ePayments

(Electronic Data Interchange [EDI] Lockbox)

User Manual

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Department of Veterans Affairs

Office of Information and Technology

Revision History

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1. Introduction

1.1. Business Uses

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) or Public Law 101-191 requires healthcare plans and providers who conduct transactions electronically to comply with rules of standardization. HIPAA has several purposes but defines standards through rules and compliance of transactions and code sets. National standards allow for compatible formats between providers and third-party payers. PNC Bank in Pennsylvania functions as the Department of Veterans Affairs (VA) 3rd Party Lockbox bank and will accept those standard transactions from payers on behalf of VA. The bank makes a daily deposit of 3rd party payments to US Treasury. They will also transmit deposit information in the form of an Electronic Funds Transfer (EFT) and data about the payment in the form of an Electronic Remittance Advice (ERA) to the Austin Financial Services Center (FSC). The Austin FSC will accept those transactions from the bank and translate those files into a Veterans Health Information System and Technology Architecture (VistA) readable format. The FSC will then forward those files to the appropriate VistA Accounts Receivable (AR) package by way of Mailman messages. In addition, the FSC will also transmit the ERA and EFT data files to Explanation of Benefits (EOB) Payment Healthcare Remittance Advice (EPHRA).

VistA, therefore, was enhanced to allow receipt processing and posting of electronic remittance data sent by payers. Additionally, VistA and Financial Management System (FMS) were enhanced to accommodate receipt and processing of 3rd party electronic payment data.

The ePayments software will supplement the current accounts receivable process by eliminating some data entry and automating the process of entering payments on a field service receipt. The software will now create an electronic receipt that replaces the paper field service receipt for payments received via the ePayments software.

1.2. Timeframes

The ePayments software was released to sites on October 10, 2003 with an installation compliance deadline of October 16, 2003. The payer community is working to make transactions HIPAA compliant. Once payers are ready to transmit, they will work with our Lockbox Bank to enroll in the VA ePayments program. After enrolling, each payer will go through a rigorous transaction testing process with our Lockbox bank and any Clearinghouse that may be integrated. Testing ensures that the payer's 835 EFT and ERA transmissions:

1. Conform to acceptable HIPAA and X12 transaction standards.
2. Can be received and forwarded by internal VA processing and messaging systems.

The entire payer community was not expected to be ready to transmit immediately following the HIPAA deadline of October 16, 2003. Payer implementation is expected to be staggered but initially covered the payers with the highest Veterans Health Administration (VHA) claim submission volume across each Veterans Integrated Service Network (VISN). Sites should expect to continue with paper processing as the electronic payers are brought online.

Since releasing the ePayments system, VHA has been honored by National Automated Clearinghouse Association (NACHA), the Electronic Payments Association, for its success in implementing a nationwide electronic health care remittance and payment processing system that complies with the electronic transaction standards of the HIPAA. PNC Bank in Pittsburgh, Pennsylvania serves as VHA's lockbox bank and has partnered with VHA to enroll payers in this new, electronic business process. VHA's experience with payers has been positive regarding the payer's capability to produce and transmit ERAs. However, less than one percent of VHA's active payers are producing and transmitting an EFT. While VHA's primary goal is to enroll its payer community for ERA, VHA believes that additional benefits of HIPAA will be realized through both ERA and EFT processing. Because HIPAA regulations specify that payers comply with a request for ERA in response to a provider's claim, payers' business organizations may not be focused on the development of EFT.

1.3. Patches

1.3.1. AR Patch PRCA*4.5*284

1. Rename existing option – Mark ERA Return to Payer.

   Per request from the Chief Business Office (CBO), the existing Mark ERA Returned to Payer option, which is located on the EDI Lockbox parent menu, has been renamed to Remove ERA from Active Worklist. To accurately reflect the renamed option, the help text associated with the option has been updated to reflect the removal of an ERA off the ERA Worklist. The basic functionality of the option remains intact as it will continue to provide the capability to remove an unmatched ERA off the ERA Worklist.

2. Rename existing option – Mark ERA Return to Payer Audit report.

   The existing Mark ERAs Returned to Payer Audit Report, which is located on the EDI Lockbox Reports Menu, has been renamed to Remove ERA from Active Worklist Audit Report.

3. Change default answer in prompt - Update ERA Posted Using Paper EOB.

When an automatic update is performed on an ERA, the default response has been changed from "YES" to "NO." This modification helps prevent accidental updates. An example of the prompt is below:

```
"Link to update Remittance entry # 14332 with receipt ERA14332? NO// "
```

1.3.2. AR Patch PRCA*4.5*303

1. Implement new 835 Claim Adjustment Reason Code (CARC) Data Report option to the EDI Lockbox (ePayments) Reports Menu to display payers and the CARC codes returned on the 835 transactions.
2. Implement new Third Party Joint Inquiry (TPJI) Screen Display redesign for ePayments. The new action option 'EP ERA/835" shall display only data associated with the 835 transaction.
3. Implement new TPJI Action Option redesign for ePayments.
4. Implement CARC / Remittance Advice Remark Code (RARC) Data Transfer from FSC.

5. Implement Report Enhancements. The EDI Lockbox (ePayments) Reports Menu includes a new report entitled "Provider Level Adjustments (PLB) Report to display ERA data with PLB data details.
6. Modification to the Scratchpad to process Efficiency Enhancements.
7. Change EDI Lockbox to EDI Lockbox (ePayments).

1.3.3. AR Patch PRCA*4.5*304

1. Implement Auto-Auditing for Paper Bills.
2. Enhance Insurance Payment Trend Report.
3. Implement ability to Track Dollars through Suspense.
4. Implement National Reports for ePayments Data.
5. Implement Standardized Deposit Tickets.
6. Implement Receipt# Enhancements.
7. Implement Site Parameters for Pharmacy / Medical.
8. Implement Auto-Posting for Pharmacy / Medical.
9. Implement Auto-Decrease for Medical Claims.
10. Fix errors and enhancements to Auto-Post Awaiting Resolution (APAR).
11. Implement Auto-Post Checks for Pharmacy Claims.
12. Enhance Exception Error message and filtering.

1.3.4. AR Patch PRCA*4.5*316

Updates the VistA upload process of CARC / RARC data sent by FSC.

1.3.5. AR Patch PRCA*4.5*317

1. Adds the Unapplied EFT Deposits Report back on the EDI Lockbox (ePayments) Reports Menu.
2. Updates the ERA Worklist option and the Auto-Post Awaiting Resolution option to ask users if they want to use a preferred view, when appropriate.

1.3.6. AR Patch PRCA*4.5*318

1. Updates the logic associated with auto-posting.
2. Adds new report Auto-Posted Receipt Report on the EDI Lockbox (ePayments) Reports Menu.
3. Updates the Auto-Decrease Adjustment report to include CARC details.
4. Locks several actions within the ERA Worklist (including Scratchpad) and the Auto-Post Awaiting Resolution worklist (including Scratchpad) with one of two new security keys.
5. Updates EFT Daily Activity Report to include CR and TR numbers and allows for up to 60 characters for the payer name.

6. Removes security key lock from the EDI Diagnostic Measures Reports menu.
7. With a security key, locks several options within the EDI Diagnostic Measures Extracts Menu.
8. Updates the EFT Unmatched Aging Report and the Unapplied EFT Deposits report.
9. Updates the logic associated with putting money to suspense.
10. Updates the auto-post site parameters logic.

1.3.7. AR Patch PRCA*4.5*321

1. The 'Move ERA to Suspense' option has been disabled and is no longer accessible from the EDI Lockbox menu.
2. The 'Refresh Scratch Pad' action has been removed from the APAR Scratchpad.
3. Receipt comments are now required when part of an account balance is split to suspense. A standardized set of comments have been added for the user to choose from along with a free form text comment field.
4. If a receipt line comment has been added, the scratchpad screens in APAR and ERA Worklists will display the username and a timestamp.
5. The automatic update of Electronic Explanation Of Benefits (EEOB) information to reflect the split / edit of claims will occur at receipt creation in the PRCA nightly auto-post job (for APAR) or at receipt creation in the ERA Worklist.
6. Updates to the Daily Activity Report including: a prompt to filter for EFTs with debits, a debit flag added to EFTs, removed matched payment amounts posted from totals, displays the station number instead of division and various page breaks for ease of use.
7. Updates to Receipt Processing including new help text when creating new receipts, ability to change the type of payment on receipts with preexisting lines and the ability to change the EFT number in certain cases.
8. Eliminated an error when running the EFT Transaction Audit Report.
9. Update to the Link Payment Account action that now allows the user to move EEOBs to claims with payments linked from suspense.
10. Updates to payer name selection and display: payer names longer than 30 characters can be selected, names containing ":", "," or "-" can be selected, names with 60 characters display correctly.
11. Updated the Auto-Posted Receipt Report to ensure the correct dates displayed in the report fall within the range selected at the prompt.
12. Enabled VistA to use the start date and Electronic Claims Management Engine (ECME) # to identify the correct claim # and populate the ERA.
13. Exceptions for pharmacy claims now display correctly and in sequence.
14. Updated the APAR worklist to allow greater flexibility to sort and display data.
15. Updated receipt headers to show EFT / ERA numbers and totals.

16. Claims in Claim Status Awaiting Resolution (CSA) status cannot be manually or auto-audited.
17. The List of Receipts report now displays in list manager format.
18. Manually matched ERAs with CHK payment types can be marked for auto-post.
19. Medical, Pharmacy and Tricare Payers can now be indicated, along with access to view, in a list, and preferred types edited when appropriate.
20. EFT / ERA Trending Report added to EDI Lockbox reports menu.
21. The Decrease Adjustment function now alerts users if there are pending payments and displays the payment that is pending.
22. Updated the ERA worklist to allow greater flexibility to sort and display data.
23. The RCDPE AUDIT mail group now allows end users to self-enroll and a specific day of the week can be set for when the bulletins are sent.
24. Number of days of unposted medical and pharmacy EFTs to prevent posting have been changed to 60 and 365 respectively.

1.3.8. AR Patch PRCA*4.5*326

1. Adds notifications for changes to auto-post, auto-decrease, payer, and CARC site parameters.
2. Adds the ability to see who manually marked an ERA for auto-post in the Auto-Posted Receipt Report, Receipt Profile, List of Receipts Report, and Transaction Profile.
3. Adds 'matched date' to the ERA Worklist and Daily Activity Report.
4. Adds a unique EFT identifier to the following reports: Daily Activity Report, EFT Unmatched Report, Unapplied EFT Report, EFT Audit Report, and Manual Match Report.
5. Adds display of 'Percent Collected on Claims' to the 'Claim Level Pay Status' section of the EP Report (ERA / 835 Action).
6. Updates display language in the Link Payment Report.
7. Adds ability to filter by receipt number on Link Payment Report.
8. Allows user to generate Auto-Post Report by payer Tax ID Number (TIN).
9. Restricts unbalanced ERAs to be auto-post candidates.
10. Renames the Payer Exclusion Report to the Payer Implementation Report.
11. Modified the 'Distribute Adj Amts' action on the ERA Worklist to allow for negative distributions to claim lines that do not have a valid claim.
12. Adds FMS Document Status to bill / claim profile screens and reports.
13. Provides fix to Pharmacy Data Exception Filter on the 3rd Party Exceptions Worklist Scratch Pad.
14. Provides fix to error in the ERA Worklist Manual Match Action.

15. Adds an ERA Partial Post Indicator.
16. Rewrites auto-posting logic to determine if the ERA is matched to an EFT.
17. Changes prompt wording of Worklist Delete.
18. Removes auto-decrease limit and adds new maximum parameter.
19. Adds the ability to auto-decrease zero or no-pays.
20. Adds the ability to view all ERA verify lines information on EEOBs.
21. Adds the capability to filter all 3rd Party EDI Lockbox reports and options by Tricare / ChampVA.
22. Adds Administrative Cost Adjustment option to allow adjustment to balance and for it to be recognized.
23. Adds fee claims to Auto-Audit (5287.13) Rate type = Fee.
24. Allows AM Clerk access to the Admin Cost Adjustment option.
25. Fixes duplicate EFT deposits in the Audit Report.

1.3.9. AR Patch PRCA*4.5*332

1. Adds report that shows all EFTs creating the EFT lock up.
2. Adds report for who marked EEOBs for auto-post.
3. Adds a List Manager report (worklist) showing all ERAs that were marked as duplicates.
4. Adds a historical report for all auto-activity and parameter changes.
5. Modifies the Active Bills with EEOB Report.
6. Expands the user initials on the List of Receipts Report.
7. Modifies the data displayed on the ERA / EFT Trending Report.
8. Modifies ERA Worklist Manual Match Action.
9. Adds Number of days (age) of unposted Tricare EFTs to prevent posting.
10. Adds ability to look up check, credit card, or trace numbers without identifying type of number.
11. Corrects 835 message errors for claims not electronically billed.
12. Adds the ability to auto-audit Tricare claims.
13. Corrects attachment of correct EEOBs to payments that have been posted to suspense.
14. Adds trace # to the Receipt Profile.
15. Creates sub-menus for the EDI Lockbox Reports.
16. Allows users to view and print ERAs in List Manager.
17. Removes security key RCDPEAR from the Administrative Cost Adjustment option.

1.3.10. AR Patch PRCA*4.5*345

1. Removes Transfer Language reference from the EDI Lockbox 3rd Party Exceptions (EXC) data transmissions worklist.
2. Adds deposit number to the detail lines in the Auto-Post Report.
3. Adds new site parameter questions to allow pharmacy claims with payments to be auto-decreased by the Nightly AR Process, and modifies reports Auto-Parameter History Report, EDI Lockbox Parameters Report, EDI Lockbox Exclusion Report Audit Report and EDI Lockbox Parameters Audit Report.
4. Adds ability to auto-decrease first party claims when payments have been posted to the corresponding 3rd party claim by adding a new site parameter to the AR SITE PARAMETER File and creating new reports 1st Party Auto-Decrease Adjustment Report and First Party COPAY Manual vs Auto-Decrease Report.
5. Fixes an issue with TRICARE EFT lockouts that were preventing medical EFT Lockouts from being processed if TRICARE ERAs aged beyond the NUMBER OF DAYS (AGE) OF UNPOSTED TRICARE EFTS TO PREVENT POSTING site parameter setting.
6. Keeps and displays the patient name received on the EEOB and displayed under 'Free Text'. If a split/edit is processed on the claim payment, both the original patient name and the split / edit patient name will display in following screens: TPJI EP option, View / Print ERA and View / Print EEOB.

1.3.11. AR Patch PRCA*4.5*375

1. Receipt transactions for a debit (negative) type EFT will be marked with a new debit flag. These transactions will be subtracted from the calculated receipt total, which may result in a negative receipt total.
2. When an EFT is removed from the system using the menu option. Remove Duplicate EFT Deposits, [RCDPE REMOVE DUP DEPOSITS], the new field REMOVAL TYPE [.2] will be entered, after the removal reason text. The user must enter one of two codes from the set:
    - D – DUPLICATE EFT
    - M – MILLENIUM EFT

The new field will show on the Duplicate EFT Deposits Audit report [RCDPE EFT AUDIT REPORT].

1.3.12. AR Patch PRCA*4.5*349

1. Ability to auto-decrease TRICARE claims with and without payments. New site parameter questions were added to allow TRICARE claims with and without payments to be auto-decreased by the Nightly AR **P**rocess. This resulted in changes to the following areas:
    a. New site parameter questions were added to the EDI Lockbox Parameters [RCDPE EDI LOCKBOX PARAMETERS] option.

b. The Auto-Parameter History Report [RCDPE AUTO PARAM HIST REPORT] was modified to include changes to TRICARE auto-decrease parameters.
c. The EDI Lockbox Parameters Report [RCDPE SITE PARAMETER REPORT] was modified to include TRICARE auto-decrease parameters.
d. The EDI Lockbox Exclusion Report Audit Report [[RCDPE EXCLUSION AUDIT REPORT] was modified to include changes to payer exclusions for TRICARE claims with and without payments.
e. The EDI Lockbox Parameters Audit Report [RCDPE PARAMETER AUDIT REPORT] was modified to include changes to site parameters for TRICARE claims with and without payments.
f. The Nightly AR Process was modified to auto-decrease TRICARE claims with and without payments that meet site parameter criteria.

2. The amount column on the List of Receipts [RCDP LIST OF RECEIPTS REPORT] report was modified to accurate reflect the amount of the receipts when more than one receipt is created for an ERA.
3. The Review Line [RCDPE APAR EEOB REVIEW] protocol action was removed from the Research menu of actions in the Auto-Post Awaiting Resolution [RCDPE APAR] (APAR) worklist.
4. The worklist header for the ERA Worklist [RCDPE EDI LOCKBOX WORKLIST] (WL) was modified to ensure that the entire payer name/TIN is accurately displayed.
5. The EFT/ERA TRENDING Report [RCDPE EFT-ERA TRENDING REPORT] (ETR) was modified to display a separate section for auto-posted ERAs.
6. A new filter was added to the EFT/ERA TRENDING Report [RCDPE EFT-ERA TRENDING REPORT] (ETR) to allow for the display of only closed claims.
7. A new report, EFT Unlock Lockout Override [RCDPE EFT UNLOCK OVERRIDE REP] was added to the Audit Reports [RCDPE EDI LOCKBOX AUDIT RPRTS] (AUDR) sub-menu of EDI LOCKBOX REPORTS Menu [RCDPE EDI LOCKBOX REPORTS MENU].
8. Allows the user to display a list of EFT Lockout overrides including the override comment, override type, user who performed the override and the date the override was performed for a specified date range.
9. The Site Parameter Edit [PRCA SITE PARAMETER] and the EDI Lockbox Parameters Report [RCDPE SITE PARAMETER REPORT] options were modified to allow selection by a specified list of categories, if desired.
10. The Site Parameter Edit [PRCA SITE PARAMETER] option was modified to filter the payer exclusion lists for Auto-Posting and Auto-Decreasing Medical, Pharmacy and TRICARE claims by the type of payer (Medical, Pharmacy or TRICARE).
11. The Search List action in the ERA Worklist [RCDPE EDI LOCKBOX WORKLIST] (WL) was modified such that if a user performed a search on an empty worklist, no error occurred.

12. Look at Receipt [RCDPE EOB WL RECEIPT VIEW] in the ERA Worklist scratchpad was modified to only display the create receipt [RCDPE EOB WORKLIST RECEIPT] action for users who have the RCDPEPP security key.
13. Display of auto-decrease CARCs are now sorted in numerical order by CARC code in the EDI Lockbox Parameters [RCDPE EDI LOCKBOX PARAMETERS] option and the EDI Lockbox Parameters Report [RCDPE SITE PARAMETER REPORT] option.
14. A previous enhancement prevented claims with reject error messages from being audited. This has been amended so that claims with rejects will be allowed to be audited if review has been completed in the Claims Status Awaiting Resolution [IBCE CLAIMS STATUS AWAITING] option.
15. A new filter by rate type has been added to the Audit an Electronic Bill [PRCAA AUDIT] option. When looping through bills one or more rate types may be selected to limit the bills presented for audit.
16. The TPJI "ERA/835" screen was modified to fix a problem with users being kicked out of the system when an EOB contained a RARC code that was not on file.
17. A bug fix was made to allow pharmacy claims that have an ECME numbers with less than 12 characters to be correctly identified when receiving a pharmacy 835 Electronic Remittance Advice (ERA) file.
18. Email messages will now be sent to a standard outlook email group, vha835payerinquiry@va.gov when 835 transmission errors occur.

1.4. New Terminology

The following table of terms contains vocabulary that are be referenced throughout this document to describe the ePayments process.

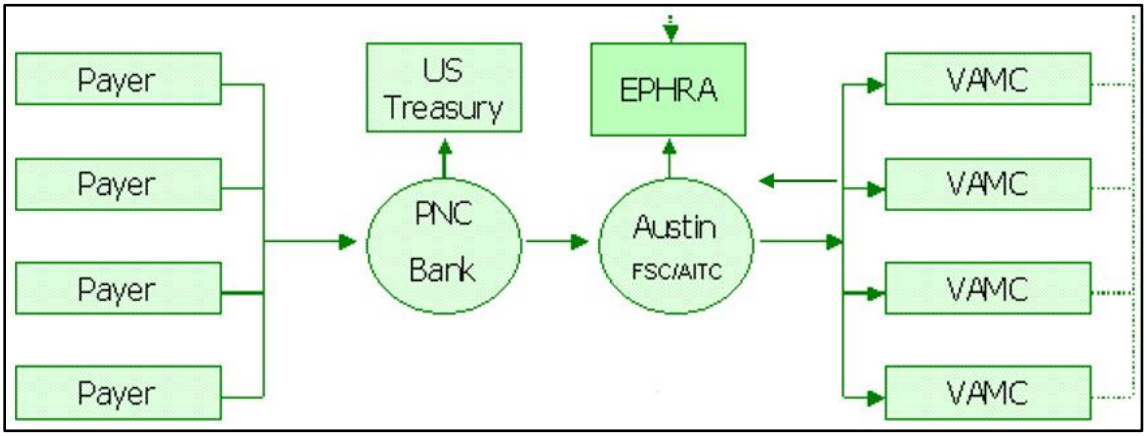
Table 1: Terms

Term	Description
CARC	Claim Adjustment Reason Code.
EFT	Electronic Funds Transfer: the electronic form of what is currently sent as a paper check.
ERA	Electronic Remittance Advice; the equivalent to a stack of paper Explanation of Benefits (EOB) statements for many patients from one payer.
EEOB	Electronic Explanation of Benefits; one line item within an ERA.
RARC	Remittance Advice Remark Code
Trace Number	A number assigned by the insurance company to identify which EFT payment is associated with what ERA; used to re-associate electronic remittance payment with data.

1.5. Process Flow

The following figure depicts a high-level description of the ePayments process.

Figure 1: ePayments High Level Process Flow

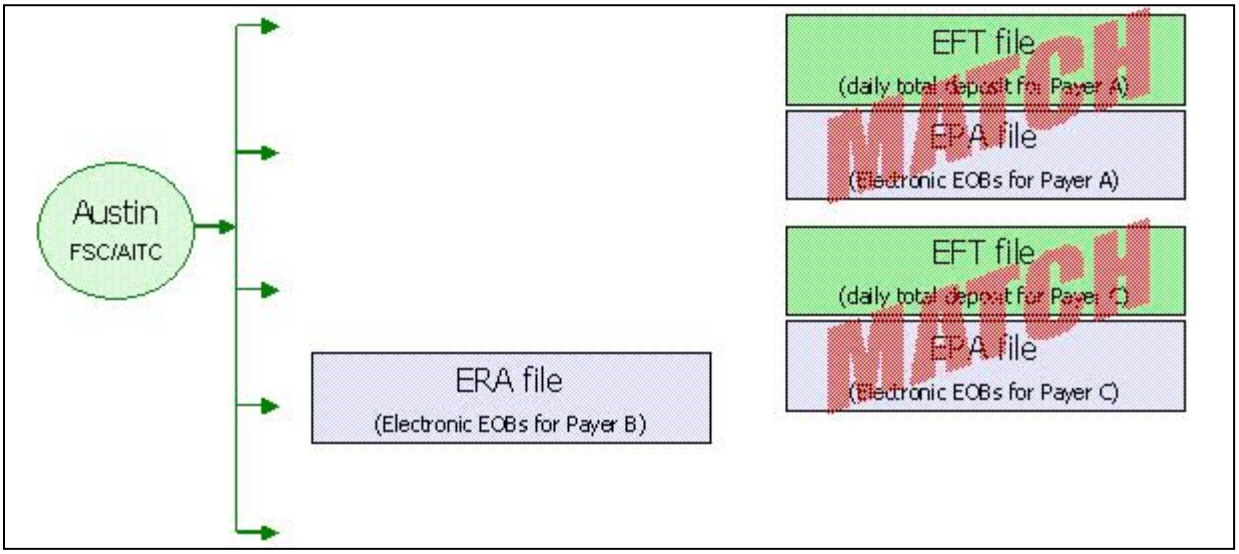


The data flow process functions as follows:

- Electronic claims are sent to the payer and the Clearinghouse sends a message to VistA Integrated Billing (IB), indicating that the claim passed all Clearinghouse validity edits and was forwarded to the payer. The message initiates the auto-audit functionality that automatically audits the claim and sets it up as a receivable in VistA.
- The payer adjudicates the claim and determines payment. The payment may be sent electronically to PNC Bank as an EFT or the payer may mail a paper check.
- PNC Bank sends:
    - EFT dollars directly to the U.S. Treasury
    - EFT 835 transactions, containing daily total deposit information by payer to the FSC
    - ERA 835 transactions, containing electronic EOBs (EEOBs) to the FSC
- The FSC passes EFT and ERA information on to each Veterans Affairs Medical Center (VAMC) in flat file format via VistA Mailman messages. These messages are sent to the MLB mail group.
- Additionally, the FSC transmits the EFT and ERA flat file information to the EPHRA database.
- The FSC also transmits unrouteable EEOB data to EPHRA. Unrouteable EEOB data does not contain the appropriate Tax ID information to allow the FSC to route it to the proper VistA AR system. FSC 224-Unit staff monitors EPHRA for unrouteable EEOB data and use other data identifiers, such as the bill number, to determine appropriate routing and transmit to the correct VistA AR system.
    1. EFT data received by VistA initiates an automatic Credit Receipt (CR) document for each payment received within the deposit and puts the payment information into a separate appropriation fund that tracks payments not yet posted as part of the A/R

nightly processing job. The Revenue Source Code (RSC) 8NZZ was created specifically for 3rd Party EFTs.

