provident solutions **Claims Manager**   🔍 Ins ID, Claim ID, NPI...   📊 Daily   ▦ Claims   👤 Members   ▭ Payments   🔎 Authorizations   ✉ Letters   ⚙▾   ⬅

🔗 46

Claims Search

Enter claim search options below. Claims that match **all** criteria will be listed. Press *Enter* or click the search button to start the search.

Claim ID	Emdeon ID	Carrier Control ID	Claim Status	Corrected?
Claim ID	Emdeon Claim Reference	Carrier Claim ID	PAID ▾	Show All ▾

TOB	Reprocessed?	Claim Format	Assignment
Type of Bill	Show All ▾	Show All ▾	Show All ▾

Member Name or ID	Plan Name	Provider Name or ID	Group?	Provider Contract	Provider Check No
Partial Name Accepted	Partial Accepted	Enter Search Terms	No ▾	Show All ▾	Check No

Carrier Name	Last Processed By	Revenue Code	Procedure Code	EOB Code	Remark Code
▾	▾	Revenue	HCPCS	CARC	RARC

Service Date On ↓	Create Date From/To ↓	Receive Date On ↓	Due Date On ↓	Provider Check On ↓
MM/DD/YYYY 📅	2/1/2017 📅	MM/DD/YYYY 📅	MM/DD/YYYY 📅	MM/DD/YYYY 📅
MM/DD/YYYY 📅	MM/DD/YYYY 📅	MM/DD/YYYY 📅	MM/DD/YYYY 📅	MM/DD/YYYY 📅

🔍 Hide Search Form   ▦ Show Line Detail Results   📄 New Claim   Reset Form   Search

---

provident solutions **Claims Manager**   🔍 Ins ID, Claim ID, NPI...   📊 Daily   ▦ Claims   👤 Members   ▭ Payments   🔎 Authorizations   ✉ Letters   ⚙▾   ⬅

🔗 46

Claims Search

🔍 **Status** PAID **Created** 2/1/2017 thru

🔍 Show Search Form   ▦ Show Line Detail Results   📄 New Claim   Reset Form

📖 **Claim Search Results**

Show [10 ▾] entries   Search: [   ]

Claim ID	Status	DOS	Created	Received	Due	Updated	TOB	Patient/Member	Member ID	DOB	Provider	Billed	ToPay	Paid	
	PAID	03/26/2016	04/10/2017	12/26/2016	01/16/2017	04/10/2017	329					7,179.01		5,821.90	↗
	PAID	04/09/2016	04/10/2017	12/26/2016	01/16/2017	04/10/2017	329					3,250.01		3,274.48	↗
	PAID	05/10/2016	04/10/2017	12/26/2016	01/16/2017	04/10/2017	327					660.76		500.50	↗
	PAID	06/10/2016	04/10/2017	12/26/2016	01/16/2017	04/10/2017	329					4,675.01		3,408.93	↗
	PAID	06/17/2016	04/10/2017	12/26/2016	01/16/2017	04/10/2017	329					7,352.61		2,859.94	↗
	PAID	08/05/2016	04/10/2017	12/26/2016	01/16/2017	04/10/2017	329					8,025.45		5,065.20	↗
	PAID	08/09/2016	04/10/2017	12/26/2016	01/16/2017	04/10/2017	329					4,072.73		3,336.50	↗
	PAID	08/30/2016	04/10/2017	12/26/2016	01/16/2017	04/10/2017	329					3,750.08		2,794.21	↗
	PAID	09/04/2016	04/10/2017	12/26/2016	01/16/2017	04/10/2017	329					3,135.01		2,187.64	↗
	PAID	09/05/2016	04/10/2017	12/26/2016	01/16/2017	04/10/2017	323					1,400.00			↗

Showing 1 to 10 of 38 entries   Previous [1] 2 3 4 Next

provident solutions | Claims Manager

🔍 Ins ID, Claim ID, NPI...

📊 Daily   ▦ Claims   👤 Members   💳 Payments   🔍 Authorizations   ✉ Letters   ⚙▾   ⤓

📶 46
Claim Inquiry

📋 Process Log | 🔧 Claim Processing | ✏ Edit Claim | 📋 Claim Notes (0) | 📅 Episode (FINAL)

📖 Claim

Claim ID	**Pat Ctrl No**	**Payor ID** AGP	**Emdeon ID**	**Received** 12/26/2016
	Status PAID	**Auth No**	**Created** 4/10/2017	**Processed** 9/27/2017
Filed As Primary	**Billed** $7,352.61	**AR Balance** $0.00	**Billed**	**277CA** 4/10/2017
AP Balance $0.00	**Format** 837I	**Type of Bill** 329 **Patient Status** 01	**Acknowledged**	**Due** 1/16/2017
Admission Type 3	**Admit** 6/17/2016		**Admitted** 6/17/2016	**Discharged**

Diagnosis *Principal* - C76.0   *Reason for Visit* - C76.0   *Other* - Z48.01   *Other* - J18.9   *Other* - I50.32   *Other* - I48.91   *Other* - M62.81

⧉ Incoming EDI   ⧉ Claim Ack EDI

➕ 👤 Member	Show Patient Submission		➕ 🏥 Provider	Show Provider Submission
Member Name	**Member ID** **Carrier**		**Billing Provider**	**NPI**

