EZClaim Advanced 8
ANSI 837P

Clearinghouse Manual

Contents

Enrollment Process for EDI Services

1. Enroll with the Clearinghouse
☐ EZClaim Rep will contact the Customer to begin Enrollment process.
- Advanced 8 is updated to latest release, internet connection and email access.
- Enrollment documentation has been received by customer.
- Capario Payer ID list has been provided to the customer.

☐ Customer will complete the Provider Enrollment and Credit Card Authorization forms. Forms are faxed to EZClaim at 248-651-9273.
- EZClaim Rep will contact customer to confirm Enrollment data.

2. Enter Claims and Complete Payer Agreements
☐ Using the Clearinghouse Manual, customer will enter claim data for 2 claims, one Commercial, one BCBS, Medicare or Medicaid Claim. Completed claims are faxed to EZClaim at 248-651-9273.
- Contacted by EZClaim for claim data entry corrections, if needed.
- Receive final claim approval from EZClaim.

☐ EZClaim Rep will email or fax Payer Agreements to customer. Payer Agreements are completed by provider/customer with assistance from EDI rep.
- Customer will mail or fax Payer Agreements following Capario cover letter instructions.

3. Submit Claims and Move to Production
☐ EZClaim Rep will schedule a remote session and assists customer in sending first batch of claims to Capario. (Printed Clearinghouse Manual is required for this session.)
- Customer will print 'test' claim report and fax to EZClaim Rep.
- Customer will follow up with payers to check on the status of electronic claims approval.

Note: Once customer has received verbal or written approval, customer will fax or email a notice of the approval to EZClaim Rep. See 'Contacting the Payer' page 5.

☐ EZClaim moves customer to 'Production' status. Customer submits claims to Capario.

4. Retrieve Reports
☐ Customer retrieves Reports. See page 22 for 'Report Overview'.

Have a Question? We have the Answers!

Q: When will I be able to submit claims electronically?
A: The enrollment period can vary depending upon the time your office has available to complete the steps required. EZClaim will begin the enrollment process as soon as all Enrollment forms are received by EZClaim. The enrollment process for some payers such as BCBS, Medicare and Medicaid could take longer depending on the requirements of that specific payer.

Q: When can I transmit my claims?
A: Claim transactions are accepted 24 hours a day, 365 days a year.

Q: When are my claims processed?
A: Claims are processed by Capario and sent to the Payers on the same business day. Claims sent weekends and Holidays are sent the next business day.

Q: How will I know if my transmission is successful?
A: You will receive a "successful upload" message when we detect 100% of your submission has been sent. You will also receive an ACK report from the Clearinghouse stating that your batch has been received.

Q: How long does it take to receive a response on claims sent to the clearinghouse?
A: A Daily Verification Report (REC) report will be generated within 1 business day.

Q: If a claim is rejected at what point will I be charged again?
A: If the claim is rejected at the clearinghouse level, (not yet sent on to payer) you are not charged for a re-submission of that claim.

Q: How do I receive reports?
A: Each time you submit claims new reports are automatically downloaded for you to view on Capario FTP screen.

Q: What do I need to do with claims that are rejected?
A: You will need to correct the claim data in EZClaim and resubmit to the clearinghouse.

Q: Are there reports to show me the status of the claim at the Payer level?
A: Yes. Payer status reports (INS) are available 2-7 business days after processing depending on the Payer. See "Reports' at the end of this document.

Q: May I include a secondary insurance on my claims submitted electronically?
A: Secondary insurance may be submitted to those payers who accept secondary claims such as Medicare, Blue Cross and Medicaid. Capario is able to process MSP (Medicare Secondary Payer) claims.

Helpful Tips when Contacting the Payer for 'Electronic Claims Approval'

Q - Where can I find the Payer's telephone number?

A -The Payer's contact number may be on an EOB or go to the Payer's web site for contact information. Also some Payer Agreements have a contact telephone number. EZClaim does not have individual Payer telephone numbers.

Before you contact the Payer have the following information available:
A copy of your 'Payer Agreement'.
Group and/or Individual NPI's, PIN or PTAN numbers if applicable. (Refer to your copy of the Payer Agreement)
The agreement 'tracking' number if the agreement was sent to the payer by a tracking method.

Contacting the Payer
If you are asked for your 'Submitter' number, explain that you will be submitting your claims through the clearinghouse Capario. The payer will then ask for your NPI, PIN or PTAN number.

What to ask the payer
"Have I been approved to submit my claims electronically through the clearinghouse Capario? What is the date of the approval?"

If you have been approved, ask the Payer if they would provide a written approval by fax, mail or email.

Notify EZClaim
Once you have written or verbal approval from the Payer, fax or email information to your EZClaim Rep. You will be contacted by your EZClaim Rep to begin submitting your electronic claims.
EZClaim fax - 248.651.9273

Payer Lists, Claim and ERA Agreements

Click on the link below to access the Capario Payer Lists.
http://www.capario.com/resource-center/payer-list.aspx

Clearinghouse Payer List Instructions

Step 1:

You can either search by State or type in name of Payer (if a Payer is <u>not</u> on the list, then you will need to send a paper claim)

Step 2:

Once you find the Payer, make sure you look at the column headers (Payer ID, Payer Type, Payer Name, Line of Business, Accept COB and Agreement)

Payer ID: How Capario identifies the Payer, used when setting up your Payer Library in Advanced 8
Payer Type: (Commercial or Government) used when selecting primary claim filing indicator on 'Payers/Other Info Tab'
Payer Name: Name of Payer
Line of Business: (Professional, Remittance, Institutional) EZClaim **only** sends Professional claims (CMS-1500) not Institutional (UB-04). Remittance is for receiving ERAs from the Payer
Accept COB: (accepting coordination of benefits) Payer accepts electronic secondary claims

Agreement: If there is a PDF symbol , the Payer is requiring an agreement to send electronic claims or the Payer is requiring an agreement in order to receive an ERA from them.

Example 1

Payer ID: 41124
Payer Type: Commercial
Payer Name: Meritain Health
Line of Business: Professional
Accept COB: No
Agreement: None

Example 2

Payer ID: BS017
Payer Type: Government
Payer Name: Blue Shield-Michigan
Line of Business: Professional
Accept COB: Yes
Agreement: Yes

Sample Claim

This CMS-1500 Sample claim is for a single provider. Practices with 'Group' numbers may require additional information.

Confirm the Payer ID# has been entered in Payer Library.

