

Mastering Claims Reports

Dan Gillette

PCC Users' Conference 2015



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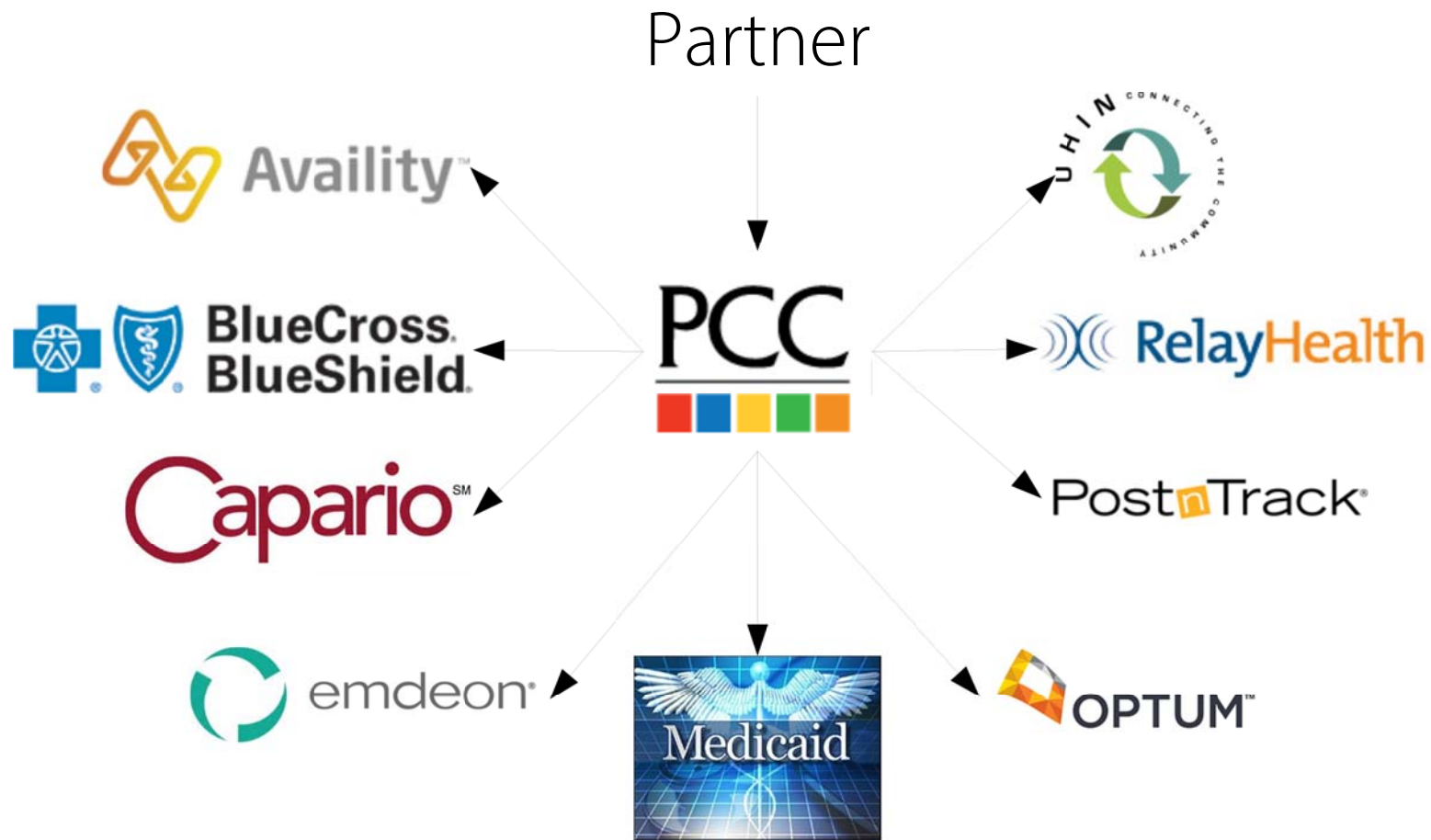
Where Do Your Electronic Claims Go?

