

This Claims Audit Report Sample contains one report which would be returned to the sender of the claims ("BigSender"). Within this report the claims of **two different providers** ("Looney Tunes Clinic" and "Happy Cats Clinic") are listed . **Each provider's transaction sets (batches) contain a total, and all the batches for that provider are summed to provide a Grand Total.**

***** Top of Data *****

REPORT ID: CP189R01 BLUE CROSS AND BLUE SHIELD ON NORTH CAROLINA PAGE 1
 JOB: CLMA689D ELECTRONIC CLAIMS AUDIT REPORT

PROVIDER NAME: LOONEY TUNES CLINIC
 PROVIDER NUMBER: 12345 DATE: 12/26/04 17:28:07 MODE OF INPUT: HIPASY
 SENDER NAME: **BIGSENDER**

| ISA CTRL # | PATIENT ACCT # | ISA DATE | MEMBER ID # | ISA TIME | CLAIM CTRL# | GS CTRL # | LAST NAME | FIRST NAME | ST CTRL # | FROM DATE | TO DATE | CLAIM CHARGE |
|------------|----------------|----------|-------------|----------|-------------|-----------|-----------|------------|-----------|-----------|---------|--------------|
|------------|----------------|----------|-------------|----------|-------------|-----------|-----------|------------|-----------|-----------|---------|--------------|

| | | | | | | | | | | | | |
|-----------|--|----------|--|-------|--|-----|--|--|------|--|--|--|
| 000000177 | | 12/26/04 | | 17:28 | | 172 | | | 0180 | | | |
|-----------|--|----------|--|-------|--|-----|--|--|------|--|--|--|

HIPAA ERRORS

| | | | | | | | | | | | | |
|---------|--|----------------|--|--|--|------|-------|--|----------|----------|--|--------|
| PB12345 | | YYP12233344401 | | | | BOOP | BETTY | | 05/14/04 | 05/15/04 | | 150.00 |
|---------|--|----------------|--|--|--|------|-------|--|----------|----------|--|--------|

CODE: 12345 SEGMENT NAME: CLAIM INFORMATION LOOP: 2300 -CLM05-1
 INCORRECT DATA: 21YY4
 EXPLANATION: Code value is not valid for the code set required for CLM05-1.

| | | | | | | | | | | | | |
|---------|--|----------------|--|--|--|---------|---------|--|----------|----------|--|--------|
| PB43435 | | YYP12345558901 | | | | LEGHORN | FOGHORN | | 05/14/04 | 05/15/04 | | 225.00 |
|---------|--|----------------|--|--|--|---------|---------|--|----------|----------|--|--------|

CODE: 12345 SEGMENT NAME: CLAIM INFORMATION LOOP: 2300 -CLM05-1
 INCORRECT DATA: 21YY4
 EXPLANATION: Code value is not valid for the code set required for CLM05-1.

| | | | | | | | | | | | | |
|---------|--|----------------|--|--|--|-------|-------|--|----------|----------|--|--------|
| PB43444 | | YYP12222678901 | | | | BUNNY | BUGGS | | 05/14/04 | 05/15/04 | | 175.00 |
|---------|--|----------------|--|--|--|-------|-------|--|----------|----------|--|--------|

CODE: 12345 SEGMENT NAME: CLAIM INFORMATION LOOP: 2300 -CLM05-1
 INCORRECT DATA: 21YY4
 EXPLANATION: Code value is not valid for the code set required for CLM05-1.

| | | | | | | | | | | | | |
|---------|--|----------------|--|--|--|------|--------|--|----------|----------|--|--------|
| PB41435 | | YYP12345677701 | | | | BIRD | TWEETY | | 05/14/04 | 05/15/04 | | 225.00 |
|---------|--|----------------|--|--|--|------|--------|--|----------|----------|--|--------|

CODE: 12345 SEGMENT NAME: CLAIM INFORMATION LOOP: 2300 -CLM05-1
 INCORRECT DATA: 21YY4
 EXPLANATION: Code value is not valid for the code set required for CLM05-1.

| | | | | | | | | | | | | |
|---------|--|----------------|--|--|--|--------|-------|--|----------|----------|--|--------|
| PB42435 | | YYP11145678901 | | | | CAYOTE | WILEY | | 05/14/04 | 05/15/04 | | 225.00 |
|---------|--|----------------|--|--|--|--------|-------|--|----------|----------|--|--------|

CODE: 12345 SEGMENT NAME: CLAIM INFORMATION LOOP: 2300 -CLM05-1
 INCORRECT DATA: 21YY4
 EXPLANATION: Code value is not valid for the code set required for CLM05-1.

