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## **E-Claims Report Integration**

**03/06/2013**

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## 1. Overview

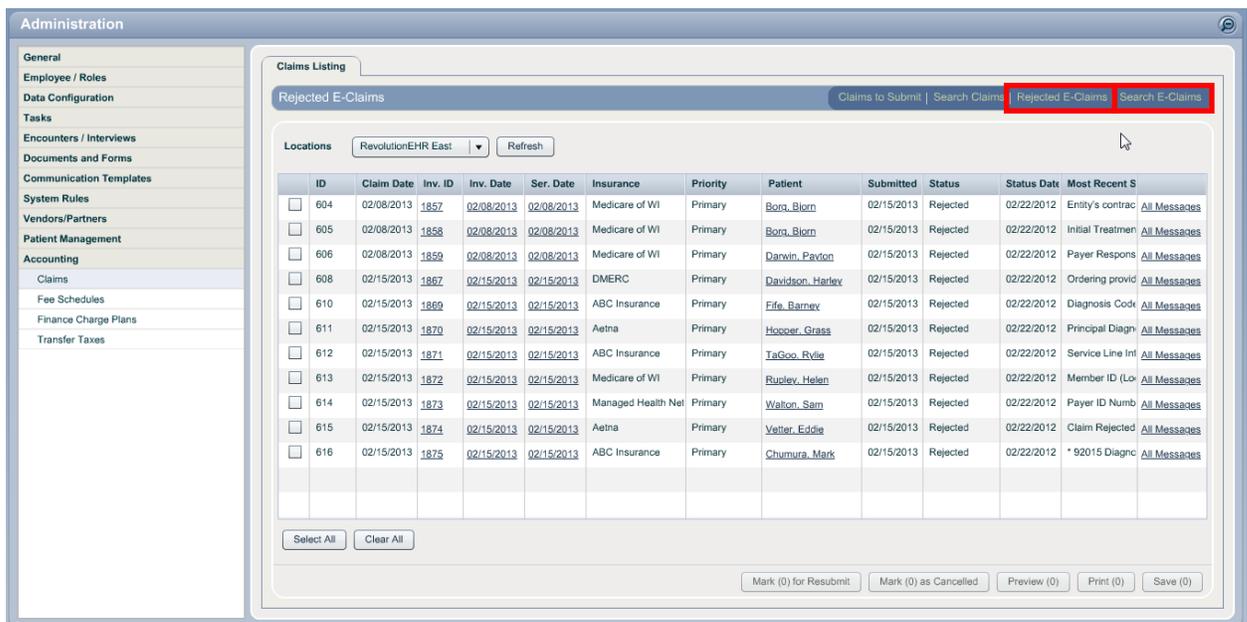
### 1.1 E-Claims Reporting

An E-Claims reporting section that can display claim rejection and claim status reports from integrated claims processing sites has been added. At this time Gateway is the only direct integration, but these reports will display rejection and status reports from other companies as additional integrations are added. This will include Eyefinity when the VSP integration is completed.

While these reports will be similar in view and layout to the current screen for searching claims created within RevolutionEHR, the data that is displayed in the new report screens is data that is imported from external sources.

This integration will reduce or replace the need to log into the website of the clearinghouse to obtain this information.

The new reports are found in Administration/Accounting/Claims. The reports are accessed in the blue header bar to the right, and are titled "Rejected E-Claims" and "Search E-Claims"



**Administration**

- General
- Employee / Roles
- Data Configuration
- Tasks
- Encounters / Interviews
- Documents and Forms
- Communication Templates
- System Rules
- Vendors/Partners
- Patient Management
- Accounting
  - Claims
  - Fee Schedules
  - Finance Charge Plans
  - Transfer Taxes

**Claims Listing**

Rejected E-Claims

Locations: RevolutionEHR East Refresh

ID	Claim Date	Inv. ID	Inv. Date	Ser. Date	Insurance	Priority	Patient	Submitted	Status	Status Date	Most Recent S
<input type="checkbox"/> 604	02/08/2013	1857	02/08/2013	02/08/2013	Medicare of WI	Primary	Borg, Bjorn	02/15/2013	Rejected	02/22/2012	Entity's contrac <a href="#">All Messages</a>
<input type="checkbox"/> 605	02/08/2013	1858	02/08/2013	02/08/2013	Medicare of WI	Primary	Borg, Bjorn	02/15/2013	Rejected	02/22/2012	Initial Treatmen <a href="#">All Messages</a>
<input type="checkbox"/> 606	02/08/2013	1859	02/08/2013	02/08/2013	Medicare of WI	Primary	Darwin, Payton	02/15/2013	Rejected	02/22/2012	Payer Respons <a href="#">All Messages</a>
<input type="checkbox"/> 608	02/15/2013	1867	02/15/2013	02/15/2013	DMERC	Primary	Davidson, Harley	02/15/2013	Rejected	02/22/2012	Ordering provid <a href="#">All Messages</a>
<input type="checkbox"/> 610	02/15/2013	1869	02/15/2013	02/15/2013	ABC Insurance	Primary	Fife, Barney	02/15/2013	Rejected	02/22/2012	Diagnosis Cod <a href="#">All Messages</a>
<input type="checkbox"/> 611	02/15/2013	1870	02/15/2013	02/15/2013	Aetna	Primary	Hopper, Grass	02/15/2013	Rejected	02/22/2012	Principal Diagn <a href="#">All Messages</a>
<input type="checkbox"/> 612	02/15/2013	1871	02/15/2013	02/15/2013	ABC Insurance	Primary	TaGoop, Rylie	02/15/2013	Rejected	02/22/2012	Service Line Inf <a href="#">All Messages</a>
<input type="checkbox"/> 613	02/15/2013	1872	02/15/2013	02/15/2013	Medicare of WI	Primary	Rudlev, Helen	02/15/2013	Rejected	02/22/2012	Member ID (Lo <a href="#">All Messages</a>
<input type="checkbox"/> 614	02/15/2013	1873	02/15/2013	02/15/2013	Managed Health Net	Primary	Walton, Sam	02/15/2013	Rejected	02/22/2012	Payer ID Numb <a href="#">All Messages</a>
<input type="checkbox"/> 615	02/15/2013	1874	02/15/2013	02/15/2013	Aetna	Primary	Walter, Eddie	02/15/2013	Rejected	02/22/2012	Claim Rejected <a href="#">All Messages</a>
<input type="checkbox"/> 616	02/15/2013	1875	02/15/2013	02/15/2013	ABC Insurance	Primary	Chumura, Mark	02/15/2013	Rejected	02/22/2012	* 92015 Diagn <a href="#">All Messages</a>

