



Integrated Reports Guide

HealthWire Direct Claims Submitter Reports

Providers Reference Guide

February 2006

©2006 Emdeon Corporation. All rights reserved.

The content in this guide will be revised and republished when Emdeon® makes improvements and/or changes to any referenced product, process, or program. This documentation is the confidential and proprietary property of the Emdeon Corporation. Any unauthorized use, reproduction or transfer of the documentation is strictly prohibited.

Disclaimer: The names of persons appearing on the report samples associated with this guide are fictional. Any similarity to actual persons, living or dead is purely unintentional.

© 2006 Emdeon Corporation. All Rights Reserved. Printed in the USA.

Emdeon is a Registered Trademark of the Emdeon Corporation.

Table of Contents

Introduction	4
Emdeon Business Services Provider Reports	4
Report Sequence, Delivery Timings, and Purpose Information	6
TRANSACK (Transmission Acknowledgement Report)	8
TRANSACK Report Sample	8
TRANSACK Detailed Information	8
997 (Functional Acknowledgement)	9
997 Report Sample	9
997 Detailed Information	9
TR-SUM-RPT (Transaction Summary Report)	10
TR-SUM-RPT Report Sample	10
TR-SUM-RPT Detailed Information	10
RPT-03 (File Summary Report)	11
RPT-03 Report Sample	11
RPT-03 Detailed Information	12
RPT-04 (File Detail Summary Report)	13
RPT-04 Report Sample	13
RPT-04 Detailed Information	15
RPT-05 (Batch & Claim Level Rejection Report)	16
RPT-05 Report Sample	16
RPT-05 Detailed Information	18
RPT-08 (Provider Monthly Summary)	19
RPT-08 Report Sample	19
RPT-08 Detailed Information	20
RPT-10 (Provider Claim Status)	21
RPT-10 Report Sample	21
RPT-10 Detailed Information	23
RPT-11 (Special Handling / Unprocessed Claims Report)	24
RPT-11 Report Sample	24
RPT-11 Detailed Information	25
277 (Unsolicited Claim Status)	26
277 Report Sample	26
277 Detailed Information	26
Retrieving Claim Reports	27

Introduction

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

- All reports are 80 columns wide and 60 lines long, **with the exception of X12 277's**.
- All reports are formatted as ASCII-text and should be printed using a text-capable program (**with the exception of X12 277's**). Wrapping of text may occur, therefore it is important to establish the correct text size through your computer.

Emdeon Business Services Provider Reports

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

Report ID	Emdeon Report Title	Average Delivery Timing	Purpose of the Report
TRANSACK	Transmission Acknowledgement Report	Within 5 minutes of time file submitted to Emdeon	Contains a summary of the number of ANSI segments received in each submission. There is no sorting of information within the report.
997	Functional Acknowledgement	Within 1 hour of time file submitted to Emdeon	Technical X12 response containing level summary indicating accepted and rejected transaction sets within a file.
TR-SUM-RPT	Transaction Summary Report	Within 1 hour of time file submitted to Emdeon	Contains interchanges, number of transactions, number of accepted transactions and rejected transactions.
RPT-03	File Summary Report	Within 24 hours of time file submitted to Emdeon	Provides summarized information on the quantity of accepted, rejected, and pending claims, as well as the total number of claims received by Emdeon for each submitted file. In order for the RPT-03 to generate, all claims contained within the submitter's file need to be processed and contain status record information. There is no sorting of information within the report.
RPT-04	File Detail Summary Report	Within 24 hours of time file submitted to Emdeon	Contains a detail summary of the file submitted for processing. It provides a file roll-up listing all accepted, rejected, and pending claims contained in each file submitted to Emdeon. It also contains payer name/ID and status of claim. In order for the RPT-04 to generate, all claims contained within the submitter's file need to be processed and contain status record information. Information is sorted by Customer and then by Patient (Last Name, First Initial, Middle Initial).

Report ID	Emdeon Report Title	Average Delivery Timing	Purpose of the Report
RPT-05	Batch & Claim Level Rejection Report	Within 24 hours of time file submitted to Emdeon	Contains rejected batches and claims listed with detailed error explanations. In order to prevent 'lost' claims, the RPT-05 report must be reviewed and worked after each file transmission. Claims that are listed as rejected are not forwarded to BCBSMA for processing. These rejected claims must be corrected and re-submitted (either electronically or on paper) for processing. In order for the RPT-05 to generate, all claims contained within the submitter's file need to be processed and contain status record information. Information is sorted by Customer and then by Patient (Last Name, First Initial, Middle Initial).
RPT-08	Provider Monthly Summary	Monthly – by the 5 th business day	Displays the number and \$ value of claims accepted and forwarded by Emdeon for the month. Monthly and Y-T-D Totals for both accepted and rejected claims are included as well as the provider's top 25 errors for the month. Information is sorted by Customer ID and Error Frequency.
RPT-10	Provider Claim Status Report	Daily – includes payer status updates received within past 24 hours	Contains information provided by BCBSMA for claims received from Emdeon for adjudication. The amount/frequency of information produced may vary. The RPT-10 does not return Unprocessed, Request for Additional Information, or Rejected statuses. This report is generated daily for each submitter for payer status updates received within the previous 24 hours. Information is sorted by Customer ID and Status.
RPT-11	Special Handling / Unprocessed Claims Report	Daily – includes payer status updates received within past 24 hours	Contains information provided by BCBSMA for claims received from Emdeon for adjudication. The amount/frequency of information produced may vary. The RPT-11 returns Unprocessed, Request for Additional Information, and Rejected Statuses only. This report is generated daily for each submitter for payer status updates received within the previous 24 hours. Information is sorted by Customer ID and Status.
277	Unsolicited Claim Status	Within 24 hours of time file submitted to Emdeon	Technical X12 response from Emdeon or BCBSMA containing claim acceptance and rejection information.

Report Sequence, Delivery Timings, and Purpose Information

The following sequence, delivery timings, and purpose information is provided for each report referenced in this guide.