Payment Runs

Check Date	Check/Trace Number	Check Amount	Notes	
9/27/17		$2,859.94		⧉ View EOP ⧉ View ERA ⧉ View Check

Claim Procedures

	DOS	Rev	CPT	Mod	Unit	Status	Charge	Contract	Deduct	CoPay	Coins	PR	Denied	Paid	EOB
1.	6/17/16	0270			97	PAID	221.24								
2.	6/17/16	0623			86	PAID	95.35								
3.	6/17/16	0023	1CGKT		1	PAID	0.01	2,859.94						2,859.94	
4.	6/17/16	0552	G0299		5	PAID	267.00								
5.	6/17/16	0552	Q5001		1	PAID	0.01								

➕ 👤 Member	Hide Patient Submission

Member Name   **Member ID**   **Carrier**

Member Name

Carrier	**Market**
Plan () ➕	**State** **Plan Type** RPPO
DOB	**Member ID**
Address	**Payor Seq** 1
	Effective-Term 1/1/2016 - 12/31/2199

⧉ Auth Search

👤 Patient Submission

Member Name   **DOB**
Address

1. Insurance Submission

Filed as Primary	**Relation** Self (18)	**Payor ID** AGP
Member ID		**Insured Name**
DOB		**Address**

➕ 🏥 Provider	Hide Provider Submission

Billing Provider	**NPI**
Billing Provider	
Address	CONTRACTED, PAR
NPI	**Tax ID**
Rendering Provider NPI	
Tax ID	

🏥 Provider Submission

> This panel shows the provider data as it was presented on the incoming claim.

Billing Provider	
NPI	
Addr1	**Tax ID**
Addr2	
Addr3	
Attending Provider	
NPI	**Qual**
Addr1	
Addr2	
Addr3	

36.	7/17/16	0551	G0299	2	PAID	200.00			
37.	7/18/16	0551	G0299	2	PAID	200.00			
38.	7/20/16	0551	G0299	3	PAID	200.00			
39.	7/21/16	0551	G0164	3	PAID	200.00			
Total						7,352.61	2,859.94		2,859.94

1. Service Date 6/17/2016   Revenue Code 0270

Status	Units 97	Processed In Network	Billed	Contract	NonCov	Deduct	Coins	CoPay	Denied	Payment
PAID			$221.24	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

AR	Posted	Adjust	Amount	Balance	Period		AP	Posted	Adjust	Amount	Balance	Period
	9/27/2017	CHARGE	$221.24	$221.24	2015-10		8669	9/27/2017	CHARGE	$221.24	$221.24	2015-10
	9/27/2017	CO 24	$221.24	$0.00	2015-10		8669	9/27/2017	CO 45	$221.24	$0.00	2015-10

2. Service Date 6/17/2016   Revenue Code 0623

Status	Units 86	Processed In Network	Billed	Contract	NonCov	Deduct	Coins	CoPay	Denied	Payment
PAID			$95.35	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

CONTRACTUAL OBLIGATION CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.

AR	Posted	Adjust	Amount	Balance	Period		AP	Posted	Adjust	Amount	Balance	Period
	9/27/2017	CHARGE	$95.35	$95.35	2015-10		8669	9/27/2017	CHARGE	$95.35	$95.35	2015-10
	9/27/2017	CO 24	$95.35	$0.00	2015-10		8669	9/27/2017	CO 45	$95.35	$0.00	2015-10

46

Cla

Claim Process Log

Latest Processing Log   **Older Logs**

Date	User	Line	DOS	Rev	CPT	Mod	Status	Code	Message
4/12/2017	SYS						INFO	AUTH	REVERSING CLAIM DETAIL AUTHS.
4/12/2017	SYS						INFO	FINALIZING	FINALIZING CLAIM.
4/12/2017	SYS						INFO	PROCESSING	FINISHED BASE CLAIM INITIALIZATION.
4/12/2017	SYS						INFO	PROCESSING	FINISHED BASE CLAIM CHECK.
4/12/2017	SYS						INFO	PROCESSING	FINISHED INST CLAIM CHECK.
4/12/2017	SYS						INFO	PROCESSING	FOUND MATCHING PROVIDER
4/12/2017	SYS						INFO	PROCESSING	STARTING MEMBER LOOKUP.
4/12/2017	SYS						INFO	PROCESSING	-->SEARCHING CDO FOR MEMBER
4/12/2017	SYS						INFO	PROCESSING	FINISHED MEMBER LOOKUP.
4/12/2017	SYS						INFO	PROCESSING	ASSOCIATING CLAIM WITH EPISODE.
4/12/2017	SYS						INFO	PROCESSING	--> LOOKING FOR EXISTING EPISODES THAT OVERLAP WITH 06/17/2016
4/12/2017	SYS						INFO	PROCESSING	--> CREATING NEW EPISODE FOR CLAIM.
4/12/2017	SYS						INFO	PROCESSING	FINISHED ASSOCIATING CLAIM WITH EPISODE.
4/12/2017	SYS						INFO	PROCESSING	STARTING EPISODE PROCESSING.
4/12/2017	SYS						INFO	PROCESSING	FINISHED EPISODE PROCESSING.
4/12/2017	SYS	1	6/17/16	0270			INFO	PROCESSING	FINISHED LINE ITEM CHECK FOR CLAIM LINE 310125
4/12/2017	SYS	1	6/17/16	0270			INFO	PROCESSING	FINISHED INST LINE ITEM CHECK FOR CLAIM LINE 310125
4/12/2017	SYS	1	6/17/16	0270			INFO	PROCESSING	STARTING ENROLLMENT LOOKUP.
4/12/2017	SYS	1	6/17/16	0270			INFO	PROCESSING	-->LOOKING UP ENROLLMENT FOR EFF DATE FRI JUN 17 00:00:00 CDT 2016.
4/12/2017	SYS	1	6/17/16	0270			INFO	PROCESSING	-->FOUND ENROLLMENT 330169
4/12/2017	SYS	1	6/17/16	0270			INFO	PROCESSING	FINISHED WITH ENROLLMENT LOOKUP.
4/12/2017	SYS	1	6/17/16	0270			INFO	PROCESSING	OVER RIDING DEFAULT DUE DATES BASED ON CARRIER CONFIGURATION TO 21
4/12/2017	SYS	1	6/17/16	0270			INFO	PROCESSING	STARTING CONTRACT LOOKUP FOR LINE.
4/12/2017	SYS	1	6/17/16	0270			INFO	PROCESSING	-->FOUND CARRIER CONTRACT 551
4/12/2017	SYS	1	6/17/16	0270			INFO	PROCESSING	-->FOUND PROVIDER CONTRACT 601
4/12/2017	SYS	1	6/17/16	0270			INFO	PROCESSING	-->PROCESSING LINE UNDER CONTRACT - EPISODIC WITH RAP @ 100%(601)

