ENVOY Corporation

HealthCare Batch Systems

Claim Submitter Reports

Reference Guide
June 2000

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Using the Reports

ENVOY sends you several reports and messages when claims are received and processed. These reports are explained in detail in this document. All ENVOY correspondence is transmitted electronically to your mailbox. Your mailbox is a directory on the ENVOY system where reports are stored until you call and request that they be delivered. You need to know how to open, view, read and print your mail. If you are not familiar with these routines, please contact your system administrator for assistance.

Understanding and using ENVOY reports is crucial for maintaining control over your electronic claims. The reports contain concise information about the status of your claims, showing which claims were accepted and which claims need to be resubmitted. Reports can also help you maintain accounts receivable. These reports should be pulled and distributed to the proper departments for analysis.

All communications have a **Reference Number** in the top left corner of the report. This number is very important when contacting ENVOY. When calling for technical support, claims tracking or submitting questions, it is imperative that you reference this number. ENVOY's Help Desk staff uses the reference number to locate your claims in the processing system.

Daily and monthly reports are available. The following pages contain definitions and examples to help you utilize these reports.

The more you utilize these reports, the more efficient the entire process can be. If you have any problems receiving your reports, contact ENVOY Customer Support at (800) 845-6592.

Understanding the Reports

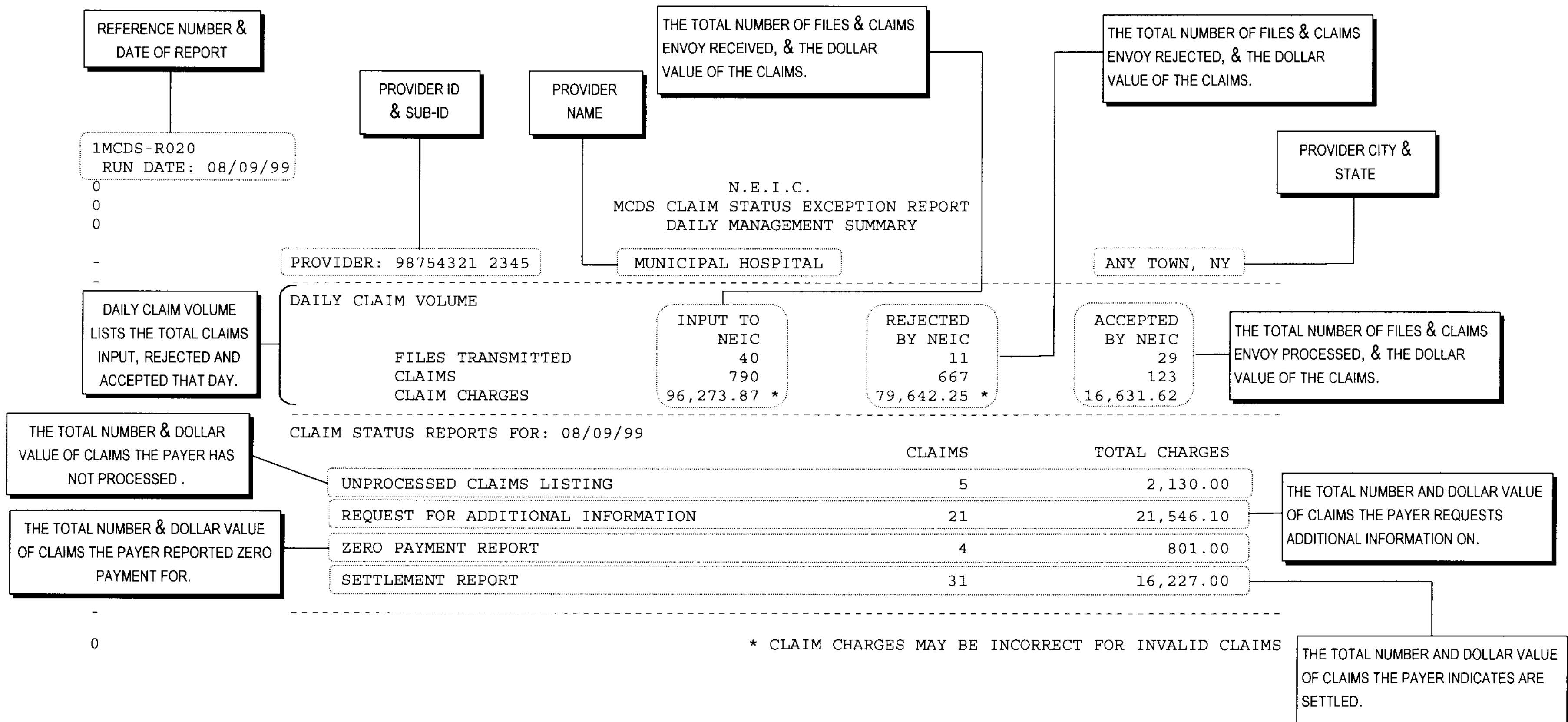
This guide contains sample Daily and Monthly reports in a 133-character print format. ENVOY's Commercial Claims systems produce these reports during the validation cycle.

The reports are similar for all ENVOY claim systems. Differences include:

1. The report Reference Number in the upper left-hand corner of the report:
   - HCDS-R021 (HCDS)
   - MCDS-R021 (MCDS and DCDS)
2. The report title specifying the ENVOY system:
   - Hospital Claims Distribution System (HCDS)
   - Medical/Dental Claims Distribution System (MCDS and DCDS)
3. The *Provider Daily Summary (*R023) displays a column for CHAMPUS claims for HCDS only. (CHAMPUS is not available to new Submitters.)
4. Medical and Dental Reports both use the "Medical/Dental Claims Distribution System" heading. To identify a batch of medical claims vs. dental claims:

Daily Management Summary [R020]

The *Daily Management Summary* is a one-page Provider report listing the number of claims received and the total charges for that day's submissions. The report also contains Claim Status information supplied by Payers.