TRANSACK	Transmission Acknowledgement Report
Sorting Sequence	No sorting.
Average Delivery Timing	Within 5 minutes of time file submitted to Emdeon.
Purpose	To monitor whether the file transmitted to Emdeon was accepted for processing or was rejected as an invalid file.
997	Functional Acknowledgement
Sorting Sequence	No sorting.
Average Delivery Timing	Within 1 hour of time file submitted to Emdeon.
Purpose	To monitor whether the transaction sets in a file transmitted to Emdeon were accepted for processing or were rejected.
TR-SUM-RPT	Transaction Summary Report
Sorting Sequence	No sorting.
Average Delivery Timing	Within 1 hour of time file submitted to Emdeon.
Purpose	To monitor the number of accepted and rejected transactions in a file transmitted to Emdeon.
RPT-03	File Summary Report
Sorting Sequence	No sorting.
Average Delivery Timing	Within 24 hours of time file submitted to Emdeon.
Purpose	To monitor daily number of accepted and rejected claims and charges per file submitted.
RPT-04	File Detail Summary Report
Sorting Sequence	By Customer ID and by Patient.
Average Delivery Timing	Within 24 hours of time file submitted to Emdeon.
Purpose	To monitor daily claims submitted to Emdeon for future reference.
RPT-05	Batch & Claim Level Rejection Report
Sorting Sequence	By Customer ID and by Patient.
Average Delivery Timing	Within 24 hours of time file submitted to Emdeon.
Purpose	To monitor daily batch and claim level rejections. Contains detailed error explanations necessary to correct any rejected claims. This report is very important and should be worked/reviewed daily.

Report Sequence, Delivery Timings, and Purpose Information (continued)

RPT-08	Provider Monthly Summary
Sorting Sequence	By Customer ID and by Error Frequency.
Average Delivery Timing	Monthly – by the 5 th business day.
Purpose	Monitors overall monthly Customer statistics, claims forwarded to BCBSMA and the most frequent claim level rejections.
RPT-10	Provider Claim Status Report
Sorting Sequence	By Customer ID and by Status.
Average Delivery Timing	Daily – includes BCBSMA status updates received within past 24 hours.
Purpose	To monitor status of claims submitted to BCBSMA. Note: The amount/frequency of returned information may vary. The RPT-10 does not return Unprocessed, Request for Additional Information, or Rejected statuses.
RPT-11	Special Handling / Unprocessed Claims Report
Sorting Sequence	By Customer ID and by Status.
Average Delivery Timing	Daily – includes BCBSMA status updates received within past 24 hours.
Purpose	To monitor and inform of the status of Unprocessed, Request for Additional Information, and Rejected statuses on claims submitted to BCBSMA. Note: The amount/frequency of returned information may vary.
277	Unsolicited Claim Status
Sorting Sequence	By Customer ID and by Status.
Average Delivery Timing	Daily.
Purpose	Technical X12 response from Emdeon or BCBSMA containing claim acceptance and rejection information.

TRANSACK (Transmission Acknowledgement Report)

The Transmission Acknowledgement Report (TRANSACK) contains a summary of the number of ANSI segments received in each submission. It shows the submitter ID, interchange control number, interchange date, interchange time, and count of ANSI segments. If a file is determined to be invalid, the TRANSACK will display an error message.

TRANSACK Report Sample

The following sample is provided to illustrate the various sections and fields contained in the TRANSACK.

File transmission date and time	File Received: 05-11-10 12:19:00 est
Submitter ID, Interchange information, Segment count	Submitter: XXXX Interchange: 000001234 dated 051109 at 2132 999 ANSI Segments Received
Message	Thank you for using Blue Cross Blue Shield of Massachusetts electronic claims transfer system.

TRANSACK Detailed Information

Sorting Sequence	No sorting.
Average Delivery Timing	Within 5 minutes of time file submitted to Emdeon.
Purpose	To monitor whether the file transmitted to Emdeon was accepted for processing or was rejected as an invalid file.
Report Field Name	Field Description
File Received	The date/time the claims file was received by Emdeon. Format is YY-MM-DD HH:MM:SS
Submitter	The submitter's login/account ID assigned by Emdeon.
Interchange	Interchange control number, date, and time.
Segment count	Count of ANSI segments received.
Message	File message.

997 (Functional Acknowledgement)

The Functional Acknowledgement (997) is a technical X12 file response containing level summary indicating accepted and rejected transaction sets within a file. For more detailed information about this report, refer to the national **Implementation Guide for Health Care Claims**.

997 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the 997.

**997
Segments**

```
ISA*00*      *00*      *ZZ*00200      *ZZ*SUBMITTER ID      *030618*1110*U*00401*00001234*0*T*>~
GS*FA*00200*043358564*20030618*1110*1*X*004010X096A1~
ST*997*0001~
AK1*HC*144~
AK2*837*00001234~
AK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*1~
IEA*1*000000001~
```

997 Detailed Information

Sorting Sequence	No sorting.
Average Delivery Timing	Within 1 hour of time file submitted to Emdeon.
Purpose	To monitor whether the transaction sets in a file transmitted to Emdeon were accepted for processing or were rejected.
Report Field Name	Field Description
997 Segments	Refer to Implementation Guide for Health Care Claims (ANSI specifications for 997 transaction.)

TR-SUM-RPT (Transaction Summary Report)

The Transaction Summary Report contains interchanges, number of transmissions, number of accepted transactions and rejected transactions. Accepted transactions will display the associated total claims and dollar amounts.

TR-SUM-RPT Report Sample

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

Submitter ID, Date and time file received	_aaaXYZx1XYxy0AB2 051109 SUBMITTER ID 837HIPAA 1			
	Claims Processing X12 Data - 837 November 10, 2005 09:28			
Interchange Information	Number of Interchanges		1	
	Number of Transactions		1	
	Number of Claim Loops		62	
	Dollars in X12 Transmission \$		50,695	

TR-SUM-RPT Detailed Information

Sorting Sequence	No sorting.
Average Delivery Timing	Within 1 hour minutes of time file submitted to Emdeon.
Purpose	To monitor the number of accepted and rejected transactions in a file transmitted to Emdeon.
Report Data/Field Name	Field Description
Date	The date the claims file was received by Emdeon. Format is YYMMDD
Submitter ID	The submitter's login/account ID assigned by Emdeon.
Date/Time	The date and time the file was received by Emdeon. Format is Month DD, YYYY HH:MM
Number of Interchanges	Count of ANSI interchanges received.
Number of Transactions	Count of ANSI transaction sets received.
Number of Claim Loops	Count of claims received in transaction sets.
Dollars in X12 Transmission	Total dollar value of transmission.

