



CLAIMS SUBMITTER REPORTS

ASK currently sends most commercial claims through Emdeon to be passed on to the appropriate payers. Reports generated by Emdeon and the payer are passed back to the trading partner. The following is a partial copy of the Claims Submitter Reports document published by Emdeon. ASK has received permission from Emdeon to publish only those instructions that apply to EDI Midwest trading partners.



emdeon™
business services

Integrated Reporting & Claim Tracking Repository

Claims Submitter Reports

Providers Reference Guide

(Text-Readable)

February 2007

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Disclaimer: The names of persons appearing on the report samples associated with this guide are fictional. Any similarity to actual persons, living or dead is purely unintentional.

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RPT-02 (File Status Report)

The RPT-02 report gives an initial analysis of the file received. It shows a file status of accepted or rejected and a description of the status. It also indicates the total number of claims and \$ value if the file contains valid claims.

RPT-02 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the RPT-02 report.

Header Section
displays the type of claims distribution system (Medical, Hospital, Dental) and the report's title.

Information Section
displays data on your transmitted file. This information can be used for locating your file in Emdeon's processing system.

File Status Section
displays message on the status of your transmitted file.

File Totals Section
displays quantity and dollar value of claims in your submitted file.

Disclaimer Section
displays text message explaining the intent of the report. This displays only once on the report.

Page Footer Section
displays report # and page number(s) of the report.

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Emdeon Business Services Division
XXXXXXXXX Claims Distribution System

File Status Report
Date/Time: MM/DD/YY-HH:MM:SS
Emdeon Ref: EP1234567890123 Report Date: MM/DD/YY
Report #: RPT-02
Acct ID: 123 File Control #: P23456

Submitter Filename: 040500clms Emdeon Ref: 5634
Submitter ID: 123456789
Submitter Name: Vendor Systems
File Status: ACCEPTED

***** STATUS *****
Your file has been accepted and is being processed by Emdeon Business
Services Division.

File Totals:          CLAIMS RCVD          $ VALUE
                   60                   8213.25

*****
DISCLAIMER

THIS IS A FILE LEVEL ACKNOWLEDGEMENT BY EMDEON ONLY AND IT DOES NOT
GUARANTEE ACCEPTANCE OF YOUR CLAIMS. ADDITIONAL REPORTS WILL FOLLOW.

*****

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RPT-02 Detailed Information

Sorting Sequence	By File Submitted.
Frequency of Report	Daily if claim data is submitted by 8:00 p.m. Eastern Time.
Purpose of Report	To monitor whether the file transmitted was accepted for processing or rejected.
Report Field Name	Field Description
Date/Time	The date/time the claims file was processed by Emdeon. Format is MM/DD/YY-HH:MM:SS
Report #	The Emdeon report number.
Acct ID	The submitter's login/account ID assigned by Emdeon.
File Control #	Control number assigned to the file by the originator of the submitted transaction.
Submitter Filename	The file name assigned by the submitter.
Emdeon Ref	The tracking number assigned by the Emdeon clearinghouse to identify the file. This value can be used for referencing purposes.
Submitter ID	The identifier used by Emdeon to identify the submitter. A submitter is the entity submitting the file, which could be a provider, vendor, billing service, or clearinghouse.
File Status	Indicates if the claims batch was ACCEPTED or REJECTED
*****STATUS*****	A description of the submitter's batch file status being processed by the Emdeon system. E.g., a status could be a duplicate file, unknown submitter, incomplete file, accepted file but stopped during processing, etc...
File Totals	
CLAIMS RCVD	The number of claims received in the file.
\$ VALUE	The dollar value of the claims contained in the received file.
DISCLAIMER	Text message explaining that the report is a file level acknowledgement and that it does not guarantee acceptance of the submitter's claims.

RPT-03 (File Summary Report)

The RPT-03 report gives a summary of the file submitted for processing. This report informs the submitter of how many claims were accepted and/or rejected, as well as the total number of claims received by Emdeon for each file submitted.

RPT-03 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the RPT-03 report.

Header Section

displays the type of claims distribution system (Medical, Hospital, Dental) and the report's title and run date.

Information Section

displays data on your transmitted file. This information can be used for locating your file in Emdeon's processing system.

File Totals Section

displays quantity and dollar value of claims in your submitted file. The total number of accepted and rejected claims is displayed.

Page Footer Section

displays report # and page number(s) of the report.

