



emdeon™
business services

Integrated Reporting & Claim Tracking Repository

Claims Submitter Reports

Providers Reference Guide

(Text-Readable)

February 2007

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Introduction

This reference guide contains information on the text-readable reports generated from Emdeon's processing system and returned to the submitter's Emdeon electronic mailbox. Understanding these reports will provide a submitter the necessary knowledge to effectively manage their electronic claims. While each report displays unique and specific claims information, the following information and features are common to all reports referenced in this guide:

- All reports must be requested through a Emdeon representative.
- All reports are 80 columns wide and 60 lines long.
- All reports are formatted as ASCII-text and should be printed using a text-capable program. Wrapping of text may occur, therefore it is important to establish the correct text size through your computer.
- Y-T-D totals include data for claims processed by Emdeon beginning September 1st, 2001.

Emdeon's Provider Reports

The following information is a brief overview of the reports available from Emdeon for providers. An example of each report is included along with field description information.

Report #	Emdeon Report Title	Timings*	Purpose of the Report
RPT-02	File Status Report	Within 4 hours of time file submitted to Emdeon	Provides an initial analysis of the file, by displaying 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. The RPT-02 report is generated within a few hours after the file has been received from the clearinghouse. In order for the RPT-02 to be generated, a submitter's transmitted file must be received and opened by the clearinghouse with the file's Summary record residing in the Repository database. There is no sorting of information within the report.
RPT-03	File Summary Report	Within 48 hours of time file submitted to Emdeon	Provides summarized information on the quantity of accepted and rejected claims, as well as the total number of claims received by Emdeon for each submitted file. In order for the RPT-03 to generate, all claims contained within the submitter's file need to be processed and contain status record information. There is no sorting of information within the report.
RPT-04	File Detail Summary Report	Within 48 hours of time file submitted to Emdeon	Contains a detail summary of the file submitted for processing. It provides a file roll-up listing all accepted and rejected claims contained in each file submitted to Emdeon. It also contains payer name/id and status of claim. In order for the RPT-04 to generate, all claims contained within the submitter's file need to be processed and contain status record information. Information is sorted by Customer and then by Patient (Last Name, First Initial, Middle Initial).
RPT-04A	Amended File Detail Summary Report	Daily – includes claims with an amended status within the last 24 hours	Contains a detailed listing of all claims for which the status was amended during the previous processing day. Claim statuses are amended when a pending claim is processed and/or when a claim is reprocessed at Emdeon. It also contains payer name/id and amended status of the claim. Information is sorted by Customer and then by Patient (Last Name, First Initial, Middle Initial).

Report #	Emdeon Report Title	Timings*	Purpose of the Report
RPT-05	Batch & Claim Level Rejection Report	Within 48 hours of time file submitted to Emdeon	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. These rejected claims must be corrected and re-submitted (either electronically or on paper) for processing. In order for the RPT-05 to generate, all claims contained within the submitter's file need to be processed and contain status record information. Information is sorted by Customer and then by Patient (Last Name, First Initial, Middle Initial).
RPT-05A	Amended Batch & Claim Level Rejection Report	Daily – includes claims with an amended status within the last 24 hours	Contains rejected batches and claims listed with detailed error explanations. In order to prevent 'lost' claims, the RPT-05A 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. These rejected claims must be corrected and re-submitted (either electronically or on paper) for processing. In order for the RPT-05 to generate, all claims contained within the submitter's file need to be processed and contain status record information. Information is sorted by Customer and then by Patient (Last Name, First Initial, Middle Initial).
RPT-08	Provider Monthly Summary	Monthly – by the 5 th calendar day	Displays the number and \$ value of claims accepted and forwarded by Emdeon for the month. Monthly and Y-T-D Totals for both accepted and rejected claims are included as well as the provider's top 25 errors for the month. Information is sorted by Customer ID, Payer, and Error Frequency. Y-T-D totals include data for claims processed by Emdeon beginning September 1 st , 2001.
RPT-10	Provider Claim Status Report	Daily – includes payer status updates received in the last 24 hours	Contains information provided by payers who receive claims from Emdeon for adjudication. Not all payers who receive claims from Emdeon provide information for this Claim Status Report, and the amount/frequency of information produced will vary from payer to payer. The RPT-10 does not return Unprocessed, Request for Additional Information, or Rejected statuses. This report is generated daily for each submitter for payer status updates received within the previous 24 hours. Information is sorted by Customer ID, Status, and then by Payer.
RPT-11	Special Handling/Unprocessed Claims Report	Daily – includes payer status updates received in the last 24 hours	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. This report is generated daily for each submitter for payer status updates received within the previous 24 hours. Information is sorted by Customer ID, Status, and then by Payer.