Figure 2: ePayments Nightly Process



2. VistA runs a nightly process (see Figure 2: ePayments Nightly Process) that matches ERAs to EFT files using the Trace Number and Insurance Company ID.
    a. If the system finds a match, it then verifies the amount matches. If the amount matches, the ERA and EFT detail records are automatically marked as "matched."
    b. If the amount does not match, the ERA record and the EFT detail record are marked as "matched with errors."
    c. If the system is not able to match an ERA with an EFT detail record, it is marked as "unmatched." It is most likely that this scenario will call for a match to a paper check or is a zero-payment.
3. When the ERA is received in VistA, it attempts to associate EEOBs with bills in the AR package and stores the details associated with the payer's adjudication decisions in Integrated Billing's EEOB file. This EEOB data is available for display under the BILL CHARGES action in THIRD PARTY JOINT INQUIRY.
    a. If any EEOBs cannot be associated with bills in VistA, a message will be sent to the RCDPE PAYMENTS EXCEPTIONS mail group. This message indicates that there is a problem with the bill number such as belongs to another site or the numbers were transposed.
    b. If NONE of the EEOBs included in the ERA can be associated with a bill in VistA, a message will be sent to the RCDPE PAYMENT EXCEPTIONS mail group indicating there were no valid bills on the ERA for the site. This ERA is then rejected and is not stored at the site. Contact the ePayments Point of Contact (POC) for assistance if needed.
4. Members of the RCDPE Payments mail group receive the nightly processing bulletins.

5. Members of the RCDPE Payment Exceptions mail group will receive all bulletins for exception conditions or processing issues generated by the EDI Lockbox (ePayments) message processor. Generally, an ePayments exception occurs when an EDI Lockbox (ePayments) message cannot be automatically or completely filed into the VistA AR and IB systems. When this occurs, an exception record is created in Exception Processing. In order to address the transmission issues, the user will access the Exception Processing function.
6. A nightly auto-posting job evaluates the unposted ERAs to determine if an ERA is an auto-post candidate. If the ERA is not an auto-post candidate, the ERA must be worked by a user from the ERA Worklist Scratch Pad.
    - If the ERA is an auto-post candidate, the system will process the receipt if all criteria are met.
    - If the system is unable to create a receipt for an individual EEOB, the EEOBs must be worked by a user from the Auto-Posting Awaiting Resolution (APAR) list.
7. The user reviews all unposted ERAs and creates the ERA Worklist Scratch Pad entries to make the necessary adjustments to balance the total of the EEOB with the total on the check or EFT. In order to use the worklist, ERAs with an unmatched status require matching to a paper check or marked as a zero pay.
8. Once the adjustments are made in the Worklist, the Receipt can be created automatically through a Worklist function. The receipt and any total balancing adjustments can be created manually.
9. The receipt can then be processed as normal through PR Process Receipt option.
10. For EFTs related to ERAs: After the receipt is processed and closed in VistA, the FMS transactions will be initiated. This means that a Transfer (TR) Document is generated to FMS to transfer the monies from the new Medical Care Collection Fund (MCCF) RSC 528704/8NZZ to the appropriate MCCF collection accounts under 5287. This TR document will also transfer any monies needing to be posted to the station suspense account or other accounts, due to non-MCCF billing / payments.
11. For ERAs related to paper checks: A CR document is generated to process the monies into FMS. This is the same processing as for current non-EDI receipts.
12. If the ERA receipt is not created using the Worklist, then the ERA reference must be manually entered using the EDIT RECEIPT action in Receipt Profile. If the ERA is also associated with an EFT, the EFT reference must also be manually added using this action. This is extremely important because the receipt associated with an EFT will generate the appropriate TR documents to move the money out of 8NZZ and into the proper Fund / RSC whereas a receipt without an EFT referenced will generate a CR document and will expect the dollars on the receipt to be deposited by the site.

2. Getting Started with ePayments

2.1. Menus and Screens

2.1.1. ERA List – Worklist Screen

A new list manager screen, the ERA List – Worklist screen has been added in order to display the selection of ERAs to be worked.

There are features that give the capability to search a greater range of records, with dialogue issued at intermittent periods during the ERA Worklist record search to indicate that the system is still gathering records for the ERA Worklist. To exit the ERA Worklist option the user enters the cancel search character (“^”).

The user-defined sort selections are displayed in the header information on this screen. The following information is available in the body of the ERA List – Worklist screen:

1. Sequence #
2. ERA #
3. Trace #
4. Payer Name
5. Match Status & Date
6. ERA Paid Date
7. Total Amount Paid
8. Date Received

```
ERA List - Worklist           Dec 09, 2011@15:20:15          Page:    1 of  136
DATE RANGE  : NONE SELECTED            MEDICAL/PHARM/TRIC: ALL
MATCH STATUS: NOT MATCHED AUTOP: ALL         AUTO-POSTING: BOTH
POST STATUS : UNPOSTED   PAYERS: ALL PAYERS  PAYMENT TYPE: BOTH
#   ERA #         TRACE#
    PAYER NAME/MATCH STATUS & DATE  ERA PAID DT  TOT AMT PAID   DT REC'D
1   -112137      00698105
                                         11/9/11           277.10       11/9/11
    WOODMEN OF THE WORLD ASSURED L  APPROX # EEOBs: 3
    UNMATCHED                       (CHECK PAYMENT EXPECTED)

2   -112200      377746
                                        11/10/11           155.95       11/10/11
    MERITAIN HEALTH                 APPROX # EEOBs: 1
    UNMATCHED                       (CHECK PAYMENT EXPECTED)

3   -112201      385045
                                        11/10/11           270.62       11/10/11
    MERITAIN HEALTH                 APPROX # EEOBs: 1
    UNMATCHED                       (CHECK PAYMENT EXPECTED)
+         |'-' No scratchpad|'x' EXC |'A' autopost complete
    Select ERA                 View/Print ERA            Admin Cost Adj
    Sort List                  Change View               Exit
    Mark for Auto Post         ERA Manual Match
Select Action: Next Screen//
```

The list manager ERA Worklist main page allows the user to perform the following actions:

1. Select ERA
2. Sort List
3. Mark for Auto Post (requires the RCDPEPP security key)
4. View / Print ERA
5. Change View
6. ERA Manual Match
7. EXIT

2.1.2. ERA Worklist / Scratchpad Screen

The ERA Worklist / Scratchpad is a new option that has been created for the ePayments system. It allows the user to select an ERA and view the detailed EEOB records associated with the ERA.

The following information is available from the ERA Worklist / Scratchpad:

For the entire ERA:

1. ERA Entry #
2. Payer Name / ID
3. Total Amt Paid
4. Paper Check # or EFT Trace #
5. Total amount to be posted to the receipt

```
ERA Worklist/Scratch Pad     Jul 21, 2010@12:17:58          Page:    1 of    1
ERA Entry #: 78                          Total Amount Paid:        123.45
Payment Order: ZERO-PAYMENTS FIRST   Disp Auto-Posted ERAs: UNPOSTED EEOBS ONLY
EFT #/TRACE #: 2665.1/ABC6490928500
BANKERS LINE AND CASUALTY COMPANY/1360770740

1       EEOB Seq # On ERA: 1   Net Payment Amt: 123.45
       1.001 Claim #: KXXXXXX Patient/Last 4: IBpatient,One A/5555
         Claim Bal: 0.00   Billed Amt: 0.00   Amt To Post: 123.45
         Svc Dt: 6/1/00  COB: NO   Rx Copay: UNKNOWN  Means Tst: ??
         Payment Amt: 123.45   Total Adjustments: 0.00  Net: 123.45

Enter ?? for more actions
    Split/Edit A Line         Look At Receipt            Mark for Auto Post
    Distribute Adj Amts       Review Line           ERA  View/Print ERA
    Refresh Scratch Pad       Verify                RP   Receipt Processing
    Research Menu             Change View                EXIT
Select Action: Next Screen//
```

For the EEOB detail:

1. Bill number
2. Patient Priority Status (CAT C)
3. Rx Copay exempt status

4. Date of service
5. Billed amount
6. Claim balance (current balance)
7. Patient last name
8. Last 4 digits of the patient's Social Security Number (SSN)
9. Paid amount (amt to post)
10. COB status
11. Line item number from the ERA
12. ERA level and Claim level Adjustment totals
13. Comment Date and Time (stamp)
14. (Comment) User Name

```
ERA Worklist/Scratch Pad     Jul 21, 2010@12:17:58          Page:    1 of    1
ERA Entry #: 9876543210        Total Amt Pd: 123.45            Current View:
Payer Name/ID: IBinsurance Company One/55555555                NO SORT ORDER
PAPER CHECK #: 1003                                            ALL EEOBs

... 1       EEOB Seq # On ERA: 1   Net Payment Amt: 123.45
       1.001 Claim #: KXXXXXX Patient/Last 4: IBpatient,One A/5555
         Claim Bal: 0.00   Billed Amt: 0.00   Amt To Post: 123.45
         Svc Dt: 6/1/00  COB: NO   Rx Copay: UNKNOWN  Means Tst: ??
         Payment Amt: 123.45   Total Adjustments: 0.00  Net: 123.45.
Enter ?? for more actions
    Split/Edit A Line         Look At Receipt           Mark for Auto Post
    Distribute Adj Amts       Review Line          ERA  View/Print ERA
    Refresh Scratch Pad       Verify               RP   Receipt Processing
    Research Menu             Change View               EXIT
Select Action: Next Screen//
```

The list manager ERA Worklist Scratchpad allows the user to perform the following actions:

1. Split / Edit A Line
2. Distribute Adj Amts
3. Refresh Scratch Pad (requires the RCDPEPP security key)
4. Research Menu
5. Look At Receipt (requires the RCDPEPP security key)
6. Review Line
7. Verify (requires the RCDPEPP security key)
8. Change View
9. Mark for Auto Post (requires the RCDPEPP security key)
10. View / Print an ERA
11. Receipt Processing (requires the RCDPEPP security key)
12. Exit

```
ERA Worklist/Scratch Pad     Jul 21, 2010@12:17:58          Page:    1 of    1
ERA Entry #: 9876543210        Total Amt Pd: 123.45            Current View:
Payer Name/ID: IBinsurance Company One/55555555                NO SORT ORDER
PAPER CHECK #: 1003                                            ALL EEOBs

1       EEOB Seq # On ERA: 1   Net Payment Amt: 123.45
       1.001 Claim #: KXXXXXX Patient/Last 4: IBpatient,One A/5555
         Claim Bal: 0.00   Billed Amt: 0.00   Amt To Post: 123.45
         Svc Dt: 6/1/00  COB: NO   Rx Copay: UNKNOWN  Means Tst: ??
         Payment Amt: 123.45   Total Adjustments: 0.00  Net: 123.45

..................Enter ?? for more actions
    Split/Edit A Line         Look At Receipt            Mark for Auto Post
    Distribute Adj Amts       Review Line           ERA  View/Print ERA
    Refresh Scratch Pad       Verify                RP   Receipt Processing
    Research Menu             Change View                EXIT
Select Action: Next Screen//
```

The expanded Look At Receipt action (previously named PREVIEW RECEIPT) will yield the Preview / Create Receipt screens and allows the following actions to be performed. This action requires the RCDPEPP security key:

1. Select option LOOK AT RECEIPT.
2. CREATE RECEIPT (allows a link to the RECEIPT PROCESSING function if the receipt is created without errors).

```
ERA WORKLIST PREVIEW RECEIPT Jul 21, 2010@08:43:02          Page:    1 of    1
ERA Entry #: 9876543210        Total Amt Pd: 20.59
Payer Name/ID: IBinsurance Company One/55555555
PAPER CHECK #: 1003
 LINE #     ACCOUNT                        AMOUNT
PAYMENTS (LINES FOR RECEIPT):
 1.001      XXX-KXXXXXX                    20.59
          Enter ?? for more actions
  Print Receipt Preview     Create Receipt            Exit
Select Action: Quit//
```

The new Verify option provides functionality needed to identify and mark unverified EEOBs. This action requires the RCDPEPP security key:

1. MANUAL MARK AS VERIFIED
2. REPORT OF UNVERIFIED WITH DISCREPANCIES

```
VERIFY EEOBs:
          1     MANUAL MARK AS VERIFIED
          2     REPORT OF UNVERIFIED WITH DISCREPANCIES
          3     QUIT AND RETURN TO WORKLIST
Select Action: QUIT//
```

The Research Menu is accessible through the list manager ERA Worklist screen and it allows the following actions to be performed:

1. Full Acct Prof
2. Admin Cost Adj (requires the RCDPEAR security key)
3. TPJI (Third Party Joint Inquiry)
4. Bill Comment Log

5. Reestablish Bill (requires the RCDPEAR security key)
6. View / Print EEOB
7. Scratchpad Menu / Exit

```
ERA Worklist Research          Aug 10, 2004@11:01:33           Page: 1 of       2
ERA Entry #: 5                   Total Amt Pd:  509.61        Current View:
Payer Name/ID: IBinsurance Company One/5555555555             NO SORT ORDER
PAPER CHECK #: 55555-55555555                                 ALL EEOBs

1     (V) EEOB Seq # On ERA:  1  Net Payment Amt:  0.00
  1.001 Claim #: KXXXXXX Patient/Last 4: IBpatient,One A/5555
          Claim Bal: 0.00  Billed Amt: 19.47  Amt to Post: 0.00
           Svc Dt: 1/27/03 COB: NO    Rx Copay: NON-EXEMPT  Means Tst: ??
          Payment Amt: 0.00  Total Adjustments: 0.00  Net: 0.00

2     (V) EEOB Seq # On ERA:  3  Net Payment Amt: 509.61
        2.001 Claim #: KXXXXXX  Patient/Last 4: IBpatient,Two A/4444
          Claim Bal: 509.61 Billed Amt: 559.61 Amt To Post: 509.61
          Svc Dt: 2/4/03  COB: NO    Rx Copay: NON-EXEMPT  Means Tst: NO
          Payment Amt: 590.61 Total Adjustments: 0.00  Net: 509.61

+     Enter ?? for more actions
    Full Acct Prof            Bill Comment Log          Scratch Pad Menu/Exit
    Admin Cost Adj            Re establish Bill
    TPJI                      View/Print EEOB
Select Action: Next Screen/
```

The Receipt Processing option allows the user to jump to “RP Receipt Processing” with a pre-populated Receipt number and return to the Scratchpad. This action requires the RCDPEPP security key.

```
    ERA Worklist/Scratch Pad      Sep 17, 2015@15:30:24          Page:    1 of    2
ERA Entry #: 43530             Total Amt Pd: 8501.13       Current View:
Payer Name/ID: AETNA/10660X33492                            NO SORT ORDER
EFT #/TRACE #: 1135/ABC637X6748X787                          ALL EEOBS
*** RECEIPT(S) ALREADY CREATED *** (E15080304A-E15080304B)
Auto-Post Status: Complete    Auto-Post Date: Aug 03, 2015

1       EEOB Seq # On ERA: 1   Net Payment Amt: 7000.58
       1.001 Claim #: K502VMQ Patient/Last 4: XX-XXXXXX,XXXX/2215
         Claim Bal: 0.00   Billed Amt: 7000.58   Amt To Post: 7000.58
         Svc Dt: 12/9/14  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: YES
         Payment Amt: 7000.58   Total Adjustments: 0.00  Net: 7000.58
         Receipt: E15080304B

2    (V)EEOB Seq # On ERA: 2   Net Payment Amt: 1500.55
       2.001 Claim #: K502VQR Patient/Last 4: XX-XXXXXX,XXXX /2215
         Claim Bal: 0.00   Billed Amt: 1500.55   Amt To Post: 1500.55
         Svc Dt: 1/21/15  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: YES
+         Enter ?? for more actions
    Split/Edit A Line         Look At Receipt           Mark for Auto Post
    Distribute Adj Amts       Review Line           ERA View/Print ERA
    Refresh Scratch Pad       Verify                RP  Receipt Processing
    Research Menu             Change View               EXIT
Select Action: Next Screen// rp   Receipt Processing
     Select one of the following:
          1         E15080304A
          2         E15080304B
Select Receipt: 1
```

2.1.3. ERA / 835 Screens for ePayments

The ERA / 835 screens are accessible from the main TPJI screen, by choosing the action option "EP ERA / 835". The ERA / 835 screen will display ERA level summary data based on the claim# selected and displayed on the previous Main TPJI Screen, EOB / Claim level data and Claim level adjustments, and EEOB / Claim Line level data and adjustments.

NOTE: *For pharmacy claims, the ECME#, Date of Service, Rx / Fill / Release Status shall be displayed. For medical claims, these data elements will be blank.*

The following ePayments actions can be performed from the ERA / 835 Screen:

```
RX  ECME Information      CI  Go to Claim Screen    VP  Policy Benefits
AR  Account Profile       BC  Bill Charges          EL  Patient Eligibility
CM  Comment History       IR  Insurance Reviews     RP  Receipt Profile
PE  Print EEOB            AD  Additional 835 Data   EX  Exit
```

2.1.4. Action Option: RX ECME Information

This option allows the user to view ECME Claim Information. The user can select "EX Exit" to return to the TPJI Main screen or the user can select the action option "VER View ePharmacy Rx" to view detailed prescription data.

2.1.5. Action Option: AR Account Profile

This option allows the user to view payment transaction details including the ERA#, TRACE#, Payer ID and Receipt# that was used for posting the payment.

2.1.6. Action Option: CM Comment History

This option allows the user to view Accounts Receivables comments for the claims account.

2.1.7. Action Option: PE Print EEOB

This option allows the user to print EEOBs. The user may select either a single EEOB or all EEOBs for a claim.

When the user successfully selects an EEOB(s) for printing, the system prints the EOB / Claim level data and Claim level adjustments and EOB / Claim Line level data and Claim Line level adjustments for each EEOB selected for printing then returns the user to the ERA / 835 screen.

2.1.8. Action Option: CI Go to Claim Screen

This option allows the user to return to the Claim Information screen.

2.1.9. Action Option: BC Bill Charges

This option allows the user to view a bill's charge information as it would print on the bill.

2.1.10. Action Option: IR Insurance Reviews

This option allows the user to view all insurance reviews for the episodes of care on a bill.

2.1.11. Action Option: AD Additional 835 Data

This option allows the user to view additional information found in the 835 at the EOB level. if sent by the payer. The additional 835 data is not mandated by HIPAA so additional information is sent at a payer's discretion.

1. Claim Code / Status

   1 = Processed as Primary

   2 = Processed as Secondary

   3 = Processed as Tertiary

   4 = Denied

   19 = Processed as Primary, Forwarded to Additional Payer(s)

   20 = Processed as Secondary, Forwarded to Additional Payer(s)

   21 = Processed as Tertiary, Forwarded to Additional Payer(s)

   22 = Reversal of Previous Payment

   23 = Not Our Claim, Forwarded to Additional Payer(s)

   25 = Predetermination Pricing Only - No Payment

2. Corrected Priority Payer Type

   AD = Blue Cross Blue Shield Association Plan Code

   FI = Federal Taxpayer's Identification Number

   NI = National Association of Insurance Commissioners (NAIC) Identification

   PI = Payer Identification

   PP = Pharmacy Processor Number

   XV = Centers for Medicare and Medicaid Services PlanID

2.1.12. Action Option: VP Policy Benefits

This option allows the user to view patient insurance policy data.

2.1.13. Action Option: EL Patient Eligibility

This option allows the user to view current information on the patient's eligibility for care and service connection status.

2.1.14. Action Option: RP Receipt Profile

This option allows the user to view a bill and any of its associated transactions.

2.1.15. Action Option: EX Exit

This option allows the user to return to the **TPJI Main Screen**.

NOTE: *All of the menus are described in detail in Section 3 Payments Processing.*

2.2. Parameters

The menu option to edit parameters requires the user to hold security key RCDPE AUTO DEC. The following parameters are part of the ePayments software:

- **Aging Payments**

  This parameter allows the user to select the specified number of days that will elapse before an unmatched payment (for an EFT detail line) will be reported. This parameter will be used when the report is run as part of the nightly processing. At installation, the Report Aging Payments site parameter will default to five days.

- **Aging ERA**

  This parameter allows the user to select the specified number of days that will elapse before an unmatched ERA will be reported. This parameter will be used when the job is run as part of the nightly processing. At installation, the Report Aging ERA site parameter will default to seven days.

- **Medical Claims Auto-Posting**

  This parameter allows the user to enable or disable auto-posting of third-party medical claims. At installation, the medical claims auto-posting site parameter will default to yes, which enables auto-posting.

- **Medical Claims Auto-Posting Exclusion**

  This parameter allows the user to exclude specific payers from auto-posting of third-party medical claims by selecting the payer name or payer ID. At the time of installation, no payers are excluded from auto-posting. This parameter will only display if auto-posting of third-party medical claims is enabled.

  The Payer prompt acts as a toggle. If a payer is selected, the payer will be added to the exclusion list if the payer is not already there or removed from the exclusion list if the payer is already there. A comment is required.

- **Medical Claims with Payments Auto-Decrease**

  This parameter allows the user to enable or disable auto-decrease of third-party medical claims with payments. At installation, the medical claims auto-posting site parameter will default to no, which disables auto-decrease. This parameter will only display if auto-posting of third-party medical claims is enabled.

- **Medical Claims with No Payments Auto-Decrease**

  This parameter allows the user to enable or disable auto-decrease of third-party medical claims with no payments. At installation, the medical claims auto-posting site parameter will default to no, which disables auto-decrease. This parameter will only display if auto-posting of third-party medical claims is enabled.

- **Medical Claims Auto-Decrease Amount**

  This parameter allows the user to specify the maximum claim dollar amount of an automatic decrease adjustment that is made for a third-party medical claim. At installation, the amount is not populated, and the value is required to enable auto-

decrease of third-party medical claims. This parameter will only display if auto-decrease of third-party medical claims is enabled.

- **Medical Claims Auto-Decrease by CARC**

  This parameter allows the user to specify an individual CARC code to include in the auto-decreasing of third-party medical claims. The user must select the actual CARC by code to include auto-decreasing medical claims. Once validated and selected, the user must enter a maximum dollar amount that can be auto-decreased for the entered CARC. The maximum claim dollar amount displays with an initial default value of null and a required response from 1 to 99999 dollars with the default amount being set to 5000. The dollar amount is represented without cents. This parameter will only display if auto-decrease of third-party medical claims is enabled.

- **Medical Claims Auto-Decrease by CARC Amount**

  This parameter allows the user to specify the maximum claim dollar amount of an automatic decrease adjustment by CARC code that is made for a third-party medical claim. At installation, the amount is not populated and a value between 1 to 1500 dollars is required to enable auto-decrease of third-party medical claims by CARC. This parameter will only display if auto-decrease of third-party medical claims is enabled.

- **Medical Claims Auto-Decrease Timeframe**

  This parameter allows the user to specify the number of days to wait before an automatic decrease adjustment is made for a third-party medical claim. The number of days is the time to wait after auto-posting completes. At installation, the timeframe is not populated, and the value is required to enable auto-decrease of third-party medical claims. This parameter will only display if auto-decrease of third-party medical claims is enabled.

- **Medical Claims Auto-Decrease Exclusion**

  This parameter allows the user to exclude specific payers from auto-decrease of third-party medical claims by selecting the payer name or payer ID. At the time of installation, no payers are excluded from auto-decrease. This parameter will only display if auto-decrease of third-party medical claims is enabled.

  The Payer prompt acts as a toggle. If a payer is selected, the payer will be added to the exclusion list if the payer is not already there or removed from the exclusion list if the payer is already there. A comment is required.

- **Pharmacy Claims Auto-Posting**

  This parameter allows the user to enable or disable auto-posting of third-party pharmacy claims. At installation, the pharmacy claims auto-posting site parameter will default to NO.

- **Pharmacy Claims Auto-Posting Exclusion**

  This parameter allows the user to exclude specific payers from auto-posting of third-party pharmacy claims by selecting the payer name or payer ID. At the time of installation, no payers are excluded from auto-posting. This parameter will only display if auto-posting of third-party pharmacy claims is enabled.

The Payer prompt acts as a toggle. If a payer is selected, the payer will be added to the exclusion list if the payer is not already there or removed from the exclusion list if the payer is already there. A comment is required.

- **Pharmacy Claims Auto-Decrease**

  This parameter allows the user to enable or disable auto-decrease of third-party pharmacy claims. At installation, the pharmacy claims auto-decrease site parameter will default to no, which disables auto-decrease. This parameter will only display if auto-posting of third-party pharmacy claims is enabled.

- **Pharmacy Claims Auto-Decrease Amount**

  This parameter allows the user to specify the maximum claim dollar amount of an automatic decrease adjustment that is made for a third-party pharmacy claim. At installation, the amount is not populated, and the value is required to enable auto-decrease of third-party pharmacy claims. This parameter will only display if auto-decrease of third-party pharmacy claims is enabled.

- **Pharmacy Claims Auto-Decrease by CARC**

  This parameter allows the user to specify an individual CARC code to include in the auto-decreasing of third-party pharmacy claims. The user must select the actual CARC by code to include auto-decreasing pharmacy claims. Once validated and selected, the user must enter a maximum dollar amount that can be auto-decreased for the entered CARC. The maximum claim dollar amount displays with an initial default value of null and a required response from 1 to 99999 dollars with the default amount being set to 5000. The dollar amount is represented without cents. This parameter will only display if auto-decrease of third-party pharmacy claims is enabled.

- **Pharmacy Claims Auto-Decrease by CARC Amount**

  This parameter allows the user to specify the maximum claim dollar amount of an automatic decrease adjustment by CARC code that is made for a third-party pharmacy claim. At installation, the amount is not populated and a value between 1 to 1500 dollars is required to enable auto-decrease of third-party pharmacy claims by CARC. This parameter will only display if auto-decrease of third-party pharmacy claims is enabled.

- **Pharmacy Claims Auto-Decrease Timeframe**

  This parameter allows the user to specify the number of days to wait before an automatic decrease adjustment is made for a third-party pharmacy claim. after auto posting of a pharmacy payment. At installation, the timeframe is not populated, and the value is required to enable auto-decrease of third-party pharmacy claims. This parameter will only display if auto-decrease of third-party pharmacy claims is enabled.

- **Pharmacy Claims Auto-Decrease Exclusion**

  This parameter allows the user to exclude specific payers from auto-decrease of third-party pharmacy claims by selecting the payer name or payer ID. At the time of installation, no payers are excluded from auto-decrease. This parameter will only display if auto-decrease of third-party pharmacy claims is enabled. The Payer prompt acts as a toggle. If a payer is selected, the payer will be added to the exclusion list if the payer is

not already there or removed from the exclusion list if the payer is already there. A comment is required.

- **Pharmacy Claims with Payments Auto-Decrease**

  This parameter allows the user to enable or disable auto-decrease of third-party pharmacy claims with payments. At installation, the third-party pharmacy claims auto-posting site parameter will default to no, which disables auto-decrease. This parameter will only display if auto-posting of third-party pharmacy claims with payments is enabled.