Select All Clear All

Mark (0) for Resubmit Mark (0) as Cancelled Preview (0) Print (0) Save (0)

**IMPORTANT NOTE: The data returned in these screens is sent to RevolutionEHR once a day by the clearinghouse, and stored in an FTP file. Revolution pulls the data from this file twice a day to update these screens. For this reason it is possible that rejections and claim status information may**

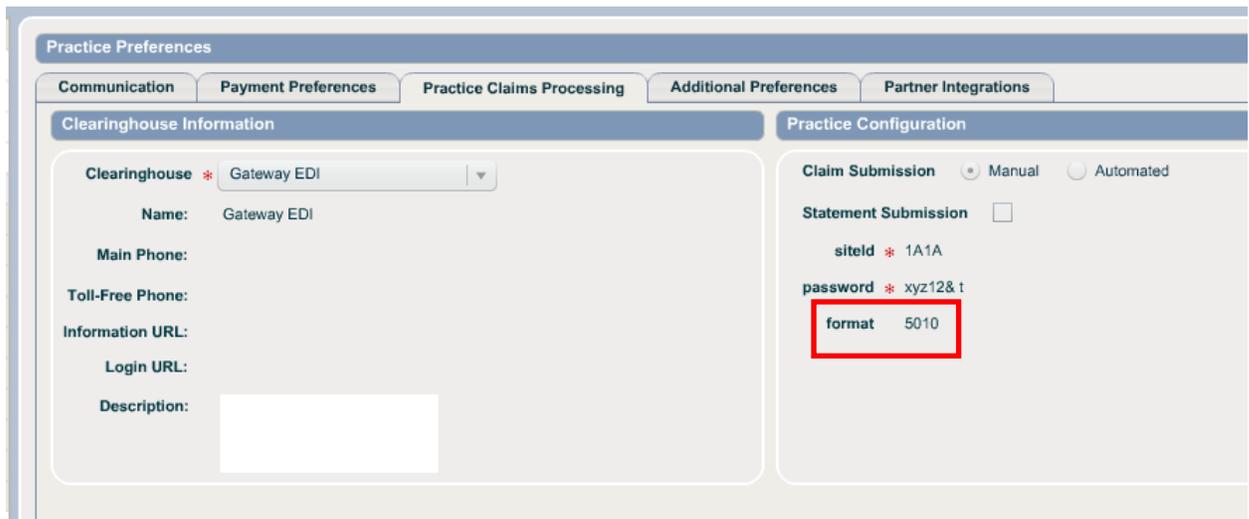
**appear up to 24 hours earlier in the clearinhouse website. This is dependent on when the rejection or status update occurs.**

## 1.2 Requirements

In order for the appropriate information to be returned to RevolutionEHR from a clearinghouse, the claim must leave Revolution in the 5010 format.

Prior to December 2011, claims were sent to Gateway in a Print Image format. Gateway converts those claims to 5010 before forwarding to the payer. Any RevolutionEHR accounts that were new to Gateway claims submission after December 2011 were automatically set up to send out the 5010 format. However, some users that started Gateway submission prior to that date may still be sending over the Print Image format.

To verify what format your claims are being sent in, go to Administration/General/Practice Preferences; Click on the "Practice Claims Processing" tab. If you see a field for "Format" and in that field you see "5010", your claims are leaving Revolution in the appropriate format and the E-Claims reports will automatically be available for your practice:



The screenshot shows the "Practice Preferences" interface. The "Practice Claims Processing" tab is selected. Under "Practice Configuration", the "format" field is highlighted with a red box and contains the value "5010". Other fields include "Clearinghouse" (Gateway EDI), "Claim Submission" (Manual), "Statement Submission" (unchecked), "siteid" (1A1A), and "password" (xyz12& t).

If the format field is empty or no format field is visible, then your claims are going out in the Print Image format, and you must convert to 5010 to have access to the new E-Claims reports.

**IMPORTANT NOTE:** To convert your format to send 5010 see [Appendix A](#) of this document.

## 2. Rejected E-Claims

The Rejected E-Claims screen will display all rejected claims from the integrated clearinghouse. The information displayed in this screen is sent to Revolution from the clearinghouse.

### 2.1 Column descriptions

ID	Claim Date	Inv. ID	Inv. Date	Ser. Date	Insurance	Priority	Patient	Submitted	Status	Status Date	Most Recent
----	------------	---------	-----------	-----------	-----------	----------	---------	-----------	--------	-------------	-------------

#### 2.1.1 ID

The column titled *ID* displays the ID number associated to the submitted claim and is assigned by RevolutionEHR when a claim is created. The "Claim ID" is sent over to the clearinghouse on the claim in lieu of the patient database ID. While a payer/insurance company may reference this number as a "Patient ID" the number is actually an ID number for that claim specifically. Each claim has a unique Claim ID.

By sending a Claim ID in lieu of the patient ID, the rejection report that is returned to Revolution by the clearinghouse can then be associated to a specific claim instead of just associating the rejection to a patient.

#### 2.1.2 Claim Date

The column titled *Claim Date* displays a date that is assigned to that specific claim for the date the invoice associated to that claim was authorized.

In RevolutionEHR, the action of authorizing an insurance invoice that is associated to an insurance payer that is set up for electronic claim submission populates a claim in the "Claims to Submit" screen. When that occurs, the *Claim Date* is assigned for that day.

#### 2.1.3 Invoice ID

The *Invoice ID* column displays the ID for the RevolutionEHR invoice associated to that specific claim. The *Invoice ID* is underlined in this column and clicking on the underlined *Invoice ID* will open a pop up view of that invoice. All normal actions can be taken on the invoice pop up so that a rejection can be worked directly from the Rejected E-Claims screen using this hyperlink.

#### 2.1.4 Invoice Date

The *Invoice Date* column displays the date of the invoice that is associated to that specific claim. Like the invoice ID, the *Invoice Date* is underlined in this column and clicking on the underlined *Invoice Date* will open a pop up view of the Invoice. All normal actions can be taken on the invoice pop up so that a rejection can be worked directly from the Rejected E-Claims screen using this hyperlink.

### **2.1.5 Service Date**

The *Service Date* column displays the date of service that is associated to the invoice for that claim. If the invoice is linked to an encounter, the *Service Date* will be the date of the encounter. If the invoice is not associated to an encounter, the *Service Date* will simply match the invoice date. It is possible to edit the *Service Date* that is associated to each line item on the invoice, but this date can be different for each line item. For that reason the *Service Date* displayed in this report is the *Service Date* found in the upper left in the invoice, and may not be the *Service Date* that was submitted for the individual line items within the invoice.