Emdeon Business Services Division XXXXXXXXX Claims Distribution System					
File Summary Report					
FILE SUBMISSION DATE/TIME: MM/DD/YY-HH:MM:SS					
EMDEON_REF: EP1234567890123			Run Date: MM/DD/YY		
Report #: RPT-03					
Acct ID: 123					
File Control #: P23456			Emdeon Ref: 5634		
Submitter ID: 123456789					
Submitter Name: Vendor Systems					
----- FILE TOTALS -----					
**** CLAIMS INPUT ****					
		NUMBER			\$ VALUE
		23120			125000.35
**** TRANS TYPE **** **** CLAIMS ACCEPTED **** **** CLAIMS REJECTED ****					
		NUMBER	\$ VALUE	NUMBER	\$ VALUE
Electronic		19250	95000.35	100	12000.00
Paper		3700	13950.50	70	4050.00
Totals		22950	108950.35	170	16050.00
RPT-03					
Page 1					

RPT-03 Detailed Information

Sorting Sequence	By File Submitted.
Frequency of Report	Next business day if claim data is submitted by 8:00 p.m. Eastern Time.
Purpose of Report	To monitor daily number of accepted and rejected claims and charges per file submitted.
Report Field Name	Field Description
Run Date	The date the report was generated by Emdeon.
Report #	The Emdeon report number.
Acct ID	The submitter's login/account ID assigned by Emdeon.
File Control #	Control number assigned to the file by the originator of the submitted transaction.
Emdeon Ref	The tracking number assigned by the Emdeon clearinghouse to identify the file. This value can be used for referencing purposes.
Submitter ID	The identifier used by Emdeon to identify the submitter. A submitter is the entity submitting the file, which could be a provider, vendor, billing service, or clearinghouse.
Submitter Name	The name of the submitter.
---- FILE TOTALS ---- CLAIMS INPUT NUMBER \$ VALUE	The total number of claims contained in the submitted claims file. The total monetary value of the claims contained in the submitted claims file.
TRANS TYPE Electronic Paper Totals	Indicates that the claim was transmitted electronically. Indicates that the claim was transmitted on paper. Indicates the total number of claims submitted.
CLAIMS ACCEPTED	The number (NUMBER) and \$ value (\$ VALUE) of the claims accepted in the file submitted.
CLAIMS REJECTED	The number (NUMBER) and \$ value (\$ VALUE) of the claims rejected in the file submitted.

RPT-04 (File Detail Summary Report)

The RPT-04 report gives a detail summary of the file submitted for processing. This report is a file roll-up listing all accepted and rejected claims contained in each file submitted to Emdeon. The RPT-04 also contains payer name/id and status of claim.

RPT-04 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the RPT-04 report.

Header Section displays the type of claims distribution system (Medical, Hospital, Dental) and the report's title and run date.

Information Section displays data on your transmitted file. This information can be used for locating your file in Emdeon's processing system.

Disclaimer Section displays text message explaining the intent of the report. This displays only once on the report.

File Roll-Up Section displays header and detail areas of a claim record. Patient and Payer information is displayed.

Page Footer Section displays report # and page number(s) of the report.

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Emdeon Business Services Division
XXXXXXXXX Claims Distribution System

File Detail Summary Report
FILE SUBMISSION DATE/TIME: MM/DD/YY-HH:MM:SS
-----Emdeon Ref:- 5634-----Run Date:- MM/DD/YY-----
Report #: RPT-04
Acct ID: 123

File Control #: P23456
Submitter ID: 123456789
Submitter Name: Vendor Systems
*****
DISCLAIMER
ACCEPTED CLAIMS HAVE BEEN FORWARDED TO THE PAYER BY EMDEON BUSINESS SERVICES
DIVISION. ADDITIONAL CLAIM STATUS REPORTS MAY FOLLOW IF AVAILABLE FROM THE
PAYER. THIS IS NOT A GUARANTEE OF PAYMENT.
*****
Customer ID/Sub: 987654321 abcd NPI: 1234567890
Customer Name: Prov/Group Name

FILE ROLL-UP
Patient Name Patient Date of Total Payer Name/ID Status
Control # Service Charges
Childs M J 39145278912547856364 012700 176.95 Payer One 12345 AE
Gagnon J 39143268973247658365 012800 1176.00 Payer Two 60054 RE
Osborn J 39145278955467289367 012500 276.00 Payer Three SMTX0 TE
Osborn J 39145278963098426368 012700 176.00 Payer One 12345 AP