- **Medical Claims Posting Prevention**

  This parameter allows the user to set the number of calendar days beyond which unposted medical payments (EFTs) will trigger an error message that prevents the user from posting newer medical EFTs. This parameter is used in the ERA Worklist when a user selects an ERA. At the time of installation, the value will be set to 5 days if the current value is over the new parameter max of 7 days, otherwise it will remain the same. The value cannot be deleted, and valid entries are in the range of 0 days to 7 days.

- **Pharmacy Claims Posting Prevention**

  This parameter allows the user to set the number of calendar days beyond which unposted pharmacy payments (EFTs) will trigger an error message that prevents the user from posting newer pharmacy EFTs. This parameter is used in the ERA Worklist when a user selects an ERA. At the time of installation, the value will be set to 365 days if the current value is over the new parameter max of 99 days, otherwise it will remain the same. The value cannot be deleted, and valid entries are in the range of 21 days to 99 days.

- **Tricare Claims Posting Prevention**

  This parameter allows the user to set the number of calendar days beyond which unposted Tricare payments (EFTs) will trigger an error message that prevents the user from posting newer Tricare EFTs. This parameter is used in the ERA Worklist when a user selects an ERA. At the time of installation, the value will be set to 30 days if the current value is over the new parameter max of 60 days, otherwise it will remain the same. The value cannot be deleted, and valid entries are in the range of 14 days to 60 days.

- **Tricare Claims Auto-Posting**

  This parameter allows the user to enable or disable auto-posting of third-party Tricare claims. At installation, the Tricare claims auto-posting site parameter will default to NO.

- **Tricare Claims Auto-Decrease**

  This parameter allows the user to enable or disable auto-decrease of third-party Tricare claims. At installation, the Tricare claims auto-decrease site parameter will default to NO, which disables auto-decrease. This parameter will only display if auto-posting of third-party Tricare claims is enabled.

- **Tricare Claims Auto-Decrease Amount**

  This parameter allows the user to specify the maximum claim dollar amount of an automatic decrease adjustment that is made for a third-party Tricare claim. At installation, the amount is not populated, and the value is required to enable auto-

decrease of third-party Tricare claims. This parameter will only display if auto-decrease of third-party Tricare claims is enabled.

- **Tricare Claims Auto-Decrease by CARC**

  This parameter allows the user to specify an individual CARC code to include in the auto-decreasing of third-party Tricare claims. Once validated and selected, the user must enter a maximum dollar amount that can be auto-decreased for the entered CARC. The maximum claim dollar amount displays with an initial default value of null and a required response from 1 to 99999 dollars. The dollar amount is represented without cents. This parameter will only display if auto-decrease of third-party Tricare claims is enabled.

- **Tricare Claims Auto-Decrease by CARC Amount**

  This parameter allows the user to specify the maximum dollar amount of an automatic decrease adjustment by CARC code for a third-party Tricare claim. At installation, the amount is not populated and a value between 1 to 7000 dollars is required to enable auto-decrease of third-party Tricare claims by CARC. This parameter will only display if auto-decrease of third-party Tricare claims is enabled.

- **Tricare Claims Auto-Decrease Timeframe**

  This parameter allows the user to specify the number of days to wait before an automatic decrease adjustment is made for a third-party Tricare claim. after auto posting of a Tricare payment. At installation, the timeframe is not populated, and the value is required to enable auto-decrease of third-party Tricare claims. This parameter will only display if auto-decrease of third-party Tricare claims is enabled.

- **Tricare Claims with Payments Auto-Decrease**

  This parameter allows the user to enable or disable auto-decrease of third-party Tricare claims with payments. At installation, the third-party Tricare claims auto-posting site parameter will default to NO, which disables auto-decrease. This parameter will only display if auto-posting of third-party Tricare claims with payments is enabled.

- **Auto Audit for Medical, Pharmacy, and Tricare Bills**

  Three parameters exist to allow the user to enable or disable automatic auditing of paper and / or electronic medical, pharmacy, or Tricare bills. At installation, the auto audit site parameter will default to no, which disables auto auditing for Medical, Pharmacy, and Tricare claims.

- **Add Suspense**

  The parameter allows the user to limit the number of days an entry can remain in Suspense. The parameter default is initially set at 45 days. The user can edit the parameter within the range of 1-120 days.

EDI Lockbox Parameters Screen

```
EDI Lockbox Parameters
Update AR Site Parameters

Select one of the following:
          AA        Auto-Audit Site Parameters
```

```
          AD        Auto-Decrease Parameters
          AP        Auto-Post Parameters
          FP        First Party Parameters
          GN        General EDI Lockbox Site Parameters
          LK        EFT Lock-Out Parameters
          AL        All

Enter response:
```

Auto-Audit Site Parameters

```
ENABLE AUTO-AUDIT FOR MEDICAL PAPER BILLS (Y/N): No//   NO
ENABLE AUTO-AUDIT FOR PHARMACY PAPER BILLS (Y/N): No//   NO
ENABLE AUTO-AUDIT FOR MEDICAL ELECTRONIC BILLS (Y/N): No//   NO
ENABLE AUTO-AUDIT FOR PHARMACY ELECTRONIC BILLS (Y/N): No//   NO
ENABLE AUTO-AUDIT FOR TRICARE BILLS (Y/N): Yes//   YES
```

Auto-Decrease Parameters

```
*** Medical Auto-Decrease Parameters ***
ENABLE AUTO-DECREASE OF MEDICAL CLAIMS WITH PAYMENTS (Y/N): Yes//   YES
MAXIMUM DOLLAR AMOUNT TO AUTO-DECREASE PER MEDICAL CLAIM: 900//

AUTO-DECREASE MEDICAL CLAIMS FOR THE FOLLOWING CARC/AMOUNTS ONLY:

  CARC   Description                                                Max. Amt
  ==========================================================================
   11    The diagnosis is inconsistent with the procedure.  ...       217
   20    This injury/illness is covered by the liability ca ...         1
   22    This care may be covered by another payer per coor ...       670
   23    The impact of prior payer(s) adjudication includin ...        10
   24    Charges are covered under a capitation agreement/m ...        15
   25    Payment denied. Your Stop loss deductible has not  ...        19 (I)
   33    Insured has no dependent coverage.                            19
   50    These are non-covered services because this is not ...        77
   56    Procedure/treatment has not been deemed "proven to ...        19

CARC:
NUMBER OF DAYS TO WAIT BEFORE MEDICAL AUTO-DECREASE (0-7): 5//
ENABLE AUTO-DECREASE OF MEDICAL CLAIMS WITH NO PAYMENTS (Y/N): Yes//   YES
AUTO-DECREASE NO-PAY MEDICAL CLAIMS FOR THE FOLLOWING CARC/AMOUNTS ONLY:

  CARC   Description                                                Max. Amt
  ==========================================================================
   20    This injury/illness is covered by the liability ca ...       222
   22    This care may be covered by another payer per coor ...        10
   23    The impact of prior payer(s) adjudication includin ...        19
   24    Charges are covered under a capitation agreement/m ...        16
   25    Payment denied. Your Stop loss deductible has not  ...        25 (I)
   35    Lifetime benefit maximum has been reached.                    40
   46    This (these) service(s) is (are) not covered.                 19 (I)

CARC:
NUMBER OF DAYS TO WAIT BEFORE MEDICAL NO PAY AUTO-DECREASE (0-45): 0//

** Additional Payers excluded from Medical Auto-Decrease:
  LOYAL AM/CONT GEN/UNTD TEACHER/GRT AMER/PROV AMER/CENTRL RES 1580869673
  PRINCIPAL FINANCIAL GROUP 1420127290
  PACIFICARE OF ARIZONA 1943267522
  CONSECO LIFE INSURANCE COMPANY 1042299444
  KENTUCKY PHYSICIANS PLAN 1610647538
  TRUSTEES OF HEALTH ACCESS INSURANCE 1060303370
All payers excluded from Auto-Posting are also excluded from Auto-Decrease.
```

```
Select a Payer to add or remove from the exclusion list.
Payer:
** Additional Payers excluded from Medical Auto-Decrease:
  LOYAL AM/CONT GEN/UNTD TEACHER/GRT AMER/PROV AMER/CENTRL RES 1580869673
  PRINCIPAL FINANCIAL GROUP 1420127290
  PACIFICARE OF ARIZONA 1943267522
  CONSECO LIFE INSURANCE COMPANY 1042299444
  KENTUCKY PHYSICIANS PLAN 1610647538
  TRUSTEES OF HEALTH ACCESS INSURANCE 1060303370
All payers excluded from Auto-Posting are also excluded from Auto-Decrease.

*** Pharmacy Auto-Decrease Parameters ***
ENABLE AUTO-DECREASE OF PHARMACY CLAIMS WITH PAYMENTS (Y/N): Yes//   YES
MAXIMUM DOLLAR AMOUNT TO AUTO-DECREASE PER PHARMACY CLAIM: 100//
AUTO-DECREASE PHARMACY CLAIMS FOR THE FOLLOWING CARC/AMOUNTS ONLY:

  CARC   Description                                            Max. Amt
  ==================================================================
   22    This care may be covered by another payer per coor ...        10
   23    The impact of prior payer(s) adjudication includin ...       100
   33    Insured has no dependent coverage.                            50
   46    This (these) service(s) is (are) not covered.                 22 (I)

CARC:

** Additional Payers excluded from Pharmacy Auto-Decrease
  GERBER LIFE INS 1132611847
  PRINCIPAL FINANCIAL GROUP 1420127290

Select a Payer to add or remove from the exclusion list.
Payer:
** Additional Payers excluded from Pharmacy Auto-Decrease
  GERBER LIFE INS 1132611847
  PRINCIPAL FINANCIAL GROUP 1420127290

NUMBER OF DAYS TO WAIT BEFORE PHARMACY AUTO-DECREASE (0-7): 0//
```

Auto-Post Parameters

```
*** Medical Auto-Post Parameters ***
ENABLE AUTO-POSTING OF MEDICAL CLAIMS (Y/N): Yes//   YES
Payers excluded from Medical Auto-Posting:
  MUTUAL OF OMAHA 1470246511
  GERBER LIFE INS 1132611847
  AETNA AMERICAN CONTINENTAL INSURANCE COMPANY 1202901054
  JOHN ALDEN LIFE COMPANY 1410999752
  HARTFORD LIFE & ACCIDENT INS 1060974148
  PRINCIPAL LIFE INSURANCE CO 1612710001
  UNITED HEALTHCARE SERVICES INC AND 1411289245

Select a Payer to add or remove from the exclusion list.

Payer:

Payers excluded from Medical Auto-Posting:
  MUTUAL OF OMAHA 1470246511
  GERBER LIFE INS 1132611847
  AETNA AMERICAN CONTINENTAL INSURANCE COMPANY 1202901054
  JOHN ALDEN LIFE COMPANY 1410999752
  HARTFORD LIFE & ACCIDENT INS 1060974148
  PRINCIPAL LIFE INSURANCE CO 1612710001
  UNITED HEALTHCARE SERVICES INC AND 1411289245
```

```
*** Pharmacy Auto-Post Parameters ***
ENABLE AUTO-POSTING OF PHARMACY CLAIMS (Y/N): Yes//   YES

Payers excluded from Pharmacy Auto-Posting
  HARTFORD LIFE & ACCIDENT INS 1060974148
  AETNA -CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD 1621181209
  CIGNA BEHAVIORAL HEALTH 1411648670
  PACIFICARE OF ARIZONA 1943267522
  BANK ONE CORPORATION 1060303370

Select a Payer to add or remove from the exclusion list.

Payer:

Payers excluded from Pharmacy Auto-Posting
  HARTFORD LIFE & ACCIDENT INS 1060974148
  AETNA -CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD 1621181209
  CIGNA BEHAVIORAL HEALTH 1411648670
  PACIFICARE OF ARIZONA 1943267522
  BANK ONE CORPORATION 1060303370

### First Party Parameters ###

AUTO-DECREASE FIRST PARTY COPAY CLAIMS: YES//
Charge types enabled for 1st party auto-decrease:
   DG FEE SERVICE (OPT) NEW
   DG OPT COPAY NEW
   PSO NSC RX COPAY NEW
   PSO SC RX COPAY NEW
DAYS TO WAIT BEFORE FIRST PARTY AUTO-DECREASE: 0

### General EDI Lockbox Site Parameters ###
NUMBER OF DAYS EFT UNMATCHED: 5//
NUMBER OF DAYS ERA UNMATCHED: 4//
#DAYS ENTRY CAN REMAIN IN SUSP: 3//
SELECT DAY TO SEND WORKLOAD NOTIFICATION: SATURDAY// SATURDAY

### EFT Lock-Out Parameters ###
NUMBER OF DAYS EFT UNMATCHED: 5//
NUMBER OF DAYS ERA UNMATCHED: 7//
#DAYS ENTRY CAN REMAIN IN SUSP: 45//
```

2.2.1. Parameters Report – EDI Lockbox (ePayments) Parameters Report

The EDI Lockbox Parameters Report provides a listing of all parameters with current settings. The report can be run on-demand on an as-needed basis to view or print parameter settings.

2.2.1.1. When to Run this Report

Review the EDI Lockbox (ePayments) Parameters Report on an as-needed basis to view or print changes to settings. The report can be run on-demand.

2.2.1.2. How to Run this Report

To run the EDI Lockbox (ePayments) Parameters Report, select EDI Lockbox Parameters Report and then choose Medical, Pharmacy, Tricare, or All.

The EDI Lockbox (ePayments) Parameters Report follows:

```
EDI Lockbox Parameters Report
(M)EDICAL, (P)HARMACY, (T)RICARE or (A)LL: ALL//
Display in List Manager format? (Y/N): NO//
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//

                 EDI Lockbox Parameters Report - ALL                  Page: 1
   Run Date: Nov 20, 2018@11:29:09                          Site: CHEYENNE VAMC
Categories: General EDI Lockbox Site, Auto-Audit Site, Auto-Decrease, EFT Lock-Out,
First Party
 ------------------------------------------------------------------------------

### General EDI Lockbox Site Parameters ###
NUMBER OF DAYS EFT UNMATCHED: 5
NUMBER OF DAYS ERA UNMATCHED: 7
#DAYS ENTRY CAN REMAIN IN SUSP: 45
DAY FOR WORKLOAD NOTIFICATIONS: SATURDAY

### Auto-Audit Site Parameters ###
ENABLE AUTO-AUDIT MEDICAL PAPER BILLS: Yes
ENABLE AUTO-AUDIT RX PAPER BILLS: Yes
ENABLE AUTO-AUDIT MEDICAL EDI BILLS: Yes
ENABLE AUTO-AUDIT RX EDI BILLS: Yes
ENABLE AUTO-AUDIT TRICARE BILLS: Yes

### Auto-Decrease Parameters ###

*** Medical Auto-Decrease***

ENABLE AUTO-DECREASE OF MEDICAL CLAIMS WITH PAYMENTS: Yes
MAXIMUM DOLLAR AMOUNT TO AUTO-DECREASE PER MEDICAL CLAIM: $7000
AUTO-DECREASE MEDICAL CLAIMS FOR THE FOLLOWING CARC/AMOUNTS ONLY:

 CARC Description                                              Max. Amt
 ---------------------------------------------------------------------
    2 Coinsurance Amount                                            1
    4 The procedure code is inconsistent with the modifi ..         1
    5 The procedure code/bill type is inconsistent with  ..         1
    3 Co-payment Amount                                            10
   10 The diagnosis is inconsistent with the patient"s g ..       250
   42 Charges exceed our fee schedule or maximum allowab ..         1 (I)
   43 Gramm-Rudman reduction.                                     100 (I)

NUMBER OF DAYS TO WAIT BEFORE MEDICAL AUTO-DECREASE: 5
ENABLE AUTO-DECREASE OF NO-PAY MEDICAL CLAIMS: Yes
AUTO-DECREASE NO-PAY MEDICAL CLAIMS FOR THE FOLLOWING CARC/AMOUNTS ONLY:

 CARC Description                                              Max. Amt
 ---------------------------------------------------------------------
    1 Deductible Amount                                             1
    2 Coinsurance Amount                                            1
    3 Co-payment Amount                                            15
    4 The procedure code is inconsistent with the modifi ..         1
   42 Charges exceed our fee schedule or maximum allowab ..         1 (I)
   43 Gramm-Rudman reduction.                                     100 (I)
   45 Charge exceeds fee schedule/maximum allowable or c ..      7000

NUMBER OF DAYS TO WAIT BEFORE MEDICAL NO PAY AUTO-DECREASE: 1

     All payers excluded from Auto-Posting are excluded from Auto-Decrease.
     Additional Excluded Payer           Comment
     AETNA-CONTINENTAL LIFE INSURANCE C  enter comment
```

```
     ANHEUSER-BUSCH                      enter comment
     UNITED HEALTH CARE                 enter comment

*** Pharmacy Auto-Decrease***

ENABLE AUTO-DECREASE OF PHARMACY CLAIMS WITH PAYMENTS: Yes
MAXIMUM DOLLAR AMOUNT TO AUTO-DECREASE PER PHARMACY CLAIM: $7000
AUTO-DECREASE PHARMACY CLAIMS FOR THE FOLLOWING CARC/AMOUNTS ONLY:

 CARC Description                                            Max. Amt
 ---------------------------------------------------------------------
    2 Coinsurance Amount                                          1
    4 The procedure code is inconsistent with the modifi ..       1
    5 The procedure code/bill type is inconsistent with  ..       1
    3 Co-payment Amount                                          10
   10 The diagnosis is inconsistent with the patient"s g ..     250
   42 Charges exceed our fee schedule or maximum allowab ..       1 (I)
   43 Gramm-Rudman reduction.                                   100 (I)

NUMBER OF DAYS TO WAIT BEFORE PHARMACY AUTO-DECREASE: 5

ENABLE AUTO-DECREASE OF TRICARE CLAIMS WITH PAYMENTS: Yes
MAXIMUM DOLLAR AMOUNT TO AUTO-DECREASE PER TRICARE CLAIM: $7000
AUTO-DECREASE TRICARE CLAIMS FOR THE FOLLOWING CARC/AMOUNTS ONLY:

 CARC Description                                            Max. Amt
 ---------------------------------------------------------------------
    2 Coinsurance Amount                                          1
    4 The procedure code is inconsistent with the modifi ..       1
    5 The procedure code/bill type is inconsistent with  ..       1
    3 Co-payment Amount                                          10
   10 The diagnosis is inconsistent with the patient"s g ..     250
   42 Charges exceed our fee schedule or maximum allowab ..       1 (I)
   43 Gramm-Rudman reduction.                                   100 (I)

NUMBER OF DAYS TO WAIT BEFORE TRICARE AUTO-DECREASE: 5
ENABLE AUTO-DECREASE OF NO PAY TRICARE CLAIMS: Yes
AUTO-DECREASE NO PAY TRICARE CLAIMS FOR THE FOLLOWING CARC/AMOUNTS ONLY:

 CARC Description                                            Max. Amt
 ---------------------------------------------------------------------
    2 Coinsurance Amount                                          1
    4 The procedure code is inconsistent with the modifi ..       1
    5 The procedure code/bill type is inconsistent with  ..       1
    3 Co-payment Amount                                          10
   10 The diagnosis is inconsistent with the patient"s g ..     250
   42 Charges exceed our fee schedule or maximum allowab ..       1 (I)
   43 Gramm-Rudman reduction.                                   100 (I)

### EFT Lock-Out Parameters ###

NUMBER OF DAYS TO WAIT BEFORE TRICARE NO PAY AUTO-DECREASE: 5
ENABLE AUTO-POSTING OF PHARMACY CLAIMS:  No
NUMBER OF DAYS (AGE) OF UNPOSTED MEDICAL EFTS TO PREVENT POSTING:  30
NUMBER OF DAYS (AGE) OF UNPOSTED PHARMACY EFTS TO PREVENT POSTING:  99
NUMBER OF DAYS (AGE) OF UNPOSTED MEDICAL TRICARE TO PREVENT POSTING: 14

### First Party Parameters ###
AUTO-DECREASE FIRST PARTY COPAY CLAIMS: YES
DAYS TO WAIT BEFORE FIRST PARTY AUTO-DECREASE: 0

                          ***** END OF REPORT *****
```

2.2.2. Parameters Report – EDI Lockbox (ePayments) Parameters Audit Report

The EDI Lockbox (ePayments) Parameters Audit Report provides an audit of changes to parameter questions. The information on the report contains the date and time a parameter was edited, the old value, the new value and the user who completed the edit.

2.2.2.1. When to Run this Report

Review the EDI Lockbox (ePayments) Parameters Audit Report on an as-needed basis to view or print changes to settings. The report can be run on-demand.

2.2.2.2. How to Run this Report

To run the EDI Lockbox (ePayments) Parameters Audit Report, enter a start date and end date and select a division. The resulting report will contain parameters that have been changed within the date range. The report can also be exported to Excel.

The EDI Lockbox (ePayments) Parameters Audit Report follows:

```
EDI Lockbox Parameters Audit Report

(M)edical, (P)harmacy,(T)ricare or A(ll): A// ll
Report start date: t-10  (NOV 10, 2018)
Report end date: Nov 20, 2018// t  (NOV 20, 2018)
Export the report to Microsoft Excel? (Y/N): NO//
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//

                       EDI Lockbox Parameter Audit Report              Page: 1
                         RUN DATE: 11/20/2018@11:19:48
                      DATE RANGE: 11/10/2018 - 11/20/2018
                       REPORT TYPE: All M/P/T

LOCKBOX PARAMETER UPDATES
-------------------------                              Values
Parameter                        Date/Time Edited   Old  New  User
================================================================================
AUTO-AUDIT MEDICAL PAPER BILLS   11/13/18@10:13:04  Yes  No   PATIENT,ONE
AUTO-AUDIT RX PAPER BILLS        11/13/18@10:13:05  Yes  No   PATIENT,ONE
AUTO-AUDIT MEDICAL EDI BILLS     11/13/18@10:13:07  Yes  No   PATIENT,ONE
AUTO-AUDIT RX EDI BILLS          11/13/18@10:13:09  Yes  No   PATIENT,ONE
AUTO-POST RX CLAIMS ENABLED      11/15/18@11:03:40  No   Yes  PATIENT,ONE
TRICARE EFT POST PREVENT DAYS    11/15/18@11:18:49  14   30   PATIENT,ONE
TRICARE EFT POST PREVENT DAYS    11/15/18@11:19:14  30   14   PATIENT,ONE
AUTO-POST RX CLAIMS ENABLED      11/15/18@11:19:30  Yes  No   PATIENT,ONE
AUTO-POST MED CLAIMS ENABLED     11/15/18@11:55:51  Yes  No   PATIENT,ONE
AUTO-POST MED CLAIMS ENABLED     11/16/18@12:20:44  No   Yes  PATIENT,ONE
AUTO-DECREASE MED NOPAY ENABLED  11/16/18@12:21:01  No   Yes  PATIENT,ONE
AUTO-DECREASE MED AMT DEFAULT    11/16/18@13:48:25  250  7000 PATIENT,ONE
CARC AUTO DECREASE NO-PAY (45)   11/16/18@13:51:17  No   Yes  PATIENT,ONE
AUTO-DECREASE TRI ENABLED        11/16/18@12:21:01  No   Yes  PATIENT,ONE
AUTO-DECREASE TRI AMT DEFAULT    11/16/18@13:48:25  250  7000 PATIENT,ONE
CARC AUTO DECREASE TRI (45)      11/16/18@13:51:17  No   Yes  PATIENT,ONE
AUTO-DECREASE TRI NOPAY ENABLED  11/16/18@12:21:01  No   Yes  PATIENT,ONE
CARC AUTO DECREASE TRI NOPAY (45)11/16/18@13:51:17  No   Yes  PATIENT,ONE

                          ***** END OF REPORT *****
```

2.2.3. Parameters Report – EDI Lockbox Exclusion Audit Report

The EDI Lockbox Exclusion Audit Report provides an audit of changes to excluded payers. The information on the report contains the date and time a payer was added or removed from the exclusion list, the user who completed the edit and a comment.

2.2.3.1. When to Run this Report

Review the EDI Lockbox Exclusion Audit Report on an as-needed basis to view or print changes to payer exclusions. The report can be run on-demand.

2.2.3.2. How to Run this Report

To run the EDI Lockbox Exclusion Audit Report, enter a start date and end date and select a division. The resulting report will contain payer exclusions that have been changed within the date range. The report can also be exported to Excel.

```
EDI Lockbox Exclusion Audit Report

(M)EDICAL, (P)HARMACY, (T)RICARE or (A)LL: ALL//
Report start date: t-100  (AUG 28, 2018)
Report end date: Dec 06, 2018// t  (DEC 06, 2018)
Export the report to Microsoft Excel? (Y/N): NO//
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//

                       EDI Lockbox Exclusion Audit Report              Page: 1
                                 DIVISIONS: ALL
                          RUN DATE: 12/6/2018@07:41:38
                       DATE RANGE: 8/28/2018 - 12/6/2018
                                REPORT TYPE: ALL

MEDICAL AUTO-POSTING PAYER EXCLUSION LIST
-----------------------------------------
Change Payer                            Date/Time Edited   User
===============================================================================
No Auto-post Exclusions to Display

MEDICAL AUTO-DECREASE PAYER EXCLUSION LIST
------------------------------------------
Change Payer                            Date/Time Edited   User
===============================================================================
Added   UNITED HEALTH CARE 1362739571    8/29/18@08:50:50 PATIENT,ONE
  Comment: testing
Added   AETNA -CONTINENTAL LIFE INSURA   9/20/18@09:05:40 PATIENT,ONE
  Comment: testing

PHARMACY AUTO-POSTING PAYER EXCLUSION LIST
------------------------------------------
Change Payer                            Date/Time Edited   User
===============================================================================
Added   AETNA 1066033492                 8/29/18@08:51:06 PATIENT,ONE
  Comment: testing

PHARMACY AUTO-DECREASE PAYER EXCLUSION LIST
-------------------------------------------
Change Payer                            Date/Time Edited   User
===============================================================================
Added   UNITED HEALTH CARE 1362739571    8/29/18@08:50:50 PATIENT,ONE
  Comment: testing
Added   AETNA -CONTINENTAL LIFE INSURA   9/20/18@09:05:40 PATIENT,ONE
  Comment: testing
```

```
TRICARE AUTO-POSTING PAYER EXCLUSION LIST
-----------------------------------------
Change Payer                              Date/Time Edited   User
==============================================================================
No Auto-post Exclusions to Display

TRICARE AUTO-DECREASE PAYER EXCLUSION LIST
------------------------------------------
Change Payer                              Date/Time Edited   User
==============================================================================
Added   UNITED HEALTH CARE 1362739571    8/29/18@08:50:50 PATIENT,ONE
  Comment: testing
Added   AETNA -CONTINENTAL LIFE INSURA   9/20/18@09:05:40 PATIENT,ONE
  Comment: testing

                           ***** END OF REPORT *****
```

2.3. Mail Groups

Seven mail groups are associated with EDI Lockbox. The names of these mail groups are:

- **RCDPE PAYMENTS**: This group will receive all reports and bulletins generated by the nightly processing job and from all other EDI Lockbox jobs, except for those resulting from exceptions found when storing the EDI Lockbox transmission records.
- **RCDPE PAYMENTS EXCEPTIONS**: This group will receive all bulletins for exception conditions generated by the receipt of all EDI Lockbox electronic messages. Exceptions occur when the software cannot identify a bill number in the site's VistA system. This group also receives error bulletins generated by the receipt and processing of the CARC / RARC date from the FSC.
- **RCDPE PAYMENTS MGMT**: This group previously received the bulletin that is sent when an EEOB transferred out of the site is accepted by another site. Transfer functionality is no longer available.
- **RCDPE AUDIT**: This group will systematically notify management of critical outstanding workload related to aged ERAs and EFTs. This includes:
    - Unmatched ERAs greater than 30 days.
    - Matched / not posted ERAs greater than 30 days.
    - EFTs greater than 14 days.