The Claims Audit Report header includes:

- a line for the ISA, GS, and ST Control Numbers, which identify the transmission and the unique batch;
- a line for Claim-specific information – Patient Account No., Member ID and Name, Claim Control No, Charge

BLUE CROSS AND BLUE SHIELD ON NORTH CAROLINA
ELECTRONIC CLAIMS AUDIT REPORT

JOB: CLMA689D
 PROVIDER NAME: LOONEY TUNES CLINIC
 PROVIDER NUMBER: 12345 DATE: 12/26/04 17:28:07 MODE OF INPUT: HIPASY
 SENDER NAME: **BIGSENDER**

| ISA CTRL # | ISA DATE | ISA TIME | GS CTRL # | ST CTRL # | | | CLAIM CHARGE |
|----------------|----------------|-------------|-----------|------------|-----------|----------|--------------|
| PATIENT ACCT # | MEMBER ID # | CLAIM CTRL# | LAST NAME | FIRST NAME | FROM DATE | TO DATE | |
| PB12435 | YYP12345999901 | | SAILOR | POPEYE | 05/14/04 | 05/15/04 | 175.00 |

CODE: 12345 SEGMENT NAME: CLAIM INFORMATION LOOP: 2300 -CLM05-1
 INCORRECT DATA: 21YY4
 EXPLANATION: Code value is not valid for the code set required for CLM05-1.

SECURITY ERRORS

A label for the type of error or claim indicates either HIPAA Implementation Guide Errors, Security Errors, BCBSNC Business Errors, or Accepted Claims.

CODE: S001 SEGMENT NAME: BILLING PROVIDER SECONDARY ID LOOP:2010AA -REF-02
 INCORRECT DATA: 562274416
 EXPLANATION: Provider number not authorized.

A Batch Total – representing totals for each transaction set - are provided for ST/SE identified.

| BATCH TOTAL | CLAIMS SUBMITTED: | CLAIM VOLUME | AMOUNT | CLAIM DOLLAR AMOUNT |
|-------------|---------------------|--------------|--------|---------------------|
| | CLAIMS WITH ERRORS: | 327 | | 51,860.00 |
| | HIPAA ERRORS: | 327 | | 51,860.00 |
| | SECURITY ERRORS: | 006 | | 1,175.00 |
| | BCBSNC ERRORS: | 327 | | 51,860.00 |
| | CLAIMS ACCEPTED: | 000 | | 000.00 |
| | | 000 | | 000.00 |

A double, dashed line appears before the Grand Total.

| DAILY GRAND TOTAL | CLAIMS SUBMITTED: | CLAIM VOLUME | AMOUNT | CLAIM DOLLAR AMOUNT |
|-------------------|---------------------|--------------|--------|---------------------|
| | CLAIMS WITH ERRORS: | 327 | | 51,860.00 |
| | HIPAA ERRORS: | 327 | | 51,860.00 |
| | SECURITY ERRORS: | 006 | | 1,175.00 |
| | BCBSNC ERRORS: | 321 | | 51,860.00 |
| | CLAIMS ACCEPTED: | 000 | | 000.00 |
| | | 000 | | 000.00 |

The "Daily Grand Total" sums all the batches represented in the report for that particular provider. Totals are provided for Claims Submitted, and for each error type – HIPAA, Security, or BCBSNC Business Errors. Totals for claims that have successfully enter the system for adjudication are also listed

REPORT ID: CP189R01
JOB: CLMA689D

BLUE CROSS AND BLUE SHIELD ON NORTH CAROLINA
ELECTRONIC CLAIMS AUDIT REPORT

PROVIDER NAME: HAPPY CATS CLINIC
PROVIDER NUMBER: 00005
SENDER NAME: **BIGSENDER**

DATE: 12/26/04 17:28:07 MODE OF INPUT: HIPASY

| ISA CTRL # | ISA DATE | ISA TIME | GS CTRL # | ST CTRL # | | | | |
|----------------|-------------|-------------|-----------|------------|-----------|---------|--------------|--|
| PATIENT ACCT # | MEMBER ID # | CLAIM CTRL# | LAST NAME | FIRST NAME | FROM DATE | TO DATE | CLAIM CHARGE | |
| 000000188 | 12/26/04 | 20:15 | 235 | 0223 | | | | |

Interchange Control data appears only when the information has changed.