RPT-03 (File Summary Report)

The RPT-03 report gives a summary of the file submitted for processing. This report informs the submitter of how many claims were accepted, rejected, and/or pending, as well as the total number of claims received by Emdeon for each file submitted. Submitters will most likely never see any claims with a status of pending.

RPT-03 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the RPT-03 report.

Header Section
displays the type of claims distribution system (Medical, Hospital, Dental), report information, and file information.

Information Section
displays data on your transmitted file. File and submitter information is displayed.

File Totals Section
displays quantity and dollar value of claims in your submitted file. The total number of accepted and rejected claims is displayed.

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

Emdeon Transaction Services Division XXXXXXXXX Claims Distribution System							
File Summary Report							
Emdeon Ref: 5634				File Submission Date/Time: MM/DD/YY-HH:MM:SS			
Report #: RPT-03				Report Date: MM/DD/YY			
Acct ID: NOT AVAILABLE							
File Control #: P23456							
Submitter ID: 123456789							
Submitter Name: Vendor Systems							
----- FILE TOTALS -----							
**** CLAIMS INPUT ****							
NUMBER				\$ VALUE			
23120				125000.35			
* TRANS TYPE *	* CLAIMS ACCEPTED *	* CLAIMS REJECTED *	* CLAIMS PENDING *				
	NUMBER	\$ VALUE	NUMBER	\$ VALUE	NUMBER	\$ VALUE	
Electronic	19250	95000.35	100	12000.00	N/A	N/A	
Paper	3700	13950.50	70	4050.00	N/A	N/A	
Totals	22950	108950.85	170	16050.00	N/A	N/A	
RPT-03				Page 1			

RPT-03 Detailed Information

Sorting Sequence	No sorting.
Average Delivery Timing	Within 24 hours of time file submitted to Emdeon.
Purpose	To monitor daily number of accepted and rejected claims and charges per file submitted.
Report Field Name	Field Description
File Submission Date/Time	The date/time the claims file was processed by Emdeon. Format is MM/DD/YY-HH:MM:SS
Emdeon Ref	The tracking number assigned by the Emdeon clearinghouse to identify the file. This value can be used for referencing purposes.
Report Date	The date the report was generated by Emdeon.
Report #	The Emdeon report number.
Acct ID	Not used.
File Control #	File control number assigned to the file by Emdeon.
Submitter ID	The identifier used by Emdeon to identify HealthWire direct submitters to the Emdeon system.
Submitter Name	PTG (Identifies customer as HealthWire direct submitter)
---- FILE TOTALS ---- CLAIMS INPUT NUMBER \$ VALUE	The total number of claims contained in the submitted claims file. The total monetary value of the claims contained in the submitted claims file.
TRANS TYPE Electronic Paper Totals	Indicates that the claim was transmitted electronically. Indicates that the claim was transmitted on paper. Indicates the total number of claims submitted.
CLAIMS ACCEPTED	The number (NUMBER) and \$ value (\$ VALUE) of the claims accepted in the file submitted.
CLAIMS REJECTED	The number (NUMBER) and \$ value (\$ VALUE) of the claims rejected in the file submitted.
CLAIMS PENDING	The number (NUMBER) and \$ value (\$ VALUE) of the claims pending in the file submitted.

RPT-04 (File Detail Summary Report)

The RPT-04 report gives a detail summary of the file submitted for processing. This report is a file roll-up listing all accepted, rejected, and pending claims contained in each file submitted to Emdeon. The RPT-04 also contains payer name/ID and status of claim.

RPT-04 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the RPT-04 report.

Header Section displays the type of claims distribution system (Medical, Hospital, Dental), report information, and file information.

Information Section displays data on your transmitted file. File and submitter information is displayed.

Disclaimer Section displays text message explaining the intent of the report. This displays only once on the report.

File Roll-Up Section displays header and detail areas of a claim record. Patient and Payer information is displayed.

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

```

Emdeon Transaction Services Division
XXXXXXXXX Claims Distribution System

File Detail Summary Report

File Submission Date/Time: MM/DD/YY-HH:MM:SS
Report Date: MM/DD/YY

Emdeon Ref: 5634

Report #: RPT-04
Acct ID: 123

File Control #: P23456
Submitter ID: 123456789
Submitter Name: Vendor Systems

*****
DISCLAIMER
ACCEPTED CLAIMS HAVE BEEN FORWARDED TO THE PAYER BY EMDEON TRANSACTION SERVICES
DIVISION. ADDITIONAL CLAIM STATUS REPORTS MAY FOLLOW IF AVAILABLE FROM THE
PAYER. THIS IS NOT A GUARANTEE OF PAYMENT.
*****

Customer ID/Sub: 987654321 abcd
Customer Name: Prov/Group Name

FILE ROLL-UP
Patient Name          Patient      Date of   Total   Payer Name/ID Status
                      Control #    Service  Charges
Gagnon J              39143268973247658365 012800   1176.00 BC BS of MAS SB701 RE
Osborn J              39145278955467289367 012500    276.00 BC BS of MAS SB701 AE
Osborn J              39145278963098426368 012700    176.00 BC BS of MAS SB701 AE

Customer ID/Sub: 987654321 efgh
Customer Name: Prov/Group Name

FILE ROLL-UP
Patient Name          Patient      Date of   Total   Payer Name/ID Status
                      Control #    Service  Charges
Bolders M J          39145278961234531363 012700    176.00 BC BS of MAS SB701 AE
Garrett J            39143268971234504366 012800   1176.00 BC BS of MAS SB701 RE
Osborn J              39145278951234507369 012500    276.00 BC BS of MAS SB701 AE
Sims J                39145278961234508362 012700    176.95 BC BS of MAS SB701 AE

RPT-04                                                    Page 1
                    
```

RPT-04 (continued)