The *Service Date* is underlined in this column. If the invoice is associated to an encounter, clicking on the underlined *Service Date* will open that encounter within the patient's file. If the invoice is not associated to an encounter, clicking on the underlined *Service Date* will simply open the Exam History component within the patient's file.

### **2.1.6 Insurance**

The column titled *Insurance* displays the insurance company name associated to that specific claim

### **2.1.7 Priority**

The column titled *Priority* displays the *Priority* that set in the policy information as entered in the patient's file for the insurance policy associated to the claim.

### **2.1.8 Patient**

The column titled *Patient* displays the patient name for the *Patient* that is displayed on the invoice associated to the claim. The patient name displayed in this column is underlined. Clicking on the underlined patient name is a hyperlink to that patient's file.

### **2.1.9 Submitted**

The column titled *Submitted* displays the date the specific claim was submitted out of Revolution to the clearinghouse.

### **2.1.10 Status**

In the Rejected E-Claims report only rejected claims are displayed, therefore this column will always display "rejected". Once a claim is marked for resubmit or deleted, the *Status* is no longer rejected and the claim will no longer display in this report.

The *Status* of rejected is sent by the clearinghouse and is **not** the processing status of the claim in RevolutionEHR. For example the claim below has been rejected and the report sent to RevolutionEHR by the clearinghouse displays that information in the Rejected E-Claims screen:

Rejected E-Claims

Claims to Submit | Search Claims | **Rejected E-Claims** | Search E-Claims

Locations: RevolutionEHR East Refresh

ID	Claim Date	Inv. ID	Inv. Date	Ser. Date	Insurance	Priority	Patient	Submitted	Status	Status Date	Most Recent
604	02/08/2013	1857	02/08/2013	02/08/2013	Medicare of V	Primary	Borg, Bjorn	02/15/2013	Rejected	02/22/2012	Entity's contr All Messa...

However that is only the *Status* from the clearinghouse, and should not be confused with the "Processing Status" that can be found in the "Search Claims" screen within Revolution. If that same claim is searched in "Search Claims", Revolution will simply display that the claim was submitted:

Search Claims

Claims to Submit | Search Claims | Rejected E-Claims | Search E-Claims

Location: Any Patient ID: Patient Name: Insurance Company: Any Claim Date: Invoice Date: Submitted Date:

Claim ID: 604 Status: Any Processing Status: Any Processing Mechanism: Any

Clear all Search

Search Results

ID	Claim Date	Inv. ID	Inv. Date	Ser. Date	Insurance	Priority	Patient	Amt. Due	Processing Sta	Submit On	Submit By
604	02/08/2013	1857	02/08/2013	02/08/2013	Medicare of WI	Primary	Borg, Bjorn	\$64.00	Submitted	02/15/2013	Electronic

### 2.1.11 Status Date

The *Status Date* column displays the date the status being displayed in the Status column was updated.

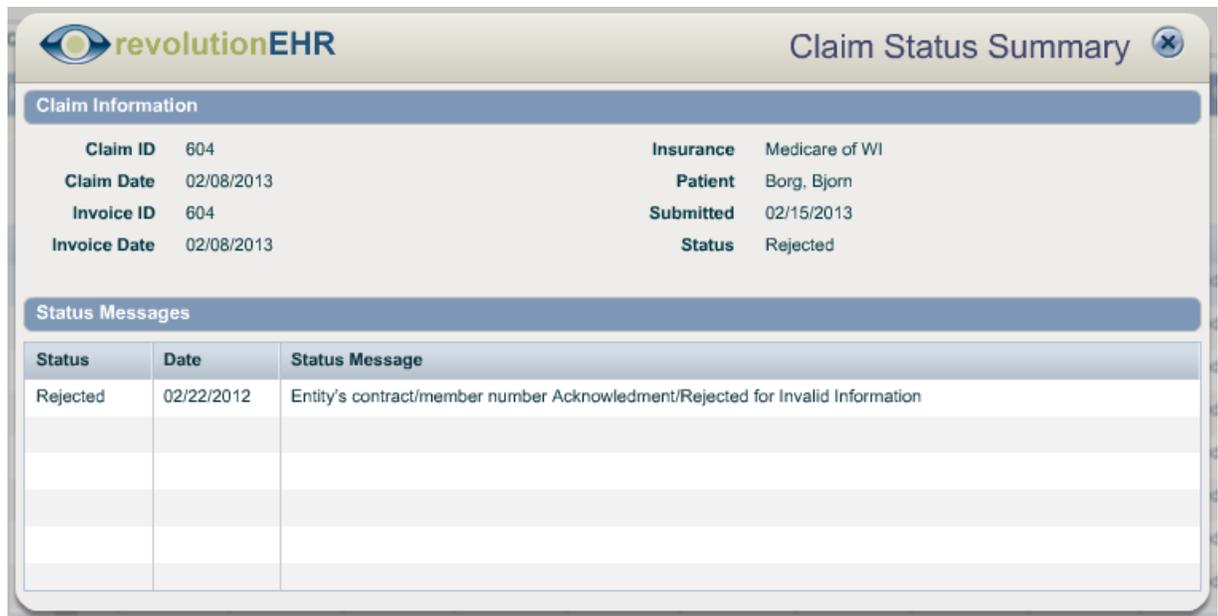
### 2.1.12 Most Recent Status Message

The *Most Recent Status Message* displays the most recent message delivered by the clearinghouse related to that claim. Only the *Most Recent Status Message* is displayed in this column, but other status messages may be present for that claim. To view all status messages related to that claim click the underlined "All Messages" hyperlink in the next column:

ID	Claim Date	Inv. ID	Inv. Date	Ser. Date	Insurance	Priority	Patient	Submitted	Status	Status C	Most Recent
604	02/08/2013	1857	02/08/2013	02/08/2013	Medicare of V	Primary	Borg, Bjorn	02/15/2013	Rejected	02/22/20	Entity's contr <u>All Messages</u>
605	02/08/2013	1858	02/08/2013	02/08/2013	Medicare of V	Primary	Borg, Bjorn	02/15/2013	Rejected	02/22/20	Initial Treatme <u>All Messages</u>
606	02/08/2013	1859	02/08/2013	02/08/2013	Medicare of V	Primary	Darwin, Pa...	02/15/2013	Rejected	02/22/20	Payer Respor <u>All Messages</u>
608	02/15/2013	1867	02/15/2013	02/15/2013	DMERC	Primary	Davidson, ...	02/15/2013	Rejected	02/22/20	Ordering prov <u>All Messages</u>

Click here to view all status messages for this claim.