Customer ID/Sub: 987654321 efgh NPI: 1234567890
Customer Name: Prov/Group Name

FILE ROLL-UP
Patient Name Patient Date of Total Payer Name/ID Status
Control # Service Charges
Bolders M J 39145278961234531363 012700 176.00 Payer One 12345 AE
Garrett J 39143268971234504366 012800 1176.00 Payer Two 60054 RE
Osborn J 39145278951234507369 012500 276.00 Payer Three SMTX0 TE
Sims J 39145278961234508362 012700 176.95 Payer One 12345 AP

RPT-04 Page 1
    
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RPT-04 (continued)

Header Section
displays the type of claims distribution system (Medical, Hospital, Dental) and the report's title and run date.

Status Key Legend Section
displays status acronyms and values.

Emdeon Business Services Division XXXXXXXXX Claims Distribution System	
File Detail Summary Report	Run Date: MM/DD/YY
*** Status Key Legend ***	
AE	- Accepted Claim sent out electronically
AP	- Accepted Claim sent out on paper
RE	- Electronic Claim rejected by Emdeon
RP	- Paper Claim rejected by Emdeon
TE	- Electronic Test claim
RPT-04	Page 2

Page Footer Section
displays report # and page number(s) of the report.

RPT-04 Detailed Information

Sorting Sequence	By File submitted, by Customer and by Patient.
Frequency of Report	Next business day if claim data is submitted by 8:00 p.m. Eastern Time.
Purpose of Report	To monitor daily claims submitted to Emdeon for future reference.
Report Field Name	Field Description
Run Date	The date the report was generated by Emdeon.
Report #	The Emdeon report number.
Acct ID	The submitter's login/account ID assigned by Emdeon.
File Control #	Control number assigned to the file by the originator of the submitted transaction.
Emdeon Ref	The tracking number assigned by the Emdeon clearinghouse to identify the file. This value can be used for referencing purposes.
Submitter ID	The identifier used by Emdeon to identify the submitter. A submitter is the entity submitting the file, which could be a provider, vendor, billing service, or clearinghouse.
Submitter Name	The name of the submitter.
DISCLAIMER	Text message explaining that the report is for status information only.
Customer ID/Sub	The ID and Sub ID used by Emdeon to identify the customer.
Customer Name	The Customer Name.
FILE ROLL-UP	
Patient Name	The name of the patient on the claim. This includes last name, first initial, and middle initial.
Patient Control #	The unique identifier assigned by the provider identifying the patient.
Date of Service	The date the services were rendered. This is the 'from' date.
Total Charges	The total \$ amount of the claim.
Payer Name/ID	The name and ID of the payer.
Status	Shows the status of the claim. E.g., AE, AP, RE, RP, TE See <i>Status Key Legend</i> field.
Status Key Legend	Describes each status acronym. AE - Accepted Claim sent out electronically, AP - Accepted Claim sent out on paper RE - Electronic Claim rejected by Emdeon RP - Paper Claim rejected by Emdeon TE - Electronic Test Claim

RPT-05 (Batch & Claim Level Rejection Report)

The RPT-05 report contains rejected batches and claims listed with detailed error explanations. In order to prevent 'lost' claims, the RPT-05 report must be reviewed and worked after each file transmission. Claims that are listed as rejected are not forwarded to the payer(s) for processing. Rather, these rejected claims must be corrected and then resubmitted (either electronically or on paper) for processing.

RPT-05 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the RPT-05 report.

Header Section displays the type of claims distribution system (Medical, Hospital, Dental) and the report's title and run date.

Information Section displays data on your transmitted file. This information can be used for locating your file in Emdeon's processing system.

Disclaimer Section displays text message explaining the intent of the report. This displays only once on the report.

Error Header and Detail Section displays claims that are in error in the submitted claims file by provider. The field in error and actual data value are displayed.

Page Footer Section displays report # and page number(s) of the report.