Header Section
displays the type of claims distribution system (Medical, Hospital, Dental), report information, and file information.

```

Emdeon Transaction Services Division
XXXXXXXXX Claims Distribution System

File Detail Summary Report

File Submission Date/Time: MM/DD/YY-HH:MM:SS
Report Date: MM/DD/YY

Emdeon Ref: 5634

```

File Roll-Up Section
displays header and detail areas of a claim record. Patient and Payer information is displayed.

```

(continued)
Customer ID/Sub: 987654321 efgh
Customer Name: Prov/Group Name

FILE ROLL-UP

Patient Name      Patient      Date of      Total      Payer Name/ID Status
                  Control #    Service    Charges
Sims      J      39145278961234508363 012700    200.00 BC BS of MAS SB701 AE

```

Status Key Legend Section
displays status acronyms and values.

```

*** Status Key Legend ***

AE - Accepted Claim sent out electronically
AP - Accepted Claim sent out on paper
RE - Electronic Claim rejected by Emdeon
RP - Paper Claim rejected by Emdeon
TE - Electronic Test claim
PA - Claim pending testing or at customer request
PB - Claim pending testing
PC - Claim pending for invalid or incomplete Emdeon registration

```

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

```

RPT-04
Page 2

```

RPT-04 Detailed Information

Sorting Sequence	By Customer ID and by Patient.
Average Delivery Timing	Within 24 hours of time file submitted to Emdeon.
Purpose	To monitor daily claims submitted to Emdeon for future reference.
Report Field Name	Field Description
File Submission Date/Time	The date/time the claims file was processed by Emdeon. Format is MM/DD/YY-HH:MM:SS
Emdeon Ref	The tracking number assigned by the Emdeon clearinghouse to identify the file. This value can be used for referencing purposes.
Report Date	The date the report was generated by Emdeon.
Report #	The Emdeon report number.
Acct ID	Not used.
File Control #	File control number assigned to the file by Emdeon.
Emdeon Ref	The tracking number assigned by the Emdeon clearinghouse to identify the file. This value can be used for referencing purposes.
Submitter ID	The identifier used by Emdeon to identify HealthWire direct submitters to the Emdeon system.
Submitter Name	PTG (Identifies customer as HealthWire direct submitter)
DISCLAIMER	Text message explaining that the report is for status information only.
Customer ID/Sub	The ID and Sub ID used by Emdeon to identify the customer. The sub ID will contain some or all of your HealthWire Direct submitter ID.
Customer Name	The Customer Name.
FILE ROLL-UP	
Patient Name	The name of the patient on the claim. This includes last name, first initial, and middle initial.
Patient Control #	The unique identifier assigned by the provider identifying the patient.
Date of Service	The date the services were rendered. This is the 'from' date.
Total Charges	The total \$ amount of the claim.
Payer Name/ID	The name and ID of the payer.
Status	Shows the status of the claim. E.g., AE, AP, RE, RP, TE, PA, PB, PC See <i>Status Key Legend</i> field.
Status Key Legend	Describes each status acronym. AE – Accepted Claim sent out electronically AP – Accepted Claim sent out on paper (HealthWire Direct submitters should never see this status.) RE – Electronic Claim rejected by Emdeon RP – Paper Claim rejected by Emdeon (HealthWire Direct submitters should never see this status.) TE – Electronic Test Claim (HealthWire Direct submitters should never see this status.) PA – Claim pending testing or at customer request (HealthWire Direct submitters should never see this status.) PB – Claim pending testing (HealthWire Direct submitters should never see this status.) PC – Claim pending for invalid or incomplete Emdeon registration (HealthWire Direct submitters should never see this status.)

RPT-05 (Batch & Claim Level Rejection Report)

The RPT-05 report contains rejected batches and claims listed with detailed error explanations. In order to prevent 'lost' claims, the RPT-05 report must be reviewed and worked after each file transmission. Claims that are listed as rejected are not forwarded to the payer(s) for processing. Rather, these rejected claims must be corrected and then resubmitted (either electronically or on paper) for processing.

RPT-05 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the RPT-05 report.

Header Section displays the type of claims distribution system (Medical, Hospital, Dental) report information, and file information.

Information Section displays data on your transmitted file. File and submitter information is displayed.

Disclaimer Section displays text message explaining the intent of the report. This displays only once on the report.

Error Header and Detail Section displays claims that are in error in the submitted claims file by provider. The field in error and actual data value are displayed.

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

Emdeon Transaction Services Division XXXXXXXXX Claims Distribution System Batch & Claim Level Rejection Report				
Emdeon Ref: 5634		File Submission Date/Time: MM/DD/YY-HH:MM:SS Report Date: MM/DD/YY		
Report #: RPT-05 Acct ID: 123 File Control #: P23456 Submitter ID: 123456789 Submitter Name: Vendor Systems				
***** DISCLAIMER CLAIMS LISTED ON THIS REPORT HAVE NOT BEEN SENT ON TO THE PAYERS FOR PROCESSING AND MUST BE CORRECTED AND RESUBMITTED ELECTRONICALLY OR ON PAPER. *****				
Customer ID/Sub: 987654321 abcd Customer Name: Prov/Group Name				
***** ERROR LISTING *****				
Patient Name	Patient Ctrl #	Claim ID	DOS	Charges
Childs M F	39145278961247890361	okkea12345-00002	012800	1176.00
Payer Name/ID: BC BS of Mas SB701 ERROR MESSAGE: Invalid HCPCS number FLD: FA0-09 SEQ:01 Field Name: HCPCS Data in Error: 2503y				
Goagnon J	39145278964563892368	okkea12345-00004	012800	1176.00
Payer Name/ID: BC BS of Mas SB701 ERROR MESSAGE: Invalid HCPCS number FLD: FA0-09 SEQ:01 Field Name: HCPCS Data in Error: 2503y				
Lengyel-Gomez B M	39145278969876453360	okkea12345-00012	012700	1500.00
Payer Name/ID: BC BS of Mas SB701 ERROR MESSAGE: Provider Number Mismatch FLD: B0-08 SEQ:01 Field Name: PROV # Data in Error: E26995 ERROR MESSAGE: Invalid HCPCS number FLD: FA0-09 SEQ:01 Field Name: HCPCS Data in Error: 2503y				
RPT-05		Page 1		

RPT-05 (continued)

Header Section
displays the type of claims distribution system (Medical, Hospital, Dental), report information, and file information.

```

Emdeon Transaction Services Division
XXXXXXXXX Claims Distribution System

Batch & Claim Level Rejection Report

File Submission Date/Time: MM/DD/YY-HH:MM:SS
Emdeon Ref: 5634 Report Date: MM/DD/YY

```

Error Header and Detail Section
displays claims that are in error in the submitted claims file. The field in error and actual data value are displayed.