A pop up will display all status messages associated to that claim. These are the same messages that you currently see when viewing your rejections in the clearinghouse's website.



**Claim Information**

<b>Claim ID</b>	604	<b>Insurance</b>	Medicare of WI
<b>Claim Date</b>	02/08/2013	<b>Patient</b>	Borg, Bjorn
<b>Invoice ID</b>	604	<b>Submitted</b>	02/15/2013
<b>Invoice Date</b>	02/08/2013	<b>Status</b>	Rejected

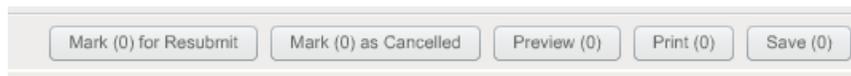
**Status Messages**

Status	Date	Status Message
Rejected	02/22/2012	Entity's contract/member number Acknowledgment/Rejected for Invalid Information

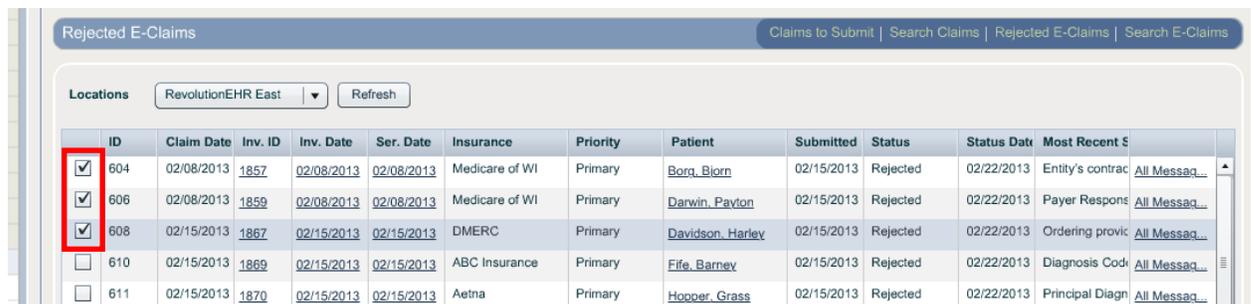
**Important Note:** These status messages are not produced by RevolutionEHR. It is simply a display of the rejection/status messages that are generated by the clearinghouse or payer.

**Important Note:** The current E-Claims report integration cannot display whether the rejection is from Gateway or the Payer. If this information is needed, it will still be necessary to log into the clearinghouse website to view the rejection.

## 2.2 Action Buttons



The action buttons found in the bottom right of the Rejected E-Claims screen will be activated when the check box found to the left of the Claim ID is checked.



Rejected E-Claims

Locations: RevolutionEHR East Refresh

ID	Claim Date	Inv. ID	Inv. Date	Ser. Date	Insurance	Priority	Patient	Submitted	Status	Status Date	Most Recent S		
<input checked="" type="checkbox"/>	604	02/08/2013	1857	02/08/2013	02/08/2013	Medicare of WI	Primary	Borg, Bjorn	02/15/2013	Rejected	02/22/2013	Entity's contrac	All Messag...
<input checked="" type="checkbox"/>	606	02/08/2013	1859	02/08/2013	02/08/2013	Medicare of WI	Primary	Darwin, Pavton	02/15/2013	Rejected	02/22/2013	Payer Respons	All Messag...
<input checked="" type="checkbox"/>	608	02/15/2013	1867	02/15/2013	02/15/2013	DMERC	Primary	Davidson, Harley	02/15/2013	Rejected	02/22/2013	Ordering provic	All Messag...
<input type="checkbox"/>	610	02/15/2013	1869	02/15/2013	02/15/2013	ABC Insurance	Primary	Fife, Barney	02/15/2013	Rejected	02/22/2013	Diagnosis Cod	All Messag...
<input type="checkbox"/>	611	02/15/2013	1870	02/15/2013	02/15/2013	Aetna	Primary	Hopper, Grass	02/15/2013	Rejected	02/22/2013	Principal Diagn	All Messag...

The number in parantheses in each button will display how many claims have been selected. Each of those claims will be affected when the action button is clicked.

### 2.2.1 Mark for Resubmit

Mark (3) for Resubmit

Clicking *Mark for Resubmit* will change the clearinghouse status of "Rejected" for that claim to "Canceled", and a new claim with a **new** claim ID will be created and found in the Claims to Submit screen.

Clicking *Mark for Resubmit* in the Rejected E-Claims screen will also automatically update the RevolutionEHR "Processing Status" of "Submitted" to "Canceled"

The new claim that is generated will have a processing status of "Ready to Submit".

Because the original claim now has a status of "Canceled" it will no longer be displayed in the Rejected E-Claims screen

**Note:** This is not a bi-direction integration, therefore marking a claim for resubmit in the Rejected E-Claims screen will not automatically mark that claim as "worked" in the clearinghouse website.

**IMPORTANT NOTE:** If a claim had already been marked for resubmit from the "Search Claims" screen the *Mark for Resubmit* button will not be active for that rejected claim. This may happen more during the transition to the new E-Claims reporting. The claim may have already been worked and resubmitted from Revolution but not from one of the new E-Claims reporting screens. The status of rejected simply means that from the clearinghouse this claim has a status of rejected. If you select a rejected claim and the *Mark for Resubmit* button is not active you can verify the Revolution status of that claim in the "Search Claims" screen.

If the corresponding claim has already been resubmitted prior to receiving the rejection report, the rejected claim can simply be canceled using the Mark as Canceled button.

### 2.2.2 Mark as Canceled

Mark (3) as Canceled

Clicking the *Mark as Canceled* button will update the status of that claim to "canceled". This affects the status of the claim in the Rejected E-Claims screen as well as the RevolutionEHR processing status for that claim in the Search Claims screen.

**Important Note:** Canceling a claim will remove the claim from the rejected claims list but no further action will occur associated to that claim and the claim will no longer display as a submitted claim.

### 2.2.3 Preview

Preview (3)

This will display a captured image of the claim as it appears in the data file sent over to the clearinghouse when the claim was submitted. If the claim was submitted in the 5010 format, the *Preview* will display the HCFA background in red, but the data sent to the clearinghouse was not a print image, therefore the data will not display as expected on a HCFA.

