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1 Introduction

1.1 About HIPAA Claim Payment Master

Electronic Data Interchange (EDI) plays an ever increasing role in the exchange of information between healthcare providers and healthcare payers and/or clearing houses.

Most people don't know EDI when asked about it, but have an intuitive understanding when told that EDI makes ATM transactions possible. When you swipe your bank card at any ATM in the world, an EDI transaction is created in the ATM machine and sent through a network to your bank. Your bank in turn takes the ATM transaction and sends back a response EDI transaction releasing the funds to you. The banking system in the world has been working on EDI for a much longer time than the healthcare industry but we will see in our lifetime that healthcare transactions will be similarly smooth, fast and reliable.

[HIPAAsuite](#) has software applications for all 12 HIPAA mandated transactions. The **HIPAA Claim Payment Master** is designed to display, print and save the data of EDI X12 files that are likely to come from a payer back to the provider such as the 835 Electronic Remittance report. EDI is a very non-intuitive format and designed around computer efficiency and not human readability. Below is an example of an EDI file; you can recognize only few words in this garble. The HIPAA Claim Payment Master takes the cryptic EDI files, parses out the information, translates the codes back to English and allows one to print and display the information, so that it can be viewed, understood, interpreted and entered into an accounting system. The software can also export the payment information contained in 835 Remittance Advice files into any ODBC aware database such as Microsoft SQL Server, Microsoft Access, MySQL, Oracle and so on. This way the information is searchable and it will be easy to write programs to import the data into existing systems.

EDI is increasingly adopted in the health care industry and mandated by the HIPAA act of 1996. EDI is ideal to exchange information between computers but it is inherently hard to read for humans. Many complex properties are represented as two-letter abbreviations.

```
ISA*00*      *00*      *ZZ* 123456789*20* 610442*020518*1601*U*00401*229800002*0*T*~
GS*HP*9998887766*987654*20021026*1135*229800002*X*004010X091~
ST*835*229800002~
BPR*C*175.00*C*CHK*****20020518~
TRN*1*16588*1521685100~
DTM*405*20020509~
N1*PR*Great Benefit Plan~
N3*100 MAIN STREET~
N4*KANSAS CITY*MO*64108~
N1*PE*DR MARCUS J WELBY*FI*097654322~
N3*55 HIGH STREET~
N4*SEATTLE*WA*98123~
LX*1~
CLP*985019*1*305.00*175.00*15.00*12*229800001*11~
NM1*QC*1*DOE*JOHN*P***MI*11122333301~
NM1*82*2*WELBY*JOHN****FI*987121234~
DTM*050*20020504~
SVC*HC*99244*75.00*60.00~
DTM*472*20020501~
CAS*PR*3*15.00~
```

The beginning of an 835 EDI file

The above is an example of an 835 file. One can easily see bits of information but a lot of it is translated into codes that are not intelligible. Most often EDI files have no carriage returns so that the information looks even more confusing.

Explanation of Payment

Payer: Great Benefit Plan 100 MAIN STREET KANSAS CITY, MO 64108	Payee: DR MARCUS J WELBY 55 HIGH STREET SEATTLE, WA 98123
Pay Method: Check	Bank ID:
Account #:	Account #:
Chk Iss/EFT Date: 05/18/2002	Total Amt.
Payer ID:	Check/EFT No: 16588

Claim 1

Patient Name: JOHN P DOE	Member ID Number: 11122333301
Provider Name: JOHN WELBY	Federal ID: 987121234
Claim Identifier: 985019 Status: Processed as Primary DRG Code:	Control #: 229800001
Total Charge Amt.: Facility: Office DRG Weight:	Discharge Fraction:
Payment Amt.: Frequency:	
Patient Resp Amt.: Filling: Provider Organization	
Received: 04.05.2002	

Claim Line Adjudication

1	Proc.: HC 99244	Charge:	Paid:	Paid Units:	Bundl.:	
	Adjustment Reason Group	Adjustment Reason			Amount	Qty
	Patient Responsibility	3 - Co-payment Amount				
	Service Date:	01.05.2002				
2	Proc.: HC 81000	Charge:	Paid:	Paid Units:	Bundl.:	
	Service Date:	01.05.2002				
3	Proc.: HC 87088	Charge:	Paid:	Paid Units:	Bundl.:	
	Adjustment Reason Group	Adjustment Reason			Amount	Qty
	Payor Initiated Reductions	B5 - Payment adjusted because coverage/program guidelines were not met or were exceeded.				
	Service Date:	01.05.2002				

The display of the Remittance advice for a single claim

Here you can see that the information resembles the paper EOB's or EOP's that were traditionally sent by mail. The HIPAA Claim Payment Master translates the code sets and orders the information so that you can see exactly what payments were made and which deductions taken.

Summary information is displayed upfront, and each claim listed with the adjudication information and service line information structured with all the details found in the EDI file. Read more in [Identifying the Information](#)¹².

2 Getting Started

2.1 Starting the Application

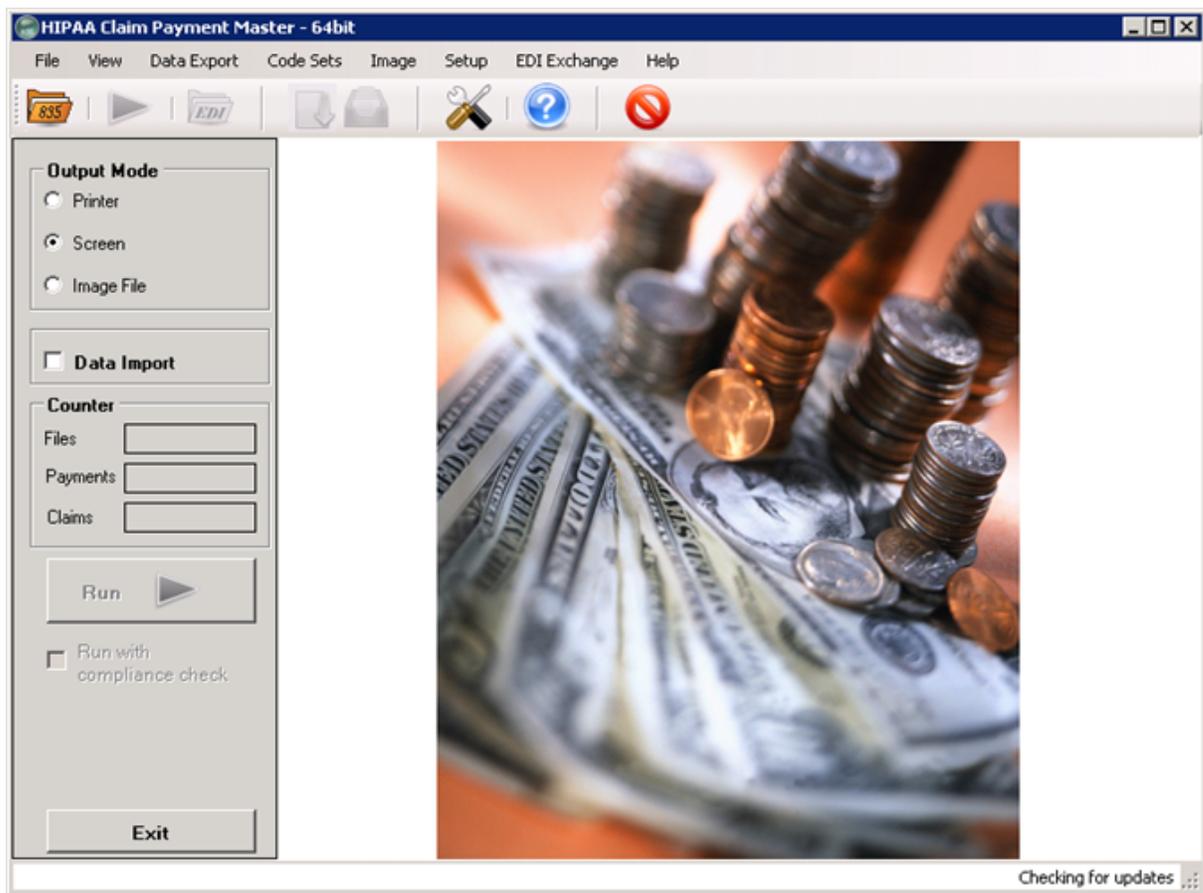
Once the HIPAA Claim Payment Master is installed, you can launch it from the "Start" menu:

Start ▶ Programs (All Programs) ▶ HIPAASuite ▶ HIPAA Claim Payment Master.



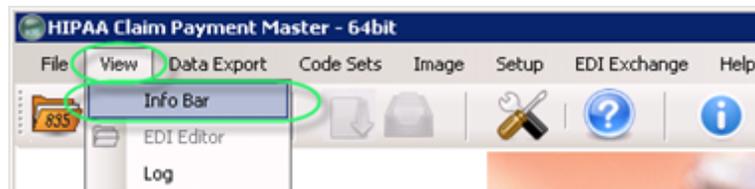
The HIPAA Claim Payment Master is launched from the "Start" menu

The following screen will appear:



The HIPAA Claim Payment Master main window

Tip: If the left pane is not displayed, then select View ► Info Bar to show it.



Once the main program window is opened, the normal operation now would be to open an EDI file. See:

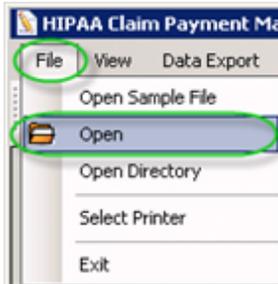
- [Processing a Payment Advice File](#) ⁵
- [Opening a Folder Containing EDI Files](#) ⁹

2.2 Processing a Payment Advice File

Follow the instructions below to open a single EDI file and display its details on screen in

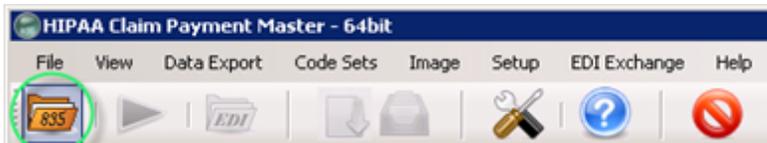
easy-to-read table format.

1. Go to *File* ▶ *Open* in the main menu.



The "Open" menu

Alternatively, click on the "Open Document" icon shortcut located on the program toolbar.

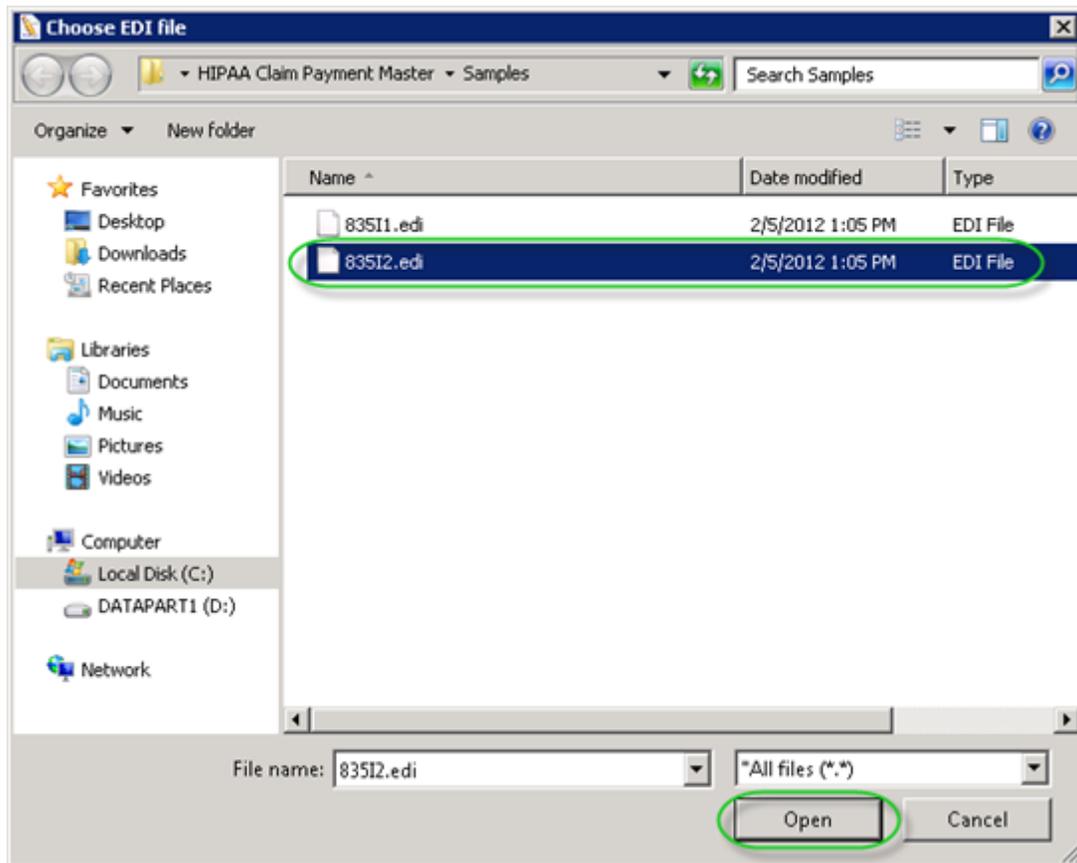


The "Open Document" button

2. Browse through the folders and select a file with `.edi` extension. Click "Open."

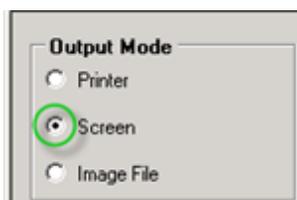
Note: Only claim files in "ANSI 835" format can be opened via the Claim Payment Master. The program will display an error message if you select a file in a different format.

Reference: ANSI 835 is the American National Standards Institutes Health Care Claims Payment and Remittances Advice Format.



The "Choose EDI File" window

3. Make sure the program tool bar is displayed in the left area. To display the left program bar with options, select *View* ▶ *Info Bar*.
4. Select one of the following modes in the "Output Mode" box. The Output mode defines the destination where the result file will be sent to.
 - **Printer** – Select this option to print the opened EDI file.
 - **Screen** – This is a default mode. select this option to display the EDI file on screen in a preview window.
 - **Image File** – Select this mode to create TIFF or PDF file. You should have the settings configured to print the file to image. Read more in [Creating Image Files from EDI](#)³⁸.



The "Output Mode" options

5. Click on the "Run" button.



The "Run" buttons

6. When you click on the "Run" button, the file will be parsed and the information displayed. The HIPAA Claim Payment Master recognizes the type of the EDI transaction and displays Payment Advice and Claim Status information separately. The following pertains to the X12 835 Electronic Payment Advice.

As in our example the output mode is "Screen," the claim is displayed in a separate window.

HIPAA Preview

Print Close 1 / 1 Help

Explanation of Payment

Payer: Great Benefit Plan 100 MAIN STREET KANSAS CITY, MO 64108		Payee: DR MARCUS J WELBY 55 HIGH STREET SEATTLE, WA 98123	
Pay Method: Check	Bank ID:		
Account #:	Account #:		
Chk Iss/EFT Date: 05/18/2002	Total Amt: \$175.00		
Payer ID:	Check/EFT No: 16588		

Claim 1

Patient Name: redacted redacted	Member ID Number: redacted
Insured Name: redacted redacted	Member ID Number: redacted
Provider Name: redacted	Federal ID: redacted

Claim Identifier: 01426808626	Status: Processed as Secondary	DRG Code:
Total Charge Amt: \$115.00	Facility:	Control #: 082892421
Payment Amt: \$0.00	Frequency:	DRG Weight:
Patient Resp Amt: \$85.00	Filing: Point of Service	Discharge Fraction:

Group/Policy Number: 0508042104

Claim Line Adjudication

Proc.	AD	Charge	Paid	Paid Units	Bundl.	
1	AD D0140	\$67.00	\$0.00			
Adjustment Reason Group						
Adjustment Reason						
Patient Responsibility					Amount	Qty
22 - Payment adjusted because this care may be covered by another payer per coordination of benefits.					\$48.80	
Contractual Obligations						
42 - Charges exceed our fee schedule or maximum allowable amount.					\$18.20	
Service Date: 08/28/2008						
2	AD D0220	\$26.00	\$0.00			
Adjustment Reason Group						
Adjustment Reason						
Patient Responsibility					Amount	Qty
22 - Payment adjusted because this care may be covered by another payer per coordination of benefits.					\$21.20	
Contractual Obligations						
42 - Charges exceed our fee schedule or maximum allowable amount.					\$4.80	
Service Date: 08/28/2008						
2	AD D0220	\$26.00	\$0.00			
Adjustment Reason Group						
Adjustment Reason						
Patient Responsibility					Amount	Qty
22 - Payment adjusted because this care may be covered by another payer per coordination of benefits.					\$21.20	
Contractual Obligations						
42 - Charges exceed our fee schedule or maximum allowable amount.					\$4.80	
Service Date: 08/28/2008						
3	AD D0230	\$22.00	\$0.00			
Adjustment Reason Group						
Adjustment Reason						
Patient Responsibility					Amount	Qty
22 - Payment adjusted because this care may be covered by another payer per coordination of benefits.					\$15.80	
Contractual Obligations						
42 - Charges exceed our fee schedule or maximum allowable amount.					\$6.20	
Service Date: 08/28/2008						

The display of an 835 Payment Advice

2.3 Opening a Folder Containing EDI Files

The "Open Directory" function works only when the output mode is not "Screen" but "Data Export" or "Image File".

Follow the instructions below to open a batch of EDI files located in one folder.

1. Make sure the "Printer" or "Image File" mode is selected in the "Output Mode" box. The Output mode defines the destination where the result file will be sent to.

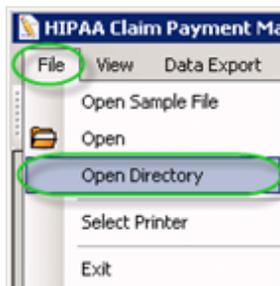
Note: You cannot display a batch of EDI files on screen in a preview window, it is possible only for one file. See [Processing a Payment Advice File](#)⁵¹.



The "Output Mode" options

Note: If you select the "Image File" format for the first time, you need to define the image options. See [Doing Image Setup](#)⁴⁰.

2. Go to **File** ► *Open Directory* in the main menu.

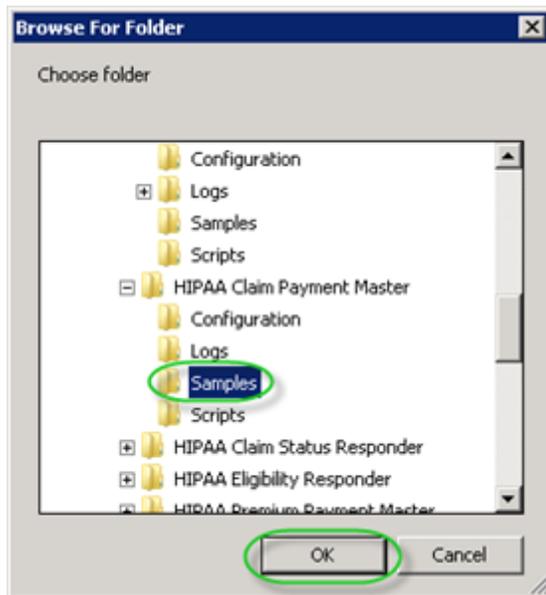


The "Open Directory" menu

3. Browse for the folder containing EDI files. Click on that folder and then click "OK."

Note: Only claim files in "ANSI 835" format can be opened via the Claim Payment Master. The program will display an error message if you select a file in a different format.

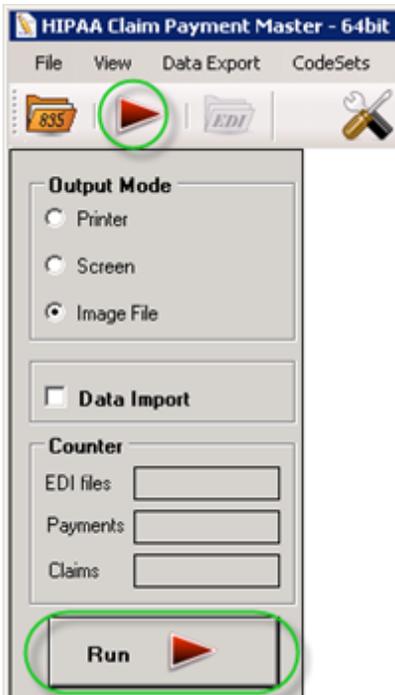
Reference: ANSI 835 is the American National Standards Institutes Health Care Claims Payment and Remittances Advice Format.



The "Browse for Folder" popup

4. Click on the "Run" button to send all files from the folder to the destination.

Note: The pre-defined settings will be applied. To print the files to image, configure the settings. See also: [Configuring Program Options](#)^[18], [Doing Image Setup](#)^[40].



The "Run" buttons

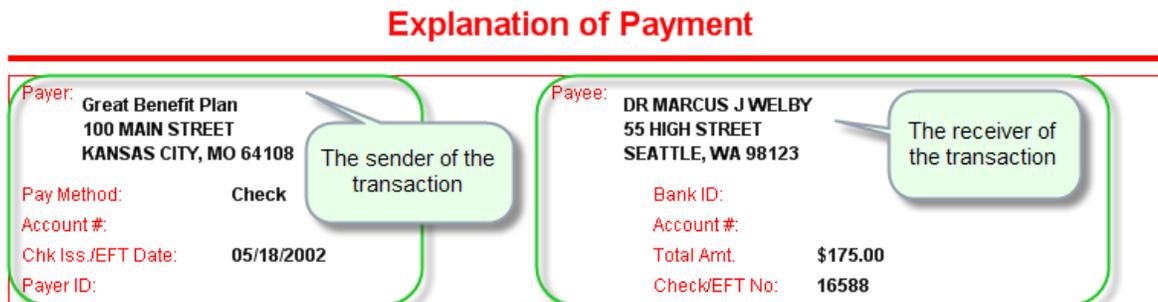
5. The displayed "Processing Results" popup will report about operation results.

2.4 Explaining HIPAA Claims

The HIPAA Claim Payment Master enables you to understand electronic remittance advices by translating HIPAA code sets into meaningful words. The HIPAA Claim Payment Master translates the code sets and orders the information so that you can see exactly what payments were made and which deductions taken.

The top part of the form contains:

- The sender and receiver of the transaction, that is the payer who paid the claim.



The sender and receiver information of the 835 transaction located at the top

Further, you can find the following data:

- Patient information
- Provider information
- The claim level information
- The claim line adjudication
- Service line information

Summary information is displayed upfront, and each claim listed with the adjudication information and service line information structured with all the details found in the EDI file.

Claim 1

Patient Name: JOHN P DOE		Member ID Number: 11122333301			
Provider Name: JOHN WELBY		Federal ID: 987121234			
Claim Identifier: 985019	Status: Processed as Primary	DRG Code:			
Total Charge Amt: \$305.00	Facility: Office	Control #: 229800001			
Payment Amt.: \$175.00	Frequency:	DRG Weight:			
Patient Resp Amt.: \$15.00	Filling: Provider Organization	Discharge Fraction:			
Received: 05/04/2002					
Claim Line Adjudication					
1	Proc.: HC 99244	Charge: \$75.00	Paid: \$60.00	Paid Units:	Bundl.:
Adjustment Reason Group		Adjustment Reason		Amount	
Patient Responsibility		3 - Co-payment Amount		\$15.00	
Service Date: 05/01/2002					
2	Proc.: HC 81000	Charge: \$15.00	Paid: \$15.00	Paid Units:	Bundl.:
Service Date: 05/01/2002					
3	Proc.: HC 87088	Charge: \$215.00	Paid: \$100.00	Paid Units:	Bundl.:
Adjustment Reason Group		Adjustment Reason		Amount	
Payor Initiated Reductions		B5 - Payment adjusted because coverage/program guidelines were not met or were exceeded.		\$115.00	
Service Date: 05/01/2002					

835 transaction information structure

Further you can see more screen-shots of electronic remittance advices.

Claim Identifier: F0801300095	Status: Reversal of Previous Payment	DRG Code: 872
Total Charge Amt.: (\$9,959.50)	Facility: Office	Control #: 20802400235502
Payment Amt.: (\$8,042.91)	Frequency: Void/Cancel of Prior Claim	DRG Weight: -1.3783
Patient Resp Amt.:	Filling: Medicare Part A	Discharge Fraction: -.851
Medical Record ID: 0000802659		
Received: 1/24/2008	Statement Start: 1/13/2008	Statement End: 1/16/2008
Coverage Amount: (\$9,959.50)		
Covered-Actual: -3		

The claim level information with 1 REF segment, 3 DTP segments, 1 AMT segment and 1 QTY segment

Medicare Inpatient Adjudication

Covered Days or Visits Count	0	Claim DRG Amount	(\$8,042.91)
Remark: MA02 if you do not agree with this determination, you have the right to appeal. You must file a written request for an appeal within 180 days of the date you receive this notice. Decisions made by a Quality Improvement Organization (QIO) must be appealed to that QIO within 60 days.			
Claim Disproportionate Share Amount	(\$1,371.32)	Claim PPS Capital Amount	(\$560.98)
PPS-Capital FSP DRG Amount	(\$493.48)	PPS-Capital DSH DRG Amount	(\$43.57)
Cost Report Day Count	-3	PPS-Operating Federal Specific DRG Amount	(\$5,786.18)
Claim Indirect Teaching Amount	(\$324.43)		

Medicare Inpatient information from the MIA segment

On the following screen-shot, the **Procedure Code** is in the first top cell on the left. The "HC" stands for "HCPCS" codes which includes all HCPCS, ICD-9 and CPT codes. Other possible codes are "AD" for dental claims or "IV" for Home infusion codes and "N4" for NCPDP drug codes.

Adjustment Codes are translated into their descriptions, making it easy to understand the reasons behind any adjustments.

1	Proc.: HC:99244	Charge: \$75.00	Paid: \$60.00	Paid Units:	Bundl.:		
	Adjustment Group	Reason			Amt.	Qty	
	Patient Responsibility	Co-payment Amount			\$15.00		
	Service Date:	05/01/2002					
2	Proc.: HC:81000	Charge: \$15.00	Paid: \$15.00	Paid Units:	Bundl.:		
	Service Date:	05/01/2002					
3	Proc.: HC:87088	Charge: \$215.00	Paid: \$100.00	Paid Units:	Bundl.:		
	Adjustment Group	Reason			Amt.	Qty	
	Payor Initiated Reductions	Payment adjusted because coverage/program guidelines were not met or were exceeded.			\$115.00		
	Service Date:	05/01/2002					

The line level information for a claim with 3 lines

Summary information contained in TS3 and TS2 segments can extend over multiple claims. The HIPAA Claim Payment Master will begin a summary range with a bracket and then show the summary information before listing the claims.

Provider Summary Information for the following 7 Claims			
Provider ID	1154377166	Facility Type Code	11
Fiscal Period End Date	06/30/2008	Total Claim Count	7
Total Claim Charge Amount	(\$43,266.25)	Total Covered Charge Amount	(\$43,266.25)
Total Provider Payment Amount	(\$16,367.74)	Total Contractual Adjustment Amount	(\$23,898.51)
Total Non-Lab Charge Amount	(\$37,391.25)	Total Deductible Amount	(\$2,875.00)
Total DRG Amount	(\$19,343.74)	Total Federal Specific Amount	(\$13,000.00)
Total Hospital Specific Amount	(\$3,468.66)	Total Capital Amount	(\$1,357.09)
Total Indirect Medical Education Amount	(\$766.10)	Average DRG Length of Stay	4.08
Total Discharge Count	1	Total Cost Report Day Count	-6
Total Covered Day Count	-6	Average DRG weight	-.4652
Total PPS Capital FSP DRG Amount	(\$1,183.82)	Total PPS DSH DRG Amount	(\$109.49)

Summary range beginning with a bracket

Claim 2

Beginning of the summary information block

Summary information is started with a bracket. At the end of a summary range is another bracket.

3	Proc.: NU 0259	Charge: \$927.50	Paid: \$0.00	Paid Units:	Bundl.:		
	Adjustment Reason Group	Adjustment Reason			Amount	Qty	
	Patient Responsibility	26 - Expenses incurred prior to coverage.			\$927.50	83	
	Service Date:	11/13/2009					
4	Proc.: NU 0300	Charge: \$2,678.00	Paid: \$0.00	Paid Units:	Bundl.:		
	Adjustment Reason Group	Adjustment Reason			Amount	Qty	
	Patient Responsibility	26 - Expenses incurred prior to coverage.			\$2,678.00	22	
	Service Date:	11/13/2009					
5	Proc.: NU 0450	Charge: \$1,542.00	Paid: \$0.00	Paid Units:	Bundl.:		
	Adjustment Reason Group	Adjustment Reason			Amount	Qty	
	Patient Responsibility	26 - Expenses incurred prior to coverage.			\$1,542.00	3	
	Service Date:	11/13/2009					

End of Summary Range

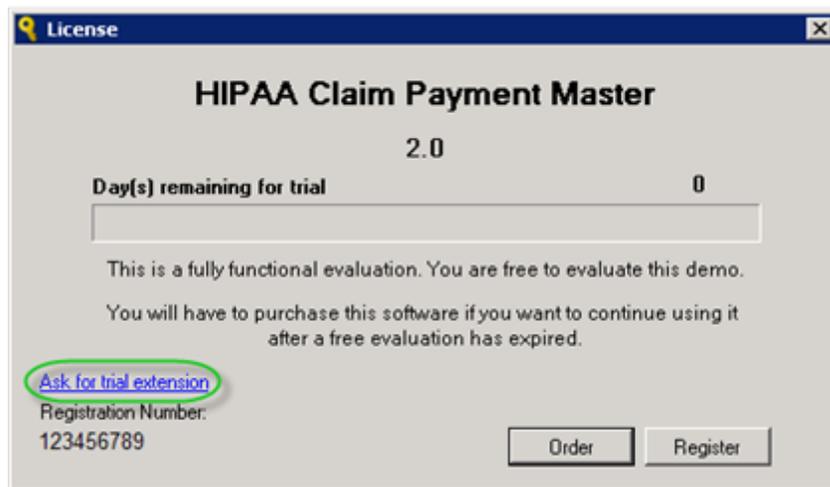
Summary range
ending with a
bracket

End of Summary information block

2.5 Requesting a Trial Extension

Once your trial period has expired the application will stop working. If you need to continue your trial of the product, then you will need to send your request to the support team. Follow the instructions below.

1. Launch the application.
2. Click on the "Ask for trial Extension" link on the displayed window.



The "Ask for trial extension" link

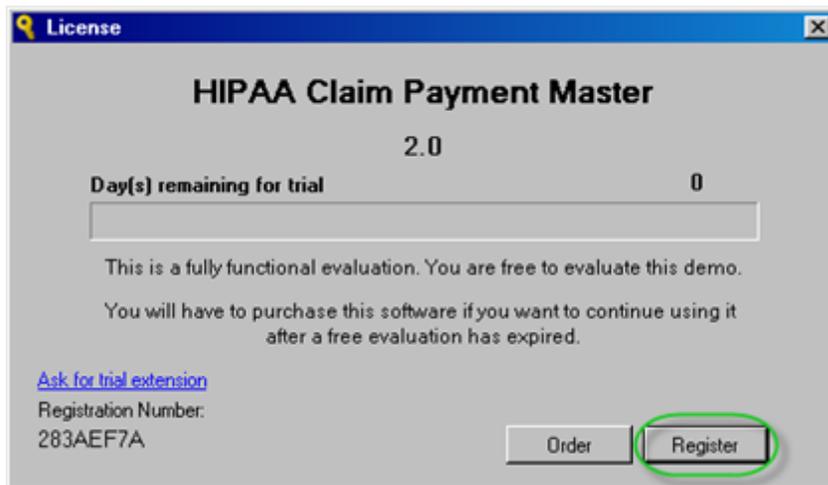
3. Clicking on the "Ask for trial Extension" link will create an email to HIPAAsuite with the registration number so they can then create the extension key. For example, this will open Outlook with the following data inserted:

- To: info@HIPAAsuite.com
- Subject: [HIPAA Claim Payment Master][123456789]: Request for trial extension key
- Message: Volume ID: 123456789



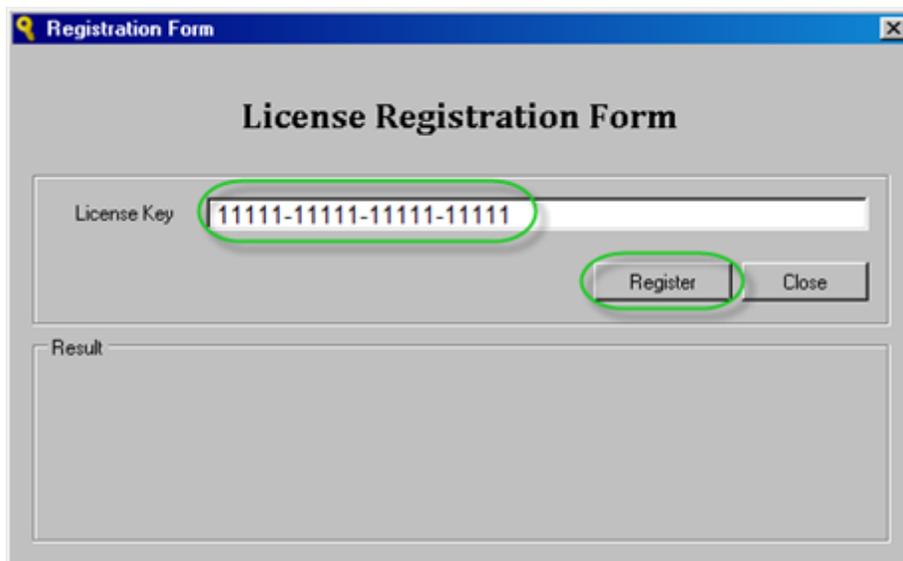
The trial extension request email

4. The response from the support team should includes an activation key.
5. Once you have the activation key, click "Register" on the program welcome window.



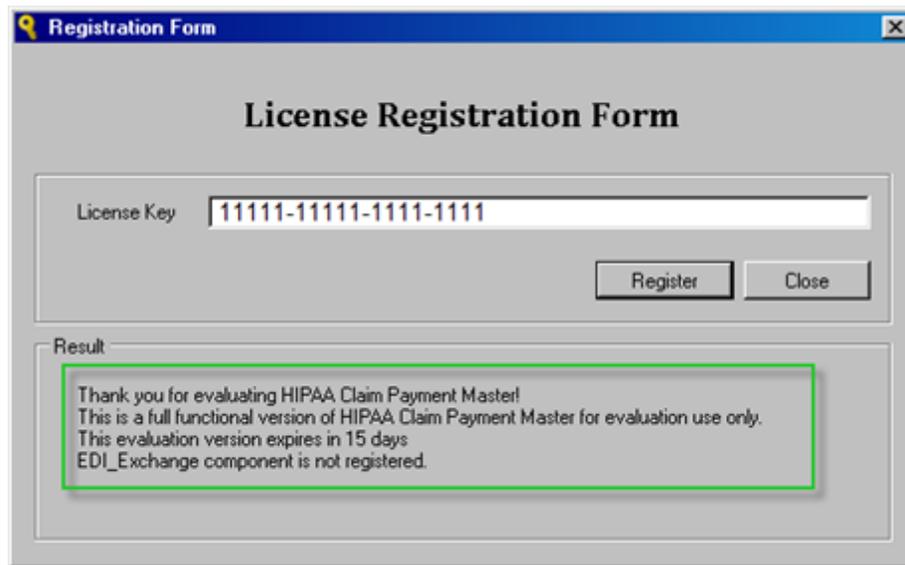
The "Register" button

6. Paste the activation key into the field on the Registration Form and then click "Register."



The "Registration Form" window with entered license key and highlighted "Register" button

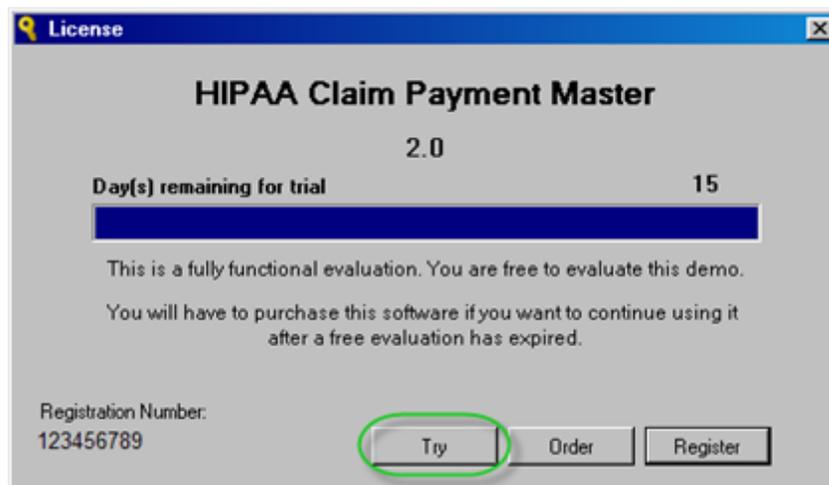
7. The success message will appear in the "Result" border.



The license activation result

Click "Close."

8. Once the license key has been entered, click "Try" on the welcome window to continue using the program for another 15 days.



The "Try" button

3 Configuring the Application

3.1 Configuring Program Options

To configure the program options, select *Setup* ▶ *Options* in the main menu.



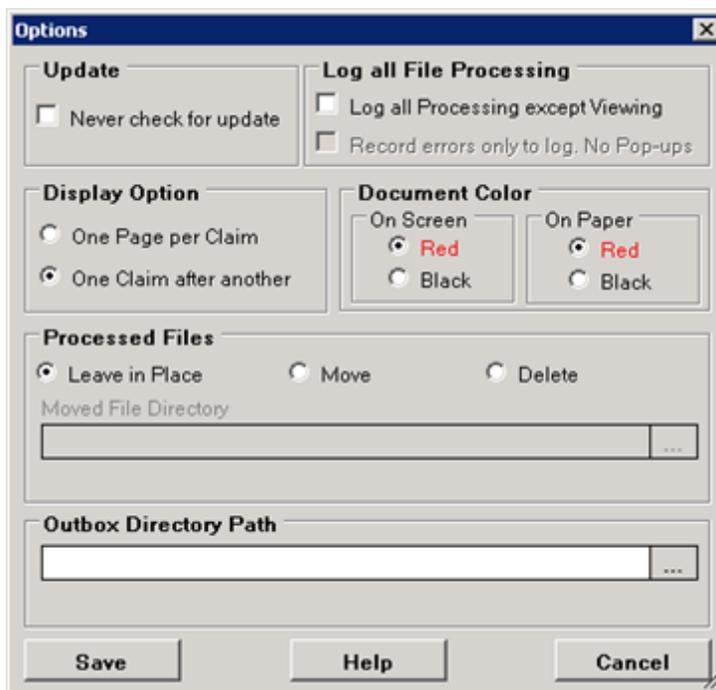
The "Options" menu

Alternatively, you can click on the "Setup" button located on the main toolbar.



The "Setup" button

The following screen will appear.



The "Options" window

You can configure the options described below.

Once you have finished editing the options, click "Save."

Update

The following option is available:

- **Never Check for Update** – Select this option in order not to automatically

connect to HIPAAsuite.com server and check for program updates.

Log All File Processing

The HIPAA Claim Payment Master has the ability to keep a log of EDI file processing. The log writing is mandatory in the program. See [Log](#)^[25].

The following option is available:

- **Log All Processing Except Viewing** – Manual operations other than viewing on screen will be logged.

Display Option

The following option is available:

- **One Page per Claim** – Select this option to put the image of a single claim on one page or a single image file. In the following image, you can see the second claim of a payment. The header information is repeated on each page. If this option is selected, then you can specify the rule for giving the names to your image files (see [Doing Image Setup](#)^[40], "Individual Image Filename" options).
- **One Claim after Another** - Select this option to list the claims one after the other. In the following image, you can see that one claim is displayed after the other.

Explanation of Payment

From: Mutual of Omaha
Aberdeen Health Care Service Ctr Mutual of Omaha Plaza
Omaha, NE 68175

To: JENNY EDMUNDSON MEMORIAL HOSPITAL

Pay Method: Check
Account #: 03232006
Chk Iss. EFT Date: 03/23/2006
Payer ID:

Bank ID:
Account #: 1,845.91
Total Amt: 1,845.91
Check/EFT No: 7090169

Claim 2

Patient Name: BETH MERRITT Member ID Number: 800482461
Insured Name: KEVIN P MERRITT Member ID Number: 800482461
Provider Name: NEBRASKA METHUOIST HOSPITAL Federal ID: 99-9999999

Claim Identifier: 402721323 Status: Processed as Primary DRG Code:
Total Charge Amt: \$4,903.45 Facility: Control #: 2006032310100978
Payment Amt: \$1,765.24 Frequency: DRG Weight:
Patient Resp Amt: \$443.31 Filing: Point of Service Discharge Fraction:

Claim Line Adjudication

Proc. HC OP MISC	Charge	Paid	Paid Units	Bundl:
1	\$162.30	\$58.42	1	
Adjustment Reason Group	Adjustment Reason	Amount	Qty	
Contractual Obligations	45 - Charges exceed your contracted/ legislated fee arrangement.	\$89.27		
Patient Responsibility	2 - Coinsurance amount	\$14.61		
Service Start	2/16/2006	Service End	2/16/2006	
2	\$4,741.15	\$1,706.82	1	
Adjustment Reason Group	Adjustment Reason	Amount	Qty	
Contractual Obligations	45 - Charges exceed your contracted/ legislated fee arrangement.	\$2,867.83		
Patient Responsibility	2 - Coinsurance amount	\$426.70		
Service Start	2/16/2006	Service End	2/16/2006	

"The One Page per Claim" mode

Explanation of Payment

From: Mutual of Omaha
Aberdeen Health Care Service Ctr Mutual of Omaha Plaza
Omaha, NE 68175

To: JENNY EDMUNDSON MEMORIAL HOSPITAL

Pay Method: Check
Account #: 03232006
Chk Iss. EFT Date: 03/23/2006
Payer ID:

Bank ID:
Account #: 1,845.91
Total Amt: 1,845.91
Check/EFT No: 7090169

Claim 1

Patient Name: LEORA G NEMECSEK Member ID Number: 800516666
Insured Name: LEORA G NEMECSEK Member ID Number: 800516666
Provider Name: NEBRASKA METHUOIST HOSPITAL Federal ID: 99-9999999

Claim Identifier: 402596838 Status: Processed as Secondary DRG Code:
Total Charge Amt: \$443.34 Facility: Control #: 2006032310100978
Payment Amt: \$26.36 Frequency: DRG Weight:
Patient Resp Amt: \$0.00 Filing: Point of Service Discharge Fraction:

Claim Line Adjudication

Proc. HC MISC	Charge	Paid	Paid Units	Bundl:
1	\$443.34	\$26.36		
Adjustment Reason Group	Adjustment Reason	Amount	Qty	
Other adjustments	23 - Payment adjusted because charges have been paid by another payer.	\$354.67		
Other adjustments	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.	\$62.31		
Service Start	8/15/2005	Service End	8/31/2005	

Claim 2

Patient Name: BETH MERRITT Member ID Number: 800482461
Insured Name: KEVIN P MERRITT Member ID Number: 800482461
Provider Name: NEBRASKA METHUOIST HOSPITAL Federal ID: 99-9999999

Claim Identifier: 402721323 Status: Processed as Primary DRG Code:
Total Charge Amt: \$4,903.45 Facility: Control #: 2006032310100978
Payment Amt: \$1,765.24 Frequency: DRG Weight:
Patient Resp Amt: \$443.31 Filing: Point of Service Discharge Fraction:

Claim Line Adjudication

Proc. HC OP MISC	Charge	Paid	Paid Units	Bundl:
1	\$162.30	\$58.42	1	
Adjustment Reason Group	Adjustment Reason	Amount	Qty	
Contractual Obligations	45 - Charges exceed your contracted/ legislated fee arrangement.	\$89.27		
Patient Responsibility	2 - Coinsurance amount	\$14.61		
Service Start	2/16/2006	Service End	2/16/2006	

"The One Claim after Another" mode

Document Color

You have the choice to render the form in red or in black. The following options may be defined:

Note: The data is always black.

- **On Screen** - Choose a color for the form when displaying claims on screen.
- **On Paper** - Choose a color for the form when printing claims.
- **On Images** - Choose a color for the form when saving claims to image files.

Processed Files

Since the HIPAA Claim Payment Master program can be launched by the Window's scheduler (see [Running the Application via Scheduler](#)^[32]), it is important to either move or delete processed files, so that they will not be picked up again. You have the choice to either do nothing, move the processed files to a specific folder or delete the files:

- **Leave in Place** - Select this option to do nothing with processed files.

Note: Not recommended.

- **Move** - Select this option to move the processed files to a specified folder.
- **Delete** - Select this option to delete the processed files.

Outbox Directory Path

Specify the place where the result files (images, PDFs) will be located.

3.2 Selecting a Code Set

EDI relies on transaction code sets. A transaction code is a basic EDI message type. The HIPAA Claim Payment Master translates HIPAA code sets into meaningful words (a corresponding longer explanation or description). For example, facility code "25" means a Birthing Center, gender code "M" means Male.

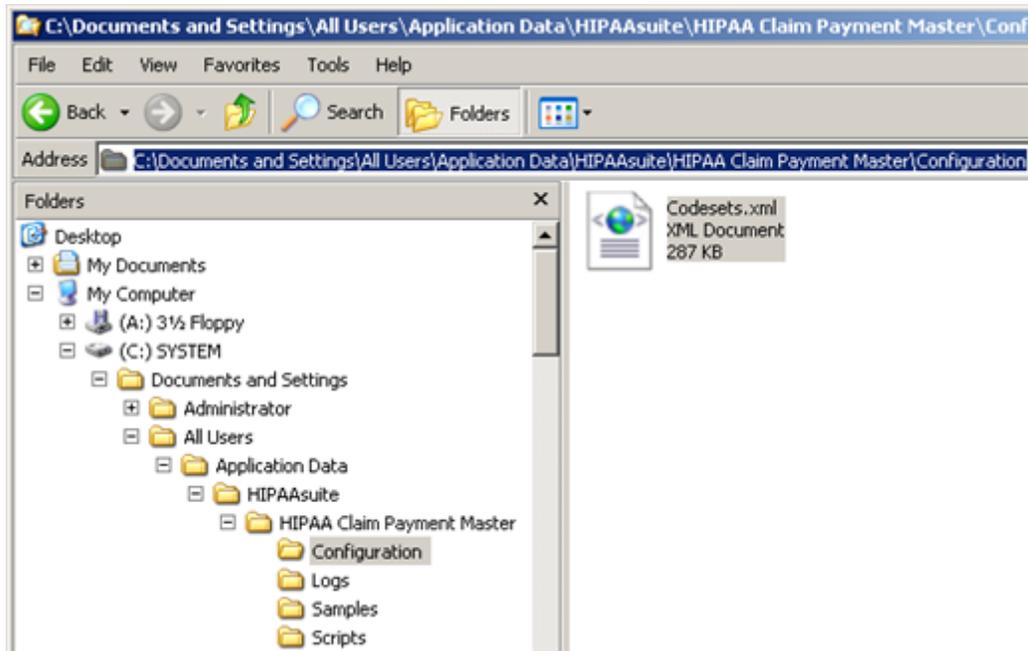
At the onset of EDI one of the main design ideas was to make the EDI files as short as possible and to allow different languages to use the same descriptions by reducing long verbose explanations to 2-3 byte long codes. Computer storage was incredibly expensive and making any file larger than it absolutely had to was considered wasteful.

The code sets are stored in the file `codesets.xml` in the `Configuration` subdirectory:

Windows XP: `C:\Documents and Settings\All Users\Application Data\HIPAAsuite\HIPAA`

Claim Payment Master\Configuration\

Windows 7, Vista: C:\ProgramData\HIPAAsuite\HIPAA Claim Payment Master\Configuration\

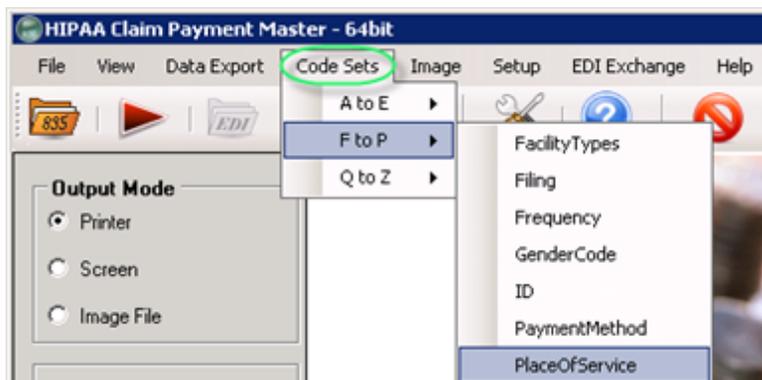


The Configuration folder in Windows XP

Tip: The folder is hidden.

To view/edit transaction code sets in HIPAA Claim Payment Master, follow the instructions below.

1. Go to the "Code Sets" item in the main menu.



The "Code Sets" menu

2. From the sub-menu, select a code set name. The following menu items are available via the "Code Sets" menu:

A to E

- AdjustmentReason
- AdjustmentReasonCode
- AdjustmentReasonGroup
- AmountQualifier
- ClaimStatusCategoryCode
- ClaimStatusCode
- CommCode
- DateQualifier
- EntityCode

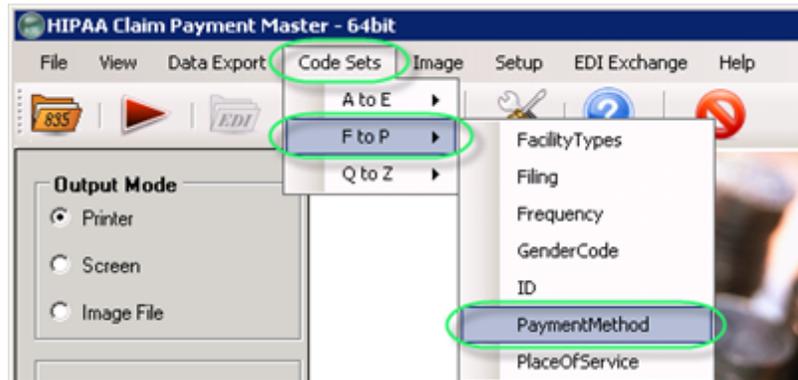
F to P

- FacilityTypes
- Filing
- Frequency
- GenderCode
- ID
- PaymentMethod
- PlaceOfService

Q to Z

- Quantity Qualifier
- RDMCode
- REFCODE
- RemarkCodes
- ServiceID
- Status
- TransType

The following screen-shot illustrates how to select the "PaymentMethod" code set for display.



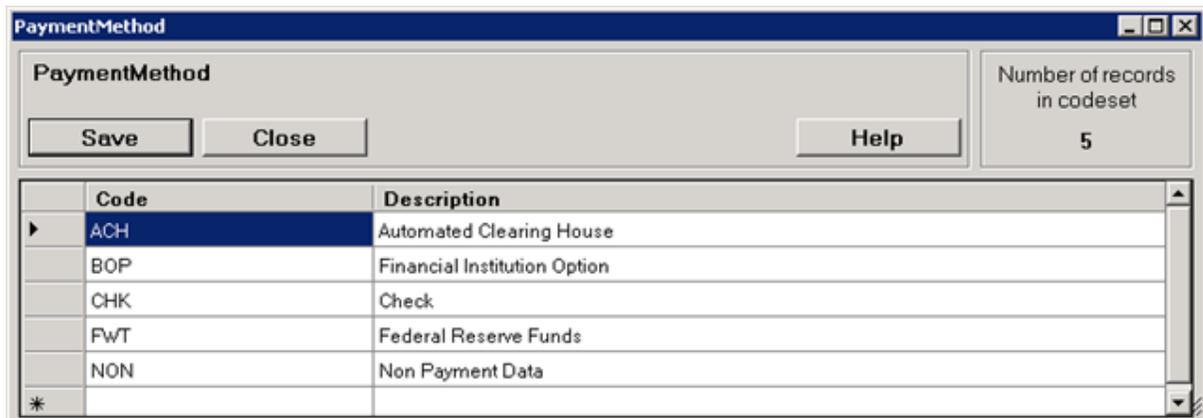
The "PaymentMethod" sub-menu

3. The Code Set configuration window will be displayed. Double-click the field to edit it and type in the new value.

Below you can see such window for PaymentMethod.

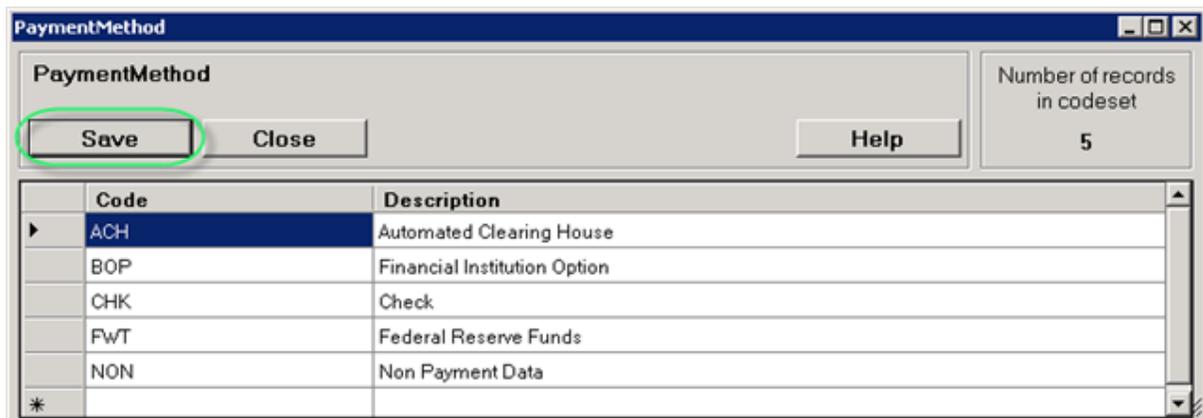
The window provides the following information:

- **Number of records in codeset** – The total number of codes. For example, for PaymentMethod it is equal to 5.
- **Codes and their corresponding descriptions.** The codes are indicated in the source EDI files. The descriptions are displayed instead of codes in the result easy-to-read files. For example, for PaymentMethod there are the following codes and corresponding descriptions:
 - ACH – Automated Clearing House
 - BOP – Financial Institution Option
 - CHK – Check
 - FWT – Federal Reserve Funds
 - NON – Non Payment Data



The "PaymentMethod" code set configuration window

4. Click on the "Save" button to save the changes.



The "Save" button

3.3 Accessing Logs

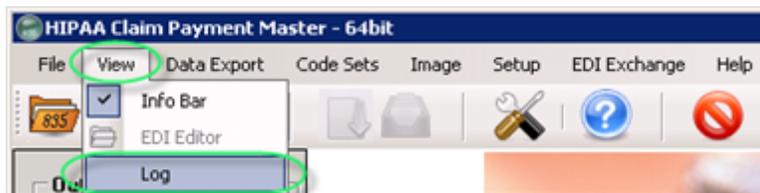
The HIPAA Claim Payment Master can log its activities. This is especially helpful when running the program automatically through the scheduler (see [Running the Application via Scheduler](#)³²).

Notice: To start logging the activity, activate the "Log All Processing Except Viewing" option. See [Configuring Program Options](#)¹⁸.

In case of any problem, the first thing is checking the log, where all actions and all error messages related to an EDI file are written down and saved.

Follow the instructions below to access the log files for your HIPAA Claim Payment Master.

Click *View* ► *Log* in the main menu.

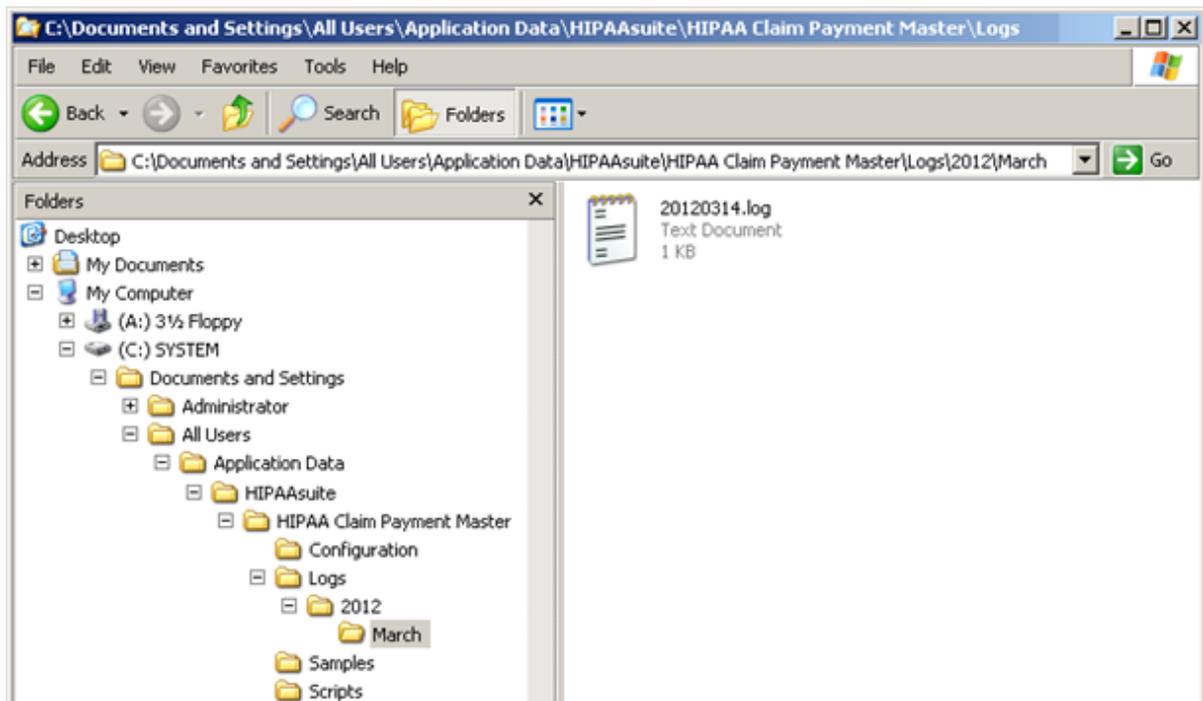


The "Log" menu

Log files are simple text files, one for each day that are stored in date hashed folders. Alternatively, access the `Logs` folder in the following directory:

Windows XP: `C:\Documents and Settings\All Users\Application Data\HIPAAsuite\HIPAA Claim Payment Master\Logs`

Windows 7, Vista: `C:\ProgramData\HIPAAsuite\HIPAA Claim Payment Master\Logs`

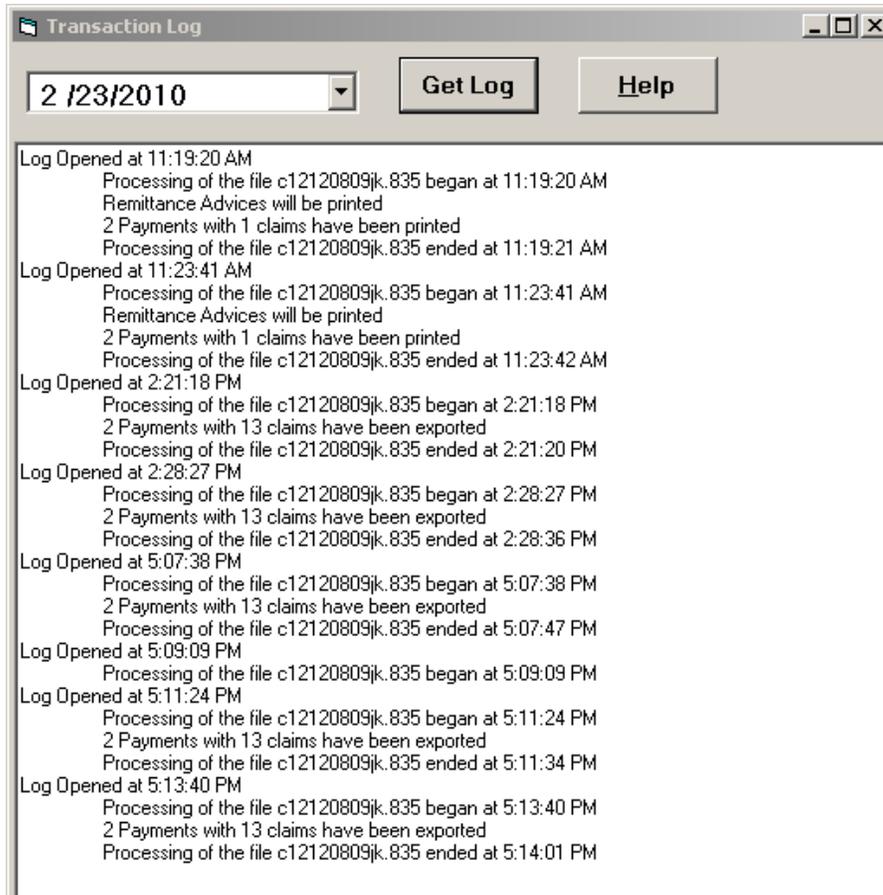


The Logs folder in Windows XP

Tip: The folder is hidden by default.

Tip: The `ProgramData` folder contains all your application data, like program settings, user data, etc, for all of the installed programs on the computer. The `ProgramData` folder holds the same files that were contained in the `\Documents and Settings\All Users` and `\Documents and Settings\All Users\Application Data` folders in XP.

Within the directory, find a folder for the year you are looking log for. Then find a sub-folder for the necessary month with files for each day. Double-click a file which has the name equal to the necessary date. The log will look like this:



The transaction log for a specific day

3.4 Using the EDI Editor

EDI files are often hard to read, especially if they have no carriage returns and line feeds to put each segment on a line of its own.

The EDI Editor available in the HIPAA Claim Payment Master replaces all Element separators with a star "*", all sub element separators with a colon ":" and all segment separators with a tilde "~" even if the original file uses different delimiters.

To Open EDI Editor

To access the EDI Editor, select the "EDI Editor" option under "View" menu item.



The "EDI Editor" menu

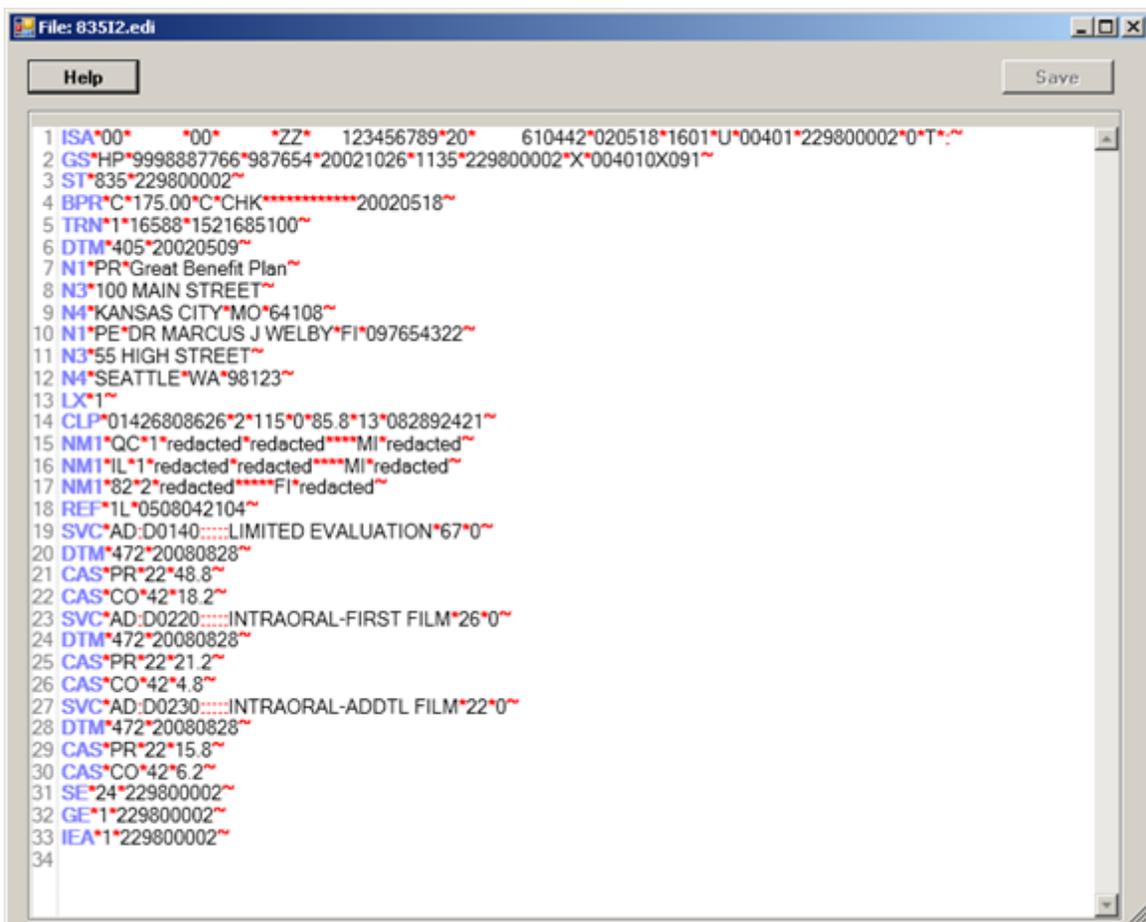
Alternatively, you can click on the "EDI" icon on the toolbar to invoke the EDI Editor.

This option is only enabled when you have [opened an EDI file](#) ⁵.



The "EDI Editor" button

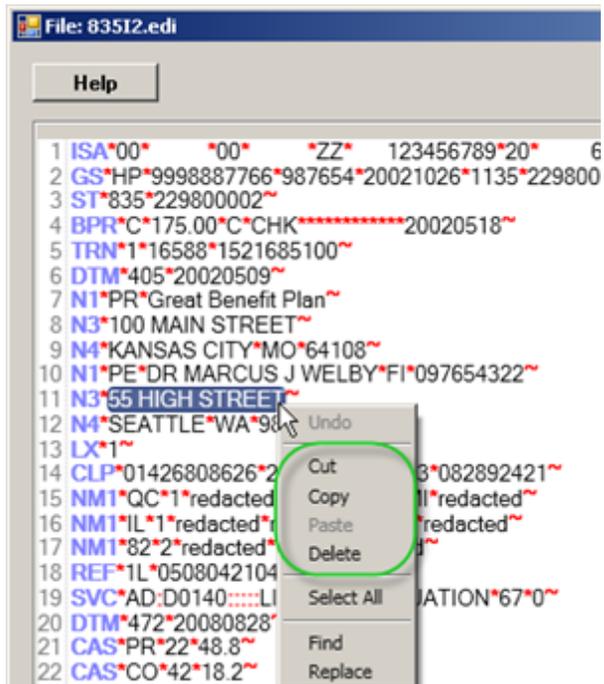
The following screen will appear:



The EDI Editor window

To Cut, Copy, Paste

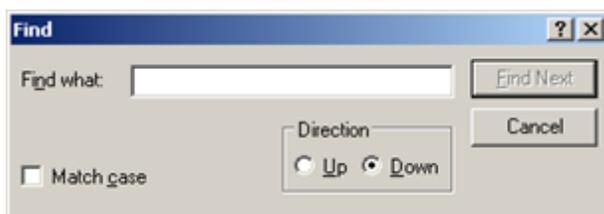
When you right-click anywhere in the text, a context menu will appear with typical test edit options such as cut, copy and paste.



Context menu

To Find and Replace

The "Find" and "Replace" utilities work as in a common text editor. To use them, right-click somewhere in the document and then from the displayed context menu select the "Find" or "Replace" command. Alternatively, you can press Ctrl F simultaneously on your keyboard to bring the text search utility.



The "Find" pop-up

Pressing Ctrl H simultaneously will bring up the Replace utility.



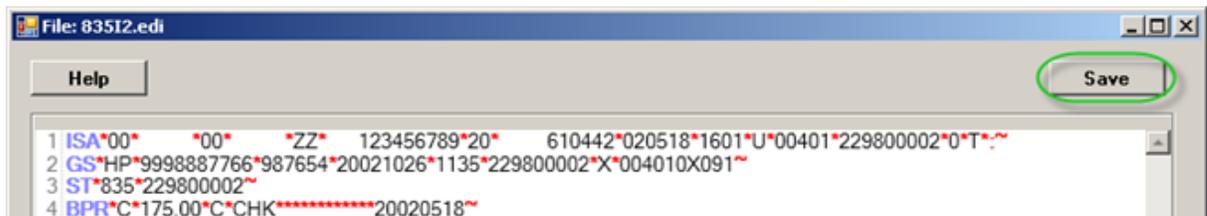
The "Replace" popup

To Save the Changes

As long as you don't save, there will be no changes to the file.

If you make changes to the file, the "Save" button becomes enabled and you can save any changes. The HIPAA Claim Master will further work with those changed files, so you don't have to open the file again.

Notice: Changing EDI files can be a tricky undertaking. You should be experienced in the format of the 835 and understand that an 835 claim file could be a legal document that should not be altered without the consent of the originator.



The "Save" button

3.5 Using Command Line Arguments (CLI)

In order to run the HIPAA Claim Payment Master from the command line or have it invoked through another program, it is necessary to pass command line arguments to the program to instruct it to perform the desired tasks.

Command line arguments are separated by commas.

1. The first command line argument is the **filename** or the **directory path**. The program will automatically decide if this argument denotes a directory or a single file.
2. The second argument is concerned with **data export to another database**. If the argument is "Y", then the data will be exported according to the settings.
3. The third argument decides **whether image file will be created**. A "Y" will cause the program to create image files.

4. The fourth argument will **send the images to the printer**.
5. The fifth argument can contain the **printer name**, if a printer other than the default printer is specified. It is important to use exactly the same name as it is listed in Windows under printers.

Example

A typical command line would be for example:

```
"C:\Program Files\HIPAAsuite\HIPAA Claim Payment Master\HIPAAClaimPaymentMaster.exe"  
C:\EDI\Inbox\835,Y,,Y,Lexmark X500 Series
```

1. In Quotes you can see the path to the executable. The quotes are necessary in Windows whenever you have a file name with a blank space in it, such as "Program Files".

Tip: Sometimes you need quotes for the file name, so it is easiest to change directory to `C:\Program Files\HIPAAsuite\HIPAA Claim Payment Master` and then call the executable.

2. The first command line argument is the path to a directory. Alternatively you could have the path to a specific file. The program will see if the argument pertains to a file or a directory.
3. The second argument is a "Y", indicating that the data will be exported.
4. The third argument is blank. It would instruct the program to create image files in accordance to the setup. See [Doing Image Setup](#)⁴⁰.
5. The forth argument is a "Y". This instructs the program to print the images of the payments.
6. The fifth argument is the name of the printer to which the output is to be directed.

Using Command Prompt

Follow the instructions below to use the command-line arguments in Windows Command Prompt.

1. Start a Windows Command Prompt. Go to *Start* ▶ *Programs* ▶ *Accessories* ▶ *Command Prompt*.

Alternatively, you can go to *Start* ▶ *Run* ▶ type "cmd" without quotes and press <Enter>.

2. Type your command and click Enter.

```
C:\>"C:\Program Files\HIPAAsuite\HIPAA Claim Payment Master\HIPAAClaimPaymentMaster.exe" C:\EDI\Inbox\835,Y,,Y,Lexmark X500 Series
```

The Windows Command Prompt screen

The command returns a system code which is not displayed to the users:

- -1 means error
- 0 means everything went okay

So, testing the command line requires that you check the [log](#)^[25]. In the log, you may see a message like following:

```
Processing of 'C:\EDI\Inbox\835' started at 3/12/2012 9:21:11 AM
      Printer is not found in system
      Processing stopped at 3/12/2012 9:21:11 AM
```

So, the log will help you to debug the command line.

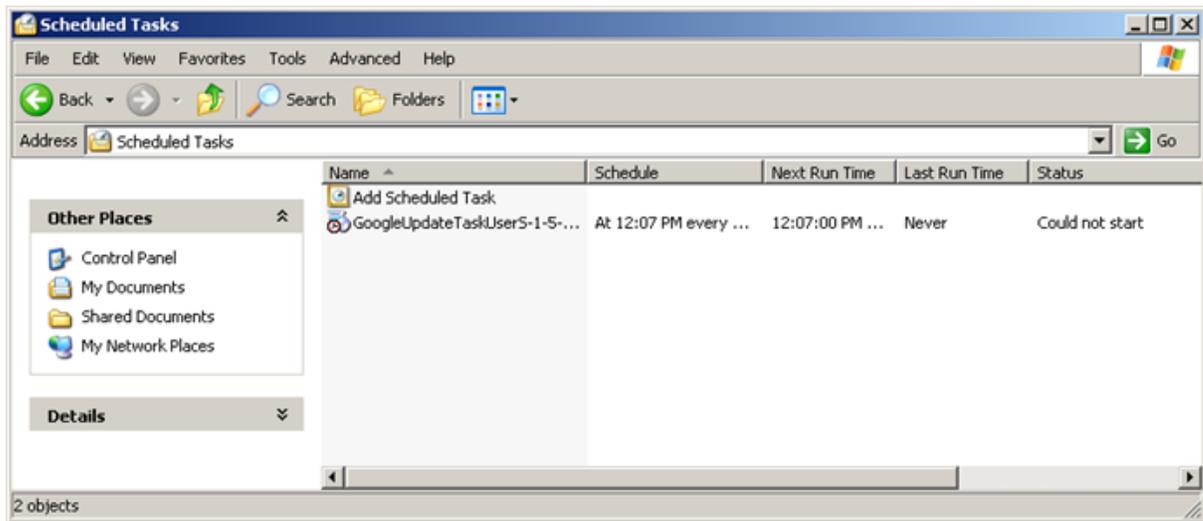
3.6 Running the Application via Scheduler

The HIPAA Claim Payment Master can be automated through a scheduler. A scheduler is software that can be programmed to execute a certain task at a certain time repeatedly. Windows has such a scheduler built in.

The Windows scheduler can be used to let the HIPAA Claim Payment Master execute in regular intervals without user intervention. Usually one would let the HIPAA Claim Payment Master scan a directory and then print, create image files or export the data and remove the files to prevent duplicate processing.

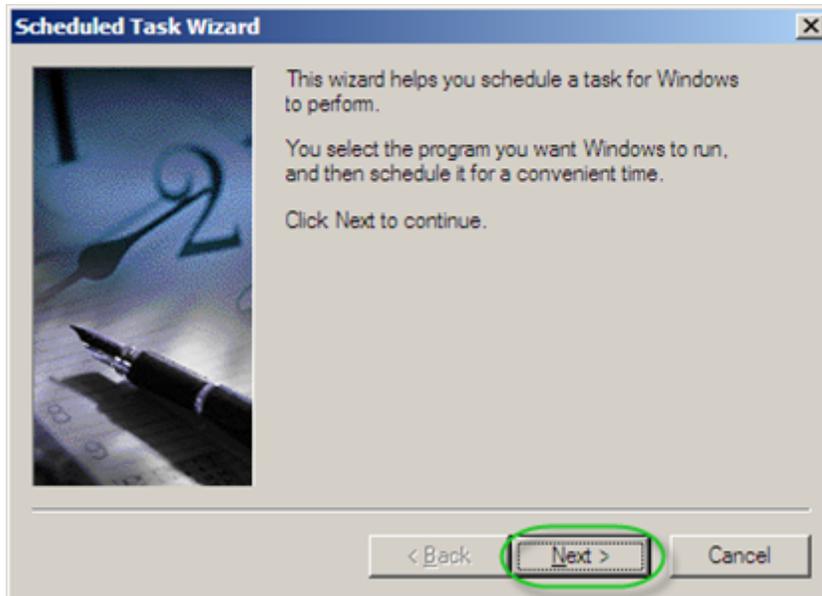
1. If the task scheduler is installed on your system, you will find it in the "Control Panel". To open Scheduled Tasks, click Start ► *Control Panel* ► *Scheduled Tasks*.

Note: In different Windows versions, the way to access the Task Scheduler can differ. Consult your Windows version documentation.



The Windows Task Scheduler

2. Click on "Add Scheduled Task" and the "Scheduled Task Wizard" will guide you through the setup process.
3. In the first window, read the welcome message and click "Next."



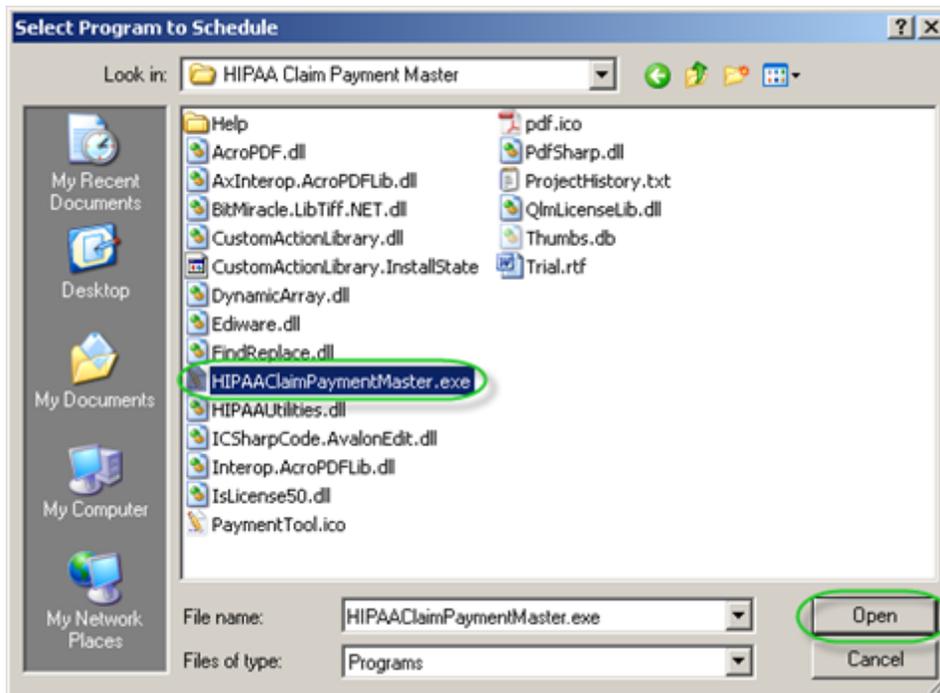
The "Scheduled Task Wizard" window

4. Browse to the `HIPAAClaimPaymentMaster.exe` executable file.



The "Scheduled Task Wizard" window

By default, the application is located in `c:\Program Files\HIPAAsuite\HIPAA Claim Payment Master\HIPAAClaimPaymentMaster.exe`



Selecting a program to schedule

Click "Next."

