Mastering Claims Reports

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PCC Users' Conference 2015
Where Do Your Electronic Claims Go?

- Partner sends electronic claims to PCC
- PCC forwards electronic claims to
  - Clearinghouses and other intermediaries
  - Payors
- PCC interfaces directly with payors where possible
Optimal Electronic Claim Routing

- PCC's EDI Team determines
  - If a payor can receive electronic claims directly
  - How to avoid clearinghouse and other intermediary processing and fees
  - The best supported among complementary options
Sources of Electronic Claim Responses

- Partner
- PCC
- Other clearinghouses and intermediaries
- Payors
Electronic Claim Response Diagram

Reports You Receive As Your Claim is Processed

- **preptags**
  - On-Screen Errors
  - preptags/tagsplit Bad Claims Report
    - This report prints out when **preptags** finishes. It warns you of basic errors and lists claims that could not be sent.

- **ECS**
  - ECS Batch Log
    - This report prints out when **ECS** finishes. It lists information on every claim sent out.

- **Insurance Carriers**
  - PCC Daily Submission Summary
    - PCC sends you this report. It lets you know that we have received your claim and sent them on to claim clearinghouses or insurance carriers.
  - Daily Error and Verification Reports
    - Capario and other clearinghouses send reports when they receive your claims. These reports typically list problem claims and log claims that were sent on to the carriers.
  - Various Payor Response Reports
    - Capario, PCC, and other clearinghouses collect responses from insurance carriers and send them to you in reports. The reports describe problems the insurance carriers had with your claims.

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Partner Claim Responses

- preptags Bad Claim Report
  - Results from basic validation errors
    - Example: missing subscriber Identifier
    - Example: invalid CPT code
  - Lists only claims not submitted/requiring correction

- ECS Batch Log
  - Lists only claims submitted

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A preptags Bad Claim Report Error

Date: 07/16/14  PCC #: 12345    Patient: Bart Simpson

Guar PCC#: 54321        Cus PCC#: 54321
Claim is for an insurance company no longer on the patient

Charge filed with: AETNA
Bad Claim Report

Generated On: June 10, 2015

Date: 06/08/15  PCC #: 12155  Patient: Pebbles Flintstone

Guar PCC#: 27890  Cus PCC#: 27890

Procedure Code: 00000  Diagnosis code: V06.3  Amount: $ 40.00

The procedure code "00000" is obsolete for the date of service.
Clearinghouse/Intermediary Responses

- Generated by the payor's intermediary
  - Examples
    - PCC Daily Submission Summary
    - Capario Daily Verification Report
- Rejected claims are not forwarded to payors
- Accepted claims are forwarded to payors

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PCC CLEARINGHOUSE  
DAILY SUBMISSION SUMMARY  
FILE PROCESSING DATE: 04/16/2015  
*******************************************************************************

123456789  SPRINGFIELD PEDIATRICS  
CLAIM BILLING DATE: 04/16/2015  
*******************************************************************************

<table>
<thead>
<tr>
<th>PATIENT / CLAIM ID NUMBER</th>
<th>PATIENT NAME</th>
<th>FIRST</th>
<th>MI</th>
<th>FROM DATE</th>
<th>CHARGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>23456 123456</td>
<td>SIMPSON</td>
<td>LISA</td>
<td></td>
<td>04/16/2015</td>
<td>485.00</td>
</tr>
</tbody>
</table>

| 123456789 TOTAL          | CLAIMS: 1    | CHARGES: 485.00 |
A Capario Daily Verification Report

Error

23456 123456  SIMPSON    LISA    20150416    485.00  6005A
CLAIM PROCESSING DATE: 20150416  CAPARIO TRACE #: 3333333333333333
VAN TRACE #: 23456 123456  PAYOR TRACE #:  
MESSAGES: REJECTED AT CLEARINGHOUSE PAYOR ID MISSING/INVALID (6005A) (6005A)
Payor Responses

- Received directly from the payor
  - Example
    - Health Care Claim Acknowledgment Report
- Forwarded by the clearinghouse/intermediary
  - Examples
    - Availity Electronic Batch Report
    - Capario Payor Response Report
- Not provided by some payors
A Capario Payor Response Report Error

CLAIM PROCESSING DATE: 20150418 CAPARIO TRACE #: 444444444444444
VAN TRACE #: 34567 987654 PAYOR TRACE #: 999999999999999
MESSAGES: ACK/RETURNED - ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES
OF SERVICE. - PATIENT

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The Partner Claim Identifier

- Partner assigns a unique identifier to every claim
- Electronic claims report the Partner claim identifier
- Payors return the Partner claim identifier in claim responses and remittance advice
The Partner Claim Identifier Format

- A sequential number
- Partner electronic claims combine the patient PCC number with the claim identifier with a space between
  - Example: 12345 67890
    - 12345 = Patient PCC Number
    - 67890 = Partner Claim Identifier
Access the Partner Claim Identifier

- via the following
  - Correct Mistakes (oops/oopsp)
  - EDI Reports (ecsreports)
  - Autopost (autopip)
  - ERA Reports (erareports)
Electronic Claim Responses in Correct Mistakes (oops/oopsp)