Payr

Chec

9/27

Claim

1.	
2.	
3.	
4.	
5.	
6.	

Screenshot 1

provident solutions Claims Manager

Search: Ins ID, Claim ID, NPI...

📊 Daily | ▦ Claims | 👤 Members | 💳 Payments | 🔍 Authorizations | ✉ Letters | ⚙ | ⏻

📶 46

Episode Information

🗒 Process Log | 📖 Claim Inquiry | 🔧 Claim Processing | ✏ Edit Claim | 📋 Claim Notes (0)

Episode (Claim _____)

Status _____	**Period** 06/17/2016 - 08/15/2016	**Days** 60	**Discharge Date** **PEP Days**
Priced Amt	**RAP Amt**	**Date**	**Final Amt** **Date**

Episodic Claims

Claim ID	Price Status	Price HIPPS	PT	OT	ST	SN	SS	HHA	HHRG	Revenue	LUPA	Payment
74032(PROCESSED)	Final payment where outlier applies	1 C G K T	**Rate** ___.__ $381.39 **Add-On** $0.00	**Rate** $144.92 **Cost** $0.00 **Add-On** $0.00	**Rate** $156.44 **Cost** $0.00 **Add-On** $0.00	**Rate** $131.66 **Cost** $3,837.39 **Add-On** $0.00	**Rate** $211.06 **Cost** $0.00 **Add-On** $0.00	**Rate** $59.63 **Cost** $0.00 **Add-On** $0.00	$2,273.82	**Sum 1-3** 3 **Sum All** 36		**Outlier Pmt** $0.00 **Provider pmt** $0.00 **Total Pmt** $2,859.94

(Tooltip: Late Episodes (3rd & later) | Clinical Domain HHRG: C3 (mod))

Screenshot 2

provident solutions Claims Manager

Search: Ins ID, Claim ID, NPI...

📊 Daily | ▦ Claims | 👤 Members | 💳 Payments | 🔍 Authorizations | ✉ Letters | ⚙ | ⏻

📶 46

Claim Processing & Overrides

🗒 Process Log | 📖 Claim Inquiry | ✏ Edit Claim | 📋 Claim Notes (0) | 📅 Episode (FINAL)

🔁 Reverse Claim

📖 Claim _____

Claim ID _____	**Prov Claim ID** _____	**Status** PAID
Received 12/26/2016	**Auth No** _____	

👤 Member Matched — Find and Replace Member

Member Name _____	**DOB** _____
Member ID _____	**Address** _____
Payor Seq 1	**Payor Seq**
Effective 1/1/2016	**Term** 12/31/2199

📄 Show Claim Submission Data

👤 Provider Matched — Find and Replace Billing Provider

Billing Provider _____
NPI _____

📄 Show Claim Submission Data

						Contract ⏩ Set All	Percent ⏩ Set All	⬇ Load Auths	CARC ⏮ Del.All ⏩ Add All Amount	RARC ⏮ Del.All ⏩ Add All
Status	**DOS**	**Rev**	**CPT**	**Mod**	**Charge**	**Contract**	**Deduct**	**Coins** **CoPay**	**Authorization** **EOB Codes**	**Remark Codes**
1. PAID	6/17/16	0270			$221.24	0	0	0 0	none ➕	Add a RARC code
2. PAID	6/17/16	0623			$95.35	0	0	0 0	none ➕	Add a RARC code
3. PAID	6/17/16	0023	1CGKT		$0.01	2859.94	0	0 0	none ➕	Add a RARC code

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🔍 Ins ID, Claim ID, NPI...   📊 Daily   ▦ Claims   👤 Members   💳 Payments   🔍 Authorizations   ✉ Letters   ⚙ ▾   ⏻

