

Managing Electronic Claims:

How to Hold and Transmit

What Do I need to Transmit Electronic Claim Files to Insurance Carriers?

Electronic Submitter IDs are needed in order to submit electronic claim files to insurance carriers. This ID identifies the provider information such as the rendering provider NPI. The insurance carrier Provider ID is linked to the Submitter ID. These are two separate IDs.

Our Implementation/Paperwork Department assists new and existing customers with completing EDI Paperwork to obtain new submitter IDs or add providers to an existing electronic submitter ID.

The Implementation/Paperwork Department should also be notified by providers of any NPI/Tax ID **changes**, address changes, new doctors joining a practice, etc. These types of additions/changes ultimately effect claims transmission and your transmission settings with Sammy. Sammy Registration Forms, available by clicking the "FAQ" button on the main screen of Sammy, is for providers to complete requesting changes to your Sammy Transmission settings.

Direct Transmissions

SammyEHR transmits electronic claim files directly to:

1. Medicare
2. Medicare DMERC
3. Medicare Railroad

Claims that are transmitted directly to the carrier only require an Electronic code in the insurance entry.

Clearinghouse Transmissions

SammyEHR transmits electronic claim files for commercial insurance companies such as United Healthcare, Aetna, etc. through clearinghouses.

1. Change Healthcare (formerly called Emdeon) using Electronic Code 20
2. Availity using Electronic Code 15
3. ClearingHouse using Electronic code 142

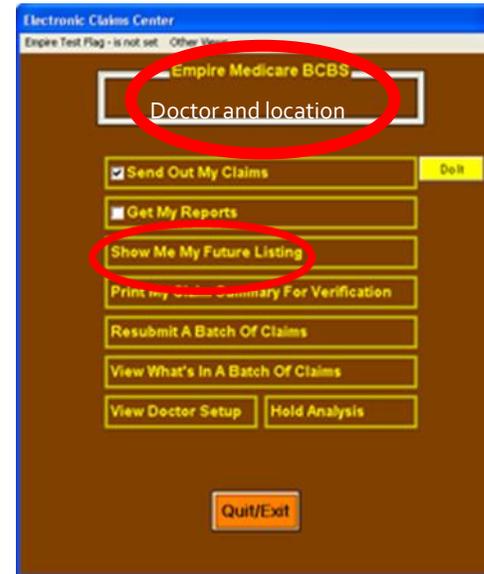
Claims that clear through a Clearinghouse require both an Electronic code and an NEIC address (Payor ID) in the insurance entry.

Claims can be viewed before transmitting them on the "Future List"



After you bill claims they are saved on the associated future listing for the Carrier indicated on the claim and by Doctor/Location.

Click Trans & Claims > Choose the Carrier > Select "Claims Processing" button at the top>Select the Doctor entry >Show Me My Future List



Managing the Future List

- For both Commercial claims and Direct Claims can be managed in the following ways:
 - Setting a specific day of release
 - Place the claim on a manual hold
 - If you have Medicare Batch Eligibility engaged the claims will be checked, held and released automatically.
 - Remove the claim from the future list
 - Add a claim to the future list

Setting a day of release



Step 1: Click on claim i.e. Claim #11561

Step 2: Within the "Future Date Info" Box, type the date the claim is to be released.

The format must be MM/DD/YY with the slashes between, example 08/01/17. This exact format must be used otherwise the claim will be held forever.

Step 3: Click "Mark It" (The date entered will appear in the Future Date Column)

Result: That claim will be released the first time sending claims after the date

BCBS Empire
ALEXANDER, DPM, ROBERT - ^TEST

Date/Serv	Patient	Insurance	FutureDt	Claim
01/13/16	Kreuzer, Robert	BCBS SECONDAP	08/01/17	10897
01/20/16	Kreuzer, Robert	BCBS SECONDAP		10915
02/12/16	Thompson, Ellen	BCBS SECONDAP		10953
03/25/16	Thompson, Ellen	BCBS		11004
02/15/17	Brady, Stacey	BCBS		11561

Sort By Date
Sort By Future Date
Sort By Claim Number
Sort By Patient
Sort By Insurance Co

Future Date Info: 08/01/17 Mark It

Hold claim 11561

Add Claim

Claims Listed: 5
Selected: 1

Print Listing

Quit/Exit

BCBS Empire
ALEXANDER, DPM, ROBERT - ^TEST

Date/Serv	Patient	Insurance	FutureDt	Claim
01/13/16	Kreuzer, Robert	BCBS SECONDAP	08/01/17	10897
01/20/16	Kreuzer, Robert	BCBS SECONDAP		10915
02/12/16	Thompson, Ellen	BCBS SECONDAP		10953
03/25/16	Thompson, Ellen	BCBS		11004
02/15/17	Brady, Stacey	BCBS	08/01/17	11561

Sort By Date
Sort By Future Date
Sort By Claim Number
Sort By Patient
Sort By Insurance Co

Future Date Info: 08/01/17 Mark It

Hold claim 11561

Add Claim

Claims Listed: 5
Selected: 1

Print Listing

Quit/Exit

Claims can be placed on a manual hold on the future list.

Step 1: Click on the claim you would like to hold i.e. Claim #10060

Step 2: Type "hold" in Future Date Info Box and Click "Mark It"

Mark It

Placing Claims on Hold

Electronic Claims Center

BCBS Empire
ALEXANDER, DPM, ROBERT - *

Date/Serv	Patient	Insurance	FutureDt	Claim
11/16/10	Chirles, Micheel	BCBS EMPIRE	12/01/14	10015
11/26/10	Johnson, April	BCBS EMPIRE		10020
10/17/10	Flont, Robirt	BCBS EMPIRE	11/20/14	10021
09/16/10	Stine, Jonnathin	BCBS EMPIRE		10030
10/29/10	Stine, Jonnathin	BCBS EMPIRE		10031
08/29/10	Jahnson, Relph	BCBS EMPIRE		10033
12/27/10	Johnson, Esther	BCBS EMPIRE		10060
02/17/11	Haynes, Will	BCBS EMPIRE		10074
02/18/11	Haynes, Will	BCBS EMPIRE		10076
02/01/11	Haynes, Will	BCBS EMPIRE		10077
01/16/11	Ramjet, Roger	BCBS EMPIRE		10098
03/18/11	Ramjet, Roger	BCBS EMPIRE		10099
07/05/11	Smith, Joe	BCBS EMPIRE		10109
07/30/11	Smith, Joe	BCBS EMPIRE		10130
01/05/12	Johnson, Philip	BCBS EMPIRE		10205
10/30/14	Kinnerson, Tyrell	BCBS EMPIRE		10234

Sort By Date | Sort By Future Date | Sort By Claim Number | Sort By Patient | Sort By Insurance Co

