

# EDI Reports (ecsreports)



The Physician's Computer Company

support@pcc.com  
1 Main Street, Suite 7  
Winooski, VT 05404  
(800) 722-7708 Admin  
(800) 722-1082 Support

Copyright © 2005, 2006, 2007 The Physician's Computer Company  
2009/02/25 17:16:16

**PRINTING INSTRUCTIONS:** To print out copies of this document, browse to *EDI Reports (ecsreports)* (<http://learn.pcc.com/ecsreports.pdf>) to download a PDF formatted version. Then select the "File" menu and choose the "Print" option. If you have trouble opening and printing the PDF, please contact PCC support at <support@pcc.com> or (800) 722-1082.

## Table of Contents

<b>1. Introduction: What Are EDI Reports?</b> .....	<b>3</b>
<b>2. Accessing EDI Information</b> .....	<b>3</b>
<b>3. Using the EDI Reports (ecsreports) Program</b> .....	<b>3</b>
3.1. Reports By Date .....	4
3.2. EDI Reports - By Report Type .....	5
3.3. Reading Reports .....	6
3.4. Searching While Reading a Report .....	8
3.5. Searching Multiple Reports .....	9
3.6. Printing .....	12
<b>4. Working With Electronic Remittance Advice (ERAs)</b> .....	<b>12</b>
<b>5. Which EDI Reports Should You Review?</b> .....	<b>13</b>
5.1. Essential Reports .....	15
5.2. Reference Reports .....	16

<b>6. EDI Report Glossary .....</b>	<b>17</b>
6.1. PCC Reports .....	17
6.2. Capario (ProxyMed) Reports .....	18
6.3. Emdeon (Envoy, WebMD) Reports .....	20
6.4. RelayHealth (McKesson) Reports.....	24

# 1. Introduction: What Are EDI Reports?

Many different electronic reports are sent to your office.

- **Electronic Claims Reports:** After you submit claims using the **preptags** and **ECS** programs, you receive a series of claim status reports and summaries.
- **E-Bills Reports:** When you send out electronic personal bills, you receive reports about errors and which bills were sent successfully.
- **ERA:** Some insurance carriers send an Electronic Remittance Advice (ERA), which contains an explanation of benefits that may replace the traditional paper EOB.
- **Eligibility:** Finally, PCC creates a daily Eligibility Report for scheduled patients with participating carriers and sends it to your practice.

The sections below will teach you how to read and use the information in all of these reports.

**What is "EDI"?** EDI stands for "Electronic Data Interchange." When you submit electronic claims or receive electronic reports, you are using EDI. PCC has a dedicated support team for EDI issues, available at 1-800-722-1082, option 1.

**Do Not Ignore Your Reports!** Reading your electronic reports is a vital part of the billing process. If claims with errors or rejections are not corrected and resubmitted, you may never receive reimbursement for the work your practice performs. The sections below will teach you all you need to know to manage this task.

## 2. Accessing EDI Information

You can access EDI information in four different ways:

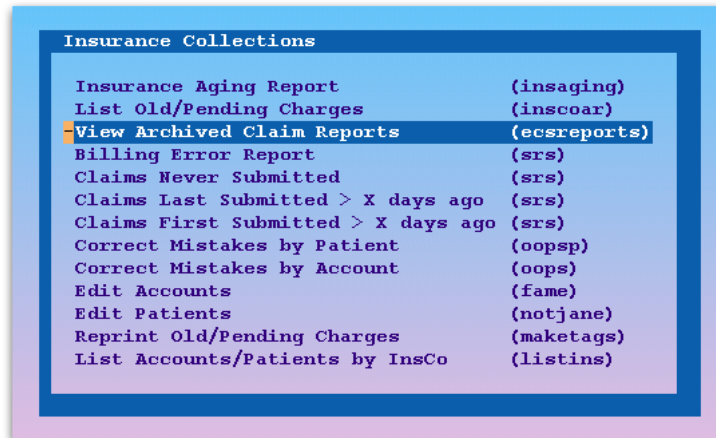
1. **EDI Reports (ecsreports):** All EDI reports are stored in the **ecsreports** program. Read below for a complete guide to using **ecsreports** to manage your EDI data.
2. **E-mail:** Partner can e-mail your EDI reports directly to a user or users at your practice. E-mails are not as organized or powerful as using the **ecsreports** program, but small offices may prefer this method. If you need to change which member of your staff receives EDI reports, contact PCC Support.
3. **Correct Mistakes (oops):** Claim EDI information for some carriers is available in the **oops** program. While viewing a charge in **oops**, you can press [**F4** -- *Insurance Status*] and select responses for claims handled by the Emdeon or Capario (ProxyMed) clearinghouses. The relevant section of the original EDI report will appear on the screen. Read the *Correct Mistakes* (<http://learn.pcc.com/oops/>) manual for more information.
4. **Patient Check-In (checkin):** Eligibility information from participating payors is sent to your office daily. Partner pulls the most recent eligibility information for scheduled patients and displays it on the third page of the **checkin** program. Read the *Partner Eligibility* (<http://learn.pcc.com/eligibility/>) manual or *Patient Check-In* (<http://learn.pcc.com/checkin/>) manual for more information.

### 3. Using the EDI Reports (ecsreports) Program

The **ecsreports** program shows you reports organized by date or by type. You can quickly view, print, and search reports, as well as track which reports you have printed in the past.

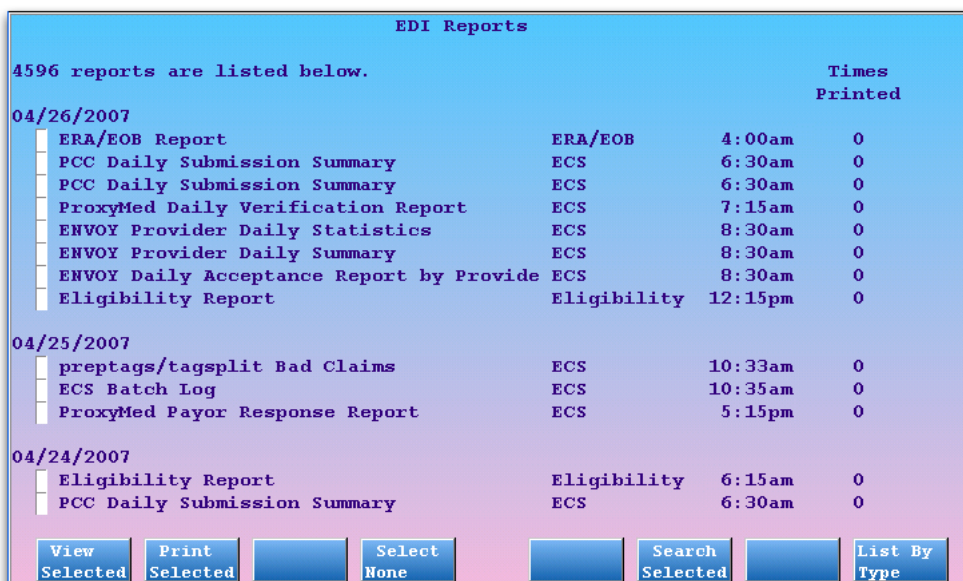
Because your practice receives thousands of reports every year, **ecsreports** does not keep all old reports on your system. Instead, reports will remain on the system for one to two years. If you would like to change the length of time that EDI reports remain on your system, contact PCC Support.

**Running EDI Reports:** You can run **ecsreports** from the Electronic Claims section of the Billing Functions window in your Partner Windows. You can also run it by typing **ecsreports** at a command prompt.