📶 40
Edit Claim

📋 Process Log   ▦ Claim Inquiry   🔧 Claim Processing   📄 Claim Notes (0)   📅 Episode (FINAL)

📄 Save Claim

| Claim | Patient & Insurance | Providers | **Diagnosis** | Line Items |

Claim Level Details

Claim ID ░░░░░░░   **Status** PAID   **User** SYS_EDI   **Created** 4/10/2017

Format
Institutional (837I) ▾

Type of Bill
329

Patient Status
01

Admission Type
3

Admission Source
1

Prior Auth No
░░░░░░░

Receive Date
12/26/2016   📅

Due Date
01/16/2017   📅

Patient Control No
░░░░░░░

Admit Date
08/09/2016   📅

Discharge Date
MM/DD/YYYY   📅

Additional Claim Details

⊕ Add Misc Date Entry   ⊕ Add Misc Entry

📅 Misc. Date : Statement   Remove

Qualifier
Statement ▾

Format
Range ▾

Date
08/09/2016   📅

Date 2
10/07/2016   📅

📅 Misc. Date : Occurance   Remove

Qualifier
▾

Format
Date ▾

Date
12/21/2016   📅

📅 Value Information   Remove

Qualifier
Value Information ▾

Code
61

Value
99915

📅 Value Information   Remove

Qualifier
Value Information ▾

Code
24

Value
4072.73

| Claim | Patient & Insurance | Providers | Diagnosis | **Line Items** |

📄 Save Claim

⊕ Add Line Item

	Rev Code	HCPCS	Modifiers				DOS From	DOS To	Units	Billed Chrg	
1.	0023	1BGK1	mod1	mod2	mod3	mod4	08/09/2016	10/07/2016	1	0	Remove
2.	0421	G0151	mod1	mod2	mod3	mod4	09/20/2016	MM/DD/YYYY	1	151.36	Remove
3.	0421	G0151	mod1	mod2	mod3	mod4	09/21/2016	MM/DD/YYYY	1	151.36	Remove
4.	0421	G0151	mod1	mod2	mod3	mod4	09/23/2016	MM/DD/YYYY	1	151.36	Remove
5.	0421	G0151	mod1	mod2	mod3	mod4	09/28/2016	MM/DD/YYYY	1	151.36	Remove

Edit Provider ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓

Edit the provider by completing the form below. Don't forget to press *Save Provider* to commit your changes.

| Basic Information | Address & Notes | Provider Contracts |

Last Name *OR* Organization Name

▓▓▓▓▓▓▓▓▓▓▓▓

First Name
First Name

Middle Name
Middle Name

Suffix
Prov Suffix

Is Group?
Yes No

Is Active? (Next Credentialing Date Unknown)
Yes No

Valid W-9?
Yes No

Contract Type?
CONTRACT LOA

Provider Group
<Not Part of a Group> ▼

Provider Pay-To Group
<Not Part of a Pay-To Group> ▼

NPI
▓▓▓▓▓

Tax ID
▓▓▓▓▓

Medicare No
Medicare No.

Medicaid No
Medicaid No.

Phone
▓▓▓▓▓

Ext
Main Exter

Alt Phone
Alternate Phone

Fax
Fax Number

Beeper
Beeper Number

Email
Email Address

Available Service Types		Active Service Types
	Add →	Home Health Agency
	Remove ←	

Available Networks		Active Networks
	Add →	▓▓▓▓▓
	Remove ←	▓▓▓▓▓

Available Counties		Active Service Counties
TN ▼	Add →	
TN ANDERSON COUNTY	Remove ←	
TN BEDFORD COUNTY		
TN BENTON COUNTY		
TN BLEDSOE COUNTY	Auto Populate	
TN BLOUNT COUNTY		
TN BRADLEY COUNTY		
TN CAMPBELL COUNTY		

Created On 1/23/2017   **Last Updated On** 9/12/2017

Basic Information   **Address & Notes**   **Provider Contracts**

A list of **available** provider contracts is listed below. Add a contract to the **active** provider contract list by pressing *Add to Provider*. Provider contracts may be assigned to a specific plan by selecting the plan from the list before adding.

📖 Active Provider Contracts

Show [10 ▼] entries   Search: [_____]

Contract Name	Effective	Term	Network	Market	Plan		
	10/01/2017					🗁 Open	⊗ Remove

Showing 1 to 1 of 1 entries   Previous [1] Next

[≡ View Contract & Fee Schedule Summary]   [⊗ Close Provider Contract Editor]

PROVIDER CONTRACT   ❓

CONTRACT   ❓

CONTRACT RULE GROUP   ❓

Edit Contract Rules

Description

Show [5 ▼] entries   Search: [_____]

Seq ▲	Name	Method	Percent	Effective	Term	Active	AuthReq	FS State			
1		FEEFORSERVICE	100%	1/1/2011		TRUE	YES		🗁 Open	⊗ Remove	

Showing 1 to 1 of 1 entries   Previous [1] Next

[⊕ Add Rule]

Edit Contract Rule

Sequence
[1]

Rule Name
[_____]

Description
[_____]

Method
[FEE FOR SERVICE ▼]

Pay Percent
[100]

Bill Percent
[%]

Fee Schedule
[_____]

