

Session Goals

- 1. Read and Understand Error Messages Created by PCC
- Read and Understand Error Messages Created by Outside Entities
- Understand How Information is Routed and Received by Outside Entities
- 4. Understand How Information is Returned to Your Office





The Big Three

- 1. Eligibility
- 2. Claims
- 3. Electronic Remittance Advice





First Steps for Transmission

PCC as a Clearinghouse:







When things go wrong:

PCC Pre-Submission Errors

Payer Response Errors





Pre-Submission Request Failures

- Sex is unknown
- The "Certificate" ID is missing
- Practice's internet is down
- Can't reach PCC
- Insured's DOB is missing
- Appointment date missing
- Dependent's birthdate is missing
- First or last name is missing
- Office's NPI missing
- Office's Tax ID is missing

- Credential's missing
- Eligibility ID is blank
- Eligibility ID is invalid
- Insurance not configured for real time submission





Pre-Submission Request Failures

surance Eligibility - Revie	v and ver	пту		Eri	n Marie	Zeller	
nsurance Eligibility Appt: 18mo Well Visit 07/15/21 PCP: None	9:00am M	ark Williams, M.D.					
Eligibility Notes: Sample note sa	nple note s	ample note					
Status: Eligibility Response: This eligit Alert: The patient's date Explanation: The patient's date Action: Update the patien	of birth is r	missing.		h.			
Eligibility Response: This eligil Alert: The patient's date Explanation: The patient's date	of birth is r	t cannot be submitted. nissing. equired.	atient's date of birt		Display:	Active	
Eligibility Response: This eligii Alert: The patient's date Explanation: The patient's date Action: Update the patien	of birth is r	t cannot be submitted. nissing. equired. aphics to include the pa	atient's date of birt	d Policy	Display:	Active End	Status





Transaction Type 270 - Eligibility Inquiry

Transaction Type 271 - Eligibility Response





Payer Response Errors

- Patient not found
- Subscriber found, patient not found
- Invalid participant identification
- Relationship to subscriber is incorrect
- Invalid/Missing date-of-birth
- Patient birthdate does not match that for the patient on the database
- Invalid/Missing patient name
- Invalid/Missing patient ID
- Invalid/Missing subscriber/insured ID
- Invalid/Missing subscriber/insured name
- Subscriber/Insured not in group/plan identified
- Subscriber/Insured not found
- Duplicate patient ID number

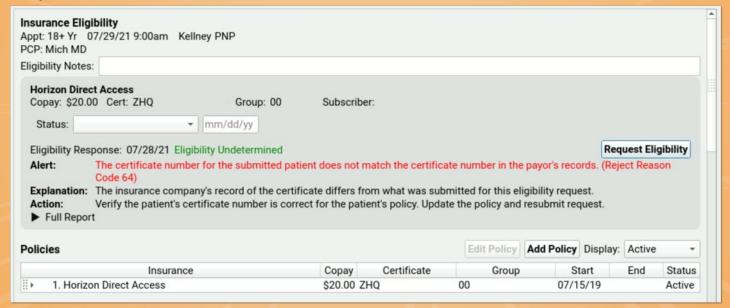
- Invalid/Missing patient gender code
- Invalid/Missing subscriber/insured gender code
- Duplicate subscriber/insured ID number
- Invalid/Missing provider identification
- Provider ineligible for inquiries
- Provider not on file
- Service dates not within provider plan enrollment
- Date of service in future
- Appointment date falls outside of range
- Inappropriate date

- Date of birth follows date(s) of service
- Invalid/Missing date(s) of service
- Response error (formatting)
- Required application data missing
- Input errors
- Time out awaiting response
- No response received transaction terminated
- Out of network
- Authorization/Access restrictions
- Inappropriate product/service ID