MEDICARE
555 MAIN STREET
ANYTOWN MI 55555

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

	PICA						PICA	

1. MEDICARE	MEDICAID	TRICARE CHAMPUS	CHAMPVA	GROUP HEALTH PLAN	FECA BLK LUNG	OTHER	1a. INSURED'S I.D. NUMBER	(For Program in Item 1)
[X] (Medicare #)	(Medicaid #)	(Sponsor's SSN)	(Member ID#)	(SSN or ID)	(SSN)	(ID)	987654321	

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE MM DD YY	SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
BROOKS PATIENT D	03 21 66	M [ ] F [ ]	BROOKS PATIENT D

5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
121212 S MAIN AVE	Self [X] Spouse [ ] Child [ ] Other [ ]	121212 S MAIN AVE

CITY	STATE	8. PATIENT STATUS	CITY	STATE
ANYWHERE	NY	Single [ ] Married [ ] Other [ ]	ANYWHERE	NY

ZIP CODE	TELEPHONE (Include Area Code)		ZIP CODE	TELEPHONE (Include Area Code)
33333	(555) 555 6666	Employed [ ] Full-Time Student [ ] Part-Time Student [ ]	33333	(555) 555 6666

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO	a. INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [X]

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]	b. AUTO ACCIDENT? [ ] YES [X] NO PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT? [ ] YES [X] NO	c. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE

d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [ ] NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED **SIGNATURE ON FILE** DATE **12 29 10**

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED **SIGNATURE ON FILE**

14. DATE OF CURRENT: MM DD YY 11 12 10 ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? [ ] YES [ ] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 3004   3. 6784

2. 2964   4.

22. MEDICAID RESUBMISSION CODE   ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
123456789012

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	12 29 10	12 29 10	11		90806		13	100 00	1			NPI	5678901234
2											NPI	
3											NPI	
4											NPI	
5											NPI	
6											NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
123456789 [X]	12348	[X] YES [ ] NO	$ 100 00	$ 20 00	$ 80 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) DOCTOR A SMITH SIGNATURE ON FILE SIGNED DATE	32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.	33. BILLING PROVIDER INFO & PH # ( ) ABC COMMUNITY HEALTH 906 DUNE STREET ROCHESTER NY 98765 a. 0987654321 b.

NUCC Instruction Manual available at: www.nucc.org

Setting Up Your Data

Before you will be authorized to submit test claims to Capario, you must have your test claims set up in the following format! Please follow these instructions.

Step 1 - Setting up the Payer Library
Payer Library Icon

Capario Payer ID# list: A Capario Payer ID is **required** for each insurance company that is set up in the Payer Library. For an updated Capario Payer ID# list go to www.capario.com/payer_list.html and print or download the payer list.

Add Payer Information to Library

Required: You must have a Payer name and Capraio ID# for every insurance company you are sending electronic claims.

1. Enter name of Insurance carrier.
2. Enter Payer ID# in 'Payer ID' field.
3. **Ins Type Code**: Select only if sending Medicare as a secondary payer. Use dropdown arrow to select 'Medicare Secondary Claims' Ins Type code.
4. Click on the' Save' button.
5. Payer information is now listed in the box to the left.

Edit Payer Information

Highlight the Payer, edit Payer information and then click on the 'Save' button.

Step 2 - Physician, Organization and Facility Library
Physician/Facility Library Icon

Physician/Facility Library – Library information must be completed before entering patient data. Once the entries are completed in the library, they will be selected on EZClaim data entry screens. Correct set-up of the Library is important for <u>error free claims</u>.

Classification

- The 'Classification' determines in which selection list the name will appear. For example, if you select 'Billing', the name will only show in the Billing selection drop down (Box 33 on the 1500 form).

Billing Provider Information (Box 33 on CMS 1500 form)

1. Enter the Name of Provider, Agency or Business in "Full Name Required" field.

2. <u>Classification</u>, select 'Billing'.
3. <u>Type</u>, select Person or Non-Person depending on the billing provider entry.
4. Enter 'Organization' name or 'Last Name' and 'First Name' if person.
5. Enter Address information.
6. Enter Individual or Organizational NPI number.
7. Using the dropdown arrow, select 'Tax ID Type' and enter number.
8. Enter Taxonomy Code if required by your insurance company.
9. **Note**: Fax and Email is used for your reference only.

Additional ID numbers

1. **Situational:** Select Payer by clicking in the blank line. Continue entering ID Type and either the providers Individual or Group ID Number.

2. Click on 'Save'.

Rendering Provider Information (Box 24j on CMS 1500 form)

If the Billing provider has obtained an Organizational NPI, the provider may also need a Rendering Provider entry for their Individual NPI/ Provider number.

1. Enter First and Last name in 'Full Name (Required)' field.

2. <u>Classification</u>, select 'Rendering'.
3. <u>Type</u>, select Person.
4. Enter Last name and First name.
5. Enter Individual NPI number.
6. **Optional:** If a Tax ID is required, enter under 'Additional ID Numbers'.
7. Click on 'Save'.

Facility Information

Enter Facility information only if different than the Billing Provider information. (Box 33 of the 1500 form.)
1. Enter Facility Name in 'Full Name (Required)' field.
2. <u>Classification</u>, select 'Facility'.
3. <u>Type</u>, select Non-Person.
4. Enter Facility Name and Address information.
5. Enter NPI number.
6. Click on 'Save'.

Referring Provider Information

1. Enter First and Last name in 'Full Name (Required)' field.
2. <u>Classification</u>, select 'Referring'.
3. <u>Type</u>, select Person.
4. Enter Last name and First name.
5. Enter NPI number.
6. Click on 'Save'.

Step 3 - Patient/Insured Info Screen

- Do not use initials or credentials. MR., MS., DR., MD, INC. etc.
- Do not use words such as 'SAME' or 'NONE' or 'N/A'.

NOTE: Refer to a CMS-1500 form for Box numbers.

Box 1a – **Required** - Enter Insured ID Number in this format, 222333444. Do not use dashes.
Box 2 &5 - Enter Patient Information. (Once Patient Data is entered, you may use the 'Copy Patient' button to copy data to right side of form.)
Box 3 – **Required** - Enter Patient's Birth Date.
Box 4 – **Required -** Enter Insured information.
Box 6 – **Required -** 'Patient Relationship to Insured'.
Box 9 a-d – **Situational:** Other Insured Information – Enter secondary data only if submitting a secondary insurance for this claim. **Note:** Enter secondary insured's ID# on the Payers/Other Info tab.
Box 11 – **Situational -** Subscriber information is required if 'Subscriber' is different than 'Patient'.
Box 12 – **Required -** Check 'Patient Signature on File'.
Box 13 – **Situational** - Check 'Insured Signature on File' if you are requesting payment of this claim to be sent to the Provider.

Note: Enter any additional information requested by the insurance company.

Step 4 - Physician/Diagnostic Info Screen

Box 14 – **Situational** - Enter 'Date of Current' which is the date of current illness, injury or pregnancy.

Box 15 – **Situational** – Enter 'First Date Of Similar Illness' if required by your insurance company.

Box 17 – **Situational** - Use dropdown to select Referring/Ordering Provider name and ID numbers previously set up in the Physician/Facility Library. (See 'Physician/Facility Library' Icon)

Claim Templates: Use dropdown to select a template for all claims for this patient.