#### 3.1. Reports By Date

The main screen in **ecsreports** shows you reports grouped by date:



Reports are grouped by the date they were received, with the most recent delivery date appearing at the top. For each report, you can see the title or type, the general category, the time it was received, and how many times it has been printed.

Date Received	Report Type	General Category	Time Received	# of Times Printed
04/25/2007	preptags/tagssplit Bad Claims	ECS	10:33am	0
	ECS Batch Log	ECS	10:35am	0
	ProxyMed Payor Response Report	ECS	5:15pm	0

Your office can use this screen to manage incoming reports and make sure that each one is addressed. Since all ERAs should be printed, and your office may also print rejection reports, the "Times Printed" column may facilitate your workflow.

### 3.2. EDI Reports - By Report Type

Press [F8 -- List By Type] to see reports grouped by type. The "By Report Type" screen displays all report types stored on your system.

List By Type

↓

EDI Reports - By Report Type		
<input checked="" type="checkbox"/>	PCC Daily Submission Summary	ECS 747 reports
<input type="checkbox"/>	Eligibility Report	Eligibility 395 reports
<input type="checkbox"/>	ProxyMed Payor Response Report	ECS 611 reports
<input type="checkbox"/>	ENVOY Provider Daily Statistics	ECS 215 reports
<input type="checkbox"/>	ENVOY Provider Daily Summary	ECS 214 reports
<input type="checkbox"/>	ENVOY Daily Acceptance Report by Provide	ECS 214 reports
<input type="checkbox"/>	ENVOY Provider Monthly Summary	ECS 16 reports
<input type="checkbox"/>	ENVOY Unprocessed Claims Report	ECS 27 reports
<input type="checkbox"/>	ENVOY Request for Additional Information	ECS 3 reports
<input type="checkbox"/>	ENVOY Zero Payment Report	ECS 29 reports
<input type="checkbox"/>	ENVOY Claim Status Report	ECS 62 reports
<input type="checkbox"/>	ProxyMed Daily Verification Report	ECS 531 reports
<input type="checkbox"/>	ECS Batch Log	ECS 738 reports
<input type="checkbox"/>	preptags/tagssplit Bad Claims	ECS 794 reports

Select Type

To access all available reports of a certain type, select the type and press [F1 -- Select Type]:

EDI Reports (ecsreports)

EDI Reports - By Report Type

<input type="checkbox"/>	PCC Daily Submission Summary	ECS	747 reports
<input type="checkbox"/>	Eligibility Report	Eligibility	395 reports
<input checked="" type="checkbox"/>	ProxyMed Payor Response Report	ECS	611 reports
<input type="checkbox"/>	ENVOY Provider Daily Statistics	ECS	215 reports
<input type="checkbox"/>	ENVOY Provider Daily Summary	ECS	214 reports
<input type="checkbox"/>	ENVOY Daily Acceptance Report by Provide	ECS	214 reports
<input type="checkbox"/>	ENVOY Provider Monthly Summary	ECS	16 reports
<input type="checkbox"/>	ENVOY Unprocessed Claims Report	ECS	27 reports
<input type="checkbox"/>	ENVOY Request for Additional Information	ECS	3 reports
<input type="checkbox"/>	ENVOY Zero Payment Report	ECS	29 reports
<input type="checkbox"/>	ENVOY Claim Status Report	ECS	62 reports
<input type="checkbox"/>	ProxyMed Daily Verification Report	ECS	531 reports
<input type="checkbox"/>	ECS Batch Log	ECS	738 reports
<input type="checkbox"/>	preptags/tagsplit Bad Claims	ECS	794 reports



EDI Reports - By Report Type

ProxyMed Payor Response Report listing  
611 reports are listed below.

Received	Time	Times Printed
<input checked="" type="checkbox"/>	04/25/2007	5:15pm 0
<input type="checkbox"/>	04/24/2007	7:15pm 0
<input type="checkbox"/>	04/23/2007	7:15pm 0
<input type="checkbox"/>	04/21/2007	07:15am 0
<input type="checkbox"/>	04/19/2007	5:15pm 0
<input type="checkbox"/>	04/18/2007	5:15pm 0
<input type="checkbox"/>	04/17/2007	7:15pm 0
<input type="checkbox"/>	04/16/2007	5:15pm 0
<input type="checkbox"/>	04/13/2007	5:15pm 0
<input type="checkbox"/>	04/12/2007	9:15pm 0
<input type="checkbox"/>	04/11/2007	5:15pm 0
<input type="checkbox"/>	04/10/2007	7:15pm 0
<input type="checkbox"/>	04/09/2007	5:15pm 0
<input type="checkbox"/>	04/06/2007	3:15pm 0
<input type="checkbox"/>	04/05/2007	3:15pm 0
<input type="checkbox"/>	04/04/2007	5:15pm 0

Reading and searching through a specific report type may be more convenient than viewing all the reports from a specific date.

Press **F12** to return to the listing by date.

### 3.3. Reading Reports

Select any report, either from the main screen or from one of the "By Type" listings, and press [F1 -- View Selected] to read it:

04/25/2007				
<input type="checkbox"/>	preptags/tagssplit Bad Claims	ECS	10:33am	0
<input type="checkbox"/>	ECS Batch Log	ECS	10:35am	0
<input checked="" type="checkbox"/>	ProxyMed Payor Response Report	ECS	5:15pm	0
04/24/2007				
<input type="checkbox"/>	Eligibility Report	Eligibility	06:15am	0
<input type="checkbox"/>	PCC Daily Submission Summary	ECS	06:30am	0



ProxyMed Payor Response Report      Date Received: 04/25/2007      Page 1

The following claims were ACKNOWLEDGED by the payor(s).

PATIENT/ CLAIM ID	PATIENT LAST NAME	PATIENT FIRST NAME	SERVICE DATE	CLAIM CHARGES	PAYOR ID
2974 1	FLINSTONE	PEBBLES	20061105	95.00	54771
CLAIM PROCESSING DATE: 20061107 PROXYMED TRACE #: 1111111111111111					
VAN TRACE #: 2974 1      PAYOR TRACE #: A12345					
MESSAGES: CARRIER ACKNOWLEDGES RECEIPT OF CLAIM					
2974 1	FLINSTONE	PEBBLES	20061105	95.00	54771
CLAIM PROCESSING DATE: 20061107 PROXYMED TRACE #: 1111111111111111					
VAN TRACE #: 2974 1      PAYOR TRACE #: A12345					
MESSAGES: Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication. Entity acknowledges receipt of claim/encounter.					

You can select more than one report in order to view them all at once in the same window:

EDI Reports (ecsreports)

**EDI Reports - By Report Type**

ProxyMed Payor Response Report listing  
611 reports are listed below.

Received	Time	Times Printed
04/25/2007	5:15pm	0
04/24/2007	7:15pm	0
04/23/2007	7:15pm	0
04/21/2007	07:15am	0
X 04/19/2007	5:15pm	0
X 04/18/2007	5:15pm	0
X 04/17/2007	7:15pm	0
04/16/2007	5:15pm	0
04/13/2007	5:15pm	0
04/12/2007	9:15pm	0
04/11/2007	5:15pm	0
04/10/2007	7:15pm	0
04/09/2007	5:15pm	0
04/06/2007	3:15pm	0
04/05/2007	3:15pm	0
04/04/2007	5:15pm	0



ProxyMed Payor Response Report      Date Received: 04/19/2007      Page 1

The following claims were ACKNOWLEDGED by the payor(s).