HIPAA ERRORS

| | | | | | | | |
|---------|---|---------------------------------|---------|------------|----------|--------|--|
| PB55555 | YYP12233344401 | KITTY | MISS | 05/14/04 | 05/15/04 | 150.00 | |
| | CODE: 12345 | SEGMENT NAME: CLAIM INFORMATION | | LOOP: 2300 | -CLM05-1 | | |
| | INCORRECT DATA: 21YY4 | | | | | | |
| | EXPLANATION: Code value is not valid for the code set required for CLM05-1. | | | | | | |
| PB43435 | YYP12345558901 | LEGHORN | FOGHORN | 05/14/04 | 05/15/04 | 225.00 | |
| | CODE: 12345 | SEGMENT NAME: CLAIM INFORMATION | | LOOP: 2300 | -CLM05-1 | | |
| | INCORRECT DATA: 21YY4 | | | | | | |
| | EXPLANATION: Code value is not valid for the code set required for CLM05-1. | | | | | | |
| PB43444 | YYP12222678901 | BUNNY | BUGGS | 05/14/04 | 05/15/04 | 175.00 | |
| | CODE: 12345 | SEGMENT NAME: CLAIM INFORMATION | | LOOP: 2300 | -CLM05-1 | | |
| | INCORRECT DATA: 21YY4 | | | | | | |
| | EXPLANATION: Code value is not valid for the code set required for CLM05-1. | | | | | | |

BCBSNC ERRORS

| | | | | | | | |
|----------|--|---------------------------------|--------|------------|------------|--------|--|
| PB12345 | YYP12233344401 | KITTY | MISS | 05/14/04 | 05/15/04 | 150.00 | |
| | CODE: P335 | SEGMENT NAME: CLAIM INFORMATION | | LOOP: 2300 | -CLM05-1 | | |
| | INCORRECT DATA: 99 | | | | | | |
| | EXPLANATION: Facility Type Code not valid for BCBSNC business. | | | | | | |
| PB1823-1 | YPH12345678901 | DUCKER | DROOPY | 05/02/2001 | 05/02/2001 | 120.00 | |
| | CODE: P335 | SEGMENT NAME: CLAIM INFORMATION | | LOOP: 2300 | -CLM05-1 | | |
| | INCORRECT DATA: 99 | | | | | | |
| | EXPLANATION: Facility Type Code not valid for BCBSNC business. | | | | | | |

REPORT ID: CP189R01

BLUE CROSS AND BLUE SHIELD ON NORTH CAROLINA
ELECTRONIC CLAIMS AUDIT REPORT

PAGE 4

JOB: CLMA689D

PROVIDER NAME: HAPPY CATS CLINIC

PROVIDER NUMBER: 00005

DATE: 12/26/04 17:28:07

MODE OF INPUT: HIPASY

SENDER NAME: **BIGSENDER**

| ISA CTRL # | ISA DATE | ISA TIME | GS CTRL # | ST CTRL # | | | CLAIM CHARGE |
|----------------|---|---------------------|-----------------------|------------|------------|------------|--------------|
| PATIENT ACCT # | MEMBER ID # | CLAIM CTRL# | LAST NAME | FIRST NAME | FROM DATE | TO DATE | |
| PB1877-1 | YBU29715383501 | | TROOPER | MARY | 05/02/2001 | 05/02/2001 | 250.00 |
| | CODE: P319 | SEGMENT NAME: DATE- | LAST MENSTRUAL PERIOD | | LOOP:2300 | -DTP03 | |
| | INCORRECT DATA: | | | | | | |
| | EXPLANATION: Accident Diagnosis Codes (800-995) require Date of Current Injury. Maternity Diagnosis Codes [630-677.99] require Date of LMP (DTP01 = 484). | | | | | | |