5. Type a name for this task. Choose a time interval:

- Daily

- Weekly
- Monthly
- One time only
- When my computer starts
- When I log on

Click "Next."



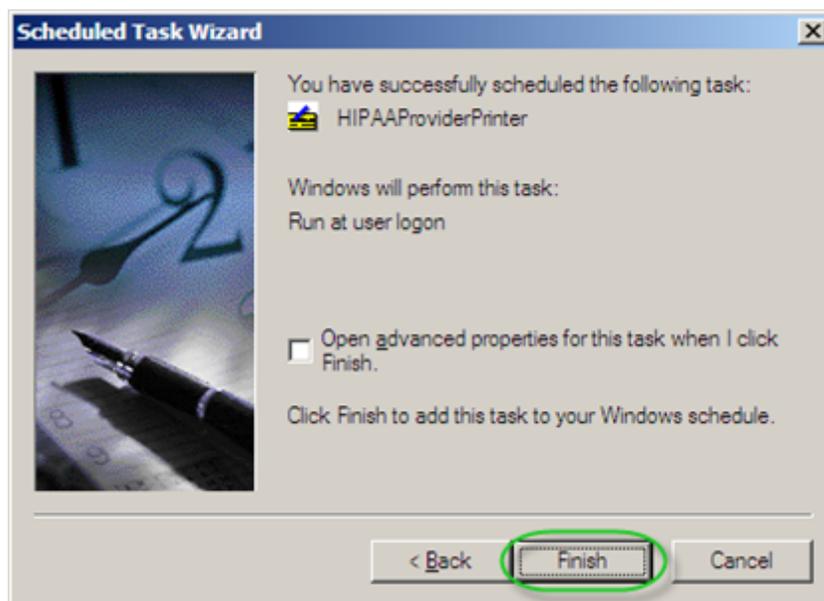
The "Scheduled Task Wizard" window

6. Enter the name and password of a user. The task will run as if it were started by that user. Click "Next."



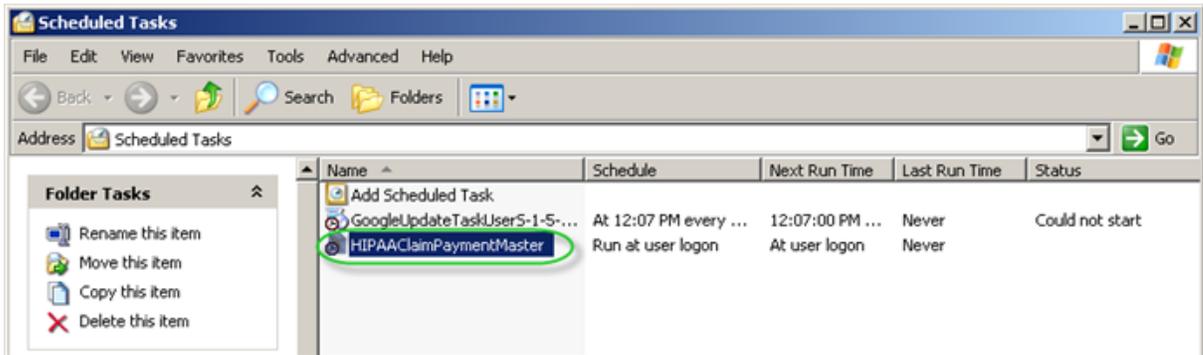
The "Scheduled Task Wizard" window

7. In the last screen, make sure you have specified all data correctly. Click "Finish" to save your task.



The "Scheduled Task Wizard" window

8. The scheduled task has been added to the system. Now let's edit the new task and add the desired command line arguments with the appropriate options. Double-click the newly created task in the "Scheduled Tasks" window.

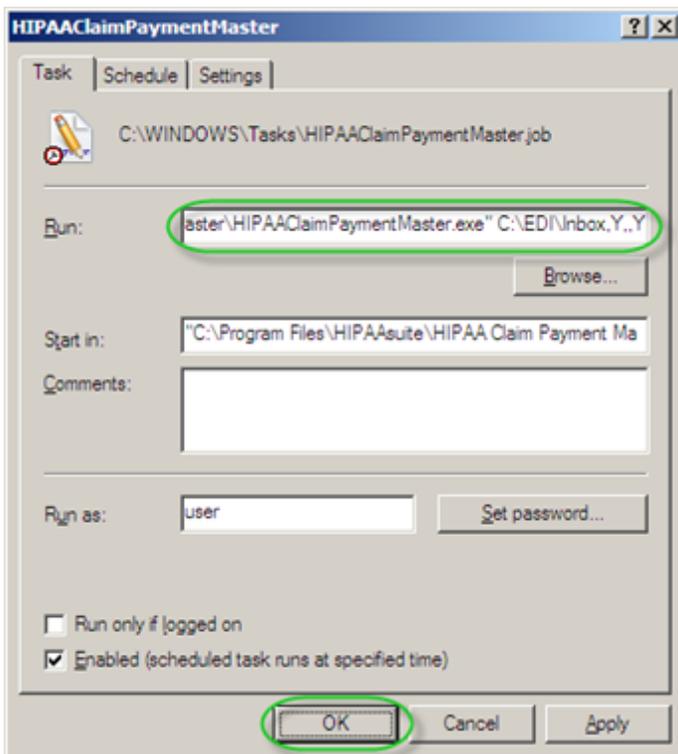


The Windows Task Scheduler

9. Enter parameters to the "Run" field after the application path and click "OK." Refer to [Command Line Arguments](#)³⁰ for more information.

Example:

```
"C:\Program Files\HIPAAsuite\HIPAA Claim Payment Master\HIPAAClaimPaymentMaster.exe"  
C:\EDI\Inbox,Y,,Y
```



The "HIPAAClaimPaymentMaster" task window

You can see, the path to the executable is in quotes and then the arguments follow. In this example, the directory `C:\EDI\Inbox` will be processed. The first "Y" indicates that the data will be exported. The second "Y" in 4th position indicates that the images will be printed.

Tip: Logs may be helpful when running the program automatically through the scheduler. See [Log](#)^[28].

3.7 Troubleshooting Badly Formatted EDI File

After clicking on the "Process" button, you see a message with the following error message:

`This is most likely caused by a badly formatted EDI file. Processing will stop.`

There are a few reasons why this can happen:

1. The file is not an EDI file. You can open the file in Notepad and check if it starts with "ISA". When the first 3 characters are not ISA, then it is not an EDI file.
2. The file could still be encrypted.
3. The file is an EDI file, but has extra blocking characters in it. You can instruct the HIPAA Claim Payment Master to remove them. See [Configuring Program Options](#)^[18].

4 Creating Image Files and PDFs

4.1 Creating Image Files from EDI

The HIPAA Claim Payment Master displays the EDI document in a page that makes it easy to read the 835 transactions. You can create image files containing the data that you see in Screen mode. The following formats are supported:

- TIFF
- PDF

You can create image files manually or automatically using the command line arguments and Windows Scheduler. Read more in:

- [Running the Application via Scheduler](#)^[32]
- [Using Command Line Arguments \(CLI\)](#)^[30]

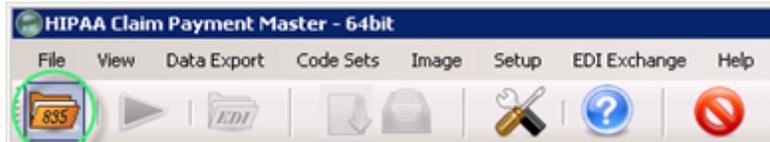
Before creating image files, make sure all settings are defined correctly. Read more in:

- [Doing Image Setup](#)^[40]
- [Adjusting Image Options](#)^[42]
- [Configuring Image Index](#)^[44]
- [Creating the Image Index Table](#)^[49]

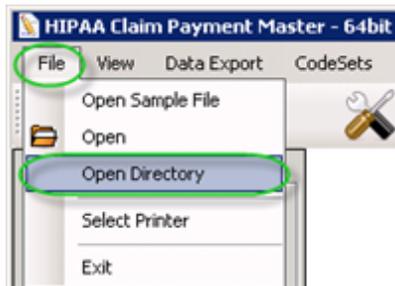
Follow the instructions below to create an image file from EDI file.

Notice: The image file will be created based on the pre-defined settings. Read more in [Doing Image Setup](#)^[40], [Adjusting Image Options](#)^[42], [Configuring Image Index](#)^[44].

1. Open an EDI file or directory containing the EDI files in the HIPAA Claim Payment Master. Read more in [Processing a Payment Advice File](#)^[5], [Opening a Folder Containing EDI Files](#)^[9].

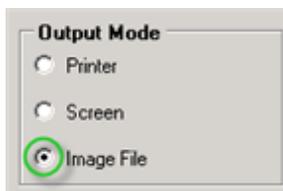


The "Open document" button



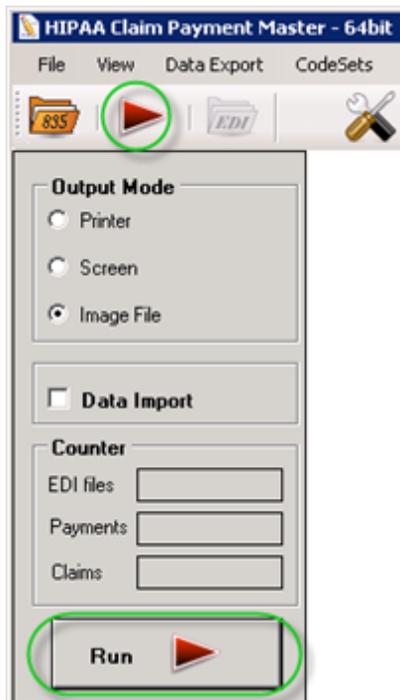
The "Open Directory" menu

2. Select the "Image File" option in the "Output Mode" block.



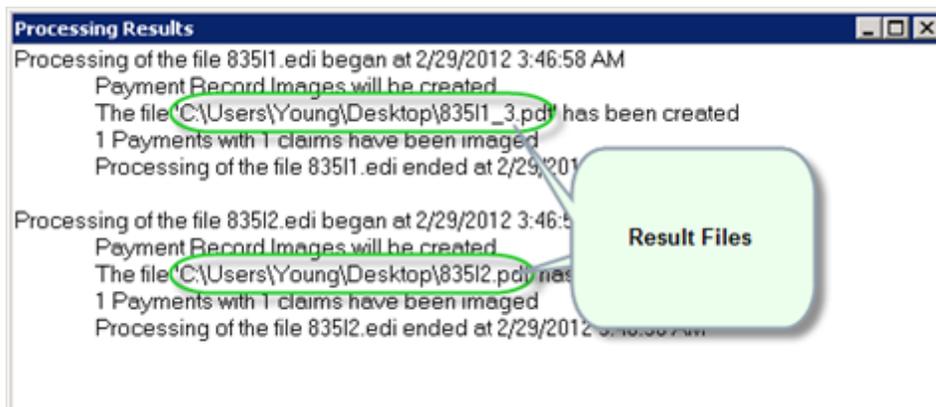
The "Image File" option

3. Click on the "Run" button.



The "Run" buttons

- The "Processing Results" window displays the report. You can find the resulting TIFF or PDF files in the specified folder.

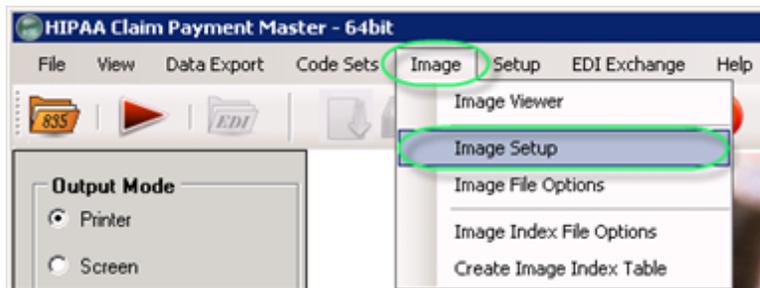


The "Processing Results" window

4.2 Doing Image Setup

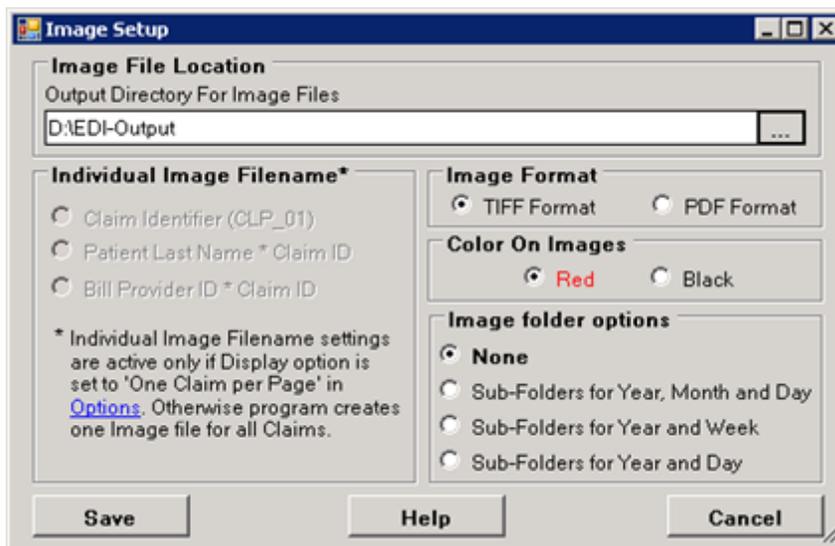
Before proceeding with image export, do the image setup as described below.

Select *Image* ► *Image Setup* in the main menu to access the "Image Setup" window.



The "Image Setup" menu

The following window will appear:



The "Image Setup" window

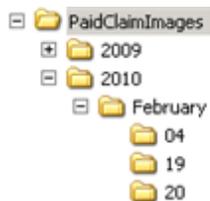
You can set the options described below.

Once the options have been set, click "Save."

- **Image File Location** – Determine the destination folder where the images will be stored.
- **Individual Image Filename** – These settings are active only if display option is set to "One Claim per Page" (see [Configuring Program Options](#)¹⁸). Otherwise, the program creates one image file for all claims. You have three choices for the generation of image file names:
 - **Claim Identifier (CLP_01)** – The result file name will be comprised of the Claim Identifier in the format like this: "CLP_01." Example: 835I1_4.pdf.
 - **Patient Last Name *Claim ID** – The result file name will combine the patient name

with Claim ID. Example: `SMITH_985019.pdf`.

- **Bill Provider ID * Claim ID** – The result file name will combine the billing provider's ID with Claim ID.
- **Image Format** – Choose whether to create PDF or TIFF files.
- **Color on Images**
You can select red or black color.
- **Image Folder Options** – When you create a lot of images, it is important not to place them all in the same folder. Microsoft Windows has issues handling more than 1000 files in a folder. That is the reason why the HIPAA Claim Payment Master can hash the image files over many sub-folder. You have the following choice to use:
 - **None** – Default value.
 - **Sub-folders for Year-Month and Day** – The sub-folders will be created within the Image File Location. Example: `\2012\February\29\`.



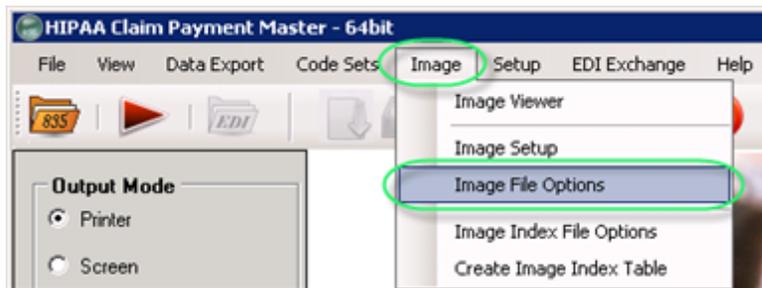
The folder structure in "Year, Month and Day" mode

- **Sub-folders for Year and Week** – The sub-folders will be created within the Image File Location. Example: `2012\9\`.
- **Sub-folders for Year and Day** – The sub-folders will be created within the Image File Location. Example: `2012\20120229\`.

4.3 Adjusting Image Options

The size of image files is largely determined by the image quality. The better the quality, the more information is stored in the image file. You can define the quality of the image and the image size in the "Image Options."

Select *Image* ► *Image File Options* in the main menu to access the "Image Options" window.



The "Image File Options" menu

You can define the image options described below.

Once the options have been set, click "Save."

Options for TIFF

- **Color Depth** – You can change color depth of the image (black / white, 4 bpp / 8bpp / 24bpp / 32bpp).

Note: TIFF in Window's GDI library does not work with 16 bpp (bits per pixel). Color depths set lower than 16 bpp results in some losses in image quality.

Reference: The black-and-white (bi-level) image means that for each pixel (picture element) in the image we do not need three bytes as in the true color image (over 16.7 million colours), but only one bit that is 1/24 part of the pixel size from the true colour image. The one-bit pixel can express only black or white colors, nothing more.

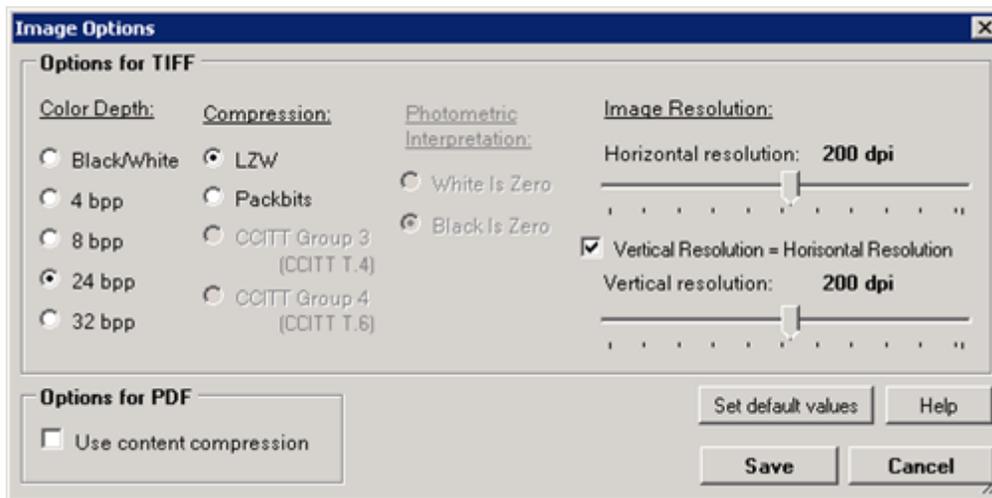
- **Compression Algorithm** – You can use compression with TIFF files: LZW and Packbits are used for all Colors, CCITT4 for black-and-white.
- **Photometric Interpretation** – For the black-and-white and grayscale images (when "Black/White" or "4 bpp" options are selected as color depth), you can specify the intended interpretation of the image pixel data. Select one of the following options:
 - **White is Zero** – The minimum sample value is displayed as white.
 - **Black is Zero** – Default value. The minimum sample value is displayed as black.
- **Image Resolution** – You can change horizontal and vertical resolution of images from 96 to 300 dpi (dots per inch). Default resolution is 200 dpi.

Note: Theoretically we could use even higher resolutions, but it will slow down processing significantly result in approximately the same result in quality.

Options for PDF

- **Use Content Compression** – Checking this option does result in considerably smaller

files.

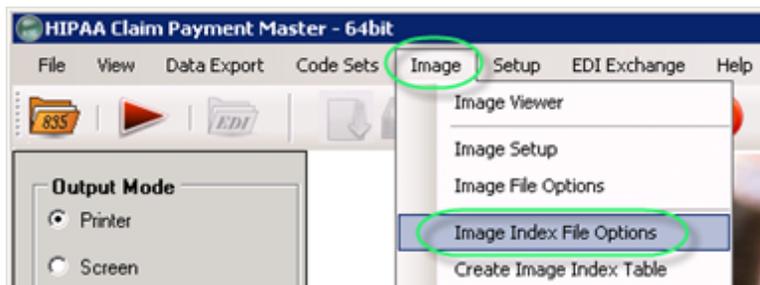


The "Image Options" window

4.4 Configuring Image Index

Document Management Systems with image libraries often require some basic information together with the file path to the image. The HIPAA Claim Payment Master can create such an index through ODBC into any database, independent of the database used for file downloads.

Select *Image* ► *Image Index File Options* in the main menu to access the "Image Index Configuration" window.



The "Image Index File Options" menu

You can define which fields to include and configure your database settings. Here are all options:

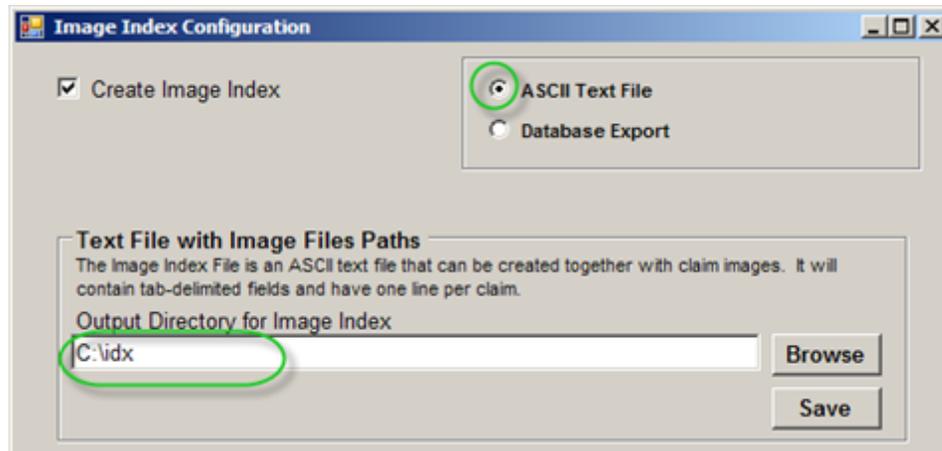
Create Image Index

Check this option to create the image index. Select one of the following options to specify the format:

- **ASCII Text File** – The image Index File is an ASCII text file that can be created together with claim images. It will contain tab-delimited fields and have one line per claim.

In the "Text File with Image Files Path" field specify the output directory for image index. Click "Browse" to select the destination place.

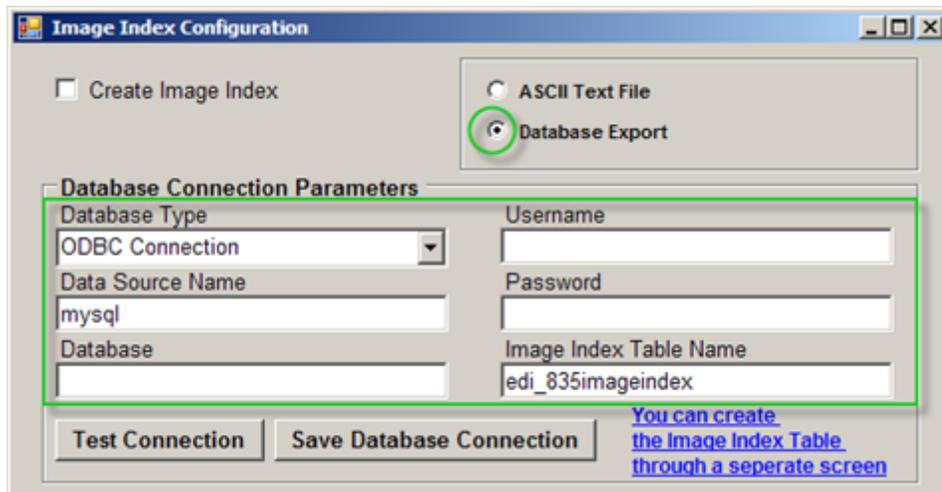
Note: The image index ASCII file currently works only when you save individual images for each claim.



The "ASCII Text File" option

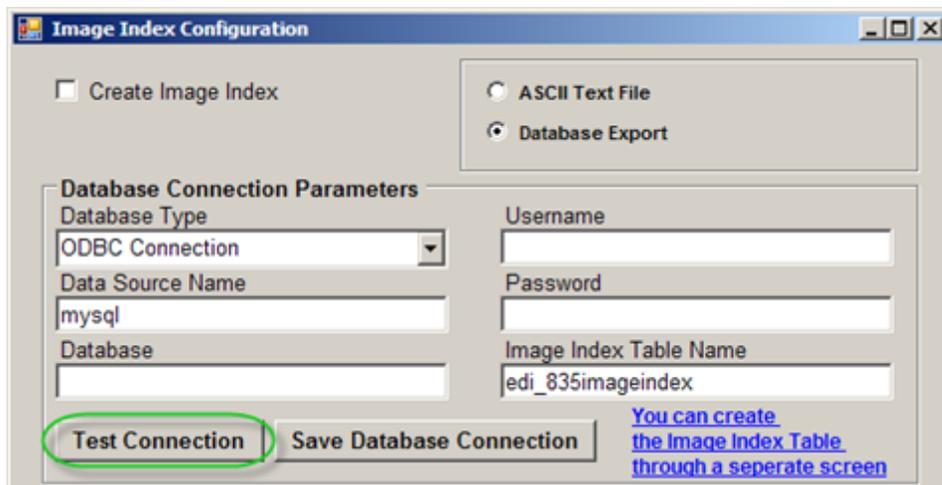
Then click "Save."

- **Database Export** – Select this option to save the image index through ODBC into any database, independent of the database used for file downloads. The database setup is similar to the database setup for the export of claim payment data. Specify the following database connection parameters:
 - **Database Type**
 - **Database Server Name or DSN**
 - **Database**
 - **Username**
 - **Password**
 - **Image Index Table Name**



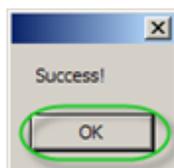
The "Database Export" option

Once all database connection parameters have been specified, click "Test Connection" to verify the connection.



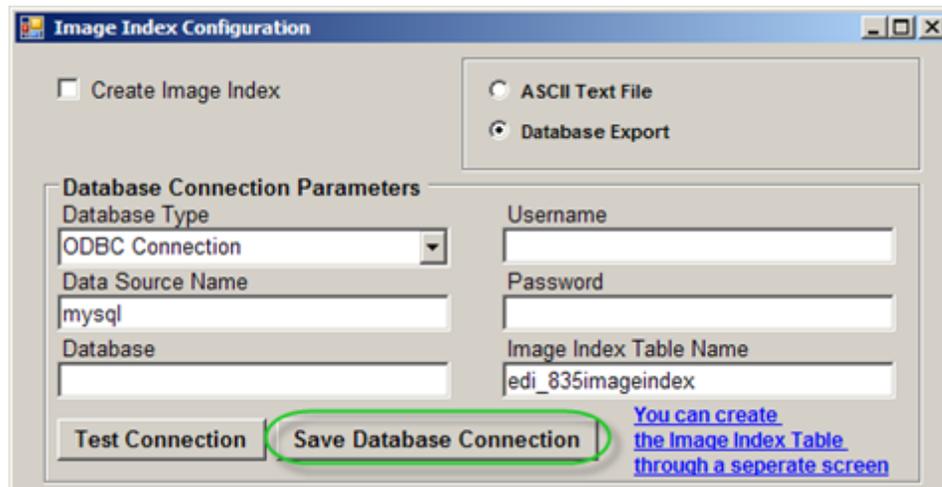
The "Test Connection" button

The configuration is correct if you receive a message like this. Click "OK."



The success message

Then click "Save Database Connection."

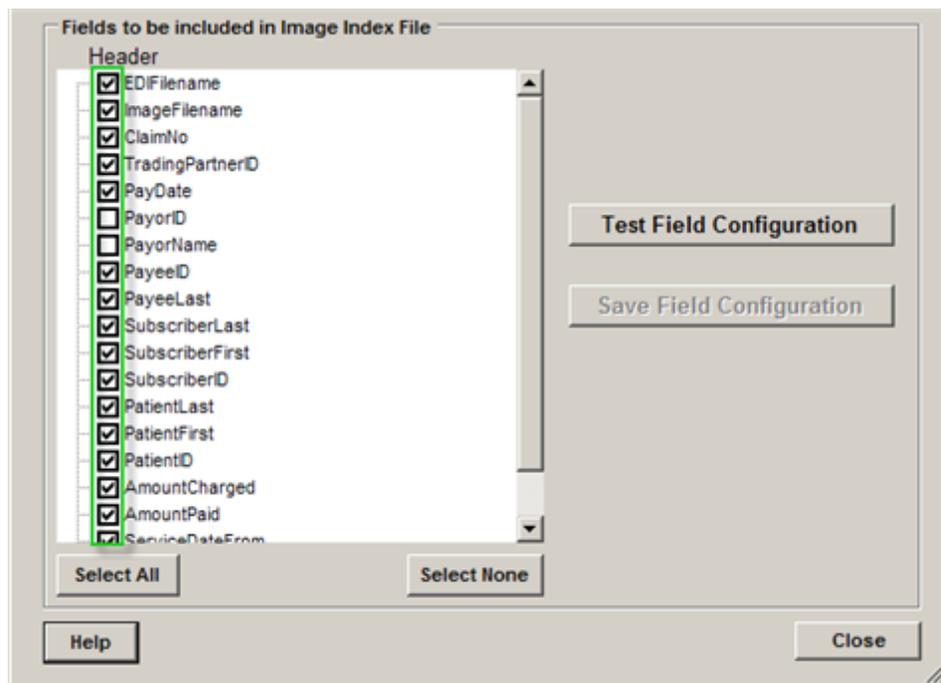


The "Save Database Connection" button

To create the image index table, click on the "You can create the Image Index Table through a separate screen." See [Creating the Image Index Table](#)⁴⁹.

Fields to be included in Image Index File

You can select the fields that get imported into the image index by selecting the checkboxes in front of the field names.



The fields to be included in Image Index File

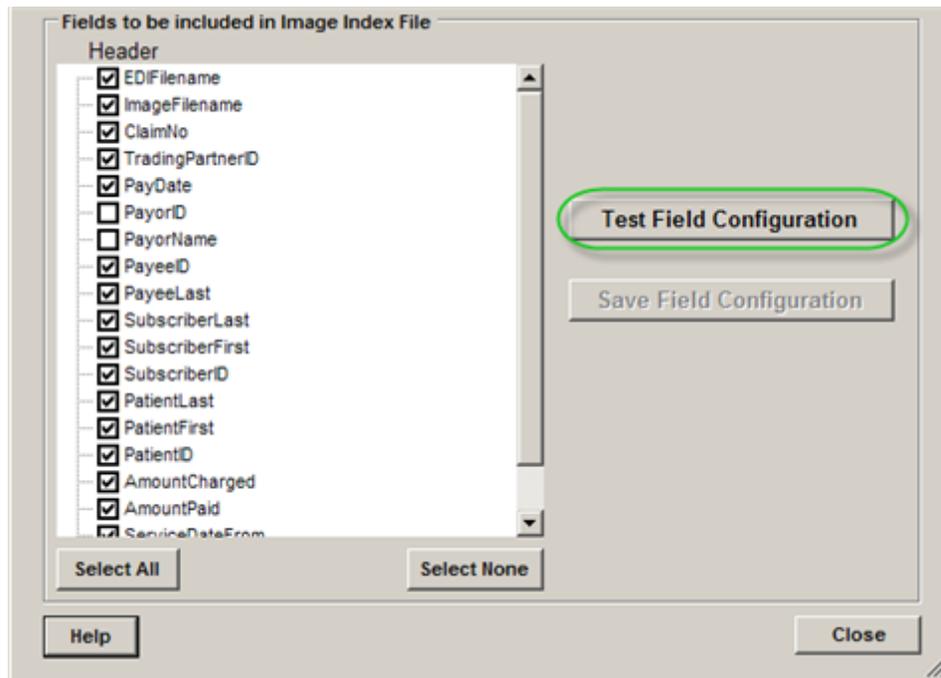
Tip: As with the other field selectors, you can change the field names by clicking on them. This is

helpful if you have an existing database that you want to access.



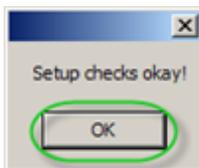
Changing the field names

For Database export, you can test the fields configuration by clicking on the "Test Field Configuration" button.



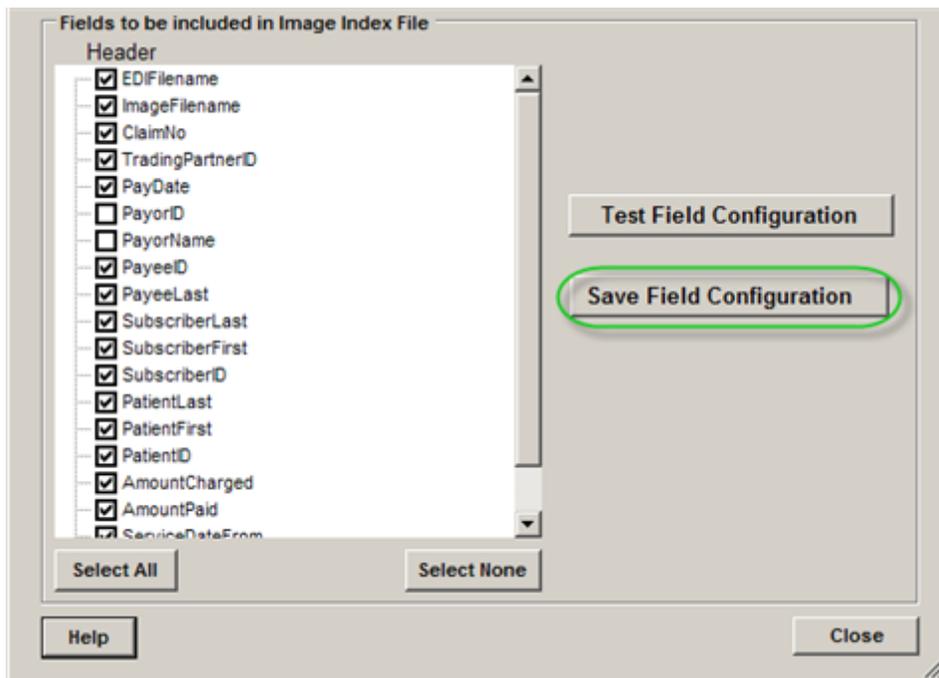
The "Test Field Configuration" button

You will receive a message like this. Click "OK."



The success message

When ready, click on the "Save Field Configuration" button.



The "Save Field Configuration" button

Once all image index options have been defined and saved, click "Close."

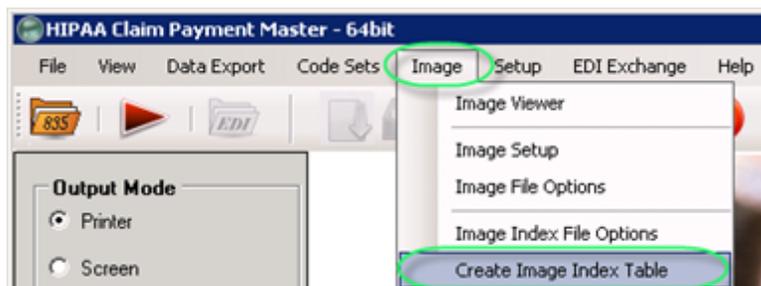


The "Close" button

4.5 Creating the Image Index Table

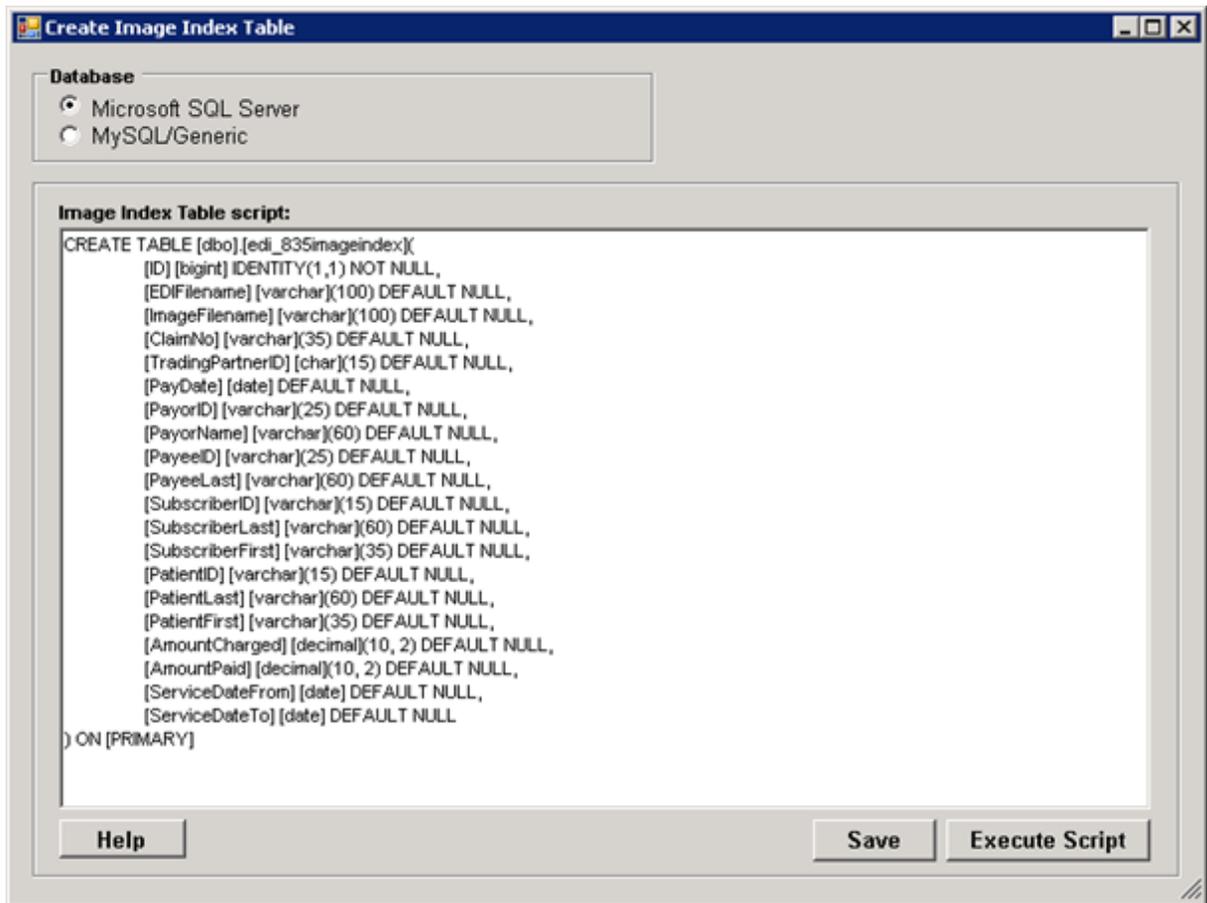
To create the table for the image index, follow the instructions below.

1. Select *Image* ► *Create Image Index Table* in the main menu.



The "Create Image Index Table" menu

2. The following window will appear.

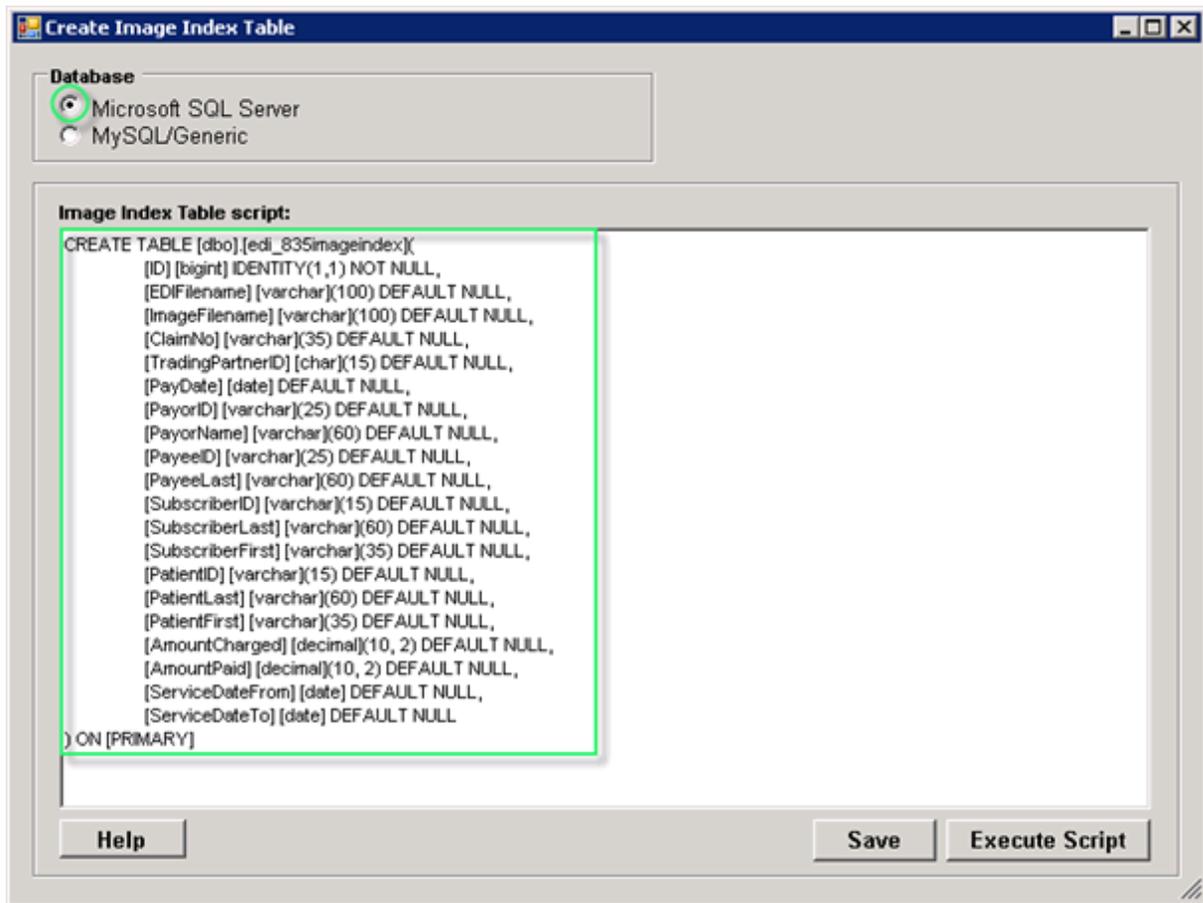


The "Create Image Index Table" window

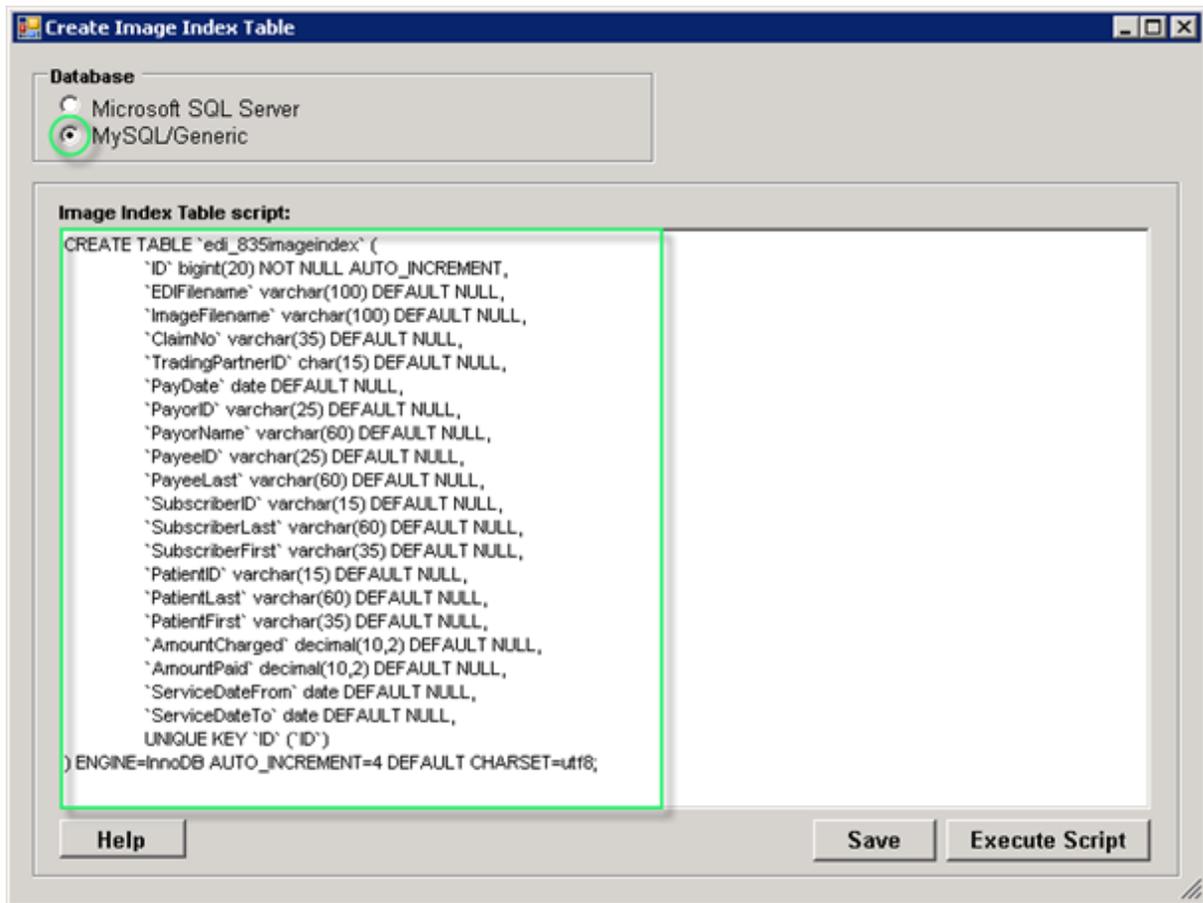
3. Select one of the necessary options:

- Microsoft SQL Server
- MySQL/Genetic

4. Then make sure the image index table script is correct.



The "Create Image Index Table" window with the "Microsoft SQL Server" option selected



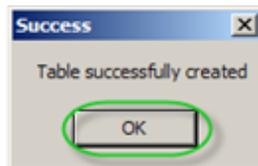
The "Create Image Index Table" window with the "MySQL/Generic" option selected

5. Click on the "Execute Script" button.



The "Execute Script" button

Then you will receive a notification like this. Click "OK."



The success message

6. Then click "Save."

Example

You can use the following MySQL/SQL script:

```
CREATE TABLE `edi_835imageindex` (  
  `ID` bigint(20) NOT NULL AUTO_INCREMENT,  
  `EDIfilename` varchar(100) DEFAULT NULL,  
  `ImageFilename` varchar(100) DEFAULT NULL,  
  `ClaimNo` varchar(35) DEFAULT NULL,  
  `TradingPartnerID` char(15) DEFAULT NULL,  
  `PayDate` date DEFAULT NULL,  
  `PayorID` varchar(25) DEFAULT NULL,  
  `PayorName` varchar(60) DEFAULT NULL,  
  `PayeeID` varchar(25) DEFAULT NULL,  
  `PayeeLast` varchar(60) DEFAULT NULL,  
  `SubscriberID` varchar(15) DEFAULT NULL,  
  `SubscriberLast` varchar(60) DEFAULT NULL,  
  `SubscriberFirst` varchar(35) DEFAULT NULL,  
  `PatientID` varchar(15) DEFAULT NULL,  
  `PatientLast` varchar(60) DEFAULT NULL,  
  `PatientFirst` varchar(35) DEFAULT NULL,  
  `AmountCharged` decimal(10,2) DEFAULT NULL,  
  `AmountPaid` decimal(10,2) DEFAULT NULL,  
  `ServiceDateFrom` date DEFAULT NULL,  
  `ServiceDateTo` date DEFAULT NULL,  
  UNIQUE KEY `ID` (`ID`)  
) ENGINE=InnoDB AUTO_INCREMENT=4 DEFAULT CHARSET=utf8;
```

Tip: Make sure you use a correct symbol ` and not ' in the script.

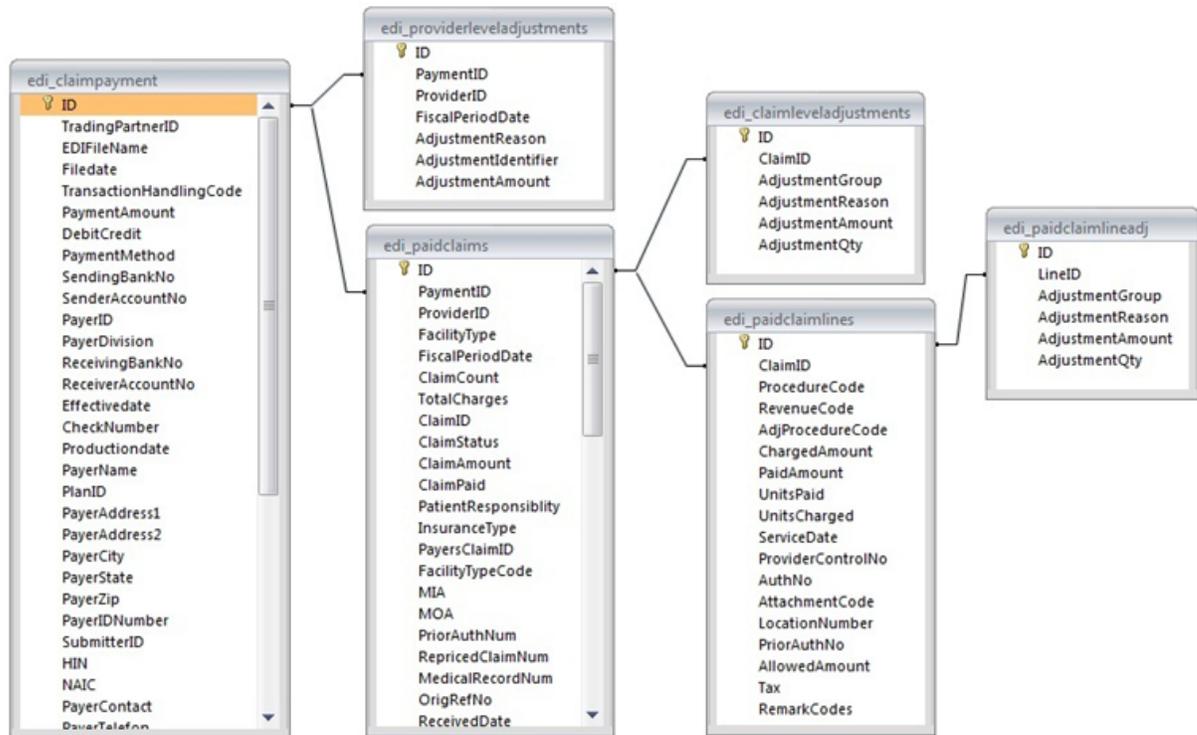
Tip: If you encounter errors running the script on MySQL or other database systems, then modify it until it works or consult with your database administrator to make the modifications. SQL Scripts share over all platforms a lot of syntax, but still each flavor demands its own adjustments.

5 Using the Database

5.1 Exporting the Data

The HIPAA Claim Payment Master can export the data contained in a 835 Payment Advice to any ODBC aware database such as Microsoft SQL Server, Oracle, AS400, etc. The structure of the 835 transaction is quite nested and in order to truly export the data in a

normalized manner it is necessary to create 6 different tables with the following relationships:



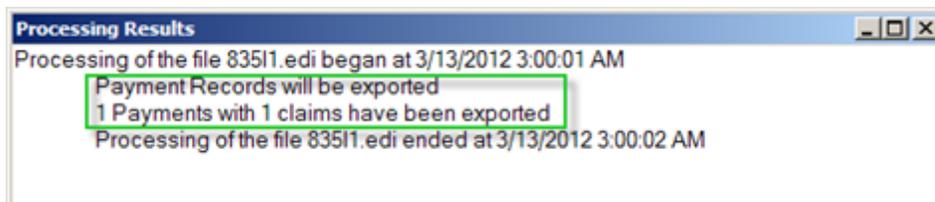
The relationship of the tabs involved in the 835 transaction

The data is written to the database once the "Run" button has been clicked and only if the "Data Import" checkbox is activated.



The "Data Import" check-box

The "Processing Results" window will display notification about data export.



The "Processing Results" window

The sequence of actions to setup the data export is the following:

- [Setting up Database Connection](#)^[55]
- [Creating Tables](#)^[62]
- [Viewing the Database Schema](#)^[70]
- [Selecting Fields to Export](#)^[71]
- [Browsing Exported Data](#)^[76]

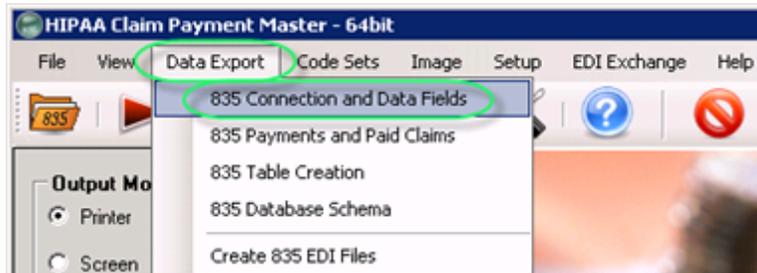
5.2 Setting up Database Connection

The HIPAA Claim Payment Master natively treats a payment advice record as a single

object. The application extracts the complete payment from an EDI file into its proprietary data object. It can translate and export this data into any ODBC-compliant database such as Microsoft SQL Server, Oracle, etc.

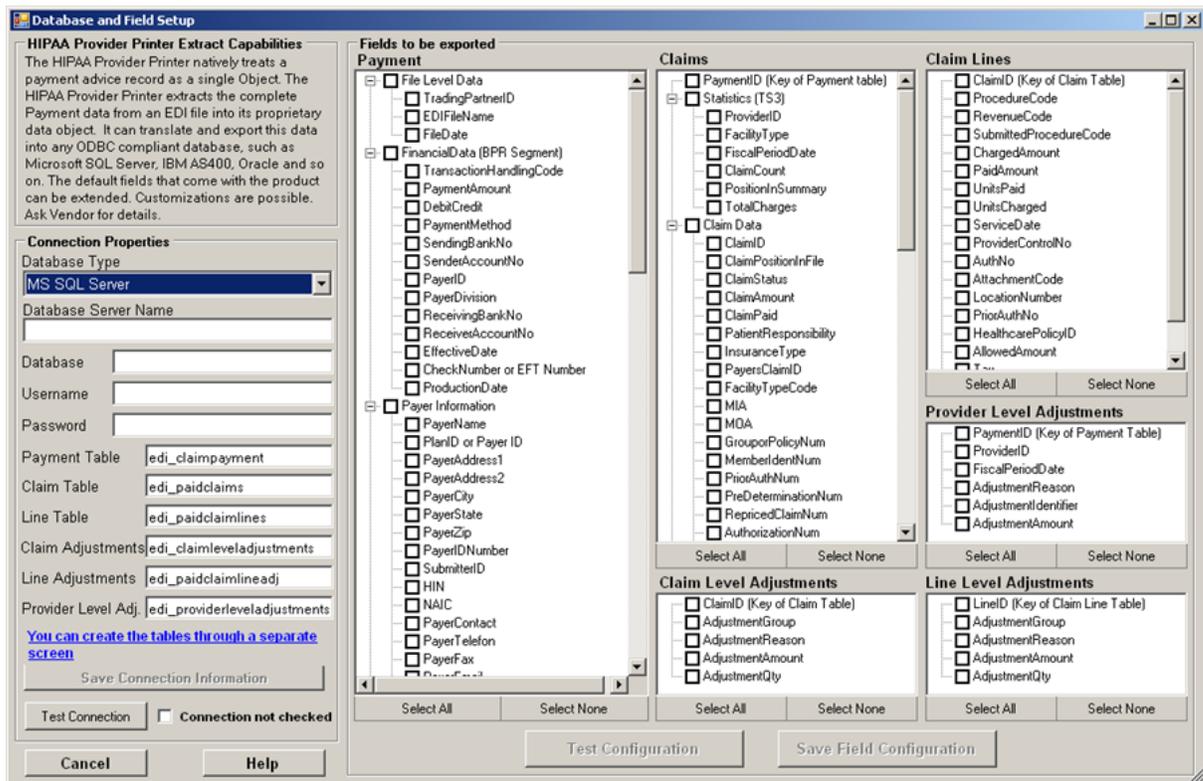
Tip: The default fields that come with the product can be extended; customizations are possible.

1. Select *Data Export* ► *835 Connection and Data Fields* in the main menu.



The "835 Connection and Data Fields" menu

2. You will be confronted with the following screen where you can set up the database connection and enter the names of the database tables.

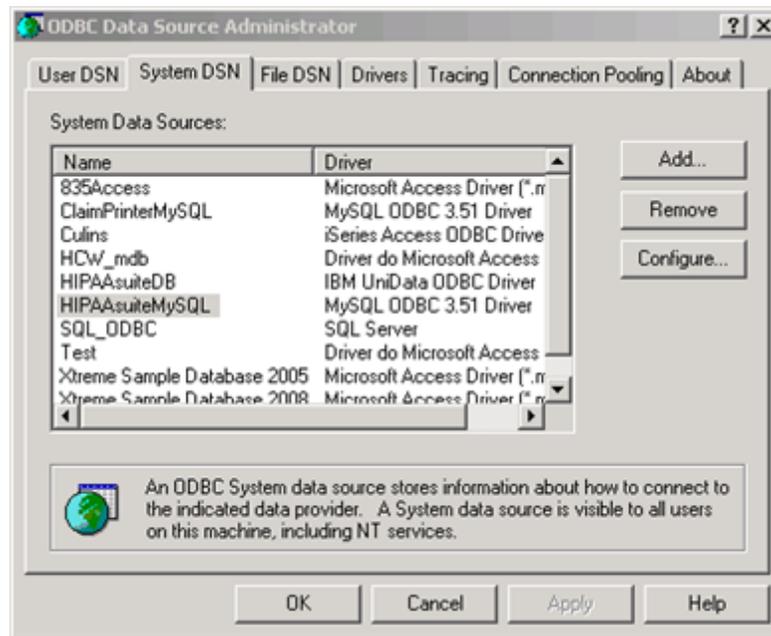


The "Data and Field Setup" window

Connection Properties

Tip: If you use ODBC for the connection, you will need to set up the ODBC connection first in the

Windows ► Control Panel ► Administrative Tools ► Data Sources (ODBC) setup screen. Setting up the ODBC connection varies from database to database.



The ODBC Administration screen in Windows

Define the database connection properties:

- Database Type
 - MS SQL Server
 - MS SQL Server Integrated Security
 - ODBC Connection
 - ODBC Connection for Oracle
- Database Server Name
- Database
- Username
- Password
- Payment Table
- Claim Table
- Line Table

- Claim Adjustments
- Line Adjustments
- Provider Level Adjustments

Database and Field Setup

HIPAA Provider Printer Extract Capabilities
The HIPAA Provider Printer natively treats a payment advice record as a single Object. The HIPAA Provider Printer extracts the complete Payment data from an EDI file into its proprietary data object. It can translate and export this data into any ODBC compliant database, such as Microsoft SQL Server, IBM AS400, Oracle and so on. The default fields that come with the product can be extended. Customizations are possible. Ask Vendor for details.

Connection Properties

Database Type: ODBC Connection

Data Source Name: mysql

Database: test

Username: root

Password: ****

Payment Table: edi_claimpayment

Claim Table: edi_paidclaims

Line Table: edi_paidclaimlines

Claim Adjustments: edi_claimleveladjustments

Line Adjustments: edi_paidclaimlineadj

Provider Level Adj.: edi_providerleveladjustments

[You can create the tables through a separate screen](#)

Save Connection Information

Test Connection Connection not checked

Cancel Help

The connection properties fields

To create tables in your database, click on the "You can create the tables through a separate screen" link. For instructions, refer to [Creating Tables](#)⁶².

Database and Field Setup

HIPAA Provider Printer Extract Capabilities
The HIPAA Provider Printer natively treats a payment advice record as a single Object. The HIPAA Provider Printer extracts the complete Payment data from an EDI file into its proprietary data object. It can translate and export this data into any ODBC compliant database, such as Microsoft SQL Server, IBM AS400, Oracle and so on. The default fields that come with the product can be extended. Customizations are possible. Ask Vendor for details.

Connection Properties

Database Type: ODBC Connection

Data Source Name: mysql

Database: test

Username: root

Password: ****

Payment Table: edi_claimpayment

Claim Table: edi_paidclaims

Line Table: edi_paidclaimlines

Claim Adjustments: edi_claimleveladjustments

Line Adjustments: edi_paidclaimlineadj

Provider Level Adj.: edi_providerleveladjustments

[You can create the tables through a separate screen](#)

Save Connection Information

Test Connection Connection not checked

Cancel Help

A link to create tables

Once the connection parameters have been entered, click "Save Connection Information."

Database and Field Setup

HIPAA Provider Printer Extract Capabilities
The HIPAA Provider Printer natively treats a payment advice record as a single Object. The HIPAA Provider Printer extracts the complete Payment data from an EDI file into its proprietary data object. It can translate and export this data into any ODBC compliant database, such as Microsoft SQL Server, IBM AS400, Oracle and so on. The default fields that come with the product can be extended. Customizations are possible. Ask Vendor for details.

Connection Properties

Database Type: ODBC Connection

Data Source Name: mysql

Database: test

Username: root

Password: ****

Payment Table: edi_claimpayment

Claim Table: edi_paidclaims

Line Table: edi_paidclaimlines

Claim Adjustments: edi_claimleveladjustments

Line Adjustments: edi_paidclaimlineadj

Provider Level Adj: edi_providerleveladjustments

[You can create the tables through a separate screen](#)

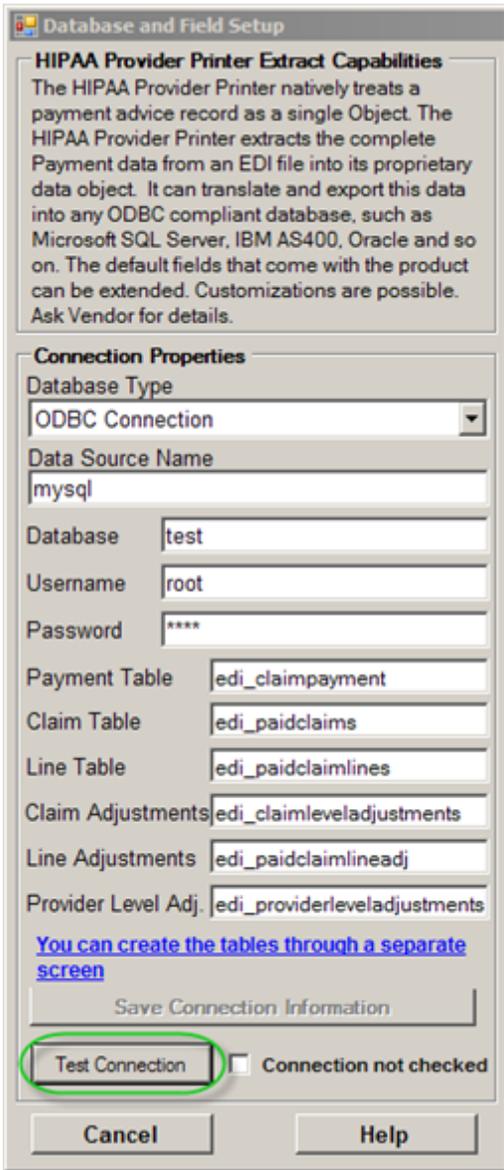
Save Connection Information

Test Connection Connection not checked

Cancel Help

The "Save Connection Information" button

To verify if the entered parameters are correct, click on the "Test Connection" button.



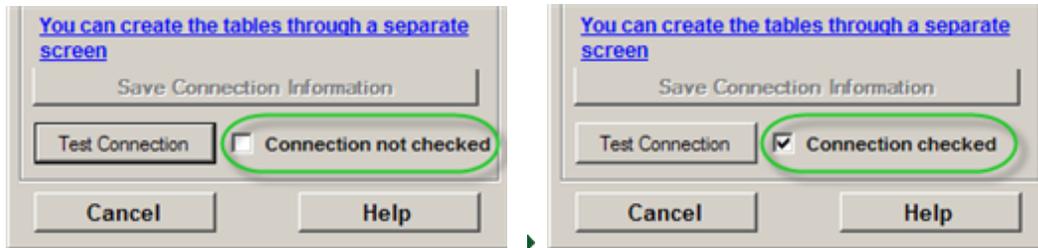
The "Test Connection" button

If the test has passed successfully, you will see the following notification:



The success message

Once the test has passed successfully, the "Connection not checked" message changes to "Connection checked."



The "Connection not checked" checkbox

Once you have the database connection defined and tested, you can enter the table names. See [Selecting Fields to Export](#)^[71].

If you need to create the tables first, then see [Creating Tables](#)^[62].

5.3 Creating Tables

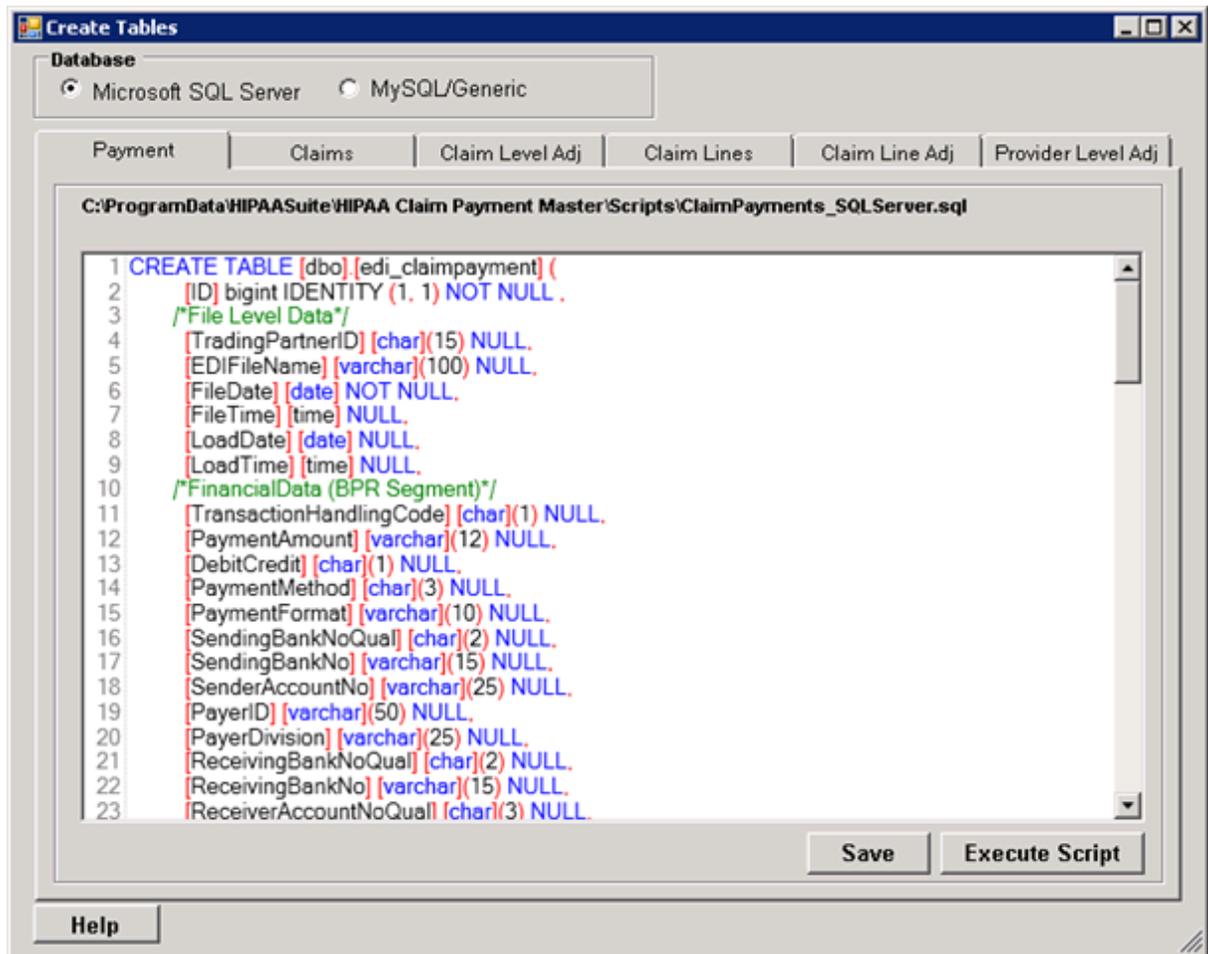
Before [data export](#)^[53], you need to create the tables through SQL table statements. You can do this using the built-in function of the HIPAA Claim Payment Master. Creating these tables is a quite intimidating task. Once you have your [connection defined](#)^[55] and tested, follow the instructions below.

1. Select the *Data Export* ▶ *835 Table Creation* in the main menu.



The "835 Table Creation" menu

2. The following window will be displayed.



The "Create Tables" window

3. Define the following options:

Database

- Microsoft SQL Server
- MySQL/Genetic

Tabs

On the following tabs there are SQL scripts used to create the appropriate tables:

- Payment
- Claims
- Claim Level Adj
- Claim Lines

- Claim Line Adj
- Provider Level Adj

Tip: You can modify the scripts so that they run on your specific database.

On each tab, click "Save."



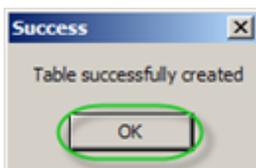
The "Save" button

On each tab, click "Execute Script" to create the corresponding table in the database.



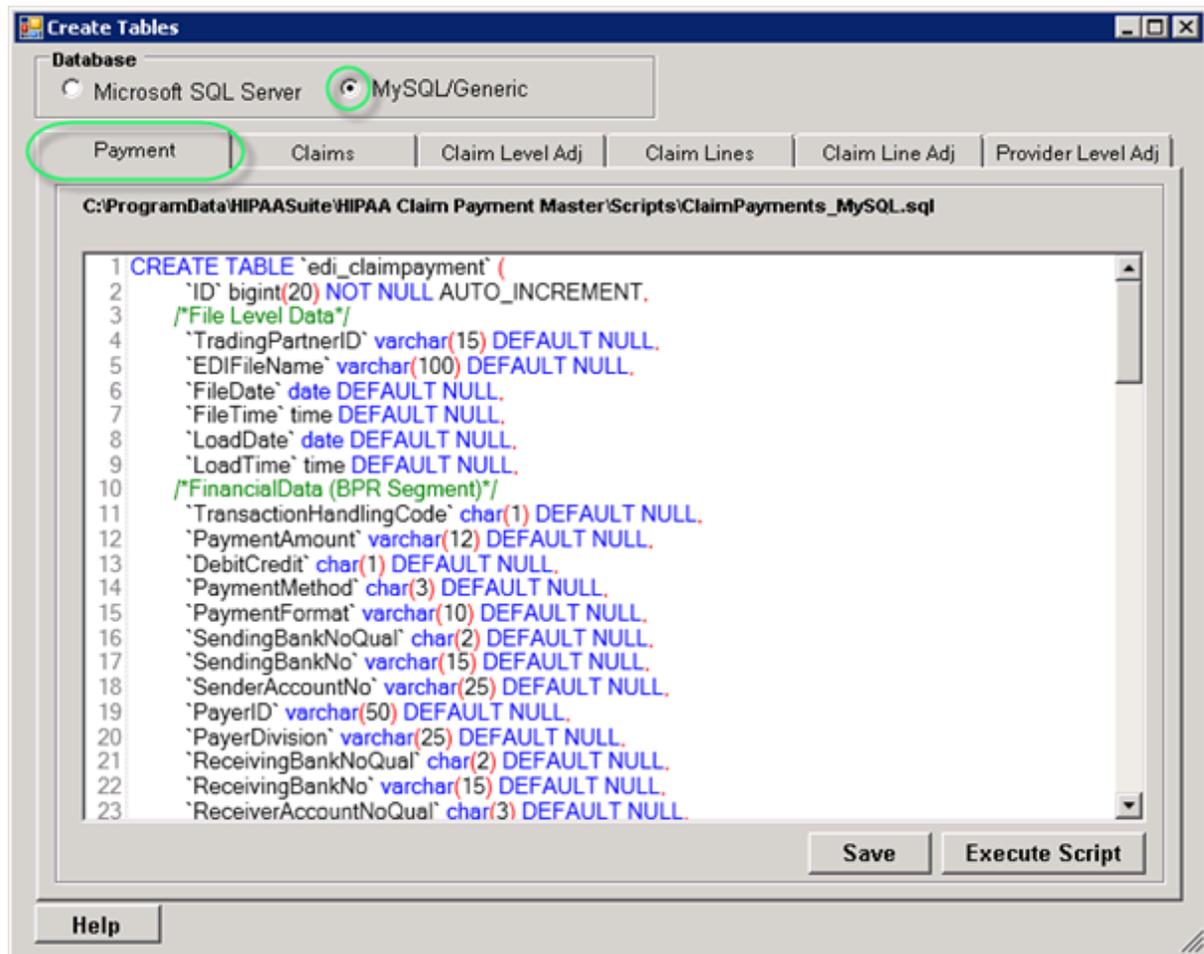
The "Execute Script" button

Once the table has been created successfully, you will see the following notification:

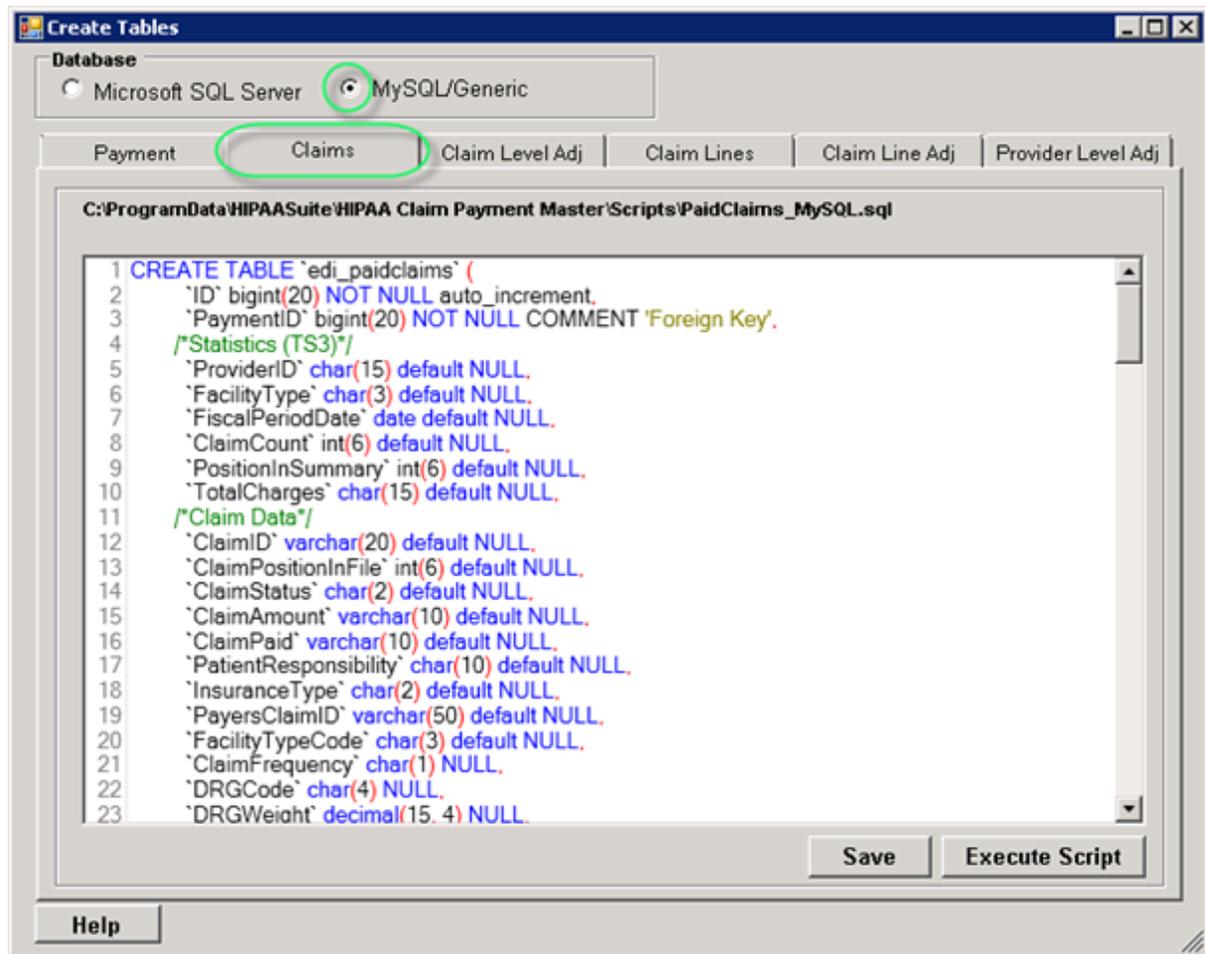


The success message

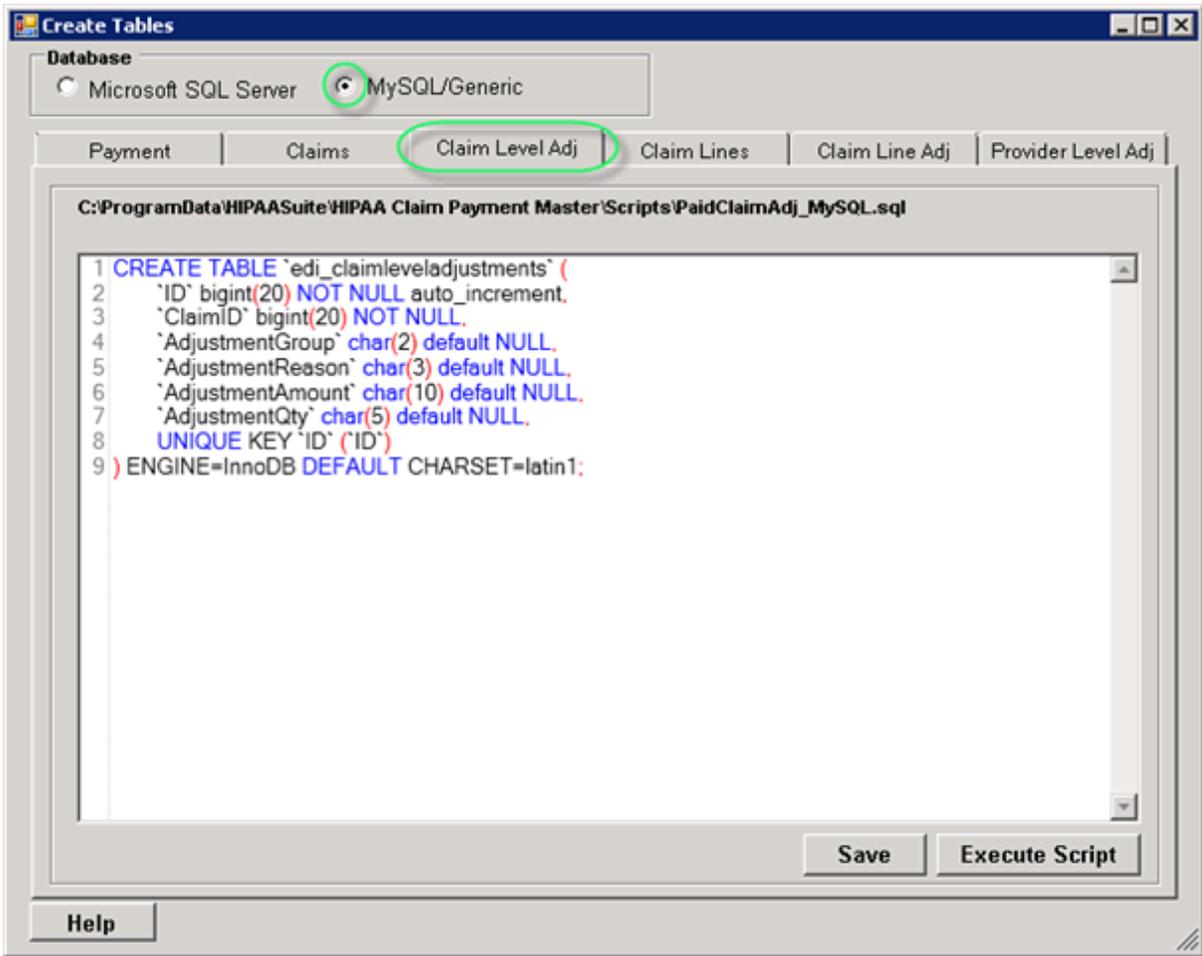
The following screen-shots displays MySQL script to create tables.