* *Daily* reports are generated on a daily basis assuming that the submitter is part of a Submitter Report Group that receives the report and if the submitter has had claims volume with the report's specific parameters at Emdeon in a given day. *Next Business Day* reports are generated on a next business day basis assuming that the submitter is part of a Submitter Report Group that receives the report and if the submitter has had claims volume with the report's specific parameters at Emdeon in a given timeframe. *Monthly* reports are generated on a monthly basis assuming that the submitter is part of a Submitter Report Group that receives the report and if the submitter has had claims volume with the report's specific parameters at Emdeon in a given month.

Report Sequence, Frequency, and Usage Information

The following sequence, frequency, and usage information is provided for each report referenced in this guide.

RPT-02	File Status Report
Sequence	By File Submitted.
Frequency	Daily if claim data is submitted by 8:00 p.m. Eastern Time.
Usage	To monitor whether the file transmitted to Emdeon was accepted for processing or was rejected by the clearinghouse.
RPT-03	File Summary Report
Sequence	By File Submitted.
Frequency	Next business day if claim data is submitted by 8:00 p.m. Eastern Time.
Usage	To monitor daily number of accepted and rejected claims and charges per file submitted.
RPT-04	File Detail Summary Report
Sequence	By File Submitted, by Customer and by Patient.
Frequency	Next business day if claim data is submitted by 8:00 p.m. Eastern Time.
Usage	To monitor daily claims submitted to Emdeon for future reference.
RPT-05	Batch & Claim Level Rejection Report
Sequence	By File Submitted, by Customer and by Patient.
Frequency	Next business day if claim data is submitted by 8:00 p.m. Eastern Time.
Usage	To monitor daily batch and claim level rejections. Contains detailed error explanations necessary to correct any rejected claims. This report is very important and should be worked/reviewed daily.
RPT-08	Provider Monthly Summary
Sequence	By Customer, by Payer, and by Error.
Frequency	Monthly, by the 5 th business day if claim data is submitted by 8:00 p.m. Eastern Time.
Usage	Monitors overall monthly Customer statistics, claims forwarded to the listed insurance payers and the most frequent claim level rejections. Management could use this report.
RPT-10	Provider Claim Status Report
Sequence	By Customer, by Status, and by Payer.
Frequency	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.
Usage	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.
RPT-11	Special Handling / Unprocessed Claims Report
Sequence	By Customer ID, Status, and by Payer
Frequency	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.
Usage	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.

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.

```

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.

*****

RPT-02 Page 1
    
```

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.

```

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-04A (Amended 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-04A 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-04A
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-04A Page 1
    
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RPT-04A (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 XXXXXXXX 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-04A Page 2

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

RPT-04A 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.