ACCEPTED CLAIMS

| | | | | | | | |
|-----------|----------------|--------------|--------|---------|------------|------------|--------|
| *PMP-B3-6 | YPP5555555501 | 061203930054 | DAISY | DONNA | 02/02/2004 | 02/02/2004 | 100.00 |
| PMP-B3-6 | YPP55555555601 | 061203930054 | DAISY | DONNA | 02/02/2004 | 02/02/2004 | 100.00 |
| PMP-B4-1 | YPS55555557802 | 061203930055 | ROSE | S | 02/16/2004 | 02/25/2004 | 230.00 |
| PMP-B4-2 | YPA55555558701 | 061203930056 | ROSE | SMELLY | 04/16/2004 | 04/25/2004 | 150.00 |
| PMP-B4-3 | YPH55555556601 | 061203930057 | ROSE | SMELLYW | 03/16/2004 | 03/25/2004 | 150.00 |
| 565656 | 55555556701 | 061203930050 | TAURUS | BULL | 07/16/2004 | 07/16/2004 | 150.00 |
| *PMP-B3-6 | YPP55555666601 | 061203930054 | DAISY | DONNA | 02/02/2004 | 02/02/2004 | 100.00 |
| PMP-B3-6 | YPP55555666601 | 061203930054 | DAISY | DONNA | 02/02/2004 | 02/02/2004 | 100.00 |
| PMP-B4-1 | YPS23232323204 | 061203930055 | ROSE | S | 02/16/2004 | 02/25/2004 | 230.00 |
| PMP-B4-2 | YPA33333333309 | 061203930056 | ROSE | SMELLY | 04/16/2004 | 04/25/2004 | 150.00 |
| PMP-B4-3 | YPH55557777701 | 061203930057 | ROSE | SMELLYW | 02/16/2004 | 02/25/2004 | 150.00 |
| 565656 | 12345432101 | 061203930050 | TAURUS | BULL | 07/16/2004 | 07/16/2004 | 150.00 |

* - Indicates Replicated Claim

| BATCH TOTAL - CLAIMS SUBMITTED: | CLAIM VOLUME | AMOUNT | CLAIM DOLLAR | AMOUNT |
|---------------------------------|--------------|--------|--------------|--------|
| CLAIMS WITH ERRORS: | 016 | | 2,680.00 | |
| HIPAA ERRORS: | 006 | | 1,070.00 | |
| SECURITY ERRORS: | 003 | | 550.00 | |
| BCSNC ERRORS: | 000 | | 000.00 | |
| CLAIMS ACCEPTED: | 003 | | 520.00 | |
| | 010 | | 1,610.00 | |

REPORT ID: CP189R01

BLUE CROSS AND BLUE SHIELD ON NORTH CAROLINA

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JOB: CLMA689D

ELECTRONIC CLAIMS AUDIT REPORT

PROVIDER NAME: HAPPY CATS CLINIC

PROVIDER NUMBER: 00005

DATE: 12/26/04 21:15:07

MODE OF INPUT: HIPASY

SENDER NAME: **BIGSENDER**

| ISA CTRL # | ISA DATE | ISA TIME | GS CTRL # | ST CTRL # | | | | |
|----------------|-------------|-------------|-----------|------------|-----------|---------|--------------|--|
| PATIENT ACCT # | MEMBER ID # | CLAIM CTRL# | LAST NAME | FIRST NAME | FROM DATE | TO DATE | CLAIM CHARGE | |

HIPAA ERRORS

| | | | | | | | | |
|---------|---------------|--|-------|--------|------------|------------|--------|--|
| 1234567 | YPC2222222204 | | KITTY | MISSES | 05/11/2004 | 05/11/2004 | 633.96 | |
|---------|---------------|--|-------|--------|------------|------------|--------|--|

CODE: I331 SEGMENT NAME: Principal, Admitting, E-Code, etc. LOOP: 2300 -HI -XX-2
 INCORRECT DATA: 9170
 EXPLANATION: If the Principal Diagnosis Code is between '800' and '995', one of the Occ. Codes/Occ. Span Codes in Form Locators 32-36 must contain 01, 02, 03, 04, 05 or 06.

| | | | | | | | | |
|---------|--------------|--|-----|-------|------------|------------|--------|--|
| 7645432 | YPP333333333 | | PAW | SOCKS | 05/12/2004 | 05/12/2004 | 854.79 | |
|---------|--------------|--|-----|-------|------------|------------|--------|--|

CODE: I006 SEGMENT NAME: Subscriber Name LOOP: 2010BA-NM1-09
 INCORRECT DATA: YPP333333333
 EXPLANATION: Member ID must be valid.