1. 'Use Initial Charge Values' – Data entered into these fields will be used when clicking calendar dates on the Charges screen.
2. 'Use Previous Service Line' - Service line data from last claim will be carried over to Charges screen. This data may then be edited on service line if necessary.
3. 'Use Previous Claim' - Service line <u>and</u> Diagnostic codes will be carried over to Charges screen. This data may be edited on Charges tab if necessary

Box 26 – **Situational** - Enter 'Patient Account Number'. You may use a number of your choice or go to Tools>Options>Data Entry General and check the box for 'Automatically enter a Patient Acct. #'.

Box 27 – **Required** - Check 'Accept Assignment' indicator.

Box 31 – **Required –** Check 'Signature on File' or select name of Rendering Provider if required. (Rendering Provider ID/NPI numbers will be entered into Box 24j.)

 Note: DME Companies do not use Rendering Providers. Leave the rendering provider field blank.

Box 32 – **Situational** - Enter 'Facility' information in Box 32 **only** if the Facility address is different than the Billing address in Box 33 unless required by your insurance company.

Box 33 – **Required** - Using the dropdown arrow, enter Billing Provider Info & Phone # previously set up in the Physician/Facility Library.

Step 5 – Payers/Others Info Screen

Primary/Destination Payer

1. Click button to select 'Primary/Destination Payer' previously set up in the Payer Library.
2. Select by highlighting the Primary/Destination Payer and click 'OK'.
3. **Required:** Using the dropdown arrow select 'Primary Claim Filing Indicator'.
4. **Note:** See tabs below for additional **Situational** information. **Do not** enter 'Situational' information unless required by our insurance company.

Secondary/Other Payer

1. Click on the 'Click to Select Secondary/Other Payer' button.
2. **Required:** Using the dropdown arrow select 'Claim Filing Indicator'.
3. **Required:** Enter ID# of secondary insurance holder in 'Secondary/Other Insured's' ID field.
4. Enter 'Patient Relationship to Insured' information.

Note: To Delete a Payer on Payer/Others Info screen, click on the 'Clear Primary' or 'Clear Secondary' button.

EDI Claim Notes: To include notes with your electronic file, check the 'Include Notes with EDI' file checkbox.

Step 6 - New Charges Screen

Box 21 – **Required -** Diagnostic codes.
Box 24A – **Required -** Click on the calendar to select 'Date of Service'. Enter charges and other service line information.

Box 24B - Required - Place of Service: Must use 2 digits.

11 - Office
12 - Home
21 - Inpatient Hospital
22 - Outpatient Hospital
23 - Emergency Room - Hospital
24 - Ambulatory Surgical Center
25 - Birthing Center
26 - Military Treatment Facility
31 - Skilled Nursing Facility
32 - Nursing Facility
33 - Custodial Care Facility
34 - Hospice
41 - Ambulance - Land
42 - Ambulance - Air or Water
51 - Inpatient Psychiatric Facility
52 - Psychiatric Facility Partial Hospitalization
53 - Community Mental Health Center
54 - Intermediate Care Facility/Mentally Retarded
55 - Residential Substance Abuse Treatment Facility
56 - Psychiatric Residential Treatment Center
61 – Comprehensive Inpatient Rehab Facility
62 – Comprehensive Outpatient Rehab Facility
71 – State or Local Public Health Clinic
72 – Rural Health Clinic
81 – Independent Laboratory
99 – Other Unlisted Facility

Box 24C – **Situational** – Enter EMG only if requested by your insurance company. Usually left blank.
Box 24D – Required - Enter Procedure Code

14

Box 24E - **Required** - Enter the diagnostic code line number (POINTER) on the charges line. Do not use the actual diagnosis code in this box, 24E, only pointers. Enter no more than four DX pointers on each service line.
Box 24J – **Situational** This data is pulled from the Rendering Provider information which has been selected on the Physician/Diagnostic Info tab. If Rendering Provider information has not been selected on the Physician/ Diagnostic Info tab, use the dropdown arrow to select the Rendering Provider previously set up in the Physician/Facility Library.

NOTE: DME Companies do not use Rendering Providers. Leave the rendering provider fields blank.

Step 7 – Sample Claims

If you have not yet submitted your **'Sample Claims'** to EZClaim, follow these instructions.

1. Go to the Patient/Insured screen and confirm that 'Print Form and Data' is checked on the bottom right of the screen.
2. Go to the Charges screen and click on 'Print 1500' button.
3. Fax Sample claims to EZClaim at 248.651.9273.

Uploading Claims to the Clearinghouse
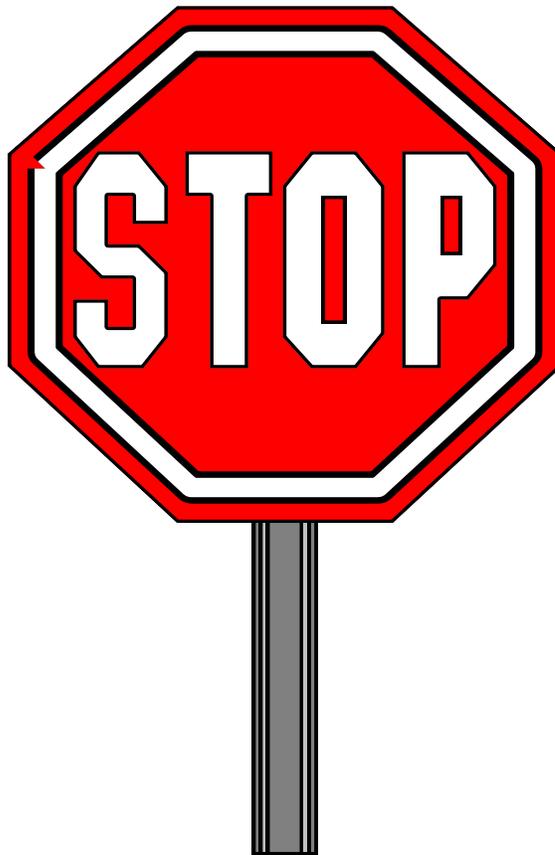
Final Checklist before Submitting Electronic Claims. These fields are REQUIRED or Errors will be generated.

❑ Are words such as SAME, NONE, N/A etc. removed from data? DR., MD., INC.?

On the Physician/Diagnostic Tab:

❑ Is the "Sig on File' checkbox selected?
❑ If required, is the Rendering Provider Name selected?
❑ If required is' Accept Assignment' checked?

On the Charges Tab

❑ If required, is the Rendering Provider Name selected?
❑ Is the Place of Service entered

Do not Upload claims to the Clearinghouse until instructed by your EZClaim EDI Rep.