Payer Response Errors







Payer Response Errors

60 Day Analysis of Payer Response Errors

1.2 Million eligibility submissions (Average) 254,240 Response Errors

•	Date of service not within allowable inquiry period	- Code 62: 61,863	24.33%
•	Unable to respond at current time	- Code 42: 56,880	22.37%
•	Patient birthdate does not match that for the patient on the database	- Code 71: 24,158	9.50%
•	Invalid/Missing patient name	- Code 65: 22,095	8.69%
•	Invalid/Missing patient ID	- Code 64: 20,702	8.14%
•	Invalid/Missing subscriber/insured ID	- Code 72: 17,468	6.87%
•	Invalid/Missing subscriber/insured name	- Code 73: 16,509	6.49%
•	No response received - transaction terminated	- Code 80: 8,776	3.45%
•	Date of service in future	- Code 63: 4,095	1.61%
•	Invalid participant identification	- Code 79: 3,766	1.48%





When things go wrong:

PCC Pre-Submission Errors

Payer Response Rejections





PCC Pre-Submission Errors

- The patient's first or last name is missing.
- The patient's date of birth is either missing or invalid.
- The patient's relationship code for the relationship is invalid.
- The patient's relationship to the subscriber is missing.
- The patient's PCP is not assigned.
- Some part of the policy's subscriber address is missing or incomplete.
- The billing account is missing a first or last name.
- Some part of the billing account's address is missing or incomplete.
- The home account is missing a first or last name.
- Some part of the home account's address is missing or incomplete.
- The subscriber's date of birth is either missing or invalid.

- The policy's certificate number has fewer than 2 characters.
- The policy's group number is missing.
- The policy is not active for the date(s) of service.
- Some part of the insurance plan address is missing or incomplete.
- The payor ID for the insurance plan is missing.
- The place of service has an invalid address.
- The place of service is missing an NPI.
- The referring provider's name is missing.
- The info for the referring provider is missing.
- The provider is missing their tax ID.
- The provider is missing their taxonomy code.
- The provider is missing an NPI.





Claims PCC Pre-Submission Errors

- Some part of the practice's address is missing or incomplete.
- Some part of the batch-specific practice address is missing or incomplete.
- Some part of the batch-specific pay-to practice address is missing or incomplete.
- The billing account's zip code is less than nine digits.
- The home account's zip code is less than nine digits.
- The procedure has a code with less than 5 characters.
- The procedure has a code that is invalid for the date of service.
- The procedure code modifier for the procedure code is invalid.
- The diagnosis code is invalid for the date of service.
- The place of service is missing a POS code.
- The date of service is invalid.
- The primary diagnosis code on the claim must not be an External Cause code

- The total of CARC adjustment(s) and insurance payment amounts from the primary insurance can not exceed the charge amount.
- The date first seen must be within the dates of service.
- This claim is missing the accident state.
- This inpatient hospital claim is missing the admit date.
- This claim, with a claim delay code of 09, is missing a payer claim control number.
- This claim has no insurance policy.
- The charge ID can not be processed.
- The charges for this claim are no longer associated with this patient.
- The billing account can not be accessed.
- The patient can not be accessed.