```

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
    
```

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-05A (Amended 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-05A 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.

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-05A 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-05A			Page 1		

RPT-05A (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
 XXXXXXXX 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-05A Page 2

RPT-05A 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-08 (Provider Monthly Summary)

The RPT-08 is a monthly report showing the number of accepted and \$ value of claims a provider has sent to the carrier(s) for the month. Monthly and Y-T-D totals for both accepted and rejected claims are included as well as the provider's top 25 errors for the month.

RPT-08 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the RPT-08 report.

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

Information Section displays provider and month-end information.

Carrier Statistics Section displays number of claims submitted for that month to the listed payer(s).

Provider Totals Statistics Section displays monthly and Y-T-D* totals of the number and \$ value of claims submitted.

Top 25 Errors Section displays the top 25 errors existing in all submitted claims files for the month. The field, field name, error message, and total are displayed.

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

Emdeon Business Services Division XXXXXXXXX Claims Distribution System									
Provider Monthly Summary									
								Report Date: MM/DD/YY	
Report #: RPT-08									
Acct ID: 123					Month Ending: MM/20YY				
Customer ID/Sub: 123456789 abcd					NPI: 1234567890				
Customer Name : Prov/Group Name									
CARRIER OUTPUT CLAIMS									
CARRIER	CLAIMS	%	\$ Value	%					
Payer Name One	362	50	44675.50	50					
Payer Name Two	84	11	9392.54	11					
Payer Name Three	17	3	2335.00	3					
Payer Name Four	56	8	5620.32	7					
Payer Name Five	141	19	18347.05	20					
Payer Name Six	24	3	2795.00	4					
Paper	45	6	5909.00	7					
PROVIDER TOTAL INPUT CLAIMS									
Totals	*** CLMS INPUT ***	**** CLMS ACCEPTED ****	*** CLMS REJECTED ***						
	# \$ Value	# % \$ Value	# % \$ Value						
Mthly	727 89174.41	726 100 89074.41	1 0 100.00						
Y-T-D	6167 752273.50	5973 97 728472.16	194 3 23801.34						
TOP 25 ERRORS									
Field	Field Name	Error	Total						
E6	Sequence #	INV: Sequence # must be numeric	4417						
D2	Payer Zip	INV: Payer Zip not within state range	1140						
D0	Pat Rel.	INV: Patient Relation	1186						
E6	Network ID	REQ: Render Network ID for Payer	1133						
RPT-08								Page 1	

*Y-T-D totals include data for claims processed by Emdeon beginning September 1st, 2001.

RPT-08 Detailed Information

Sorting Sequence	By Customer, by Payer, and by Error.
Frequency of Report	Monthly, by the 5 th business day if claim data is submitted by 8:00 p.m. Eastern Time.
Purpose of Report	Monitors overall monthly customer statistics, claims forwarded to the listed insurance payers and the most frequents claim level rejections. Management could use this report.
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.
Month Ending	The month for which this summary was generated.
Customer ID/Sub	The ID/Sub ID used by Emdeon to identify the customer.
Customer Name	The name of the customer.
CARRIER OUTPUT CLAIMS	
CARRIER	The name of the payer where the claims where forwarded by Emdeon to the payer for the month.
CLAIMS	The number of claims forwarded by Emdeon to the payer for the month.
%	The percentage of total claims forwarded by Emdeon to the payer for the month.
\$ Value	The \$ amount forwarded by Emdeon to the payer for claims submitted by the provider for the month.
PROVIDER TOTAL INPUT CLAIMS	
Totals	
Mthly	The monthly provider totals of the number of claims, percentage and values categorized by CLMS INPUT, CLMS ACCEPTED, and CLMS REJECTED.
Y-T-D*	The year-to-date provider totals of the number of claims, percentage and values categorized by CLMS INPUT, CLMS ACCEPTED, and CLMS REJECTED.
TOP 25 ERRORS	
Field	The field containing the data in error.
Field Name	The name of the field containing the data in error.
Error	The description of the error.
Total	The total number of claims that contained that error for the month.

*Y-T-D totals include data for claims processed by Emdeon beginning September 1st, 2001.

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 EMDEON 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
    
```

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.

```

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 EMDEON 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:
-----
RPT-11 Page 1
    
```

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.