Step 8 - Submitting Claims Using EZClaim SFTP
Menu Location: Electronic Billing Icon

1. Using the dropdown arrow select **'Capario Secure 837 5010'**. Once selected **DO NOT** change this format!
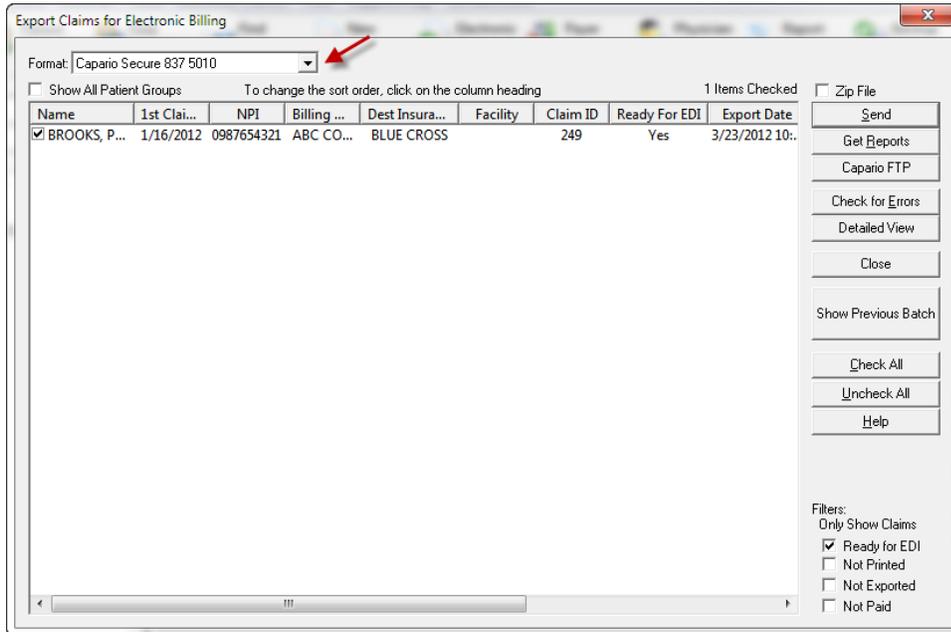
2. Select claims to be exported by checking the check box next to claim. Note: You may also click the 'Check All' box if all claims are ready to submit.
3. Click on the 'Check for Errors' button.
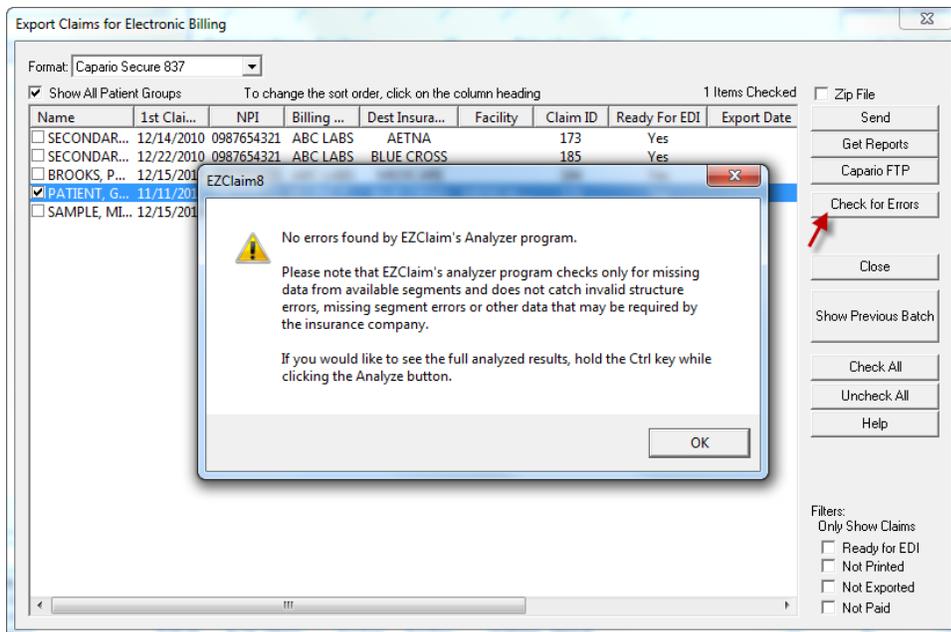
4. If the analyzed report states there are errors, return to the claim and correct errors. Once errors have been corrected, return to 'Electronic Claims' and continue.
5. If the report states there are no errors, click on OK, click on the 'Send' button.
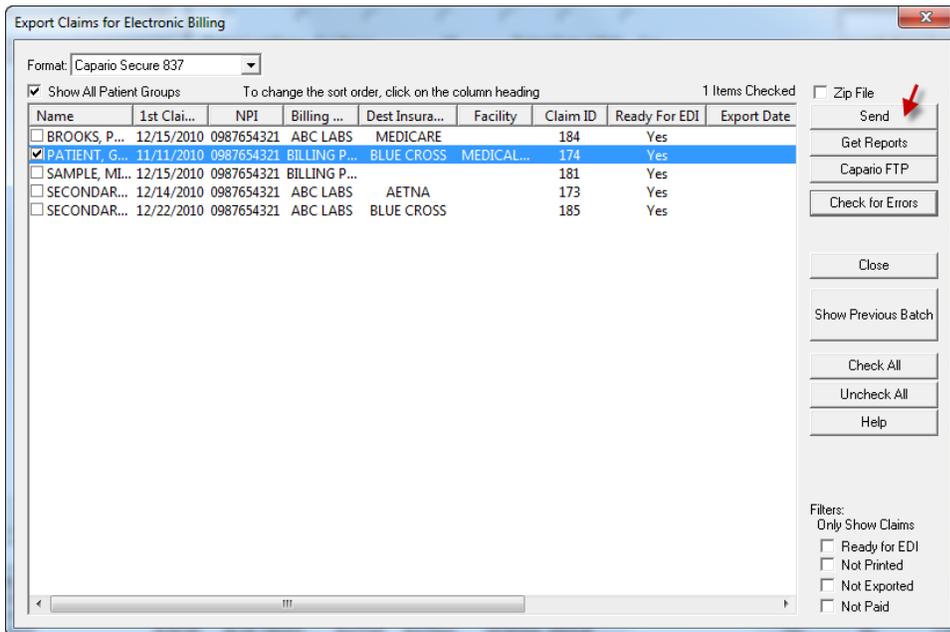
NOTE: If a batch of claims is already waiting to be sent, you will receive the following message. Click 'Yes' to send a previous batch or 'No' to delete the previous batch.
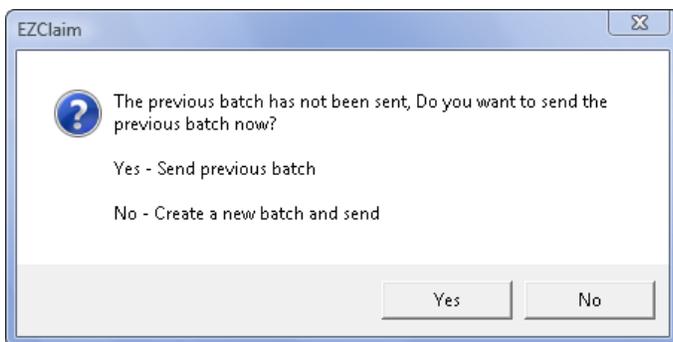
6. If clicking 'No', the 'Save As' box will appear and EZClaim will automatically enter the suggested file name.
7. Click on the 'Save' button.
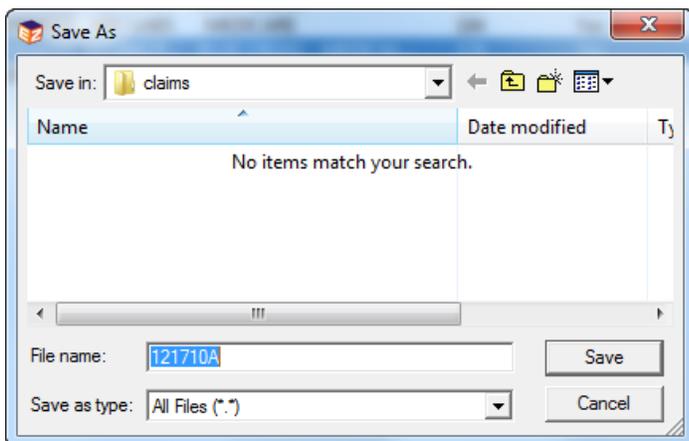
NOTE: If sending more than one file per day, the file name will automatically change to reflect multiple submissions; do not change the file name.