- 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

PCC Electronic Claim Routing

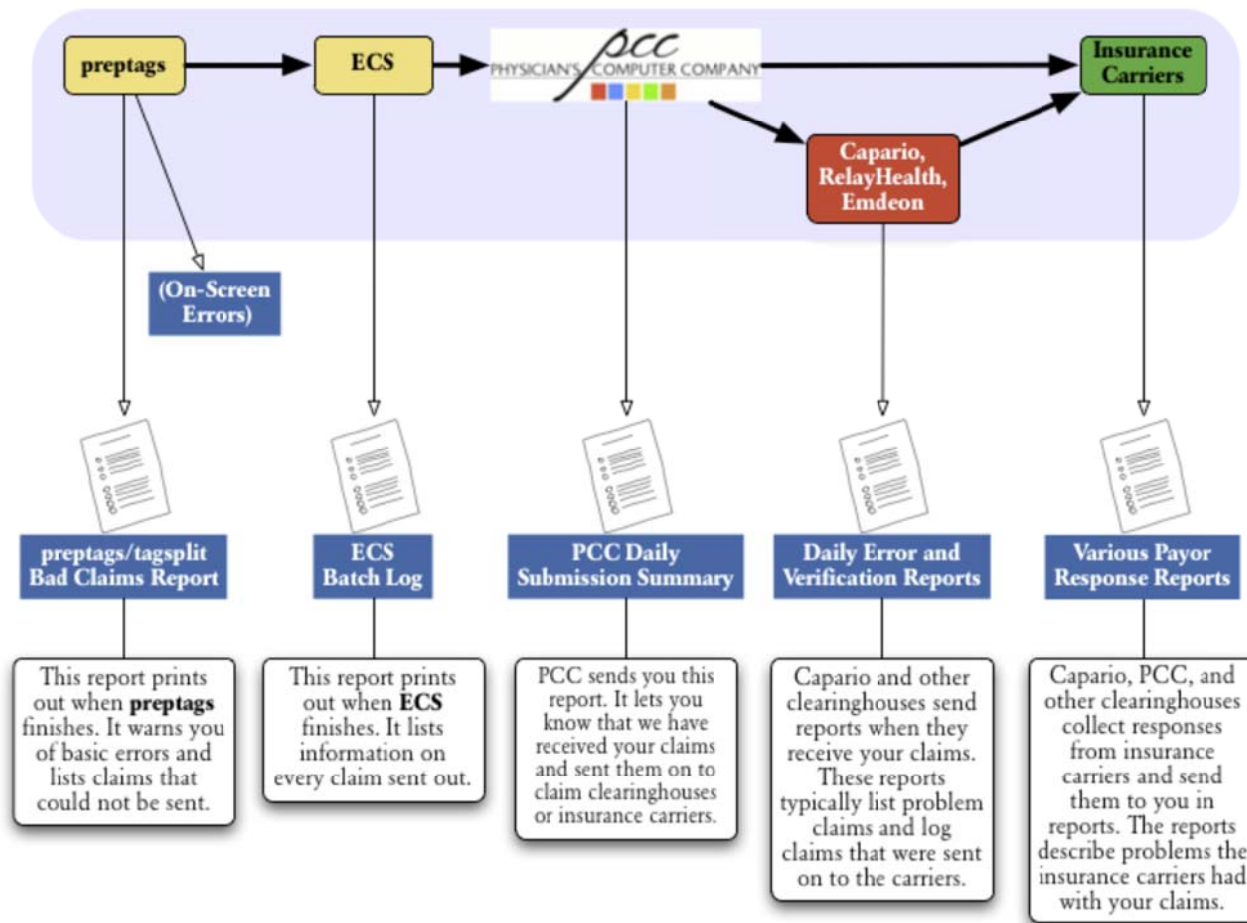


Sources of Electronic Claim Responses

- Partner
- PCC
- Other clearinghouses and intermediaries
- Payors

Electronic Claim Response Diagram

Reports You Receive As Your Claim is Processed



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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