PATIENT/ CLAIM ID	PATIENT LAST NAME	PATIENT FIRST NAME	SERVICE DATE	CLAIM CHARGES	PAYOR ID
2974 1	FLINSTONE	PEBBLES	20061105	95.00	54771
CLAIM PROCESSING DATE: 20061107 PROXYMED TRACE #: 1111111111111111					
VAN TRACE #: 2974 1      PAYOR TRACE #: A12345					
MESSAGES: CARRIER ACKNOWLEDGES RECEIPT OF CLAIM					
2974 1	FLINSTONE	PEBBLES	20061105	95.00	54771
CLAIM PROCESSING DATE: 20070419 PROXYMED TRACE #: 106070814650556					
VAN TRACE #: 7490 96338      PAYOR TRACE #: 7108U25597					
MESSAGES: CLAIM SUCCESSFULLY RECEIVED BY PAYOR Payer Ref # 7108U25597					
15140 96339	NICHOLAS	MENOLAS	20070413	100.00	06111
CLAIM PROCESSING DATE: 20070419 PROXYMED TRACE #: 106070814651556					

While viewing a report or multiple reports, you can press **Page Up** or **Page Down** to scroll. Press the **End** key to jump to the bottom of the report(s), press **Home** to jump to the top.

### 3.4. Searching While Reading a Report

While viewing a report or multiple reports, press [**F8** -- *Search Pattern*] and enter text to perform a search:





Search Pattern: Flinstone Search on whole words: No

After typing your search value, press **Enter** to scroll to the first matching value.

Search Pattern: Flinstone Search on whole words: No

Insurance: UNITED HEALTHCARE  
 Provider ID: 752335265  
 Eligibility Begin: 01/01/2006

PCC/Partner Name: (#1823) Dino **Flinstone**  
 Dependent: PEBBLES FLINTSTONE (DOB: 04/25/1995, PCC#: 1823)  
 Payer: UNITED HEALTHCARE

Plan Details:  
 HEALTH BENEFIT PLAN COVERAGE SERVICE  
 CHOICE PLUS

Active Coverage  
 Eligibility Begin: 01/01/2006

In Network Benefits:

Individual	Deductible	\$1,000
Individual	Out of Pocket (Stop Loss)	\$4,000
Family	Deductible	\$3,000
Family	Out of Pocket (Stop Loss)	\$12,000
Individual	Deductible	\$63.22

Buttons: Quit, Search For Next, Search Pattern

Matching items will be highlighted on the screen, and you can press **[F7 -- Search For Next]** to scroll through all matching results.

### 3.5. Searching Multiple Reports

You may need to search through multiple reports for a name, certificate number, or other identifier. You might not have any idea in which report the information is located, or on what date you received the information. **ecsreports** has a robust search engine that allows you to search through reports in several different ways.

1. Select Reports to Search

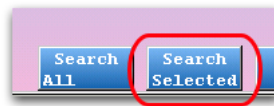
Select all the reports you would like to search:

EDI Reports (*ecsreports*)

ProxyMed Payor Response Report listing  
611 reports are listed below.

	Received	Time	Times Printed
X	04/25/2007	5:15pm	0
X	04/24/2007	7:15pm	0
X	04/23/2007	7:15pm	0
X	04/21/2007	07:15am	0
X	04/19/2007	5:15pm	0
X	04/18/2007	5:15pm	0
X	04/17/2007	7:15pm	0
	04/16/2007	5:15pm	0
	04/13/2007	5:15pm	0
	04/12/2007	9:15pm	0
	04/11/2007	5:15pm	0

2. Press **[F6 -- Search Selected]**  
Press **F6** to begin your search.



**Search All?** While reviewing reports by type, you can also press **[F5 -- Search All]** to search all the reports in a specific category.

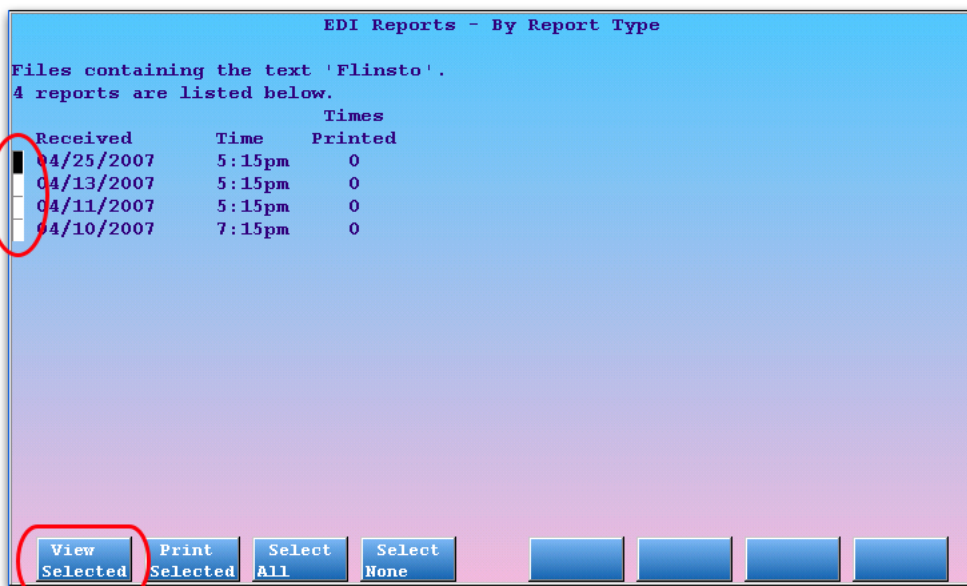
3. Enter Search Text  
On the File Search screen, enter the text for which you wish to search and press **[F1 -- Process]**.

File Search

Pattern to search for:  Search on whole words?

**Whole Words?** If you wish to find your text pattern *only* as a whole word and avoid results that contain your text pattern as part of another word, change the "Search on whole words?" question to "Yes."

4. Select Specific File From Results  
**ecsreports** will list all the files from your selection that contain the text for which you searched.

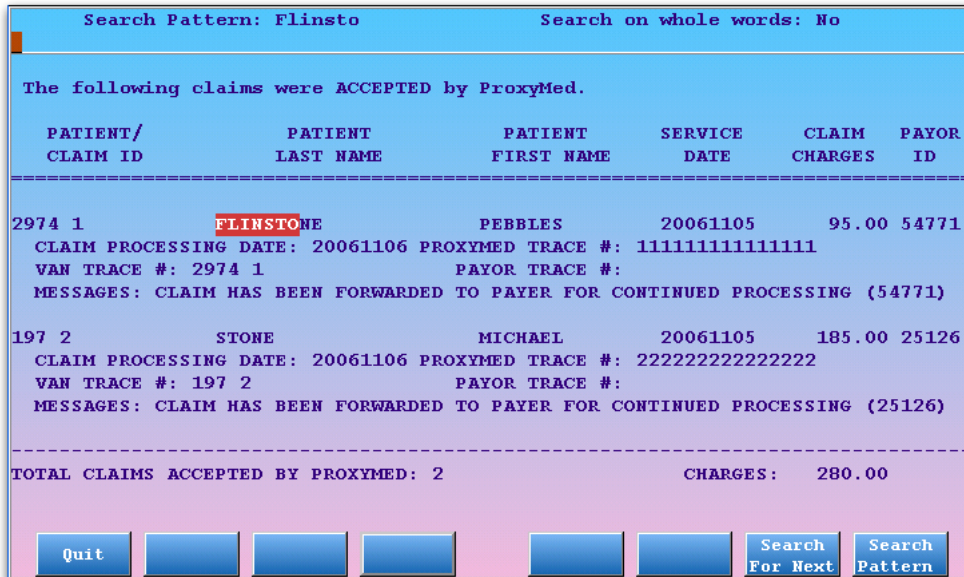


Type an **X** next to individual reports you wish to review, or press [**F3** -- *Select All*] to select all reports containing your search pattern.