Needs Corrections Worklist

Claims			
Submission Needs Corre	rection (21) Log		
Claims - Needs Corre	ection		
			Search Filter:
Patient	▲ Date of Service	Insurance Plan	Reason
Andrews, Olivia	06/11/23	Highmark PPO Blue \$15	The procedure "~1 Immuniz Admin <8y W/MD Counsel" has a code (90467) that is invalid for the date of service.
Flintstone, Dino	01/01/19	Aetna HDHP	The policy "Aetna HDHP" is not active for the date(s) of service.
Flintstone, Pebbles	06/02/15	Aetna HDHP	The policy "Aetna HDHP" is not active for the date(s) of service.
Gage, Jason	06/10/23	Health Pass 20%OV;No WC Cov	The payor ID for the insurance plan is missing.
Gullett, Carolina	06/10/23	Highmark PPO Blue \$20	The subscriber's date of birth is either missing or invalid.
Hostettler, Amanda	01/01/19	Aetna PPO \$0	The policy "Aetna PPO \$0" is not active for the date(s) of service.
Jones, Paul	10/03/22	BCBS \$10-OV; Full WC cov	The subscriber's date of birth is either missing or invalid.
Kingan, Josh Catherine	06/10/23	~BCBS \$10 OV&WC-Other	Some part of the billing account's (1204) address is missing or incomplete.
Kreider, Justin	06/10/23	Aetna PPO 10%	The procedure *~1 Immuniz Admin <8y W/MD Counseling* has a code (90465) that is invalid for the date of service.
Lehman, Melissa Morgan	06/10/23	Highmark PPO Blue \$15	The procedure "DTaP/Hib Vaccine" has a code (90721) that is invalid for the date of service.
Orlando, Rodger Growth	06/18/18	Aetna HDHP	The policy's certificate number has fewer than 2 characters.
PBeans, Frank	05/20/21	Aetna EPO \$10 Box 91522	The policy's certificate number has fewer than 2 characters.
Petrey, Tiffany	06/11/23	Aetna USHC HMO \$15/20	Some part of the billing account's (269) address is missing or incomplete.
Spangler, Nathan	06/10/23	Aetna USHC HMO \$0 CHIP	The procedure "New Pt Home Visit-Detailed" has a code (99343) that is invalid for the date of service.
Spatz, Avarie	06/09/23	Keystone HealthPlan Generic	The procedure "IH Newborn Care Subsequent" has a code (99433) that is invalid for the date of service.
St. John, Brandon	06/10/23	Keystone HealthPlan \$0/0 CHIP	The procedure "Td Adult" has a code (90718) that is invalid for the date of service.
Sun, Timmy Christine	06/10/23	Highmark PPO Blue \$10	The procedure "DTaP/Hib Vaccine" has a code (90721) that is invalid for the date of service.
Weiss, Jennifer S	06/11/23	Keystone HealthPlan \$10/20	The policy's certificate number has fewer than 2 characters.
Whitney, Chad	01/16/19	Highmark PPO Blue \$20	The policy "Highmark PPO Blue \$20" is not active for the date(s) of service.
Willlard, Grayson	06/11/23	UnitedHealthcare \$20	The policy "UnitedHealthcare \$20" is not active for the date(s) of service.
Witters, Justin	06/11/23	Aetna PPO \$10	The policy "Aetna PPO \$10" is not active for the date(s) of service.





