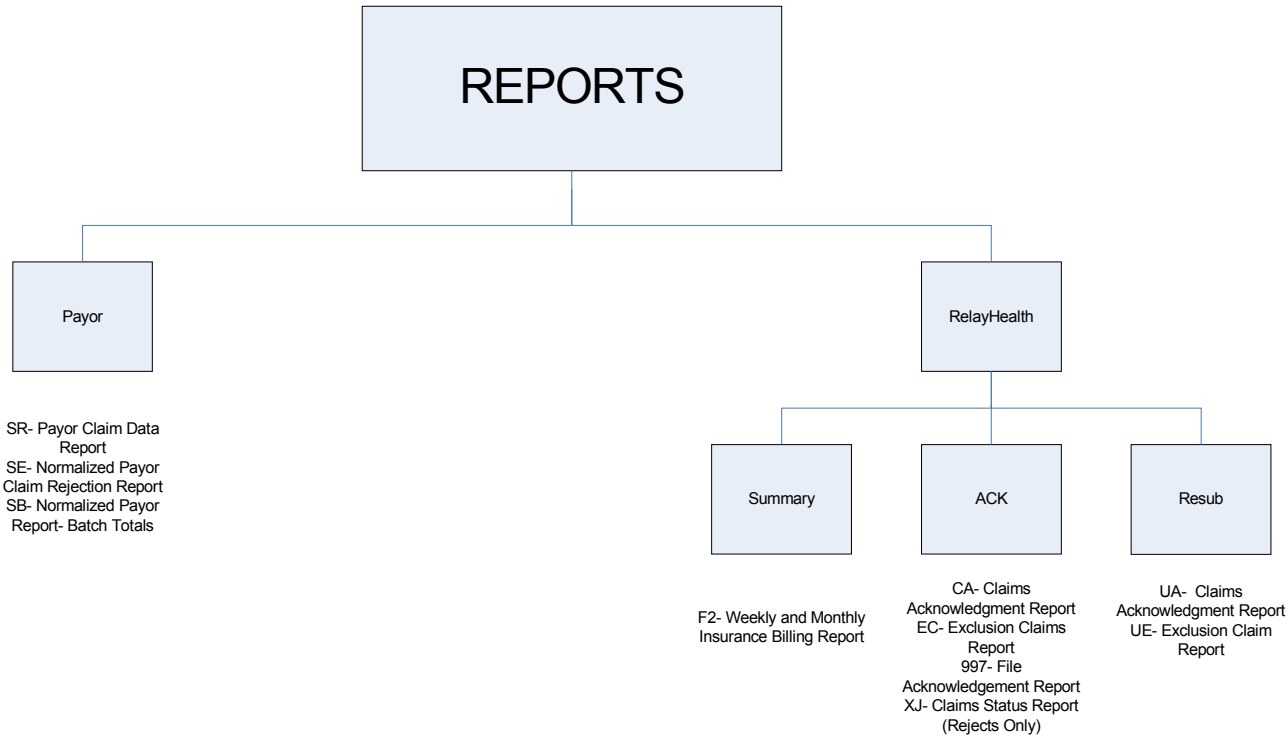
RelayHealth Reports

Medisoft and Lytec

RelayHealth Reports Folder

When a customer is transmitting Electronic Claims, a directory is created inside the customer's data directory. This directory is typically called the name of the direct claims module (for example NHIC). Contained in this directory are folders named EMC, ERA, EOB, etc. These folders are used to store claim files, TCH files, ERAs, etc. With the introduction of the RelayHealth Module a new folder is going to be created called, Reports. The Reports folder is going to be used to store all of the Reports that a customer will receive from RelayHealth. The Reports folder will have to sub-directories called, Payer and RelayHealth. The Payer folder will be used to store all Reports that come from the payer.



Report Naming Convention

The DBQ reports have a 2-letter prefix that indicates the report type, followed by the submitter id (or old Exchange billing ID for migrated customers. The filename extension consists of 2 alphanumeric characters which indicate where the file relates back to a particular transmission within the series.

Reports:

AANNNNNN.XXZ

- A=type of file/report
- N=6 numeric submitter ID
- X=incrementing 2 char ext
- Z=indicates that the file is compressed

The name or acronym of TSH appears on many RelayHealth reports. This refers to the legacy name of our Clearinghouse, Transaction Solutions Hub.

Reports are best viewed in fixed-width font such as courier.

Recommended approach to Clearinghouse Reports.

The best way to utilize Clearinghouse reports is to balance the number of claims sent against the number of claims reported in the CA and EC reports and, if ever a difference, first refer to the XJ (277), then to the XA (997) for errors and rejections.

Clearinghouse Reports/Files

ACK Folder

Level I Edits:

- High level to verify that an ANSI file is syntactically correct.
- If transaction does not pass the level I edits, the claims will reject at either the transaction set or file level.
- Resource is available on the Collaboration Compass: (www.collaborationcompass.com / Support / Documentation / RelayHealth Reference Guide / Level I Exclusion Messages)

XA Report- 997 File Acknowledgement Report

- Frequency: Same day as transmission
- Documents if the file transmission to RelayHealth was success or failed.

Files in the format “XA<Submitter ID>.aa” (XA Files) are 997 acknowledgment reports, also known as first-level edits. These reports deal with whether the file as a whole was processed or unprocessed. It is critical that this 997 be interpreted, not simply downloaded—if it fails at this point, the customer will not receive Acceptance or Exclusion reports and will have no awareness that the file could not be processed & why.

```
ISA*00*       *00*       *ZZ*CLAIMSCH     *ZZ*999999   *070728*1249*U*00401*128775486*0*P*
TA1*167892098*060728*1032*A*000~
GS*FA*ECGCLAIMS*P999999*20060728*1249*000000001*X*004010~
ST*997*000001~
AK1*HC*209~
AK2*837*0001~
AK3*SBR*022437*2000B*8~
AK4*10**3~
AK3*SBR*022484*2000B*8~
AK4*10**3~
AK5*R*5~
AK9*P*1*000001*000000~
SE*0000000010*000001~
GE*000001*000000001~
IEA*00001*128775486~
```

Level II Edits:

All claims that make it through the 997 level will then be edited using the 277 transaction in which semantic edits are performed and claims are rejected at the claim level. The 277 data file will list both the accepted and rejected claims. These will be passed back in files named with “XJ<Submitter ID>.aa”.