After making your selection, press [**F1** -- *View Selected*].

5. Review Result, Jump to Next

ecsreports will display the first matching result it found. The search text will be highlighted:



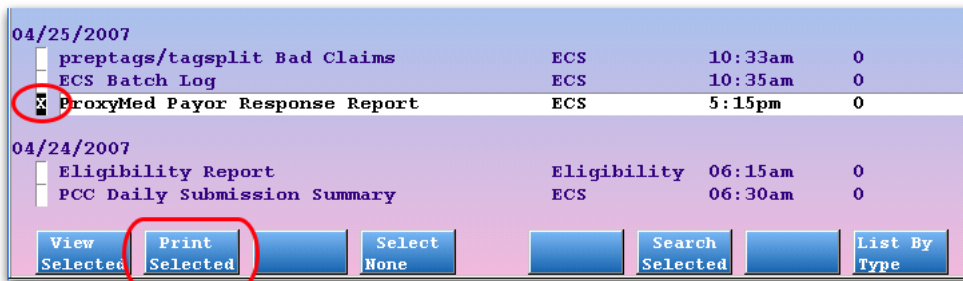
Press [**F7** -- *Search For Next*] to scroll through each matching result.

6. Optionally, Change Search Pattern

Press [**F8** -- *Search Pattern*] to change the search pattern. You will continue to search the same files you selected in step four above.

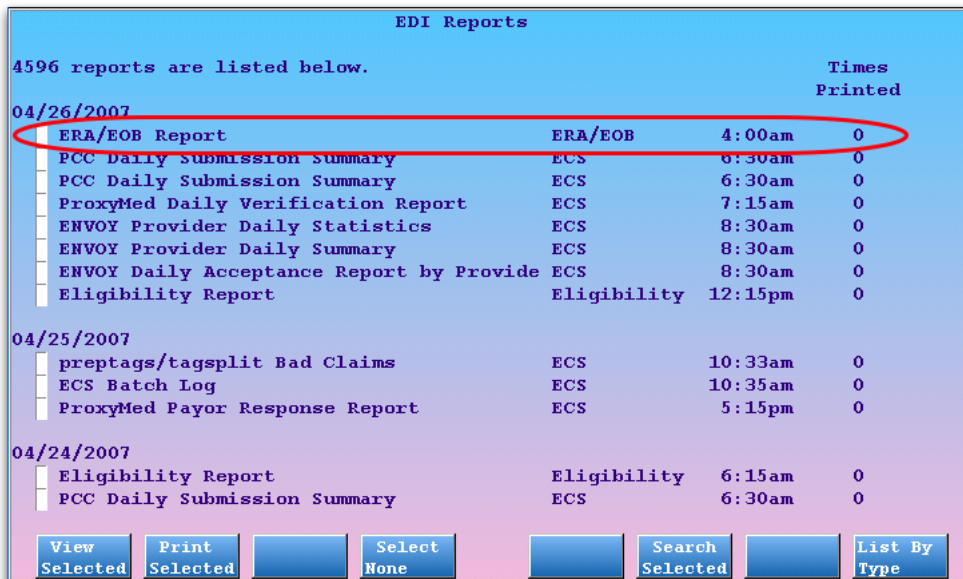
### 3.6. Printing

Select any report and press [F2 -- Print Selected] to print it.



## 4. Working With Electronic Remittance Advice (ERAs)

An ERA is an electronic version of the traditional EOB. Instead of receiving a printed, paper explanation of payments and adjustments, an ERA arrives electronically and payment is sent separately or deposited directly into your practice's bank account. ERAs appear along with other reports on the main **ecsreports** screen.



You can select an ERA and view it, print it, or search it just as you can other EDI reports. Since ERAs must be posted in the Post Insurance Payments (**pip**) program, most users will print the ERA by selecting it and pressing [F2 -- Print Selected]. Future Partner changes will allow you to automatically post ERAs within the **pip** program.

On the screen, an ERA looks like this:

<b>Payer</b>		<b>Payee</b>						
NEVADA SUPERIOR HEALTH P.O. BOX 182223 LAS VEGAS NV, 374227223		PAULI G LAGERS MD # 112 222 UNIVERSITY W BLVD SILVER SPRING MO, 209011969						
<b>Payment Information</b>								
Remittance Information Only Check 871450137 Amount: \$132.64								
<b>Adjustment Reason Key</b>								
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).								
Date	CPT	Charge	Deduct	Copay/ CoInsur	Personal Other	Total PersDue	Contractual Adjust	Claim Pro
SONGER, KATHY (Ins ID: U30999999)				PCC ID: 15710 123303				Claim Pro
121807	99392	148.00	-10.00	0.00	0.00	10.00	-47.35	45
121807	90655	30.00	0.00	0.00	0.00	0.00	-14.03	45
121807	36416	20.00	0.00	0.00	0.00	0.00	-15.77	45
121807	90465	35.00	0.00	0.00	0.00	0.00	-13.21	45

Use the right and left arrow keys to view the parts of the report that extend off the screen.

A printed ERA looks like this:

<b>Payer</b>		<b>Payee</b>							
NEVADA SUPERIOR HEALTH P.O. BOX 182223 LAS VEGAS NV, 374227223		PAULI G LAGERS MD # 112 222 UNIVERSITY W BLVD SILVER SPRING MO, 209011969							
<b>Payment Information</b>									
Remittance Information Only Check 871450137 Amount: \$132.64									
<b>Adjustment Reason Key</b>									
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).									
Date	CPT	Charge	Deduct	Copay/ CoInsur	Personal Other	Total PersDue	Contractual Adjust	Other Adjust	Payment
SONGER, KATHY (Ins ID: U30999999)				PCC ID: 15710 123303				Claim Processed as Primary	
121807	99392	148.00	-10.00	0.00	0.00	10.00	-47.35	0.00	90.65
121807	90655	30.00	0.00	0.00	0.00	0.00	-14.03	0.00	15.97
121807	36416	20.00	0.00	0.00	0.00	0.00	-15.77	0.00	4.23
121807	90465	35.00	0.00	0.00	0.00	0.00	-13.21	0.00	21.79
		233.00	-10.00	0.00	0.00	10.00	-90.36	0.00	132.64