This is not the same as previewing a claim from the invoice itself. This *Preview* claim option is a stored file. The claim can still be previewed in a HCFA layout by opening the invoice using the Invoice ID or Invoice Date hyperlink, and then clicking the Preview Claim button within the invoice. Please note that previewing the claim from the invoice will show the *real time* claim data and may not represent the data that was submitted to the clearinghouse.

To display a more readable version of the claim data sent to the clearinghouse, use the "Save" button.

### 2.2.4 Print

Print (3)

Like the preview button, *Print* will display a captured image of the claim as it appears in the data file sent over to the clearinghouse when the claim was submitted. If the claim submitted was in the 5010 format, the data will not display as expected on a HCFA.

This is not the same as printing a claim from the invoice itself. This print claim option is a stored file. The claim can still be printed in a HCFA format by opening the invoice using the Invoice ID or Invoice date hyperlink and then clicking the Print Claim button within the invoice. Please note that printing the claim from the invoice will show the *real time* claim data and may not represent the data that was submitted to the clearinghouse.

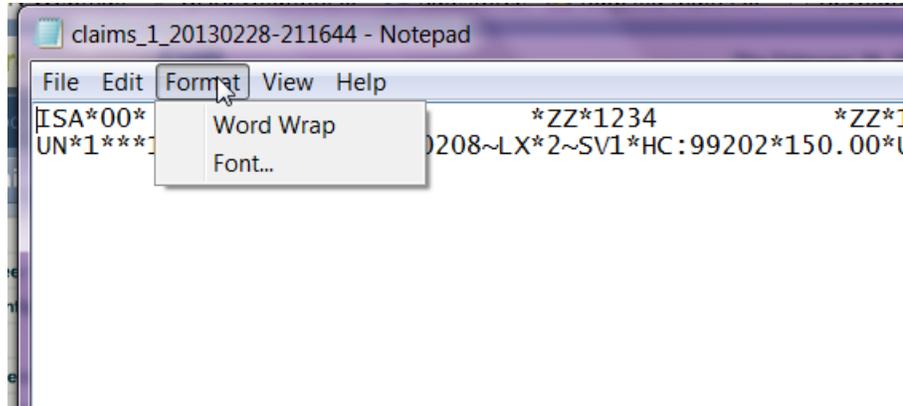
To display a more readable version of the claim data sent to the clearinghouse use the "Save" button.

### 2.2.5 Save

Save (3)

The *Save* button will open a file that is referred to as the raw claim file. This is a captured image of the data that was submitted to the clearinghouse for that claim. The importance of this button from the Rejected E-Claims screen is that it allows the user the ability to review the actual claim data sent even if changes were made to the invoice or patient file after the claim was submitted. The data displayed by clicking this *Save* button is the original claim data.

When viewing a raw claim file, the data can be organized for easier viewing by clicking on "Format" from the menu in the generated file and selecting "Word Wrap"



To learn more about electronic claims including formatting, raw claim files, and rejections please view our **Electronic Claims 101** recorded webinar found on the Insight page:  
<http://insight.revolutionehr.com/?p=6269>

### 3. Search E-Claims

The Search E-Claims screen can be used to search and view claim status updates that prior to this release were only visible by logging into the clearinghouse website.

While this screen is very similar in appearance to the “Search Claims” screen, the data that is returned in Search E-Claims comes from the clearinghouse. The information that can be accessed for a claim in Search E-Claims is the information that is currently found when logging into the clearinghouse website and using the claim search option.

#### 3.1 Search Criteria

The search criteria fields are used to search for a specific claim or group of claims. Any combination of search criteria can be used to find a submitted claim. ***It is recommended that you use all appropriate criteria to create the most narrow search possible. Over time the list of submitted claims will become very large***

**as more and more claims are submitted.** Not entering enough criteria will produce very large search results that can take several minutes to load. If there are too many claims in your search results your computer may not be able to return the results.

**IMPORTANT NOTE:** The claims available in the Search E-Claims will only include claims submitted on and after the day of this release. Any claims submitted prior to the addition of E-Claims reports must still be searched in the clearinghouse website.

### 3.1.1 Location

The *Location* drop down allows for the search to be specific to the location of the invoice associated to the claim

### 3.1.2 Claim ID

A specific *Claim ID* can be typed into this field to do a quick search for a specific claim. **Reminder:** The claim ID is sent within the claim data in lieu of the patient ID but on a remittance advice the payer may still reference this as a patient number, patient ID, or patient account number

### 3.1.3 Invoice ID

A specific *Invoice ID* can be typed into this field to search for submitted claims associated to that invoice

### 3.1.4 Status

Like the *Status* column in the Rejected E-Claims screen this drop down should not be confused with the processing status of the claim.

- *Active:* This status indicates a claim that has been submitted to the clearinghouse and is in process
- *Rejected:* This status indicates a claim that has been rejected by either the clearinghouse or the payer. Any claims found in the Search E-Claims screen with a status of rejected will automatically show up in the Rejected E-Claims screen and will remain there until that claim is resubmitted or canceled
- *Deleted:* This status indicates a claim that has been deleted
- *Canceled:* This status indicates a claim that has either been resubmitted or manually marked as canceled. When a claim is marked for resubmit, the status of that claim is changed to canceled and a new claim with a new claim ID is generated.

### 3.1.5 Patient ID

A patient database ID can be typed into this field to search for claims associated to a specific patient

### **3.1.6 Patient Name**

A *Patient Name* can be typed into this field to search for claims associated to a specific patient

When entering a *Patient Name* you must enter the last name first. The search can be done by last name only, or can be a combination of first and last names typed: last,first. This search field also allows for partial entry of either or both names but still requires the last name to be entered before the comma and the first name to be entered after the comma.

### **3.1.7 Insurance Company**

This drop down will allow the user the ability to select any *Insurance Company* that has been set up for their practice to search for claims specific to that *Insurance Company*

### **3.1.8 Claim Date**

A date or date range can be entered to search for claims with specific *Claim Dates*. A *Claim Date* is defined as the date the invoice associated to the submitted claim was authorized. This is not the date the claim was sent, it is the date the claim was generated in RevolutionEHR which is triggered by authorizing the associated invoice.

### **3.1.9 Invoice Date**

A date or date range can be entered to search for claims associated to invoices with specific dates.

### **3.1.10 Submitted Date**

A date or date range can be entered to search for claims submitted on specific dates. The *Submitted Date* is the date the claim was sent from Revolution to the clearinghouse.