Delete Claim

Transaction Type 837P - Claim Submission

Transaction Type 999 - File Acknowledgement

Transaction Type 276 - Claim Status Request

Transaction Type 277 - Claim Status Response





The NUCC 1500 Paper HCFA Claim Form

EALTH INSURANCE CLAIM									
PROVED BY NATIONAL UNIFORM CLAIM COMMIT TT PICA	TEE (NUCC) 02/12								PICA [T
MEDICARE MEDICAID TRICARE	CHAMP		n BERÛN		1a INSUREDIST.D.	NUMBER		(For Program	in Horn 1)
(Medicared) (Medicarde) (IO#DxDV) PATIENT'S NAME (Last Name, First Name, Middle in	(Member)	3 PATIENTS BETH	(IOA)	(IOI)	4 INSURED'S NAME	- 0 ast Name	First Name 1	Minister Install	
			M	F					
PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATION Spouse	ONSHIP TO INSI.	Other	7. INSURED'S ADDE	ESS (NO., SI	reet)		
пү	STATE	8. RESERVED FOR			CITY				STATE
P CODE TELEPHONE (Indus	le Area Code)				ZIP CODE		TELEPHONE	(Include Area	Code
()							()	
OTHER INSURED'S NAME (List Name, Rist Name,	Middle Initial)	10. IS PATIENT'S CO	ONDITION RELAT	TED TO:	11. INSURED'S PCL	ICY GROUP	OR FECA NU	MBER	
OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previo	us)	a. INSURED S DATE	OF BRTH		SEX	10
RESERVED FOR NUCC USE		b AUTO ACCIDENT					М		F
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RESERVED FOR NUCCUSE		C OTHER ACCIDEN	1.5		C INSURANCE PLA	N NAME OR	PROGRAMN	AME	
INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES		lucci	d. IS THERE ANOTH	ER HEALTH	BENERT PL	AN?	
					YES NO Wyes, complete terms 9, 9a, and 9d.				end 9d.
READ BACK OF FORM BEF PATIENT'S OR AUTHORIZED PERSON'S SIGNATI to process this claim. I also request payment of govern	ORE COMPLETIN URE I authorize the ment tenefits either	G & SIGNING THIS FO release of any medical of to myself or to the party	RM . or other information who accepts as s	n necessary ignment	13 INSURED'S CR / payment of medic services describe	of benefits to	PERSONS: the undersign	SIGNATURE I red physician o	authorize r supplier for
BIGNED		DATE			SIGNED				
DATE OF CURRENT ILLNESS, INJURY, or PREGN	IANCY (LMP) 15.	CTHER DATE	M DD	YY	16. DATES PATIENT	UNABLE TO	WORK IN C	URRENT OCC	UPATION
NAME OF REFERRING PROVIDER OR OTHER 9:					FROM 18. HOSPITALIZATIO	ON DATES IS	TO ELATED TO	ципент эрг	IVICES
	17	b NPI			FROM	- "	TO		***
P. ADDITIONAL CLAIM INFORMATION (Designated to	y MUCC)				20. OUTSIDE LAB?	T NO.	80	ARGES	
DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	Relate AL to ser	vice line below (24E)	ICD Ind.		22. RESUBMISSION CODE	-	ORIGINAL RE	EF NO	
B	_ c.l		p		29. PRIOR AUTHOR	IZATION NU	MBER		
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A DATE(S) OF SERVICE B RACE OF N D YY MM DD YY SERVICE B RACE OF N D YY SERVICE N D YY SERVICE		EDURES, SERVICES, C ain Unusual Circumstan		E. DIAGNOSIS	E CHARGES	G. SAYS OR UNTS	H I I I I I I I I I I I I I I I I I I I	REN	DERING
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SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse	32. BERVICE F	ACILITY LOCATION IN	FORMATION		33. BILLING PROVID	ER INFO &	эн# ()	

The current version of the 1500 paper form was developed in February of 2012. The major modifications from its past version was to accommodate the switch in the medical industry from ICD-9 to the ICD-10 code set and the number of diagnosis available on a single claim was increased from 4 to 12.





Claims 837 Professional Claim Specifications

ISA Interchange Control Header . GS Functional Group Header . ST Transaction Set Header ST - TRANSACTION SET HEADER: ST 2 *837 2 *987654 2 *005010X222~ 2 . Loop 1000A Submitter NM1 - SUBMITTER NAME: NM1 ☑ *41 ☑ *2 ☑ *ABC SUBMITTER ☑ * * * * * *46 ☑ *999999999~ ☑ . Loop 1000B Receiver NM1 - RECEIVER NAME: NM1 ♂*40 ♂*2 ♂*XYZ RECEIVER ♂*****46 ♂*111222333~ ♂ . Loop 2000A Billing/Pay-To Provider . IF BILLING PROVIDER IS RENDERING PROVIDER: PRV - BILLING PROVIDER HIERARCHICAL LEVEL: PRV ②*BI ②*PXC ②*207Q00000X~② . Loop 2010AA Billing Provider NM1 - BILLING PROVIDER NAME: NM1 2 * 85 2 * 2 2 * ABC Group Practice @*****XX @*1234567890~@ N3 - BILLING PROVIDER ADDRESS: N3 2*123 MAIN STREET- 2 N4 - BILLING PROVIDER CITY, STATE, ZIPCODE: N4 ☑ *KANSAS CITY ☑ *MO ☑ *64108~ ☑ . Loop 2000B Subscriber Information SBR - SUBSCRIBER INFORMATION: SBR Ø*P Ø**GRP01020102 Ø******CI~Ø · Loop 2010BA Subscriber . NM1 - SUBSCRIBER NAME: NM1@*IL@*1@*DOE@*JOHN@*T@**JR@*MI@*123456~@ . IF PATIENT IS SUBSCRIBER: N3 - SUBSCRIBER ADDRESS: N3 2*123 MAIN STREET~ 2* N4 - SUBSCRIBER CITY, STATE, ZIP CODE: N4 (2*KANSAS CITY (2*MO (2*64108~ (2*))) DMG - SUBSCRIBER DEMOGRAPHIC INFORMATION: DMG ②*D8 ②*19690815 ②*M~ ② Loop 2010BB Payer NM1 - PAYER NAME: NM1 ♂*PR ♂*2 ♂*ABC INSURANCE CO ♂*****PI ♂*11122333~ ♂ N4 - PAYER CITY, STATE, ZIP CODE: N4 € *KANSAS CITY € *MO € *64108~ € . IF PATIENT IS NOT SUBSCRIBER: . Loop 2000C Patient PAT - PATIENT INFORMATION: PAT ②*19~ N3 - PATIENT ADDRESS: N3(2#123 MAIN STREET~(2) N4 - PATIENT CITY STATE ZIP CODE: N417*KANSAS CITY (7*MO17*64108~17*) DMG - PATIENT DEMOGRAPHIC INFORMATION: DMG (2*D8 (2*19690815 (2*M~ (2))) . Loop 2300 Claim Information CLM - CLAIM INFORMATION: CLM ☑ *A37YH556 ☑ *500 ☑ * * *11:B:1 ☑ *Y ☑ *A ☑ *Y ☑ *I ~ ☑ DTP - DATE - ACCIDENT: DTP (** 439 (** D8 (** 20060108~ (**) DTP - DATE - LAST MENSTRUAL PERIOD: DTP ☑ *484 ☑ *D8 ☑ *20050108~ ☑ DTP - DATE - LAST X-RAY DATE: DTP (2*455 (2*D8(2*20050108~(2*))) DTP - DATE - DISABILITY DATES BEGIN: DTP ② *360 ② *D8 ② *20030108-② DTP - DATE - AUTHORIZED RETURN TO WORK: DTP ©*296 ©*D8 ©*20050108~ € DTP - DATE - ADMISSION START: DTP ②*435 ②*D8 ②*20030108~ ②