Future Date Info: Mark It

Hold claim 10060

Add Claim

Claims Listed: 16 Selected: 1

Print Listing

Quit/Exit

Electronic Claims Center

BCBS Empire
ALEXANDER, DPM, ROBERT - *

Date/Serv	Patient	Insurance	FutureDt	Claim
11/16/10	Chirles, Micheel	BCBS EMPIRE	12/01/14	10015
11/26/10	Johnson, April	BCBS EMPIRE		10020
10/17/10	Flont, Robirt	BCBS EMPIRE	11/20/14	10021
09/16/10	Stine, Jonnathin	BCBS EMPIRE		10030
10/29/10	Stine, Jonnathin	BCBS EMPIRE		10031
08/29/10	Jahnson, Relph	BCBS EMPIRE		10033
12/27/10	Johnson, Esther	BCBS EMPIRE		10060
02/17/11	Haynes, Will	BCBS EMPIRE		10074
02/18/11	Haynes, Will	BCBS EMPIRE		10076
02/01/11	Haynes, Will	BCBS EMPIRE		10077
01/16/11	Ramjet, Roger	BCBS EMPIRE		10098
03/18/11	Ramjet, Roger	BCBS EMPIRE		10099
07/05/11	Smith, Joe	BCBS EMPIRE		10109
07/30/11	Smith, Joe	BCBS EMPIRE		10130
01/05/12	Johnson, Philip	BCBS EMPIRE		10205
10/30/14	Kinnerson, Tyrell	BCBS EMPIRE		10234

Sort By Date | Sort By Future Date | Sort By Claim Number | Sort By Patient | Sort By Insurance Co

Future Date Info: hold Mark It

Hold claim 10060

Add Claim

Claims Listed: 16 Selected: 1

Print Listing

Quit/Exit

Electronic Claims Center

BCBS Empire
ALEXANDER, DPM, ROBERT - *

Date/Serv	Patient	Insurance	FutureDt	Claim
11/16/10	Chirles, Micheel	BCBS EMPIRE	12/01/14	10015
11/26/10	Johnson, April	BCBS EMPIRE		10020
10/17/10	Flont, Robirt	BCBS EMPIRE	11/20/14	10021
09/16/10	Stine, Jonnathin	BCBS EMPIRE		10030
10/29/10	Stine, Jonnathin	BCBS EMPIRE		10031
08/29/10	Jahnson, Relph	BCBS EMPIRE		10033
12/27/10	Johnson, Esther	BCBS EMPIRE	HOLD	10060
02/17/11	Haynes, Will	BCBS EMPIRE		10074
02/18/11	Haynes, Will	BCBS EMPIRE		10076
02/01/11	Haynes, Will	BCBS EMPIRE		10077
01/16/11	Ramjet, Roger	BCBS EMPIRE		10098
03/18/11	Ramjet, Roger	BCBS EMPIRE		10099
07/05/11	Smith, Joe	BCBS EMPIRE		10109
07/30/11	Smith, Joe	BCBS EMPIRE		10130
01/05/12	Johnson, Philip	BCBS EMPIRE		10205
10/30/14	Kinnerson, Tyrell	BCBS EMPIRE		10234

Sort By Date | Sort By Future Date | Sort By Claim Number | Sort By Patient | Sort By Insurance Co

Future Date Info: hold Mark It

Hold claim 10074

Add Claim

Claims Listed: 16 Selected: 1

Print Listing

Quit/Exit

Result: Claim will be held indefinitely, the hold will need to be taken off manually

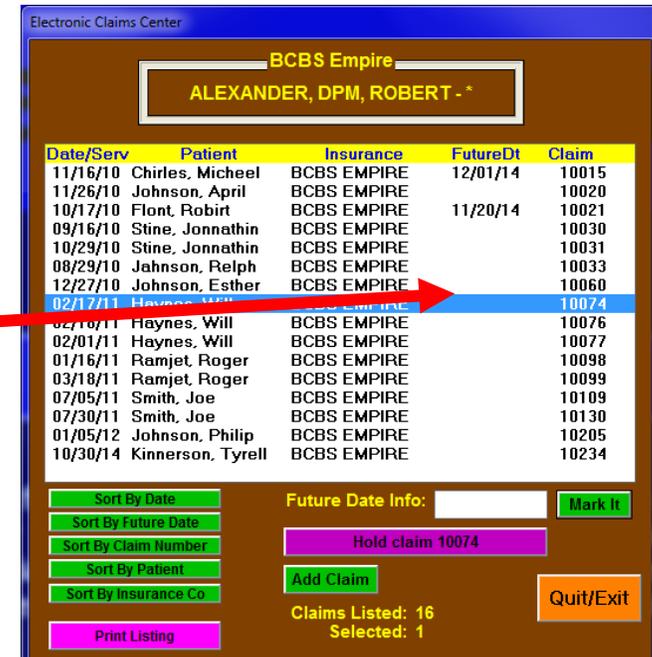
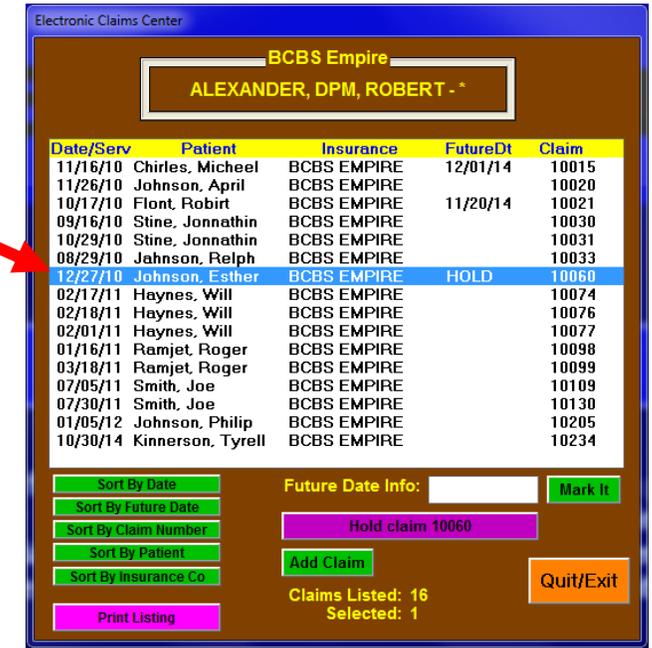
Taking a Claim off Hold

Step 1: Click on the claim you would like to take off hold i.e. Claim #10060

Step 2: With a blank (no contents) in the Future Date Info Box and Click "Mark It"



Result: The hold will be removed and claim will be sent with next transmission



Adding a Claim to the Future List

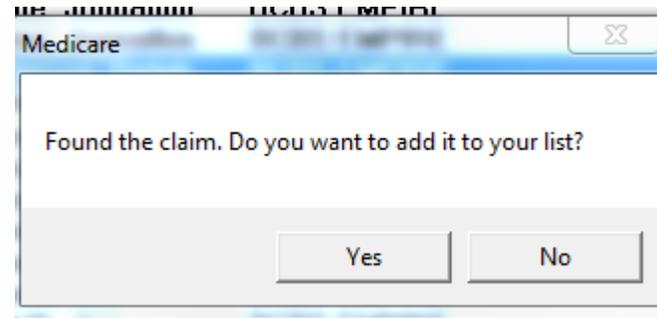
When working with the accounting ledger report and you want to resend a claim without making corrections, the claim can be manually added to the future list and resent. Sammy can auto resubmit claims for a desired time period by activating feature flags 16-19 for Medicare or 23 & 24 for commercial claims.

