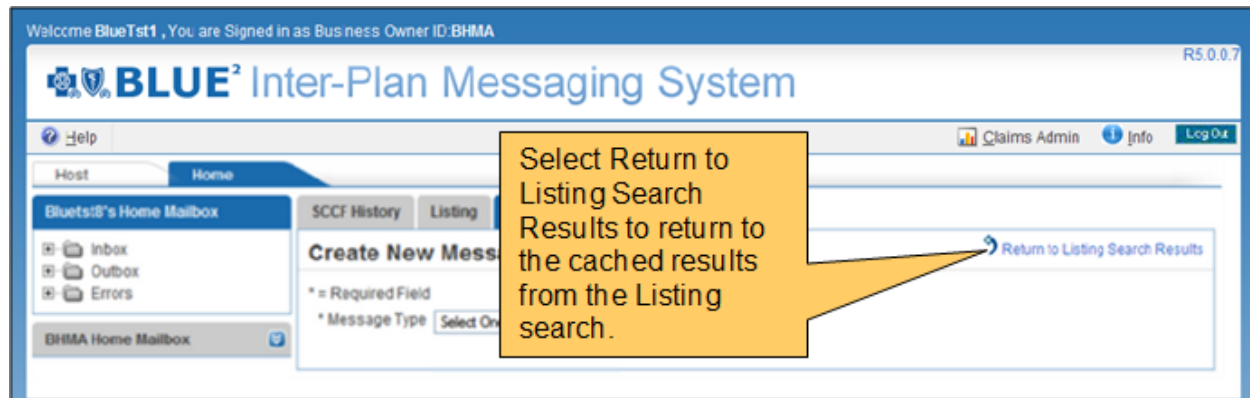
Error Details

Error Code

From the summary screen, users can create a new message by clicking “New Message” in the upper left hand corner. A user can return to the previous search results by selecting “Return to Listing Search Results.”

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7.3 Searches by Date; Special Criteria

For all Blue² messages the “date” that is being used in the Blue² Listing display and the search criteria, whether it is from a Listing or SCCF History search, is the “create date” and is the same for both the request and the response. The “create date” is the date which corresponds to when the transaction record was inserted in the local database. For 276/277 transactions, the date also corresponds to the create date.

A date search on any of the following transaction types will also yield the create date; this corresponds to the date at which the item was posted to the Plan’s formats database:

- Informational Messages
- General Inquiries
- Medical Record Requests
- Global Fee
- Claim Appeal
- Claim Appeal Misroute
- Claim Appeal Status
- Escalation Level 1 or 2
- Adjustment Messages

Claim Misroutes (not to be confused with Claim Appeal Misroutes) will provide either the Create Date or Date of Service, depending upon which Date Type was selected for the search. Refer to section 6.2 above for more information regarding the relationship between Format Type set to Claim Misroute and the Date Type selection filter.

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Other date searches will draw from different dates depending upon the nature of the data requested; additional details are provided in the table below:

Format Type	Sub-Type	Date Search
SF	SF Institutional Inpatient	Admission date
SF	SF Institutional Outpatient	Statement covers from date
SF	SF Professional	Earliest date of service start
DF	All	Disposition date
RF	All	Date paid
NF	NF (00 to 07)	Create date
NF	NF (08)	Create date
NF	NF 09/10	Create date
NF	NF 12	Create date
INFOMSG	All	Create date
MEDREC	All	Create date
GENINQ	All	Create date
GLOBAL	All	Create date
MISROUTE	All	Create Date or Date of Service, depending Date Type selection
CLAIMSTATUS	All	Create date
PQI	All	Create date
CSRN	All	Create date
CLMAPPL	All	Create date
CLMAPPLM	All	Create date
CLMAPPLS	All	Create date
ESCL1	All	Create date
ESCL2	All	Create date
ADJUSTREQ	All	Create date
ADJUSTRESP	All	Create date

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8. Using the Create New Message Tab

8.1 Create New Message Overview

Messages can be created and sent directly from the **Create New Message** Tab. The **Create New Message** tab is also accessible from the following functions as well:

- **SCCF History Results** (SF Summary Page)
- **Listing Search Results** (SF Summary Page)

8.2 Alternate Methods of Reaching the 'Create New Message' Tab

There are three ways to begin a new message:

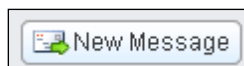


1. Go directly to the **Create New Message** Tab.
2. Perform a SCCF History search (See [Perform a SCCF History Search](#))



From the **Summary**, click the **New Message** button located at the upper left corner of the screen.

3. Perform a Listing search (See [Perform a Listing Search](#))



From the **Summary**, click the **New Message** button located at the upper left corner of the screen.

Users are not able to create any claim-correlated messages on an Estimate SF. If a user clicks the Create New Message tab and enters a SCCF number corresponding to an estimate SF, they will receive an error message. The “Create New Message” button will not display on the SF Summary page for an estimate.

8.2.1. Character Limits

The comments field for all request and response messages, except Escalations, will accommodate a maximum of 512 characters. For Escalation request and response messages,

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both Levels 1 and 2, the message comments text box will allow up to 1500 characters. However, when sending an escalation update, the comments field is 512 characters long.

The Internal Comments field will accommodate a maximum of 500 characters; see [Adding Internal Comments](#) for specifics on Internal Comments.

The Pre-Defined Comments will accommodate a maximum of 512 characters; see [Pre-Defined Comments](#) for specifics on Pre-Defined Comments.

8.2.2. Special Characters

Blue² supports the following special characters in fields where alphanumeric data is accepted. An exception is the Subscriber ID Number field, which cannot contain any spaces.

Tilde	~	Exclamation	!	Rate	@
Pound	#	Dollar	\$	Percent	%
Caret	^	Ampersand	&	Asterisk	*
Open Parenthesis	(Closed Parenthesis)	Underscore	_
Hyphen	-	Plus	+	Equals	=
Less than	<	Greater Than	>	Colon	:
Semicolon	;	Single Quote	'	Double Quote	"
Forward slash	/	Backward slash	\	Period	.
Question Mark	?	Comma	,	Space	
Vertical Bar		Open Bracket	[Close Bracket]
Open Brace	{	Close Brace	}		

8.3 **Informational Message: Codes 153, 160, 163, 164, 172, 174 and 177**

Both Host and Home Plans can send these types of Informational Messages. No response is required. For example, a Home Plan may want to notify the Host Plan if there will be a delay in returning a DF. All required fields in Blue² are preceded by an asterisk (*).

Here are the steps to send an 'Informational Message Reason Code 172 - Medical Records Have Been Requested' from the [Create New Message](#) tab.

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1. Click either the **Host** or **Home** Plan tab.
2. Click the **Create New Message** tab.
 - You may also click the **New Message** button from the **Summary**. See [Alternate Methods of Reaching the 'Create New Message' Tab](#). If you create a message from a summary, Blue² will populate many of the fields for you.
3. Select 'Informational Message' in the ***Message Type** drop-down list.
4. Select the appropriate ***Reason Code** from the drop-down list.
5. Enter the ***Claim SCCF#**.
 - Blue² will automatically populate this field for you if you used the **New Message** button from the **Summary**.
6. Click the **Get** button. This will populate the fields on the page with the related SCCF information. This will not appear if you used the **New Message** button from the **Summary**.

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- Complete the **Message** section either by selecting a predefined message from the drop-down list or by entering a message of your own in the ***Message** box of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².
- Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:
 - ***Name**
 - ***Phone Number**
 - **Extension**
 - **Street Address**
 - **City**
 - **State or Province**
 - **Zip or Postal Code**
 - **Country**
- Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.
- Click the **Send Message** button.

The screenshot shows a web interface with three tabs: 'SCCF History', 'Listing', and 'Create New Message'. The 'Create New Message' tab is active. Below the tabs, there's a section titled 'Create new Message'. It includes a legend '* = Required Field' and a dropdown menu for '* Message Type' set to 'Informational Message'. A large green message states 'Your message was sent Successfully!'. Below this, the 'Message ID' is displayed as 'fabe8a48fb513feef811ad52e96c88a5'.

A confirmation appears as shown above.

8.3.1. Receiving Plan “Mark as Finished”

- Find and open the desired Informational Message Summary.

The screenshot shows a window titled 'Informational Message Summary'. At the top left, there is a button labeled 'Mark as Finished' with a green checkmark icon, which is circled in red. Below this button, there's a section titled 'Plan Details' containing various fields and values:

- Message ID: 65e3ead4ac741f86bb250158945607fe
- Claims SCCF Number: 01020150070010700
- Date Of Service: 11/07/2014 - 11/07/2014
- Originating Plan Code/Station Code: 010/ BHMA
- Host Plan Control #: TEST
- Destination Plan Code/Station Code: 090/ JAXA
- Processing Site Control #
- Remote Message Id: 1749e9e821babaa04921511d9740c1d6

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- Click the **Mark as Finished** button near the top to indicate that the Informational Message is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.

8.4 Informational Message: Reason Codes 099, 173, 178 and 182

The Informational Message with Reason Codes 099, 173, 178 or 182 is used when the Host Plan needs to send an attachment to the Home Plan that is pertinent to the processing of the claim. All reason codes are defined in the online Reason Code drop-down list.

All required fields in Blue² are preceded by an asterisk (*). Here are the steps to send this message.

- Click the **Host** Plan tab. Only the Host may initiate an Informational Message with Reason Codes 099, 173 178 or 182.
 - Informational Message with Reason Code 161 which is explained in section 8.5 below is also a Host only initiating message.
- Click the **Create New Message** tab.
 - You may also click the **New Message** button from the **Summary**. See [Alternate Methods of Reaching the 'Create New Message' Tab](#). If you create a message from a summary, Blue² will populate many of the fields for you.
- Select 'Informational Message' in the ***Message Type** drop-down list.
- Select '099-Miscellaneous Attachment' from the ***Reason Code** drop-down list.
- Enter the ***Claim SCCF#**.
 - Blue² will automatically populate this field for you if you used the **New Message** button from the **Summary**.
- Click the **Get** button. This will populate the fields on the page with the SCCF related information. This will not appear if you used the **New Message** button from the **Summary**.

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▼ **Message**

Select One ▼

*


7. Select a **Pre-Defined** comment number from the drop-down list.
8. Complete the **Message** section either by selecting a predefined message from the drop-down list or by entering a message of your own in the ***Message** box of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².

[+ Add Attachment](#)

- Hide

* Medical Record Type Select One ▼

* Content Key [Browse](#)

Comments 

9. If **Add Attachment** link is displayed click it to open attachment section and attach the file(s). See [Sending Attachments](#) for instructions, if necessary.

▼ **Contact On Receipt Details**

* User ID **bluetst15** * Phone Number

* Name Extension

Street Address State or Province Select One ▼ [Get Contact](#)

City ZIP or Postal Code

Country United States of America ▼

10. Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:
 - ***Name**
 - ***Phone Number**
 - **Extension**
 - **Street Address**
 - **City**
 - **State or Province**
 - **Zip or Postal Code**
 - **Country**
11. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

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▼ Internal Comments

[Send Message](#)

12. Click the **Send Message** button.

SCCF History Listing **Create New Message**

Create new Message

* = Required Field

* Message Type: Informational Message ▼

Your message was sent Successfully!

Message ID: 9f5cad72428ba66bdb267ccef757fc

A confirmation appears as shown above.

8.4.1. Receiving Plan “Mark as Finished”

1. Find and open the desired Informational Message Summary.

Informational Message Summary

Mark as Finished

Informational Message Summary

▼ Plan Details

Message ID 65e3ead4ac741f86bb25015	Claims SCCF Number 01020150070010700
8945607fe	
Date Of Service 11/07/2014 - 11/07/2014	Originating Plan Code/Station Code 010/ BHMA
Host Plan Control # TEST	Destination Plan Code/Station Code 090/ JAXA
Processing Site Control #	Remote Message Id 1749e9e821babaa04921511
	d9740c1d6

2. Click the **Mark as Finished** button near the top to indicate that the Informational Message is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.

8.5 Informational Message: Reason Code 161 - COB Questionnaire From Provider (161)

The Informational Message with Reason Code '161-COB Questionnaire', is used when the Host Plan receives a Coordination of Benefits (COB) Questionnaire from the provider for another Plan's member. The Host Plan must then forward it to the Home Plan in accordance with Inter-Plan Policy 2.06 "Handling Other Coverage Information from Out-of-Area Members".

All required fields in Blue² are preceded by an asterisk (*); here are the steps for the Host Plan to send this message:

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1. Click the **Host** Plan tab. Only the Host may initiate an Informational Message with Reason Code 161.
2. Click the **Create New Message** tab.
 - You may also click the **New Message** button from the **Summary**. See [Alternate Methods of Reaching the 'Create New Message' Tab](#). If you create a message from a summary, Blue² will populate many of the fields for you.
3. Select 'Informational Message' in the ***Message Type** drop-down list.
4. Select '161-COB Speculative Questionnaire from Provider' in the ***Reason Code** drop-down list and the Informational Message Page will appear.

5. Complete the **Plan Details** section by entering the following information:
 - ***Date of Service: From and To**
 - ***Destination Plan/Station Code**
 - **Processing Site Control#**
 - **Host Plan Control #**

Note that you do not need to make an entry in the ***Destination Plan/Station Code** drop-down list. When data is entered into the '**Subscriber ID**' field (explained below), the ***Destination Plan/Station Code** drop-down list will be populated. Values in the ***Destination Plan/Station Code** drop-down list appear in alphabetic order by the two-letter state postal code.

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Subscriber Information

* Last Name Middle Initial First Name

* Subscriber ID Subscriber Group # Medical Record #

6. Complete the **Subscriber Information** section by entering the following information:

- ***Last Name**
- **Middle Initial**
- **First Name**
- ***Subscriber ID**
- **Subscriber Group #**
- **Medical Record #**

Patient Information

☒ Patient is Subscriber

Last Name Middle Initial First Name

* Gender ☒ Male ☐ Female ☐ Unknown

Date Of Birth (mm/dd/yyyy)

Relationship To Subscriber

Patient Information

☐ Patient is Subscriber

* Last Name Middle Initial First Name

* Gender ☐ Male ☐ Female ☐ Unknown

Date Of Birth (mm/dd/yyyy)

* Relationship To Subscriber

7. Complete the **Patient Information** section. If the patient is the subscriber, place a check mark in the **Patient is Subscriber** box. When this is selected, the rest of the Patient Information will be automatically populated. However, you must select the **'Gender'**. If the patient is not the subscriber, enter the remaining information:

- ***Last Name** (Required if the Patient is not the Subscriber)
- **Middle Initial**
- **First Name**
- ***Gender**
- **Date of Birth**
- ***Relationship to Subscriber** (Required if the Patient is not the Subscriber; select from drop-down list)

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▼ **Provider Details**

Provider Name	<input type="text"/>	Country	<input type="text" value="United States"/>
Street Address	<input type="text"/>	National Provider ID	<input type="text"/>
City	<input type="text"/>	BCBS Provider Number	<input type="text"/>
State or Province	<input type="text" value="Select One"/>	Federal Tax ID	<input type="text"/>
ZIP or Postal Code	<input type="text"/>		

8. Complete the **Provider Details** section shown above by entering the following information:

- **Provider Name**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**
- **National Provider ID**
- **BCBS Provider Number**
- **Federal Tax ID**

▼ **Message**

Select One

- Hide

Attachment Type

* Content Key

Comments

9. Complete the **Message** section either by selecting a predefined message from the drop-down list or by entering a message of your own in the ***Message** box of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².
10. If ***Add Attachment** link is displayed click it to open attachment section and attach the COB file(s). Only one attachment is permitted with this message. See [Sending Attachments](#) for instructions, if necessary.

▼ Contact On Receipt Details

* User ID	bluetst12	* Phone Number	<input type="text" value="5555555555"/>
* Name	<input type="text" value="Bob Smith"/>	Extension	<input type="text"/>
Street Address	<input type="text"/>	State or Province	<input type="text" value="Select One"/> ▼
City	<input type="text"/>	ZIP or Postal Code	<input type="text"/>
		Country	<input type="text" value="United States of America"/> ▼

[Get Contact](#)

[Send Message](#)

11. Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:
 - ***Name**
 - ***Phone Number**
 - **Extension**
 - **Street Address**
 - **City**
 - **State or Province**
 - **Zip or Postal Code**
 - **Country**
12. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

▼ Internal Comments

Send Message

13. Click the **Send Message** button and a confirmation appears as shown below.

SCCF History

Listing

Create New Message

Create new Message

* = Required Field

* Message Type

Informational Message

Your message was sent Successfully!

Message ID: e59e58abac3c9ae1d389de162fc07501

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8.5.1. Receiving Plan “Mark as Finished”

1. Find and open the desired Informational Message Summary.

Informational Message Summary

Mark as Finished

Plan Details

Message ID 65e3ead4ac741f86bb250158945607fe	Claims SCCF Number 01020150070010700
Date Of Service 11/07/2014 - 11/07/2014	Originating Plan Code/Station Code 010/ BHMA
Host Plan Control # TEST	Destination Plan Code/Station Code 090/ JAXA
Processing Site Control #	Remote Message Id 1749e9e821babaa04921511d9740c1d6

2. Click the **Mark as Finished** button near the top to indicate that the Informational Message is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.

8.6 General Inquiry Message

Section [3.2](#) lists the valid reason codes associated with General Inquiry messages. The General Inquiry message can be used to request information, ask a question or otherwise obtain clarification. **New with R17.5** the receiving Plan will be able to provide updates without closing the message, with the exception of those with 'Reason Code' of 138 – Guarantee of Payment. All required fields in Blue² are preceded by an asterisk (*).

8.6.1. Steps to Send a General Inquiry Message

1. Click the **Home** or **Host** Plan tab.
2. From the **SCCF History** tab or the **Listing** tab, find the desired SF Summary.

SF Summary

New Message Request Claim Status

Claim Header Details

Claims SCCF Number 09020060395272500	Total Charges \$105.00
Claim Type P - Professional	Date Of Service 02/07/2006
Open/Closed Indicator Open	Type of Submission 1-Original claim
Length of Stay	Original Claim SCCF Number

3. Click the **New Message** button.

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4. The **Create New Message** page appears.
5. Select 'General Inquiry' in the ***Message Type** drop-down list.
6. Select the appropriate item in the ***Reason Code** drop-down list. For this example, we used '101 EOB Question'.
 - The message page is populated with existing SCCF data. The SCCF related detail sections are hidden (or collapsed) and can be expanded to view details.

7. Complete the **Message Section**, by entering the following information:

- ***Resubmission**
- ***Message**

You may enter a message of your own in the ***Message** box of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².

8. Click the **Add Attachment** link to add a file. One attachment is permitted with this type of message. Refer to [Sending Attachments](#) for instructions if necessary.

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Note: An attachment is required when reason code '168' (Provider Reconsideration) is used on the message.

[Contact On Receipt Details](#)

* User ID **bluetst12**
 * Phone Number

* Name
 Extension

Street Address
 State or Province

City
 ZIP or Postal Code

Country

[Get Contact](#)

9. Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:
- ***Name**
 - ***Phone Number**
 - **Extension**
 - **Street Address**
 - **City**
 - **State or Province**
 - **Zip or Postal Code**
 - **Country**
10. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

▼ Internal Comments

Send Message

11. Click the **Send Message** button.

SCCF History

Listing

Create New Message

Create new Message

Your message was sent Successfully!

Message ID: b69e1575e67cc801b70c9f0a263ca943

A confirmation appears as shown above.

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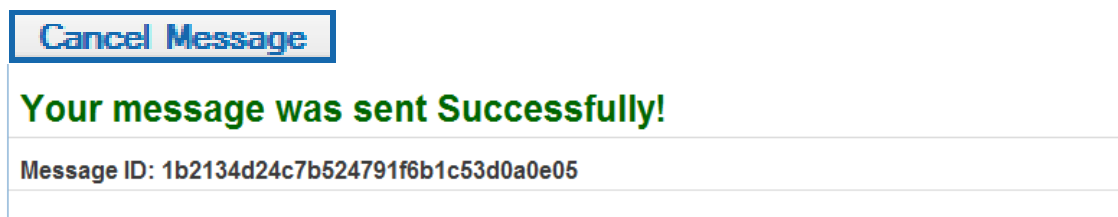
8.6.2. Sending Plan Cancels a General Inquiry Request Message

This feature allows the sending Plan user to cancel the General Inquiry Request message.

1. Locate and open the appropriate General Inquiry Request.
2. Complete the **Cancel Request** section by entering Cancel Comments. When text is entered into the Cancel Comments text box, the **Cancel Message** button will dynamically appear.



3. Click the **Cancel Message** button.



A confirmation message appears as shown above.

8.6.3. Receiving Plan Provides an Update to the General Inquiry Message (New with R17.5)

1. Find and open the corresponding General Inquiry Summary. In the section 'General Inquiry Update' provide an update that will be sent to the sending Plan without closing the message.

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General Inquiry Summary

Create Response Message

General Inquiry Summary

Plan Details

Subscriber Information

Patient Information

Provider Details

Internal Comments

General Inquiry Request

Resubmission No

Comments 001 Test for Duplicate Message Comments - BOID - XX -GENINQM

Message Status Code Processed

Create Date 02/09/2017

Release Number 17.5

Contact On Receipt Details

User Id abdul.gaffar

Name abdul

Street Address

City

ZIP Or Postal Code

Phone Number 7739779645

Extension

State Or Province

Country US

General Inquiry Update

Expected Resolution Date

Send Update

- Complete the **General Inquiry Update** section by entering the following information:

- **Comments/Update**
- **Expected Resolution Date**

In the message box, you may enter a message of your own of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².

- Click the **Send Update** button. A confirmation appears as shown below along with a history log, as more than one update can be sent for a message.

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- > General Inquiry Update

Expected Resolution Date

• General Inquiry Update is sent successfully.

- > General Inquiry Update History

Comments	Update Date	Expected Resolution Date	Release Version
Waiting to hear from the provider.	06/21/2017 10:18:37	06/26/2017	17.5

8.6.4. Receiving Plan Responds to the General Inquiry Message

- Find and open the corresponding General Inquiry Summary.

Listing Search Results

Showing 1-25 of 250 Results Previous | Next >

	01020060330152500	GENINQ	d1e1ce6fd62fe8777	Open	03/06/2009	090	010	090	XJJ559493083	Process
	01020060330152500	GENINQ	3ddf08e502a16f1f8	Open	03/06/2009	090	010	090	XJJ559493083	Process
	01020060401145000	GENINQ	c00d7bf8ab5d84dea	Open	03/06/2009	510	510	090	XJA997355576	Process
	01020060401145000	GENINQ	e65f035230b36e240	Open	03/05/2009	090	510	090	XJA997355576	Process

General Inquiry Summary

General Inquiry Summary

- Click the **Create Response Message** button at the upper left to create the message response. The message window appears as displayed below;

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SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

Return to SCCF History Search Results
Return to Listing Search Results

Create New Message

Message ID 7c094d1dcbddf69f9f2600a21a3

- Plan Details
- Subscriber Information
- Patient Information
- Provider Details
- General Inquiry Request
- General Inquiry Response**

* Action Code Select One

Select One

+ Add Attachment

Contact On Receipt Details

User ID BlueTst16
* Phone Number

* Name
Extension

Street Address
State or Province Select One

Get Contact

City
ZIP or Postal Code

Country United States

Internal Comments

Send Message

- Complete the **General Inquiry Response** section by entering the following information:

- * **Action Code**
- * **Message**

In the message box, you may either select a predefined message from the drop-down list or enter a message of your own of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².

- Click the **Add Attachment** link to add a file. One attachment is permitted with this type of message. Refer to [Sending Attachments](#) for instructions if necessary.
- Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:

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- *Name
- *Phone Number
- Extension
- Street Address
- City
- State or Province
- Zip or Postal Code
- Country

- Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

- Click the **Send Message** button. A confirmation appears as shown below.

8.6.5. Sending Plan “Mark as Finished”

- Find and open the desired General Inquiry summary.

- Click the **Mark as Finished** button near the top to indicate that the General Inquiry is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.

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8.7 Global Fee Message

The Global Fee Message, available to Home Plans only, enables the Home Plan to notify the Host Plan of services provided to a member that are eligible under a global fee arrangement. Refer to the [Blue² LRM](#) for specifics on handling global fee claims.

All required fields in Blue² are preceded by an asterisk (*).

Here are the steps for the Home Plan to send the Global Fee message.

1. Click **Home** Plan tab.

2. Click the **Create New Message** tab.
 - You may also click the **New Message** button from the **Summary**. See [Alternate Methods of Reaching the 'Create New Message' Tab](#). If you create a message from a summary, Blue² will populate many of the fields for you.
3. Select 'Global Fee' in the ***Message Type** drop-down list. The Global Fee message page appears.

4. Complete the **Plan Details** section by entering the following information:

- ***Destination Plan Code**

The values in the ***Destination Plan/Station Code** drop-down list will be in alphabetic order by the two-letter state postal code.

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5. Complete the **Subscriber Information** section by entering the following information:

- ***Last Name**
- **Middle Initial**
- **First Name**
- ***Subscriber ID Number**
- **Subscriber Group ID** (*Required if Global Fee Type = BDCT)
- **Subscriber Group Name** (*Required if Global Fee Type = BDCT)

Patient Information

☐ Patient is Subscriber

 * Last Name Middle Initial First Name

 * Date Of Birth (mm/dd/yyyy)

 * Relationship To Subscriber

6. Complete the **Patient Information** section by entering the following information:

- **Patient is Subscriber** (Checkbox)
- ***Last Name** (Required if the Patient is not the Subscriber)
- **Middle Initial**
- **First Name**
- ***Birth Date**
- ***Relationship to Subscriber** (Required if the Patient is not the Subscriber; select from drop-down list)

Primary Provider Details

* Provider Name

 * Street Address

 * City

 * State or Province

 * ZIP or Postal Code

* Country

 * Phone Number

 * BCBS Provider Number

 National Provider ID

 Federal Tax ID

7. Complete the **Primary Provider Details** section by entering the following information:

- ***Provider Name**
- ***Street Address**
- ***City**
- ***State or Province**
- ***Zip or Postal Code**
- ***Country**
- ***Phone Number**
- ***BCBS Provider ID**
- **National Provider ID**
- **Federal Tax ID**

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▼ Secondary Provider Details

Provider Name	<input type="text"/>	Country	<input type="text" value="United States of America"/>
Street Address	<input type="text"/>	Phone Number	<input type="text"/>
City	<input type="text"/>	BCBS Provider ID	<input type="text"/>
State or Province	<input type="text" value="Select One"/>	National Provider ID	<input type="text"/>
ZIP or Postal Code	<input type="text"/>	Federal Tax ID	<input type="text"/>

8. Complete the **Secondary Provider Details** section by entering the following information:

- **Provider Name**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**
- **Phone Number**
- **BCBS Provider ID**
- **National Provider ID**
- **Federal Tax ID**

▼ Global Fee Details

* Combined Payment	<input checked="" type="radio"/> Yes <input type="radio"/> No	Professional Global Fee Amt.	<input type="text"/>
BDCT Price	<input type="text"/>	Institutional Global Fee Amt.	<input type="text"/>
Referral Authorization #	<input type="text"/>	Contact Fax #	<input type="text"/>
Other Insured ID	<input type="text"/>	Patient Age	<input type="text" value="Select One"/>
Global Fee Period: From	<input type="text"/>	* Primary Contracted Provider	<input type="text" value="Select One"/>
	(mm/dd/yyyy)	To	<input type="text"/>
	(mm/dd/yyyy)		

9. Complete the **Global Fee Details** section by entering the following information:

- ***Combined Payment**
- **BDCT Price** (*Required if Global Fee Type = BDCT)
- **Referral Authorization Number** (*Required if Global Fee Type = BDCT)
- **Other Insured ID**
- **Global Fee Period, From/To** (*Required if Global Fee Type = BDCT)
- **Professional Global Fee Amount** (*Required if Global Fee Type = BlueCard)
- **Institutional Global Fee Amount** (*Required if Global Fee Type = BDCT)
- **Contact Fax Number** (*Required if Global Fee Type = BDCT)
- **Patient Age** (*Required if Global Fee Type = BDCT)
- ***Primary Contracted Provider**

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▼ Transplant Details

* Diagnosis Codes

* Global Fee Type Code

Select One ▼

Transplant Type

Select One ▼

Bone Marrow Cell Source

Select One ▼

Bone Marrow Donor

Select One ▼

Other Transplant Types

Select One ▼

10. Complete the **Transplant Details** section by entering the following information:

- ***Diagnosis Code(s)** (At least one must be entered.)
- ***Global Fee Type Code**
- **Transplant Type** (*Required if Global Fee Type = BDCT)
- **Bone Marrow Cell Source**
- **Bone Marrow Donor** (*Required if Global Fee Type = BDCT)
- **Other Transplant Types** (*Required if Global Fee Type = BDCT)

▼ Message

Select One ▼

11. Complete the ***Message** section, either by selecting a predefined message from the drop-down list or by entering a message of your own of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².

▼ Contact on Receipt Details

* User ID

bluetst12

* Phone Number

* Name

Extension

Street Address

State or Province

Select One ▼

City

ZIP or Postal Code

Country

United States of America ▼

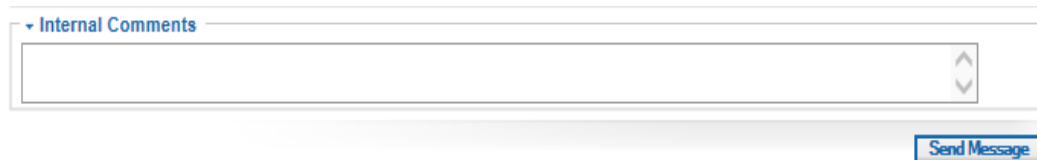
Get Contact

12. Complete the **Contact on Receipt Retails** section by entering the following information or use the **Get Contact** button:

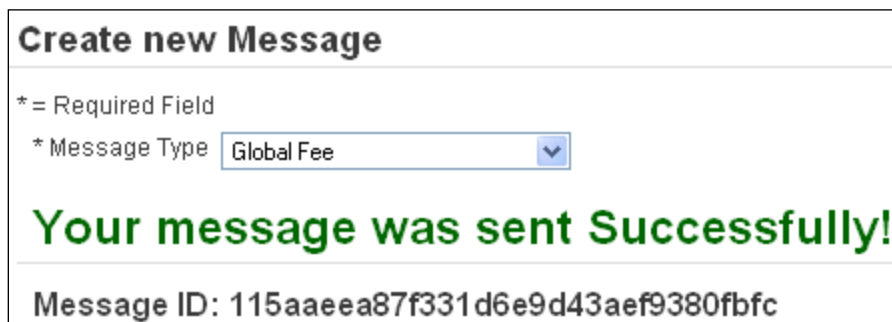
- ***Name**
- ***Phone Number**
- **Extension**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**

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- Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.



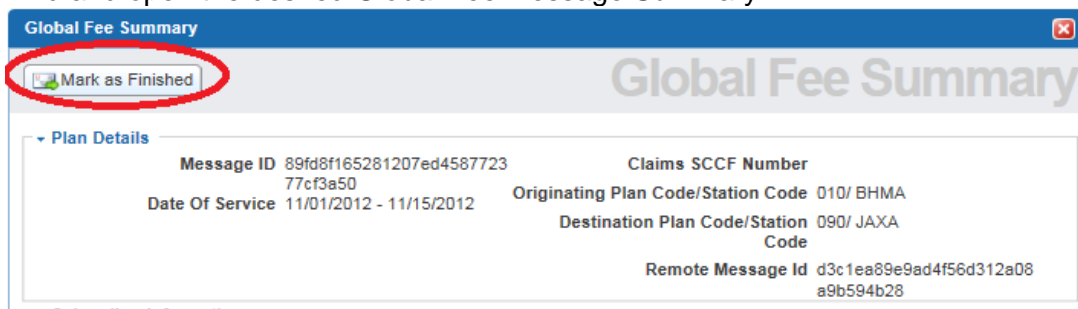
- Click the **Send Message** button.



A confirmation appears as shown above.

8.7.1. Receiving Plan (Host) “Mark as Finished”

- Find and open the desired Global Fee Message Summary.



- Click the **Mark as Finished** button near the top to indicate that the Global Fee is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.

8.8 Claim Misroute Message

This message type is available to Home Plans only. Misrouted claims are claims submitted directly to the Home Plan from a member in error. These are claims where the patient is the Home Plan's member, but the provider is not the Home Plan's provider.

The Claim Misroute message is used when the Home Plan receives a misrouted claim that

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needs to forward the claim to the Host Plan for processing through ITS.

All required fields in Blue² are preceded by an asterisk (*).

8.8.1. Send a Claim Misroute Message

1. Click the **Home** Plan tab.
2. Click the **Create New Message** tab
3. Select the Claim Misroute **Message Type** from the drop-down list.

4. Complete the **Plan Details** section by entering the following information:
 - ***Date of Service From/To**
 - ***Destination Plan/Station Code**
 - The values in the ***Destination Plan/Station Code** drop-down list will be in alphabetic order by the two-letter state postal code.