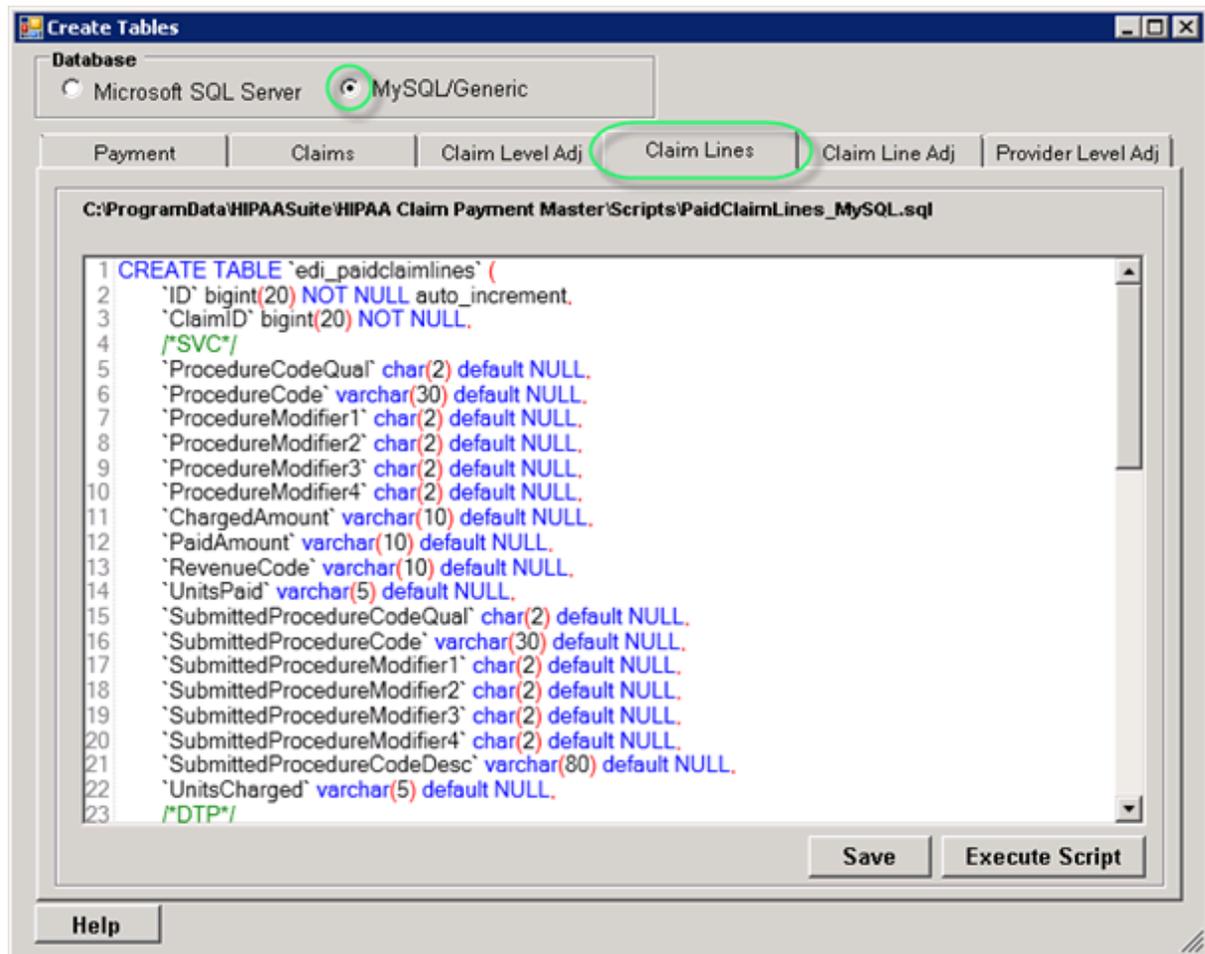
The "Payments" tab



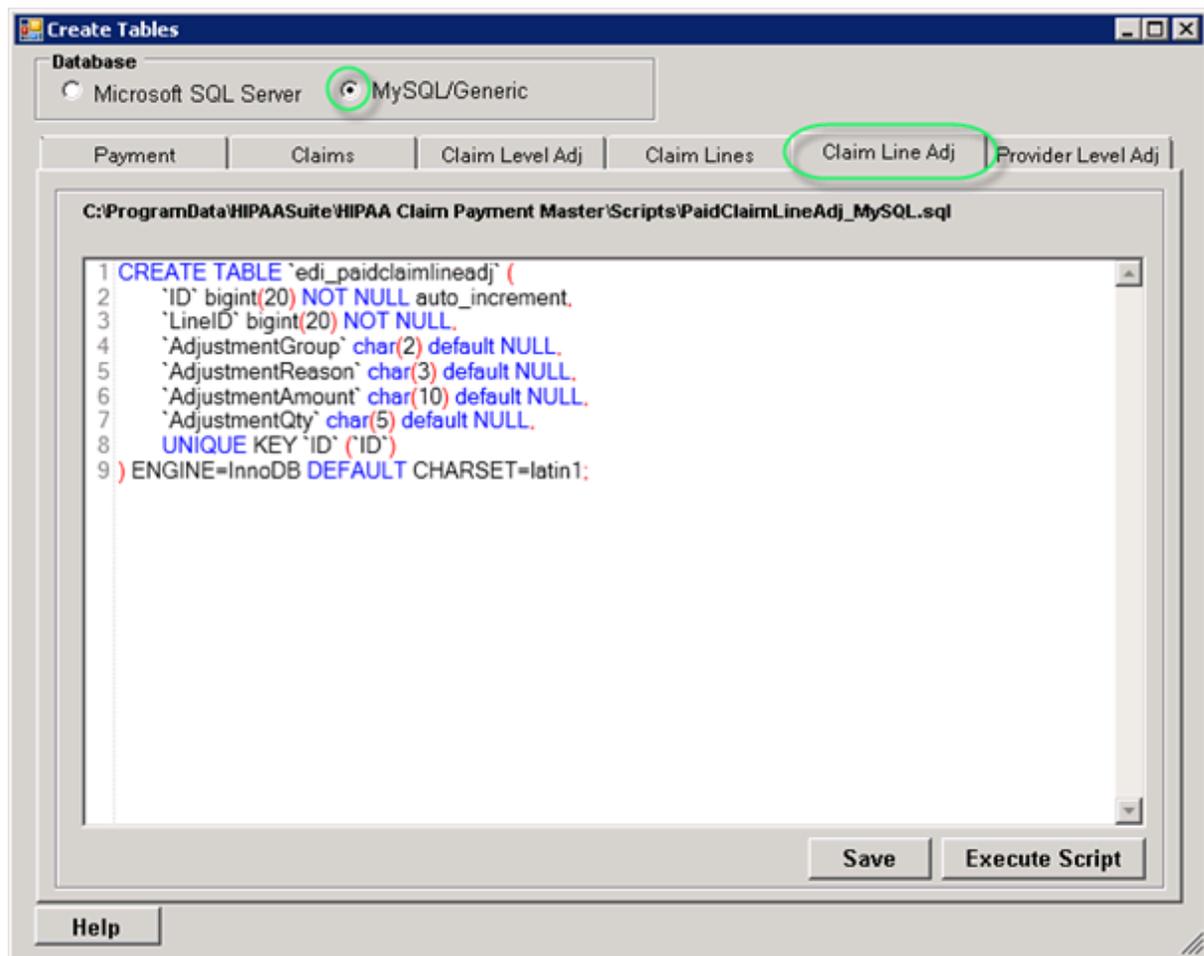
The "Claims" tab



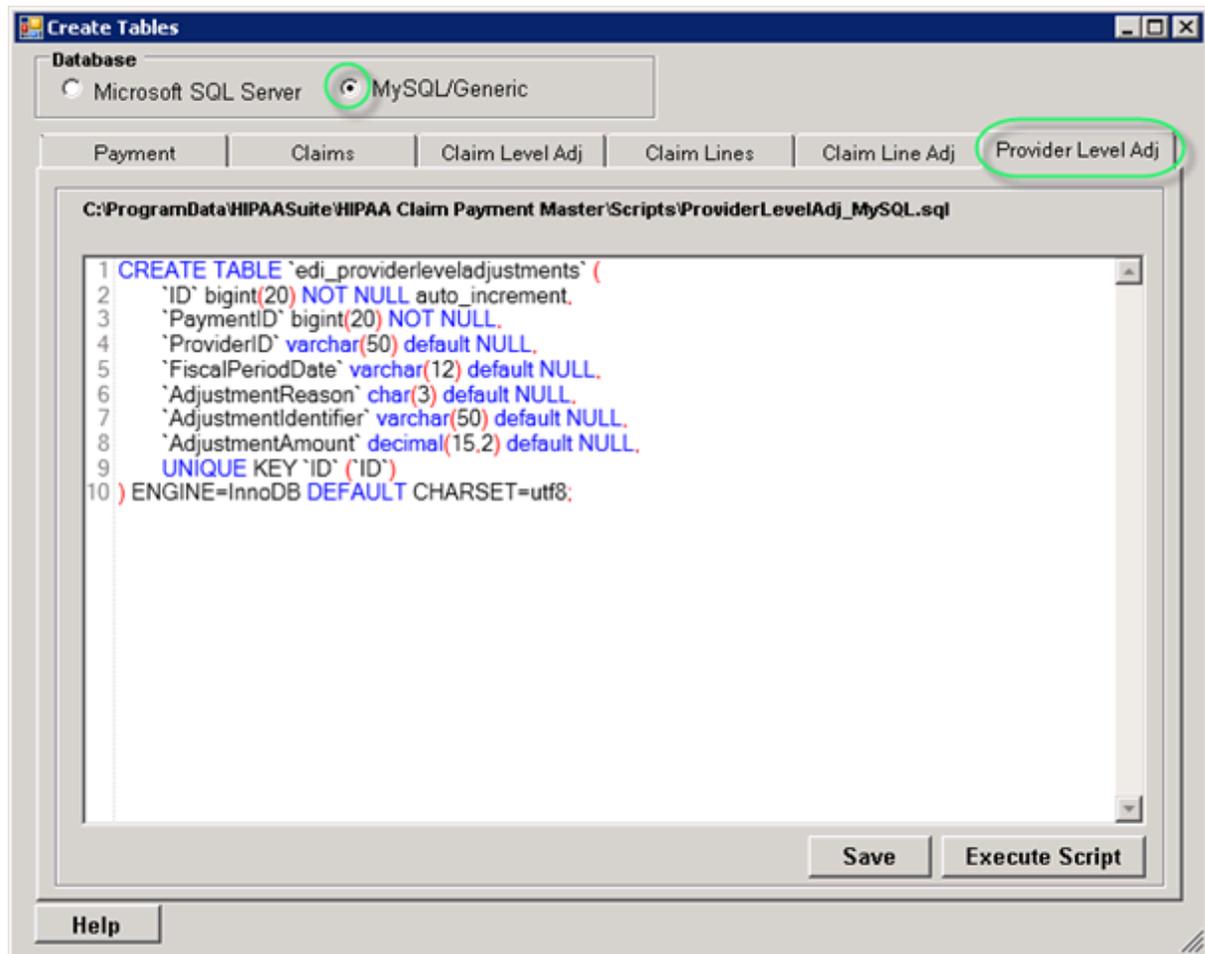
The "Claim Level Adj" tab



The "Claim Lines" tab



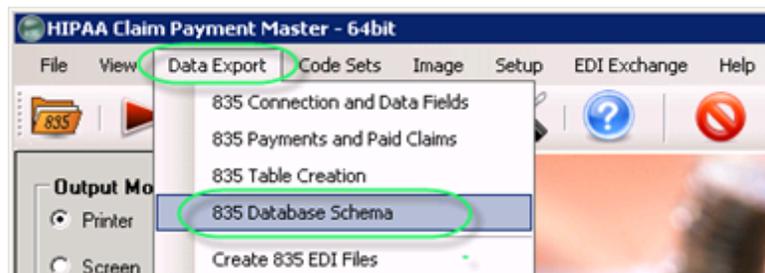
The "Claim Line Adj" tab



The "Provider Level Adj" tab

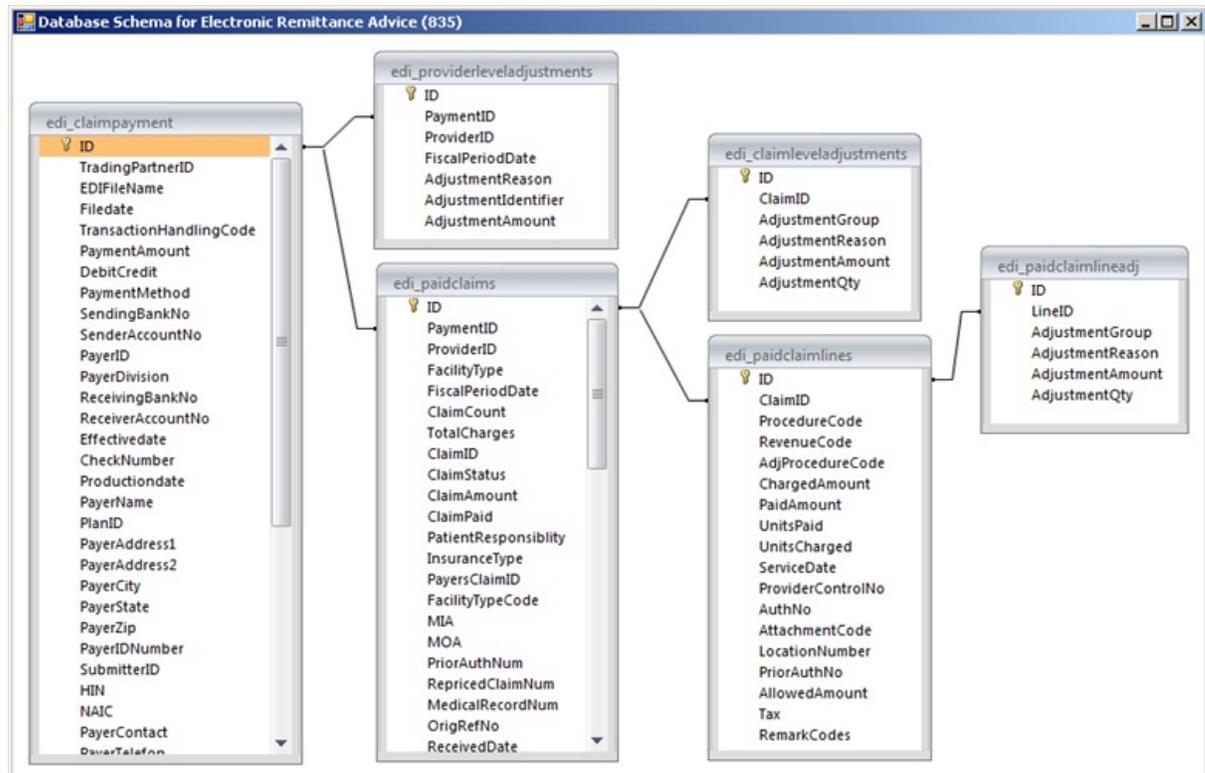
5.4 Viewing the Database Schema

To access the database schema, select the *Data Export* ► *835 Database Schema* in main menu.



The "835 Database Schema" menu

You will see the following window.



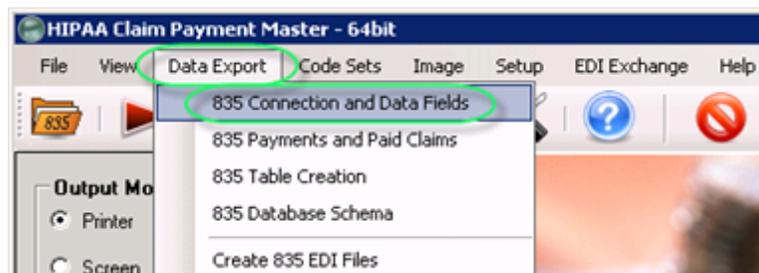
The "Database Schema to Electronic Remittance Advice (835)" window

This window shows how the tables are inter related.

5.5 Selecting Fields to Export

Once you have created your tables and tested connection and table names, you can select which fields to export. Follow the instructions below.

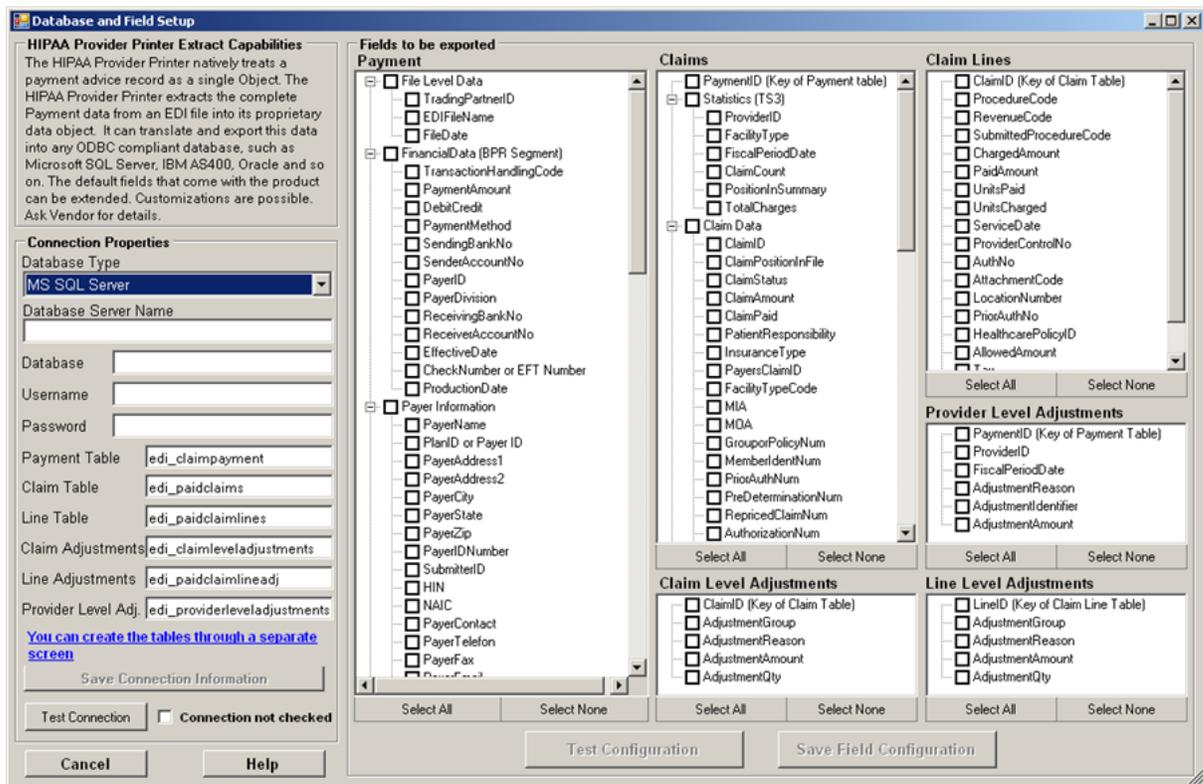
1. Select *Data Export* ▶ *835 Connection and Data Fields* in the main menu.



The "835 Connection and Data Fields" menu

2. You will be confronted with the following screen where you can set up the database

connection and enter the names of the database tables.



The "Database and Field Export" window

3. Choose fields to be exported by selecting checkboxes in front of the fields in the following tables:

Tip: We recommend to select all fields. This makes it possible to reassemble all the information in the EDI file and create the image of the claim payment.

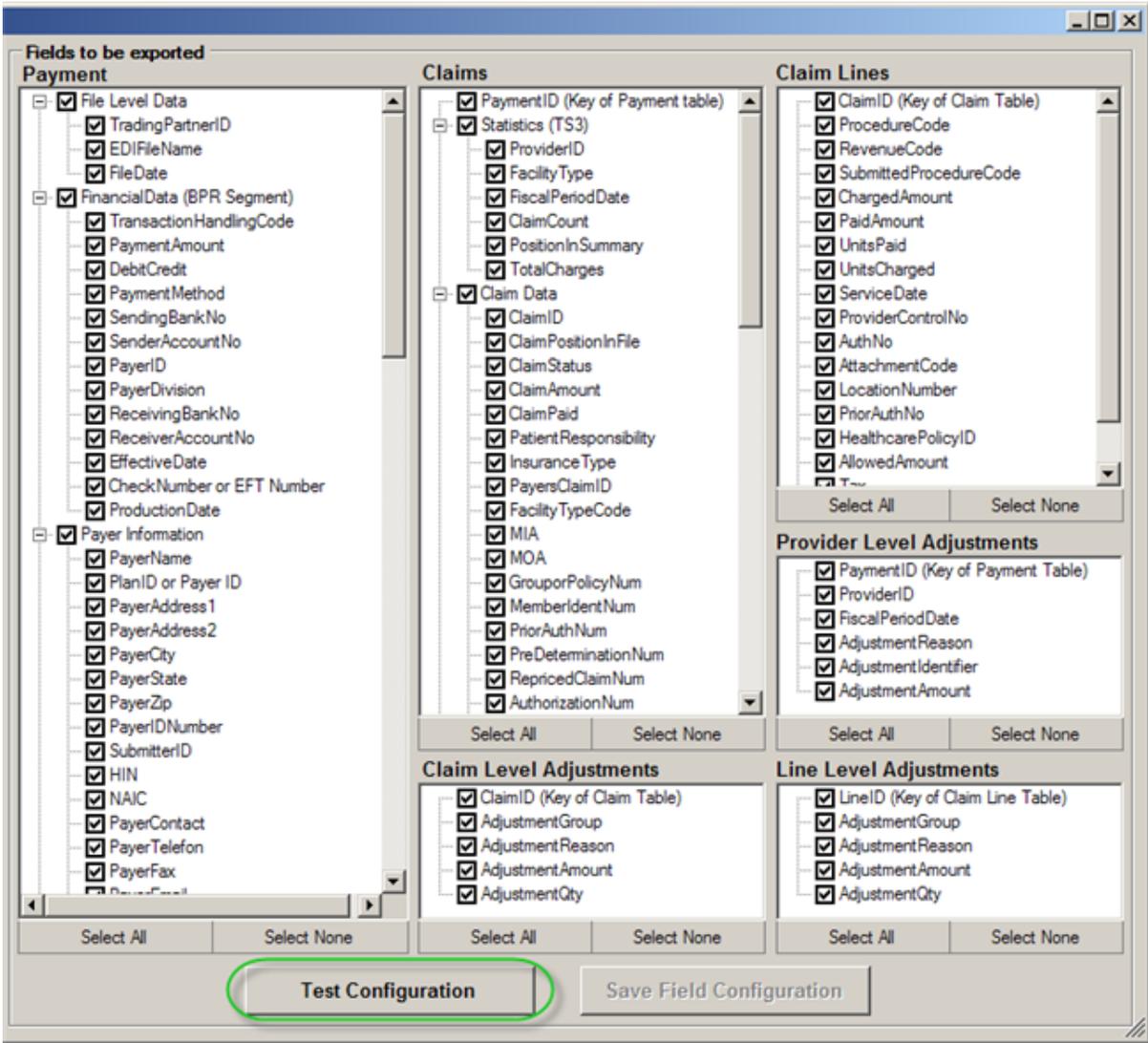
- Payment
- Claims
- Claim Level Adjustments
- Claim Lines
- Provider Level Adjustments
- Line Level Adjustments

Tip: Sometimes it might be necessary to rename a field or fields. Some legacy database want upper case only or lower case only field names. The HIPAA Claim Payment Master allows you to rename any field in any table. Click twice (not double-click) on a field and you are in "Edit" mode.



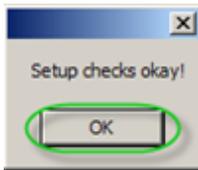
The field selection list in "Edit" Mode

4. Once you have made your selection or selected all you have to test your setup, click on the "Test Configuration" button. The program will go through each table and check if the selected field exists.



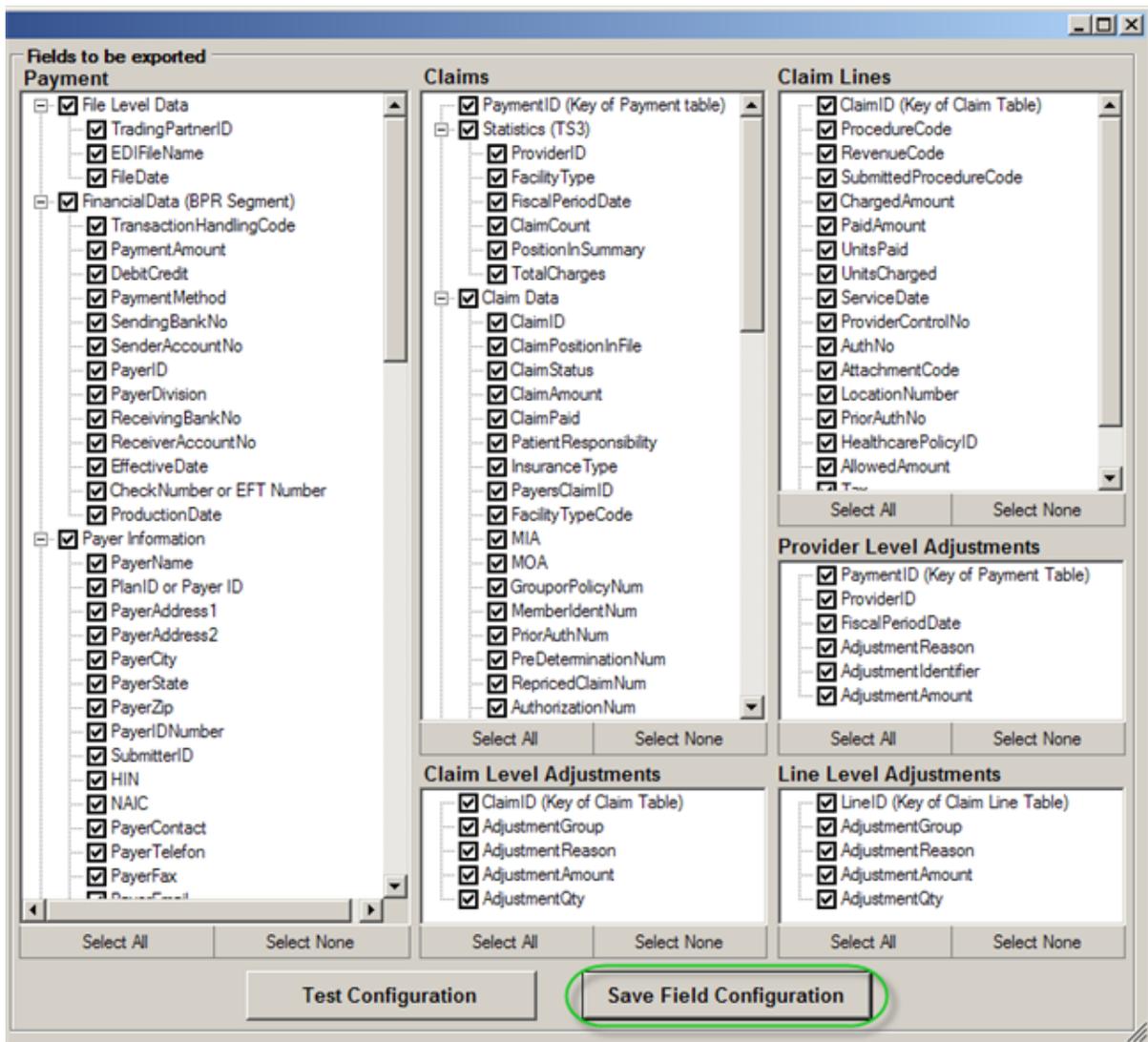
The "Test Configuration" button

5. You should receive a message like this. Click "OK."



The success message

6. Only after the configuration checks out are you allowed to save it. Click the "Save Field Configuration" button.



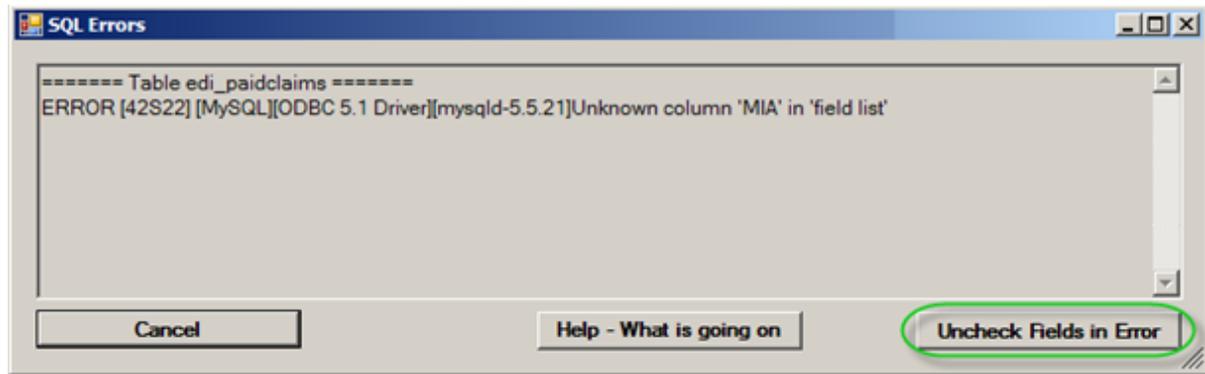
The "Save Field Configuration" button

Troubleshooting Data Fields

Once you have made your selection or selected all you have to test your setup. Click on

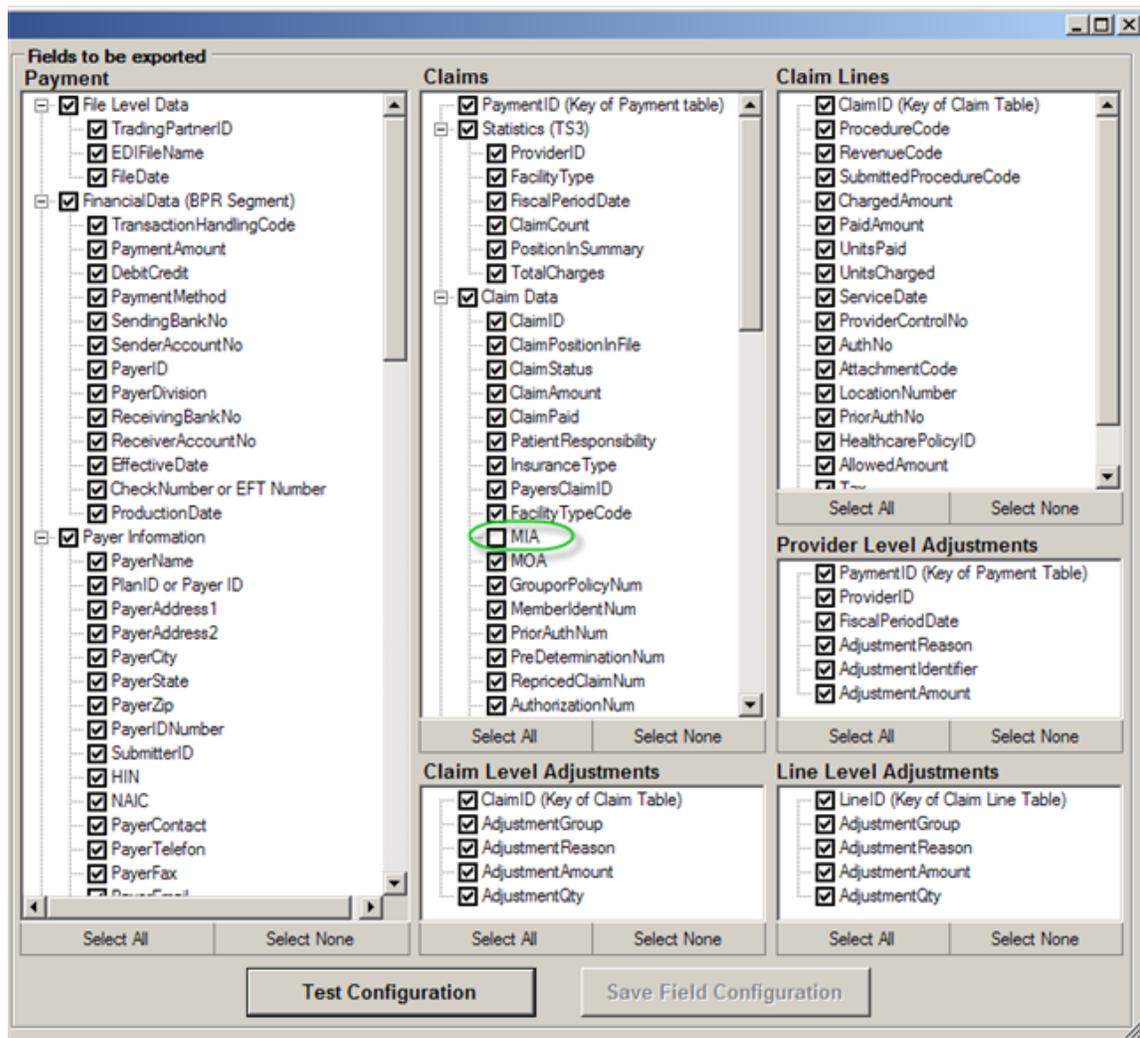
the "Test Configuration" button.

If the program finds errors, the ODBC Error screen will come up and tell you exactly which fields caused errors.



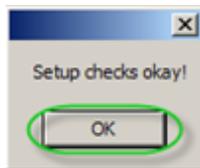
The ODBC error window

You can study the errors and the message usually is precise enough to understand what is wrong. In the above case an access database is missing the fields in error. When you click the "Uncheck Fields in Error" button, then all those fields will be unchecked and excluded from the data export.



Fields that caused problems are unchecked now and excluded from export

Now you can test the configuration again. You should get the success message:



The success message

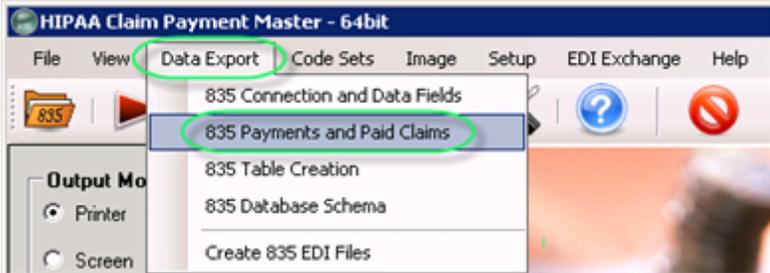
Only after the configuration checks out are you allowed to save it. Click on the "Save Field Configuration" button.

5.6 Browsing Exported Data

The HIPAA Claim Payment Master can take the records in the database to which it exports and reassembles the information so that it can be viewed just like the images

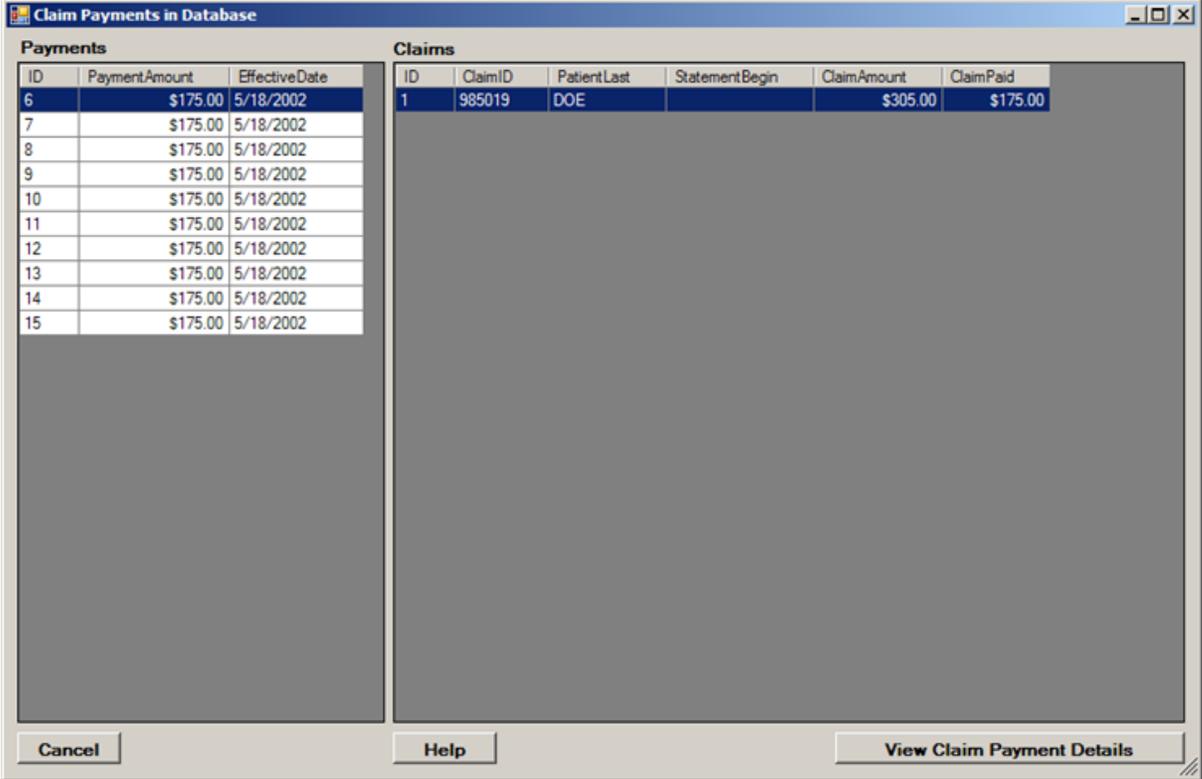
from the EDI file.

Select the *Data Export* ▶ *835 Payments and Paid Claims* in the main menu.



The "835 Payments and Paid Claims" menu

You will see the following screen. When you click on a payment on the left, the claims associated with this payment get loaded on the right side.



The "835 Payments and Paid Claims" window

Double clicking on a claim will load this claim in a preview window.

Explanation of Payment

Payer: Great Benefit Plan 100 MAIN STREET KANSAS CITY, MO 64108	Payee: DR MARCUS J WELBY 55 HIGH STREET SEATTLE, WA 98123
Pay Method: Check	Bank ID:
Account #:	Account #:
Chk Iss/EFT Date: 05/18/2002	Total Amt: \$175.00
Payer ID:	Check/EFT No: 16588

Claim 1

Patient Name: JOHN DOE	Member ID Number: 11122333301
Provider Name: JOHN WELBY	Federal ID: 987121234

Claim Identifier: 985019	Status: Processed as Primary	DRG Code:
Total Charge Amt.: \$305.00	Facility: Office	Control #: 229800001
Payment Amt.: \$175.00	Frequency:	DRG Weight:
Patient Resp Amt.: \$15.00	Filling: Provider Organization	Discharge Fraction:

Received: 05/04/2002

Claim details assembled from the database

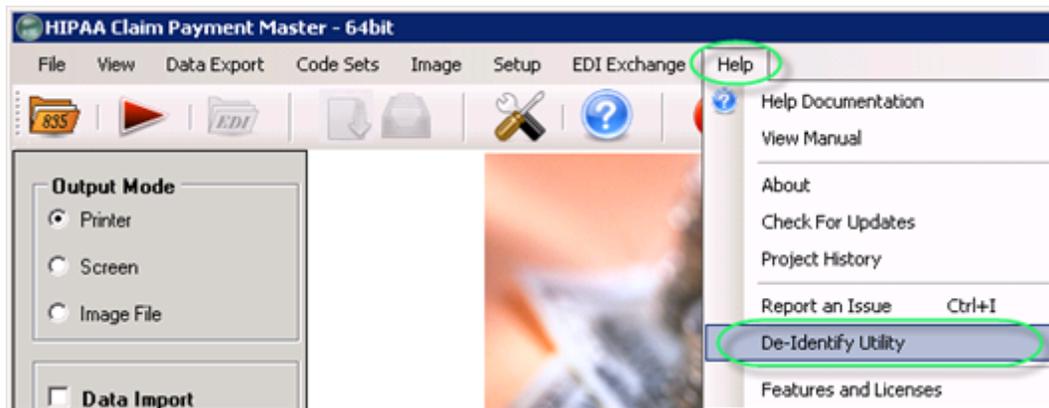
If you have previously selected all fields to be exported, then you will have all the information from the source EDI file. But for the largest part you can completely reassemble the payment details as they came in on the EDI file.

5.7 De-Identifying Data

"De-identifying Utility" can be used to "de-identify" X12 HIPAA transactions. You can replace Private Medical Information (PMI) with random numbers and names. This should facilitate the testing of the HIPAA transactions without compromising individuals' privacy. The software is free for all users. Read more on <http://www.claredi.com>.

It is your responsibility to make sure the configuration file meets your de-identification requirements.

1. Go to *Help* ► *De-identifying Utility* in the main menu.



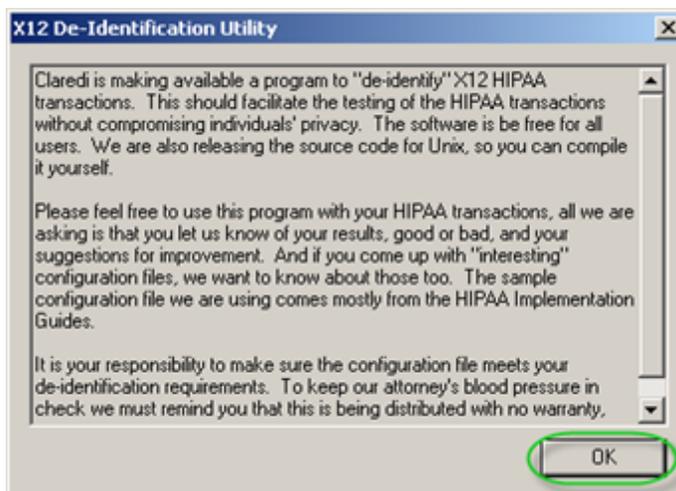
The "De-identify Utility" menu item

2. Look through the information on the Introduction screen. Optionally check the "Do not show this message again" option. Click OK.



The introductory window

3. Familiarize yourself with the information. Click OK.



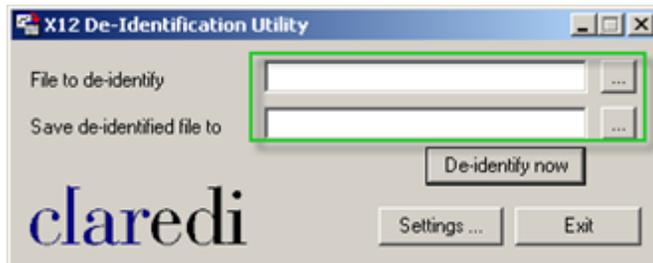
The information window

4. Specify the following:

- File to de-identify - Click on "Dots" button to browse for a resource HIPAA file on

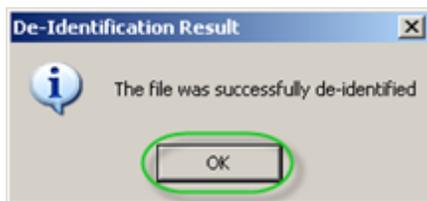
your local PC.

- Save de-identified file to - Click on "Dots" button to select a destination file on your local PC.



The "X12 De-Identification Utility" window

5. Click on the "De-identify now" button to process the file. As the result, you will receive a success message like this, click OK.



The "De-Identification Result" popup

You may be informed about error/notification messages generated by the utility. Click "Yes" to access them.



The "De-Identification Information" popup

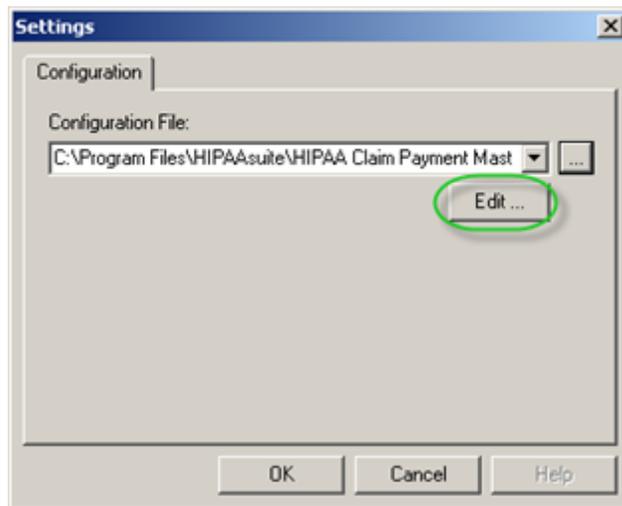
Changing Configuration

To change the De-identifying Utility configuration, click on the "Configuration" button.



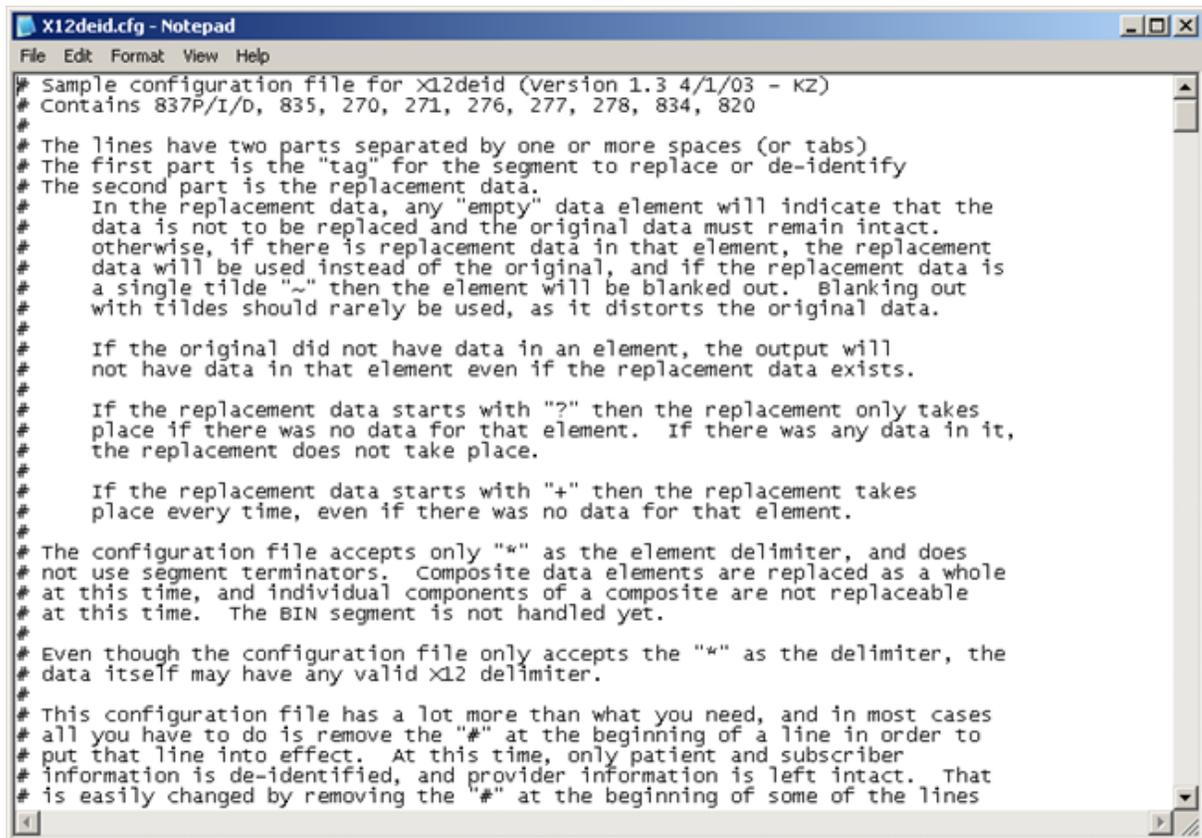
The "Setting" button on the utility window

Click on "Edit" to open a configuration file.



The "Edit" button

This configuration file has a lot more than what you need, and in most cases all you have to do is remove the "#" at the beginning of a line in order to put that line into effect. At first time, only patient and subscriber information is de-identified, and provider information is left intact. That is easily changed by removing the "#" at the beginning of some of the lines.



```
X12deid.cfg - Notepad
File Edit Format View Help
# Sample configuration file for X12deid (version 1.3 4/1/03 - KZ)
# Contains 837P/I/D, 835, 270, 271, 276, 277, 278, 834, 820
#
# The lines have two parts separated by one or more spaces (or tabs)
# The first part is the "tag" for the segment to replace or de-identify
# The second part is the replacement data.
# In the replacement data, any "empty" data element will indicate that the
# data is not to be replaced and the original data must remain intact.
# otherwise, if there is replacement data in that element, the replacement
# data will be used instead of the original, and if the replacement data is
# a single tilde "~" then the element will be blanked out. Blanking out
# with tildes should rarely be used, as it distorts the original data.
#
# If the original did not have data in an element, the output will
# not have data in that element even if the replacement data exists.
#
# If the replacement data starts with "?" then the replacement only takes
# place if there was no data for that element. If there was any data in it,
# the replacement does not take place.
#
# If the replacement data starts with "+" then the replacement takes
# place every time, even if there was no data for that element.
#
# The configuration file accepts only "*" as the element delimiter, and does
# not use segment terminators. Composite data elements are replaced as a whole
# at this time, and individual components of a composite are not replaceable
# at this time. The BIN segment is not handled yet.
#
# Even though the configuration file only accepts the "*" as the delimiter, the
# data itself may have any valid X12 delimiter.
#
# This configuration file has a lot more than what you need, and in most cases
# all you have to do is remove the "#" at the beginning of a line in order to
# put that line into effect. At this time, only patient and subscriber
# information is de-identified, and provider information is left intact. That
# is easily changed by removing the "#" at the beginning of some of the lines
```

The configuration file

The lines have two parts separated by one or more spaces (or tabs):

- The first part is the "tag" for the segment to replace or de-identify.
- The second part is the replacement data.

In the replacement data, any "empty" data element will indicate that the data is not to be replaced and the original data must remain intact. Otherwise, if there is replacement data in that element, the replacement data will be used instead of the original, and if the replacement data is a single tilde "~" then the element will be blanked out. Blanking out with tildes should rarely be used, as it distorts the original data.

If the original did not have data in an element, the output will not have data in that element even if the replacement data exists.

If the replacement data starts with "?" then the replacement only takes place if there was no data for that element. If there was any data in it, the replacement does not take place.

If the replacement data starts with "+" then the replacement takes place every time, even if there was no data for that element.

The configuration file accepts only "*" as the element delimiter, and does not use segment terminators. Composite data elements are replaced as a whole at this time, and individual components of a composite are not replaceable at this time. The BIN segment is not handled yet. Even though the configuration file only accepts the "*" as the delimiter, the data itself may have any valid X12 delimiter.

6 Claim Adjudication

6.1 Concepts

From the beginning of HIPAA and healthcare EDI it was envisioned that all transactions between healthcare entities can be modeled in the EDI implementation guides.

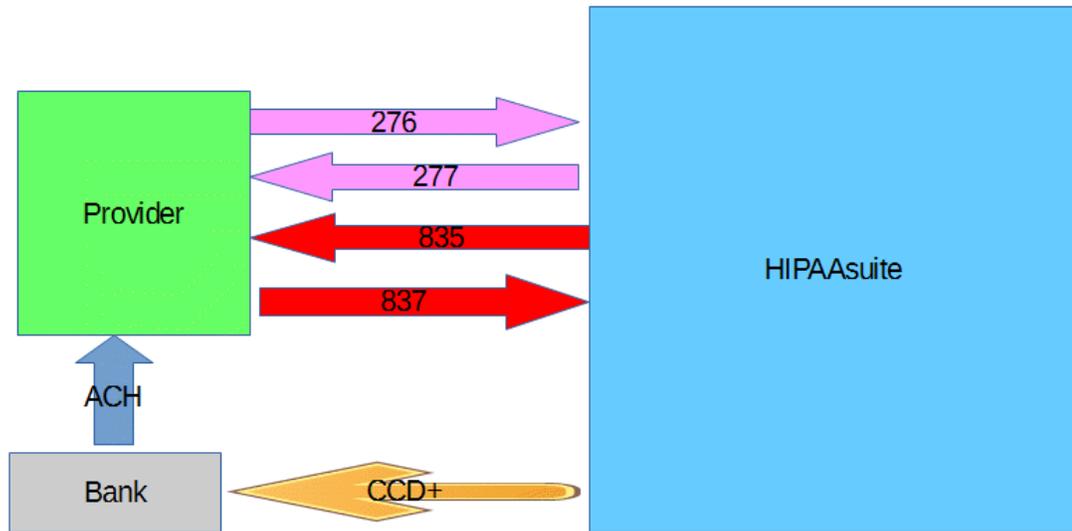
The 837 formats for example are designed to accommodate every sector of healthcare services. The 835 can in every detail explain the reimbursement process and the adjustments taken from the charges a provider puts forward.

With the adjudication module of the HIPAA Claim Payment Master we are using the capabilities of the HIPAA Claim Master to store EDI claims in a database and give the ability to adjudicate and pay those claims. Critical to this model is the ability to manually perform all the operations that the HIPAA model contains to adjudicate claims. Once claims are adjudicated they can be bundled by payee, which is usually the billing provider and paid including the creation of the payment CCD+ transaction and the remittance advice in the 835 format.

At the same time a claim status is assigned to each claim or service line and the 277 claim status response can be given automatically with our HIPAA Claim Status Responder and HIPAA RealTime Server.

The paid claim information can also be forwarded to other down stream payers with the post adjudicated claim format X298, X299 and X300.

The goal is to have total claim management within HIPAAsuite applications and perform out of the box the most important transactions of a health indemnity organization.



6.2 Adjudication Prerequisites

Prerequisites

This chapter assumes the HIPAA Claim Master and HIPAA Claim Payment Master are both installed and configured. Claims imported to the Claim tables (using the HIPAA Claim Master or otherwise) will be adjudicated through the HIPAA Claim Payment Master.

Of note is that the EDI claims tables need the Claim Feedback fields added which are commented out by default.

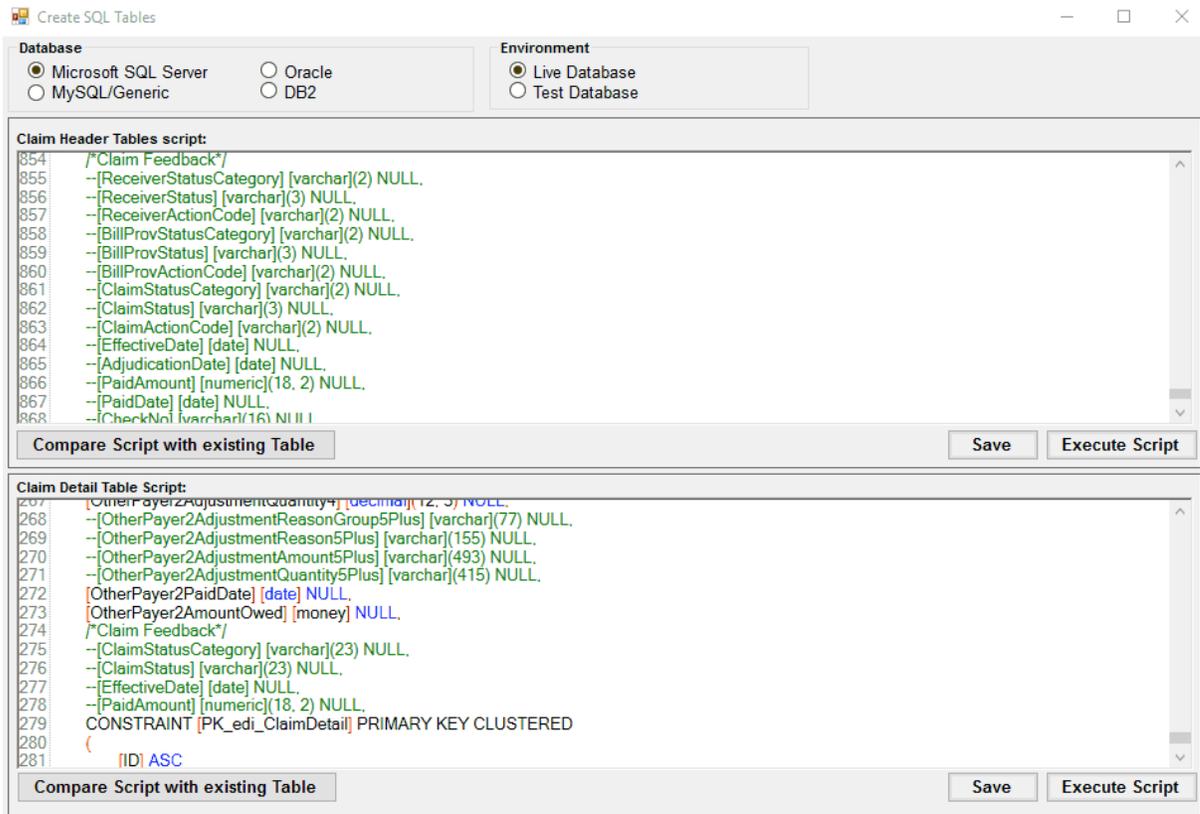
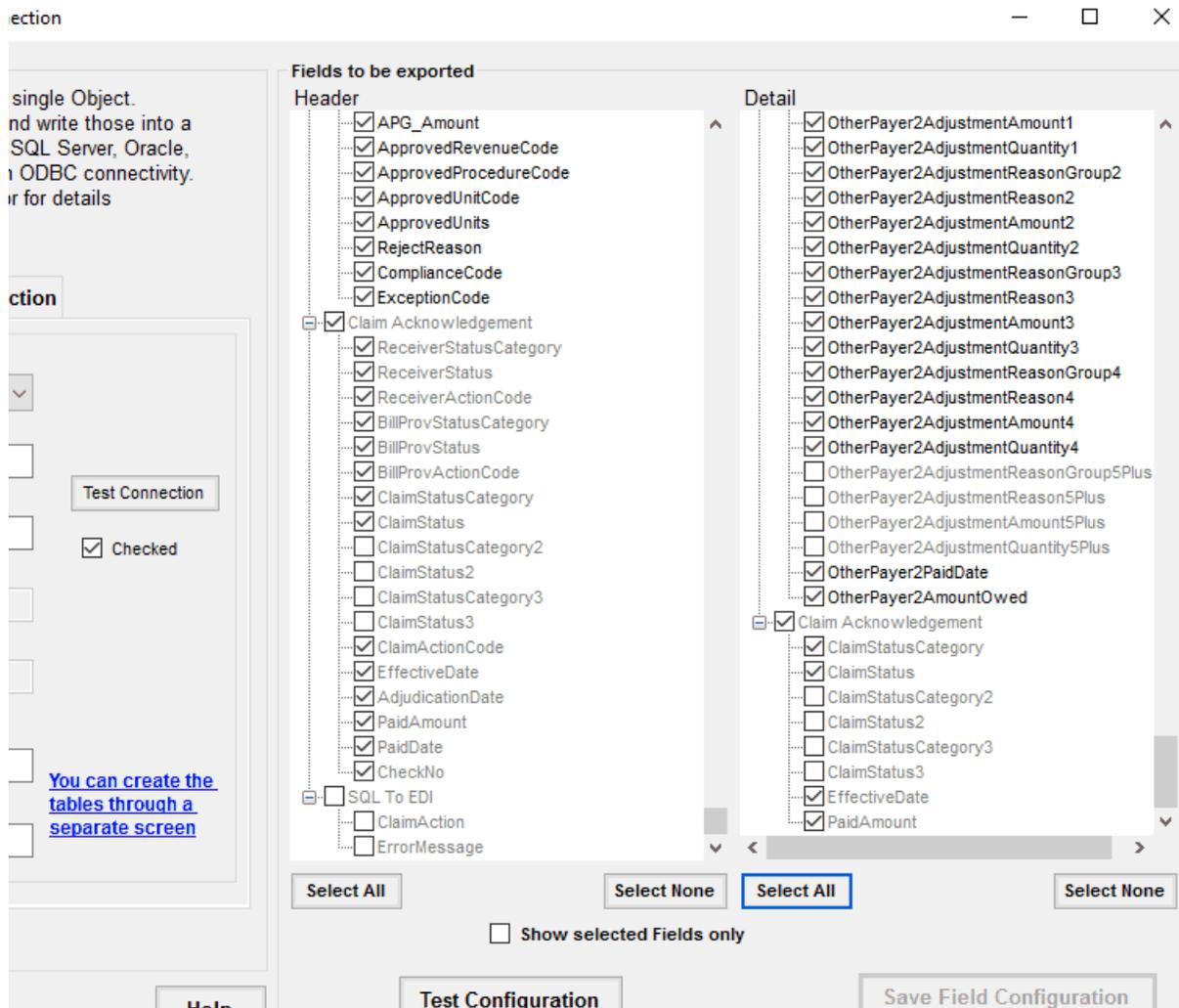


Table Creation window in HIPAA Claim Master. The claim feedback fields are currently commented and are ignored when executing the script.

To add these fields to an existing table easily,

- open the table Creation window in the HIPAA Claim Master and
- scroll to the bottom of the scripts. You can see the commented fields in green.
- Remove the dashes placed in front of each claim feedback field (--), click *Save*,
- then click *Compare Script with existing Table*, and
- run the resulting script for both the Claim table and the Claim Detail table.

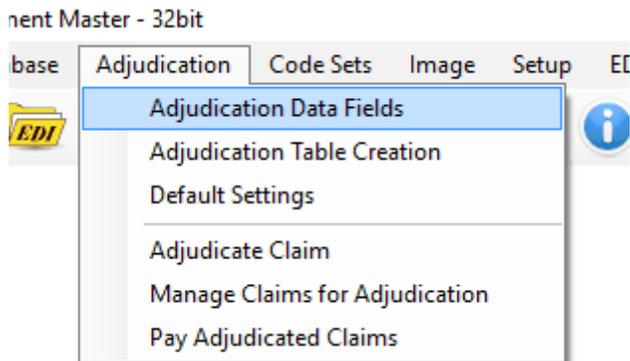
The fields configuration must also include the Claim Feedback data fields. They are grayed out and not selected by the *Select All* button.



Detail of field configuration screen in HIPAA Claim Master. The gray Claim Acknowledgment fields are displayed.

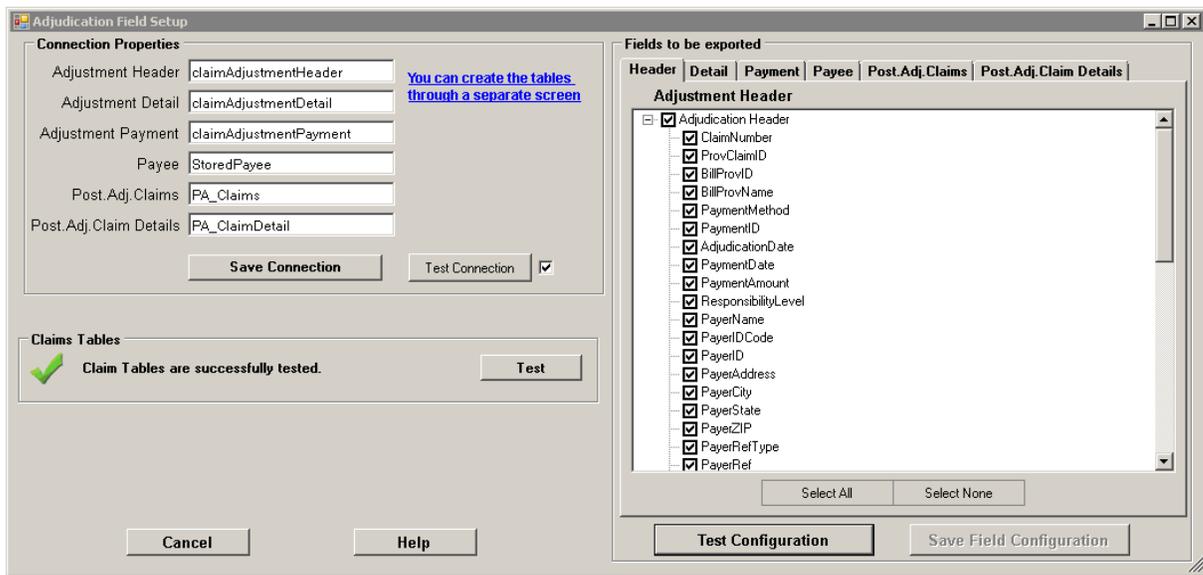
6.3 Setting up Database Connection

The HIPAA Claim Payment master can adjudicate claims imported through the HIPAA Claim Master. This chapter assumes you have configured the database connection for HIPAA Claim Payment master, installed HIPAA Claim Master and configured Claim Master's database connection, tables and fields. To set up the Adjudication tables, first open the adjudication menu and select *Adjudication Data Fields*:



Adjudication menu. Adjudication Data Fields option is highlighted.

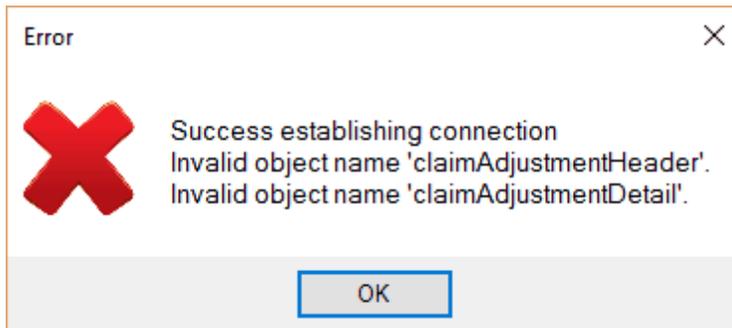
The resulting window is the Adjudication Field Setup screen.



The Claim Fields setup screen.

The database connection itself is taken from the Database connection setup screen that is explained in the previous chapter. Click the *Test Connection* button to test the database connection.

This will inform you if your database connection details are correct and whether a database connection could be made:



Message indicating a successful connections with no tables.

Though the database connection was successful, the tables that store the adjudication and payment information need to be created. Do do that click on the blue label that says "You can create the tables through a separate screen".

A "Connection Properties" dialog box. It has a title bar with the text "Connection Properties". Below the title bar are six text input fields with labels to their left: "Adjustment Header" (value: claimAdjustmentHeader), "Adjustment Detail" (value: claimAdjustmentDetail), "Adjustment Payment" (value: claimAdjustmentPayment), "Payee" (value: StoredPayee), "Post.Adj.Claims" (value: PA_Claims), and "Post.Adj.Claim Details" (value: PA_ClaimDetail). To the right of these fields is a blue text box with a green border containing the text: "You can create the tables through a separate screen". At the bottom of the dialog are two buttons: "Save Connection" and "Test Connection" (with a checked checkbox to its right).

Adjudication Field Setup screen. Click the highlighted text to create the tables.

A new screen comes up that let's us create the tables.

The scripts to create the adjudication tables are presented in the resulting screen. Select the appropriate database option and click *Execute Script* to create the table. Do this for all six tabs.

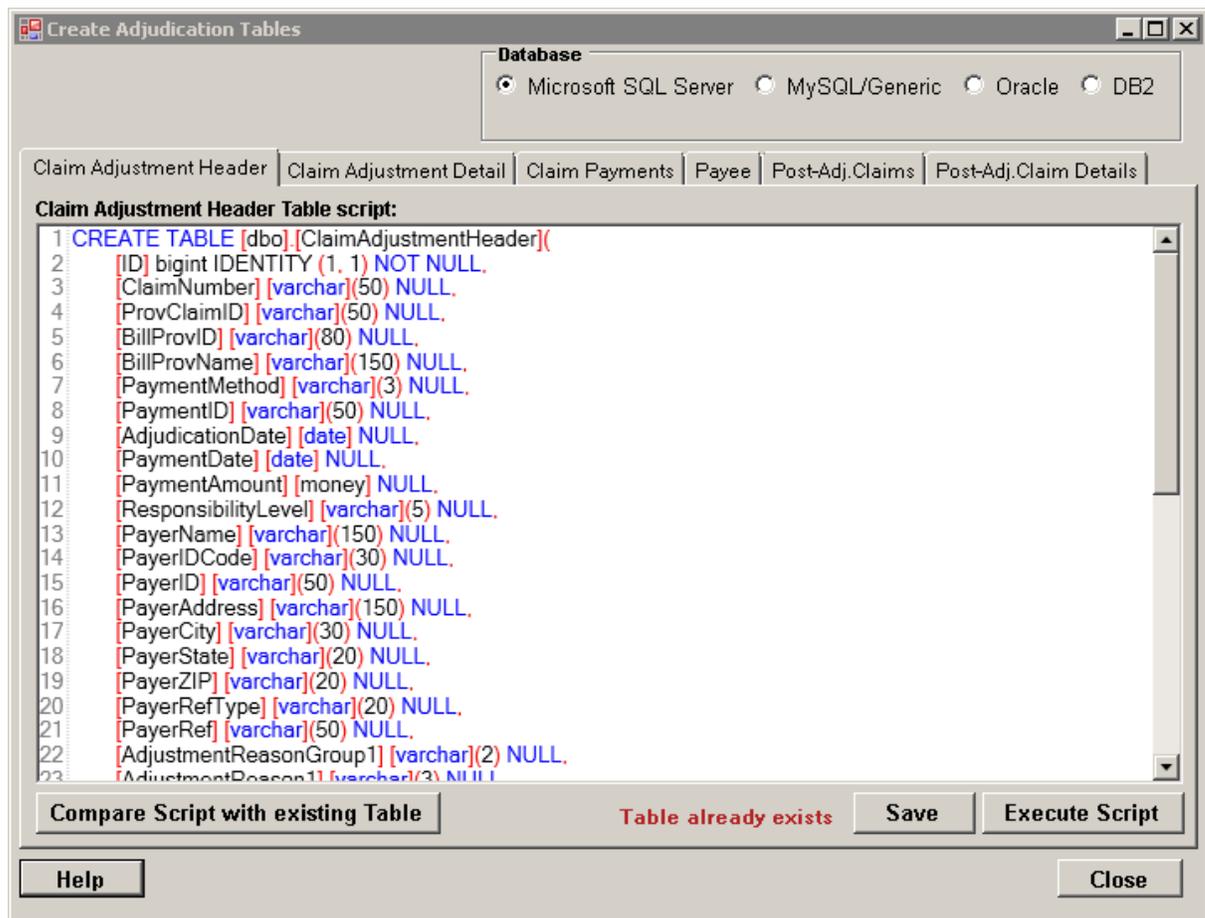


Table Creation screen.

You should receive a similar success message as is shown below for each of the tables created.

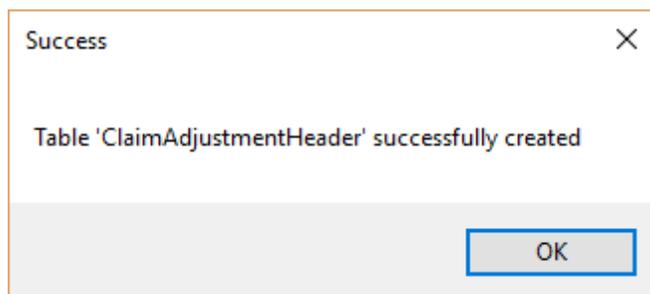


Table creation success message.

After the tables are created, we return to the Field Setup screen. Again we click on 'Test Connection'

Connection Properties	
Adjustment Header	<input type="text" value="claimAdjustmentHeader"/>
Adjustment Detail	<input type="text" value="claimAdjustmentDetail"/>
Adjustment Payment	<input type="text" value="claimAdjustmentPayment"/>
Payee	<input type="text" value="StoredPayee"/>
Post.Adj.Claims	<input type="text" value="PA_Claims"/>
Post.Adj.Claim Details	<input type="text" value="PA_ClaimDetail"/>

[You can create the tables through a separate screen](#)

Adjudication Field Setup screen. Test connection button is highlighted.

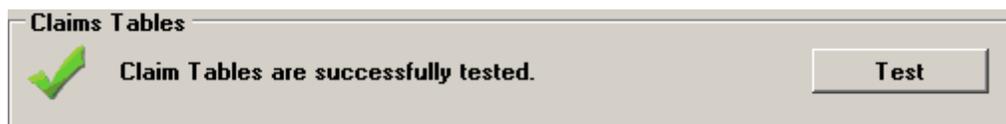
The connection to the database and the adjustment tables will now be checked.



Successful database connectivity test.

Now we see a check mark next to the 'Test Connection' button.

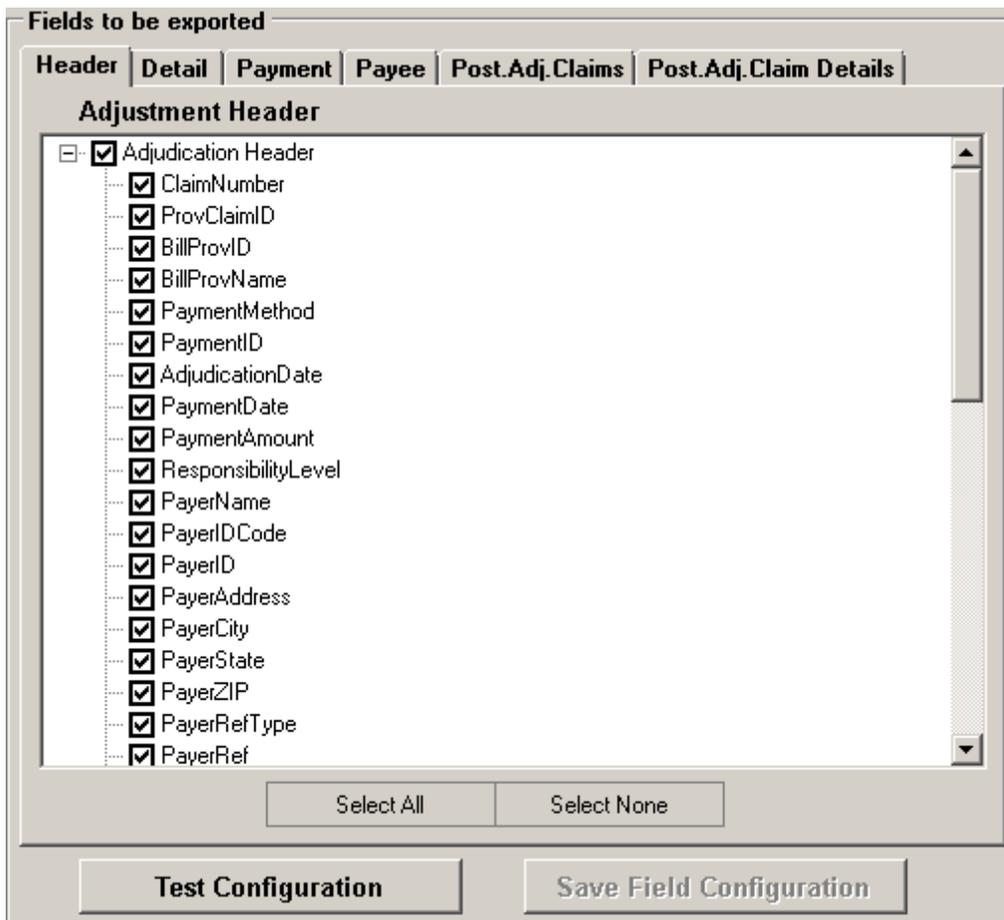
Now we need to test if the fields in the HIPAA Claim Master have been created that are mentioned in the [previous article](#)^[84].



Testing the presence of feed back fields in the EDI Claim tables.

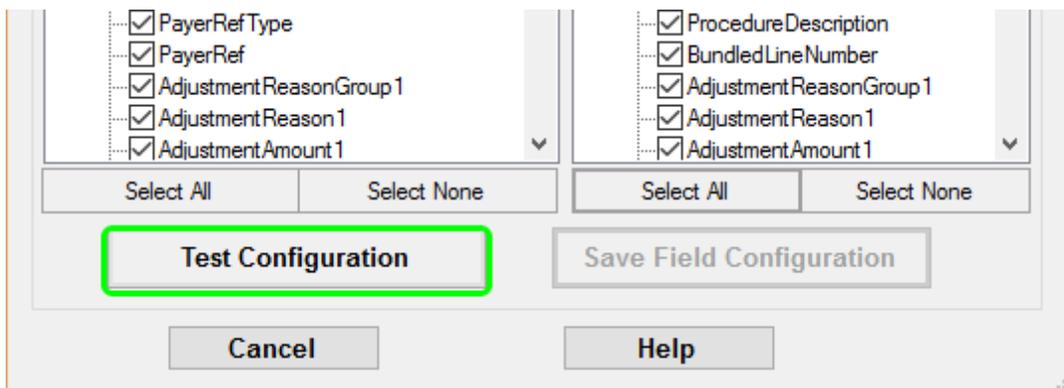
If you do not get a positive message in this test, please go to HIPAA Claim Master and set those fields up.