Step 1:
Click Add Claim

Add Claim

Step 2: Type the claim number, and click the green "ADD IT" button

Step 3: Click "Yes" when claim is found



Result: Claim gets added to the future list

The screenshot shows the "Electronic Claims Center" interface for "BCBS Empire" under the user "ALEXANDER, DPM, ROBERT - *". It features a table of claims with columns for Date/Serv, Patient, Insurance, FutureDt, and Claim. Below the table are sorting options, a "Future Date Info" field, a "Mark It" button, a "Hold claim 10015" field, an "Add it" button with the claim number "10011" entered, a "Quit/Exit" button, and a "Print Listing" button. The status at the bottom indicates "Claims Listed: 16" and "Selected: 1". A red arrow points from the "ADD IT" button in the main text to the "Add it" button in the interface.

Date/Serv	Patient	Insurance	FutureDt	Claim
11/16/10	Chirles, Micheel	BCBS EMPIRE	12/01/14	10015
11/26/10	Johnson, April	BCBS EMPIRE		10020
10/17/10	Flont, Robirt	BCBS EMPIRE	11/20/14	10021
09/16/10	Stine, Jonnathin	BCBS EMPIRE		10030
10/29/10	Stine, Jonnathin	BCBS EMPIRE		10031
08/29/10	Jahnsn, Relph	BCBS EMPIRE		10033
12/27/10	Johnson, Esther	BCBS EMPIRE		10060
02/17/11	Haynes, Will	BCBS EMPIRE		10074
02/18/11	Haynes, Will	BCBS EMPIRE		10076
02/01/11	Haynes, Will	BCBS EMPIRE		10077
01/16/11	Ramjet, Roger	BCBS EMPIRE		10098
03/18/11	Ramjet, Roger	BCBS EMPIRE		10099
07/05/11	Smith, Joe	BCBS EMPIRE		10109
07/30/11	Smith, Joe	BCBS EMPIRE		10130
01/05/12	Johnson, Philip	BCBS EMPIRE		10205
10/30/14	Kinnerson, Tyrell	BCBS EMPIRE		10234

Deleting a Claim from the Future List

Step 1: Click on claim to be deleted, i.e. Claim #10032

Step 2: Type "del" in Future Date Info Box and Click "Mark It"

Result: Claim is Deleted

NOTE: Only deleted from the transmission list not from the system.

Electronic Claims Center

BCBS Empire

ALEXANDER, DPM, ROBERT - *

Date/Serv	Patient	Insurance	FutureDt	Claim
11/05/10	Smith, Joe	BCBS EMPIRE	12/01/14	10011
11/16/10	Chirles, Micheel	BCBS EMPIRE	12/01/14	10015
11/26/10	Johnson, April	BCBS EMPIRE		10020
10/17/10	Flont, Robirt	BCBS EMPIRE	11/20/14	10021
09/16/10	Stine, Jonnathin	BCBS EMPIRE		10030
10/29/10	Stine, Jonnathin	BCBS EMPIRE		10031
11/20/10	Jahson, Relph	BCBS EMPIRE		10032
08/29/10	Jahson, Relph	BCBS EMPIRE		10033
12/27/10	Johnson, Esther	BCBS EMPIRE		10060
02/17/11	Haynes, Will	BCBS EMPIRE		10074
02/18/11	Haynes, Will	BCBS EMPIRE		10076
02/01/11	Haynes, Will	BCBS EMPIRE		10077
01/16/11	Ramjet, Roger	BCBS EMPIRE		10098
03/18/11	Ramjet, Roger	BCBS EMPIRE		10099
07/05/11	Smith, Joe	BCBS EMPIRE		10109
07/30/11	Smith, Joe	BCBS EMPIRE		10130
01/05/12	Johnson, Philip	BCBS EMPIRE		10205

Sort By Date
Sort By Future Date
Sort By Claim Number
Sort By Patient
Sort By Insurance Co
Print Listing

Future Date Info: del Mark It

Electronic Claims Center

BCBS Empire

ALEXANDER, DPM, ROBERT - *

Date/Serv	Patient	Insurance	FutureDt	Claim
11/05/10	Smith, Joe	BCBS EMPIRE	12/01/14	10011
11/16/10	Chirles, Micheel	BCBS EMPIRE	12/01/14	10015
11/26/10	Johnson, April	BCBS EMPIRE		10020
10/17/10	Flont, Robirt	BCBS EMPIRE	11/20/14	10021
09/16/10	Stine, Jonnathin	BCBS EMPIRE		10030
10/29/10	Stine, Jonnathin	BCBS EMPIRE		10031
08/29/10	Jahson, Relph	BCBS EMPIRE		10033
12/27/10	Johnson, Esther	BCBS EMPIRE		10060
02/17/11	Haynes, Will	BCBS EMPIRE		10074
02/18/11	Haynes, Will	BCBS EMPIRE		10076
02/01/11	Haynes, Will	BCBS EMPIRE		10077
01/16/11	Ramjet, Roger	BCBS EMPIRE		10098
03/18/11	Ramjet, Roger	BCBS EMPIRE		10099
07/05/11	Smith, Joe	BCBS EMPIRE		10109
07/30/11	Smith, Joe	BCBS EMPIRE		10130
01/05/12	Johnson, Philip	BCBS EMPIRE		10205
10/30/14	Kinnerston, Tyrell	BCBS EMPIRE		10234

Sort By Date
Sort By Future Date
Sort By Claim Number
Sort By Patient
Sort By Insurance Co
Print Listing

Future Date Info: del Mark It

Hold claim 10033
Add Claim
Claims Listed: 17
Selected: 1
Quit/Exit

Print Summary for Verification



Before you sendcheck your claims!!

- This feature allows you to print exactly what is going to be transmitted to the carrier with the claim details for the doctor/location at the top of the screen.
- The **PRT ALL** option will only be seen if you are in a multi-doctor practice. This option does the same thing as the print claim summary for verification, but it will print a summary of all claims entered for all doctors no matter which one you selected before getting to this screen.