Patient Name	Patient Ctrl #	Claim ID	DOS	Charges
Osborn J	39145278963456789371	okkea12345-00001	012700	176.00
Payer Name/ID: BC BS of Mas SB701				
ERROR MESSAGE: Invalid CPT code				
FLD: E0-05 SEQ:01 Field Name: CPT Data in Error: 99999				
Customer ID/Sub: 987654321 efgh				
Customer Name: Prov/Group Name				
***** ERROR LISTING *****				
Patient Name	Patient Ctrl #	Claim ID	DOS	Charges
Hayes J M	39145278970958765375	okkea12345-00011	012800	1176.00
Payer Name/ID: BC BS of Mas SB701				
ERROR MESSAGE: Invalid HCPCS number				
FLD: FA0-09 SEQ:01 Field Name: HCPCS Data in Error: 2503y				
Indira-Manzur J	39145278996543635378	okkea12345-00009	012700	176.95
Payer Name/ID: BC BS of Mas SB701				
ERROR MESSAGE: Provider Number Mismatch				
FLD: B0-08 SEQ:01 Field Name: Provider # Data in Error: E26995				
Osborn J	39145278934654394373	okkea12345-00001	012700	176.00
Payer Name/ID: BC BS of Mas SB701				
ERROR MESSAGE: Invalid CPT code				
FLD: FA0-09 SEQ:01 Field Name: CPT Data in Error: 99999				

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

```

RPT-05 Page 2

```

RPT-05 Detailed Information

Sorting Sequence	By Customer ID and by Patient.
Average Delivery Timing	Within 48 hours of time file submitted to Emdeon.
Purpose	To monitor daily batch and claim level rejections. Contains detailed error explanations necessary to correct any rejected claims. This report is very important and should be worked/reviewed daily.
Report Field Name	Field Description
File Submission Date/Time	The date/time the claims file was processed by Emdeon. Format is MM/DD/YY-HH:MM:SS
Emdeon Ref	The tracking number assigned by the Emdeon clearinghouse to identify the file. This value can be used for referencing purposes.
Report Date	The date the report was generated by Emdeon.
Report #	The Emdeon report number.
Acct ID	Not used.
File Control #	File control number assigned to the file by Emdeon.
Emdeon Ref	The tracking number assigned by the Emdeon clearinghouse to identify the file. This value can be used for referencing purposes.
Submitter ID	The identifier used by Emdeon to identify HealthWire direct submitters to the Emdeon system.
Submitter Name	PTG (Identifies customer as HealthWire direct submitter)
DISCLAIMER	Text message explaining that claims listed on report have not been sent on to the payers.
Customer ID/Sub	The ID and Sub ID used by Emdeon to identify the customer. The sub ID will contain some or all of your HealthWire Direct submitter ID.
Customer Name	The Customer Name.
****ERROR LISTING****	
Patient Name	The name of the patient on the claim. Information last name, first initial of first name, and middle initial.
Patient Ctrl #	The unique identifier assigned by the provider identifying the patient.
Claim ID	The unique claim identifier assigned by Emdeon.
DOS	The date from which the services were started (rendered) for the patient. This is also known as the 'From' date.
Charges	The total amount of the claim.
Payer Name/ID	The name of the payer and the identifier assigned by Emdeon.
ERROR MESSAGE	The description of the error.
FLD	The field containing the data in error.
SEQ	The sequence number of the field containing the data in error.
Field Name	The name of the field containing the data that is in error.
Data in Error	The data causing the error in the claim. The actual data that is in error will display on the report.

RPT-08 (Provider Monthly Summary)

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

RPT-08 Report Sample

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

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

Information Section displays provider and month-end information.

Disclaimer Section displays text message explaining the intent of the report. This displays only once on the report.

Carrier Statistics Section displays number of claims submitted for that month to BCBSMA.

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

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

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

Emdeon Transaction Services Division XXXXXXXX Claims Distribution System Provider Monthly Summary Report Date: MM/DD/YY									
Report #: RPT-08 Acct ID: 123 Month Ending: MM/YY Customer ID/Sub: 123456789 abcd Customer Name : Prov/Group Name									
***** DISCLAIMER MTHLY AND Y-T-D TOTALS DO NOT INCLUDE FILES THAT CONTAINED CLAIMS THAT WERE PENDING AT EMDEON WHEN THIS REPORT WAS CREATED. *****									
CARRIER OUTPUT CLAIMS									
CARRIER		CLAIMS	%	\$ Value	%				
BC BS of Mas		362	50	44675.50	50				
PROVIDER TOTAL INPUT CLAIMS									
Totals	***	CLMS INPUT	***	****	CLMS ACCEPTED	****	***	CLMS REJECTED	***
	#	\$ Value		#	%	\$ Value	#	%	\$ Value
Mthly	727	89174.41		726	100	89074.41	1	0	100.00
Y-T-D	6167	752273.50		5973	97	728472.16	194	3	23801.34
TOP 25 ERRORS									
Field	Field Name	Error						Total	
E6	Sequence #	INV: Sequence # must be numeric						4417	
D2	Payer Zip	INV: Payer Zip not within state range						1140	
D0	Pat Rel.	INV: Patient Relation						1186	
E6	Network ID	REQ: Render Network ID for Payer						1133	
RPT-08							Page 1		