The AR application will flag the above-mentioned bulletins as high priority. These bulletins can be scheduled weekly, biweekly, or monthly and the specific day of the week can be set in the EDI Lockbox parameters. All bulletins will be scheduled for the same cycle. End users can self-enroll in this mail group.

- **RCDPE MOVE COPY:** This mail group previously received bulletins sent by the AR nightly process. The bulletins are no longer sent.
- **MLB**: This mail group receives all transmission messages relating to EDI Lockbox. These messages contain the detailed transmission data.

It is a local decision as to who will be members of these mail groups. It is recommended at a minimum that the MCCF Supervisor or Lead AR be included. Important: The electronic data is sent to VistA thru these mail man messages. If no one is assigned to these mail groups, the electronic data will not be stored in VistA. These messages also help with trouble shooting and problem solving. Appendix E contains a list of the bulletins and recommendations on how to handle each message.

- **CARC_RARC_DATA:** This mail group receives all transmission messages related to CARC / RARC data sent by the FSC. These messages contain the detailed transmission data that automatically updates CARC / RARC data in VistA.

  It is a local decision as to who will be members of this mail group. It is recommended at a minimum that the local IRM be included. Important: These messages may help with trouble shooting and problem solving that may be needed; any error messages will be sent as an error bulletin to RCDPE PAYMENTS EXCEPTIONS group containing all errors discovered in the entire message.

2.4. How to Read an ERA / 835

The 835 is a transaction set created by HIPAA standards. The transaction format defines what data should be included in the Electronic Remittance Advice (ERA) for use in the world of Electronic Data Interchange (EDI). '835' is the technical term used in the healthcare industry when referring to an ERA – Electronic Remittance Advice. ERAs or 835's can be found in the ePayments software in the worklist, view / print options, or under Billed Charges (BC) in the TPJI menu. ERA's are sent in a standard format as defined by HIPAA and include standard Claim adjustment reason codes (CARC's).

```
               EDI LOCKBOX EEOB DETAIL FROM WORKLIST   7/22/10        Page: 1
 ERA NUMBER: 9876543210  ERA DATE: Jul 21, 2010
INS COMPANY: IBinsurance Company One/555555555
ERA TRACE #: 12345678901234567890123456789012345678 9
==============================================================================
```

The example above shows the user the ERA number, trace number and date, and payer information.

This is on page 1 of the ERA.

```
EDI LOCKBOX EEOB DETAIL FROM WORKLIST   10/12/18       Page: 1
ERA NUMBER: 93324       ERA DATE: Oct 02, 2018
INS COMPANY: AETNA/1066033492
ERA TRACE #: ABC6492325843
==============================================================================
CLAIM #: 442-K505S5I
ORIGINAL PATIENT NAME: PATIENT,ONE
EOB GENERAL INFORMATION:
 Type        : NORMAL EOB               EOB Paid DT  : 10/02/18
 Entry Dt/Tm :10/02/18 7:11 am          Claim Status : PROCESSED
 Entry Dt/Tm :10/02/18 7:11 am          Review Status: ACCEPTED-COMPLETE EOB
 Entered By  :                          Insurance Seq: SECONDARY
 Last Edited : 10/02/18 7:12 am         Last Edit By : POSTMASTER
 Patient Name: CASE,ONE     Pt. Relation : PATIENT
 Insured ID  : 1000880268
 Claim Rec'd Date     :
 Other Subscriber Name:
```

Also included on page one is the:

- Bill Number
- Patient Name
- ID Number
- Claim Status
- Patient Relationship

The user sees the Payer Information including payer name, payer ID number, and the payers Internal Control Number (ICN) and any other claim level contact information on page 2.

The claim level contact information can also be viewed from: Claim Information > Comment History option available under TPJI. TPJI is available through many menu paths, such as EDI Lockbox > ERA Worklist > Select ERA > Research Menu > TPJI.

```
               EDI LOCKBOX EEOB DETAIL FROM WORKLIST    7/22/10       Page: 3
 ERA NUMBER: 9876543210  ERA DATE: Jul 21, 2010
INS COMPANY: IBinsurance Company One/555555555
ERA TRACE #: 1234567890123456789012345678901234567890123456789
================================================================================
CLAIM LEVEL PAY STATUS:
 Tot Submitted Chrg:     102.95         Covered Amt       :       0.00
 Payer Paid Amt    :      20.59         Patient Resp. Amt :       0.00
CLAIM LEVEL ADJUSTMENTS:
 NONE
MEDICARE INFORMATION:
  NONE
LINE LEVEL ADJUSTMENTS:
  #   SV DT   REVCD  PROC  MOD  UNITS  BILLED  DEDUCT  COINS    ALLOW     PYMT
  1 06/01/10    510 99213          1   102.95    0.00   0.00   102.95    20.59
ADJ: CO  23  Payment adjusted because charges have been paid by another payer.
ADJ AMT: 82.36
```

The top of page 3 shows the user the submitted charges, covered amount, and amount paid in the Claim Level Pay status section of the ERA.

```
               EDI LOCKBOX EEOB DETAIL FROM WORKLIST    7/22/10       Page: 3
 ERA NUMBER: 9876543210  ERA DATE: Jul 21, 2010
INS COMPANY: IBinsurance Company One/555555555
ERA TRACE #: 1234567890123456789012345678901234567890123456789
================================================================================
CLAIM LEVEL PAY STATUS:
 Tot Submitted Chrg:     102.95         Covered Amt       :       0.00
 Payer Paid Amt    :      20.59         Patient Resp. Amt :       0.00
CLAIM LEVEL ADJUSTMENTS:
 NONE
MEDICARE INFORMATION:
  NONE
LINE LEVEL ADJUSTMENTS:
  #   SV DT   REVCD  PROC  MOD  UNITS  BILLED  DEDUCT  COINS    ALLOW     PYMT
  1 06/01/10    510 99213          1   102.95    0.00   0.00   102.95    20.59
ADJ: CO  23  Payment adjusted because charges have been paid by another payer.
ADJ AMT: 82.36
Enter RETURN to continue or '^' to exit:
```

At the bottom of page 3, the user can see the Claim Adjudication details that include the HIPAA standardized justification codes. Adjudication details can be continued on page 4 depending on the number of procedures included on the claim to the payer.

2.5. Workload Notifications

The AR application systematically notifies management of critical outstanding workload related to aged ERAs and EFTs. There are 4workload notifications. They are the Unmatched ERA's > 30 days, the Paper Matched / Not Posted ERAs > 30 days, the EFT Matched / Not Posted ERAs >30 days, and the Unmatched EFTs > 14 days. The notifications are sent to a mail group, RCPDE Audit, and can be queued for weekly, bi-weekly, or monthly notifications. All the notifications will be flagged as high priority.

2.5.1. Unmatched ERAs > 30 Days

A warning bulletin is sent to the RCDPE AUDIT Mail Group for unmatched ERAs greater than 30 days.

```
Subj: EDI LBOX-STA# 442-ACTION REQ-Unmatched ERAs > 30 days  [#139751]
11/17/11@11:20  142 lines
From: POSTMASTER  In 'IN' basket    Page 1  Priority!
-------------------------------------------------------------------------------
The listed ERAs were received more than 30 days ago and have not yet been
matched.
Total # of ERAs - 134
Total Dollar Amount - $53,638.41
ERA#        PAYER NAME                                FILE DATE    AMOUNT PAID
97          AETNA                                       4/21/04          $0.00
289         UNITED HEALTH CARE                          6/10/04        $749.61
14126       GREAT-WEST LIFE                             2/22/07        $320.94
14131       MUTUAL OF OMAHA COMPANIES                   2/22/07          $9.76
14147       MAIL HANDLERS BENEFIT PLAN                  2/22/07         $29.25
14153       NALC HBP                                    2/22/07        $463.67
14154       NALC HBP                                    2/22/07         $12.21
14163       GREAT-WEST LIFE                             2/23/07        $489.92
14164       GREAT-WEST LIFE                             2/23/07         $65.37
14165       GREAT-WEST LIFE                             2/23/07         $65.37
14168       MUTUAL OF OMAHA COMPANIES                   2/23/07          $4.66
```


```
Subj: EDI LBOX-STA# 442-ACTION REQ-Unmatched ERAs > 30 days  [#139751]
11/17/11@11:20  142 lines
From: POSTMASTER  In 'IN' basket    Page 1  Priority!
-------------------------------------------------------------------------------
The listed ERAs were received more than 30 days ago and have not yet been
matched.
Total # of ERAs - 134
Total Dollar Amount - $53,638.41
ERA#        PAYER NAME                                FILE DATE    AMOUNT PAID
97          AETNA                                       4/21/04          $0.00
289         UNITED HEALTH CARE                          6/10/04        $749.61
14126       GREAT-WEST LIFE                             2/22/07        $320.94
14131       MUTUAL OF OMAHA COMPANIES                   2/22/07          $9.76
14147       MAIL HANDLERS BENEFIT PLAN                  2/22/07         $29.25
14153       NALC HBP                                    2/22/07        $463.67
14154       NALC HBP                                    2/22/07         $12.21
14163       GREAT-WEST LIFE                             2/23/07        $489.92
```

```
14164       GREAT-WEST LIFE                              2/23/07         $65.37
14165       GREAT-WEST LIFE                              2/23/07         $65.37
14168       MUTUAL OF OMAHA COMPANIES                    2/23/07          $4.66
```

```
Subj: EDI LBOX-STA# 442-ACTION REQ-Matched/Not Posted ERAs > 30 days  [#139752]
11/17/11@11:20  58 lines
From: POSTMASTER  In 'IN' basket    Page 1  Priority!
-------------------------------------------------------------------------------
The listed ERAs were received more than 30 days ago and have been matched but
have not been posted
Total # of ERAs - 50
Total Dollar Amount - $75,710,095,295.75
ERA#        PAYER NAME                                FILE DATE    AMOUNT PAID
14338       BCBS of WY and Affiliated Companies        9/28/10      $1,077.86
14290       SF MUTUAL                                   3/2/07         $75.48
14337       BCBS of WY and Affiliated Companies        9/28/10      $1,077.86
14339       BCBS of WY and Affiliated Companies        9/28/10      $1,077.86
13909       UNITED HEALTH CARE                         2/12/07        $715.99
14041       MAIL HANDLERS BENEFIT PLAN                  2/16/07       $129.26
14043       MAIL HANDLERS BENEFIT PLAN                  2/16/07       $123.48
14044       MAIL HANDLERS BENEFIT PLAN                  2/16/07        $18.53
14056       GREAT-WEST LIFE                             2/20/07         $8.32
14082       MAIL HANDLERS BENEFIT PLAN                  2/20/07       $285.60
14084       MAIL HANDLERS BENEFIT PLAN                  2/20/07        $160.00
```

2.5.2. PAPER Matched / Not Posted ERAs > 30 Days

A warning bulletin is sent to the RCDPE AUDIT mail group for Paper Checks Matched / Not Posted that are matched to ERAs >30 days but not yet posted.

```
From: POSTMASTER@XXXXX.MED.VA.GOV
Sent: Thursday, July 31, 2014 6:01 AM
To: "G.RCDPE AUDIT"@XXXXX.MED.VA.GOV
Subject: EDI LBOX-STA# 504-ACTION REQ-PAPER:Matched/Not Posted ERA>30 days
Importance: High
The listed ERAs were received more than 30 days ago and have been matched but
have not been posted

Total # of ERAs - "MATCHED TO PAPER CHECK" - 4
Total Dollar Amount - $2,076.49

ERA#        PAYER NAME                                FILE DATE    AMOUNT PAID
78596       CONNECTICUT GENERAL LIFE INSURANCE           4/4/12          $2.04
79195       WOODMEN OF THE WORLD ASSURED LIFE A         4/19/12      $1,831.22
79917       THRIVENT FINANCIAL FOR LUTHERANS             5/7/12        $102.20
80484       NALC HBP                                    5/18/12        $141.03
** END OF REPORT **
```

2.5.3. EFT Matched / Not Posted ERAs > 30 Days Bulletin

A warning bulletin is sent to the RCDPE AUDIT mail group for EFT Matched / EFTs that are matched to an ERA >30 days but not yet posted.

```
From: POSTMASTER@XXXXX.MED.VA.GOV
Sent: Thursday, July 31, 2014 6:01 AM
To: "G.RCDPE AUDIT"@XXXXX.MED.VA.GOV
Subject: EDI LBOX-STA# 504-ACTION REQ-EFT:Matched/Not Posted ERA>30 days
Importance: High
The listed ERAs were received more than 30 days ago and have been matched but
have not been posted
```

```
Total # of ERAs - "MATCHED TO EFT" - 5
Total Dollar Amount - $2,041.91
ERA#        PAYER NAME                                  FILE DATE    AMOUNT PAID 80933
OUTREACH HEALTH CARE SERVICES                 5/31/12      $1,227.73
82352       ValueOptions, Inc  .                          7/11/12        $144.68
83339       ROYAL NEIGHBORS OF AMERICA                     8/2/12         $33.70
83496       TLPEXTON                                       8/6/12          $8.99
83667       NALC HBP                                      8/10/12        $626.81
** END OF REPORT **
```

2.5.4. Unmatched EFTs > 14 Days

A warning bulletin is sent to the RCDPE AUDIT Mail Group for unmatched EFTs greater than 14 days.

```
From: POSTMASTER@XXXXX.MED.VA.GOV
Sent: Thursday, July 31, 2014 6:01 AM
To: "G.RCDPE AUDIT"@XXXXX.MED.VA.GOV
Subject: EDI LBOX-STA# 623-ACTION REQ-EFTs > 14 days
Importance: High
The following EFTs were received more than 14 days ago and have not yet been matched
- or have been matched but not posted.
Total # of EFTs - 4
Total Dollar Amount - $87.99
DEPOSIT#   PAYER NAME/TRACE#                          EFT DATE    DEPOSIT AMT
5694XX617  BCBS OKFEPDENTAL/F14098E000X186X           4/11/14         $32.00
5694XX621  BCBS OKFEPDENTAL/F14104E000X244X           5/17/14          $8.00
5694XX675  BCBS OKFEPDENTAL/F14181E000X986X            6/3/14         $32.00
5694XX680  COMMUNITYCARE LI/5200088                   7/11/14         $15.99
** END OF REPORT **
```

2.5.5. Suspense Entry Bulletin

A warning bulletin is sent to the RCDPE AUDIT Mail Group for Suspense Entries overdue for processing. The suspense parameter determines when an entry is overdue and captured on the Suspense Entry Bulletin.

```
From: POSTMASTER@xxxxxx [mailto:POSTMASTER@xxxxxxxxx]
Sent: Thursday, July 31, 2014 6:01 AM
To: "G.RCDPE AUDIT"@xxxxxxxxx
Subject: EDI LBOX-STA# 623-SUSPENSE ENTRIES OVERDUE FOR PROCESSING
Importance: High
The following entries have been in Suspense past the #days allowed by the site
parameter – which is currently set at 45 days.
Total # of Overdue Entries in Suspense  -  3
Total Dollar Amount Overdue in Suspense - $21446.47
SUSP DATE  #DAYS USER RECEIPT#     AMOUNT  DISP     REASON
03/11/14   145    AB  7080793I   $5500.00  PENDING  NO BILL # OR EOB
04/15/14   112    RT  7354664R  $15788.25  PENDING  NO BILL # OR EOB
05/12/14    75    PR  L1407020    $158.22  PENDING  NO BILL # OR EOB
** END OF REPORT **
```

3. Payments Processing

Daily activities related to processing ePayments are included in this section of the User's Guide. It is organized by how the daily workflow should be processed – starting with checking e-mail and processing exceptions before proceeding to the ERA Worklist activities.

3.1. Check Email

The 3rd Party EDI Lockbox software makes extensive use of e-mail bulletins to alert users about actions taken during the nightly processing of EFTs and ERAs received from payers. Check e-mail for these notifications first thing in the morning to help plan the workday. If a bulletin is received that states an ERA was rejected because no valid EEOBs were found for the site, contact the ePayments POC for assistance to ensure that no data is lost.

Starting with the Clerk's AR Menu, the user must navigate through two screens to access the functionality that is contained in the ERA Worklist / Scratchpad:

```
          Audit/Set up a New Accounts Receivable ...
          New Bill Forms Print ...
          Profile of Accounts Receivable
          Update Accounts Receivable ...
          Adjustment to Accounts Receivable ...
          Report Menu for Accounts Receivable ...
          Follow-up Letter Menu ...
          Establish/Edit Old Bills ...
          Transaction Profile
   TPJI   Third Party Joint Inquiry
          Account Management ...
          Agent Cashier Menu ...
          EDI Lockbox ...
          FMS Utilities Menu ...
          Refund Review and Approve
Select Clerk's AR Menu Option:
```

```
Select Clerk's AR Menu Option: edi Lockbox (ePayments)
   EXC    EDI Lockbox 3rd Party Exceptions
   WL     ERA Worklist
   APAR   Auto-Post Awaiting Resolution
   MA     Automatic Match EFTs to ERAs
   MCR    EEOB Move/Copy/Remove
   MM     EFT Manual Match
   OEFT   Unposted EFT Override
   REFT   Remove Duplicate EFT Deposits
   REM    Remove ERA from Active Worklist
   REP    EDI Lockbox Reports Menu ...
   UN     Unmatch An ERA
   UP     Update ERA Posted Using Paper EOB
   ZB     Mark 0-Balance EFT Matched
Select EDI Lockbox (ePayments) Option:
```

3.2. Exception Processing

Before starting to process anything on the ERA Worklist, check for exceptions by using the option EXC EDI Lockbox 3rd Party Exceptions located on the EDI Lockbox (ePayments) Menu. Any ERA or EEOB that cannot be automatically and completely matched into both the VistA AR and IB packages will end up on the Exception Report. This includes ERAs with recognized errors that prevent a clean update to automatically occur.

Records can be viewed, and various options are provided to reconcile the exceptions and move these to the ERA Worklist for processing. An ERA cannot be processed in the ERA Worklist if an exception exists on the ERA.

NOTE: *The ERA Worklist will display "x" in front of the ERA number to indicate an exception exists.*

```
ERA List - Worklist           Dec 12, 2014@14:18:37          Page:    4 of    7
SELECTED MATCH STATUS: BOTH              POST STATUS     : BOTH
           DATE RANGE: 11/22/14-12/12/14 AUTO-POSTING    : BOTH
          ALL PAYERS                     PHARMACY/MEDICAL: BOTH
#       ERA #            Trace#
+           PAYER NAME/MATCH STATUS & DATE  ERA PAID DT  TOT AMT PAID   DT REC'D
11     x5545        6353169460
                                     12/10/14             0.00       12/10/14
            AETNA                        APPROX # EEOBs: 2
            UNMATCHED                    N/A
```

Details for processing the exceptions are included below.

There are two types of exceptions explained below:

1. Transmission Exceptions
2. Data Exceptions

NOTE: *Exceptions should be worked daily and before the scratchpad is created for the ERA.*

3.2.1. Transmission Exceptions

Transmission Exceptions occur when there was a problem storing ERA EEOB data.

Here are three examples of when a transmission error may occur:

1. All sequences for an ERA that was sent in multiple messages were not received at the site.

   For example, AR cannot process these until ALL of the messages in the batch are received. The exception list contains only 4 of 5 messages. The user should wait for the 5th message. If the message is not received in 24 hours, contact EPS at REDACTED to enter a remedy ticket and request a re-transmission.

2. An ERA transmission did not fully complete the permanent update process on a previous date and remains in the file, partially processed. How is this corrected? Enter a remedy ticket, as this is probably the result of a system problem. Once the problem has been resolved, use File Message to process the ERA. Or, if the problem is severe and cannot be resolved, the user will be instructed to use DELETE MESSAGE to permanently remove the message from the list.

3. An ERA cannot identify any claims on the transmission as valid at the user station. In Version 1, this information was sent to the sites via e-mail messages. The information contained in the e-mail messages is now stored under the Transmission Exceptions until filed and corrected / saved or deleted.

```
EEOB TRANSMISSION EXCEPTIONS  Jul 01, 2010@10:41:30          Page:    1 of    1
                     ERA/EEOB MESSAGES WITH EXCEPTION CONDITIONS
  #   Message ID            Msg Typ  Date Received         Mail Msg #
_____________________________________________________________________________
1     XXXXXXX               ERA      MAR 05, 2007@18:41    XXXXXXX
    EXCEPTION: NO VALID CLAIMS
```

```
      Payer Name: IBinsurance Company One
      Payer ID: 5555555555
      Trace #: XXXXXXXXXXX
      Date Paid: 03/02/2007    Total Amt Paid: 22.39
          *XXXKXXXXXXX
           Enter ?? for more actions
    View/Print Message        Delete Message            Exit
    File Message              TPJI
Select Action: Quit//
```

3.2.1.1. Processing Actions for Transmission Exceptions

```
           Enter ?? for more actions
    View/Print Message        Delete Message            Exit
    File Message              TPJI
Select Action: Quit//
```

List Manager options are used to complete the transmission exceptions. Each option is explained in detail below.

- **View / Print Message** – Used to print or view the formatted version of the message and optionally includes the actual text (raw data) received in the message.
- **File Message** – Used to attempt to re-file a message. This could be used if the message was not completely stored in the permanent ELECTRONIC REMITTANCE ADVICE file. When the user selects a message to re-file, the system checks the content of the message and tries to automatically file the data in VistA.
    - If successful, the exception is removed. A bulletin is sent to the RCDPE PAYMENTS mail group reporting the attempt to re-file the message.
    - If this action is used with a NO VALID CLAIMS transmission, the exception will be moved to the data transmissions screen where the claim numbers can be edited and the EEOBs filed in IB.
- **Delete Message** – Used to remove the message from the exception list if the message cannot be re-filed into VistA automatically. This action removes the message permanently from the exception list and sends a bulletin to the RCDPE PAYMENTS Mail Group containing the text of the message received.

  The Delete Message action cannot be used if the ERA has a payment method of Automatic Clearing House (ACH). An error message will display.

NOTE: *The Delete Message action is locked with the security key, RCDPE ERA EXCEPT.*

- **TPJI (Third Party Joint Inquiry)** – This is a link to TPJI in case further analysis of the site's receivables is required.

3.2.2. Data Exceptions

Data Exceptions may be filtered to view Medical claims, Pharmacy claims or both and by all payers or a range of payers.

```
DO YOU WANT TO SEE (T)RANSMISSION OR (D)ATA EXCEPTIONS?: T// DATA
INCLUDE EXCEPTIONS FOR (M)EDICAL, (P)HARMACY, OR (B)OTH?: B// OTH
(A)LL PAYERS, (R)ANGE OF PAYER NAMES: ALL//
```

A Data Exception occurs when AR cannot match the claim number on the EEOB with a claim number in AR.

An example of a Data Exception is provided below:

- An EEOB has encountered an error such as a typo or transposed bill number, the action called **Edit Claim #** can be used to correct this error.

Sample Data Exception Report

```
LOCKBOX EEOB DATA EXCEPTIONS  Oct 13, 2010@15:38:12          Page:    1 of    1
                    EEOB DETAIL DATA WITH EXCEPTION CONDITIONS
  #   Trace #                                                        EOB Date
        Insurance Co Name/ID
1     XXXXXXXX                                                       XX/XX/XX
        IBinsurance Company One/555555555
      Seq #: 49   Bill: *442-XXXXXXX  Pt: IBpatient,One A      Pd: 1.82
      ECME #:  XXXXXXXXXXXX      Release Date:
      Comment:  Pharmacy comment about prescription

          **Exception: VALID BILL NOT FOUND

          Enter ?? for more actions
    View/Print Message        Edit Claim #             Exit
    File EEOB in IB           TPJI
    Remove Exception          Pharmacy Claim Comment
Select Action: Quit//
```

3.2.2.1. Processing Actions for Data Exceptions

```
          Enter ?? for more actions
    View/Print Message        Edit Claim #             Exit
    File EEOB in IB           TPJI
    Remove Exception          Pharmacy Claim Comment
Select Action: Quit//
```

List Manager options are used to complete the data exceptions. Each option is explained in detail below.