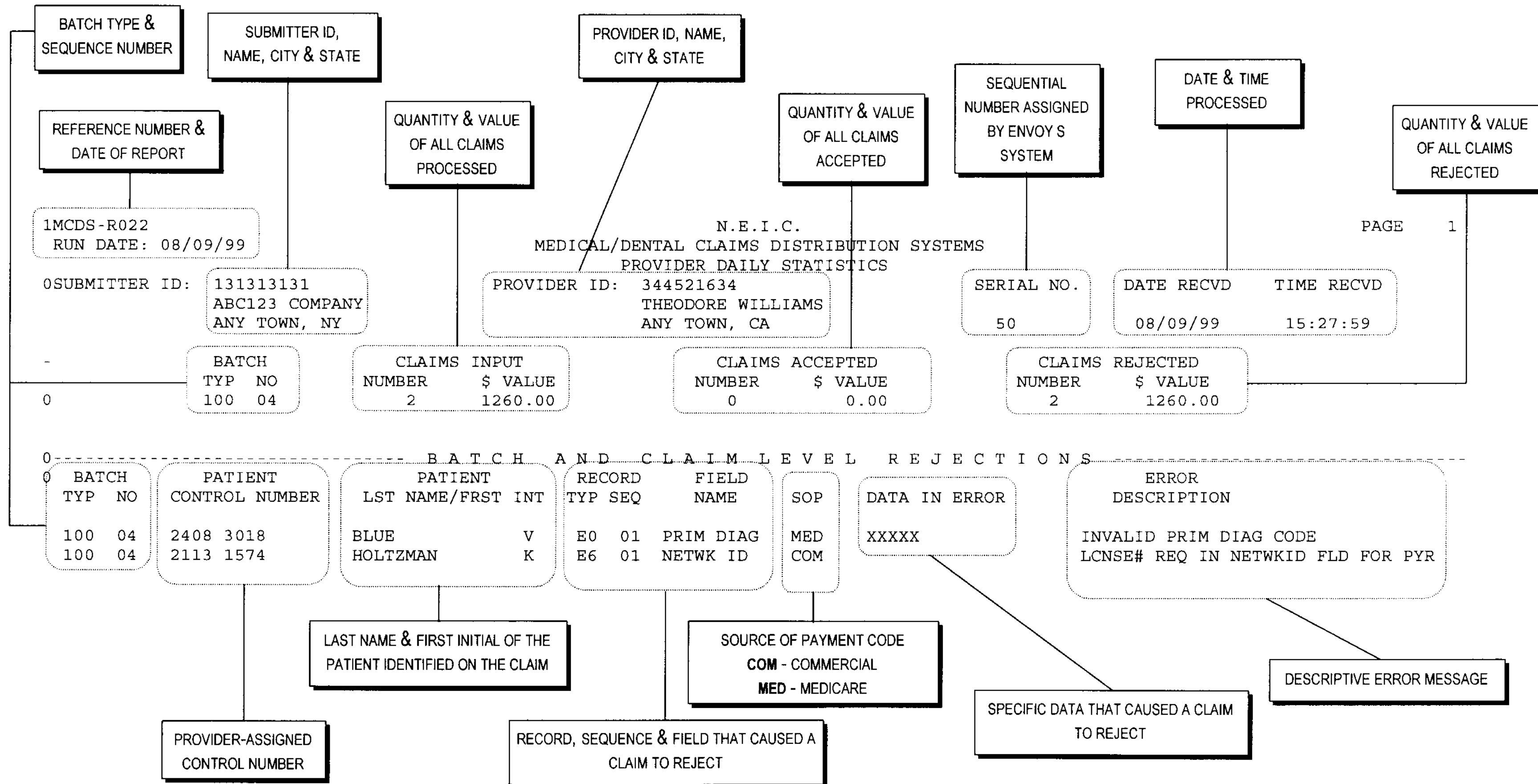
R020 Explanation of Detail Information

Sequence	By Provider and by Serial Number.
Frequency	Daily (if claim data is submitted on a daily basis.)
Usage	To monitor daily number of claims and charges by report type.

REPORT HEADING	DESCRIPTION
Reference Number	Identifies the report (see page 5) and the Claim Processing System (MCDS or HCDS).
Run Date	The date ENVOY's systems generated the report.
Provider	The Provider's Tax ID and Sub ID.
Provider Name	The Provider's name.
Provider City & State	The Provider's City and State address.
Daily Claim Volume	This section lists file and claim totals from ENVOY for the activity that day.
Input to NEIC	The number of files and claims ENVOY received that day, and the dollar value of the claims.
Rejected by NEIC	The number of files and claims rejected by ENVOY that day, and the dollar value of the claims.
Accepted by NEIC	The number of files and claims ENVOY accepted that day, and the dollar value of the claims.
Claim Status Reports	This part of the report shows Claim Status totals, based on status information returned by the Payers.
Unprocessed Claims	The number and dollar amount of claims that Payers have not yet processed.
Request For Additional Information	The number and dollar amount of claims that Payers requested additional information about.
Zero Payment Claims	The number and dollar amount of claims ENVOY has received zero payment messages from the Payers for.
Settlement Report	The number and dollar amount of claims Payers indicate are settled.

Provider Daily Statistics [R022]

This report contains totals, by batch, of claims submitted, accepted and rejected for each Provider. Rejected batches and rejected claims are listed with detailed error explanations. Claims with "Warnings" appear on the monthly report, not on the daily report.



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R022 Explanation of Detail Information

Sequence	By Batch Type, Batch Number, Provider ID and Serial Number.
Frequency	Daily (if claims are submitted on a daily basis).
Usage	To monitor daily Provider statistics and daily batch and claim level rejections. Contains explanations necessary to correct any rejected claims.

REPORT HEADING	DESCRIPTION
Reference Number	Identifies the report (see page 5) and the Claim Processing System (MCDS or HCDS).
Run Date	The date ENVOY's systems generated the report.
Submitter ID	The file Submitter's Federal Tax Identification Number, Name, City and State address.
Provider ID	The Provider's Tax ID, Sub ID, City and State address.
Serial Number	A unique number assigned to the batch by the Submitter's system. ENVOY uses this number to help determine if the batch submitted is a new or duplicate batch.
Serial No	A sequential identification number assigned to the batch by ENVOY's systems.
Date Recvd / Time Recvd	The date and time when ENVOY received the batch.
Batch Typ / No	The batch type indicator and a sequential number assigned to each batch in the order it is received from the Submitter.
Claims Input	The number and value of submitted claims in the batch for each Provider.
Claims Accepted	The number, percentage and value of accepted claims in the batch for each Provider.
Claims Rejected	The number, percentage and value of rejected claims in the batch for each Provider.
Batch and Claim Level Rejections	This section of the report contains detailed error explanations for rejected batches and rejected claims within batches.
Batch Typ / No	For the claim in error, the batch type indicator and number of the batch.
Patient Control Number	A unique identification number assigned to the patient by the Provider.
Patient Lst Name / Frst Int	The patient's last name and first initial.
Record Typ / Seq	The Record Type and Sequence Number where the error occurred.
Field Name	The name of the field where the error occurred.
SOP	Source of Payment, Commercial (COM) or Medicare (MED).
Data In Error	The specific data in the specified field that caused the error.
Error Description	Describes the error supplied by the ENVOY editor.