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Emdeon Business Services Division
XXXXXXXXX Claims Distribution System

Batch & Claim Level Rejection Report
FILE SUBMISSION DATE/TIME: MM/DD/YY-HH:MM:SS
-----
Emdeon Ref: 5634                               Run Date: MM/DD/YY
Report #: RPT-05
Acct ID: 123

File Control #: P23456

Submitter ID: 123456789
Submitter Name: Vendor Systems
-----
*****
DISCLAIMER
*****
CLAIMS LISTED ON THIS REPORT HAVE NOT BEEN SENT ON TO THE PAYERS FOR
PROCESSING AND MUST BE CORRECTED AND RESUBMITTED ELECTRONICALLY OR ON PAPER.
-----
Customer ID/Sub: 987654321 abcd                NPI: 1234567890
Customer Name: Prov/Group Name

*****      ERROR LISTING      *****

Patient Name          Patient Ctrl #          Claim ID          DOS          Charges
-----
Childs M F            39145278961247890361   okkea12345-00002  012800      1176.00
Payer Name/ID: Payer Two          65004
ERROR MESSAGE: Invalid HCPCS number
FLD: FA0-09 SEQ:01   Field Name: HCPCS          Data in Error: 2503y

Goagnon J            39145278964563892368   okkea12345-00004  012800      1176.00
Payer Name/ID: Payer Two          65004
ERROR MESSAGE: Invalid HCPCS number
FLD: FA0-09 SEQ:01   Field Name: HCPCS          Data in Error: 2503y

Lengyel-Gomez B M    39145278969876453360   okkea12345-00012  012700      1500.00
Payer Name/ID: Payer One          56432
ERROR MESSAGE: Provider Number Mismatch
FLD: B0-08 SEQ:01   Field Name: PROV #          Data in Error: E26995

Mazloompour J M      39145278961265374370   okkea12345-00010  012800      1176.00
Payer Name/ID: Payer Two          65004
ERROR MESSAGE: Invalid HCPCS number
FLD: FA0-09 SEQ:01   Field Name: HCPCS          Data in Error: 2503y
-----
RPT-05                                                    Page 1
    
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RPT-05 (continued)

Header Section
displays the type of claims distribution system (Medical, Hospital, Dental) and the report's title and run date.

Emdeon Business Services Division
XXXXXXXXX Claims Distribution System

Batch & Claim Level Rejection Report
Run Date: MM/DD/YY

Error Header and Detail Section
displays claims that are in error in the submitted claims file. The field in error and actual data value are displayed.

Patient Name	Patient Ctrl #	Claim ID	DOS	Charges
Osborn J	39145278963456789371	okkeal2345-00001	012700	176.00
Payer Name/ID: Payer One 56432				
ERROR MESSAGE: Invalid CPT code				
FLD: E0-05 SEQ:01 Field Name: CPT Data in Error: 99999				
Customer ID/Sub: 987654321 abcd NPI: 1234567890				
Customer Name: Prov/Group Name				
***** ERROR LISTING *****				
Patient Name	Patient Ctrl #	Claim ID	DOS	Charges
Hayes J M	39145278970958765375	okkeal2345-00011	012800	1176.00
Payer Name/ID: Payer Two 65004				
ERROR MESSAGE: Invalid HCPCS number				
FLD: FA0-09 SEQ:01 Field Name: HCPCS Data in Error: 2503y				
Indira-Manzur J	39145278996543635378	okkeal2345-00009	012700	176.95
Payer Name/ID: Payer One 56432				
ERROR MESSAGE: Provider Number Mismatch				
FLD: B0-08 SEQ:01 Field Name: Provider # Data in Error: E26995				
Osborn J	39145278934654394373	okkeal2345-00001	012700	176.00
Payer Name/ID: Payer One 56432				
ERROR MESSAGE: Invalid CPT code				
FLD: FA0-09 SEQ:01 Field Name: CPT Data in Error: 99999				

Page Footer Section
displays report # and page number(s) of the report.