5. Complete the **Subscriber Information** section by entering the following information:
 - ***Last Name**
 - **Middle Initial**
 - **First Name**
 - ***Subscriber ID**
 - **Subscriber Group #**

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▼ **Patient Information**

☐ Patient is Subscriber

* Last Name Middle Initial First Name

* Gender ☐ Male ☐ Female ☐ Unknown * Date Of Birth (mm/dd/yyyy)

* Relationship To Subscriber

6. Complete the **Patient Information** section by entering the following information:

- **Patient is Subscriber** (Checkbox)
- ***Last Name** (Required if the Patient is not the Subscriber)
- **Middle Initial**
- **First Name**
- ***Gender**
- ***Date of Birth**
- ***Relationship to Subscriber** (Required if the Patient is not the Subscriber; select from drop-down list)

▼ **Provider Details**

* Provider Name

Street Address

City

State or Province

ZIP or Postal Code

Country

National Provider ID

BCBS Provider Number

Federal Tax ID

7. Complete the **Provider Details** section by entering the following information:

- ***Provider Name**
- **Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**
- **National Provider ID**
- **BCBS Provider Number**
- **Federal Tax ID**

▼ **Claim Misroute Detail**

* Receipt Date (mm/dd/yyyy) Medical Record #

* Total Charges

* Claim Type

8. Complete the **Claim Misroute Detail** section by entering the following information:

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
--	---	---

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- ***Receipt Date:** You will receive an error if this date is prior to the ***Date of Service From/To** field in the **Plan Details** section or later than the date the message is created.
- ***Total Charges**
- *** Claim Type**
- **Medical Record Number**

- Complete the optional **Message** section, either by selecting a predefined message from the drop-down list or by entering a message of your own in the **Message** box of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².
- An attachment is required. See [Sending Attachments](#) for instructions, if necessary. Only one attachment is permitted with a Claim Misroute.

- Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:
 - ***Name**
 - ***Phone Number**
 - **Extension**
 - **Street Address**
 - **City**
 - **State or Province**
 - **Zip or Postal Code**

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- **Country**

12. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limit

13. Click the **Send Message** button shown at the bottom of the screen.

A confirmation appears as shown above.

8.8.2. Host Plan Responds to the Claim Misroute

Listing Search Results											
Showing 1-25 of 250 Results								« Previous Next »			
	SCCF	Format	Message ID	Status Code	Disposition Code	O/C Status	Date	Messg. Orig	Host Code	Home Code	Subscriber ID
	--	MISROUTE	6504a4758c00a6052	--	--	Unknown	10/14/2009	010	090	010	XJBsmithttttttt
	--	MISROUTE	d35b62828fb8c54ca	--	--	Unknown	10/14/2009	010	090	010	XJBsmithttttttt
	--	MISROUTE	21d0988040b733a40	--	--	Unknown	10/14/2009	010	090	010	XJBsmithttttttt
	--	MISROUTE	167be3651e4d70ef0	--	--	Unknown	10/14/2009	010	090	010	XJBsm423234234

1. From the **Listing Search Results** page, click the appropriate Misroute **Summary Icon** (located in the first column to the far left) to open the summary page information.

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- Click the **Create Response Message** button located near the top to create the message response.

The first screenshot shows the 'Claim Misroute Response' form with the 'Action Code' dropdown set to 'Select One'. The 'SFN Response Code' dropdown is also set to 'Select One'. The 'Required Claim Information' dropdown lists R01-CPT Code, R02-Diagnosis Code, R03-Procedure Code, and R04-Performing Provider. The 'Message Comments' field is empty.

The second screenshot shows the 'Action Code' dropdown set to 'SFN - Submission Format Not Sent'. The 'SFN Response Code' dropdown is open, showing a list of codes: S01-Claim is illegible, S02-A screen shot was attached to the message, S03-Provider Submitted claims are not allowed to be sent via misroute claim process, S04-Provider listed is not found in the Provider Directory, S05-Medical and/or Dental claims must be submitted on the correct claim form, S06-Required Claim Information is missing, S07-Claim is not eligible for ITS, S08-Unable to develop claim with non-participating provider, S09-Per Plan Profile, the alpha prefix is not valid for this date of service, S10-NASCO claim, and S11-Other. The 'SFN Response Code' dropdown is set to 'S06-Required Claim Information is missing'.

The third screenshot shows the 'SFN Response Code' dropdown set to 'S06-Required Claim Information is missing'. The 'Required Claim Information' dropdown is open, showing the same list of codes as in the second screenshot. The 'Message Comments' field is empty.

- Complete the **Claim Misroute Response** section by entering the following information:
 - SCCF Created Check Box** (Required if action code 'SFS' selected)
 - SCCF** (Required if action code 'SFS' selected)
 - * Action Code**
 - SFN Response Code**
 - Field is required if action code 'SFN' selected.
 - Required Claim Information**
 - Field is required if SFN Response Code 'S06' selected.
 - * Pre-Defined Comment**
 - * Message Comments**

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Note that you may complete the * **Message** either by selecting a predefined message from the drop-down list or by entering a message of your own in the box of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².

- Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:
 - ***Name**
 - ***Phone Number**
 - **Extension**
 - **Street Address**
 - **City**
 - **State or Province**
 - **Zip or Postal Code**
 - **Country**
- Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

- Click the **Send Message** button. A confirmation message will appear with the Message ID.

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8.8.3. Sending Plan (Home) “Mark as Finished”

Listing Search Results

Showing 1-24 of 24 Results « Previous | Next »

	--	MISROUTE	d21a8473757bae721	Closed	11/14/2008	010	090	AAAA	Processed	301	
	--	MISROUTE	f2ca4e9605732f0b2	Closed	11/09/2008	010	090	ABQ54565678678677	Processed	301	
	--	MISROUTE	05585970250a4e18e	Closed	11/09/2008	010	090	ABQ42334654545747	Processed	301	
	--	MISROUTE	66b98b77e633072df	Closed	11/08/2008	865	090	XJJ5346546	Finished	301	

Claim Misroute Summary

[Plan Details](#)

[Subscriber Information](#)

1. Find and open the desired Claim Misroute summary.
2. Click the **Mark as Finished** button to indicate that it is finished. This will remove the message from both the individual and the BOID, or business unit, mailbox. The messages' status will become 'Final (FNAL)'.

8.9 Blue Cross Blue Shield Global Core Misrouted Claim

This message type is available to the Blue Cross Blue Shield Global Core Host Plan only. Blue Cross Blue Shield Global Core Misrouted claims are claims submitted erroneously to the BlueCard Worldwide Host Plan and requires routing/processing by the Home Plan. This includes domestic claims, pharmacy claims, dental claims etc.

This message is used when the Blue Cross Blue Shield Global Core Host Plan receives a misrouted claim that needs to be forwarded to the Home Plan for handling/processing. This message is a one-way message and does not require a response.

All required fields in Blue² are preceded by an asterisk (*).

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8.9.1. Send a Blue Cross Blue Shield Global Core Misrouted Claim Message

SCCF History Listing **Create New Message** Admin Selective Purge Restore

Create New Message

* = Required Field

* Message Type

* Reason Code

1. Click the **Host Plan** tab.
2. Click the **Create New Message** tab
3. Select the Informational Message **Message Type** from the drop-down list.
4. Select Reason Code 318 (Blue Cross Blue Shield Global Core Misrouted Claim)

▼ Plan Details

* Date of Service: From To
(mm/dd/yyyy) (mm/dd/yyyy)

* Originating Plan/Station Code

* Destination Plan/Station Code

Processing Site Control # Host Plan Control #

5. Complete the **Plan Details** section by entering the following information:
 - ***Date of Service From/To**
 - ***Destination Plan/Station Code**
 - The values in the drop-down list will be in alphabetic order by the two-letter state postal code.
 - **Processing Site Control #**
 - **Host Plan Control #**

▼ Subscriber Information

Last Name Middle Initial First Name

* Subscriber ID Subscriber Group # Medical Record #

6. Complete the **Subscriber Information** section by entering the following information:
 - **Last Name**
 - **Middle Initial**
 - **First Name**

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- *Subscriber ID
- Subscriber Group #
- Medical Record #

7. Complete the **Patient Information** section by entering the following information:

- Patient is Subscriber (Checkbox)
- Last Name
- Middle Initial
- First Name
- Gender
- Date of Birth
- Relationship to Subscriber

▼ Patient Information

☐ Patient is Subscriber

Last Name Middle Initial First Name

Gender ☐ Male ☐ Female ☐ Unknown Date Of Birth (mm/dd/yyyy)

Relationship To Subscriber

8. Complete the **Provider Details** section by entering the following information:

- *Provider Name
- Street Address
- City
- State or Province
- Zip or Postal Code
- Country
- National Provider ID
- BCBS Provider Number
- Federal Tax ID

The Get Provider feature is available for use should the Blue Cross Blue Shield Global Core Host Plan select to utilize it.

▼ Provider Details

* Provider Name

Street Address

City

State or Province

ZIP or Postal Code

Country

National Provider ID

BCBS Provider Number

Federal Tax Id

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▼ **Blue Cross Blue Shield Global Core Claim Misroute Details**

* Receipt Date (mm/dd/yyyy)

* Claim Type

* Forwarding Reason

9. Complete the **Blue Cross Blue Shield Global Core Claim Misroute Details** section by entering the following information:

- ***Receipt Date:** You will receive an error if this date is prior to the ***Date of Service From/To** field in the **Plan Details** section or later than the date the message is created.
- *** Claim Type**
- *** Forwarding Reason**

▼ **Message**

Select One

- Hide

* Attachment Type

* Content Key

Comments

10. Complete the optional **Message** section, either by selecting a predefined message from the drop-down list or by entering a message of your own in the **Message** box of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².
11. An attachment is required. See [Sending Attachments](#) for instructions, if necessary. Only one attachment is permitted with a Blue Cross Blue Shield Global Core Misrouted Claim.

▼ **Contact On Receipt Details**

User ID * Phone Number

* Name Extension

Street Address State or Province

City ZIP or Postal Code

Country

12. Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:

- ***Name**

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- *Phone Number
- Extension
- Street Address
- City
- State or Province
- Zip or Postal Code
- Country

13. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits

▼ Internal Comments

[Send Message](#)

14. Click the **Send Message** button shown at the bottom of the screen.

SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

Create New Message

* = Required Field

* Message Type Informational Message ▼

Your message was sent Successfully!

Message ID: c6e231e2d09d234a20d937e1a4a5ba63

A confirmation appears as shown above.

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8.9.2. Receiving Plan (Home) “Mark as Finished”

1. Find and open the desired Informational Message with Reason Code 318 Summary.

Informational Message Summary

Mark as Finished

Informational Message Summary

- Plan Details
- Subscriber Details
- Patient Details
- Provider Details
- Informational Message Details
 - Comments e_104138 - TC 220
 - Message Status Code Processed
 - Create Date 03/20/2017
 - Release Number 17.5

Blue Cross Blue Shield Global Core Claim Misroute Details

- Receipt Date 03/20/2017
- Claim Type II - Institutional Inpatient
- Forwarding Reason Domestic Claim

2. Click the **Mark as Finished** button near the top to indicate that the Informational Message is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.

8.10 Medical Record Request Message (Reason Code 165)

Available to Home Plans only, the Medical Record Request with Reason Code '165–Medical Record Request' is associated with a claim/SF and used when the Home Plan requires pertinent clinical information to adjudicate the claim and/or to assist in an investigation of fraud or abuse. This message can be canceled in Blue²; more detailed information regarding cancellations is provided in section 8.10.2 below.

All required fields in Blue² are preceded by an asterisk (*).

8.10.1. Home Plan Creates Medical Record Request

Here are the steps to send and respond to a Medical Request Message with Reason Code 165.

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1. Click the **Home** Plan tab.
2. Click the **Create New Message** tab.
 - You may also click the **New Message** button from the **Summary**. See [Alternate Methods of Reaching the 'Create New Message' Tab](#). If you create a message from a summary, Blue² will populate many of the fields for you.
3. Select 'Medical Records Request' in the *Message Type drop-down list.
4. Select the appropriate item in the *Reason Code in the drop-down list.
5. Enter the ***Claim SCCF#**.
 - Blue² will automatically populate this field for you if you used the **New Message** button from the **Summary**.
6. Click the **Get** button. This will populate the fields on the page with the SCCF related information. This will not appear if you used the **New Message** button from the **Summary**.

7. In the event a DF has been generated, Blue² will automatically populate the **Actual Subscriber ID** field from the DF.

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A confirmation appears as shown above.

8.10.2. Home Plan Cancels Medical Record Attachment Request

The Home Plan has the option of canceling one, many or all Medical Record Types requested on a Medical Record Request message (both 165 and 171 reason codes). If all Medical Record Types requested on a Medical Record Request message with reason code 165 are canceled then the overall message status will be 'Canceled' and the message will be closed.

However, if all Medical Record Types requested on a Medical Record Request message with reason code 171 are canceled then only the Medical Record Types are canceled, the overall status will be 'Processed' and the message will remain open because the requested pre-existing information hasn't been canceled, see details in section 8.11.4 for cancelling a pre-existing request.

1. Click the **Home Plan** tab.
2. Click either the **SCCF History** tab or the **Listing** tab. Find the desired medical record request.

Listing Search Results				
Showing 1-25 of 185 Results				
	SCCF	Format	Message ID	O/C Status
	01020060401175000	MEDREC	e67a680c9a621fa36	Open
	01020060401175000	MEDREC	52120e1ac7d20f3fc	Open
	01020060401175000	MEDREC	7b46c88b95628a18f	Open
	01020060330152500	MEDREC	7278b44777a85988c	Open

- Click the desired **File Summary** icon.

▼ **Medical Record Request**

Priority Indicator Normal

Special Investigation Flag No

Requested for Claim Appeal Flag No

Comments

Message Status Code Processed

Requested Information Source Rendering Provider

Release Number 15.5

Create Date 06/19/2015

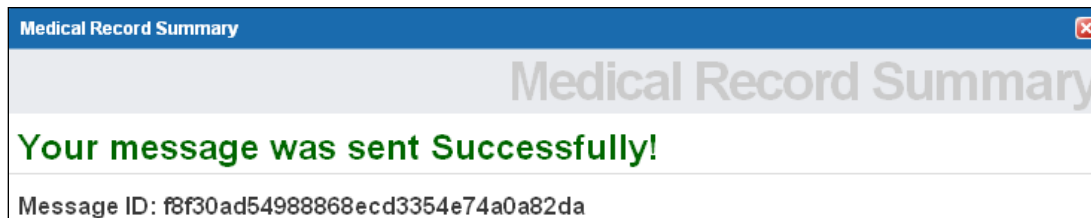
+ Show Request

- Click the **Show Request** link.
- Click the Cancel Attachment check box for the attachment you wish to cancel.
- Enter a comment in the *Cancel Comments field for the attachment you wish to cancel.
- Click the **Cancel Message** button.

Medical Record Type	MN - Letter form of Medical Necessity
Comments	MN
Message Status Code	Processed
Cancel Attachment	<input checked="" type="checkbox"/>
* Cancel Comments	No longer needed; included w

Cancel Message

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Medical Record Summary

Medical Record Summary

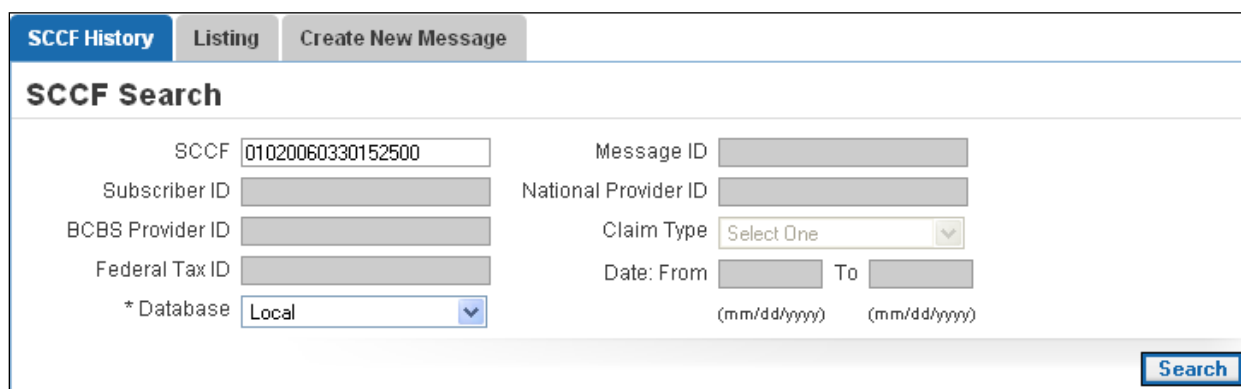
Your message was sent Successfully!

Message ID: f8f30ad54988868ecd3354e74a0a82da

Your confirmation appears as shown above.

8.10.3. View the Canceled Medical Record Request Status

When a Medical Record Request portion is canceled you can still view the request.



SCCF History | Listing | Create New Message

SCCF Search

SCCF: Message ID:

Subscriber ID: National Provider ID:

BCBS Provider ID: Claim Type:

Federal Tax ID: Date: From To

* Database: (mm/dd/yyyy) (mm/dd/yyyy)

Search

1. Click the **Home** Plan tab.
2. Click the **SCCF History** tab.
3. Enter the SCCF Number.
4. Click the **Search** button.

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SCCF History Search Result		
Showing 1-25 of 38 Results		
SCCF	Format	O/C Status
01020060330152500	SF	Closed
01020060330152500	DF	Closed
01020060330152500	RF	Closed
01020060330152500	INFOMSG	Closed
01020060330152500	INFOMSG	Closed
01020060330152500	INFOMSG	Closed
01020060330152500	INFOMSG	Closed
01020060330152500	MEDREC	Closed
01020060330152500	MEDREC	Open
01020060330152500	MEDREC	Open

5. Select the **Message ID** for an **Open MEDREC**.

Medical Record Request

Priority Indicator High

Special Investigation Flag true

Comments

Message Status Code Processed

+ Show Request

6. Click the **Show Request** link.
7. Scroll down and view the **Message Status Code** for each attachment (shown below).

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Medical Record Type MD - Medications

Comments

Message Status Code Canceled

Cancel Comments Cancel This

Medical Record Type MN - Letter form of Medical Necessity

Comments

Message Status Code Processed

Cancel Attachment ☐

Cancel Comments

8.10.4. Host Plan Sends Medical Record Update (First/Second Attempt Dates)

This feature allows the Host Plan user to indicate on a Medical Record message the date(s) on which medical records have been requested from the provider. Both Home and Host Plan users can see the value of this identifier on the message summary page.

1. Use the Listing Search function to find and open the appropriate Medical Record Request.
2. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.
3. Complete the **Medical Record Update** section by entering the First (and/or Second) Attempt Date(s) as shown below. Note that there are no edit requirements associated with this notational field. Users can indicate a First Attempt followed by the Second, a First Attempt only, or input both a First and Second Attempt at same time. These dates can be in the past, present or future.

Medical Record Update

First Attempt Date (mm/dd/yyyy)

Second Attempt Date (mm/dd/yyyy)

4. Click the **Send Update** button.

Send Update

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Medical Record Update

First Attempt Date 10/01/2009

Second Attempt Date 11/01/2009

- Medical Record Update is sent successfully.





Send Update

A confirmation message appears as shown above.

8.10.5. Host Plan Responds to the Medical Record Request

Listing Search Results

Showing 1-25 of 250 Results

	09020060371077500	MEDREC	3cc8756172488eeb3	Open
	09020060372112500	MEDREC	3989448b1b5deba30	Open
	09020060384887500	MEDREC	4f7ff6b99cb43be39	Open
	09020060331845000	MEDREC	913410f5daa8fabc4	Open

- Find and open the corresponding Medical Record Request.

Medical Record Summary

Create Response Message

Medical Record Summary

- Click the **Create Response Message** button to create the message response.

Medical Record Response

Show Attachments

Contact On Receipt Details

User ID BlueTst12

* Phone Number

* Name

Extension

- Click the **Show Attachments** link to select attachment(s).

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▼ **Medical Record Response**

- Hide

Medical Record Type **DT - All Diagnostic Reports**
Date Range: From **01/01/2015** (mm/dd/yyyy) To **01/06/2015** (mm/dd/yyyy)

Request Comments **Web Services Testing**

Content Key **Browse** ☐ No attachment included

Comments

4. Complete the **Medical Record Response** section by entering the following information:

- **Message** (Up to 512 characters; see section 8.2.1 for more information on Character Limits.)
- **Content Key** (See [Sending Attachments](#) for instructions, if necessary.)
- **No attachment included** (if appropriate)
- **Comments**

▼ **Contact On Receipt Details**

* User ID **bluetst12**

* Phone Number

* Name

Extension

Street Address

State or Province **Select One** ▼

City

ZIP or Postal Code

Country **United States of America** ▼

Get Contact

5. Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:

- ***Name**
- ***Phone Number**
- **Extension**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**

6. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

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▼ Internal Comments

[Send Message](#)

- Click the **Send Message** button.

SCCF History
Listing
Create New Message

Create new Message

Your message was sent Successfully!

Message ID: 707b0015630b5b0ca5481e27d46a5eb5

A confirmation appears as shown above.

8.10.6. Home Plan “Mark as Finished”

- Find and open the desired Medical Record Summary.

Medical Record Summary

Mark as Finished

Medical Record Summary

Plan Details

- Click the **Mark as Finished** button to indicate that the Medical Record Request is finished. This will remove the message from both the individual and the business unit (BOID) mailbox. The messages' status will become 'Final (FNAL)'.

8.11 Medical Record Request Message (Reason Code 171)

The Medical Record Request with Reason Code '171–Pre-Existing Information Request' is used when the Home Plan requires pre-existing information pertinent to adjudicating the claim.

All required fields in Blue² are preceded by an asterisk (*). This message can be canceled in Blue²; more information on how to cancel a request is provided in section 8.10.2.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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8.11.1. Home Plan Creates a Medical Record Request

Here are the steps to send and respond to a Medical Request Message with Reason Code 171.

1. Click the **Home** Plan tab.
2. Click the **Create New Message** tab.
 - You may also click the **New Message** button from the **Summary**. See [Alternate Methods of Reaching the 'Create New Message' Tab](#). If you create a message from a summary, Blue² will populate many of the fields for you.
3. Select 'Medical Records Request' in the *Message Type drop-down list.
4. Select '171–Pre-Existing Information Request' in the *Reason Code drop-down list.
5. Enter the *Claim SCCF#.
 - Blue² will automatically populate this field for you if you used the **New Message** button from the **Summary**.
6. Click the **Get** button. This will populate the fields on the page with the SCCF related information. This will not appear if you used the **New Message** button from the **Summary**.

In the event a DF has been generated, Blue² will automatically populate the **Actual Subscriber ID** field from the DF.

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7. Complete the **Pre-Ex Request Details** section shown above by entering the following information:

- ***Diagnosis Code(s)** (up to 20 may be entered)
- **Request Date of Onset**
- **Request Date of First Treatment**
- **Request Date of Treatment**
- **Provider Signature Required Indicator**
- ***Requested Information Source**
- **Name and date of any Provider(s).....**
- **Treatment Dates From/To** (Up to 5 may be entered. Click the green plus + sign to add more treatment dates.)

Message

Priority Indicator Normal

Special Investigation Flag ☐ Requested for Claim Appeal Flag ☐

Medical Record Type Select One

Date Range: From (mm/dd/yyyy) To (mm/dd/yyyy)

Comments

8. Complete the **Message** section by entering the following information:

- **Message** (Up to 512 characters; see section 8.2.1 for more information on Character Limits.)
- **Priority Indicator**
- **Special Investigation Flag**
- **Requested for Claim Appeal Flag**
- **Medical Record Type**
- **Date Range, From/To**
- **Comments** (required if Medical Record Type 'Other' is selected)

Contact On Receipt Details

* User ID **bluetst12** * Phone Number

* Name Extension

Street Address State or Province Select One

City ZIP or Postal Code

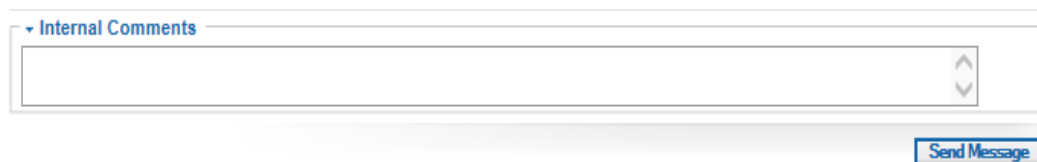
Country United States of America

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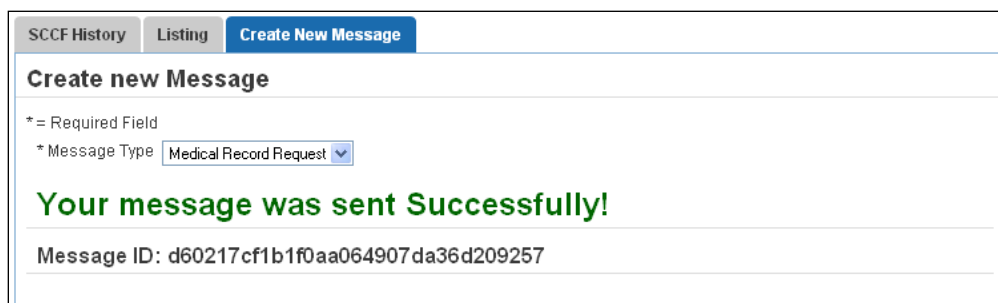
9. Complete the **Contact On Receipt Details** section by entering the following information or use the **Get Contact** button:

- ***Name**
- ***Phone Number**
- **Extension**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**

10. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.



11. Click the **Send Message** button.



A confirmation message appears as shown above.

8.11.2. Home Plan Cancels Medical Record Attachment Request

Please see section 8.10.2 '[Home Plan Cancels Medical Record Request](#)' as the process is the same for reason code 171 as it is for reason code 165.

8.11.3. View the Canceled Medical Record Request Status

Please see section 8.10.3 '[View the Canceled Medical Record Request Status](#)' as the process is the same for this reason code 171 as it is for reason code 165.

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8.11.4. Home Plan Cancels Medical Record Request Message

This feature allows the Home Plan user to cancel the Medical Record Request message. This includes the pre-existing specific information requested and any attachments that were also requested. This will result in the Medical Record Request message with reason code 171 being in a canceled status with a closed state.

1. Locate and open the appropriate Medical Record Request.
2. Complete the **Cancel Request** section by entering Cancel Comments. When text is entered into the Cancel Comments text box, the **Cancel Message** button will dynamically appear.

3. Click the **Cancel Message** button.

Cancel Message

A confirmation message appears as shown above.

8.11.5. Host Plan Sends Medical Record Update (First/Second Attempt Dates)

This feature allows the Host Plan user to indicate on a Medical Record message the date(s) on which medical records have been requested from the provider. Both Home and Host Plan users can see the value of this identifier on the message summary page.

1. Locate and open the appropriate Medical Record Request.
2. Complete the **Medical Record Update** section by entering the First (and/or Second) Attempt Date(s) as shown below. Note that there are no edit requirements associated with this notational field. Users can indicate a First Attempt followed by the Second, a First Attempt only, or input both a First and Second Attempt at same time. These dates can be in the past, present or future.

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Medical Record Update

First Attempt Date (mm/dd/yyyy)
Second Attempt Date (mm/dd/yyyy)

- Click the **Send Update** button.

Send Update

Medical Record Update

First Attempt Date 10/01/2009
Second Attempt Date 11/01/2009
• Medical Record Update is sent successfully.

Send Update

A confirmation message appears as shown above.

8.11.6. Host Plan Responds to the Medical Record Request

- Click the **Listing** Tab and find the desired Medical Record Summary.

Medical Record Summary

Create Response Message

- Click the **Create Response Message** button to create the message response.

Medical Record Response

+ Show Attachments

- Hide
Medical Record Type CR - Consultant/Consultation Re Date Range: From (mm/dd/yyyy) To (mm/dd/yyyy)
Request Comments nmxcbrnx
Content Key **Browse** ☐ No attachment included
Comments

- Complete the **Medical Record Response** section by entering the following information:
 - Message** (Up to 512 characters; see section 8.2.1 for more information on Character Limits.)
 - Content Key** field, see [Sending Attachments](#) for instructions, if necessary.
 - No attachment included** (if appropriate)

- **Comments**

▼ Contact On Receipt Details

* User ID

bluetst12

* Phone Number

* Name

Extension

Street Address

City

State or Province

Select One

ZIP or Postal Code

Country

United States of America

Get Contact

- Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:
 - *Name
 - *Phone Number
 - Extension
 - Street Address
 - City
 - State or Province
 - Zip or Postal Code
 - Country
- Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

▼ Internal Comments

Send Message

6. Click the **Send Message** button to send the Pre-Existing Information response.

SCCF History

Listing

Create New Message

Create new Message

* = Required Field

* Message Type

Medical Record Request

Your message was sent Successfully!

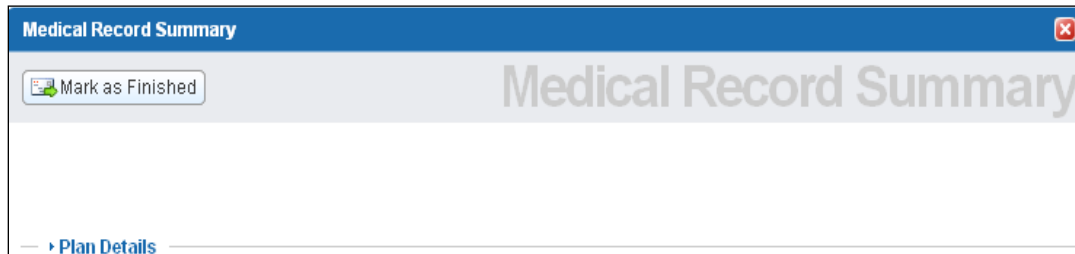
Message ID: d60217cf1b1f0aa064907da36d209257

A confirmation appears with the Message ID.

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8.11.7. Home Plan “Mark as Finished”

1. Find and open the desired Medical Record Summary.



2. Click the **Mark as Finished** button to indicate that the Medical Record Request is finished. This will remove the message from both the individual and the business unit mailboxes. The messages' status will become 'Final (FNAL)'.

8.12 Provider Quality Issue

Available to Home Plans only, the Provider Quality Issue (PQI) message enables the Home Plan to communicate member complaints and grievances regarding the provider to the Host Plan. These messages may be either claim or non-claim correlated. All required fields in Blue² are preceded by an asterisk (*).

8.12.1. Home Plan Creates a Provider Quality Issue Message

1. Click the **Home** Plan tab.

2. Click the **Create New Message** tab.
3. Select 'Provider Quality Issue' in the ***Message Type** drop-down list.
4. Enter the **Claim SCCF #**.
 - You may also click the **New Message** button from the **Summary**. See [Alternate Methods of Reaching the 'Create New Message' Tab](#). If you create a message from a summary, Blue² will populate many of the fields for you.
5. Click the **Get** button.

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- If you don't click the **Get** button, manually enter all of the fields below. If you do, fields will be automatically populated and you may skip to the [PQI Details](#) step # 10 below.

Plan Details

Date of Service: From To
(mm/dd/yyyy) (mm/dd/yyyy)

* Originating Plan/Station Code

* Destination Plan/Station Code

Processing Site Control # Host Plan Control #

6. Complete the **Plan Details** section by entering the following information:

- **Date of Service: From & To**
- ***Originating Plan/Station Code**
- ***Destination Plan/Station Code**
 - The values in this drop-down list will be in alphabetic order by the two-letter state postal code.
- **Processing Site Control #**
- **Host Plan Control #**

Subscriber Information

* Last Name Middle Initial First Name

* Subscriber ID

7. Complete the **Subscriber Information** section by entering the following information:

- ***Last Name**
- **Middle Initial**
- **First Name**
- ***Subscriber ID**

Patient Information

☐ Patient is Subscriber

* Last Name Middle Initial First Name

Gender ☐ Male ☐ Female ☐ Unknown * Date Of Birth (mm/dd/yyyy)

* Relationship To Subscriber

8. Complete the **Patient Information** section by entering the following information:

- **Patient is Subscriber** (Checkbox)
- ***Last Name** (Required if the Patient is not the Subscriber)

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- Middle Initial
- First Name
- Gender
- *Birth Date
- *Relationship to Subscriber

Primary Provider Details

* Provider Name

Country

Street Address

* Phone Number

City

BCBS Provider ID

State or Province

National Provider ID

ZIP or Postal Code

Federal Tax ID

9. Complete the **Primary Provider Details** section by entering the following information:

- *Provider Name
- Street Address
- City
- State or Province
- Zip or Postal Code
- Country
- *Phone Number
 - Phone number is only required if the provider address is not input. When provider address information is input, the asterisk on this field will disappear.
- BCBS Provider ID
- National Provider ID
- Federal Tax ID

PQI Details

* Incident Date Range: From To

(mm/dd/yyyy) (mm/dd/yyyy)

* Issue Type

* Member Benefit Type

Member Consent

Type of Inquiry

10. Complete the **PQI Details** section shown above by entering the following information:

- *Incident Date Range: From & To
- *Issue Type

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- ***Member Benefit Type**
- **Member Consent**
- **Type of Inquiry**

11. Complete the **Message** section either by selecting a predefined message from the drop-down list or by entering a message of your own in the ***Message** box of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².
12. Click the **Add Attachment** link to add a file. One attachment is permitted with this type of message. Refer to [Sending Attachments](#) for instructions, if necessary.

13. Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:

- ***Name**
- ***Phone Number**
- **Extension**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**

14. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

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▼ Internal Comments

[Send Message](#)

15. Click the **Send Message** button.

Create new Message

* = Required Field

* Message Type Provider Quality Issue ▼

Your message was sent Successfully!

Message ID: 090872086cd8086876504228ebb973a4


A confirmation appears as shown above.

8.12.2. Host Plan Responds to a Provider Quality Issue Message

There are three ways the user may respond to a Provider Quality Issue Message.