RPT-08 Detailed Information

Sorting Sequence	By Customer ID, and by Error Frequency.
Average Delivery Timing	Monthly – by the 5 th business day.
Purpose	Monitors overall monthly Customer statistics, claims forwarded to BCBSMA and the most frequent claim level rejections.
Report Field Name	Field Description
Report Date	The date the report was generated by Emdeon.
Report #	The Emdeon report number.
Acct ID	Not used.
Month Ending	The month for which this summary was generated.
Customer ID/Sub	The ID and Sub ID used by Emdeon to identify the customer. The sub ID will contain some or all of your HealthWire Direct submitter ID.
Customer Name	The name of the customer.
DISCLAIMER	Text message explaining that monthly and Y-T-D totals do not include files that contained claims that were pending at Emdeon when the report was created.
CARRIER OUTPUT CLAIMS	
CARRIER	The name of the payer where the claims were forwarded by Emdeon to the payer for the month.
CLAIMS	The number of claims forwarded by Emdeon to the payer for the month.
%	The percentage of total claims forwarded by Emdeon to the payer for the month.
\$ Value	The \$ amount forwarded by Emdeon to the payer for claims submitted by the provider for the month.
PROVIDER TOTAL INPUT CLAIMS	
Totals	
Mthly	The monthly provider totals of the number of claims, percentage and values categorized by CLMS INPUT, CLMS ACCEPTED, and CLMS REJECTED.
Y-T-D	The year-to-date provider totals of the number of claims, percentage and values categorized by CLMS INPUT, CLMS ACCEPTED, and CLMS REJECTED.
TOP 25 ERRORS	
Field	The field containing the data in error.
Field Name	The name of the field containing the data in error.
Error	The description of the error.
Total	The total number of claims that contained that error for the month.

RPT-10 (Provider Claim Status Report)

The RPT-10 report contains information provided by BCBSMA for claims received for adjudication from Emdeon. The amount/frequency of information produced may vary.

RPT-10 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the RPT-10 report.

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

Information Section
displays provider information. When applicable, vendor information also displays.

Disclaimer Section
displays text message explaining the intent of the report. This displays only once on the report.

Claim Status Header and Detail Section
displays (on a daily basis) the status of claims if a status on a submitted claim has been received from the payer. Claims are grouped according to status.

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

```

Emdeon Transaction Services Division
XXXXXXXXX Claims Distribution System

Provider Claim Status Report
Report Date: MM/DD/YY

Report #: RPT-10

Acct ID: 123

Submitter ID: 123456789      Customer ID/Sub: 123456789 1234
Submitter Name: Vendor Systems      Customer Name: Prov/Group Name

*****
DISCLAIMER
THIS REPORT IS GENERATED BY THE PAYERS AND NOT BY EMDEON TRANSACTION SERVICES
DIVISION. NOT ALL THE EMDEON PAYERS PARTICIPATE IN THIS CLAIM STATUS REPORT
PROGRAM AND THE AMOUNT OF INFORMATION RECEIVED VARIES FROM PAYER TO PAYER.
*****

CLAIM STATUS

Status: 20 Payer acknowledges receipt of claim

-----
Provider ID: 341256897      Payer Name: BC BS of Mas
Insured ID: 241346827      Payer ID: SB701
Patient: P Diaz      Payer Phone: 9999999999
Pat Ctrl #: 123456678      Payer Ref: P0005671235
Total Charge: 68.00      Payer Status Date: 031700
Amount Paid: 50.33      Emdeon Process Date: 031700
DOS: 031400-031400      Emdeon Claim ID: kea12345-0001
Status Data:

-----
Provider ID: 341256897      Payer Name: BC BS of Mas
Insured ID: 241346827      Payer ID: SB701
Patient: P Diaz      Payer Phone: 9999999999
Pat Ctrl #: 123456678      Payer Ref: P0005671235
Total Charge: 68.00      Payer Status Date: 031700
Amount Paid: 50.33      Emdeon Process Date: 031700
DOS: 031400-031400      Emdeon Claim ID: kea12345-0001
Status Data:

RPT-10
Page 1
    
```

RPT-10 (continued)

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

Claim Status Header and Detail Sections displays (on a daily basis) the status of claims if a status on a submitted claim has been received from the payer. Claims are grouped according to status.

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

Emdeon Transaction Services Division XXXXXXXXX Claims Distribution System	
Provider Claim Status Report	Report Date: MM/DD/YY

Status: 20 Payer acknowledges receipt of claim	

Provider ID: 341376894	Payer Name: BC BS of Mas
Insured ID: 214563200	Payer ID: SB701
Patient: P Diaz	Payer Phone: 9999999999
Pat Ctrl #: 123456678	Payer Ref: P0005671235
Total Charge: 78.00	Payer Status Date: 031800
Amount Paid: 60.33	Emdeon Process Date: 031800
DOS: 031300-031300	Emdeon Claim ID: kea12345-0001
Status Data:	

Provider ID: 341376894	Payer Name: BC BS of Mas
Insured ID: 214563200	Payer ID: SB701
Patient: P Diaz	Payer Phone: 9999999999
Pat Ctrl #: 123456678	Payer Ref: P0005671235
Total Charge: 78.00	Payer Status Date: 031800
Amount Paid: 60.33	Emdeon Process Date: 031800
DOS: 031300-031300	Emdeon Claim ID: kea12345-0001
Status Data:	

Provider ID: 341376894	Payer Name: BC BS of Mas
Insured ID: 214563200	Payer ID: SB701
Patient: P Diaz	Payer Phone: 9999999999
Pat Ctrl #: 123456678	Payer Ref: P0005671235
Total Charge: 68.00	Payer Status Date: 031900
Amount Paid: 50.33	Emdeon Process Date: 031900
DOS: 031300-031300	Emdeon Claim ID: kea12345-0001
Status Data:	

Status: 3C PENDING: Internal Review/Audit	

Provider ID: 341256897	Payer Name: BC BS of Mas
Insured ID: 241346827	Payer ID: SB701
Patient: P Diaz	Payer Phone: 9999999999
Pat Ctrl #: 123456678	Payer Ref: P0005671235
Total Charge: 68.00	Payer Status Date: 031700
Amount Paid: 50.33	Emdeon Process Date: 031700
DOS: 031400-031400	Emdeon Claim ID: kea12345-0001
Status Data:	

Provider ID: 341256897	Payer Name: BC BS of Mas
Insured ID: 241346827	Payer ID: SB701
Patient: P Diaz	Payer Phone: 9999999999
Pat Ctrl #: 123456678	Payer Ref: P0005671235
Total Charge: 68.00	Payer Status Date: 031700
Amount Paid: 50.33	Emdeon Process Date: 031700
DOS: 031400-031400	Emdeon Claim ID: kea12345-0001
Status Data:	