### **3.1.11 Status Date**

A date or date range can be entered to search for claims that have a status update from specific dates. The *Status Date* is the date the status is updated by the clearinghouse.

## **3.2 Column Descriptions**

The column descriptions for the Search E-Claims screen are identical to those for the Rejected E-Claims screen found in **Section 1.2** of this document.

However, when viewing the "All Messages" hyperlink in the Search E-Claims screen, additional information will be visible. The "All Messages" hyperlink displays the same information that can be accessed when searching claim status in the website of the clearinghouse:


revolutionEHR
Claim Status Summary
✕

**Claim Information**

<b>Claim ID</b> 395	<b>Insurance</b> ABC Insurance
<b>Claim Date</b> 04/25/2012	<b>Patient</b> Adamson, Ad
<b>Invoice ID</b> 395	<b>Submitted</b> 05/16/2012
<b>Invoice Date</b> 04/25/2012	<b>Status</b> Active

**Status Messages**

Status	Date	Status Message
Active	06/07/2012	Payer : Accepted for processing Acknowledgement/Acceptance
Active	06/07/2012	Payer : Entity acknowledges receipt of claim/encounter. Note: This code requires use of an Entity Code
Active	06/07/2012	Accepted for processing Acknowledgement/Acceptance

### 3.3 Action Buttons

#### 3.3.1 Mark for Resubmit

The *Mark for Resubmit* button will only be active for claims that have a status of rejected. Clicking *Mark for Resubmit* will change the clearinghouse status of "Rejected" for that claim to "Canceled", and a new claim with a **new** claim ID will be created and found in the Claims to Submit screen.

Clicking *Mark for Resubmit* in the Search E-Claims screen will also automatically update the RevolutionEHR "Processing Status" of "Submitted" to "Canceled"

The new claim that is generated will have a processing status of "Ready to Submit".

Because the original claim now has a status of "Canceled" it will no longer be displayed in the Rejected E-Claims screen

**Note:** This is not a bi-direction integration, therefore marking a claim for resubmit in the Rejected E-Claims screen will not automatically mark that claim as "worked" in the clearinghouse website.

**IMPORTANT NOTE:** If a claim had already been marked for resubmit from the "Search Claims" screen the *Mark for Resubmit* button will not be active for that rejected claim. This may happen more during the transition to the new E-Claims reporting. The claim may have already been worked and resubmitted from Revolution but not from one of the new E-Claims reporting screens. The status of rejected simply means that from the clearinghouse this claim has a status of

rejected. If you select a rejected claim and the *Mark for Resubmit* button is not active you can verify the Revolution status of that claim in the "Search Claims" screen.

If the corresponding claim has already been resubmitted prior to receiving the rejection report the rejected claim can simply be canceled using the Mark as Cancelled button.

### **3.3.2 Preview**

This will display a captured image of the claim as it appears in the data file sent over to the clearinghouse when the claim was submitted. If the claim was submitted was in the 5010 format, the *Preview* will display the HCFA background, but the data sent to the clearinghouse was not a print image, therefore the data will not display as expected on a HCFA.

This is not the same as previewing a claim from the invoice itself. This *Preview* claim option is a stored file. The claim can still be previewed in a HCFA layout by opening the invoice using the Invoice ID or Invoice date hyperlink, and then clicking the Preview Claim button within the invoice. Please note that previewing the claim from the invoice will show the real time claim data and may not represent the data that was submitted to the clearinghouse.

To display a more readable version of the claim data sent to the clearinghouse use the "Save" button.

### **3.3.3 Print**

Like the preview button, *print* will display a captured image of the claim as it appears in the data file sent over to the clearinghouse when the claim was submitted. If the claim submitted was in the 5010 format, the data will not display as expected on a HCFA.

This is not the same as printing a claim from the invoice itself. This print claim option is a stored file. The claim can still be printed in a HCFA format by opening the invoice using the Invoice ID or Invoice date hyperlink and then clicking the Print Claim button within the invoice. Please note that printing the claim from the invoice will show the real time claim data and may not represent the data that was submitted to the clearinghouse.

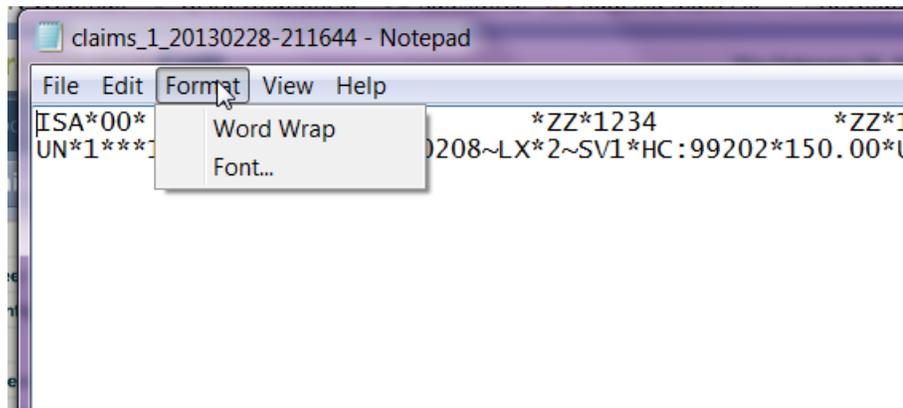
To display a more readable version of the claim data sent to the clearinghouse use the "Save" button.

### **3.3.4 Save**

The *Save* button will open a file that is referred to as the raw claim file. This is a captured image of the data that was submitted to the clearinghouse for that claim. The importance of this button from the Rejected E-Claims screen is that it allows

the user the ability to review the actual claim data sent even if changes were made to the invoice or patient file after the claim was submitted. The data displayed by clicking this save button is the original claim data.

When viewing a raw claim file, the data can be organized for easier viewing by clicking on "Format" from the menu in the generated file and selecting "Word Wrap"



**To learn more about electronic claims including formatting, raw claim files, and rejections please view our Electronic Claims 101 recorded webinar found on the Insight page:**

**<http://insight.revolutionehr.com/?p=6269>**

## 4. Appendix A

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### 4.1 Converting to 5010 Format

If your office is currently submitting claims to Gateway as a HCFA print image, the claim is submitted to Gateway as an image (or picture); Gateway converts the claim to the HIPAA compliant 5010 format before forwarding the claim to the payer.

The new E-Claims reports will allow you the ability to see your rejections as well as check claim status directly from Revolution instead of having to log into your clearinghouse website. However, in order for you to utilize this new feature, your claims must go to Gateway in the HIPAA compliant 5010 format instead of the print image being sent at this time.