- Send Acknowledgement (see step #2 below)
- Send PQI Update (refer to step #4 below)
- Create Response Message (see step #6 below)

All PQI Response messages allow the user to send an attachment with the response message.

Listing Search Results										
Showing 1-1 of 1 Results								< Previous Next >		
SCCF	Format	Message ID	O/C Status	Date	Host Code	Home Code	Subscriber ID	Msg Status	Reason Code	
	--	PQI	9da1309ff634bdec1	Open	12/04/2008	090	444	XYZ1234567	Processed	302

1. From the **Listing Search Results** page, click the **Summary Icon** to open the summary page information. Select a message with an Open O/C Status.

▼ PQI Acknowledgement

[Send Acknowledgement](#)

2. To send an acknowledgement: go to the **PQI Acknowledgement** section.
3. Click the **Send Acknowledgement** button to create the message response.

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▼ PQI Acknowledgement

- PQI Acknowledgment is sent successfully.

A confirmation will appear.

▼ PQI Update

* Update Reason

Comments:

- To send a PQI Update: Complete the **PQI Update** section by entering the following information:
 - ***Update Reason**
 - **Comments** (This field accommodates up to 512 characters; refer to section 8.2.1 for more detailed information.)
- Click the **Send PQI Update** button to create the message response.

▼ PQI Update

* Update Reason

Comments:

● PQI Update is sent successfully.

A confirmation will appear as shown in green type above.

PQI Summary

PQI Summary

▼ Plan Details

- To send a message response: Click the **Create Response Message** button to create the message response.

▼ PQI Response

* Closed Reason

- Hide

Attachment Type

Content Key

Comments

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Create new Message

Your message was sent Successfully!

Message ID: b99c02524a60a35ec741c5e6cb4f8b60

A confirmation message will appear with the Message ID.

8.12.3. Sending Plan 'Mark As Finished'

1. Find and open the desired PQI summary.

PQI Summary

Mark as Finished

Plan Details

Message ID	fd10d9bcd19ac1df9cc27152	Claims SCCF Number	01020151190012700
	aea593f7	Originating Plan Code/Station Code	090/JAXA
Date Of Service	04/28/2015 - 04/28/2015	Destination Plan Code/Station Code	010/ BHMA
Host Plan Control #	E59764		
Processing Site Control #			

2. Click the **Mark as Finished** button near the top to indicate that the PQI is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.

8.13 Case Specific Rate Negotiation (CSRN) Message

The Case Specific Rate Negotiation message enables the Home Plan to request permission to negotiate directly with the Host Plan's provider. All required fields in Blue² are preceded by an asterisk (*).

8.13.1. Home Plan Sends a CSRN Message

The Case Specific Rate Negotiation (CSRN) message enables Home Plans to request consent from Host Plans to negotiate with the Host Plan's non-par provider and/or for non-contracted services of a par provider.

1. Click the **Home** Plan tab.

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SCCF History Listing **Create New Message**

Create new Message

* = Required Field

* Message Type Case Specific Rate Negotiation

! This Message requires a response.

- Click the **Create New Message** tab.
- Select 'Case Specific Rate Negotiation' in the ***Message Type** drop-down list.

Plan Details

* Originating Plan/Station Code FL - BCBS of Florida - 090-JAXA

* Destination Plan/Station Code Select One

- Complete the **Plan Details** section by entering the following information:
 - *Destination Plan/Station Code**
 - The values in this drop-down list appear in alphabetic order by the two-letter state postal code.

Subscriber Information

* Last Name Middle Initial First Name

* Subscriber ID Get Subscriber

- Complete the **Subscriber Information** section by entering the following information:
 - *Last Name**
 - Middle Initial**
 - First Name**
 - *Subscriber ID**

Patient Information

☐ Patient is Subscriber

* Last Name Middle Initial First Name

Gender ☐ Male ☐ Female ☐ Unknown * Date Of Birth (mm/dd/yyyy)

* Relationship To Subscriber Select One

- Complete the **Patient Information** section by entering the following information:
 - Patient is Subscriber** (Checkbox)
 - *Last Name** (Required if the Patient is not the Subscriber)

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- Middle Initial
- First Name
- Gender
- *Birth Date
- *Relationship to Subscriber

Primary Provider Details

Type of Provider Select One

* Provider Name

* Street Address

* City

* State or Province Select One

*ZIP or Postal Code

* Country United States of America

Phone Number

BCBS Provider Number

National Provider ID

Federal Tax ID

7. Complete the **Primary Provider Details** section by entering the following information:

- Type of Provider
- *Provider Name
- *Street Address
- *City
- *State or Province
- *Zip or Postal Code
- *Country
- Phone Number
- BCBS Provider Number
- National Provider ID
- Federal Tax ID

Host Plan Primary Contact

* Name

* Phone

* Email

* Fax

Host Plan Secondary Contact

* Name

* Phone

* Email

* Fax

Host Plan Additional Contact

* Name

* Phone

* Email

* Fax

8. Complete the **Host Plan Primary Contact** section, the **Host Plan Secondary Contact** section and the **Host Plan Additional Contact** section by entering the following information:

- *Name

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- ***Email**
- ***Phone**
- ***Fax**

CSRN Request Details

* Member Benefit Type

* Reason for Request

Anticipated Date of Service: From To

Actual Date of Service: From To

* How Home Plan learned of non-contracted/non-participating status?

9. Complete the **CSRN Request Details** section by entering the following information:

- ***Member Benefit Type**
- ***Reason for Request**
- **Anticipated Date of Service: From & To**
- **Actual Date of Service: From & To**
- ***How Home Plan learned of non-contracted/non-participating status?**

Message

10. Complete the optional **Message** section by entering the following information:

- **Pre-Defined Comments**
- **Message** (Up to 512 characters; see section 8.2.1 for more information on Character Limits.)

Contact On Receipt Details

* User ID * Phone Number

* Name Extension

* Email * Fax

Street Address State or Province

City ZIP or Postal Code

Country

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11. Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:

- ***Name**
- ***Email**
- ***Phone Number**
- **Extension**
- ***Fax**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**

12. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

▼ Internal Comments

[Send Message](#)

13. Click the **Send Message** button.

Create new Message

* = Required Field


* Message Type Case Specific Rate Negotiation ▼

Your message was sent Successfully!

Message ID: 87cd8fcbcc8024c38b417ca289ef9cb4

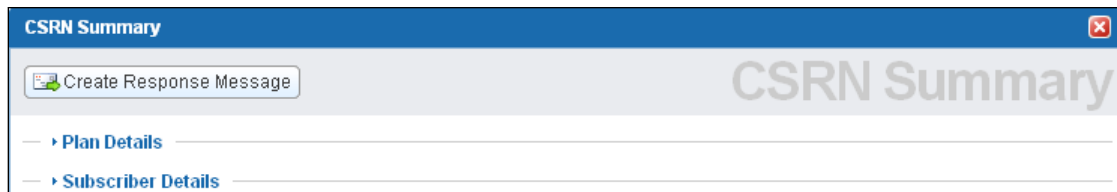
A confirmation message appears as shown above.

8.13.2. Host Plan Responds to a CSRN Message


Listing Search Results										
Showing 1-1 of 1 Results										◀ Previous Next ▶
SCCF	Format	Message ID	O/C Status	Date	Host Code	Home Code	Subscriber ID	Msg Status	Reason Code	
	--	CSRN c7b40e726e3e83ca0	Open	12/04/2008	090	444	XYZ1234567899	Processed	303	

1. From the **Listing Search Results** page, click the **Summary Icon** (at far left in the first column) to open the summary page information. Select a message with an Open O/C Status (located in the fifth column from the left and circled above).

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- Click the **Create Response Message** button to create the message response.



- Complete the **CSRN Response** section by entering the following information:

- ***Response Code**
- **Pre-Defined Comment**
- **Message**
 - Up to 512 characters; see section 8.2.1 for more information on Character Limits.

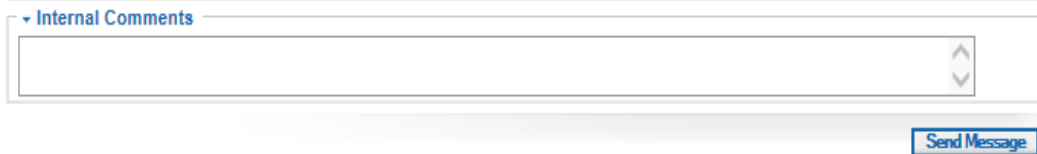


- Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:

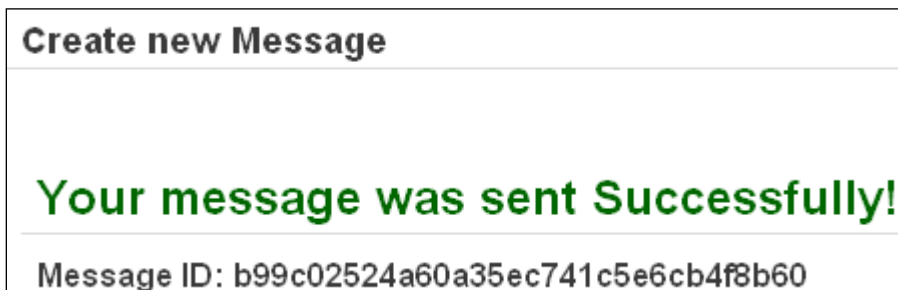
- ***Name**
- ***Phone Number**
- **Extension**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**

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- Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.



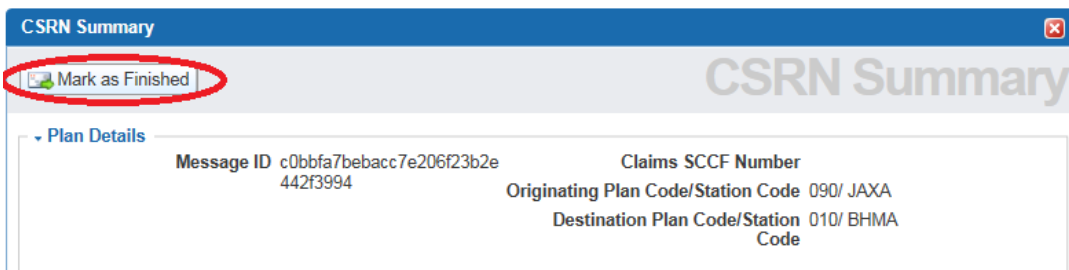
- Click the **Send Message** button.



A confirmation message will appear with the Message ID as shown above.

8.13.3. Sending Plan 'Mark As Finished'

- Find and open the desired CSRN summary.



- Click the **Mark as Finished** button near the top to indicate that the CSRN is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.

8.14 Claim Status Request Message (276)

The Claim Status function is used when the Host Plan wants to obtain the status of a claim. Blue² supports claim status requests for claims with or without an associated SF. The following instructions apply to domestic claims within the United States; international claim status requests are under General Inquiry, Reason Code 167. Please refer to section 8.6 General Inquiry Messages for more details.

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8.14.1. Host Plan Creates the Claim Status Request

1. Click the **Host** tab.
2. Click the **Create New Message** Tab.
 - You may also click the **New Message** button from the **Summary**. See [Alternate Methods of Reaching the 'Create New Message' Tab](#). If you create a message from a summary, Blue² will populate many of the fields for you.

3. Select 'Claim Status Request' in the ***Message Type** drop-down list.

4. Complete the **Plan Details** section by entering the following information:

- ***Claim Type**
- ***Date of Service From/To**

5. Complete the **Subscriber Information** section by entering the following information:

- ***Last Name**
- **First Name**
- **Middle Initial**
- ***Subscriber ID**
- ***Total Charges** (dollars and cents)

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Patient Information

☐ Patient is Subscriber

* Last Name

Middle Initial

First Name

Gender

☐ Male
☐ Female

* Date Of Birth

6. Complete the **Patient Information** section by entering the following information:

- **Patient is Subscriber** (Checkbox)
- ***Last Name** (Required if the Patient is not the Subscriber)
- **Middle Initial**
- **First Name**
- **Gender**
- ***Date of Birth**
 - You will receive an error if this date is later than the date the message is created.

Primary Provider Details

* Provider Name

Street Address

City

State or Province

ZIP or Postal Code

Get Provider

Country

National Provider ID

* BCBS Provider Number

* Federal Tax ID

7. Complete the **Primary Provider Details** section by entering the following information (or use the **Get Provider** button):

- ***Provider Name**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**
- **National Provider ID** (required if NPI implemented locally)
- ***BCBS Provider Number**
- ***Federal Tax ID**

Send Message

8. Click the **Send Message** button.

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The screenshot shows a web interface with three tabs: 'SCCF History', 'Listing', and 'Create New Message'. The 'Create New Message' tab is active. Below the tabs, there is a section titled 'Create new Message'. It includes a legend '* = Required Field' and a dropdown menu for '* Message Type' set to 'Claim Status Request'. A large green message states 'Your message was sent Successfully!'. Below this, the 'Message ID' is displayed as 'b1542b0a882b84598adf02c84867a928'.

A confirmation appears as shown above.

8.14.2. Host Plan Reviews the Claims Status Response

After Blue Exchange processes the Claim Status Request and returns the 277 response to Blue² it can be viewed by the Host Plan.

The screenshot shows the 'Listing Search' form. It has three tabs: 'SCCF History', 'Listing', and 'Create New Message'. The 'Listing' tab is active. The form includes fields for 'Format Type' (set to 'Claim Status'), 'Message Direction' (set to 'Select One'), 'BCBS Provider ID', 'Date: From' and 'To' (with date format hints), 'Host Plan Code' (with a dropdown showing 'AL - BCBS of Alabama - 010-BHMA' and 'AL - BCBS of Alabama - 510-BHMA'), and 'Home Plan Code' (set to 'Select One'). There is a link for 'Advanced Search Options' and a 'Search' button.

1. Click the **Host** tab.
2. Select Claim Status from the **Format Type** drop-down menu.
3. Select a **Home Plan Code** from the drop-down menu. The values in the **Home Plan Code** field will be in alphabetic order by the two-letter state postal code.
4. Click the Advanced Search Options link.




The screenshot shows the 'Advanced Search Options' form, which is currently expanded. It includes fields for 'Reason Code' (set to '304'), 'Claim Type' (set to 'Select One'), and 'Open / Closed' (set to 'Select One').

5. Select **Closed** from the Open/Closed drop-down menu.

A rectangular button with the word 'Search' in blue text.


6. Click the **Search** button. The Listing Search Results appear.

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Listing Search Results									
Showing 1-25 of 105 Results					« Previous Next »				
	SCCF	Format	Message ID	O/C Status	Date	Host Code	Home Code	Subscriber ID	Ms State
	--	CLAIMSTATUS	6d73c6700cd29b6d7	Open	11/24/2008	090	993	XYZ1234567	Proces
	09020060395342500	CLAIMSTATUS	bf23a5864547fb832	Open	11/20/2008	090	510	GEN752732211	Proces
	09020060395342500	CLAIMSTATUS	89deaa2f1d60a1e65	Open	11/20/2008	090	510	GEN752732211	Proces

- Click a **Summary** Icon from the first column at the far left.
- The **Claim Status** Summary appears as shown below; note that the first 4 sections are hidden or closed and can be opened by clicking on the little triangle at the far left of each section header.

Claim Status Summary

 Mark as Finished

Claim Status Summary

Plan Details

Subscriber Details

Patient Details

Provider Details

Claim Status Request

Admit Date

Total Charges \$23,323,232.00

Claim Type IO-Outpatient

Release Number 15.5

Subscriber Group #

Create Date 04/28/2015

Claim Status Response

Create Date 04/28/2015

Release Number 15.5

Message ID f1c5aca0b97314ca677a9f231f210e1f

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Claim Level Details

Code Type	Code Value	Description
Category	E2	Information Holder is not responding; resubmit at a later time.
Status	0	Cannot provide further status electronically.
Entity Identifier	ZZ	Mutually Defined
Category	--	--
Status	--	--
Entity Identifier	--	--

Line Level Details

- There is no data to display for this section.

Additional Claim Information Received from Home Plan

Payer Claim Control Number 01065100000285000 Total Claim Charge Amount \$0.00
Date Of Service 02/04/2013 - 04/05/2014

[State History](#)

8.14.3. Sending Plan “Mark as Finished”

1. Find and open the desired Claim Status summary.



2. Click the **Mark as Finished** button near the top to indicate that the Claim Status is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.

8.15 Claim Appeal Messages

As of release 4.1, this message type, available to either Host or Home Plans, replaced the Informational Message with Reason Code 170 Provider Appeal with a more flexible, bi-directional request and response format for three different types of Claim Appeals, including Provider Appeal (Reason Code 306), Provider Appeal on Behalf of Member (Reason Code 307) and Member Appeal (Reason Code 308).

A valid Disposition Format (DF) must be present for the SCCF number entered for a Claim Appeal Request. The system will prompt the user with an error message if this is not the case.

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Home Plans are responsible for sending appeals that they receive from their members requiring action by the Host Plan. Host Plans are responsible for sending appeals from their providers submitted on behalf of the Home Plan's members requiring action by the Home Plan. The claim appeal process is defined in the [Blue² LRM](#).

8.15.1. Create a Claim Appeal Request

- From either the **Home or Host** tab, click the **Create New Message** Tab.
 - You may also click the **New Message** button from the **Summary**. See [Alternate Methods of Reaching the 'Create New Message' Tab](#). If you create a message from a summary, Blue² will populate many of the fields for you.
- Select 'Claim Appeal Request' from the ***Message Type** drop-down list.
- Select the appropriate ***Reason Code** 306, 307 or 308 from the drop-down list as shown below:

The screenshot shows the 'Create New Message' interface. At the top are tabs for 'SCCF History', 'Listing', and 'Create New Message'. Below the tabs, the title 'Create New Message' is displayed. A legend indicates that '*' denotes a required field. The 'Message Type' dropdown is set to 'Claim Appeal Request'. The 'Reason Code' dropdown is open, showing a list of options: 'Select One', '306 Provider Appeal', '307 Provider Appeal on Behalf of Member', and '308 Member Appeal'.

- Enter the ***Claim SCCF#**.
 - Blue² will automatically populate this field for you if you used the **New Message** button from the **Summary**.
- Click the **Get** button. This will populate the fields on the page with the SCCF related information.
 - This will not appear if you used the **New Message** button from the **Summary**.

The screenshot shows the 'Claim Appeal Request Details' section. It contains several fields: '* Appeal Receipt Date' (with a date picker showing mm/dd/yyyy), '* Appeal Response Mandate Type' (with a dropdown set to 'None'), 'Appeal Response Mandate' (with a dropdown), 'Appeal Response Mandate Days', 'Related DF Message Code' (with a text input), and 'OPM MSPP Product' (with a dropdown set to 'No').

- Complete the Claim Appeal Request Details section shown above by entering the following information:
 - *Appeal Receipt Date**

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- Note that this date cannot be earlier than the associated date of service and it cannot be a future date.
 - ***Appeal Response Mandate Type**
 - Note: if 'Other', then the **Message** section becomes a required field for explanation.
 - **Appeal Response Mandate Days**
 - **Related DF Message Code**
 - Allows for a 4 digit alpha-numeric entry.
 - **OPM MSP Product**
 - A 'Yes' will be present in this field when the Account Type of the SF is equal to 'G' or 'H'. A 'No' will be present for any other values.
7. Complete the **Message** section either by selecting a predefined message from the drop-down list or by entering a message of your own in the ***Message** box of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².

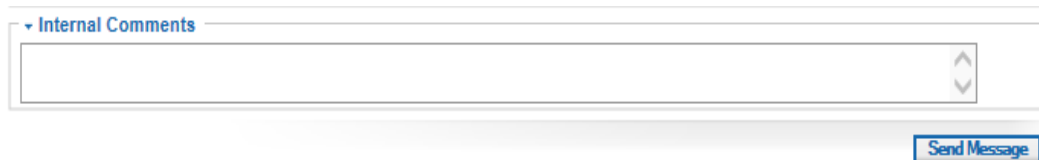
8. Click the **Add Attachment/Hide** link to open the Attachment section and add file(s). Refer to [Sending Attachments](#) for instructions if necessary. At least one attachment is required for Claim Appeal Requests.

9. Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:
- ***Name**
 - ***Phone Number**
 - **Extension**

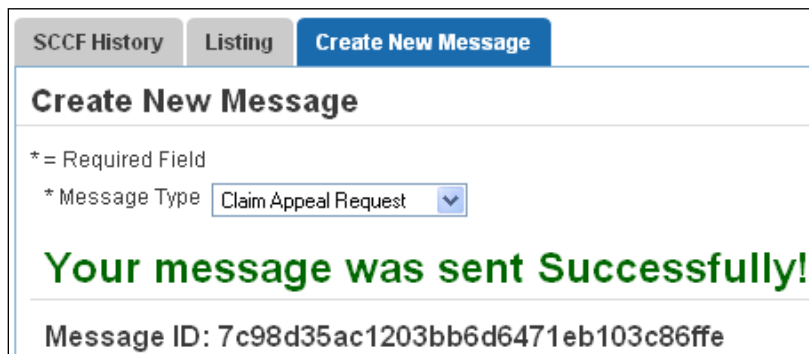
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- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**

10. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.



11. Click the **Send Message** button.



A confirmation appears as shown above.

8.15.2. View Open Claim Appeal Requests

To view all open Claim Appeal requests from either the **Host** or **Home Plan** tabs, use the **Listing Search** with format type set to “Claim Appeal” and Advanced Search Options for Open/Closed set to “Open” as shown below.

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The screenshot shows the 'Listing Search' interface. At the top, there are tabs for 'SCCF History', 'Listing' (which is active), and 'Create New Message'. Below the tabs, the 'Listing Search' section contains several dropdown menus and text input fields. The 'Format Type' dropdown is set to 'Claim Appeal' and is circled in red. The 'Date Type' dropdown is set to 'Create Date'. The 'Subscriber ID' and 'BCBS Provider Number' are text input fields. The 'Host Plan Code' dropdown is set to 'AL - BCBS of Alabama - 010-BHMA'. The 'Home Plan Code' dropdown is set to 'Select One'. The 'Advanced Search Options' section is expanded, showing additional dropdowns: 'Reason Code' (Select One), 'Claim Type' (Select One), 'Open / Closed' (Open, circled in red), 'Status Code' (Select One), 'Program Code' (Select One), 'Blue Card Type' (Select One), 'Delivery Method' (Select One), and 'Estimate Indicator' (Select One). The 'Message State' label is visible on the right side of the form.

8.15.3. Respond to Claim Appeal Request

The Claim Appeal message allows multiple responses and will not close until a valid adjustment DF is created or received (in the case of an approval), or the appropriate response is sent (in the case of a denial). Denial responses close the request; Appeal Denied, Ineligible for Appeal, MA PFFS Payment Dispute Denied, Ineligible for Appeal due to Awaiting Medical Records (**New with R17.5**), Ineligible for Appeal due to Awaiting Member Authorization (**New with R17.5**) and Ineligible for Appeal due to Appeal Being Handled Locally (**New with R17.5**). Responses with the action taken of "Appeal Approved" will remain open until a valid adjustment DF is created or received by the Plan.

1. From the **Listing Search Results** page (sample screen below), click on the **Summary Icon** (at far left in the first column) to select the proper Claim Appeal Request for response and open the summary page.

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Listing Search Results											
Showing 1-25 of 28 Results											
	SCCF	Format	Message ID	Status Code	Disposition Code	O/C Status	Date	Messg. Orig	Host Code	Home Code	Subs
	01020092798001600	CLMAPPL	7c98d35ac1203bb6d	--	--	Open	10/16/2009	010	010	090	BATM
	01020092169035800	CLMAPPL	f329218ebaae6849a	--	--	Open	10/15/2009	010	010	090	BAT
	01020092169031100	CLMAPPL	3a00fbee81815b590	--	--	Open	10/13/2009	010	010	090	BAT

- Click the **Create Response Message** button in the upper left corner (shown below) to create the message response.

Claim Appeal Summary

Create Response Message

Claim Appeal Summary

Plan Details

Subscriber Information

Patient Information

- Complete the **Claim Appeal Response Details** section shown below by entering the following information:

- *Response Reason**
- Expected Date for Member or Provider on Behalf of Member Appeal Resolution** (Required only when the Response Reason Code is 'Ineligible for Appeal due to Appeal Being Handled Locally')
- Message Comments**
 - Note that this is optional for an approval, but required for denials. The field will hold up to 512 characters; see section 8.2.1 for more information on Character Limits.

Claim Appeal Response Details

* Response Reason

Expected Date for Member or Provider on Behalf of Member Appeal Resolution

Message Comments

Add Attachment

- Click the **Add Attachment** link to open the Attachment section and add file(s), at least one attachment is required. Refer to [Sending Attachments](#) for instructions if necessary.

Contact On Receipt Details

* User ID
bluetst12

* Phone Number

* Name

Extension

Street Address

City

State or Province
Select One

ZIP or Postal Code

Country
United States of America

Get Contact

- Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:
 - *Name
 - *Phone Number
 - Extension
 - Street Address
 - City
 - State or Province
 - Zip or Postal Code
 - Country
- Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

▼ Internal Comments

Send Message

7. Click the **Send Message** button.

Create new Message

Your message was sent Successfully!

Message ID: b99c02524a60a35ec741c5e6cb4f8b60

A confirmation message will appear with the Message ID as shown above.

8.15.4. Sending Plan “Mark as Finished”

1. Find and open the desired Claim Appeal summary.

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Claim Appeal Summary

Mark as Finished

Plan Details

Message ID 7d144f401fda0ee6e6e5c89f14a1f634
Date Of Service 12/01/2014 - 12/01/2014
Host Plan Control # E95764
Processing Site Control #

Claims SCCF Number 01020150920002400
Originating Plan Code/Station Code 010/BHMA
Destination Plan Code/Station Code 090/JAXA

- Click the **Mark as Finished** button near the top to indicate that the Claim Appeal is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.

8.16 Claim Appeal Misroute Message

This message type is available only to Home Plans and must not be confused with the Claim Misroute message described in section 8.8. A misrouted claim appeal occurs when the Home Plan receives a claim appeal from an out-of-area provider that is not sent on behalf of the member.

This type of message is designed to be a one-way message sent from the Home Plan to the Host Plan and it does not require a Host Plan response. A valid Disposition Format (DF) must be present for the SCCF number entered for Claim Appeal Misroute. The system will prompt the user with an error message if this is not the case.

8.16.1. Home Plan Creates a Claim Appeal Misroute Messages

- Click the **Home** Plan tab.
- Click the **Create New Message** tab
- Select the Claim Appeal Misroute **Message Type** from the drop-down list.

SCCF History **Listing** **Create New Message**

Create New Message

* = Required Field

* Message Type **Claim Appeal Misroute**

Reason Code **310 Claim Appeal Misroute**

* Claim SCCF # **37820060380047500** **Get**

- Complete the ***Claim SCCF #** field by entering a SCCF number which has a valid DF associated with it, then hit the **Get** button.

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- Complete the **Message** section if desired. This field allows up to 512 characters; see section 8.2.1 for more information on Character Limits.

- Click the **Add Attachment/Hide** link to open the Attachment section and add file(s). Refer to [Sending Attachments](#) for instructions if necessary. At least one attachment is required for Claim Appeal Misroutes.

- Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:

- ***Name**
- ***Phone Number**
- **Extension**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**

- Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limit

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- Click the **Send Message** button.

The screenshot shows a web interface with three tabs: 'SCCF History', 'Listing', and 'Create New Message'. The 'Create New Message' tab is active. Below the tabs, there is a heading 'Create New Message' and a note '* = Required Field'. A dropdown menu for '* Message Type' is set to 'Claim Appeal Request'. A large green message states 'Your message was sent Successfully!'. Below this, the 'Message ID' is displayed as '7c98d35ac1203bb6d6471eb103c86ffe'.

A confirmation message will appear with the Message ID as shown above.

8.16.2. Receiving Plan (Host) “Mark as Finished”

- Find and open the desired Claim Appeal Misroute Message Summary.

The screenshot shows a window titled 'Claim Appeal Misroute Summary'. At the top left, there is a button labeled 'Mark as Finished' with a green checkmark icon, which is circled in red. Below the button, there is a section titled 'Plan Details' containing various fields and values: Message ID (aaa608712809075c9d12be6f252b0704), Date Of Service (04/20/2015 - 04/20/2015), Host Plan Control # (DFMCTESTINGAEAOX), Processing Site Control #, Claims SCCF Number (01020151690000300), Originating Plan Code/Station Code (090/JAXA), Destination Plan Code/Station Code (010/BHMA), and Remote Message Id (c13eada206cc09ef1b9fcf2259ef4f87).

- Click the **Mark as Finished** button near the top to indicate that the Claim Appeal Misroute is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.

8.17 Create a Claim Appeal Status Message

The Claim Appeal Status message, available to either Host or Home Plans, provides status on a claim appeal. Home Plans are required to send this message to the Host Plan for a provider on behalf of member appeal that does not result in an adjustment. **New with R17.5** this message allows for attachments.

- Click either the **Host** or **Home** tab.

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- Click the **Create New Message** Tab.
 - You may also click the **New Message** button from the **Summary**. See [Alternate Methods of Reaching the 'Create New Message' Tab](#). If you create a message from a summary, Blue² will populate many of the fields for you.
- Select 'Claim Appeal Status' in the ***Message Type** drop-down list.
- Complete ***Claim SCCF #** field by entering a SCCF number, then hit the **Get** button.
- The system will use the SCCF number entered to automatically populate all required fields in the first four sections (**Plan Details**, **Subscriber Information**, **Patient Information** and **Provider Details**) as shown in the screen excerpt below.

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▼ **Claim Appeal Status Details**

Member Authorization Date Received

*** Message Comments**

Select One

- Hide

Attachment Type

Content Key

Comments

6. Complete the **Claim Appeals Status Details** section by entering the following information:
 - ***Message Comments**
You may enter a message of your own in the ***Message Comments** box of up to 512 characters or by selecting a predefined message from the drop-down list ; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².
7. Click the **Add Attachment** link to add a file. Up to ten attachments are permitted with this type of message. Refer to [Sending Attachments](#) for instructions if necessary.
8. Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:
 - ***Name**
 - ***Phone Number**
 - **Extension**
 - **Street Address**
 - **City**
 - **State or Province**
 - **Zip or Postal Code**
 - **Country**
9. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

▼ **Internal Comments**

10. Click the **Send Message** button.

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A confirmation message will appear with the Message ID as shown above.

8.17.1. Receiving Plan 'Mark As Finished'

1. Find and open the desired Claim Appeal Status Message Summary.

2. Click the **Mark as Finished** button near the top to indicate that the Claim Appeal Status is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.

8.18 Escalation Messages

Home or Host Plan users may now generate Escalation Level 1 or Level 2 messages via Blue². These messages may be either claim or non-claim correlated. The process can begin with either an Escalation Level 1 or Level 2 message; there is no requirement that an Escalation Level 1 message be present in order to create an Escalation Level 2. However, only one open Escalation message (Level 1 or 2) may be present for a SCCF at any given time; note that "open" includes a message with an Open/Closed indicator of "Open" or "Unknown".

For a Host Plan to create a claim-correlated Escalation message (Level 1 or 2), a valid SF must be present.

All required fields in Blue² are preceded by an asterisk (*).

8.18.1. Sending an Escalation Message

1. Click either the **Home** or **Host** Plan tab, as appropriate.

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2. Click the **Create New Message** tab.
3. Select 'Escalation Level 1' or 'Escalation Level 2' from the ***Message Type** drop-down list.
4. Enter the **Claim SCCF #** or leave blank.
 - You may also click the **New Message** button from the **Summary**. See [Alternate Methods of Reaching the 'Create New Message' Tab](#). If you create a message from a summary, Blue² will populate many of the fields for you.

5. Click the **Get** button if you have entered a Claim SCCF#.
 - a. If you use the **Get** button, the Plan Details, Subscriber Information, Patient Information and Provider Details fields will be automatically populated. Proceed to Step #10. You can open each section and review or modify the fields, if you choose.
 - b. If you did not use the **Get** button, or are creating a non-claim correlated Escalation message, then proceed to Step #6.

6. Complete the **Plan Details** section by entering the following information:
 - *Date of Service: From & To**
 - *Claim Type**
 - *Originating Plan/Station Code**
 - *Destination Plan/Station Code**

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- It will be automatically completed once the “Subscriber ID”, “Date of Service From/To” and “Claim Type” fields have been completed.
- **Processing Site Control #**
- **Host Plan Control #**

Subscriber Information

Last Name

Middle Initial

First Name

* Subscriber ID

Subscriber Group #

Get Subscriber

7. Complete the **Subscriber Information** section by entering the following information or using the **Get Subscriber** button:

- **Last Name**
- **Middle Initial**
- **First Name**
- ***Subscriber ID**
- **Subscriber Group #**

Patient Information

☐ Patient is Subscriber

* Last Name

Middle Initial

First Name

Gender ☐ Male ☐ Female ☐ Unknown
Date Of Birth (mm/dd/yyyy)

Relationship To Subscriber

8. Complete the **Patient Information** section by entering the following information:

- **Patient is Subscriber** (Checkbox)
- ***Last Name** (Required if the Patient is not the Subscriber)
- **Middle Initial**
- **First Name**
- **Gender**
- **Date of Birth**
- **Relationship to Subscriber**

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Provider Details

* Provider Name

Street Address

City

State or Province

ZIP or Postal Code

Country

United States of America

BCBS Provider Number

National Provider ID

Federal Tax ID

9. Complete the **Provider Details** section by entering the following information:

- ***Provider Name**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**
- **BCBS Provider Number**
- **National Provider ID**
- **Federal Tax ID**

Escalation Request Details

* Issue Type

Aged Claim > 30 days - all routine efforts exhausted

Executive, media or department of banking/insurance case

Claim potentially causing cash-less access or up-front billing risk

Claim potentially causing contract risk

* Issue Reason

Medical Policy

Medical Records

COB

High Dollar Claim

10. Complete the **Escalation Request Details** section by selecting the following information from each of the two drop-down menus. You may select more than one item from each drop down list by using the control key (Ctrl).

