

Mastering Claims Reports

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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

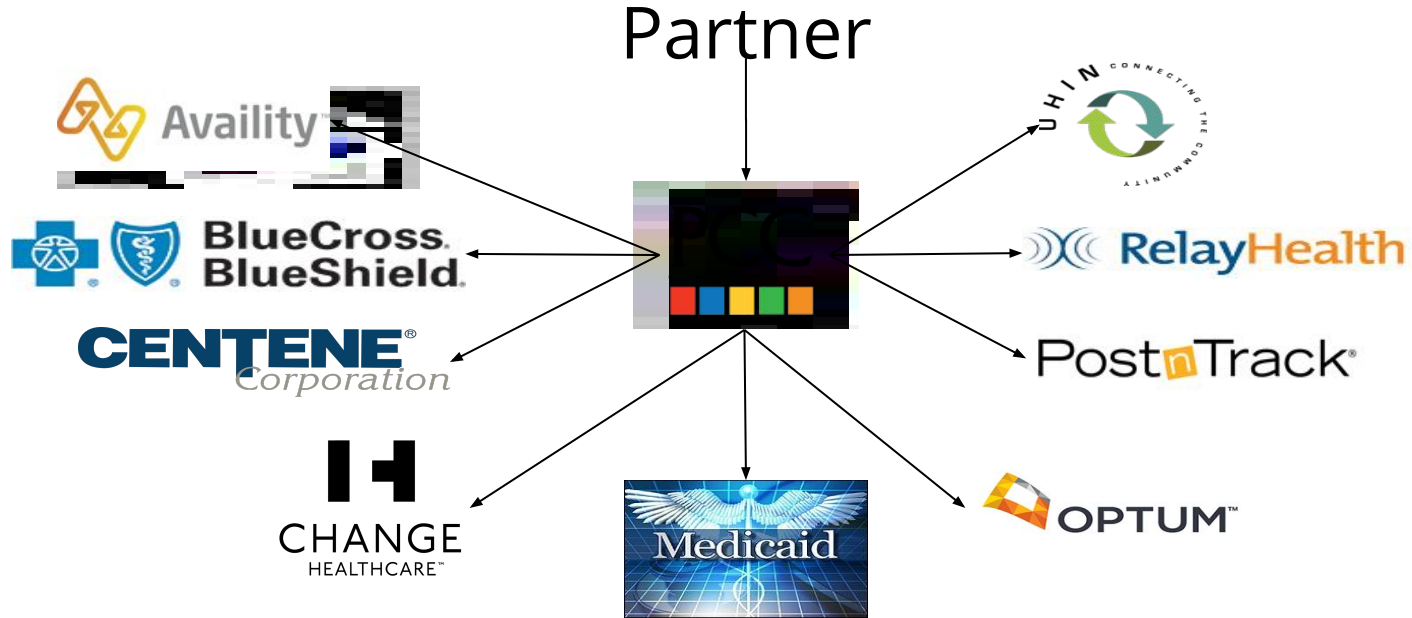


Optimal Electronic Claim Routing

- 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



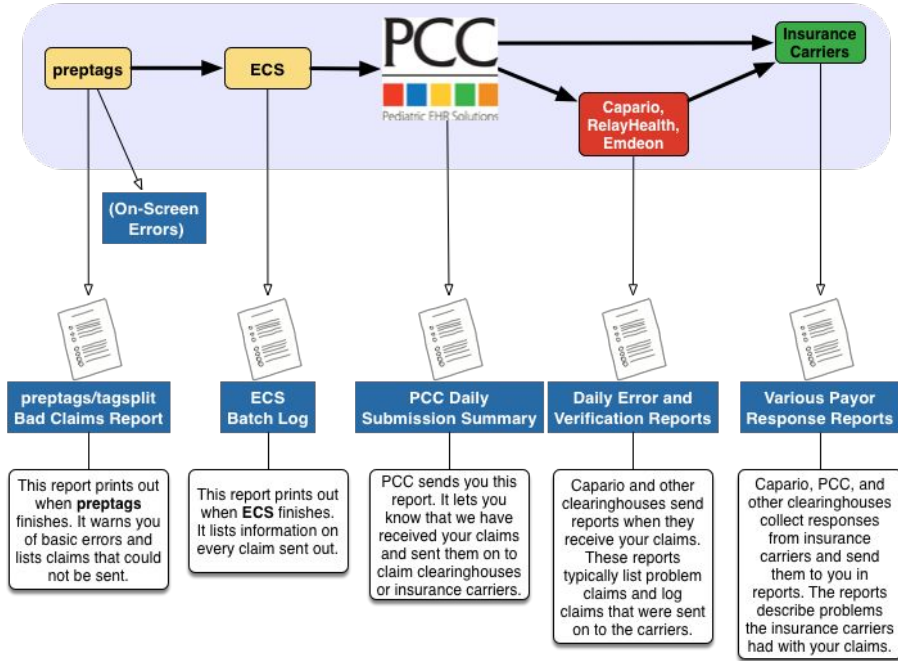
Sources of Electronic Claim Responses

- Partner
- PCC
- Other clearinghouses and intermediaries
- Payors



Electronic Claim Response Diagram

Reports You Receive As Your Claim is Processed



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: 07/16/17 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: 07/16/2017

123456789 SPRINGFIELD PEDIATRICS CLAIM BILLING DATE: 07/16/2017

PATIENT / CLAIM ID NUMBER	PATIENT NAME LAST	FIRST	MI	CLAIM FROM DATE	CLAIM CHARGES
AETNA 23456 123456	SIMPSON	LISA		07/16/2017	485.00

123456789 TOTAL CLAIMS: 1 CHARGES: 485.00



A Capario Daily Verification Report Error

23456 123456 SIMPSON LISA 20170716 485.00 6005A
CLAIM PROCESSING DATE: 20170716 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 20170717 70.00 60054
CLAIM PROCESSING DATE: 20170718 CAPARIO TRACE #: 4444444444444444
VAN TRACE #: 34567 987654 PAYOR TRACE #: 9999999999999999
MESSAGES: ACK/RETURNED - ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES
 OF SERVICE. - PATIENT



Pediatric EHR Solutions

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)

	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



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

View Selected Print Selected Select None Essential 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

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