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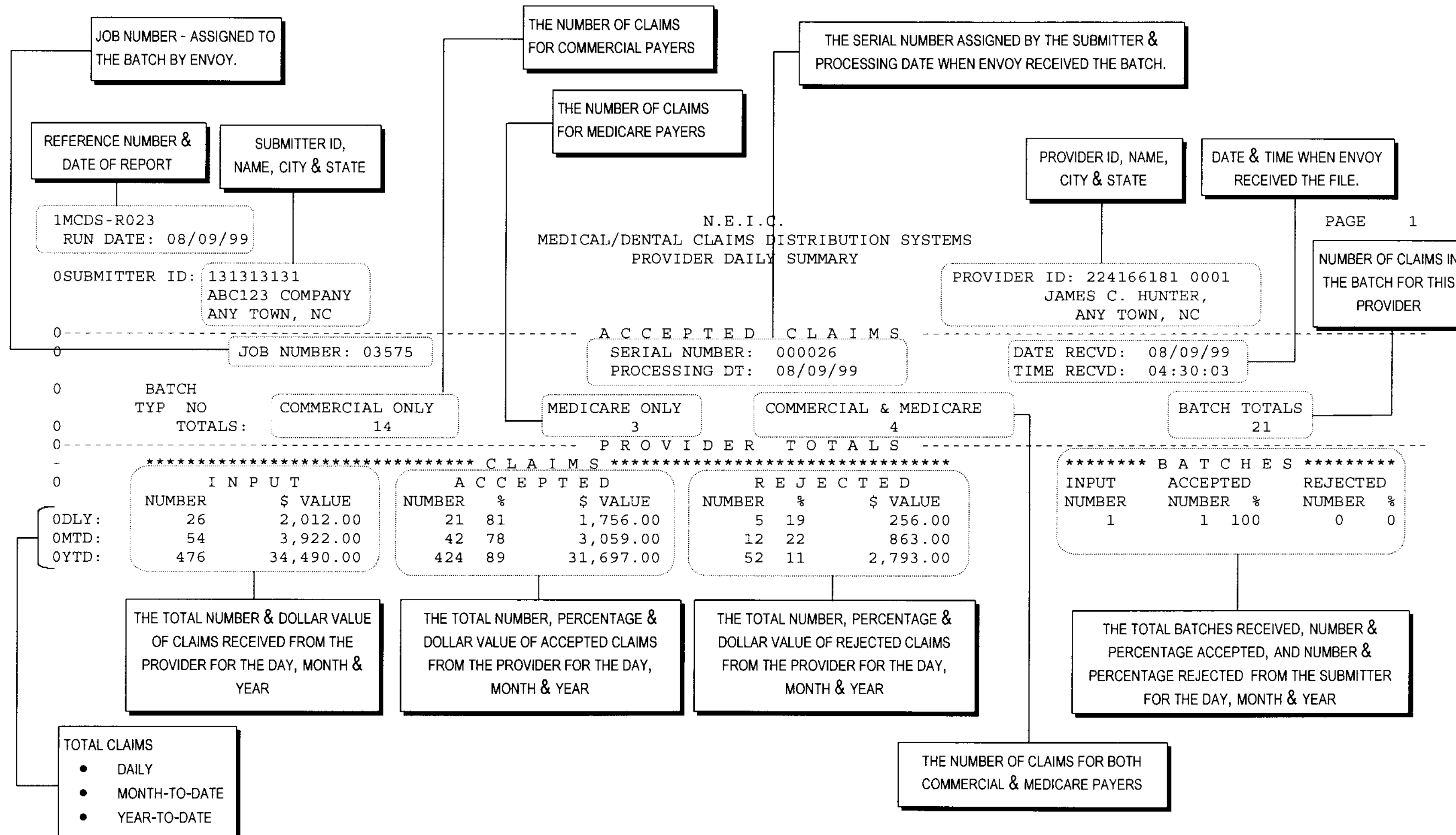
Provider Daily Summary [R023]

The ***Provider Daily Summary*** report shows the number of accepted claims per batch. The Provider Totals section shows all input, accepted and rejected statistics for the day, month-to-date and year-to-date.



R023 Explanation of Detail Information

Sequence	By Batch Type, Batch Number, Provider ID and Serial Number.
Frequency	Daily (if claim data is submitted on a daily basis).
Usage	To monitor daily Provider statistics by Source of Payment.

REPORT HEADING	DESCRIPTION
Reference Number	Identifies the report (see page 5) and the Claim Processing System (MCDS or HCDS).
Run Date	The date ENVOY's systems generated the report.
Submitter ID	The file Submitter's Federal Tax Identification Number, Name, City and State address.
Provider ID	The Provider's Tax ID, Sub ID, City and State address.
Accepted Claims	
Job Number	The number assigned by the ENVOY mainframe computer for the claims batch submitted.
Serial Number	A unique number assigned to the batch by the Submitter's system. ENVOY uses this number to help determine if the batch submitted is a new or duplicate batch.
Processing Date	The date the claims batch was created by the Submitter's software.
Date Recvd / Time Recvd	The date and time when ENVOY received the batch.
Batch Typ / No	The batch type indicator and a sequential number assigned to each batch in the order it is received from the Submitter.
Commercial Only	The number of accepted claims in the batch for commercial Payers.
Medicare Only	The number of accepted Medicare-only claims in the batch.
Commercial & Medicare	The number of accepted claims with both a commercial Payer and Medicare as either the primary or secondary Payer.
Batch Totals	The total number of claims in the claims batch submitted by Provider.
Provider Totals	This section of the report shows Provider totals of all claims for the Day, Month-to-Date and Year-to-Date.
Claims Input	The number and dollar value of claims received for the Day, Month-to-Date and Year-to-Date.
Claims Accepted	The number, percentage and dollar value of claims accepted for the Day, Month-to-Date and Year-to-Date.
Claims Rejected	The number, percentage and dollar value of claims rejected for the Day, Month-to-Date and Year-to-Date.
Batches	The number and percentage of batches input, accepted and rejected containing claims for the Provider.