8. Select 'Yes' to print an 'Exported Claims' Report. This 'Submission Report' will list the claims that have been batched together for submitting to the Clearinghouse. You must receive the message 'Upload Successful' to confirm your claims have been sent to the Clearinghouse
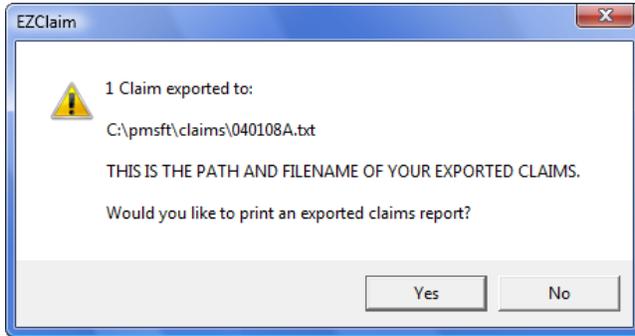
9. File will then automatically upload and a confirmation message, **'Claim files uploaded successfully!'** will be displayed and transmission is complete. If the file fails to upload, see 'Common Capario Errors' page 26.
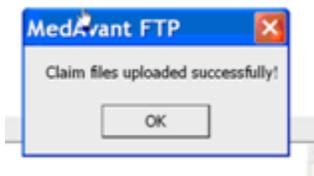
Step 9 – Reports

1. To download reports open the Capario FTP program and click on 'Download Reports'.
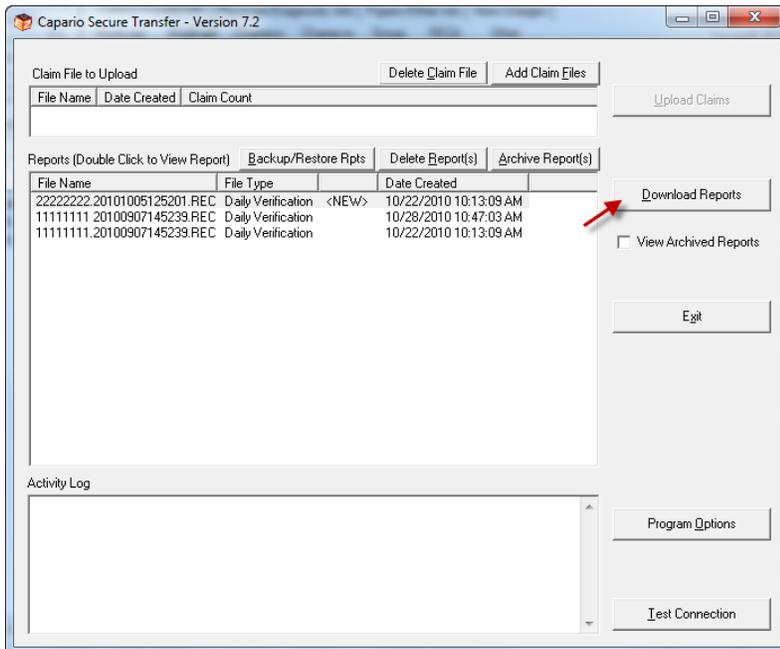
2. Double click on a Report file name to open
3. View Reports. If your report states that your claims have errors, make necessary changes to claims and resubmit claims.

Managing Reports

Note: Reports will NOT be backed up when backing up your EZClaim database.
- To 'Backup' reports, highlight reports and click on 'Backup/Restore Rpts'.
- Reports may be 'Deleted' after viewing or 'Archived'. To select multiple reports, hold down the Ctrl key and highlight reports to be deleted or archived.
- To 'Restore' reports, click on 'Backup/Restore Rpts', browse to backup report location and click 'Open'.
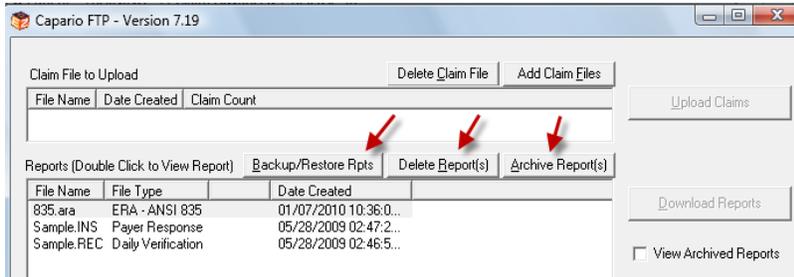
Step 10 - Resubmitting Claims
Electronic Billing Icon