<table>
<thead>
<tr>
<th>DATE</th>
<th>PATIENT</th>
<th>PROCEDURE NAME</th>
<th>DIAG</th>
<th>P</th>
<th>AMOUNT</th>
<th>SUM</th>
<th>DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/22/09</td>
<td>Pebbles</td>
<td>Well Child 5-11 yrs</td>
<td>V20.2</td>
<td>Y</td>
<td>195.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>01/26/10</td>
<td>Ins Pmt</td>
<td>Ins Adj -- HUM #0000</td>
<td></td>
<td>Y</td>
<td>115.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/26/10</td>
<td>Ins Adj</td>
<td>-- HUM #0000</td>
<td></td>
<td>Y</td>
<td>64 AA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td>Payor</td>
<td>Acknowledged Claim #335370: Your claim has been</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td>PCC</td>
<td>Acknowledged Claim #335370:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td>HUMANA</td>
<td>ECS #335370</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td>Claim</td>
<td>(from HUMANA) to AVAILITYhuma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/14/10</td>
<td>HUMANA</td>
<td>claim batched by oops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/22/09</td>
<td>TOS</td>
<td>Cash Payment</td>
<td></td>
<td></td>
<td>15.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use <F3> SeeClaimRpt/Bill to access claim response lines 4, 5, and 6
### Electronic Claim Responses in EDI Reports (ecsreports)

#### EDI Reports - Listing All Report Types

<table>
<thead>
<tr>
<th>Date</th>
<th>Report Description</th>
<th>Time</th>
<th>Printed</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/08/2010</td>
<td>Post-N-Track Claims Report</td>
<td>ECS</td>
<td>3:15pm</td>
</tr>
<tr>
<td></td>
<td>PCC Daily Submission Summary</td>
<td>ECS</td>
<td>9:55am</td>
</tr>
<tr>
<td></td>
<td>Capario Payor Response Report</td>
<td>ECS</td>
<td>9:15am</td>
</tr>
<tr>
<td></td>
<td>PCC Daily Submission Summary</td>
<td>ECS</td>
<td>8:15am</td>
</tr>
<tr>
<td></td>
<td>ECS Batch Log</td>
<td>ECS</td>
<td>6:57am</td>
</tr>
<tr>
<td></td>
<td>preptags/tagsplit Bad Claims</td>
<td>ECS</td>
<td>6:57am</td>
</tr>
<tr>
<td></td>
<td>Eligibility Report</td>
<td>Eligibility</td>
<td>6:15am</td>
</tr>
<tr>
<td>07/07/2010</td>
<td>Capario Daily Verification Report</td>
<td>ECS</td>
<td>7:20am</td>
</tr>
<tr>
<td></td>
<td>Eligibility Report</td>
<td>Eligibility</td>
<td>6:15am</td>
</tr>
<tr>
<td></td>
<td>PCC Daily Submission Summary</td>
<td>ECS</td>
<td>1:30am</td>
</tr>
<tr>
<td>07/06/2010</td>
<td>Post-N-Track Claims Report</td>
<td>ECS</td>
<td>3:15pm</td>
</tr>
<tr>
<td></td>
<td>Eligibility Report</td>
<td>Eligibility</td>
<td>9:15am</td>
</tr>
<tr>
<td></td>
<td>ECS Batch Log</td>
<td>ECS</td>
<td>8:35am</td>
</tr>
</tbody>
</table>

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Tips for using EDI Reports (ecsreports)

- Search for claims using the Partner claim identifier for best results
- The <F5> key toggles the display of essential and all reports
  - Essential reports are those which can include claim rejection messages
Learn to Use EDI Reports (ecsreports)

- Online documentation
  - http://learn.pcc.com/
- Video tutorial
  - http://downloads.pcc.com/videos/ecsreports01.htm
Common Electronic Claim Rejections

- Invalid Subscriber/Patient Information
- Invalid Procedure Code (CPT/HCPCS)
- Invalid Billing Provider/NPI
- Invalid National Drug Code (NDC)
- Missing Original Claim Reference Number
Invalid Subscriber/Patient Information

- Verify correct data in Partner and at the payor
  - Names
  - Patient/subscriber identifiers
  - Birthdates
  - Patient/subscriber relationship
- Verify eligibility with the Partner elig program
Invalid Procedure Code (CPT/HCPCS)

- Keep up-to-date with CPT/HCPCS additions, changes, and deletions
- Retire – don't delete/overwrite – Procedures Table (ted) entries with outdated codes
- Verify Partner Insurance Special Information Files (I_) are configured correctly
- Contact PCC's Software Support Team for assistance
Invalid Billing Provider/NPI

- Verify Organizational (Type 2) and Individual (Type 1) NPPES registrations
  - [https://nppes.cms.hhs.gov/](https://nppes.cms.hhs.gov/)
- Verify NPI/taxonomy code combinations are
  - Correctly registered with payors
  - Correctly assigned in Partner
    - ted, Providers Table
Invalid National Drug Code (NDC)

- Searchable FDA NDC directory
- Verify NDC values are correctly assigned to ted, Procedures Table entries
  - ted ensures the “5-4-2” NDC format required for HIPAA electronic claims
    - Example: 11111-2222-33
Correct Mistakes (oops/oopsp)

<F5> Visit Status, Page 2 of 2

When a Claim Delay Reason is entered...

- Example: 09 Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules

...the payor-assigned claim Reference Number must also be entered

Partner now informs you if you are forgetting the reference number