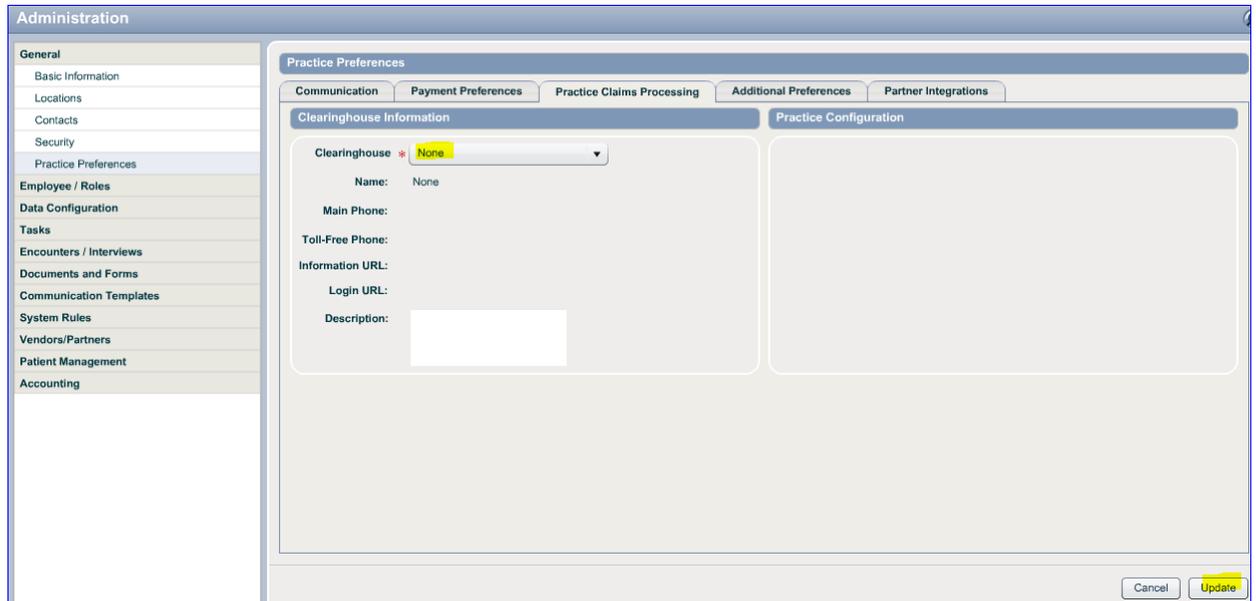
#### 4.1.1 Changing the Format

- Go to Administration/General/Practice Preferences; Click on the “Practice Claims Processing” tab.
- Write down your site id and password fields as you will need to re-enter this information later. **Please Note:** The password field is an FTP password and is **not** the same as your log in password for the clearinghouse website. It is important that you write this password down exactly – it is case specific.



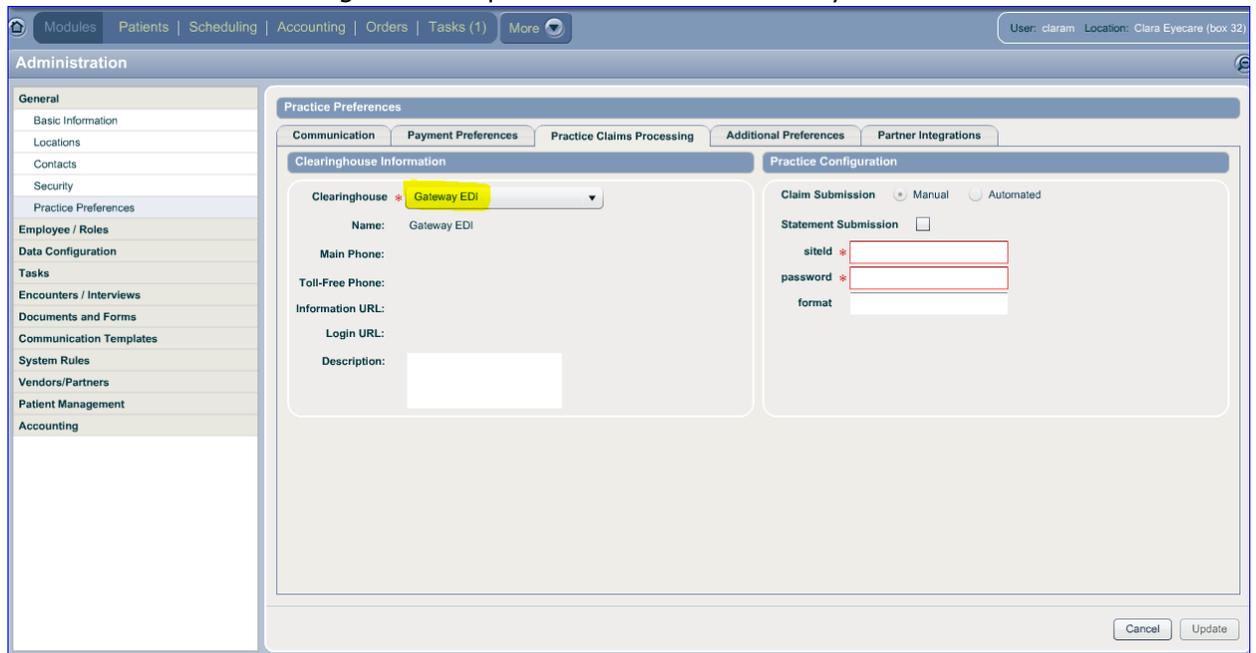
The screenshot shows the 'Administration' window with the 'Practice Preferences' section selected. The 'Practice Claims Processing' tab is active. The 'Clearinghouse Information' section shows 'Gateway EDI' selected in the dropdown menu. The 'Practice Configuration' section shows 'Claim Submission' set to 'Manual' and 'Statement Submission' set to 'None'. The 'siteid' is '1K11' and the 'password' is 'test'. An 'Edit' button is visible in the bottom right corner.

- Click “Edit” in the bottom right.
- Click on the Clearinghouse dropdown box and select “None”
- Click “Update” in the bottom right.



The screenshot shows the 'Administration' section of the software. On the left is a navigation menu with categories like 'General', 'Employee / Roles', 'Data Configuration', etc. The main area is titled 'Practice Preferences' and has several tabs: 'Communication', 'Payment Preferences', 'Practice Claims Processing', 'Additional Preferences', and 'Partner Integrations'. The 'Clearinghouse Information' tab is active, showing a dropdown menu for 'Clearinghouse' currently set to 'None'. Other fields include 'Name', 'Main Phone', 'Toll-Free Phone', 'Information URL', 'Login URL', and 'Description'. At the bottom right, there are 'Cancel' and 'Update' buttons.