DTP - DATE - DISCHARGE: DTP 2 *096 2 *D8 2 *20050108~ 2

• IF PATIENT AMOUNT PAID IS NOT \$0.00 AMT - PATIENT AMOUNT PAID: AMT ②*F5 ②*152.45- ② . HI - HEALTH CARE DIAGNOSIS CODE INFORMATION: HI @ * ABK: 8901 @ * ABF: 87200 @ * ABF: 5559~ @ . Loop 2310A Referring Provider . NM1 - REFERRING PROVIDER NAME: NM1@*DN@*1@*WELBY@*MARCUS@*W@**JR@*XX@*1234567891~@ . IF RENDERING PROVIDER IS NOT BILLING PROVIDER: . Loop 2310B Rendering Provider NM1 - RENDERING PROVIDER NAME NM1 @#82 @#1 @#DOE @#JANE @#C@###XX @#1234567804~@ PRV - RENDERING PROVIDER SPECIALTY INFORMATION: PRV (7*PF (7*PXC)(7*1223G0001X~(7) . IF PLACE OF SERVICE IS NOT PRACTICE/BILLING ADDRESS: . Loop 2310C Service Facility NM1 - SERVICE FACILITY LOCATION NAME: NM1 2*77 2*2 2*ABC CLINIC @*****XX @*1234567891~ @ N3 - SERVICE FACILITY LOCATION ADDRESS: N3 2 *123 MAIN STREET~ 2 N4 - SERVICE FACILITY LOCATION CITY.STATE, ZIP CODE: N4 Ø *KANSAS CITY 2 * MO 2 MO * 64108~ 2 . IF SECONDARY CLAIM: . Loop 2320 Other Subscriber/Payer SBR - OTHER SUBSCRIBER INFORMATION: SBR @*S @*19 @*GR00786 @******MC @ AMT - COORDINATION OF BENEFITS (COB)PAYER PAID AMOUNT: AMT (2*D (2*411~(2*)) OI - OTHER INSURANCE COVERAGE INFORMATION: OI ☑****Y ☑*P ☑***Y~ ☑ Loop 2330A Other Subscriber . NM1 - OTHER SUBSCRIBER NAME: NM1 C*IL C*1 C*DOEC*JOHN C*T C**JR C*MI C*123456-C Loop 2330B Other Paver NM1 - OTHER PAYER NAME: NM1 Ø*PR Ø*2 Ø*ABC INSURANCE COE*****PIEPI*11122333~E . Loop 2400 Service Line LX - SERVICE LINE NUMBER: LX ☑ *1~ ☑ · SV1 - PROFESSIONAL SERVICE: SV1@*HC:@99211:@25@*12.25@*UN@*1@*11@**1:2:3@**Y~@ DTP - DATE - SERVICE DATE: DTP 2 * 472 2 * RD8 2 * 20050314-20050325~ 2 REF - LINE ITEM CONTROL NUMBER: REF 2 *6R 2 *54321~ 2 · Loop 2410 Drug LIN - DRUG IDENTIFICATION: LIN ②**N4 ②*01234567891~ TR3 Example: CTP ②****2 ②*UN~② . IF SECONDARY CLAIM: . Loop 2430 Line Adjudication SVD - LINE ADJUDICATION INFORMATION: SVD ☑ *43 ☑ *55 ☑ *HC: ☑84550 ☑ **3~☑ CAS - LINE ADJUSTMENT, CAS 2*PR 2*1 2*7.93-2