Description

Seq	Fee Table	Effective	Term
		01/01/2011	

FEE SCHEDULE DETAILS

Edit Fee Schedule Details

Show [5 ▼] entries

REV	HCPCS	Mod1	Mod2	F Amt	NF Amt
[REV]	[HCPCS]	[MOD 1]	[MOD 2]	[Facility Amount]	[Non-Facility Amount]
	G0153			$161.00	$161.00
	G0494			$111.00	$111.00
	G0162			$158.00	$158.00
	G0495			$158.00	$158.00

Showing 1 to 5 of 17 entries

Auto-Complete Example

Live Work Queue Split-Screen

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🔍 Ins ID, Claim ID, NPI...   📊 Daily   ▦ Claims   👤 Members   💳 Payments   🔍 Authorizations   ✉ Letters   ⚙ ▾   ⎆

📶 46

Member Search

Enter member search options below. Members that match **all** criteria will be listed. Press *Enter* or click the search button to start the search. Click the member in the list to edit. If only one result is found, the page will automatically navigate to the member edit.

Carrier	Member ID	Member Name	DOB
	Enter HP Member ID	smith jo	MM/DD/YYYY 📅

New Member   Search

📖 Search Results

Show [10 ▾] entries   Search: [_____]

System ▲	Member ID	Name	DOB	DOD	Sex	Carrier	Program	Benefit Plan	Group No	Effective	Term
EDI										01/01/2015	12/31/2015
EDI										01/01/2016	12/31/2199
EDI										01/01/2016	10/31/2016
EDI										01/01/2016	12/31/2199
EDI										01/01/2016	12/31/2199
EDI										01/01/2016	12/31/2016
EDI										01/01/2016	12/31/2199
EDI										01/01/2015	12/31/2015
EDI										01/01/2016	12/31/2199
EDI										01/01/2016	12/31/2016

Showing 1 to 10 of 100 entries   Previous 1 2 3 4 5 … 10 Next

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provident solutions — Claims Manager

🔍 Ins ID, Claim ID, NPI...   📊 Daily   ▦ Claims   👤 Members   💳 Payments   🔍 Authorizations   ✉ Letters   ⚙ ▾   ⎆

📶 46

Payment Search

Enter payment search options below. Payment runs that match **all** criteria will be listed. Press *Enter* or click the search button to start the search. Click the payment run in the list to view details on the payment screen.

Payment Date From	Payment Date To	Check Date From	Check Date To
MM/DD/YYYY 📅	MM/DD/YYYY 📅	MM/DD/YYYY 📅	MM/DD/YYYY 📅

EOP ID	Check/Trace No.	Patient Name	Provider Name
EOP ID	Check or Trace No.	Partial Name OK	Partial Name OK

New Payment Run   Search

📖 Search Results

Show [10 ▾] entries

Payment ID ▾	Created	Check Date	Generated By User	Total Paid				
4652	12/02/2016	12/06/2016		22849.88	⧉ View All EOPs	⧉ View All ERAs	⧉ View All Checks	▤ Show Details
4651	12/02/2016	12/05/2016		27651.97	⧉ View All EOPs	⧉ View All ERAs	⧉ View All Checks	▤ Show Details
4605	11/23/2016	12/02/2016		31654.43	⧉ View All EOPs	⧉ View All ERAs	⧉ View All Checks	▤ Show Details
4651	12/02/2016	12/05/2016		27651.97	⧉ View All EOPs	⧉ View All ERAs	⧉ View All Checks	▤ Show Details
4605	11/23/2016	12/02/2016		31654.43	⧉ View All EOPs	⧉ View All ERAs	⧉ View All Checks	▤ Show Details

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Edit Member

Edit the member by completing the for[...]ges.

▣ Member

Last Name

Member ID

Address Line 1

City

Edit Enrollment

Sequence

`1`

Plan

▼

Effective Date

`01/01/2016` 📅

Ext Plan Name

Ext Member ID

Rate Code

Benefit Plan Code

Benefits

▼

Term Date

`12/31/2017` 📅

Ext Plan No

`Ext Plan No`

Group No

Program Code

[OK] [Close]

▣ Enrollment

Seq	Effective	Plan	Market	Ext Plan	Updated	Source	PCP
1	1/1/2016 thru 12/31/2017				1/14/2017		
1	1/1/2016 thru				1/14/2017		
1	1/1/2015 thru 12/31/2015				10/20/2015		

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Ins ID, Claim ID, NPI...

📶 46

File Archive

[⧉ Download] [Annotated] [Plain Text]

ISA_LOOP	ISA*00* *00* *ZZ...*P*:~
GS_LOOP	GS*HC*...*005010X223A2~
ST_LOOP	ST*837*0001*005010X223A2~
HEADER	BHT*0019*00*6701189*20161226*1004*CH~
1000A	NM1*41*...
	PER*IC*...
1000B	NM1*40*...
2000A	HL*1**20*1~

Loop 2000A : Billing Provider Hierarchical Level

Abbr.	Segment	Max
HL	Billing Provider Hierarchical Level	1
PRV	Billing Provider Specialty Information	1
CUR	Foreign Currency Information	1

2000B	HL*2*1*22*0~
	SBR*P*18*******MA~
2010BA	NM1*IL*...
	N3*...
	N4*...
	DM*...
2010BB	NM1*I...
2300	CLM...*85.01***32:A:9**A*Y*Y~
	DTP*434*RD8*20161216-20161216~
	DTP*435*D8*20161216~
	DTP*050*D8*20161222~