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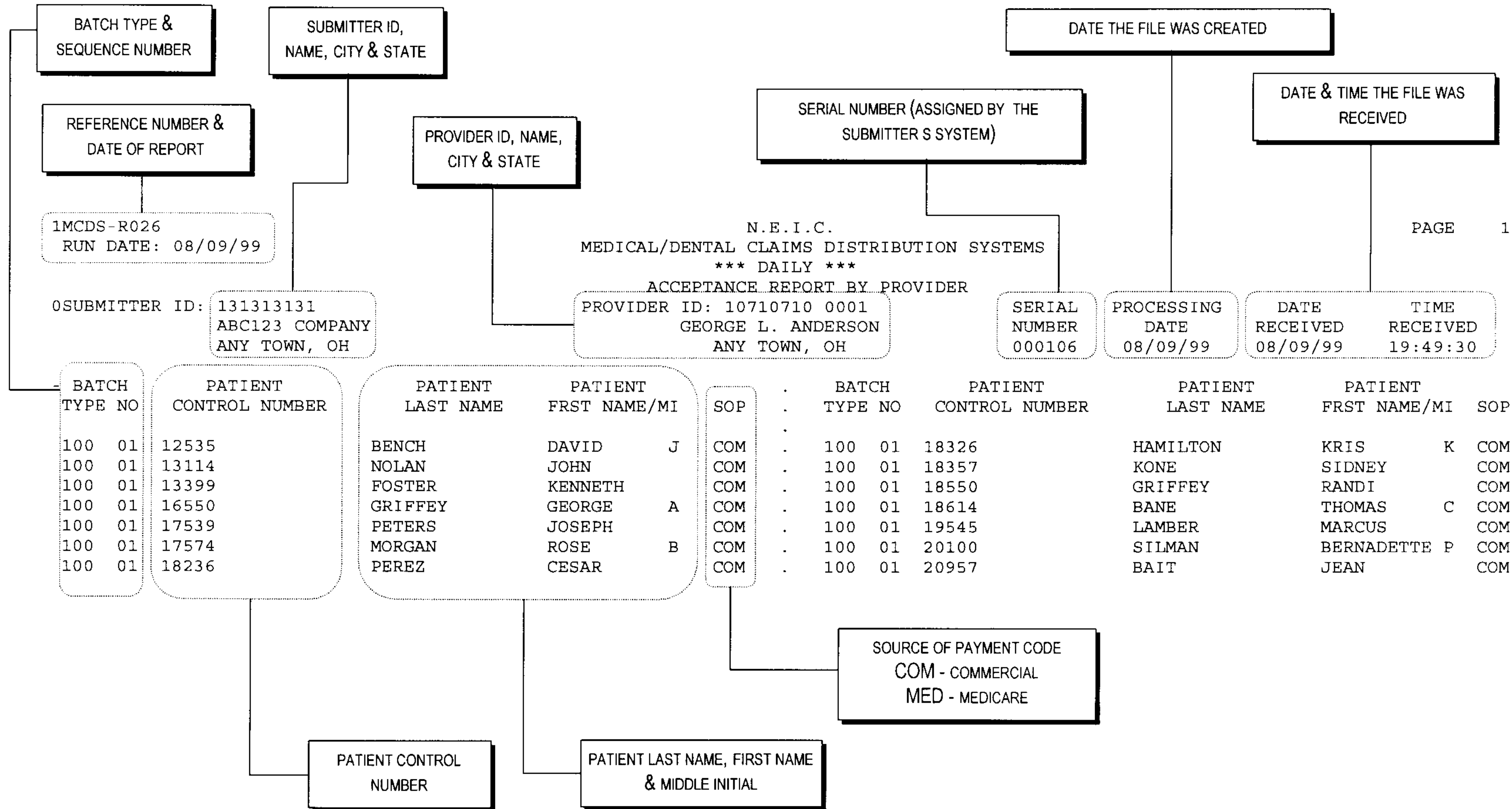
Daily Acceptance Report By Provider [R026]

The ***Daily Acceptance Report by Provider*** lists the claims accepted by ENVOY and sent to the Payers.



1MCDS-R026
RUN DATE: 08/09/99

N.E.I.C.
MEDICAL/DENTAL CLAIMS DISTRIBUTION SYSTEMS
*** DAILY ***
ACCEPTANCE REPORT BY PROVIDER

PAGE 1

0SUBMITTER ID: 131313131
ABC123 COMPANY
ANY TOWN, OH

PROVIDER ID: 10710710 0001
GEORGE L. ANDERSON
ANY TOWN, OH

SERIAL NUMBER	PROCESSING DATE	DATE RECEIVED	TIME RECEIVED
000106	08/09/99	08/09/99	19:49:30

BATCH TYPE	NO	PATIENT CONTROL NUMBER	PATIENT LAST NAME	PATIENT FRST NAME/MI		SOP
100	01	12535	BENCH	DAVID	J	COM
100	01	13114	NOLAN	JOHN		COM
100	01	13399	FOSTER	KENNETH		COM
100	01	16550	GRIFFEY	GEORGE	A	COM
100	01	17539	PETERS	JOSEPH		COM
100	01	17574	MORGAN	ROSE	B	COM
100	01	18236	PEREZ	CESAR		COM
100	01	18326	HAMILTON	KRIS	K	COM
100	01	18357	KONE	SIDNEY		COM
100	01	18550	GRIFFEY	RANDI		COM
100	01	18614	BANE	THOMAS	C	COM
100	01	19545	LAMBER	MARCUS		COM
100	01	20100	SILMAN	BERNADETTE	P	COM
100	01	20957	BAIT	JEAN		COM

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R026 Explanation of Detail Information

Sequence	By Batch Type, Batch Number, Patient Control Number, Provider ID and Serial Number.
Frequency	Daily (if this report option is chosen and claim data is submitted on a daily basis).
Usage	To monitor daily accepted claims for each Provider.

REPORT HEADING	**DESCRIPTION**
Reference Number	Identifies the report (see page 5) and the Claim Processing System (MCDS or HCDS).
Run Date	The date ENVOY's systems generated the report.
Submitter ID	The file Submitter's Federal Tax Identification Number, Name, City and State address.
Provider ID	The Provider's Tax ID, Sub ID, City and State address.
Serial Number	A unique number assigned to the batch by the Submitter's system.
Processing Date	The date the claims batch was created by the Submitter's software.
Date Recvd / Time Recvd	The date and time when ENVOY received the batch.
Batch Typ / No	The batch type indicator and a sequential number assigned to each batch in the order it is received.
Patient Control Number	A unique identification number assigned to the patient by the Provider.
Patient Last Name	The last name of the patient.
Patient First Name / MI	The first name and middle initial of the patient.
SOP	The Source of Payment: Commercial (COM) or Medicare (MED).