Electronic Claims Center

Empire Test Flag - is not set Other Views

BCBS Empire

ALEXANDER, MD, ROBERT - *

Send Out My Claims

Get My Reports

Show Me My Future Listing

Print Claim Summary Verification **Prt All**

Resubmit A Batch Of Claims

View Old Claims Batch

View Doctor Setup

Send ALL Docs For Subm#

Quit/Exit

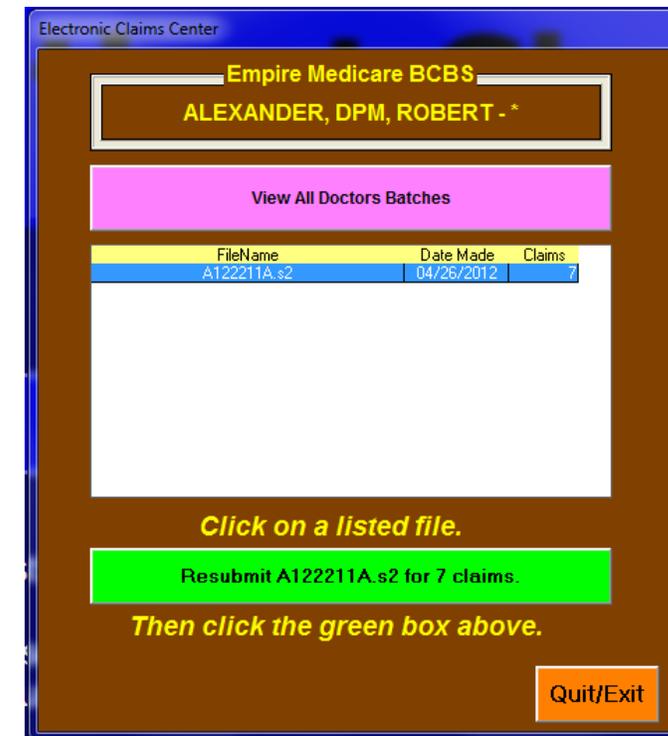
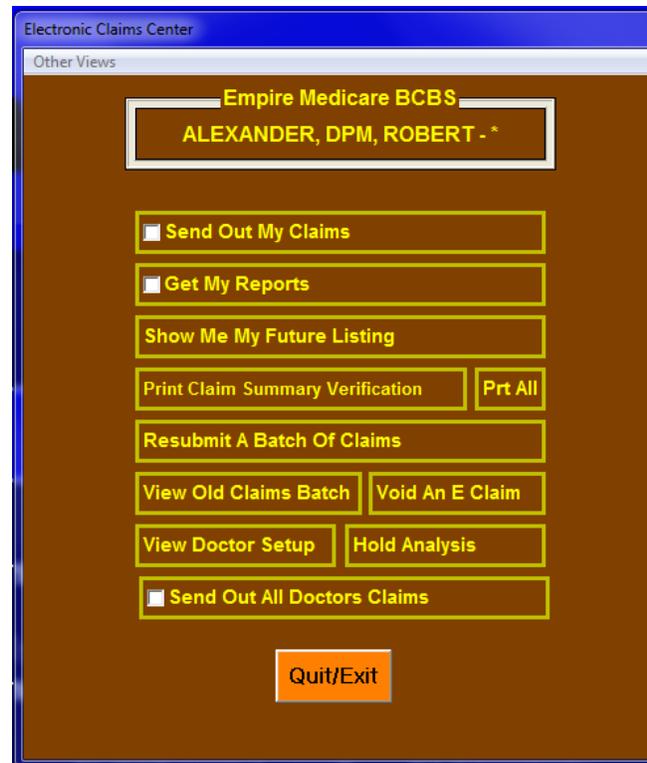
Resubmit A Batch of Claims

Step 1: Click on resubmit a batch and then

Step 2: Select the file that you would like to resubmit.

Step 3: Click on the green resubmit button, then click Ok on the next two questions

Note: all claims within that batch will be added to the Future List so the next time claims are transmitted for that carrier, these claims will be sent.



View an Old Claim Batch

Step 1: Click on **View Old Claims Batch**

Step 2: Select the batch you would like to view

Step 3: Click the green button

This is a listing of the patients that were sent within that file.

Identify the paid claims from this batch

- Click Identify Paid Claims
- Sammy will then tell you the status of the claim: **PAID, PAIDPART, or NOPAYS, ONLYCPY**
- Not only can you Identify If claims were paid, but you can double click on a claim within the list which brings you to the patient's claim history.

View Batch of Claims

View Claims
File: A122211A.s2

Date/Serv	Patient	Insurance	Pd Status	Claim
10/18/11	Haynes, Will	MEDICARE	NOPAYS	10176
11/04/10	Haynes, Will	MEDICARE	PAIDF	10006
11/17/10	Brody, Michael	MEDICARE	PAIDPART	10008
10/27/10	Brody, Michael	MEDICARE	NOPAYS	10009
11/09/10	Brody, Michael	MEDICARE	NOPAYS	10025
08/27/10	Brody, Michael	MEDICARE	NOPAYS	10026
12/28/10	Lieber, Debra	MEDICARE	NOPAYS	10062

Sort By Date
Reserved
Sort By Claim Number
Sort By Patient
Sort By Insurance Co

PAIDPART means still a balance.
PAIDF means paid in full.
NOPAYS means nothing paid.
ONLYCPY means only copay was paid.
Double Click Claim Number To View HX.

Print Listing
Identify Paid Claims
Quit/Exit

Claims Listed: 7
Selected: 0

How do I transmit my electronic claims?

Step 1: Access the transmit sections via the **Sammy Home screen**
> **Trans & Claims**.



- **Zipclaim** is for commercial insurance carriers.
- **Medicare & Others** is for Medicare, Railroad Medicare, Blue Cross/Blue Shield and DMERC.

How do I transmit my electronic claims?

Step 2: Click the carrier **Claims Processing** button at the top of either window.



Switching between direct carriers can be done by clicking the "Pink" buttons



How do I transmit electronic claims for Multi-Doctor/Multi-Location Practices

Step 3: The screen below will appear Only For Multi-Doctor, Multi-Location Practices, Multi-Doctor Tax ID/NPI Combinations: Click on the Doctor the claims are being sent for. If all Doctors need to be sent click the * Doctor