XJ report- Front End Level II Edits (277 Claims Status Report)

- Frequency: Reported Received as it is generated by RelayHealth
- Contain only the rejected claim information

Level III edits:

Claims will process through Level III edits, which means that the claims will process through both the standard and payor specific edits.

Resources Available:

Payor Edits tool:

- www.collaboration compass.com / Support / Payor / Payor Edits

Standard Edits:

- www.collaboration compass.com / Support / Documentation / RelayHealth Reference Guide / Level II Exclusion Messages / ASC X12N V.4010 - Professional (or Institutional)

On both the Claims Acknowledgement and Exclusion Claims reports, it provides a summary of the claims processed. The claim totals are broken down by payor and documents the number of claims that were accepted and excluded, as well as the corresponding dollar amount.

Claims Acknowledgement Report (CA Report)

- Frequency: Reported Received as it is generated by RelayHealth
- This report documents all claims that went through the level 3 edit process.

The report will document how the information was distributed to the payor using the D/C column, E/F column and S/C column.

- D/C column documents how the claim was distributed
  Most Common are:
  - A, Claim accepted and transmitted to payor electronically
  - B, Claim sent to payor via paper
  - E, Claim returned to submitter via EMF (print image)
- E/F column documents that the claim receive errors
  Code will equal an E, indicating that the claim excluded at RelayHealth and will not be forwarded onto the payor.
- S/C column documents supplemental or additional claims.
  This applies to printed paper claims if the line item exceeds:
  - 6 lines for Professional claims

- 23 line items for Institutional claims

```
                        CLAIMS ACKNOWLEDGMENT REPORT                    PAGE:
 1
 CPI651.01
                                                              12/02/2004
 PROCESSING DATE: MM/DD/CCYY
                                                09:10:53
 ********************************************************************************
***
 009999-ABC CLINIC                                    CLAIM BILLING DATE:
MM/DD/CCYY
 999999-ABC CLINIC, INC.
 ********************************************************************************
***
PATIENT / CLAIM            PATIENT NAME             CLAIM        CLAIM   D E S
   ID NUMBER           LAST            FIRST   MI FROM DATE      AMOUNT  C F
C
************** ****************** ********** * **********    ******** * *
*
        ANTHEM BLUE CROSS BLUE SHIELD      CPID: 1549CO

12345678919999  WHITE                CAROL        MM/DD/CCYY      438.00 A

 TSH CLAIM ID: 9999930000001999999   CLAIM ID:  N/A
                    TOTALS FOR CPID 1549CO:             1        438.00
    0
        MEDICAID                          CPID: 5510WI

1110987659999   SMITH                TIM          MM/DD/CCYY      750.00 E E

 TSH CLAIM ID: 9999930000002999999   CLAIM ID:  N/A

                    TOTALS FOR CPID 5510WI:             1        750.00
    0
        MEDICARE                          CPID: 1509

14131211109999  JOHNSON              CRAIG        MM/DD/CCYY   11,450.00 E E

 TSH CLAIM ID: 9999930000003999999   CLAIM ID:  N/A

1122334459999   JONES                CARL         MM/DD/CCYY      155.00 A

 TSH CLAIM ID: 9999930000004999999   CLAIM ID:  N/A

                      TOTALS FOR CPID 1509              2     11,605.00
    0
 ********************************************************************************
***
 CPID 1549CO:          ACCEPTED                            1        438.00
    0
                       EXCLUDED                            1          0.00
    0


 CPID 1509             ACCEPTED                            1        155.00
    0
                       EXCLUDED                            1     11,450.00
    0


 CPID 5510WI:          ACCEPTED                            0          0.00
    0
                       EXCLUDED                            1        750.00
    0
```

```
**********************************************************************
**


 999999 TOTALS:          ACCEPTED                1     593.00      0
                         EXCLUDED                3   12,200.00     0
                                                          ********  ************
 ****
                         TOTAL-INPUT             4   12,793.00     0
                         ***************************************************
***
                         (A)ELECTRONIC TO PAYER       2  +  0  =   2
                         (E)  PAPER CLAIM-MAILBOX              2   +    0   =
     2
                                                          ************************
***
                         TOTAL OUTPUT            4  +  0  =   4
 **********************************************************************
***
"D/C" (7TH COLUMN) IS THE DISTRIBUTION CODE COLUMN. THIS CODE WILL INDICATE
HOW
THE CLAIM IS DISTRIBUTED. POSSIBLE VALUES ARE:

 A = ELECTRONIC TO PAYER   C = PATIENT-DIRECT            E = PAPER CLAIM-MAILBOX
 B = CARRIER-DIRECT        D = ELECTRONIC TO PAYER(2)    F = PAPER CLAIM-HARDCOPY
"E/F" (8TH COLUMN) IS THE ERROR FLAG COLUMN. POSSIBLE VALUES ARE:

  E = **ERROR** FAILED EDIT WOULD NOT ALLOW CLAIM TO BE FORWARDED TO CARRIER
  W = **WARNING** (NOT CURRENTLY USED)

"S/C" (9TH COLUMN) IS THE SUPPLEMENTAL CLAIMS COLUMN. AN ADDITIONAL CLAIM

CHARGE WILL BE APPLIED TO PRINTED PAPER CLAIMS WHEN THE SUBMITTED CLAIMS

EXCEEDS 6 LINE ITEMS ON PROFESSIONAL CLAIMS AND 23 LINE ITEMS ON
INSTITUTIONAL
CLAIMS.  TSH CLAIM ID CONTAINS THE NUMBER ASSIGNED BY TSH; N/A INDICATES THAT
AN ID WAS NOT ASSIGNED.

CLAIM ID CONTAINS THE VALUE FROM THE REF D9 SEGMENT / EA6-08 FROM THE
ORIGINAL
SUBMITTED CLAIM FILE; N/A INDICATES THAT A VALUE WAS NOT RECEIVED.

**********************************************************************
**
                          SUMMARY TOTALS BY CPID

               NUMBER OF     SUPPLEMENTAL       TOTAL              CLAIM
   ADDL
    CPID        CLAIMS          CLAIMS          CLAIMS             AMOUNT
   APP
   ******     **********     ************     **********     **************
***
   1549CO             1                0             1              438.00

   1509               2                0             2           11,605.00

   5510WI             1                0             1              750.00
  CC
              ----------     ------------     ----------     --------------

        TOTALS        4                0             4           12,793.00
```