Another preptags Bad Claim Report Error

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The procedure code "00000" is obsolete for the date of service.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

A PCC Daily Submission Summary

PCC CLEARINGHOUSE

DAILY SUBMISSION SUMMARY

FILE PROCESSING DATE: 04/16/2015

123456789 SPRINGFIELD PEDIATRICS

CLAIM BILLING DATE: 04/16/2015

PATIENT / CLAIM ID NUMBER	PATIENT NAME LAST	FIRST	MI	CLAIM FROM DATE	CLAIM CHARGES

AETNA	PAYOR ID: 6005A				
23456 123456	SIMPSON	LISA		04/16/2015	485.00
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

34567 987654 SIMPSON MAGGIE 20150417 70.00 60054
CLAIM PROCESSING DATE: 20150418 CAPARIO TRACE #: 4444444444444444
VAN TRACE #: 34567 987654 PAYOR TRACE #: 9999999999999999
MESSAGES: ACK/RETURNED - ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES
OF SERVICE. - PATIENT

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/ooosp)
 - EDI Reports (ecsreports)
 - Autopost (autopip)
 - ERA Reports (erareports)

Electronic Claim Responses in Correct Mistakes (oops/oopsp)

	DATE	PATIENT	PROCEDURE NAME	DIAG	P	AMOUNT	SUM DUE	
1)	12/22/09	Pebbles	Well Child 5-11 yrs	V20.2	Y	195.00	0.00	
2)	01/26/10	Ins Pmt -- HUM #0000			Y	115.56		
3)	01/26/10	Ins Adj -- HUM #0000			Y	64.44		
4)	01/15/10	Payor Acknowledged Claim #335370: Your claim has be						
5)	01/15/10	PCC Acknowledged Claim #335370:						
6)	01/15/10	HUMANA ECS #335370						
7)	01/15/10	Claim (FROM HUMANA) TO AVAILITYHUMANA						
8)	01/14/10	HUMANA claim batched by oops						
9)	12/22/09	TOS Cash Payment			Y	15.00		

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

52 files are listed below.

			Times Printed
07/08/2010			
<input checked="" type="checkbox"/>	Post-N-Track Claims Report	ECS	3:15pm 0
<input type="checkbox"/>	PCC Daily Submission Summary	ECS	9:55am 0
<input type="checkbox"/>	Capario Payor Response Report	ECS	9:15am 0
<input type="checkbox"/>	PCC Daily Submission Summary	ECS	8:15am 0
<input type="checkbox"/>	ECS Batch Log	ECS	6:57am 0
<input type="checkbox"/>	preptags/tagssplit Bad Claims Eligibility Report	ECS Eligibility	6:57am 6:15am 0
07/07/2010			
<input type="checkbox"/>	Capario Daily Verification Report	ECS	7:20am 0
<input type="checkbox"/>	Eligibility Report	Eligibility	6:15am 0
<input type="checkbox"/>	PCC Daily Submission Summary	ECS	1:30am 0
07/06/2010			
<input type="checkbox"/>	Post-N-Track Claims Report	ECS	3:15pm 0
<input type="checkbox"/>	Eligibility Report	Eligibility	9:15am 0
<input type="checkbox"/>	ECS Batch Log	ECS	8:35am 0



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/>
- Verify NPI/taxonomy code combinations are
 - Correctly registered with payors
 - Correctly assigned in Partner
 - ted, Providers Table



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Invalid National Drug Code (NDC)

- Searchable FDA NDC directory
 - <http://www.accessdata.fda.gov/scripts/cder/ndc/default.cfm>
- 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

Missing Original Claim Reference Number

- Correct Mistakes (oops/ooops)
 - <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