Electronic Claim Submission Reporting

Where do my electronic claims go?

- Partner sends electronic claims to PCC
- PCC forwards electronic claims to Other clearinghouses/intermediaries Insurance companies (payors)

PCC’s EDI Team determines...

- ...if a payor can receive electronic claims directly
- ...how to avoid clearinghouse and intermediary processing fees
- ...which is the most reliable among available claim routing options
Electronic claim responses are generated by...

1) Partner
2) The clearinghouse/intermediary
3) The payor
Partner Claim Responses

- **preptags Bad Claims Report**
  Results from basic claim data validation errors
  Example:
  Missing subscriber identifier
  Lists claims not submitted by Partner and in need of correction

- **ECS Batch Logs**
  Lists claims submitted by Partner

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Sample preptags Bad Claim Report Error

Date: 07/16/13  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

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Clearinghouse/Intermediary Responses

- Delivered via clearinghouse or gateway
  Examples:
  PCC Daily Submission Summary
  Capario Daily Verification Report

- Rejected claims are **not submitted** to payors
- Accepted claims are **submitted** to payors
<table>
<thead>
<tr>
<th>Clearinghouse/Intermediary Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sample PCC Daily Submission Summary Report</strong></td>
</tr>
<tr>
<td>PCC CLEARINGHOUSE</td>
</tr>
<tr>
<td>DAILY SUBMISSION SUMMARY</td>
</tr>
<tr>
<td>FILE PROCESSING DATE: 07/16/2013</td>
</tr>
<tr>
<td>123456789  SPRINGFIELD PEDIATRICS</td>
</tr>
<tr>
<td>CLAIM BILLING DATE: 07/16/2013</td>
</tr>
<tr>
<td>***********************************************************************</td>
</tr>
<tr>
<td>PATIENT / CLAIM ID NUMBER</td>
</tr>
<tr>
<td>***************** ********** ** ***</td>
</tr>
<tr>
<td>AETNA</td>
</tr>
<tr>
<td>23456 123456      SIMPSON</td>
</tr>
<tr>
<td>123456789 TOTAL</td>
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<td><strong>● Generated by the payor</strong></td>
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<td>Example:</td>
</tr>
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<td>Health Care Claim Acknowledgment Report</td>
</tr>
<tr>
<td><strong>● Forwarded via clearinghouse if applicable</strong></td>
</tr>
<tr>
<td>Examples:</td>
</tr>
<tr>
<td>Availity Electronic Batch Report</td>
</tr>
<tr>
<td>Capario Payor Response Report</td>
</tr>
<tr>
<td><strong>● NOTE: Payors need not comply!</strong></td>
</tr>
</tbody>
</table>
Payor Responses

Sample Capario Payor Response Report Error

34567 987654 SIMPSON MAGGIE 20130717 70.00 60054
CLAIM PROCESSING DATE: 20130718 CAPARIO TRACE #: 444444444444444
VAN TRACE #: 34567 987654 PAYOR TRACE #: 999999999999999
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
- All electronic claims report the Partner claim identifier
- Payors return the Partner claim identifier in claim responses and remittance advice

The Partner Claim Identifier

- The Partner claim identifier is a sequential number
- Partner electronic claims combine the patient PCC number and Partner claim identifier with a space between
  12345 67890
  • 12345 = Patient PCC Number
  • 67890 = Partner Claim Identifier
Accessing Electronic Claim Responses in Partner

Correct Mistakes (oops/oopsp)
- Use to access account/patient specific claim and response history

EDI Reports (ecsreports)
- Use to access original/complete response reports by type and date

Electronic Claim Responses in Correct Mistakes (oops)

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient</th>
<th>Policy ID</th>
<th>DIAC</th>
<th>F-Number</th>
<th>Ins Co</th>
<th>F 10000</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/20/09</td>
<td>11 yrs</td>
<td>AA1234</td>
<td>V000</td>
<td>22</td>
<td>00000</td>
<td>Y</td>
</tr>
<tr>
<td>01/25/09</td>
<td>15 yrs</td>
<td>BB1234</td>
<td>V000</td>
<td>22</td>
<td>00000</td>
<td>Y</td>
</tr>
</tbody>
</table>

Use the <F3> SeeClaimRpt/Bill function key to access the claim responses (lines 4, 5, and 6)
Tips for Using ecsreports

- Search for claims with the patient PCC number/Partner claim identifier combination for best results
- The <F5> function key toggles the display of essential and all reports

Essential reports include only those types which could include rejection messages

Learning to Use ecsreports

- ecsreports is documented at http://learn.pcc.com/
- Our video tutorial is highly recommended! http://downloads.pcc.com/videos/ecsreports01.htm

Correcting Common Claim Rejections

Common YTD 2013 Errors

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

Invalid Subscriber/Patient Information
- Verify correct data in Partner and at the payor:
  - Names
  - Patient/subscriber identifiers
  - Birth dates
  - Patient relationship to the subscriber
- Verify eligibility and review benefits detail with Partner's elig program!

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

Invalid Billing Provider/NPI
- Verify group (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)
Correcting Common Claim Rejections

Invalid National Drug Code (NDC)

- Verify NDC values are correctly assigned to Procedures table entries ensures the “5-4-2” NDC format required for HIPAA transactions
  - Example: 11111-2222-33

Correcting Common Claim Rejections

Missing Original Claim Reference Number

- 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

Questions?
Thanks!