- **View / Print Message** - Used to print or view the exception message and any detail on file for it.
- **File EEOB in IB** - Used to attempt to re-file the EEOB data detail in IB (Integrated Billing) if an exception occurred during a previous update attempt.
- **Remove Exception** - Used if there is no electronic way to resolve the exception condition. This action marks the ERA or EEOB detail record, so it no longer appears as an exception. A bulletin will be sent to report this action to the RCDPE PAYMENTS mail group. If an exception is removed, the EEOB will appear in the worklist as 'not found in AR.'
- **Edit Claim #** - Used to update the claim number to reflect the correct claim number to file in the EEOB. TPJI can be used to view the claim detail before changing the claim number. The system will also accept an entry that is not a valid claim number, which will cause money to go to suspense.

```
Select Action: Next Screen// ED   Edit Claim #
Select EDI LBox EEOB Data Exception(s):  (96-99): 97
Selection #: 97     4343434
Select A/R Bill this EEOB is actually paying on: SUSPENSE
   THIS CLAIM WAS NOT FOUND IN YOUR AR. DO YOU WANT TO CONTINUE?: NO// YES
EEOB Filed.
PRESS RETURN TO CONTINUE
```

NOTE: *#1: The Edit Claim # function REMOVES the old claim number from the ERA Worklist and REPLACES it with the new one. If this change is made in the Worklist, the original number remains on the EEOB and the new number also references the EEOB. It is cleaner to do it here than the Worklist if the error is simply that the wrong bill # was reported paid.*

NOTE: *#2: Once a data exception has been resolved, the system will re-evaluate the ERA to determine if it can be marked for Auto-Post. A message will display if the ERA was successfully Marked for Auto-Post, or the reason it was not successfully marked.*

- **TPJI (Third Party Joint Inquiry**) – This is a link to TPJI in case further analysis of the site's receivables is required.
- **Pharmacy Claim Comment** – Used to enter a one line comment for a non-released prescription. Only the most recent comment is stored and displayed.

3.2.3. Non-Released Prescriptions

An ERA for a non-released prescription automatically goes to the exception list because a bill is not created for a prescription until the prescription is released. VistA runs a nightly job to evaluate the ERAs that are on the exception list due to non-released prescriptions. If the prescription has been recently released, a bill exists, and the ERA has no more exception conditions, the nightly job removes the ERA from the exception list. Processing of the ERA continues as normal.

3.3. Working the EEOB Scratchpad

The EEOB Scratchpad is a list of Electronic EOB (EEOB) detail records that were included on a selected electronic remittance advice (ERA). It allows for the creation of a receipt that will post each payment contained in each EEOB against the site's A/R and send to FMS. To accomplish this, some manipulation of the payment data may be necessary. The EEOB Scratchpad contains the tools for performing these manipulations (i.e., distribute adjustments, split / edit a payment, etc.).

NOTE: *Negative Claim Balance rule is enforced. When making adjustments, the claim balance cannot be less than zero dollars (collected / closed status).*

Once the Work List (WL) ERA Worklist option above has been selected, the process begins with at least one question that determines the ERA(s) that is (are) available to be processed. If the user has not saved a preferred view, the questions associated with the Change View action will be asked.

NOTE: *See the section on the Change View action for details.*

There is one question that will always display, regardless of the preferred view. The prompt asks if one wants to work with a date range selection:

- Date Range Selection:
  - ALL
  - RANGE

The initial list of the ERAs selected will then be presented:

Sample ERA List – Worklist (list manager worklist)

```
ERA List - Worklist           Jul 22, 2010@17:37:06          Page:    1 of    3
SELECTED:  MATCH STATUS: BOTH            POST STATUS     : UNPOSTED
           DATE RANGE  : NONE SELECTED   AUTO-POSTED     : BOTH
           ALL PAYERS                    PHARMACY/MEDICAL: BOTH
#   ERA #         TRACE#
            PAYER NAME/MATCH STATUS & DATE  ERA PAID DT  TOT AMT PAID   DT REC'D
1    1           12345
                                       10/29/02            20.00       10/29/02
            IBinsurance Company One         APPROX # EEOBs: 1
            CHK MATCHED          7/21/2010  EFT RECEIPT STATUS: NOT ENTERED

2    1234567891  TEST123
                                        6/8/10          3456.78       6/8/10
            IBinsurance Company Two         APPROX # EEOBs: 1
            CHK MATCHED          7/21/2010  (CHECK PAYMENT CHOSEN)

3    9876543210  01234567890123456789012345678901234567890123456789
                                      7/21/10           123.45       7/21/10
            IBinsurance Company Three       APPROX # EEOBs: 1
            CHK MATCHED           7/21/2010 (CHECK PAYMENT CHOSEN)
+         |'-' No scratchpad|'x' EXC |'A' autopost complete
    Select ERA                View/Print ERA            Admin Cost Adj
    Sort List                 Change View
    Mark for Auto Post        ERA Manual Match              Exit
Select Action: Next Screen//
```

3.3.1. ERA List – Worklist Actions

There are several list managers options available on the ERA Worklist screen that provides greater capability to manage records at the ERA level.

Table 2: ERA Work List

Action	Description
Select ERA	Used to select a specific ERA.
Sort List	Allows the user to sort the ERA worklist by multiple criteria; amount paid, payer name, ERA paid date, or date ERA received. Sorting the worklist by these criteria does not change the list of the individual EEOB's within each ERA.
View/Print ERA	Used to display / print the summary ERA information.

Action	Description
Change View	Used to customize the information displayed on the ERA worklist.
Admin Cost Adj	Used to make Administrative Cost Adjustments to a claim.

3.3.1.1. Sort List

To work more efficiently with ERAs, the user can choose selections from two different sort levels to identify the ERAs to be worked on first:

- First Level Sort: Amount Paid, Payer Name, ERA Paid Date, Date ERA Received.
- Second Level Sort: None, or any of the data elements listed in the First Level Sort (cannot use the same sort twice).

3.3.1.2. View / Print ERA

The View / Print ERA action is used to display and print the summary ERA information. If a data exception exists for the selected ERA, a warning message will display. The user must press enter to continue.

```
Select #:  (6-9): 9
WARNING:  Fix Transmission Exceptions first and then Data Exceptions
with the EXE EDI Lockbox 3rd Party Exceptions option which is located
on the EDI Lockbox (ePayments) Main Menu.
PRESS ENTER TO CONTINUE
```

The View / Print ERA action displays an AUTO-POST STATUS of UNPOSTED, PARTIAL or COMPLETE, at the ERA summary level and EEOB detail level.

3.3.1.3. Change View

The Change View action is used to customize the information displayed on the ERA worklist. After answering the questions, the system gives the user the option to “SAVE” the selections as a “preferred view.” If the user saves a preferred view they will be prompted if they want to use that view in the future.

The answers are used to filter the worklist display to limit the entries that are included.

The following options are available as filters:

```
Select Action: Next Screen// C   Change View
SELECT PARAMETERS FOR DISPLAYING THE LIST OF ERAs
(Z)ERO, (P)AYMENT, or (B)OTH: B//
ERA posting status: (U)NPOSTED, (P)OSTED, or (B)OTH: U//
DISPLAY (A)UTO-POSTING, (N)ON AUTO-POSTING, OR (B)OTH: B// OTH
(M)ARKED, (P)ARTIAL, (C)OMPLETE OR (A)LL: A// LL
ERA-EFT MATCH STATUS: (N)OT MATCHED, (M)ATCHED, or (B)OTH: B//
(M)EDICAL, (P)HARMACY, (T)RICARE or (A)LL: A//
(A)LL PAYERS, (R)ANGE OF PAYER NAMES: A// LL
DO YOU WANT TO SAVE THIS AS YOUR PREFERRED VIEW (Y/N)? NO//
```

Select Parameters for Displaying the List of ERAs:

- Zero – Show only zero-dollar ERAs
- Payment – Show only ERAs with payments

- Both – Show both zero dollar and ERAs with payments

ERA Posting Status:

- UNPOSTED – ERA / Receipt has **not** been posted to FMS
- POSTED – ERA / Receipt **has** been posted to FMS

Auto-Posting Qualification:

- AUTO-POSTING – ERA meets criteria for auto-posting
- NON AUTO-POSTING – ERA does not meet criteria for auto-posting
- BOTH – All ERAs, regardless of criteria for auto-posting

Partial Posted and Marked for Auto-Post Status:

- Select MARKED to only see ERAs currently marked for auto-post
- Select PARTIAL to only see ERAs with a partial auto-post status
- Select COMPLETE to only see ERAs with a complete auto-post status
- Select ALL to see ERAs with any auto-post status

ERA-EFT Match Status:

- NOT MATCHED – ERA has not been matched with an EFT (automatically by nightly job) or ERA has not been matched with a paper check by user or ERA has not been matched with a Ø -payment by the user.
- MATCHED - ERA was matched with an EFT (automatically by nightly job) or ERA was matched with a paper check by user) or ERA was matched with a Ø-payment by user.
- BOTH – list both Not Matched and Matched ERAs.

Claim Type:

- MEDICAL – ERAs for Third Party Medical Claims
- PHARMACY – ERAs for Pharmacy Claims
- TRICARE – ERAs for Tricare Claims
- All – ERAS for Third Party Medical Claims, Pharmacy Claims and Tricare Claims

Payer Range Selection:

- ALL
- RANGE

3.3.1.4. Select ERA

The Select ERA action allows the user to select a specific ERA by number. If a user selects an ERA with one or more exceptions, the software will alert the user by displaying a warning that access is denied until all exceptions for that ERA are resolved.

Users now have the option to go to exceptions from the worklist.

```
ACCESS DENIED Scratchpad creation is not allowed when Exceptions exist. Fix
Transmission Exceptions first and then Data Exceptions via the EXC EDI Lockbox 3rd
Party Exceptions option which is located on the EDI Lockbox Main Menu.
Do you want to begin clearing Exceptions for this ERA (Y/N)? Y//
```

If the user selects Y, the user "jumps" to the exceptions list to begin clearing exceptions following the existing process. The user is returned to the Worklist if the user selects to exit the exceptions process or if the user enters "N" to the original prompt and does NOT want to begin clearing Exceptions.

If the user selects an ERA that does not have a scratch pad, three options display:

Table 3: Scratch Pad

Option	Description
Create Scratchpad	Used to create a scratchpad.
View ERA Details	Used to View / Print ERA; a scratchpad is not created.
Exit	Used to return to the worklist; a scratchpad is not created.

The user will be automatically prompted to select the display order for payment information before continuing to the scratchpad screen.

Once the ERA is selected, if the payer has indicated a PAYMENT METHOD CODE on the ERA, it will be displayed here. This can be used as a guide as to how the payer has decided to send the payment for this ERA to the site.

Some examples are:

- CHK - indicates a paper check should be expected.
- NON - indicates an Ø-payment.
- ACH - indicates an EFT should be expected.
- FWT - indicates a federal wire transfer.

If the PAYMENT METHOD CODE indicates NON or CHK and is a zero-payment ERA, respond YES to the next prompt to mark the ERA as MATCH-Ø-PAYMENT.

If matching a paper check with an ERA, enter the check # and date of the check.

Sample ERA Worklist / Scratch Pad

```
ERA Worklist/Scratch Pad     Jul 21, 2010@12:17:58          Page:    1 of    1
ERA Entry #: 9876543210        Total Amt Pd: 123.45            Current View:
Payer Name/ID: IBinsurance Company One/55555555                NO SORT ORDER
PAPER CHECK #: 1003                                            ALL EEOBs

1       EEOB Seq # On ERA: 1   Net Payment Amt: 123.45
       1.001 Claim #: KXXXXXX Patient/Last 4: IBpatient,One A/5555
         Claim Bal: 0.00   Billed Amt: 0.00   Amt To Post: 123.45
         Svc Dt: 6/1/00  COB: NO   Rx Copay: UNKNOWN  Means Tst: ??
         Payment Amt: 123.45   Total Adjustments: 0.00  Net: 123.45
        ECME #:  XXXXXXXXXXXX
        Rx/Fill/Release Status:   XXXXXXX/1/Released
        DOS:  1/4/13

          Enter ?? for more action
```

```
    Split/Edit A Line         Look At Receipt           Mark for Auto Post
    Distribute Adj Amts       Review Line           ERA View/Print ERA
    Refresh Scratch Pad       Verify               RP  Receipt Processing
    Research Menu             Change View               EXIT
Select Action: Next Screen//
```

The header of the ERA Worklist / Scratch Pad screen contains:

- The ERA Entry #.
- The Name and ID number of the Payer.
- The Total Amount being Paid on the ERA (this will equal the dollar amount of the Electronic Funds Transfer or Paper Check received from the Payer).
- The EFT Trace # or the number from the Paper.

Each EEOB line item equates to a line item on a paper EOB form. The advantage is that the information on the ERA Worklist / Scratch Pad will always be in the same location, regardless of Payer. HIPAA mandates standardization of the electronic transmissions.

Table 4: EOB Line Item

Option	Description
EEOB Seq # on ERA	This shows the line item order as the payer sent it. Remember, the Worklist can be sorted with Zero Payments First or Zero Payments Last, so the sequence number may not match the line item list on the far left of the screen.
Net Payment Amt	The payment amount plus or minus the adjustment amount will equal the net payment amount for this claim number.
Claim #	The claims number associated with this payment. This may or may not be the correct claim number. Research each claim carefully to see the amount being paid is appropriate for the claim in AR. Test sites have identified Payer errors (typos) that could result in a payment being applied to the wrong claim if not corrected by using the Split / Edit A Line action. If the line item is marked (V), the system has already done a verification match between bill number and the patient name, last four of the social, date of service and original billed amount.
Patient/Last 4	The patient's name and last four digits of the SSN. Used to help identify this payment is for the correct Claim.
Claim Balance	Current balance from AR.
Billed Amt	Original billed amount from AR.
Amount to Post	The payment amount plus or minus the adjustment amount will equal the amount to post for this claim number.
Service Date	Beginning Service Date for this Claim
COB	Coordination of Benefits information that indicates whether a secondary payer has been identified for this claim.

Option	Description
Rx Copay	Current Rx Copay status of the patient.
Means Test	Indicates if this patient may be responsible for Means Test co-payments.
Payment Amt	Amount of money paid for this claim on this ERA.
Total Adjustments	Net total of all adjustments for this line item.
Net	The payment amount plus or minus the adjustment amount.
ECME #	ECME number generated when the NCPDP claim is submitted for a pharmacy prescription. This field only displays for a pharmacy claim.
Rx/Fill/Release Status	The prescription number fill number and release status (released, non-released). This field only displays for a pharmacy claim.
DOS	The date of service submitted on the NCPDP claim. This field only displays for a pharmacy claim.

If there are unposted payments (EFTs), the system may block access to the scratchpad. Based on the age of the oldest EFT, the system may generate a warning message, an error message, or no message.

Table 5: EFT

Type of Claim	Age of oldest EFT	Result
Medical	Less than or equal to 14 calendar days.	No warning message or error message displays.
Medical	More than 14 calendar days.	A warning message displays. The user must press enter to continue.
Medical	More than the number of calendar days specified in site parameters.	An error message displays. The user is not allowed to continue.
Pharmacy	Less than or equal to 21 calendar days.	No warning message or error message displays.
Pharmacy	More than 21 calendar days.	A warning message displays. The user must press enter to continue.
Pharmacy	More than the number of calendar days specified in site parameters.	An error message displays. The user is not allowed to continue.

The warning messages and error messages display the trace numbers of the older EFTs to allow the users to research and resolve the problem. If a posting override exists, the warning messages and error messages are suppressed.

NOTE: *See the section on posting overrides for more information.*

3.3.2. Worklist Actions

There are several actions available on the ERA Worklist / Scratchpad that can assist a user to ensure that the correct payment is being applied to the correct claim.

Table 6: Worklist Actions

Action	Description
Split/Edit a Line	Used to split a payment or adjustment between two or more bills (if the payer has combined payments) or to correct the claim # associated with a payment (if the payer has reported the payment for the wrong bill). The automatic update of EEOB information to reflect the split / edit of claims will occur at receipt creation in the PRCA nightly auto-post job (for APAR) or at receipt creation in the ERA Worklist. ***NOTE:*** *This action is not available for an auto-posted ERA.*
Distribute Adj Amt	Used to balance the receipt total to be posted with the total amount deposited if the payer sends a takeback within the ERA. ***NOTE:*** *This action now allows adjustments to lines marked as 'Claim not found in AR'.* ***NOTE:*** *This action is not available for an auto-posted ERA.*
Refresh Scratch Pad	Restores the scratch pad record to the original lines extracted from the ERA. All previous actions (splits / edits / comments) that were performed will be deleted and must be re-entered. ***NOTE:*** *This action is not available for an auto-posted ERA. This is locked with the security key "RCDPEPP."*
Research Menu	Link to all the necessary AR functions / processes such as TPJI, needed to process ERAs. These can each still be accessed through regular AR menu options.
Look at Receipt	Compiles the payments in the ERA Worklist / Scratch Pad and displays the lines that will be entered on a receipt. ***NOTE:*** *This action is not available for unposted EEOBs that are part of an auto-posted ERA. For auto-posted ERAs, only one receipt displays at once. This is locked with the security key "RCDPEPP."*
Review Line	Allows addition of comments or used as a bookmark on a specific line within an ERA in case processing was interrupted, thereby allowing the user to more easily resume where the user left off. This option must be turned 'on' each time the user enters the ERA to enter or view comments.

Action	Description
Verify	Provides the functionality to identify and manually mark EEOBs as verified. ***NOTE:*** *This action is not available for an auto-posted ERA. This is locked with the security key "RCDPEPP."*
Change View	Used to customize the information displayed on the ERA worklist.
Mark for Auto Post	Option used to indicate the ERA is ready for the software to auto post the ERA during the next nightly process. This is locked with the security key "RCDPEPP."
View/Print ERA	Used to view / print the entire formatted ERA, with or without the EEOB detail.
Receipt Processing	Option that allows the user to process a receipt. This is locked with the security key "RCDPEPP."
EXIT	

NOTE: *The system is modified to remove case sensitivity when comparing Trace #s while manually matching an ERA / EFT.*

3.3.2.1. Split / Edit a Line

Sometimes Payers combine payments for two or more claims onto one claim. This action is used to split the payment to the appropriate claim. It can also be used to correct an incorrect claim number.

```
ERA Worklist/Scratch Pad     Oct 07, 2003@16:55:39        Page:    2 of    3
ERA Entry #: 21                Total Amt Pd: 1165.99          Current View:
Payer Name/ID: Aetna/US Healthcare/1953402799                 NO SORT ORDER
PAPER CHECK #: 05507-93746289                                 ALL EEOBs
+
3    EEOB Seq # On ERA: 3   Net Payment Amt: 812.00
    3.001  Claim #: KXXXXXX   Patient/Last 4: IBpatient,One/1234
         Claim Bal: 14850.54   Billed Amt: 14850.54   Amt To Post: 812.00
         Svc Dt: 12/12/02  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: YES
         Payment Amt: 812.00   Total Adjustments: 0.00  Net: 812.00

4    EEOB Seq # On ERA: 4   Net Payment Amt: 343.99
    4.001  Claim #: KXXXXXX   Patient/Last 4: IBpatient,One/1234
         Claim Bal: 100.00   Billed Amt: 100.00   Amt To Post: 343.99
         Svc Dt: 1/22/03  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: YES
         Payment Amt: 343.99   Total Adjustments: 0.00  Net: 343.99

          Enter ?? for more actions
    Split/Edit A Line         Look At Receipt           Mark for Auto Post
    View/Print EEOB       Review Line           ERA View/Print ERA
    Refresh Scratch Pad       Verify                RP  Receipt Processing
    Research Menu             Change View               EXIT
Select Action: Next Screen//
```

This example shows how to Split / Edit Line item #4 to post the payment correctly. This action takes place after reviewing the EEOB detailed data to confirm how the payment should be applied.

```
Select Action: Next Screen// Split/Edit A Line
SELECT THE ENTRY THAT HAS A LINE YOU NEED TO SPLIT/EDIT
Select EEOB Line:  (3-4): 4
    4.001  Claim #: KXXXXXX   Patient/Last 4: IBpatient,One/1234
         Claim Bal: 100.00   Billed Amt: 1719.92   Amt To Post: 343.99
         Svc Dt: 1/22/03  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: YES
         Payment Amt: 343.99   Total Adjustments: 0.00  Net: 343.99

CLAIM #: KXXXXXX//   >>Current claim balance is: 100.00
PAYMENT AMOUNT TO APPLY TO THIS CLAIM: 343.99// 100.00
RECEIPT LINE COMMENT: SPLIT PAYMENT REMAINDER APPLIED TO KXXXXXX
CLAIM #: KXXXXXX  >>Current claim balance is: 2341.39
PAYMENT AMOUNT TO APPLY TO THIS CLAIM: 243.99// <RET>
RECEIPT LINE COMMENT: SPLIT PAYMENT - ORIG APPLIED TO KXXXXXX
```

Apply the correct payment amount to the correct claim number(s) until all the funds are applied.

```
    Claim #                      Payment Amount   Adjustment Amt    Net Amount
1   KXXXXXX                             100.00             0.00        100.00
          SPLIT PAYMENT REMAINDER APPLIED TO KXXXXXX
2   KXXXXXX                             243.99             0.00        243.99
          SPLIT PAYMENT - ORIG APPLIED TO KXXXXXX
                                 ==============   ==============   ===========
    TOTALS:                             343.99             0.00        343.99
          Enter ?? for more actions
  File New Lines            Edit Lines Split          Exit
Select Action:Quit//  File New Lines
```

Edit Line Split if the information is not correct. File the new lines to save this information. ***Exiting without filing will mean all changes are discarded.***

```
4    EEOB Seq # On ERA: 4   Net Payment Amt: 343.99
    4.001  Claim #: KXXXXXX   Patient/Last 4: IBpatient,One/1234
         Claim Bal: 100.00   Billed Amt: 1719.92   Amt To Post: 100.00
         Svc Dt: 1/22/03  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: YES
         Payment Amt: 100.00   Total Adjustments: 0.00  Net: 100.00
         Receipt Comment: SPLIT PAYMENT REMAINDER APPLIED TO KXXXXXX

    4.002  Claim #: KXXXXXX   Patient/Last 4: IBpatient,One/1234
         Claim Bal: 2341.39   Billed Amt: 2341.39   Amt To Post: 243.99
         Svc Dt: 1/22/03  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: YES
         Payment Amt: 243.99   Total Adjustments: 0.00  Net: 243.99
         Receipt Comment: SPLIT PAYMENT - ORIG APPLIED TO KXXXXXX
```

Sub lines are created for each EEOB line item to allow the payment amounts to be split and distributed as necessary. The sub lines are numbered in increments of .001. In this example, the sub-lines are numbered 4.001 and 4.002.

Reason text (i.e., Comment) is mandatory when leaving a portion of the payment in suspense.

```
COMMENT: ??
Enter a code from the list.
     Select one of the following:
          1         Collected/Closed
          2         Cancelled
          3         Returned refund
          4         Overpayment
```

```
          5         Inactive bill
          6         Duplicate payment
          7         Policy termed
          8         Service connected
          9         Other
```

The scratchpad screen displays the following if a receipt line comment has been added.

```
2.002 Claim #: SUPENSE Patient/Last 4: ??
  ***CLAIM NOT FOUND IN YOUR AR ***
  Payment Amt: 160.00   Total Adjustments: 0.00  Net: 160.00
  Receipt: E1702150EB
  Receipt Comment: OVERPAYMENT
  Added By: EMPLOYEE,ONE
  Date/Time Added: July 20 2017@10:00:00
```

3.3.2.2. Distribute Adj Amt

There are circumstances where payers determine they have 'overpaid' a VA facility on a claim. There are two possible ways Payers process transactions to recoup overpayments:

- Process a retraction of funds on a subsequent payment (take back).
- Issue a negative payment adjustment (clipped payment).

Here are two examples showing how a 'clipped payment' and a 'take back' will appear on an ERA.

- Example One: Take back

  VA billed Payer $200.00 for care. Payer issued a payment for $160.00 (80% of the billed amount). A Payer review shows policy should have paid at 60% so the actual payment should have been $120.00.

```
3    EEOB Seq # On ERA: 3   Net Payment Amt: -40.00
    3.001  Claim #: KXXXXXX   Patient/Last 4: VA Patient One/1234
         Claim Bal: 0.00   Billed Amt: 200.00   Amt To Post: -40.00
         Svc Dt: 12/12/02  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: YES
         Payment Amt: 120.00   Total Adjustments: -160.00  Net: -40.00
```

In this example, the Payer sent an EEOB with both the new payment amount ($120.00) and the retraction of the incorrect payment (-$160.00). This resulted in the Net Payment amount of a negative number (-$40.00) being recorded on this EEOB. Use the action called Distribute Adj Amts on the ERA Worklist to decrease the payments received on one or more of the other claims within the ERA.

NOTE: *See the Distributed Adjustments section of this guide for instructions on how to perform this action.*

- Example Two: Clipped Payment

  Payer determines an overpayment of $14.00 was made to VA. Rather than process a negative transaction adjustment on as specific VA claim, they process a non-specific retraction.

```
1    EEOB Seq # On ERA: ADJ1   Net Payment Amt: -14.00
    1.001***ADJUSTMENT AT ERA LEVEL
        Payment Amt: 0.00   Total Adjustments: -14.00  Net: -14.00
        ADJUSTMENTS:
         1. Non-specific retraction (ref# S1234): -14.00
```

The EEOB line shows an adjustment at an ERA level. This is because the Payer did not provide a VA claim number. The Payment Amount will show as $0.00 and the adjustment amount -$14.00. The net payment amount is -$14.00.

The Ref # is provided by the Payer as a way for both the user and the payer to identify and track this transaction.

The Adjustment comments show this is a non-specific retraction with no reference to a claim number. Again, use the action called **Distribute Adj Amts** on the ERA Worklist to decrease the payments received on one or more of the other claims within the ERA.

Sometimes Payers will process non-specific payments to VA.

```
2    EEOB Seq # On ERA: ADJ2   Net Payment Amt: 24.00
    2.001***ADJUSTMENT AT ERA LEVEL
         Payment Amt: 0.00   Total Adjustments: 24.00  Net: 24.00
         ADJUSTMENTS:
           1. Non-specific payment (ref# A1234): 24.00
```

ERA level adjustments do not reference individual claims. The payment amount = Ø, the total adjustments is a positive number ($24.00) and with a net payment for the amount adjusted (negative for a retraction / positive for an additional payment).

The Ref # is provided by the Payer as a way for both the user and the payer to identify and track this transaction. This non-specific payment will be placed in the facility's suspense account when the receipt is processed for this ERA.