Provider Monthly Summary [R028]

The ***Provider Monthly Summary*** contains Month-to-Date and Year-to-Date claim totals and statistics for each Provider.

```
1MCDS-R028                                      N.E.I.C.                                                    PAGE   1
 RUN DATE: 08/09/99              MEDICAL/DENTAL CLAIMS DISTRIBUTION SYSTEMS
                                         PROVIDER MONTHLY SUMMARY
                                         MONTH ENDING: 08/09/99
0SUBMITTER ID: 123454321                                            PROVIDER ID: 144145555 0050
               BILLS PHYSICIANS SER                                              GULLETT                D
               ANY TOWN, OH                                                      ANY TOWN, OH
0******************************************* C A R R I E R  O U T P U T  C L A I M S ***********************************************
 *                                                                                                                                   *
 * 1. A CLAIM CONTAINING MULTIPLE PAYERS = 1 CLAIM ON INPUT BUT MAY = MULTIPLE CLAIMS ON OUTPUT, DUE TO SPLITTING THE CLAIM OUT TO   *
 *    THE APPROPRIATE PAYORS.  THEREFORE, TOTAL ACCEPTED INPUT CLAIMS MAY NOT NECESSARILY MATCH TOTAL CARRIER OUTPUT CLAIMS.         *
 *                                                                                                                                   *
 * 2. THE PERCENT COLUMNS REPRESENT THE PERCENTAGE OF TOTAL CLAIMS AND DOLLAR AMOUNTS ATTRIBUTABLE TO EACH CARRIER THIS MONTH,       *
 *    ROUNDED TO THE NEAREST WHOLE NUMBER.                                                                                           *
 *                                                                                                                                   *
 *************************************************************************************************************************************
0                           CARRIER                    CLAIMS      %                 $ VALUE      %
0                      CONSOLIDATED LIFE                  1       50                  125.00     61
0                      MASS CASUALTY                      1       50                   81.00     39
0             MONTHLY CARRIER OUTPUT TOTALS:              2      100                  206.00    100
                              ----------- P R O V I D E R  T O T A L  I N P U T  C L A I M S -----------------------------------
                              ******  CLAIMS INPUT  ******   *******  CLAIMS ACCEPTED  *******   ******  CLAIMS REJECTED  ******
                                 NUMBER          $ VALUE       NUMBER    %          $ VALUE        NUMBER    %          $ VALUE
0      MONTHLY PROVIDER TOTALS:     2             206.00           2   100           206.00             0    0              .00
0YEAR TO DATE PROVIDER TOTALS:     40           5,235.00          39    98         5,154.00             1    3            81.00
------------------------------------ C L A I M  L E V E L  R E J E C T I O N S  A N D  W A R N I N G S ---------------------------
  FIELD                 ERROR                    ERROR      *   FIELD              ERROR                        ERROR
  NAME    W          DESCRIPTION              COUNT   %     *   NAME       W     DESCRIPTION                 COUNT      %
 PROV ZIP W PROVIDER ZIP NOT IN STATE RANGE      1  15.00   *  INS GRP NUM    GRP NO INVALID FOR CON LIFE        1   15.00
```

Callouts:

- REFERENCE NUMBER & DATE OF REPORT
- SUBMITTER ID, NAME, CITY & STATE
- PROVIDER ID, NAME, CITY & STATE
- THE DOLLAR VALUE OF CLAIMS ACCEPTED & PERCENT OF THE TOTAL DOLLAR VALUE SENT TO THIS PAYER.
- EACH PAYER THE PROVIDER SUBMITTED CLAIMS TO IS LISTED ON A SEPARATE LINE.
- THE TOTAL NUMBER & VALUE OF CLAIMS RECEIVED FROM THE PROVIDER.
- THE NUMBER & PERCENT OF CLAIMS ACCEPTED FROM THE PROVIDER.
- THE TOTAL NUMBER, PERCENTAGE & VALUE OF CLAIMS ENVOY ACCEPTED FROM THE PROVIDER.
- THE PERCENTAGE OF BATCHES THAT ERRORED
- THE TOTAL NUMBER, PERCENTAGE & VALUE OF CLAIMS REJECTED FOR THE MONTH AND THE YEAR-TO-DATE.
- W = WARNING [BLANK] = REJECTION
- THE NAME OF THE FIELD THAT CAUSED THE ERROR
- DESCRIPTION OF THE DATA THAT CAUSED THE ERROR
- THE NUMBER OF BATCHES THAT ERRORED