DTP - LINE CHECK OR REMITTANCE DATE: DTP Ø *573 Ø *D8 Ø *20040203~ Ø

. SE Transaction Set Trailer

GE Functional Group Trailer

. IEA Interchange Control Trailer





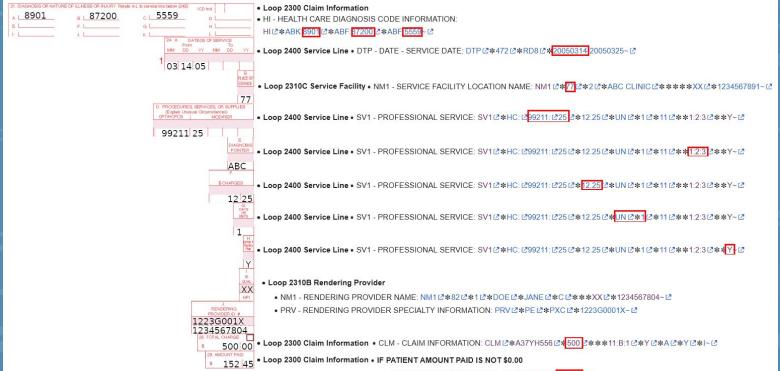
Claims Paper to Electronic Crosswalk - Patient







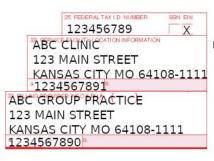
Claims Paper to Electronic Crosswalk - Service







Claims Paper to Electronic Crosswalk - Billing



• Loop 2010AA Billing Provider • REF - BILLING PROVIDER TAX IDENTIFICATION REF ☑** 123456789 - ☑
IF PLACE OF SERVICE IS NOT PRACTICE/BILLING ADDRESS:

- Loop 2310C Service Facility NM1 SERVICE FACILITY LOCATION NAME: NM1 ♂ ** 77 ♂ ** 2 ♂ ** ABC CLINIC ♂ ** * * * * * XX ♂ ** 1234567891-
- N3 SERVICE FACILITY LOCATION ADDRESS: N3 ☑*123 MAIN STREET~ ☑ N4 ☑*KANSAS CITY ☑*MO ☑ *64108~ ☑
- Loop 2010AA Billing Provider NM1 BILLING PROVIDER NAME: NM1 ☑ ★85 ☑ ★2 ☑ ★ABC Group Practice ☑ ★★★★★XX ☑ ★1234567890 ☑
 - N3 BILLING PROVIDER ADDRESS: N3 ☑*123 MAIN STREET~ ☑ N4 ☑*KANSAS CITY ☑*M0 ☑*64108~ ☑