- ***Issue Type**
- ***Issue Reason**

11. Complete the ***Message** section, either by selecting a predefined message from the drop-down list or by entering a message of your own in the message box of up to 1500 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².

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12. Click the **Add Attachment** link to view any attached files, or to attach a file. Up to ten attachments are permitted with this type of message. Refer to [Sending Attachments](#) for instructions if necessary.
13. Complete the **Escalation Contact Information** section by entering the following information or use the **Get Contact** button:

- ***Name**
- ***Phone Number**
- **Extension**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**

14. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

15. Click the **Send Message** button at the lower right.

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A confirmation appears as shown above.

8.18.2. Receiving Plan Sends Escalation Update

This can only be done on open Level 1 or Level 2 Escalation messages. The Expected Resolution Date can only be the current date or a future date. Users can only send a maximum of two successful Expected Resolution Date updates. The number of Escalation Status updates is unlimited for an open message.

1. Find and open the corresponding Escalation Summary.
2. Complete the **Escalation Update** section by entering the following information:
 - **Expected Resolution Date**
 - ***Escalation Status**
 - **Comments**
 - This field will accommodate a maximum of 512 characters; refer to section 8.2.1 for more details on Character Limits.

3. Click the **"Send Escalation Update"** button at the lower right.

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A confirmation message appears as shown in green above.

8.18.3. Raise Escalation Level 1 to Level 2

An Escalation Level 1 message can only be raised by the sending Plan to a Level 2 if the Level 1 message is open.

1. Find and open the desired Escalation Level 1 summary screen.
2. Click the “**Raise to Escalation Level 2**” button located at the upper left, as shown below.



3. Once the **Create New Message** screen appears, select one * **Raise Escalation Reason** from the drop-down list, as appropriate.

4. The **Escalation Request Details** section should be pre-populated with the information from the Escalation Level 1 message that is being raised to Level 2. Users may change these selections or add more items from each drop down list by using the control key (Ctrl).

- * **Issue Type**
- * **Issue Reason**

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- Although the **Message** section is also pre-populated with the message from the Escalation Level 1, it can be changed by selecting a predefined message from the drop-down list or by entering a new or additional message of your own in the message box of up to 1500 characters. Refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².

- Click the **Add Attachment** link to view any attached files, or to attach a file. Up to ten attachments are permitted with this type of message. Refer to [Sending Attachments](#) for instructions if necessary.
- Complete the **Escalation Contact Information** section by entering the following information or use the **Get Contact** button:

- ***Name**
- ***Phone Number**
- **Extension**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**

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Escalation Contact Information

User ID **Bluetst8**

* Phone Number

* Name

Extension

Street Address

State or Province **Select One**

City

ZIP or Postal Code

Country **United States of America**

Get Contact

- Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

Internal Comments

Send Message

- Click the **Send Message** button at the lower right.

SCCF History

Listing

Create New Message

Admin

Create New Message

* Message Type **Escalation Level 2**

Your message was sent **Successfully!**

Message ID: 6499324207321c1b9f444fa114ae60c8

A confirmation message appears as shown above.

8.18.4. Receiving Plan Responds to Escalation Message

An Escalation message at either Level 1 or Level 2 will be closed once a successful response is sent or received.

- Find and open the corresponding Escalation Summary screen.
- Click the **Create Response Message** button (shown below) to create the message response.

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Escalation Level 1 Summary

Create Response Message

Escalation Level 1 Summary

Plan Details

Subscriber Information

Patient Information

The message window appears as shown below.

SCCF History Listing Create New Message Admin

Create New Message

Message ID 01db1830bd1174278dab06b2

Plan Details

Subscriber Information

Patient Information

Provider Details

Escalation Request Details

Escalation Response Details

* Response Reason Select One

Message Comments

Select One

- Complete the **Escalation Response Details** section by entering the following information:

- *Response Reason**
- Message Comments** (May be required based on Response Reason selected)

The **Message Comments** can be completed either by selecting a predefined message from the drop-down list or by entering a message of your own in the box of up to 1500 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².

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- Click the **Add Attachment** link to view any attached files, or to attach a file. Up to ten attachments are permitted with this type of message. Refer to [Sending Attachments](#) for instructions if necessary.

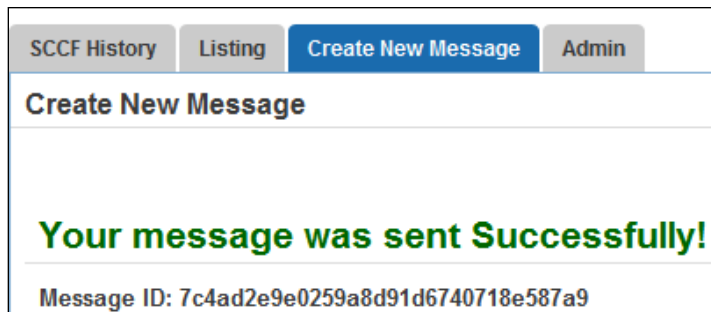
- Complete the **Escalation Contact Information** section by entering the following information or using the **Get Contact** button:

- ***Name**
- ***Phone Number**
- **Extension**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**

- Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

- Click the **Send Message** button located at the lower right.

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A confirmation message appears as shown above.

8.18.5. Sending Plan “Mark as Finished”

1. Find and open the desired Escalation summary.



2. Click the **Mark as Finished** button located at the upper left to indicate that it is finished. This will remove the message from both the individual and the BOID, or business unit, mailbox. The messages' status will become 'Final (FNAL)'.

8.19 Adjustment Messages

The capability to create adjustment requests, respond to adjustment requests and cancel adjustment requests/responses is now available in Blue². These messages are replacing the previous NF06, NF07 and NF00 ITS transactions. The ability to send these messages in real-time is now available as well. For detailed information regarding these features, please see the Adjustment User Manual located in [Metadata within the 'Manuals'](#) section for detailed information.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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9. Using the Selective Purge Tab

9.1 Selective Purge Tab Overview

The Blue² **Selective Purge** Tab allows a user to search for SF, DF, NF, RF and Blue² messages in order to purge these items from the Formats Database (either logically or physically). Items that are purged through this process do not occur in real-time. Once a record/message has been deemed as selectively purged, a batch process must occur in order to remove it from the Formats Database. This tab is accessible as either a Host or Home Plan and requires that the user has the appropriate security in order to perform the capabilities available through this tab. If the user does not have security to utilize this tab, then it will not be visible.

With R16.0 'Open Requests' functionality has been added. This allows the user to review all open purge requests submitted under their user ID and if necessary remove the record(s) and message(s) from the purge batch process. Individuals with the admin role will be able to see and remove all open purge requests, regardless of user ID. See section 9.4 of this guide for detailed instructions.

9.2 Perform a Search

1. From the Blue² Home Page, select either the **Host** or **Home** tab.

2. Click the **Selective Purge** tab.

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SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

SCCF
Message ID

Format Type

Select One
Informational Message
Medical Record
General Inquiry

Order:
Descending

Search

- Enter either the SCCF number or Message ID fields, one of these fields must be entered in order to perform a search.
- Optionally select a specific Format Type to find and/or the Order in which you would like the results ordered in.
- Click **Search**

Selective Purge Search Results

Showing 1-4 of 4 Results

	SCCF	Format	Status Code	Disp Code	O/C Status	Message Status	Date	Claim Type	Subscriber ID	Reason Code
<input type="checkbox"/>	01020142940080500	ADJUSTREQ	--	--	Open	PRSD	11/06/2014	--	VBA01932323235	248
<input type="checkbox"/>	01020142940080500	RF	V	1	Closed	--	10/29/2014	IO	VBA01932323235	--
<input type="checkbox"/>	01020142940080500	DF	V	1	Closed	--	10/29/2014	IO	VBA01932323235	--
<input type="checkbox"/>	01020142940080500	SF	V	--	Closed	--	10/20/2014	IO	VBA01932323235	--

Select Logical/Physical Purge

☐ Logical Purge
☒ Physical Purge

Submit

All matching items, per the search criteria entered, are returned through the search results.

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9.3 **Selectively Purge record(s) and/or message(s)**

1. After identifying the record(s) or message(s) that you wish to selectively purge, click the checkbox adjacent to the record or message that you want to purge.

Selective Purge Search Results											
Showing 1-4 of 4 Results											
<input type="checkbox"/>	SCCF	Format	Status Code	Disp Code	O/C Status	Message Status	Date	Claim Type	Subscriber ID	Reason Code	
<input checked="" type="checkbox"/>	01020142940080500	ADJUSTREQ	--	--	Open	PRSD	11/06/2014	--	VBA01932323235	248	
<input type="checkbox"/>	01020142940080500	RF	V	1	Closed	--	10/29/2014	IO	VBA01932323235	--	
<input type="checkbox"/>	01020142940080500	DF	V	1	Closed	--	10/29/2014	IO	VBA01932323235	--	
<input type="checkbox"/>	01020142940080500	SF	V	--	Closed	--	10/20/2014	IO	VBA01932323235	--	

If you want to purge all of the items that were returned through the search, then click the checkbox located to the left of the SCCF column of the search results heading row. This will select all items in the search results.

Selective Purge Search Results											
Showing 1-4 of 4 Results											
<input checked="" type="checkbox"/>	SCCF	Format	Status Code	Disp Code	O/C Status	Message Status	Date	Claim Type	Subscriber ID	Reason Code	
<input checked="" type="checkbox"/>	01020142940080500	ADJUSTREQ	--	--	Open	PRSD	11/06/2014	--	VBA01932323235	248	
<input checked="" type="checkbox"/>	01020142940080500	RF	V	1	Closed	--	10/29/2014	IO	VBA01932323235	--	
<input checked="" type="checkbox"/>	01020142940080500	DF	V	1	Closed	--	10/29/2014	IO	VBA01932323235	--	
<input checked="" type="checkbox"/>	01020142940080500	SF	V	--	Closed	--	10/20/2014	IO	VBA01932323235	--	

2. You can complete the **Message** section either by selecting a predefined message from the drop-down list or by entering a message of your own in the ***Message** box of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².
3. Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:

- ***Name**
- ***Phone Number**
- **Extension**
- **Street Address**
- **City**

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- **State or Province**
- **Zip or Postal Code**
- **Country**

- Click either the Logical Purge or Physical Purge radio button. By default, the Physical Purge radio button is selected.
 - Logical Purge is for BlueSquared Messages, where Physical Purge is available for both BlueSquared Messages and ITS formats.
 - Both Logical and Physical Purging remove the records from the BlueSquared UI, but only the Physical Purge removes from the backend tables.

- Click **Submit**.

All items selected will be submitted for selective purge (logical or physical) and will be purged through the batch process.

9.4 **Remove Purge record(s) and/or message(s)**

- Click the Open Requests button in the far right corner to display the records/messages that are awaiting the purge batch process. Then click the checkbox adjacent to the record(s) or message(s) that you want to remove from the batch purge process.

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SCCF History

Listing

Create New Message

Admin

Selective Purge

Restore

SCCF

Message ID

Open Requests

Format Type

Select One
Informational Message
Medical Record
General Inquiry

Order: Descending

Search

Selective Purge Open Requests

Showing 1-3 of 3 Results

<input type="checkbox"/>	SCCF	Archival Request UID	Format	Reason Code	Date	BlueSquared User ID	Message ID
<input type="checkbox"/>	01020152800001300	921	DF	--	12/07/2015	Bluetst7	--
<input type="checkbox"/>	01020152800001300	921	RF	--	12/07/2015	Bluetst7	--
<input type="checkbox"/>	01020152800001300	921	SF	--	12/07/2015	Bluetst7	--

Remove Records

If you want to remove all of the items that were returned through the search, then click the checkbox located to the left of the SCCF column of the search results heading row. This will select all items in the search results.

Selective Purge Open Requests

Showing 1-6 of 6 Results

<input checked="" type="checkbox"/>	SCCF	Archival Request UID	Format	Reason Code	Date	BlueSquared User ID	Message ID
<input checked="" type="checkbox"/>	01020142321038600	922	DF	--	12/08/2015	Bluetst7	--
<input checked="" type="checkbox"/>	01020142321038600	922	DF	--	12/08/2015	Bluetst7	--
<input checked="" type="checkbox"/>	01020142321038600	922	RF	--	12/08/2015	Bluetst7	--
<input checked="" type="checkbox"/>	01020142321038600	922	SF	--	12/08/2015	Bluetst7	--
<input checked="" type="checkbox"/>	01020142321038600	922	ADJUST	287	12/08/2015	Bluetst7	0a09727e525cfe150e63ff60f693ad20
<input checked="" type="checkbox"/>	01020142321038600	922	ADJUST	287	12/08/2015	Bluetst7	80f4b744c01e657c32285971e38b42f4

Remove Records

2. Click **Remove Records**.

For technical support, contact your Plan's local Blue² system administrator.

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Selective Purge Open Requests

<input type="checkbox"/>	SCCF	Archival Request UID	Format	Reason Code	Date	BlueSquared User ID	Message ID
--------------------------	------	----------------------	--------	-------------	------	---------------------	------------

Selected records have been successfully removed.

All items selected will be removed from the purge batch process.

9.5 Selective Purge Approval Process

With R17.0 when a SF, DF, NF, RF or a Blue² Message (claim correlated) is selected to be purged a new system generated Blue² message (Reason Code 324) is sent to the partner plan for them to approve or deny the request. This process has been established in order to ensure consistency between the two Plans that share the record or message. This process is not executed for non-claim correlated Blue² Messages.

The 'Selective Purge Approval' message is not available in the '[Create New Message](#)' function. It is selectable in the '[Listing](#)' search function and has its own sub folder in both 'Individual Mailbox' and 'Business Unit Mailbox'.

The Host or the Home Plan who selects the record or message for purge will be considered the requesting/initiating Plan. The Host or the Home Plan who shares the record or message will be considered the receiving/partner Plan. The new 'Selective Purge Approval' message will contain all purge requests stored under the same 'Archival Request UID'. If you have concerns that a particular record or message may cause concern at the receiving/partner Plan side, it is best to enter that purge request separately. This is because the approval or denial of the request is an all or nothing situation.

The 'Selective Purge Approval' message will be auto-approved when none of the record(s) or message(s) selected for purge are present on the receiving/partner Plan side. When the message is manually approved it will be purged from both the requesting/initiating Plan and the receiving/partner Plan formats database. The only exception to this is when an original DF is requested for purge but the 'Amount Approved to Pay' values do not match. When this occurs the receiving/partner Plan will have the opportunity to approve for either the requesting/initiating Plan to purge or both Plans to purge. The actual purging of the records will not occur until the next scheduled run of the Plans' purge job(s).

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For additional details including the configurable email alert, please reference the [System Use Document](#) for the Selective Purge Approval Process.

9.6 **Selective Purge Approval Response**

With R17.0 the receiving/partner Plan is to respond to all 'Selective Purge Approval' messages within four business days.

- Find and open the corresponding Selective Purge Approval Summary.

Listing Search Results

Showing 1-8 of 8 Results « Previous | Next »

	SCCF	Format	Status Code	Disp Code	O/C Status	Msg Status	Date	Messg. Orig	Host Code	Home Code	Subscriber ID
	01020162800007500	PURGEAPV	--	--	Open	PRSD	11/04/2016	090	010	090	BAT3122975782MABQ
	01020162800007400	PURGEAPV	--	--	Open	PRSD	11/04/2016	090	010	090	BAT3122975782MABQ
	01020162800003800	PURGEAPV	--	--	Closed	PRSD	11/04/2016	090	010	090	PVT99999
	01020162670006500	PURGEAPV	--	--	Open	PRSD	11/04/2016	090	010	090	XJB12345678901234
	01020162800008000	PURGEAPV	--	--	Open	PRSD	11/04/2016	010	010	090	BAT3122975782MABQ
	01020162800008800	PURGEAPV	--	--	Open	PRSD	11/04/2016	010	010	090	BAT3122975782MABQ

Selective Purge Approval Summary

Create Response Message

- Click the **Create Response Message** button at the upper left to create the message response. The message window appears as displayed below;

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SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

Create New Message
Return to SCCF History Search Results
Return to Listing Search Results

Message ID 6f3629320a38bce5044207629f5

- Plan Details
- Subscriber Details
- Provider Details
- Selective Purge Approval Request Details
- Selective Purge Approval Response**

* Response Code Select One

Select One

Contact On Receipt Details

User ID BlueTst16
* Phone Number

* Name
Extension

Street Address
State or Province Select One
City
ZIP or Postal Code
Country United States

Get Contact

Internal Comments

Send Message

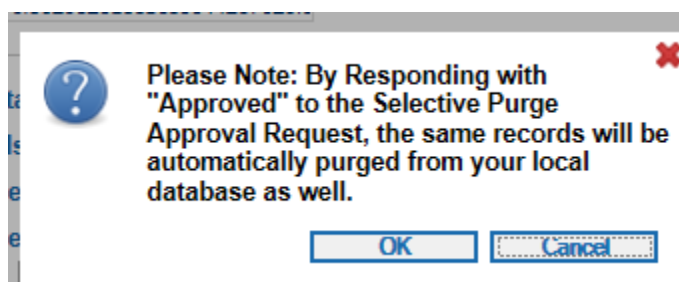
6. Complete the **Selective Purge Approval Response** section by entering the following information:

- ***Response Code**
 - Approved or Denied
- **Message**
 - Required if denying the request

In the message box, you may either select a predefined message from the drop-down list or enter a message of your own of up to 512 characters; refer to sections 8.2.1 and 8.2.2 for more information on character limits and a list of the special characters supported by Blue².

7. When you have selected 'Approved' a pop-up message appears advising that by approving the same records will be purged from your local database. Select either 'OK' or 'Cancel'. If you do not select 'OK' you will not be able to send the message. The same pop-up message will appear upon selecting **Send Message**.

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8. Complete the **Contact on Receipt Details** section by entering the following information or use the **Get Contact** button:

- ***Name**
- ***Phone Number**
- **Extension**
- **Street Address**
- **City**
- **State or Province**
- **Zip or Postal Code**
- **Country**

9. Complete the **Internal Comments** section if desired by entering a maximum of 500 characters. Refer to section 8.2.1 for more details on Character Limits.

▼ Internal Comments

[Send Message](#)

10. Click the **Send Message** button. A confirmation appears as shown below.

[SCCF History](#) | [Listing](#) | [Create New Message](#) | [Admin](#) | [Selective Purge](#) | [Restore](#)

Create New Message

[Return to SCCF History Search Results](#)

Your message was sent Successfully!

Message ID: b6491926444f17fe5e50db972288828a

Once the record or message has been purged the requesting/initiating Plan will need to click the **Mark as Finished** button near the top to indicate that the Selective Purge

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Approval is finished. This will remove the message from both the individual and the BOID (or business unit) mailbox. The messages' status will become 'Final (FNAL)'.



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10. Using the Restore Tab

10.1 Restore Tab Overview

The Blue² **Restore** Tab allows a user to search for SF, DF, NF, RF and Blue² messages in order to restore these items back onto the Formats Database. Items that are restored through this process do not occur in real-time. Once a record/message has been deemed as restored, a batch process must occur in order to place it back onto the Formats Database. This tab is accessible as either a Host or Home Plan and requires that the user has the appropriate security in order to perform the capabilities available through this tab. If the user does not have security to utilize this tab, then it will not be visible.

With R16.0 'Open Requests' functionality has been added. This allows the user to review all open restore requests submitted under their user ID and if necessary remove the record(s) and message(s) from the restore batch process. Individuals with the admin role will be able to see and remove all open restore requests, regardless of user ID. See section 10.4 of this guide for detailed instructions.

10.2 Perform a Search

1. From the Blue² Home Page, select either the **Host** or **Home** tab.

2. Click the **Restore** tab.

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SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

SCCF
Message ID

Format Type
Select One
Informational Message
Medical Record
General Inquiry
Order: Descending

- Enter either the SCCF number or Message ID fields, one of these fields must be entered in order to perform a search.
- Optionally select a specific Format Type to find and/or the Order in which you would like the results ordered in.
- Click **Search**

SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

SCCF
Message ID

Format Type
Select One
Informational Message
Medical Record
General Inquiry
Order: Descending

Restore Search Results

Showing 1-1 of 1 Results

<input type="checkbox"/>	Message Type Code	Message ID	Purge Date	Purge Type	Subscriber ID	Last Update TS	Host Code	Home Code	Reason Code	Mess. Stat
<input type="checkbox"/>	INFOMSG	21c6081853957e11e464c42d961ee331	10/20/2015	S	BAT1234	10/20/2015	010	090	099	--

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SCCF History

Listing

Create New Message

Admin

Selective Purge

Restore

SCCF

01020142940087600

Message ID

Open Requests

Format Type

Select One

Informational Message

Medical Record

General Inquiry

Order:

Descending

Search

Restore Search Results

Showing 1-5 of 5 Results

<input type="checkbox"/>	Formats Transaction Id	Disposition Code	SCCF	Purge Date	Purge Type	Subscriber ID	Last Update TS	Host Code	Home Code	Reason Code
<input type="checkbox"/>	MEDREC	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	165
<input type="checkbox"/>	MEDREC	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	171
<input type="checkbox"/>	INFOMSG	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	174
<input type="checkbox"/>	GENINQ	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	176
<input type="checkbox"/>	GENINQ	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	102

All matching items, per the search criteria entered, are returned through the search results. With 16.0 four fields were added to the search result display; BlueSquared User ID, Purge Type, Reason Code and Disposition Code.

10.3 Restore record(s) and/or message(s)

- After identifying the record(s) or message(s) that you wish to restore, click the checkbox adjacent to the record or message that you want to restore.

Restore Search Results

Showing 1-5 of 5 Results

<input type="checkbox"/>	Formats Transaction Id	Disposition Code	SCCF	Purge Date	Purge Type	Subscriber ID	Last Update TS	Host Code	Home Code	Reason Code
<input checked="" type="checkbox"/>	MEDREC	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	165
<input type="checkbox"/>	MEDREC	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	171
<input checked="" type="checkbox"/>	INFOMSG	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	174
<input checked="" type="checkbox"/>	GENINQ	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	176
<input type="checkbox"/>	GENINQ	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	102

<

>

Submit

If you want to restore all of the items that were returned through the search, then click

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the checkbox located to the left of the SCCF column of the search results heading row. This will select all items in the search results.

Restore Search Results

Showing 1-5 of 5 Results

<input checked="" type="checkbox"/>	Formats Transaction Id	Disposition Code	SCCF	Purge Date	Purge Type	Subscriber ID	Last Update TS	Host Code	Home Code	Reason Code
<input checked="" type="checkbox"/>	MEDREC	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	165
<input checked="" type="checkbox"/>	MEDREC	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	171
<input checked="" type="checkbox"/>	INFOMSG	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	174
<input checked="" type="checkbox"/>	GENINQ	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	176
<input checked="" type="checkbox"/>	GENINQ	--	01020142940087600	10/20/2015	S	XJK12345678900011	10/20/2015	010	090	102

Submit

- Click **Submit**.

All items selected will be submitted for restore and will be restored through the batch process.

10.4 Remove Restored record(s) and/or message(s)

- Click the Open Requests button in the far right corner to display the records/messages that are awaiting the restore batch process. Then click the checkbox adjacent to the record(s) or message(s) that you want to remove from the batch restore process.

SCCF History Listing Create New Message Admin Selective Purge **Restore**

SCCF Message ID

Format Type Order:

Open Requests

Search

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Restore Open Requests - Internet Explorer

Restore Open Requests

Showing 1-6 of 6 Results

<input type="checkbox"/>	SCCF	Archival Request UID	Format	Reason Code	Date	Blue Squared User ID	Message ID
<input type="checkbox"/>	010201319010035	929		--	12/11/2015	Bluetst7	--
<input type="checkbox"/>	01020142940087600	928	GENINQ	176	12/11/2015	Bluetst7	4b35303dfd596a69cfaeaa0020e94270
<input type="checkbox"/>	01020142940087600	928	INFOMSG	174	12/11/2015	Bluetst7	3df0ef098fd9f1fdb01069c0262d36ff
<input type="checkbox"/>	01020142940087600	928	GENINQ	102	12/11/2015	Bluetst7	ee20993d06df627c10300a726d7ae227
<input type="checkbox"/>	01020142940087600	928	MEDREC	165	12/11/2015	Bluetst7	1928ca254636a3f65368a6d949b85df1
<input type="checkbox"/>	01020142940087600	928	MEDREC	171	12/11/2015	Bluetst7	e779afa9fea981ca790a0fcaee93f2bf

[Remove Records](#)


If you want to remove all of the items that were returned through the search, then click the checkbox located to the left of the SCCF column of the search results heading row. This will select all items in the search results.

Restore Open Requests - Internet Explorer

Restore Open Requests

Showing 1-6 of 6 Results

<input checked="" type="checkbox"/>	SCCF	Archival Request UID	Format	Reason Code	Date	Blue Squared User ID	Message ID
<input checked="" type="checkbox"/>	010201319010035	929		--	12/11/2015	Bluetst7	--
<input checked="" type="checkbox"/>	01020142940087600	928	GENINQ	176	12/11/2015	Bluetst7	4b35303dfd596a69cfaeaa0020e94270
<input checked="" type="checkbox"/>	01020142940087600	928	INFOMSG	174	12/11/2015	Bluetst7	3df0ef098fd9f1fdb01069c0262d36ff
<input checked="" type="checkbox"/>	01020142940087600	928	GENINQ	102	12/11/2015	Bluetst7	ee20993d06df627c10300a726d7ae227
<input checked="" type="checkbox"/>	01020142940087600	928	MEDREC	165	12/11/2015	Bluetst7	1928ca254636a3f65368a6d949b85df1
<input checked="" type="checkbox"/>	01020142940087600	928	MEDREC	171	12/11/2015	Bluetst7	e779afa9fea981ca790a0fcaee93f2bf

 [Remove Records](#)

2. Click **Remove Records**.

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Restore Open Requests - Internet Explorer

Restore Open Requests

<input type="checkbox"/>	SCCF	Archival Request UID	Format	Reason Code	Date	BlueSquared User ID	Message ID
--------------------------	------	----------------------	--------	-------------	------	---------------------	------------

Selected records have been successfully removed.

All items selected will be removed from the restore batch process.

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11. Using the Export Function

Listing claims data can also be exported into a Microsoft Excel spreadsheet file. When you export data, Blue² creates a comma-delimited file for ease of import into Excel.

11.1 Export Listing Searches

1. Click either the **Home** or **Host** Plan Tab.

2. Click the **Listing** Tab.
3. Enter the search criteria. (This example uses the **Format Type** and **Host Plan Code**)
Note: The values in the ***Host Plan Code** field will be in alphabetic order by the two-letter state postal code.

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Listing Search

Format Type:

BCBS Provider ID:

Date: From To
(mm/dd/yyyy) (mm/dd/yyyy)

Host Plan Code:

Home Plan Code:

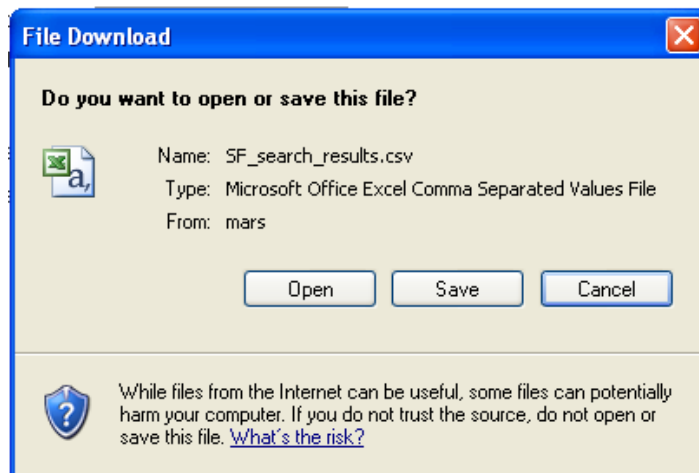
[Advanced Search Options](#)

Listing Search Results

Showing 1-25 of 250 Results [Previous](#) [Next](#)

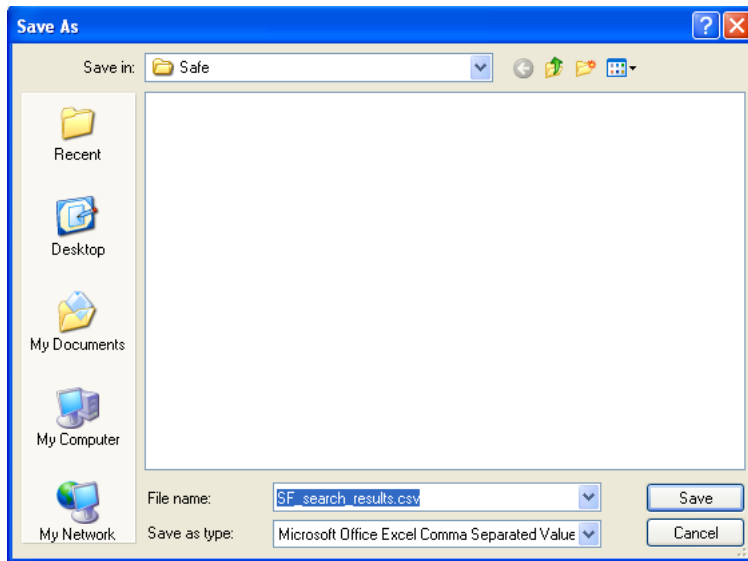
SCCF	Format	O/C Status	Date	Host Code	Home Code	Subscriber ID	Msg Status	Reason Code	Claim Type
01020060400132500	SF	Open	02/08/2006	010	090	XJW722356804	Valid	--	IO
01020060401175000	SF	Open	02/08/2006	510	090	XJ725399844	Valid	--	P

- Click the **Search** button. After the results appear, click on the **Export** button to save data in a <.csv> file, as shown above.



The File Download dialog box appears.

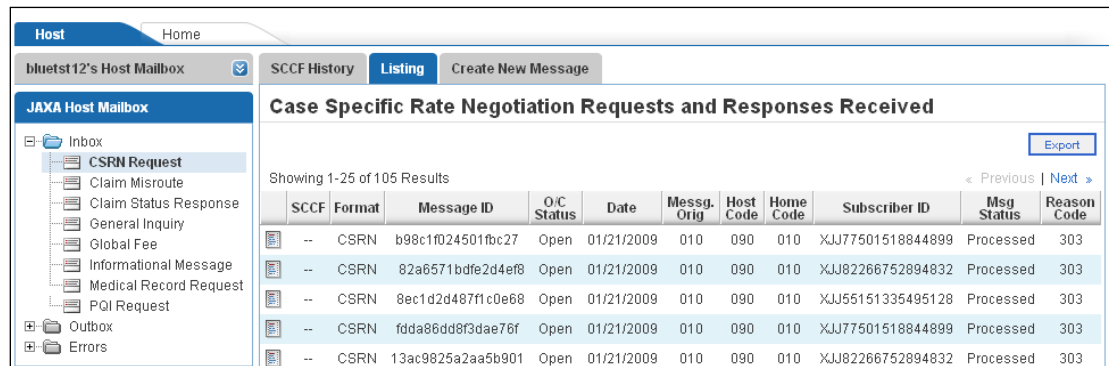
- Click **Save**.



6. Navigate to the appropriate folder and click the **Save** button.

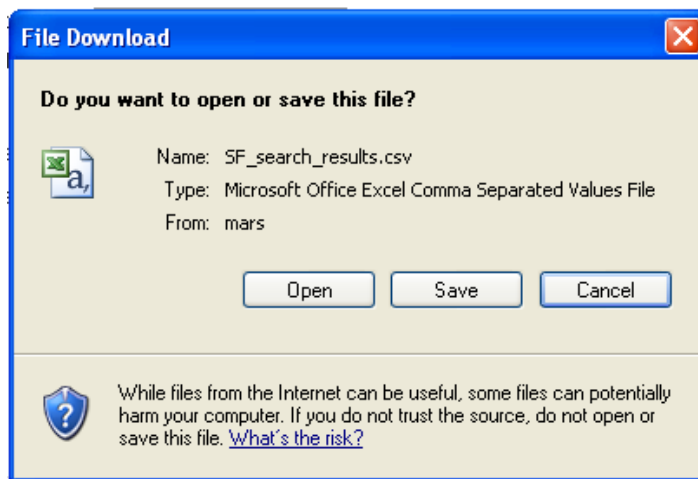
11.2 Export Mailbox Contents

1. Click either the **Home** or **Host** Plan Tab.



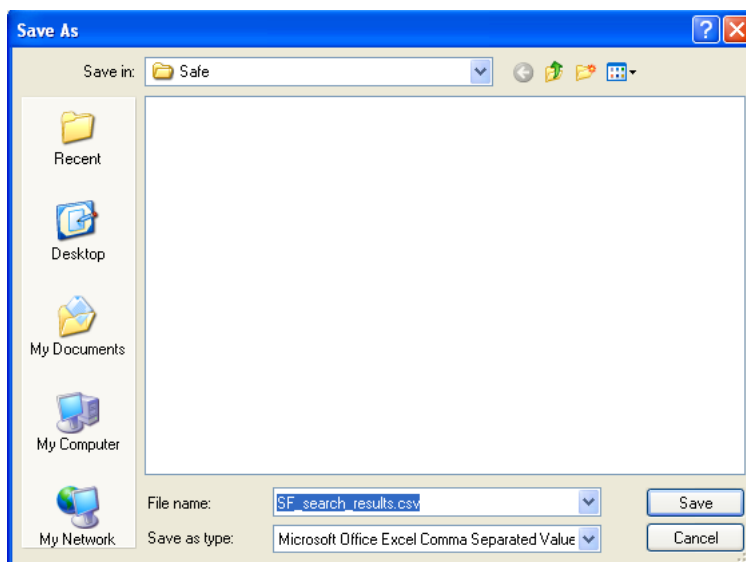
2. Click any mailbox.
3. Click the **Export** button.