RPT-05 Page 2

RPT-05 Detailed Information

Sorting Sequence	By File submitted, by Customer and by Patient.
Frequency of Report	Next business day if claim data is submitted by 8:00 p.m. Eastern Time.
Purpose of Report	To monitor daily batch and claim level rejections. Contains detailed error explanations necessary to correct any rejected claims. This report is very important and must be worked and reviewed daily.
Report Field Name	Field Description
Run Date	The date the report was generated by Emdeon.
Report #	The Emdeon report number.
Acct ID	The submitter's login/account ID assigned by Emdeon.
File Control #	Control number assigned to the file by the originator of the submitted transaction.
Emdeon Ref	The tracking number assigned by the Emdeon clearinghouse to identify the file. This value can be used for referencing purposes.
Submitter ID	The identifier used by Emdeon to identify the submitter. A submitter is the entity submitting the file, which could be a provider, vendor, billing service, or clearinghouse.
Submitter Name	The name of the submitter.
Customer ID/Sub	The ID and Sub ID used by Emdeon to identify the customer.
Customer Name	The Customer Name.
****ERROR LISTING****	
Patient Name	The name of the patient on the claim. Information last name, first initial of first name, and middle initial.
Patient Ctrl #	The unique identifier assigned by the provider identifying the patient.
Claim ID	The unique claim identifier assigned by Emdeon.
DOS	The date from which the services were started (rendered) for the patient. This is also known as the 'From' date.
Charges	The total amount of the claim.
Payer Name/ID	The name of the payer and the identifier assigned by Emdeon.
ERROR MESSAGE	The description of the error.
FLD	The field containing the data in error.
SEQ	The sequence number of the field containing the data in error.
Field Name	The name of the field containing the data that is in error.
Data in Error	The data causing the error in the claim. The actual data that is in error will display on the report.

RPT-10 (Provider Claim Status)

The RPT-10 report contains information provided from payers who are receiving claims for adjudication from Emdeon. Not all payers who process claims through the Emdeon system provide information for this Provider Claim Status Report, and the amount/frequency of information produced will vary from payer to payer.

RPT-10 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the RPT-10 report.

Header Section
displays the type of claims distribution system (Medical, Hospital, Dental) and the report's title and date.

Information Section
displays data provider information. When applicable, vendor information also displays.

Disclaimer Section
displays text message explaining the intent of the report. This displays only once on the report.

Claim Status Header and Detail Section
displays (on a daily basis) the status of claims if a status on a submitted claim has been received from the payer. Claims are grouped according to status, then payer.