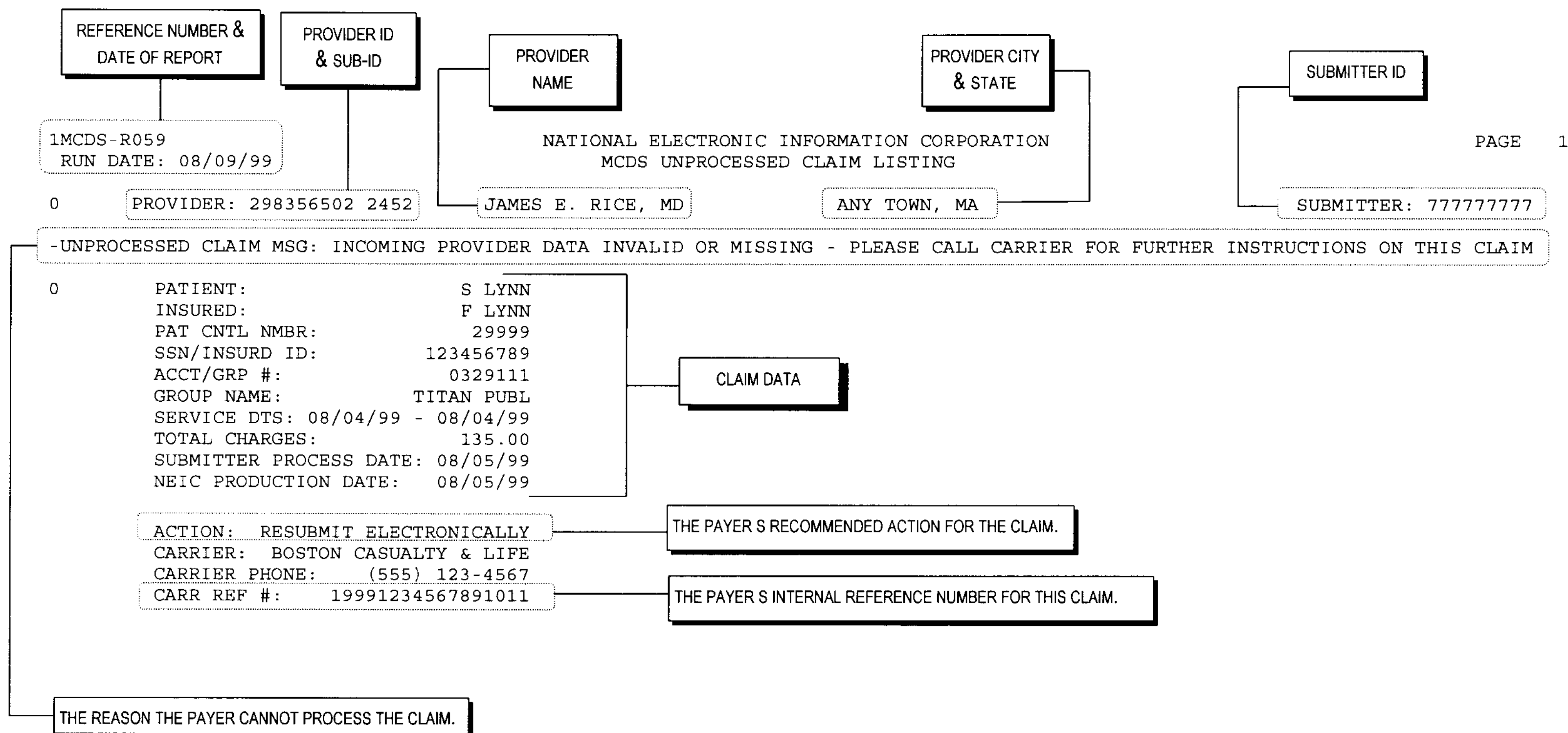
R028 Explanation of Detail Information

Sequence	By Provider ID and Payer Name.
Frequency	Monthly.
Usage	Monitors overall monthly Provider statistics (including claims sent to the listed insurance Payers) and the most frequent claim-level rejections and warnings. This is the only report which displays Payer output claims and claim level warnings.

REPORT HEADING	DESCRIPTION
Reference Number	Identifies the report (see page 5) and the Claim Processing System (MCDS or HCDS).
Run Date	The date ENVOY's systems generated the report.
Submitter ID	The file Submitter's Federal Tax Identification Number, Name, City and State.
Provider ID	The Provider's Tax ID, Sub ID, City and State address.
Carrier	The name of each Payer the Provider submitted claims to during the month.
Claims	The number of claims each Payer accepted, and the total number of the Provider's claims that were accepted during the month.
%	The percentage of the Provider's total claims that were sent to this Payer, and the total percentage of the Provider's claims that were accepted during the month.
$ Value	The dollar value of the claims accepted by the Payer, and the total value of accepted claims from all applicable Payers.
%	The percentage of the total value of the Provider's claims paid by each Payer, and the total percentage paid by all Payers.
Provider Total Input Claims	This section shows monthly and Year-to-Date totals and percentages of claims submitted, accepted and rejected.
Claims Input	The Monthly and Year-to-Date number and value of claims received from the Provider.
Claims Accepted	The Monthly and Year-to-Date number and value of accepted claims from the Provider.
Claims Rejected	The Monthly and Year-to-Date number and value of rejected claims from the Provider.
Claim Level Rejections and Warnings	This part of the report is a monthly summary and percentage listing of rejections and warnings that occurred at the claim level.
Field Name	The name of the field where the error occurred.
W	Indicates if the error was a warning (W) or if it caused the claim or batch to reject (blank).
Error Description	The description of the error supplied by the ENVOY editor.
Error Count / %	The number and percentage of claims that errored.

Unprocessed Claims Report [R059]

The ***Unprocessed Claims Report*** notifies the Provider when claims cannot be processed by the Payer. This report identifies the unprocessed claims and the reason they cannot be processed, and recommends corrective action to be taken.



R059 Explanation of Detail Information

Sequence	Not Applicable.
Frequency	Not Applicable.
Usage	Not Applicable.

REPORT HEADING	DESCRIPTION
Reference Number	Identifies the report (see page 5) and the Claim Processing System (MCDS or HCDS).
Run Date	The date ENVOY's systems generated the report.
Provider	The Provider's Tax ID and Sub ID.
Provider Name	The Provider's name.
Provider City & State	The Provider's City and State address.
Submitter ID	The file Submitter's Federal Tax Identification Number.
Unprocessed Claim Message	The reason the claim cannot be processed by the Payer.
CLAIM DATA	This section of the report contains information from the original claim.
Patient	The patient's last name and first initial.
Insured	The insured's last name and first initial.
Pat Cntl Nmbr	A unique identification number assigned to the patient by the Provider.
SSN/Insurd ID	The Social Security Number or Employee Identification Number of the insured.
Acct/Grp #	The Account Number or Group Number assigned to the insured's Employer Group.
Group Name	The name of the insured's Employer Group.
Service Dts	The beginning and ending dates for the services covered on this claim.
Total Charges	The total amount of charges on the claim.
Submitter Process Date	The date the Provider created the claim.
Production Date	The date ENVOY received and processed the claim.
Action	The Payer's suggested corrective action for the claim.
Carrier	The Payer responsible for adjudicating the claim.
Carrier Phone	The Payer phone number for inquiries about this claim.
Carr Ref #	A unique reference number the Payer assigned the claim.