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The **File Download** dialog box appears.

4. Click **Save**.



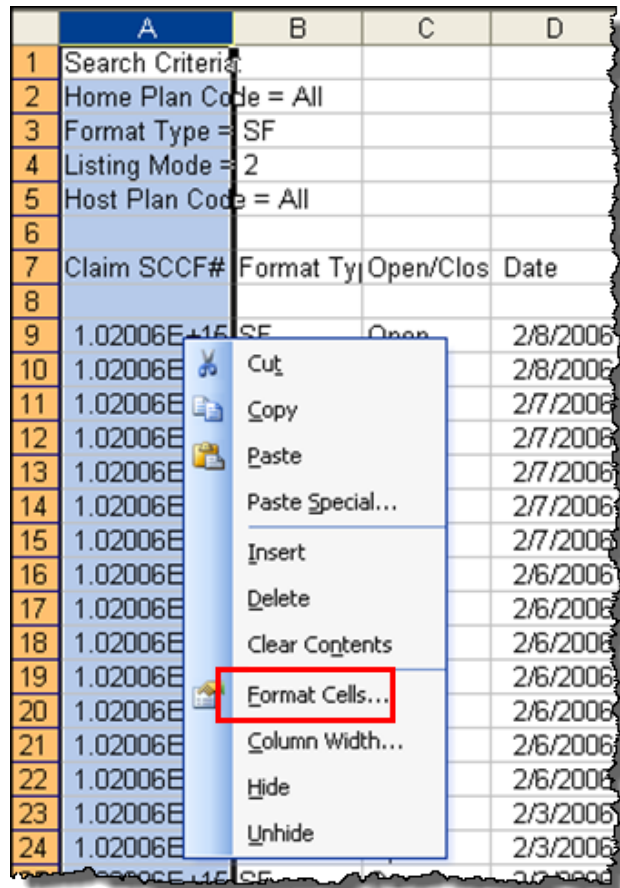
5. Navigate to the appropriate folder and click the **Save** button.

11.3 **Format Cells to Properly Display SCCF Numbers in Excel**

1. In Excel, highlight the SCCF# column and **right-click** to display the menu shown below.

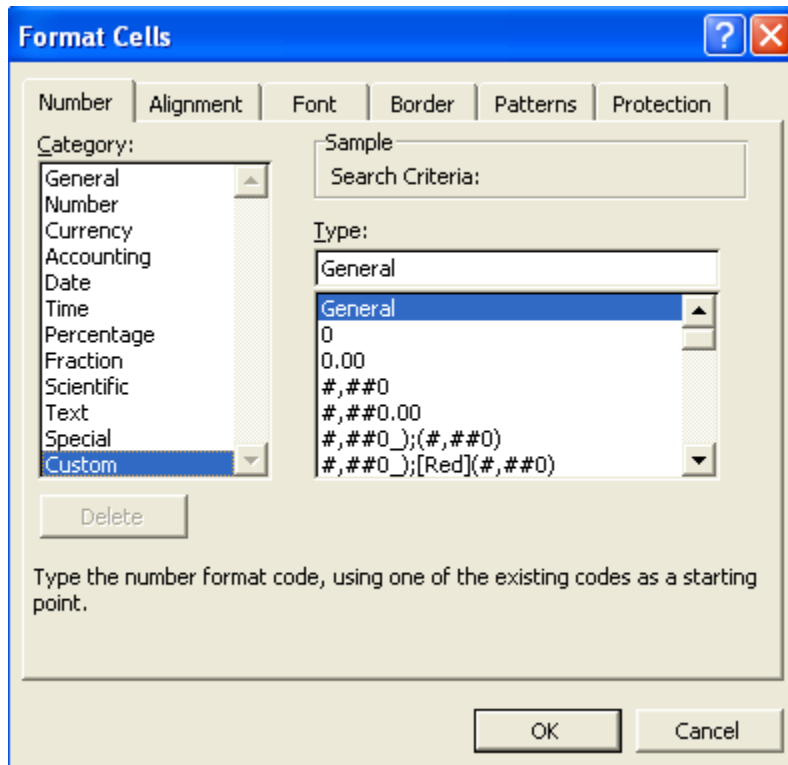
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2. Select the **Format Cells...** option

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3. Select **Custom** from the **Category** field. The **Type** field will appear.
4. Select **0**.
5. Type **17 zeros** (00000000000000000) in the **Type** field.
6. Select **OK**. Excel will properly display the entire SCCF#.

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12. Blue² Field Definitions

The Blue² field definitions in this chapter are organized in alphabetical order by page.

12.1 SCCF History Search

Use the SCCF Search page to search for claims as a Host or Home Plan. Access the SCCF Search page by clicking on the [SCCF History](#) tab.

BCBS Provider Number: Search by the number assigned to the provider by the Blue Cross Blue Shield Plan.

Claim Type: Search by the claim type. These values include Inpatient (II), Institutional Outpatient (IO), and Professional (P).

Date From/Date To: Search for transactions by date. The following is a summary of the date search criteria; please refer to section 7.3 of this manual for more details. SF II is the Admission date, SF IO provides the statement covers from date, SF P yields the earliest date of service start, DF is the disposition date and RF is the date paid. NFs 00 - 07 yield the date at which the item was posted to the Plan's formats database (NF08-12 is Create Date). Claim Misroutes will yield Create Date or Date of Service depending on the search criteria used. INFOMSG, GENINQ, MEDREC, GLOBAL provide the Create Date.

Date Type: This field allows the user to specify whether to search for Claim Misroute messages by the create date of the message or the date of service.

Federal Tax ID: Search by the provider's federal tax ID.

Format Type: Search for transactions (SF, DF, RF, NF, etc.) and/or Blue² messages. Select a format from the drop-down field. The default is SF.

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Message ID: Search by the unique identifier assigned to all Blue² messages.

National Provider ID: Search by the provider's unique health identifier used in HIPAA standard transactions.

Remote Message ID: The message ID of the Plan that created the message.






SCCF: Search by the Standard Claims Collection Facility (SCCF) number. Type a 15 position or 17 position SCCF #.

Search: Click Search to perform the search. Blue² will then display the search results.

Subscriber ID: Search by Subscriber ID to search **both** the Input Subscriber ID and the Actual Subscriber ID.

12.2 SCCF History Search Results

This page displays the results of the SCCF Search.

SCCF History Search Results											
Showing 1-25 of 33 Results										< Previous Next >	
	SCCF	Format	Status Code	Disposition Code	O/C Status	Date	Claim Type	Subscriber ID	Reason Code	Host Plan Ctrl #	Process Site Ctrl
	01020060400007500	SF	V	--	Open	02/20/2004	IO	APM714793247	--	69596534	--
	01020060400007500	GENINQ	--	--	Open	03/16/2010	IO	APM714793247	104	69596534	--
	01020060400007500	GENINQ	--	--						6534	--
	01020060400007500	GENINQ	--	--						6534	--
	01020060400007500	GENINQ	--	--						6534	--
	01020060400007500	GENINQ	--	--						6534	--

This paperclip symbol indicates the presence of at least one attachment for request or response messages created after release 4.2 was implemented Oct. 17, 2010.

Attachment Indicator The SCCF History results include a column at the far left showing whether the request or response message includes an attachment. If the column includes a paperclip symbol (as shown above), that is indicative of at least one attachment. Note that this paperclip will only appear for attachment messages that were created after this release number 4.2 was implemented Oct. 17, 2010.

Claim Type: Displays the claim type. These values include Inpatient (II), Institutional Outpatient (IO), and Professional (P).

Date: The following is a summary of the date search criteria; please refer to section 7.3 of this manual for more details. SF II is the Admission date, SF IO provides the statement covers from date, SF P yields the earliest date of service start, DF is the disposition date and RF is the date paid. NFs 00 - 07 yield the date at which the item was posted to the Plan's formats database (NF08-12 is Create Date). Claim Misroutes will yield Create Date or Date of Service depending on the search criteria used. INFOMSG, GENINQ, MEDREC, GLOBAL provide the Create Date.

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Disposition Code: Identifies the disposition status of the record. Valid values include 1 = original submission or reissue record for each claim or 4 = used to void payment records with a disposition code equal to 1. For an NF, the sequence number will be displayed.

Format: Displays the type of format transaction (SF or EQ, DF or ES, RF, NF, INFOMSG, GENINQ, MEDREC, MISROUTE, GLOBAL, CLAIMSTATUS, PQI, CSRN, CLMAPPL, CLMAPPLM, CLMAPPLS, and ESCL1 or ESCL2).

Host Plan Ctrl #: Displays the control number assigned by the local Plan receiving the claim to facilitate records retrieval or file coordination.

Messg. Orig.: Displays the Plan Code of the Plan who originated the transaction if a Blue² message. If an ITS NF transaction, the source code will appear that indicates if the message was originated by the Host or the Home Plan.

O/C Status: Indicates whether the claim is open or closed.

Processing Site Ctrl #: Displays the control number assigned by the processing site for the claim to coordinate files or facilitate retrieval of records.

Reason Code: Displays the Reason Code for Blue² messages and NF's.

SCCF: Displays the Standard Claims Collection Facility (SCCF) number.

Status Code: Identifies a system-generated value that indicates the edit status of the ITS format. Valid values include Valid=V, Invalid=I, Mismatch=M, Duplicate=D or Reject=R (SF only).

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

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12.3 Listing Search

SCCF History
Listing
Create New Message
Admin
Selective Purge
Restore

Listing Search

[Return to SCCF History Search Results](#)

Format Type:
Order:

Subscriber ID:
Date Type:

BCBS Provider Number:
Date: From To

(mm/dd/yyyy) (mm/dd/yyyy)

Host Plan Code:

AL - BCBS of Alabama - 010-BHMA
AL - BCBS of Alabama - 510-BHMA
PA - Highmark - Worldwide - 381-WWPA

Home Plan Code:

All
AR - Arkansas BCBS - 020-LRCA
AR - Arkansas BCBS - 021-LRCA
AR - Arkansas BCBS - 022-LRCA

Message Sub Type:

Message Direction:

Advanced Search Options [Hide]

Reason Code:

Claim Type:

Open / Closed:

Status Code:

Program Code:

Blue Card Type:

Delivery Method:

Estimate Indicator:

Attachment Indicator:

SF Type:

Action Code:

Message State:

OPM MSPP Product:

Use the Listing Page to search for any open or closed claim as a Host or Home Plan. Access the Listing Page by clicking the **Listing** tab. Any field displaying Select One, by default, will search for all the values of the field.

Advanced Search Options: Click the Advanced Search Options link (circled above) to open all available search filters.

Attachment Indicator: This filter allows users to perform Listing searches for messages with or without an attachment by selecting “Yes” or “No” from the drop-down menu. This field is grayed out and inactive for message types that do not support attachments. The results will indicate an attachment with a paperclip symbol on the far left side. Note that this paperclip will only appear for attachment messages that were created after release number 4.2 was implemented Oct. 17,

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2010.

Action Code: This field is specific to action codes associated with Adjustment Messages/NF07.

BCBS Provider Number: Search by the number assigned to the provider by the Blue Cross Blue Shield Plan.

BlueCard Type: Search by the BlueCard Program Product Type: B-BlueCard PPO, C-Custom PPO, D-Custom POS/Managed, E-Custom Network, N-Blue Distinction Centers for Transplants (BDCT), or P-BlueCard POS.

Claim Type: Search by claim type: Inpatient (II), Institutional Outpatient (IO) or Professional (P).

Date From/Date To: Search for transactions by date. The following is a summary of the date search criteria; please refer to section 7.3 of this manual for more details. SF II is the Admission date, SF IO provides the statement covers from date, SF P yields the earliest date of service start, DF is the disposition date and RF is the date paid. NFs 00 - 07 yield the date at which the item was posted to the Plan's formats database (NF08-12 is Create Date). Claim Misroutes will yield Create Date or Date of Service depending on the search criteria used. INFOMSG, GENINQ, MEDREC, GLOBAL provide the Create Date.

Date Type: This field allows the user to specify whether to search for Claim Misroute messages by the create date of the message or the date of service.

Delivery Method: Search by Delivery Method: 0-Not Specified, 1-Traditional, 2-PPO & BlueCard PPO, 3-POS, 4-BlueCard POS, 5-HMO, 6-Medicare Complementary, 7-Medicare Advantage, 8-Medicaid, 9-Medicare Carve-Out, A-Medicare Advantage PPO, B-Medicare Advantage Regional PPO, C-Medicare Advantage HMO, D-Medicare Advantage Private Fee for Service, E-Medicare Advantage Special Needs Plan, F-Medicare Advantage Cost Product, G-Custom Network with PPO Wrap, H-Custom Network with Traditional Wrap, I-Custom Network with No Wrap, and J-AltNet Networks. Select the Delivery Method from the drop-down list. The default is Select One. The Delivery Method identifies how benefits are delivered to the customer.

Estimate Indicator: This filter is activated only for Format Types SF or DF, allowing users to choose to eliminate or include estimate SFs and DFs from their Listing Searches. The default setting is "Claims Only", which excludes estimates. However the drop down menu provides the option of searching "Estimates Only" or "All" which will yield both claims and estimates. (Prior to release 4.2 users could only select 'E' if they wanted to search for an estimate SF or DF.)

Format Type: Search for transactions (SF, DF, RF, NF, etc.) and/or Blue² messages. Select a format from the drop-down field. The default is SF.

Home Plan Code: Search by Home Plan. When searching as a Home Plan, only those Home Plan Codes applicable to you as a Home Plan will be viewable. When searching as a Host Plan, you can select one or all Home Plans. The values in this field will be in alphabetic order by the two-letter state postal code.

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Host Plan Code: Search by Host Plan. When searching as a Host Plan, only those Host Plan Codes applicable to you as a Host Plan will be viewable. When searching as a Home Plan, you can select one or all Host Plans. The values in this field will be in alphabetic order by the two-letter state postal code.

Message Direction: Search by the direction of the Blue² message. The values include Sent and Received.

Message State: Search by the processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Message Sub-Type: This filter allows users to search for "Request" which is the default setting, or "Response" for any Blue² two-way message.

Open/Closed: Search by whether the transaction/message is open, closed, or unknown. (The Unknown value will be present for any converted message that was in a 'Sending' or 'Error' status at the time of conversion. This status will also be received for new messages that have a message status less than Processed.)

Order: This filter allows users to display their Listing Search results in Ascending or Descending order by date.

Program Code: Search by Program Code: A-Inter-Plan Business, 1-ITS Model, 3-Central Cert Model, 4-Overlapping Service Area Routing, 6-Custom Routing, 7-PSI, 8-NASCO, or 9-Medicare Advantage. Select a code from the drop-down list. The default is Select One. The Program Code Displays the processing arrangement agreed to by the Host/Par Plan and the Home/Control Plan.

Reason Code: Search by the reason for the Blue² message. This field appears when you select any Blue² message format type.

Search: Click Search to perform the search. Blue² will then display the search results.

SF Type: This field can be used to sort SF records by original, cross reference or resubmitted.

Status Code: Search by the edit status of the record on the formats database. These values include Valid (V), Invalid (I), Mismatch (M), Duplicate (D), or Reject (R).

Subscriber ID: Search by Subscriber ID to search both the Input Subscriber ID and the Actual Subscriber ID.

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12.4 Listing Search Results

													Search
													Export
Listing Search Results													
Showing 1-25 of 250 Results										« Previous Next »			
	SCCF	Format	Status Code	Disp Code	O/C Status	Msg Status	Date	Messg. Orig.	Host Code	Home Code	Subscriber ID	Reason Code	
	01020161190007400	GENINQ	--	--	Open	PRSD	06/23/2016	090	010	090	PVT8877665544	105	
	01020093562560500	GENINQ	--	--	Open	PRSD	06/21/2016	010	010	090	BAT1234	101	
	01020161180013400	GENINQ	--	--	Open	PRSD	06/21/2016	090	010	090	AAJ44332211	102	
	01020093562560500	GENINQ	--	--	Closed	PRSD	06/21/2016	090	010	090	BAT1234	100	
	01020102440209100	GENINQ	--	--	Open	PRSD	06/20/2016	090	010	090	BAT1234	100	
	01020093562670100	GENINQ	--	--	Open	PRSD	06/20/2016	010	010	090	BAT1234	100	
	01020161190002900	GENINQ	--	--	Open	PRSD	06/14/2016	090	010	090	XJB9988776655	101	
	01020161190002900	GENINQ	--	--	Closed	PRSD	06/07/2016	090	010	090	XJB9988776655	104	
	01020163520000800	GENINQ	--	--	Open	PRSD	06/07/2016	090	010	090	AAJ44332211	102	
	01020161460000300	GENINQ	--	--	Open	PRSD	06/06/2016	090	010	090	BAT123AD456	105	
	01020161230002100	GENINQ	--	--	Open	PRSD	06/06/2016	090	010	090	BAT11111111	101	
	01020161190002700	GENINQ	--	--	Open	PRSD	06/06/2016	090	010	090	XJB9988776655	105	

The Listing Search Results page displays the results of the Listing Search.

Attachment Indicator: The Listing Search results include a column, second from far left, showing whether or not the message includes an attachment. If the column includes a paperclip symbol (as shown above), that is indicative of at least one attachment. Note that this paperclip will only appear for attachment messages that were created after release number 4.2 was implemented Oct. 17, 2010.

Date: The following is a summary of the date search criteria; please refer to section 7.3 of this manual for more details. SF II is the Admission date, SF IO provides the statement covers from date, SF P yields the earliest date of service start, DF is the disposition date and RF is the date paid. NFs 00 - 07 yield the date at which the item was posted to the Plan's formats database (NF08-12 is Create Date). Claim Misroutes will yield Create Date or Date of Service depending on the search criteria used. INFOMSG, GENINQ, MEDREC, GLOBAL provide the Create Date.

Disposition Code: Identifies the disposition status of the record. Valid values include 1 = original submission or reissue record for each claim or 4 = used to void payment records with a disposition code equal to 1. For an NF, the sequence number will be displayed.

Export: Click the Export button to create a comma delimited file.

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Format: Displays the type of format transaction (SF or EQ, DF or ES, RF, NF, INFOMSG, GENINQ, MEDREC, MISROUTE, GLOBAL, CLAIMSTATUS, PQI, CSRN, CLMAPPL, CLMAPPLM, CLMAPPLS and ESCL1 or ESCL2).

Home Code: Displays the Plan Code of the Plan responsible for processing the claim.

Host Code: Displays the Plan Code for the Plan that submitted the claim.

Messg. Orig.: Displays the Plan Code of the Plan who originated the transaction if a Blue² message. If an ITS NF transaction, the source code will appear that indicates if the message was originated by the Host or the Home Plan.

Message Status: Displays the status of the message Blue². The values include Processed, Processing, Failed and Finished.

O/C Status: This field applies to the SF, DF, NF, and Blue² messages. It indicates if the transactions are opened, closed, or unknown. (The Unknown value will be present for any converted message that was in a 'Sending' or 'Error' status at the time of conversion. This status will also be received for new messages that have a message status less than Processed.)

Reason Code: Identifies the Reason Code associated with the Blue² Message displayed in the row.

Search: Click Search to perform the same or a different search. Blue² will then display the search results.

Status Code: Identifies a system-generated value that indicates the edit status of the ITS format. Valid values include Valid=V, Invalid=I, Mismatch=M, Duplicate=D or Reject=R (SF only).

Summary Icon: Click the link to view the Summary page for the message or transaction.

SCCF: Displays the Standard Claims Collection Facility (SCCF) number.

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

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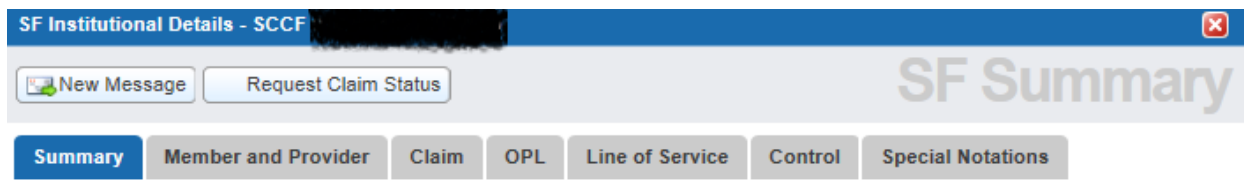
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12.5 SF Institutional Details

One way to access the SF Institutional Details is by clicking the Listing Tab and searching for Format Type “SF”. From the Advanced Search Options, set Claim Type to either “II” for Institutional Inpatient or “IO” for Institutional Outpatient and hit the “Search” button. On the Listing Search Results page, click on the Summary icon (at the far left) corresponding to the claim for which you want to see the detailed information.

Another method to access the detailed information is by performing a search from the SCCF History page, which is explained further in section 6.

Once you’ve completed your search, the SF Summary screen will appear as the Summary tab is pre-selected. In addition, the following six tabs will be available to select on all SFs.



- Member and Provider
- Claim
- OPL
- Line of Service
- Control
- Special Notations

On the Summary tab the **Claims Admin Audit History** section will only appear when all the following conditions are met:

1. Claims Administration SF is enabled
2. Only found on SF summary pages as a Host Plan
3. Only viewable on SFs that are sent as a Host, the Home Plan that receives the SF will not see this section.

For the Claims Admin Audit History the following fields will appear;

- **Audit Event:** Describes the action that was taken on the SF while it was present on the Claims Administration suspense repository. These values include Loaded (L), Extracted (E), Update (U), Purged (X), Released Failed (F), Released Passed (P) and Reject (R).
- **CA Action Code:** Provides the action code of the SF when the associated audit event was performed on the SF while it was present on the Claims Administration suspense repository. These values include Hold (H), Extract (E), Purge (P) and Delay (D).

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- **Edit Status:** Provides the edit status of the SF when the associated audit event was performed on the SF while it was present on the Claims Administration suspense repository. These values include Invalid (I) and Valid (V).
- **User ID:** Provides the Blue² User ID of the user that performed the audit event on the SF while it was present on the Claims Administration suspense repository.
- **Timestamp:** Provides the timestamp of when the audit event was performed on the SF while it was present on the Claims Administration suspense repository.

▼ Claims Admin SF Audit History

Audit Event	CA Action Code	Edit Status	User Id	Timestamp
E - Extracted	E	V	BATCH EXTRACT	07/17/2015 10:49:56
P - Released (Passed)	E	V	BLUETST1	07/17/2015 10:45:25
U - Updated	H	I	BLUETST1	07/17/2015 10:45:20

If there were a “Not Able to Process” (NAP) message related to the SCCF an additional tab will appear titled ‘NAP’. NAP messages are viewable only; they cannot be updated. Reference the [RT/MLE Operational Guide](#) for the specifics on NAP messages.

SF Institutional Details - SCCF 01020092162037600						
Summary	Member and Provider	Claim	OPL	Line of Service	Control	Special Notations
						NAP

NAP Information		
▼ NAP Created Details		
02/26/2010 16:28:36 PM Message		
Type	Code	Description
Major	CXR53	DUPLICATE CBF ON CBF DATABASE HAS OVERLAPPING DATES 06
Minor	CBF14	ENTER SUB ID 06
Minor	CBF36	CONTROL PLAN, LOCAL PLAN AND SUB/ALPHA PREFIX REQUIRED 06
Minor	CC011	CFA DISPOSITION DATE MUST BE VALID FORMAT 06
Minor	CC050	CAPITATION/BULK SETTLEMENT RATE AMOUNT MUST BE < OR = 500.00 06
Minor	CS040	SUBSCRIBER GROUP NUMBER IS REQ ON 36A REC, EMBEDDED BLANKS NOT ALLOWED 06
▼ NAP Received Details		
02/26/2010 16:28:36 PM Message		
Type	Code	Description
Major	CXR53	DUPLICATE CBF ON CBF DATABASE HAS OVERLAPPING DATES 06
Minor	CBF14	ENTER SUB ID 06
Minor	CBF36	CONTROL PLAN, LOCAL PLAN AND SUB/ALPHA PREFIX REQUIRED 06
Minor	CC011	CFA DISPOSITION DATE MUST BE VALID FORMAT 06
Minor	CC050	CAPITATION/BULK SETTLEMENT RATE AMOUNT MUST BE < OR = 500.00 06
Minor	CS040	SUBSCRIBER GROUP NUMBER IS REQ ON 36A REC, EMBEDDED BLANKS NOT ALLOWED 06

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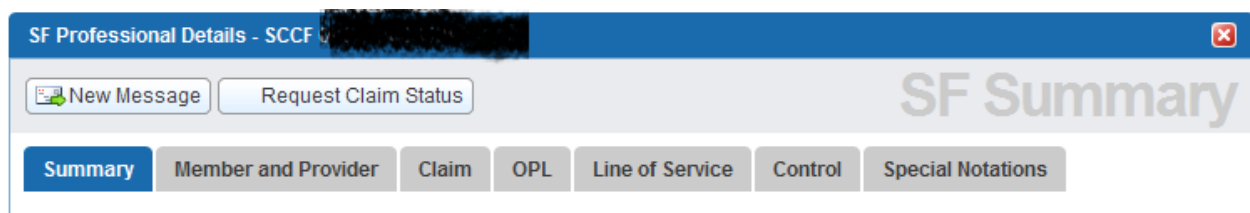
For detailed information on the fields housed in each of the tabs and sections access 'BlueSquared Field Names and Corresponding ITS Data Element Crosswalk', in Metadata. Metadata also contains all the field definitions and valid values.

12.6 **SF Professional Details**

One way to access the SF Professional Details is by clicking the Listing Tab and searching for Format Type "SF". From the Advanced Search Options, set Claim Type to "P – Professional" and hit the "Search" button. On the Listing Search Results, click on the Summary icon (at the far left) corresponding to the claim for which you want to see the detailed information.

Another method to access the detailed information is by performing a search from the SCCF History page, which is explained further in section 6.

Once you've completed your search, the SF Summary screen will appear as the Summary tab is pre-selected. In addition, the following six tabs will be available to select on all SFs.



- Member and Provider
- Claim
- OPL
- Line of Service
- Control
- Special Notations

On the Summary tab the **Claims Admin Audit History** section will only appear when all the following conditions are met:

- Claims Administration SF is enabled
- Only found on SF summary pages as a Host Plan
- Only viewable on SFs that are sent as a Host, the Home Plan that receives the SF will not see this section.
- **Audit Event:** Describes the action that was taken on the SF while it was present on the Claims Administration suspense repository. These values include Loaded (L), Extracted (E), Update (U), Purged (X), Released Failed (F), Released Passed (P) and Reject (R).
- **CA Action Code:** Provides the action code of the SF when the associated audit event was performed on the SF while it was present on the Claims Administration suspense repository. These values include Hold (H), Extract (E), Purge (P) and Delay (D).

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- **Edit Status:** Provides the edit status of the SF when the associated audit event was performed on the SF while it was present on the Claims Administration suspense repository. These values include Invalid (I) and Valid (V).
- **User ID:** Provides the Blue² User ID of the user that performed the audit event on the SF while it was present on the Claims Administration suspense repository.
- **Timestamp:** Provides the timestamp of when the audit event was performed on the SF while it was present on the Claims Administration suspense repository.

▼ Claims Admin SF Audit History

Audit Event	CA Action Code	Edit Status	User Id	Timestamp
E - Extracted	E	V	BATCH EXTRACT	07/17/2015 10:49:56
P - Released (Passed)	E	V	BLUETST1	07/17/2015 10:45:25
U - Updated	H	I	BLUETST1	07/17/2015 10:45:20

If there were a “Not Able to Process” (NAP) message related to the SCCF an additional tab will appear titled ‘NAP’. NAP messages are viewable only; they cannot be updated. Reference the [RT/MLE Operational Guide](#) for the specifics on NAP messages.

SF Professional Details - SCCF

Summary Member and Provider Claim OPL Line of Service Control Special Notations **NAP**

NAP Information

▼ NAP Created Details

02/26/2010 16:28:36 PM Message

Type	Code	Description
Major	CXR53	DUPLICATE CBF ON CBF DATABASE HAS OVERLAPPING DATES 06
Minor	CBF14	ENTER SUB ID 06
Minor	CBF36	CONTROL PLAN, LOCAL PLAN AND SUB/ALPHA PREFIX REQUIRED 06
Minor	CC011	CFA DISPOSITION DATE MUST BE VALID FORMAT 06
Minor	CC050	CAPITATION/BULK SETTLEMENT RATE AMOUNT MUST BE < OR = 500.00 06
Minor	CS040	SUBSCRIBER GROUP NUMBER IS REQ ON 36A REC, EMBEDDED BLANKS NOT ALLOWED 06

▼ NAP Received Details

02/26/2010 16:28:36 PM Message

Type	Code	Description
Major	CXR53	DUPLICATE CBF ON CBF DATABASE HAS OVERLAPPING DATES 06
Minor	CBF14	ENTER SUB ID 06
Minor	CBF36	CONTROL PLAN, LOCAL PLAN AND SUB/ALPHA PREFIX REQUIRED 06
Minor	CC011	CFA DISPOSITION DATE MUST BE VALID FORMAT 06
Minor	CC050	CAPITATION/BULK SETTLEMENT RATE AMOUNT MUST BE < OR = 500.00 06
Minor	CS040	SUBSCRIBER GROUP NUMBER IS REQ ON 36A REC, EMBEDDED BLANKS NOT ALLOWED 06

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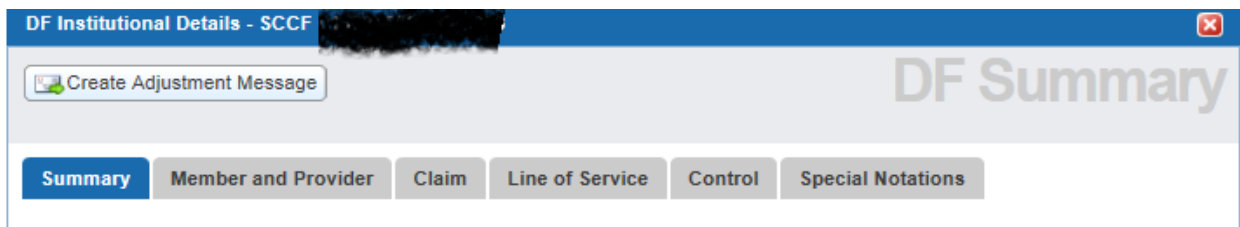
For detailed information on the fields housed in each of the tabs and sections access 'BlueSquared Field Names and Corresponding ITS Data Element Crosswalk', in Metadata. Metadata also contains all the field definitions and valid values.

12.7 DF Institutional Details

One way to access the DF Institutional Details is by clicking the Listing Tab and searching for Format Type "DF". From the Advanced Search Options, set Claim Type to either "II" for Institutional Inpatient or "IO" for Institutional Outpatient and hit the "Search" button. On the Listing Search Results page, click on the Summary icon (at the far left) corresponding to the claim for which you want to see the detailed information.

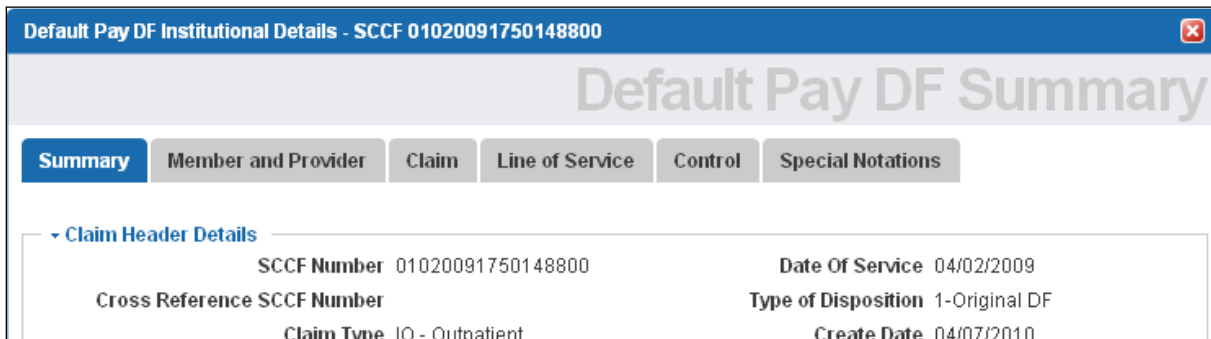
Another method to access the detailed information is by performing a search from the SCCF History page, which is explained further in section 6.

Once you've completed your search, the DF Summary screen will appear as the Summary tab is pre-selected. In addition, the following five tabs will be available to select on all DFs.



- Member and Provider
- Claim
- Line of Service
- Control
- Special Notations

If the claim was paid as a result of a default claim resolution, please note that the DF Summary screen heading would look slightly different, as shown below:



Note that the summary screen header is "Default Pay DF Summary". The fields shown on the

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Summary and all detail screens are unchanged; the “Default Claim Resolution Indicator” field on the Summary and Claim detail tabs will be set to “Y” for yes.