Electronic Claim Search

```
Search Pattern: john
                                             Search on whole words: No
SBR*P**12345678901*****CI~
NM1*IL*1*CANNING*<mark>JOHN</mark>****MI*W12345678904~
NM1*PR*2*AETNA 00 EL PASO 981106****PI*60054~
N3*AETNA*POBOX 981106~
N4*EL PASO*TX*799981106~
HL*23*22*23*0~
PAT*19~
NM1*OC*1*CANNING*JACK~
N3*1 SCHOOL ST~
N4*ROCK*NJ*07070~
DMG*D8*20200101*M~
CLM*197102 1704723*305***11:B:1*Y*A*Y*Y~
REF*D9*197102 1704723~
HI*ABK:Z00129*ABF:Z6852*ABF:Z713*ABF:Z7182~
NM1*82*1*SMITH*JOHN****XX*9999999990~
PRV*PE*PXC*208000000X~
NM1*77*2*PEDIATRIC PARTNERS****XX*1111111112~
N3*1 ROAD STREET~
N4*WALLA WALLA*NJ*070701010~
LX*1~
SV1*HC:99382*275*UN*1***1:2:3:4~
DTP*472*D8*20230405~
REF*6R*197102 1704723 1~
LX*2~
SV1*HC:96110*30*UN*1***1~
DTP*472*D8*20230405~
REF*6R*197102 1704723 2~
           Jump to Jump to
                     Bottom
```





File Acknowledgements (Transaction 999)

File Acknowledgements are mostly invisible to you

PCC EDI monitors incoming 999 transactions and will only reach out to an office if intervention is needed

If PCC can resolve most file rejection issues and resubmit without alerting the office





Transaction Type 276 - Claim Status Request

Some transactions generate an automatic status request when an original claim is sent

Transaction Type 277 - Claim Status Response

An acceptance or Rejection message translated into human readable text found in PCC





Payer Rejections

```
Search Pattern: \b[0-9]+ 1710086\b
                                       Search on whole words: No
Post-N-Track Claim Acknowledgment Report Generated: 04/19/2023
                                                                Page
The following claims were REJECTED by Post-N-Track
                                                           CLAIM
  PATIENT/
                    PATIENT
                                    PATIENT
                                               SERVICE
                                                                   PAYOR
  CLAIM ID
                   LAST NAME
                                    FIRST NAME
                                                           CHARGES
                   CANNING
                                    JOHN
                                               20230418
                                                           495.00 62308
 BILLING PROVIDER TAX ID: 999999999
 PAYER CLAIM CONTROL NUMBER: 23109-6WN0JK000
 SUBSCRIBER ID: U12345678-04
 MESSAGES: A7 Acknowledgement/Rejected for Invalid Information - The
          claim/encounter has invalid information as specified in the Status
          details and has been rejected.
          88 Entity not eligible for benefits for submitted dates of service.
          OC Patient
TOTAL CLAIMS REJECTED BY POST-N-TRACK:
                                               CHARGES:
                                                           495.00
```





Payer Rejections

```
Search Pattern: \b[0-9]+ 1711308\b
                                            Search on whole words: No
OPTUM Health Care Claim Acknowledgment Report Generated: 04/20/2023
The following claims were REJECTED by OPTUM
  PATIENT/
                      PATIENT
                                         PATIENT
                                                     SERVICE
                                                                  CLATM
                                                                          PAYOR
  CLAIM ID
                     LAST NAME
                                        FIRST NAME
                                                                 CHARGES
148687 1711308
                     CANNING
                                        JOHN
                                                     20230419
                                                                  388.00 87726
 BILLING PROVIDER TAX ID: 999999999
 PAYER CLAIM CONTROL NUMBER: FLN 929231109683800 ICN DV8451
 SUBSCRIBER ID: 123456789
 MESSAGES: A3 Acknowledgement/Returned as unprocessable claim-The
           claim/encounter has been rejected and has not been entered into the
           adjudication system.
           21 Missing or invalid information.
           P4999S32DN SmartEdit (S32DN) Diagnosis Z00129 is not appropriate
           with procedure code 92587 when submitted for Otoacoustical Emission
           Testing. If applicable, update your submission.
           P4999INFO SmartEdit (INFO) [Pattern 28487] For additional
           information regarding this edit, refer to our Smart Edits Guide at
           UHCprovider.com/SmartEdits.
TOTAL CLAIMS REJECTED BY OPTUM:
                                                      CHARGES:
                                                                   388.00
```