Page Footer Section
displays report # and page number(s) of the report.

```

Emdeon Business Services Division
XXXXXXXXX Claims Distribution System

Provider Claim Status Report
Report Date: MM/DD/YY

Report #: RPT-10

Acct ID: 123 NPI: 1234567890
Submitter ID: 123456789 Customer ID/Sub: 123456789 1234
Submitter Name: Vendor Systems Customer Name: Prov/Group Name

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

CLAIM STATUS

Status: 20 Payer acknowledges receipt of claim

Provider ID: 341256897 Payer Name: Payer One
Insured ID: 241346827 Payer ID: 60054
Patient: P Diaz Payer Phone: 4053452376
Pat Ctrl #: 123456678 Payer Ref: P0005671235
Total Charge: 68.00 Payer Status Date: 031700
Amount Paid: 50.33 Emdeon Process Date: 031700
DOS: 031400-031400 Emdeon Claim ID: kea12345-0001
Emdeon Ref: EP1234520031211
Data in Error:

Provider ID: 341256897 Payer Name: Payer One
Insured ID: 241346827 Payer ID: 60054
Patient: P Diaz Payer Phone: 4053452376
Pat Ctrl #: 123456678 Payer Ref: P0005671235
Total Charge: 68.00 Payer Status Date: 031700
Amount Paid: 50.33 Emdeon Process Date: 031700
DOS: 031400-031400 Emdeon Claim ID: kea12345-0001
Emdeon Ref: EP1234520031211
Data in Error:

RPT-10 Page 1
    
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RPT-10 (continued)

Header Section
displays the type of claims distribution system (Medical, Hospital, Dental) and the report's title and date.

Claim Status Header and Detail Sections
displays (on a daily basis) the status of claims if a status on a submitted claim has been received from the payer. Claims are grouped according to status, then payer.

Page Footer Section
displays report # and page number(s) of the report.

Emdeon Business Services Division XXXXXXXX Claims Distribution System Provider Claim Status Report Report Date: MM/DD/YY	
Status: 20 Payer acknowledges receipt of claim	
Provider ID: 341376894 Insured ID: 214563200 Patient: P Diaz Pat Ctrl #: 123456678 Total Charge: 78.00 Amount Paid: 60.33 DOS: 031300-031300 Emdeon Ref: EP1234520031211 Data in Error:	Payer Name: Payer Three Payer ID: 60054 Payer Phone: 4053452376 Payer Ref: P0005671235 Payer Status Date: 031800 Emdeon Process Date: 031800 Emdeon Claim ID: kea12345-0001
Provider ID: 341376894 Insured ID: 214563200 Patient: P Diaz Pat Ctrl #: 123456678 Total Charge: 78.00 Amount Paid: 60.33 DOS: 031300-031300 Emdeon Ref: EP1234520031211 Data in Error:	Payer Name: Payer Three Payer ID: 60054 Payer Phone: 4053452376 Payer Ref: P0005671235 Payer Status Date: 031800 Emdeon Process Date: 031800 Emdeon Claim ID: kea12345-0001
Provider ID: 341376894 Insured ID: 214563200 Patient: P Diaz Pat Ctrl #: 123456678 Total Charge: 68.00 Amount Paid: 50.33 DOS: 031300-031300 Emdeon Ref: EP1234520031211 Data in Error:	Payer Name: Payer Two Payer ID: 63154 Payer Phone: 4053452376 Payer Ref: P0005671235 Payer Status Date: 031900 Emdeon Process Date: 031900 Emdeon Claim ID: kea12345-0001
Status: 3C PENDING: Internal Review/Audit	
Provider ID: 341256897 Insured ID: 241346827 Patient: P Diaz Pat Ctrl #: 123456678 Total Charge: 68.00 Amount Paid: 50.33 DOS: 031400-031400 Emdeon Ref: EP1234520031211 Data in Error:	Payer Name: Payer One Payer ID: 60054 Payer Phone: 4053452376 Payer Ref: P0005671235 Payer Status Date: 031700 Emdeon Process Date: 031700 Emdeon Claim ID: kea12345-0001
RPT-10	Page 2

RPT-10 Detailed Information

Sorting Sequence	By Customer, by Status, by Payer.
Frequency of Report	Daily if claim data is submitted by 8:00 p.m. Eastern Time.
Purpose of Report	To monitor status of claims submitted electronically to payers. Note! Not all payers provide a claim status electronically and the amount/frequency of returned information varies. The RPT-10 does not return Unprocessed, Request for Additional Information, or Rejected statuses.
Report Field Name	Field Description
Report Date	The date the report was generated by Emdeon.
Report #	The Emdeon report number.
Acct ID	The submitter's login/account ID assigned by Emdeon.
Submitter ID	The identifier used by Emdeon to identify the submitter. A submitter is the entity submitting the file, which could be a provider, vendor, billing service, or clearinghouse.
Submitter Name	The name of the submitter.
Customer ID/Sub	The ID/Sub ID used by Emdeon to identify the customer.
Customer Name	The name of the customer.
DISCLAIMER	Text message explaining that the report is generated if information is available from the payer(s).
CLAIM STATUS	
Status	Indicates the status of the claim and the reason for the status. These status codes could be payer proprietary codes, ANSI defined codes, or clearinghouse-defined codes for the payer(s).
Provider Id	The provider number assigned to the provider by the payer. It could be a unique ID or a tax ID for commercial payers.
Insured ID	The ID of the insured.
Patient	The name of the patient.
Pat. Ctrl #	The unique identifier assigned by the provider identifying the patient.
Total Charges	The total amount of charges for the claim.
Amount Paid	The payment amount that will be made for the claim by the payer.
DOS	The beginning and ending date for the services rendered that the claim is covering.
Status Data	Data referenced by status message.
Payer Name	The name of the payer providing status.
Payer ID	The electronic ID of the payer providing status.