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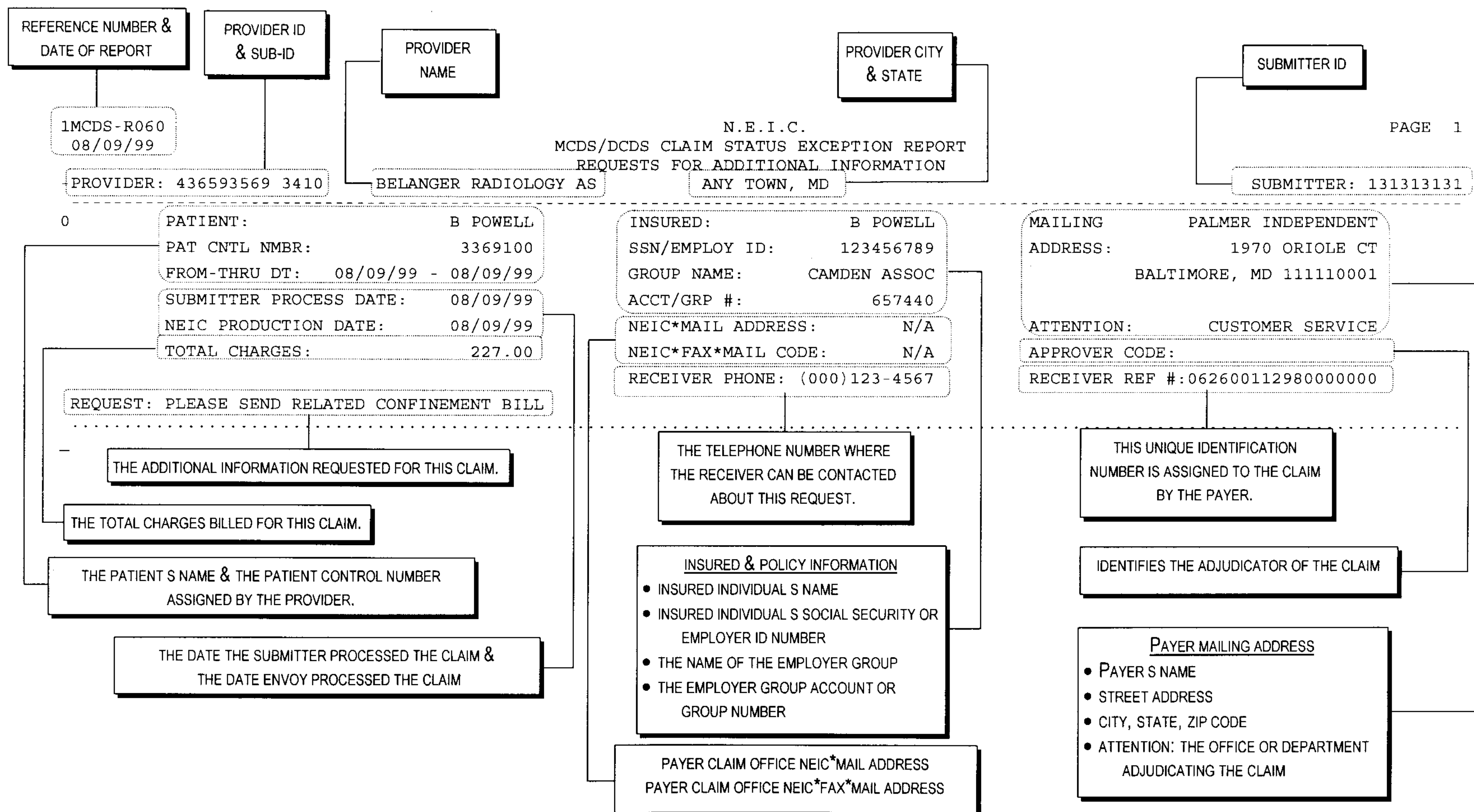
Request for Additional Information [R060]

The R060 report lists claims that require additional information for processing. Each message identifies the information needed to process the claim and contains Payer contact information.



R060 Explanation of Detail Information

Sequence	Not Applicable.
Frequency	Not Applicable.
Usage	Not Applicable.

REPORT HEADING	DESCRIPTION
Reference Number	Identifies the report (see page 5) and the Claim Processing System (MCDS or HCDS).
Run Date	The date ENVOY's systems generated the report.
Provider	The Provider's Tax ID and Sub ID.
Provider Name	The Provider's name.
Provider City & State	The Provider's City and State address.
Submitter	The file Submitter's Federal Tax Identification Number.
Patient	The patient's last name and first initial.
Patient Cntl Nmbr	A unique identification number assigned to the patient by the Provider.
From -Thru Date	The beginning and ending dates for the services covered on this claim.
Submitter Process Date	The date the claim was produced by the Submitter.
NEIC Production Date	The date ENVOY received and processed the claim.
Total Charges	The total dollar amount of the charges submitted on this claim.
Insured	The name of the insured individual.
SSN/Employ ID	The Social Security Number or Employee Identification Number of the insured.
Group Name	The name of the Employer Group of the insured.
Acct/Grp #	The Account Number or Group Number assigned to the insured's Employer Group.
NEIC*Mail Address	The Payer claim office NEIC*MAIL address.
NEIC*Fax*Mail Code	The Payer claim office NEIC*MAIL identification code.
Receiver Phone	The telephone number where the receiver can be contacted about this request.
Mailing Address	The Payer claim office mailing address.
Attention	The name of the claim adjudicator requesting additional information.
Approver Code	This code identifies the claim adjudicator.
Request	The additional information needed by the Payer to process the claim.
Receiver Ref #	A unique reference number the Payer assigned the claim.