When things go wrong:

ERA Delays

Charges Forced to Manual Entry

Agreements to Receive More ERA





ERA Delays

Federally (ACA) mandated CAQH CORE EFT & ERA Operating Rules effective 1/1/2014

To address the burden associated with delays between receipt of an EFT and an ERA, the ACA requires health plans to release the ERA for transmission to the health care provider:

- No sooner than three business days prior to the date identified in the Stage 1 payment initiation transmission as the date the health plan intends to provide funds to the payee via EFT (the Effective Entry Date).
- No later than three business days after the Effective Entry Date identified in the Stage 1 payment initiation.





ERA Delays

3 business days after the deposit check date contact PCC to open a case with the following:

- Check/EFT transaction trace number
- 2. Check amount
- 3. Check/Deposit date
- 4. Copy of EOB/Remit (from Payer Portal)





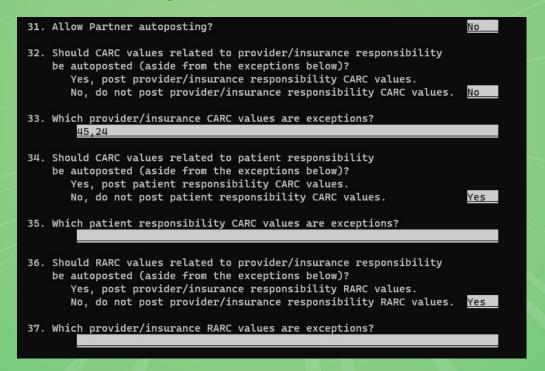
Charges forced to manual entry

Date	Procedure Code	Submitted (if diff)	Charge	Deduct	Copay/ CoInsur	Personal Other	Total PersDue	Contractual Adjust	Other Adjust	Payment
		s ID: MMMMM757		PCC ID: 222		Ocher		cocessed as		raymene
(1)2000000000000000000000000000000000000	99213	9921425	174.00	0.00	0.00	0.00	0.00	-56.67 45	LL TYPE COLUMN TO THE PARTY OF	117.33
040420	90633	58160082552	79.00	0.00	0.00	0.00	0.00	-44.00 45	0.00	35.00
040420	90707	00006468100	100.00	0.00	0.00	0.00	0.00	-17.00 45	0.00	83.00
040420	90716	00006482700	166.00	0.00	0.00	0.00	0.00	-25.00 45	0.00	141.00
040420	85018QW		19.00	0.00	0.00	0.00	0.00	-17.24 45	0.00	1.76
040420	36416		12.00	0.00	0.00	0.00	0.00	-7.15 45	0.00	4.85
040420	83655QW		53.00	-8.97 1PR	0.00	0.00	8.97	-44.03 45	0.00	0.00
040420	9917459		53.00	0.00	0.00	0.00	0.00	-46.33 45	0.00	6.67
040420	90460		147.00	0.00	0.00	0.00	0.00	-89.01 45	0.00	57.99
040420	90461		98.00	0.00	0.00	0.00	0.00	-73.70 45	0.00	24.30
			901.00	-8.97	0.00	0.00	8.97	-420.13	0.00	471.90
		ol Number: 1212								*
*Proce	dure code ##	######## not	found in	the charge h	istory for	this claim				





Charges forced to manual entry







Agreements to receive more ERA

Send PCC a copy of a recent paper EOB.

If you look up your EOB from a payor portal, download the EOB as a PDF and send to PCC.

If you do not have an EOB, send PCC a patient example with the plan name and payor ID.





Session Takeaways

- 1. Eligibility responses, alerts, and explanations. How to fix or when to try again versus when to call PCC.
- 2. How to read claim information and confirm the information you sent was correct.
- 3. How to understand responses, smart edits, and rejections.
- 4. Maximize ERA use, update what autoposts, and minimize manual payment posting.





What Questions Do You Have?





Later Viewing

This and all other UC2024 course recordings will be available for later viewing through the app.

Credits: Ben Brandt - Presentation