Electronic Claims Center

BCBS Empire

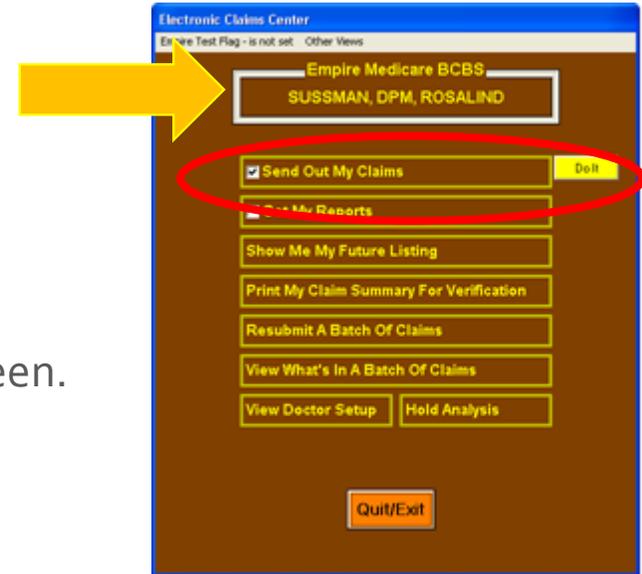
Select The Doctor

Doctor Name	Office
ALEXANDER, DPM, ROBERT	*
MCCOY, DPM, LEONARD	
BUTLER, DPM, INTERNIST	
FOXTROT, DPM, GAYLORD	

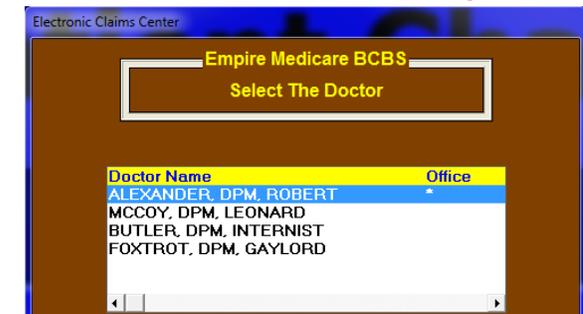
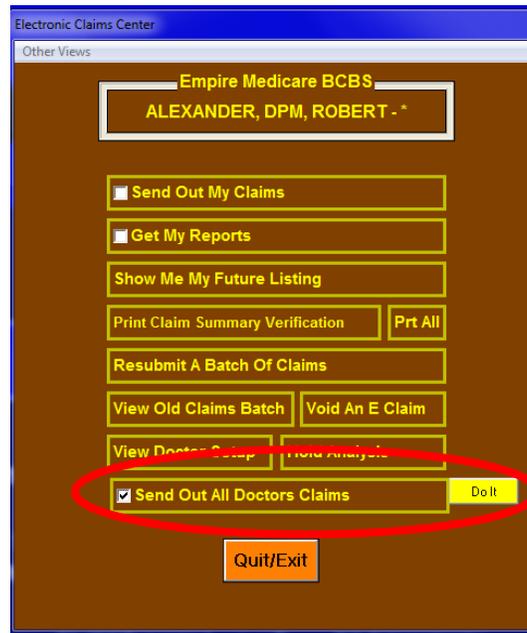
Quit/Exit

How do I transmit my electronic claims?

Step 4: Click **Send Out My Claims**, then the **Do It** button when it appears on the right. (For Multi-Doctor, Multi-Location Practices; “Send Out My Claims” will only send out the Doctor’s claim indicated at the top of the screen. Otherwise see below.)



Only For Multi-Doctor, Multi-Location Practices; if you plan on sending all claims for all doctor/locations, click “Send Out All Doctor Claims or “Send Group” then the “Do It” button but be sure to click the * Doctor on the previous screen.

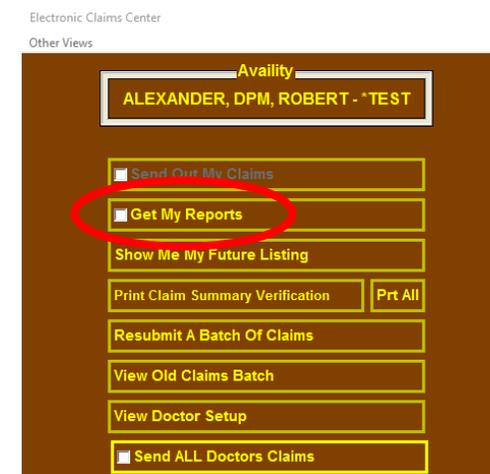
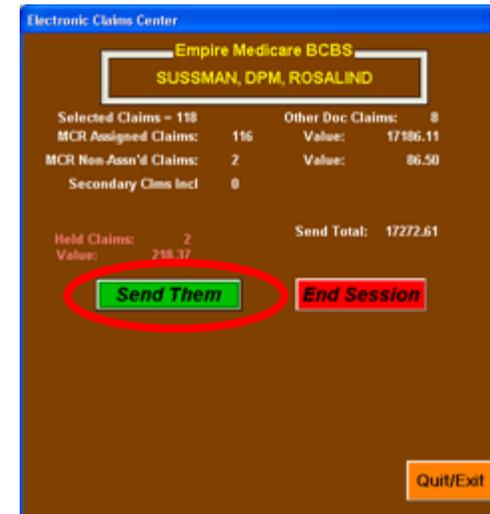


How do I transmit my electronic claims?

Step 5: Click **Send Them**.

When "**Send Them**" is clicked, Sammy will automatically send out your claim file AND simultaneously, download carrier reports such as 277 claims acknowledgements, 999 rejections, and electronic remittance advices. All 999 rejections and electronic remittance advices will print automatically.

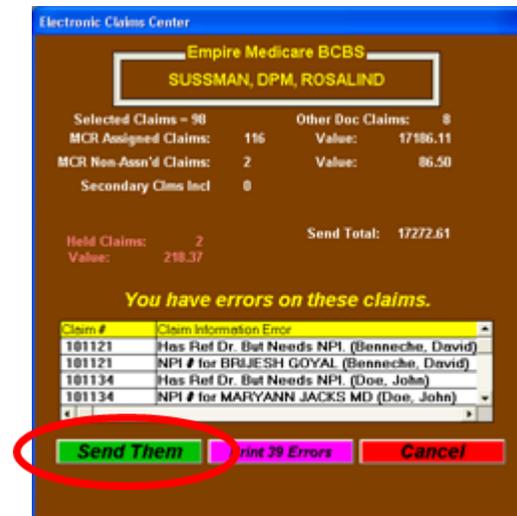
Note: Not all carriers send out your claim files and download reports at the same time. There are some carrier exceptions i.e. Availity, Highmark Blue and Capital Blue. These carriers you need to separately "**Get Reports.**"



Transmitting Claims with Errors

If there are any errors found on the claims, you will get a popup notification. Sammy will display a list of these errors and an option to print all the errors so you can correct them in Claim Correction. Sammy will automatically prevent claims that would cause the entire file to be rejected (999 rejection) from being transmitted.

* Claims will not be sent until corrected but the claims without errors will send.



Get My Reports

If you do not wish to send out electronic claim files on any day and wish to keep up with downloading electronic remittance advices (ERAs) or Carrier reports they can be downloaded.