Exclusion Claims Report (EC Report)

- Frequency: Reported Received as it is generated
- This report will only document the claims that excluded during the level 3 edit process.

The only codes used will be the “E” in the D/C column, and “E” in the E/F column advising that the claim excluded at RelayHealth.

For the claims populated on the Exclusion Claims report, an error code and brief description of the error received will be documented.

The 1st 2 characters will document the Edit Code.

If that is all that is documented, that indicates that a standard edit was received.

- Example: 80 INVALID RESPONSIBLE PARTY STATE

If the 1st 2 characters are followed by an additional 4 characters, the 4 characters represent a version code.

If that is documented, it indicates that a payor specific edit was received.

- Example: 01 0001C:INVALID INSURED ID NUMBER

```
                          EXCLUSION CLAIMS REPORT                PAGE:
   1
 CPI652.01
                                                              MM/DD/CCYY
 PROCESSING DATE: MM/DD/CCYY
                                          09:11:08
*********************************************************************
**
009999-ABC CLINIC                                CLAIM BILLING DATE: MM/DD/CCYY
999999-ABC CLINIC, INC.
*********************************************************************
**
 PATIENT / CLAIM            PATIENT NAME             CLAIM        CLAIM   D E
S
    ID NUMBER           LAST            FIRST   MI FROM DATE      AMOUNT  C F
C
 *************** ******************** ********** * **********    ******** * *
*
***               MEDICAID                          CPID: 5510WI

 1110987659999   SMITH               CARL         MM/DD/CCYY      750.00 E E

  TSH CLAIM ID: 9999930000002999999   CLAIM ID:  N/A
```

GJ MISSING OCCURRENCE CODE DATE

UB

01 0050C:INVALID INSURED ID Z639999 UB

TOTALS FOR CPID 5510WI: 1 750.00

0

*** BLUE CROSS BLUE SHIELD CPID: 1509

14131211109999 JONES WILLIAM MM/DD/CCYY 11,450.00 E E

TSH CLAIM ID: 9999930000003999999 CLAIM ID: N/A

ERROR 01 INVALID POLICY NUMBER

TOTALS FOR CPID 1509 : 1 11,450.00

****

**

CPID 1549CO: EXCLUDED 0 0.00

0

ACCEPTED 1 438.00

0

CPID 1509 EXCLUDED 1 11,450.00

0

ACCEPTED 1 155.00

0

CPID 5510WI: EXCLUDED 1 750.00

0

ACCEPTED 0 0.00

0

****

**

999999 TOTALS: EXCLUDED 2 12,200.00 0

ACCEPTED 2 593.00 0

******** ************

****

TOTAL-INPUT 4 12,793.00 0

****

**

(A) ELECTRONIC TO PAYER 2 + 0 = 2

(E) PAPER CLAIM-MAILBOX 2 + 0 =

2

****

**

TOTAL OUTPUT 4 + 0 = 4

****

**

"D/C" (7TH COLUMN) IS THE DISTRIBUTION CODE COLUMN. THIS CODE WILL INDICATE HOW

THE CLAIM IS DISTRIBUTED. POSSIBLE VALUES ARE:

A = ELECTRONIC TO PAYER C = PATIENT-DIRECT E = PAPER CLAIM-MAILBOX

B = CARRIER-DIRECT D = ELECTRONIC TO PAYER(2) F = PAPER CLAIM-HARDCOPY

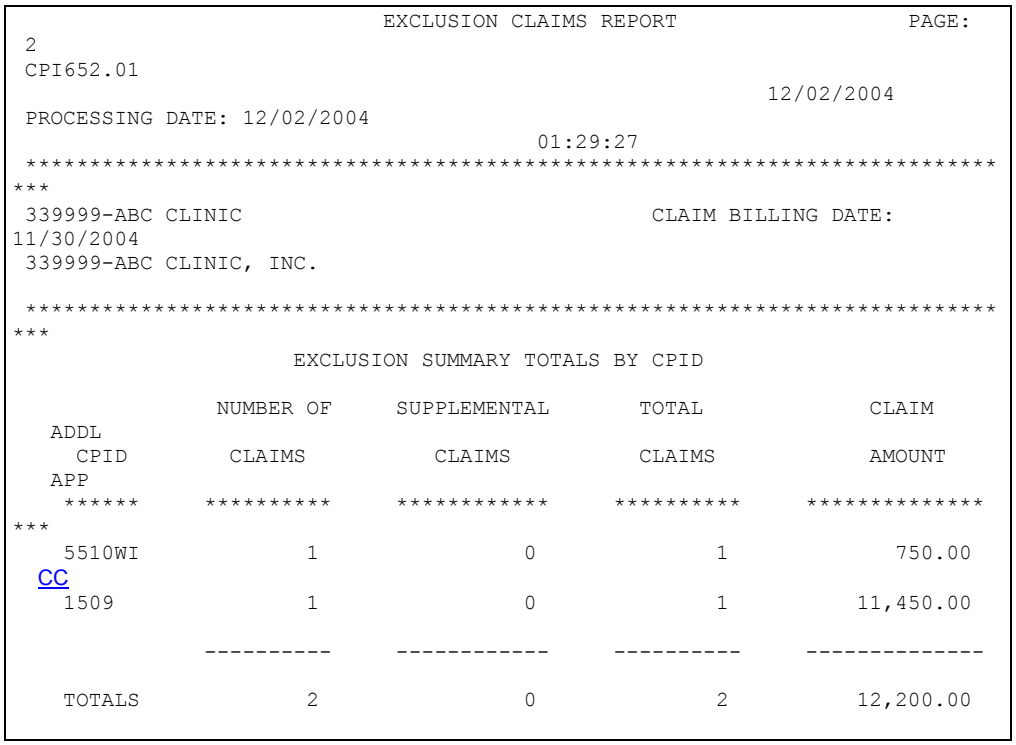
"E/F" (8TH COLUMN) IS THE ERROR FLAG COLUMN. POSSIBLE VALUES ARE:

E = **ERROR** FAILED EDIT WOULD NOT ALLOW CLAIM TO BE FORWARDED TO CARRIER

W = **WARNING** (NOT CURRENTLY USED)

"S/C" (9TH COLUMN) IS THE SUPPLEMENTAL CLAIMS COLUMN. AN ADDITIONAL CLAIM CHARGE WILL BE APPLIED TO PRINTED PAPER CLAIMS WHEN THE SUBMITTED CLAIM EXCEEDS

6 LINE ITEMS ON PROFESSIONAL CLAIMS AND 23 LINE ITEMS ON INSTITUTIONAL CLAIMS.

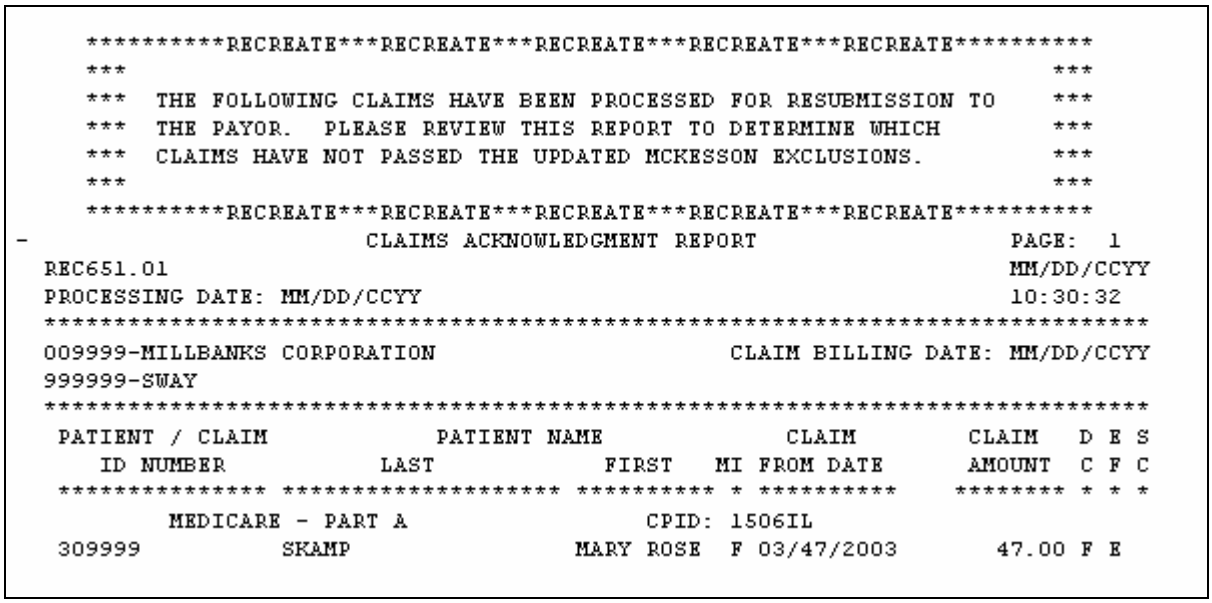


```
                              EXCLUSION CLAIMS REPORT                    PAGE:
 2
 CPI652.01
                                                                    12/02/2004
 PROCESSING DATE: 12/02/2004
                                          01:29:27
 ********************************************************************************
***
 339999-ABC CLINIC                                 CLAIM BILLING DATE:
11/30/2004
 339999-ABC CLINIC, INC.

 ********************************************************************************
***
                       EXCLUSION SUMMARY TOTALS BY CPID

                 NUMBER OF     SUPPLEMENTAL       TOTAL              CLAIM
   ADDL
     CPID         CLAIMS          CLAIMS          CLAIMS             AMOUNT
   APP
    ******     **********     ************     **********     **************
***
    5510WI             1                0             1              750.00
  CC
    1509               1                0             1           11,450.00

               ----------     ------------     ----------     --------------

    TOTALS             2                0             2           12,200.00
```

Resubmit Folder

UA Report- Resubmitted Claims Acknowledgement Report (UA Report)

- Report will have a box indicating “Recreate” at the top of the report. Within the box, a message will be noted indicating that the claims have been resubmitted.
- This report follows the same format as the original Claims Acknowledgement report.