If there were a “Not Able to Process” (NAP) message related to the SCCF an additional tab will appear titled ‘NAP’. NAP messages are viewable only; they cannot be updated. Reference the [RT/MLE Operational Guide](#) for the specifics on NAP messages.

DF Institutional Details - SCCF 01020092162037600

Summary
Member and Provider
Claim
Line of Service
Control
Special Notations
NAP

NAP Information

↳ NAP Created Details

02/26/2010 16:28:36 PM Message

Type	Code	Description
Major	CXR53	DUPLICATE CBF ON CBF DATABASE HAS OVERLAPPING DATES 06
Minor	CBF14	ENTER SUB ID 06
Minor	CBF36	CONTROL PLAN, LOCAL PLAN AND SUB/ALPHA PREFIX REQUIRED 06
Minor	CC011	CFA DISPOSITION DATE MUST BE VALID FORMAT 06
Minor	CC050	CAPITATION/BULK SETTLEMENT RATE AMOUNT MUST BE < OR = 500.00 06
Minor	CS040	SUBSCRIBER GROUP NUMBER IS REQ ON 36A REC, EMBEDDED BLANKS NOT ALLOWED 06

↳ NAP Received Details

02/26/2010 16:28:36 PM Message

Type	Code	Description
Major	CXR53	DUPLICATE CBF ON CBF DATABASE HAS OVERLAPPING DATES 06
Minor	CBF14	ENTER SUB ID 06
Minor	CBF36	CONTROL PLAN, LOCAL PLAN AND SUB/ALPHA PREFIX REQUIRED 06
Minor	CC011	CFA DISPOSITION DATE MUST BE VALID FORMAT 06
Minor	CC050	CAPITATION/BULK SETTLEMENT RATE AMOUNT MUST BE < OR = 500.00 06
Minor	CS040	SUBSCRIBER GROUP NUMBER IS REQ ON 36A REC, EMBEDDED BLANKS NOT ALLOWED 06

For detailed information on the fields housed in each of the tabs and sections access ‘BlueSquared Field Names and Corresponding ITS Data Element Crosswalk’, in Metadata. Metadata also contains all the field definitions and valid values.

12.8 DF Professional Details

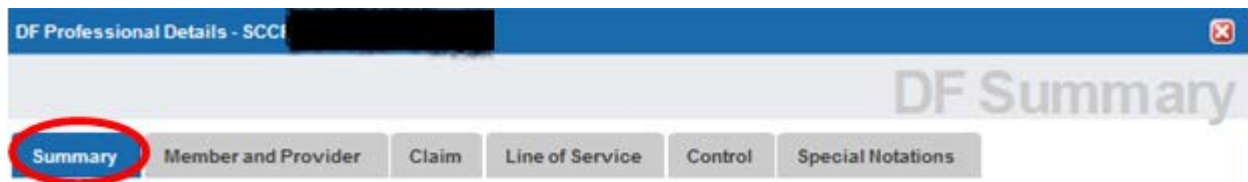
One way to access the DF Professional Details is by clicking the Listing Tab and searching for

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Format Type “DF”. From the Advanced Search Options, set Claim Type to “P – Professional” and hit the “Search” button. On the Listing Search Results, click on the Summary icon (at the far left) corresponding to the claim for which you want to see the detailed information.

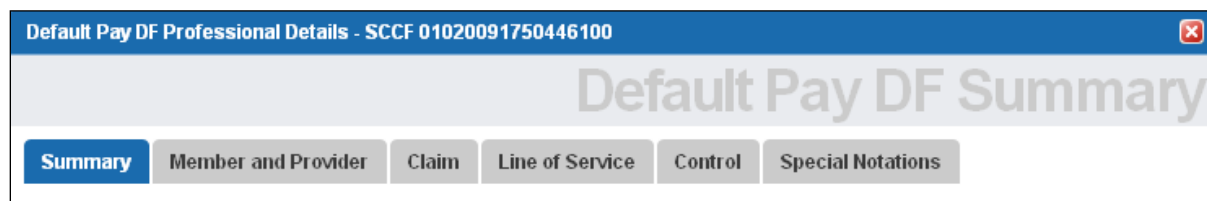
Another method to access the detailed information is by performing a search from the SCCF History page, which is explained further in section 6.

Once you’ve completed your search, the DF Summary screen will appear as the Summary tab is pre-selected. In addition, the following five tabs will be available to select on all DFs.



- Member and Provider
- Claim
- Line of Service
- Control
- Special Notations

If the claim was paid as a result of a default claim resolution, please note that the DF Summary screen heading would look slightly different, as shown below:



Note that the summary screen header is “Default Pay DF Summary”. The fields shown on the Summary and all detail screens are unchanged; the “Default Claim Resolution Indicator” field on the Summary and Claim detail tabs will be set to “Y” for yes.

If there were a “Not Able to Process” (NAP) message related to the SCCF an additional tab will appear titled ‘NAP’. NAP messages are viewable only; they cannot be updated. Reference the [RT/MLE Operational Guide](#) for the specifics on NAP messages.

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DF Professional Details - SCCF 01020060322770000

Summary
Member and Provider
Claim
Line of Service
Control
Special Notations
NAP

NAP Information

NAP Created Details

02/26/2010 16:28:36 PM Message

Type	Code	Description
Major	CXR53	DUPLICATE CBF ON CBF DATABASE HAS OVERLAPPING DATES 06
Minor	CBF14	ENTER SUB ID 06
Minor	CBF36	CONTROL PLAN, LOCAL PLAN AND SUB/ALPHA PREFIX REQUIRED 06
Minor	CC011	CFA DISPOSITION DATE MUST BE VALID FORMAT 06
Minor	CC050	CAPITATION/BULK SETTLEMENT RATE AMOUNT MUST BE < OR = 500.00 06
Minor	CS040	SUBSCRIBER GROUP NUMBER IS REQ ON 36A REC, EMBEDDED BLANKS NOT ALLOWED 06

NAP Received Details

02/26/2010 16:28:36 PM Message

Type	Code	Description
Major	CXR53	DUPLICATE CBF ON CBF DATABASE HAS OVERLAPPING DATES 06
Minor	CBF14	ENTER SUB ID 06
Minor	CBF36	CONTROL PLAN, LOCAL PLAN AND SUB/ALPHA PREFIX REQUIRED 06
Minor	CC011	CFA DISPOSITION DATE MUST BE VALID FORMAT 06
Minor	CC050	CAPITATION/BULK SETTLEMENT RATE AMOUNT MUST BE < OR = 500.00 06
Minor	CS040	SUBSCRIBER GROUP NUMBER IS REQ ON 36A REC, EMBEDDED BLANKS NOT ALLOWED 06

For detailed information on the fields housed in each of the tabs and sections access 'BlueSquared Field Names and Corresponding ITS Data Element Crosswalk', in Metadata. Metadata also contains all the field definitions and valid values. Metadata also contains all the field definitions and valid values.

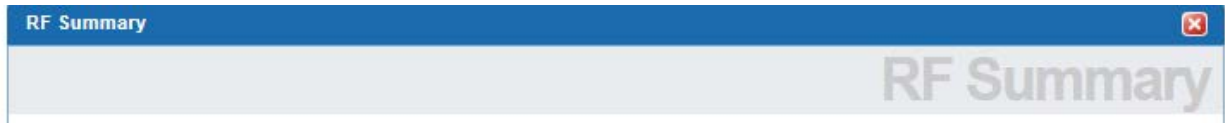
12.9 RF Summary

One way to access the RF Summary is by clicking the Listing Tab and searching for Format Type "RF". From the Advanced Search Options, you can set Claim Type to narrow your search, and then hit the "Search" button. On the Listing Search Results, click on the Summary icon (at the far left) corresponding to the claim for which you want to see the detailed information.

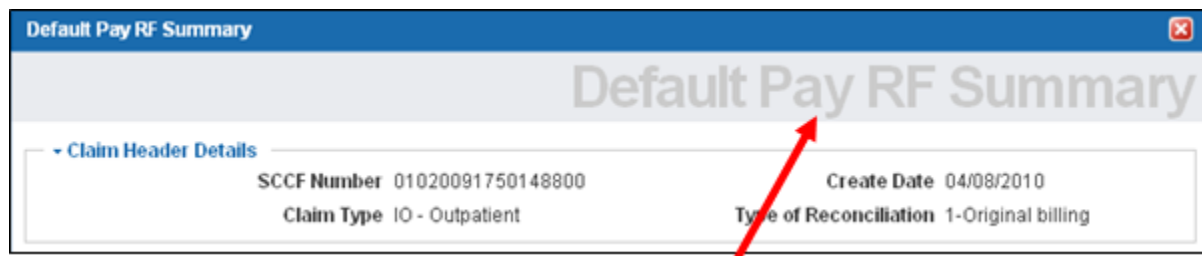
Another method to access the detailed information is by performing a search from the SCCF History page, which is explained further in section 6.

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Once you've completed your search, the RF Summary screen will appear as it is the information available (there are no additional tabs for RFs).



If the claim was paid as a result of a default claim resolution, please note that the RF Summary screen heading would look slightly different, as shown below:



Note that the summary screen header is "Default Pay RF Summary".

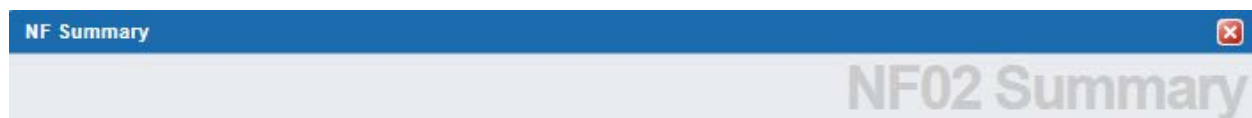
For detailed information on the fields housed in each of the sections access 'BlueSquared Field Names and Corresponding ITS Data Element Crosswalk', in Metadata. Metadata also contains all the field definitions and valid values.

12.10 NF Summary

One way to access the NF Summary is by clicking the Listing Tab and searching for Format Type "NFXX", where XX is the two digit number of the NF message. On the Listing Search Results, click on the Summary icon (at the far left) corresponding to the claim for which you want to see the detailed information.

Another method to access the detailed information is by performing a search from the SCCF History page, which is explained further in section 6.

Once you've completed your search, the NF Summary screen will appear as it is the information available (there are no additional tabs for NFs).



For detailed information on the fields housed in each of the sections access 'BlueSquared Field Names and Corresponding ITS Data Element Crosswalk', in Metadata. Metadata also contains all the field definitions and valid values.

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12.11 Informational Message Summary

Info Message Summary

Informational Message Summary

Plan Details

Message ID
66d556dcc37e38b98c9c16519480cd6e

Date Of Service
01/30/2006 - 01/30/2006

Host Plan Control #
163222365

Processing Site Control #

Claims SCCF Number
0102006032277500

Originating Plan Code/Station Code
510/ BHMA

Destination Plan Code/Station Code
090/ JAXA

Remote Message Id
d141bf8a03f94205f5588024b71dde49

Subscriber Details

First Name
RAYFORD

Middle Name

Last Name
FARLEY

Subscriber ID
XJJ390670789

Subscriber Group #

Medical Record #

Patient Details

First Name
CATHY

Middle Name

Last Name
FARLEY

Gender
F

Date of Birth
01/12/2003

Relationship To Subscriber
NaturalChildFinancialResponsible

Provider Details

Provider Name
SOUTHEASTERN PEDIATRIC ASSOC PA

BCBS Provider ID
51036050

National Provider ID

Federal Tax ID
630738893

Street Address
364 HONEYSUCKLE RD

City
DOTHAN

State or Province
AL

ZIP or Postal Code
363051140

Country
US

Informational Message Details

Comments
Testing only - As HOST plan create IM RC099 Request-Subscriber Minimum Required Field

Message Status Code
Processed

Create Date
06/26/2009

Release Number
4.1

Attachment

Please note that this sample screen shot continues on the next page.....

For technical support, contact your Plan's local Blue² system administrator.

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Medical Record Type PO - PrescriptionsOrders		ContentKey /export/home/ibmws/images/Node3/Highmark/HM1A/0102006032277500-HM10/JAXA/ccdc536d44db99f89175176d9d4f79e7/qaimq01.jpeg									
Attachment Comments PO											
Contact On Receipt Details											
User Id	mbaqui	Phone Number	3122976437								
Name	BCBSAIM	Extension	6437								
Street Address	225 N.Michigan Ave	State Or Province	IL								
City	Chicago	Country	USA								
ZIP Or Postal Code	60101-1010										
View Remote Message State											
<div> <div>State History</div> <table border="1"> <thead> <tr> <th>State</th> <th>Timestamp</th> <th>UserId</th> <th>Internal Comments</th> </tr> </thead> <tbody> <tr> <td>Processed</td> <td>11/20/2008 13:42:53</td> <td>SYSTEM</td> <td>--</td> </tr> </tbody> </table> </div>				State	Timestamp	UserId	Internal Comments	Processed	11/20/2008 13:42:53	SYSTEM	--
State	Timestamp	UserId	Internal Comments								
Processed	11/20/2008 13:42:53	SYSTEM	--								

Access the Informational Message Summary page by clicking the Summary icon on the Listing Search Results page, or clicking on the INFOMSG line on the History Results page.

Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Host Plan Control #: Displays the control number assigned by the local Plan receiving the claim to facilitate records retrieval or file coordination.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Processing Site Control #: Displays the control number assigned by the processing site for the claim to coordinate files or facilitate retrieval of records.

Remote Message ID: The message ID of the Plan who created the message.

Subscriber Details

First Name: Displays the subscriber's first name.

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Last Name: Displays the subscriber's last name.

Medical Record #: Displays the provider-assigned case or medical record number.

Middle Name: Displays the subscriber's middle name/initial.

Subscriber Group #: Displays the group number assigned by the BCBS Plan.

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

Patient Details

Date of Birth: Displays the patient's date of birth.

First Name: Displays the patient's first name.

Gender: Displays the patient's gender.

Last Name: Displays the patient's last name.

Middle Name: Displays the patient's middle name/initial.

Relationship to Subscriber: Displays the patient's relationship to the subscriber.

Provider Details

BCBS Provider Number: The number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Provider Name: Displays the provider's name.

Street Address: Displays the provider's street address.

State or Province: Displays the provider's state/province.

ZIP or Postal Code: Displays the provider's zip/postal code.

Informational Message Details

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Attachment: File that accompanies the summary.

Attachment Comments: Displays any comments sent with the attachment.

Comments: Displays any comments sent with the message.

Content Key: Displays the Plan internal identification number for the attachment.

Create Date: Indicates the date on which the message was created.

Medical Record Request SCCF Number: Displays only when the message is created as a Home Plan (Home to Host) using Reason Code 172.

Medical Record Type: Displays the type of attachment.

Message Status Code: Displays the status of the Informational Message.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Contact on Receipt Details

City: Displays the sending Plan contact person's city.

Country: Displays the sending Plan contact person's country.

Extension: Displays the sending Plan contact person's phone number extension.

Name: Displays the sending Plan contact person's name.

Phone Number: Displays the sending Plan contact person's phone number

State or Province: Displays the sending Plan contact person's state or province.

Street Address: Displays the sending Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the sending Plan contact person's zip/postal code.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Internal Comments: Comments added while the message was open or created.

12.12 General Inquiry Request Summary

General Inquiry Summary

Create Response Message

General Inquiry Summary

Plan Details

Message ID

2af25fb26cef9e4b2502ede966df3b66

Claims SCCF Number

01020060210982500

Date Of Service

01/18/2006 - 01/18/2006

Originating Plan Code/Station Code

090/ JAXA

Host Plan Control #

882321946

Destination Plan Code/Station Code

510/ BHMA

Processing Site Control #

Remote Message Id

11258050607dcf87d5fb3cb e64eded66

Subscriber Information

First Name

GABRIELLE

Subscriber ID

XJJ816090423

Middle Name

Subscriber Group #

Last Name

RUSH

Patient Information

First Name

GABRIELLE

Gender

F

Middle Name

Date of Birth

10/28/1955

Last Name

RUSH

Relationship To Subscriber

Self

Provider Details

Provider Name

WOMENS HEALTHCARE OF DOTHAN PC

Street Address

4300 W MAIN ST STE 31

BCBS Provider Number

51080444

City

DOTHAN

National Provider ID

State or Province

AL

Federal Tax ID

630778708

ZIP or Postal Code

363051051

Country

US

Internal Comments

Save Comments

General Inquiry Request

Resubmission

No

Comments

General Inquiry Comments1

Message Status Code

Processed

Create Date

06/26/2009

Release Number

4.1

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Attachment													
Medical Record Type ON - Occupational, Physical or Speech Therapy Progress Notes Attachment Comments	ContentKey /export/home/libmws/images/Node1/BCBSAlabama/01020060210982500-BHMA/BHMA/91115bb792377dfc6db8f55f59de56a8/DefaultName.jpeg												
Contact On Receipt Details													
User Id BlueTst1	Phone Number 3122974568												
Name UserId:bluetst1	Extension												
Street Address 225 NORTH MICHIGAN AVE	State Or Province IL												
City CHICAGO	Country US												
ZIP Or Postal Code 60601													
<div> <div>▼ State History</div> <table border="1"> <thead> <tr> <th>State</th> <th>Timestamp</th> <th>UserId</th> <th>Internal Comments</th> </tr> </thead> <tbody> <tr> <td>Processed</td> <td>06/26/2009 12:33:20</td> <td>SYSTEM</td> <td>MedicalRecordItem/OneWay</td> </tr> <tr> <td>Processed</td> <td>06/26/2009 12:33:20</td> <td>SYSTEM</td> <td>GeneralInquiry/Request</td> </tr> </tbody> </table> </div>		State	Timestamp	UserId	Internal Comments	Processed	06/26/2009 12:33:20	SYSTEM	MedicalRecordItem/OneWay	Processed	06/26/2009 12:33:20	SYSTEM	GeneralInquiry/Request
State	Timestamp	UserId	Internal Comments										
Processed	06/26/2009 12:33:20	SYSTEM	MedicalRecordItem/OneWay										
Processed	06/26/2009 12:33:20	SYSTEM	GeneralInquiry/Request										

Access the General Inquiry Request Summary page by clicking the Summary icon on the Listing Search Results page, or clicking on the GENINQ line on the History Results page.

Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Host Plan Control #: Displays the control number assigned by the local Plan receiving the claim to facilitate records retrieval or file coordination.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Processing Site Control #: Displays the control number assigned by the processing site for the claim to coordinate files or facilitate retrieval of records.

Remote Message ID: The message ID of the Plan who created the message.

Subscriber Information

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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First Name: Displays the subscriber's first name.

Last Name: Displays the subscriber's last name.

Middle Name: Displays the subscriber's middle name/initial.

Subscriber Group Number: Displays the subscriber group number assigned by the BCBS Plan.

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

Patient Information

Date of Birth: Displays the patient's date of birth.

First Name: Displays the patient's first name.

Gender: Displays the patient's gender.

Last Name: Displays the patient's last name.

Middle Name: Displays the patient's middle name/initial

Relationship to Subscriber: Displays the patient's relationship to the subscriber

Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Provider Name: Displays the provider name.

State/Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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General Inquiry Request

Comments: Displays the question from the originating Plan to the destination Plan.

Create Date: Indicates the date on which the message was created.

Message Status Code: Displays the status of the General Inquiry Request message.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Resubmission: Identifies whether SF or DF should be resubmitted.

Attachment Message Details

Content Key: Displays the Plan internal identification number for the attachment.

Medical Record Type: Displays the type of attachment.

Attachment Comments: Displays any comments sent with the attachment.

Contact on Receipt Details

City: Displays the sending Plan contact person's city.

Country: Displays the sending Plan contact person's country.

Extension: Displays the sending Plan contact person's phone number extension

Name: Displays the sending Plan contact person's name.

Phone Number: Displays the sending Plan contact person's phone number

State or Province: Displays the sending Plan contact person's state or province.

Street Address: Displays the sending Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the sending Plan contact person's zip/postal code.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Internal Comments: Comments added while message was open or created.

12.13 General Inquiry Response Summary

General Inquiry Summary

General Inquiry Summary

Plan Details

Message ID 1f707931ef6c78fb786a0997fe75be8d
Date Of Service 02/08/2006 - 02/08/2006
Host Plan Control # 25441339
Processing Site Control #

Claims SCCF Number 01020060400132500
Originating Plan Code/Station Code 010/ BHMA
Destination Plan Code/Station Code 090/ JAXA

Subscriber Information

First Name EDWARD
Middle Name
Last Name GORDON

Subscriber ID XJW722356804
Subscriber Group #

Patient Information

First Name EDWARD
Middle Name
Last Name GORDON

Gender M
Date of Birth 10/23/1946
Relationship To Subscriber Self

Provider Details

Provider Name SOUTHERN ALABAMA SURGERY CENTER
BCBS Provider Number 010306
National Provider ID
Federal Tax ID 1234567

Street Address 2802 ROSS CLARK CIR
City DOTHAN
State or Province AL
ZIP or Postal Code 363012017
Country US

General Inquiry Request

Resubmission No
Comments The Blue Cross and Blue Shield system, which collectively provides healthcare coverage for more than 100 million individuals (or 1 in 3 people) strongly believes everyone in our country should have health insurance. However, we are concerned that a healthcare system that is unaffordable for some today will not work for even more tomorrow. For this reason BCBSA put forth a comprehensive, five-part proposal "The Pathway to Covering America" designed to build on today's em

Message Status Code Processed
Create Date 06/19/2009
Release Number 4.1

Please note that this sample screen shot continues on the next page.....

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Contact On Receipt Details

User Id bluetst3
Name BlueTst3
Street Address 4321 N Main Street
City Chicago
ZIP Or Postal Code 60601
Phone Number 3122970004
Extension
State Or Province IL
Country US

General Inquiry Update History

Comments	Update Date	Expected Resolution Date	Release Version
Waiting to hear from the provider.	06/21/2017 10:18:37	06/26/2017	17.5

General Inquiry Response

Comments 001 Test for Duplicate Message Comments - BOID - XX -GENINQM

Action Code 102 - Explanation Given (valid on Adjudication & Payment Suspense Reply only)
Message Status Code Processed
Create Date 06/21/2017
Message ID d78ff6fb934393cb81bcfbb2e4e2a821
Release Number 17.5

Contact On Receipt Details

User Id BlueTst16
Name Bluetst16
Street Address 1234 Main Street
City Chicago
ZIP Or Postal Code 60601
Phone Number 3122975845
Extension
State Or Province IL
Country US

[View Remote Message State](#)

State History

State	Timestamp	UserId	Internal Comments
Processed	06/21/2017 10:28:34	BlueTst16	Successfully Sent General Inquiry Response Message
Processed	06/21/2017 10:28:34	BlueTst16	GeneralInquiry/Response
Processing	06/21/2017 10:28:30	BlueTst16	GeneralInquiry/Response
Processed	06/21/2017 10:18:37	BlueTst16	GeneralInquiry/Update
Processing	06/21/2017 10:18:32	BlueTst16	GeneralInquiry/Update
Processed	05/30/2017 16:19:20	SYSTEM	GeneralInquiry/Request

Access the General Inquiry Response Summary page by clicking the Summary icon on the Listing Search Results page, or clicking on the GENINQ line on the History Results page.

Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

For technical support, contact your Plan's local Blue² system administrator.

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Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Host Plan Control #: Displays the control number assigned by the local Plan receiving the claim to facilitate records retrieval or file coordination.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Processing Site Control #: Displays the control number assigned by the processing site for the claim to coordinate files or facilitate retrieval of records.

Subscriber Information

First Name: Displays the subscriber's first name.

Last Name: Displays the subscriber's last name.

Middle Name: Displays the subscriber's middle name/initial.

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

Patient Information

Date of Birth: Displays the patient's date of birth.

First Name: Displays the patient's first name.

Gender: Displays the patient's gender.

Last Name: Displays the patient's last name.

Middle Name: Displays the patient's middle name/initial

Relationship to Subscriber: Displays the patient's relationship to the subscriber

Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Provider Name: Displays the provider name.

State/Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

General Inquiry Request

Comments: Displays the question from the originating Plan to the destination Plan.

Create Date: Indicates the date on which the message was created.

Message Status Code: Displays the status of the General Inquiry Request message.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Resubmission: Identifies whether SF or DF should be resubmitted.

Contact on Receipt Details

City: Displays the sending Plan contact person's city.

Country: Displays the sending Plan contact person's country.

Extension: Displays the sending Plan contact person's phone number extension

Name: Displays the sending Plan contact person's name.

Phone Number: Displays the sending Plan contact person's phone number

State or Province: Displays the sending Plan contact person's state or province.

Street Address: Displays the sending Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the sending Plan contact person's zip/postal code.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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General Inquiry Update History

Comments: Displays the update provided by the destination Plan to the originating Plan.

Update Date: Indicates the date on which the message was created.

Expected Resolution Date: Displays the date provided by the destination Plan to the originating Plan.

Release Version: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

General Inquiry Response

Action Code: Displays a code that indicates the action taken in response to the question asked on the General Inquiry message.

Comments: Displays the question from the originating Plan to the destination Plan.

Create Date: Indicates the date on which the message was created.

Message ID: The unique identifier assigned to all Blue² messages.

Message Status Code: Displays the status of the General Inquiry Request message.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Attachment Message Details

Content Key: Displays the Plan internal identification number for the attachment.

Medical Record Type: Displays the type of attachment.

Attachment Comments: Displays any comments sent with the attachment.

Contact on Receipt Details

City: Displays the responding Plan contact person's city.

Country: Displays the responding Plan contact person's country.

Extension: Displays the responding Plan contact person's phone number extension

Name: Displays the responding Plan contact person's name.

Phone Number: Displays the responding Plan contact person's phone number

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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State or Province: Displays the responding Plan contact person's state or province.

Street Address: Displays the responding Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the responding Plan contact person's zip/postal code.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

Internal Comments: Comments added while message was open or created.

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12.14 Medical Record Request Summary

Medical Record Summary

Create Response Message

Medical Record Summary

Plan Details

Message ID

d7baeaa85d3a918f0f554b092655adba

Claims SCCF Number

01020092572000200

Date Of Service

09/01/2009 - 09/01/2009

Originating Plan Code/Station Code

090/ JAXA

Host Plan Control #

E45575-CLAIM-0070

Destination Plan Code/Station Code

010/ BHMA

Processing Site Control #

Remote Message Id

246a046c26d2ebb8aad97fd103184104

Subscriber Information

First Name

Subscriber ID

BAT1234

Middle Name

Actual Subscriber ID

BAT1234

Last Name

Subscriber Group #

Patient Information

First Name

TOM

Gender

M

Middle Name

Date of Birth

04/12/1957

Last Name

BROKAW

Relationship To Subscriber

Self

Provider Details

Provider Name

HINSDALE HOSPITAL

Street Address

213 STATE STREET

BCBS Provider Number

1212113156448

City

CHICAGO

National Provider ID

State or Province

IL

Federal Tax ID

561457898

ZIP or Postal Code

601616016

Country

US

Internal Comments

Save Comments

Please note that this sample screen shot continues on the next page....

You will only see the Pre-Ex Request Details when reviewing a Medical Record Request Reason Code '171'. You will only see in the Medical Record Request section 'Requested Information Source' in a Medical Record Request Reason Code '165'.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Pre-Ex Request Details

Diagnosis Code(s) ABCD0123

Request Date of Onset Yes

Treatment Date 01/01/2015- 01/05/2015

Request Date of First Treatment Yes

Request Date of Treatment Yes

Provider Signature Required Yes

Requested Information Source Referring Provider

Name and date of any Provider(s) who has/have treated or advised this patient during this time period Yes

Medical Record Request

Priority Indicator Normal

Special Investigation Flag No

Requested for Claim Appeal Flag No

Comments BLUE2 TOOLS TESTING DATA FROM BLUE2 APPLICATION

Message Status Code Processed

Requested Information Source Rendering Provider

Release Number 16.5

Create Date 06/20/2016

- Hide

- Hide

Medical Record Type AN - Ambulance Report

Date Range: 01/01/2015 - 01/06/2015

Comments Test Data for Blue2 Tools.

Message Status Code Processed

Medical Record Type AR - Anesthesia Record

Date Range: 01/01/2015 - 01/06/2015

Comments Test Data for Blue2 Tools.

Message Status Code Cancelled

Cancel Comments test

Release Number 16.5

Contact On Receipt Details

User Id BMOHAMMED

Phone Number 3122975782

Name BMOHAMMED

Extension 5782

Street Address 225 NORTH MICHIGAN
AVE

State Or Province IL

City CHICAGO

Country US

ZIP Or Postal Code 60601

Access the Medical Record Request Summary page by clicking the Summary icon on the Listing Search Results page or clicking on the MEDREC line on the SCCF History Results page.

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Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Host Plan Control #: Displays the control number assigned by the local Plan receiving the claim to facilitate records retrieval or file coordination.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Processing Site Control #: Displays the control number assigned by the processing site for the claim to coordinate files or facilitate retrieval of records.

Remote Message ID: The message ID of the Plan who created the message.

Subscriber Information

Actual Subscriber ID: Identifies the subscriber identification number assigned by the BCBS Plan. It is used for adjudicating the claim at the processing site. The first three positions contains the prefix.

First Name: Displays the subscriber's first name.

Last Name: Displays the subscriber's last name.

Middle Name: Displays the subscriber's middle name/initial.

Subscriber Group #: Displays the group number assigned by the BCBS Plan.

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

Patient Information

Date of Birth: Displays the patient's date of birth.

First Name: Displays the patient's first name.

Gender: Displays the patient's gender.

Last Name: Displays the patient's last name.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Middle Name: Displays the patient's middle name/initial

Relationship to Subscriber: Displays the patient's relationship to the subscriber

Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Provider Name: Displays the provider name.

State or Province: Displays the provider's state or province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Pre-Ex Request Details (only appears with Reason Code 171 MRR)

Diagnosis Code(s): Displays the diagnosis code or codes.

Provider Signature Required: Displays whether a provider signature is required.

Request Date of Onset: Indicates whether Date of Onset information is requested.

Request Date of First Treatment: Indicates whether Date of First Treatment information is requested.

Request Date of Treatment: Indicates whether Date of Treatment information is requested.

Requested Information Source: Indicates the source of Requested Information, including Referring Provider, Rendering Provider or Other.

Treatment Date: Indicates the actual Treatment Date.

Name and date of any Provider(s) who has/have treated or advised this patient during this time period: Indicates applicable provider name(s).

Medical Record Request

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Comments: Displays general comments the Home Plan may have sent to the Host Plan with this request.

Create Date: Indicates the date on which the message was created.

Message Status Code: Displays the status of the medical record request.

Priority Indicator: Identifies the priority of the request. These values include High or Normal.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Requested for Claim Appeal Flag: Identifies whether the medical record request is related to a claim appeal.

Requested Information Source: Indicates the source of Requested Information, including Referring Provider, Rendering Provider or Other. This only appears when MRR Reason Code 165 is used.

Special Investigation Flag: Indicates if the claim is under review for fraud. Values include Yes or No.

Show: Medical Record Request Attachment Details

Medical Record Type: Displays the type of medical records being requested.

Comments: Displays general comments the Home Plan may have sent to the Host Plan with this request specific to the Medical Record Type(s).

Message Status Code: Displays the status of the medical record request.

Date Range: Displays the date range being asked for in the medical record request.

Contact on Receipt Details

City: Displays the Home Plan contact person's city.

Country: Displays the Home Plan contact person's country.

Extension: Displays the Home Plan contact person's phone number extension

Name: Displays the Home Plan contact person's name.

Phone Number: Displays the Home Plan contact person's phone number

State or Province: Displays the Home Plan contact person's state or province.

Street Address: Displays the Home Plan contact person's street address.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the Home Plan contact person's zip/postal code.

Medical Record Update

First Attempt Date: Displays the date on which medical records were first requested from the provider.

Second Attempt Date: Displays the date of the second attempt to request medical records from the provider.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

Internal Comments: Comments added while message was open or created.

12.15 **Medical Record Response Summary**

Access the Medical Record Response Summary page by clicking the Summary icon on the Listing Search Results page, or clicking on the MEDREC line on the SCCF History Results page.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Medical Record Summary

Medical Record Summary

Plan Details

Message ID

d30d6a7fbf6538f456a35921261730a7

Claims SCCF Number

01020100968005700

Date Of Service

03/01/2010 - 03/01/2010

Originating Plan Code/Station Code

090/ JAXA

Host Plan Control #

UAT022DCR

Destination Plan Code/Station Code

010/ BHMA

Processing Site Control #

Remote Message Id

2085c13146970408565591ceea23f86c

Subscriber Information

First Name

Subscriber ID

BATK1

Middle Name

Actual Subscriber ID

Last Name

Subscriber Group #

Patient Information

First Name

TEST

Gender

M

Middle Name

Date of Birth

01/10/1960

Last Name

TURNER

Relationship To Subscriber

Self

Provider Details

Provider Name

TEST

Street Address

22TEST

BCBS Provider Number

123456799

City

DFE

National Provider ID

State or Province

AR

Federal Tax ID

1

ZIP or Postal Code

721191111

Country

US

Medical Record Response

Response 1 Comments:

The record you requested is attached.