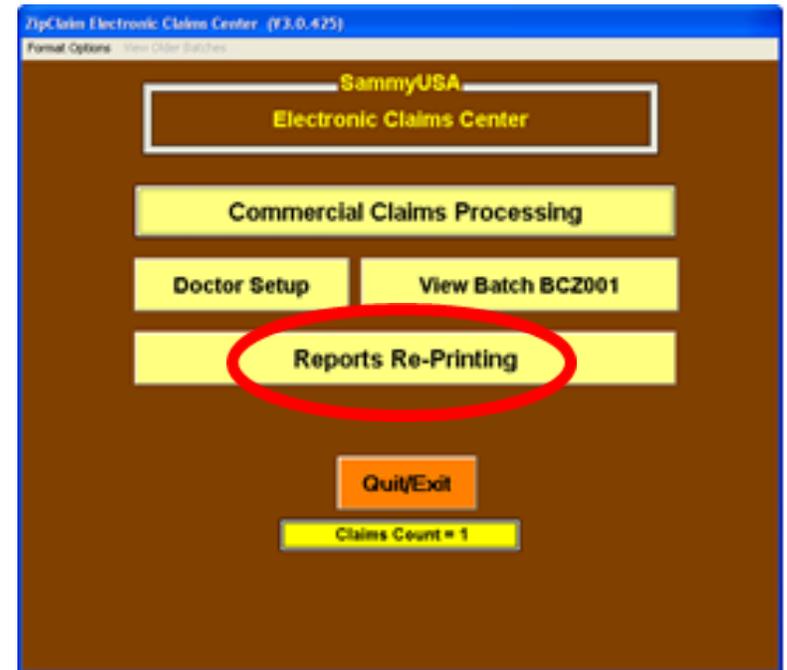
Click Trans & Claims > Choose the Carrier > Select "Claims Processing" button at the top>Select the Doctor entry>"Get My Reports" then "Do It." All ERAs and carrier reports will be downloaded to the "Reports Reprinting" area and ERAs and claim rejection reports will automatically print. All ERAs once Auto Posted will move to "Auto Posted Files."

The screenshot shows the 'Electronic Claims Center' interface for 'Empire Medicare BCBS' under the user 'ALEXANDER, DPM, ROBERT - *'. The interface includes several buttons and checkboxes. The 'Get My Reports' option is selected with a checkmark and is highlighted by a red circle. To its right is a yellow 'Do It' button. Other visible options include 'Send Out My Claims', 'Show Me My Future Listing', 'Print Claim Summary Verification', 'Prt All', 'Resubmit A Batch Of Claims', 'View Old Claims Batch', 'Void An E Claim', 'View Doctor Setup', 'Hold Analysis', and 'Send Out All Doctors Claims'. A 'Quit/Exit' button is located at the bottom.

Reports Reprinting

Once carrier reports are downloaded; all Medicare 277 claim acknowledgement reports, 999 rejections, Electronic Remittance Advices (ERAs), Zip claim reports are downloaded and stored in the **"Reports Re-Printing"** area for each Carrier.

Click Trans & Claims > Choose the Carrier > then Click **"Reports Reprinting."**



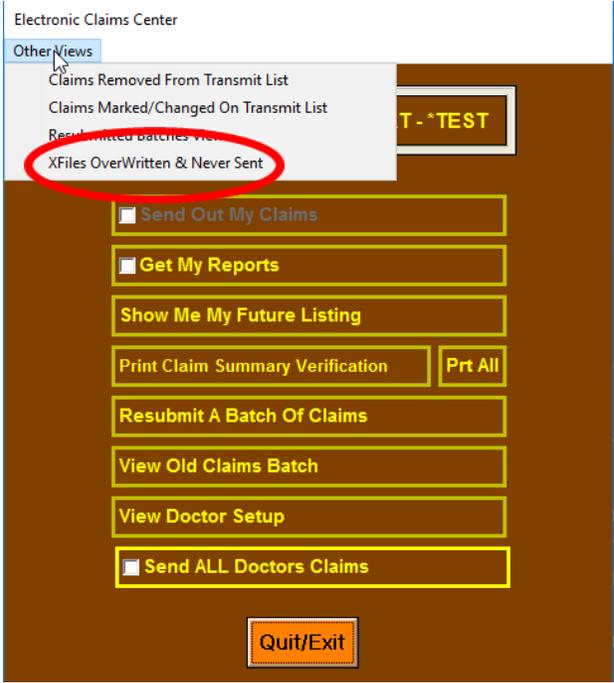
An X-File is a claim file that did not transmit to the carrier (various reasons such as loss of internet).

This can be identified on the morning news or within the electronic claims center by a very large green button reading X-File and the number of claims in that batch example, "X-File From MedXpress. Click to Send # Claims."

Sending the X-File to the carrier must be done first before sending any new claims or the batch will be overwritten.



Feature: There is a feature that will retain any X-File that was accidentally Overwritten and Never Sent to a carrier. Within the Electronic Claims Center, click "Other Views" and "X-File OverWritten & Never Sent" for a list of files.



XFiles Never Sent Because They Were Over-Written

Date and Time	Carrier	User	Claims	File
20160805 2246	Network Solutions IPA	ROBERT ALEXANDER, DPM	1	NSI015.050
20160816 1539	Network Solutions IPA	ROBERT ALEXANDER, DPM	1	NSI017.050
20160901 1350	BCBS Rochester	ROBERT ALEXANDER, DPM	0	ICS019.Zip
20160902 0818	BCBS Rochester	ROBERT ALEXANDER, DPM	0	ICS020.Zip
20161019 2313	GA Medicare	ROBERT ALEXANDER, DPM	1	pgap0003.03
20161103 1316	MD Online	ROBERT ALEXANDER, DPM	1	WEL026.005
20161104 1029	MD Online	ROBERT ALEXANDER, DPM	1	WEL027.002
20161104 1034	MD Online	ROBERT ALEXANDER, DPM	1	WEL028.002
20161104 1048	MD Online	ROBERT ALEXANDER, DPM	1	WEL029.002
20161104 1051	MD Online	ROBERT ALEXANDER, DPM	1	WEL030.002
20161104 1104	MD Online	ROBERT ALEXANDER, DPM	1	WEL031.002
20161104 1108	MD Online	ROBERT ALEXANDER, DPM	1	WEL032.002
20161107 0926	MD Online	ROBERT ALEXANDER, DPM	1	WEL033.002
20161202 1147	Network Solutions IPA	ROBERT ALEXANDER, DPM	1	NSI018.050
20161208 1431	WELLCARE	ROBERT ALEXANDER, DPM	1	WEL034.002
20161208 1457	ZipClaim	RobAI	1	BC2050.002
20170511 1348	Ohio Medicaid	ROBERT ALEXANDER, DPM	1	OMC038.002
20170515 0940	WELLCARE	ROBERT ALEXANDER, DPM	1	WEL040.002
20170515 1026	WELLCARE	ROBERT ALEXANDER, DPM	1	WEL041.002
20170515 1028	Aveality	ROBERT ALEXANDER, DPM	1	AV1002.005
20170526 1019	ZipClaim	RobAI	1	BC2051.002

Medicare Eligibility Feature and How It Works



For those Sammy USA and Sammy EHR practices that subscribe to our Unlimited Medicare eligibility feature; there is an additional feature that can be engaged to automatically check a patient's Medicare, Medicare DMERC, Medicare Railroad deductible before a claim is released. This may be an option chosen at the beginning of a calendar year. **This feature only works for Medicare carriers.**

How it works? When sending claims to a Medicare carrier, the claim is not released instead a batch eligibility check is sent out and the next morning after running the morning index, a batch eligibility result will be returned. You will notice the messages in the **future date column** of the doctor's **future listing** will indicate the eligibility status for each patient.