2400	LX*2~
	SV2*0551*HC:G0299:::::Direct skilled nursing services of a registered nurse (RN) in the home health or*85*DA*4~
	DTP*472*D8*20161216~
	REF*6R*2~
2430	SVD*AGP*85*HC:G0299*
	DTP*573*D8*20161224~
2400	LX*3~
	SV2*0551*HC:Q5001:::::H...nce*0.01*DA*1~
	DTP*472*D8*20161216~
	REF*6R*3~

1. 2:1 Product or Service ID Qualifier (Valid Codes: ER, HC, HP, IV, WK)
2. 2:2 Procedure Code
3. 2:3 Procedure Modifier
4. 2:4 Procedure Modifier
5. 2:5 Procedure Modifier
6. 2:6 Procedure Modifier
7. 2:7 Description
8. 2:8 Product/Service ID

2430	SVD*AGP*0*HC:Q5001*0551*1~
	CAS*CO*97*0.01~
	DTP*573*D8*20161224~
2000B	HL*3*1*22*0~
	SBR*P*18*******MA~

PROVIDER ID NO	TAX ID NO	DATE
	XXXXX3273	02/15/2018

****1444 **PAY EXACTLY** 67 CENTS

CHECK ENCLOSED

DATE 02/15/2018

PROVIDER NAME	
ADDRESS	
PROVIDER ID NO	
TAX ID NO	XXXXX3273
CHECK NUMBER:	22097

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	1,444.67		AMOUNT PREVIOUSLY OVERPAID	0.00
INTEREST PAID	0.00		AMOUNT DISBURSED	1,444.67
NET AMOUNT DUE	1,444.67		RECOUPMENT BALANCE	0.00

TO AVOID ANY UNNECESSARY DELAYS IN CLAIMS PROCESSING, PLEASE INCLUDE CURRENT COORDINATION OF BENEFITS (COB) INFORMATION WHEN SUBMITTING CLAIMS.

Remittance Advice (EOP-)

PROVIDER ID NO   02/15/2018
CHECK NUMBER:

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED OTHER RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	NET PAID
INSURED'S NAME:			INSURED'S ID:						PATIENT NAME:			FOR INQUIRIES CALL	
PATIENT ACCOUNT #:			CLAIM NUMBER						RECEIVED DATE: 12/29/2017				
SERVICE PROVIDER			SERVICE PROVIDER ID:										
10/25/2017-10/25/2017	0023 1AFNU		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00
10/25/2017-10/25/2017	0421 G0151		150.00	110.00	0.00	0.00	0.00	40.00	0.00	CO45	0.00		110.00
10/25/2017-10/25/2017	0031 G0152		150.00	110.00	0.00	0.00	0.00	40.00	110.00	CO45 CO15 N435	0.00		0.00
10/26/2017-10/26/2017	0421 G0151		150.00	110.00	0.00	0.00	0.00	40.00	110.00	CO45 CO198 N435	0.00		0.00
10/27/2017-10/27/2017	0421 G0151		150.00	110.00	0.00	0.00	0.00	40.00	0.00	CO45	0.00		110.00
10/28/2017-10/28/2017	0421 G0151		150.00	110.00	0.00	0.00	0.00	40.00	0.00	CO45	0.00		110.00
10/29/2017-10/29/2017	0421 G0151		150.00	110.00	0.00	0.00	0.00	40.00	0.00	CO45	0.00		110.00
10/30/2017-10/30/2017	0421 G0151		150.00	110.00	0.00	0.00	0.00	40.00	0.00	CO45	0.00		110.00
10/31/2017-10/31/2017	0421 G0151		150.00	110.00	0.00	0.00	0.00	40.00	0.00	CO45	0.00		110.00
11/01/2017-11/01/2017	0421 G0151		150.00	110.00	0.00	0.00	0.00	40.00	0.00	CO45	0.00		110.00
	TOTAL:		1,350.0	990.00	0.00	0.00	0.00	360.00	220.00		0.00		770.00

INTEREST PAID   0.90
AMOUNT PAID BY OTHER INSURANCE COMPANY   0.00
                              TOTAL NET PAID: 770.90

GROSS APPROVED CLAIM AMOUNT   2,475.00
TOTAL INTEREST   2.90
NET AMOUNT DUE   2,477.90

EXPL CODES	EXPLANATION
CO45	CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT. (USE GROUP CODES PR OR CO DEPENDING UPON LIABILITY).
CO198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.
N435	EXCEEDS NUMBER/FREQUENCY APPROVED /ALLOWED WITHIN TIME PERIOD WITHOUT SUPPORT DOCUMENTATION.
CO95	PLAN PROCEDURES NOT FOLLOWED.
CO15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.

