

Read & Understand Your EDI Reports

Justin Ballou

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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



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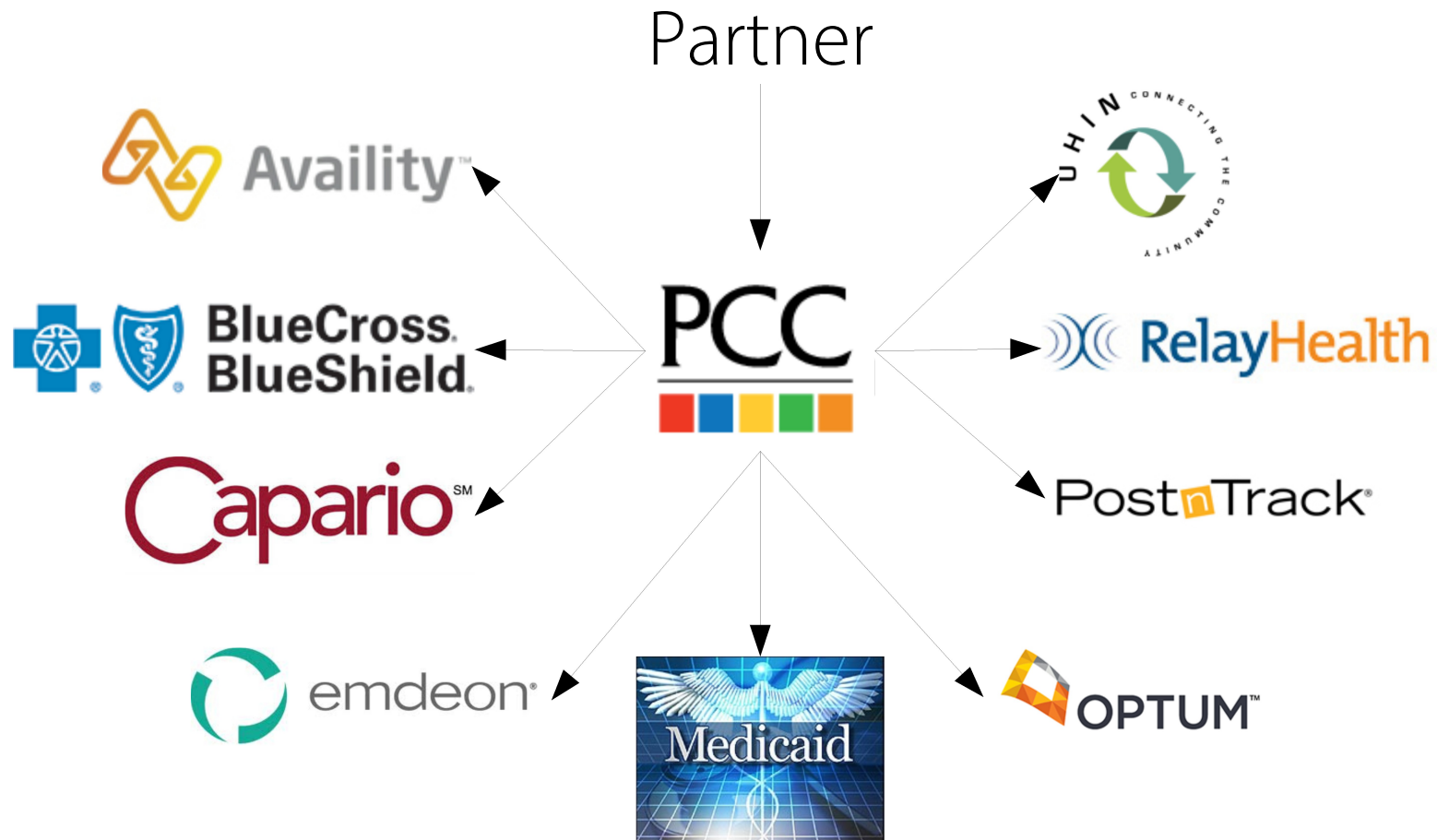
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Optimal Electronic Claim Routing