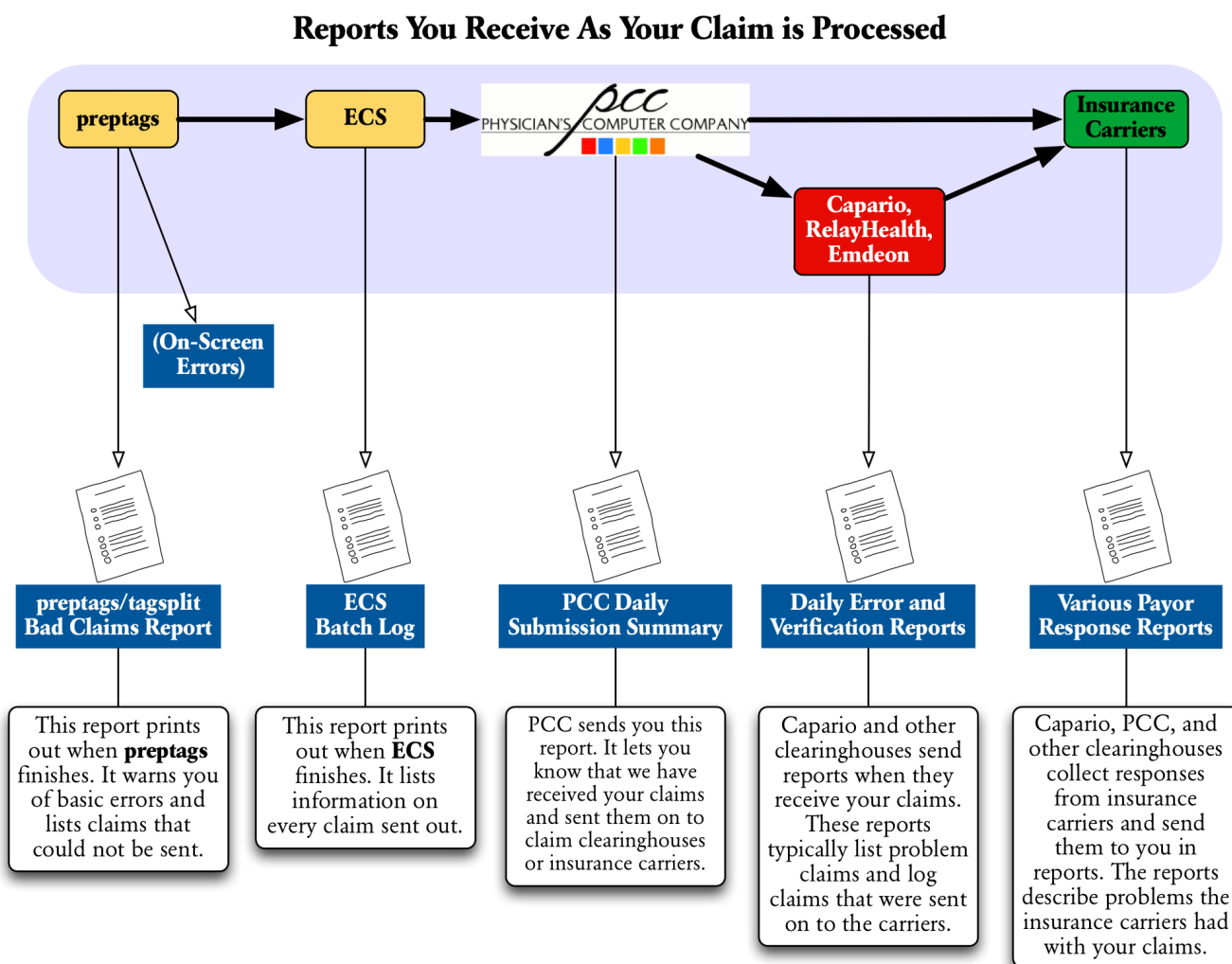
After you print an ERA, the value in the "Number of Times Printed" column will increase.

## 5. Which EDI Reports Should You Review?

PCC, claim clearinghouses, and carriers all send EDI reports. How do you know which reports are important to review, and which reports are merely for reference purposes?

- Some reports list claim errors or problems that must be dealt with before you can receive reimbursement.
- Eligibility reports tell you the insurance status of scheduled patients before they come in for their visits.
- ERAs contain payment information and need to be posted against a balance in the Post Insurance Payment (**pip**) program.
- Some reports are for reference, useful for tracking claims or understanding your office’s overall claim activity.

**Claim Reports:** This chart shows the reports sent to a typical office as an insurance claim is processed and submitted:



While all of the EDI reports you receive contain useful information, the tables below show you which reports contain vital information that you must follow-up on and which reports are only references for later use.

## 5.1. Essential Reports

The reports in the tables below contain vital information, such as claim errors, rejections, or payment information. You should review the reports listed below as you receive them.

**You Do Not Receive All of These Reports!** Different offices receive different reports, based on their region and their carriers. The tables below list all reports that contain essential information, and PCC EDI Support can help you further identify which reports are important for your office.

**Table 1. Essential General Reports**

Report Title	Report Category	Why Does It Matter?
prepags/tagssplit Bad Claims	Electronic Claims	Lists claims Partner did not process
Eligibility Report	Insurance Eligibility	Lists insurance eligibility data for scheduled patients
ERA/EOB Report	ERA/EOB	Contains remittance information

**Table 2. Essential Capario (ProxyMed, MedAvant) Reports**

Report Title	Report Category	Why Does It Matter?
Capario (ProxyMed) Daily Verification Report	Electronic Claims	Includes claim errors
Capario (ProxyMed) Payor Response Report	Electronic Claims	Includes claim errors

**Table 3. Essential RelayHealth (McKesson) Reports**

Report Title	Report Category	Why Does It Matter?
RelayHealth (McKesson) Carrier Acknowledgement	Electronic Claims	Includes claim errors
RelayHealth (McKesson) Exclusion Claims	Electronic Claims	Includes claim errors
RelayHealth (McKesson) Remittance	EOB/ERA	Contains remittance information
RelayHealth (McKesson) System Reject	Electronic Claims	Includes claim errors
RelayHealth (McKesson) Address Report	E-Bills	Lists electronic personal bills that require attention
RelayHealth (McKesson) ebills Report	E-Bills	Lists electronic personal bills that require attention

**Table 4. Essential Emdeon (ENVOY/WebMD) Reports**

<b>Report Title</b>	<b>Report Category</b>	<b>Why Does It Matter?</b>
Batch & Claim Level Rejection Report	Electronic Claims	Includes claim errors
Special Handling/Unprocessed Claim Report	Electronic Claims	Includes claim errors

**Table 5. Other Essential Insurance Claim Reports**

<b>Report Title</b>	<b>Report Category</b>	<b>Why Does It Matter?</b>
Availity Electronic Batch Report	Electronic Claims	Includes claim errors
Availity Delayed Payor Report	Electronic Claims	Includes claim errors
Highmark Submission Analysis	Electronic Claims	Includes claim errors
Anthem Midwest Clearinghouse Report	Electronic Claims	Includes claim errors
VT BCBS ECS Audit Report	Electronic Claims	Includes claim errors
TN BCBS Receipts Confirmation Report	Electronic Claims	Includes claim errors
VT Medicaid Claim Accept/Reject Report	Electronic Claims	Includes claim errors
RI BCBS Batch Control Report	Electronic Claims	Includes claim errors
RI BCBS Rejected Claims Error Report	Electronic Claims	Includes claim errors

## 5.2. Reference Reports

The reports in the table below are not essential. They contain summaries and totals, claim logs, and other information that may be a useful reference later.

<b>Report Title</b>	<b>Report Category</b>	<b>Why Does It Matter?</b>
ECS Batch Log	Electronic Claims	Lists all claims sent out from Partner
PCC Daily Submission Summary	Electronic Claims	Contains PCC's confirmation of claim receipt
RelayHealth (McKesson) Claims Acknowledgement	Electronic Claims	Contains a record of all claims RelayHealth received during a particular submission
RelayHealth (McKesson) Monthly Summary	Electronic Claims	Contains a summary of a month's claim activity with RelayHealth
Emdeon Claim Status Report	Electronic Claims	Includes claim errors, acceptances, and denials



Report Title	Report Category	Why Does It Matter?
Emdeon File Detail Summary Report	Electronic Claims	Shows rejected claims

## 6. EDI Report Glossary

This glossary includes definitions and examples of several important EDI Reports. As always, feel free to contact PCC Support at 1-800-722-1082 if you have any questions or need help understanding EDI reports.