Now comes the third and final part of the database setup. We need to select the fields that we want to use and check our selection. The easiest way is to click the *Select All* buttons beneath the fields lists in each of the six tabs.



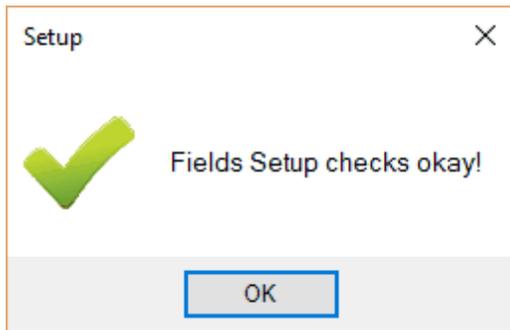
Detail of Adjustment Field Setup screen. Select all fields buttons highlighted.

Click *Test Configuration*.



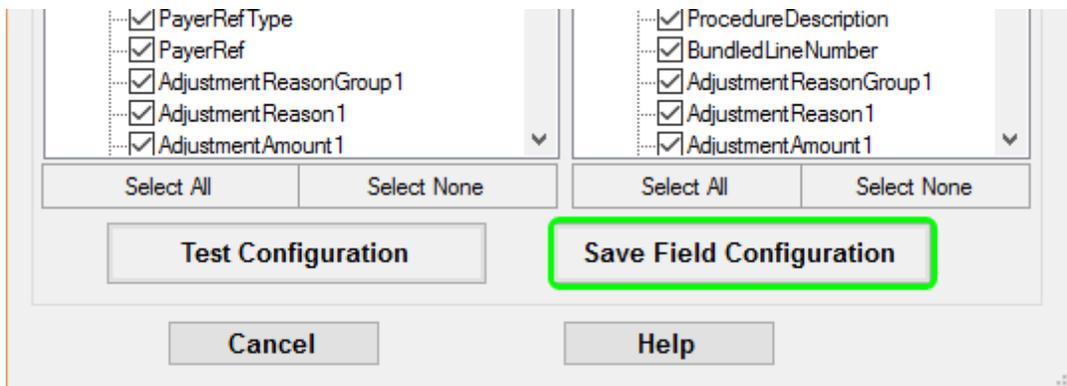
Detail of Adjustment Field Setup screen. Test configuration button is highlighted.

This will check for the existence of all selected fields in the adjustment tables.



Field setup success.

Finally, save the fields by clicking *Save Field Configuration*.



Detail of Adjustment Field Setup screen. Save field configuration button is highlighted.

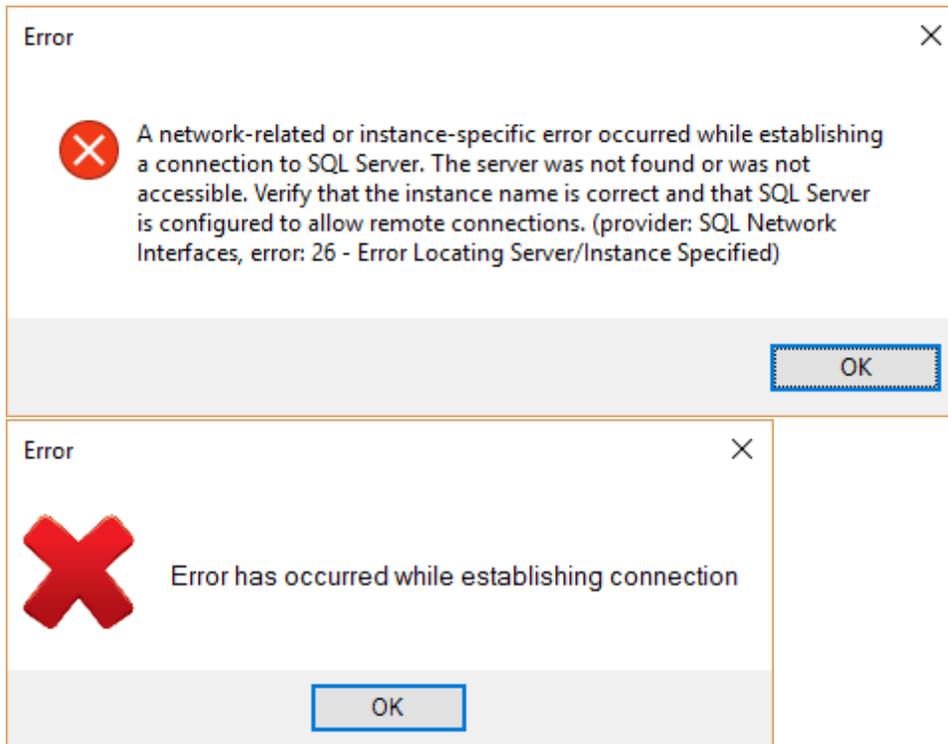
The HIPAA Claim Payment Master now has a record of which fields are currently used in the database. This is especially helpful after an update that requires changes to the database.

Troubleshooting

Below are errors you might find while configuring your adjustment table fields.

Testing the Database Connection

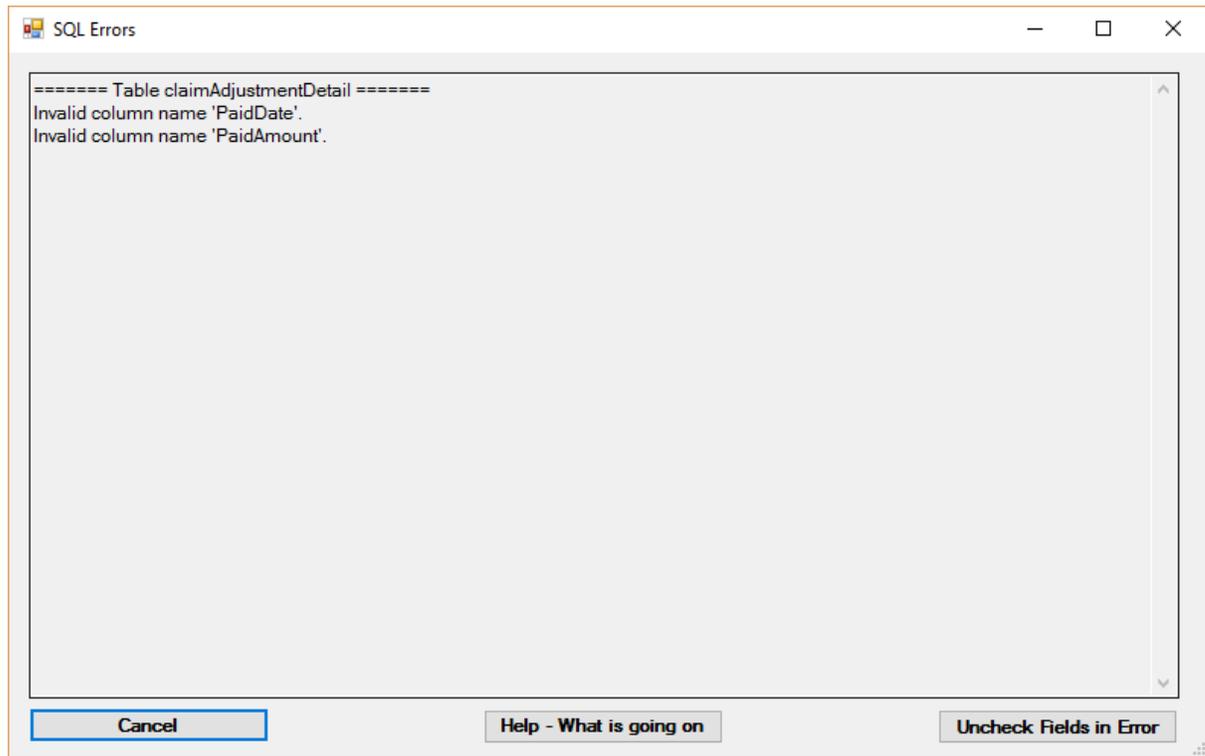
While testing the connection to database, if a connection cannot be established, refer to the [Setting up Database Connection](#)^[55] section in the *Using the Database* chapter to check the database connection as these fields may be in error.



Errors indicating failed attempt at connecting to a database.

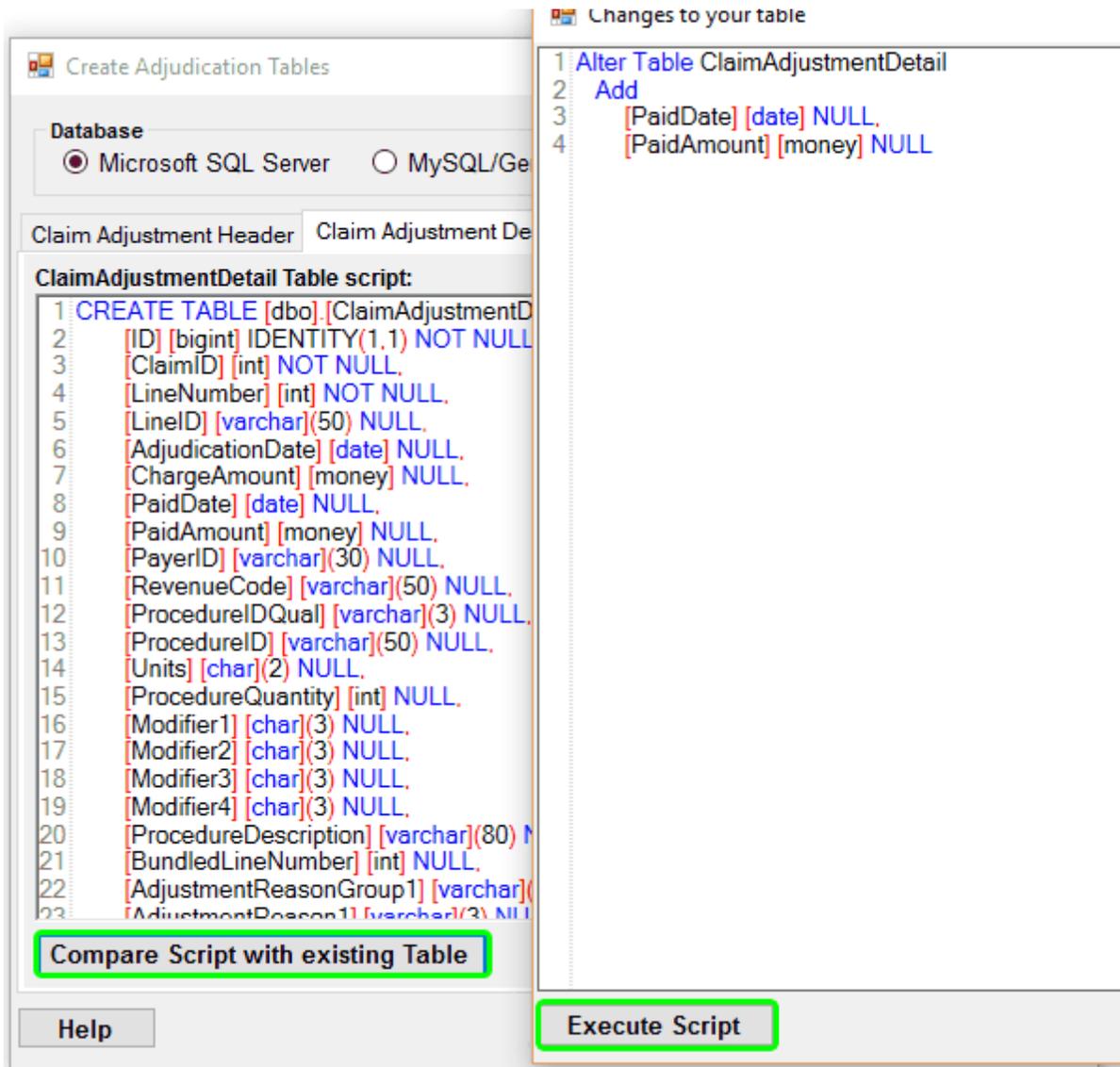
Testing the Field Configuration

When testing the table fields configuration, if any fields are missing (or misnamed), the following error will be displayed.



Error during field configuration test. Two fields are missing from the claim adjustment detail table.

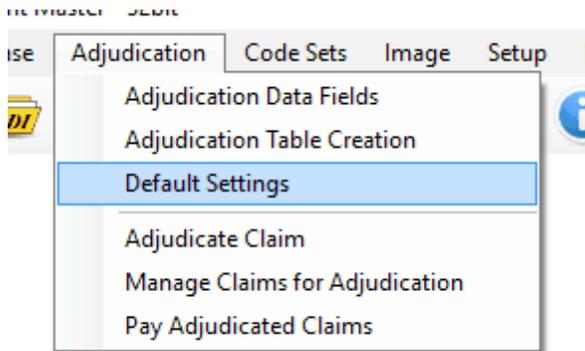
This might happen after an update. The table creation screen can add the missing fields. Click the *Compare Script[...]* button, check the resulting table adjustment script, then click the *Execute Script* button.



Adding missing fields to a table.

6.4 Default Adjudication Action Setup

The default adjudication behavior can be adjusted in the default settings options. A line that has not been manually adjudicated will be assigned the the default Claim Status and/ or Adjustment Reason or paid in full. To open the default claim adjustment settings screen, click the *Default Settings* option under the *Adjudication* menu.



Adjudication menu. Default settings option is highlighted.

The default adjustment settings will be applied to any unadjusted claim line. This allows for quick adjustments. The default setup will mark any claim line that has not been manually adjudicated for full payment. To change this behavior, check *User Default Values to Suspend Payment* and select adjustment and claim status codes to adjust any claim line that was not manually adjudicated.

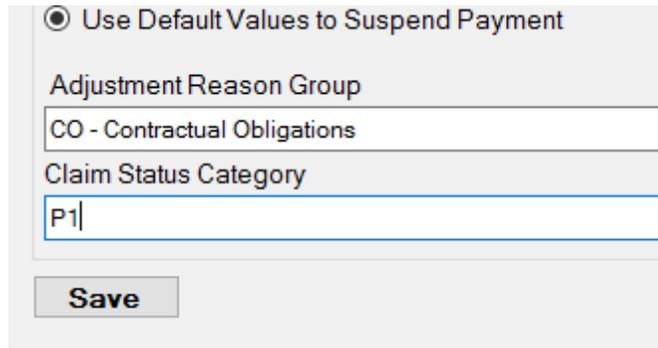
Defaults screen.

Every company used has a different set of default adjudication values. To swap between stored companies, use the company dropdown box.

Detail of the defaults screen. Company selection drop down box is highlighted.

The combo boxes may not have the option you need. If so, type in the claim status or adjustment code and the box will fill in the rest.

Example: Entering "P1" into the Claim Status Category field...



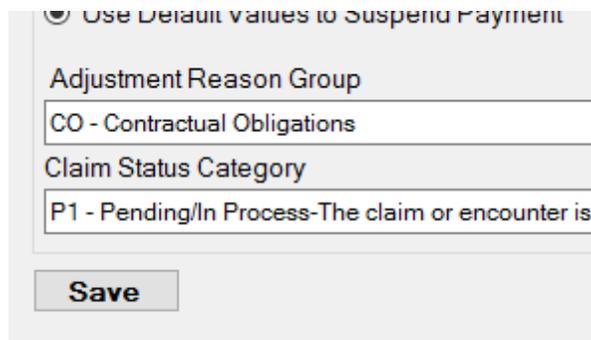
Use Default Values to Suspend Payment

Adjustment Reason Group
CO - Contractual Obligations

Claim Status Category
P1

Save

..will automatically fill in the corresponding definition for that code.



Use Default values to Suspend Payment

Adjustment Reason Group
CO - Contractual Obligations

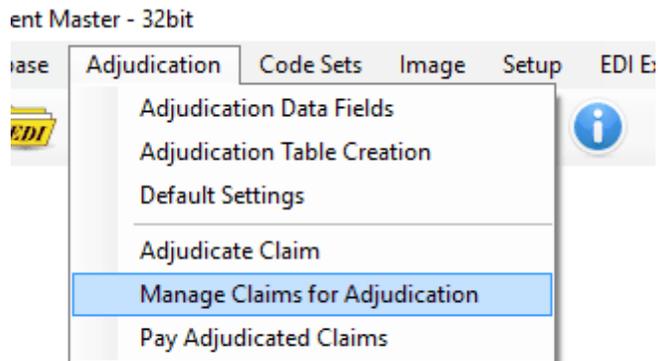
Claim Status Category
P1 - Pending/In Process-The claim or encounter is

Save

Click the *Save* button to save any changes made to the adjudication defaults. Only the currently selected company is saved.

6.5 Finding a Claim

To find a specific claim using a SQL query, open the *Adjudication* menu on the main screen and click *Manage Claims for Adjudication*.



Adjudication menu.

The screen that appears will facilitate searching for specific claims. To the right are the claim status options. Click on a relevant option to narrow the search to claims that have not been adjudicated, have been adjudicated but are yet unpaid or claims that have been adjudicated and paid. The freeform query section will allow you to narrow it down further with the use of a SQL *WHERE* clause. Click *GO* to query the database for claims. The defaults will return the first 150 claims in the claims table.

Select Claims for Adjudication

Free Form Query

SELECT TOP FROM [Claims Table]

WHERE

Go

Claim Options

All

Unadjudicated

Unpaid

Paid

No. of Claims

Help **Clear Results** **Close**

Search for a claim using SQL.

The resulting claims will be arranged in a tree format using their claim numbers. Opening a branch will detail a claim further, displaying its bill provider name, patient name, date, and total charge amount.

Select Claims for Adjudication

Free Form Query

SELECT TOP FROM [Claims Table]

WHERE

No. of Claims

Claim Options

All

Unadjudicated

Unpaid

Paid

- 1 - A37YH556
- 2 - A37YH557
 - Bill Provider: CHARLESTON AREA MEDICAL C
 - Patient: Doe, John
 - Date: 6/28/2011 12:00:00 AM - 7/1/2011 12:00:00 AM
 - Amount: 20,901.65
 - Edit
 - View
 - Adjudicate**
- 3 - A37YH558
- 4 - A37YH559
- 5 - A37YH560
- 6 - A37YH561
- 7 - A37YH562
- 8 - A37YH563
- 9 - A37YH564

Expanded view of a claim.

Clicking View will display the claim form on the screen.

HIPAA Preview

Print Close ← 1 / 1 → Claim Add info COB info

Sender's EDI Number: 310747539 Clearing House ID: TJ98U0321

1 CHARLESTON AREA MEDICAL C
225 Main Street
Centerville, PA 17111

3 PAT. ORG. ID: A37YH557
4 Type of Bill: 111
5 MED. REC. N: 44444TH56
6 FED. TAX NO: 550526150
7 STATEMENT COVERED PERIOD FROM: 06/28/11 THROUGH: 07/01/11

8 PATIENT NAME: 123456
9 PATIENT ADDRESS: 225 Main Street
10 Doe, John
11 Centerville
12 PA
13 17111

14 BIRTHDATE: 07/06/1933
15 SEX: F
16 ADMISSION DATE: 10/13/96
17 TIME: 12:42
18 SRC: 1
19 DHR: 1
20 STAT: 01
21-28 CONDITION CODES

29 OCCURRENCE CODE: 11
30 OCCURRENCE DATE: 06/26/2011
31-37 OCCURRENCE SPAN

38 Doe, John
39 225 Main Street
40 Centerville, PA 17111

42 REV. CD.	43 DESCRIPTION	44 HPCS/RATE/HIPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 0120				3	\$3,117.00	\$0.00	
2 0250				75	\$601.94	\$0.00	
3 0270				15	\$1,296.46	\$0.00	
4 0271				2	\$307.48	\$0.00	
5 0300				32	\$1,894.00	\$0.00	
6 0301				11	\$1,006.00	\$0.00	
7 0302				1	\$40.00	\$0.00	
8 0305				3	\$213.00	\$0.00	

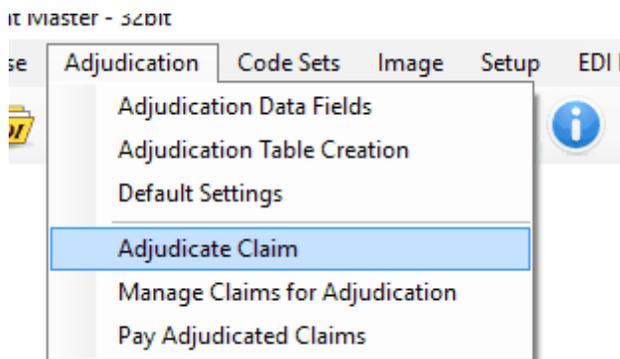
Part of a claim form.

Clicking Adjudicate will load the claim into the [adjudications screen](#)¹⁰¹.

6.6 Loading a Claim

Loading a Claim

To reach the claim adjudication screen, click *Adjudicate Claim* in the *Adjudication* menu.



Adjudicate Claim option under Adjudication menu.

This is the Claims Adjudication screen.

Blank Claim Adjudication screen.

To load a claim into the claim adjudication screen, enter the claim number in the box labeled "Claim No" and click the *Load* button.

Detail of Claim Adjudication screen. Claim Number field and Load button are highlighted.

Loading a claim will fill the Claims Adjudication window with the claim data. All basic information such as claim creation date, claim received date, subscriber, and rendering provider is displayed in the top left.

Adjudicate Claim

Basic Information
 Claim No: A37YH556 Load Claim is not Adjudicated Show Claim
 Payee: TIMOTHY P BLETSCHER Claim Date:
 Patient: Doe, Sally J Received Date: 03/23/2016
 Subscriber: Doe, John Rendering: Doe, John
 Adjudicating Payer: - Payer Info from Claim Responsibility Level: 2 Processing as Second

Claim Level Status
 Claim Status Category: Claim Status:

Payers and Prior Payments on Claim Level

Seq.	Payer Name	Payer ID	Payment Type	Payment
S	ODS HEALTH PLAN	9999		65.00
P	REGENCE	00999	Payor Amount Paid	464.00
Prior Payments				464.00

Claim Level Adjustments

Adj Group	Adj Reason	Amt
Adjust		Claim Level Adjustment 0.00

Claim Line Information

No	Date	Rev Code	Procedure ID	Description	Qty	Unit	Rate	Charge	Non Cov	Prior	Last Adj.	Adjustments	Payment	Adjust
1			AD.D0120	PERIODIC ORAL EVALUATION	1		35.00	35.00	0.00	0.00	0.00	0.00	35.00	Go!
2			AD.D1110	DENTAL PROPHYLAXIS ADULT	1		65.00	65.00	0.00	0.00	0.00	0.00	65.00	Go!
3			AD.D0220	INTRAORAL PERIAPICAL FIRST F	1		17.00	17.00	0.00	0.00	0.00	0.00	17.00	Go!
4			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		16.00	16.00	0.00	0.00	0.00	0.00	16.00	Go!
5			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		15.00	15.00	0.00	0.00	0.00	0.00	15.00	Go!
6			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		14.00	14.00	0.00	0.00	0.00	0.00	14.00	Go!
7			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		13.00	13.00	0.00	0.00	0.00	0.00	13.00	Go!
8			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		12.00	12.00	0.00	0.00	0.00	0.00	12.00	Go!
9			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		11.00	11.00	0.00	0.00	0.00	0.00	11.00	Go!
10			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		10.00	10.00	0.00	0.00	0.00	0.00	10.00	Go!
11			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		9.00	9.00	0.00	0.00	0.00	0.00	9.00	Go!
12			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		8.00	8.00	0.00	0.00	0.00	0.00	8.00	Go!
13			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		7.00	7.00	0.00	0.00	0.00	0.00	7.00	Go!
14			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		6.00	6.00	0.00	0.00	0.00	0.00	6.00	Go!

Payment
 Claim: 564.00 Unpaid Amount: 75.00 Est. Amt: Patient Due: Patient Paid: 25.00 COB: 464.00 Prev: 0.00 Last: Adjustments: 0.00 Payment: 75.00

Commands: Help Delete Adjudication Save Adjudication

Previous payers will be displayed to the top right.

Adjudicate Claim

Basic Information
 Claim No: A37YH556 Load Claim is not Adjudicated Show Claim
 Payee: TIMOTHY P BLETSCHER Claim Date:
 Patient: Doe, Sally J Received Date: 03/23/2016
 Subscriber: Doe, John Rendering: Doe, John
 Adjudicating Payer: - Payer Info from Claim Responsibility Level: 2 Processing as Second

Claim Level Status
 Claim Status Category: Claim Status:

Payers and Prior Payments on Claim Level

Seq.	Payer Name	Payer ID	Payment Type	Payment
S	ODS HEALTH PLAN	9999		65.00
P	REGENCE	00999	Payor Amount Paid	464.00
Prior Payments				464.00

Claim Level Adjustments

Adj Group	Adj Reason	Amt
Adjust		Claim Level Adjustment 0.00

Claim Line Information

No	Date	Rev Code	Procedure ID	Description	Qty	Unit	Rate	Charge	Non Cov	Prior	Last Adj.	Adjustments	Payment	Adjust
1			AD.D0120	PERIODIC ORAL EVALUATION	1		35.00	35.00	0.00	0.00	0.00	0.00	35.00	Go!
2			AD.D1110	DENTAL PROPHYLAXIS ADULT	1		65.00	65.00	0.00	0.00	0.00	0.00	65.00	Go!
3			AD.D0220	INTRAORAL PERIAPICAL FIRST F	1		17.00	17.00	0.00	0.00	0.00	0.00	17.00	Go!
4			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		16.00	16.00	0.00	0.00	0.00	0.00	16.00	Go!
5			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		15.00	15.00	0.00	0.00	0.00	0.00	15.00	Go!
6			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		14.00	14.00	0.00	0.00	0.00	0.00	14.00	Go!
7			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		13.00	13.00	0.00	0.00	0.00	0.00	13.00	Go!
8			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		12.00	12.00	0.00	0.00	0.00	0.00	12.00	Go!
9			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		11.00	11.00	0.00	0.00	0.00	0.00	11.00	Go!
10			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		10.00	10.00	0.00	0.00	0.00	0.00	10.00	Go!
11			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		9.00	9.00	0.00	0.00	0.00	0.00	9.00	Go!
12			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		8.00	8.00	0.00	0.00	0.00	0.00	8.00	Go!
13			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		7.00	7.00	0.00	0.00	0.00	0.00	7.00	Go!
14			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		6.00	6.00	0.00	0.00	0.00	0.00	6.00	Go!

Payment
 Claim: 564.00 Unpaid Amount: 75.00 Est. Amt: Patient Due: Patient Paid: 25.00 COB: 464.00 Prev: 0.00 Last: Adjustments: 0.00 Payment: 75.00

Commands: Help Delete Adjudication Save Adjudication

Claim Statuses will be displayed in the middle left.

Adjudicate Claim

Basic Information
 Claim No: A37YH556 Claim is not Adjudicated
 Payee: TIMOTHY P BLETSCHER Claim Date:
 Patient: Doe, Sally J Received Date: 03/23/2016
 Subscriber: Doe, John Rendering: Doe, John
 Adjudicating Payer: - Payer Info from Claim Responsibility Level: 2 Processing as Second

Payers and Prior Payments on Claim Level

Seq.	Payer Name	Payer ID	Payment Type	Payment
S	ODS HEALTH PLAN	9999		65.00
P	REGENCE	00999	Payor Amount Paid	464.00
Prior Payments				464.00

Claim Level Adjustments

Adj Group	Adj Reason	Amt
		0.00

Adjust Claim Level Adjustment

Claim Line Information

No	Date	Rev Code	Procedure ID	Description	Qty	Unit	Rate	Charge	Non Cov	Prior	Last Adj.	Adjustments	Payment	Adjust
1			AD:D0120	PERIODIC ORAL EVALUATION	1		35.00	35.00	0.00	0.00	0.00	0.00	35.00	Go!
2			AD:D1110	DENTAL PROPHYLAXIS ADULT	1		65.00	65.00	0.00	0.00	0.00	0.00	65.00	Go!
3			AD:D0220	INTRAORAL PERIAPICAL FIRST F	1		17.00	17.00	0.00	0.00	0.00	0.00	17.00	Go!
4			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		16.00	16.00	0.00	0.00	0.00	0.00	16.00	Go!
5			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		15.00	15.00	0.00	0.00	0.00	0.00	15.00	Go!
6			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		14.00	14.00	0.00	0.00	0.00	0.00	14.00	Go!
7			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		13.00	13.00	0.00	0.00	0.00	0.00	13.00	Go!
8			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		12.00	12.00	0.00	0.00	0.00	0.00	12.00	Go!
9			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		11.00	11.00	0.00	0.00	0.00	0.00	11.00	Go!
10			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		10.00	10.00	0.00	0.00	0.00	0.00	10.00	Go!
11			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		9.00	9.00	0.00	0.00	0.00	0.00	9.00	Go!
12			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		8.00	8.00	0.00	0.00	0.00	0.00	8.00	Go!
13			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		7.00	7.00	0.00	0.00	0.00	0.00	7.00	Go!
14			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		6.00	6.00	0.00	0.00	0.00	0.00	6.00	Go!

Payment
 Claim: 564.00 Unpaid Amount: 75.00 Est. Amt: Patient Due: Patient Paid: 25.00 COB: 464.00 Prev: Last: Adjustments: 0.00 Payment: 75.00

Commands:

Adjustments at the Claim Level will be displayed in the middle right.

Adjudicate Claim

Basic Information
 Claim No: A37YH556 Claim is not Adjudicated
 Payee: TIMOTHY P BLETSCHER Claim Date:
 Patient: Doe, Sally J Received Date: 03/23/2016
 Subscriber: Doe, John Rendering: Doe, John
 Adjudicating Payer: - Payer Info from Claim Responsibility Level: 2 Processing as Second

Payers and Prior Payments on Claim Level

Seq.	Payer Name	Payer ID	Payment Type	Payment
S	ODS HEALTH PLAN	9999		65.00
P	REGENCE	00999	Payor Amount Paid	464.00
Prior Payments				464.00

Claim Level Adjustments

Adj Group	Adj Reason	Amt
		0.00

Adjust Claim Level Adjustment

Claim Line Information

No	Date	Rev Code	Procedure ID	Description	Qty	Unit	Rate	Charge	Non Cov	Prior	Last Adj.	Adjustments	Payment	Adjust
1			AD:D0120	PERIODIC ORAL EVALUATION	1		35.00	35.00	0.00	0.00	0.00	0.00	35.00	Go!
2			AD:D1110	DENTAL PROPHYLAXIS ADULT	1		65.00	65.00	0.00	0.00	0.00	0.00	65.00	Go!
3			AD:D0220	INTRAORAL PERIAPICAL FIRST F	1		17.00	17.00	0.00	0.00	0.00	0.00	17.00	Go!
4			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		16.00	16.00	0.00	0.00	0.00	0.00	16.00	Go!
5			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		15.00	15.00	0.00	0.00	0.00	0.00	15.00	Go!
6			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		14.00	14.00	0.00	0.00	0.00	0.00	14.00	Go!
7			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		13.00	13.00	0.00	0.00	0.00	0.00	13.00	Go!
8			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		12.00	12.00	0.00	0.00	0.00	0.00	12.00	Go!
9			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		11.00	11.00	0.00	0.00	0.00	0.00	11.00	Go!
10			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		10.00	10.00	0.00	0.00	0.00	0.00	10.00	Go!
11			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		9.00	9.00	0.00	0.00	0.00	0.00	9.00	Go!
12			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		8.00	8.00	0.00	0.00	0.00	0.00	8.00	Go!
13			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		7.00	7.00	0.00	0.00	0.00	0.00	7.00	Go!
14			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		6.00	6.00	0.00	0.00	0.00	0.00	6.00	Go!

Payment
 Claim: 564.00 Unpaid Amount: 75.00 Est. Amt: Patient Due: Patient Paid: 25.00 COB: 464.00 Prev: Last: Adjustments: 0.00 Payment: 75.00

Commands:

Claim Line details are displayed in the bottom table.

Adjudicate Claim

Basic Information

Claim No: A37YH556 Load **Claim is not Adjudicated** Show Claim

Payee: TIMOTHY P BLETSCHER Claim Date:

Patient: Doe, Sally J Received Date: 03/23/2016

Subscriber: Doe, John Rendering: Doe, John

Adjudicating Payer: - Payer Info from Claim Responsibility Level: 2 Processing as Second

Claim Level Status

Claim Status Category	Claim Status

Payers and Prior Payments on Claim Level

Seq.	Payer Name	Payer ID	Payment Type	Payment
S	ODS HEALTH PLAN	9999		
P	REGENCE	00999	Payor Amount Paid	464.00

Prior Payments: 464.00

Claim Level Adjustments

Adj Group	Adj Reason	Amt

Adjust Claim Level Adjustment: 0.00

Claim Line Information

No	Date	Rev Code	Procedure ID	Description	Qty	Unit	Rate	Charge	Non Cov	Prior	Last Adj.	Adjustments	Payment	Adjust
1			AD.D0120	PERIODIC ORAL EVALUATION	1		35.00	35.00	0.00	0.00	0.00	0.00	35.00	Go!
2			AD.D1110	DENTAL PROPHYLAXIS ADULT	1		65.00	65.00	0.00	0.00	0.00	0.00	65.00	Go!
3			AD.D0220	INTRAORAL PERIAPICAL FIRST F	1		17.00	17.00	0.00	0.00	0.00	0.00	17.00	Go!
4			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		16.00	16.00	0.00	0.00	0.00	0.00	16.00	Go!
5			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		15.00	15.00	0.00	0.00	0.00	0.00	15.00	Go!
6			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		14.00	14.00	0.00	0.00	0.00	0.00	14.00	Go!
7			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		13.00	13.00	0.00	0.00	0.00	0.00	13.00	Go!
8			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		12.00	12.00	0.00	0.00	0.00	0.00	12.00	Go!
9			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		11.00	11.00	0.00	0.00	0.00	0.00	11.00	Go!
10			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		10.00	10.00	0.00	0.00	0.00	0.00	10.00	Go!
11			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		9.00	9.00	0.00	0.00	0.00	0.00	9.00	Go!
12			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		8.00	8.00	0.00	0.00	0.00	0.00	8.00	Go!
13			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		7.00	7.00	0.00	0.00	0.00	0.00	7.00	Go!
14			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		6.00	6.00	0.00	0.00	0.00	0.00	6.00	Go!

Payment

Claim	Unpaid Amount	Est. Amt	Patient Due	Patient Paid	COB	Prev	Last	Adjustments	Payment
564.00	75.00			25.00	464.00	0.00		0.00	75.00

Commands: Help Delete Adjudication Save Adjudication

6.7 Claim Level Adjudication

To make adjustments at the claim level, click the *Adjust* button in the Claim Level Adjustments, highlighted below.

Adjudicate Claim

Basic Information

Claim No: A37YH556 Load **Claim is not Adjudicated** Show Claim

Payee: TIMOTHY P BLETSCHER Claim Date:

Patient: Doe, Sally J Received Date: 03/23/2016

Subscriber: Doe, John Rendering: Doe, John

Adjudicating Payer: - Payer Info from Claim Responsibility Level: 2 Processing as Second

Claim Level Status

Claim Status Category	Claim Status

Payers and Prior Payments on Claim Level

Seq.	Payer Name	Payer ID	Payment Type	Payment
S	ODS HEALTH PLAN	9999		
P	REGENCE	00999	Payor Amount Paid	464.00

Prior Payments: 464.00

Claim Level Adjustments

Adj Group	Adj Reason	Amt

Adjust Claim Level Adjustment: 0.00

Claim Line Information

No	Date	Rev Code	Procedure ID	Description	Qty	Unit	Rate	Charge	Non Cov	Prior	Last Adj.	Adjustments	Payment	Adjust
1			AD.D0120	PERIODIC ORAL EVALUATION	1		35.00	35.00	0.00	0.00	0.00	0.00	35.00	Go!
2			AD.D1110	DENTAL PROPHYLAXIS ADULT	1		65.00	65.00	0.00	0.00	0.00	0.00	65.00	Go!
3			AD.D0220	INTRAORAL PERIAPICAL FIRST F	1		17.00	17.00	0.00	0.00	0.00	0.00	17.00	Go!
4			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		16.00	16.00	0.00	0.00	0.00	0.00	16.00	Go!
5			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		15.00	15.00	0.00	0.00	0.00	0.00	15.00	Go!
6			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		14.00	14.00	0.00	0.00	0.00	0.00	14.00	Go!
7			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		13.00	13.00	0.00	0.00	0.00	0.00	13.00	Go!
8			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		12.00	12.00	0.00	0.00	0.00	0.00	12.00	Go!
9			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		11.00	11.00	0.00	0.00	0.00	0.00	11.00	Go!
10			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		10.00	10.00	0.00	0.00	0.00	0.00	10.00	Go!
11			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		9.00	9.00	0.00	0.00	0.00	0.00	9.00	Go!
12			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		8.00	8.00	0.00	0.00	0.00	0.00	8.00	Go!
13			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		7.00	7.00	0.00	0.00	0.00	0.00	7.00	Go!
14			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		6.00	6.00	0.00	0.00	0.00	0.00	6.00	Go!

Payment

Claim	Unpaid Amount	Est. Amt	Patient Due	Patient Paid	COB	Prev	Last	Adjustments	Payment
564.00	75.00			25.00	464.00	0.00		0.00	75.00

Commands: Help Delete Adjudication Save Adjudication

Claim adjudication screen. Emphasis on claim level adjudication table.

The Claim Level Adjudication screen is shown. Adjustments at the claim level can be made here.

The screenshot shows the 'Claim Level Adjudication' window with two tabs: 'Claim Level Adjustments' (selected) and 'Supplemental Information'. The main area contains the following fields and tables:

Adjustment Reason Group: A dropdown menu.

Deduct Amount or Percentage: Two input boxes followed by a '%' symbol.

Adjustment Reason: A dropdown menu with an **Add** button to its right.

Adj. Group Code	Adj. Reason	Adj. Amount	Adj. Qty

Claim Level Status

Claim Status Category for Inquiry (276): A dropdown menu with an **Add** button to its right.

Claim Status for Inquiry (276): A dropdown menu.

Claim Status Category	Claim Status

At the bottom of the window are three buttons: **Save**, **Help**, and **Cancel**.

Claim Level Adjustments

To add a claim level adjustment, first fill in the Adjustment Reason Group, Adjustment Reason and enter either a deduction amount or percentage, then click *Add*.

Claim Level Adjudication

Claim Level Adjustments Supplemental Information

Adjustment Reason Group: PI - Payor Initiated Reductions

Deduct Amount or Percentage: %

Adjustment Reason

- 117 - Payment adjusted because transportation is only covered to the closest facility that can provide the services.
- 118 - Charges reduced for ESRD network support.
- 119 - Benefit maximum for this time period has been reached.
- 120 - Patient is covered by a managed care plan.
- 121 - Indemnification adjustment.
- 122 - Psychiatric reduction.
- 123 - Payer refund due to overpayment.
- 124 - Payer refund amount - not our patient.
- 125 - Payment adjusted due to a submission/billing error(s). Additional information is supplied using the "Remarks" field.
- 126 - Deductible -- Major Medical
- 127 - Coinsurance -- Major Medical
- 128 - Newborn's services are covered in the mother's Allowance.
- 129 - Payment denied - Prior processing information appears incorrect.
- 130 - Claim submission fee.
- 131 - Claim specific negotiated discount.**
- 132 - Prearranged demonstration project adjustment.
- 133 - The disposition of this claim/service is pending further review.
- 134 - Technical fees removed from charges.
- 135 - Claim denied. Interim bills cannot be processed.
- 136 - Claim Adjusted. Plan procedures of a prior payer were not followed.
- 137 - Payment/Reduction for Regulatory Surcharges, Assessments, Allowances or Health Related Fees.
- 138 - Claim/service denied. Appeal procedures not followed or time limits not met.
- 139 - Contracted funding agreement - Subscriber is employed by the provider of services.
- 140 - Patient/Insured health identification number and name do not match.
- 141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.
- 142 - Claim adjusted by the monthly Medicaid patient liability amount.
- 143 - Portion of payment deferred.
- 144 - Incentive adjustment, e.g. preferred product/service.
- 145 - Premium payment withholding
- 146 - Payment denied because the diagnosis was invalid for the date(s) of service reported.

Buttons: Add, Cancel

Selecting an Adjustment Reason.

To remove an adjustment, select the adjustment in the adjustments table and hit the **Delete** key.

Adjustment Reason Group:

Deduct Amount or Percentage: %

Adjustment Reason:

Buttons: Add

Adj. Group Code	Adj. Reason	Adj. Amount	Adj. Qty
PI - Payor Initiated Reductions	3 - Co-payment Amount	35.00	
CO - Contractual Obligations	143 - Portion of payment deferred.	56.40	

Adjustment Reason table.

Claim Level Statuses

Remember that you can automatically assign a claim status upon adjudication. Please refer to the [Default Settings](#)⁹⁵. To add a claim level status, first select the Claim Status Category and Claim Status desired, then click the *Add* button.

The screenshot shows the 'Claim Level Status' form. It has two dropdown menus: 'Claim Status Category for Inquiry (276)' with the selected value 'A2 - Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accept...' and 'Claim Status for Inquiry (276)' with the selected value '3 - Claim has been adjudicated and is awaiting payment cycle.'. An 'Add' button is highlighted with a red dashed border.

Claim Status Category	Claim Status
-----------------------	--------------

Adding a claim status.

To delete a claim status, select the claim status in the claim status table and hit the *Delete* key.

The screenshot shows the 'Claim Level Status' form with the 'Add' button disabled. Below the form is a table with two columns: 'Claim Status Category' and 'Claim Status'. The first row is highlighted with a red border and contains the values 'A2 - Acknowledgement/Acceptance into adjudicatio...' and '3 - Claim has been adjudicated and is awaiting pay...'.

Claim Status Category	Claim Status
A2 - Acknowledgement/Acceptance into adjudicatio...	3 - Claim has been adjudicated and is awaiting pay...

The Claim Status table.

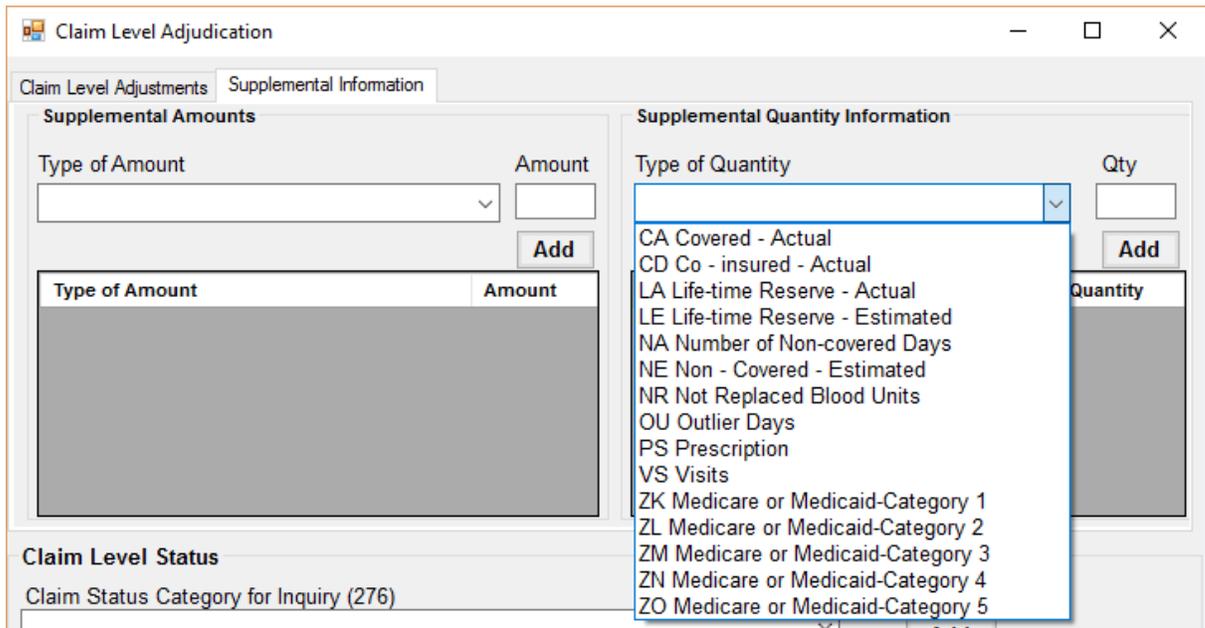
Claim Level Supplemental Amounts and Supplemental Quantities

The second tab in the Claim Level Adjudication screen contains tables for adding or removing supplemental information.

The screenshot shows the 'Claim Level Adjudication' window. It has two tabs: 'Claim Level Adjustments' and 'Supplemental Information'. The 'Supplemental Information' tab is selected, and it contains a sub-tab labeled 'Supplemental Amounts'.

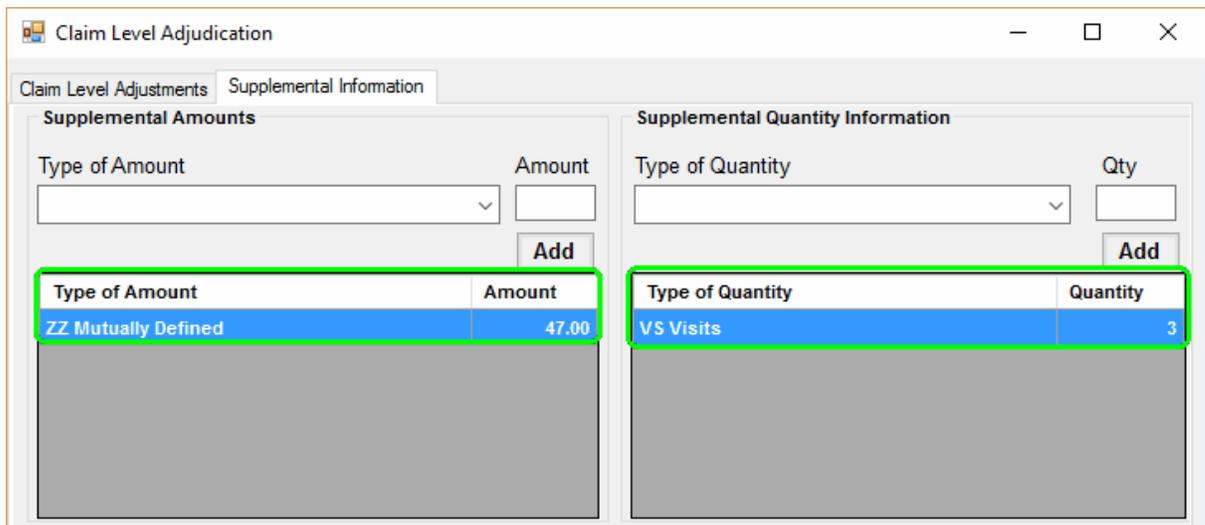
Tabs in Claim Level Adjudication window.

To add a supplemental quantity or supplemental amount, first fill in the type of amount or type of quantity, then fill in the amount or quantity, and click the *Add* button.



Adding a Supplemental Quantity.

To remove a supplemental amount or quantity, select the row in the appropriate table, then hit the *Delete* key.



Supplemental Information tables.

Saving Adjustments

To save any adjustments made to the claim, click the *Save* button on the lower left. All the adjustments will be saved and the new balances will be reflected in the main claim adjustments screen.

Claim Status for Inquiry (276)

Claim Status Category Claim Status

Save Help Cancel

Detail of claim level adjustments window. Emphasis on Save button.

6.8 Line Level Adjudication

To adjust a claim at the line level click the *Go!* button under the rightmost column labeled *Adjust* for the claim line you wish to adjust.

No	Date	Rev Code	Procedure ID	Description	Qty	Unit	Rate	Charge	Non Cov	Prior	Last Adj.	Adjustments	Payment	Adjust
1			AD-D0120	PERIODIC ORAL EVALUATION	1		35.00	35.00	0.00	0.00	0.00	0.00	35.00	Go!
2			AD-D1110	DENTAL PROPHYLAXIS ADULT	1		65.00	65.00	0.00	0.00	0.00	0.00	65.00	Go!
3			AD-D0220	INTRAORAL PERIAPICAL FIRST F	1		17.00	17.00	0.00	0.00	0.00	0.00	17.00	Go!
4			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		16.00	16.00	0.00	0.00	0.00	0.00	16.00	Go!
5			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		15.00	15.00	0.00	0.00	0.00	0.00	15.00	Go!
6			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		14.00	14.00	0.00	0.00	0.00	0.00	14.00	Go!
7			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		13.00	13.00	0.00	0.00	0.00	0.00	13.00	Go!
8			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		12.00	12.00	0.00	0.00	0.00	0.00	12.00	Go!
9			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		11.00	11.00	0.00	0.00	0.00	0.00	11.00	Go!
10			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		10.00	10.00	0.00	0.00	0.00	0.00	10.00	Go!
11			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		9.00	9.00	0.00	0.00	0.00	0.00	9.00	Go!
12			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		8.00	8.00	0.00	0.00	0.00	0.00	8.00	Go!
13			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		7.00	7.00	0.00	0.00	0.00	0.00	7.00	Go!
14			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		6.00	6.00	0.00	0.00	0.00	0.00	6.00	Go!

Claim lines in the main adjudication window. The line adjustment button on one of the rows is highlighted.

Clicking a line's adjustment button will open the line level adjudication screen. Any changes performed in the line adjudication window will affect only the line currently being adjusted.

Line Charges

Qty	Unit	Rate	Charge	Open Amount	Total Deductions	Benefit Paid
1		15	15.00	15.00	0.00	15.00

Claim Line Adjustment Supplemental Information Remarks

Adjustment Reason Group Deduct Amount or Percentage or reduce Quantity by

%

Adjustment Reason

Adj. Group Code	Adj. Reason	Adj. Amount	Adj. Quantity

Claim Line Status

Claim Status Category for 276 inquiry

Claim Status for 276 Inquiry

Claim Status Category	Claim Status

Line Adjudication screen.

Line Level Adjustments

To add a line level adjustment, first fill in the Adjustment Reason Group, Adjustment Reason and enter either a deduction amount, percentage or quantity. Finally, click *Add*. The adjustment will be added to the line adjustment table and the total amounts will reflect the change.

The screenshot shows the 'Line Level Adjudication' window. At the top, there is a 'Line Charges' table with columns: Qty, Unit, Rate, Charge, Open Amount, Total Deductions, and Benefit Paid. The first row shows Qty: 1, Rate: 15, Charge: 15.00, Open Amount: 15.00, Total Deductions: 0.00, and Benefit Paid: 15.00.

Below the table are tabs for 'Claim Line Adjustment', 'Supplemental Information', and 'Remarks'. The 'Claim Line Adjustment' tab is active, showing an 'Adjustment Reason Group' dropdown set to 'PI - Payor Initiated Deductions'. To the right are input fields for 'Deduct Amount or Percentage or reduce Quantity by' with a '%' symbol and a quantity field.

An 'Adjustment Reason' dropdown is open, showing a list of reasons:

- 1 - Deductible amount
- 2 - Coinsurance amount
- 3 - Co-payment Amount
- 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 5 - The procedure code/bill type is inconsistent with the place of service.
- 6 - The procedure/revenue code is inconsistent with the patient's age.
- 7 - The procedure/revenue code is inconsistent with the patient's gender.
- 8 - The procedure code is inconsistent with the provider type/specialty (taxonomy).
- 9 - The diagnosis is inconsistent with the patient's age.
- 10 - The diagnosis is inconsistent with the patient's gender.
- 11 - The diagnosis is inconsistent with the procedure.
- 12 - The diagnosis is inconsistent with the provider type.
- 13 - The date of death precedes the date of service.

An 'Add' button is visible to the right of the dropdown. Below the dropdown is a table with columns 'Adj. Group Code' and 'Adj. Reason'.

Selecting an Adjustment Reason.

To remove an adjustment, select the adjustment in the adjustments table and hit the *Delete* key.

This screenshot shows the 'Adjustment Reason' table from the previous window. It has columns: 'Adj. Group Code', 'Adj. Reason', 'Adj. Amount', and 'Adj. Quantity'. The table contains two rows:

Adj. Group Code	Adj. Reason	Adj. Amount	Adj. Quantity
PI - Payor Initiated Deductions	1 - Deductible amount	2.00	
PI - Payor Initiated Deductions	2 - Coinsurance amount	3.00	

The second row is highlighted in blue. Above the table are the same dropdowns and input fields as in the previous screenshot.

Adjustment Reason table.

Line Level Statuses

To add a line level status, first select the Claim Status Category and Claim Status desired, then click the *Add* button.

Adding a claim line status.

To delete a claim line status, select the claim line status in the claim status table and hit the *Delete* key.

Claim Status Category	Claim Status
A2 - Acknowledgement/Acceptance into adjudicatio...	3 - Claim has been adjudicated and is awaiting pay...
F1 - Finalized/Payment-The claim/line has been paid.	0 - Cannot provide further status electronically.

The Claim Line Status table.

Line Level Supplemental Amounts and Supplemental Quantities

The second tab in the Line Level Adjudication screen contains tables for adding or removing supplemental information.

Line Level Adjudication

Line Charges

Qty	Unit	Rate	Charge	Open
1		15	15.00	

Claim Line Adjustment | Supplemental Information | Remarks

Supplemental Amounts

Type of Amount	Amount

Tab selector in Line Level Adjudication window.

To add a supplemental quantity or supplemental amount, first fill in the type of amount or type of quantity, then fill in the amount or quantity, and click the *Add* button.

Line Level Adjudication

Line Charges

Qty	Unit	Rate	Charge	Open Amount	Total Deductions	Benefit Paid
1		15	15.00	15.00	5.00	10.00

Claim Line Adjustment | Supplemental Information | Remarks

Supplemental Amounts

Type of Amount	Amount

Supplemental Quantity Information

Type of Quantity	Qty

Dropdown menu options for Supplemental Amounts:

- B6 - Allowed - Actual
- KH - Deduction Amount
- T - Tax
- T2 - Total Claim Before Taxes
- ZK - Medicare or Medicaid-Category 1
- ZL - Medicare or Medicaid-Category 2
- ZM - Medicare or Medicaid-Category 3
- ZN - Medicare or Medicaid-Category 4
- ZO - Medicare or Medicaid-Category 5

Adding a Supplemental Quantity.

To remove a supplemental amount or quantity, select the row in the appropriate table, then hit the *Delete* key.

Line Charges

Qty	Unit	Rate	Charge	Open Amount	Total Deductions	Benefit Paid
1		15	15.00	15.00	5.00	10.00

Claim Line Adjustment
Supplemental Information
Remarks

Supplemental Amounts

Type of Amount Amount

▼

Add

Type of Amount	Amount
KH - Deduction Amount	3.00

Supplemental Quantity Information

Type of Quantity Qty

▼

Add

Type of Quantity	Quantity
ZK - Medicare or Medicaid-Category 1	1

Supplemental Information tables.

Line Level Remarks

To add a remark code to a claim line, select the *Remarks* tab in the Line Level Adjudication screen. Then, click the drop down box to view the remarks and select one. Finally, click *Add*.

Line Level Adjudication

Qty	Unit	Rate	Charge	Open Amount	Total Deductions	Benefit Paid
1		15	15.00	15.00	5.00	10.00

Claim Line Adjustment Supplemental Information Remarks

M58 - Please resubmit the claim with the missing/correct information so that it may be processed.
 M59 - Incomplete/invalid "to" date(s) of service.
 M60 - Missing Certificate of Medical Necessity.
 M61 - We cannot pay for this as the approval period for the FDA clinical trial has expired.
 M62 - Incomplete/invalid treatment authorization code.
 M63 - We do not pay for more than one of these on the same day.
 M64 - Incomplete/invalid other diagnosis code.
 M65 - One interpreting physician charge can be submitted per claim when a purchased diagnostic test is indicated. Please submit a separate
 M66 - Our records indicate that you billed diagnostic tests subject to price limitations and the procedure code submitted includes a profession
 M67 - Incomplete/invalid other procedure code(s) and/or date(s).
 M68 - Incomplete/invalid attending or referring physician identification.
 M69 - Paid at the regular rate as you did not submit documentation to justify modifier 22.
 M70 - NDC code submitted for this service was translated to a HCPCS code for processing, but please continue to submit the NDC on future
 M71 - Total payment reduced due to overlap of tests billed.
 M72 - Did not enter full 8-digit date (MM/DD/CCYY).
 M73 - The HPSA/Physician Scarcity bonus can only be paid on the professional component of this service. Rebill as separate professional
 M74 - This service does not qualify for a HPSA bonus payment.
 M75 - Allowed amount adjusted. Multiple automated multichannel tests performed on the same day combined for payment.
 M76 - Incomplete/invalid patient's diagnosis(es) and condition(s).
 M77 - Incomplete/invalid place of service(s).
 M78 - Did not complete or enter accurately an appropriate HCPCS modifier(s).
 M79 - Did not complete or enter the appropriate charge for each listed service.
 M80 - We cannot pay for this when performed during the same session as a previously processed service for the patient.
 M81 - You are required to code to the highest level of specificity.
 M82 - Service is not covered when patient is under age 50.
 M83 - Service is not covered unless the patient is classified as at high risk.
 M84 - Old and new HCPCS cannot be billed for the same date of service.
 M85 - Subjected to review of physician evaluation and management services.
 M86 - Service denied because payment already made for similar procedure within set time frame.
 M87 - Claim/service(s) subjected to CFO-CAP prepayment review..

F1 - Finalized/Payment-The claim/line has been paid. 0 - Cannot provide further status electronically.

Save Clear Help Cancel

Line level remarks dropdown list.

To remove a line level remark, select the remark in the remark list and hit the *Delete* key.

Claim Line Adjustment Supplemental Information Remarks

M44 - Incomplete/invalid condition code.

Add

M2 - Not paid separately when the patient is an inpatient.
M44 - Incomplete/invalid condition code.

Line level remarks list.

Saving Adjustments

To save any adjustments made to the claim line, click the *Save* button on the lower left. All the adjustments will be saved and the new balances will be reflected in the main claim adjustments screen.

Claim Status for Inquiry (276)

Claim Status Category	Claim Status
-----------------------	--------------

Save Help Cancel

Detail of line level adjustments window. Emphasis on Save button.

6.9 COB adjudications

If you have claims that have been adjudicated by another payer, you can drill down and see the adjustment decisions this other payer made. This information is in the 837 claim as it came in.

	Qty	Unit	Rate	Charge	Non Cov	Prior	Adjustments	Payment	Adjust
OTHER OUTPATIENT VISIT FOR EVAL & MGMT OF ...	1	UN	234.00	234.00	0.00	84.77	0.00	149.23	Go!
ARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE...	1	UN	61.00	61.00	0.00	14.64	0.00	46.36	Go!
C EXAMINATION, SHOULDER; COMPLETE, MINIMU...	1	UN	68.00	68.00	0.00	25.54	0.00	42.46	Go!

Claim lines with prior payments by another payer

If we double-click into the field we see the details in a pop-up form

Prior Claim Line Adjudication

Payer ID	Amount	Proc Code	Rev Code	Qty	Assigned Line
NR002	84.77	HC 99214		1	

Total: \$84.77

Adjustments from Payer 2

Adj.Group Code	Adj. Reason	Adj.Amount	Adj.Qty	Adj.Date
PR Patient Responsibility	2 Coinsurance amount	21.62		05/30/2013
CO Contractual Obligations	223 Adjustment code for mandated fede...	1.73		
CO Contractual Obligations	45 Charges exceed your contracted/ le...	125.88		

Drill down view into COB payment on the claim line level.

If we want to adjudicate the line and click on go, we see that an adjustment for the already paid portion of the service line is already generated in the form.

The line adjudication window shows a payment by another payer automatically as adjustment

6.10 Saving an Adjudication

To save an adjudication, click the *Save Adjudication* button on the lower right. This will write any adjustments into the claim adjustment tables. Claim lines that have not been adjudicated will have a status or a status and an adjustment added to them as specified in the [default adjudication options](#)⁹⁵. Adjudication information is only ever written to the database tables after clicking the *Save Adjudication* button.

0.00	0.00	0.00	10.00	Go!
0.00	0.00	0.00	9.00	Go!
0.00	0.00	0.00	8.00	Go!
0.00	0.00	0.00	7.00	Go!
0.00	0.00	0.00	6.00	Go!

Payment: 75.00

Commands: Help, Delete Adjudication, Save Adjudication

Save Adjudication bottom on lower right of the claim adjudication screen.

The is now considered Adjudicated unless claim lines were pended. In that case, the claim is partially adjudicated.

Here is what happens when you click 'Save Adjudication':

- The record in EDI_Claims/EDI_ClaimDetail will be amended with the claim status information that was assigned either automatically with default settings or manually by the adjudicator.
- The billing provider will be checked against the payee table. If the record does not exist it will be created on the fly.
- A record will be created in the ClaimAdjustmentHeader/Detail tables that stores all the adjustment information that was put together in the process. The claim adjustment table record is tied to the claim record via the ID field.

6.11 Bundling Claim Lines

Procedure code bundling occurs when a payer believes that the actual services performed and reported for a claim payment can be grouped together and represented by a single procedure code. This means the previously reported procedure codes will be paid under only one procedure code and usually results in a lower payment from the payer.

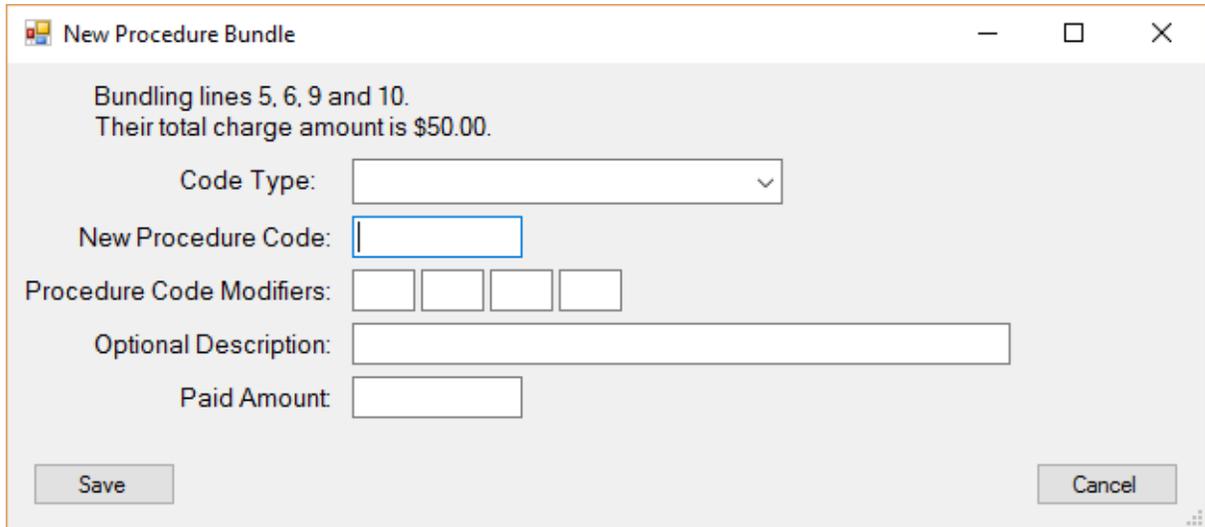
To bundle procedure codes, first select the claim lines you wish to bundle. A group of lines is selected by click-dragging over any number of lines or clicking a single line, holding the *Shift* key, and clicking a second line. If the claim lines are not adjacent, hold the *Ctrl* key while selecting individual lines. Then, right click any one of them. This will open a floating context menu. Click the *Bundle* option.

Claim Line Information														
No	Date	Rev Code	Procedure ID	Description	Qty	Unit	Rate	Charge	Non Cov	Prior	Last Adj.	Adjustments	Payment	Adjust
1			AD.D0120	PERIODIC ORAL EVALUATION	1		35.00	35.00	0.00	0.00	0.00	0.00	35.00	Go!
2			AD.D1110	DENTAL PROPHYLAXIS ADULT	1		65.00	65.00	0.00	0.00	0.00	0.00	65.00	Go!
3			AD.D0220	INTRAORAL PERIAPICAL FIRST F	1		17.00	17.00	0.00	0.00	0.00	0.00	17.00	Go!
4			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		16.00	16.00	0.00	0.00	0.00	0.00	16.00	Go!
5			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		15.00	15.00	0.00	0.00	0.00	0.00	15.00	Go!
6			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		14.00	14.00	0.00	0.00	0.00	0.00	14.00	Go!
7			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		13.00	13.00	0.00	0.00	0.00	0.00	13.00	Go!
8			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		12.00	12.00	0.00	0.00	0.00	0.00	12.00	Go!
9			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		11.00	11.00	0.00	0.00	0.00	0.00	11.00	Go!
10			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		10.00	10.00	0.00	0.00	0.00	0.00	10.00	Go!
11			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		9.00	9.00	0.00	0.00	0.00	0.00	9.00	Go!
12			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		8.00	8.00	0.00	0.00	0.00	0.00	8.00	Go!
13			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		7.00	7.00	0.00	0.00	0.00	0.00	7.00	Go!
14			AD.D0230	INTRAORAL PERIAPICAL EA ADD	1		6.00	6.00	0.00	0.00	0.00	0.00	6.00	Go!

Multiple claim lines are selected. Right-clicking produced the floating context menu which is displaying the

Bundle option.

This will open a screen where a new procedure code can be written. The new procedure code will replace the procedure codes being bundled. Enter a new procedure code, code type and maximum allowed amount. The procedure code modifier and optional description fields are optional. Then, Click Save. This will close the bundling window and replace the selected procedure codes with the new procedure code.



Bundling window.

All but one of the bundled lines will have their open totals adjusted to \$0.00 and their sum added to a single line which will serve to represent all of them. If any adjustments need to be made after bundling, use this representative line.

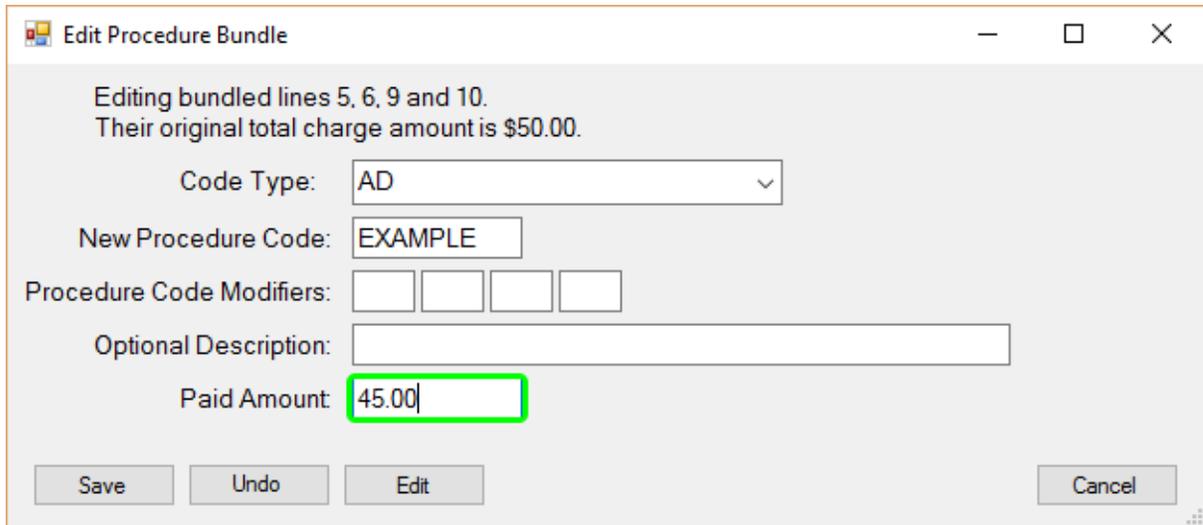
In this example, the maximum allowed amount is \$40.00. The total adjustment amount to bring the total for the representative bundled line to \$40.00 is a negative adjustment of \$25.00 added to the original charge of \$15.00. The remaining bundled lines are not removed, but are adjusted to \$0.00 and their procedure code is changed to the new assigned procedure code to indicate they have been bundled.

Claim Line Information														
No	Date	Rev Code	Procedure ID	Description	Qty	Unit	Rate	Charge	Non Cov	Prior	Last Adj.	Adjustments	Payment	Adjust
1			AD-D0120	PERIODIC ORAL EVALUATION	1		35.00	35.00	0.00	0.00	0.00	0.00	35.00	Go!
2			AD-D1110	DENTAL PROPHYLAXIS ADULT	1		65.00	65.00	0.00	0.00	0.00	0.00	65.00	Go!
3			AD-D0220	INTRAORAL PERIAPICAL FIRST F	1		17.00	17.00	0.00	0.00	0.00	0.00	17.00	Go!
4			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		16.00	16.00	0.00	0.00	0.00	0.00	16.00	Go!
5			AD-EXAMPLE	EXAMPLE	1		15.00	15.00	0.00	0.00	0.00	-25.00	40.00	Go!
6			AD-EXAMPLE	EXAMPLE	1		14.00	14.00	0.00	0.00	0.00	14.00	0.00	Go!
7			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		13.00	13.00	0.00	0.00	0.00	0.00	13.00	Go!
8			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		12.00	12.00	0.00	0.00	0.00	0.00	12.00	Go!
9			AD-EXAMPLE	EXAMPLE	1		11.00	11.00	0.00	0.00	0.00	11.00	0.00	Go!
10			AD-EXAMPLE	EXAMPLE	1		10.00	10.00	0.00	0.00	0.00	10.00	0.00	Go!
11			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		9.00	9.00	0.00	0.00	0.00	0.00	9.00	Go!
12			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		8.00	8.00	0.00	0.00	0.00	0.00	8.00	Go!
13			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		7.00	7.00	0.00	0.00	0.00	0.00	7.00	Go!
14			AD-D0230	INTRAORAL PERIAPICAL EA ADD	1		6.00	6.00	0.00	0.00	0.00	0.00	6.00	Go!

Claim Line table. Four lines have been bundled into an example procedure code.

Editing a Bundle

The maximum allowed amount for a bundle may be edited by clicking the *Go!* button in the adjustment column of the representative line for the bundle. This is usually the first row of a given bundle. The Procedure Bundling screen will be shown. A new amount may be entered here. Clicking *Save* will change the maximum allowed amount for the bundle and recalculate the claim accordingly.



Editing bundled lines 5, 6, 9 and 10.
Their original total charge amount is \$50.00.

Code Type: AD

New Procedure Code: EXAMPLE

Procedure Code Modifiers:

Optional Description:

Paid Amount: 45.00

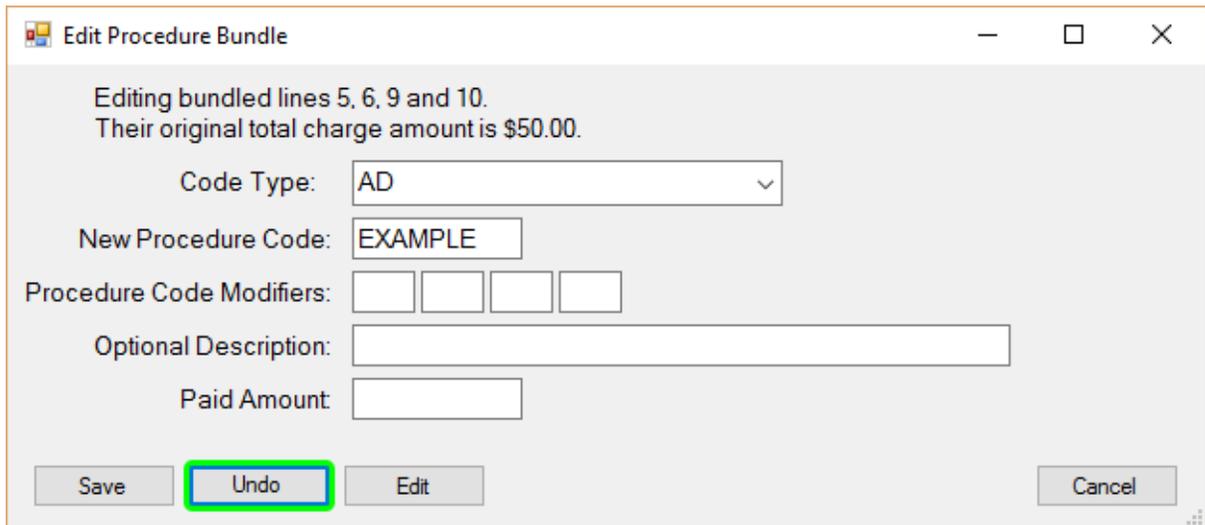
Save Undo Edit Cancel

Editing the example procedure bundle's maximum allowed amount.

Undoing a Bundle

This is not the same as Unbundling a procedure code. Undoing a bundle will restore the original procedure code for all claim lines of any given bundle and remove the bundling adjustments, returning them to their original open amounts.

To undo a claim line bundling, click the *Go!* button in the adjustment column of the representative line for the bundle. This is usually the first row of a given bundle. The Procedure Bundling screen will be shown. In the procedure bundle screen, click the *Undo* button to undo the bundle.



Undo button in procedure bundling screen when editing a bundle.

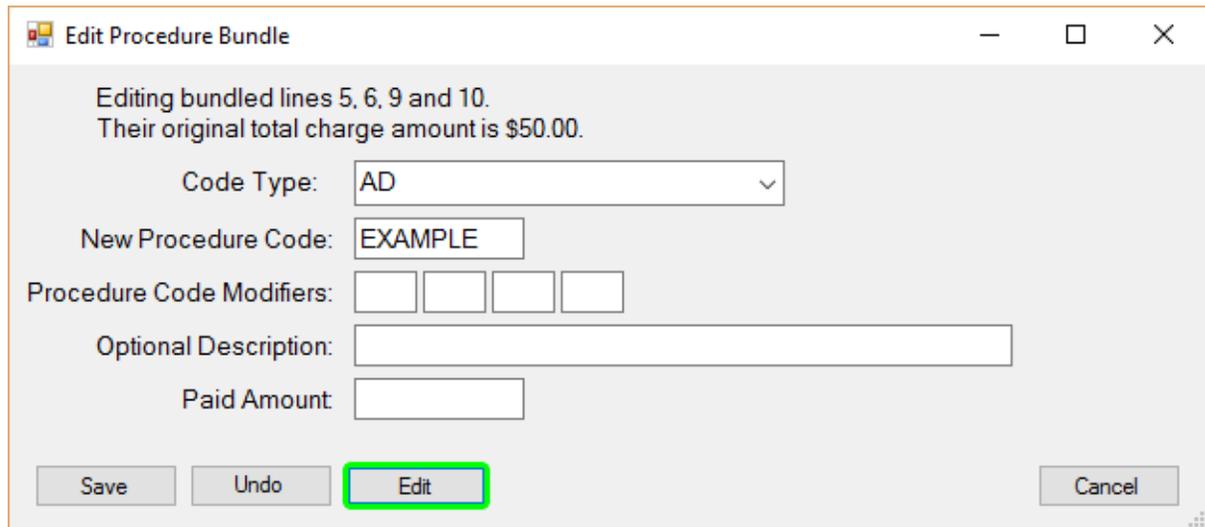
Alternately, select and right-click any bundled row in the claim line table and click the *Undo Bundling* option on the floating context menu.

No	Date	Rev Code	Procedure ID	Description	Qty	Unit	Rate	Charge	Non Cov	Prior	Last Adj.	Adjustments	Payment	Adjust
1			AD:D0120	PERIODIC ORAL EVALUATION	1		35.00	35.00	0.00	0.00	0.00	0.00	35.00	Go!
2			AD:D1110	DENTAL PROPHYLAXIS ADULT	1		65.00	65.00	0.00	0.00	0.00	0.00	65.00	Go!
3			AD:D0220	INTRAORAL PERIAPICAL FIRST F	1		17.00	17.00	0.00	0.00	0.00	0.00	17.00	Go!
4			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		16.00	16.00	0.00	0.00	0.00	0.00	16.00	Go!
5			AD:EXAMPLE	EXAMPLE	1		15.00	15.00	0.00	0.00	0.00	-25.00	40.00	Go!
6			AD:EXAMPLE	EXAMPLE	1		14.00	14.00	0.00	0.00	0.00	14.00	0.00	Go!
7			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		13.00	13.00	0.00	0.00	0.00	0.00	13.00	Go!
8			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		12.00	12.00	0.00	0.00	0.00	0.00	12.00	Go!
9			AD:EXAMPLE	EXAMPLE	1		11.00	11.00	0.00	0.00	0.00	11.00	0.00	Go!
10			AD:EXAMPLE	EXAMPLE	1		10.00	10.00	0.00	0.00	0.00	10.00	0.00	Go!
11			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		9.00	9.00	0.00	0.00	0.00	0.00	9.00	Go!
12			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		8.00	8.00	0.00	0.00	0.00	0.00	8.00	Go!
13			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		7.00	7.00	0.00	0.00	0.00	0.00	7.00	Go!
14			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		6.00	6.00	0.00	0.00	0.00	0.00	6.00	Go!

Undo bundling in claim line context menu.

Adjusting a Bundle

It is possible to adjust bundled procedure codes by adjusting the representative bundle line. To do so, click the *Go!* button in the adjustment column of the representative line for the bundle. This is usually the first row of a given bundle. The Procedure Bundling screen will be shown. In the procedure bundle screen, click the *Edit* button.



Editing bundled lines 5, 6, 9 and 10.
Their original total charge amount is \$50.00.

Code Type: AD

New Procedure Code: EXAMPLE

Procedure Code Modifiers:

Optional Description:

Paid Amount:

Save Undo Edit Cancel

Procedure bundle edit screen. Clicking the *edit* button leads to the line adjustments screen.

The Line Level Adjustment screen will be shown. Adjudicate the claim line as normal.

Note the adjustments for a typical claim line representing bundled procedure lines. The negative amount adds the charge amounts from the other bundled lines into a single claim line and the adjustment marked *45 - Charges exceed your contracted amount* further adjusts the new aggregate open total to the maximum allowed amount entered. The result is a single claim line representing many procedures.

Line Level Adjudication

Qty	Unit	Rate	Charge	Open Amount	Total Deductions	Benefit Paid
1		15	15.00	15.00	-25.00	40.00

Claim Line Adjustment | Supplemental Information | Remarks

Adjustment Reason Group: Deduct Amount or Percentage or reduce Quantity by: %

Adjustment Reason:

Adj. Group Code	Adj. Reason	Adj. Amount	Adj. Quantity
OA - Other adjustments	94 - Processed in Excess of charges.	-35.00	
CO - Contractual Obligations	45 - Charges exceed your contracte...	10.00	

Claim Line Status

Claim Status Category for 276 inquiry:

Claim Status for 276 Inquiry:

Claim Status Category	Claim Status
F3 Finalized/Revised - Adjudication information has ...	526 Bundled or Unbundled Line Number

Line Adjustments screen editing a bundled line. Note the negative adjustment grouping all the bundled lines into one payment.