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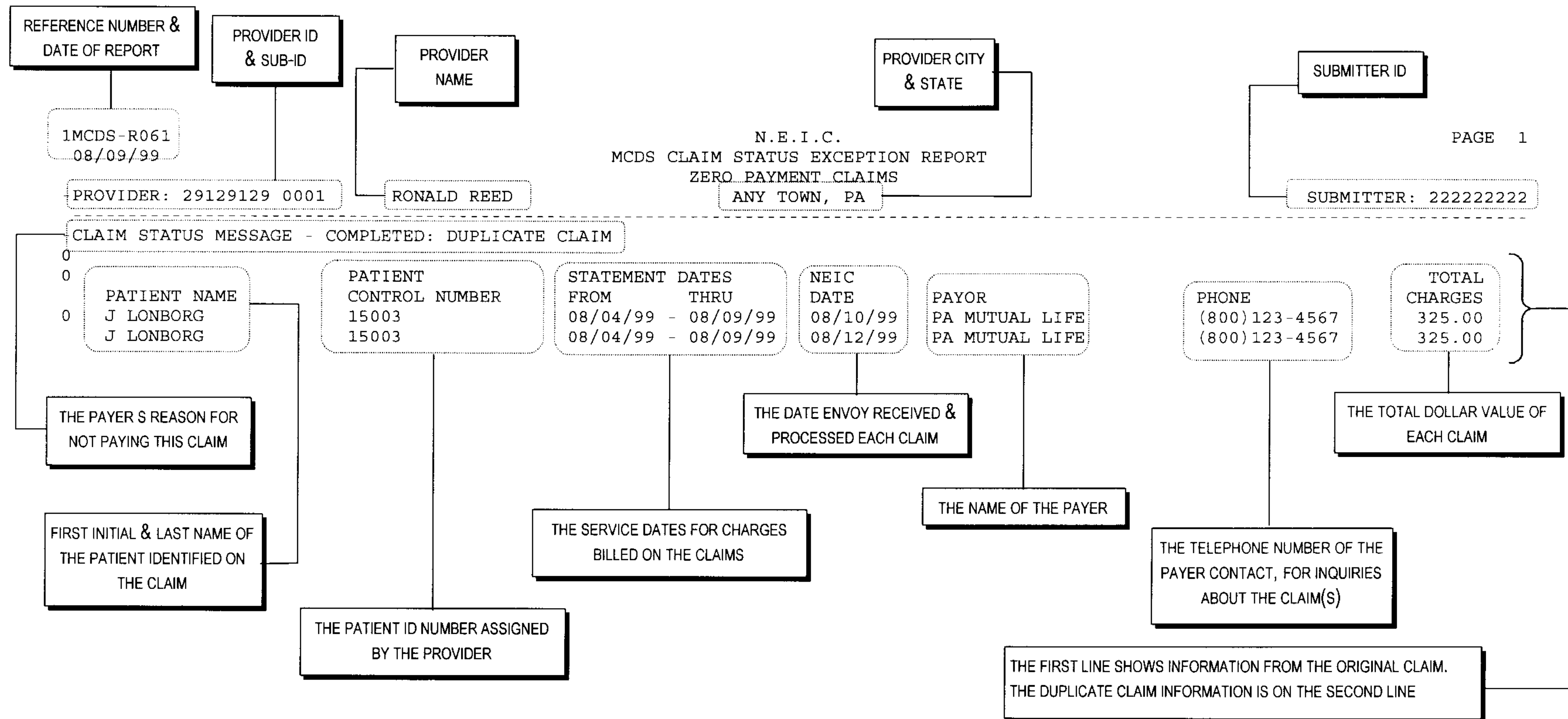
Zero Payment Report [R0611]

The ***Zero Payment Report*** lists claims for which the Payer has determined no payment will be made.



R061 Explanation of Detail Information

Sequence	Not Applicable.
Frequency	Not Applicable.
Usage	Not Applicable.

REPORT HEADING	DESCRIPTION
Reference Number	Identifies the report (see page 5) and the Claim Processing System (MCDS or HCDS).
Run Date	The date ENVOY's systems generated the report.
Provider	The Provider's Tax ID and Sub ID.
Provider Name	The Provider's name.
Provider City & State	The Provider's City and State address.
Submitter	The claim Submitter's Federal Tax Identification Number.
Claim Status Message	The Payer's reason for not making payment on this claim.
Patient Name	The patient's last name and first initial.
Patient Control Number	A unique identification number assigned to the patient by the Provider.
Statement Dates	The beginning and ending dates for the services covered on this claim.
Date	The date ENVOY received and processed the claim.
Payer	The Payer responsible for processing the claim.
Phone	The telephone number where the receiver can be contacted about this report.
Total Charges	The total dollar amount of the charges submitted on this claim.

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Claim Settlement Report [R062]

The R062 ***Claim Settlement Report*** explains the disposition of adjudicated claims.


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HCDS-R062
02/05/00                              N.E.I.C.                                                PAGE  1
                          HCDS CLAIM STATUS EXCEPTION REPORT
                   CLAIM SETTLEMENT - INCLUDES ZERO PAYMENT CLAIMS

PROVIDER: 626262626 0002  BANDO COMMUNITY HOSPITAL   ANY TOWN, WI               SUBMITTER:  123456789
-----------------------------------------------------------------------------------------------------------
-CLAIM STATUS MESSAGE - COMPLETED:  EXPENSES INCURRED AFTER COVERAGE TERMINATED
0                       PATIENT          STATEMENT DATES        NEIC                                  TOTAL      AMOUNT
 PATIENT NAME           CONTROL NUMBER   FROM       THRU        DATE      PAYER                       CHARGES      PAID
 G THOMAS               8018385          01/02/00 - 01/04/00    01/16/00  THOUSAND LAKES PPO          677.50       0.00

 CLAIM STATUS MESSAGE - COMPLETED:  NO DEPENDENT COVERAGE
0                       PATIENT          STATEMENT DATES        NEIC                                  TOTAL      AMOUNT
 PATIENT NAME           CONTROL NUMBER   FROM       THRU        DATE      PAYER                       CHARGES      PAID
 G SCOTT                2317154          01/23/00 - 01/23/00    01/28/00  WISCONSIN LIFE               38.00       0.00

CLAIM STATUS MESSAGE - COMPLETED:  PAYMENT MADE ACCORDING TO PLAN PROVISIONS/BAL. DUE FROM INSURED
0                       PATIENT          STATEMENT DATES        NEIC                                  TOTAL      AMOUNT
 PATIENT NAME           CONTROL NUMBER   FROM       THRU        DATE      PAYER                       CHARGES      PAID
 C COOPER               2336303          01/22/00 - 01/22/00    01/28/00  WISCONSIN LIFE              127.00     100.00
 P GARNER               6789767          01/18/00 - 01/21/00    01/28/00  GREAT PLAINS HMO            378.55     302.84
```

R062 Explanation of Detail Information

Sequence	Not Applicable.
Frequency	Not Applicable.
Usage	Not Applicable.

REPORT HEADING	DESCRIPTION
Reference Number	Identifies the report (see page 5) and the Claim Processing System (MCDS or HCDS).
Run Date	The date ENVOY's systems generated the report.
Provider	The Provider's Tax ID and Sub ID.
Provider Name	The Provider's name.
Provider City & State	The Provider's City and State address.
Submitter	The claim Submitter's Federal Tax Identification Number.
Claim Status Message	The reason for the payment amount on the claim determined by the Payer.
Patient Name	The patient's last name and first initial.
Patient Control Number	A unique identification number assigned to the patient by the Provider.
Statement Dates	The beginning and ending dates for the services covered on this claim.
NEIC Date	The date ENVOY received and processed the claim.
Payer	The Payer responsible for processing the claim.
Total Charges	The total dollar amount of the charges submitted on this claim.
Amount Paid	The amount the Payer determined they will pay on this claim.

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