

Repository Report Options

Type

The following information should be used as a guide when determining the appropriate repository reports for a submitter.

Report Options are grouped according to the type of submitter or intended audience.

Report Class	NEIC Report	Intended Audience	WebMD's Repository Reports										
1	N	Claim Aggregators (clearinghouses)	RPT-01*	RPT-02	RPT-03	RPT-04, RPT-4A	RPT-05, RPT-5A	RPT-06	RPT-08	RPT-09	RPT-10	RPT-11	AGGREGATORS
2	O	Claim Aggregators (clearinghouses)	RPT-01*	RPT-02	RPT-03	RPT-04, RPT-4A	RPT-05, RPT-5A	RPT-06		RPT-09	RPT-10	RPT-11	
3	P	Claim Aggregators (clearinghouses)	RPT-01*	RPT-02	RPT-03	RPT-04, RPT-4A	RPT-05, RPT-05A	RPT-06	RPT-08	RPT-09		RPT-11	
4	Q	Claim Aggregators (clearinghouses)	RPT-01*	RPT-02	RPT-03		RPT-05, RPT-05A	RPT-06	RPT-08	RPT-09	RPT-10	RPT-11	
5	R	Claim Aggregators (clearinghouses)	RPT-01*	RPT-02		RPT-04, RPT-4A	RPT-05, RPT-05A	RPT-06	RPT-08	RPT-09	RPT-10	RPT-11	
6	S	VNS (PMS) Vendors						RPT-06		RPT-09			Provider Direct--VENDORS
7	T	VNS (PMS) Vendors						RPT-06	RPT-08	RPT-09			
8	U	VNS (PMS) Vendors						RPT-06		RPT-09			
9	V	VNS (PMS) Vendors						RPT-06	RPT-08	RPT-09			
10	W	Providers	RPT-01*	RPT-02	RPT-03	RPT-04, RPT-4A	RPT-05, RPT-05A		RPT-08		RPT-10	RPT-11	Provider Direct--PROVIDERS
11	X	Providers	RPT-01*	RPT-02	RPT-03	RPT-04, RPT-4A	RPT-05, RPT-05A		RPT-08			RPT-11	
12	Y	Providers	RPT-01*	RPT-02	RPT-03		RPT-05, RPT-05A		RPT-08		RPT-10	RPT-11	

99	Z	NO REPORTS (D_CLEAR_HOUSE default option)											
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- **RPT-02:** A clearing house report that simply acknowledges the number of claims received. Should be received within 4 hours.
- **RPT-03:** A clearing house report that shows number of claims received and number rejected and/or accepted. Should be received within 24-48 hours.
- **RPT-04:** A clearing house report that lists by patient name all the claims submitted, noting if each claim was accepted or rejected. Should be received within 24-48 hours.
- **RPT-05:** A clearing house report that shows rejected claims and the error messages explaining the rejections. Should be received within 24-48 hours.
- **RPT-08:** A clearing house report summarizing total claims submitted for the last month and year-to-date. It breaks down total claims by payer, and lists the top rejections received for the month. Should be received by 5th business day of month.
- **RPT-10:** A payer report which shows claim status at the payer. Usually these reflect claims the payer has acknowledged receipt and may also note accepted claims. Content varies by payer, and not all payers provide this information. Should be received each day based on previous 24 hours of submissions.
- **RPT-11:** A payer report which shows unprocessed/rejected claims and requests for additional information. Content varies by payer, and not all payers provide this information. Should be received each day based on previous 24 hours of submissions.

Report Format	A = Human Readable Repository Reports (No sort key)
	B = Human Readable Repository Reports (With 59-byte sort key)
	C = Machine Readable Repository Reports (No sort key)
	D = Machine Readable Repository Reports (With 59-byte sort key)
	E = Machine & Human Readable Repository Reports (No sort key)
	F = Machine & Human Readable Repository Reports (With 59-byte sort key)
	<i>*FTP-Internet Clients Must Use Options B, D, or F for reports to be routed to OKC*</i>