6.12 Unbundling Claim Lines

Procedure code unbundling occurs when a payer believes that the actual services performed and reported in a single claim line can be represented by a two or more different procedure codes. This results in an increase in the units of service for the claim. Splitting of a service line with multiple units of service into multiple service lines and maintaining the same total units of service is not unbundling.

To unbundle a claim line, select and right-click a claim line and click the *UnBundle* option in the floating context menu that appears.

No	Date	Rev Code	Procedure ID	Description	Qty	Unit	Rate	Charge	Non Cov	Prior	Last Adj.	Adjustments	Payment	Adjust
1			AD:D0120	PERIODIC ORAL EVALUATION	1		35.00	35.00	0.00	0.00	0.00	0.00	35.00	Go!
2			AD:D1110	DENTAL PROPHYLAXIS ADULT	1		65.00	65.00	0.00	0.00	0.00	0.00	65.00	Go!
3			AD:D0220	INTRAORAL PERIAPICAL FIRST F	1		17.00	17.00	0.00	0.00	0.00	0.00	17.00	Go!
4			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		15.00	15.00	0.00	0.00	0.00	0.00	15.00	Go!
5			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		15.00	15.00	0.00	0.00	0.00	0.00	15.00	Go!
6			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		14.00	14.00	0.00	0.00	0.00	0.00	14.00	Go!
7			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		13.00	13.00	0.00	0.00	0.00	0.00	13.00	Go!
8			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		12.00	12.00	0.00	0.00	0.00	0.00	12.00	Go!
9			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		11.00	11.00	0.00	0.00	0.00	0.00	11.00	Go!
10			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		10.00	10.00	0.00	0.00	0.00	0.00	10.00	Go!
11			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		9.00	9.00	0.00	0.00	0.00	0.00	9.00	Go!
12			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		8.00	8.00	0.00	0.00	0.00	0.00	8.00	Go!
13			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		7.00	7.00	0.00	0.00	0.00	0.00	7.00	Go!
14			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		6.00	6.00	0.00	0.00	0.00	0.00	6.00	Go!

Unbundling a claim line.

Unbundling a claim line requires at least two new procedure codes. Enter a new procedure code type, procedure code, and maximum allowed amount. Modifiers and optional descriptions are optional fields. Clicking the *Add* button will add the new procedure into the list at the bottom of the window.

Procedure Unbundling _ □ ×

Unbundling line 5 procedure AD:D0230
with line charge of 15.00

Code Type:

New Procedure Code:

Procedure Code Modifiers:

Optional Description:

Paid Amount:

Qual	Procedure	Mod1	Mod2	Mod3	Mod4	Description	Allowed Amount

Unbundling screen.

After clicking *Add*, the new procedure code will be added to the procedure code list. On clicking the *Save* button, this list will replace the procedure being unbundled and will add to the total claim lines.

Procedure Unbundling

Unbundling line 1 procedure AD:D0120
with line charge of 35.00

Code Type: AD - American Dental Association

New Procedure Code: EX3

Procedure Code Modifiers:

Optional Description:

Paid Amount: 5

Qual	Procedure	Mod1	Mod2	Mod3	Mod4	Description	Allowed Amount
AD	EX1						15
AD	EX2						15

Claim lines to replace the unbundled line are shown in the table at the bottom.

The unbundled line is replaced by the lines that were entered previously. These may now be adjusted individually as with any other claim line.

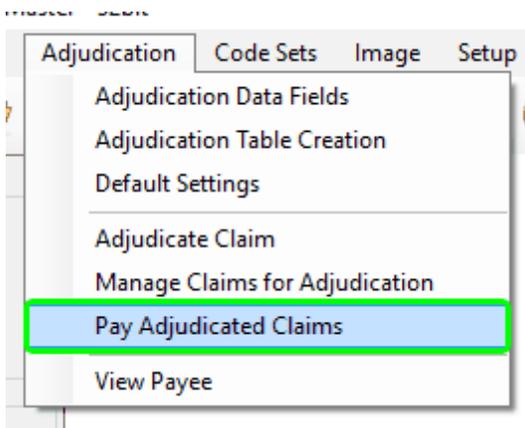
Claim Line Information

No	Date	Rev Code	Procedure ID	Description	Qty	Unit	Rate	Charge	Non Cov	Prior	Last Adj.	Adjustments	Payment	Adjust
1			AD:D0120	PERIODIC ORAL EVALUATION	1		35.00	35.00	0.00	0.00	0.00	0.00	35.00	Go!
2			AD:D1110	DENTAL PROPHYLAXIS ADULT	1		65.00	65.00	0.00	0.00	0.00	0.00	65.00	Go!
3			AD:D0220	INTRAORAL PERIAPICAL FIRST F	1		17.00	17.00	0.00	0.00	0.00	0.00	17.00	Go!
4			AD-EX1	EX1	1		15.00	15.00	0.00	0.00	0.00	0.00	15.00	Go!
5			AD-EX2	EX2	1		10.00	10.00	0.00	0.00	0.00	0.00	10.00	Go!
6			AD-EX3	EX3	1		5.00	5.00	0.00	0.00	0.00	0.00	5.00	Go!
8			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		15.00	15.00	0.00	0.00	0.00	0.00	15.00	Go!
9			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		14.00	14.00	0.00	0.00	0.00	0.00	14.00	Go!
10			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		13.00	13.00	0.00	0.00	0.00	0.00	13.00	Go!
11			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		12.00	12.00	0.00	0.00	0.00	0.00	12.00	Go!
12			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		11.00	11.00	0.00	0.00	0.00	0.00	11.00	Go!
13			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		10.00	10.00	0.00	0.00	0.00	0.00	10.00	Go!
14			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		9.00	9.00	0.00	0.00	0.00	0.00	9.00	Go!
15			AD:D0230	INTRAORAL PERIAPICAL EA ADD	1		8.00	8.00	0.00	0.00	0.00	0.00	8.00	Go!

The new procedure codes have replaced the unbundled line.

6.13 Paying a Claim

After a claim has been adjudicated, an 835 payment advice EDI file and a CCD+ electronics funds transfer file may be produced. To generate the 835 and CCD+ files, click the *Pay Adjudicated Claims* option in the *Adjudication* menu in the main screen.



Pay Adjudicated Claims menu option.

The payment creation screen will display all claims that have been adjudicated in the claims adjudication window. They are sorted by billing provider, further also called payee. If you click on a certain provider, all their un-paid and adjudicated claims will be listed to the right. Claims may be added or removed from consideration for payment by checking or un-checking the claim under "Selected Claims".

Provider Name	Provider ID
TIMOTHY P BLETSCHER	1306913181
CHARLESTON AREA MEDI...	1952390239

Selected Claims	Amount
1	75.00

Adjustment Type	Amount

Adjustment ID	Amount

Check Date	Check Number	Calculated Amount
4/1/2016		

Adjudicated claims ready for payment.

To the left are the payees table and claims list. The Claims list displays unpaid claims for the currently selected payee. Selecting multiple claims in the claims list will generate an 835 with multiple claims. Their number and total open amounts will be displayed beneath the claims list.

Select which Claims to Pay

Payees with Payments Due	
Provider Name	Provider ID
TIMOTHY P BLETSCHER	1306913181
CHARLESTON AREA MEDI...	1952390239

Selected Claims

A37YH556

Selected Claims Amount

Payee table and claims selection.

Adding Provider Level Adjustments

Provider level adjustments may be made here. To add a provider level adjustment to the additional adjustment table on the bottom left of the screen, first select the adjustment type and enter an amount. Then click the *Add* button. A new adjustment is added at the provider level.

Additional Adjustments on the Provider Level

Adjustment Type	Amount	
50 - Late Charge	20.00	<input type="button" value="Add"/>

Adjustment ID	Amount
---------------	--------

Removing Provider Level Adjustments

To remove a provider level adjustment, highlight the adjustment to be removed and hit the Delete key.

Additional Adjustments on the Provider Level

Adjustment Type	Amount
50 - Late Charge	20.00

Add

Adjustment ID	Amount
50 - Late Charge	20.00

Writing an 835 Claim Payment Advice and CCD+ EFT

After selecting the payee and claims to be included in the claim advice, enter a check date and number. Then click *Create Payment*. The resulting 835 will be shown on the right side of the window. The claim will be considered paid and will no longer be presented when loading the 835 creation screen.

Create Payment for Adjudicated Claims

Select which Claims to Pay

Provider Name	Provider ID
TIMOTHY P BLETSCHER	1306913181
CHARLESTON AREA MEDI...	1952390239

Selected Claims

A37YH556

1 ISA*00* *00* *ZZ*HIPAASUITE *ZZ*113504607
 2 *160401*1404**00501*092141833*0*T*~
 3 ST*835*0001~
 4 BPR*1*75.00*C*NON*****20160401~
 5 TRN*1*ABCD12*0000009999~
 6 DTM*405*20160401~
 7 N1*PR*ODS HEALTH PLAN*XV*PI~
 8 N3*225 Main Street~
 9 N4*Centerville*PA*17111~
 10 N1*PE*TIMOTHY P BLETSCHER*XX*1306913181~
 11 N3*225 Main Street~
 12 N4*Centerville*PA*17111~
 13 LX*~
 14 TS3*1306913181*1*20161231*1*75.00~
 15 CLP*A37YH556*2*564.00*75.00*2500*C**82*1~
 16 NM1*QC*1*Doe*Sally*J~
 17 NM1*IL*1*Doe*John***MI*123456~
 18 NM1*82*1*JONES*JOE*M***XX*1457352130~
 19 REF*LU*5555~
 20 DTM*050*20160323~
 21 PER*CX* TIMOTHY P BLETSCHER*EM*8775551212*TE*9005555555~
 22 SVC*AD:D0120*35.00*35.00**1**1~
 23 REF*6R*1~
 24 SVC*AD:D1110*65.00*65.00**1**1~
 25 REF*6R*2~
 26 SVC*AD:D0220*17.00*17.00**1**1~
 27 REF*6R*3~
 28 SVC*AD:D0230*16.00*16.00**1**1~
 29 REF*6R*4~
 30 SVC*AD:D0230*15.00*15.00**1**1~
 31 REF*6R*5~
 32 SVC*AD:D0230*14.00*14.00**1**1~
 33 REF*6R*6~
 34 SVC*AD:D0230*13.00*13.00**1**1~

Selected Claims 1 Amount 75.00

Additional Adjustments on the Provider Level

Adjustment Type	Amount
	0.00

Add

Adjustment ID	Amount

Process Claims

Check Date 4/ 1/2016 Check Number ABCD12 Calculated Amount

Create Payment View Claim Payment Write to File Send EDI File Mark Claims Cancel

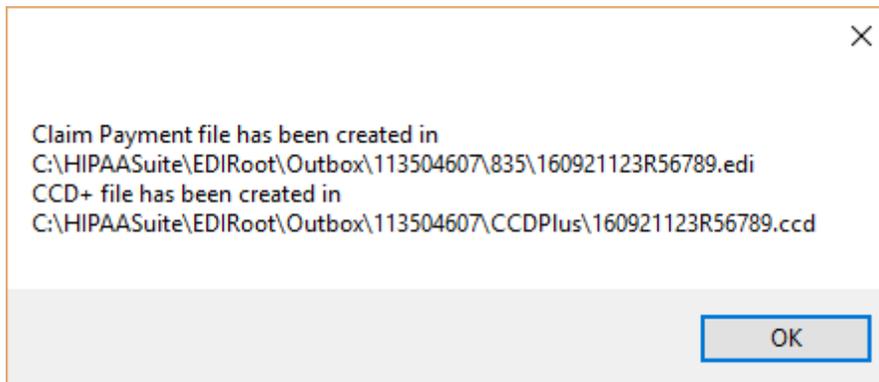
835 Claim Payment has been made.

After creating the 835 EDI file, the payment can be viewed, written to file, or sent to a trading partner.

Writing the 835 and accompanying CCD+

To write a claim payment advice 835 file and its accompanying Corporate Credit or Debit with Addenda Record file, click on "Write to File". Both files will be written and a

messagebox will appear stating where they were saved.



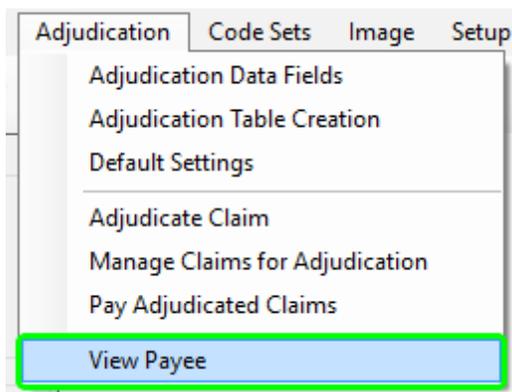
Saved Claim Payment file and CCD+ file for payee 113504607.

Sending the EDI files

Marking Claims as Paid

6.14 Payee/Billing Provider

The eventual recipient of the payment described in an 835, the billing provider or payee, can be modified through the Payee administration screen. To access the administration screen, click *Adjudication* ▶ *View Payee*



Payee administration menu option.

The following window will be shown:

The screenshot shows a software window titled "Payees" with a standard Windows-style title bar (minimize, maximize, close). The window is divided into several sections for data entry:

- Name and Type:** Includes fields for Name (split into First, Middle, Suffix), Address, City, State, and Zip.
- Contact:** Includes fields for Phone Number and Extension.
- Identification:** Includes fields for NPI, State License Number, Primary ID Qualifier, Primary ID, Tax ID Type, and TaxID.
- Trading Partner and Financial Information:** Includes fields for Trading Partner ID Qualifier, Trading Partner ID, Bank Name, Provider ID Linkage (with radio buttons for NPI and TaxID), Routing Number, Account Number, Username, and Password. There are also checkboxes for "Self Hosting" and "Send CCD+", and a "Select Trading" button.

At the bottom of the window, there are five buttons: "Save", "New" (highlighted with a blue border), "Delete", "Refresh", and "Close". On the right side of the window, there is a panel titled "List of Payees" which is currently empty, with "Delete" and "Refresh" buttons at its bottom.

Payee administration window.

The control buttons at the bottom allow you to create a new payee, save a new payee or changes to an existing one, or close the window, canceling all changes.

Creating a new Payee

To create a new payee, click on the *New* button in the bottom center of the Payee window. This will clear all visible fields for you to fill in. An NPI for unique identification is required. In order to create a CCD+ from the Payee data, some financial information and a link to a Trading Partner is also necessary. The Payee may self-host, in which case it will act as a Trading Partner.

The screenshot shows a software window titled "Payees" with a standard Windows interface (minimize, maximize, close buttons). The window is divided into two main sections. On the left is a form for entering a new payee's details, and on the right is a "List of Payees" panel.

Name and Type

Name: CORAL SPRINGS EMERGENCY (with fields for First, Middle, and Suffix)

Address: 1725 UNIVERSITY AVE

City: CORAL SPRINGS, State: FL, Zip: 33071

Contact: JANE DOE (with fields for Phone Number and Extension)

Fax Number and Email fields are also present.

Identification

NPI: 653458215, State License Number: (empty)

Primary ID Qualifier and Primary ID fields are present.

Tax ID Type and TaxID fields are present.

Trading Partner and Financial Information

Trading Partner ID Qualifier: (empty), Trading Partner ID: (empty)

Bank Name, Routing Number, Username, and Password fields are present.

Provider ID Linkage options: NPI, TaxID

Account Number field is present.

Checkboxes: Self Hosting, Send CCD+

A button labeled "Select Trading Partner" is located in this section.

List of Payees

The list contains three entries: ORANGE PARK MEDICAL CTR, CHARLESTON AREA MEDICAL CTR, and FIRST CHOICE EMERGENCY ROOM.

Buttons at the bottom of the window include "Save", "New", "Delete", "Refresh", and "Close".

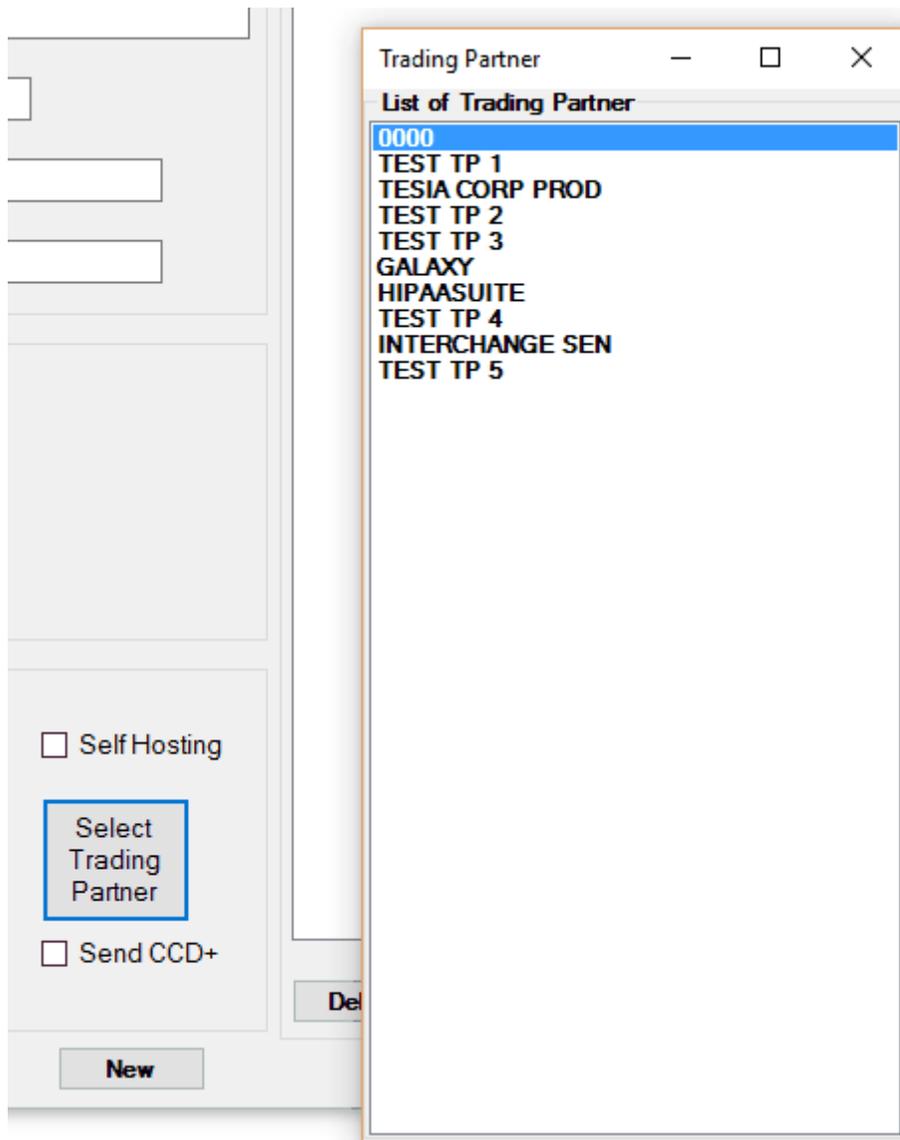
Filling in a new Payee.

In order to create a CCD+ EFT file for a specific Payee, a Trading Partner must be linked to the Payee. If you do not know a Trading Partner's ID, you may select a Trading Partner from your existing ones and the ID will be filled in for you. To do this, click the *Select Trading Partner* button in the Financial Information group.

This is a close-up view of the "Trading Partner and Financial Information" section from the previous screenshot. The "Select Trading Partner" button is highlighted with a green rectangular border. The other fields and options in this section are visible as well.

Select a Trading Partner button in Financial Info group

You will be presented with a list of existing trading partners to choose from. Only Trading Partners of type VAN are listed.



Selecting one will fill in the Trading Partner ID Qualifier and Trading Partner ID fields for the Payee. This links the current Payee to a Trading Partner.

Self-Hosting Payee

To save a payee that is self-hosting, that is, a payee that is not using a Trading Partner, check the *Self Hosting* box. This will require a Trading Partner to be filled in.

The screenshot shows a form titled "Trading Partner and Financial Information". It contains several input fields and checkboxes. The "Self Hosting" checkbox is highlighted with a green border. The form includes the following fields and options:

- Trading Partner ID Qualifier (text input)
- Trading Partner ID (text input)
- Bank Name (text input)
- Routing Number (text input)
- Username (text input)
- Provider ID Linkage (radio buttons for NPI and TaxID)
- Account Number (text input)
- Password (text input)
- Self Hosting (highlighted)
- Select Trading Partner (button)
- Send CCD+

Self-Hosting checkbox.

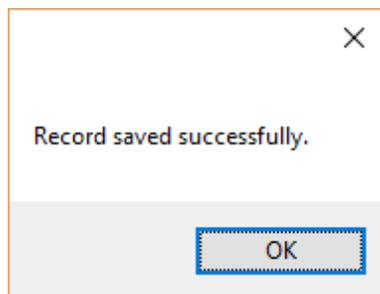
Checking the self-hosting checkbox will allow you to open the Trading Partner window from the Payee window in order to create a new Trading Partner. To do so, click the *Complete Trading Partner* button. Without a linked Trading Partner, a CCD+ file will not be generated for that Payee.

This close-up shows the "Self Hosting" checkbox checked, the "Complete Trading Partner" button, and the "Send CCD+" checkbox unchecked.

Editing a Payee

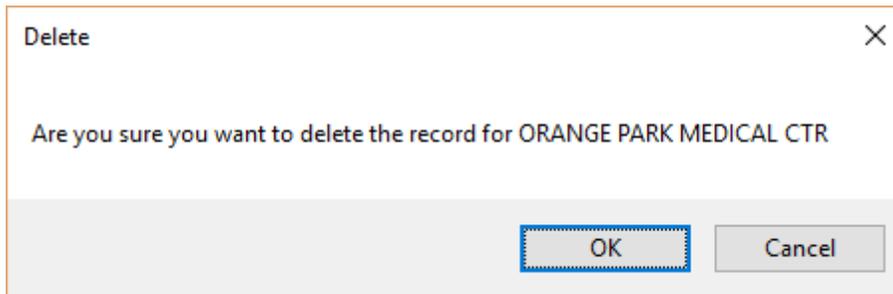
To modify an existing Payee, double-click the Payee to be edited in the Payee list to the right.

The form will be loaded with the selected Payee. After editing the fields, click *Save*.



Deleting a Payee

To delete a Payee, select a Payee on the table to the right and click the *Delete* button or hit the *Delete* key on your keyboard. You will be prompted before deleting the Payee:



Deleting a Payee

Clicking **OK** will delete the Payee from the database. You will not be able to undo this change.

7 Autoprocessing

7.1 Running the Application from the Command Line

The HIPAA Claim Payment Master can also accept command line arguments. This is a very important feature if you want to put the HIPAA Claim Payment Master on a scheduler and automate the processing of files or directories.

The following is the list of the command line arguments; they must be separated by commas.

1. The first command line argument is the **filename** or the **directory path**. If not applicable, leave blank.
2. The second through fourth arguments following a **filename** or **directory path** are reserved for processing options and are triggered by a "Y" as follows:
 - 2nd argument – Export to database.

```
C:\Program Files\HIPAAsuite\HIPAA Claim Payment Master>HIPAAClaimPaymentMaster.exe D:\EDI\835I1.edi,Y
```

Using the Export to Database option as a Command Line Argument

- 3rd argument – TIFF/PDF File. The payment order/remittance advice will be saved as a TIFF image file.

See [Creating Image Files from EDI](#)^[38] for details on how to set up the Image printing capabilities.

Be sure that you have tested the Image printing, before trying the command line mode.

```
C:\Program Files\HIPAAsuite\HIPAA Claim Payment Master>HIPAAClaimPaymentMaster.exe D:\EDI\835I1.edi,,Y
```

Using the TIFF/PDF Image option as a Command Line Argument

- 4th argument – Print. If the fourth argument following a filename or directory path is filled with a "Y", the 820 file will be printed without ever being displayed

```
C:\Program Files\HIPAAsuite\HIPAA Claim Payment Master>HIPAAClaimPaymentMaster.exe D:\EDI\835I1.edi,,,Y
```

Using the Print option as a Command Line Argument

Again, be sure that you have tested the Image printing before trying the command line mode.

Using Several Arguments

You can have a combination of the above arguments. For example,

```
C:\Program Files\HIPAAsuite\HIPAA Claim Payment Master>HIPAAClaimPaymentMaster.exe D:\EDI\835I1.edi,Y,,Y
```

will both export the "820_1.edi" file to the Database and print the file.

```
Command line arguments: D:\EDM835I1.edi,Y,,Y

Processing of 'D:\EDM835I1.edi' started at 11/10/2015 11:35:14 AM
File '835I1.edi' processing started at 11/10/2015 11:35:14 AM
    Payments will be printed
    Payment Records will be exported
    1 Payments with 1 claims have been printed
    1 Payments with 1 claims have been exported
Processing of the file 835I1.edi ended at 11/10/2015 11:35:27 AM
The Trading Partner with the ID ' 123456789' is not set up.
It took 0 minutes, 12.335 seconds to process this file
The average time was 12.336 seconds per record

Processing ended at 11/10/2015 11:35:27 AM
```

Excerpt from HIPAA Claim Payment Master log after command line processing.

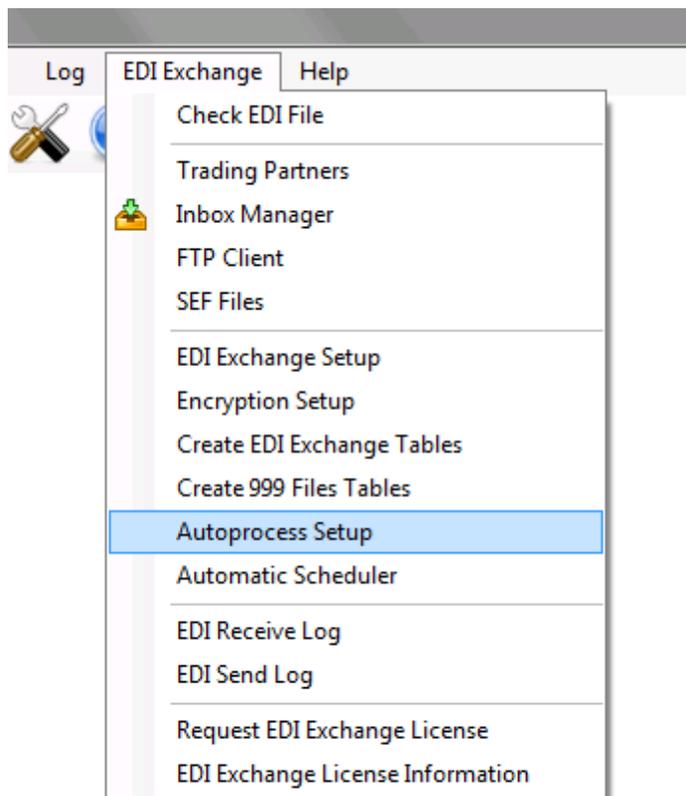
7.2 Processing with the EDI Exchange Module

Processing EDI Files with the EDI Exchange Module Enabled

The only argument you need in this case is "Auto". The directory to look for new files and the processing options are defined in the setup screens for EDI Exchange. No further arguments are needed.

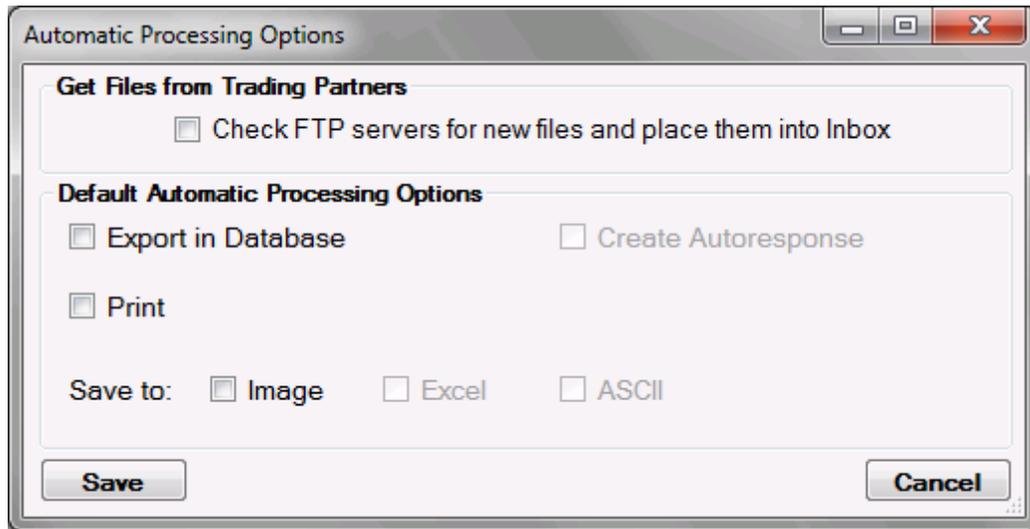
```
C:\Program Files\HIPAAsuite\HIPAA Claim Payment Master>HIPAAClaimPaymentMaster.exe auto
```

To setup autoprocess options, go to EDI Exchange -> Autoprocess Setup



Autoprocess Setup option in EDI Exchange menu

Any options selected for autoprocessing will carry over to the command line.



EDI Exchange Automatic Processing options

7.3 Working with the Database

To generate an 834 file using the Database, the following command line arguments are needed in order:

1. "EDI" - To flag the command for EDI file creation.
2. "QE" - Indicates the EDI file is to be built from a query.
3. Resulting filename - A filename for the resulting file. A **fully qualified path** may be used. A **relative address** (ex: "\834forTradingPartner\834.edi") will result in the file being written to the **EDI Root** directory.
4. Query - The query to be used to build the EDI file.
5. Trading Partner - The trading partner to be used to build the ISA and GS segments. If this argument is left blank, the last Trading Partner used to build an EDI file in [Creating 834 EDI Files from the Attached Database](#)²³⁷ will be used.

Example of creating an EDI file from a database query:

```
G:\Program Files\HIPAAsuite\HIPAA Claim Payment Master>HIPAAClaimPaymentMaster.exe EDI,QE,D:\EDI\834TEST.edi,"SELECT * FROM edi_claimpayment",TESTTRADINGPARTNER
```

EDI file creation command specifying records with a query

The above example has:

- "EDI" as the first argument, flagging this command as a file creation command.

- The second argument is "QE", meaning that an EDI file is to be created using the results from a SQL query.
- Argument 3 is the filename for the resulting file. Since `D:\EDI\834TEST.edi` is a fully qualified path, the file is not written to the EDI Root directory and instead uses the specified path.
- The fourth argument is the query whose results will be used to create the file.
- The fifth argument is the receiving Trading Partner.

and will result in an EDI file named "834TEST.edi" in "D:\EDI\" containing the results of database query "SELECT * FROM edi_claimpayment". The following is the log entry created by this command:

```
Command line arguments: EDI,QE,D:\EDM834TEST.edi,SELECT * FROM edi_claimpayment,TESTTRADINGPARTNER
Processing started at 11/10/2015 12:03:36 PM

EDI creation started at 12:03:36
SQL Query: "SELECT * FROM edi_claimpayment"
Number of found payments: 2
Number of found claims: 2

        Checking on compliance Transaction with check number '16588':
Number of payments: 2
Number of claims in payments: 2
Processing ended at 12:03:37

File is created: D:\EDM834TEST.edi
Processing ended at 11/10/2015 12:03:37 PM
```

Excerpt of HIPAA Claim Payment Master log.

7.4 Changing the Default Company

The default company is the identity you assume as the sender when creating EDI files. This affects the ISA, GS, and NM1 sender segments. A single entity may have a need to act as multiple sender identities and so has a need to change the information in the EDI envelopes.

The default company can be changed using command line arguments, affecting the ISA and GS sender ID segments.

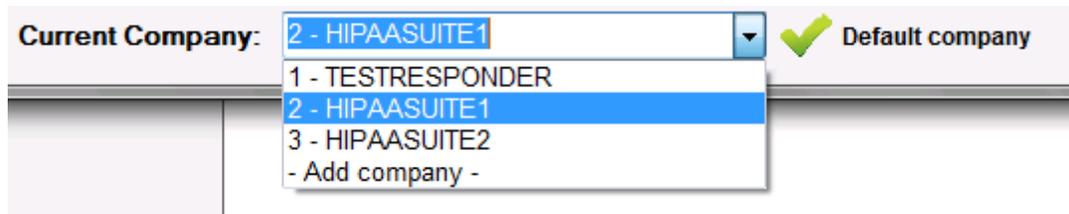
ISA Segment Sender Identifier	HIPAA SUITE1	*
Qualifier	ZZ - Mutually Defined	*
Application Sender's Code GS_2	HIPAA SUITE1	*
Tax ID	9876543210	*

Sender ID segments in Company Setup

To change the default company, a single argument is needed. "Setcompany" followed by the company ID of the company you wish to set.

```
"setcompany <ID>"
```

The Company's ID in this case is not its EDI identifier, but the value of the ID row in the COMPANY_SETUP table. It can also be found in the Company Setup window:



Company selection in Company Setup

Example

The command argument `setcompany 3`

```
C:\Program Files\HIPAAsuite\HIPAA Claim Payment Master>HIPAAClaimPaymentMaster.exe setcompany 3
```

will set the default company to ID = 3, which is HIPAASUITE2 in the example picture above. The log entry for this command will be

```
Set default company with ID 3
Company # 3 is set as a default company
```

Excerpt from log. Default company changed.

7.5 Running the Application via Scheduler

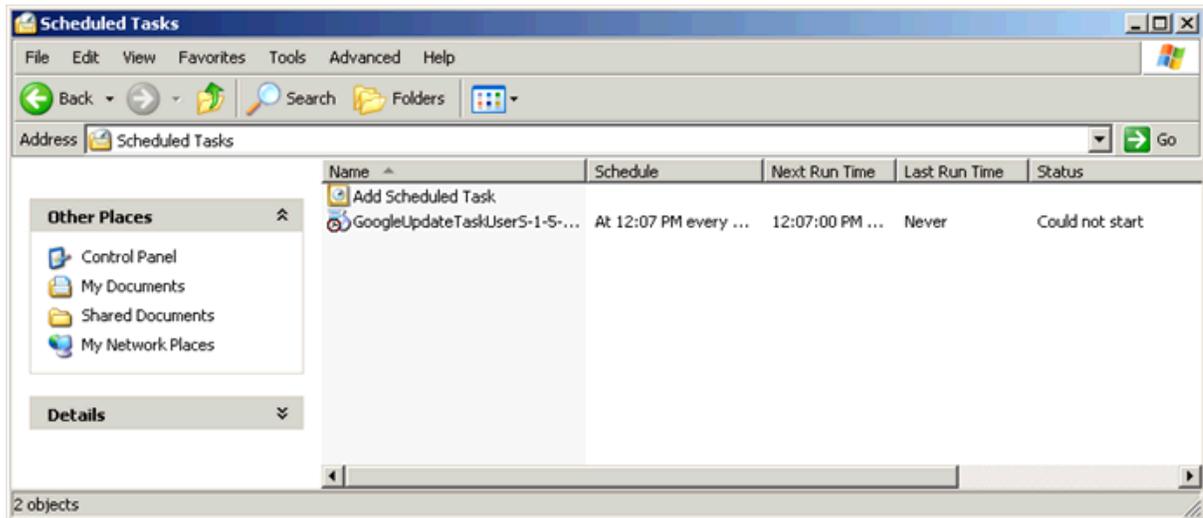
The HIPAA Claim Payment Master can be automated through a scheduler. A scheduler is software that can be programmed to execute a certain task at a certain time repeatedly. Windows has such a scheduler built in.

The Windows scheduler can be used to let the HIPAA Claim Payment Master execute in regular intervals without user intervention. Usually one would let the HIPAA Claim Payment Master scan a directory and then print, create image files or export the data and remove the files to prevent duplicate processing.

Note: Please consult Windows help files for further information on setting up the scheduler.

1. If the task scheduler is installed on your system, you will find it in the "Control Panel". To open Scheduled Tasks, click *Start* ▶ *Control Panel* ▶ *Scheduled Tasks*.

Note: In different Windows versions, the way to access the Task Scheduler can differ. Consult your Windows version documentation.



The Windows Task Scheduler

2. Click on "Add Scheduled Task" and the "Scheduled Task Wizard" will guide you through the setup process.

3. In the first window, read the welcome message and click "Next."



The "Scheduled Task Wizard" window

4. Browse to the `HIPAAClaimPaymentMaster.exe` executable file.



The "Scheduled Task Wizard" window

By default, the application is located in `c:\Program Files\HIPAAsuite\HIPAA Claim Payment Master\HIPAAClaimPaymentMaster.exe`

Click "Next."

5. Type a name for this task. Choose a time interval:

- Daily
- Weekly
- Monthly
- One time only
- When my computer starts
- When I log on

Click "Next."

6. Enter the name and password of a user. The task will run as if it were started by that user. Click "Next."



The "Scheduled Task Wizard" window

7. In the last screen, make sure you have specified all data correctly. Click "Finish" to save your task.

8. The scheduled task has been added to the system. Now let's edit the new task and add the desired command line arguments with the appropriate options. Double-click the newly created task in the "Scheduled Tasks" window.

9. Enter parameters to the "Run" field after the application path and click "OK."

Tip: Logs may be helpful when running the program automatically through the scheduler. See [Accessing Logs](#).

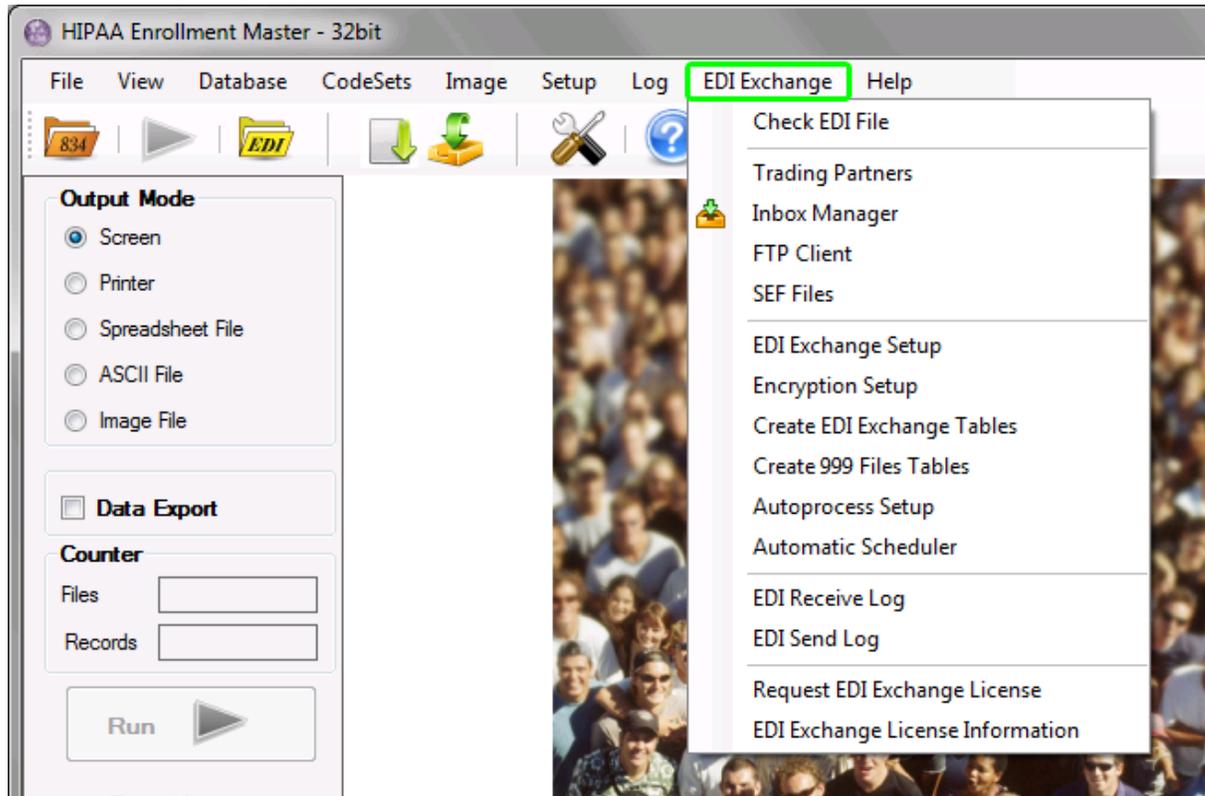
8 EDI Exchange

8.1 Getting Started

8.1.1 About EDI Exchange

EDI Exchange is a module available in most HIPAAsuite EDI applications. It is an option that you can purchase for an additional cost. Some of our products, such as HIPAA Claim Master, process EDI files but do not receive or send EDI files to and from your trading partners. EDI Exchange is created to do that. EDI Exchange is designed for those organizations that have a large volume of EDI files, need more order and automation and adhere to tougher compliance rules. The EDI Exchange is an EDI pre-processor that handles FTP transport, encryption, HIPAA compliance check, trading partner management, etc. Outgoing EDI files can be checked for compliance; individual records that do not pass the check can be withheld.

HIPAAsuite products with EDI Exchange module have a main menu item called "EDI Exchange" with sub-menus to call the module's functions.



The "EDI Exchange" menu in HIPAA Enrollment Master

EDI Exchange performs the following functions:

- **Trading Partners Management** – The following Trading Partner's parameters can be stored and transparently managed with the help of EDI Exchange: name, address, EDI identifiers, delivery methods, encryption parameters, FTP servers, CORE-Compliant server addresses and credentials, communication numbers and folders to keep files separated, special requirements specific to this trading partner. Read more in [Setting up Trading Partners](#)¹⁸⁶.
- **File Transport** – EDI Exchange has a built-in FTP client that can securely connect to your trading partner's FTP servers. If you employ your own FTP server, you can utilize the folder structure that EDI Exchange uses to manage incoming files, users, home directories and permissions so that your Trading Partners can drop off and pick up EDI files. Supported are:
 - Simple FTP
 - FTP Secure

- **Implicit FTPS**
- **Explicit FTPS**
- **Secure Shell FTP or sFTP**

Read more in [Using FTP Client](#)^[204].

- **Encryption** – Many healthcare-related companies use encryption to cloak the content of their EDI files. The prevalent method of encryption is **PKI** (Private Key Infrastructure) that uses the product of two incredibly large prime numbers as cipher. EDI Exchange supports **PGP** (Pretty Good Privacy), the leader in PKI products as well as the open source **GPG** project with its [Windows sub project](#) PGP4Win. Both are implementations of the same encryption mechanism. Read more in [Using Encryption](#)^[212].
- **File Management** – EDI Exchange uses a clear directory structure to store EDI files. The structure is based on root directories for incoming files, outgoing files, processed files and suspended files. Below these root directories, there are subdirectories for each trading partner and then each transaction set. Read more in [Defining Root Directory](#)^[168] and [Initializing EDI Exchange](#)^[170].
- **EDI Compliance Check** – EDI standards are strict and precise; adherence to the standards is very important so that any organization can work with them regardless of their backend system software. EDI Exchange has a built-in compliance engine that checks incoming files for compliance. The engine also generates a report listing each problem with the exact location. Outgoing EDI files can also be checked and you have an option to withhold individual records that violate the rules. Read more in [Checking EDI Files](#)^[220].
- **EDI Control for Transactions** – The EDI protocols have a few supporting transaction sets that are useful to the smooth functioning of EDI exchanges. They provide the sender with an instant feedback on receipt. The following transaction sets are available:
 - **TA1 Acknowledgment**
 - **997/999 Functional Acknowledgment**
 - **277U/277CA Unsolicited Claim Status Response** (in case of Claims)
- **Logging** – EDI Exchange has several logs that are instrumental to keep processing in order and allows to forensically investigate mishaps. There are three logs in EDI Exchange:
 - **Incoming file log** – See [Accessing EDI Receive Log](#)^[225].

- **Outgoing file log** – See [Accessing EDI Send Log](#)²²⁸.
- **Daily transaction log**

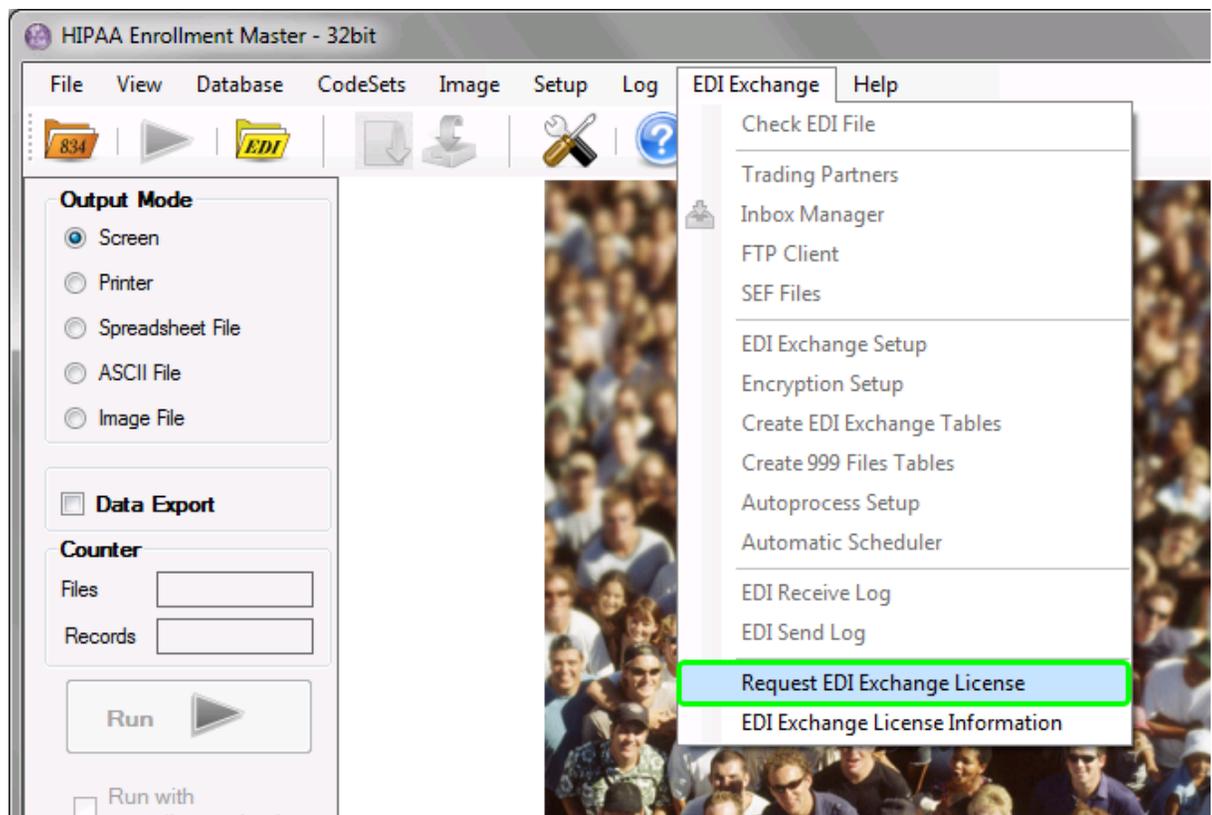
8.1.2 Requesting EDI Exchange License

If your trial has expired, you can request an extension to the trial.

If you purchased the product and need a final license key, you should request an EDI Exchange license.

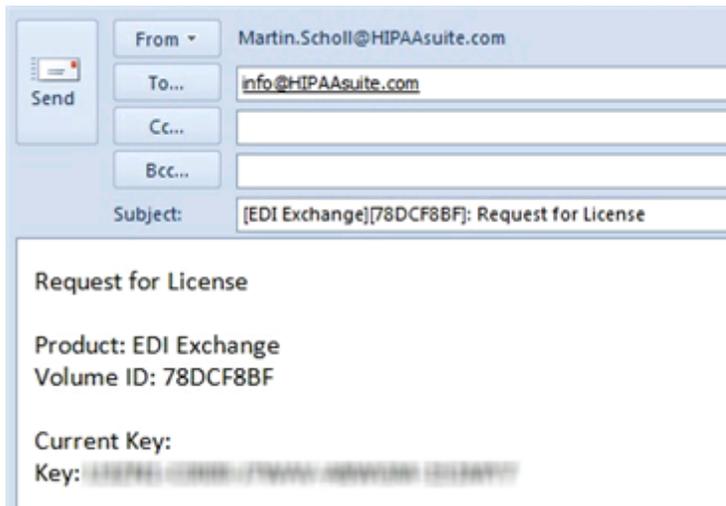
Follow the instructions below to request a trial or final license key.

1. Select "Request EDI Exchange license" under the "EDI Exchange" menu item.



A menu item to request a license key

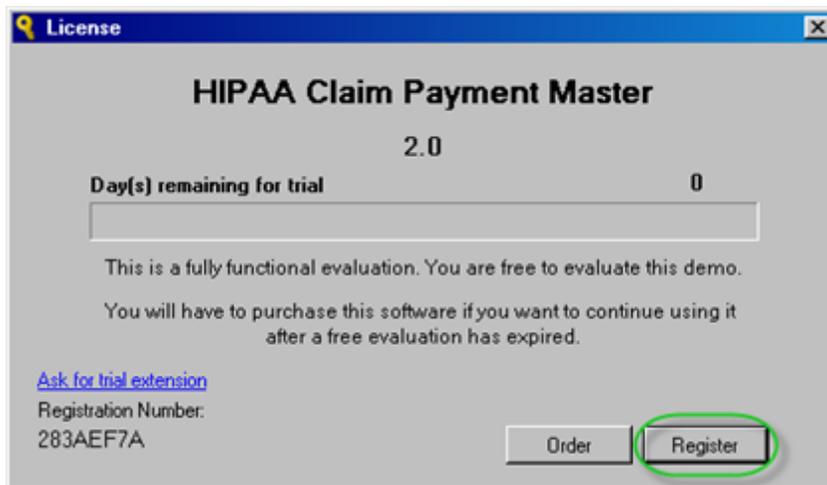
2. Once you have clicked this menu item, your default email application appears. In our case, it is Microsoft Outlook. All information necessary to produce the key is automatically filled out.



Email message created by EDI Exchange

3. You can add a trial extension or a final key after purchasing or relocating the software.

Once you receive the response with the key for EDI Exchange, you can bring the "Registration Form" screen up again and click on "Register". Enter the key to unlock EDI Exchange. In the Result area, you will see that EDI Exchange has been registered.



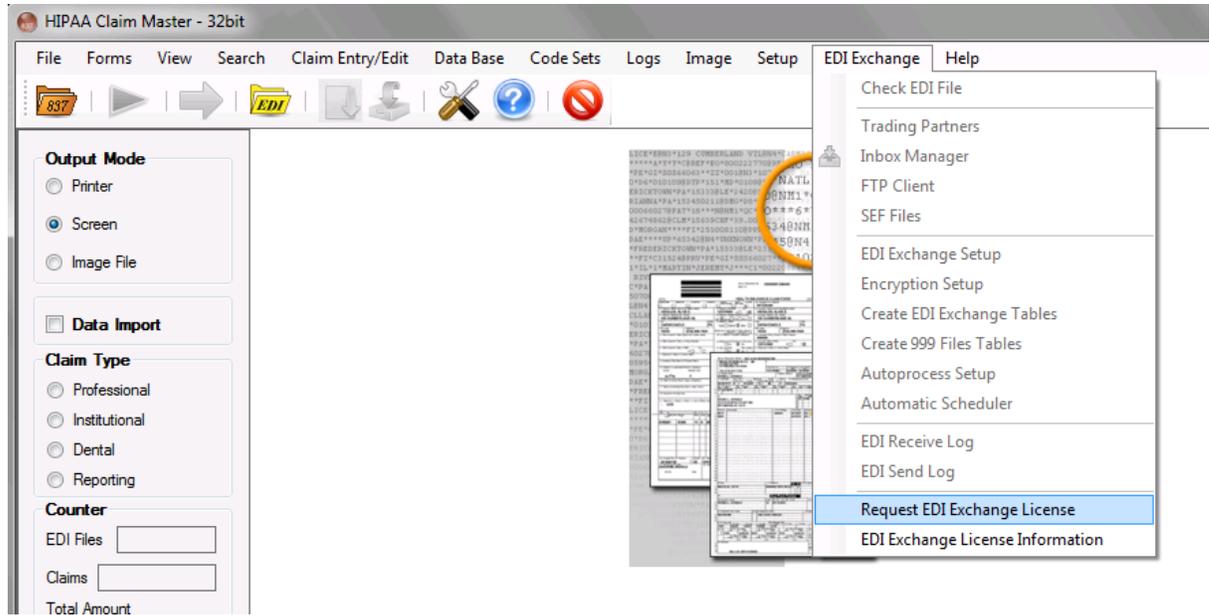
Entering the license key

8.1.3 Registering EDI Exchange

EDI Exchange is licensed separately from the host application, HIPAA Claim Master, for example. The reason is that EDI Exchange will work on all HIPAAsuite Products that are installed on your particular computer. For example, if you have HIPAA Claim Master and

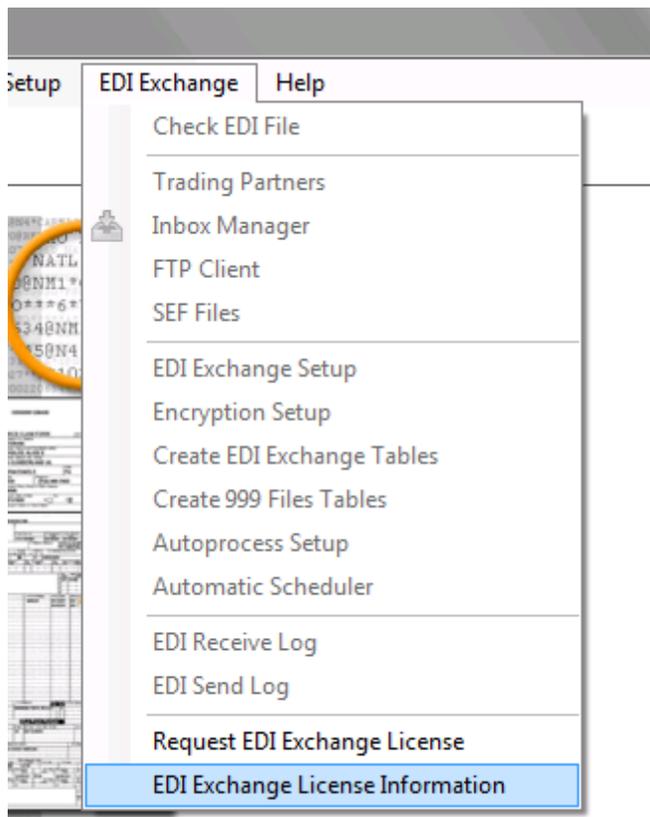
HIPAA Enrollment Master licensed, only one license of EDI Exchange is needed and the module will work across two products.

When you first install a HIPAAsuite product of your choice, a 15-day EDI Exchange trial is included. Once the trial expires, EDI Exchange loses its functionality. The menu items under "EDI Exchange" become disabled except the last ones that allow you to license and enable the product.



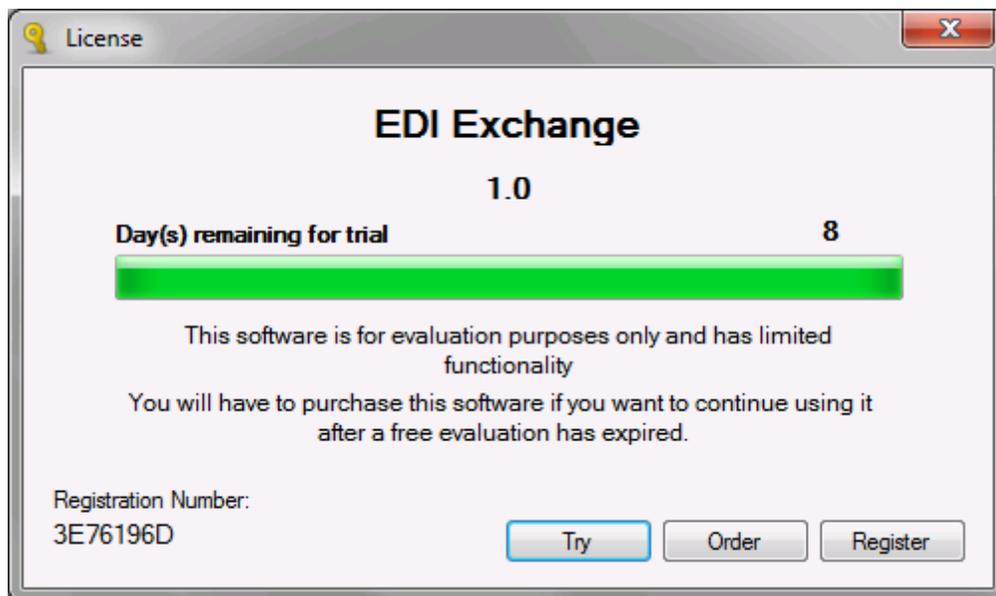
The "EDI Exchange" menu with menu items disabled

You can register the product by clicking on the "EDI Exchange License Information" option under the "EDI Exchange" menu.



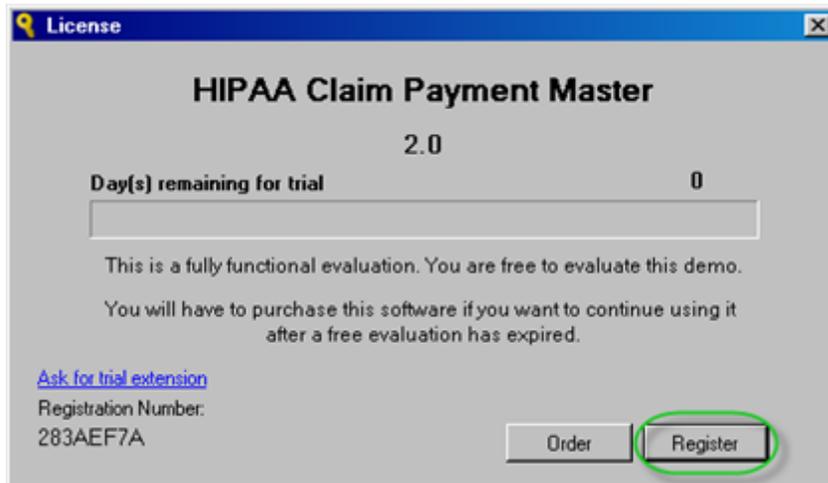
"EDI Exchange License Information" option under the "EDI Exchange"

Then the license screen appears. In the lower left corner you can find the unique registration number needed to create either trial extensions or final licensing.



The license information screen

Once you click on "Register," you can enter the license key that you have previously received via email from us (see [Requesting EDI Exchange License](#)¹⁴⁸.) Click on "Register" and you will see the registration message in the "Result" area.



Extending the trial by entering a license key

Close the "Registration Form" and continue using the EDI Exchange.

8.2 Configuring EDI Exchange (Obligatory Settings)

8.2.1 1 Setting up Database Connection

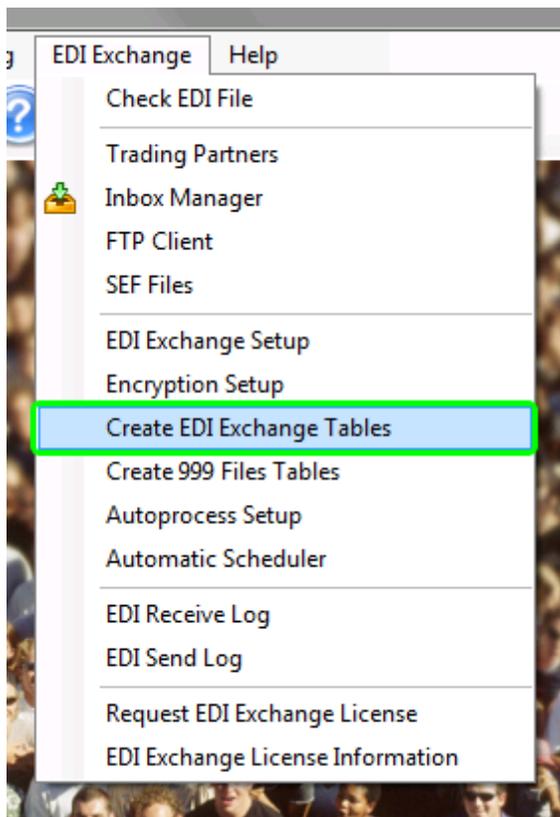
EDI Exchange work is based on the database connection that you define under *Database ▶ Connection and Data Fields* in the main menu of the HIPAA host application. Make sure the connection has already been set up and tested before proceeding with EDI Exchange.

Then proceed to the next step: [Creating Database Tables](#)¹⁵².

8.2.2 2 Creating Database Tables

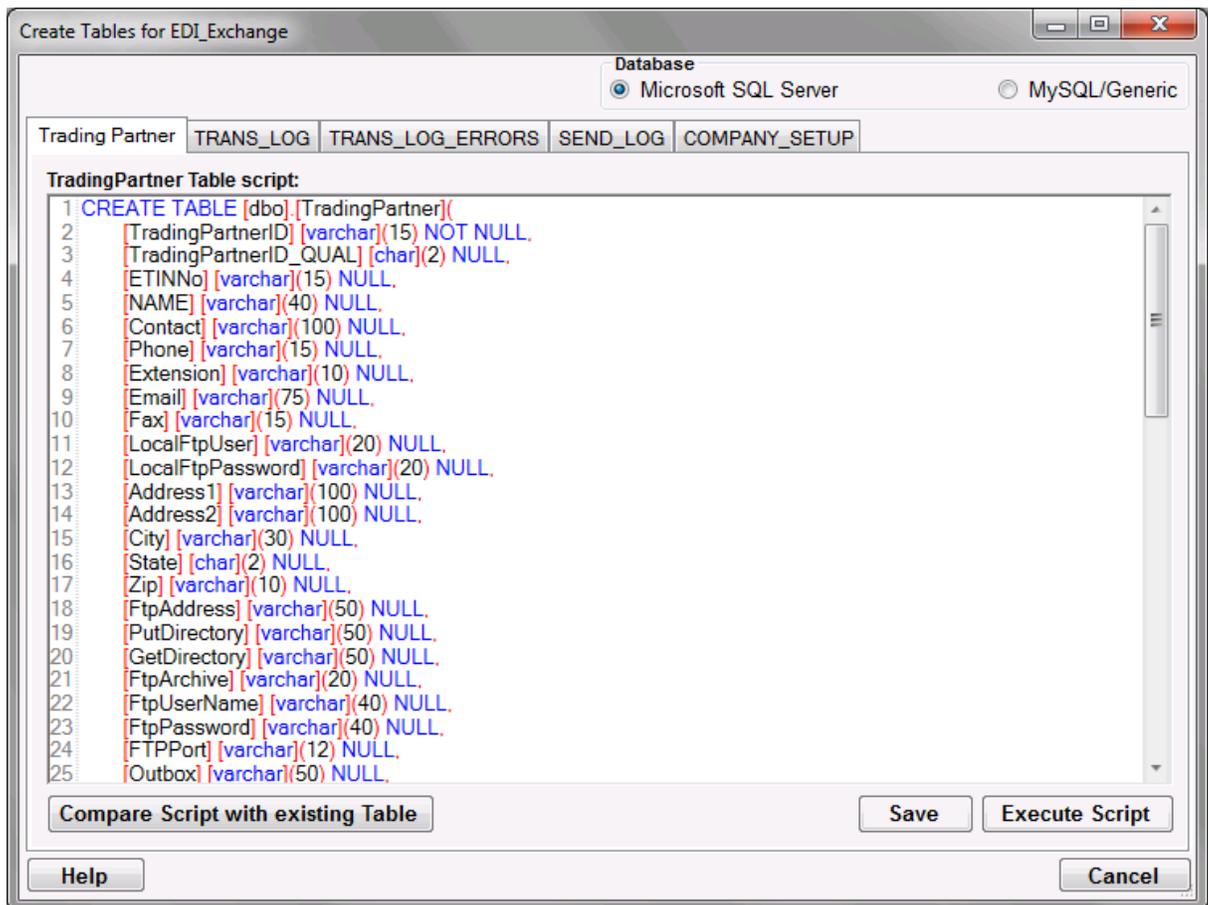
Once you have configured the database connection ([Setting up Database Connection](#)¹⁵²), follow the instructions below.

1. Select *EDI Exchange ▶ Create EDI Exchange Tables* in the main menu.



The menu item to create the necessary tables.

2. The "Create Tables for EDI_Exchange" screen will appear. Table creation and/or modification for your database is handled here.



The screen to create the tables

3. Select the database type you use for your host HIPAA application.

- **Database**
 - **Microsoft SQL Server** (SQL Server 2008 and above)
 - **MySQL**

Note: In case your database is not listed, modify the scripts or ask your database administrator to make the necessary modifications.

4. The following tables are part of EDI Exchange:

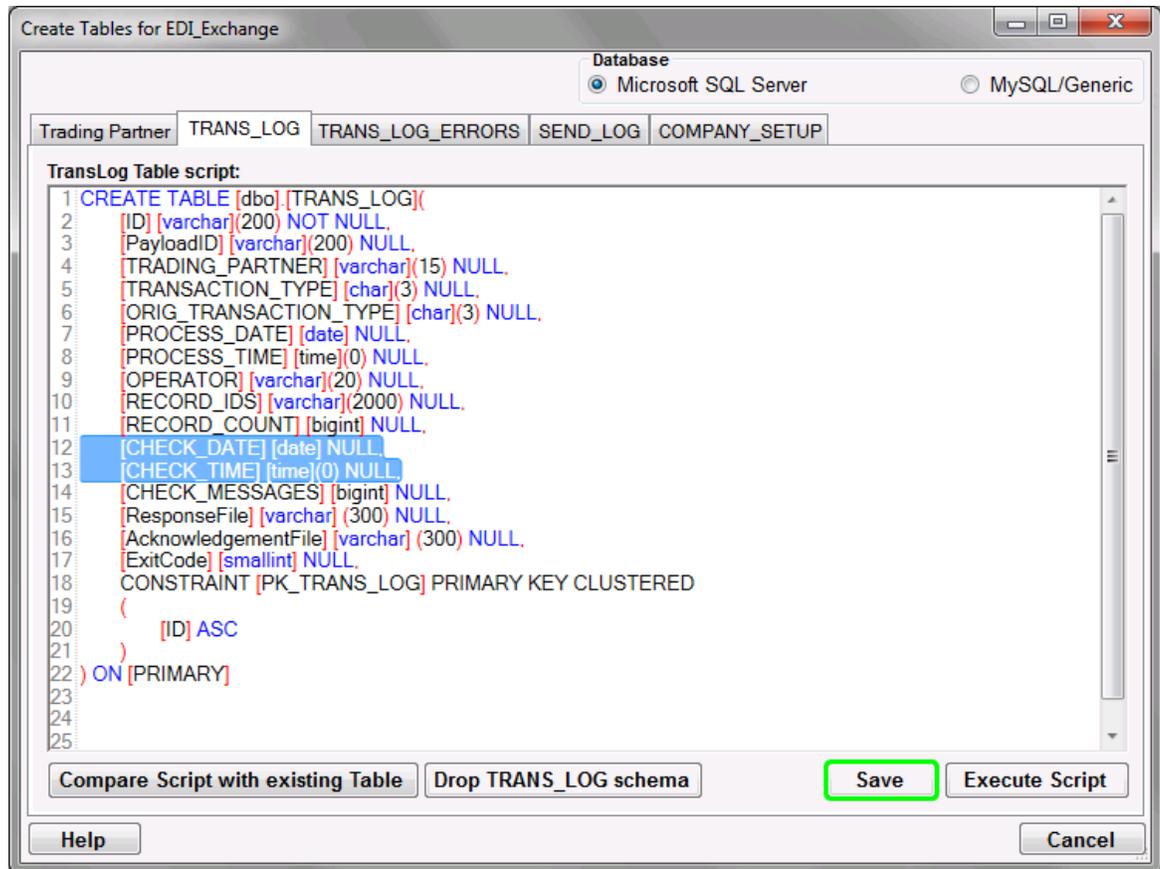
- **TradingPartner** – SQL statements to create the "TradingPartner" table in your database. This table contains information about trading partners.
- **Trans_Log** – SQL statements to create the "TRANS_LOG" table in your database. This table contains incoming file information, keeps track of all EDI files that you receive and the compliance check report.
- **Trans_Log_Errors** – SQL statements to create the "TRANS_LOG_ERRORS" table in

your database. This table collects the results of the compliance check and keeps track of all sent files.

- **Send_Log** – SQL statements to create the "SEND_LOG" table in your database. The table contains information about EDI files created and sent to trading partners.
- **Company_Setup** – SQL statements to create the "COMPANY_SETUP" table in your database. This table collects information about you, the sender of EDI information.

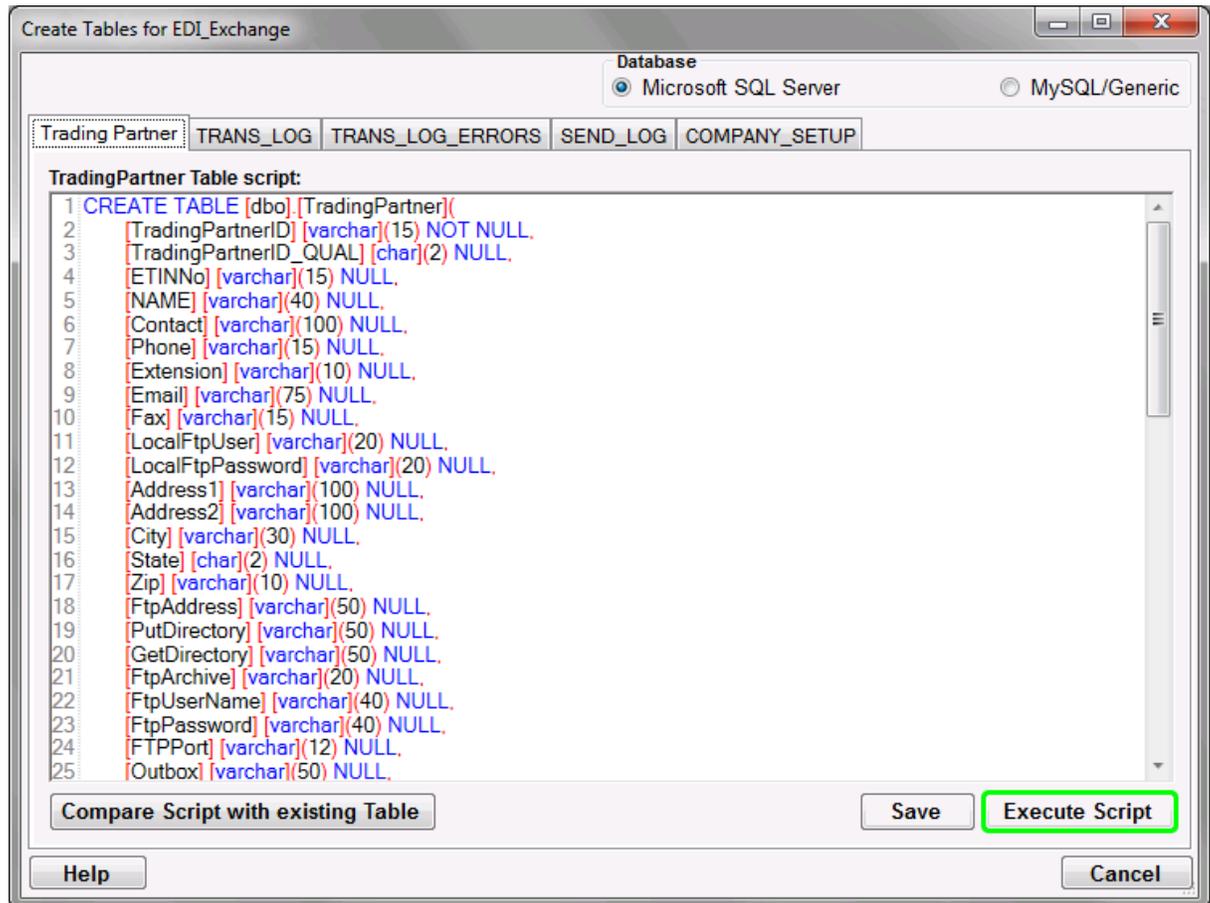
5. You can modify the scripts so that they run on your specific database. Once you have you modified the script, click "Save."

Tip: Every database system has their own little syntax idiosyncrasies and the scripts might require tweaking. You can edit the table scripts in this screen and save your modified scripts. One example are 'date' and 'time' or 'money' data types that do not exist in SQL Server 2005. You can just rename those types to 'datetime' and save you script and it will run fine.



The "Save" button

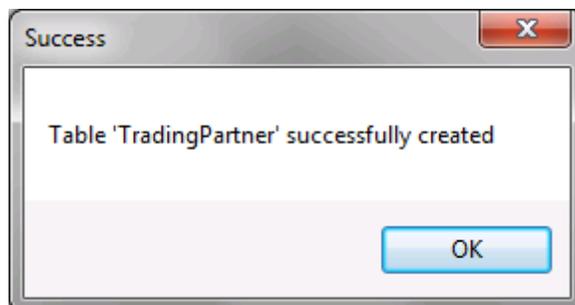
6. For **each** script on every tab, click "Execute Script" to create the corresponding table in the database.



The "Execute Script" button

Notice: Creating tables means clicking the "Execute Script" button in all five tabs of the "Create Tables for EDI_Exchange" window. Then close this window.

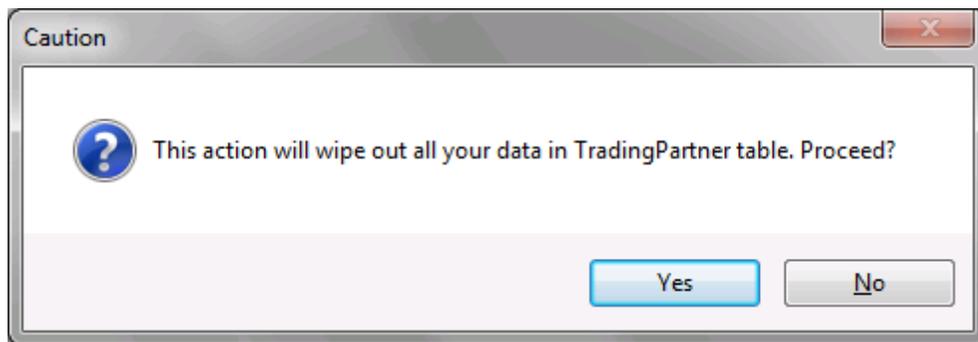
7. Once the table has been created successfully, you will see the following notification:



The Create Table script success message

Warning: Double-execution of a script wipes out the previous table you have created. A prompt will warn you before deleting an existing table. To Add/Remove fields use the "Compare Script..." button. Remove the script files once you have created the tables so nobody can destroy the tables

by accident.



The double-execution warning message.

Make sure there are no error messages and the table creation has been completed successfully.

Compare Script with existing Table

HIPAAsuite products go through continual development and improvements. Often these changes lead to new fields in the database. While it is easy to drop a table and regenerate it with the new fields, you will lose all the data in the table. To avoid this trouble there is the button "Compare Script with existing Table". If you click this, the table structure in your database will be compared with the script. There are two possible outcomes. Your table is up to date

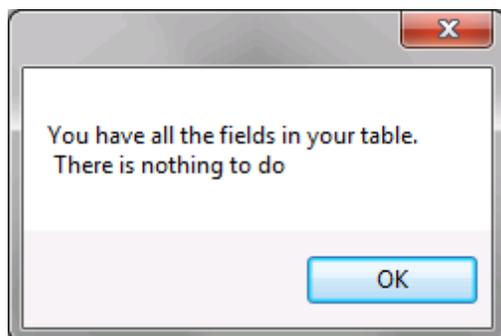
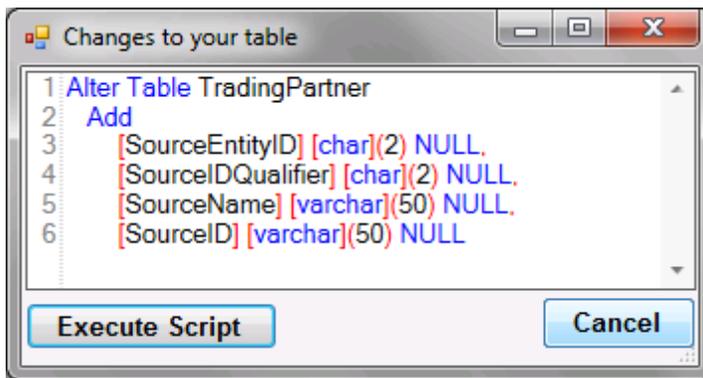


Table is up to date

or if your table is missing recently added fields, you will see a window pop up that shows an 'Alter Table' script with which you can add those fields to the table without interfering with existing data.



The 'Alter Table' script that shows as a result of missing fields

You can now click the "Execute Script" button and the field will be added and a message will confirm your changes



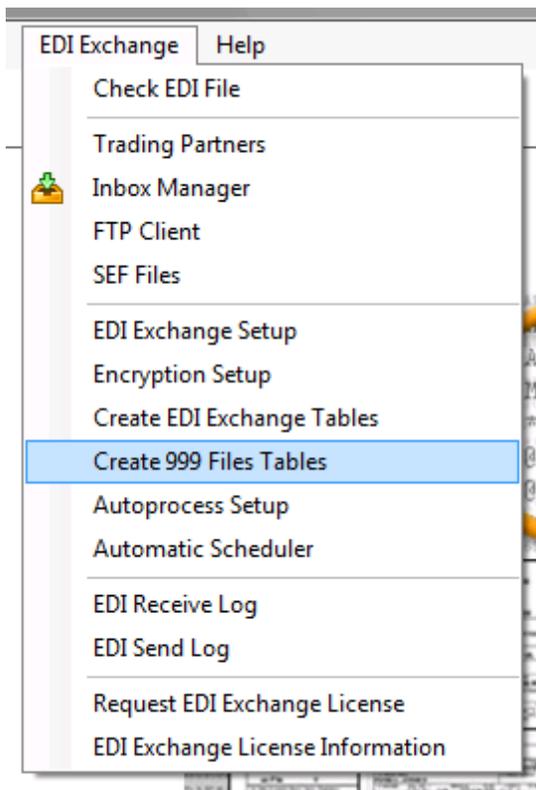
Alter Table statement successfully executed.

Once you have created the tables, you can start setting up the other application options. See the next step: [Defining Auto-Processing Options](#)¹⁶⁶.