### 6.1. PCC Reports

#### preptags/tagssplit Bad Claim Report

This report warns of basic errors and lists claims that could not be approved for electronic submission. It prints out immediately after **preptags** finishes and is logged in the **ecsreports** program. Because it includes a list of claims that can not be submitted due to errors, you should review this report every time you run your claims.

Bad Claim Report

Generated On: March 11, 2005

```
Date: 03/10/05  PCC #: 243      Patient: Pebbles Flinstone
Guar PCC#: 751      Cus PCC#: 751
Claim is for an insurance company no longer on the account
Charge filed with: Cigna $0
```

In the example above, a claim was rejected because the insurance company (Cigna \$0) was no longer listed on the account. The insurance information was probably updated by another user, and the claim probably needs to be pended and rebatched in **oops**. It may already have been rebatched, but you should review the account to be certain.

Other common errors on this report include missing birthdates and bad addresses.

#### ECS Batch Log

This is a log, sorted by insurance batch and patient name, of all the claims sent out on a certain date. The **ECS** program prints this report when it finishes and logs the report in **ecsreports**. This log is a good starting point for proof of timely filing, though another report may provide more detail.

```
Run date: 20050310
Batch: PCC - Aetna Claims
```

```
03/08/05 * $ 111.00 - Flinstone, Pebbles
03/08/05 * $ 165.00 - Doe, Johnny
03/07/05 * $ 111.00 - Crusher, Wesley
03/08/05 * $ 81.00 - Duck, Louie
```

```
Total claims processed: 4
```

*EDI Reports (ecsreports)*

Total claim charges: \$468.00

The report excerpt above shows four claims that were sent out in the Aetna insurance batch on 3/10/05.

PCC Daily Submission Summary

This is a record showing that PCC has received your claims and sent them on to the clearing-house or payor. You should receive this log within 48 hours of running **ECS** and it is stored in **ecsreports**. This report is a useful guarantee that your connection to PCC was active and provides a "paper trail" proving that each claim passed through PCC's computer system.

```

PCC CLEARINGHOUSE
DAILY SUBMISSION SUMMARY
FILE PROCESSING DATE: 03/11/2005
*****
030501021  BEDROCK PEDIATRIC PRACTICE      CLAIM BILLING DATE: 03/10/2005
*****
  PATIENT / CLAIM          PATIENT NAME          CLAIM          CLAIM
  ID NUMBER              LAST          FIRST  MI FROM DATE      CHARGES
  *****              *****          ***** * *****      *****
AETNA HMO 15                PAYOR ID: 60054
243 10077          FLINTSTONE          PEBBLES          03/08/2005          111.00
AETNA EPO 10                PAYOR ID: 60054
394 10078          DOE          JOHNNY          03/08/2005          165.00
AETNA PPO 8                PAYOR ID: 60054
848 10079          CRUSHER          WESLEY          03/07/2005          111.00
AETNA POS 20                PAYOR ID: 60054
1068 10080          DUCK          LOUIE          03/08/2005          81.00

030501021  TOTAL                CLAIMS:          4          CHARGES:          468.00

```

The above section shows that PCC received and processed four Aetna claims On March 10, 2005.

## 6.2. Capario (ProxyMed) Reports

### Capario (ProxyMed) Daily Verification Report

This report is Capario's acknowledgement that they have received your claims, as well as a list of claim problems and rejections. You should receive this log within 96 hours of running **ECS** and it is stored in **ecsreports**. Since this report contains a listing of claims that Capario will not be able to send to the payor, you should review this report every time you receive it.

**Use the Patient and Claim ID Numbers:** Capario reports include the claim and patient ID numbers. You can use that information when searching for information in other reports or in programs like **notjane**, **oops**, and **pip**.

```

=====
Capario Daily Verification Report      Date Printed: 3/11/2005      Page 1

```

The following claims were REJECTED by Capario.

PATIENT/ CLAIM ID	PATIENT LAST NAME	PATIENT FIRST NAME	SERVICE DATE	CLAIM CHARGES	PAYOR ID
243 10077	FLINSTONE	PEBBLES	20050308	111.00	60054
CLAIM PROCESSING DATE: 20050311					
CAPARIO TRACE #: 000000000000001 VAN: 243 10077 PAYOR:					
MESSAGES: REJECTED AT CAPARIO DIAGNOSIS CODE-3 MISSING/INVALID/DUPLICATE (60054) (7746)					

-----  
TOTAL CLAIMS REJECTED BY CAPARIO: 1 CHARGES: 111.00

=====  
Capario Daily Verification Report Date Printed: 3/11/2005 Page 2

The following claims were ACCEPTED by Capario.

PATIENT/ CLAIM ID	PATIENT LAST NAME	PATIENT FIRST NAME	SERVICE DATE	CLAIM CHARGES	PAYOR ID
394 10078	DOE	JOHN	20050308	165.00	60054
CLAIM PROCESSING DATE: 20050311					
CAPARIO TRACE #: 000000000000002 VAN: 394 10078 PAYOR:					
MESSAGES: CLAIM HAS BEEN FORWARDED TO PAYER FOR CONTINUED PROCESSING (60054)					
848 10079	CRUSHER	WESLEY	20050307	111.00	60054
CLAIM PROCESSING DATE: 20050311					
CAPARIO TRACE #: 000000000000003 VAN: 848 10079 PAYOR:					
MESSAGES: CLAIM HAS BEEN FORWARDED TO PAYER FOR CONTINUED PROCESSING (60054)					
1068 10080	DUCK	LOUIE	20050308	81.00	60054
CLAIM PROCESSING DATE: 20050311					
CAPARIO TRACE #: 000000000000004 VAN: 848 10079 PAYOR:					
MESSAGES: CLAIM HAS BEEN FORWARDED TO PAYER FOR CONTINUED PROCESSING (60054)					

-----  
TOTAL CLAIMS ACCEPTED BY CAPARIO: 3 CHARGES: 357.00

The report above shows one claim that was rejected because of a faulty diagnosis code and three claims that were processed and passed on to the insurance company.

Capario (ProxyMed) Payor Response Report

This report shows problems, errors, and accepted claim information that Capario received back from the payor. You will receive this report from Capario once all the insurance carriers have responded to them. Since this report may contain payor rejections, you should read this report every time you receive it.

EDI Reports (ecsreports)

Payor Rejections, Not Capario Rejections. Errors and rejections in this report come from the payor. Even though Capario collects this information and sends it to you, the insurance carrier is the author of the rejection.

=====  
Capario Payor Response Report                      Date Printed: 3/12/2005                      Page 1

The following claims were ACCEPTED by the payor(s).