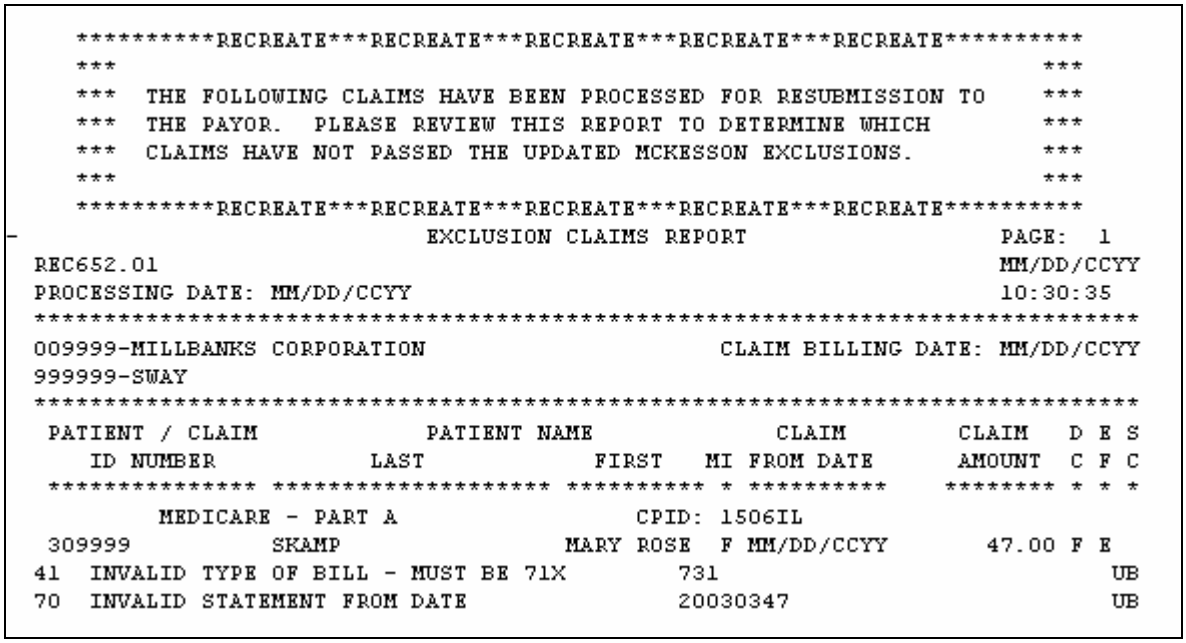


```
    **********RECREATE***RECREATE***RECREATE***RECREATE***RECREATE**********
    ***                                                                  ***
    ***  THE FOLLOWING CLAIMS HAVE BEEN PROCESSED FOR RESUBMISSION TO    ***
    ***  THE PAYOR.  PLEASE REVIEW THIS REPORT TO DETERMINE WHICH        ***
    ***  CLAIMS HAVE NOT PASSED THE UPDATED MCKESSON EXCLUSIONS.         ***
    ***                                                                  ***
    **********RECREATE***RECREATE***RECREATE***RECREATE***RECREATE**********
-                       CLAIMS ACKNOWLEDGMENT REPORT                  PAGE:  1
 REC651.01                                                            MM/DD/CCYY
 PROCESSING DATE: MM/DD/CCYY                                          10:30:32
 ******************************************************************************
 009999-MILLBANKS CORPORATION                    CLAIM BILLING DATE: MM/DD/CCYY
 999999-SWAY
 ******************************************************************************
  PATIENT / CLAIM            PATIENT NAME             CLAIM        CLAIM   D E S
     ID NUMBER           LAST            FIRST   MI FROM DATE      AMOUNT  C F C
  ************** ****************** ********** * **********    ******** * * *
          MEDICARE - PART A                CPID: 1506IL
  309999          SKAMP               MARY ROSE  F 03/47/2003       47.00 F E
```

UE Report- Resubmitted Exclusion Claims Report (UE Report)

- Report will have a box indicating “Recreate” at the top of the report. Within the box, a message will be noted indicating that the claims have been resubmitted.

- This report follows the same flow as the original Exclusion Claims report



```
    **********RECREATE***RECREATE***RECREATE***RECREATE***RECREATE**********
    ***                                                                  ***
    ***  THE FOLLOWING CLAIMS HAVE BEEN PROCESSED FOR RESUBMISSION TO    ***
    ***  THE PAYOR.  PLEASE REVIEW THIS REPORT TO DETERMINE WHICH        ***
    ***  CLAIMS HAVE NOT PASSED THE UPDATED MCKESSON EXCLUSIONS.         ***
    ***                                                                  ***
    **********RECREATE***RECREATE***RECREATE***RECREATE***RECREATE**********
-                          EXCLUSION CLAIMS REPORT                   PAGE:  1
 REC652.01                                                            MM/DD/CCYY
 PROCESSING DATE: MM/DD/CCYY                                          10:30:35
 ******************************************************************************
 009999-MILLBANKS CORPORATION                    CLAIM BILLING DATE: MM/DD/CCYY
 999999-SWAY
 ******************************************************************************
  PATIENT / CLAIM            PATIENT NAME             CLAIM        CLAIM   D E S
     ID NUMBER           LAST            FIRST   MI FROM DATE      AMOUNT  C F C
  ************** ****************** ********** * **********    ******** * * *
          MEDICARE - PART A                CPID: 1506IL
  309999          SKAMP               MARY ROSE  F MM/DD/CCYY       47.00 F E
 41  INVALID TYPE OF BILL - MUST BE 71X        731                          UB
 70  INVALID STATEMENT FROM DATE               20030347                     UB
```

Summary Folder

F2 Report- Weekly and Monthly Insurance Billing Reports (F2)

- Frequency: Reports are received monthly and weekly
- The billing reports only contain claim information, and do not document anything in regards to Electronic remittance (ERA).
- Both billing reports do not provide dollar amounts, only claim totals.
- Both billing reports break down the claims submitted by the CPID (payor ID), payor name, distribution method, the number of claims sent to the specific carrier and the total claims that were transmitted.