1. Click on the 'Show Previous Batch' button.
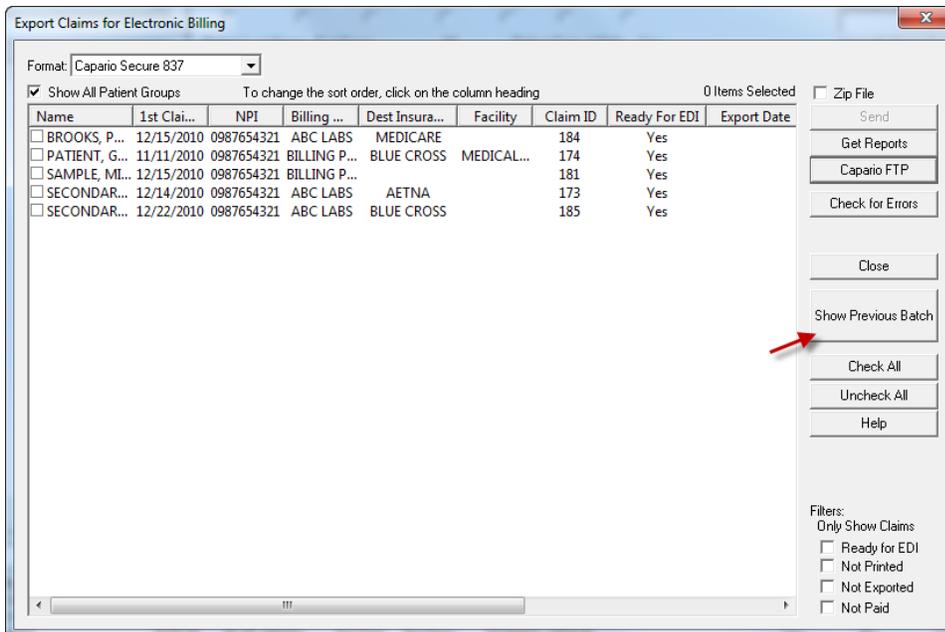
2. Highlight and then double click on the previous batch of claims to view.
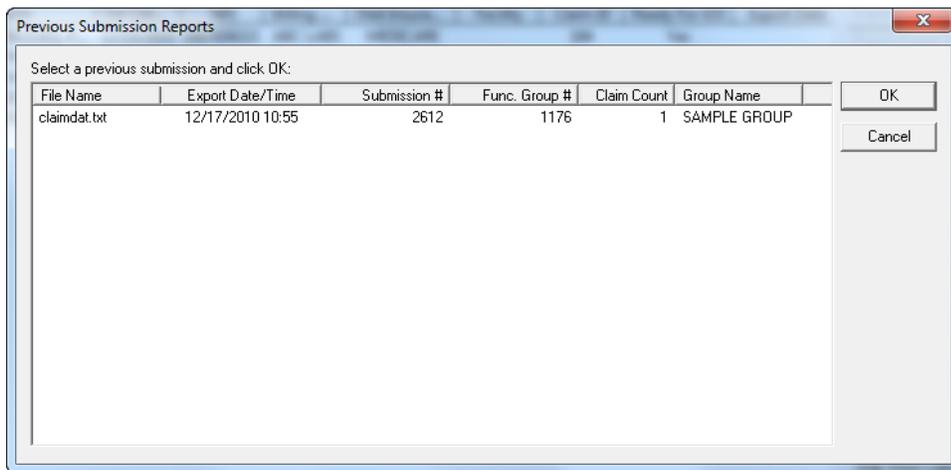
3. Select by highlighting all claims or individual claims to re-export.
4. Click on the 'Send' button.
5. Confirm 'Claim File Upload Successful'.

Electronic Report Overview

Note: See sample **REC** and **INS** reports on pages 23

Capario currently offers the following electronic reports to assist in the prompt and accurate processing of electronic submissions:

(ACK) – File Verification Report
(REC) – Daily Verification Report – Processed or **R**ejected
(INS) – Payor Response Report
(ARA or ERA) - Electronic Remittance Advice (835) Report*
(HTML) – Print EOB

File Verification Report (ACK)
File Verification Report: This report confirms receipt of your Inbound file and will be available the same day.

```
                              CAPARIO

                     FILE VERIFICATION REPORT


Statement Generated           Tuesday, December 28, 2010  12:27:30 PM
Client Number                 000XXXXXX
Capario File ID               CLM6666666
File Size                     2020


This statement represents receipt of an inbound file.  A detailed report will
be available within 24 hours.
```

Daily Verification Report (REC)

Daily Verification Report: This report is generated within 1 business day of submission and verifies each claim transmitted to Capario. The Status code indicates that the claim was **P**rocessed by Capario and has been submitted to the Payor for processing or that the claim was **R**ejected by Capario. See report sample on page 21.

Payor Reports (INS)
Note: Not all payers will return each report. Some payers will provide Rejection reports only. See report sample on page 22.

Payor Status Reports: These reports are provided 2-7 business days after Capario processing and shows processing and adjudication information from the Payor. The Payor report types provided vary by Payor. The most common Payor report types are:

> **Payor Acceptance Report:** This report indicates the Payor has received (accepted) the claim for further processing.
> **Payor Status Report:** This report indicates that the Payor is processing the claim and has a processing update to report.
> **Payor Rejection Report:** This report indicates the Payor has attempted to process the claim, but it contains invalid or missing information.

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Sample Capario Reports

P - Processed by Capario and forwarded to the Payer.
R – Rejected by Capario for missing or invalid data, correct and resent to Capario

SAMPLE REC REPORT

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                CAPARIO, INC.   (714) 979-4467

    CAPARIO, Inc DAILY CLAIMS-VERIFICATION Statement
                                                    PAGE: 1
 Statement Generated: 012/16/08 At: 14:44:09 Processed: 12/16/2008
 File Name:  IM081601CLM163354CNV
 Client Name : DR JOHN DOE
 Client Number: 99990000
                                                      Processed

             SUB ID: [999999] PROVIDER: DOE, JOHN M.D.
 Patient Account   Patient Name      Date    Charge Stat  Payer - Trace Number -
 V102L83415        BEAR,B          06/20/08    37.00   P   MARS1 228000548373000
 V98L44351         BIRD,T          02/10/08   190.80   P   JUPIT 228000548694000
 V102L92180        BUNNY,B         06/23/08    33.00   P   PAPEB 228000547552000
 V98L44351         CAT,S           02/10/08    31.50   P   JUPIT 228000548695000
 V101L98455        CHARMING,P      05/24/08   508.30   P   VENUS 228000548324000
 V104L32475        CINDERELLA,P    08/08/08   169.40   P   VENUS 228000548019000
 V104L3377         COYOTE,W        08/02/08   135.36   R   MERCU 228000548638000
    1  INSURED'S ID              MISSING/INVALID - []
                        **** REJECTED ****
                                                       Rejected
 ---------------------------------------------------------------------
 V102L84690        DUCK,D          06/21/09    67.70   P   NEPTU 228000547740000
 V102L98011        DUCK,D          06/25/08   201.00   P   NEPTU 228000547831000
 V93L942           DUCK,H          08/31/08    33.00   P   NEPTU 228000548276000
 V104L28112        DUCK,L          08/07/08   146.50   P   NEPTU 228000547612000
 V99L78342         EAST,W          03/19/08   213.50   P   URANU 228000548093000
 V91L74691         FOGHORN,G       07/20/08   125.50   P   PLUTO 228000548082000
 V102L99662        JECKLE,B        06/25/08   224.85   R   PAPEB 228000547842000
    1  PAYOR ZIP CODE             INVALID FOR STATE CODE - [93711]
                        **** REJECTED ****
 V104L32426        FOX,B           08/08/08   100.00   P   MARS1 228000548018000
 V101L98455        GODMOTHER,F     05/24/08    33.66   P   PAPEB 228000548325000
 V103L46856        HECKLE,A        07/12/08   128.00   P   PAPEB 228000547866000