8.2.3 2b Creating 999 File Tables

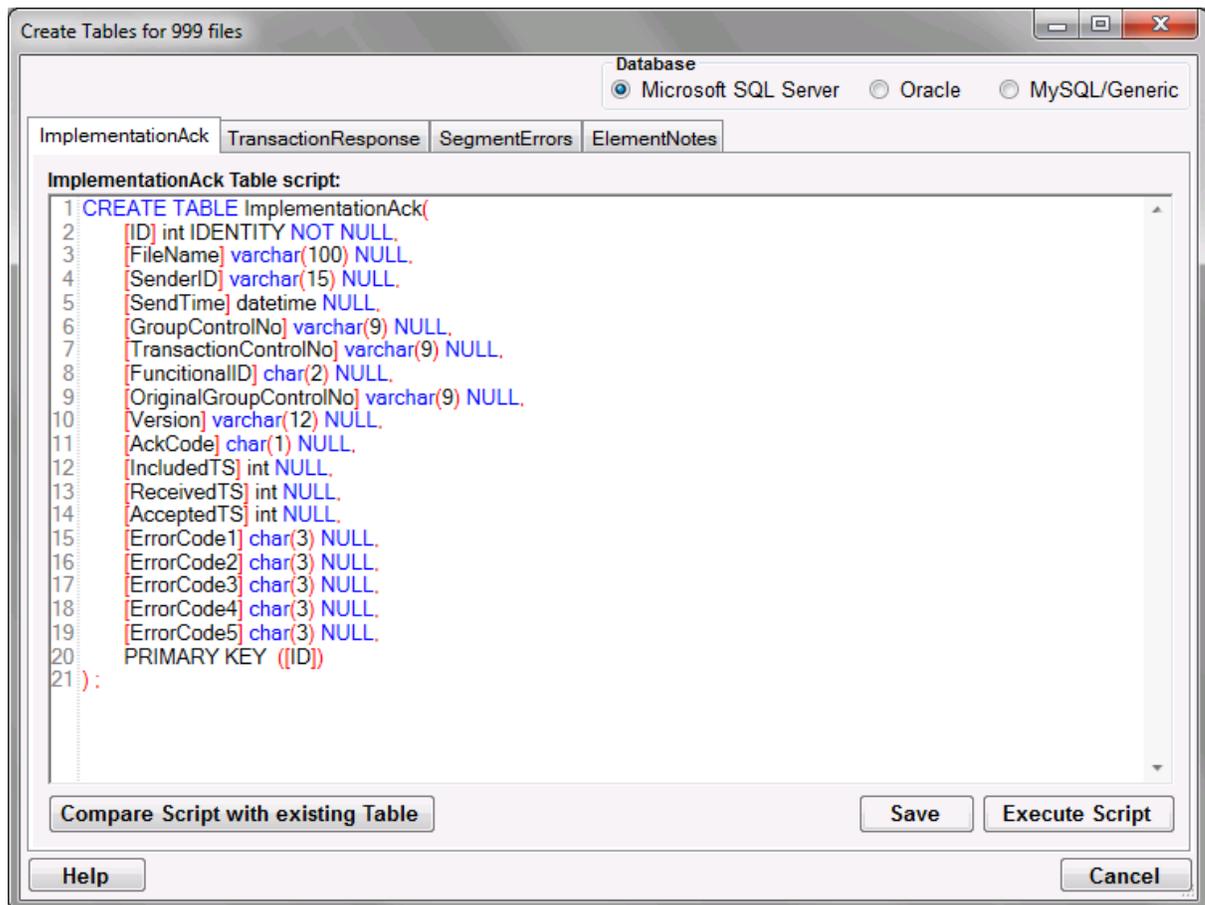
Once you have configured the database connection ([Setting up Database Connection](#)¹⁵²), follow the instructions below.

1. Select *EDI Exchange* ▶ *Create 999 Files Tables* in the main menu.



The menu item to create the necessary tables

2. The "Create Tables for 999 Files" screen will appear. Table creation and/or modification for your database is handled here.



The screen to create the tables

3. Select the database type you use for your host HIPAA application.

- Database
 - Microsoft SQL Server (SQL Server 2008 and above)
 - Oracle
 - MySQL

Note: In case your database is not listed, modify the scripts or ask your database administrator to make the necessary modifications.

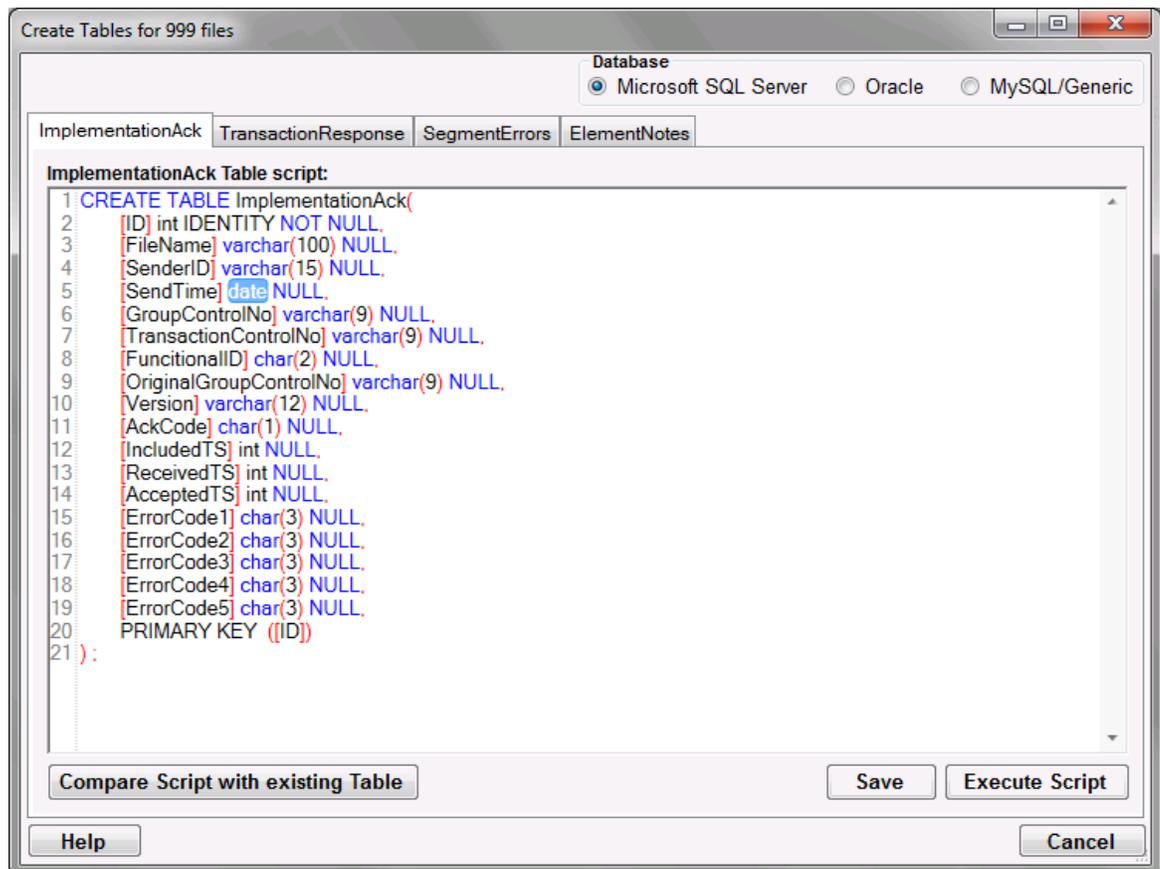
1. The following tables are part of EDI Exchange:

- **ImplementationAck** – SQL statements to create the "ImplementationAck" table in your database. This table contains information about Acknowledgments.
- **TransactionResponse** – SQL statements to create the "TransactionResponse" table in your database. This table contains individual transactions contained in 999 files.

- **SegmentErrors** – SQL statements to create the "SegmentErrors" table in your database. This table contains individual segments in error contained in 999 transactions.
- **ElementNotes** – SQL statements to create the "ElementNotes" table in your database. The table contains the elements in error in a specific segment.

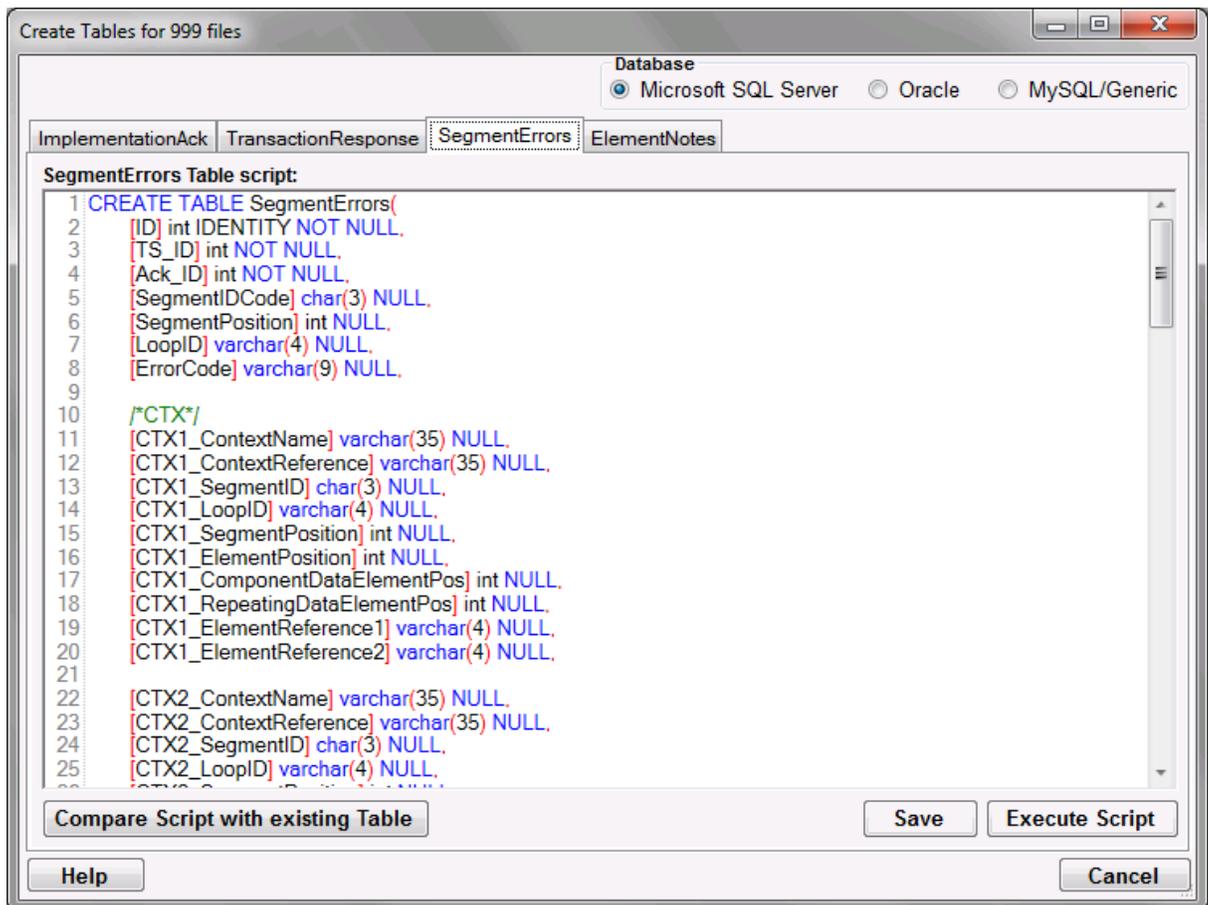
5. You can modify the scripts so that they run on your specific database. Once you have you modified the script, click "Save."

Tip: Every database system has their own little syntax idiosyncrasies and the scripts might require tweaking. You can edit the table scripts in this screen and save your modified scripts. One example are 'date' and 'time' or 'money' data types that do not exist in SQL Server 2005. You can just rename those types to 'datetime' and save you script and it will run fine.



The "Save" button

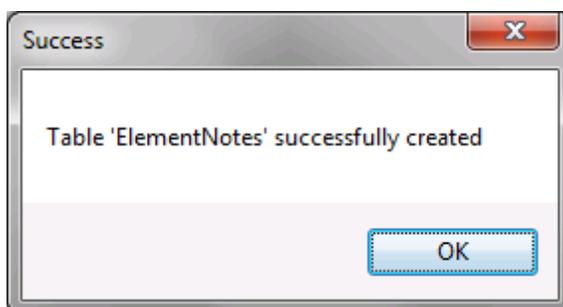
6. For **each** script on every tab, click "Execute Script" to create the corresponding table in the database.



The "Execute Script" button

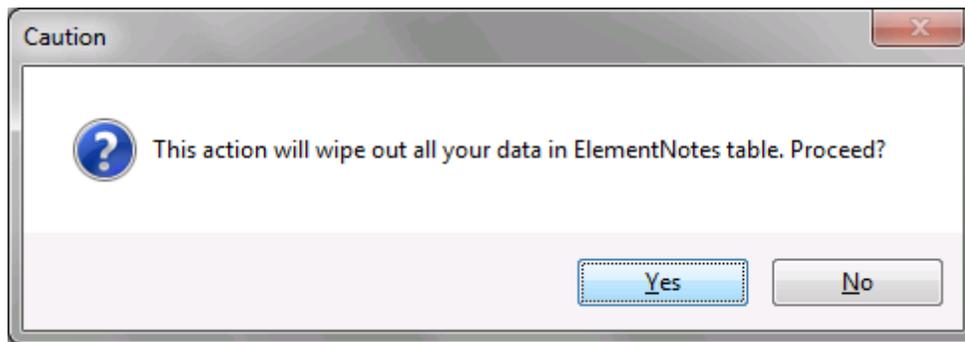
Notice: Creating tables means clicking the "Execute Script" button in all four tabs of the "Create Tables for 999 Files" window. Then close this window.

7. Once the table has been created successfully, you will see the following notification:



The Create Table script success message

Warning: Double-execution of a script wipes out the previous table you have created. A prompt will warn you before deleting an existing table. To Add/Remove fields use the "Compare Script..." button. Remove the script files once you have created the tables so nobody can destroy the tables by accident.



The double-execution warning message.

Make sure there are no error messages and the table creation has been completed successfully.

Compare Script with existing Table

HIPAAsuite products go through continual development and improvements. Often these changes lead to new fields in the database. While it is easy to drop a table and regenerate it with the new fields, you will lose all the data in the table. To avoid this trouble there is the button "Compare Script with existing Table". If you click this, the table structure in your database will be compared with the script. There are two possible outcomes. Your table is up to date

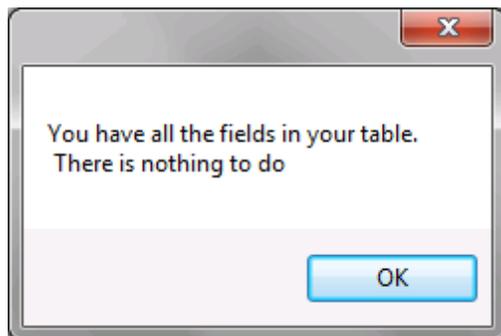


Table is up to date

or if your table is missing recently added fields, you will see a window pop up that shows an 'Alter Table' script with which you can add those fields to the table without interfering with existing data. In the latter case, you can click the "Execute Script" button and the field will be added and a message will confirm your changes

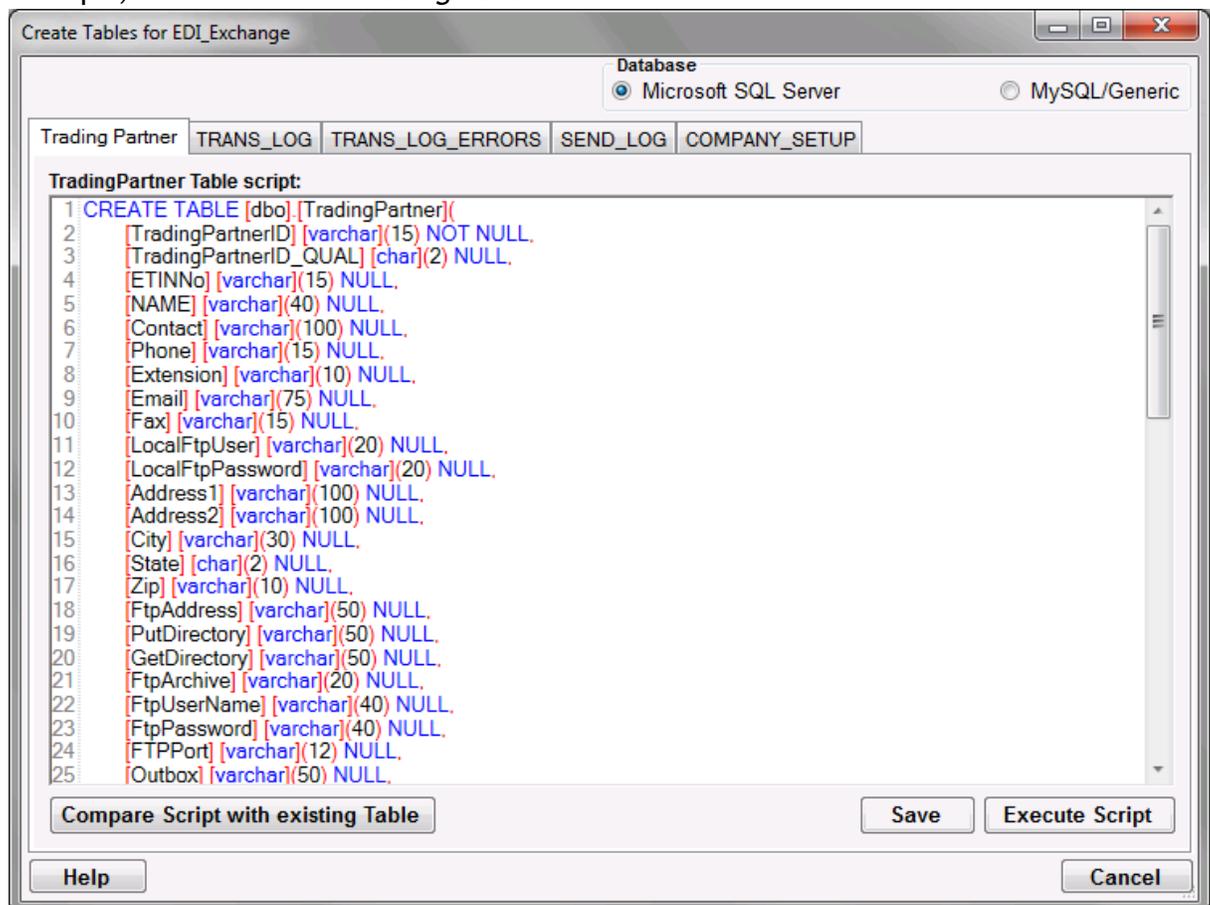


Alter Table statement successfully executed.

8.2.4 2c Updating Database Tables

To update an existing table (in the event of an update, for example), follow the instructions below.

1. Start with the table creation script window of the table you want to update. In this example, we will use the *Trading Partner* table.



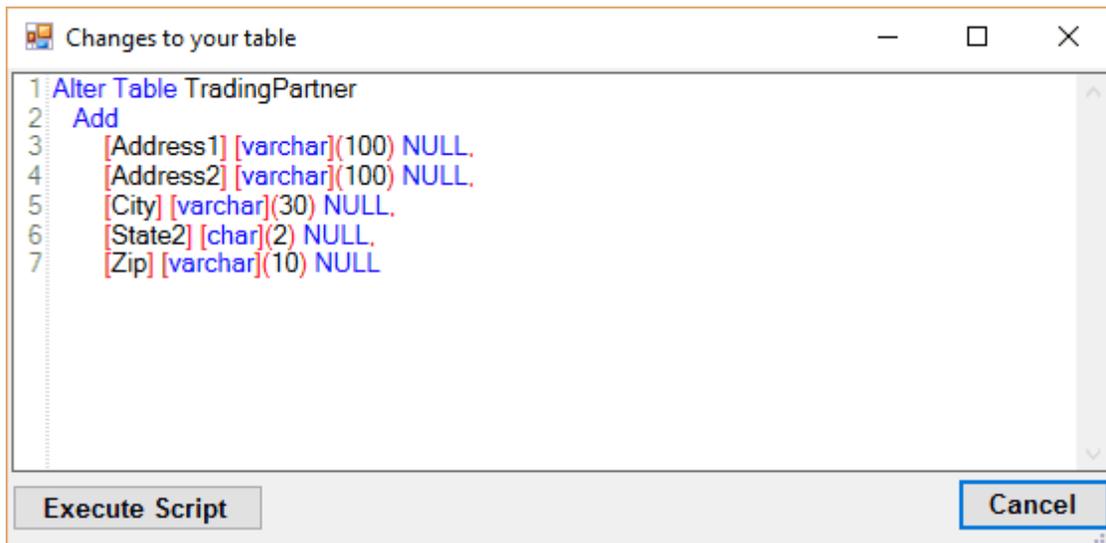
The table creation script for the Trading Partner table.

2. In the case of modifying a table to include/exclude/change a field or fields required by

a program update, the script will have been updated for you and clicking the *Compare Script with existing Table* button will bring you to the next step. To modify the table yourself in order to conform to your particular database, first edit the script text to suit your database system, click the *Save* button, then the *Compare Script with existing Table* button, and proceed to the next step.

Tip: Every database system has their own little syntax idiosyncrasies and the scripts might require tweaking. You can edit the table scripts in this screen and save your modified scripts. One example are 'date' and 'time' or 'money' data types that do not exist in SQL Server 2005. You can just rename those types to 'datetime' and save your script and it will run fine.

3. Having clicked *Compare Script with existing Table*, the script will be compared to the existing table and any additional fields will be presented. In this example, the Trading Partner table's Address fields will be added.



Changes to be made to Trading Partner table.

4. Click *Execute Script*. This will perform the additions/changes stated in the alter table script and a prompt will appear informing you of the change. The table has now been modified.

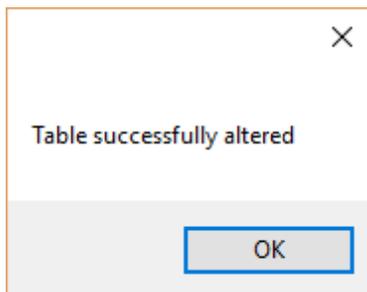


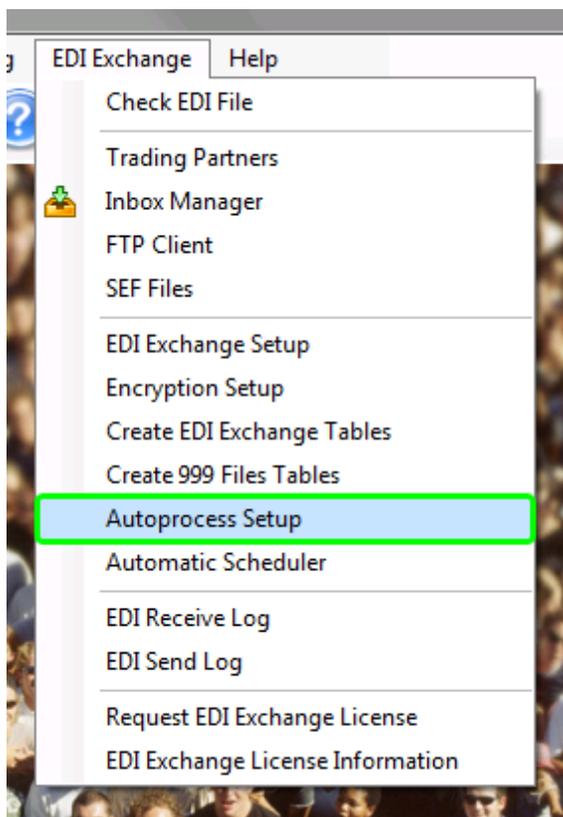
Table has been altered.

8.2.5 3 Defining Auto-Processing Options

In the "Auto-Process Setup" you can instruct the program on what to do after analyzing and decrypting the received files in the Inbox Manager. The auto processing enables you to combine and run multiple fulfillment steps together (for example, export, saving, printing.) These options are important for the hand-over from EDI Exchange to the other HIPAAsuite program that hosts EDI Exchange.

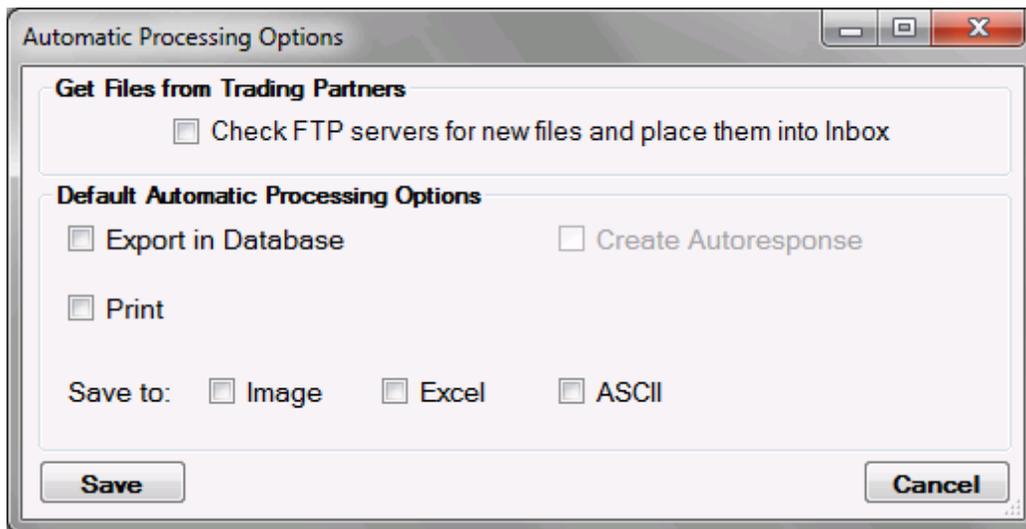
Follow the instructions below to specify the Auto Process Options.

1. Select *EDI Exchange* ▶ *Autoprocess Setup* in the main menu.



The "Autoprocess Setup" menu item

2. The following screen will appear if the host HIPAA application is Enrollment Master.



Defining the Auto Processing Options

3. The following options can be specified:

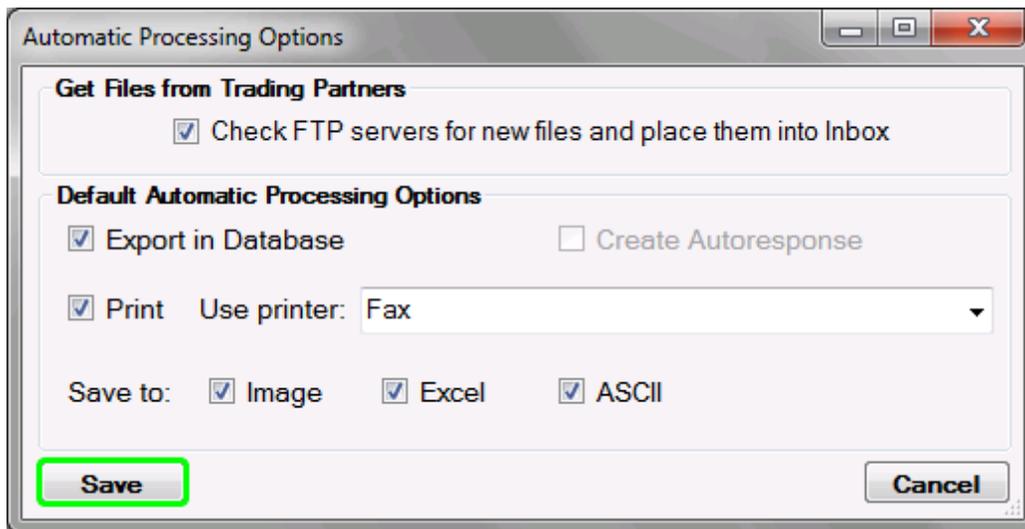
Check Path Options

- **Check FTP servers for new files** – If checked, EDI Exchange automatically looks for new files for all trading partners that have FTP connection set up. Then the program gets all the waiting files and puts them into the Inbox. In the second step, it goes through every file.

Default Automatic Processing Options

- **Export in Database** – If selected, the module exports new files to the database.
- **Print** – If selected, the module prints files using the selected printer.
- **Create Auto-Response** – If selected, the module creates an auto-response to the received files.
- **Save to** – If selected, the system automatically saves files as:
 - **Image**
 - **Excel**
 - **ASCII**

4. Click "Save."



The "Save" button

Once you have saved the auto-processing options, the files will not only be analyzed but also processed according to the defined settings. Proceed to the next step: [Defining Communications Directory](#)¹⁶⁸.

8.2.6 4 Defining Communications Directory

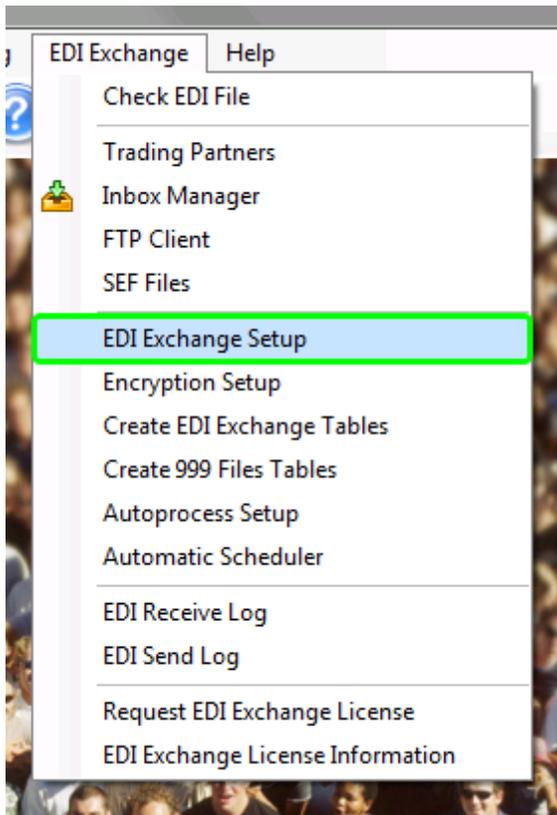
EDI file directory is an obligatory setting you need to set up before starting using the EDI Exchange. In order to keep track of the thousands of EDI files that accumulate over time, EDI Exchange uses a folder structure which we call the "HIPAAsuite Communications Directory" or "HIPAAsuiteCommDir" in short. In it, you will find all your EDI files sorted into several categories:

- Inbox
- Outbox
- ProcessedFiles
- EncryptedFiles
- SuspendedFiles

Within these directories, there will be folders for each Trading Partner and type of transaction. The location and names of the sub-folders are handled in the "Trading Partner Setup." See [Setting up Trading Partners](#)¹⁸⁶.

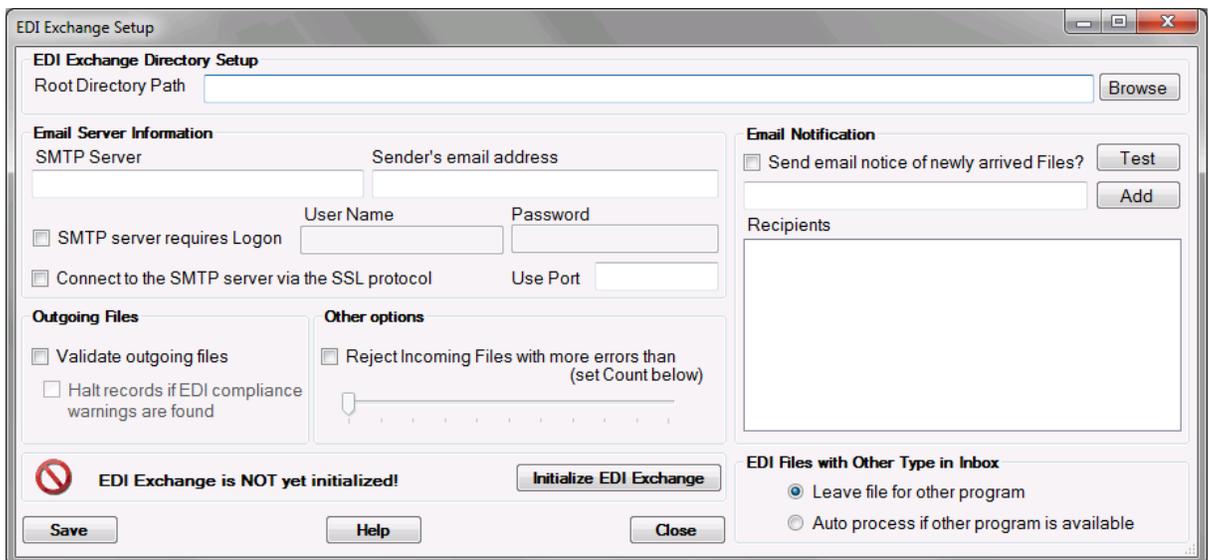
Follow the instructions below to specify EDI communications root directory.

1. Select "EDI Exchange Setup" under the "EDI Exchange" menu item.



The "EDI Exchange Setup" menu item

2. The following window will appear.



The "EDI Exchange Setup" window

Note: The icon in the lower left corner indicates that EDI Exchange has not been initialized yet.

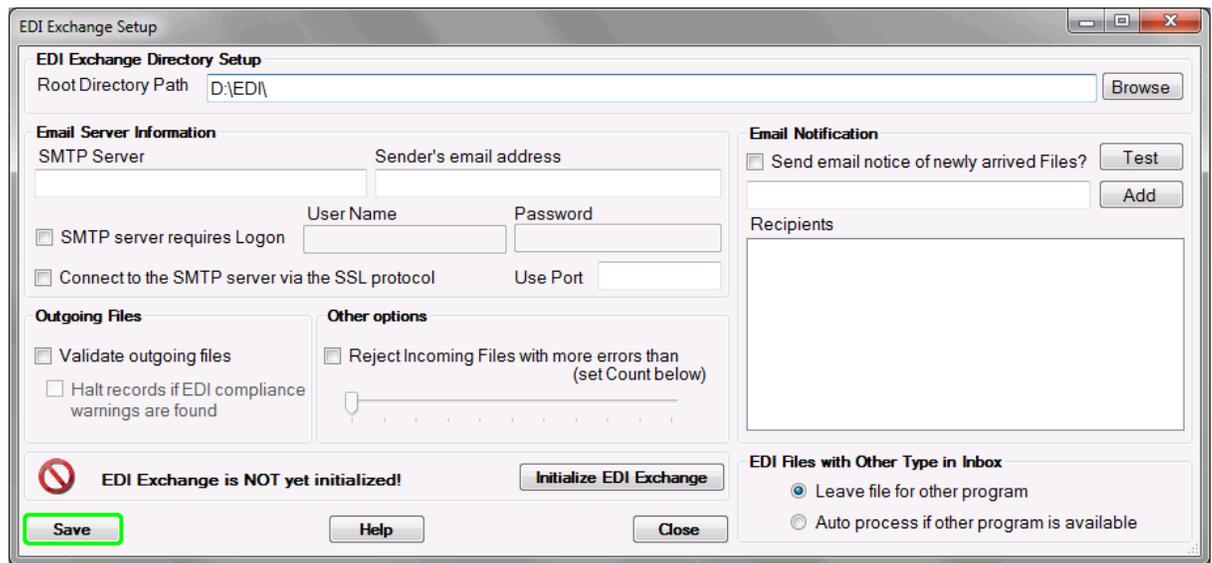
3. Under "EDI Exchange Directory Setup" specify the following setting:

- **Root Directory Path** – Define the root path in the "Root Directory Path" text field. The root path is the folder where all your EDI files reside. EDI Exchange will later create sub-directories required to operate.



The root communications directory setup

4. Click "Save."



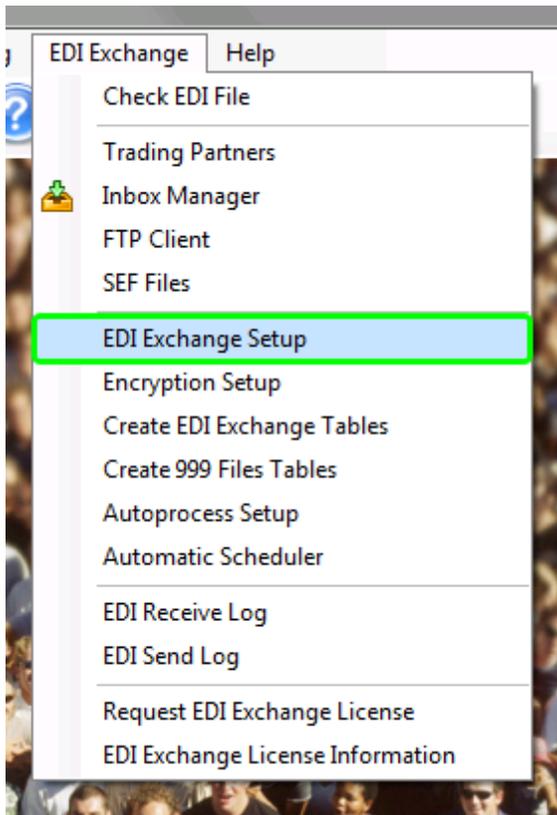
The "Save" button

After setting the root directory, you can click the "Initialize EDI Exchange" button. Read more in [Initializing EDI Exchange](#)¹⁷⁰.

8.2.7 5 Initializing EDI Exchange

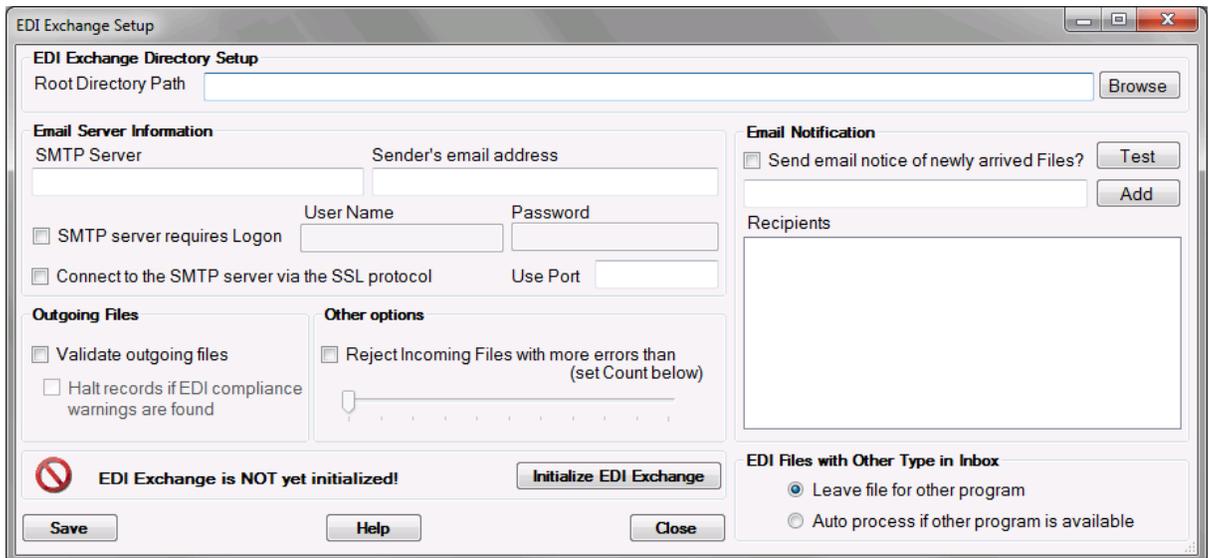
Before you can use EDI Exchange, and after you have configured the obligatory settings, you have to perform the initialization. Follow the instructions below.

1. Select "EDI Exchange Setup" under the "EDI Exchange" menu item.



The "EDI Exchange Setup" menu item

2. The following window will appear.

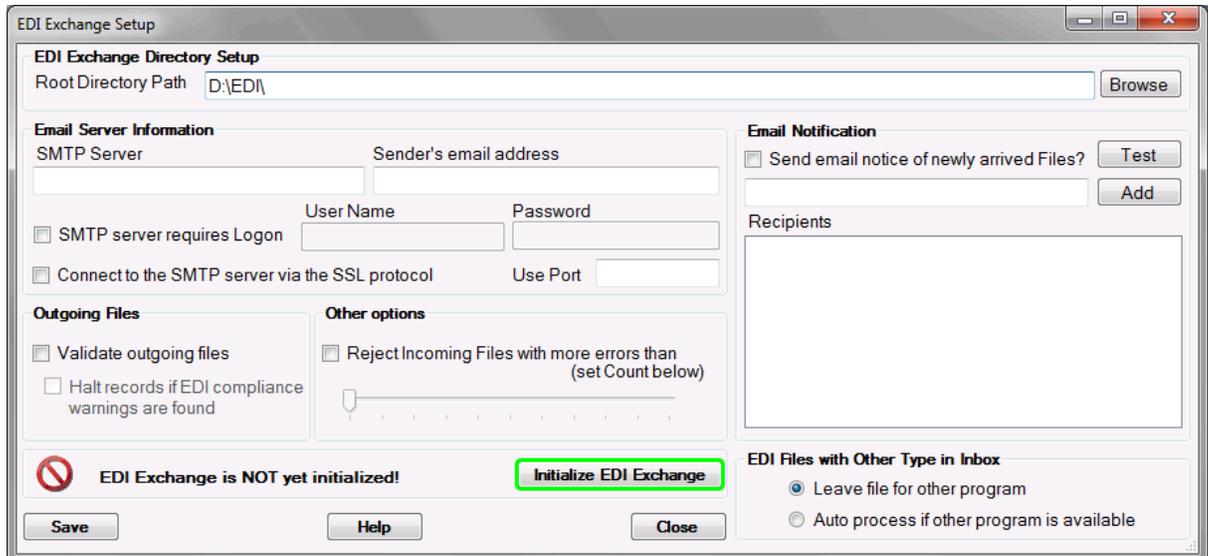


The "EDI Exchange Setup" window

Note: The icon in the lower left corner, indicating that EDI Exchange has not been initialized yet.

3. After setting the root directory (see the previous step [Defining Communications](#)

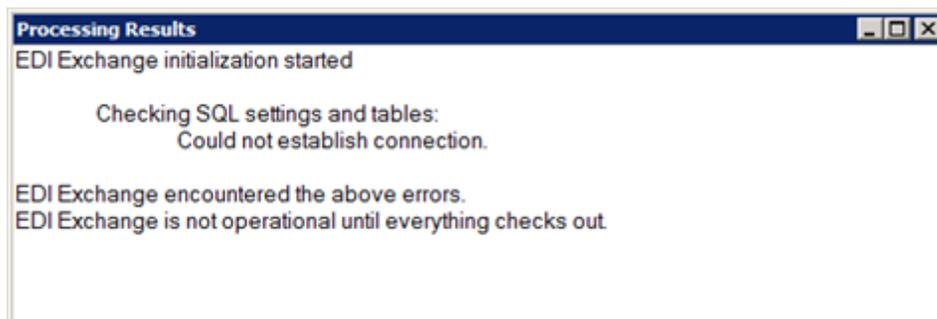
[Directory](#)¹⁶⁸), you can initialize EDI Exchange module. Click the "Initialize EDI Exchange" button to accomplish the process.



The "Initialize EDI Exchange" button

Once the "Initialize EDI Exchange" button is clicked, the system checks if all settings have been configured correctly.

1. The first thing the initialization process checks is the connection to the database and the presence of the necessary tables. EDI Exchange relies on the database connection that is part of the HIPAAsuite application that you are using. EDI Exchange needs Database Connectivity licensed and enabled. If this part is not yet set up, then you will get an error like this:



Initialization failed because of SQL connection problems

Read more in [Setting up Database Connection](#)¹⁵².

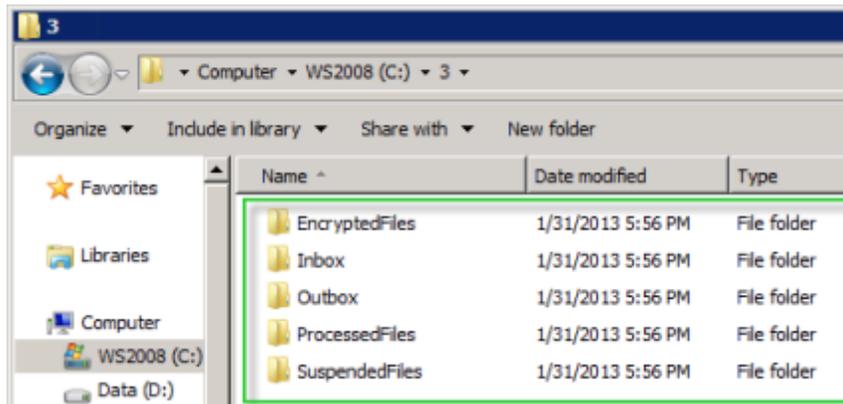
2. Once the connection is established, the program checks if the correct tables exist in the database. See [Creating Database Tables](#)¹⁵². Once the SQL part checks out, you will see the following message.

Checking SQL settings and tables:

Connection settings are checked. Trading Partners table is checked.
TRANS_LOG table is checked.
TRANS_LOG_ERRORS table is checked.
SEND_LOG table is checked.

- The next step of the initialization processes – the program checks and, if necessary, creates the root directory and five sub-directories. Within these root directories, there will be folders for each Trading Partner and type of transactions. The location and names of the sub-folders are handled in the "Trading Partner" setup. The root folder is specified via the "EDI Exchange Setup" screen. Read more in [Defining Root Directory](#)¹⁶⁸.

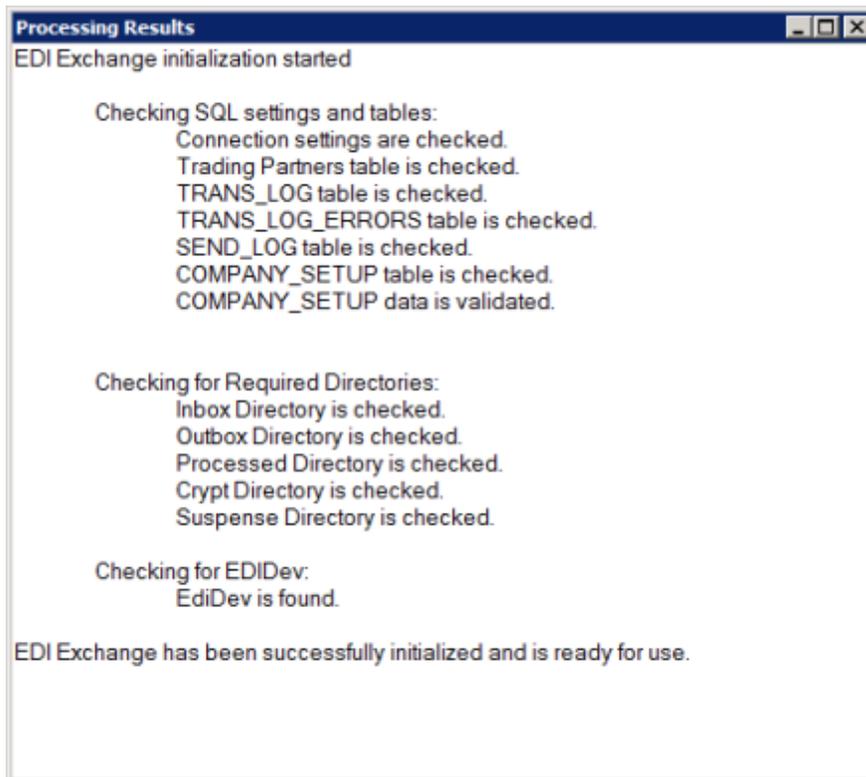
The sub-directories that EDI Exchange creates are as follows:



The directory structure of EDI Exchange

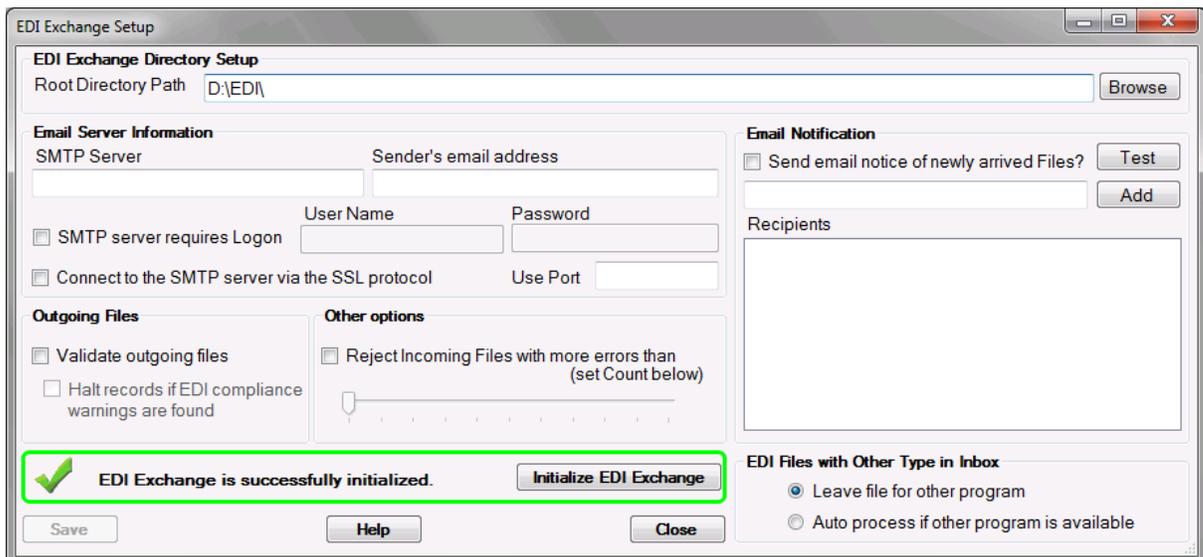
- The next step of the initialization – the program checks if the HIPAA EDI compliance engine is properly installed.
- The last thing checked by the system is if the Automatic File Processing options have been set up. Read more in [Defining Auto-Processing Options](#)¹⁶⁸. The options are important for the hand over from EDI Exchange to the other HIPAAsuite program that hosts EDI Exchange.

Once all verifications have been completed successfully, you will see the following message:



Successful initialization of EDI Exchange

After that your EDI Exchange is initialized.



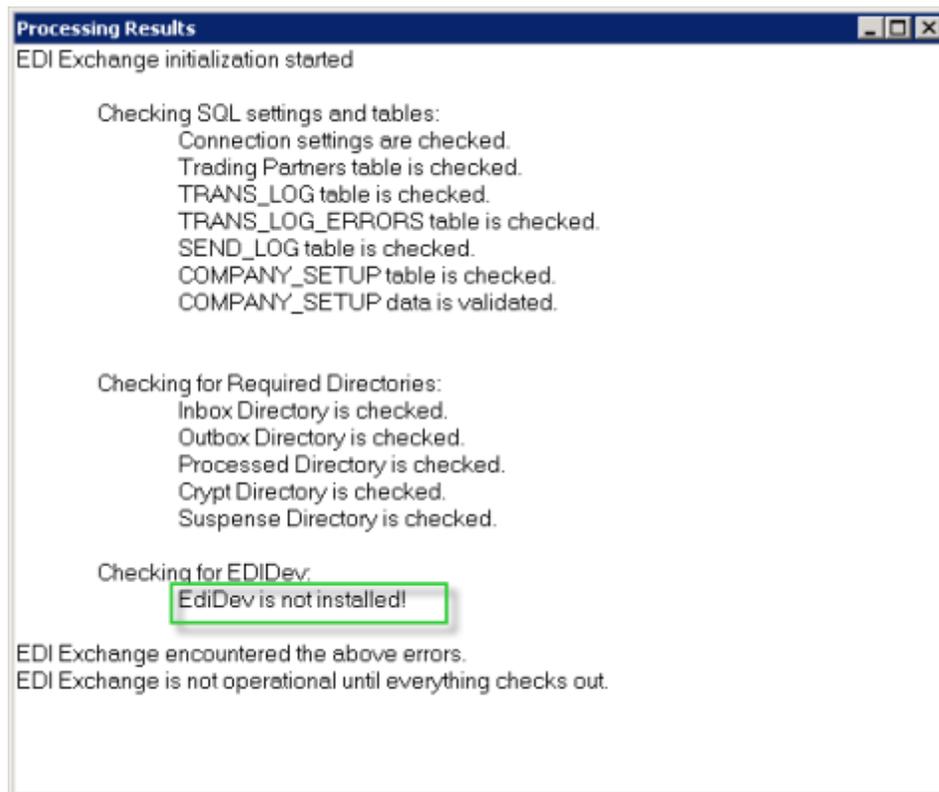
The "EDI Exchange is successfully initialized" message on the bottom of the "EDI Exchange Setup" window

Troubleshooting Initialization

When you are going through the Initialization process of the EDI Exchange, you can encounter the following message in the "Processing Results" window:

Checking for EDIDev:

EDIDev is not installed!



The EdiDev component is not installed

To resolve this issue, do the following.

1. Go to the <http://www.edidev.com/ediregis.htm> site.
2. Some systems may require Microsoft Redistributable Package to be installed first. In this case, download one of the following components according to your OS' bit depth.

The recommended minimum system requirement for Framework EDI:

- 256 MB RAM
- 1GB available disk space
- Windows 2000/2003/2008/XP/Vista/7
- Prerequisites: Some systems may require Microsoft Redistributable Package to be installed first to support:
 - Framework EDI.NET (32-bit) - download [Microsoft Visual C++ 2005 Redistributable Package \(x86\)](#)
 - Framework EDI.NET4 (32-bit) - download [Microsoft Visual C++ 2010 Redistributable Package \(x86\)](#)
 - Framework EDI.NET (64-bit) - download [Microsoft Visual C++ 2005 Redistributable Package \(x64\)](#)
 - Framework EDI.NET4 (64-bit) - download [Microsoft Visual C++ 2010 Redistributable Package \(x64\)](#)

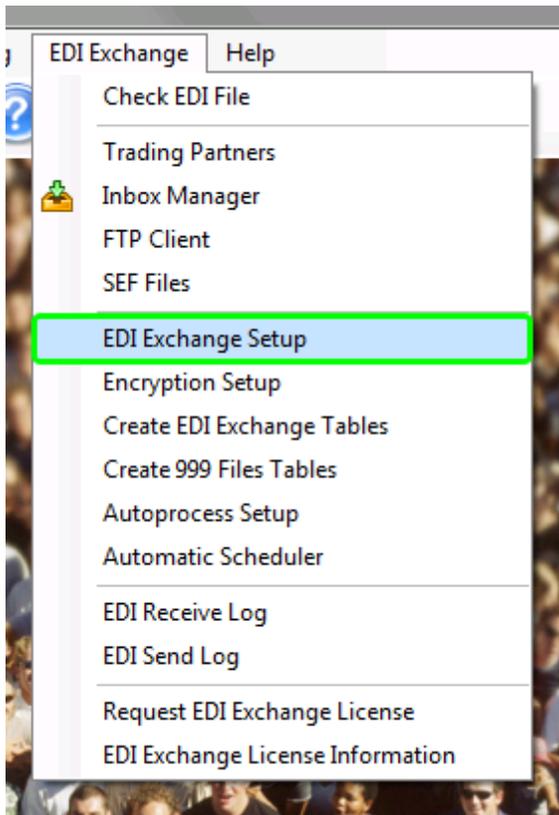
3. Download one of the following components you need according to your OS' bit depth:
 - Framework EDI Enterprise evaluation 32-bit
 - Framework EDI Professional evaluation 64-bit
4. Install downloaded components and start again the EDI Exchange initialization procedure.

8.3 Configuring EDI Exchange (Optional Settings)

8.3.1 Setting up Email Notifications

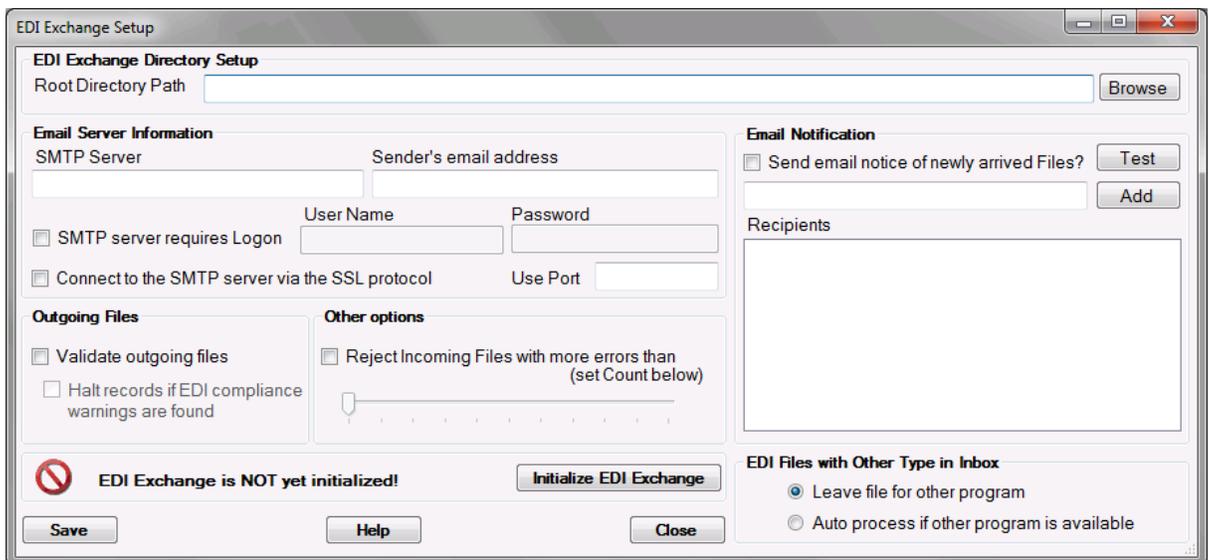
EDI Exchange can send emails to operators and trading partners to notify them about files and processing results. This functionality of EDI Exchange lies beyond the most basic setup that the initialization checks for. For this feature to work properly, you need to set up an email server which EDI Exchange communicates with. You can do this in the "Email Server Information" frame of the setup screen. Follow the instructions below.

1. Select "EDI Exchange Setup" under the "EDI Exchange" menu item.



The "EDI Exchange Setup" menu item

2. The following window will appear.



The "EDI Exchange Setup" window

3. Specify the following email options:

Email Server Information

- SMTP server
- Sender's email address
- SMTP server requires logon
- Username
- Password
- Connect to the SMTP server via the SSL protocol
- Use port

The screenshot shows the 'EDI Exchange Setup' dialog box. The 'Email Server Information' section is highlighted with a green border. It contains the following fields and options:

- Root Directory Path:** D:\EDI\ (with a 'Browse' button)
- Email Server Information:**
 - SMTP Server: smtp.gmail.com
 - Sender's email address: example@gmail.com
 - SMTP server requires Logon:
 - User Name: user
 - Password: *****
 - Connect to the SMTP server via the SSL protocol:
 - Use Port: (empty field)
- Outgoing Files:**
 - Validate outgoing files:
 - Halt records if EDI compliance warnings are found:
- Other options:**
 - Reject Incoming Files with more errors than (set Count below):
 - Count: 0
- Email Notification:**
 - Send email notice of newly arrived Files?:
 - Recipients: (empty list)
- ED I Files with Other Type in Inbox:**
 - Leave file for other program:
 - Auto process if other program is available:

At the bottom, there is a warning: 'EDI Exchange is NOT yet initialized!' with an 'Initialize EDI Exchange' button. Other buttons include 'Save', 'Help', and 'Close'.

Setting up the email server

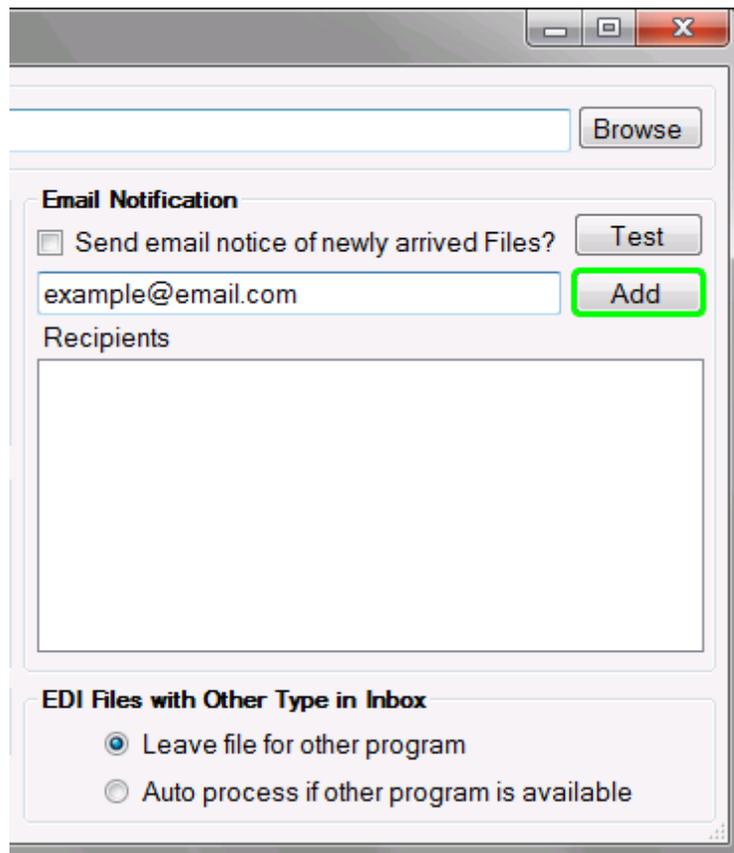
Note: If you do not have this information, please ask your administrator to set this portion up for you.

4. To configure email notifications, specify the following options:

Email Notification

- **Send email notice of newly arrived files?** — Use this checkbox to define if you want to send email notice once new files have arrived.
- **Recipients** — You can add your staff's email(s) and the processing messages will be sent to these emails.

Enter an email address and click "Add."

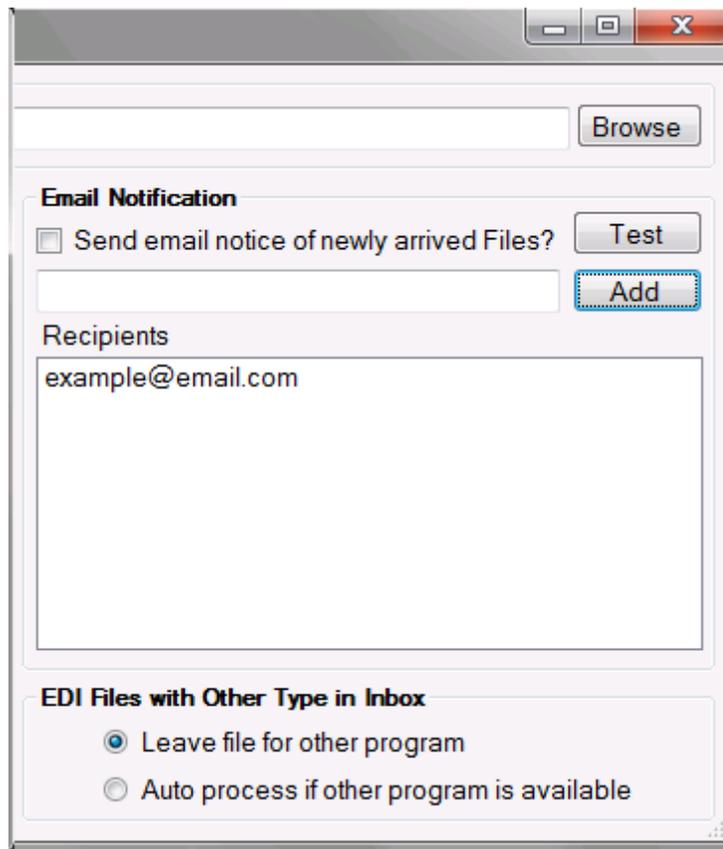


The screenshot shows a software window with a title bar containing minimize, maximize, and close buttons. Below the title bar is a text input field with a "Browse" button to its right. The main content area is divided into sections:

- Email Notification**: Contains a checkbox labeled "Send email notice of newly arrived Files?" with a "Test" button to its right. Below this is another text input field containing "example@email.com" and an "Add" button highlighted with a green border.
- Recipients**: A large empty rectangular area intended for a list of email recipients.
- EDI Files with Other Type in Inbox**: Contains two radio button options:
 - Leave file for other program
 - Auto process if other program is available

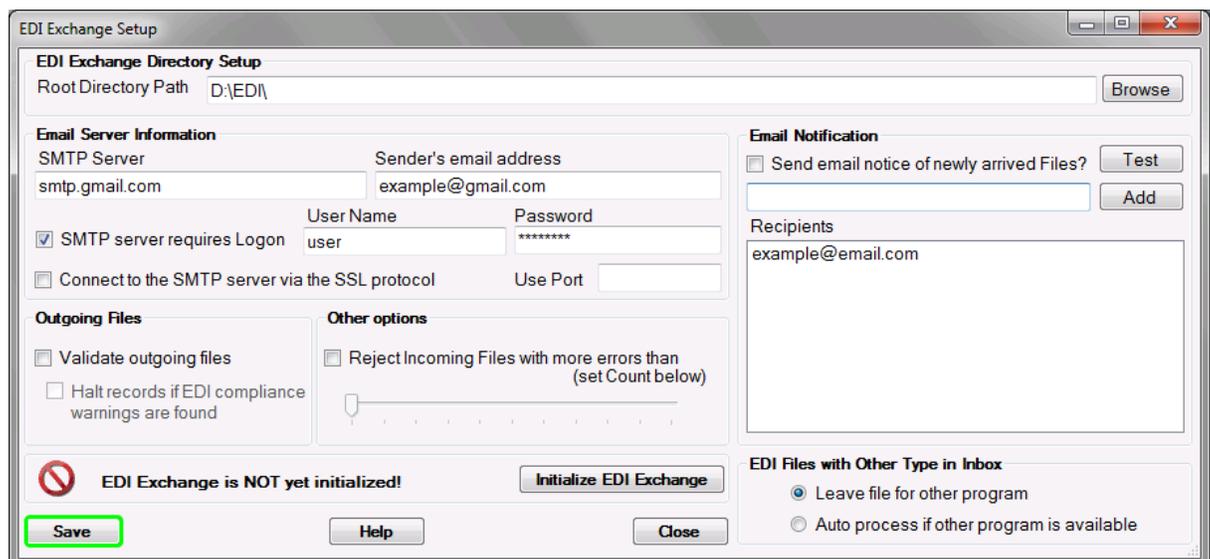
Setting up the email recipients

The email address will appear in the list.



Added email recipient

5. Click on the "Test" button to verify your settings.
6. Click on the "Save" button.

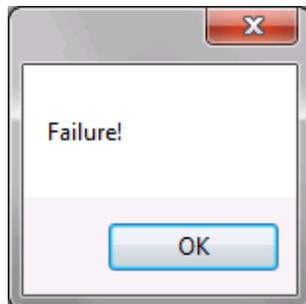


The "Save" button

Troubleshooting Email Settings

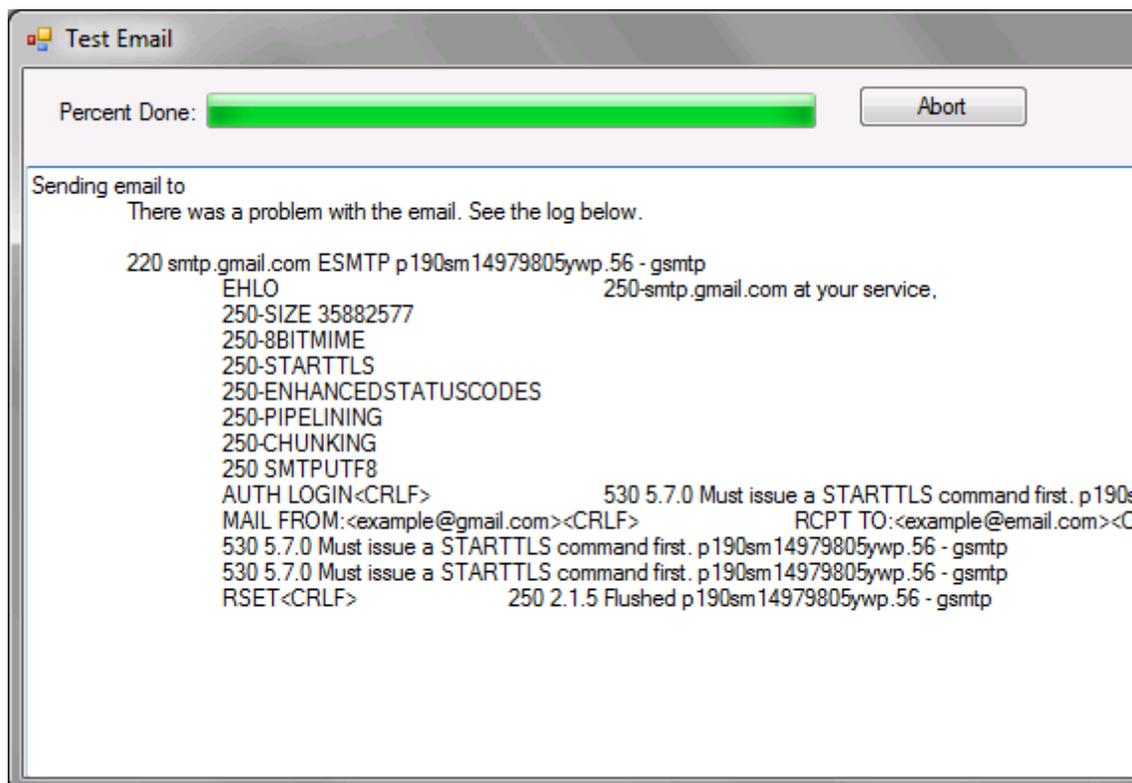
If you have problems with setting up the email server, please contact your administrator. He/She should know values to specify and how to test the settings.

Below is an example of what happens when the email server does not respond.



After a time out, you get a failure notice

After acknowledging the failure, you get a more detailed error message in the process result screen.



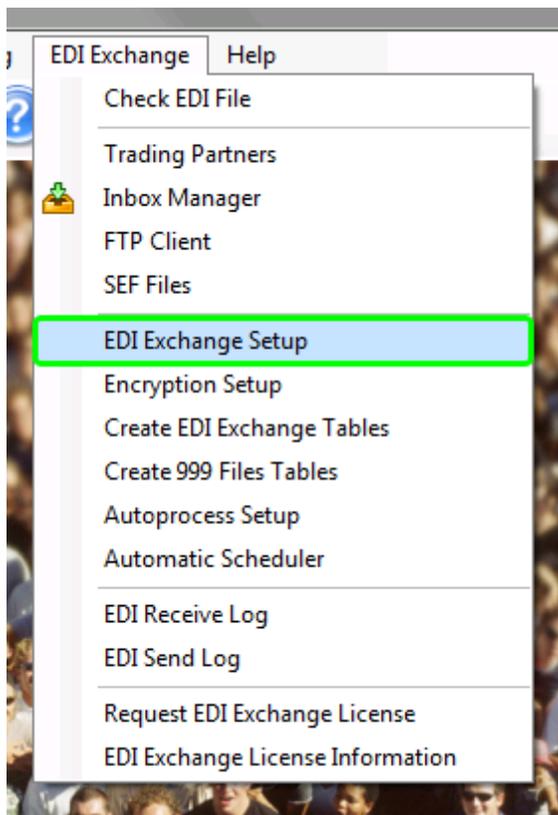
The process result screen with a detailed error message

8.3.2 Setting up Incoming and Outgoing Files Options

To check if your files are HIPAA-compliant, EDI Exchange can run a compliance check on outgoing EDI files. For incoming files, you can specify an acceptable error level. These settings are especially important with new trading partner relationships or with new processes since it always takes a while until an EDI process runs without issues and problems.

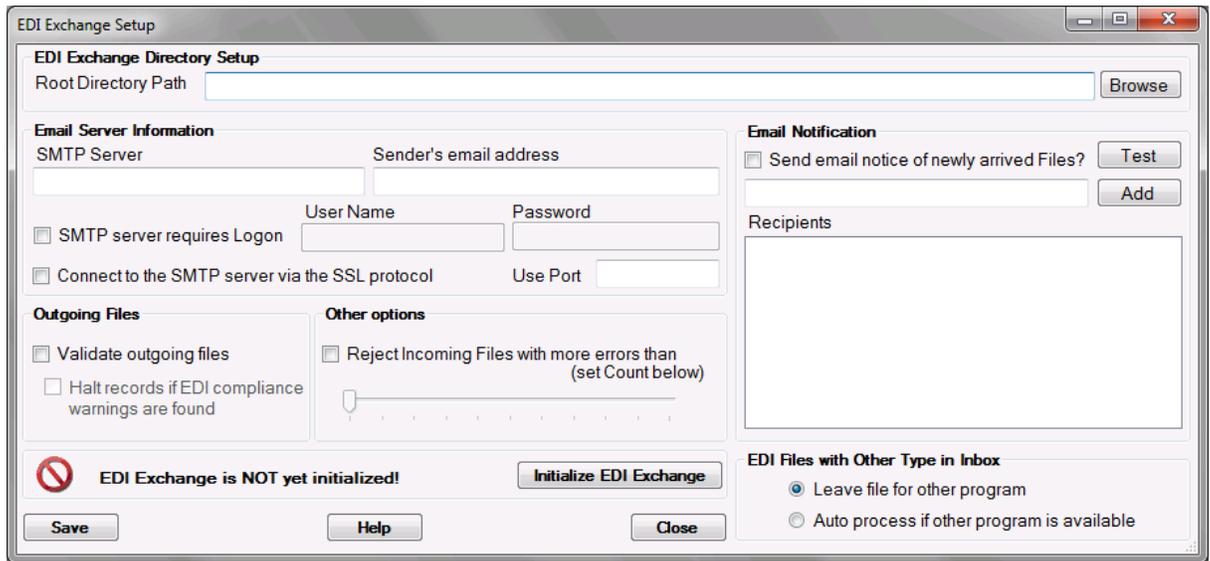
Follow the instructions below.

1. Select "EDI Exchange Setup" under the "EDI Exchange" menu item.



The "EDI Exchange Setup" menu item

2. The following window will appear.

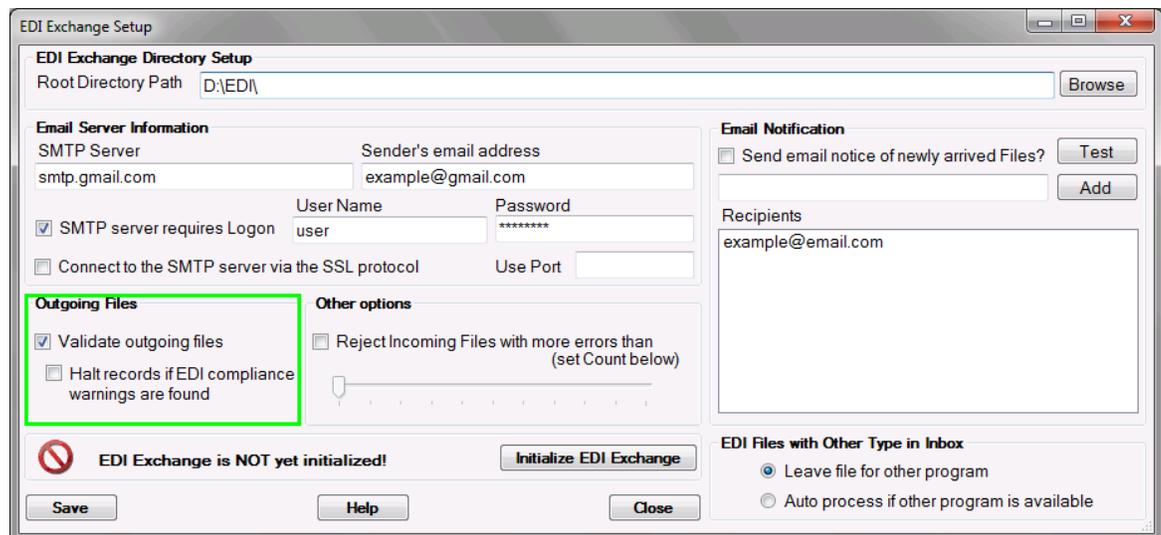


The "EDI Exchange Setup" window

3. Specify the following outgoing files options:

Outgoing Files

- **Validate outgoing files** – Select this checkbox to validate if the outgoing files are HIPAA-compliant.
- **Halt records if EDI compliance warnings are found** – Select this checkbox to suppress the sending of files with warnings or errors.



Validating outgoing files

4. Specify the following incoming files options:

Other Options

- **Reject incoming files with more errors than (set count below)** – If checked, the incoming files with more errors than defined will not be placed into the "Inbox" folder.

The screenshot shows the 'EDI Exchange Setup' window. The 'Other options' section is highlighted with a green border. It contains the following settings:

- Validate outgoing files
- Halt records if EDI compliance warnings are found
- Reject Incoming Files with more errors than (set Count below)

The 'Save' button is located at the bottom left of the window. A status bar at the bottom indicates 'EDI Exchange is NOT yet initialized!' with an 'Initialize EDI Exchange' button.

The "Reject incoming files with more errors than" option

5. Click on "Save."

This screenshot is identical to the previous one, but the 'Save' button at the bottom left is highlighted with a green box, indicating the next step in the process.

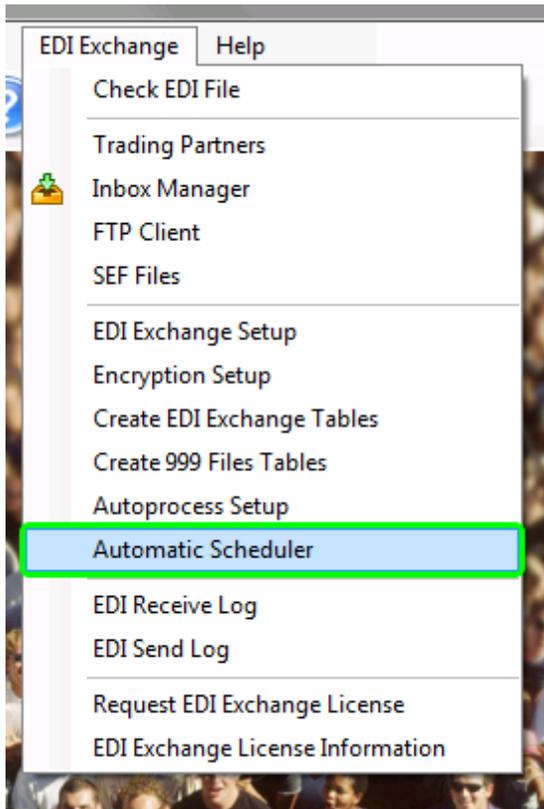
8.3.3 Running the Application via Scheduler

EDI Exchange integrates with the Windows Scheduler to allow the automation of the EDI file exchange process. You can set up EDI Exchange to go out to the trading partner's FTP server, download files, decrypt and compliance check them and further process them with the appropriate HIPAAsuite application, for example load claims into a SQL

database.