Example of Weekly Billing report:

```
PAGE:     1                          COMMON PROCESSOR                                REPORT NO:
  CPI105.01
                               WEEKLY INSURANCE BILLING REPORT                      REPORT DATE:
MM/DD/CCYY
                                      SYSTEM ID - C980                              PRINT DATE:
 MM/DD/CCYY
                                                                                    PRINT TIME:
 14:35:36
                     ***************   BILLING ID - 000948   ***************
CLINIC                                                                          LAST PROCESS
OFFICE #   PROVIDER NAME          FORM #    FORM DESCRIPTION     FORM TYPE     DATE
       CLAIM COUNT
*****************************************************************************************
*****************************************************************************************
*****************************************************************************************
******************************
***

   ***
***

  ***
***

   ***
***                                PLEASE FORWARD TO THE ACCOUNTS PAYABLE DEPARTMENT
                ***
***
                                                                 ***
***
    ***
***

   ***
*****************************************************************************************
**********
*****************************************************************************************
*****************************************************************************************
********************
PAGE:     2                    COMMON PROCESSOR                                REPORT NO:
  CPI105.01
```

```
                          WEEKLY INSURANCE BILLING REPORT                          REPORT DATE:
MM/DD/CCYY
                                   SYSTEM ID - C980                                PRINT DATE:
 MM/DD/CCYY
                                                                                   PRINT TIME:
 14:35:36
                  ***************   BILLING ID - 000948   **************
CLINIC                                                                          LAST PROCESS
OFFICE #   PROVIDER NAME         FORM #    FORM DESCRIPTION        FORM TYPE     DATE
       CLAIM COUNT
099999  FAMILY PHYSICIANS        1420 - CONNECTICUT BLUE SHIELD        EMC      MM/DD/CCYY
        37
                                 1420 - CONNECTICUT BLUE SHIELD        EMC      MM/DD/CCYY
        60
                                                                     FORM ID TOTAL
                97
                                 2427 - CT BLUECARE FAM PLAN(MEDICAID) EMC      MM/DD/CCYY
         1
                                 2427 - CT BLUECARE FAM PLAN(MEDICAID) EMC      MM/DD/CCYY
        17
                                                                     FORM ID TOTAL
                18
                                 3429 - ENVOY-UNITEDHEALTHCARE         EMC      MM/DD/CCYY
         3
                                 3429 - ENVOY-UNITEDHEALTHCARE         EMC      MM/DD/CCYY
         3
                                                                     FORM ID TOTAL
                 6
                                 4476 - CT WELFARE                     EMC      MM/DD/CCYY
         2
                                                                     FORM ID TOTAL
                 2
                                 4483 - ENVOY - HEALTHNET              EMC      MM/DD/CCYY
         6
                                 4483 - ENVOY - HEALTHNET              EMC      MM/DD/CCYY
         3
                                                                     FORM ID TOTAL
                 9
                                 6400 - ENVOY-AETNA                    EMC      MM/DD/CCYY
         9
                                 6400 - ENVOY-AETNA                    EMC      MM/DD/CCYY
         9
                                                                     FORM ID TOTAL
                18
                                 6405 - ENVOY - CIGNA                  EMC      MM/DD/CCYY
        11
                                 6405 - ENVOY - CIGNA                  EMC      MM/DD/CCYY
         9
                                                                     FORM ID TOTAL
                20
                                 6440 - ENVOY- CONNECTICARE INC.       EMC      MM/DD/CCYY
         6
                                 6440 - ENVOY- CONNECTICARE INC.       EMC      MM/DD/CCYY
        13
                                                                     FORM ID TOTAL
                19
                                 6485 - OXFORD HEALTH PLAN        *PP* EMC      MM/DD/CCYY
         7
PAGE:     3                      COMMON PROCESSOR                                REPORT NO:
CPI105.01
                          WEEKLY INSURANCE BILLING REPORT                          REPORT DATE:
MM/DD/CCYY
                                   SYSTEM ID - C980                                PRINT DATE:
 MM/DD/CCYY
                                                                                   PRINT TIME:
 14:35:36
                  ***************   BILLING ID - 000948   **************
CLINIC                                                                          LAST PROCESS
OFFICE #   PROVIDER NAME         FORM #    FORM DESCRIPTION       FORM TYPE      DATE
     CLAIM COUNT
099999  FAMILY PHYSICIANS           6485 - OXFORD HEALTH PLAN        *PP* EMC  MM/DD/CCYY
        5
```

Example of Monthly Billing report:

```
PAGE:     1                     CLEARINGHOUSE                                    REPORT NO:
  CPI115.01                      MONTHLY INSURANCE BILLING REPORT
                              REPORT DATE: MM/DD/CCYY


                              SYSTEM ID - BILL (C350 )                          PRINT DATE:
 MM/DD/CCYY


                                                                                PRINT TIME:
 01:02:36

BILLING ID       MICHAEL SMITH MD

000999           SUITE # 100

8120 SOUTH JOLLY STREET

NYTOWN          CO 99999
**************************************************************************************************
**********

**************************************************************************************************
**********

**************************************************************************************************
*************

   ***

***

   ***

***

   ***

***                              PLEASE FORWARD TO THE ACCOUNTS PAYABLE
DEPARTMENT                   ***

***

   ***

***

   ***

***
       ***

**************************************************************************************************
**********

**************************************************************************************************
**********

**************************************************************************************************
**********PAGE:     2                     CLEARINGHOUSE
                                    REPORT NO:   CPI115.01


                           MONTHLY INSURANCE BILLING REPORT                     REPORT DATE:
MM/DD/CCYY


                                    SYSTEM ID - C980                            PRINT DATE:
 MM/DD/CCYY


                                                                                PRINT TIME:
 01:02:36
```