 ---------------------------------------------------------------------
 V103L72142        LION,C          07/18/08   549.75   P   PAPEB 228000548475000
 V104L32882        MOUSE,M         08/08/08   130.00   P   SATUR 228000548027000
 V102L89171        MOUSE,M         06/22/08    41.50   P   SATUR 228000548409000
 V97L80243         PUE,P           01/18/08   163.50   P   PAPEB 228000548691000
 V104L33409        RABBIT,B        08/08/08    15.00   P   MARS1 228000548043000
 V102L98254        RUNNER,R        06/25/08   208.70   P   MERCU 228000547561000
 V102L85765        SCARECROW,B     06/21/08    85.00   P   EARTH 228000547772000
 V102L89326        TINMAN,H        06/22/08   102.40   P   SATUR 228000547806000
 V104L25482        TORNADO,D       08/07/08   314.00   P   PAPEB 228000548540000
 V104L25482        TOTO,D          08/07/08    78.65   P   EARTH 228000548541000
 V102L88540        WEST,G          06/22/08    10.00   P   MERCU 228000547796000

                SUB ID: [999999]   SUB TOTALS
            CLAIM COUNT    ----- PROCESSED ------   ----- REJECTED  -----
            Mercury Ins      3         354.06         1         135.36
            Venus Ins        2         677.70         0           0.00
            Earth Ins        2         163.65         0           0.00
            Mars Ins         2         152.00         0           0.00
            Jupiter Ins      2         222.30         0           0.00
            Saturn Ins       3         273.90         0           0.00
            Uranus Ins       1         213.50         0           0.00
            Neptune Ins      4         448.20         0           0.00
            Pluto Ins        1         125.50         0           0.00
            Paper (Conv.)    7       1,446.76         1         224.85

 Totals           27      4,077.57       2         360.21
            END OF LISTING FOR FILE:  IM081601CLM163354CNV
```

Note: See 'Common Capario Errors' on page 26.

23

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        PHYSICIANS HEALTH SERVIC ELECTRONIC RESPONSE REPORT
                                                          Page 1
Provider Name: PHYSICIAN ONE 11-1111111 / 70563963    0002912
Addres s     : 1300 STREET ONE, CITY ONE, CA 11111
Payor Process Date: 01/24/2009              INS Report Run Date: 01/30/2009

Ims Ctl Id      Patient Account Name       Svc Date  Charge  Payor Ref #
--------------- --------------- ----------- -------- ------- ----------------
024141266213004 15756020101R    RUBBLE,    20090123   75.00 15756020101R
 CLAIM STATUS: [ACCEPTED]
024141266219004 157360111026    FLINTSTONE, 20091124  120.00 157360111026
 CLAIM STATUS: [ACCEPTED]

Provider Name: PHYSICIAN TWO 22-2222222 / 70563963    0008251
Address      : 833 STREET TWO, CITY TWO, CA 22222
Payor Process Date: 01/24/2009              INS Report Run Date: 01/30/2009

Ims Ctl Id      Patient Account Name       Svc Date  Charge  Payor Ref #
--------------- --------------- ----------- -------- ------- ----------------
024141266817004 4832020100F4    ANDY, CARR 20091218  460.00 4832020100F4
 CLAIM STATUS: [ACCEPTED]

Provider Name: PHYSICIAN THREE 33-3333333 / 70563963   0001540
Address      : 2044 STREET THREE, CITY THREE, CA 33333
Payor Process Date: 01/24/2009              INS Report Run Date: 01/30/2009

Ims Ctl Id      Patient Account Name       Svc Date  Charge  Payor Ref #
--------------- --------------- ----------- -------- ------- ----------------
 024141265450004 KO08           BRADLEY, ET 20090121  120.00 3216
  CLAIM STATUS: [ACCEPTED]
 024141265455004 JU87           GRANDSEIN,  20090121  150.00 2430
  CLAIM STATUS: [ACCEPTED]
 024141265456004 9876           BROWN, DON  20090121  220.00 4112
  CLAIM STATUS: [ACCEPTED]
 024141265457004 FR45           BROWN, SRU  20090121  255.00 3567
  CLAIM STATUS: [ACCEPTED]
 024141265464004 98JH           ROGERS, ES  20090122  105.00 1286
  CLAIM STATUS: [ACCEPTED]
 024141265465004 9NM8           ROGERS, RA  20090122  150.00 1288
  CLAIM STATUS: [ACCEPTED]
 024141265511004 5TR7           REED, AVIG  20090123  340.00 4676
  CLAIM STATUS: [ACCEPTED]
 024141265512004 0DF3           LEED, AVIG  20090113   20.00 4676
  CLAIM STATUS: [ACCEPTED]
 024141265513004 O000           DEAL, NECH  20090124  295.00 4677
  CLAIM STATUS: [ACCEPTED]
 024141265526004 12JK           WALLACES, J 20090122  180.00 4038
  CLAIM STATUS: [ACCEPTED]
 024141265548004 JK89           CZAR, DANIE 20090101  100.00 1256
  CLAIM STATUS: [REJECTED]    [MISSING OR INVALID SUBSCRIBER ID]

     QUESTIONS REGARDING CLAIMS REJECTED BY YOUR PAYER, CONTACT THE
     PAYER DIRECTLY.
```

24

ANSI 837 Quick Reference

LOOP 2000A (Specialty/Taxonomy)	Segment	EZClaim Location
Billing Provider Specialty Information	PRV03	Physician/Facility Library Icon>Billing or Rendering Provider >**Taxonomy**
LOOP 2010AA (Billing Provider)		
Billing Provider Name (Box 33)	NM103	Physician/Facility Library Icon>Billing Provider **Name and Address**
Billing Provider Primary Identifier	NM109	Physician/Facility Library Icon>Billing Provider>**NPI**
Billing Provider Secondary Identifier	REF02	Physician/Facility Library Icon>Billing Provider >**Tax ID#**
Billing Provider Secondary Identifier	REF02	Physician/Facility Library Icon>Billing Provider >**Legacy ID#**
Billing Provider Address	N3 & N4	Physician/Facility Library Icon>Billing Provider>**Address & Zip**
LOOP 2310B (Rendering)		
Rendering Provider Name (Box 31)	NM103	Physician/Facility Library Icon>Rendering Provider First and Last **Name**
Rendering Provider Primary Identifier	NM109	Physician/Facility Library Icon>Rendering Provider>**NPI**
LOOP 2310A (Referring)		
Referring Provider Name (Box 17)	NM103	Physician/Facility Library Icon>Referring Provider First and Last **Name**
Referring Provider Primary Identifier	NM109	Physician/Facility Library Icon>Referring Provider>**NPI**
LOOP 2310D (Facility)		
Service Facility Name (Box 32)	NM103	Physician/Facility Library Icon> Facility **Name**
Facility Address	N3 & N4	Physician/Facility Library Icon>Facility>**Address & Zip**
Facility Primary ID# (If required)	NM109	Physician/Facility Library>Facility **NPI**
LOOP 2010BB (Payer)		
Payer (Insurance Co.) Name	NM103	Payer Library Icon>Payer Name
Payer ID#	NM109	Payer Library Icon>Payer ID
LOOP 2300		
Claim Information		General claim information plus Diagnostic Codes and Total Claim Charge
LOOP 2400		
Service Line Information (Charges tab)		Data related to procedure code charges. Ex: Dates, procedure codes, modifiers, charges, units.

