# Avanta*FAX*

## ✓ Checking Your Medicare Electronic Billing Reports For Faster Turn-Around of Claims

A vital part of transmitting electronic claims to Medicare is verifying that Medicare has received your claims submission, and more importantly, processed your claims.

Making sure that your claim transmission file reaches processing as soon as possible will help maximize your insurance billing results and also speed up payment.

*There are several ways to ensure receipt and processing of your Medicare electronic claims.*

After transmitting your claims to Medicare, the first step is to enter the "**[B] View Files Received From Medicare**" menu. You should see an "**Acknowledgement**" dated the same day as your last transmission. This file is created and received from Medicare during the actual transmission session of your claims file. Select this file and make sure that it states "**Initial transmission successful**". You will also see the total number of claims counted and received. These two numbers should match-indicating a successful transmission. If you see anything other than this, please call Avanta for assistance.

The next step is to look at your "**ANSI 997 Acknowledgement**" file, located in the same area as the "Acknowledgement" files. This file is normally returned from Medicare within 24 hours of your initial claim transmission. It is also probably one of the most important files that Medicare returns since it lets you know

whether your transmission went on to processing, or was rejected by their receiving system. This file appears cryptic, but the only thing you need to look for is any line beginning with "**AK3\***". If you **DO** spot any line beginning with AK3\*, there **IS a problem** and your transmission did not go through to processing. Please call Avanta if this is the case and we will investigate the problem. If you do not see an AK3\* line, your transmission went through to claims processing.

Finally, it's time to check your "**Error Summary Report**", also located in the same area as the Acknowledgement and 997 files. The Error Summary Report is normally available within 48 hours of your initial claims transmission. It is best viewed when printed out since it uses 132 column formatting. This report shows the total number of claims received, accepted, and deleted. It also explains why some claims may have been deleted. Deletion reasons range from "Invalid Diagnosis" to "Secondary Insurance Company ID Missing". If you have claims that were deleted from Medicare, simply look at the deletion reason, go back to the patient's demographic information or ledger screen, fix it, and reflag the charge to be included in your next transmission. If you do not know what the deletion reason means, please call Avanta for assistance.

## ⚠ Avanta Summer Holiday Office Schedule:

*Avanta will be closed on Monday, July 4th for Independence Day. However, our customer support department will be accepting emergency situation calls.*

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