Use the ***Distribute Adj Amt*** action to resolve takebacks and clipped payments.

```
Select Action: Next Screen// Distribute Adj Amts
SELECT A LINE THAT NEEDS AN ADJUSTMENT AMOUNT DISTRIBUTED: 1.001// <RET>
  LINE #: 1.001 AMOUNTS NEEDED TO DISTRIBUTE: -14.00
SELECT A LINE TO DISTRIBUTE THE ADJUSTMENT AMOUNT TO: ?
THE FOLLOWING LINE(S) HAVE A NET PAYMENT THAT CAN BE USED TO OFFSET THE
  NEGATIVE NET PAYMENT FOR LINE 1.001 (-14.00):
     3.001           812.00 On hold exists
     4.001           243.99
     2.001            24.00
SELECT A LINE TO DISTRIBUTE THE ADJUSTMENT AMOUNT TO:
```

In this example, line item 1.001 has a negative amount that needs to be distributed to a payment. Entering a question mark displays the lines on the ERA that have a positive payment that can be used to offset the negative net payment.

```
SELECT A LINE TO DISTRIBUTE THE ADJUSTMENT AMOUNT TO: 4.001
  LINE #: 4.001  LINE BALANCE: 243.99
ADJUSTMENT AMOUNT TO DISTRIBUTE: 14.00// <RET>
DECREASE ADJ COMMENT (1-60 CHARACTERS):
  > RETRACTED FOR ERA ADJ #1 Ref: S1234
  Replace  <RET>
```

An adjustment amount can be distributed against several lines if necessary. The user does not have to perform an adjustment for the take back amount. A DECREASE ADJUSTMENT will be automatically performed for the decreased amount when the user processes the receipt for posting if the Worklist is used to create the receipt. A standard comment will be used will be used when the DECREASE ADJUSTMENT is sent unless a new comment is entered. (It is up to each station to determine if the default comment is used or a more detailed comment needs to be entered by the user).

Distribute Adj Amts – Warning Message

```
SELECT A LINE THAT NEEDS AN ADJUSTMENT AMOUNT DISTRIBUTED: 4.001//
  LINE #: 4.001  AMOUNT NEEDED TO DISTRIBUTE: -6.55
SELECT A LINE TO DISTRIBUTE THE ADJUSTMENT AMOUNT TO: 7
THIS IS NOT AN ACTIVE BILL !
CANNOT PERFORM DISTRIBUTION TO THIS CLAIM
```

An adjustment cannot be made against a line within the ERA that represents a closed claim (claim balance equals zero dollars). A warning message will be generated if these types of lines are selected and the user will be forced to select another line.

```
1    EEOB Seq # On ERA: ADJ1   Net Payment Amt: 0.00
  1.001***ADJUSTMENT AT ERA LEVEL
       Payment Amt: 0.00   Total Adjustments: 0.00  Net: 0.00
       ADJUSTMENTS:
        1. Non-specific retraction (ref# S1234): -14.00
        2. Adjustment distribution to balance receipt: 14.00
           RETRACTED FUNDS DEDUCTED FROM OTHER PAYMENT ON THIS ERA

  4.001  Claim #: KXXXXXX   Patient/Last 4: VA Patient One/1234
       Claim Bal: 2341.39   Billed Amt: 2341.39   Amt To Post: 229.99
       Svc Dt: 1/22/03  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: YES
       Payment Amt: 243.99   Total Adjustments: -14.00  Net: 229.99
       ADJUSTMENTS:
        1. Distributed adj dec for retraction S1234: -14
           RETRACTED FOR ERA ADJ #1 Ref: S1234
```

An adjustment record is then displayed attached to BOTH lines selected, indicating the action that was taken. The negative net payment line will have its net amount automatically increased by the amount selected and show a Net Payment Amount of zero. The line with the positive net payment data will be automatically decreased by this same amount to balance the amount of the deposit / check with the amount being posted. The Total Adjustments field shows the amount adjusted, while the Amount to Post and Net show the new payment amount.

3.3.2.3. View / Print EEOB and View / Print ERA

These Worklist actions are used to display / print the detail received from a Payer. Where the View / Print EEOB will only show the information for one line on the ERA, the View / Print ERA will show detailed information on each EEOB line for the entire ERA. Here is a sample of the EEOB information sent by Payers.

```
ePayments ERA/EEOB Data       Oct 15, 2018@07:13:22          Page:    1 of    3____
%K8000Y0  CASE,ONE  K4520 DOB: 10/16/1964  Subsc ID: 553304520
Svc Date: 05/24/2007  Orig Amt:    67.27  ERA#: 18024

** ERA SUMMARY DATA **
ERA#: 18024           TRACE#: 0044912703
ERA DATE (PAYER): OCT 06, 2007                 TOTAL AMT PD:     53.82
```

```
PAYER NAME/TIN: GREAT-WEST LIFE/1840467907
FILE DATE/TIME: OCT 09, 2007@18:24:08
EFT MATCH STATUS: MATCHED TO PAPER CHECK
ERA TYPE: ERA                          INDIVIDUAL EOB COUNT: 1
MAIL MESSAGE: 9890147                  CHECK#: 0044912703
DETAIL POST STATUS: POSTED             EXPECTED PAYMENT METHOD CODE: CHK

********** ERA LEVEL ADJUSTMENTS **********
  -- NONE --

********** EOB/835 INFORMATION (1 of 1) **********
  Original Patient Name: PATIENT,ONE
  EOB Type: NORMAL EOB                 EOB Paid Date: OCT 06, 2007
  Svc From Date: 05/24/07              Svc to Date:
         ICN: 7272118305
  Payer Name/TIN: GWH-CIGNA/1840467907
     ERA #: 18024                      Auto-Post Status:
   Trace #: 0044912703
 ECME #:                 DOS:          Rx/Fill/Release Status:
-------------------------------------------------------------------------------
CLAIM LEVEL PAY STATUS:
  Total Submitted Charges :      67.27  Payer Covered Amount    :       0.00
```

The example below shows the EEOB move / copy history

```
              EDI LOCKBOX EEOB DETAIL FROM WORKLIST   2/6/17         Page: 2
 ERA NUMBER: 147         ERA DATE: Feb 06, 2017
INS COMPANY: TJB INSURANCE CO./xxxxxxxxx
ERA TRACE #: xxxxxxxxxxxxxxx
 Payer Name   : EPHARM INSURANCE
 Payer Id     : xxxxxxxxxxx
 ICN          : xxxxxxxxxxx
MOVE/COPY HISTORY
Date/Time of EEOB Copy: FEB 03, 2017@10:27:18
Copy of EEOB performed by: EMPLOYEE,ONE
Copy Justification Comments:
JUSTIFICATION
Other Claims: K50000E
 **A/R CORRECTED PAYMENT DATA:
   TOTAL AMT PD: 1200.00
      [suspense]NO BILL    1000.00
      xxx-K500009          200.00
```

3.3.2.4. Review Line

This worklist action is used to enter comments for an EEOB or as a bookmark when an EEOB was last worked on, so that the process be more easily resumed after an interruption. This option now remains active for the user, even if the user leaves the worklist. Additionally, each user comment that has been entered is identified by the user and the date / time that it was entered or edited. This will allow the user to edit the user's own comments. Individual user preference determines whether this option is consistently on or off.

```
Select Action: Next Screen// re
     1   Refresh Scratch Pad
     2   Research Menu
     3   Review Line
CHOOSE 1-3: 3   Review Line
REVIEW DATA DISPLAY IS CURRENTLY TURNED ON
DO YOU WANT TO TURN IT OFF?: NO//
Select EEOB Line:  (1-2): 1
```

```
REVIEW DATE/TIME: 8/12/04@13:13:18
COMMENT:
  1>this is a test
  2>
EDIT Option:
REVIEWED?: y  YES
```

3.3.2.5. Verify

The system has been enhanced to automatically mark EEOBs as verified based on the first five digits of the patient's last name, the patient's last four of the social security number, the claim number, the original bill amount, and the date of service. If all the criteria match in the EEOB and in the AR package, the system will place a (V) next to the EEOB to indicate that all the criteria was automatically verified.

For non auto-post ERAs, where the system indicator has not been automatically updated, this worklist action is manually used to mark EEOBs as verified. In addition, for both auto-post and non auto-post ERAs, the user can display / print the list of bills that were not automatically verified or contain discrepancies between the EEOB and the bill record in VistA. The report will include data from the original bill (i.e., patient full name, date of service, last 4 digits of patient's SSN, billed amount, and bill number) as well as data from the EEOB (i.e., patient full name, date of service, billed amount, and bill number).

NOTE: *All the data shown on the worklist for the EEOB is taken from the claim in VistA. The user must use the report below to identify the discrepancies for unverified EEOBs. This action requires the RCDPEPP security key.*

Sample of Autopost ERA Lines Discrepancies Report Output

```
EDI LBOX WORKLIST - AUTOPOST ERA LINES DISCREPANCIES REPORT  3/30/18  Page: 1
ERA #: 92599                          TRACE #: ABC6467843571
PAYER: AETNA                           ERA DT: 2/1/18
       PATIENT NAME                         SUBMITTED AMT    SVC DATE(S)
* preceding data = data has discrepancy
==============================================================================
EEOB Sequence #(s) on the ERA:1 K1000000 Unverified
VistA:*Last, First Middle                   186.66         7/10/00 - 7/10/00
  ERA:*Last, First Middle                   186.66         7/10/00 - 7/10/00
```

3.3.3. Change View

The Change View action is used to customize the information displayed on the ERA worklist scratchpad. After answering the questions, the system gives the user the option to "SAVE" the selections as a "preferred view". If the user saves a preferred view, they will be prompted if they want to use that view in the future.

The answers are used to filter the scratchpad display to limit the entries that are included.

The following options are available as filters.

```
Select Action: Quit// c   Change View
ORDER OF PAYMENT: N// O ORDER
DISPLAY FOR AUTO-POSTED ERAS: (U)NPOSTED EEOBs, (P)OSTED EEOBs, OR (A)LL: U// NP
OSTED
DO YOU WANT TO SAVE THIS AS YOUR PREFERRED VIEW (Y/N)? NO/
```

Order of Payment:

- N = NO ORDER – Does not list payments with respect to zero-payments.
- F = ZERO-PAYMENTS FIRST – Display all zero-payments first.
- L = ZERO-PAYMENTS LAST – Display all zero-payments last.

Auto-Posting Qualification:

- U = UNPOSTED – Only display unposted EEOBs.
- P = POSTED – Only display posted EEOBs.
- A = ALL – Display all EEOBS, both posted and unposted.

3.3.4. Research Menu Actions

The Research Menu provides access to functionality necessary to process ERAs. It can be accessed from the ERA Worklist / Scratch Pad to facilitate business process. Links to the following existing AR functions are available.

Table 7: Research Menu

Action	Description
Full Account Profile	This option will display a full account profile of all bills for a debtor regardless of the status of the bill.
TPJI	Comment History will display contact information if provided
Bill Comment Log	Allows user to document any necessary and pertinent information on a 3rd party bill.
Re-establish Bill	Provides the capability to re-establish a bill for the specific site. This is locked with the security key “RCDPEAR.”
View/Print EEOB	Used to display / print the detail received on the ERA for a selected line.
Review Line	Bookmarks a specific line within an ERA in case processing was interrupted, thereby allowing the user to more easily resume where the user left off.

3.3.4.1. Comment History Screen of TPJI

The Comments History screen of the Third-Party Joint Inquiry option displays contact data that will include payer name and can include phone number, fax number, email address, and website address. Contact data that comes in from an ERA or MRA transaction will be distinguishable from manually entered comments by use of the program generated text, “ERA Payer Contact Information.”

Refer to example below:

```
Comment History              Jul 07, 2011@18:27:38          Page:    1 of    1
K700CM9   CAGGIANO,GARTH JR  C1547       DOB: 04/29/39   Subsc ID: 520372456
AR Status: COLLECTED/CLOSED         Orig Amt: 4.49       Balance Due: 0.00
```

```
 3551940     01/17/07   2A                              FOLLOW-UP DT:
 3649412     07/07/11   ERA Payer Contact Information   FOLLOW-UP DT:
                        Payer Name: UNITEDHEALTHCARE
                        Contact Name: TEST PAYER 1
                        Phone Number: 800-909-1212
                        Payer Name: MEDICARE (WNR)
                        Contact Name: MEDICARE TEST PAYER
                        Phone Number: 888-998-1212
                        Email Address: EMAIL1@YAHOO.COM
          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        AD  Add Comment           VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit
Select Action: Quit//
```

The Trace number and ERA number will display on the Bill Charges screen of TPJI for non-MRA ERAs. Refer to example below:

```
Bill Charges                  Nov 27, 2011@20:47:24          Page:    1 of    2
%K4004JU   PATIENT1,ELI R  Z9854           DOB: 12/08/44   Subsc ID: SUBSC ID 587893
 03/11/02 - 03/11/02        ADMIT THRU DISCHARGE         Orig Amt: 177.72

                                                                  G2 830148494
03 11 02 03 11 02 22    99213               123     17772   1      1790708568 l
>>                              EOB/MRA Information (1 OF 1) l
    EOB Type: NORMAL EOB l
         ICN: EP253MC4S0000                Patient Resp Amount: 128.92
  Payer Name: AETNA US HEALTHCARE         Total Allowed Amount: 0.00
    EOB Date: Jan 07, 2004             Total Submitted Charges: 177.72
 Svc From Dt:                                        Svc To Dt:
                                         Reported Payment Amt: 48.80
       ERA #: 12                             Auto-Post Status: Partial
     Trace #: 804001620000025 l
+         |% EEOB | Enter ?? for more actions|l
PR  Bill Procedures       CM  Comment History       AB  Annual Benefits
CI  Go to Claim Screen    IR  Insurance Reviews     EL  Patient Eligibility
                          HS  Health Summary        EX  Exit
ED  EDI Status            AL  Go to Active List
                          VI  Insurance Company
Select Action: Next Screen//
```

3.3.5. Example of Processing a Paper Check and ERA

VAMC received a paper check from IBinsurance Company One, a payer who sends Electronic Remittance Advices (ERAs). Begin by selecting the ERA Worklist option.

```
Select EDI Lockbox (ePayments) Option: WL  ERA Worklist
SELECT PARAMETERS FOR SELECTING AN ERA
ERA POSTING STATUS: UNPOSTED//
ERA-EFT MATCH STATUS: BOTH// NOT MATCHED
LIMIT THE SELECTION TO A DATE RANGE WHEN THE ERA WAS RECEIVED?: NO//
Select ELECTRONIC REMITTANCE ADVICE ENTRY: 55555-55555555  6  55555-55555555  03-06-
03  509.61  IBinsurance Company One  UNMATCHED
```

The paper check (55555-55555555) matches the ERA Trace # and the check amount received from the Payer.

No Worklist currently exists for this ERA.

Create one now.

```
NO WORKLIST SCRATCH PAD ENTRY EXISTS FOR THIS ERA
DO YOU WANT TO CREATE ONE NOW?: NO// YES
NO PAYMENT METHOD CODE REPORTED
THIS ERA DOES NOT HAVE A MATCHING EFT
ENTER THE NUMBER OF THE PAPER CHECK YOU RECEIVED FOR THIS ERA: 55555-55555555// <RET>
DATE OF CHECK: 3/6/03// <RET>  (MAR 06, 2003)
CHECK BANK/ROUTING #: 123456 IBinsurance Company One
ERA #6 (TRACE #:55555-55555555) MATCHED TO PAPER CHECK 55555-55555555
IS THIS CORRECT?: YES// <RET>
ORDER OF PAYMENTS: NO ORDER// L  ZERO-PAYMENTS LAST
```

- Verify the paper check number is correct. The date on the check should match the date listed in VistA. If it does not match, correct the VistA date to match the paper check.
- Enter the Check Bank / Routing number as station policy dictates. Again, verify the information is correct.
- Select the order of the Payments. In this case, select L to sort the zero payment EEOBs to the bottom of the Worklist.

```
ERA Worklist/Scratch Pad     Sep 11, 2010@13:24:20         Page:   1 of    2
ERA Entry #: 5                 Total Amt Pd: 509.61           Current View:
Payer Name/ID: IBinsurance Company One/5555555555             NO SORT ORDER
PAPER CHECK #: 55555-55555555                                 ALL EEOBs

1    EEOB Seq # On ERA: 3   Net Payment Amt: 509.61
    1.001  Claim #: KXXXXXX   Patient/Last 4: IBpatient,One/1234
         Claim Bal: 559.61   Billed Amt: 559.61   Amt To Post: 509.61
         Svc Dt: 2/4/03  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: NO
         Payment Amt: 509.61   Total Adjustments: 0.00  Net: 509.61

2    EEOB Seq # On ERA: 1   Net Payment Amt: 0.00
    2.001  Claim #: KXXXXXX   Patient/Last 4: IBpatient,One/1234
         Claim Bal: 0.00   Billed Amt: 19.47   Amt To Post: 0.00
         Svc Dt: 1/27/03  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: ??
         Payment Amt: 0.00   Total Adjustments: 0.00  Net: 0.00

+         Enter ?? for more actions
    Split/Edit A Line         Look At Receipt           Mark for Auto Post
    View/Print EEOB       Review Line           ERA View/Print ERA
    Refresh Scratch Pad       Verify                RP  Receipt Processing
    Research Menu             Change View               EXIT
 Select Action: Next Screen// EOB View/Print EEOB
```

3.3.5.1. Process EEOB Line Items

- To process line item #1, select the Research Menu action to access Third Party Joint Inquiry (TPJI) to confirm this payment is correct for this claim.
- The IB application is enhanced to display the Trace Number and ERA Number on the TPJI screen when viewing the EEOB.

```
Select Action: Next Screen// BC   Bill Charges
DO YOU WANT ALL EEOB DETAILS?: NO// YES
>>                          EOB/MRA Information (1 OF 1)
   EOB Type: NORMAL EOB
        ICN: XXXXXXXXXXXX                  Patient Resp Amount: 50.00
 Payer Name: IBinsurance Company One      Total Allowed Amount: 0.00
   EOB Date: Mar 06, 2003              Total Submitted Charges: 559.61
                                          Reported Payment Amt: 509.61
  Bill #: XXX-KXXXXXX
  Adjustment Group Code: PR
  Adjustment Reason Code: 3
  Adjustment Amount: 50.00
  Quantity: 0
  Reason Code Text: Co-payment Amount
```

The user can view the EEOB details without going back to the worklist by selecting Bill Charges (BC) from within TPJI to view the EEOB Details for this claim. Scrolling down to the bottom of the EEOB information shows the Payer adjusted this payment by $50.00 for the patient's insurance co-payment amount.

3.3.5.2. Create Receipt

After all the EEOB lines have been reviewed, verified as correct and adjusted appropriately, it is time to create the receipt for these payments. Select Look at Receipt from the ERA Worklist / Scratch Pad screen.

```
ERA WORKLIST PREVIEW RECEIPT Oct 07, 2003@15:09:36        Page:    1 of    1
ERA Entry #: 6                 Total Amt Pd: 509.61
Payer Name/ID: IBinsurance Company One/5555555555
PAPER CHECK #: 55555-55555555
 LINE #     ACCOUNT                      AMOUNT
PAYMENTS (LINES FOR RECEIPT):
 2.001      XXX-KXXXXXX                  509.61

ZERO DOLLAR PAYMENTS:
 1.001      XXX-KXXXXXX                  0.00
 3.001      XXX-KXXXXXX                  0.00
          Enter ?? for more actions.....................................................
  Print Receipt Preview     Create Receipt            Exit
Select Action: Quit//
```

The preview screen is divided into two sections. The top contains the line items and payment information. The bottom section lists all the zero-dollar payments. Zero-dollar payments can be worked using AR options in the research menu from within the Worklist.

The Create Receipt action will create the receipt for lines on the ERA that contain payments and those lines used to offset any negative payments on this ERA. The ERA Worklist can no longer be used to adjust any of the line items once the receipt is created.

```
THIS ACTION WILL CREATE THE RECEIPT FOR THIS ERA . ONCE THE RECEIPT IS
 CREATED HERE, NO MORE AUTOMATIC ADJUSTMENTS MAY BE MADE FOR THIS ERA.
ARE YOU SURE YOU ARE READY TO CREATE THIS RECEIPT?: NO// YES
Select AR DEPOSIT TICKET #: 123456            03-10-03     IBpatient,One A
$0.00    OPEN
ARE YOU SURE YOU WANT TO USE THIS DEPOSIT?: NO// YES
RECEIPT EXXXXXXXX HAS BEEN CREATED FOR THIS ERA
DO YOU WANT TO GO TO RECEIPT PROCESSING NOW? YES// <RET>
```

Processing receipts for paper checks require the entry of an AR Deposit Ticket #. Contact the Agent Cashier for this number. The system will automatically generate a receipt number for this payment. All 3rd Party EDI Lockbox receipts will begin with the letter 'E.'

NOTE:	*It is important to note that every ERA is assigned its own receipt number. If four ERAs are processed on a given day, then there will be four 'E' receipts – one for each ERA. The system assigns the electronic receipt number based on the date and the last two digits are a combination of numbers or letters.*

In the example below, the receipt was created on October 7, 2003, and was the first batch created for that day (00).

Receipt History

```
Receipt Profile               Oct 07, 2003@15:14:52         Page:   1 of    1
   Receipt #: EXXXXXXXX                Type of Payment: CHECK/MO PAYMENT
   Deposit #: XXXXXX      ERA #: 6      Receipt Status: OPEN
   ERA #: xxxxxxxxxx  ERA TTL: xxxxxx.xx  FMS Document: NOT SENT
   EFT #: xxxxxxxxxx  EFT TTL: xxxxxx.xx  FMS Doc Status: NOT ENTERED
#    Account                     Pay Date  By             Pay Amt  Proc Amt
1     XXX-KXXXXXX                 10/07/03  EG              509.61      0.00
--------  --------
TOTAL DOLLARS FOR RECEIPT                             509.61      0.00
Opened By: IBclerk,One                Date/Time    Opened: Oct 7, 2003
Last Edit By:                          Date/Time Last Edit:
Processed By:                          Date/Time Processed:
Enter ?? for more actions……................................................
NP New Payment            AP Account Profile        PR Process Receipt
EP Edit Payment           RR Reprint Receipt        21 (215 Report)
CP Cancel Payment         WL Worklist (ERA)         EA Exit Action
MP Move Payment           CU Customize              CR Entered Online
ER Edit Receipt
Select Action: Quit//
```

The Receipt Profile screen is the same screen used when the option Receipt Processing is selected. All the payment line items automatically transfer to this screen. No additional data entry is required to input these claim numbers and payment amounts. Process this receipt as normal to complete processing a Paper Check and ERA. The following condition must be met before the receipt can be fully processed to FMS:

The total on the receipt must be equal to the total reported on the ERA.

When the above condition is met, select the PROCESS RECEIPT action. The system will:

Generate the decrease adjustment for any distributed adjustments made to the payments on the Worklist AND add any related bill comments to the Bill record in AR.

If the receipt passes the normal edits for posting, the system will post payments to the AR and then generate and transmit the appropriate CR document to FMS for these payments.

3.3.6. Example of Processing a Matched ERA and EFT

VAMC received an Electronic Funds Transfer (EFT) from IBinsurance Company One, a payer who sends both EFTS and ERAs.

Begin by selecting the ERA Worklist option.

```
Select EDI Lockbox (ePayments) Option: WL  ERA Worklist
DO YOU WANT A (L)IST OF ERAs OR A (S)PECIFIC ONE?: LIST//
LIMIT THE SELECTION TO A DATE RANGE WHEN THE ERA WAS RECEIVED?: NO//
```

The EFT payment was automatically matched with the ERA during the AR nightly job. The user can select a specific payer by selecting Range or can view all payers by selecting All. All is the default selection.

```
Select ELECTRONIC REMITTANCE ADVICE ENTRY: 25    55555-55555555  03-10-03  79.55
IBinsurance Company One  MATCHED
NO WORKLIST SCRATCH PAD ENTRY EXISTS FOR THIS ERA
(C)reate scratchpad, (V)iew ERA details or (E)xit:
NO PAYMENT METHOD CODE REPORTED
ORDER OF PAYMENTS: NO ORDER//
```

In this example the user selected ERA #25 after viewing the worklist. The EFT Trace # 55555-55555555 was received from the Payer.

NOTE: *No check information is required. The EFT payment was already deposited into US Treasury, account MCCR RSC 528704/8NZZ for the VA.*

If no scratchpad entry currently exists for this ERA, create one now.

```
ERA Worklist/Scratch Pad     Oct 07, 2003@15:52:17        Page:    1 of    2
ERA Entry #: 25                Total Amt Pd: 79.55           Current View:
Payer Name/ID: IBinsurance Company One/5555555555            NO SORT ORDER
EFT #/TRACE #: 3/55555-55555555                              ALL EEOBs

1    EEOB Seq # On ERA: 1   Net Payment Amt: 47.26
    1.001  Claim #: KXXXXXX   Patient/Last 4:IBpatient,One/0000
         Claim Bal: 236.31   Billed Amt: 236.31   Amt To Post: 47.26
         Svc Dt: 1/15/03  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: NO
         Payment Amt: 47.26   Total Adjustments: 0.00  Net: 47.26

2    EEOB Seq # On ERA: 2   Net Payment Amt: 32.29
    2.001  Claim #: KXXXXXX   Patient/Last 4: IBpatient,One/0000
         Claim Bal: 161.46   Billed Amt: 161.46   Amt To Post: 32.29
         Svc Dt: 7/26/02  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: NO
         Payment Amt: 32.29   Total Adjustments: 0.00  Net: 32.29

          Enter ?? for more actions
    Split/Edit A Line         Look At Receipt           Mark for Auto Post
    View/Print EEOB       Review Line           ERA View/Print ERA
    Refresh Scratch Pad       Verify                RP  Receipt Processing
    Research Menu             Change View               EXIT
Select Action: Quit//
```

The header of the ERA Worklist / Scratch Pad screen shows the EFT # / Trace # instead of the number from the paper check.

Processing of an EFT / ERA is no different than processing an ERA and Paper Check. Perform the necessary reviews and processing for each claim.