Common Carpario Errors

BILLING PROVIDER PRIMARY IDENTIFICATION NUMBER IS MISSING OR INVALID (Box 33a).
The Primary Identifier must be either the NPI or Tax ID# of the Billing Provider. Please check Tools>Physician Facility Library>Billing Entry to be sure the NPI and Tax ID are present and correct.

BILLING PROVIDER SECONDARY QUALIFER IS MISSING OR INVALID (Box 33b).
If a Qualifier has been entered it may not be correct for that insurance company. Qualifiers and legacy numbers are likely NOT required and can be removed.

PLACE OF SERVICE CODE IS MISSING OR INVALID (Box 24B).
Check that a place of service code has been entered correctly on each service line.

PROCEDURE CODE MODIFIER IS MISSING OR INVALID (Box 24D).
Check that the modifier or modifiers are entered correctly. If Modifier is valid and entered correctly and error continues, contact EZClaim rep.

RENDERING PROVIDER NAME / PRIMARY IDENTIFIER IS MISSING OR INVALID (Box 24J) OR RENDERING PROVIDER FIRST NAME IS MISSING OR INVALID
Confirm Rendering Provider NPI number, Last Name, and First name have been entered correctly in the Physician Facility Library.

SERVICE FACILITY NAME / PRIMARY IDENTIFIER IS MISSING OR INVALID (Box 32). Service Facility is required when the location of health care service is different than that carried in the Billing Provider (2010AA) loop. Do not enter Facility if the Facility is the same as Billing Info.

DIAGNOSIS CODE (or SUPPLEMENTAL DIAGNOSIS CODE) IS MISSING OR INVALID
The DX code is missing or is an incorrect code. Code may require a 4th or 5th digit. The provider will need to confirm codes with a current coding resource.

SUBSCRIBER PRIMARY IDENTIFICATION NUMBER IS MISSING OR INVALID.
Confirm that the subscriber ID# is entered correctly. If the same subscriber number has also been entered in Box 11 this error will be generated. The subscriber ID# should NOT be in both Box 1a and Box 11.

PATIENT DATE OF BIRTH IS MISSING OR INVALID. MUST BE IN THE CCYYMMDD FORMAT.
Confirm that DOB is entered correctly and check that patient sex has been selected (M or F).

CAPARIO DOES NOT SEND ELECTRONIC PROFESSIONAL CLAIMS TO THIS PAYER or PAYOR ID/DESTINATION MISSING/INVALID/NOT AUTHORIZED (Bad Data: PAPEB) The payer ID is missing from the payer library or number is entered incorrectly. If the payer address is present on the entry please check that data is valid.

CLAIM LEVEL DATE IS MISSING OR INVALID / DATE MUST BE IN THE CCYYMMDD FORMAT. This error can pertain to a missing date of hospitalization, date of accident or initial treatment date. If place of service is hospital (21) the date of hospitalization is required.

Glossary

Legacy Numbers – Previously referred to as the Provider's 'PIN Numbers'.

Crosswalk Errors – Errors that refer to a conflict between a Provider's NPI number and their Legacy numbers. NPI and Legacy numbers entered on claims MUST correspond with the information listed in the NPPES registry. https://nppes.cms.hhs.gov

Payor or Payer - 'Payer' or 'Payor' is often used to refer to an insurance company.

Insurance Carrier - Another name used to refer to an insurance company.

Intake or **Enrollment**– The process of being set up as an electronic submitter by the clearinghouse.

Payer Agreements – A document giving authorization for the clearinghouse to submit claims from the provider. A Payer agreement is usually required by BCBS, Medicare, Medicaid.

Electronic Approval – Once your 'Payer Agreements' have been approved by the insurance companies, the provider will receive 'electronic approval' to submit claims.

Payer ID# - An identification number used in electronic submission of claims to identify an insurance company. A list of payer's and the ID#'s will be provided for setting up electronic claims.

EDI - Electronic Data Interchange - This acronym is commonly used to refer to electronic claims.

ERA – An ERA is an Electronic Remittance Advice file. It is the information previously received on an EOB, but in electronic format. It is referred to as an ANSI 835 file.

File Format - Type of file sent and/or received with electronic billing. Examples of file formats would be the 'Print Image' or 'ANSI 837'. Each file format has the same type of information (patient name, services dates, etc), it's just formatted differently.

CMS - Centers for Medicare and Medicaid Services - Government agencies that control Medicare and Medicaid. More information can be found at http://www.cms.hhs.gov/

HIPAA - Health Insurance Portability and Accountability Act of 1996 - Dictated the use of a new electronic file format. Also covers private medical information and security. EZClaim is HIPAA compliant in it's electronic billing.

MSP – Medicare Secondary Payer is the term used to describe when another payer is responsible for paying the beneficiary's claims before Medicare pays.

Export – Process in which you save claims to the computer to send to the clearinghouse.

TP – Acronym for 'Trading Partner'

ANSI – Acronym used when designating electronic billing formats. Examples are ANSI 837 for claims or ANSI 835 for EOBs.

EZClaim Implementation Acknowledgement Form

Client Name _____Client ID #_____

Contact Person _____

EZClaim EDI Rep _____

Implementation Date _____

After completing each section during the remote assist session please place your initials in the box.

Fax completed form to EZClaim at (248) 651-9273 after the implementation appointment.

Remote Assist Topics:

Initials

	Data entry guidelines for electronic claims.
	Payer ID codes, their placement within the payer library, and what happens if they are missing from the claims.
	Physician Library entries and their connection to CMS 1500 form.
	Creating an electronic claim file to upload to Capario with appropriate file naming convention (example 082807.txt).
	Uploading an electronic claim file to Capario and printing a submission report.
	Knowing how and where to retrieve the Capario Reports (REC, INS, & ARA).
	Understanding Capario Daily Verification Report and Payer Response Report. Refer to page 19-21 in EZClaim Clearinghouse Manual for details.
	Common Capario claim errors. Refer to page 26 in EZClaim Clearinghouse Manual for details.
	Troubleshooting Capario errors. Refer to page 26 in EZClaim Clearinghouse Manual.