Mastering Claims Reports

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PCC 2017 Users' Conference
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
Sources of Electronic Claim Responses

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

Reports You Receive As Your Claim is Processed

- preplgs
- ECS
- PCC
- Insurance Carriers

- Capario, RelayHealth, Emdeon

preplgs/taeplsplit
Bad Claims Report
This report prints out when preplgs 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 lists what you 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. Those 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: 07/16/17  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
<table>
<thead>
<tr>
<th>PATIENT / CLAIM ID NUMBER</th>
<th>PATIENT NAME</th>
<th>PAYOR ID</th>
<th>FROM DATE</th>
<th>CLAIM CHARGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>AETNA 123456789</td>
<td>SIMPSON LISA</td>
<td>6005A</td>
<td>07/16/2017</td>
<td>485.00</td>
</tr>
<tr>
<td>123456789 TOTAL</td>
<td>CLAIMS: 1</td>
<td>CHARGES:</td>
<td></td>
<td>485.00</td>
</tr>
</tbody>
</table>
A Capario Daily Verification Report

Error

23456 123456 SIMPSON LISA 20170716 485.00 6005A
CLAIM PROCESSING DATE: 20170716 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      20170717    70.00 60054
CLAIM PROCESSING DATE: 20170718  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 been accepted.</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 AVAILITYnumana</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>Y</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)

<table>
<thead>
<tr>
<th>Date</th>
<th>Report Description</th>
<th>Type</th>
<th>Time</th>
<th>Printed</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/
- Verify NPI / taxonomy code combinations are
  - Correctly registered with payors
  - Correctly assigned in Partner
    - ted, Providers Table