EDI Sample Report Pack

Session Results (Post Transmission)
  MDOL Rejection
  Eligibility Rejection
  Clearinghouse Acceptance
  Clearinghouse Rejection
  Insurance Company Acceptance
  Insurance Company Rejection
  Claim Status
Session Results Report (Post Transmission Report)

The Session Results Report details the claims that you have transmitted to MDOL. The section titled “Electronic Claims” will be processed by MDOL. For claims listed in the “Unprocessed Claims” section, please call MDOL Customer Support at **(888) 499-5465, ext. 3503** to determine the reason why they were unable to be processed.

Customers can view claims submitted under any provider’s tax ID by clicking on the corresponding blue tax ID link. Click the blue “Show All” link to display all tax IDs associated with your account. To change the sort order, use the “Sort By” drop-down menu.

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**Date:** 4/18/2011  
**Session Tracking Number:** 10350537

**Totals:**
- 30 claims were submitted representing $3,495.80  
- 6 claims are ready to be printed by you and represent $430.00.

**Links:**
- 🎨 View Session Statistics  
- 📚 View Raw Data File

Click on the underlined tax ID to show details for that provider.

### Electronic Claims Information

<table>
<thead>
<tr>
<th>INSURANCE COMPANY</th>
<th>ROUTED TO</th>
<th>PAYER ID</th>
<th>PATIENT NAME</th>
<th>PATIENT CTL #</th>
<th>INSURED ID</th>
<th>DATE OF SVC</th>
<th>BALANCE DUE</th>
<th>ELIGIBILITY</th>
<th>CURRENT STATUS</th>
<th>TOOLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTHEM BCBS</td>
<td>ANTHEM BLUE CROSS BLUE SHIELD</td>
<td>88923</td>
<td>CHIAR, CLAIRE</td>
<td>JLS7205</td>
<td>1336280000</td>
<td>1/20/2004</td>
<td>$50.00</td>
<td>N/A</td>
<td>Accepted</td>
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<tr>
<td>METROPOLITAN EMPIRE</td>
<td>METLIFE</td>
<td>87726</td>
<td>SANDT, NICHOLAS</td>
<td>JLS7103</td>
<td>1067206203</td>
<td>1/22/2004</td>
<td>$146.00</td>
<td>N/A</td>
<td>Accepted</td>
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<tr>
<td>METROPOLITAN EMPIRE</td>
<td>METLIFE</td>
<td>87726</td>
<td>MCMULLEN, MEGHAN</td>
<td>JLS6528</td>
<td>0923817801</td>
<td>1/22/2004</td>
<td>$108.80</td>
<td>N/A</td>
<td>Rejected</td>
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<tr>
<td>METROPOLITAN EMPIRE</td>
<td>METLIFE</td>
<td>87726</td>
<td>NOWOTNY, RYAN</td>
<td>JLS4902</td>
<td>06654137704</td>
<td>1/22/2004</td>
<td>$68.00</td>
<td>N/A</td>
<td>Accepted</td>
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<tr>
<td>OXFORD</td>
<td>OXFORD HEALTH PLANS</td>
<td>06111</td>
<td>JABONI, CRAIG</td>
<td>JLS4720</td>
<td>547637</td>
<td>1/22/2004</td>
<td>$80.00</td>
<td>N/A</td>
<td>Rejected</td>
<td></td>
</tr>
</tbody>
</table>

Click the blue “View Session Statistics” link to view information about the claims as they move through the adjudication process. These statistics are updated on a daily basis.
MDOL Rejection Report

The MDOL Rejection Report details the claims you have transmitted that have been rejected by first line edits in place at MDOL. These reports can be viewed in your LinkMail box by selecting “View Messages” from the MDOL main menu. Please note that claims which are not rejected in this initial line of edits may still be rejected at subsequent stages of processing either at the clearinghouse or payer level, as explained in the next few pages of this sample report pack.
Eligibility Rejection Report

MDOL uses the data submitted on your claims to verify a patient eligibility’s for a particular service with the insurance carrier. If your claims are rejected by the insurance carrier for eligibility reasons, we will inform you using an Eligibility Rejection report. Claims that pass eligibility checks are then forwarded to the clearinghouse and insurance carrier(s) for processing. Please be advised that not all insurance carriers presently participate in eligibility verification, although more carriers are added to the list regularly.