Line Item Totals : Contract		Denial	Member Responsibility				Miscellaneous		Payment		
Charge	ContractWO	Denial	Deduct	Copay	Colns	NonCov	WithCOB	Other	Refund	CapAdj	Paid
264.81	264.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claim Totals : Contract		Denial	Member Responsibility				Miscellaneous		Payment		
Charge	ContractWO	Denial	Deduct	Copay	Colns	NonCov	WithCOB	Other	Refund	CapAdj	Paid
902.64	529.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	373.02

Pend this claim by entering a date or selecting a number of days. [   ] *format MM/DD/YYYY* [▼] days

This claim will remain in *pending* status until this date. Click **Update** to save changes. [Update]

Submission Log

Date	Type	
1/31/2018	PAPER HCFA	[Open PDF]
1/30/2018	PAPER HCFA	[Open PDF]
1/26/2018	ANSI EDI	[Open EDI]

Carrier Status (Claim Level)

Source	Date	Charged	Paid	Status	Reason
276/277	2/2/2018	0.00	0.00	Acknowledgement/Not Found	Claim/encounter not found.

PCM Note Added 1/22/2018 2:53PM by user Incident926097

Claim reprocessed through auto-adjudication script for new 2018 code or rate. MS999 used due to MSI error.

A claim status request is being sent.

Please allow up to one minute for this request to process.

You may close this window at any time OR wait for the status update and the claim screen will refresh automatically.

Status for Claim ID

Claim Level Status

Source	Action	Date	Charged	Paid	Status	Reason
277CA	Accept	2/9/2018	119.02	0.00	Acknowledgement/Acceptance into adjudication system	Accepted for processing.

Line Item Level Status

Line 1	Code/Mod	77080	DOS 1/27/2018	R Line Charges	119.02	Balance	0.00

Carrier Report Source 277CA **Date** 2/9/2018 **Chrg** 119.02 **Paid** 0.00 **Status** Acknowledgement/Acceptance into adjudication system
Carrier Reason Accepted for processing.
Carrier Report Source 276/277 **Date** 2/16/2018 **Chrg** 0.00 **Paid** 0.00 **Status** Acknowledgement/Receipt
Carrier Reason Cannot provide further status electronically.

Benefits

Created	Member	DOB	Insured ID	HRA	HRA Bal	Medicare	Coverage	Eligibility Dates
2/16/2018				false	0.00	false		1/1/2018

B5 =B2+B3-B4

	A	B	C	D	E	F	G	H
1	Claims System Roll Forward 2017-12			Full AR Totals			Capitated Totals	
2	Open AR 2017-11	6,337,512.37		Open AR 2017-11	6,193,676.46		Open AR 2017-11	190,248.82
3	Billing 2017-12	33,780,447.76		Billing 2017-12	24,210,554.32		Billing 2017-12	9,569,893.44
4	Adjustments 2017-12	34,871,729.11		Adjustments 2017-12	25,540,954.31		Adjustments 2017-12	9,369,526.28
5	Calculated AR	5,246,231.02		Calculated AR	4,863,276.47		Calculated AR	390,615.98
6	Actual AR 2017-12	5,246,231.02		Actual AR 2017-12	4,863,276.47		Actual AR 2017-12	390,615.98
7	Difference	0.00		Difference	0.00		Difference	0.00

rolling / billing / adjustments / open ar last month / open ar this month

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Payment Adj Billing AR Reconciliation 2017-12 (send any questions to jburke@provident-solutions.com) (1).xlsx - Microsoft Excel

AD324928

	AD	AE	AF	AG	AH	AI	AJ	AK
1	hsa	interest	noncov	payamt	refund	smallbal	unappl	withcob
324917	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
324918	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
324919	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
324920	0.00	0.00	536.00	0.00	0.00	0.00	0.00	
324921	0.00	0.00	589.60	0.00	0.00	0.00	0.00	
324922	0.00	0.00	0.00	(1,944.59)	0.00	0.00	0.00	
324923	0.00	0.00	0.00	(39.84)	0.00	0.00	0.00	
324924	0.00	0.00	0.00	(16.13)	0.00	0.00	0.00	
324925	0.00	0.00	0.00	(1.71)	0.00	0.00	0.00	
324926	0.00	0.00	0.00	16.13	0.00	0.00	0.00	
324927	(413,275.07)	(69,586.13)	307,513.92	20,255,018.54	(72,841.64)	62.01	0.00	49,1
324928								
324929								

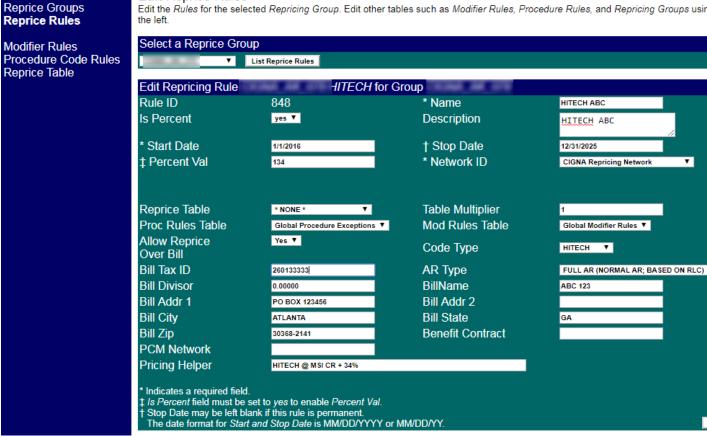rolling / billing / adjustments / open ar last month / open ar this month

Edit Reprice Rules

Edit the *Rules* for the selected *Repricing Group*. Edit other tables such as *Modifier Rules, Procedure Rules,* and *Repricing Groups* using the menu to the left.

