



AVANTA
MEDICAL INFORMATION SYSTEMS

FAX

OCTOBER 08, 2003

ELECTRONIC CLAIMS SUBMISSION ALERT

A vital part of transmitting electronic claims is verifying that Medicare and/or Proxymed received your claims submission and more importantly are actually processing all your claims.

The Avanta system checks that all required demographic, ledger, and provider file fields are populated, and strips out many of the illegal characters that may be contained within these fields. There are still several reasons why your transmission may not have been successfully received or may not be processed. A current factor may be the October 16, 2003 HIPAA deadline which requires that all electronic claims be submitted in the ANSI 4010 format. As the deadline approaches, Medicare and Proxymed continue to make changes to their systems to accommodate this new format. As a result some claims are being rejected and even deleted as changes are made and standards are tightened.

Regardless of what caused the error, there are several steps that can be taken to verify that your transmission has been successfully transmitted and is being processed.

For your Medicare electronic claims it is important to check the Transmission Log for a transmission confirmation number, the (ACK) Acknowledgment Report for a transmission confirmation number and claim count, and the (ESR) Error Summary Report for claim level detail as to which claims are being denied. The ACK should be received immediately after your transmission is sent, the ESR should be received within seven days of the transmission being sent and may contain multiple transmissions if they were sent within this period. To access this information press [6] Insurance Billing/EDI from the home screen, [2] Medicare Electronic, and [6] Transmission Log or [B] View Files Received From Medicare to view your reports.

For your 3rd Party claims it is important to check the Daily and Monthly files received from Proxymed. The Daily file includes patient level detail with tracking numbers. This

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should be received within 48 hours of a transmission, and may include multiple transmissions if they were sent within this 48 hour period. The Monthly file contains claim level detail as to which files are being denied and should be received within seven days as Insurance companies process your claims. To access this information press [6] Insurance Billing/EDI from the home screen, [3] Third Party Electronic Billing, and [8] Examine Received Reports to view your reports.

If you do not receive your reports from Medicare or Proxymed in a timely manner for your transmission, it is very important you follow up with them. If you have any questions regarding the electronic claims submission process, please call Avanta.

FREE AVANTA SEMINAR

Make sure to attend our next free seminar, *Maximizing Insurance Billing Results*, to be presented on October 28th and 29th, 2003. The seminar will help streamline and add effectiveness to your office's billing process. Seminar topics to be discussed include:

- * **Defaults & Treatment File Setup**
- * **Medicare Electronic Billing**
- * **Automatic Medicare EOB Posting**
- * **Third Party Electronic Billing**
- * **HCFA-1500 Paper Billing**
- * **Open Insurance Report**

For your convenience, Avanta will offer four free sessions at two separate locations over two days. The locations that have been selected for this seminar include our office in Agoura Hills and the Cedars Sinai Building in Los Angeles. Morning and afternoon sessions are available at our office on Tuesday October 28th and at the Cedars Building on Wednesday October 29th. For a map and directions to our office in Agoura Hills or to the Cedars Building in Los Angeles, please see our website or call our office for more information.

Please contact Jennifer at Avanta to RSVP. As space is limited, a 48-hour cancellation notice is required. If you are unable to attend our seminars, private training can be scheduled at your office for a training fee.

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Medical Applications Corporation - 30851 Agoura Road, Suite 107 - Agoura Hills, CA 91301
Phone: 818.706.9191 - Fax: 818.706.9181 - www.avanta.com