BILLING ID MICHAEL SMITH MD

000999 SUITE # 100

8120 SOUTH JOLLY STREET

ANYTOWN CO 99999

SUBMITTER NUMBER	PROVIDER NAME	CPID #	CPID DESCRIPTION		DISTRIBUTION METHOD	LAST PROCESS DATE	CLAIM COUNT
070999	MICHAEL LOTT MD	1361	COMM HCFA 12/90 *CARR DIRECT*		PAYOR DIRECT	MM/DD/CCYY	
55		1415	COLORADO BC/BS		EC	MM/DD/CCYY	5
		2420	WESTERN	*PP*	EC	MM/DD/CCYY	1
		3429	METRO	*PP*	EC	MM/DD/CCYY	184
		4415	OVERCARE	*PP*	EC	MM/DD/CCYY	86
		4433	HEALTHCARE INC.	*PP*	EC	MM/DD/CCYY	43
		5402	HAWKEYE HEALTHCARE	*PP*	EC	MM/DD/CCYY	2
		6400	CENTRAL HEALTHCARE		EC	MM/DD/CCYY	79
		6405	PPO/HMO	*PP*	EC	MM/DD/CCYY	127
		6408	GREAT EASTERN	*PP*	EC	MM/DD/CCYY	29
		6409	LIFE AND HEALTH		EC	MM/DD/CCYY	12
		6417	ATLANTIC		EC	MM/DD/CCYY	3
		6422	AMERICAN		EC	MM/DD/CCYY	2
		6426	EAST COAST MUTUAL		EC	MM/DD/CCYY	14
		6428	SOUTHERN ACCOCIATES		EC	MM/DD/CCYY	4
		6435	NORHTERN MUTUAL		EC	MM/DD/CCYY	3
		6467	GLOBAL ASSOCIATES		EC	MM/DD/CCYY	2
		6491	ATTITUDE HEALH		EC	MM/DD/CCYY	2

```
                          7481 AMERICAN MEDICAL          *PP*  EC EXCLUSION   MM/DD/CCYY
        2

                                                                 SUBMITTER TOTAL
             655 *

                                                                 BILLING ID TOTAL
            655 **



****************************************** REPORT LEGEND
***********************************************

*          CPID: CLEARINGHOUSE PAYOR ID

*          *PP*: PREFERRED PAYOR CREDIT

*          PAPER: PRINT IMAGE CLAIM RETURNED TO SUBMITTER

*          EC: ELECTRONIC CLAIM

*          PAYOR DIRECT: PAPER CLAIM SENT DIRECTLY TO PAYOR

*          PATIENT DIRECT: PAPER CLAIM MAILED DIRECTLY TO PATIENT

*          EC EXCLUSION: CLAIM COULD NOT BE SUBMITTED ELECTRONICALLY TO THE PAYOR; PRINT IMAGE
CLAIM

           RETURNED TO SUBMITTER *

*          PAYOR DIR EXCL: CLAIM WAS EXCLUDED FROM PAYOR DIRECT PROCESSING; PRINT IMAGE CLAIM
RETURNED TO

           SUBMITTER          *

*          PAT DIR EXCL: CLAIM WAS EXCLUDED FROM PATIENT DIRECT PROCESSING; PRINT IMAGE CLAIM
RETURNED TO

           SUBMITTER        *

*************************************************************************************************
**********
```

Payor Reports/Files

These consist of the SR report, SE report, and SB report.

SR Report- Payor Claim Data Report (SR Report)

- Frequency: Upon Receipt from the payer
- These reports show individual claim level activity from the payers. Again, this data is only available for certain carriers & trading partners. Many carriers will only report this information at the EOB-level rather than passing back a rejection electronically.

- The standardized payor report documents all claim level report information. RelayHealth does not produce separate reports based on that status of the claim.

- A claim status code will be documented on the report to provide the status of the claim.

  The code will equal one of the following:

  A: Accepted

  I: Request for additional information

  M: Information message

  P: Pending

  R: Rejected

  U: Unknown – report default

  Z: Zero payment claim

  - In addition to the claim status code, this report will also document any payor report messages provided by the payor.

  - The report will follow the format of the other standardized reports being received.

```
CSPR31.01                          PAYOR CLAIM DATA                          PAGE:
     1

                                                                             MM/DD/CCY
Y

                                                                             12:12:12

********************************************************************************
***

009999-HEALTH ABC BILLING

999901-HEALTH ABC CLINIC

********************************************************************************
***

IL BLUE CROSS/BLUE SHIELD REJECT REPORT

PAYOR PROCESS DATE: MM/DD/CCYY         CPID:  1405 PAYOR NAME:


BILLING PROVIDER NAME: DR. ABC FIXALL

BILLING PROVIDER ID: 12345678901234567890             NPI: 1234567890

********************************************************************************
***

PATIENT CONTROL #              LAST NAME                  FIRST NAME    CLAIM
FROM

PAYOR CLAIM STATUS             POLICY #                   CLAIM AMT     / TO
DATE

STANDARDIZED CLAIM STATUS


**************************** ************************ ************
**********

--------------------------------------------------------------------------------
---

1234567890123456789A1          SMITH                      LINDA
       MM/DD/CCYY

REJECTED                       POLICY 101                $1,333,333.33
MM/DD/CCYY

R - REJECTED

* PAYOR CODE:    AB-89

  INVALID DATA:  20060307

  PAYOR MESSAGE: THIS CLAIM HAS REJECTED SINCE THE FROM AND TO DATES OF
SERVICE
```

```
                ARE NOT THE SAME DATE.  THIS IS ONLY A ONE DAY SERVICE.

* PAYOR CODE:    25-76

  INVALID DATA:  1,333,333.33

  PAYOR MESSAGE: INVALID CHARGE AMOUNT.

--------------------------------------------------------------------------------

1234567890123456789B           JONES                     LARRY
       MM/DD/CCYY

REJECTED                       POLICY 102              $    2,511.00
MM/DD/CCYY

R - REJECTED

* PAYOR CODE:    24-98

  INVALID DATA:  20060307

  PAYOR MESSAGE: SERVICE FROM DATE CANNOT BE GREATER THAN SERVICE TO DATE.

--------------------------------------------------------------------------------

12345678901234567890C1         DOE                       JANE
        MM/DD/CCYY

PEND                           4545454501              $      125.00
MM/DD/CCYY

P - PENDED

* PAYOR CODE:    77-77

  INVALID DATA:

  PAYOR MESSAGE: REQUEST FOR ADDITIONAL INFORMATION SENT TO PROVIDER.
```