Message Status Code:

Processed

Create Date:

05/07/2010

Message ID:

90ca59102047c131e6c31db1fbed82dd

Release Number:

4.2

View Remote Message State

- Hide

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Contact On Receipt Details			
User Id	BlueTst12		
Name	Gracie Jones		
Phone Number	3125551212		
Street Address	Extension		
City	State Or Province		
ZIP Or Postal Code	Country US		
▼ Medical Record Update			
First Attempt Date			
Second Attempt Date			
▼ State History			
State	Timestamp	UserId	Internal Comments
Processed	05/07/2010 13:31:15	BlueTst12	MedicalRecord/Response
Processed	05/07/2010 13:31:15	BlueTst12	Successfully sent Medical Record Response Message
Processed	05/07/2010 13:31:15	BlueTst12	MedicalRecordItem/Response
Processed	05/07/2010 13:31:15	BlueTst12	MedicalRecordItem/Request
Processing	05/07/2010 13:31:07	BlueTst12	MedicalRecordItem/Response
Processing	05/07/2010 13:31:07	BlueTst12	MedicalRecord/Response
Processed	05/07/2010 13:31:07	SYSTEM	Response attachment indicator was updated.
Processed	04/30/2010 12:58:30	SYSTEM	MedicalRecord/Request
Processed	04/30/2010 12:58:30	SYSTEM	MedicalRecordItem/Request

Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Host Plan Control #: Displays the control number assigned by the local Plan receiving the claim to facilitate records retrieval or file coordination.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Processing Site Control #: Displays the control number assigned by the processing site for the claim to coordinate files or facilitate retrieval of records.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Remote Message ID: The message ID of the Plan that created the message.

Subscriber Information

Actual Subscriber ID: Identifies the subscriber identification number assigned by the BCBS Plan. It is used for adjudicating the claim at the processing site. The first three positions contains the prefix.

First Name: Displays the subscriber's first name.

Last Name: Displays the subscriber's last name.

Middle Name: Displays the subscriber's middle name/initial.

Subscriber Group #: Displays the subscriber group number assigned by the BCBS Plan.

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

Patient Information

Date of Birth: Displays the patient's date of birth.

First Name: Displays the patient's first name.

Gender: Displays the patient's gender.

Last Name: Displays the patient's last name.

Middle Name: Displays the patient's middle name/initial

Relationship to Subscriber: Displays the patient's relationship to the subscriber

Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Provider Name: Displays the provider name.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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State/Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Medical Record Response

Comments 1: Displays general comments the Host Plan may have sent to the Home Plan with the response.

Create Date: Indicates the date on which the message was created.

Message ID: The unique identifier assigned to all Blue² messages.

Message Status Code: Displays the status of the message.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Contact on Receipt Details

City: Displays the Host Plan contact person's city.

Country: Displays the Host Plan contact person's country.

Extension: Displays the Host Plan contact person's phone number extension

Name: Displays the Host Plan contact person's name.

Phone Number: Displays the Host Plan contact person's phone number

State or Province: Displays the Host Plan contact person's state or province.

Street Address: Displays the Host Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the Host Plan contact person's zip/postal code.

Medical Record Update

First Attempt Date: Displays the date on which medical records were first requested from the provider.

Second Attempt Date: Displays the date of the second attempt to request medical records from the provider.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

Internal Comments: Comments added while message was open or created.

12.16 **Claim Status Summary**

Access the Claim Status Summary page by clicking the Summary icon on the Listing Search Results page, or clicking on the CLAIMSTATUS line on the History Results page.

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Claim Status Summary

Claim Status Summary

Plan Details

Message ID

8ba79383a06a51b6c45418

721c9d925a

Claims SCCF Number

01020100898001300

Date Of Service

03/03/2010 - 03/03/2010

Originating Plan Code/Station Code

010/ BHMA

Total Charges

\$250.00

Destination Plan Code/Station Code

090/ JAXA

Subscriber Details

Subscriber ID

YBKE46676

Subscriber Middle Initial

Subscriber First Name

Subscriber Last Name

Subscriber Group Number

Patient Details

Patient First Name

HARRY

Relationship To Subscriber

Self

Patient Middle Initial

Gender

Male

Patient Last Name

CRANE

Date Of Birth

07/10/1957

Provider Details

Provider Name

GREG HOUSE

BCBS Provider Number

5646464646464

National Provider ID

City

CHICAGO

Federal Tax ID

213456464

State Or Province

IL

Street Address

123 LAKE

ZIP Or Postal Code

60606

Country

US

Claim Status Request

Admit Date

Medical Record #

Total Charges

\$250.00

Subscriber Group #

Claim Type

P-Professional

Create Date

04/30/2010

Release Number

4.2

State History

State	Timestamp	UserId	Internal Comments
Processed	04/30/2010 10:16:43	bluetst2	ClaimStatusRequest/Request
Processing	04/30/2010 10:16:41	bluetst2	ClaimStatusRequest/Request

Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Message ID: The unique identifier assigned to all Blue² messages.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Total Charges: Displays the total charges for all services.

Subscriber Details

Subscriber First Name: Displays the subscriber's first name.

Subscriber Group Number: Displays the group number assigned by the BCBS Plan.

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

Subscriber Last Name: Displays the subscriber's last name.

Subscriber Middle Initial: Displays the subscriber's middle initial.

Patient Details

Date of Birth: Displays the patient's date of birth.

Gender: Displays the patient's gender.

Patient First Name: Displays the patient's first name.

Patient Last Name: Displays the patient's last name.

Patient Middle Initial: Displays the patient's middle initial

Relationship to Subscriber: Displays the patient's relationship to the subscriber

Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Provider Name: Displays the provider's name.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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State/Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Claim Status Request

Admit Date: Displays either the date the patient was admitted for inpatient care or the start of care for outpatient services.

Claim Type: Displays the claim type.

Create Date: Indicates the date on which the message was created.

Medical Record #: Displays the provider-assigned case or medical record number.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Subscriber Group #: Displays the group number assigned by the BCBS Plan.

Total Charges: Displays the total charges for all services.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

Internal Comments: Comments added while message was open or created.

12.17 **Claim Misroute Summary**

Access the Claim Misroute Summary page by clicking the Summary icon on the Listing Search Results page, or clicking on the MISROUTE line on the History Results page.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Claim Misroute Summary

Claim Misroute Summary

Plan Details

Message ID

e323d7f2e4d468b8bba346

Claims SCCF Number

203d58b9d9

Date Of Service

11/25/2007 - 11/26/2007

Originating Plan Code/Station Code

010/ BHMA

Destination Plan Code/Station Code

090/ JAXA

Subscriber Information

Subscriber ID

MGM123459876

Subscriber Middle Initial

G

Subscriber First Name

Malisa

Subscriber Last Name

Manchester

Subscriber Group #

Patient Information

Patient First Name

Malisa

Relationship To Subscriber

Self

Patient Middle Initial

G

Gender

Female

Patient Last Name

Manchester

Date Of Birth

02/22/1977

Provider Details

Provider Name

Childrens Memorial Hospital

BCBS Provider Number

National Provider ID

City

Federal Tax ID

State Or Province

Street Address

ZIP Or Postal Code

Country

US

Internal Comments

Save Comments

Claim Misroute Request

Receipt Date

11/27/2007

Medical Record #

Total Charges

\$909.99

Message Status Code

Processed

Claim Type

P-Professional

Create Date

05/03/2010

Release Number

4.2

Comments

HOME create CM RC301-N1toN2-SUB req and some Optional fids

Please note that this sample screen shot continues on the next page.....

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Attachment Message Details

ContentKey </export/home/ibmws/images/2.jpeg>

Medical Record Type MS - Claim Misroute

Comments This is an automation test run test attachment comments.

Contact On Receipt Details

User ID BlueTst1

Name John M Smith

Street Address 123 Real Ave

City Real City

ZIP Or Postal Code 123456789

Phone Number 1234567890

Extension 1234

State Or Province AL

Country US

[View Remote Message State](#)

State History

State	Timestamp	UserId	Internal Comments
Processed	05/03/2010 14:22:31	BlueTst1	MedicalRecordItem/OneWay
Processed	05/03/2010 14:22:31	BlueTst1	ClaimMisroute/Request
Processing	05/03/2010 14:22:19	BlueTst1	ClaimMisroute/Request
Processing	05/03/2010 14:22:19	BlueTst1	MedicalRecordItem/OneWay

Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Remote Message ID: The message ID of the Plan who created the message.

Subscriber Information

Subscriber First Name: Displays the first name of the subscriber.

Subscriber Group #: Displays the group number assigned by the BCBS Plan.

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The

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first three positions contains the prefix.

Subscriber Last Name: Displays the last name of subscriber.

Subscriber Middle Initial: Displays the middle initial of the subscriber.

Patient Information

Date of Birth: Displays the patient's date of birth.

Gender: Displays the patient gender.

Patient First Name: Displays the patient's first name.

Patient Last Name: Displays the patient's last name.

Patient Middle Initial: Displays the patient's middle initial.

Relationship to Subscriber: Displays the relationship of the patient to the subscriber.

Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Provider Name: Displays the provider's name.

State or Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Claim Misroute Request

Claim Type: Displays the claim type. These values include Inpatient (II), Institutional Outpatient (IO), and Professional (P).

Comments: Displays any comments sent with the message.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Create Date: Indicates the date on which the message was created.

Medical Record #: Displays the provider-assigned case or medical record number.

Message Status Code: Displays the status of the claim misroute message.

Receipt Date: Displays the date the claim was received at the Plan.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Total Charges: Displays the total charges on the claim.

Attachment Message Details

Content Key: Displays the Plan internal identification number for the attachment.

Medical Record Type: Displays the type of attachment.

Comments: Displays any comments sent with the attachment.

Contact on Receipt Details

Extension: Displays the Home Plan contact person's phone number extension

Name: Displays the Home Plan contact person's name.

Phone Number: Displays the Home Plan contact person's phone number

Street Address: Displays the Home Plan contact person's street address.

City: Displays the Home Plan contact person's city.

Country: Displays the Home Plan contact person's country.

State or Province: Displays the Home Plan contact person's state or province.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the Home Plan contact person's zip/postal code.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Internal Comments: Comments added while message was open or created.

12.18 Claim Misroute Response Summary

Mark as Finished

Claim Misroute Summary

Plan Details

Message ID

7e69f5faec18e8eaf4a53160f63e9a07

Claims SCCF Number

Date Of Service

02/02/2008 - 02/05/2008

Originating Plan Code/Station Code

010/ BHMA

Destination Plan Code/Station Code

090/ JAXA

Subscriber Information

Subscriber ID

XJBssssss4444444

Subscriber Middle Initial

J

Subscriber First Name

Jackson

Subscriber Last Name

Johson

Subscriber Group #

555555555

Patient Information

Patient First Name

Relationship To Subscriber

Self

Patient Middle Initial

Gender

Female

Patient Last Name

Date Of Birth

03/09/2007

Provider Details

Provider Name

Dr.Thomasunn Senior Jacob

BCBS Provider Number

333333333333

National Provider ID

3333333333

City

Chicago

Federal Tax ID

333333333

State Or Province

IL

Street Address

Clark

ZIP Or Postal Code

123456789

Country

US

Claim Misroute Request

Receipt Date

08/09/2008

Medical Record #

3333333333333333333

Total Charges

\$123,456.00

Message Status Code

Processed

Claim Type

II-Inpatient

Create Date

04/29/2010

Release Number

4.2

Comments

UAT

Attachment Message Details

ContentKey

/export/home/ibmws/images/gaimq01.jpeg

Medical Record Type

MS - Claim Misroute

Comments

CM Attachment

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Contact On Receipt Details

User ID

BlueTst6

Name

MBaqui

Phone Number

4444444444

Street Address

Clark

Extension

4444

City

Chicago

State Or Province

AK

ZIP Or Postal Code

123456789

Country

US

[View Remote Message State](#)

Claim Misroute Response

SCCF Created

Message Status Code

Processed

Action Code

IncorrectHostPlan

Release Number

4.2

Create Date

04/30/2010

Message ID

4c052fa5b2419add35a7bc4989889fa4

Comments

Misroute Comments 2

Contact On Receipt Details

User ID

Bluetst8

Name

rajani

Phone Number

5555555555

Street Address

Extension

City

State Or Province

ZIP Or Postal Code

Country

US

State History

State	Timestamp	UserId	Internal Comments
Processed	04/30/2010 15:53:18	SYSTEM	Successfully Received Claim Misroute Response Message
Processed	04/30/2010 15:53:18	SYSTEM	ClaimMisroute/Response
Processed	04/30/2010 15:53:18	SYSTEM	Received claim misroute response, Updated to Processed and Closed.
Exception	04/29/2010 20:44:27	BlueTst3	SENDER NODE: maximum number of retry attempts (2) has been met or exceeded, sent MISROUTE/Q message to jms/message.dispatch.exception.q

Access the Claim Misroute Response Summary page by clicking the Summary icon on the Listing Search Results page, or clicking on the MISROUTE line on the SCCF History Results page.

Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan

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receiving the message.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Subscriber Information

Subscriber First Name: Displays the first name of the subscriber.

Subscriber Group #: Displays the group number assigned by the BCBS Plan.

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

Subscriber Last Name: Displays the last name of subscriber.

Subscriber Middle Initial: Displays the middle initial of the subscriber.

Patient Information

Date of Birth: Displays the patient's date of birth.

Gender: Displays the patient gender.

Patient First Name: Displays the patient's first name.

Patient Last Name: Displays the patient's last name.

Patient Middle Initial: Displays the patient's middle initial.

Relationship to Subscriber: Displays the relationship of the patient to the subscriber.

Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Provider Name: Displays the provider's name.

State or Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Claim Misroute Request

Claim Type: Displays the claim type. These values include Inpatient (II), Institutional Outpatient (IO), and Professional (P).

Comments: Displays any comments sent with the message.

Create Date: Indicates the date on which the message was created.

Medical Record #: Displays the provider-assigned case or medical record number.

Message Status Code: Displays the status of the Claim Misroute Request.

Receipt Date: Displays the date the claim was received at the Plan.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Total Charges: Displays the total charges on the claim.

Attachment Message Details

Content Key: Displays the Plan internal identification number for the attachment.

Medical Record Type: Displays the type of attachment.

Comments: Displays any comments sent with the attachment.

Contact on Receipt Details

Extension: Displays the Home Plan contact person's phone number extension

Name: Displays the Home Plan contact person's name.

Phone Number: Displays the Home Plan contact person's phone number

Street Address: Displays the Home Plan contact person's street address.

City: Displays the Home Plan contact person's city.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Country: Displays the Home Plan contact person's country.

State or Province: Displays the Home Plan contact person's state or province.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the Home Plan contact person's zip/postal code.

Claim Misroute Response

Action Code: Displays how the Host Plan handled the misrouted claim. SFS – Submission Format Sent, SFN – Submission Format Not Forthcoming, and IHP – Incorrect Host Plan.

Comments: Displays any comments sent with the message.

Create Date: Indicates the date on which the message was created.

Message ID: The unique identifier assigned to all Blue² messages.

Message Status Code: Displays the status of the claim misroute response.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

SCCF Created: Displays the SCCF# of the SF created from the misrouted claim.

Contact on Receipt Details

City: Displays the Host Plan contact person's city.

Country: Displays the Host Plan contact person's country.

Extension: Displays the Host Plan contact person's phone number extension

Name: Displays the Host Plan contact person's name.

Phone Number: Displays the Host Plan contact person's phone number

State or Province: Displays the Host Plan contact person's state or province.

Street Address: Displays the Host Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the Host Plan contact person's zip/postal code.

State History

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

Internal Comments: Comments added while message was open or created.

12.19 Global Fee Summary

Access the Global Fee Summary page by clicking the Summary icon on the Listing Search Results page, or clicking on the GLOBAL line on the History Results page.

Global Fee Summary

Global Fee Summary

Plan Details

Message ID

9a1f9e9f79aaaa0c1e3d251

Claims SCCF Number

90d1de6a7

Date Of Service

12/20/2008 - 12/21/2008

Originating Plan Code/Station Code

010/ BHMA

Destination Plan Code/Station Code

090/ JAXA

Subscriber Information

First Name

Jack

Subscriber ID

JJ012345678901234

Middle Name

J

Subscriber Group ID

123456789

Last Name

Obrian

Subscriber Group Name

ABCDEF GHIJKLMNOPQRS

Patient Information

First Name

Jack

Date of Birth

12/19/1970

Middle Name

J

Relationship To Subscriber

Self

Last Name

Obrian

Please note that this sample screen shot continues on the next page.....

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Primary Provider Details

Provider Name ANY PROVIDER LLP

BCBS Provider Number 1234567890123

National Provider ID 1234567890

Federal Tax ID 123456789

Street Address 123 Real Ave

City No Bama City

State or Province AL

ZIP or Postal Code 123456789

Country US

Phone Number 1234567890

Secondary Provider Details

Provider Name Second Provider LLP

BCBS Provider Number 1234567890123

National Provider ID 1234567890

Federal Tax ID 123456789

Street Address 2nd Provider Ave

City Lieburris City

State or Province AL

ZIP or Postal Code 123456789

Country US

Phone Number 1234567890

Transplant Details

Diagnosis Codes [12345678]

Global Fee Type Code BDCT

Transplant Type LiverLivingDonor

Other Transplant Types Initial

Bone Marrow Cell Source

Bone Marrow Donor MatchedOrMismatched

Global Fee Details

Combined Payment No

BDCT Price \$123456789.99

Referral Authorization # 1234567890

Other Insured ID

Global Fee Period 01/02/2009 - 01/03/2009

Message Status Code Processed

Professional Global Fee Amt \$123456789.99

Institutional Global Fee Amt \$123456789.99

Contact Fax # 1234567890

Patient Age Adult

Primary Contracted Provider Professional

Comments HOME create GF RC300 SUB req with Combined Payment NO+GF Type Code B-BDCT-Transplant Details section-Transplant Type Liver/Living Donor

Create Date 04/29/2010

Release Number 4.2

Contact On Receipt Details

User Id BlueTst1

Name Richard Hennessy

Street Address 9 Cognac XO Ave

City Cognac Villa

ZIP Or Postal Code 123456789

Phone Number 1234567890

Extension 1234

State Or Province AL

Country US

View Remote Message State

State History

State	Timestamp	UserId	Internal Comments
Processed	04/29/2010 14:26:25	BlueTst1	GlobalFee/OneWay
Processing	04/29/2010 12:40:08	BlueTst1	GlobalFee/OneWay

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Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Host Plan receiving the message.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Home Plan sending the message.

Remote Message ID: The message ID of the Plan that created the message.

Subscriber Information

First Name: Displays the subscriber's first name.

Last Name: Displays the subscriber's last name.

Middle Name: Displays the subscriber's middle name/initial.

Subscriber Group ID: Displays the subscriber group identification number assigned by the BCBS Plan.

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

Subscriber Group Name: Displays the subscriber group name.

Patient Information

Date of Birth: Displays the patient's date of birth.

First Name: Displays the patient's first name.

Last Name: Displays the patient's last name.

Middle Name: Displays the patient's middle name/initial

Relationship to Subscriber: Displays the patient's relationship to the subscriber

Primary Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Phone Number: Displays the provider's phone number.

Provider Name: Displays the provider's name.

State or Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Secondary Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Phone Number: Displays the provider's phone number

Provider Name: Displays the provider's name.

State or Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Transplant Details

Bone Marrow Cell Source: Displays the source of the bone marrow: Bone Marrow, Cord Blood, or Peripheral Blood Stem Cell.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Bone Marrow Donor: Displays the status of the bone marrow donor: Related or Unrelated, or Matched or Mismatched.

Diagnosis Codes: Displays the diagnosis code(s) of the global fee procedure.

Global Fee Type Code: Displays the type of global fee claim being sent: BlueCard or BDCT.

Other Transplant Types: Displays whether other transplants have been performed: Initial or Retransplant.

Transplant Type: Displays the clinical name of the transplant procedure.

Global Fee Details

BDCT Price: Displays the Blue Distinction Centers for Transplant (BDCT) negotiated price for the transplant.

Combined Payment: Displays whether the payments for the institutional and professional components of the procedure will be combined.

Contact Fax #: Displays the fax number for the Home Plan contact person.

Create Date: Indicates the date on which the message was created.

Global Fee Period: Displays the 'from' and 'to' dates related to the global fee claim.

Institutional Global Fee Amount: Displays the global fee amount related to the institutional services.

Message Status Code: Displays the status of the Global Fee message.

Other Insured ID: Displays the identification number assigned by another payer.

Patient Age: Displays the patient's age category (BDCT only): Adult or Pediatric.

Primary Contracted Provider: In a combined payment situation, displays which type of provider is the primary contracted provider: Professional or Institutional.

Professional Global Fee Amount: Displays the global fee amount related to the professional services.

Referral Authorization #: Displays the number issued by the Home Plan authorizing the referral.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Comments

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Comments: Displays any comments sent with the message.

Contact on Receipt Details

City: Displays the Home Plan contact person's city.

Country: Displays the Home Plan contact person's country.

Extension: Displays the Home Plan contact person's phone number extension

Name: Displays the Home Plan contact person's name.

Phone Number: Displays the Home Plan contact person's phone number

State or Province: Displays the Home Plan contact person's state or province.

Street Address: Displays the Home Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the Home Plan contact person's zip/postal code.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

Internal Comments: Comments added while message was open or created.

12.20 Case Specific Rate Negotiation Summary

Access the Case Specific Rate Negotiation (CSRN) Summary page by clicking the Summary icon on the Listing Search Results page, or clicking on the CSRN line on the SCCF History Results page.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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CSRN Summary

CSRN Summary

Plan Details

Message ID 73a2cefabbbaa742f5b615284c611a30c

Claims SCCF Number

Originating Plan Code/Station Code 010/ BHMA

Destination Plan Code/Station Code 090/ JAXA

Subscriber Details

First Name Franklin

Subscriber ID XJBsmith478237234

Middle Name

Last Name Brady

Patient Details

First Name

Gender

Middle Name

Date of Birth 01/01/1956

Last Name

Relationship To Subscriber Self

Provider Details

Provider Type Professional

Street Address Sheridan street

Provider Name Dr. Jacksonville

City Chicago

BCBS Provider Number

State or Province IL

National Provider ID

ZIP or Postal Code 60601

Federal Tax ID

Country US

Phone Number

Host Plan Primary Contact

Name Peter Lee

Phone 2568569658

Email Peter@yahoo.com

Fax 1234567890

Host Plan Secondary Contact

Name Jefferson Carpenter

Phone 4125638569

Email Carpenter@hotmail.com

Fax 1234567890

Host Plan Additional Contact

Name Judy nicole

Phone 3124568569

Email judy@gmail.com

Fax 1234567890

CSRN Request Details

Date and Time of Request 04/28/2010 16:09:51

Anticipated Date of Service

Member Benefit Type HMO

Actual Date of Service

Reason for Request Treatment recommendation or referral

How Home Plan learned of non-contracted/non-participating status? Member Reported

Please note that this sample screen shot continues on the next page.....

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Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Host Plan receiving the message.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Home Plan sending the message.

Subscriber Details

First Name: Displays the subscriber's first name.

Last Name: Displays the subscriber's last name.

Middle Name: Displays the subscriber's middle name/initial.

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

Patient Details

Date of Birth: Displays the patient's date of birth.

First Name: Displays the patient's first name.

Gender: Displays the patient's gender.

Last Name: Displays the patient's last name.

Middle Name: Displays the patient's middle name/initial

Relationship to Subscriber: Displays the patient's relationship to the subscriber

Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Phone Number: Displays the provider's phone number.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Provider Name: Displays the provider's name.

Provider Type: Displays the provider's type.

State or Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Host Plan Primary/Secondary/Additional Contact

Email: Displays the e-mail address of the Primary/Secondary/Additional Host Plan contact.

Fax: Displays the fax number of the Primary/Secondary/Additional Host Plan contact.

Name: Displays the name of the Primary/Secondary/Additional Host Plan contact.

Phone: Displays the phone number of the Primary/Secondary/Additional Host Plan contact.

CSRN Request Details

Actual Date of Service: Displays the actual date of service.

Anticipated Date of Service: Displays the anticipated date of service.

Comments: Displays any comments made with the transaction.

Create Date: Indicates the date on which the message was created.

Date and Time of Request: Displays the date/time request was made.

How Home Plan learned of non-contracted/non-participating status?: Displays how Home Plan learned of non-contracted/non-participating status.

Member Benefit Type: Displays the type of benefit the member has.

Message Status Code: Displays the status of the Informational Message.

Reason for Request: Displays the reason why negotiation has been requested.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

CSRN Response Details

Comments: Displays any comments made with the transaction.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Create Date: Indicates the date on which the message was created.

Host Time Responded: Displays the date and time at which the host Plan responded to the CSRN request.

Message ID: The unique identifier assigned to all Blue² messages.

Message Status Code: Displays the status of the CSRN response message.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Response Code: Displays the CSRN response, selected from the drop-down menu on the response screen.

Contact on Receipt Details

City: Displays the sending Plan contact person's city.

Country: Displays the sending Plan contact person's country.

Email: Displays the sending Plan contact person's e-mail.

Extension: Displays the sending Plan contact person's phone number extension

Fax: Displays the sending Plan contact person's fax number

Name: Displays the sending Plan contact person's name.

Phone Number: Displays the sending Plan contact person's phone number

State or Province: Displays the sending Plan contact person's state or province.

Street Address: Displays the sending Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the sending Plan contact person's zip/postal code.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Internal Comments: Comments added while message was open or created.

12.21 Provider Quality Issue Summary

Access the Provider Quality Issue Summary page by clicking the Summary icon on the Listing Search Results page, or clicking on the PQI line on the History Results page.

PQI Summary

PQI Summary

Plan Details

Message ID

fa7cfa58108af9d66cad5e770ff58c2

Claims SCCF Number

09020092731042900

Date Of Service

02/14/2009 - 02/14/2009

Originating Plan Code/Station Code

010/BHMA

Host Plan Control #

62120090503096400

Destination Plan Code/Station Code

090/JAXA

Processing Site Control #

124656631

Subscriber Information

First Name

JACK

Subscriber ID

TYS297100894

Middle Name

Last Name

BUSHNELL

Patient Information

First Name

MORGAN

Gender

Female

Middle Name

Date of Birth

10/02/1966

Last Name

BUSHNELL

Relationship To Subscriber

Spouse

Provider Details

Provider Name

DR TODD C RENN P C

Street Address

5215 N RAVENSWOOD AVE STE 105

BCBS Provider Number

0000001626829

City

CHICAGO

National Provider ID

1467506675

State or Province

IL

Federal Tax ID

202152255

ZIP or Postal Code

606401670

Country

US

Phone Number

Please note that this sample screen shot continues on the next page.....

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Internal Comments

Save Comments

PQI Request

Incident date range

04/20/1010 - 04/20/2010

Issue Type

Access to Care Issues

Type of Inquiry

Email

Member Benefit Type

HMO

Member Consent

false

Message(Comments)

testing td_56527

Message Status Code

Processed

Create Date

05/03/2010

Release Number

4.2

Contact On Receipt Details

User Id

BlueTst1

Name

UserId:bluetst1

Street Address

225 NORTH MICHIGAN AVE

City

CHICAGO

ZIP Or Postal Code

60601

Phone Number

3122974568

Extension

4568

State Or Province

IL

Country

View Remote Message State

PQI Acknowledgement

PQI Update History

There are no PQI updates.

State History

State	Timestamp	Userid	Internal Comments
Processed	05/03/2010 10:58:41	BlueTst1	ProviderQualityIssue/Request
Processing	05/03/2010 10:58:38	BlueTst1	ProviderQualityIssue/Request

Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

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Host Plan Control #: Displays the control number assigned by the local Plan receiving the claim to facilitate records retrieval or file coordination.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Processing Site Control #: Displays the control number assigned by the processing site for the claim to coordinate files or facilitate retrieval of records.

Subscriber Information

First Name: Displays the subscriber's first name.

Last Name: Displays the subscriber's last name.

Middle Name: Displays the subscriber's middle name/initial.

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

Patient Information

Date of Birth: Displays the patient's date of birth.

First Name: Displays the patient's first name.

Gender: Displays the patient's gender.

Last Name: Displays the patient's last name.

Middle Name: Displays the patient's middle name/initial

Relationship to Subscriber: Displays the patient's relationship to the subscriber

Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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transactions.

Phone Number: Displays the provider's phone number.

Provider Name: Displays the provider's name.

State or Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Internal Comments

Internal Comments: Comments added while message was open or created.

Contact on Receipt Details

City: Displays the sending Plan contact person's city.

Country: Displays the sending Plan contact person's country.

Extension: Displays the sending Plan contact person's phone number extension

Name: Displays the sending Plan contact person's name.

Phone Number: Displays the sending Plan contact person's phone number

State or Province: Displays the sending Plan contact person's state or province.

Street Address: Displays the sending Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the sending Plan contact person's zip/postal code.

PQI Request

Create Date: Indicates the date on which the message was created.

Incident Date Range: Displays the date of the Provider Quality Incident.

Issue Type: Displays the issue reported.

Member Benefit Type: Displays the type of benefit held by the member.

Member Consent: Displays whether the member has issued consent.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Message (Comments): Displays any comments sent with the message.

Message Status Code: Displays the status of the Informational Message

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Type of Inquiry: Displays how inquiry was received.

PQI Acknowledgement

PQI Acknowledgement: Displays whether the Host Plan has sent an acknowledgement.

PQI Update History

PQI Update History: Displays the response provided by the Host Plan.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

Internal Comments: Comments added while message was open or created.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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12.22 Claim Appeal Summary

Claim Appeal Summary

Claim Appeal Summary

Plan Details

Message ID

e71707581eff12d78572963261716c25

Claims SCCF Number

09020051960282100

Date Of Service

04/02/2005 - 04/02/2005

Originating Plan Code/Station Code

510/BHMA

Host Plan Control #

185735983

Destination Plan Code/Station Code

090/JAXA

Processing Site Control #

Remote Message Id

b8c5a48786472b02f87869e07609e26e

Subscriber Information

First Name

EMIL

Actual Subscriber ID

XAA446392882

Middle Name

Last Name

GRIFFIN

Patient Information

First Name

EMIL

Gender

M

Middle Name

Date of Birth

05/30/1928

Last Name

GRIFFIN

Relationship To Subscriber

Self

Provider Details

Provider Name

EMERGENCY MEDICAL ASSOCIATES OF

Street Address

PO BOX 550643

BCBS Provider Number

38291

City

TAMPA

National Provider ID

State or Province

FL

Federal Tax ID

593537604

ZIP or Postal Code

336550643

Country

US

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▼ **Claim Appeal Request Details**

Reason Code 306 Provider Appeal
Appeal Receipt Date 10/01/2013
Appeal Response Mandate Days
Appeal Response Mandate Type None
Release Number 14.0
Related DF Message Code
Message Comments 001 Test for Duplicate Message Comments - BOID - XX -CLMAPPL
Message Status Code Processed
Create Date 11/13/2013
OPM MSPP Product No

+ [Show Attachments](#)

Contact On Receipt Details

User Id BlueTst1	Phone Number 3122970000
Name BlueTst1	Extension
Street Address 4321 N Main Street	State Or Province IL
City Chicago	Country US
ZIP Or Postal Code 60601	

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▼ Claim Appeal Response Details

Response Reason

Appeal Denied

Message Comments

001 Test for Duplicate Message Comments - BOID - XX -CLMAPPL

Message Status Code

Processed

Create Date

11/13/2013

Message ID

2e21e1640f43b17e7caa0c7c3aec7255

Release Number

14.0

+ Show Attachments

Contact On Receipt Details

User Id

BlueTst1

Phone Number

3122970000

Name

BlueTst1

Extension

Street Address

4321 N Main Street

State Or Province

IL

City

Chicago

Country

US

ZIP Or Postal Code

60601

View Remote Message State

► State History

Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Host Plan Control #: Displays the control number assigned by the local Plan receiving the claim to facilitate records retrieval or file coordination.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Processing Site Control #: Displays the control number assigned by the processing site for the claim to coordinate files or facilitate retrieval of records.

Subscriber Information

Actual Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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First Name: Displays the subscriber's first name.

Last Name: Displays the subscriber's last name.

Middle Name: Displays the subscriber's middle name/initial.

Patient Information

Date of Birth: Displays the patient's date of birth.

First Name: Displays the patient's first name.

Gender: Displays the patient's gender.

Last Name: Displays the patient's last name.

Middle Name: Displays the patient's middle name/initial

Relationship to Subscriber: Displays the patient's relationship to the subscriber

Provider Details

BCBS Provider ID: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Provider Type: Displays the provider's type.

State or Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Claim Appeal Request Details

Appeal Receipt Date: Identifies the date the appeal is received by the Host/Home Plan.

Appeal Response Mandate Days: .Identifies the number of days associated with the mandate specified in the mandate type field.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Appeal Response Mandate Type: Identifies the type associated with the appeal. Valid types include None, State, Federal, Medicare Advantage, Provider Contract or Other.

Create Date: Indicates the date on which the message was created.

Message Comments: Displays any additional comments sent with the message.

Message Status Code: Displays the status of the message.

OPM MSPP Product: Identifies whether or not the Claim Appeal is for a member that has an OPM MSPP Product. This is identified by the Account Type field. A 'Yes' will be present in this field when the Account Type of the SF is equal to 'G' or 'H'. A 'No' will be present for any other values.

Reason Code: Identifies the type of appeal, where 306 = Provider Appeal, 307 = Provider on Behalf of Member and 308 = Member Appeal.

Related DF Message Code: Identifies the original denial reason that is being appealed.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Attachment

Attachment Comments: Displays any comments sent with the attachment.

Attachment Type: Identifies the type of attachment, where LT=Provider/Member Letter; AF=Plan's Claim Appeal Form; MR=Medical Records; RA-Remittance Advice; EB-EOB, EOMB, etc; MA=Member Authorization Form or OT=Other.

Content Key: Displays the Plan internal identification code, name or number for the attachment.

Contact on Receipt Details

City: Displays the sending Plan contact person's city.

Country: Displays the sending Plan contact person's country.