3.3.6.1. Create Receipt

After all the EEOB lines have been reviewed and processed, it is time to create the receipt for these payments. Select Look AT Receipt from the ERA Worklist / Scratch Pad screen.

```
ERA WORKLIST PREVIEW RECEIPT Oct 07, 2003@16:20:17          Page:    1 of    1
ERA Entry #: 25                Total Amt Pd: 79.55
EFT #/TRACE #: 3/55555-55555555
Payer Name/ID: IBinsurance Company One/5555555555
 LINE #     ACCOUNT                        AMOUNT
PAYMENTS (LINES FOR RECEIPT):
 1.001      XXX-KXXXXXX                    47.26
 2.001      XXX-KXXXXXX                    32.29

ZERO DOLLAR PAYMENTS:
 3.001      XXX-KXXXXXX                    0.00
          Enter ?? for more actions
  Print Receipt Preview     Create Receipt            Exit
Select Action: Quit//
```

The 'look at' screen is divided into two sections. The top contains the line items and payment information. The bottom section lists all the zero-dollar payments. Zero-dollar payments can be "worked" using AR options or from within the Worklist.

The Create Receipt action will create the receipt for the lines on the ERA that contain payments and those lines used to distribute negative payments on this ERA. The ERA Worklist can no longer be used to adjust any of the line items once the receipt is created.

```
THIS ACTION WILL CREATE THE RECEIPT FOR THIS ERA . ONCE THE RECEIPT IS
 CREATED HERE, NO MORE AUTOMATIC ADJUSTMENTS MAY BE MADE FOR THIS ERA.
ARE YOU SURE YOU ARE READY TO CREATE THIS RECEIPT?: NO// YES
RECEIPT E03100701 HAS BEEN CREATED FOR THIS ERA
DO YOU WANT TO GO TO RECEIPT PROCESSING NOW? YES//
```

Processing receipts for EFTs does not require or allow the entry of an AR Deposit Ticket #. Remember, The EFT payment was already deposited into US Treasury for the VA. As with the receipt for a paper check, the system will automatically generate a receipt number for this payment. All 3rd Party EDI Lockbox receipts will begin with the letter 'E.'

NOTE: *It is important to note that every ERA is assigned its own receipt number. If four ERAs are processed on a given day, then there will be four 'E' receipts – one for each ERA.*

```
                          ER Edit Receipt
Receipt Profile               Oct 07, 2003@16:24:41        Page:    1 of    1
   Receipt #: E03100701                 Type of Payment: EDI LOCKBOX
EFT Detail #: 3 VETERAN   ERA #: 25     Receipt Status: OPEN
   ERA #: xxxxxxxxxx  ERA TTL: xxxxxx.xx  FMS Document: NOT SENT
   EFT #: xxxxxxxxxx  EFT TTL: xxxxxx.xx  FMS Doc Status: NOT ENTERED
 #    Account                     Pay Date  By              Pay Amt  Proc Amt
1     XXX-KXXXXXX                 10/07/03  EG                47.26      0.00
2     XXX-KXXXXXX                 10/07/03  EG                32.29      0.00
                                                            --------  --------
      TOTAL DOLLARS FOR RECEIPT                               79.55      0.00

Receipt History
   Opened By: IBclerk,One              Date/Time    Opened: MAR 10, 2003
Last Edit By:                          Date/Time Last Edit:
Processed By:                          Date/Time Processed:
```

```
          Enter ?? for more actions..................................................................... .
NP New Payment            AP Account Profile        PR Process Receipt
EP Edit Payment           RR Reprint Receipt        21 (215 Report)
CP Cancel Payment         WL Worklist (ERA)         EA Exit Action
MP Move Payment           CU Customize              CR Entered Online
                          ER Edit Receipt
Select Action: Quit//    QUIT
```

The Receipt Profile screen is the same screen as the user would see for Receipt Processing. Instead of a Deposit Ticket #, the EFT Detail and ERA # will display. The Type of Payment indicates EDI LOCKBOX. All the payment line items automatically transfer to this screen.

No additional data entry is required to input these claim numbers and payment amounts. Process the receipt as normal. The following conditions must be met before the receipt can be fully processed to FMS:

An ERA receipt **cannot** be processed if the EFT receipt for the EFT related to this ERA has not yet been recorded in FMS and confirmed as ACCEPTED in VistA. Wait until the FMS document for the EFT deposit has reached this status in VistA before processing the ERA related to the EFT.

If there is an error on the EFT where the checksum was determined to be invalid, the receipt **cannot** be processed until the EDI Lockbox checksum exception is cleared on the EFT transmission.

If the total of the receipt is not the same as the total reported on the EFT, the receipt **cannot** be processed.

A receipt for an ERA related to an EFT **cannot** have a deposit associated with it.

When the above conditions have been met, and the user selects PROCESS RECEIPT, the system will:

Generate the decrease adjustments for any distributed adjustments made to the payments in the Worklist and add any related bill comments to the bills.

If the receipt passes the normal edits for posting, it will post the payments to the A/R and will generate and transmit the appropriate TR document to FMS for EFT payments. The TR documents will transfer the payment amounts from the Fund 528704, Revenue Source Code 8NZZ account (where it was placed by the CR generated when the EFT was recorded) into the correct General Ledger accounts for the claims on the ERA. A CR document is created and recorded in FMS for receipts that are processed using a paper check.

3.3.6.2. How to Process an EFT using a Paper EOB (when the ERA is Not Received)

It is important to process an EFT even if the ERA is unavailable. By processing the EFT, the funds are appropriately transferred to the appropriate revenue source codes and the third-party payments are applied to the proper outstanding accounts receivables.

Create a receipt using the receipt number of the EFT. A letter or number will need to be added to the end of the receipt. This process will create a good audit trail of the EFT. The EFT receipt number can be located by accessing the EFT Daily Activity Report (see Reports section).

Enter EDI LOCKBOX for the receipt payment type.

Select the corresponding EFT (To see a complete listing of EFTs, enter '??').

Do not enter a deposit ticket. The Funds have already been deposited into the appropriate fund.

Figure 3: Funds Receipt

```
Select RECEIPT (or add a new one): E08080114A
  Are you adding 'E08080114A' as a new AR BATCH PAYMENT (the 16256TH)? No// Y
  (Yes)
   AR BATCH PAYMENT TYPE OF PAYMENT: EDI LOCKBOX
>>AN EFT REFERENCE IS REQUIRED
   AR BATCH PAYMENT EFT RECORD: ??
```

Manually enter each payment.

Complete the receipt processing function according to local policy.

NOTE: *The EFT will be removed from the EFT Unmatched Aging Report with this process; however, the Unapplied EFT Deposits Report will still display this EFT (A future enhancement will correct this issue).*

3.4. Auto-Posting Claims

VistA runs a nightly job to automatically post third party medical claims by creating and processing receipts. The system attempts to create and process receipts for claims that are candidates for auto-posting based on auto posting parameters.

3.4.1. Medical Auto-Posting Candidates

A third-party medical claim is a candidate for auto-posting if the following conditions are met:

- Auto-posting is enabled in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS].
- The EEOB payer is not excluded from auto-posting in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS].
- The ERA does not have an exception.
- The ERA does not contain interest.
- The ERA does not contain an adjustment.
- The EFT and ERA are matched.
- The ERA total amount equals the sum of all EEOBs listed on the ERA.
- The EFT and ERA total amounts must balance.
- The EFT has been accepted by FMS.
- The ERA negative payments all have a matching positive payment (+/- pairs).

3.4.2. Medical Auto-Posting Create and Process Receipt

When the nightly job runs, a receipt is created and processed if the following conditions are met:

- The EEOB detail has been verified against the bill detail.
- The claim balance covers the payment to be posted for all EEOBs.
- The claim status is open for all EEOBs.
- The claim has not been referred to regional council or general council.

If all auto-posting conditions to create and process a receipt are not met for an EEOB, the system sends that EEOB to the Auto-Posting Awaiting Resolution list. Once a user corrects the condition that prevented receipt processing, the EEOB can be reprocessed by the next nightly job. For more details, refer to the section on Auto-Posting Awaiting Resolution.

The claim has not been terminated as a write off, indicated by a "WO" claim status.

3.4.3. Medical Auto-Posting Receipts

The system creates a receipt for all EEOBs that can be auto-posted, even if all EEOBs in an ERA cannot be posted at the same time.

The following examples illustrate possible auto-posting situations.

1. Example of a Partially Posted ERA:
   - Scenario:

     The ERA contains a hundred EEOBs and the ERA is an auto-posting candidate.

     Seventy of the EEOBs meet the conditions to create and process a receipt.

     The nightly auto-posting job runs.
   - Auto-Posting Day #1:

     A receipt is created and processed for seventy EEOBs. The receipt number is **E14101306A**.

     Thirty EEOBs do not have a receipt and the EEOBs are on the Auto-Posting Awaiting Resolution list.

     The ERA is partially posted.

NOTE: *The receipt number contains an alphabetic character at the end.*

   - Auto-Posting Day #2:

     A user resolved the issues on twenty of the EEOBs.

     The nightly auto-posting job runs.

     A receipt is created and processed for twenty EEOBs. The receipt number is **E14101306B.**

Ten EEOBs do not have a receipt and the EEOBs are on the Auto-Posting Awaiting Resolution list.

The ERA is partially posted.

NOTE: *The receipt number contains an alphabetic character at the end, incrementing to the next letter of the alphabet.*

- Auto-Posting Day #3:

  A user resolved the issues on the remaining ten EEOBs.

  The nightly auto-posting job runs.

  A receipt is created and processed for ten EEOBs. The receipt number is **E1410306C**.

  The ERA is completely posted.

  None of the EEOBs for this ERA are on the Auto-Posting Awaiting Resolution list.

NOTE: *The receipt number contains an alphabetic character at the end, incrementing to the next letter of the alphabet.*

2. Example of a Completely posted ERA. The ERA is partially posted.
   - Scenario:

     The ERA contains a hundred EEOBs and the ERA is an auto-posting candidate.

     All the EEOBs meet the conditions to create and process a receipt.

     The nightly auto-posting job runs.
   - Auto-Posting Day #1:

     A receipt is created and processed for all EEOBs. The receipt number is **E14101305**.

     The ERA is completely posted.

     None of the EEOBs for this ERA are on the Auto-Posting Awaiting Resolution list.

NOTE: *The receipt number does not contain an alphabetic character at the end.*

3.4.3.1. Pharmacy Auto Posting Candidates

The system auto-posts for pharmacy claims when the following conditions are met:

- Auto-posting for pharmacy claims is enabled in the EDI LOCKBOX PARAMETERS.
- The EEOB payer is not excluded from pharmacy auto-posting in the EDI LOCKBOX PARAMETERS.
- The Electronic Remittance Advice (ERA) does not have an exception.
- The ERA does not contain interest.
- The ERA does not contain an ERA level adjustment.

- The EFT and ERA are matched.
- The EFT has been accepted by Financial Management System (FMS).
- The ERA negative payments all have a matching positive payment (+/- pairs).

3.4.3.2. Pharmacy Auto Posting Create and Process Receipt

When the nightly job runs, a receipt is created and processed if the following conditions are met:

- The EEOB detail has been verified against the bill detail.
- The claim balance covers the payment to be posted for all EEOBs.
- The claim status is open for all EEOBs.
- The claim has not been referred to regional council or general council.

If all auto-posting conditions to create and process a receipt are not met for an EEOB, the system sends that EEOB to the Auto-Posting Awaiting Resolution list. Once a user corrects the condition that prevented receipt processing, the EEOB can be reprocessed by the next nightly job. For more details, refer to the section on Auto-Posting Awaiting Resolution.

3.4.4. Pharmacy Auto Posting Receipts

The system creates a receipt for all EEOBs that can be auto-posted, even if all EEOBs in an ERA cannot be posted at the same time.

- If all EEOBs in an ERA can be posted, the receipt number will contain “E” followed by numeric characters.
- If only some of the EEOBs in an ERA can be posted, the receipt number will have an alphabetic character on the end, starting with “A” and proceeding in order until all EEOBs have been posted. The base number stays the same.

1. Example of Completed Posted Pharmacy ERA Scenario:

   The ERA contains ten EEOBs and the ERA is an auto posting candidate. All the EEOBs meet the conditions to create and process a receipt.

   The nightly auto-posting job runs.

   - Auto-Posting Day #1:

     A receipt is created and processed for all EEOBs. The receipt number is **E14101308**.

     The ERA is completely posted.

     None of the EEOBs for this ERA are on the Auto-Posting Awaiting Resolution list.

NOTE: *The receipt number does not contain an alphabetic character at the end.*

2. Example of a Partially Posted ERA:

   - Scenario:

     The ERA contains a ten EEOBs and the ERA is an auto-posting candidate.

Seven of the EEOBs meet the conditions to create and process a receipt.

The nightly auto-posting job runs.

- Auto-Posting Day #1:

  A receipt is created and processed for seventy EEOBs. The receipt number is **E14101309A**.

  Three EEOBs do not have a receipt and the EEOBs are on the Auto-Posting Awaiting Resolution list.

  The ERA is partially posted.

NOTE: *The receipt number contains an alphabetic character at the end.*

- Auto-Posting Day #2:

  A user resolved the issues on two of the EEOBs.

  The nightly auto-posting job runs.

  A receipt is created and processed for twenty EEOBs. The receipt number is E14101309B.

  One EEOB does not have a receipt and the EEOBs are on the Auto-Posting Awaiting Resolution list.

  The ERA is partially posted.

NOTE: *The receipt number contains an alphabetic character at the end, incrementing to the next letter of the alphabet.*

- Auto-Posting Day #3:

  A user resolved the issues on the remaining one EEOB.

  The nightly auto-posting job runs.

  A receipt is created and processed for one EEOB. The receipt number is **E1410309C**.

  The ERA is completely posted.

  None of the EEOBs for this ERA are on the Auto-Posting Awaiting Resolution list.

NOTE: *The receipt number contains an alphabetic character at the end, incrementing to the next letter of the alphabet.*

3.4.5. EEOB Worklist

The EEOB WORKLIST option displays an "A" indicator before the ERA number if auto-posting is complete for that ERA. The indicator is displayed for both medical and pharmacy auto posted ERAs.

```
#   ERA #         TRACE#
            PAYER NAME/MATCH STATUS         ERA PAID DT  TOT AMT PAID   DT REC'D
1   A4667        000032974
                                          3/31/05             7.46       3/31/05
            THE COMMUNITY HOSPITAL          APPROX # EEOBs: 1
```

3.4.6. Ignore Payment Retraction Pairs

The system ignores payment retraction pairs for medical and pharmacy claims when the following conditions are met, without regard to case sensitivity:

- Payment / Retraction pair is in the same ERA.
- The first 5 characters of the patient's last names match.
- The dates of service match.
- The bill numbers or claim numbers match.
- The social security numbers or patient IDs match.
- The amounts billed sum to zero, such as +5 and -5.

3.4.7. Status Change

The system makes the following status changes when a medical or pharmacy claim is successfully auto-posted:

- Claim Status – Collected / Closed or Open (with residual balance).
- Receipt Status – Closed.
- Detail Post Status – Posted, Not Posted or Partial.

NOTE: *Detail Post Status becomes Posted when all lines have been posted. Detail Post Status becomes Partial if some lines have been posted but not all.*

3.4.8. AR Display

The system displays the auto-posted transactions within Accounts Receivable in the same manner as a manually posted transaction. Specifically, Auto-Posted payments display on the TPJI – AR Account Profile and VT Transaction Profile screens.

3.5. Working the APAR List

The Auto-Posting Awaiting Resolution list displays EEOB detail records that require user intervention before the nightly auto-posting job can post. The APAR screen contains the actions that enable research, resolution, and the ability to mark the EEOB for auto-posting. Once an entry is marked for auto-post, the entry is removed from the APAR display.

Once the APAR option has been selected, the initial list of EEOBs are presented.

Table 8: EOBs

Field	Description
ERA #	The number that the VistA system has assigned to designate an ERA. It is shown on the ERA List Worklist), after accessing the WL Worklist menu option. Each ERA is in numerical order as it is accepted into Vista.
Claim #	Claim used to bill the insurance company.
Posted	The total amount posted to the claim.
Post Dt	The date the amount was posted.
Unposted	The balance remaining.

```
Use preferred view N// O
(A)LL PAYERS, (R)ANGE OF PAYER NAMES: A// LL
(M)EDICAL, (P)HARMACY, or (B)OTH: BOTH//
Sort By PAYER (N)AME, APAR (R)EASON, (P)OSTED, (U)NPOSTED,: UNPOSTED// ??
Enter 'PAYER NAME' to sort by payer name.
Enter 'APAR REASON' to sort by the reason code.
Enter 'POSTED' to sort by the posted amount.
Enter 'UNPOSTED' to sort by the unposted amount.
     Select one of the following:
       N         PAYER
       R         REASON
       P         POSTED
       U         UNPOSTED

Sort By PAYER (N)AME, APAR (R)EASON, (P)OSTED, (U)POSTED, APAR (R)EASON: UNPOSTED//
Sort By (H)IGHEST TO LOWEST or (L)OWEST TO HIGHEST: HIGHEST TO LOWEST// ??
Enter 'HIGHEST TO LOWEST' to sort amounts in decreasing order.
Enter 'LOWEST TO HIGHEST' to sort amounts in increasing order.
     Select one of the following:
         1         HIGHEST TO LOWEST
         2         LOWEST TO HIGHEST
Sort By (H)IGHEST TO LOWEST or (L)OWEST TO HIGHEST: HIGHEST TO LOWEST//
```

```
AUTOPOST - AWAIT RESOLUTION   Feb 14, 2017@02:43:35          Page:    1 of    1
Current View: MEDICAL CLAIMS for ALL PAYERS
   Sorted By: Posted - Highest to Lowest
     ERA #.Seq           Claim #                Posted  Post Dt         Unposted
        Payer Name/ID
        APAR Reason
  1  43416.1             K100000                  0.00  1/23/17          2169.44
      AETNA/10XXXXXXXX
      CLAIM ALREADY COMPLETED/CLOSED
  2  43417.1             K100001                  0.00  1/23/17           594.33
      AETNA/10XXXXXXXX
  3  43419.1             K100002                  0.00  1/23/17           487.76
      CIGNA BEHAVIORAL HEALTH, INC./10XXXXXXXX
```

3.5.1. APAR – Actions

There are several list managers options available on the APAR screen that provides greater capability to manage EEOB records.

Table 9: APAR Options

Field	Description
Select EEOB	Used to select a specific EEOB.
View/Print ERA	Used to display / print the summary ERA information.
Change View	Used to customize the information displayed on the APAR list.

3.5.1.1. View / Print ERA

The View / Print ERA action is used to display and print the summary ERA information.

3.5.1.2. Change View

The Change View action is used to customize the information displayed on the APAR list. After answering the question, the system gives the user the option to "SAVE" the selection as a "preferred view". The answer is used to filter the display to limit the entries that are included.

If the user saves a preferred view they will be prompted if they want to use that view in the future.

The following option is available as a filter.

```
Select Action: Next Screen// C   Change View
(M)EDICAL, (P)HARMACY, OR (B)OTH: BOTH//
(A)LL PAYERS, (R)ANGE OF PAYER NAMES: A//
DO YOU WANT TO SAVE THIS AS YOUR PREFERRED VIEW (Y/N)? NO//
Payer Range Selection:
ALL
RANGE
```

The screen header will indicate the Current View selected as follows:

```
AUTO-POST - AWAIT RESOLUTION   Nov 19, 2013@21:37:21          Page:    1 of    2
Current View:  MEDICAL + PHARMACY CLAIMS for ALL PAYERS

         ERA#.Seq        Claim#       Posted Amt    Post Date   Un-posted Bal
____    _Payer
Name/ID_____________________________________________________________________1
87705.1      K307YUC        3000.41   11/1/13          127.44
      ANTHEM BCBS OF WISCONSIN/139XX38065
2            87705.2      K307740        3000.41   11/1/13          127.44
      ANTHEM BCBS OF WISCONSIN/139XX38065
          Enter ?? for more actions
    Select EEOB               View/Print ERA
    Change View               Exit
Select Action: Next Screen//
```

3.5.1.3. Select EEOB

The Select EEOB action allows the user to select a specific EEOB by number. After selection, the APAR scratchpad is displayed.

```
APAR - EEOB ITEM - SCRATCHPAD Jul 21, 2014@15:34:59          Page:    1 of    1
ERA Entry #: 5177              Total Amt Pd: 50.00
Posted Amt: 0.00               Unposted balance: 50.00
Payer Name/ID: ONE INSURANCE COMPANY/11111111
EFT #/TRACE #: 177/1234123456
Posted Receipt #(s):
```

```
    EEOB: ERA Seq # 1   Net Payment Amt: 50.00
       1.001 Claim #: K4000FM Patient/Last 4: PATIENT,ONE/1234
         Claim Bal: 51051.58   Billed Amt: 51051.58   Amt To Post: 50.00
         Svc Dt: 4/23/14  COB: NO   Rx Copay: UNKNOWN  Means Tst: ??
         Payment Amt: 50.00   Total Adjustments: 0.00  Net: 50.00
       APAR Reason: FIELD VERIFICATION FAILED

         Enter ?? for more actions
     Split/Edit a Line    EOB  View/Print EEOB           Review Line
     Mark for Auto Post   ERA  View/Print ERA            Verify
     Claim Comment             Research Menu             EXIT
Select Action: Quit//
```

The header of the APAR Scratchpad screen contains:

- The ERA Entry #.
- The Total Amount being Paid on the ERA (this will equal the dollar amount of the Electronic Funds Transfer).
- The Posted Amount; the Unposted balance.
- The Name and ID number of the Payer; the EFT Trace #.
- The base number for the Posted Receipt(s) numbers.

Each EEOB line item equates to a line item on a paper EOB form. HIPAA mandates standardization of the electronic transmissions.

Table 10: EEOB Line

Field	Description
EEOB Seq # on ERA	This shows the line item order as the payer sent it. Remember, the Worklist can be sorted with Zero Payments First or Zero Payments Last, so the sequence number may not match the line item list on the far left of the screen.
Net Payment Amt	The payment amount plus or minus the adjustment amount will equal the net payment amount for this claim number.
Claim #	The claim number associated with this payment. This may or may not be the correct claim number. Research each claim carefully verify if the amount being paid is appropriate for the claim in AR. If the line item is marked (V), the system has already done a verification match between bill number and the patient name, last four of the social, date of service and original billed amount.
Patient/Last 4	The patient's name and last four digits from the SSN. Used to help identify this payment is for the correct Claim.
Claim Balance	Current balance from AR.
Billed Amt	Original billed amount from AR.
Amount to Post	The payment amount plus or minus the adjustment amount will equal the amount to post for this claim number.
Service Date	Beginning Service Date for this Claim.

Field	Description
COB	Coordination of Benefits information that indicates whether a secondary payer has been identified for this claim.
Rx Copay	Current Rx Copay status of the patient.
Means Test	Indicates if this patient may be responsible for Means Test co-payments.
Payment Amt	Amount of money paid for this claim on this ERA.
Total Adjustments	Net total of all adjustments for this line item.
Net	The payment amount plus or minus the adjustment amount.
ECME #	ECME number generated when the NCPDP claim is submitted for a pharmacy prescription. This field only displays for a pharmacy claim.
Rx/Fill/Release Status	The prescription number fill number and release status (released, non-released). This field only displays for a pharmacy claim.
DOS	The date of service submitted on the NCPDP claim. This field only displays for a pharmacy claim.
APAR Reason	The reason the EEOB is on the APAR list.

3.5.2. APAR Scratchpad – Actions

There are several actions available on the APAR Scratchpad that can assist a user to ensure that the correct payment is being applied to the correct claim. Except for the Mark for Auto-Post action, the actions behave the same as the actions on the ERA Worklist Scratchpad. Refer to the ERA Worklist Scratchpad section for more details on functionality.

Table 11: APAR Scratchpad

Action	Description
Split/Edit a Line	Used to split a payment or adjustment between two or more bills (if the payer has combined payments) or to correct the claim # associated with a payment (if the payer has reported the payment for the wrong bill). Option can also be used to put payment into suspense. This is locked with the security key “RCDPEPP.”
Mark for Auto-Post	This action checks the EEOB for auto-posting criteria. If all criteria are met, the EEOB is successfully marked for auto-post, which means the EEOB will be removed from the APAR display and reprocessed by the nightly auto-post job. Verification (V) is not required before marking an EEOB for auto-posting. This is locked with the security key “RCDPEPP.”
Claim Comment	Used to enter a one line comment for ANY exception on the APAR List.
View/Print EEOB	Used to display / print the detail received on the ERA for a selected line (EEOB).

Action	Description
View/Print ERA	Used to view / print posting for claims with the entire formatted ERA, with or without the EEOB detail.
Research Menu	Link to all the necessary AR functions / processes such as TPJI, needed to process ERAs. These can each still be accessed through regular AR menu options.
Review Line	Allows addition of comments or used as a bookmark on a specific line within an ERA in case processing was interrupted, thereby allowing the user to more easily resume where the user left off. This option must be turned 'on' each time the user enters the ERA to enter or view comments.
Verify	Provides the functionality to identify and manually mark EEOBs as verified. This is locked with the security key "RCDPEPP".

3.5.2.1. Action Option: Split / Edit a Line

Sometimes Payers combine payments for two or more claims onto one claim. This action is used to split the payment to the appropriate claim and to put a payment into suspense. It can also be used to correct an incorrect claim number.