RPT-10	Page 2

RPT-10 Detailed Information

Sorting Sequence	By Customer ID, by Status, and by Payer.
Average Delivery Timing	Daily – includes payer status updates received within past 24 hours
Purpose	To monitor status of claims submitted electronically to BCBSMA. Note: The amount/frequency of returned information may vary. The RPT-10 does not return Unprocessed, Request for Additional Information, or Rejected statuses.
Report Field Name	Field Description
Report Date	The date the report was generated by Emdeon.
Report #	The Emdeon report number.
Acct ID	Not used.
Submitter ID	The identifier used by Emdeon to identify HealthWire direct submitters to the Emdeon system.
Submitter Name	PTG (Identifies customer as HealthWire direct submitter)
Customer ID/Sub	The ID and Sub ID used by Emdeon to identify the customer. The sub ID will contain some or all of your HealthWire Direct submitter ID.
Customer Name	The name of the customer.
DISCLAIMER	Text message explaining that the report is generated if information is available from the BCBSMA.
CLAIM STATUS	
Status	Indicates the status of the claim and the reason for the status. These status codes could be payer proprietary codes, ANSI defined codes, or clearinghouse-defined codes for the BCBSMA.
Provider ID	The provider number assigned to the provider by the BCBSMA.
Insured ID	The ID of the insured.
Patient	The name of the patient.
Pat. Ctrl #	The unique identifier assigned by the provider identifying the patient.
Total Charges	The total amount of charges for the claim.
Amount Paid	The payment amount that will be made for the claim by the payer.
DOS	The beginning and ending date for the services rendered that the claim is covering.
Status Data	Data referenced by status message.
Payer Name	The name of the payer providing status.
Payer ID	The electronic ID of the payer providing status.
Payer Phone	The phone number the payer would like the provider to use to make inquiries.
Payer Ref	The unique payer-assigned number to the claim.
Payer Status Date	The date the status was generated by the payer.
Emdeon Process Date	The date Emdeon processed the claim.
Emdeon Claim ID	The unique claim identifier assigned by Emdeon.

RPT-11 (Special Handling / Unprocessed Claims Report)

The RPT-11 report contains information provided by BCBSMA for claims received from Emdeon for adjudication. The amount/frequency of information produced may vary. The RPT-11 returns Unprocessed, Request for Additional Information, and Rejected statuses only.

RPT-11 Report Sample

The following sample is provided to illustrate the various sections and fields contained in the RPT-11 report.

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

Information Section
displays provider information. When applicable, vendor information also displays.

Disclaimer Section
displays text message explaining the intent of the report. This displays only once on the report.

Claim Status Header and Detail Section
displays (on a daily basis) the status of claims if a status on a submitted claim has been received from the payer. Claims are grouped according to status.

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

```

Emdeon Transaction Services Division
XXXXXXXXX Claims Distribution System

Special Handling/Unprocessed Claims Report
Report Date: MM/DD/YY
-----
Report #: RPT-11
Acct ID: 123
Submitter ID: 123456789      Customer ID/Sub: 123456789 1234
Submitter Name: Vendor Systems      Customer Name: Prov/Group Name
*****
DISCLAIMER
THIS REPORT IS GENERATED BY THE PAYERS AND NOT BY EMDEON TRANSACTION SERVICES
DIVISION. NOT ALL THE EMDEON PAYERS PARTICIPATE IN THIS CLAIM STATUS REPORT
PROGRAM AND THE AMOUNT OF INFORMATION RECEIVED VARIES FROM PAYER TO PAYER.
THE CLAIMS REPORTED HERE ARE UNABLE TO BE PROCESSED BY THE PAYER AND A
CORRECTIVE ACTION SHOULD BE TAKEN.
*****
CLAIM STATUS
Status:      5A UNPROCESSED: CONTRACT HAS BEEN CANCELED BY THE POLICYHOLDER
-----
Provider ID: 341256897      Payer Name: BC BS of Mas
Insured ID: 241346827      Payer ID: SB701
Patient:      P Diaz      Payer Phone: 9999999999
Pat Ctrl #: 123456678      Payer Ref: P0005671235
Total Charge: 68.00      Payer Status Date: 031700
Amount Paid: 0.00      Emdeon Process Date: 031700
DOS: 031400-031400      Emdeon Claim ID: keal2345-0001
Status Data:
-----
Provider ID: 341256897      Payer Name: BC BS of Mas
Insured ID: 241346827      Payer ID: SB701
Patient:      P Diaz      Payer Phone: 9999999999
Pat Ctrl #: 123456678      Payer Ref: P0005671235
Total Charge: 68.00      Payer Status Date: 031700
Amount Paid: 0.00      Emdeon Process Date: 031700
DOS: 031400-031400      Emdeon Claim ID: keal2345-0001
Status Data:
-----
RPT-11
Page 1
    
```

RPT-11 Detailed Information

Sorting Sequence	By Customer ID, by Status.
Average Delivery Timing	Daily – includes payer status updates received within past 24 hours.
Purpose	To monitor and inform of the status of Unprocessed, Request for Additional Information, and Rejected statuses only on claims submitted electronically to BCBSMA. Note: The amount/frequency of returned information may vary.
Report Field Name	Field Description
Report Date	The date the report was generated by Emdeon.
Report #	The Emdeon report number.
Acct ID	Not used.
Submitter ID	The identifier used by Emdeon to identify HealthWire direct submitters to the Emdeon system.
Submitter Name	PTG (Identifies customer as HealthWire direct submitter)
Customer ID/Sub	The ID and Sub ID used by Emdeon to identify the customer. The sub ID will contain some or all of your HealthWire Direct submitter ID.
Customer Name	The name of the customer.
DISCLAIMER	Text message explaining that the report is generated if information is available from the payer(s).
CLAIM STATUS	
Status	Indicates the status of the claim and the reason for the status. These status codes could be payer proprietary codes, ANSI defined codes, or clearinghouse-defined codes for BCBSMA.
Provider ID	The provider number assigned to the provider by BCBSMA.
Insured ID	The ID of the insured.
Patient	The name of the patient.
Pat. Ctrl #	The unique identifier assigned by the provider identifying the patient.
Total Charge	The total amount of charges for the claim.
Amount Paid	The payment amount that will be made for the claim by the payer.
DOS	The beginning and ending date for the services rendered that the claim is covering.
Status Data	Data referenced by status message.
Payer Name	The name of the payer providing status.
Payer ID	The electronic ID of the payer providing status.
Payer Phone	The phone number the payer would like the provider to use to make inquiries.
Payer Ref	The unique payer-assigned number to the claim.
Payer Status Date	The date the status was generated by the payer.
Emdeon Process Date	The date Emdeon processed the claim.
Emdeon Claim ID	The unique claim identifier assigned by Emdeon.