Reprice Groups
Reprice Rules

Modifier Rules
Procedure Code Rules
Reprice Table

Select a Reprice Group

[_____ ▼] [List Reprice Rules]

Edit Repricing Rule ████ HITECH for Group ████

Rule ID	848	* Name	HITECH ABC
Is Percent	yes ▼	Description	HITECH ABC
* Start Date	1/1/2016	† Stop Date	12/31/2025
‡ Percent Val	134	* Network ID	CIGNA Repricing Network ▼
Reprice Table	* NONE * ▼	Table Multiplier	1
Proc Rules Table	Global Procedure Exceptions ▼	Mod Rules Table	Global Modifier Rules ▼
Allow Reprice Over Bill	Yes ▼	Code Type	HITECH ▼
Bill Tax ID	260133333	AR Type	FULL AR (NORMAL AR; BASED ON RLC) ▼
Bill Divisor	0.00000	BillName	ABC 123
Bill Addr 1	PO BOX 123456	Bill Addr 2	
Bill City	ATLANTA	Bill State	GA
Bill Zip	30368-2141	Benefit Contract	
PCM Network			
Pricing Helper	HITECH @ MSI CR + 34%		

* Indicates a required field.
‡ *Is Percent* field must be set to *yes* to enable *Percent Val.*
† Stop Date may be left blank if this rule is permanent.
  The date format for *Start and Stop Date* is MM/DD/YYYY or MM/DD/YY.

[Cancel] [Submit]

MCRS Reporting

Select an action
Show Queue
Search
Run New

Current Period
2018-02

MCRS Alerts

Report [Sub-Account AR by DOS Report ▼]

Title Contains [_____]   **Period** (when applicable) [▼] [▼]

[Submit Search]

Report Name	Status	Start Date	Finish Date
Payment Adj Billing AR Reconciliation 2018-01	Finished	2/16/2018 4:27PM	2/16/2018 4:39PM
SunTrust Daily By Deposit 02/15/2018	Finished	2/16/2018 6:19AM	2/16/2018 6:19AM
SunTrust Daily By Deposit 02/14/2018	Finished	2/15/2018 6:19AM	2/15/2018 6:19AM

MCRS Daily Alerts

Status	Alert Name	Detection Method	Data
OK	PCM To MCRS Interface	No PCM To MCRS interface run in the past 24 hours; warning if no claims processed.	2/16/2018 3:31AM 4973 claims.
OK	MCRS To PCM Interface	No MCRS To PCM interface run in the past 24 hours; warning if no claims processed.	2/15/2018 11:31PM 6966 claims.
OK	Build Outgoing Claims Files	Claims not sent after 24 hours in MCRS.	Num Claims: 0
OK	Build Outgoing SunTrust Files	Paper claims not sent to SunTrust after 72 hours.	
OK	Send Claims Files	Claim file queued for more than 24 hours.	
OK	Receive Post N Track Files	No Post N Track files (MVP, HealthPartners) in the past three days; warning if none in the past two days.	2/14/2018 6:10PM HPMN003270_1_20180214035003_5010.835 P 2/14/2018 6:10PM HPMN20180214-262511376_PA.999 P 2/14/2018 6:10PM HPMN20180214-262511376_SUMMARY_5010.HTML P
OK	Receive Cigna Direct Files	No Cigna files in the past two days; warning if none in the past 24 hours.	2/14/2018 6:10PM PROD.621615395.005010X221A1.20180213-200003.5D584CA2-AF9D-452B-86E9-B2C186E1637B.dat P 2/14/2018 6:10PM PROD.005010X214.20180213-200126.C44E8557-36AC-
OK	Receive Emdeon Files	No Emdeon files in the past two days; warning if none in the past 24 hours, except on the weekend.	2/14/2018 7:38PM 20180444fe1mcds.asc P 2/14/2018 7:38PM 20180444fe9mcds.asc P 2/14/2018 7:38PM 20180445001mcds.asc P
OK	Check 277 Status Records	Less than 100 claim status records in past seven (7) days.	
OK	Receive SunTrust Files	No SunTrust files in the past three days (except on the weekend); warning if none in the past two days.	2/14/2018 7:34PM 20180214_1021410.835 P 2/15/2018 6:00PM 20180215_1021410.835 P
OK	Receive PNC/NALC Files	No PNC files in the past three days (except on the weekend); warning if none in the past two days.	2/14/2018 8:20PM hca.medsol.nalc_20180214-075120000032.out P 2/15/2018 8:20PM hca.medsol.nalc_20180215-082001000121.out P
OK	Receive Redirect Files	No misdirected claim files from Cigna in the past four days (except on the weekend); warning if none in the past three days.	2/15/2018 6:50AM bde00010.44074.MSI62308ORS.005010X222A1ORS.20180215-0600295.edi X 2/15/2018 6:50AM
OK	Receive Lockbox Data	No lockbox data from SunTrust in the past three days (except on the weekend); warning if no eClaim or CSV records.	Found 789 Suntrust CSV records. Found 852 E-Claim records. Found 494 NACHA records.
OK	Process Claims Files	Claim files remain unprocessed for 36 hours.	
OK	Claims Acknowledged From HP	No claim acknowledgement for three days.	Sent 3/5/2016 3:38AM 01222016EE01293 1 Sent 3/5/2016 3:38AM 01262016EE02412 1 Sent 3/5/2016 3:38AM 03042016EE01711 1