Read & Understand Your EDI Reports

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PCC Users' Conference 2014
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

Partner

Availity

BlueCross BlueShield

Capario

emdeon

Medicaid

PCC

RelayHealth

PostnTrack

OPTUM

Pediatric EHR Solutions

Control Your Future™
Sources of Electronic Claim Responses

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

Reports You Receive As Your Claim is Processed

- precptags
- ECS
- Insurance Carriers

(On-Screen Errors)

- precptags/tagsplit
- Bad Claims Report

This report prints out when precptags finishes. It warns you of basic errors and lists claims that could not be sent.

- ECS
- Batch Log

This report prints out when ECS finishes. It lists information on every claim sent out.

- PCC Daily Submission Summary

PCC sends you this report. It lets you know that we have received your claims 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 Payer 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
  - 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
<table>
<thead>
<tr>
<th>PATIENT / CLAIM ID NUMBER</th>
<th>PATIENT NAME</th>
<th>CLAIM FROM DATE</th>
<th>CHARGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>23456 123456</td>
<td>SIMPSON LISA</td>
<td>07/16/2014</td>
<td>485.00</td>
</tr>
<tr>
<td>123456789 TOTAL</td>
<td>CLAIMS: 1</td>
<td>CHARGES: 485.00</td>
<td></td>
</tr>
</tbody>
</table>
A Capario Daily Verification Report

Error

23456 123456  SIMPSON  LISA  20140716  485.00  6005A
CLAIM PROCESSING DATE: 20140716  CAPARIO TRACE #: 333333333333333
VAN TRACE #: 23456 123456  PAYOR TRACE #:
MESSAGES: REJECTED AT CLEARINGHOUSE PAYOR ID MISSING/INVALID (6005A) (6005A)

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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 20140717 70.00 60054
CLAIM PROCESSING DATE: 20140718 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
- 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>01/26/10</td>
<td>Ins Pmt -- HUM #0000</td>
<td>Y</td>
<td></td>
<td>115.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/26/10</td>
<td>01/26/10</td>
<td>Ins Adj -- HUM #0000</td>
<td>Y</td>
<td></td>
<td>64.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td></td>
<td>Payor Acknowledged Claim #335370: Your claim has been paid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td></td>
<td>PCC Acknowledged Claim #335370:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td></td>
<td>HUMANA ECS #335370</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td></td>
<td>Claim (from HUMANA) to AVAILITYhumana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/14/10</td>
<td></td>
<td>HUMANA claim batched by oops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/22/09</td>
<td>TOS Cash Payment</td>
<td></td>
<td>Y</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

52 files are listed below.

07/08/2010
- Post-W-Track Claims Report: ECS 3:15pm 0
- PCC Daily Submission Summary: ECS 9:55am 0
- Capario Payor Response Report: ECS 9:15am 0
- PCC Daily Submission Summary: ECS 8:15am 0
- ECS Batch Log: ECS 6:57am 0
- preptags/tagsplit Bad Claims: ECS 6:57am 0
- Eligibility Report: Eligibility 6:15am 0

07/07/2010
- Capario Daily Verification Report: ECS 7:20am 0
- Eligibility Report: Eligibility 6:15am 0
- PCC Daily Submission Summary: ECS 1:30am 0

07/06/2010
- Post-W-Track Claims Report: ECS 3:15pm 0
- Eligibility Report: Eligibility 9:15am 0
- ECS Batch Log: ECS 8:35am 0

View
Selected
Print
Selected
Select
None
Essenti
Reports
Search
Selected
Search
Recent
List By
Type
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
- 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 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