PATIENT/ CLAIM ID	PATIENT LAST NAME	PATIENT FIRST NAME	SERVICE DATE	CLAIM CHARGES	PAYOR ID
394 10078	DOE	JOHNNY	20050308	165.00	60054
CLAIM PROCESSING DATE: 20050311 CAPARIO TRACE #: 00000000000002					
VAN TRACE #: 394 10078                      PAYOR TRACE #: 00000000000001					
MESSAGES: Finalized/Payment-The claim/line has been paid. Payment reflects plan provisions.					
848 10079	CRUSHER	WESLEY	20050307	111.00	60054
CLAIM PROCESSING DATE: 20050311 CAPARIO TRACE #: 00000000000003					
VAN TRACE #: 848 10079                      PAYOR TRACE #: 00000000000002					
MESSAGES: Finalized/Payment-The claim/line has been paid. Payment reflects plan provisions.					
1068 10080	DUCK	LOUIE	20050308	81.00	60054
CLAIM PROCESSING DATE: 20050311 CAPARIO TRACE #: 00000000000004					
VAN TRACE #: 1068 10080                      PAYOR TRACE #: 00000000000003					
MESSAGES: Finalized/Payment-The claim/line has been paid. Payment reflects plan provisions.					
----- TOTAL CLAIMS ACCEPTED BY PAYORS: 3			CHARGES: 357.00		

The above example shows three accepted claims by the payor. Common rejections you might see in this report include bad dates of service, problems with procedure codes, eligibility problems, and duplicate claim errors.

### 6.3. Emdeon (Envoy, WebMD) Reports

#### Batch & Claim Level Rejection Report (RPT-05)

This report shows all claims rejected by Emdeon, with an explanation.

BATCH & CLAIM LEVEL REJECTION REPORT

WEBMD REF: EP07608MMB83ADU                      FILE SUBMISSION DATE/TIME: 01/01/05-11:20:12  
REPORT #: RPT-05                                      REPORT DATE: 01/01/05  
ACCT ID: NOT AVAILABLE

FILE CONTROL #: TANKQK  
SUBMITTER ID: 987654321  
SUBMITTER NAME: SOFTWARE VENDOR

\*\*\*\*\*

DISCLAIMER

CLAIMS LISTED ON THIS REPORT HAVE NOT BEEN SENT ON TO THE PAYERS FOR  
PROCESSING AND MUST BE CORRECTED AND RESUBMITTED ELECTRONICALLY OR ON PAPER.

\*\*\*\*\*

CUSTOMER ID/SUB: 123456789 4963  
CUSTOMER NAME: PROVIDER/GROUP NAME

\*\*\*\*\* ERROR LISTING \*\*\*\*\*

PATIENT NAME	PATIENT CTRL #	CLAIM ID	DOS	CHARGES
DOE J	9999	EP091305500000103	090805	160.00
PAYER NAME/ID: ATHENS AREA HLTHCARE 95691				
ERROR MESSAGE: INV: INSURED ID				
FLD: D007	SEQ:1	FIELD NAME: INSURED ID	DATA IN ERROR: 9999999999	
FLINSTONE P	9999	EP091305800000012	090805	275.00
PAYER NAME/ID: BCBS OF GA ATLANTA SB600				
ERROR MESSAGE: SUBMITTER ID IS REQUIRED BY BLUE CROSS AND BLUE SHIELD OF GEORGIA				
FLD:	SEQ:	FIELD NAME:	DATA IN ERROR:	
RUBBLE B	9999	EP091305800000014	090805	160.00
PAYER NAME/ID: MEDICARE OF GEORGIA SMGA0				
ERROR MESSAGE: INVALID PATIENT MEDICARE ID 99999999999				
FLD:	SEQ:	FIELD NAME:	DATA IN ERROR:	

RPT-05

PAGE 1

In the above example, patient J. Doe has an invalid insurance ID, the claim for P. Flinstone is missing a submitter ID, and B. Rubble's medicare ID number is invalid. Depending on the circumstances, you would review the insurance information with the policy holder, correct the information, and rebatch and resubmit the claim.

File Detail Summary Report (RPT-04)

This report shows all claims processed, accepted, or rejected by Emdeon.

WEBMD TRANSACTION SERVICES DIVISION  
MEDICAL CLAIMS DISTRIBUTION SYSTEM

FILE DETAIL SUMMARY REPORT

WEBMD REF: EP01215MPA71ABU  
REPORT #: RPT-04  
ACCT ID: NOT AVAILABLE

FILE SUBMISSION DATE/TIME: 01/01/05-14:11:21  
REPORT DATE: 01/01/05

EDI Reports (ecsreports)

FILE CONTROL #: TANLIJ  
SUBMITTER ID: 987654321  
SUBMITTER NAME: SOFTWARE VENDOR

\*\*\*\*\*

DISCLAIMER

ACCEPTED CLAIMS HAVE BEEN FORWARDED TO THE PAYER BY WEBMD TRANSACTION SERVICES  
DIVISION. ADDITIONAL CLAIM STATUS REPORTS MAY FOLLOW IF AVAILABLE FROM THE  
PAYER. THIS IS NOT A GUARANTEE OF PAYMENT.

\*\*\*\*\*

CUSTOMER ID/SUB: 123456789 1488  
CUSTOMER NAME: PROVIDER/GROUP NAME

FILE ROLL-UP

PATIENT NAME	PATIENT CONTROL #	DATE OF SERVICE	TOTAL CHARGES	PAYER NAME/ID	STATUS
SALLY SUE	R0008693	122404	500.00	NETWORK HEAL	11315 AE
JOHN PAIN	R0007332	121504	120.00	NETWORK HEAL	11315 AE
JANE DOE	R0007332	121304	100.00	NETWORK HEAL	11315 AE
NEW BORN	R0007332	122704	4000.00	NETWORK HEAL	11315 AE

\*\*\* STATUS KEY LEGEND \*\*\*

AE - ACCEPTED CLAIM SENT OUT ELECTRONICALLY  
AP - ACCEPTED CLAIM SENT OUT ON PAPER  
RE - ELECTRONIC CLAIM REJECTED BY WEBMD  
RP - PAPER CLAIM REJECTED BY WEBMD  
TE - ELECTRONIC TEST CLAIM  
PA - CLAIM PENDING TESTING OR AT CUSTOMER REQUEST  
PB - CLAIM PENDING TESTING  
PC - CLAIM PENDING FOR INVALID OR INCOMPLETE WEBMD REGISTRATION

RPT-04

PAGE 1

In the above report, four claims have the "AE" status. No further action is required.

Claim Status Report (RPT-10)

This report shows a record of claims accepted and their current status. The report can only display claims from those payors who return acceptance information.

WEBMD TRANSACTION SERVICES DIVISION  
 MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 01/07/05

REPORT #: RPT-10

ACCT ID: NOT AVAILABLE

SUBMITTER ID: 987654321                      CUSTOMER ID/SUB: 123456789 E622  
 SUBMITTER NAME: SOFTWARE VENDOR              CUSTOMER NAME: PROVIDER NAME

\*\*\*\*\*

DISCLAIMER

THIS REPORT IS GENERATED BY THE PAYERS AND NOT BY WEBMD TRANSACTION SERVICES DIVISION. NOT ALL THE WEBMD PAYERS PARTICIPATE IN THIS CLAIM STATUS REPORT PROGRAM AND THE AMOUNT OF INFORMATION RECEIVED VARIES FROM PAYER TO PAYER.