Note: It is solely the responsibility of the customer to review this report and to correct and re-submit claims in a timely manner. Please contact the carrier directly if you have questions regarding rejections at this level.

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Message #5652

Provider's Tax ID: 1111111111

Patient Name: JANE DOE

Insured ID: 0000000001

Date of Service: 10/25/07-10/25/07

Dollar Amount: 52.90

Not eligible (Inactive) for service

Claim number: 119137432.15h

Tracking number: 6382575

Reason for Rejection: Inactive
Clearinghouse Acceptance Report

The Clearinghouse Acceptance Report lists out claims that have been initially accepted at the clearinghouse level. This level of editing checks for basic data such as a valid CPT or ICD-9 code, valid dates of service, etc. Because this is an initial edit only, it is possible that claims can be accepted at this level and then rejected at subsequent levels. Please check your Clearinghouse Rejection report to view claims that have been rejected at this level.

Message #5633

Subject: Clearinghouse Acceptance Report

Doc ID: E1135494

001-111-1111111-0 | ROBERT 6|168999 10/16/2007 170.00
Tracking Number: 6365999
* Clearinghouse Trace: 11111111111111111111111111111111
* Payee: The Insurance Company
* CLAIM HAS BEEN FORWARDED TO PAYER FOR CONTINUED PROCESSING (55247)

001-111-1111110 | JONES R1081552603 10/16/2007 1255.00
Tracking Number: 6365999
* Clearinghouse Trace: 22222222222222222222222222222222
* Payee: The Insurance Company
* CLAIM HAS BEEN FORWARDED TO PAYER FOR CONTINUED PROCESSING (55247)
# Clearinghouse Rejection Report

The Clearinghouse Rejection Report lists claims that have been rejected at any level by the clearinghouse. Users must correct and resubmit these claims as soon as possible to avoid processing delays. **Please note that claims rejected at this level will NOT be forwarded on to the insurance carrier(s) by MDOL until corrected and re-submitted for further evaluation.**

<table>
<thead>
<tr>
<th>Doc ID</th>
<th>Patient Name</th>
<th>Insured ID</th>
<th>Date of Service</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1135494</td>
<td>SMITH</td>
<td>6296866</td>
<td>10052007</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Tracking Number: 6342325

- Clearinghouse Trace: 282138616630556
- Payer: OXFORD SINAI(66111)
- NETWORK ID\REQ: RENDER NETWORK ID FOR PAYER

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**Message #5599**

**Subject:** Clearinghouse Rejections

**Date:** 10/10/07

**Doc ID:** E1135494

**Patient Name:** SMITH

**Insured ID:** 6296866

**Date of Service:** 10052007

**Dollar Amount:** 100.00

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**Provider's Tax ID:**

**Patient Account #:**
Insurance Company Acceptance Report

The Insurance Company Acceptance Report lists out claims that successfully passed clearinghouse edits and were subsequently accepted by the insurance carrier. **Please contact the insurance carrier directly with any questions about claims accepted at this level.**

<table>
<thead>
<tr>
<th>Doc ID: E113549</th>
<th>Patient Name</th>
<th>Insured ID</th>
<th>Date of Service</th>
<th>Dollar Amount</th>
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</thead>
<tbody>
<tr>
<td>001-365-0710000E</td>
<td>JOHNSON</td>
<td>16889473</td>
<td>11032007-</td>
<td>180.00</td>
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<td></td>
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<tr>
<td>001-5193-0710000F</td>
<td>ESPOSITO</td>
<td>16906018</td>
<td>11012007-</td>
<td>170.00</td>
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<td></td>
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</table>

Provider's Tax ID, Patient Account #, etc.
Insurance Company Rejection Report

Insurance Company Rejection Reports inform the user of claims that successfully passed clearinghouse edits but were subsequently rejected by the insurance carrier. Rejections at this carrier level are policy level rejections that come directly from the insurance company. Please contact the insurance carrier directly with any questions about rejections at this level.