Payer Phone	The phone number the payer would like the provider to use to make inquiries.
Payer Ref	The unique payer-assigned number to the claim.
Payer Status Date	The date the status was generated by the payer.
Emdeon Process Date	The date Emdeon processed the claim.
Emdeon Claim ID	The unique claim identifier assigned by Emdeon.

RPT-11 (Special Handling / Unprocessed Claims Report)

The RPT-11 report contains information provided by payers who receive claims from Emdeon for adjudication. Not all payers who receive claims from Emdeon provide information for this report, and the amount/frequency of information produced will vary from payer to payer. The RPT-11 returns Unprocessed, Request for Additional Information, and Rejected statuses only.

RPT-11 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the RPT-11 report.

Header Section
displays the type of claims distribution system (Medical, Hospital, Dental) and the report's title and date.

Information Section
displays data provider information. When applicable, vendor information also displays.

Disclaimer Section
displays text message explaining the intent of the report. This displays only once on the report.

Claim Status Header and Detail Section
displays (on a daily basis) the status of claims if a status on a submitted claim has been received from the payer. Claims are grouped according to status, then payer.

Page Footer Section
displays report # and page number(s) of the report.

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Emdeon Business Services Division
XXXXXXXXX Claims Distribution System
Special Handling/Unprocessed Claims Report
Report Date: MM/DD/YY
-----
Report #: RPT-11
Acct ID: 123 NPI: 1234567890
Submitter ID: 123456789 Customer ID/Sub: 123456789 1234
Submitter Name: Vendor Systems Customer Name: Prov/Group Name
-----
*****
DISCLAIMER
THIS REPORT IS GENERATED BY THE PAYERS AND NOT BY EMDEON BUSINESS SERVICES
DIVISION. NOT ALL THE WEBMD PAYERS PARTICIPATE IN THIS CLAIM STATUS REPORT
PROGRAM AND THE AMOUNT OF INFORMATION RECEIVED VARIES FROM PAYER TO PAYER.
THE CLAIMS REPORTED HERE ARE UNABLE TO BE PROCESSED BY THE PAYER AND A
CORRECTIVE ACTION SHOULD BE TAKEN.
*****
-----
CLAIM STATUS
Status: 5A UNPROCESSED: CONTRACT HAS BEEN CANCELED BY THE POLICYHOLDER
-----
Provider ID: 341256897 Payer Name: Payer One
Insured ID: 241346827 Payer ID: 60054
Patient: P Diaz Payer Phone: 4053452376
Pat Ctrl #: 123456678 Payer Ref: P0005671235
Total Charge: 68.00 Payer Status Date: 031800
Amount Paid: 50.33 Emdeon Process Date: 031700
DOS: 031400-031400 Emdeon Claim ID: kea12345-0001
Emdeon Ref: EP1234520031211
Data in Error:
-----
Provider ID: 341256897 Payer Name: Payer One
Insured ID: 241346827 Payer ID: 60054
Patient: P Diaz Payer Phone: 4053452376
Pat Ctrl #: 123456678 Payer Ref: P0005671235
Total Charge: 88.00 Payer Status Date: 031700
Amount Paid: 60.33 Emdeon Process Date: 031700
DOS: 031300-031300 Emdeon Claim ID: kea12345-0001
Emdeon Ref: EP1234520031211
Data in Error:
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RPT-11 Detailed Information

Sorting Sequence	By Customer ID, Status, and then by Payer
Frequency of Report	Daily for each submitter for payer status updates received within the previous 24 hours if claim data is submitted by 8:00 p.m. Eastern Time.
Purpose of Report	To monitor and inform of the status of unprocessed, request for additional information, and rejected statuses only on claims submitted electronically to payers. Note! Not all payers provide a claim status electronically and the amount/frequency of returned information varies.
Report Field Name	Field Description
Report Date	The date the report was generated by Emdeon.
Report #	The Emdeon report number.
Acct ID	The submitter's login/account ID assigned by Emdeon.
Submitter ID	The identifier used by Emdeon to identify the submitter. A submitter is the entity submitting the file, which could be a provider, vendor, billing service, or clearinghouse.
Submitter Name	The name of the submitter.
Customer ID/Sub	The ID/Sub ID used by Emdeon to identify the customer.
Customer Name	The name of the customer.
DISCLAIMER	Text message explaining that the report is generated if information is available from the payer(s).
CLAIM STATUS	
Status	Indicates the status of the claim and the reason for the status. These status codes could be payer proprietary codes, ANSI defined codes, or clearinghouse-defined codes for the payer(s).
Provider Id	The provider number assigned to the provider by the payer. It could be a unique ID or a tax ID for commercial payers.
Insured ID	The ID of the insured.
Patient	The name of the patient.
Pat. Ctrl #	The unique identifier assigned by the provider identifying the patient.
Total Charge	The total amount of charges for the claim.
Amount Paid	The payment amount that will be made for the claim by the payer.
DOS	The beginning and ending date for the services rendered that the claim is covering.
Payer Name	The name of the payer providing status.
Payer ID	The electronic ID of the payer providing status.
Payer Phone	The phone number the payer would like the provider to use to make inquiries.
Payer Ref	The unique payer-assigned number to the claim.
Payer Status Date	The date the status was generated by the payer.
Emdeon Process Date	The date Emdeon processed the claim.
Emdeon Claim ID	The unique claim identifier assigned by Emdeon.