277 (Unsolicited Claim Status)

The Unsolicited Claim Status (277) is a technical X12 claim response indicating accepted and rejected claims. For more detailed information about this report, refer to the national **Implementation Guide for Health Care Claims**.

277 Response Sample

The following sample is provided to illustrate the various sections and fields contained in the 277.

**277
Segments**

```
ISA*00*      *00*      *ZZ*123451234      *ZZ*123456789      *051013*1542**^*00404*000004687*0*P*::~~
GS*HN*4687*WEBMD*20051013*154220*4687*X*004040X167~
ST*277*0001*004040X167~
BHT*0085*08*123456789*20051013*154220*TH~
HL*1**20*1~
NM1*PR*2*MABCBS*****46*123456789~
TRN*1*4687~
DTP*009*D8*20051013~
HL*2*1*21*1~
NM1*41*2*XXXXXXXX XXXXX XXXX*****46*XXXX~
TRN*2*020576~
HL*3*2*19*1~
NM1*85*2*SMITH JOHN MD*****24*999999999~
TRN*1*999999999~
REF*G5*2008~
HL*4*3*PT~
NM1*QC*1*JONES*JOHN*J***MI*12345678~
TRN*2*4A4F5G84CX~
STC*A1:0::*20051012*****CARRIER ACKNOWLEDGES RECEIPT OF CLAIM~
REF*1K*058SJ9905~
REF*D9*EP110605501144515~
REF*BLT*EP0X7H2ERRANX3V~
SE*1*0001~
GE*1*4687~
IEA*1*000004687~
```

277 Detailed Information

Sorting Sequence	No sorting.
Average Delivery Timing	Within 24 hours of time file submitted to Emdeon.
Purpose	To monitor whether the claims in a file transmitted to Emdeon were accepted for processing or were rejected.
Report Field Name	Field Description
277 Segments	Refer to Implementation Guide for Health Care Claims (ANSI specifications for 277 transaction.)

Retrieving Claim Reports

Reports are downloaded to your PC from your reports mailbox via the “get” function. The ten possible reports each have their own “get commands”. The table below outlines which report falls under which command. To ensure the receipt of every possible report you **MUST REPEAT** each “get command” until you receive the following response: “**File Unavailable**”. This response will notify you that you have downloaded all available reports for that command. Example: To get the RPT-04 report, you would have to repeat the following “get command” until you receive the “File Unavailable” response: **get SUBMITTER ID!RPT04 (local file name)**

1. Establish connectivity via Dial-Up Networking (see the Connectivity section of the latest version of Emdeon’s Companion Guide for Blue Cross Blue Shield of Massachusetts X12N 837 Health Care Claims Submission for more information).
2. Open a DOS prompt.
3. Type **ftp** (must be lowercase) and hit Enter.
4. Type **open** and then enter the IP address (supplied by your Emdeon contact) and hit Enter.
5. Sign-on to the HealthWire Direct testing or production region using the login and password assigned (username and password must be in lowercase).
6. Type **ascii** and hit Enter. (Note: Type **bin** and hit Enter when retrieving 277’s)
7. Type the FTP command as:

get SUBMITTER ID!(FTP Command) (full local path and file name)

Example: get A999!ACKRET c:\bcbsma reports\102402.ack

- **Full local path and file name** is the location and name on the receiving system
 - **SUBMITTER ID** is the Submitter ID number assigned by Emdeon (must be entered in caps)
8. Repeat each command until you receive the message “file unavailable” to ensure that all available reports have been downloaded.
 9. View the reports using a text editor such as Notepad, WordPad, or UltraEdit.
 10. Type “close” or “bye” to log off the HealthWire Direct system.

FTP Claim Report Retrieval Commands Quick Reference Table (continues on next page)

Report Code	Report Description	FTP Command
TRANSACK	Transmission Acknowledgement Report	get SUBMITTER ID!ACKRET (local file name) *Repeat command until all reports are gathered.
997	Functional Acknowledgement	get SUBMITTER ID!REMIT (local file name) *Repeat command until all reports are gathered.
TR-SUM-RPT	Transaction Summary Report	get SUBMITTER ID!REMIT (local file name) *Repeat command until all reports are gathered.

FTP Claim Report Retrieval Commands Quick Reference Table (continued)

Report Code	Report Description	FTP Command
RPT-03	File Summary Report	get SUBMITTER ID!RPT03 (local file name) *Repeat command until all reports are gathered.
RPT-04	File Detail Summary Report	get SUBMITTER ID!RPT04 (local file name) *Repeat command until all reports are gathered.
RPT-05	Batch & Claim Level Rejection Report	get SUBMITTER ID!RPT05 (local file name) *Repeat command until all reports are gathered.
RPT-08	Provider Monthly Summary *Available once a month by 5 th business day	get SUBMITTER ID!RPT08 (local file name) *Repeat command until all reports are gathered.
RPT-10	Provider Claim Status Report	get SUBMITTER ID!RPT10 (local file name) *Repeat command until all reports are gathered.
RPT-11	Special Handling/Unprocessed Claims Report	get SUBMITTER ID!RPT11 (local file name) *Repeat command until all reports are gathered.
277	Unsolicited Claim Status	get SUBMITTER ID!UN277 (local file name) *Repeat command until all reports are gathered. Note: remember to set format as binary 'bin' when retrieving 277's.

Reports remain in your mailbox for up to seven business days. To retrieve reports after the seven business days contact Emdeon HealthWire Direct Support.