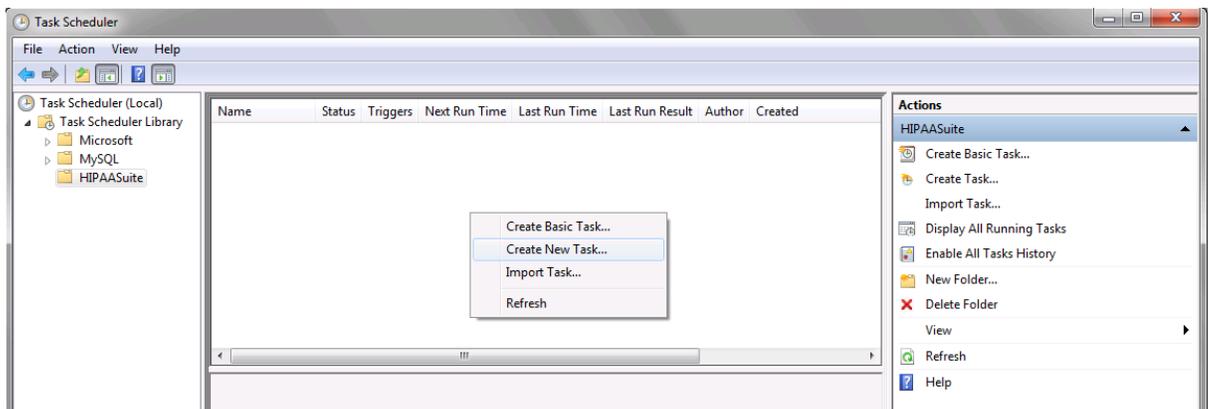
Follow the instructions below to schedule the EDI files exchange process.

1. Select "Automatic Scheduler" under the "EDI Exchange" menu.



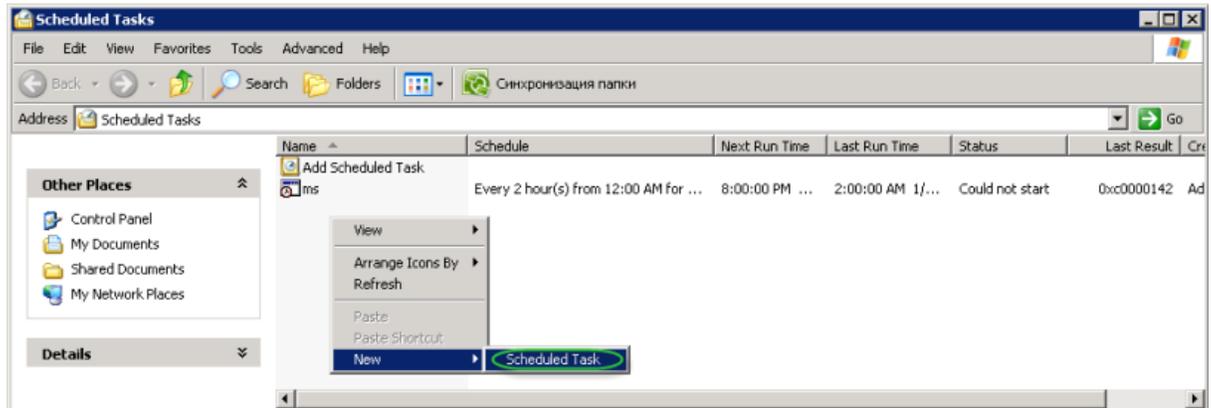
The "Automatic Scheduler" menu item

2. In the opened window, right click and choose the "Scheduled Task" menu item.



Task Scheduler in Windows Vista onwards.

In Windows XP, the Scheduled tasks directory looks like this:



The "Scheduled Task" menu item in Windows XP.

See "Running the Application via Scheduler" in the help of the host HIPAA application for detailed instructions on how to schedule a task.

8.3.4 Using the Command Line Arguments (CLI)

The only EDI Exchange specific command line argument is "Auto"

The Auto processing options are defined in another [screen](#)¹⁶⁶ and, with the command line argument "Auto," they will be exercised. Make sure that you have configured them according to your needs.

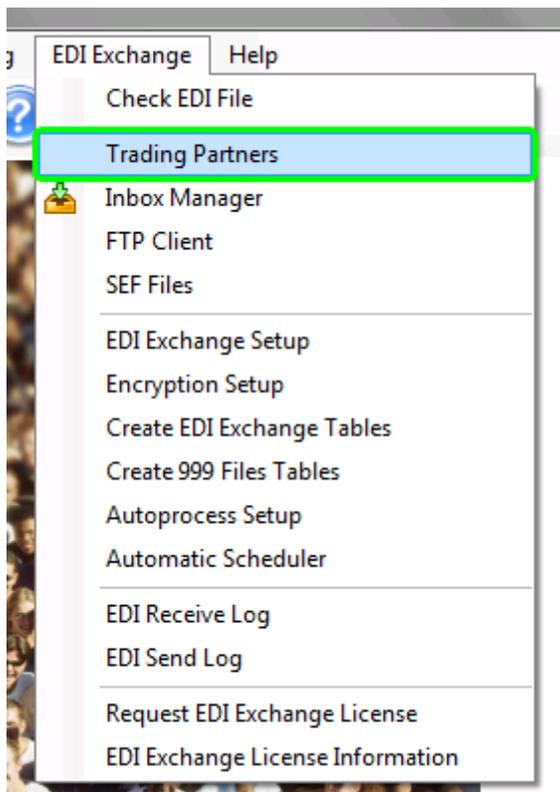
8.4 Working with Trading Partners

8.4.1 Setting up Trading Partners

With EDI Exchange you can keep track of your trading partners. You can set up their identifiers to send them EDI files or 999 acknowledgment, send email notifications and compliance check results, encryption keys and file transport mechanisms.

Once you have created the trading partner table (see [Creating Database Tables](#)¹⁵²) and initialized EDI Exchange (see [Initializing EDI Exchange](#)¹⁷⁰), you can set up the relationships with your trading partner. Follow the instructions below.

1. Select "Trading Partners" under the "EDI Exchange" menu.



The "Trading Partners" menu item

2. The following screen will appear.

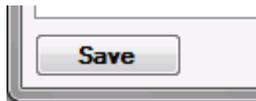
The screenshot shows the "Trading Partners" window with the following details:

- Name and Type:** Name (required), Address, City, State, Zip.
- EDI File Exchange Method:** (Required), Status.
- Email Addresses to send process results:** (List), Type.
- EDI Identifiers:** EDI Version (4010 selected), EDI Identifiers and Qualifier (Record Key), ETIN Number and Qualifier (46), Application Sender Code (GS02), Application Receiver Code (GS03), Trading Partner Assigned ID.
- List of Trading Partner:** DC EXCHANGE, CALHEERS, FEDERAL EXCHANGE ARKANSAS.
- Buttons:** Save, New, Delete, Refresh, Close.

The "Trading Partners" window

3. Click the "New" button to start entering the trading partner information.
4. Define the necessary options. They are described further.

5. Click on "Save."



The "Save" button

6. The newly added Trading Partner's name will appear in the right pane.

Trading Partner Options

The company information of a trading partner can be specified on the top of the form.

The screenshot shows the 'Trading Partners' window with the following fields and controls:

- Name and Type** section:
 - Name**: Text input field with a red asterisk and '(Required)' label.
 - Address**: Text input field.
 - City**: Text input field.
 - State**: Text input field.
 - Zip**: Text input field.
- EDI File Exchange Method**: Dropdown menu with a red asterisk.
- Status**: Dropdown menu.
- Email Addresses to send process results**: Text area with up/down arrow controls.
- Type**: Dropdown menu.

Top area of the "Trading Partners" window

Name and Type

- **Name** – Trading partner's company name. Required field.
- **Address** – Trading partner's company address.
- **City**
- **State**
- **Zip**
- **Status** – Trading partner's status. Choose one of the available options:
 - **Inactive** – No upload into a database system through ODBC will be done.
 - **Test Only** – All outgoing EDI messages will be stamped with "Test" (ISA_15). Records will only be exported to the test environment.
 - **Approved** – All outgoing EDI messages will be stamped with "Production" (ISA_15). Records will be exported to the Live system with ODBC.
- **Type** – There are five types of trading partners, select the necessary one:
 - **Providers** – Hospitals, doctors or other health care providers.
 - **VANs** – Value Added Networks like clearing houses or EDI Networks.
 - **Service bureaus** – Third party entities such as repricing organizations.
 - **Sponsors** – Entities that sponsor the benefits of subscribers such as Medicaid, government agencies or large employers.

- **Payers** – Entities that pay for health care benefits such as health insurers.

The next block on the form lists the communication methods and preferences.

- **EDI File Exchange Method** – Obligatory setting. HIPAAsuite supports three communication methods. Choose a preferred mode of sending EDI communications to the trading partner:
 - **FTP** – Allows you to transmit files actively to the Trading Partner or his Clearinghouse.
 - **Outbox** – All files for Trading Partner are stored locally. The Trading Partner is responsible for picking up files in his special directory of the local FTP or HTTP server.
 - **SOAP** - Allows you to transmit files to the Trading Partner or his Clearinghouse using SOAP 1.2 (CORE) by default.
 - **SOAP Version** - Defaults to CAQH CORE "SOAP 1.2". "SOAP 1.1" is also provided as a compatibility option for Trading Partners that are not yet CORE-Certified but use SOAP services.
 - **MIME** - Allows you to transmit files to the Trading Partner or his Clearinghouse using MIME (CORE). This is one of two CORE options.
- **Email Addresses** – Enter the email address(es) into the text field.

EDI Identifiers Tab

This tab relates to the EDI identifiers and EDI Version.

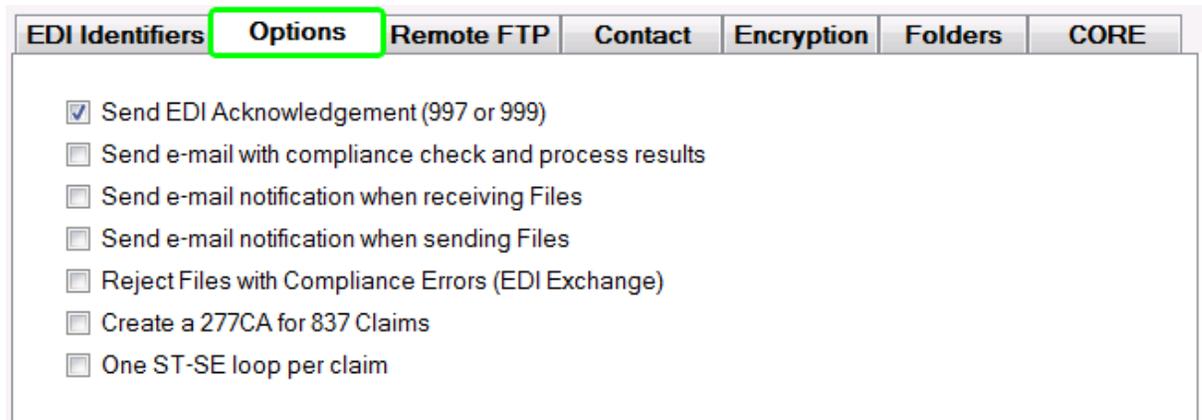
EDI Identifiers	Options	Remote FTP	Contact	Encryption	Folders	CORE
EDI Identifiers and Qualifier						
ISA Identifier and Qualifier (Record Key)			EDI Version			
<input type="text" value="900737353"/>	<input type="text" value="ZZ"/>	*	<input type="radio"/> 4010 <input checked="" type="radio"/> 5010			
ETIN Number	and	Qualifier	Application Sender Code (GS02) to use			
<input type="text"/>		<input type="text" value="46"/>	<input type="text" value="900737353"/>			
Application Receiver Code (GS03) to use			Trading Partner Assigned ID			
<input type="text"/>			<input type="text" value="CCHMP"/>			

The "EDI Identifiers" tab

- **EDI Version** – There are two standards for HIPAA:

- 4010 – This standard was introduced in the original transaction from 2003 to 2011.
- 5010 – From 2012 on all HIPAA transactions must be conducted in the 5010 version.
- **EDI Identifiers and Qualifier**
 - **ISA Identifier and Qualifier (Record Key)** – The ISA Identifier and Qualifier are the unique key to the trading partner database file. The ISA identifier can be up to 15 bytes long, the qualifier has to be 2 bytes. Approved qualifiers are:
 - **01** – Duns (Dun and Bradstreet)
 - **14** – Duns Plus Suffix
 - **20** – Health Industry Number (HIN)
 - **27** – Carrier Identification Number as assigned by HCFA
 - **28** – Fiscal Intermediary Identification Number as assigned by HCFA
 - **29** – Medicare Provider and Supplier Identification Number as assigned by HCFA
 - **30** – U.S. Federal Tax Identification Number
 - **33** – National Association of Insurance Commissioners Company Code (NAIC)
 - **ZZ** – Mutually Defined. Many organizations use the ZZ qualifier with their name as the ID, for example ZZ and HIPAASUITE.
 - **ETIN number** – The Electronic Transmitter Identification Number established by a Trading Partner Agreement. This number occurs only in the 837 transactions. Often, the ETIN is same as the ISA ID.
 - **Application Receiver Code (GS_02)** – A code identifying a part that sends a transmission or the specific application within the sender's organization. Codes are agreed by Trading Partners. Again, usually this code is same as the ISA ID. This code is placed in the GS_02 element in the Functional Group Header (GS). Some Trading Partners want to send a specific code in GS_03, the application receiver code. You can enter it into the corresponding field. Most of the time it is not necessary.
 - **Assigned ID** - Some trading partners, like health insurance exchanges will give a plan an ID that is different from the ISA identifier defined in the Company Setup screen of the application. Especially in the creation of filenames is this Assigned ID important.

Options Tab



EDI Identifiers	Options	Remote FTP	Contact	Encryption	Folders	CORE
<input checked="" type="checkbox"/>	Send EDI Acknowledgement (997 or 999)	<input type="checkbox"/>				
<input type="checkbox"/>	Send e-mail with compliance check and process results	<input type="checkbox"/>				
<input type="checkbox"/>	Send e-mail notification when receiving Files	<input type="checkbox"/>				
<input type="checkbox"/>	Send e-mail notification when sending Files	<input type="checkbox"/>				
<input type="checkbox"/>	Reject Files with Compliance Errors (EDI Exchange)	<input type="checkbox"/>				
<input type="checkbox"/>	Create a 277CA for 837 Claims	<input type="checkbox"/>				
<input type="checkbox"/>	One ST-SE loop per claim	<input type="checkbox"/>				

The "Options" Tab

You can choose one of the following options:

- **Send EDI Acknowledgment (997 or 999)** – This check-box allows sending Functional Acknowledgment transactions to the Trading Partner.
- **Send e-mail with compliance check and process results** – This option allows sending the compliance check results back to your contact at the Trading Partner via email. No PMI will be transmitted. Adding an email address is important, even when the Communication method is not "Email."
- **Send e-mail notification when receiving files** – This option allows sending an acknowledgment email of EDI files. This option is not necessary when you choose 997 or 999 acknowledgments.
- **Send e-mail notification when sending files** – This option allows sending a file to the Trading Partner notifying them that a file has been created for them.
- **Reject Files with Compliance Errors** - This option will reject files that have compliance warnings and move them into the suspended files directory. It also determines whether the TA1 and 999 indicate acceptance or the 999 lists all the errors and warning.
- **Create a 277CA for 837 claims** – This option only applies to 837 Claims. Checking this option will produce a 277CA Claims Acknowledgment report for received 837 Claim files.
- **One ST-SE loop per claim** - This option separates all claims into individual transactions enclosed by their own ST and SE segments.

Remote FTP Tab

If your trading partner has an FTP Server, then you can set up here the connection information. Read more in [Using Built-in FTP Client](#)^[204].

The screenshot shows a software configuration window with several tabs: EDI Identifiers, Options, Remote FTP (highlighted), Contact, Encryption, Folders, and CORE. The 'Remote FTP' tab is active, displaying the following settings:

- FTP** (selected):
 - Secure FTP
 - Explicit FTPS
 - Implicit FTPS
 - SFTP
 - User + password Auth
 - private Key Auth
- After Download**
 - Delete Files
 - Move to Folder
- Remote Connection and Directories**
 - Different Download Server
 - FTP Address:
 - User Name:
 - Password:
 - Port:
 - Put Directory:
 - Get Directory:
 -
 -

The "Remote FTP" tab

The file transfer protocol (FTP) is one of the first internet protocols and goes back to the 1960's. Transporting electronic files was one of the great achievements of the internet. During the last 50 years a lot of improvements to this protocol have been made, mainly to increase the security of the transfer.

- **FTP** – For security reasons, EDI Exchange supports secure FTP or FTPs.
 - **Explicit FTPS Connection** – The explicit method is a legacy compatible implementation where FTPS aware clients can invoke security with an FTPS aware server without breaking overall FTP functionality with non-FTPS aware clients. In explicit mode (also known as FTPS), an FTPS client must "explicitly request" security from an FTPS server and then step-up to a mutually agreed encryption method. If a client does not request security, the FTPS server can either allow the client to continue insecure or refuse/limit the connection.
 - **Implicit FTPS Connection** – The implicit method requires that all clients of the FTPS server be aware that SSL is to be used on the session, and thus is incompatible with non-FTPS-aware clients. Negotiation is not allowed with implicit FTPS configurations. A client is immediately expected to challenge the FTPS server with a TLS/SSL ClientHello message. If such a message is not received by the FTPS server, the server should drop the connection. In order to maintain compatibility with existing non-TLS/SSL aware FTP clients, implicit FTPS was expected to listen on the IANA Well Known Port 990/TCP for the FTPS control channel and 989/TCP for the FTPS data channel. This allowed

administrators to retain legacy compatible services on the original 21/TCP FTP control channel.

- **SFTP** – also known as FTP over SSH is deemed the most secure form of FTP and uses encryption certificates. There are 3 different ways to authenticate a SFTP connection,
 - With user name and password, just like a regular FTP connection,
 - User name and a certificate
 - User name, certificate and password

Remote Connection and Directories

You need the FTP address, the user name and password to establish the connection and the directory information where files are picked up and where dropped off. Fill in the following fields:

- **FTP Address** - This is usually the IP address of the server
- **User Name**
- **Password**
- **Put Directory** - This is the directory where you drop off files
- **Get Directory** - This is the directory where you download files from

It is possible that a trading partner has two FTP servers, one for 'put' and another one for 'get'. If so, check "Different Download Server" and additional fields will become visible so you can specify the those connection parameters.

After Download: You have two choices. Files on the server will be either deleted or moved to another folder of your choice .

Contact Tab

The Contact Tab stores contact information for your selected Trading Partner.

The "Contact" tab

Contact Information

Enter the name and the number into the corresponding fields and select the communication type from the drop-down list.

- **Contact Name**
- **Communication Numbers** – Valid Communication number qualifiers are:
 - **TE** – Stands for Telephone.
 - **FX** – Stands for Fax.
 - **EX** – Stands for Extension.
 - **EM** – Stands for email.

Click the "Add" button and the contact will appear in the "Communication Numbers" table.

Note: The information that you fill in goes also into EDI files in the "PER" segment.

Local Access for FTP and HIPAAsuite Web

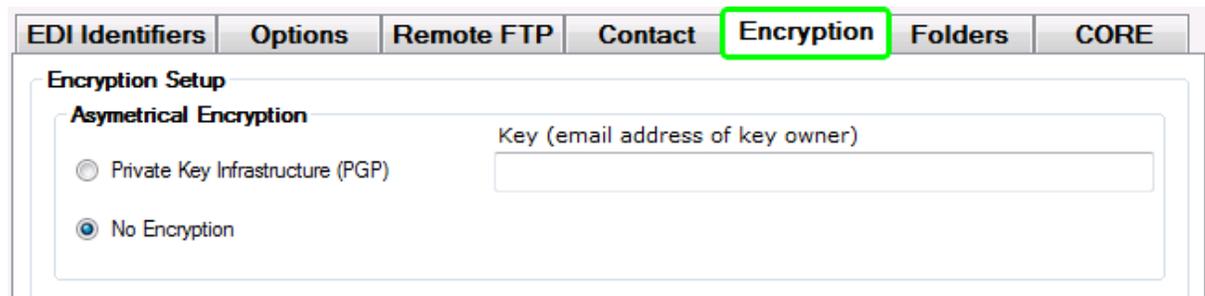
To register a user, enter the user name and the password into the corresponding fields and click the "Add" button. The user will appear in the "Registered Users" table.

- **User Name**
- **Password**
- **Registered Users**

Encryption Tab

EDI Exchange supports PKI encryption. Encryption keys are defined by the email address of the owner. Both supported products, PGP and GnuPG use this logic. Read more in [Using Encryption](#)²¹².

You can set up the encryption parameters for a Trading Partner on the "Encryption" tab.



The screenshot shows a web interface with several tabs: EDI Identifiers, Options, Remote FTP, Contact, Encryption (highlighted with a green box), Folders, and CORE. Below the tabs is the 'Encryption Setup' section. Under 'Asymmetrical Encryption', there are two radio buttons: 'Private Key Infrastructure (PGP)' and 'No Encryption'. The 'No Encryption' radio button is selected. To the right of these options is a text input field labeled 'Key (email address of key owner)'.

The "Encryption" tab

Encryption Setup

- Asymmetrical Encryption
 - Private Key Infrastructure (PGP)
 - Key (email address of key owner)
 - No Encryption

Folders Tab

Within the HIPAAsuite Communications Directory, each Trading Partner has his own folder. This keeps files finely separated and in order. Here is where you can set this up. Read more in [Defining Communications Directory](#)¹⁶⁸.

The screenshot shows the 'Folders' tab of the HIPAAsuite software. The 'Local Directory Settings' section contains the following fields and controls:

- Outgoing Files Root:** Text box containing 'D:\EDI\Outbox'.
- Processed Files Root:** Text box containing 'D:\EDI\ProcessedFiles'.
- Trading Partner's Outbox:** Text box containing '\ TXEBS' with a three-dot button and a red asterisk to its right.
- Trading Partner's Repository:** Text box containing '\ TXEBS' with a three-dot button and a red asterisk to its right.
- File Naming Convention:** A dropdown menu currently showing 'CMS'.
- Create Folders Using Trading Partner ID:** A button located at the bottom right of the settings area.

The "Folders" tab

- **Outgoing Files Root** – This field has a pre-generated path. You can change this path by changing the EDI Root Directory.
- **Trading Partner's Outbox** – Mandatory setting. Click on the three-dots button to access the "Select Folder" window. There you choose an existing folder or create a new one.
- **Processed Files Root** – This field has a pre-generated path. You can change this path by changing the EDI Root Directory.
- **Trading Partner's Repository** – Mandatory setting. Click on the three-dots button to access the "Select Folder" window. There you choose an existing folder or create a new one.

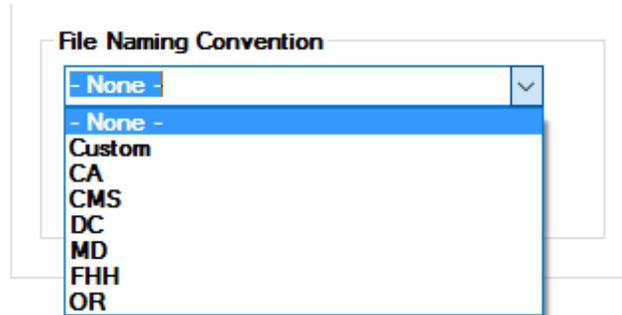
Once you have specified the directory settings, click on the "Create Folders Using Trading Partner ID."

This screenshot is identical to the previous one, showing the 'Folders' tab settings. The 'Create Folders Using Trading Partner ID' button is highlighted with a green rectangular border.

The "Create Folders Using Trading Partner ID" button

- **File Naming Convention** - Health Insurance Exchanges (HIX) demand that a carrier adheres to more or less complex File naming conventions. Since these conventions are often really complicated we decided to hard code several schemes. California,

Maryland, DC and the CMS scheme are among those currently configured and we will add other schemes if needed.

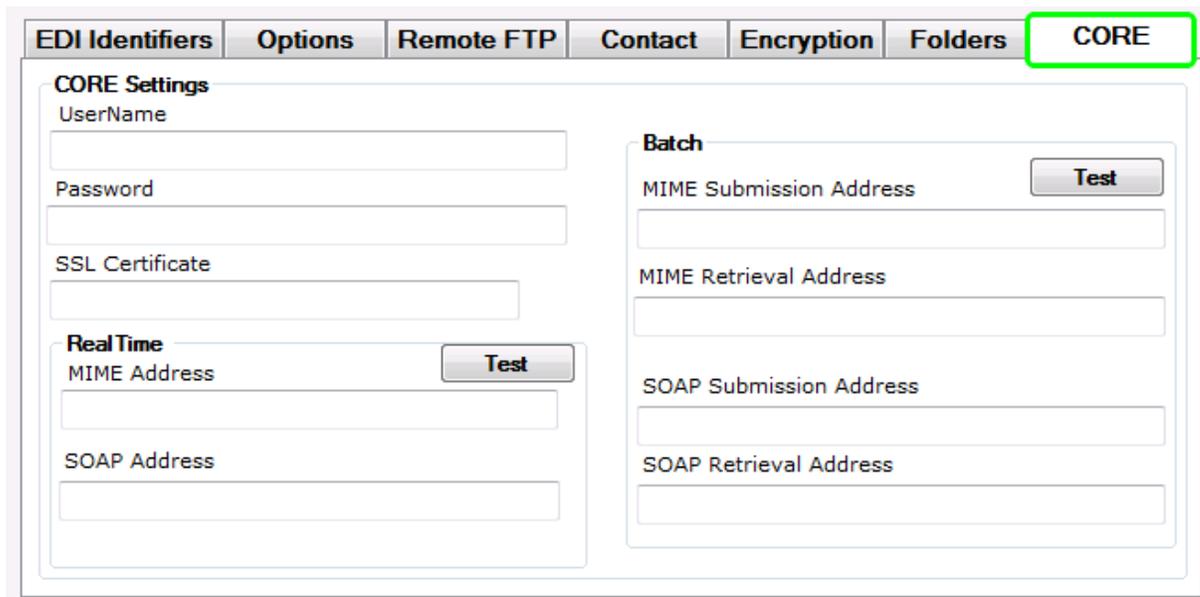


File naming dropdown menu options

The *Custom* File Naming Convention option requires some additional setup. This is covered in [Custom File Naming Conventions](#)²⁰⁰.

CORE Tab

This tab stores settings for the use of CORE-Compliant SOAP- and MIME-enveloped transactions. When using a Requester or similar application, these settings apply to the information source. When using a Responder or similar application, these settings apply to the information requester/receiver. Soap 1.2 or 1.1 will use the same options.

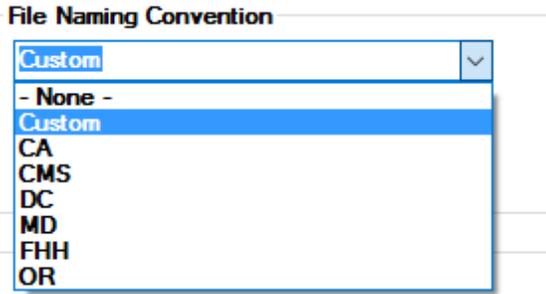


CORE settings tab

- **UserName** - UserName portion of the username authentication token. Used to verify a Trading Partner's Username token's Username or in your own Username token authenticate yourself to a Trading Partner's CORE-compliant service.
- **Password** - Password portion of the username authentication token. Used to verify a Trading Partner's Username token's Password or in your own Username token to authenticate yourself to a Trading Partner's CORE-compliant service.
- **SSL Certificate** - Instead of Username tokens, use an SSL certificate to verify a Trading Partner's identity or access a Trading Partner's CORE-compliant service. Not currently implemented.
- **RealTime**
 - **MIME Address** - Trading Partner's web address for MIME Real-Time transactions.
 - **SOAP Address** - Trading Partner's web address for SOAP Real-Time transactions.
- **Batch**
 - **MIME Submission Address** - Trading Partner's web address for MIME Batch transactions.
 - **MIME Retrieval Address** - Some Trading Partners may use a different address to submit or retrieve batch transactions. Use this field for a retrieval-specific address.
 - **SOAP Submission Address** - Trading Partner's web address for SOAP Batch transactions.
 - **SOAP Retrieval Address** - Some Trading Partners may use a different address to submit or retrieve batch transactions. Use this field for a retrieval-specific address.

8.4.2 Custom File Naming Conventions

Health Insurance Exchanges (HIX) demand that a carrier adheres to File naming conventions. These file naming conventions enable a reader to quickly determine the date, time, sender, recipient, etc. of a particular file among other files without the need to open them individually. The custom File Naming Convention option enables you to create a file naming convention scheme tailored to your (or your trading partner's) requirements.



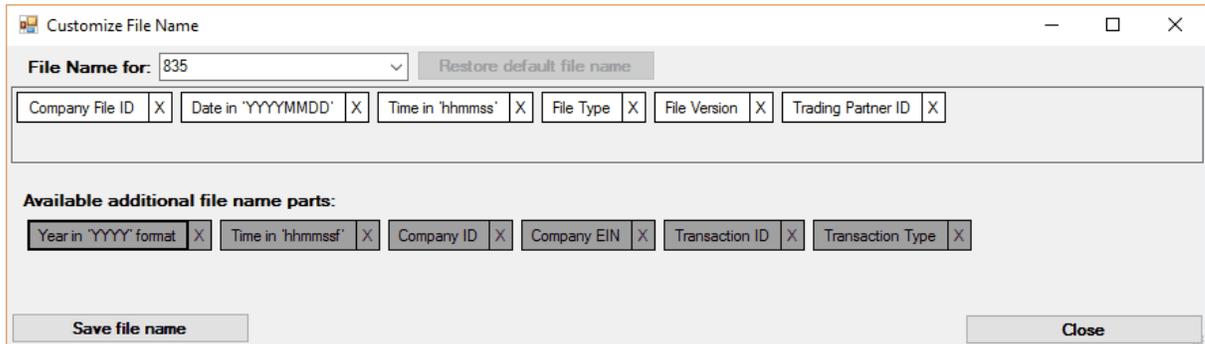
Custom File Naming Convention option highlighted

Selecting the Custom option in the File Naming Convention dropdown menu option and clicking the *Custom File Naming* button below it:



Custom File Naming button enabled

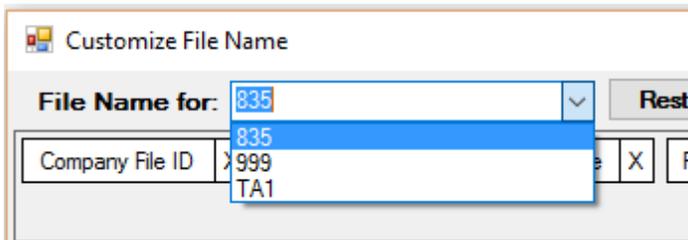
will bring up the screen pictured below. This screen is used to create file naming conventions for a particular trading partner. These examples will use the 835 file type as an example, but all file types the HIPAASuite product represents (as well as TA1s and 999s) can have their own file naming convention applied to each trading partner. The following picture shows the file name customization screen with the default building blocks for an 835 EDI file.



File Naming Customization screen with default custom file naming convention

Filetype

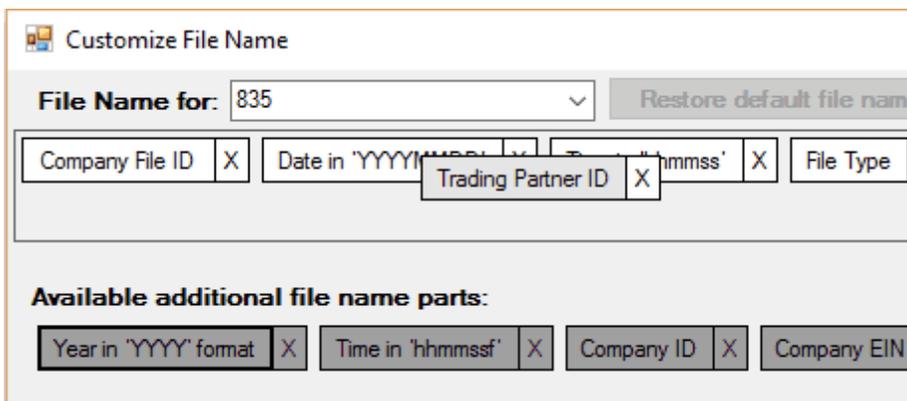
Here we can create a custom file naming convention for a specific file type. The file types available will depend on the HIPAAsuite product used to create the file naming convention. To change the file type, select it from the file type dropdown menu:



Changing the filetype

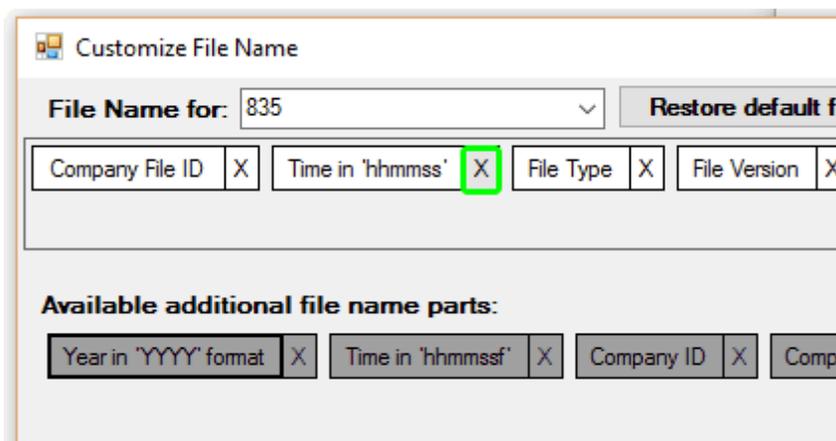
Creating the file naming convention

A coherent file naming convention can be created by clicking and dragging elements into order. Present elements can be reordered by clicking and dragging them into position:



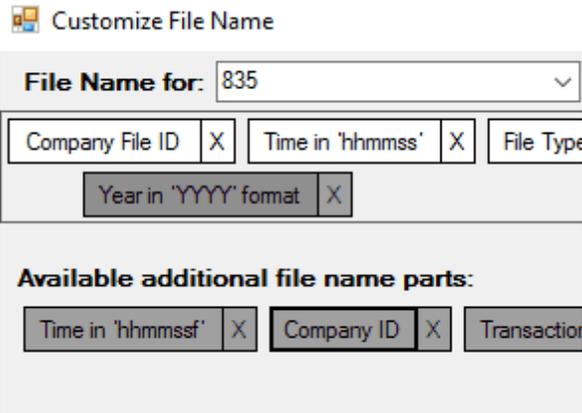
Click-dragging an element into position

Existing elements can be removed by clicking the X to the right of the element:



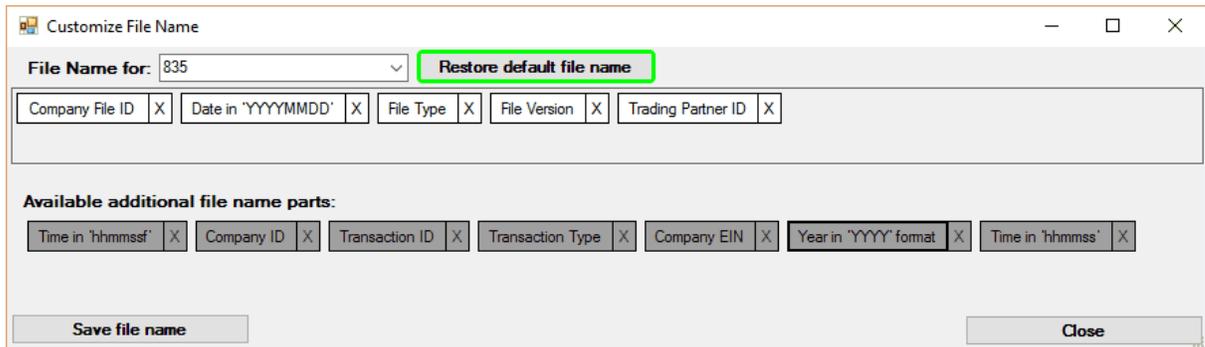
Deleting an element

The greyed-out elements towards the bottom of the screen can be added to the custom file naming convention by clicking and dragging them into place:



Adding a file name element

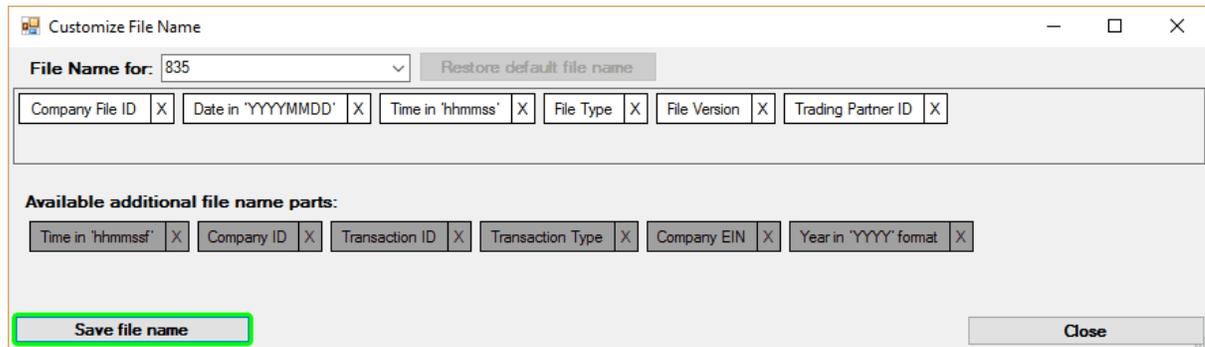
To discard the current changes and start over with the default file naming convention, click the *Restore default file name* button.



Restore default file name button

Saving or discarding

Finally, the custom file naming convention can be saved by clicking *Save file name* or discarded by clicking *Close*.



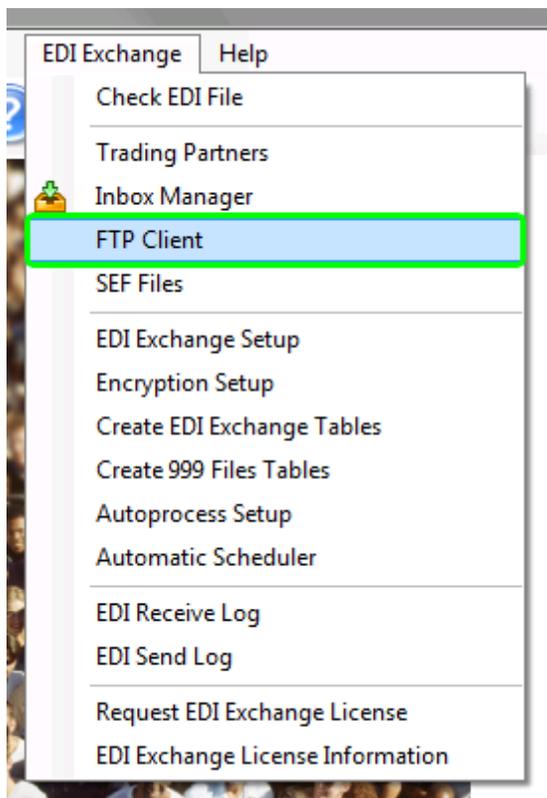
Save button on file name customization screen

8.4.3 Using Built-in FTP Client

EDI Exchange has a built-in FTP client. This utility allows you to drop-off and pick-up files from a trading partner that you have defined in the "Trading Partners" menu (see [Setting up Trading Partners](#)¹⁸⁶.)

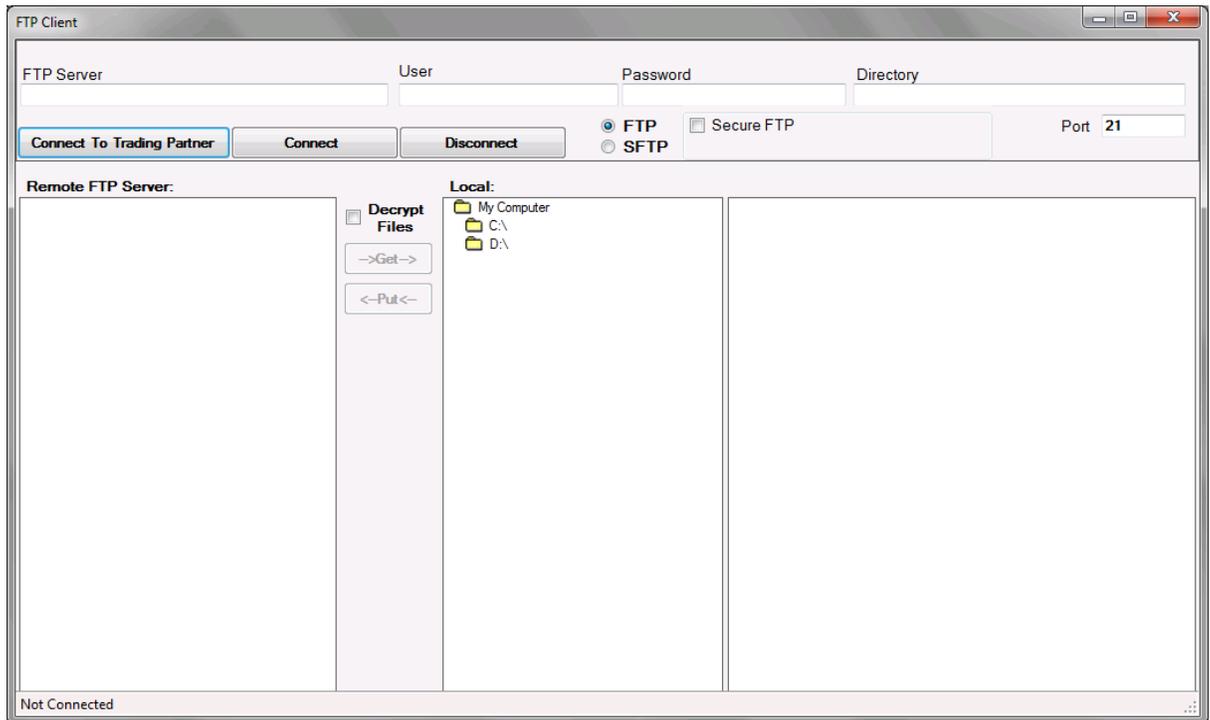
Follow the instructions below to exchange EDI files with your Trading Partner.

1. To access the FTP client, select "FTP Client" under the "EDI Exchange" menu item.



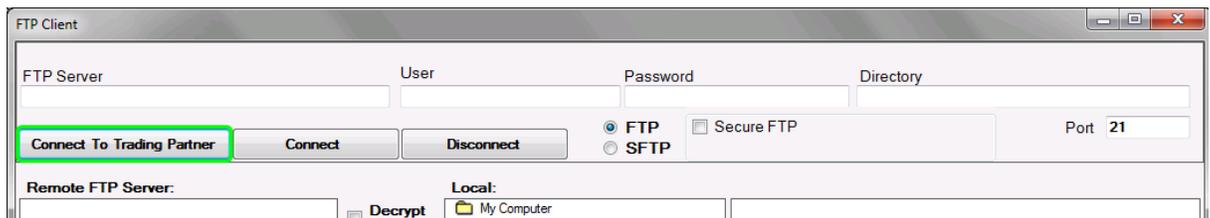
The "FTP Client" menu item

2. The following window will appear.



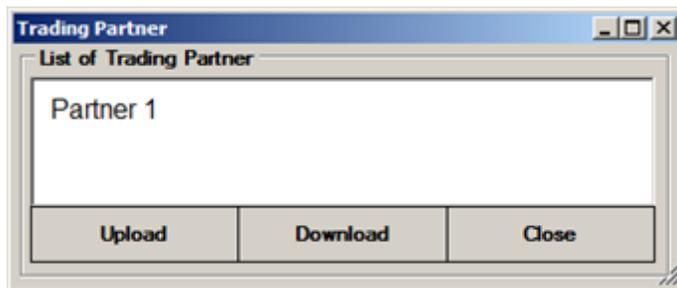
The built-in FTP client

3. Click the "Connect to Trading Partner" button on the FTP client window.



The "Connect to Trading Partner" button

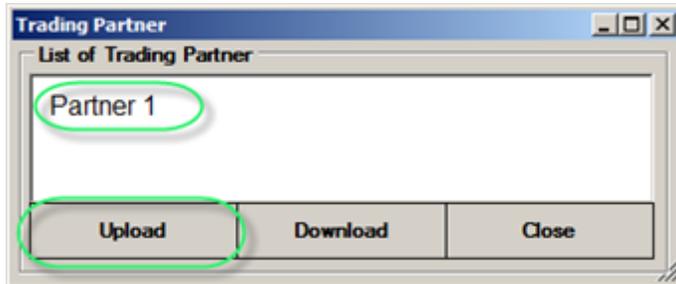
4. The following screen opens.



Selecting a Trading Partner for FTP transfer

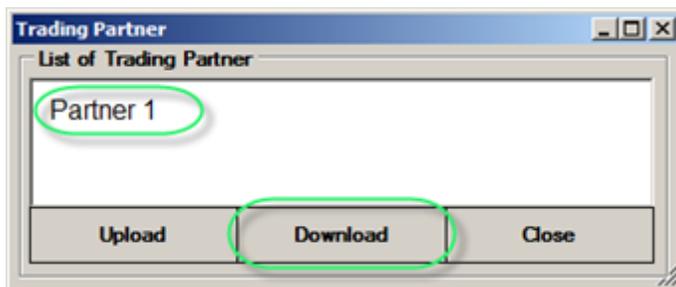
5. Highlight the trading partner that you want to connect to.

6. Click on the "Upload" button to connect to the "Put" directory that you set up in the trading partner screen.



The "Upload" button

- Or click on the "Download" button to connect to the "Get" directory that you set up in the trading partner screen.



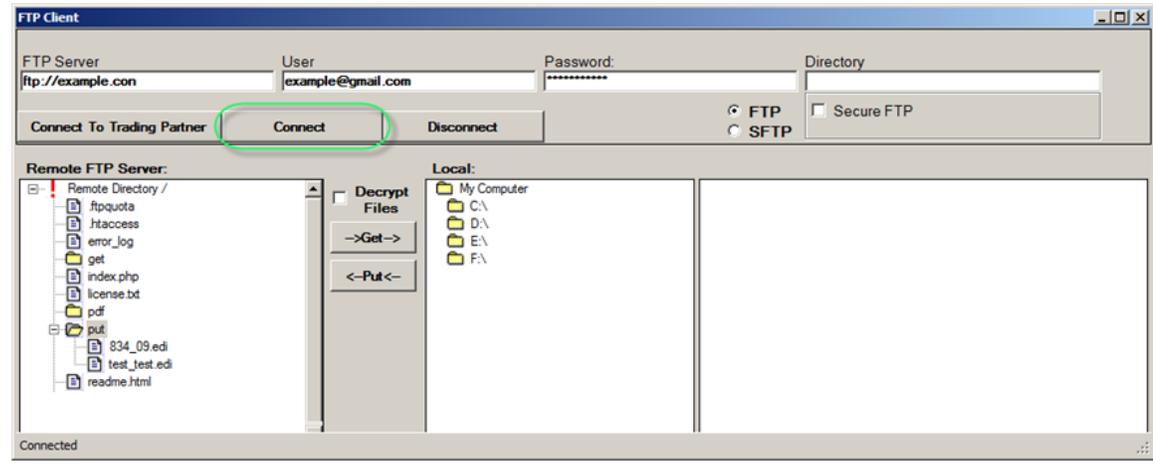
The "Download" button

5. Once you have chosen a trading partner, the following fields will contain values derived from the trading partner's properties. You can change them manually if you need.

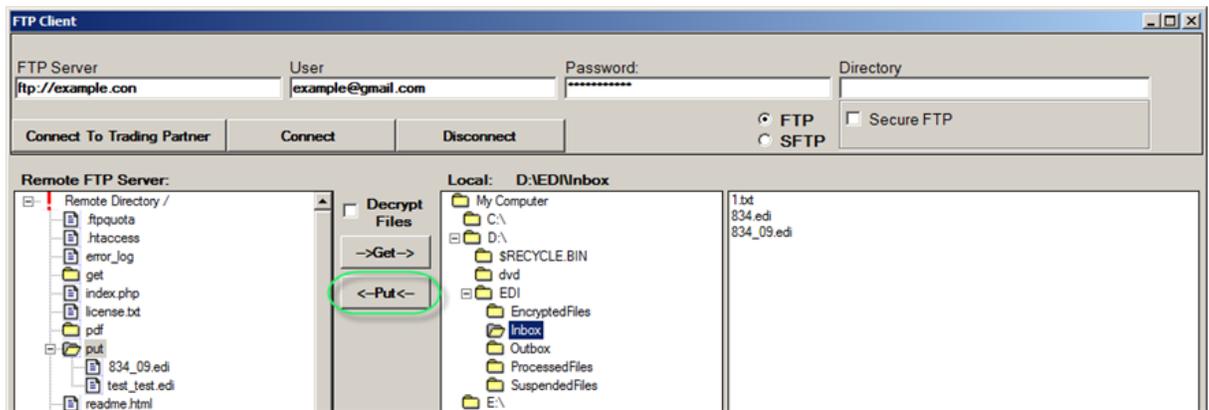
- **FTP server** – IP Address or URL of the FTP server.
- **Username**
- **Password**
- **Directory** – If you leave this value blank, the FTP root directory will be opened.
- **Secure FTP** – If you enable this option, then you can select between implicit and explicit FTPs. See [Setting up Trading Partners](#)¹⁸⁶ for an explanation of the two secure methods:
 - **Explicit FTPS Connection**
 - **Implicit FTPS Connection**

Note: You can also fill in the connection information manually. In this case, the entered credentials will not be saved once you close the FTP client window. Click on the "Connect" button to establish

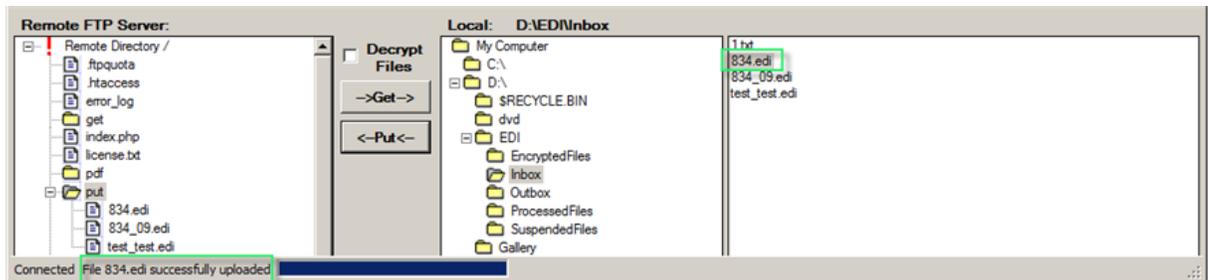
connection to the FTP server.



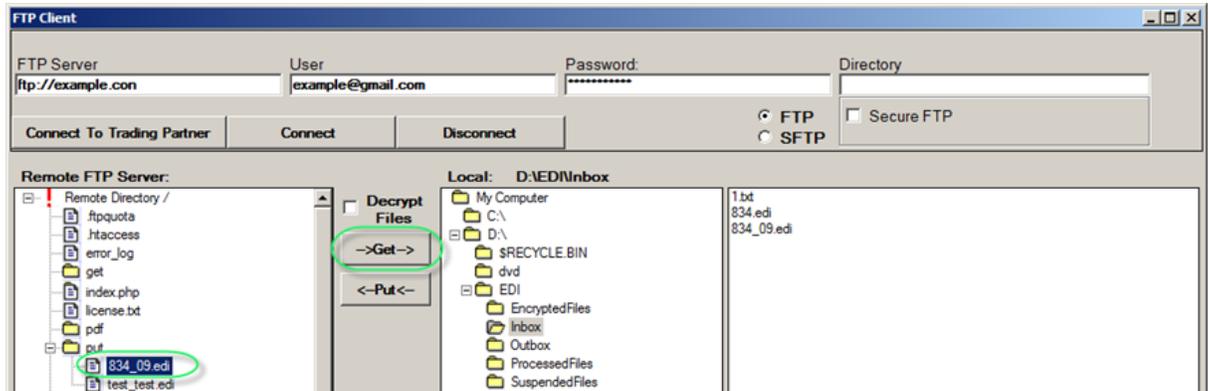
- Once connected, the content of the folder on the server is displayed. On the right side, you can browse your local PC.
- To upload a file to the server, select the file on your local PC and click on the "Put" button.



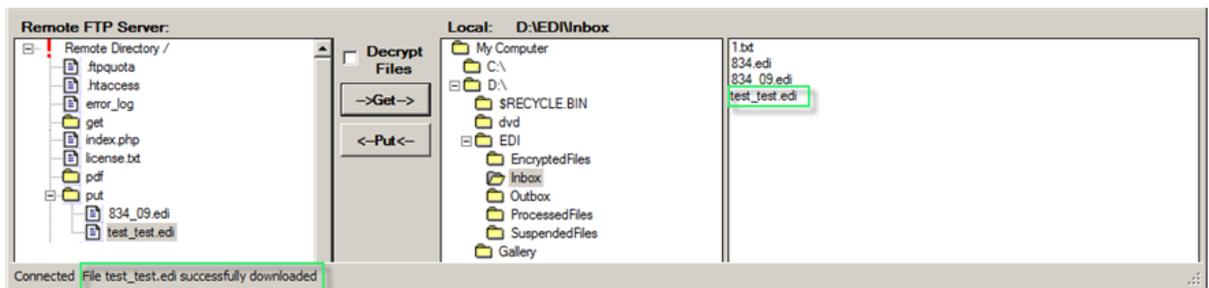
The file will appear in the remote folder. You will receive the "File <filename> successfully uploaded" message on the bottom status bar of the FTP client.



6. To download a file from the server, select a file in the left side, and then click on the "Get" button.

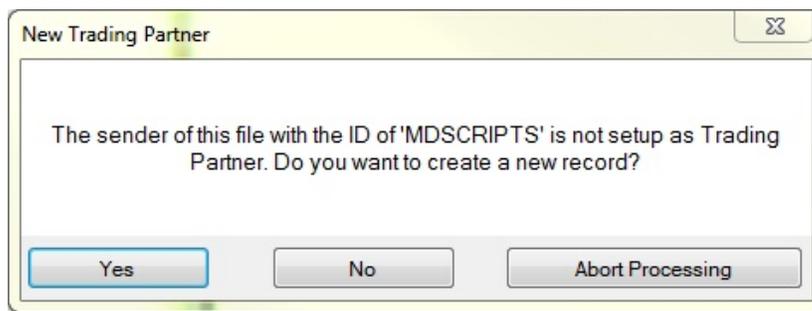


The file will appear in the local folder. You will receive the "File <filename> successfully downloaded" message on the bottom status bar of the FTP client.



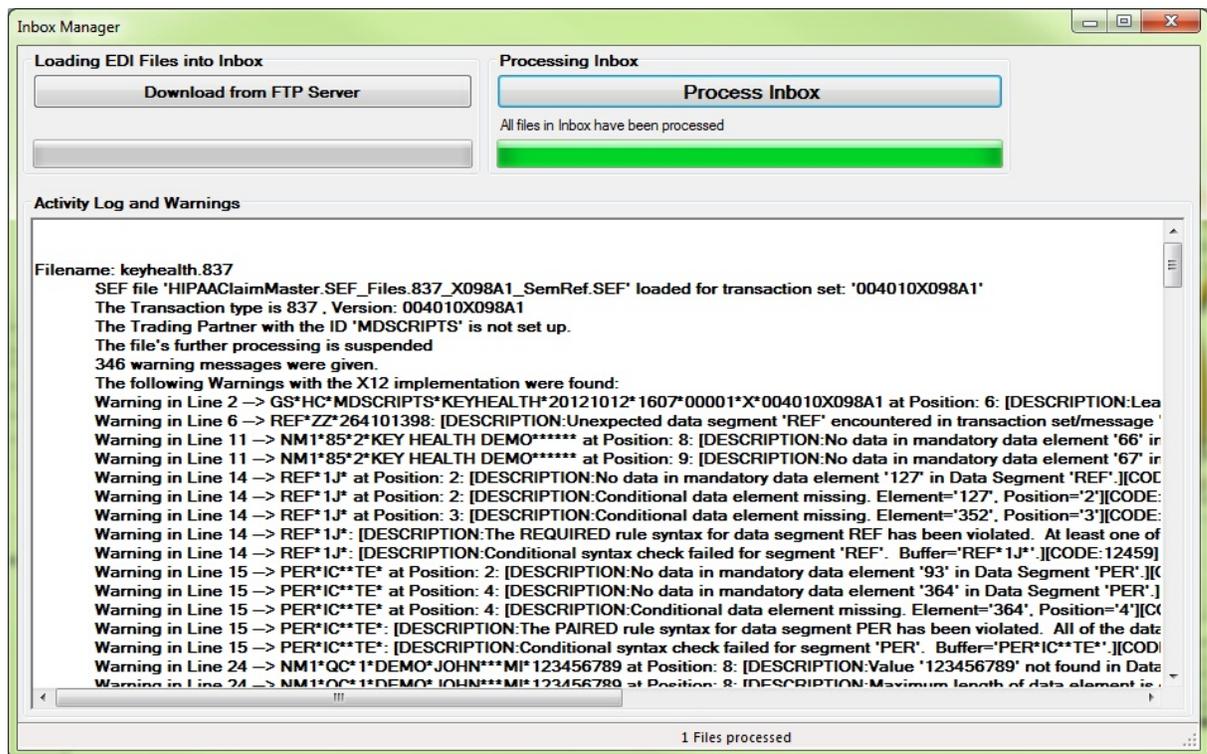
8.4.4 Creating a Trading Partner Automatically

When you process a file with EDI Exchange the sender's ID is compared to the trading partners on file. If the trading partner does not exist you have the opportunity to create a rudimentary new trading partner record. Now you have the choice to either create this new record, process the file without the trading partner record or to abort the operation.



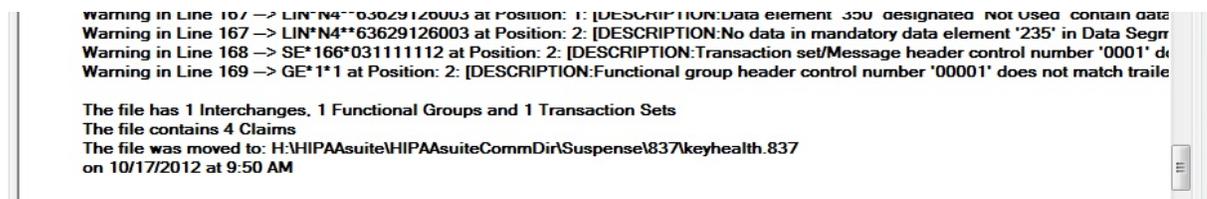
The "New Trading Partner" dialog box

If you abort the process, you still will get the EDI file analysis.



EDI compliance check results after further processing was aborted.

Files without a valid trading partner will be placed into the "suspended files" directory. The final action taken after the analysis is recorded at the end of the results.



This file's processing was aborted. The file was moved to the suspended files folder

8.4.5 Certificate based authentication in SFTP

SFTP or FTP over secure shell as it is also known is deemed to be the most secure method of file transport. There are 3 methods of authentication in Sftp.

1. with a user name and password
2. with a user name and a private key cryptographic certificate and
3. with a user name, a certificate and a password

When you select SFTP as the FTP protocol, you will see two check boxes appear.



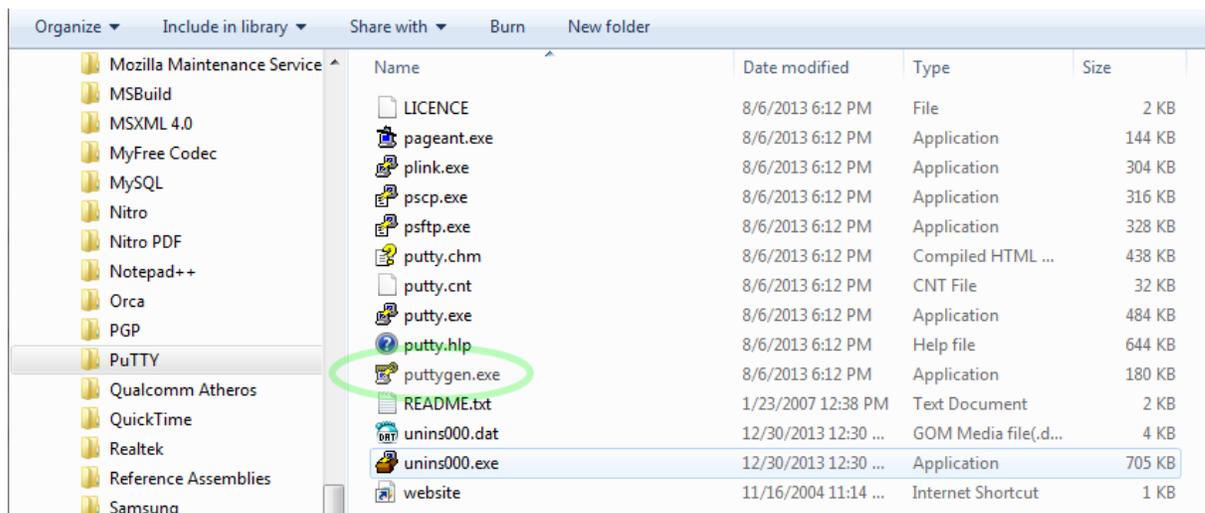
The sub choices when you select SFTP

Leaving both check boxes unchecked will result in the first option: Authentication with user name and password. You can also check just the user name and password with the same result.

In order to use the certificate based authentication you need to create and link to your own certificate. The certification module that HIPAAsuite employs uses a so called private key SSH2 certificate in pem format.

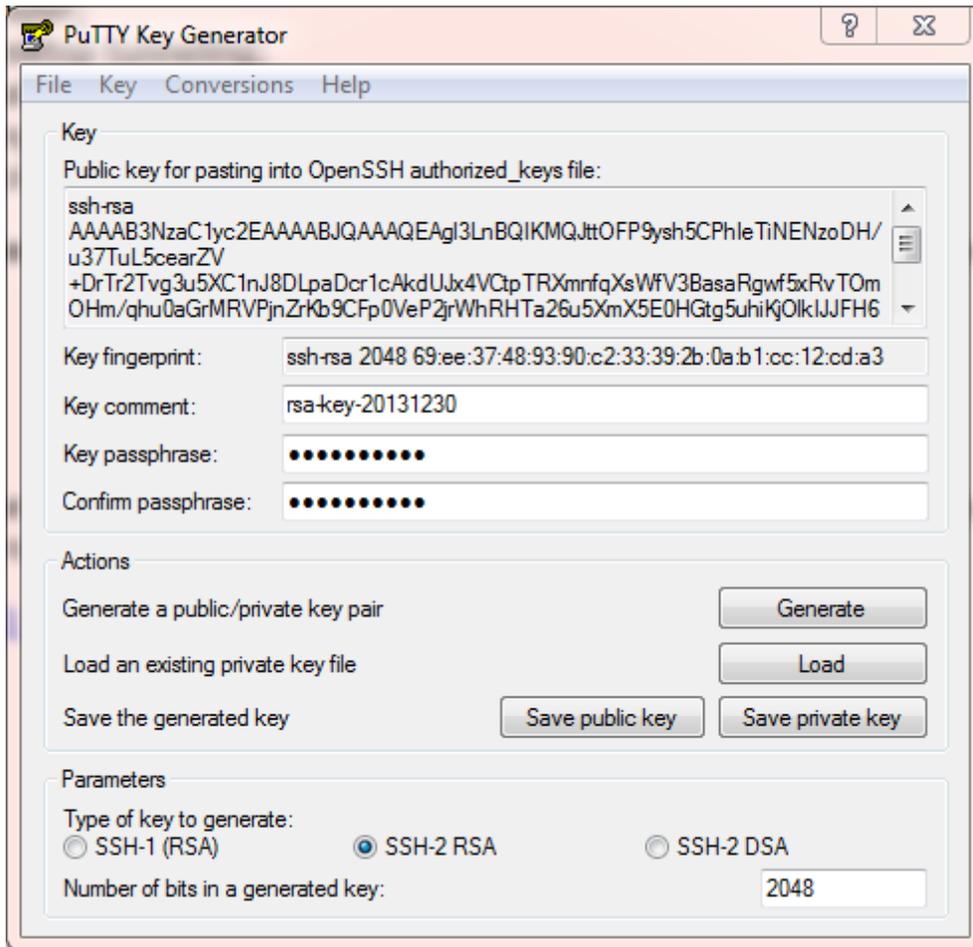
How do you create such a certificate? Here is one way:

The free secure shell program putty has the necessary tools. Download putty from www.putty.org When you install the program you will see several program installed on your computer.



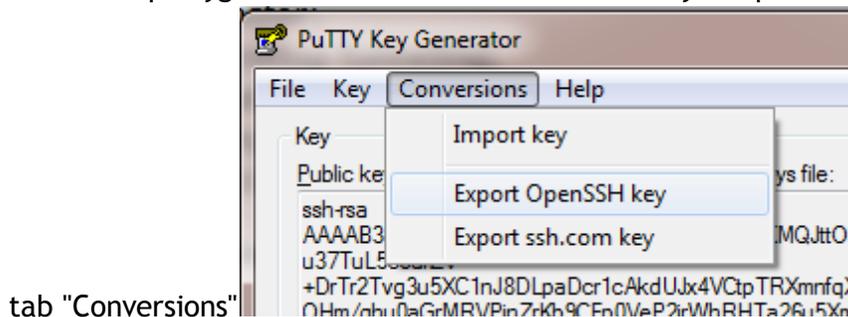
The programs and files that come with putty

One of the programs is puttygen.exe. This program creates the necessary keys. When you start it up, you can generate a key pair.



Creating a public/private key pair with puttygen

You can save the public and private keys separately as .ppk files but that is not what we need. But puttygen has also tool to convert the keys to pem files. The top menu has a



tab "Conversions"

Converting the SSH key into a pem certificate

When we click on "Export OptnSSH key" we can then save the key with an .pem ending and that is it.

8.5 Using Encryption

8.5.1 About Encryption

EDI Exchange supports the **Private Key Infrastructure (PKI)** encryption method. This type of encryption is the most generally accepted method of protecting EDI Files from being pried upon by unauthorized persons. Without going further into the details of PKI, Public-key encryption is a cryptographic technique which enables users to securely communicate on an insecure public network, and reliably verify the identity of a user via digital signatures. Read more in [Private Key Infrastructure](#).

A public-key infrastructure (PKI) is a system for the creation, storage, and distribution of digital certificates which are used to verify that a particular public key belongs to a certain entity. The PKI creates digital certificates which map public keys to entities, securely stores these certificates in a central repository, and revokes them if needed.

A PKI consists of:

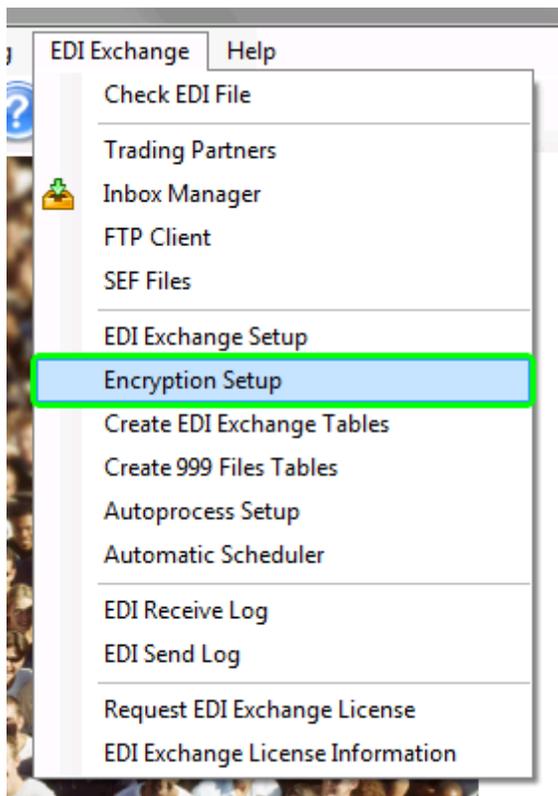
- A certificate authority (CA) that both issues and verifies the digital certificates.
- A registration authority which verifies the identity of users requesting information from the CA.
- A central directory is a secure location to store and index keys.
- A certificate management system.

EDI Exchange relies on other software to establish the PKI. It only uses the capabilities of these programs through their Application Programming Interface (API). You need to separately install either [PGP Desktop](#)^[216] or the open source GPG4Win programs and set them up with the public keys of your trading partners and your own private key.

8.5.2 Setting up Encryption

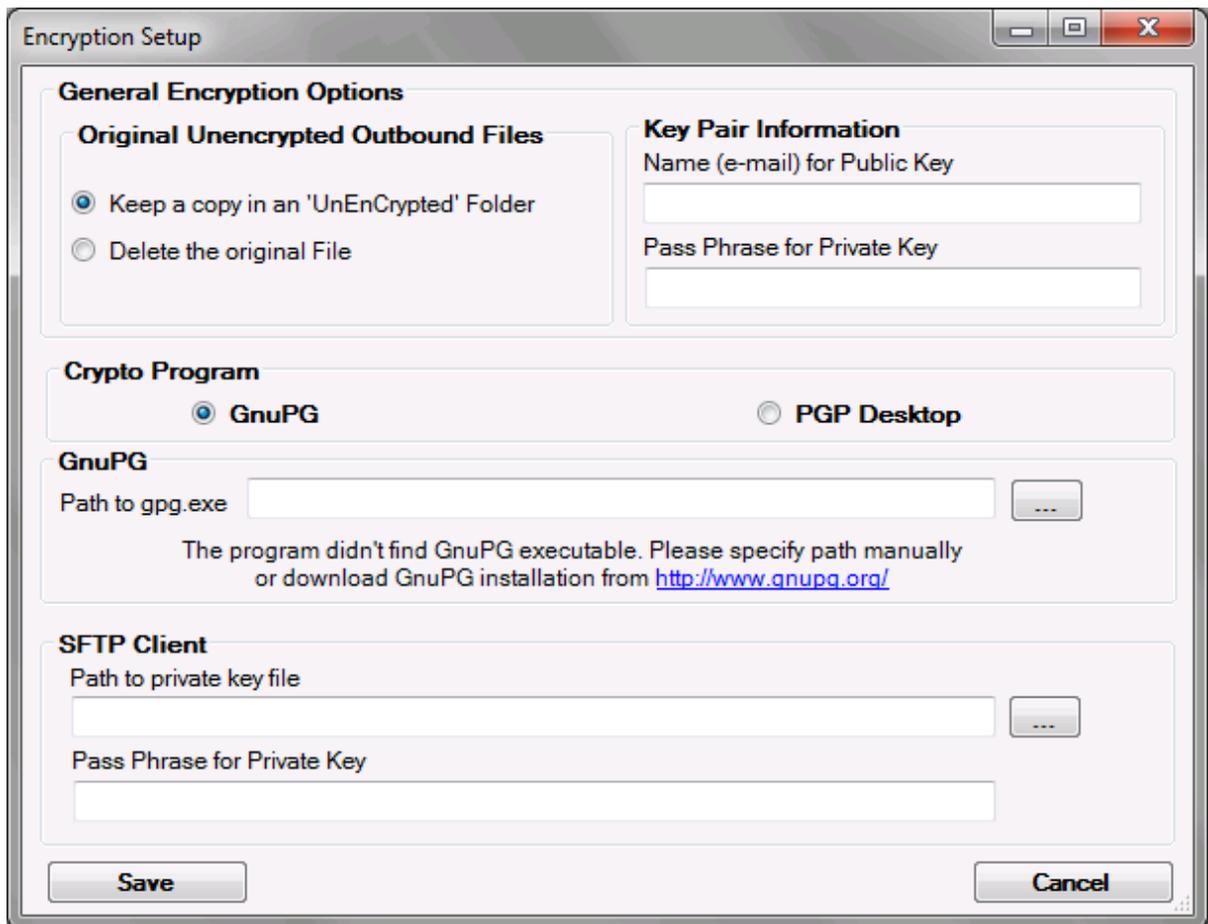
EDI Exchange allows you to set up the encryption for your EDI files. Follow the steps below.

1. Access the "Encryption Setup" window by selecting "Encryption Setup" under the "EDI Exchange" menu.



The encryption setup menu

2. The following window will appear.



The encryption setup screen

3. In this window define the following options:

General Encryption Options

- **Original Unencrypted Outbound Files**

- **Keep a Copy in an 'Unencrypted' Folder** – When the HIPAAsuite program creates an EDI file for a trading partner that has selected encryption, you can keep an unencrypted copy in the "Outbox/[trading partner]/Unencrypted" folder. This is useful when you need to go back to the file and check on problems.

Note: Once you encrypt a file with the public key of your trading partner, you will not be able to open it again. Only the owner of the private key can decrypt it and read it.

- **Delete the Original File** – If you do not want to keep the unencrypted copy, select this option.

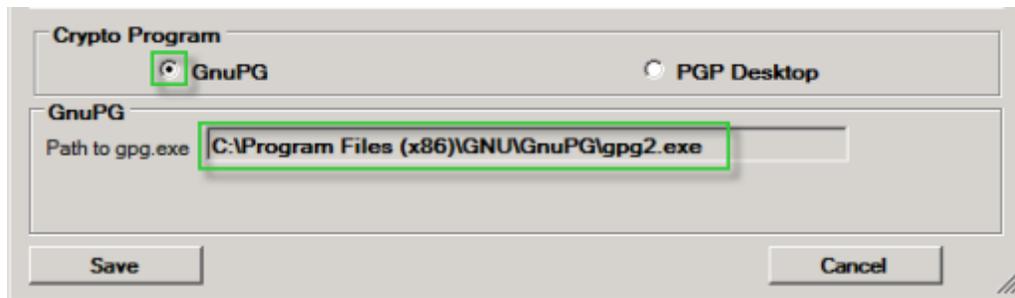
- **Key Pair Information**

- **Name (e-mail) for Public Key** – Enter name or e-mail that will be used to encrypt files for you by your trading partners.
- **Pass Phrase for Private Key** – Enter passphrase here to decrypt files encrypted previously with the pass phrase.

Note: The keys are identified by the email address of their owner.

• **Crypto Program**

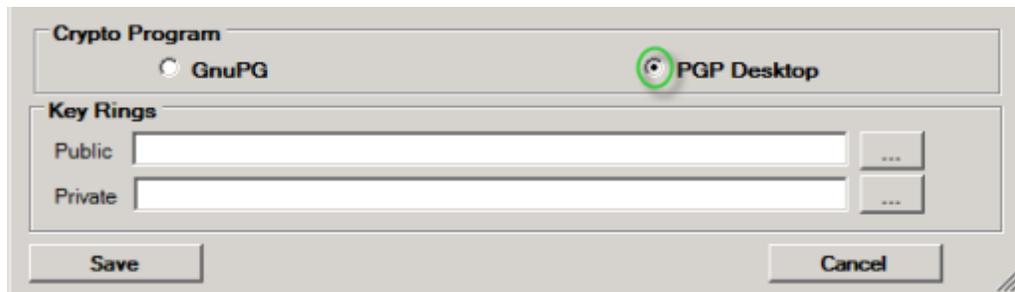
- **GnuPG** – Select this option if you have already installed the [GnuPG](#)²¹⁷ software and want to use it.



The configuration using GnuPG

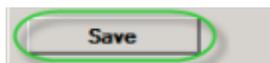
Note: When you select GnuPG, the program checks if the executable `gpg.exe/gpg2.exe` is present on your computer. If it is not found, you will have to specify the path manually or install the program first.

- **PGP Desktop** – Select this option if you have already installed the [PGP Desktop](#)²¹⁶ program and want to use it. You will see a different lower half of the screen, where you can indicate the location of the keys. PGP Desktop uses "key rings" – encrypted folders that contain all your keys. The location of these two files is very important for PGP Desktop.



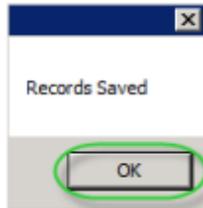
The configuration using PGP Desktop

4. Once the settings are done, click the "Save" button.



The "Save" button

5. The following notification will appear. Click the "OK" button.



Notification window

8.5.3 Using PGP Desktop

Pretty Good Privacy (PGP) is a data encryption and decryption computer program that provides cryptographic privacy and authentication for data communication. PGP is often used for signing, encrypting and decrypting texts, e-mails, files, directories and whole disk partitions to increase the security of e-mail communications. PGP and similar products follow the OpenPGP standard ([RFC 4880](#)) for encrypting and decrypting data. For more information, see [How PGP works](#).

EDI Exchange supports PGP encryption and works seamlessly with [PGP Desktop](#) and open source [Gpg4Win](#) applications.

[PGP Desktop](#) (Symantec's encryption solutions) is a comprehensive suite of encryption applications which provides flexible, multi-layered encryption by bundling Drive Encryption to secure the files stored on local hard drives, and Desktop Email Encryption to secure confidential data in email. For more information, see [PGP Desktop documentation](#).

PGP Desktop key features:

1. Hard drive encryption software locks down the entire contents of a laptop, desktop, external drive, or USB flash drive, including boot sectors, system, and swap files.
2. Enables encrypted email and secure AIM® Instant Messages.
3. Creates storage-independent encrypted containers for transport and sharing of specific files using included utilities; PGP Self-Decrypting Archive, PGP Virtual Disk, and PGP Zip.
4. Includes PGP Shredder which can completely destroy unwanted disk-based files and folders.
5. Drive Encryption can be centrally deployed and managed by Symantec Encryption Management Server.

PGP Desktop key benefits:

1. Secures email without burdening users, to improve compliance with policies and regulations without hindering productivity.
2. Allows users to easily and transparently share encrypted files and folders, improving data security without impacting user productivity.
3. Management by Encryption Management Server centralizes creation, deployment and management of data security policies and reporting.