Extension: Displays the sending Plan contact person's phone number extension

Name: Displays the sending Plan contact person's name.

Phone Number: Displays the sending Plan contact person's phone number

State or Province: Displays the sending Plan contact person's state or province.

Street Address: Displays the sending Plan contact person's street address.

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User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the sending Plan contact person's zip/postal code.

Claim Appeal Response Details

Create Date: Indicates the date on which the message was created.

Message Comments: Displays any additional comments sent with the message.

Message ID: The unique identifier assigned to all Blue² messages.

Message Status Code: Displays the status of the message.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Response Reason: Displays the reason for the response, including Appeal Approved, Appeal Denied, Ineligible for Appeal or MA PFFS Payment Dispute Denied.

Attachments

Attachment Comments: Displays any comments sent with the attachment.

Attachment Type: Identifies the type of attachment, where LT=Provider/Member Letter; AF=Plan's Claim Appeal Form; MR=Medical Records; RA=Remittance Advice; EB-EOB, EOMB, etc; MA=Member Authorization Form or OT=Other.

Content Key: Displays the Plan internal identification code, name or number for the attachment.

Contact on Receipt Details

City: Displays the sending Plan contact person's city.

Country: Displays the sending Plan contact person's country.

Extension: Displays the sending Plan contact person's phone number extension

Name: Displays the sending Plan contact person's name.

Phone Number: Displays the sending Plan contact person's phone number

State or Province: Displays the sending Plan contact person's state or province.

Street Address: Displays the sending Plan contact person's street address.

User ID: Displays the Blue² User ID.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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ZIP or Postal Code: Displays the sending Plan contact person's zip/postal code.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

Internal Comments: Comments added while the message was open or created.

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12.23 Claim Appeal Misroute Summary

Claim Appeal Misroute Summary

Claim Appeal Misroute Summary

Plan Details

Message ID

0c16d735bdcc4ba7cd6a5a6eb08a87fc

Claims SCCF Number

09020060188025000

Date Of Service

06/02/2005 - 06/02/2005

Originating Plan Code/Station Code

010/BHMA

Host Plan Control #

08387870

Destination Plan Code/Station Code

090/JAXA

Processing Site Control #

9326083

Subscriber Information

First Name

SHARON

Actual Subscriber ID

XAA610598537

Middle Name

Last Name

RODRIGUEZ

Patient Information

First Name

JAMES

Gender

M

Middle Name

Date of Birth

04/27/2005

Last Name

RODRIGUEZ

Relationship To Subscriber

NaturalChildFinancialResponsible

Provider Details

Provider Name

ORLANDO REGIONAL MEDICAL CTR

Street Address

PO BOX 62000

BCBS Provider Number

345

City

ORLANDO

National Provider ID

0000000000

State or Province

FL

Federal Tax ID

591726273

ZIP or Postal Code

328910001

Country

US

Claim Appeal Misroute Message Details

Message Comments

Message Status Code

Processed

Create Date

04/28/2010

Release Number

4.2

- Hide

Attachment Type

LT - Provider/Member Letter

ContentKey

/export/home/ibmws/images/_tiff

Attachment Comments

Request Comments

Please note that this sample screen shot continues on the next page.....

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- Hide

Attachment Type LT - Provider/Member Letter

ContentKey </export/home/ibmws/images/.tiff>

Attachment Comments Request Comments

Contact On Receipt Details

User Id BlueTst1

Name IBMSDK

Street Address Prairie

City Chicago

ZIP Or Postal Code 609084267

Phone Number 8471236547

Extension 1358

State Or Province IL

Country US

View Remote Message State

Processed

State History

State	Timestamp	UserId	Internal Comments
Processed	04/28/2010 23:37:11	BlueTst1	ClaimAppealMisroute/OneWay
Processed	04/28/2010 23:37:11	BlueTst1	MedicalRecordItem/OneWay
Processing	04/28/2010 23:36:32	BlueTst1	MedicalRecordItem/OneWay
Processing	04/28/2010 23:36:32	BlueTst1	ClaimAppealMisroute/OneWay

Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Host Plan Control #: Displays the control number assigned by the local Plan receiving the claim to facilitate records retrieval or file coordination.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Processing Site Control #: Displays the control number assigned by the processing site for the claim to coordinate files or facilitate retrieval of records.

Subscriber Information

Actual Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

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First Name: Displays the subscriber's first name.

Last Name: Displays the subscriber's last name.

Middle Name: Displays the subscriber's middle name/initial.

Patient Information

Date of Birth: Displays the patient's date of birth.

First Name: Displays the patient's first name.

Gender: Displays the patient's gender.

Last Name: Displays the patient's last name.

Middle Name: Displays the patient's middle name/initial

Relationship to Subscriber: Displays the patient's relationship to the subscriber

Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Provider Name: Displays the provider's name.

State or Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Claim Appeal Misroute Message Details

Create Date: Indicates the date on which the message was created.

Message Comments: Displays any comments sent with the message.

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Message Status Code: Displays the status of the message.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Attachments

Attachment Comments: Displays any comments sent with the attachment.

Attachment Type: Identifies the type of attachment, where LT=Provider/Member Letter; AF=Plan's Claim Appeal Form; MR=Medical Records; RA-Remittance Advice; EB-EOB, EOMB, etc; MA=Member Authorization Form or OT=Other.

Content Key: Displays the Plan internal identification code, name or number for the attachment.

Contact on Receipt Details

City: Displays the sending Plan contact person's city.

Country: Displays the sending Plan contact person's country.

Extension: Displays the sending Plan contact person's phone number extension

Name: Displays the sending Plan contact person's name.

Phone Number: Displays the sending Plan contact person's phone number

State or Province: Displays the sending Plan contact person's state or province.

Street Address: Displays the sending Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the sending Plan contact person's zip/postal code.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

Internal Comments: Comments added while the message was open or created.

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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12.24 Claim Appeal Status Summary

Claim Appeal Status Summary

Claim Appeal Status Summary

Plan Details

Message ID

97f558ad3749a98353cc8af6993a6683

Claims SCCF Number

01020060270117500

Date Of Service

01/16/2006 - 01/16/2006

Originating Plan Code/Station Code

010/BHMA

Host Plan Control #

66075910

Destination Plan Code/Station Code

090/JAXA

Processing Site Control #

Subscriber Information

First Name

PEGGY

Actual Subscriber ID

XJW781661102

Middle Name

Last Name

HULVEY

Patient Information

First Name

PEGGY

Gender

F

Middle Name

Date of Birth

01/25/1981

Last Name

HULVEY

Relationship To Subscriber

Self

Provider Details

Provider Name

CRESTWOOD HEALTHCARE LP

Street Address

1 HOSPITAL DR SW

BCBS Provider Number

010148

City

HUNTSVILLE

National Provider ID

State or Province

AL

Federal Tax ID

621647983

ZIP or Postal Code

358016455

Country

US

Claim Appeal Status Message Details

Message Comments

This is a test for Claim Appeal Status comments text.

Message Status Code

Processed

Create Date

05/20/2010

Release Number

4.2

Contact On Receipt Details

User Id

BlueTst1

Phone Number

1234567890

Name

Christian Anderson

Extension

Street Address

State Or Province

City

ZIP Or Postal Code

Country

US

Please note that this sample screen shot continues on the next page....

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View Remote Message State			
▼ State History			
State	Timestamp	UserId	Internal Comments
Retrying	08/12/2009 17:02:36	Bluetest8	SENDER NODE: max retry attempts: 2, retried: 1, CLMAPPLS/O message was sent to jms/message.retry.q for retrying later
Failed	08/12/2009 17:02:36	Bluetest8	SENDER NODE: Failed to invoke webservice WSWS3411E: Request timeout exceeded..
Retrying	08/12/2009 16:55:45	Bluetest8	SENDER NODE: max retry attempts: 2, retried: 0, CLMAPPLS/O message was sent to jms/message.retry.q for retrying later
Failed	08/12/2009 16:55:45	Bluetest8	SENDER NODE: Failed to invoke webservice WSWS3411E: Request timeout exceeded..
Processing	08/12/2009 16:53:54	Bluetest8	ClaimAppealStatus/OneWay

Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Host Plan Control #: Displays the control number assigned by the local Plan receiving the claim to facilitate records retrieval or file coordination.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Processing Site Control #: Displays the control number assigned by the processing site for the claim to coordinate files or facilitate retrieval of records.

Subscriber Information

Actual Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

First Name: Displays the subscriber's first name.

Last Name: Displays the subscriber's last name.

Middle Name: Displays the subscriber's middle name/initial.

Patient Information

For technical support, contact your Plan's local Blue ² system administrator.	©BCBSA, 2016 Metadata National Programs Release 17.5 BlueWeb Page	This material is a trade secret. Please refer to the confidentiality reminder in the front of the document.
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Date of Birth: Displays the patient's date of birth.

First Name: Displays the patient's first name.

Gender: Displays the patient's gender.

Last Name: Displays the patient's last name.

Middle Name: Displays the patient's middle name/initial

Relationship to Subscriber: Displays the patient's relationship to the subscriber

Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Provider Name: Displays the provider's name.

State or Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Claim Appeal Status Message Details

Create Date: Indicates the date on which the message was created.

Message Comments: Displays any comments sent with the message.

Message Status Code: Displays the status of the message.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Contact on Receipt Details

City: Displays the sending Plan contact person's city.

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Country: Displays the sending Plan contact person's country.

Extension: Displays the sending Plan contact person's phone number extension

Name: Displays the sending Plan contact person's name.

Phone Number: Displays the sending Plan contact person's phone number

State or Province: Displays the sending Plan contact person's state or province.

Street Address: Displays the sending Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the sending Plan contact person's zip/postal code.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

Internal Comments: Comments added while the message was open or created.

12.25 Escalation Summary

Blue² now provides the ability to generate Escalation Level 1 and Level 2 messages, either with or without an associated SCCF number. The Escalation Level 2 Summary screen is the same as the Escalation Level 1 Summary screen with only two differences. First, the Escalation Level 1 Summary screen does not include the "Raise Escalation Reason" field as noted on the sample shown on the next page.

The other difference between the Escalation Level 1 and Level 2 Summary screens is an "Escalation Message State" section which will only appear on the Escalation Level 1 Summary screen if the Escalation Level 1 message was closed as a result of having been raised to a Level 2. This "Escalation Message State" section is shown and defined below:

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Escalation Message State

Closed Date: Displays the date upon which the Escalation Level 1 request was closed as a result of having been raised to a Level 2.

Closed Reason: Indicates the reason why the Escalation Level 1 request was closed.

Escalation Level 2 Message Id: Specifies the Message ID of the Escalation Level 2 request which closed this Escalation Level 1 request.

Escalation Level 2 Message Status Code: Displays the status of the Escalation Level 2 request message which closed this Escalation Level 1 request.

Raise Escalation Reason: Specifies the reason the Escalation Level 1 was raised to a Level 2. Valid reasons include either “Resolution timeframe not met” or “Elevated urgency”.

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Escalation Level 2 Summary

Escalation Level 2 Summary

Plan Details

Message ID
f4ecba82f684c8835a57def8075b1f5f

Date Of Service
06/23/2005 - 06/23/2005

Host Plan Control #
5010-IRL07-INV

Processing Site Control #

Claims SCCF Number
01020102360003400

Originating Plan Code/Station Code
010/BHMA

Destination Plan Code/Station Code
090/JAXA

Remote Message Id
5ea22be797452f8549046905877e5511

Subscriber Information

First Name
LAURA

Middle Name

Last Name
LUNDY

Subscriber ID
UAT450603356

Patient Information

First Name
VERNON

Middle Name
C

Last Name
LUNDY

Gender
Male

Date of Birth
01/01/1935

Relationship To Subscriber
Spouse

Provider Details

Provider Name
BAPTIST MEDICAL CENTER

BCBS Provider Number
120

National Provider ID

Federal Tax ID
590747311

Street Address
PO BOX 45094

City
JACKSONVILLE

State or Province
FL

ZIP or Postal Code
322325094

Country
US

Escalation Request Details

Reason Code
312

Issue Type
Claim potentially causing contract risk

Issue Reason
Medical Records

Raise Escalation Reason
Elevated urgency

Release Number
4.3

Page Status Code
Processed

Create Date
11/23/2010

Note that this "Raise Escalation Reason" field only appears on the Escalation Level 2 Summary screen.

Please note that this sample screen shot continues on the next page.....

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Attachment

Attachment Type OT - Other
Attachment Comments comment
ContentKey </export/home/ibmws/images/Node1/BCBSAlabama/01020102360003400-BHMA/BHMA/9020be26ccfc2bd5fd2cf22c7ef7fedf/DefaultName.jpeg>

Contact On Receipt Details

User Id Bluetst8
Name rajani
Street Address
City
Phone Number 5555555555
Extension
State Or Province

Escalation Update History

Expected Resolution Date	Status	Comments	Date	Release Version
01/01/2011	Followed up with Care Management for final resolution	comments	11/23/2010	4.3

Escalation Response Details

Response Reason Does not meet requirements for escalation (Please specify in comments)
Message Status Code Processed
Create Date 11/23/2010
Message ID 1272453ea84057dff97a5e7acce1885
Release Number 4.3
Comments Additional comments to display (ESCL2)

[- Hide](#)

Attachment Type OT - Other
Attachment Comments Comments
ContentKey </export/home/ibmws/images/f1.jpg>

Escalation Contact Information

User Id Bluetst8
Name Rajani
Street Address
City
ZIP Or Postal Code
Phone Number 5555555555
Extension
State Or Province
Country US

[View Remote Message State](#)

State History

State	Timestamp	UserId	Internal Comments
Processed	11/23/2010 15:12:12	Bluetst8	MedicalRecordItem/OneWay
Processed	11/23/2010 15:12:12	Bluetst8	EscalationLv2/Response
Processed	11/23/2010 15:12:12	Bluetst8	Successfully sent ESCL2 response message
Processing	11/23/2010 15:12:07	Bluetst8	EscalationLv2/Response

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Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number, if any.

Date of Service: Displays the date of service.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Host Plan Control #: Displays the control number assigned by the local Plan receiving the claim to facilitate records retrieval or file coordination.

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Processing Site Control #: Displays the control number assigned by the processing site for the claim to coordinate files or facilitate retrieval of records.

Remote Message ID: The message ID of the Plan who created the message.

Subscriber Information

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

First Name: Displays the subscriber's first name.

Last Name: Displays the subscriber's last name.

Middle Name: Displays the subscriber's middle name/initial.

Patient Information

Date of Birth: Displays the patient's date of birth.

First Name: Displays the patient's first name.

Gender: Displays the patient's gender.

Last Name: Displays the patient's last name.

Middle Name: Displays the patient's middle name/initial

Relationship to Subscriber: Displays the patient's relationship to the subscriber

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Provider Details

BCBS Provider Number: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

City: Displays the provider's city.

Country: Displays the provider's country.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Provider Name: Displays the provider's name.

State or Province: Displays the provider's state/province.

Street Address: Displays the provider's street address.

ZIP or Postal Code: Displays the providers zip/postal code.

Escalation Request Details

Create Date: Indicates the date on which the message was created.

Issue Reason: Specifies the reason for the issue being sent on the Escalation request message; options include:

- Medical Policy
- Medical Records
- COB
- High Dollar Claim
- System Issue
- Medicare Crossover
- Other (Please specify in comments)

Issue Type: Identifies the type of issue being sent on the Escalation request message; options include:

- Aged Claim > 30 days – all routine efforts exhausted
- Executive, media or department of banking/insurance case
- Claim potentially causing cash-less access or up-front billing risk
- Claim potentially causing contract risk
- Other (Please specify in comments)

Message Comments: Displays any additional comments sent with the message.

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Message Status Code: Displays the status of the message.

Raise Escalation Reason: Applicable only to Escalation Level 2, dropdown displays “Resolution timeframe not met” or “Elevated urgency”.

Reason Code: Identifies the type of escalation request, where 311 = Level 1 and 312 = Level 2.

Release Number: Indicates the Blue² release number under which the message was created.

Attachment

Attachment Comments: Displays any comments sent with the attachment.

Attachment Type: Identifies the type of attachment, where LT=Provider/Member Letter; AF=Plan’s Claim Appeal Form; MR=Medical Records; RA=Remittance Advice; EB-EOB, EOMB, etc; MA=Member Authorization Form or OT=Other.

Content Key: Displays the Plan’s internal identification code, name or number for the attachment.

Contact on Receipt Details

City: Displays the sending Plan contact person’s city.

Extension: Displays the sending Plan contact person’s phone number extension

Name: Displays the sending Plan contact person’s name.

Phone Number: Displays the sending Plan contact person’s phone number

State or Province: Displays the sending Plan contact person’s state or province.

Street Address: Displays the sending Plan contact person’s street address.

User ID: Displays the Blue² User ID.

Escalation Update History

Comments: Displays any comments made with the transaction.

Date: Displays the date of the transaction.

Expected Resolution Date: Displays the date by which the responding Plan expects to be able to resolve the issue which caused the escalation to occur.

Release Version: Displays the release ID number of the Blue² software version used to process the message.

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Status: Displays the status of the Escalation request message; options include:

- Followed up with Care Management for final resolution
- Followed up with Credentialing for final resolution
- Followed up with Customer Relations for final resolution
- Followed up with Grievance & Appeals for final resolution
- Followed up with Medical Officer for final resolution
- Followed up with Network Management for final resolution
- Followed up with Provider Relations for final resolution
- Followed up with Other Dept for final resolution (Please specify which dept in Comments)
- Followed up with Claim Operations for final resolution
- Investigation is pending
- Waiting for medical records
- Other (Please specify in comments)

Escalation Response Details

Create Date: Displays the date on which the escalation response was created.

Comments: Displays any comments made with the response.

Message ID: The unique identifier assigned to all Blue² messages.

Message Status Code: Displays the status of the Escalation Response message.

Release Number: Displays the release ID number of the Blue² software version used to process the message.

Response Reason: Identifies the resolution or response to the Escalation Request message; options include:

- Adjustment Completed
- Incorrect Receiving Plan
- DF Created
- Does not meet requirements for escalation (Please specify in comments)
- Other (Please specify in comments)

Escalation Contact Information

City: Displays the contact person's city.

Country: Displays the contact person's country.

Extension: Displays the contact person's phone number extension.

Name: Displays the contact person's name.

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Phone Number: Displays the contact person's phone number.

State or Province: Displays the contact person's state or province.

Street Address: Displays the contact person's street address.

User Id: Displays the contact person's Blue² user ID.

Zip or Postal Code: Displays the contact person's zip or postal code.

State History

Internal Comments: Comments added while the message was open or created.

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User Id: Displays the Blue² User ID.

12.26 Transport Message Summary

Transport Messages are messages are used to pass Pre-service, Admission and Discharge (PAD), Case Management (CM) and Disease Management (DM) information for National Account members that are attributed to an out-of-state ACO or PCMH provider to enable the ACO or PCMH to more effectively coordinate the member's care. Blue² is the transport mechanism to send this information from the Home Plan to the Host Plan. These messages are now viewable in the user interface for exception handling purposes. Due to the sensitivity of the information passed on these messages, only limited information is displayed on the summary page for these message types. Note: The example below is for a Disease Management message. The header title and watermark will change and display the specific reason for the message, PAD, CM or DM.

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DM Message Summary

DM Message Summary

Plan Details

Message ID d7d944389567e2287a2975e29a1e6b8a
 Originating Plan Code/Station Code 010/ BHMA
Destination Plan Code/Station Code 010/ BHMA
Remote Message Id 343fdb8975dd50be8faee9464d7e30

Patient Details

Subscriber ID XJJ1234567890

Message Details

Message Status Code Processed
Create Date 10/06/2014
Release Number 15.0

State History

State	Timestamp	UserId	Internal Comments
Processed	10/06/2014 13:11:06	SYSTEM	Transport/OneWay

Plan Details

Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Remote Message ID: The message ID of the Plan who created the message.

Patient Details

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

Message Details

Create Date: Displays the date on which the escalation response was created.

Message Status Code: Displays the status of the message.

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Release Number: Indicates the Blue² release number under which the message was created.

State History

Internal Comments: Comments added while the message was open or created.

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

Time Stamp: The date and time that the message state was applied.

User Id: Displays the Blue² User ID.

12.27 Selective Purge Approval Summary

Selective Purge Approval Summary

Selective Purge Approval Summary

Plan Details

Message ID 19c1e3dc9841cbdb6ae7732

3372ac1b0

Host Plan Control # E106389

Processing Site Control # TC20

Claims SCCF Number 01020162800003800

Originating Plan Code/Station Code 090/ JAXA

Destination Plan Code/Station Code 010/ BHMA

Remote Message Id d113c1e994d6c67cc07d585f010e59da

Subscriber Details

Subscriber ID PVT99999

Provider Details

BCBS Provider Number BDCP001018503

National Provider ID

Federal Tax ID 215616448

Selective Purge Approval Request Details

Comments Trish re-test for 111824

Message Status Code Processed

Create Date 11/04/2016

Release Number 17.0

Following record(s) have been requested to be selectively purged

SCCF	Format	Disp Code	Amount Approved for Payment	Reason Code	Message ID
01020162800003800	DF	1	--	--	--
01020162800003800	RF	1	--	--	--

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Contact On Receipt Details

User Id BlueTst16	Phone Number 3122975845
Name Bluetst16	Extension
Street Address 1234 Main Street	State Or Province IL
City Chicago	Country US
ZIP Or Postal Code 60601	

▼ Selective Purge Approval Response Details

Response Code Approved
Comments
Message Status Code Processed
Create Date 11/06/2016
Message ID d3c1dbdb52d05a481a9f6de04fc75741
Release Number 17.0

Contact On Receipt Details

User Id BlueTst16	Phone Number 3122975845
Name Bluetst16	Extension
Street Address 1234 Main Street	State Or Province IL
City Chicago	Country US
ZIP Or Postal Code 60601	

[View Remote Message State](#) Processed

▼ State History

State	Timestamp	UserId	Internal Comments
Processed	11/06/2016 20:13:15	BlueTst16	Successfully sent PURGEAPV response message
Processed	11/06/2016 20:13:15	BlueTst16	PurgeApproval/Response
Processing	11/06/2016 20:13:02	BlueTst16	PurgeApproval/Response
Processed	11/04/2016 09:54:39	SYSTEM	PurgeApproval/Request

Plan Details

Claims SCCF Number: Displays the Standard Claims Collection Facility (SCCF) number.

Destination Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan receiving the message.

Host Plan Control #: Displays the control number assigned by the local Plan receiving the claim to facilitate records retrieval or file coordination.

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Message ID: The unique identifier assigned to all Blue² messages.

Originating Plan Code/Station Code: Displays the Plan Code/Station Code of the Plan sending the message.

Processing Site Control #: Displays the control number assigned by the processing site for the claim to coordinate files or facilitate retrieval of records.

Remote Message ID: The message ID of the Plan who created the message.

Subscriber Information

Subscriber ID: Displays the subscriber identification number assigned by the BCBS Plan. The first three positions contains the prefix.

Provider Details

BCBS Provider ID: Displays the number assigned to the provider by the Blue Cross Blue Shield Plan.

Federal Tax ID: Displays the provider's federal tax ID.

National Provider ID: Displays the provider's unique health identifier used in HIPAA standard transactions.

Selective Purge Approval Request Details

Comments: Displays any additional comments sent with the message.

Create Date: Indicates the date on which the message was created.

Message Status Code: Displays the status of the message.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Contact on Receipt Details

City: Displays the sending Plan contact person's city.

Country: Displays the sending Plan contact person's country.

Extension: Displays the sending Plan contact person's phone number extension

Name: Displays the sending Plan contact person's name.

Phone Number: Displays the sending Plan contact person's phone number

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State or Province: Displays the sending Plan contact person's state or province.

Street Address: Displays the sending Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the sending Plan contact person's zip/postal code.

Selective Purge Approval Response Details

Comments: Displays any additional comments sent with the message.

Create Date: Indicates the date on which the message was created.

Message ID: The unique identifier assigned to all Blue² messages.

Message Status Code: Displays the status of the message.

Release Number: Indicates the Blue² release number under which the message was created. All messages prior to release 4.2 carry the default release number of 4.1.

Response Code: Displays if the receiving/partner Plan approved or denied the request.

Contact on Receipt Details

City: Displays the sending Plan contact person's city.

Country: Displays the sending Plan contact person's country.

Extension: Displays the sending Plan contact person's phone number extension

Name: Displays the sending Plan contact person's name.

Phone Number: Displays the sending Plan contact person's phone number

State or Province: Displays the sending Plan contact person's state or province.

Street Address: Displays the sending Plan contact person's street address.

User ID: Displays the Blue² User ID.

ZIP or Postal Code: Displays the sending Plan contact person's zip/postal code.

State History

State: The processing status of the Blue² message. The values include Processed, Processing, Failed and Finished.

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Time Stamp: The date and time that the message state was applied.

User ID: Displays the Blue² User ID.

Internal Comments: Comments added while the message was open or created.

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13. Appendix:

13.1 Links provided to the bluwweb pages of the known [17.5 Test and Production Defects](#) and [17.5.1 Test and Production Defects](#).

13.2 BlueSquared Message Grid

Message Type	Reason Code	Msg Direction	SCCF Req'd	Attachments Support Max Required			Response Req'd	Listing / History Preview	Notes
Global Fee	300	Home to Host	N	N	O	N/A	N	GLOBAL	
Claim Misroute	301	Home to Host	N	Y	1	Y	Y	MISROUTE	
PQI	302	Home to Host	O	Y	1	N	Y	PQIM	
CSRN	303	Home to Host	N	N	0	N/A	Y	CSRN	
Escalation 1	311	Either	O	Y	10	N	Y	ESC1	
Escalation 2	312	Either	O	Y	10	N	Y	ESC2	
Informational Message	153,160, 163, 164, 172, 174, 177	Either	Y	N	0	N/A	N	INFOMSG	
Informational Message	161	Host to Home	N	Y	1	Y	N	INFOMSG	
Informational Message	099, 173, 178, 182	Host to Home	Y	Y	10	Y	N	INFOMSG	
Informational Message	314, 317	Home to Host	Y	N	0	N/A	N	INFOMSG	Account Type must be an E or G
Informational Message	318	Host to Home	N	Y	1	Y	N	INFOMSG	Sending Plan Code must be '381'
Informational	320	Home to	Y	N	0	N/A	N	INFOMSG	Account Type must be an F or

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Message		Host							H
Medical Record Request	165	Home to Host	Y	Y	10	Y	Y	MEDREC	
Medical Record Request	171	Home to Host	Y	Y	10	N	Y	MEDREC	
General Inquiry	100, 101, 102, 104, 105, 106, 107, 111, 150, 151, 152, 154, 155, 156, 157, 158, 159, 162, 175, 176, 192,194, 195,197, 198, 325, 326	Either	Y	Y	1	N	Y	GENINQ	
General Inquiry	167	Host to Home	Y	Y	1	N	Y	GENINQ	Sending Plan Code must be '381'
General Inquiry	168	Host to Home	Y	Y	1	Y	Y	GENINQ	
General Inquiry	196	Home to Host	Y	Y	1	N	Y	GENINQ	
Claim Appeal Requests	306,307,308	Either	Y	Y	10	Y	Y	CLMAPPL	SF & DF Required
Claim Appeal Misroutes	310	Home to Host	Y	Y	10	Y	N	CLMAPPL M	SF & DF Required
Claim Appeal Status	309	Either	Y	Y	10	N/A	N	CLMAPPLS	SF & DF Required
Claim Appeal Request / Response	304/305	Host to Home	N	N	0	N/A	Y	CLAIMSTATUS	HIPAA Transaction 276 with a require HIPAA 277 response
Selective Purge Approval	324	Either	Y	N	0	N/A	Y	Y	Message is system generated based on selective

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									purge requests. Is not available in Create New Message.
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13.3 **BlueSquared Keyboard Shortcuts**

The table below describes the supported keyboard shortcuts introduced with R16.0, which provides an alternate means of triggering various system actions listed below. The keyboard shortcuts are enabled only when the action is visible and enabled in the user interface. The keyboard shortcuts will invoke the action of the corresponding UI control (Buttons, tabs, Icons and other applicable controls) only when they are both visible and enabled. Also, the System displays the tooltip or shortcut information when the User hovers the mouse on any UI control.

<u>Action</u>	<u>Key Combination</u>
Log In Button	Hit "Enter" key
Log Out Button	CTRL + SHIFT + O
Continue Button	CTRL + SHIFT + C
Change Business Owner ID Button	CTRL + SHIFT + ` (or) CTRL + ~
Help Button	CTRL + SHIFT + \
Claims Admin Button	CTRL + SHIFT + C
Value Based Programs Button	CTRL + SHIFT + V
CBF Button	CTRL + ALT + B
Info Button (Metadata link)	CTRL + /
Search Button (throughout application)	CTRL + SHIFT + S
Export Button(throughout application)	CTRL + SHIFT + E
Browse Button(throughout the application) (Invokes first attachment in case of multiple attachments)	CTRL + ALT + K
Get Contact Button	CTRL + ALT + C
Get Provider Button	CTRL + ALT + G

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Get Subscriber Button	CTRL + ALT + M
Get SCCF Button	CTRL + ALT + Z
Send Message Button	CTRL + ALT + T
<u>Action</u>	<u>Key Combination</u>
New Message Button	CTRL + ALT + X
Create Response Message Button	CTRL + ALT + Y
Mark As Finished Button	CTRL + ALT + F
Request Claim Status Button	CTRL + SHIFT + Z
Save Comments Button	CTRL + ALT + H
Raise to Escalation Level 2 Button	CTRL + SHIFT + 2
Send Update Button	CTRL + ALT + W
Advanced Search Expand/Collapse	CTRL + ALT + Q
Close Summary/Detail page (red box)	CTRL + SHIFT + Y
Host/Home Individual Mailbox Expand/Collapse	CTRL + ALT + I
Host/Home Business Unit Mailbox Expand/Collapse	CTRL + ALT + U
Add Attachment Link	CTRL + [
Show Attachments Link	CTRL + [(Request) CTRL + \ (Response)
Hide Link	CTRL + [(Request) CTRL + \ (Response)
Show Request Link- Ex. MedRec Summary	CTRL + [
Hide Link - Ex. MedRec Summary	CTRL + [
List button - Attach a File Window	CTRL + SHIFT + S
Return to SCCF History Search Results	CTRL + SHIFT + [

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Return to Listing Search Results	CTRL + SHIFT +]
Save button(throughout application)	CTRL + SHIFT + M
Submit button(throughout application)	CTRL + SHIFT + M
<u>Action</u>	<u>Key Combination</u>
Evaluate Remote Message State	CTRL + SHIFT + 1
View Remote Message State button	CTRL + SHIFT + W
Resend Message button	CTRL + SHIFT + 3
Terminate Message button	CTRL + SHIFT + 4
Request Cancellation button/Cancel Message button - on GenInq or MedRec	CTRL + SHIFT + Q
Approve/Deny Cancellation	CTRL + SHIFT + 6
Want to create an Adjustment SF? Click here ("Click here" is the hyperlink)	CTRL + SHIFT + 7
Create Adjustment DF button	CTRL + SHIFT + 9
Evaluate Adjustment Message Status - Find Messages	CTRL + SHIFT + 1
Evaluate Adjustment Message Status - Evaluate Message Status	CTRL + SHIFT + 2
Evaluate Adjustment Message Status - Check Progress	CTRL + SHIFT + 3
Next Button (Search Results)	Ctrl + .(dot)
Double Arrow (Search Results)	Ctrl + SHIFT + .(dot)
Prev Button (Search Results)	Ctrl + ,(comma)
Double Arrow (Search Results)	Ctrl + SHIFT + ,(comma)
Scroll up	Page Up key
Scroll down	Page Down key
Host Tab	Ctrl + ALT + 1

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Home Tab	Ctrl + ALT + 2
SCCF History Tab	CTRL + ALT + S
<u>Action</u>	<u>Key Combination</u>
Listing Tab	CTRL + ALT + L
Create New Message Tab	CTRL + ALT + N
Create Adjustment Message button	CTRL + SHIFT + M
Admin Tab	CTRL + ALT + A
Selective Purge Tab	CTRL + ALT + P
Plan Profile Tab	CTRL + SHIFT + R
Restore Tab	CTRL + ALT + R
Local edit description - Save	CTRL + SHIFT + M
Local edit description – Delete	CTRL + ALT + D
Local edit description – Cancel	CTRL + ALT + X
Send Acknowledgment button (Under PQI request summary page at receiving plan)	CTRL + SHIFT + Z
Reassign button (Under Reassign tab). (td_107129)	CTRL + SHIFT + 1
Download button (Under Evaluate Adjustment Message Status Report option)	CTRL + SHIFT + E
<u>SF Summary</u>	
Summary	CTRL + SHIFT + 1
Summary – Error Code Info Button (Invokes first error code)	CTRL + ALT + E
Member and Provider	CTRL + SHIFT + 2
Claim	CTRL + SHIFT + 3
OPL	CTRL + SHIFT + 4

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Line of Service	CTRL + SHIFT + 5
<u>Action</u>	<u>Key Combination</u>
Control	CTRL + SHIFT + 6
Special Notations	CTRL + SHIFT + 7
<u>DF Summary</u>	
Summary	CTRL + SHIFT + 1
Summary – Error Code Info Button (Invokes first error code)	CTRL + ALT + E
Member and Provider	CTRL + SHIFT + 2
Claim	CTRL + SHIFT + 3
Line of Service	CTRL + SHIFT + 4
Control	CTRL + SHIFT + 5
Special Notations	CTRL + SHIFT + 6