- Click the "Edit" button once again.
- Click on the Clearinghouse dropdown and select Gateway EDI.



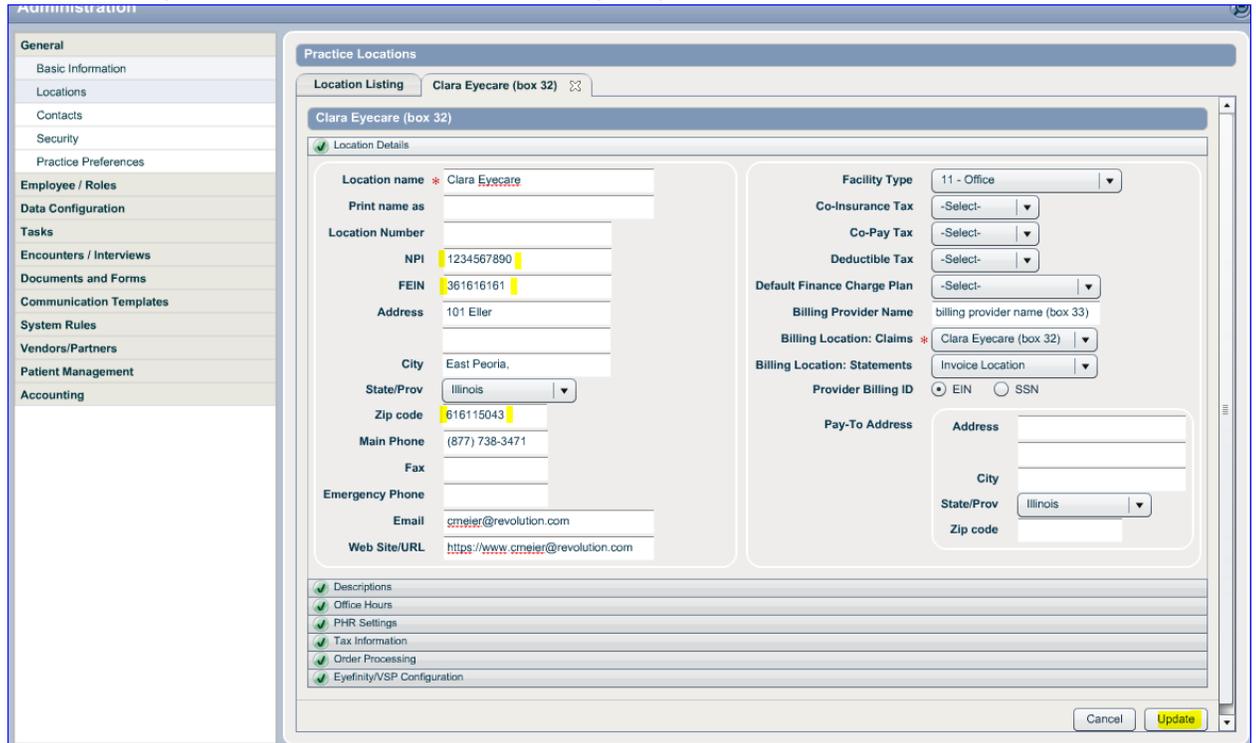
This screenshot shows the same 'Practice Preferences' interface, but now the 'Clearinghouse' dropdown is set to 'Gateway EDI'. The 'Practice Configuration' section on the right is now visible and contains several fields: 'Claim Submission' (with radio buttons for 'Manual' and 'Automated'), 'Statement Submission' (with a checkbox), 'siteid', 'password', and 'format'. The 'siteid' and 'password' fields have red boxes around them, indicating they are required or have been entered. The 'format' field is currently empty. The 'Cancel' and 'Update' buttons are still present at the bottom right.

- Re-enter your site id (that you recorded earlier).
- Re-enter your FTP password (that you recorded earlier).
- Type 5010 in the new "Format" field. Be sure to use the number 0 and not the letter O.
- Click "Update" in the bottom right

#### 4.1.2 Updating other required information for the 5010 format

- Go to Administration/General/Locations; Open a specific location file.

- Verify that no dashes are contained in the NPI and FEIN fields
- The Zip code field **must** contain a 9 digit zip code.



- Repeat this for ALL locations

**IMPORTANT NOTE: IF YOU DO NOT USE A PO BOX, DO NOT ENTER ANY INFORMATION INTO THE PAY-TO-ADDRESS.**

- Go to Administration/Vendors, Partners/Insurance Companies
- For each insurance company that has a processing status set to "Electronic" you must open the insurance company file and select the appropriate "Claim Filing Code". Commonly selected claim filing codes are:

<b>Claim Filing Code Payer</b>	<b>Claim Filing Code Indicator</b>
<i>Medicare</i>	<i>MB-Medicare Part B</i>
<i>Medicaid</i>	<i>MC-Medicaid</i>
<i>Champus</i>	<i>CH-Champus</i>
<i>HMO</i>	<i>HM-Health Maintenance Organization</i>
<i>Blue Cross Blue Shield</i>	<i>BL-Blue Cross/Blue Shield</i>
<i>Tricare</i>	<i>OF-Other Federal Program</i>
<i>All other payers</i>	<i>CI-Commercial</i>

*If you are unsure of the appropriate claim filing code it is best to check with the specific payer to verify their requirements for this field.*

- With the insurance company file open also verify that the appropriate 5 digit "Payer ID" has been entered.

**Note:** If you signed have signed up for print to paper claims with Gateway, please use payer id 00010 for those payers.

**Claim Information**

**Classification:** \* Other ▼

**Claim Submission:** \* Electronic ▼

**Payor ID:** 60054

**Group Number:**

**Qualifier:**  ▼

**Claim Filing Code:** CI-Commercial ▼

Participating Practice

NPI Only on claims

Use rendering provider as referring provider

#### 4.1.3 Electronic Claims 101

Because the submission of claim data in the 5010 format changes the data received by Gateway you now have the ability to send more information on your claims. It will also change how some of your Gateway rejections will be worded. Now being sent to Gateway will be a series of data fields that are referenced as segments and loops.

It is strongly recommended that you view the Electronic Claims 101 recorded webinar to gain a better understanding of this format for claims:

<http://insight.revolutionehr.com/?p=6269>