Mastering Claim Reports

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PCC Users' Conference 2016
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
CENTENE Corporation
CHANGE HEALTHCARE
Medicaid
OPTUM
RelayHealth
PostnTrack

PCC 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

- **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.

- **PCC**
  - 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.

- **Capario, RelayHealth, Eindecon**
  - 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.
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: 07/16/16    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: 07/16/2016
*******************************************************************************
123456789  SPRINGFIELD PEDIATRICS                CLAIM BILLING DATE: 07/16/2016
*******************************************************************************

<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>07/16/2016</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     20160716     485.00  6005A
CLAIM PROCESSING DATE: 20160716  CAPARIO TRACE #: 333333333333333
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 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 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>
</tr>
<tr>
<td>01/26/10</td>
<td></td>
<td>Ins Pmt -- HUM #0000</td>
<td></td>
<td></td>
<td>115.56</td>
<td></td>
</tr>
<tr>
<td>01/26/10</td>
<td></td>
<td>Ins Adj -- HUM #0000</td>
<td></td>
<td></td>
<td>64.44</td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td></td>
<td>Payor Acknowledged Claim #335370: Your claim has be</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>
</tr>
<tr>
<td>01/15/10</td>
<td></td>
<td>HUMANA ECS #335370</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>
</tr>
<tr>
<td>01/14/10</td>
<td></td>
<td>HUMANA claim batched by oops</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/22/09</td>
<td></td>
<td>TOS Cash Payment</td>
<td></td>
<td></td>
<td>15.00</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>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/08/2010</td>
<td>Post-N-Track Claims Report</td>
<td>ECS</td>
<td>3:15pm</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>PCC Daily Submission Summary</td>
<td>ECS</td>
<td>9:55am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Capario Payor Response Report</td>
<td>ECS</td>
<td>9:15am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>PCC Daily Submission Summary</td>
<td>ECS</td>
<td>8:15am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>ECS Batch Log</td>
<td>ECS</td>
<td>6:57am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>preptags/tagsplit Bad Claims</td>
<td>ECS</td>
<td>6:57am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Eligibility Report</td>
<td>Eligibility</td>
<td>6:15am</td>
<td>0</td>
</tr>
<tr>
<td>07/07/2010</td>
<td>Capario Daily Verification Report</td>
<td>ECS</td>
<td>7:20am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Eligibility Report</td>
<td>Eligibility</td>
<td>6:15am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>PCC Daily Submission Summary</td>
<td>ECS</td>
<td>1:30am</td>
<td>0</td>
</tr>
<tr>
<td>07/06/2010</td>
<td>Post-N-Track Claims Report</td>
<td>ECS</td>
<td>3:15pm</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Eligibility Report</td>
<td>Eligibility</td>
<td>9:15am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>ECS Batch Log</td>
<td>ECS</td>
<td>8:35am</td>
<td>0</td>
</tr>
</tbody>
</table>
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

- Partner / preptags claim rejections
  - Claim is for an insurance company no longer on the patient
  - The procedure code "XXXXX" is obsolete for the date of service
  - The primary diagnosis cannot be an External Cause diagnosis code

- Clearinghouse / payor claim rejections
  - Invalid Subscriber / Patient Information
  - Invalid Provider Information / NPI
Claim is for an insurance company no longer on the patient

- After changing or expiring an insurance plan in the Partner policy program, use oops / oopsp to
  - Link pending charges to the new / corrected insurance plan
  - Rebatch pending charges for claim submission to the new / corrected insurance plan
- The Partner policy program does not automatically relink nor rebatch pending charges
The procedure code "XXXXX" is obsolete for the date of service

- Use the Partner ibar program to ensure procedures for internal use are not batched for claim submission
- Keep up-to-date with annual HCPCS / CPT code changes
  - Ensure HCPCS / CPT codes reported on claims are valid for the associated dates of service
The primary diagnosis cannot be an External Cause diagnosis code

- From the CMS ICD-10-CM Official Guidelines for Coding and Reporting, Chapter 20: External Causes of Morbidity (V00-Y99)
  - The external causes of morbidity codes should never be sequenced as the first-listed or principal diagnosis.
- Use the Partner oops / oopsp program to ensure the first / principal / primary diagnosis is not an external cause code
Invalid Subscriber/Patient Information

● Verify correct data in Partner
  ○ Names
  ○ Birthdates
  ○ Policies
    ■ Patient / subscriber identifiers
    ■ Patient / subscriber relationships

● Verify eligibility with the Partner elig program
Invalid Provider/NPI

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