PGP Desktop bundles the following products:

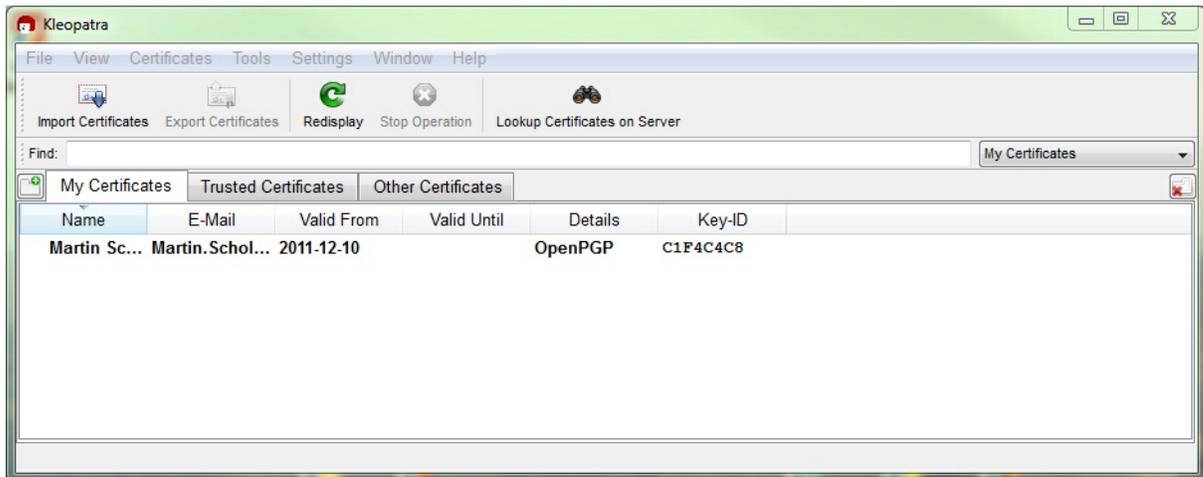
1. Drive Encryption. See [System Requirements](#).
2. Desktop Email Encryption. See [System Requirements](#).
3. Encryption Management Server. See [System Requirements](#).

8.5.4 Using GnuPG

GnuPG is an Open Source project for the implementation of the OpenPGP (Pretty Good Privacy) protocols of encryption. GnuPG allows to encrypt and sign your data and communication, features a versatile key management system as well as access modules for all kinds of public key directories. GnuPG, also known as GPG, is a command line tool with features for easy integration with other applications. Front-end applications and libraries are also available. Version 2 of GnuPG also provides support for S/MIME.

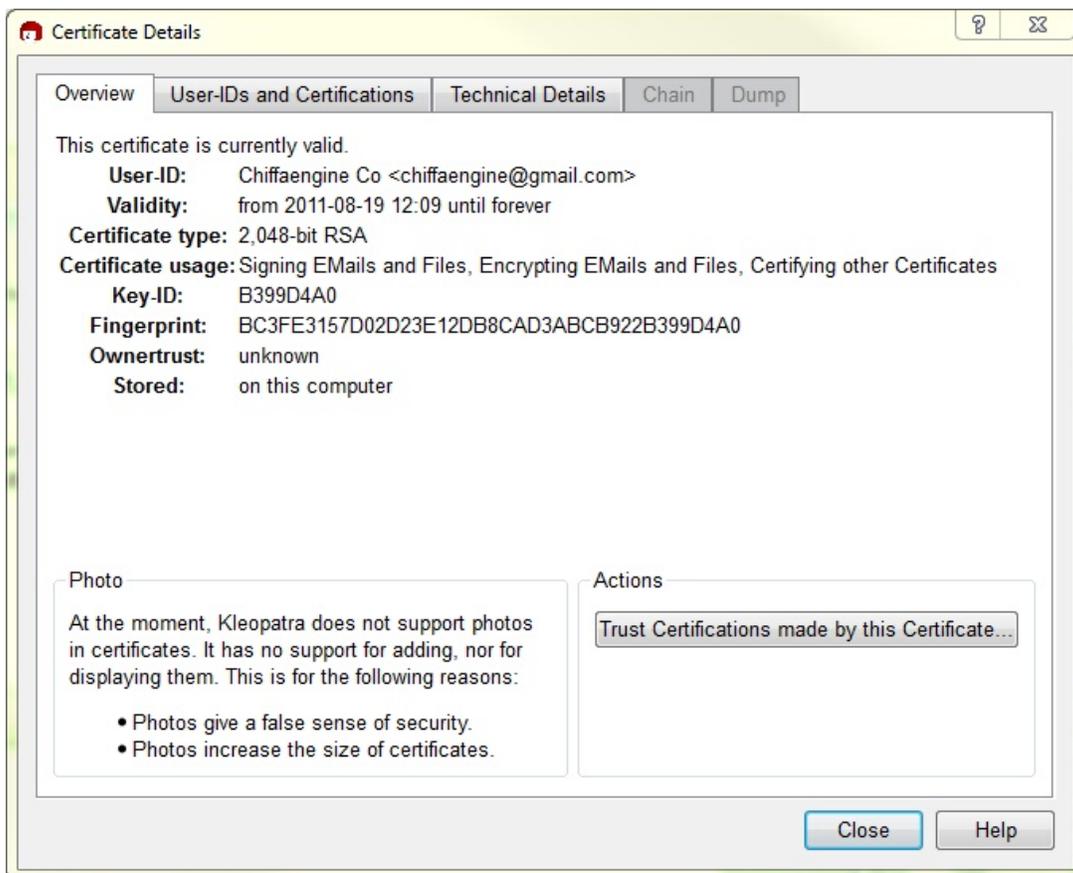
GnuPG is a free software, so it can be freely used, modified and distributed under the terms of the [GNU General Public License](#).

We recommend [Gpg4Win](#) for encrypting of your files and emails. [Gpg4Win](#) supports both relevant cryptography standards, OpenPGP and S/MIME (X.509), and is the official GnuPG distribution for Windows. [Gpg4Win](#) contains Kleopatra as one of its Free Software components. For more information, see [Gpg4Win documentation](#) available both in PDF and HTML versions.



Kleopatra, a certificate manager for OpenPGP and X.509 (S/MIME) and common crypto dialogs

With Kleopatra, it is easy to manage your certificates and create your own ones. It seamlessly integrates with GnuPG. You can manage the key that you receive from your trading partners, because there is a screen to view the details of a key.



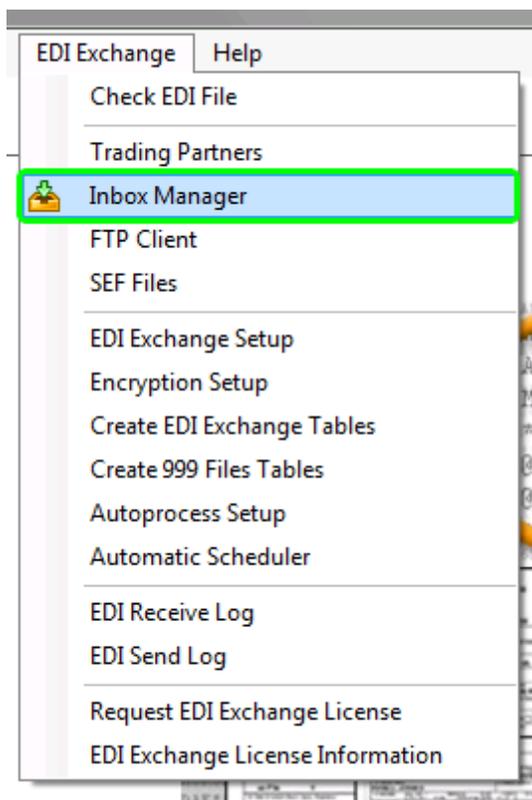
Certificate details with Kleopatra

8.6 Using EDI Exchange Features

8.6.1 Accessing Inbox Manager

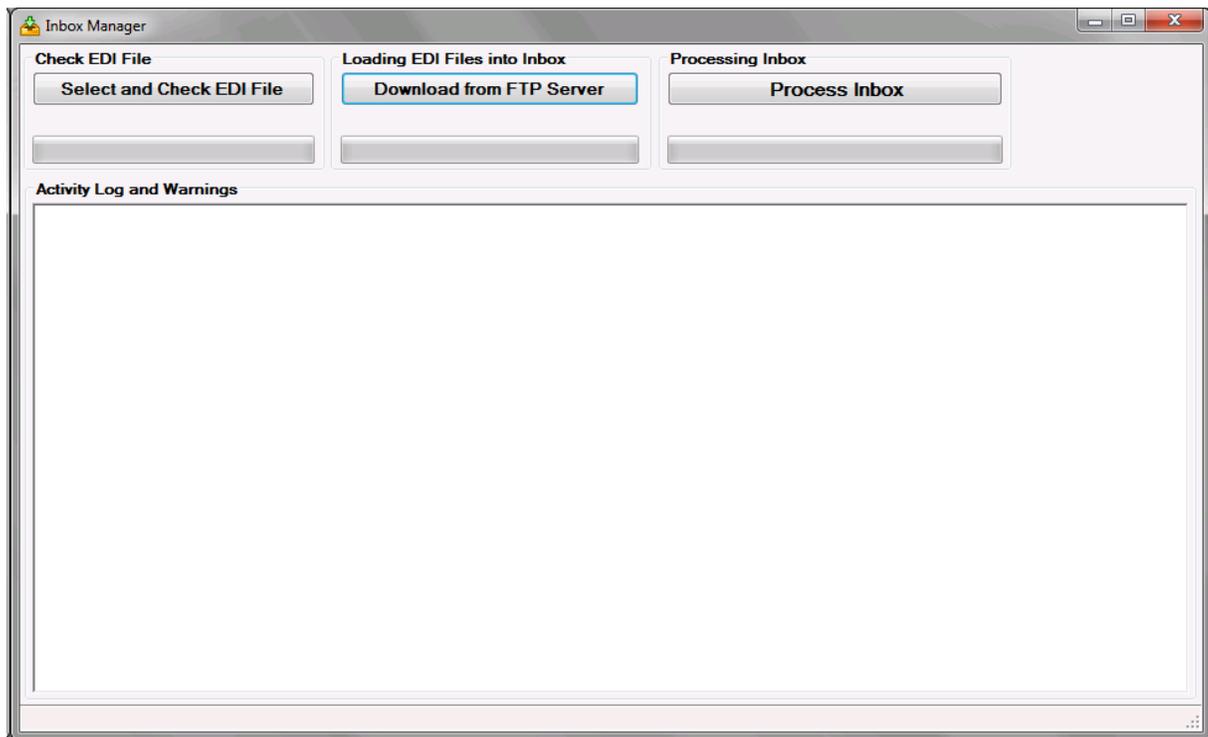
Using the Inbox Manager you can access the most important functions of EDI Exchange. Inbox Manager allows you to download EDI files into the "Inbox" folder and process these files. This screen handles the post-processing of the EDI files, their compliance check and auto-processing options.

1. To access the Inbox Manager, click the "Inbox Manager" under the "EDI Exchange" menu.



The "Inbox Manager" menu item

2. The following screen will come up.



The "Inbox Manager" window

Read more in:

- [Downloading EDI Files From FTP Server](#)²²²
- [Processing EDI Files](#)²²⁴
- [Selecting and Checking EDI Files](#)²²⁰

8.6.2 Checking EDI Files

EDI file analysis based on the HIPAA standards. Compliance with HIPAA EDI rules is an essential part of the exchange of EDI documents. The standards are the only agreed upon rules that sender and receiver use to exchange data from completely different backend systems. Strict adherence is therefore necessary to guarantee frictionless operation.

Unfortunately, HIPAA compliance is difficult and the truth is that many HIPAA EDI files are truly bad. Syntax errors, omitted loops, missing elements, wrongly formatted elements – these are the most common EDI errors. Without a true analysis, it is difficult to say what data ends up in your system.

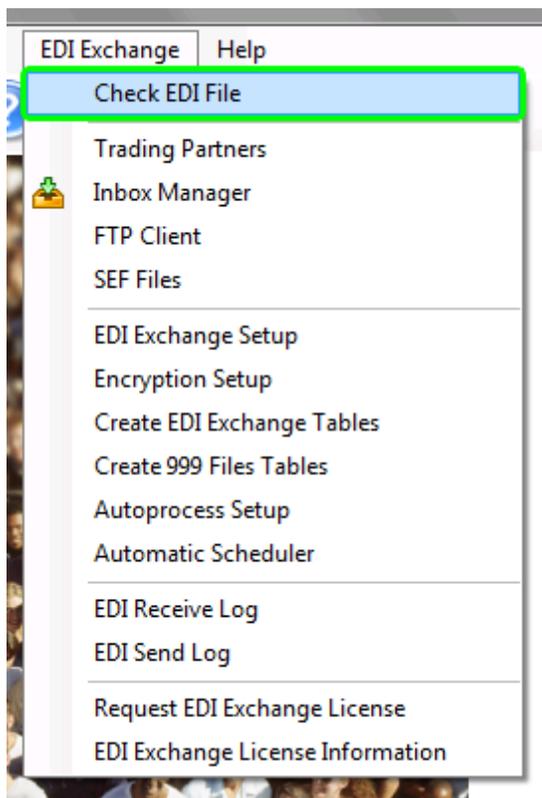
EDI Exchange has a built-in compliance engine that analyzes each incoming and outgoing EDI transaction. Line by line, element by element, error reporting provides a powerful tool to determine the quality of the incoming and outgoing EDI files. All HIPAA file versions are supported. The compliance check creates a detailed report that lists every

compliance issue. Outgoing files can also be checked and individual transaction in violation of HIPAA rules can be held back.

Note: You can enable automatic compliance check on outgoing and incoming EDI files. See [Setting up Incoming and Outgoing Files Options](#)¹⁸².

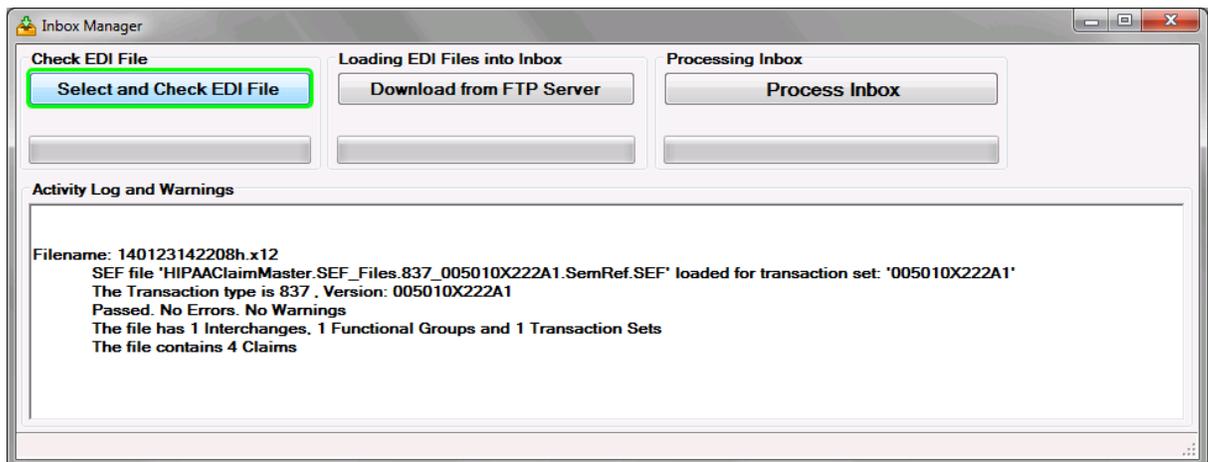
Follow the instructions below to check EDI files for compliance.

1. Select "Check EDI File" under the "EDI Exchange" menu item.



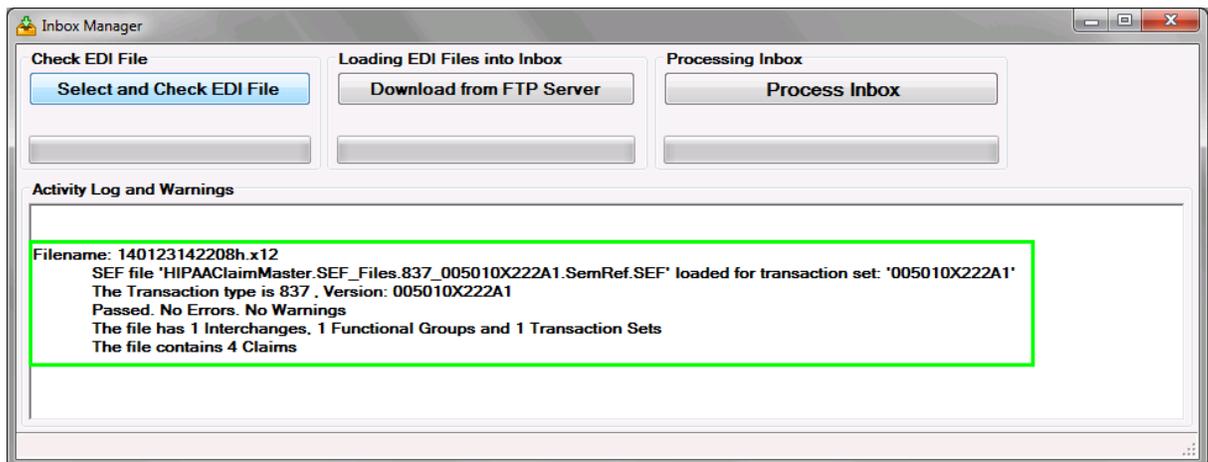
The "Check EDI File" menu item

Alternatively, you can click on the "Select and Check EDI File" button in the Inbox Manager window. Read more in [Accessing Inbox Manager](#)²¹⁹.



The "Select and Check EDI File" button

2. In the opened file selection dialog, select an EDI file and click "Open."
3. In the Inbox Manager, you can see the result messages for the operation. The details are displayed in the "Activity Log and Warnings" area.



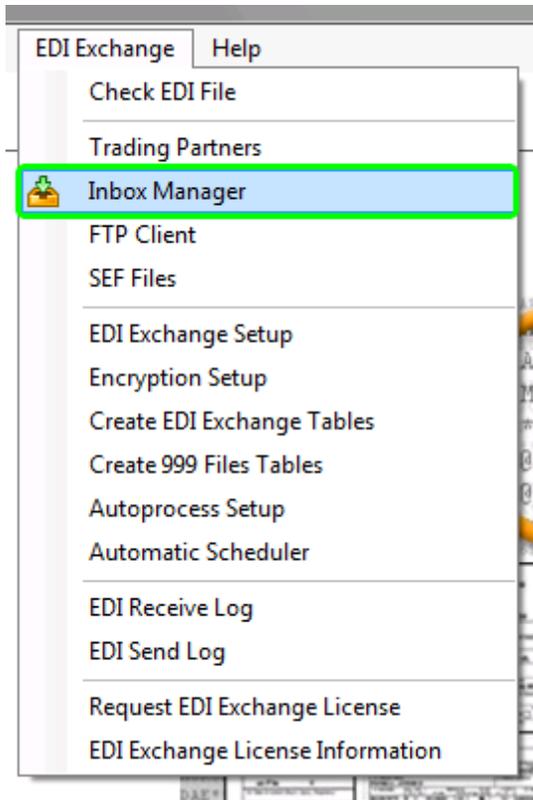
The "Activity Log and Warnings" area displaying log messages

8.6.3 Downloading EDI Files From FTP Server

EDI Exchange Inbox Manager allows you to load EDI files into the "Inbox" folder and process these files. Be sure you have setup FTP settings in the "Remote FTP" tab of the Trading Partner window (see [Setting up Trading Partners](#)¹⁸⁶).

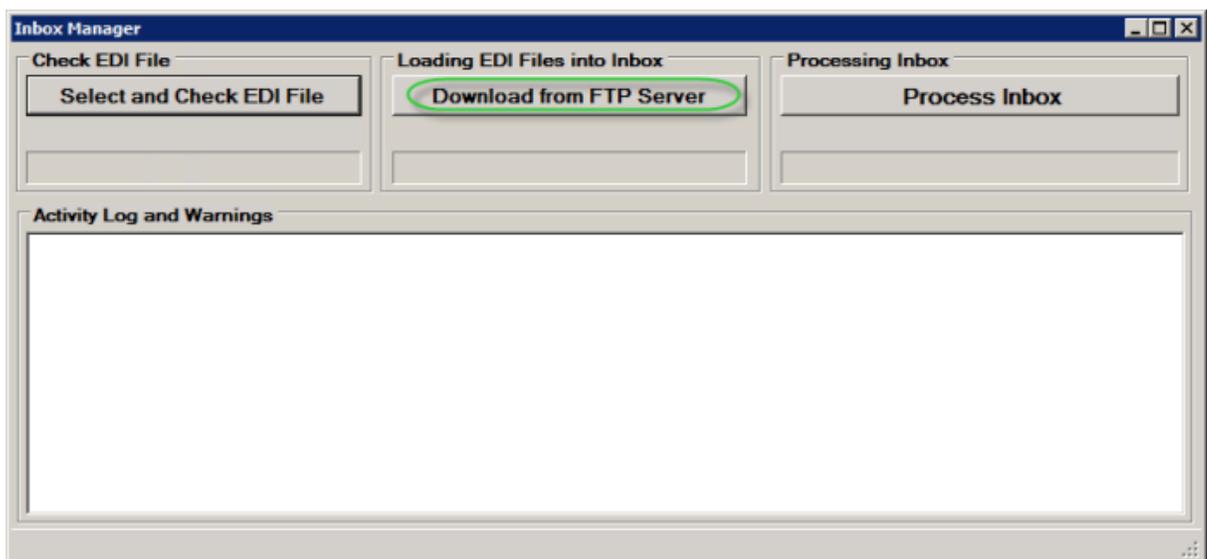
Follow the instructions below to upload EDI files into the "Inbox" folder.

1. Access the Inbox Manager by clicking the "Inbox Manager" under the "EDI Exchange" menu.



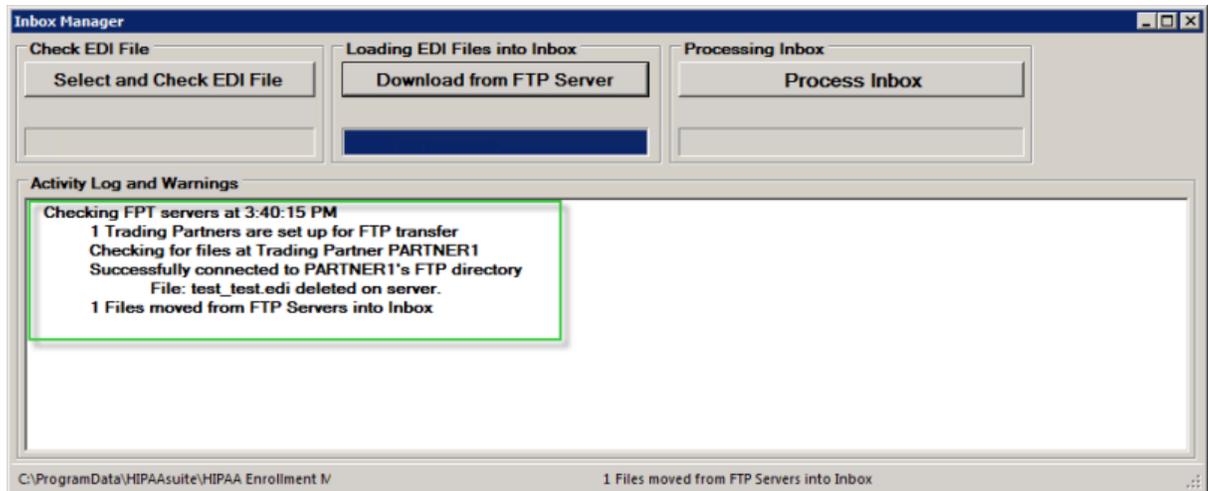
The "Inbox Manager" menu item

2. Click the "Download from FTP Server" button.



The "Download from FTP Server" button

- When the process has been finished, the "Activity Log and Warnings" area displays the report.



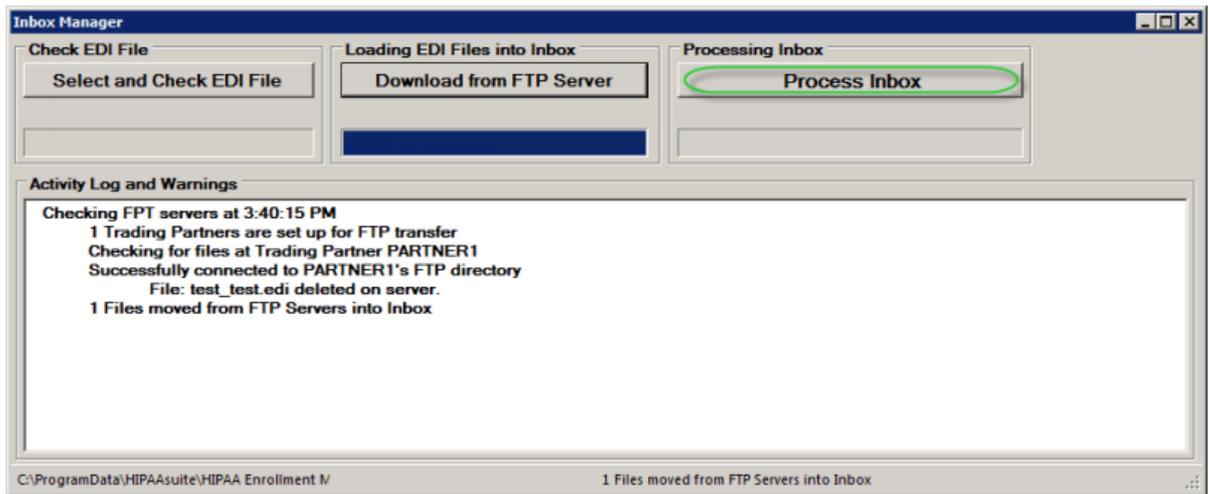
Activity Log and Warnings information

8.6.4 Processing EDI Files

EDI Exchange Inbox Manager allows you to process EDI files downloaded to the "Inbox" folder beforehand.

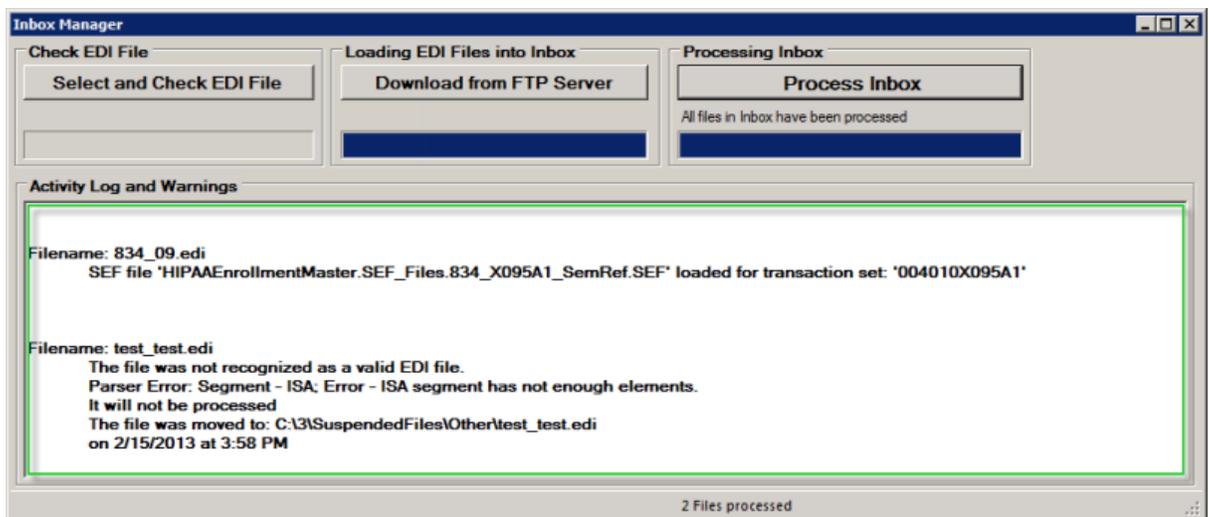
Note: Once you have saved the auto-processing options (see [Defining Auto-Processing Options](#)¹⁶⁶), the files will not only be analyzed but also processed according to the defined settings. The auto processing enables you to combine and run multiple fulfillment steps together (for example, export, saving, printing.)

- Once [Downloading EDI Files From FTP Server](#)²²² is completed, and no errors are displayed, click on the "Process Inbox" button. This will autoproces all files present in the EDI inbox directory.



The "Process Inbox" button

2. Once the processing is completed, review the Activity Log and Warnings information.

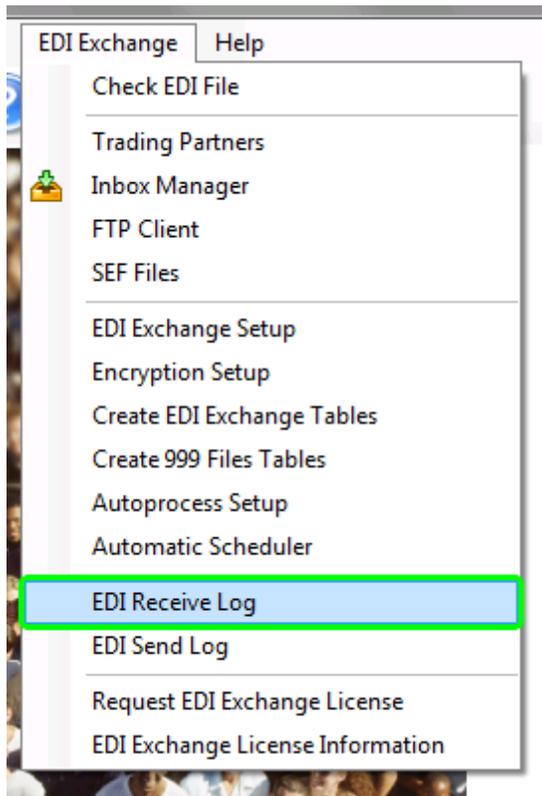


Activity Log and Warnings information

8.6.5 Accessing EDI Receive Log

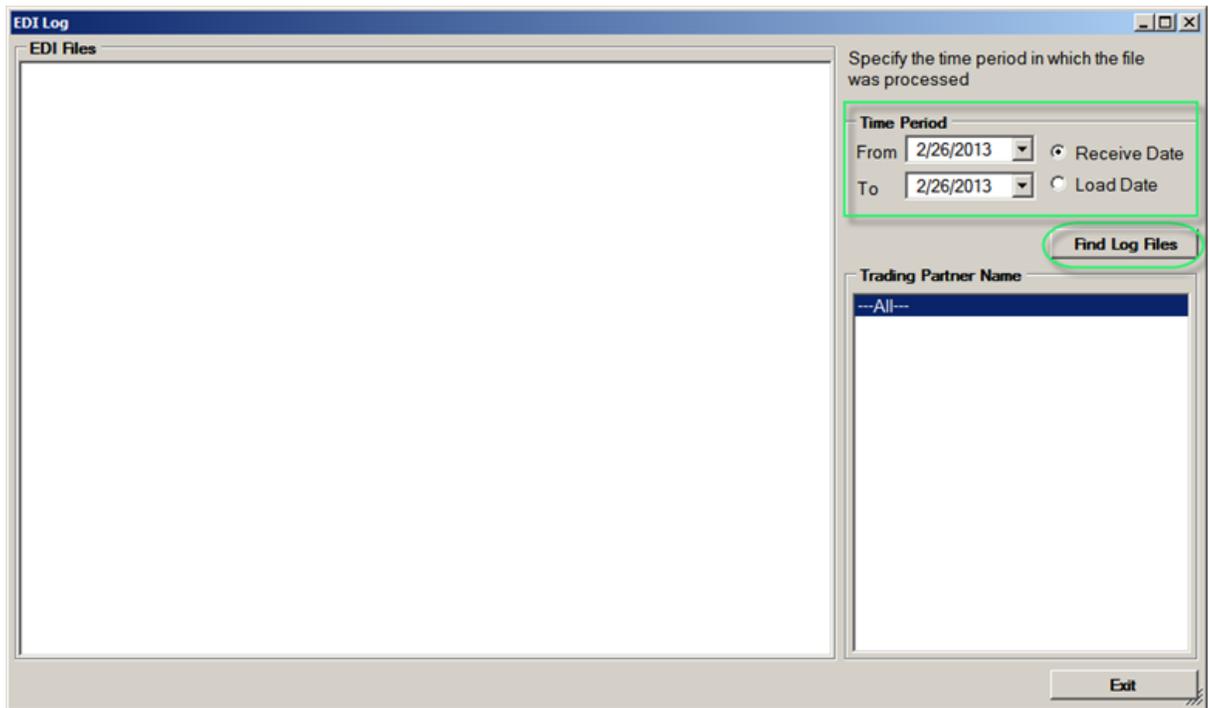
EDI Exchange has a file log. Each processed file creates an entry in the `Trans_Log` table. You can access the "EDI Log" window to query this table and see what files came in and how they were processed. You can access the EDI Receive Log once the application has been initialized. Follow the instructions below.

1. To open the "EDI Log" window, select "EDI Receive Log" under the "EDI Exchange" menu item.



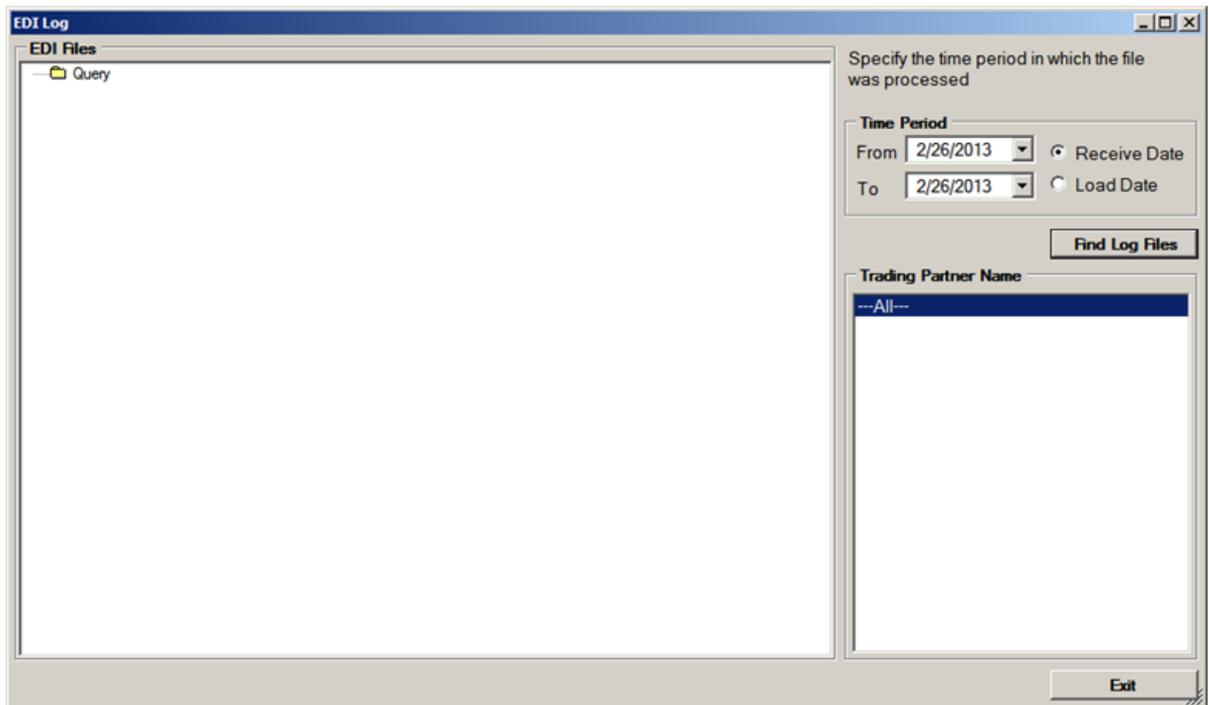
The menu for the EDI Receive Log

2. To display data, specify the time period and select trading partner.
 - **Time Period** – Period of time when the file was processed. Choose one of the available options:
 - **Receive Date**
 - **Load Date**
 - **Trading Partner Name** – You can select your trading partner from the list. If you select "---All--", all your trading partners will be included.
3. Click on the "Find Log Files" button to see the list of log files corresponding to your query.



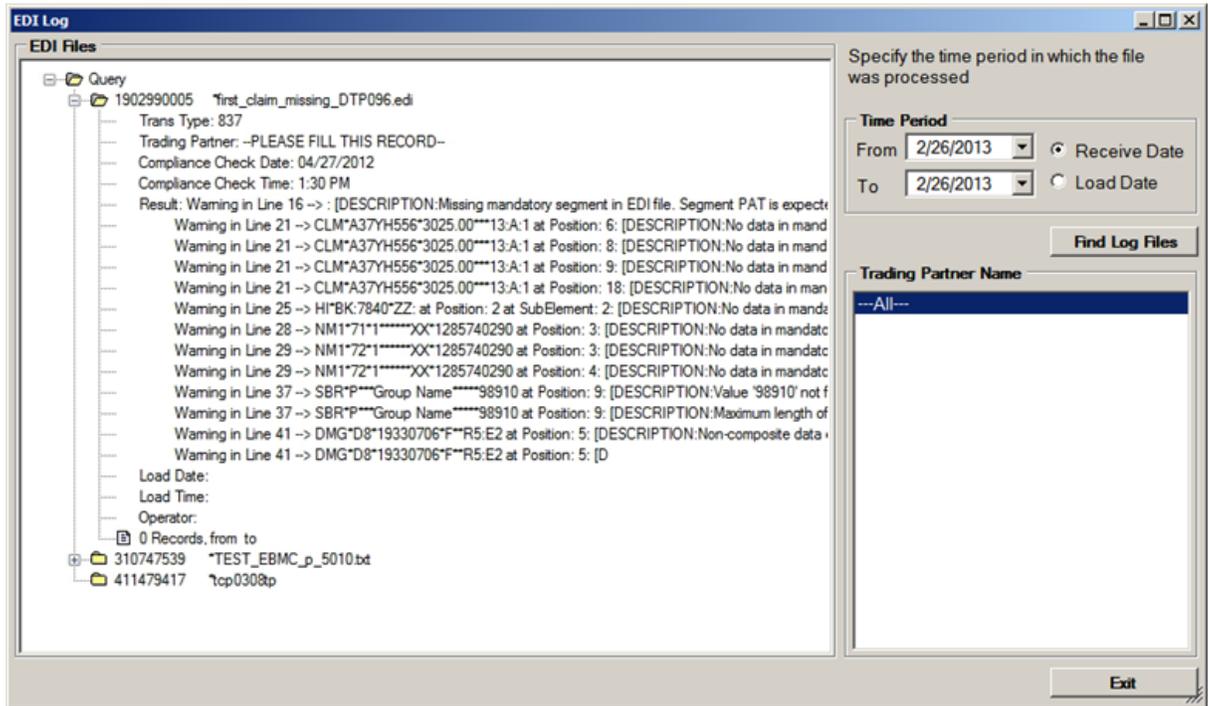
Specifying the time period

4. The log will be displayed in form of a tree.



Displayed log

5. You can open the folder icons and see details related to each file.



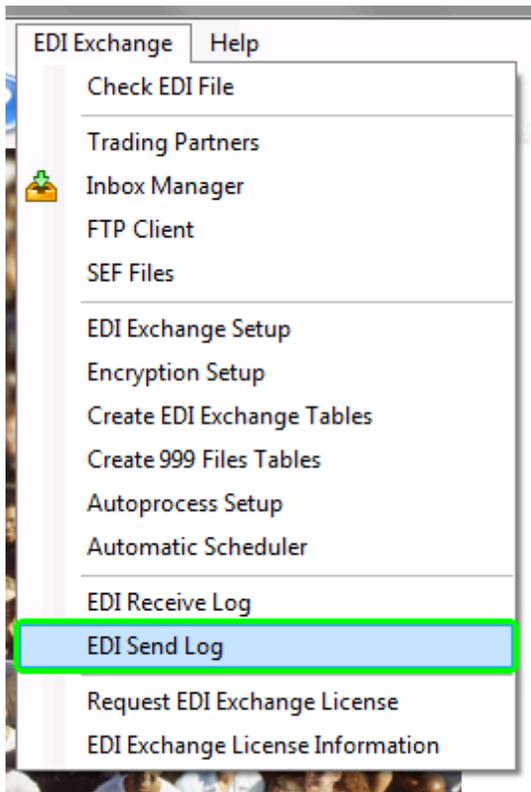
Details of the EDI Receive Log

If the records have been exported to the database, you can see the time, date and record count.

8.6.6 Accessing EDI Send Log

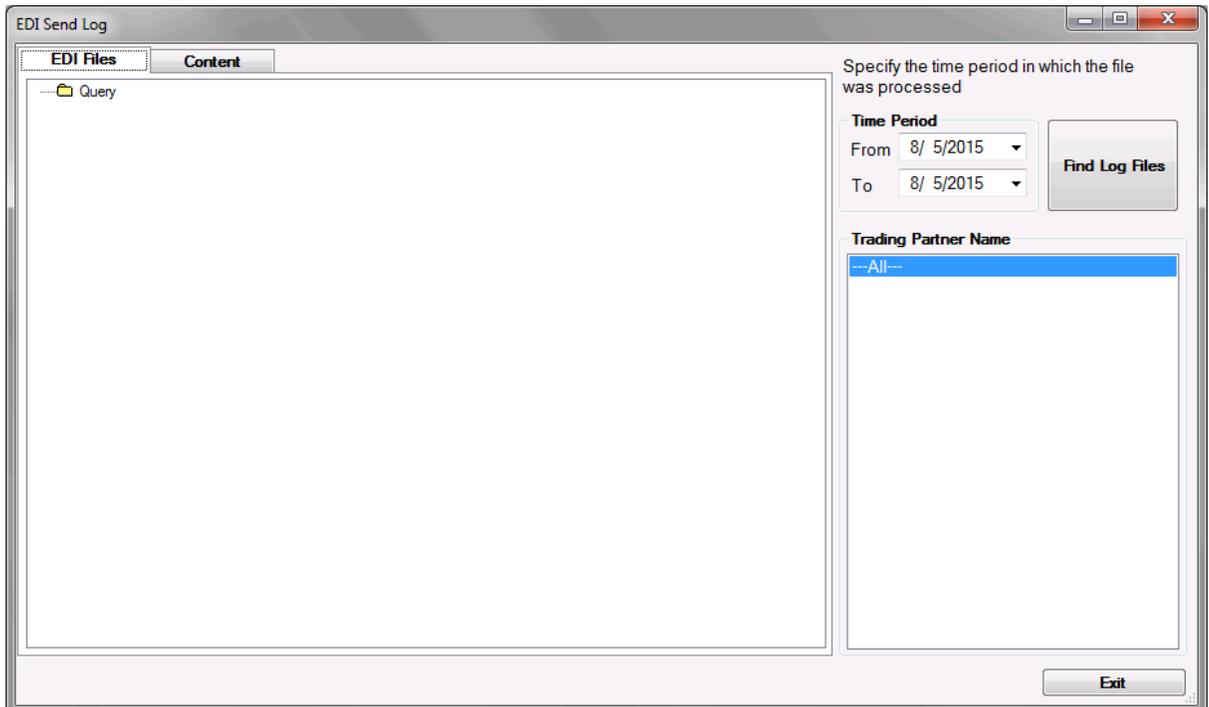
This page contains instructions on how to access the "EDI Send Log" window. It becomes available once EDI Exchange has been initialized.

1. Select "EDI Send Log" under the "EDI Exchange" menu.



The "EDI Send Log" menu

2. The following window will appear:



The "EDI Send Log" screen

3. To display the log data, select the time period and a trading partner.

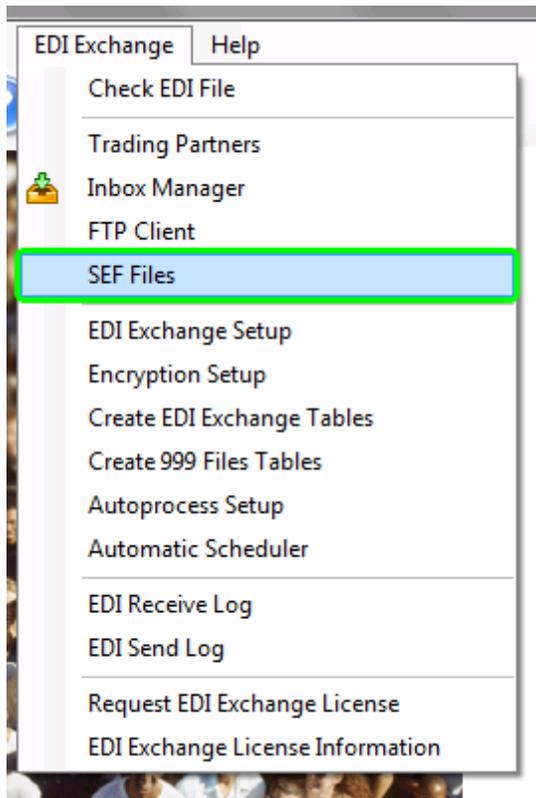
- **Time Period** – Period of time when the file was processed. Choose one of the available options:
 - **Receive Date**
 - **Load Date**
- **Trading Partner Name** – Select a trading partner in the list. If you select "--- All--", all trading partners will be included.

4. Click on the "Find Log Files" button to display the list of log files corresponding to your query.

8.6.7 Listing SEF Files

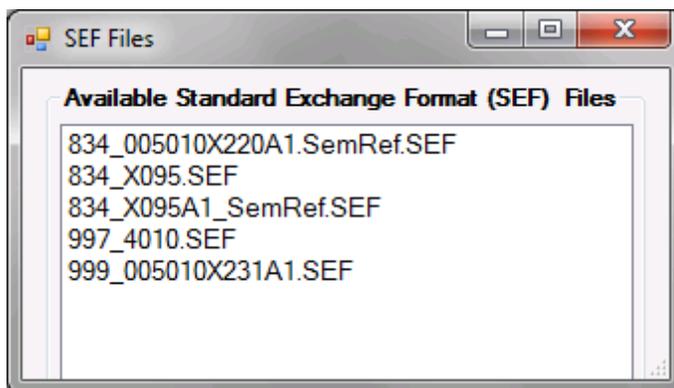
SEF (Standards Exchange Format) files are repositories of standards information that define the format of EDI documents. SEF files are the basis for the compliance check engine that EDI Exchange uses. These files contain all rules of the implementation guide of a transaction. There is a SEF file for each transaction that EDI Exchange is licensed for. For example, for 837 transactions we have SEF files for institutional, professional and dental claims in 4010, 4010A1 and 5010A1 version and the 997 and 999 transactions.

1. To access the list of available SEF Files, select "SEF Files" under the "EDI Exchange" menu.



The "SEF Files" menu item

2. The "SEF Files" window will appear.



A list of SEF files

9 Creating 835 EDI Files

9.1 Setting up Company

When you create EDI files there are a few elements needed to identify your company as

the sender, the producer of this EDI file. For this matter, use the company setup screen. You can specify your company information and other setting related to your company there.

Note: You need to configure the database first. See [Setting up Database Connection](#)⁵⁵.

1. To configure the program options, select *Setup* ▶ *Company Setup* in the main menu.



The "Company Setup" menu

2. The following screen will appear.

The "Company Setup" window

3. You can configure the following options:

- **Company Information**
- **EDI Version**
- **Contact Information**
- **ISA 14 and 15**

Read the detailed descriptions further.

4. Once you have finished editing the options, click "Save."

Company Information

- **Name** – Company name. Obligatory option.
- **Address 1**
- **Address 2**
- **City** – Obligatory option.
- **State**
- **ZIP** – Obligatory option.
- **ISA Segment Sender Identification** – Important option. It identifies your organization for all EDI transactions. Most commonly the Qualifier is "ZZ" and a free form ID up to 15 character. Obligatory option.
- **Qualifier** – Unique key to the trading partner database file. The qualifier has to be 2 bytes. Obligatory option. Approved qualifiers are:
 - 01 Duns (Dun & Bradstreet)
 - 14 Duns Plus Suffix
 - 20 Health Industry Number (HIN)
 - 27 Carrier Identification Number as assigned by HCFA
 - 28 Fiscal Intermediary Identification Number as assigned by HCFA
 - 29 Medicare Provider and Supplier Identification Number as assigned by HCFA
 - 30 U.S. Federal Tax Identification Number
 - 33 National Association of Insurance Commissioners Company Code (NAIC)
 - ZZ Mutually Defined

* Indicates Mandatory Fields

ISA Segment Sender Identifier

Qualifier

Application Sender's Code GS_2

Tax ID

Plan ID Payor ID

Three letter identifier to prepend to all outgoing EDI files

01 - Duns (Dun & Bradstreet)

14 - Duns Plus Suffix

20 - Health Industry Number

27 - Carrier ID Number

28 - Fiscal Intermediary ID Numr

29 - Medicare Provider and Sup

30 - U.S. Federal Tax ID Numbe

33 - NAIC Company Code

ISA 14 and 15

EDI Files will be:

Test Production

Acknowledgement (TA1) req.

Cancel

The "Qualifier" drop-down menu

- **Application Sender's Code GS_2** – The option represents the program or machine that created the file. Usually the same as the ISA Segment Sender Identification. You can select other ID if you need. Obligatory option.
- **Tax ID** – Obligatory option. Also called an Employer Identification Number (EIN).
- **Plan ID / Payor ID** – Fill in your Payer ID and Plan ID if you have one; this is only important for the 271 and 277 transactions. Optional setting.
- **Three letter identifier to prepend to all outgoing EDI files** – Optional setting. Makes your files easily identifiable.

EDI version

Specify EDI version:

- only 4010
- only 5010

Contact Information

The contact information goes into the PER segment of outgoing transactions:

- Contact Person
- Telephone
- Ext
- Fax
- E-mail

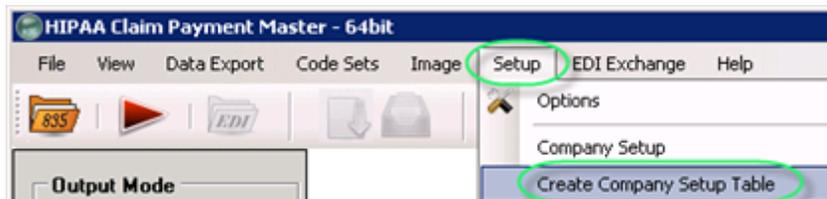
ISA 14 and 15

- **EDI files will be** – ISA element 14 determines if the resultant file contains test or production data:
 - test
 - production
- **Acknowledgement (TA1) req.** – ISA element 15 indicates whether you want a TA1 acknowledgement for files that you send out.

9.2 Creating Company Setup Table

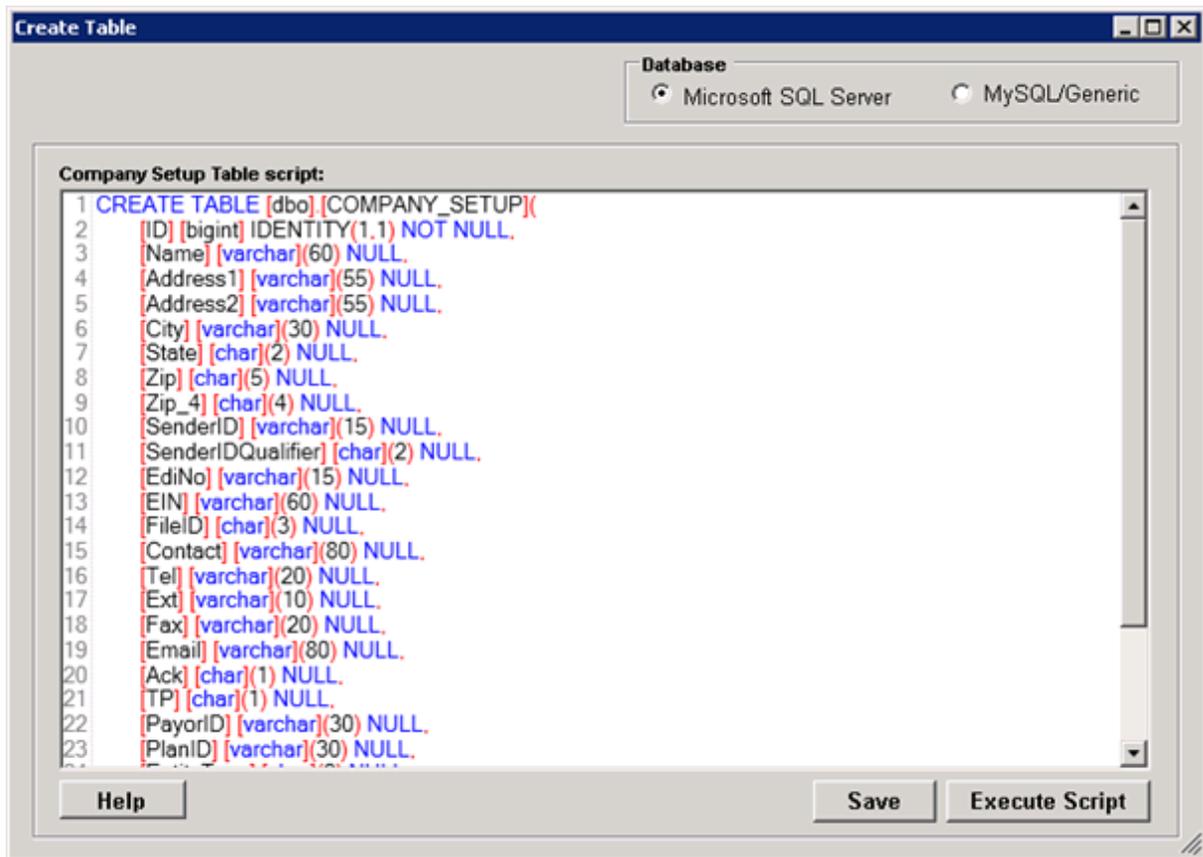
You can create the Company Setup Table by following the steps below in the HIPAA Claim Payment Master.

1. To configure the program options, select *Setup* ▶ *Create Company Setup Table* in the main menu.



The "Create Company Setup Table" menu

2. The following screen will appear.



"Create Table" window

3. This window allows you to edit, save and run the table scripts.

4. Define the following options:

- Database
- Microsoft SQL Server
- MySQL/Genetic
- Company Setup Table Script – SQL statements to create the Company table in your database.

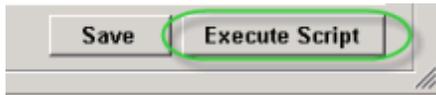
Tip: You can modify the scripts so that they run on your specific database.

5. Once you have you modified the script, click "Save."



The "Save" button

6. Click "Execute Script" to create the table in the database.



The "Execute Script" button

7. Once the table has been created successfully, you will see the following notification:



The success message

Warning: Executing the script will wipe out any previous table you have created. Remove the script files once you are satisfied so nobody can occasionally destroy the database table.

Make sure there are no any error messages for successful table creation.

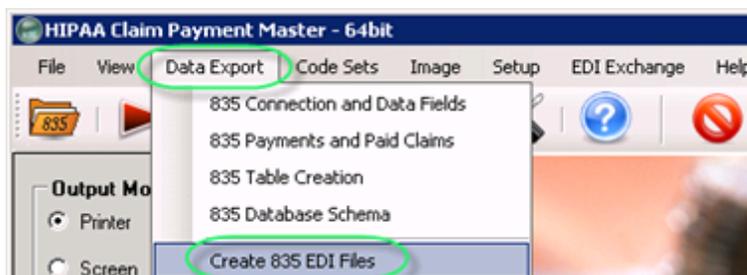
9.3 Creating 834 EDI Files from the Attached Database

The HIPAA Claim Payment Master has the capability to create 835 EDI files from the records stored in the attached database. In general, any record that has been imported by the HIPAA Claim Payment Master can be exported as EDI file.

Records that have been added through other processes outside of the HIPAA Claim Payment Master have to be vetted for completeness. One way to do this is to create the records and let the HIPAA Claim Payment Tool generate the EDI file. Now you can test the EDI file for compliance with a free tool such as Softshare's EDI Notepad or full-fledged HIPAA compliance tools. If you use the EDI Exchange module, you can check outgoing EDI files on the fly and even withhold individual records that generate warning messages.

Follow the instructions below to create EDI files.

1. Select *Data Export* ► *Create 835 EDI Files* in the main menu.



The "Create 835 EDI Files" menu

2. The "Create 835 Transaction Sets" window will be displayed.

The "Create 835 Transaction Sets" window

3. Before starting, enter values into the empty fields.

Tip: Once you have filled the fields out, the program will store your values. Next time you access the window, the program will display your last configuration.

4. On top, see the query field. Here you can enter any query. Or use the query builder discussed before and carry the query over into this screen.

Tip: Please, be reasonable, creating a file with many thousand records will take a few minutes.

5. The next block is concerned the ISA Segment.

Note: Some values are filled in and shaded out, they are created by the program. Other fields are blank and you have to fill them out.

- **Sender ID Type, Sender ID** – Your identifier. You can select "ZZ" and your name (up to 15 letters) or your tax ID, etc. Fill in the sender's ID qualifier and ID.
- **Receiver ID Type, Receiver ID** – An identifier that you can get from your trading partner.

6. In the "GS Segment" add the following:

- **Sender Code** – Repeat your sender ID from ISA_06.
- **Receiver Code** – Your trading partner should tell you the Receiver Code. If you are in doubt, repeat "ISA_08."

7. Click the "Go!" button.

8. If some information is still missing, you will see an error message.

The information you put in the screen is now saved for future transactions and will come up the next time you bring up this screen.

9. The EDI transaction is now displayed in the text box below.

10. The transaction exists only in memory. To save it to the disk, click on the "Write to File" button.

A dialog box will pop up and ask you for a file name.

Provide a filename and save the EDI file.

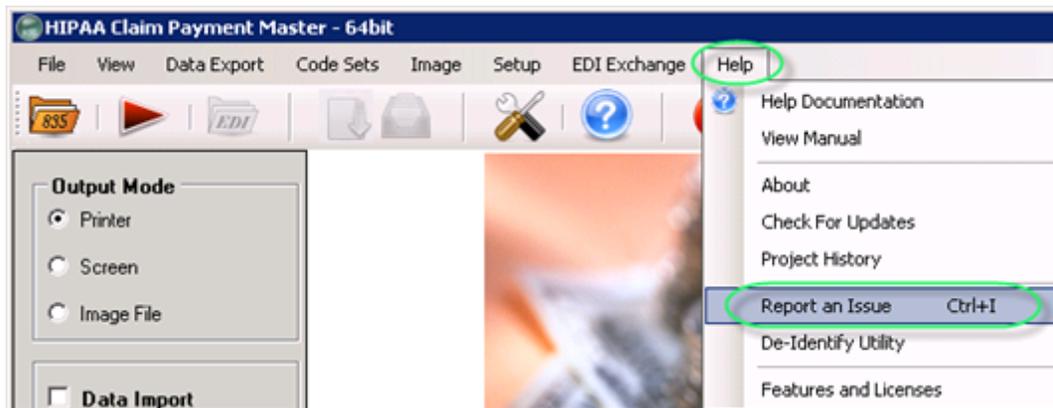
11. Now you can click on "View EDI File" to see it in the EDI editor. Read more in [Using the EDI Editor](#)^[27].

10 Bug Reporting and Program Update

10.1 Reporting an Issue

HIPAAsuite likes to make bug fixes fast and transparent. For this purpose we include a Bug tracker with the HIPAA Eligibility Responder. [btnet](#), Bugtracker in ASP.Net is an open source project. HIPAAsuite implemented Bugtracker.Net in all its products to track bugs and enhancements. One of the reasons we liked btnet was the screen capture capabilities. We adapted and included this facility.

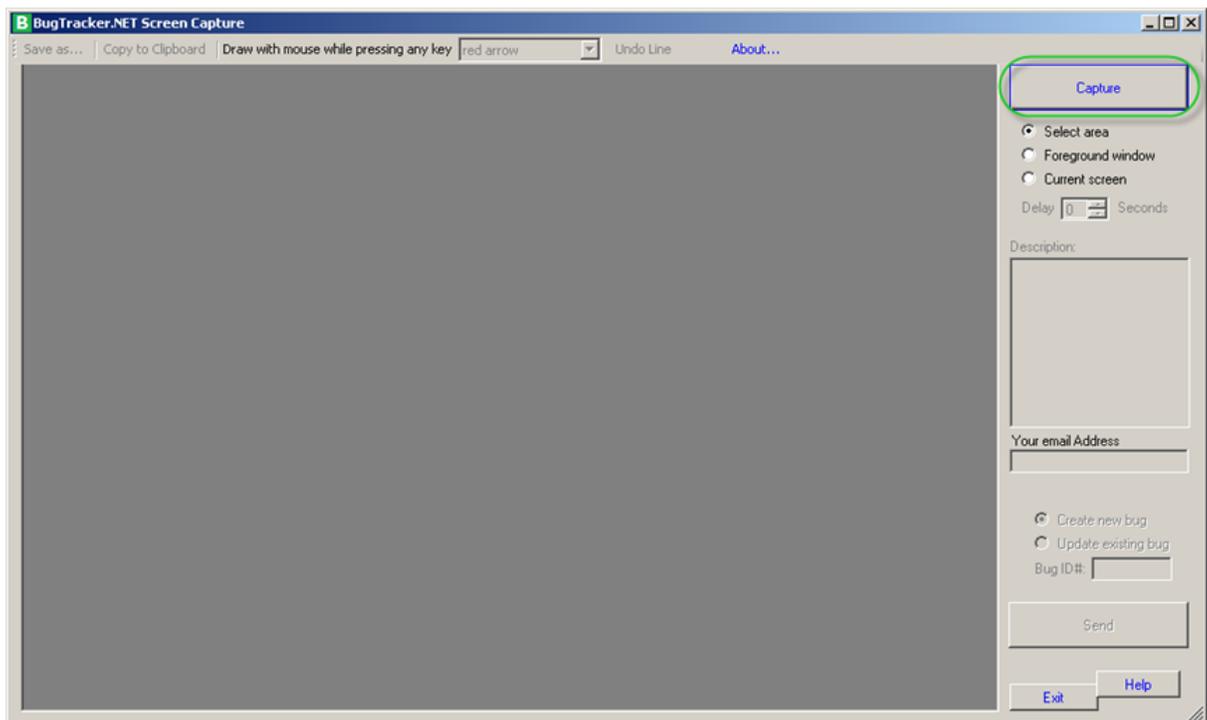
1. You can reach the Issue Tracker under the Help menu. Click on *Help* ► *Report an Issue* in the main menu.



The "Report an Issue" menu

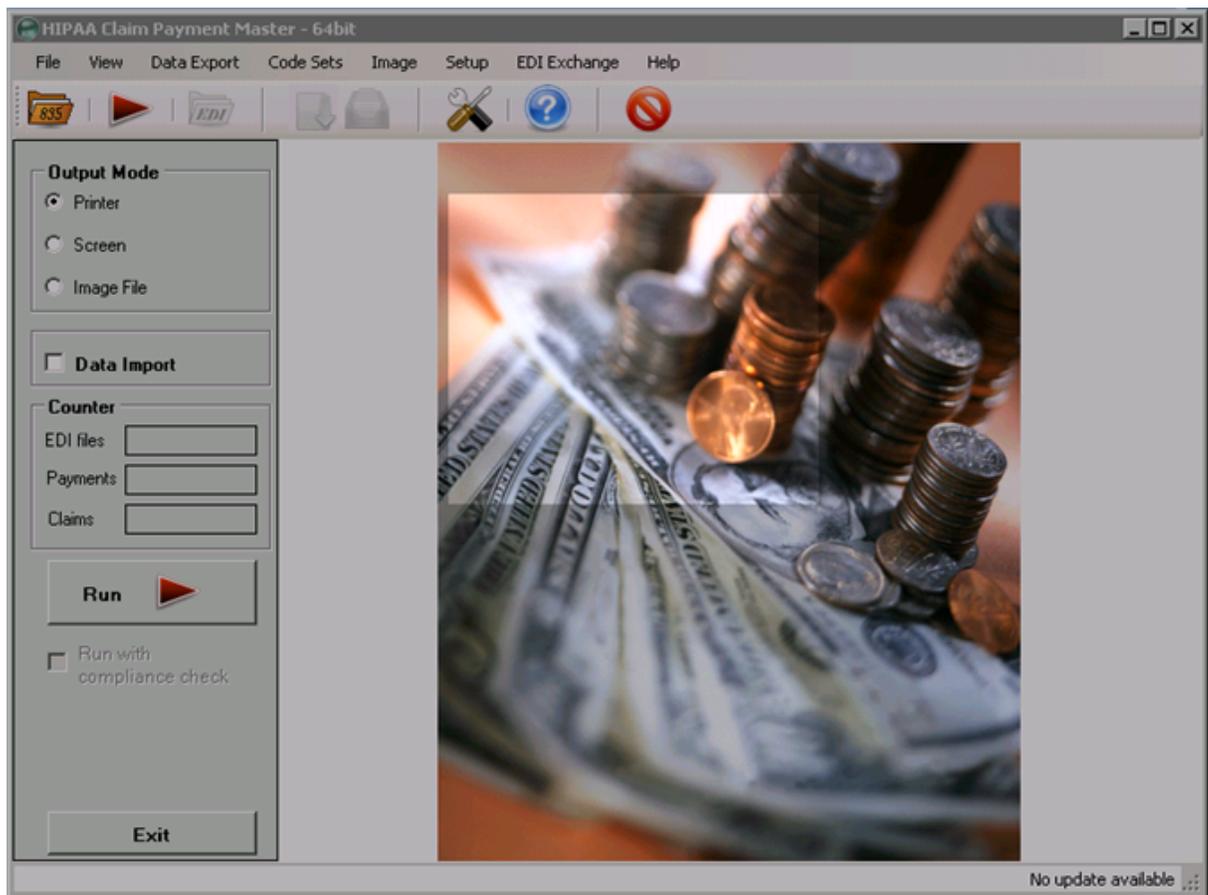
Alternatively, you can use the `ctrl + i` shortcut on your keyboard to call the Issue Tracker. Some screens do not give you access to the menu while they are open, but the key combination `ctrl + i` will call up the issue tracker report screen.

2. Click on "Capture" to snap a picture of your screen.



The "Capture" button

3. Using the mouse, select the area to make a screen-shot of and to attach to the bug report.



Selecting the area

- Once you release the mouse button, the screen capture image appears in the program.

You can enhance your screen shot with drawings. By pressing any key and holding down the mouse while over the canvas, you can highlight in yellow, free draw in red or make red arrows.

You can highlight sections as shown further.

	45331	02/21/2001
	00902	02/21/2001
	99499	02/21/2001

High lighting a section

You can draw circles as displayed on the following screen-shot.

Draw with mouse while pressing any key red marker Undo

	44 HCPCS/Rates	45 Serv.Dates	46 Serv.Units
	45331	02/21/2001	1 (UN)
	00902	02/21/2001	1 (UN)
	99499	02/21/2001	1 (UN)

Circling a section

You can point arrows to pinpoint your concerns.

Save as... Copy to Clipboard Draw with mouse while pressing any key red arrow Undo

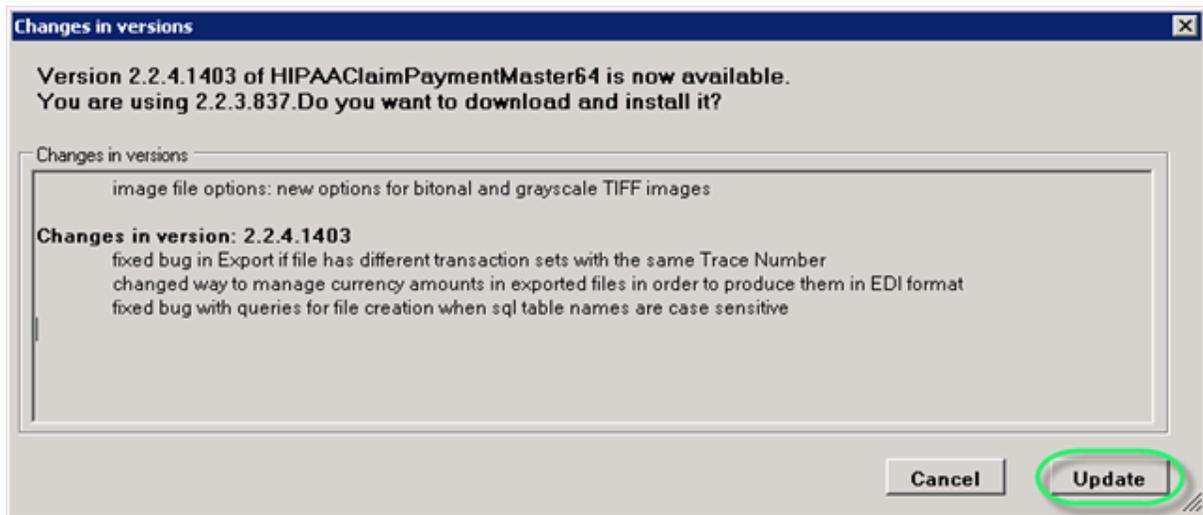
42 Rev.Cd	43 Description	44 HCPCS/Rates	45 Serv.Dates	46 Serv.Units
1 360		45331	02/21/2001	1 (UN)
2 370		00902	02/21/2001	1 (UN)
3 710		99499	02/21/2001	1 (UN)
4 0001				
5				
6				
7				
8				
9				

Drawing an arrow

5. Then enter as much information into the Description field as possible.
6. Now enter your email address so that we can get in contact with you.
7. Indicate whether this is a new bug or a follow up on an existing issue.
8. Then click on "Send."
9. Once the bug information has been submitted successfully, you will receive a notification. Click "OK."
10. Then you will get updates on the issue by email.

10.2 Updating the Program

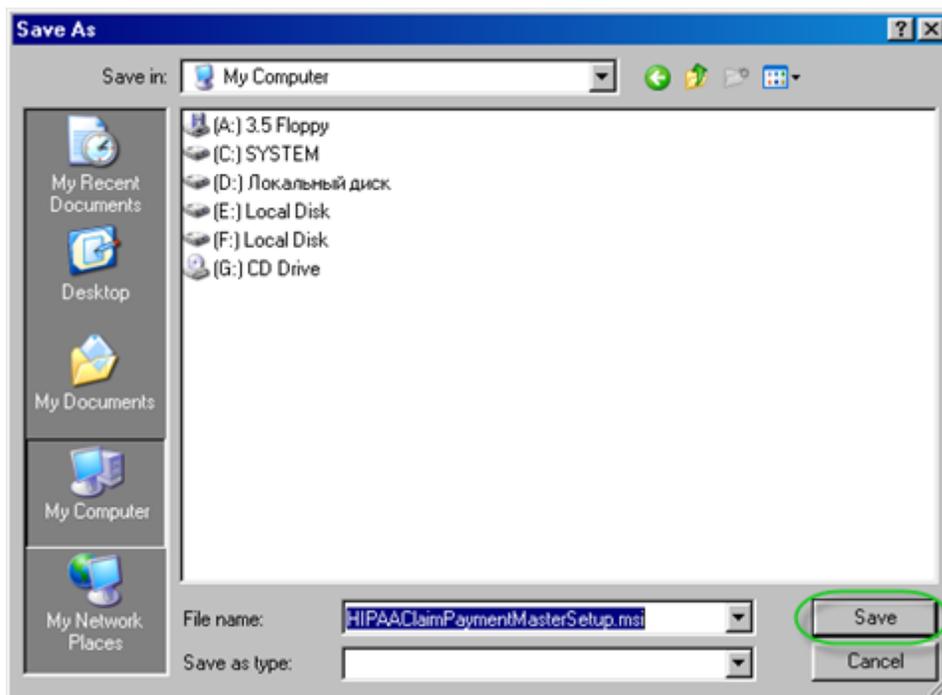
By default, the program checks for updates automatically. When the new version is out, you will see an update report on the "Changes in Versions" window. It shows which changes have been made and displays all differences between your version and the current version. To continue with update, click "Update."



The "Changes in Versions" screen with highlighted "Update" button

Then you will need to re-certify the application.

Specify a location on you local PC where to download the new version.



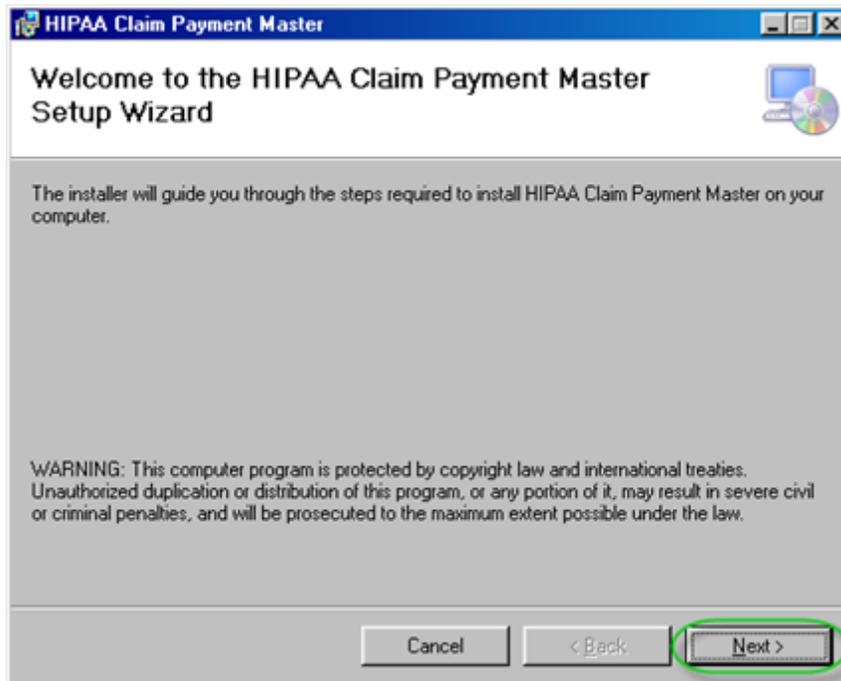
The "Save as" window with the "Save" button highlighted

Then the program will start downloading.



The "Downloading HIPAAClaimPaymentMaster32" popup

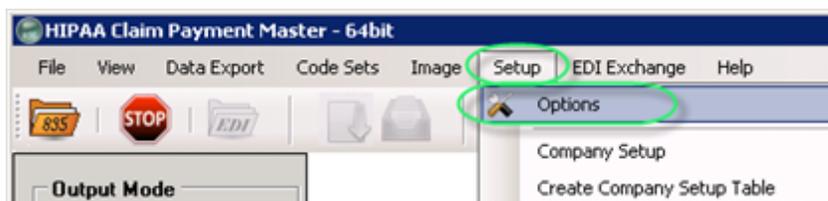
Then you will need to install the application.



The application installation window with the "Next>" button highlighted

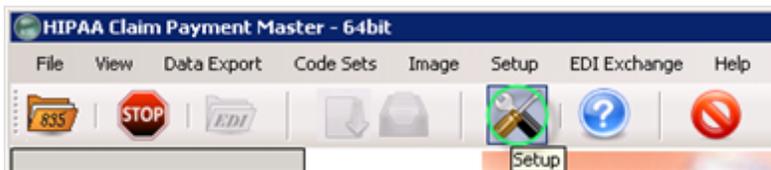
Manual Updates

To switch off automatic updates and stick with the version you have, go select *Setup ▶ Options* in the main menu.



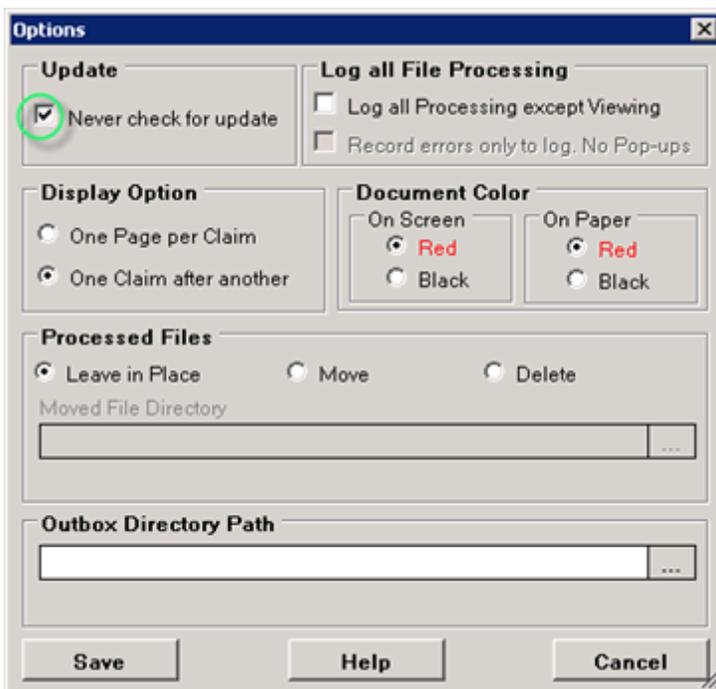
The "Options" menu

Alternatively, you can click on the "Setup" button located on the main toolbar.



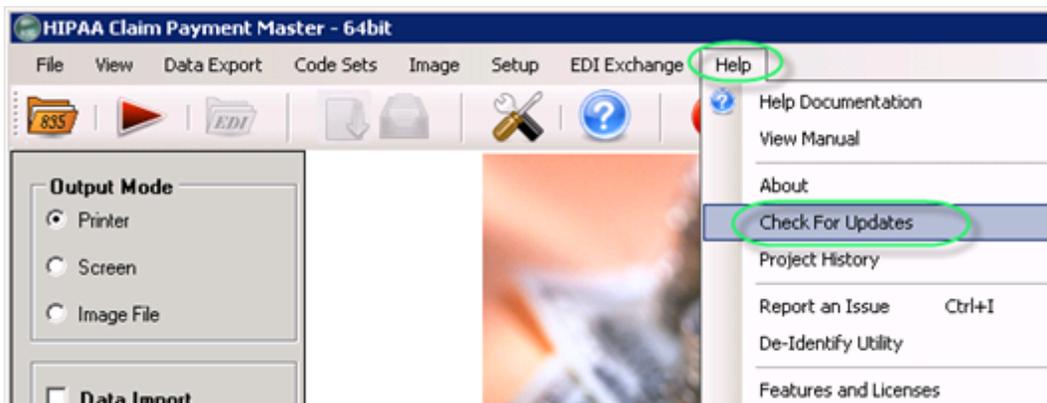
The "Setup" button

The following screen will appear. Check the "Never check for update" option and click "Save."



The "Options" window

To update the application manually, go to *Help* ▶ *Check for Update* in the main menu.



The "Check for Updates" menu item

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