Reading the Future List with Medicare Eligibility Feature Engaged

Electronic Claims Center

Empire Medicare BCBS
ALEXANDER, DPM, ROBERT - *

Date/Serv	Patient	Insurance	FutureDt	Claim
02/09/11	West, Larry	MEDICARE	HOLDCHK	10070
02/17/11	Lieber, Debra	MEDICARE	HOLDDDED	10075
03/08/11	Haynes, Will	MEDICARE	HOLDDDED	10078
03/08/11	Haynes, Will	MEDICARE	HOLDDDED	10079
03/08/11	Katz, Carol	MEDICARE	HOLDDDED	10089
03/08/11	Katz, Carol	MEDICARE	HOLDDDED	10090
03/08/11	Katz, Carol	MEDICARE	SENDNOW	10091
04/14/11	Test, Amanda	MEDICARE		10092
04/14/11	Test, Amanda	MEDICARE		10093
04/15/11	Haynes, Will	MEDICARE	SENDNOW	10094
04/15/11	Haynes, Will	MEDICARE	SENDNOW	10095
04/16/11	Flintstone, Fred	MEDICARE	SENDNOW	10100
04/16/11	Studebaker, Jessic	MEDICARE	SENDNOW	10101
04/16/11	Flintstone, Fred	MEDICARE	SENDNOW	10102
04/16/11	Test, Amanda	MEDICARE	SENDNOW	10103
04/16/11	Test, Amanda	MEDICARE	HOLDCHK	10104
05/13/11	Haynes, Will	MEDICARE	HOLDDDED	10107

Sort By Date | Sort By Future Date | Sort By Claim Number | Sort By Patient | Sort By Insurance Co

Future Date Info: Mark It

Hold claim 10094

Add Claim

Claims Listed: 117 Selected: 1

Print Listing | Quit/Exit

Future Dt Column Message Translation
HOLDCHK=Waiting for eligibility results for that patient
HOLDDDED=Patient's deductible has not been met and claim will be held until eligibility is met for that patient
SENDNOW= Will bypass the eligibility feature, eligibility will not be checked at all and claims marked this way will send immediately
SEC2PAY= Secondary insurance to pay the deductible and the claim is sent without checking Medicare eligibility.
NO MESSAGE OR A BLANK FUTURE DT COLUMN i.e. Amanda Test=eligibility has either never been checked OR eligibility was checked manually on the patient's chart or batch eligibility check confirmed the patient's deductible has been met. This claim will be released the next time sending a batch of claims.

Note: If you do not wish to use the Medicare Eligibility Feature and place independent claims on the Medicare Eligibility watch List, this can be done! There are 2 ways to accomplish this. Activate Feature Flag 26 "Ask Hold for Medicare Claims" or you can change the future date in the future column to DEDHOLD and then mark the claim and the claim will be released only when the Medicare Deductible has been met.

#3 Ins: ?

PolicyID: Balance: 0.00

Benefits Assigned: Y MCR Elig: 14 Ded Met.

Medicare Eligibility Feature Listing and Instructions

In Utilities > system setup > Enter Setup Area> there is a “Mcr Elig Preference” button which will open a configuration screen so that you can customize the operation of this feature.

How to Engage the Medicare Eligibility Feature

A screenshot of a software interface showing a menu with several options. The option "MCR Elig Preferences" is highlighted in a bright green box, and a mouse cursor is pointing at it. Other visible options include "Patient Portal Settings" and "No Statements Except PDS 1, 2, 3 or 4".

MCR Elig Preferences

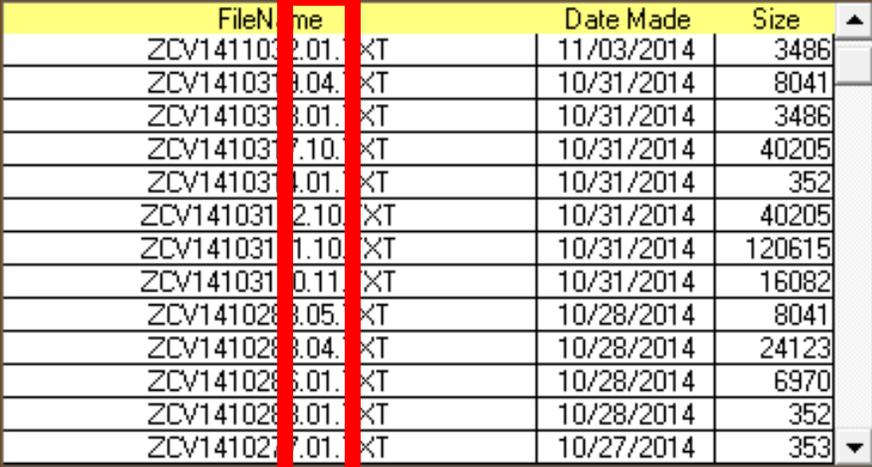
- **Let Me Select Which Medicare Claims Are Sent:** This choice does not send out any claim unless the patient has met your requirements for eligibility. However, payment on claim form will let that claim go.
- **Do Not Automatically Print Results:** When a patient is not found in the Medicare system for any reason, or belongs to an HMO/MCO or has MSP, or the patient is deceased, Sammy will print out this notification automatically. If you do not want these to print automatically, check this box.
- **Automatically Save Results In The Filing Cabinet:** In SammyUSA/SammyEHR only this will cause every patient checked in any way to save a copy of the results in the patient filing cabinet.
- **Don't Check Patient Appointments:** If you don't use the appointment calendar, or you don't want Sammy to check the eligibility status of patients coming in, check this box.
- **Hold claims for patients with QMB status:** This option will hold claims until you decide when to release them. It is for patients that have Medicare/Medicaid and the deductible is being managed by Medicaid.

When you change any of these settings, a record is created so that we all know what your intentions were at a particular time. If you don't wish to check any of these settings, just file this away for future reference.

Zip Claim Reports Naming Convention

Within **Trans & Claims > Zip Claim > Reports Re-Printing** all zip claim (commercial insurance) electronic reports can be accessed.

The format of the report name starts as **ZCV090814.01.TXT**. The way this gets broken down is, ZCV (zip claim validation). 090814 (date that the report was downloaded). **01 (suffix is report type)**. TXT (file format).



The screenshot shows a table with the following columns: File Name, Date Made, and Size. The file names follow the pattern ZCV[claim ID].[report type].TXT. A red box highlights the 'File Name' column.

File Name	Date Made	Size
ZCV14110302.01.TXT	11/03/2014	3486
ZCV14103509.04.TXT	10/31/2014	8041
ZCV14103509.01.TXT	10/31/2014	3486
ZCV14103507.10.TXT	10/31/2014	40205
ZCV14103509.01.TXT	10/31/2014	352
ZCV14103102.10.TXT	10/31/2014	40205
ZCV14103101.10.TXT	10/31/2014	120615
ZCV14103100.11.TXT	10/31/2014	16082
ZCV14102809.05.TXT	10/28/2014	8041
ZCV14102809.04.TXT	10/28/2014	24123
ZCV14102806.01.TXT	10/28/2014	6970
ZCV14102809.01.TXT	10/28/2014	352
ZCV14102707.01.TXT	10/27/2014	353

Files = 551
Click on a listed file.