\*\*\*\*\*

CLAIM STATUS

STATUS: 1AF      ACK/RECEIPT-ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.-  
 PAYER

---

PROVIDER ID:	123456789	PAYER NAME:	UNITED HEALTH CARE
PAYER GRP #:		PARTIAL CLAIM?:	
INSURED ID:	999999996	PAYER ID:	87726
PATIENT:	JOHN PAIN	PAYER PHONE:	0000000000
PAT CTRL #:	86370	PAYER REF:	980123449949990
PATIENT DOB:		PAYER REPORT TYPE:	
TOTAL CHARGE:	78.00	PAYER STATUS DATE/TIME:	010505/00:00:00
AMOUNT PAID:	0.00	WEBMD PROCESS DATE:	010205
DOS:	121004-121504	WEBMD CLAIM ID:	EP012305501525694
WEBMD REF:	EP169934S2AAXXX		
DATA IN ERROR:			

---

PROVIDER ID:	123456789	PAYER NAME:	UNITED HEALTH CARE
PAYER GRP #:		PARTIAL CLAIM?:	
INSURED ID:	999999985	PAYER ID:	87726
PATIENT:	JANE SYCKE	PAYER PHONE:	0000000000
PAT CTRL #:	86700	PAYER REF:	980052449941600
PATIENT DOB:		PAYER REPORT TYPE:	
TOTAL CHARGE:	134.00	PAYER STATUS DATE/TIME:	010505/00:00:00
AMOUNT PAID:	0.00	WEBMD PROCESS DATE:	010205
DOS:	082405-082405	WEBMD CLAIM ID:	EP123445501525712

*EDI Reports (ecsreports)*

WEBMD REF: EP169934S2AAXXX  
DATA IN ERROR:

---

RPT-10

PAGE 1

The insurance carrier has acknowledged receipt of the two claims detailed above.

Special Handling/Unprocessed Claim Report (RPT-11)

This report shows rejections and requests for more information from the payors.

WEBMD TRANSACTION SERVICES DIVISION  
MEDICAL CLAIMS DISTRIBUTION SYSTEM

SPECIAL HANDLING/UNPROCESSED CLAIMS REPORT

REPORT DATE: 01/07/05

REPORT #: RPT-11

ACCT ID: NOT AVAILABLE

SUBMITTER ID: 987654321

CUSTOMER ID/SUB: 123456789 J027

SUBMITTER NAME: SOFTWARE VENDOR

CUSTOMER NAME: PROVIDER NAME

CLAIM STATUS

STATUS: 5Z INCOMING PROVIDER DATA INVALID OR MISSING - PLEASE CALL CARRIER  
FOR FURTHER INSTRUCTIONS ON THIS CLAI

---

PROVIDER ID: X99999038	PAYER NAME: BOSTONMEDCNRHEALPLAN
PAYER GRP #:	PARTIAL CLAIM?:
INSURED ID: 123999983	PAYER ID: 13337
PATIENT: JOYCE DOE	PAYER PHONE: 6177488000
PAT CTRL #: 0100065877	PAYER REF: E00349330700
PATIENT DOB:	PAYER REPORT TYPE:
TOTAL CHARGE: 360.00	PAYER STATUS DATE/TIME: 010505/00:00:00
AMOUNT PAID: 0.00	WEBMD PROCESS DATE: 010205
DOS: 122604-122604	WEBMD CLAIM ID: EP012305500906546
WEBMD REF: EP25034400AAXXX	
DATA IN ERROR:	

---

RPT-11

PAGE 1

In the above example, Joyce Doe's claim was missing incoming provider data. Afer checking the provider ID information, you would probably contact the carrier as instructed in the status message.



## 6.4. RelayHealth (McKesson) Reports

### RelayHealth (McKesson) Claims Acknowledgment

This report is a record of all the claims RelayHealth received during a particular submission. You should receive this report within 48 hours of claim submission. All claims, whether perfectly formatted or containing errors, will be listed as shown below. This report is a useful reference when trying to track the progress of an unpaid claim; it serves as a "paper-trail" proving that RelayHealth received the claim.

```

                                CLAIMS ACKNOWLEDGMENT REPORT                                PAGE: 1
CPI999.01                                                                03/11/2005
PROCESSING DATE: 03/11/2005                                            01:21:44
*****
000000-BEDROCK PEDIATRIC PRACTICE                                CLAIM BILLING DATE: 03/10/2005
000000-SMITH, JANE J MD
*****
PATIENT / CLAIM          PATIENT NAME          CLAIM          CLAIM  D E S
ID NUMBER              LAST          FIRST    MI FROM DATE    AMOUNT  C F C
***** * * * * *
          AETNA                                CPID: 6400
243 10077      FLINTSTONE      PEBBLES      03/08/2005      111.00 E E
TSH CLAIM ID: 00000000000000000001    CLAIM ID: 243 10077
394 10078      DOE              JOHNNY       03/08/2005      65.00 A
TSH CLAIM ID: 00000000000000000002    CLAIM ID: 394 10078
848 10079      CRUSHER         WESLEY       03/07/2005      111.00 A
TSH CLAIM ID: 00000000000000000003    CLAIM ID: 848 10079
1068 10080     DUCK            LOUIE        03/08/2005      81.00 A
TSH CLAIM ID: 00000000000000000004    CLAIM ID: 1068 10080
          TOTALS FOR CPID 6400:                4          468.00    0
*****
CPID 6400:          ACCEPTED                3          357.00    0
                   EXCLUDED                1          111.00    0

000000 TOTALS:    ACCEPTED                3          357.00    0
                   EXCLUDED                1          111.00    0
***** * * * * *
          TOTAL-INPUT                4          468.00    0
***** * * * * *
          (A) ELECTRONIC TO PAYER        3  +    0  =    3
          (E) PAPER CLAIM-MAILBOX       1  +    0  =    1
***** * * * * *
          TOTAL OUTPUT                4  +    0  =    4
***** * * * * *

                                SUMMARY TOTALS BY CPID
          NUMBER OF          SUPPLEMENTAL          TOTAL          CLAIM
          CPID          CLAIMS          CLAIMS          CLAIMS          AMOUNT
          *****          *****          *****          *****          *****
          6400          4          0          4          468.00
          -----          -----          -----          -----
          TOTALS          4          0          4          468.00
    
```

The above example shows four claims that were processed by RelayHealth.

EDI Reports (ecsreports)

RelayHealth (McKesson) Exclusion Claims

This report shows a list of claims that RelayHealth could not send on to the payor. This report will be sent to you at the same time as the RelayHealth Claims Acknowledgement report, usually within 48 hours of claim submission. Since this report contains a list of problem claims, you should read it every time you receive it.

```
EXCLUSION CLAIMS REPORT PAGE: 1
CPI999.01 03/11/2005
PROCESSING DATE: 03/11/2005 01:21:44
*****
000000-BEDROCK PEDIATRIC PRACTICE CLAIM BILLING DATE: 03/10/2005
000000-SMITH, JANE J MD
*****
PATIENT / CLAIM PATIENT NAME CLAIM CLAIM D E S
ID NUMBER LAST FIRST MI FROM DATE AMOUNT C F C
***** * * * * *
AETNA CPID: 6400
243 10077 FLINTSTONE PEBBLES 03/08/2005 111.00 E E
TSH CLAIM ID: 0000000000000000001 CLAIM ID: 243 10077
FT 0002D:INVALID DIAGNOSIS CODE POINTER UBR
TOTALS FOR CPID 6400: 1 111.00 0
*****
```

The above excerpt shows a claim from 03/08/2005 that was rejected due to a diagnosis code problem. Keep in mind that such a claim has *not* been sent to the payor. You should correct the error and rebatch the charges in question.

RelayHealth (McKesson) Carrier Acknowledgement

This report is a catalog of responses from all the different payors. RelayHealth collects payor responses and sends them to you in this report as soon as they are all received. Reading this report is difficult because every insurance company has their own style and layout for responding. This report contains errors and rejections from insurance companies, so you must read through this report whenever you receive it.

RelayHealth (McKesson) Monthly Summary

This report is a summary of your claim activity with RelayHealth. Not all of your claims go through RelayHealth, but it can still be a useful reference for keeping track of your claim volume.