ACCEPTED CLAIMS

| | | | | | | | |
|---------|-----------------|--------------|---------|--------|------------|------------|----------|
| 4155928 | YPH12345678902 | 052004806159 | PURR | MARY | 04/05/2004 | 04/05/2004 | 2,397.16 |
| 4160686 | YPH98765432101 | 052004806160 | CAT | THOMAS | 05/11/2004 | 05/11/2004 | 5,306.96 |
| 4160926 | YPC11111111101 | 052004806163 | PERSIA | SUSAN | 05/12/2004 | 05/12/2004 | 308.50 |
| 4161203 | YPH22222222200 | 052004806157 | LAPCAT | LAURA | 05/14/2004 | 05/16/2004 | 3,754.12 |
| 4161364 | YPP33333333306 | 052004806164 | JUMPUP | JASON | 05/16/2004 | 05/16/2004 | 306.19 |
| 4161365 | ZEB44444444400 | 052004806158 | SMALL | SAMMIE | 05/16/2004 | 05/16/2004 | 6,147.68 |
| 4161367 | YPC55555555509 | 052004806165 | KITSTER | JOSE | 05/16/2004 | 05/16/2004 | 1,369.51 |
| 4161368 | TEA66666666605 | 052004806166 | RABBIT | PETER | 05/16/2004 | 05/16/2004 | 216.63 |
| 4161373 | YPP77777777703 | 052004806167 | RUMBLE | RHONDA | 05/16/2004 | 05/16/2004 | 660.72 |
| 4161395 | YPP88888888804 | 052004806168 | TIGER | BEAR | 05/16/2004 | 05/16/2004 | 973.08 |
| 4161396 | 99999999906 | 052004806169 | LION | ROBERT | 05/16/2004 | 05/16/2004 | 870.74 |
| 4161411 | R000000000 | 052004806170 | JAGUAR | JAMES | 05/16/2004 | 05/16/2004 | 413.59 |
| 4161436 | YPP122223334400 | 052004806171 | CHITA | JOHN | 05/16/2004 | 05/16/2004 | 2,795.10 |

| | CLAIM VOLUME | AMOUNT | CLAIM DOLLAR | AMOUNT |
|---------------------------------|--------------|--------|--------------|--------|
| BATCH TOTAL - CLAIMS SUBMITTED: | 015 | | 27,008.73 | |
| CLAIMS WITH ERRORS: | 002 | | 1,488.75 | |
| HIPAA ERRORS: | 000 | | 000.00 | |
| SECURITY ERRORS: | 000 | | 000.00 | |
| BCBSNC ERRORS: | 002 | | 1,488.75 | |
| CLAIMS ACCEPTED: | 013 | | 25,519.98 | |

REPORT ID: CP189R01

BLUE CROSS AND BLUE SHIELD ON NORTH CAROLINA
ELECTRONIC CLAIMS AUDIT REPORT

PAGE 6

JOB: CLMA689D

PROVIDER NAME: HAPPY CATS CLINIC

PROVIDER NUMBER: 00005

DATE: 12/26/04 17:28:07

MODE OF INPUT: HIPASY

SENDER NAME: **BIGSENDER**

| ISA CTRL # | ISA DATE | ISA TIME | GS CTRL # | ST CTRL # | | | | |
|----------------|-------------|-------------|-----------|------------|-----------|---------|--------------|--|
| PATIENT ACCT # | MEMBER ID # | CLAIM CTRL# | LAST NAME | FIRST NAME | FROM DATE | TO DATE | CLAIM CHARGE | |

| | | CLAIM VOLUME | AMOUNT | CLAIM DOLLAR AMOUNT |
|-------------------|---------------------|--------------|--------|---------------------|
| DAILY GRAND TOTAL | CLAIMS SUBMITTED: | 031 | | 29,688.73 |
| | CLAIMS WITH ERRORS: | 008 | | 2,558.75 |
| | HIPAA ERRORS: | 003 | | 550.00 |
| | SECURITY ERRORS: | 000 | | 000.00 |
| | BCBSNC ERRORS: | 005 | | 2,008.75 |
| | CLAIMS ACCEPTED: | 023 | | 27,129.98 |