- 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

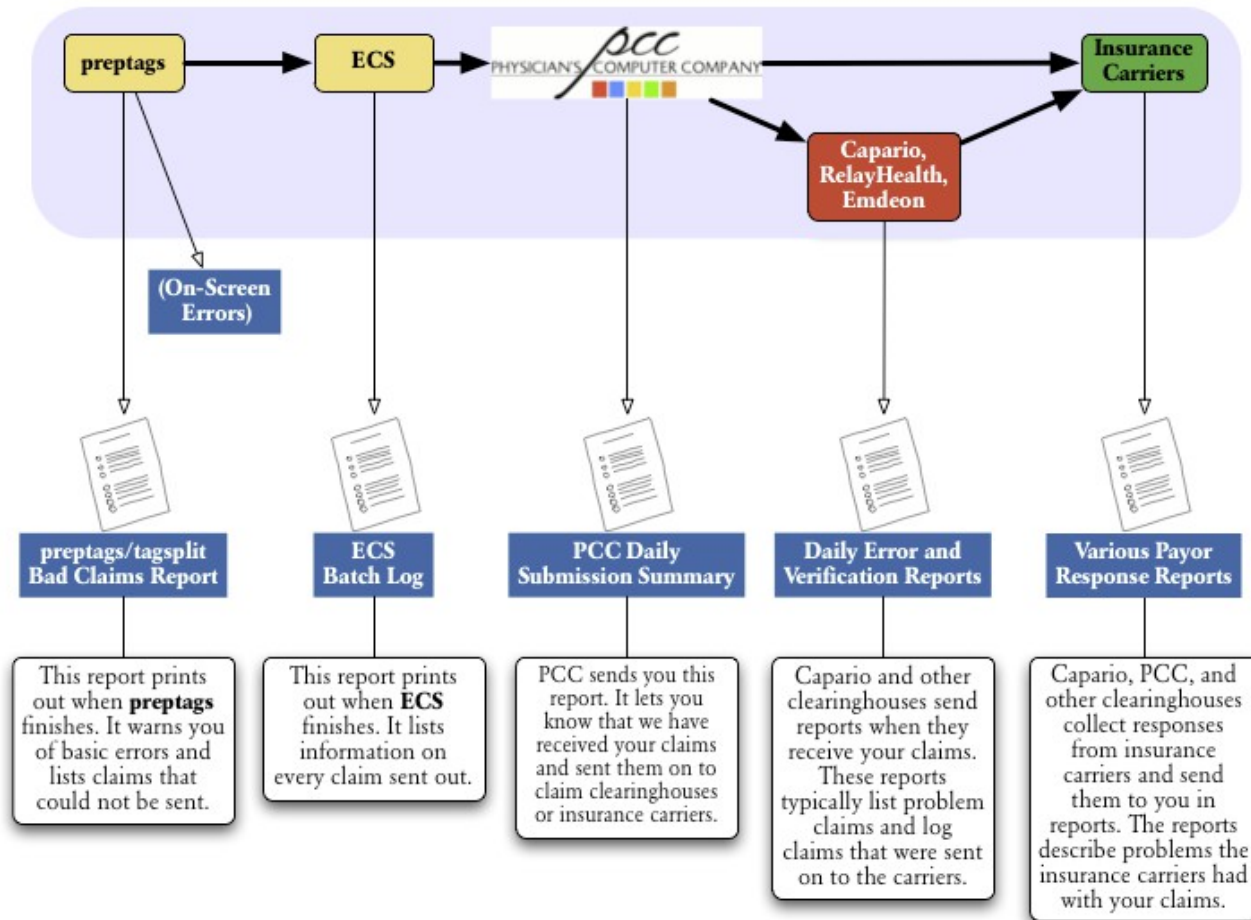


Sources of Electronic Claim Responses

- Partner
- PCC
- Other clearinghouses and intermediaries
- Payors

Electronic Claim Response Diagram

Reports You Receive As Your Claim is Processed



Partner Claim Responses

- preptags Bad Claim Report
 - Results from basic validation errors
 - Example: missing subscriber Identifier
 - Lists only claims not submitted/requiring correction
- ECS Batch Log
 - Lists only claims submitted



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

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: 07/16/2014

123456789 SPRINGFIELD PEDIATRICS

CLAIM BILLING DATE: 07/16/2014

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

AETNA PAYOR ID: 6005A					
23456 123456	SIMPSON	LISA		07/16/2014	485.00
123456789	TOTAL	CLAIMS:	1	CHARGES:	485.00



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A Capario Daily Verification Report Error

23456 123456 SIMPSON LISA 20140716 485.00 6005A
CLAIM PROCESSING DATE: 20140716 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

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

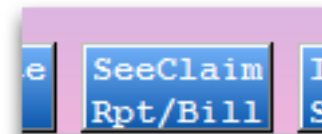
Access the Partner Claim Identifier

- 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 AVAILITYnumana					
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



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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	ECS	6:57am	0
<input type="checkbox"/>	Eligibility Report	Eligibility	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

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 you enter a Claim Delay Reason...
 - Example: 09 Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
 - ...you must also enter the payor-assigned claim Reference Number