Zip Claim Report Types

Below is a list of Zip Claim report types and what exactly they are. See handout.

<u>Report Type</u>	<u>Report Name</u>
01	Web MD Human Readable 999 (File received by Change Healthcare or Rejected)
02	MCDS (Medical Claims Distribution System) File Status Report (Change Healthcare accepting the claim file for processing to send to carrier/insurance)
04	MCDS (Medical Claims Distribution System) File Detail Summary Report (Change Healthcare confirming claims sent to correct carrier/insurance, used to prove timely filing)
05	MCDS (Medical Claims Distribution System) Batch & Claim Level Rejection Report (Change Healthcare error report that claim could not be forwarded to carrier/insurance with detail)
08	MCDS (Medical Claims Distribution System) Provider Monthly Summary Report (Number of monthly claims, \$ Value, % submitted through Change Healthcare to each carrier/insurance)
10	MCDS (Medical Claims Distribution System) Provider Claim Status Report (Carrier/Insurance confirming each claim was accepted for processing)
11	MCDS (Medical Claims Distribution System) Special Handling/Unprocessed Claim Reports (Carrier/Insurance rejecting claims with claim status reasons)

Reports in Red above are Rejections and will print out automatically for you to correct claims and resubmit.

Medicare 277 Claim Acknowledgement Reports



Empire Medicare BCBS 277 Report
BCV277CA6FAKE.TXT 11/15/201

Page
1

ANSI-277 CLAIM ACKNOWLEDGMENT REPORT

Acknowledgment Created (GS04/05): 20111012 136752
 Sender/Submitter Code(GS02): NYB123456
 Receiver Code(GS03): 13202
 Information Source ID: 13202 Name: NGS INC NY
 Transmission Receipt Control #: 1320220111012000001
 Receipt Date: 10/11/2011
 Process Date: 10/12/2011

Receiver Name: KENNETH KATZ ID: NYB123456
 Receiver Trace #: BCM01002
 Total Accepted Quantity: 23
 Total Rejected Quantity: 14
 Total Accepted Amount: \$ 1,174.89
 Total Rejected Amount: \$ 763.95
 Status Date: 10/12/2011
 Total Submitted Charges: \$ 1,938.84

Provider Name: KATZ ID: 1666333222
 Total Accepted Quantity: 23
 Total Accepted Amount: \$ 1,174.89

DTSERV	PATIENT IDENTIFICATION	PATIENT ACCOUNT	STATUS	\$\$	CODE
03/29/2011	BERNY PETER JR (123123234C1)	06991800079920000	A7-500:77	49.30	U
04/07/2011	BOB SLATER (123234345A)	07004200080044000	A7-500:77	49.30	U
04/29/2011	ESTELLE HIRD (123234000A)	07040500080407000	A2:20	48.03	WQ
05/06/2011	HIM HER (123234345A)	07050700080509000	A2:20	48.03	WQ
06/03/2011	BECCA ROTH (123000000A)	07092700080929000	A2:20	48.03	WQ
06/06/2011	TALL MAN (123321000A)	07093000080932000	A7-500:77	67.12	U
06/13/2011	LATE KENNY (123000999C)	07109600081098000	A7-500:77	36.66	U
06/22/2011	WALTER LINDE (000333222A)	07126600081268000	A2:20	48.03	WQ

***** STATUS CODES EXPLANATION *****

20 Accepted for processing.
 500 Entity's Postal/Zip Code. Note: This code requires use of an Entity Code.
 A2 Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
 A7 Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.

A 277 Report is a Claims Acknowledgement Report downloaded from Medicare, DMERC or Railroad individualizing each claim indicating whether or not each claim was accepted or rejected for processing. All rejections will print automatically to claim correct. If a report has no rejections, the report will NOT print but saved to Reports Re-Printing.

Status Column will provide a 277 claim Status Code and a legend is provided at the bottom of the report. **A2:20= Claim was accepted for processing; A7=rejection, 500= problem with patient's zip code.**

277 Claim Status Codes can be accessed on [Sammy University > Practice Management > 277 Report Claim Status Codes.](#)

Anthem Blue Cross 864 Report

```

MSG*
MSG* NPI ID #: 111111112
MSG* PROVIDER ID #: 777777777777 ST CONTROL #: 0000721
MSG* PROVIDER NAME: CLARIAN HEALTH PARTNERS BATCH CONTROL #: BLUE721 20060324
MSG*
MSG*
MSG* STATUS PATIENT NAME SUBSCRIBER ID DATE OF TOTAL PAYER DOCUMENT
MSG* CODE ACCOUNT NO SERVICE CHARGE CONTROL #
MSG*
MSG* FAIL GROVES, GROVER MWAN1111111 20050830-20050830 $2,392.00 ZV06083113959511635
MSG* Error: 32301 InvalidData: MWAN1111111 Location: 2010BA-NM109
MSG* Error: Member ID (Loop 2010BA, NM109) is invalid.
MSG*
MSG* FAIL OCONNOR, CONNOR REV310000000 20060125-20060125 $2,432.85 ZV06083113959511671
MSG* Error #: 32372 InvalidData: Location: 2400-HL
MSG* Error: The Claim Original Reference Number (Loop 2300, REF02) is required when the Claim Frequency Code (Loop 2300,
MSG* CLM05-03) equals 7 or 8.
MSG*
MSG* PASS BANTER, BOB YRP666M55555 20051228-20051228 $6,139.10 ZV06083113959511602
MSG*
MSG* PASS BLAND, BLAKE YRP313313313 20051115-20051115 $1,337.00 ZV06083113959511603
MSG*
MSG* PASS CHAPPLE, CHARLIE PWRAN0606060 20051117-20051117 $33.50 ZV06083113959511610
MSG*
----- PROVIDER SUMMARY -----
MSG*
MSG* CLAIM COUNT CHARGES PERCENTAGE
MSG*
MSG* PASSED 3 $7,509.60 66.67%
MSG* FAILED 2 $4,824.85 33.33%
MSG* TOTAL SUBMITTED 5 $12,334.45
MSG*

```

Claims Summary with claim count of "Passed" or "Failed" Claims and Total Charges

An Anthem Blue Cross **864 Report** is a report generated by carrier acknowledging if previously submitted claims have been accepted or rejected for processing. Usually available a day after the claim was submitted to the carrier. This report should automatically download once you submit a claim file and is available in "Reports Reprinting."

Status Code "FAIL" indicates the claim beside it rejected and attempts to give you the reason why i.e. Patient: Groves, Grover has an invalid Member ID "Error: Member ID."

Status Code "PASS" indicates the claim beside it has been accepted for processing.

*Any report containing a rejection such as the two Failed claims above, will automatically print to advise you to correct the claim with the information indicated and resend to Blue Cross.