Message #14568578

Provider’s Tax ID: 8223721423

Patient Name: IMAYX
Insured ID: WYTX7954565XU
Date of Service: 06012008-08012008
Dollar Amount: 70.00

Claim Number: 139553957
Tracking Number: 7777777
Payer: Anthem Virginia

* Error #: 30188 Invalid Data: 367.2 Location: 2300-HI02-2
* Error: The Diagnosis Code 3672 was not found in Code Table ICD9 Diagnostics.
* Error #: 30189 Invalid Data: 20080801 Location: 2400-DTF03
* Error: The Diagnosis Code 367.2 was not valid for date 2008-08-01.
Basic Claim Status Report

The Basic Claim Status Report informs the user of any status changes with regards to individual claims submitted to an insurance carrier. As your claims move through the adjudication process, you will receive one of these reports each time a claim’s status changes. Rejections may also occasionally be found on the report, so be sure to read it carefully once received.

Note: As not all carriers participate in Claim Status, this report may not be available.

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Message #5605

Subject: Insurance Company Rejections  
Date: 1/1/07

Doc ID: E0509315

<table>
<thead>
<tr>
<th>Provider’s Tax ID</th>
<th>Patient Name</th>
<th>Insured ID</th>
<th>Date of Service</th>
<th>Dollar Amount</th>
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<tbody>
<tr>
<td>009-14344</td>
<td>ISMITH</td>
<td>M/UI2419353604</td>
<td>101092008-01092008198.00</td>
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<td>Tracking Number: 6514219</td>
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<tr>
<td>* Payer: CIGNA (523080000)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>* Acknowledgement/Returned as unprocessable claim</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>* NO MEDICAL COVERAGE EFFECTIVE FOR DATE OF SERVICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>* NO MEDICAL COVERAGE EFFECTIVE FOR DATE OF SERVICE</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Doc ID: E0509315

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<thead>
<tr>
<th>Provider’s Tax ID</th>
<th>Patient Name</th>
<th>Insured ID</th>
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<th>Dollar Amount</th>
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<tbody>
<tr>
<td>005-16226</td>
<td>HUNT</td>
<td>R/UI0126911104</td>
<td>101082008-01082008129.02</td>
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<tr>
<td>Tracking Number: 6514219</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>* Payer: CIGNA (523080000)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>* Requests for additional information/General Requests</td>
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<tr>
<td>* PLEASE SEND ALLOWABLE/PAID FROM PRIMARY COVERAGE</td>
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</tr>
<tr>
<td>* PLEASE SEND ALLOWABLE/PAID FROM PRIMARY COVERAGE</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Advanced Claim Status Report

The Advanced Claim Status Report provides additional details regarding a claim’s status, (including detailed payment information) that will not be found on the Basic Claim Status Report. As your claims move through the adjudication process, you will receive one of these reports each time a claim’s status changes.

Note: As not all carriers participate in Claim Status, this report may not be available.

Message #1889

Doc ID: D06093155

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Insured ID</th>
<th>Date of Service</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMITH ANNA</td>
<td>111111111111</td>
<td>20680117-20680117</td>
<td>222.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THOMPSON JOHN</td>
<td>2222222222222</td>
<td>20680117-20680117</td>
<td>98.00</td>
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</tbody>
</table>

* Finalized—the claim/encounter has completed the adjudication cycle
* COMPLETED: PAYMENT MADE ACCORDING TO PLAN PROVISIONS
* COMPLETED: PAYMENT MADE ACCORDING TO PLAN PROVISIONS