SE Report- Normalized Payor Claim Rejection Report

- Frequency: Upon Receipt from the payer
- This standardized payor report will document only the claims that rejected at the payor.
- The report will follow the format of the other standardized reports being received.

```
CSPR31.02                      PAYOR CLAIM REJECTIONS                    PAGE:      1
                                                                         MM/DD/CCYY
                                                                         12:12:12
********************************************************************************
009999-HEALTH ABC BILLING
999901-HEALTH ABC CLINIC
********************************************************************************
IL BLUE CROSS/BLUE SHIELD REJECT REPORT
PAYOR PROCESS DATE: MM/DD/CCYY          CPID: 1405 ILLINOIS BC/BS
BILLING PROVIDER NAME: DR. ABC FIXALL
BILLING PROVIDER ID: 12345678901234567890              NPI: 1234567890
********************************************************************************
PATIENT CONTROL #              LAST NAME                  FIRST NAME    CLAIM FROM
PAYOR CLAIM STATUS             POLICY #                   CLAIM AMT     / TO DATE
STANDARDIZED CLAIM STATUS
****************************** ********************** ************ **********
--------------------------------------------------------------------------------
12345678901234567890A1         SMITH                       LINDA        MM/DD/CCYY
REJECTED                       POLICY 101                $1,333,333.33 MM/DD/CCYY
R - REJECTED
* PAYOR CODE:     AB-89
  INVALID DATA:   20060307
  PAYOR MESSAGE:  THIS CLAIM HAS REJECTED SINCE THE FROM AND TO DATES OF SERVICE
                  ARE NOT THE SAME DATE.  THIS IS ONLY A ONE DAY SERVICE.
* PAYOR CODE:     25-76
  INVALID DATA:   1,333,333.33
  PAYOR MESSAGE:  INVALID CHARGE AMOUNT.
--------------------------------------------------------------------------------
12345678901234567890B          JONES                       LARRY        MM/DD/CCYY
REJECTED                       POLICY 102                $     2,511.00 MM/DD/CCYY
R - REJECTED
* PAYOR CODE:     24-98
  INVALID DATA:   20060307
  PAYOR MESSAGE:  SERVICE FROM DATE CANNOT BE GREATER THAN SERCICE TO DATE.
--------------------------------------------------------------------------------
```

SB Report- Normalized Payor Report

- Frequency: Upon Receipt from the payer

- These reports show all batch level activity from the payers. They are only available for certain carriers—many carriers do not pass these back.

- This standardized payor report will document the payor batch level (provider level) information.

- The report will follow the format of the other standardized reports being received.

```
CSPR37.01                          PAYOR BATCH TOTALS                    PAGE:
     1

                                                                         MM/DD/CCY
Y

                                                                         12:12:12

*******************************************************************************
***

999901-HEALTH ABC CLINIC

009999-HEALTH ABC BILLING

*******************************************************************************
***

IL BLUE CROSS/BLUE SHIELD REJECT REPORT

PAYOR NAME:       ILLINOIS BC/BS                                        CPID:
1405

PROVIDER NAME:    BILLING PROVIDER NAME

PROVIDER ID:      12345678901234567890123456789O                NPI:
1234567890

TAX ID - SITE ID: 123456789 - ABC1234

*******************************************************************************
***

PROCESS     CLAIMS      TOTAL        CLAIMS    ACCEPTED     CLAIMS
   REJECTED

 DATE       SUBMITTED   CHARGE       ACCEPTED  CHARGE       REJECTED    CHARGE

*******************************************************************************
***

-------------------------------------------------------------------------------
---

MM/DD/CCYY  999,999  99999999.99-   999,999  99999999.99-  999,999
 99999999.99-

PAYOR BATCH STATUS: REJECTED
```

```
* MSG STATUS:        BATCH DELETED

  INVALID DATA:      565941368

  PAYOR MESSAGE:     M012 BILLING PROV NOT ON FILE BATCH DELETED. ENTIRE BATCH
MU

                     ST BE RESUBMITTED.

* MSG STATUS:        INFORMATIONAL

  INVALID DATA:      1234567890

                     PRV-02

  PAYOR MESSAGE:     M013 SUBMIT BPRV NOT ON FILE BATCH DELETED. ENTIRE BATCH
MUS

                     T BE RESUBMITTED.

------------------------------------------------------------------------------
---

MM/DD/CCYY       99       999.99

PAYOR BATCH STATUS: ACCEPTED

------------------------------------------------------------------------------
---

MM/DD/CCYY

PAYOR BATCH STATUS: PENDED

* MSG STATUS:        PEND

  PAYOR MESSAGE:     REQUEST FOR ADDITIONAL INFORMATION SENT TO PROVIDER.

------------------------------------------------------------------------------
---

MM/DD/CCYY      999      9999.99                                  999
    9999.99

PAYOR BATCH STATUS: REJECT



  INVALID DATA:      61000

  PAYOR MESSAGE:     MSG-SS6 SUBSCRIBER ZIP INVALID >61000 N4 -03

------------------------------------------------------------------------------
---

MM/DD/CCYY    9,999     99999.99      9,999    99999.99

------------------------------------------------------------------------------
---
```

```
****                    END OF PAYOR BATCH TOTALS REPORT
                    ****
```