This action requires the RCDPEPP security key.

```
APAR - EEOB ITEM - SCRATCHPAD Jun 29, 2016@11:49:03         Page:    1 of    1
ERA Entry #: 43622             Total Amt Pd: 2555.25
Posted Amt: 0.00               Un-posted balance: 2555.25
Payer Name/ID: AETNA/1066033492
Posted Receipt #(s):
    EEOB: ERA Seq # 1   Net Payment Amt: 2555.25
       1.001 Claim #: K602VMV Patient/Last 4: TW-WOMACK,JOHNNY/2222
         Claim Bal: 0.00   Billed Amt: 2555.25   Amt To Post: 2555.25
         Svc Dt: 11/3/15  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: REQ
         Payment Amt: 2555.25   Total Adjustments: 0.00  Net: 2555.25
       APAR Reason: FIELD VERIFICATION FAILED

          Enter ?? for more actions
    Split/Edit a Line     EOB View/Print EEOB           Review Line
    Mark for Auto Post    ERA View/Print ERA            Verify
    Claim Comment             Research Menu             EXIT
Select Action: Quit//SPLIT
```

This example shows how to Split / Edit Line item #4 to post the payment correctly. This action takes place after reviewing the EEOB detailed data to confirm how the payment should be applied.

```
       1.001 Claim #: K602VMV Patient/Last 4: TW-WOMACK,JOHNNY/2222
         Claim Bal: 0.00   Billed Amt: 2555.25   Amt To Post: 2555.25
         Svc Dt: 11/3/15  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: REQ
         Payment Amt: 2555.25   Total Adjustments: 0.00  Net: 2555.25
       APAR Reason: FIELD VERIFICATION FAILED

CLAIM #: K602VMV//   >>Current claim balance is: 0.00
PAYMENT AMOUNT TO APPLY TO THIS CLAIM: 2555.25// 2000
RECEIPT LINE COMMENT: comment for claim K602vmv
```

```
CLAIM #: k602vmu  >>Current claim balance is: 3444.75
PAYMENT AMOUNT TO APPLY TO THIS CLAIM: 555.25// 500
RECEIPT LINE COMMENT: comment for claim K602vmu
CLAIM #: k602vmy  >>Current claim balance is: 0.00
PAYMENT AMOUNT TO APPLY TO THIS CLAIM: 55.25//
RECEIPT LINE COMMENT: comment for claim K602vmy
```

Apply the correct payment amount to the correct claim number(s) until all the funds are applied.

```
EEOB WORKLIST SPLIT LINE      Jun 29, 2016@12:04:13         Page:    1 of    1
       1.001 Claim #: K602VMV Patient/Last 4: TW-WOMACK,JOHNNY/2222
         Claim Bal: 0.00   Billed Amt: 2555.25   Amt To Post: 2555.25
         Svc Dt: 11/3/15  COB: NO   Rx Copay: NON-EXEMPT  Means Tst: REQ
         Payment Amt: 2555.25   Total Adjustments: 0.00  Net: 2555.25
       APAR Reason: FIELD VERIFICATION FAILED

    Claim #                    Payment Amount   Adjustment Amt   Net Amount
1   K602VMV                          2000.00             0.00          2000.00
          comment for claim K602vmv
2   k602vmu                           500.00             0.00           500.00
          comment for claim K602vmu
3   k602vmy                            55.25             0.00            55.25
          comment for claim K602vmy
                               ==============   ==============   ==============
    TOTALS:                          2555.25             0.00          2555.25
          Enter ?? for more actions
  File New Lines            Edit Lines Split          Exit
Select Action:Quit//
```

At this point the user should FILE NEW LINES to process the split.

Edit Line Split if the information is not correct. File the new lines to save this information. ***Exiting without filing will mean all changes are discarded.***

Reason text (i.e., Comment) is mandatory when leaving a portion of the payment in suspense.

```
COMMENT: ??
Enter a code from the list.
     Select one of the following:
          1         Collected/Closed
          2         Cancelled
          3         Returned refund
          4         Overpayment
          5         Inactive bill
          6         Duplicate payment
          7         Policy termed
          8         Service connected
          9         Other
```

The scratchpad screen displays the following if a receipt line comment has been added.

```
2.002 Claim #: SUPENSE Patient/Last 4: ??
  ***CLAIM NOT FOUND IN YOUR AR ***
  Payment Amt: 160.00   Total Adjustments: 0.00  Net: 160.00
  Receipt: E1702150EB
  Receipt Comment: OVERPAYMENT
  Added By: EMPLOYEE,ONE
  Date/Time Added: July 20 2017@10:00:00
```

3.5.2.2. Action Option: Mark for Auto-Post

The ListManager screen contains the action of Mark for Auto-Post that will check the EEOB for auto-posting criteria and mark the EEOB for auto-posting if all criteria are met. This action requires the RCDPEPP security key.

3.5.2.3. Action Option: Claim Comment

The ListManager screen includes a "Claim Comment" option to allow the user to enter a one line comment for ANY exception on the APAR List.

```
+         Enter ?? for more actions
     Split/Edit a Line    EOB  View/Print EEOB t          Review Line
     Mark for Auto Post   ERA  View/Print ERA            Verify
     Claim Comment             Research                  EXIT

Select Action: Quit//Claim
Select EDI LBox EEOB Data Exception(s):  (1-4): 2
Selection #: 2     K777777

Comment: This is where the Claim Comment will appear and may wrap to the next line. A
comment can be entered for ANY claim and is tied to an ERA Seq line#.
```

NOTE: *Once successfully entered, the Claim Comment displays as indicated in the APAR screen display and on the ERA Worklist / Scratch Pad as well as on the View / Print ERA display – on the individual EEOB. If the EEOB has no comment, nothing will display.*

3.5.2.4. Action Option: MARK FOR AUTO-POST

When the user selects the new "Mark for Auto Post" Action Option, the system re-evaluates the selected ERA to determine if the ERA can be marked as an Auto-Post CANDIDATE. The system displays a message to the user indicating whether the ERA was successfully Marked as an Auto-Post CANDIDATE – or – the reason why the check failed. This action requires the RCDPEPP security key.

- If the system determines that the **ERA IS an Auto-Post CANDIDATE**, the following success message is displayed:

```
ERA List - Worklist           Nov 30, 2015@12:31:17          Page:    1 of   22
SELECTED MATCH STATUS: BOTH              POST STATUS     : BOTH
           DATE RANGE: 2/12/15-2/12/15   AUTO-POSTING    : BOTH
          ALL PAYERS                     PHARMACY/MEDICAL: BOTH
#       ERA #            Trace#
            PAYER NAME/MATCH STATUS & DATE  ERA PAID DT  TOT AMT PAID   DT REC'D
1       4           63595X56923
                                          2/12/15           485.27       2/12/15
            EPHARM INSURANCE                APPROX # EEOBs: 1
            EFT MATCHED            2/12/15  EFT RECEIPT STATUS: NOT ENTERED

          |'-` No scratchpad|'x' EXC |'A' autopost complete
    Select ERA                View/Print ERA            Admin Cost Adj
    Sort List                 Change View               Exit
    Mark for Auto Post        ERA Manual Match
Select Action: Quit// MAR   Mark for Auto Post
ERA has been successfully Marked as an Auto-Post CANDIDATE
Enter RETURN to continue or '^' to exit:
```

NOTE: *If the ERA is deemed an Auto-Post CANDIDATE, the ERA enters the Auto-Post pipeline to be processed with other CANDIDATES during the next nightly process.*

- If the system determines that the **ERA IS NOT an Auto-Post CANDIDATE**, ONE of the error message reasons is displayed:

```
    ERA was NOT Marked as an Auto-Post CANDIDATE - Already marked for Auto-Posting
    ERA was NOT Marked as an Auto-Post CANDIDATE - Already partially Auto-Posted
    ERA was NOT Marked as an Auto-Post CANDIDATE - Already completely Auto-Posted
    ERA was NOT Marked as an Auto-Post CANDIDATE - ERA not matched
    ERA was NOT Marked as an Auto-Post CANDIDATE - Zero value ERA
    ERA was NOT Marked as an Auto-Post CANDIDATE - Medical auto-posting off
    ERA was NOT Marked as an Auto-Post CANDIDATE - Pharmacy auto-posting off
    ERA was NOT Marked as an Auto-Post CANDIDATE - Medical payer excluded
    ERA was NOT Marked as an Auto-Post CANDIDATE - Pharmacy payer excluded
    ERA was NOT Marked as an Auto-Post CANDIDATE - Invalid Bill Number Exception(s)
    ERA was NOT Marked as an Auto-Post CANDIDATE - ERA level Adjustment(s)
    ERA was NOT Marked as an Auto-Post CANDIDATE - ERA has a receipt
    ERA was NOT Marked as an Auto-Post CANDIDATE - Unable to create scratchpad
    ERA was NOT Marked as an Auto-Post CANDIDATE - Claim Level Adjustments w/o
payment
    ERA was NOT Marked as an Auto-Post CANDIDATE - +/- pairs do not balance
```

3.6. Auto-Decrease of Medical Claims

VistA runs a nightly job to automatically perform a decrease adjustment to a third-party medical claim under certain conditions. The automatic decrease is made with a contractual decrease adjustment amount that brings the claim balance to zero.

An automatic decrease will only occur if the EEOB has been auto-posted. Refer to the section on Parameters for details on the settings that affect auto-decrease of medical claims.

The following conditions must be met:

- Auto-posting of third-party medical claims is enabled in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS].
- The payer is not excluded from auto-posting of third-party medical claims in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS] and the EEOB is auto-posted.
- Auto-decrease of third-party medical claims is enabled in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS].
- The payer is not excluded from auto-decrease of third-party medical claims in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS].
- The number of days since the EEOB was posted is equal to or greater than the number of days specified in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS].
- The residual balance on the EEOB is equal to or less than the dollar amount maximum specified in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS].
- The claim has not been referred to regional council or general council.

3.6.1. Decrease Adjustment Warning Messages

The option DECREASE ADJUSTMENT [PRCAC TR DECREASE] displays a warning message if there are pending payments for the selected claim. Additionally, the user can receive a “Marked for Auto-Post warning if they try to make a decrease adjustment on a bill that has at least one associated EEOB marked for auto-post.

```
Select Adjustment to an AR record <TEST ACCOUNT> Option: Decrease Adjustment
Select (B)ILL or (E)CME#: B// ILL NUMBER
Select BILL: Kxxxxxx
     1   Kxxxxxx  552-Kxxxxxx RX CO-PAYMENT/N  10/01/03  xxxx,xxxx    COLLECTED
     2   Kxxxxxx  405-Kxxxxxx REIMBURS.HEALTH  05/15/14  EXPRESS SC   ACTIVE
CHOOSE 1-2: 2  405-Kxxxxxx REIMBURS.HEALTH  05/15/14  EXPRESS SC      ACTIVE
        Principal Balance:    51051.58  FY: 14  Principal Balance: 51051.58
         Interest Balance:        0.00
            Admin Balance:        0.00
                           -----------
            TOTAL Balance:    51051.58
Checking the bill's balance ... IN Balance!
Marked for Auto-Post. Are you sure? (Y/N) NO// NO
Exiting bill adjustment.
```

```
Select (B)ILL or (E)CME#: B// ILL NUMBER
     1   Kxxxxxx  552-Kxxxxxx RX CO-PAYMENT/N  10/01/03  xxxxx,xxxx    COLLECTED
     2   Kxxxxxx  405-Kxxxxxx REIMBURS.HEALTH  05/15/14  EXPRESS SC   ACTIVE
CHOOSE 1-2: 2  405-Kxxxxxx REIMBURS.HEALTH  05/15/14  EXPRESS SC      ACTIVE
        Principal Balance:    51051.58  FY: 14  Principal Balance: 51051.58
         Interest Balance:        0.00
            Admin Balance:        0.00
                           -----------
            TOTAL Balance:    51051.58
Checking the bill's balance ... IN Balance!
Warning - Pending Payments of $XXXX.XX exist
Rcpt: XXXXXXXXX     $XX.XX    No Trace Number
Rcpt: XXXXXXXXX     $XXX.XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Rcpt: XXXXXXXXX     $XXX.XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ERA:  XXXXX         $XX.XX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Marked for Auto-Post. Are you sure? (Y/N) NO// YES
Enter the DECREASE Adjustment AMOUNT, from .01 to 51051.58.
  DECREASE PRINCIPAL BALANCE BY: 1.00
  Is this a CONTRACT adjustment ? YES//
If you process the transaction, the bill will look like:
Current Principal Balance:    51051.58
  NEW DECREASE Adjustment:       -1.00
                           -----------
    NEW Principal Balance:    51050.58
Are you sure you want to enter this DECREASE adjustment ? YES//
  Adjustment Transaction: 8770898 has been added.
Enter a comment for the DECREASE Adjustment:
COMMENTS:
  No existing text
  Edit? NO//
```

3.7. Auto-Decrease of Pharmacy Claims

VistA runs a nightly job to automatically perform a decrease adjustment to a third-party pharmacy claim under certain conditions. The automatic decrease is made with a contractual decrease adjustment amount that brings the claim balance to zero.

An automatic decrease will only occur if the EEOB has been auto-posted. Refer to the section on Parameters for details on the settings that affect auto-decrease of pharmacy claims.

The following conditions must be met:

- Auto-posting of third-party pharmacy claims is enabled in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS].
- The payer is not excluded from auto-posting of third-party pharmacy claims in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS] and the EEOB is auto-posted.
- Auto-decrease of third-party pharmacy claims is enabled in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS].
- The payer is not excluded from auto-decrease of third-party pharmacy claims in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS].
- The number of days since the EEOB was posted is equal to or greater than the number of days specified in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS].
- The residual balance on the EEOB is equal to or less than the dollar amount maximum specified in the EDI LOCKBOX PARAMETERS [RCDPE EDI LOCKBOX PARAMETERS].
- The claim has not been referred to regional council or general council.

4. The EFT Has Been Accepted by FMS

4.1. FMS

Financial Management System (FMS) is an interactive system to manage central payment services to federal government agencies including the VHA financial data. Deposits to FMS are transmitted during the nightly process as individual deposits and are relayed through the DMI / mailman system. The EFT information is transferred into VistA from Financial Services Center (FSC). Although paper checks are also deposited through FMS by a daily deposit ticket at each medical center, EFT's are also deposited via a deposit ticket. Deposit tickets are assigned for EFT's by PNC bank (they assign the 6-digit number, and the FSC makes it a 9-digit number by adding a "569" prefix).

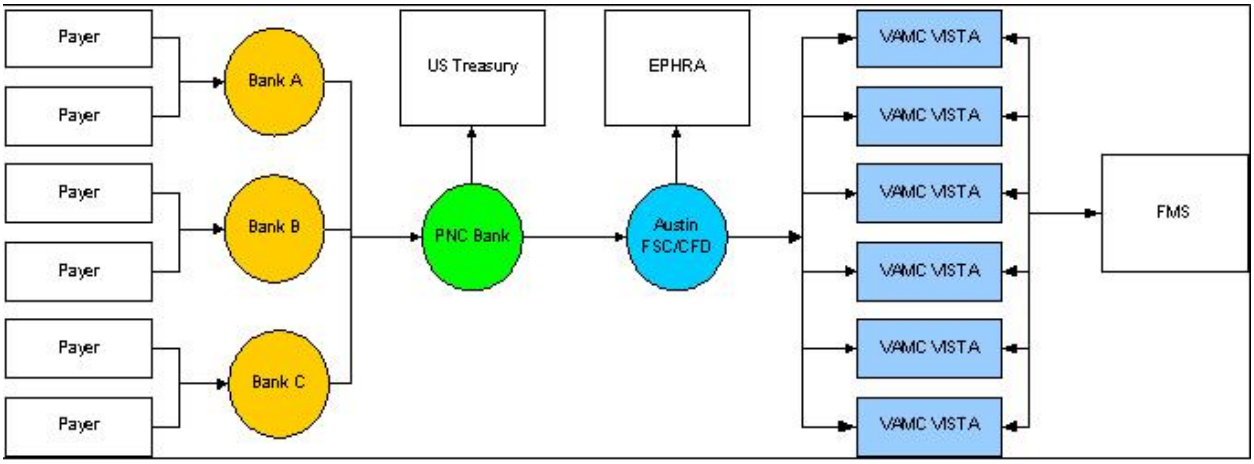
4.2. Three Day EFT Cycle

The diagram below demonstrates a high-level overview of the ePay / FMS process. Upon adjudication at the payer level, the payer transmits 835 information to the respective banking partner. In turn, this banking partner transmits the information to PNC Bank, the banking partner of the VA. PNC bank sends the EFT information to US Treasury for deposit and to FSC to be translated into VistA language and for processing to the sites. In addition to sending the data to each individual VistA system, FSC also sends the information to EPHRA for storing and reference of the data as needed. Each VistA system interacts with FMS through the nightly

process, notifying the financial system of funds that have been processed for each medical center.

A complete cycle takes three business days to complete.

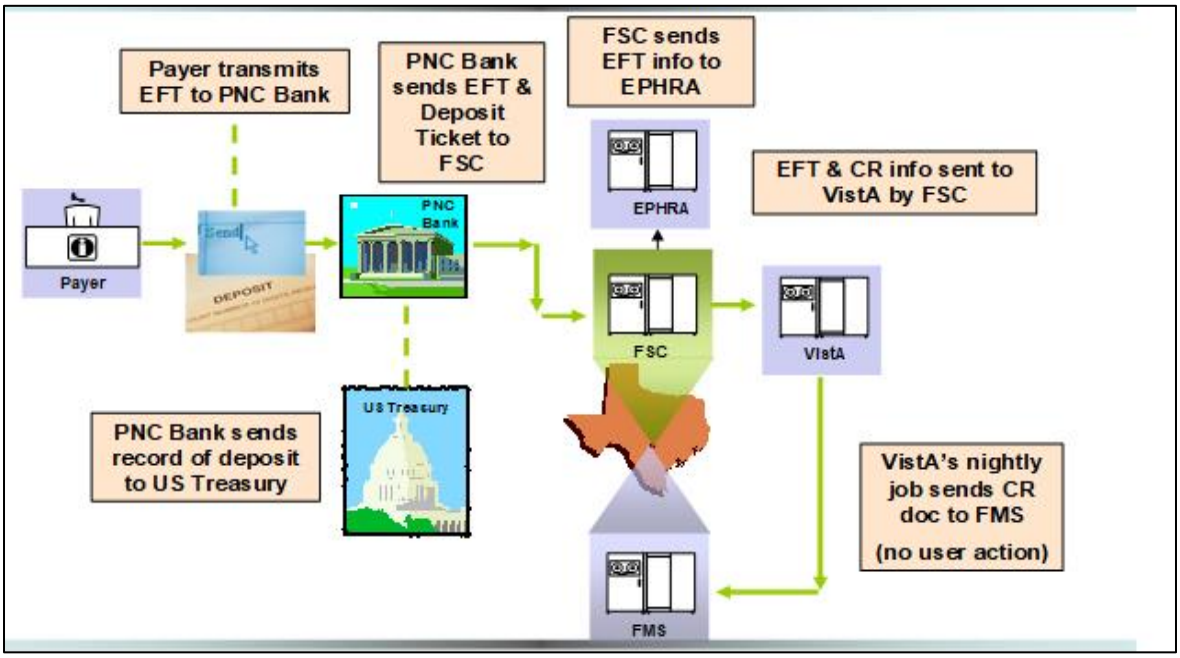
Figure 4: EFT 3-Day Cycle Part #1



The three-day cycle detailed:

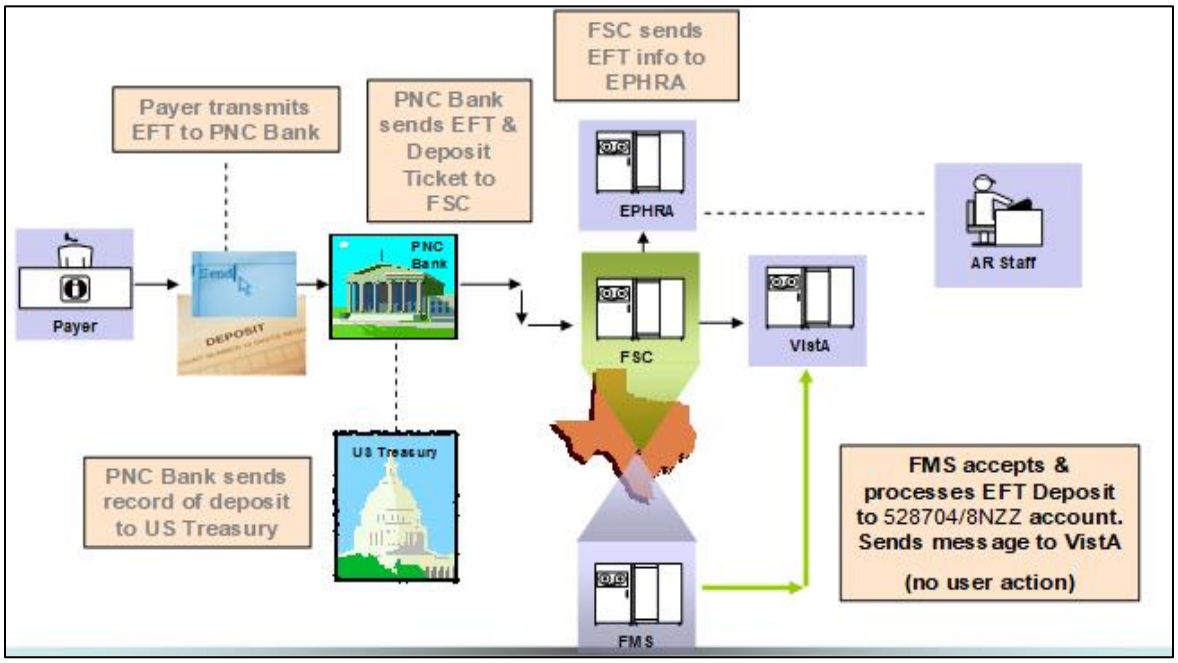
- **Day 1** – EFT populates VistA with a system generated electronic (e) receipt and transmits to FMS with a CR document during the nightly process. This shows in the VistA system as 'NA' when viewing the worklist. Deposit can be viewed by looking at Receipt profile, List of receipts, or deposit processing.

Figure 5: EFT 3-Day Cycle Part #2



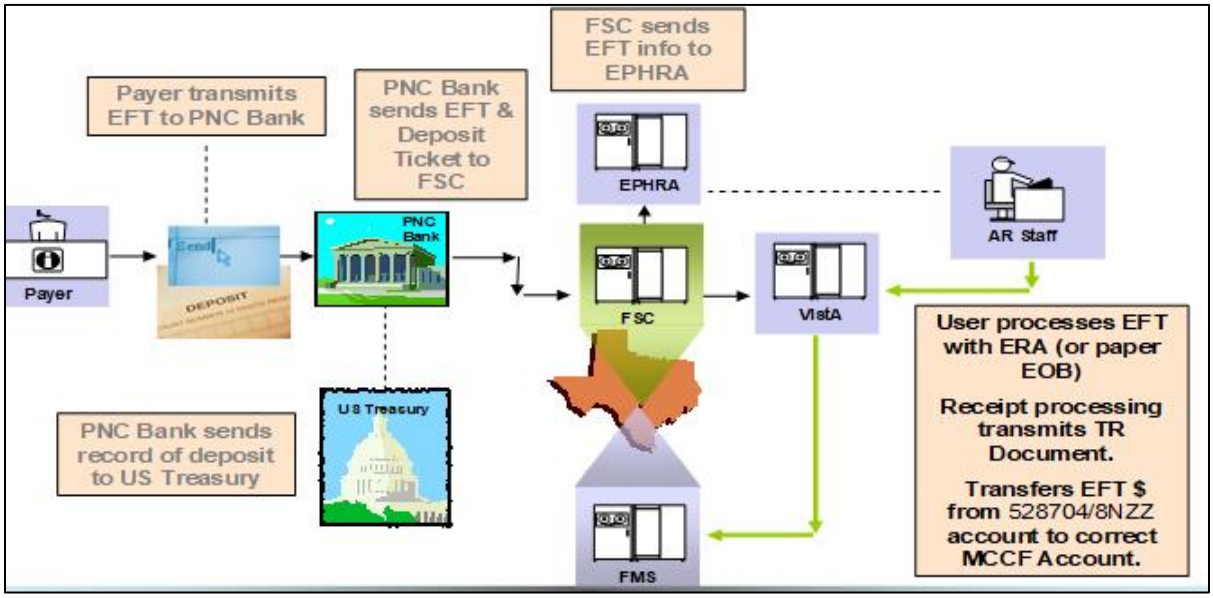
- **Day 2** – FMS accepts deposit and sends message back to VistA during nightly process. The money is deposited into 528704/8NZZ. This shows in the VistA system as 'transmitted' when viewing the worklist.

Figure 6: EFT 3-Day Cycle Part #3



- **Day 3** – EFT is ready to be processed with ERA or paper EOB and transmit back to FMS. This shows in the VistA system as 'accepted' when viewing the worklist.

Figure 7: EFT 3-Day Cycle Part #4



The screen capture below demonstrates how the three-day cycle shows on the worklist in the VistA system. This information can also be viewed on the EFT Daily Activity Report and the EFT unmatched aging report.

Figure 8: VistA Worklist

```
#   ERA #   TRACE#/PAYER NAME/MATCH STATUS  ERA PAID DT  TOT AMT PAID   DT REC'D
            MATCHED                         EFT RECEIPT STATUS: ACCEPTED BY FMS

   -25659   807178630000058                  6/28/07        18465.30   6/28/07
            AETNA                           APPROX # EEOBs: 134
            MATCHED                         EFT RECEIPT STATUS: ACCEPTED BY FMS

   -25761   807180600000099                  7/2/07          1496.24   7/2/07
            AETNA                           APPROX # EEOBs: 3
            MATCHED                         EFT RECEIPT STATUS: TRANSMITTED

   -25792   807183650000045                  7/3/07           877.81   7/3/07
            AETNA                           APPROX # EEOBs: 12
            UNMATCHED                       N/A
```

Day·3¶

Day·2¶

Day·1¶

When an e-receipt is processed to FMS, a TR document (Transfer Document) is created. The TR document transmits during the nightly process. The TR document does not transmit money to FMS, but rather transfers funds from 528704/8NZZ to the appropriate MCCF appropriation of 528704. The TR document number can be viewed in the VistA system under the Receipt Processing Option.

Figure 9: Transfer Document

```
  Receipt #: E07062500                 Type of Payment: EDI LOCKBOX
FT Detail #: 728 AETNA   ERA #: 25210  Receipt Status: CLOSED
MS Document: TR-581KXXXXXX             FMS Doc Status: ACCEPTED BY FMS
#    Account                         Pay Date  Open By  Edit By  Pay Amt  Proc Amt
```

4.3. EFT Deposits

To view a copy of the CR code sheet on the CRLT table, enter the transaction code (CR) and the CR number. This screen shows the Fund and RSC the money dropped into in FMS.

For this example, the CR number is 555K4A000C:

```
ACTION: N TABLEID: CRLT USERID: S555 SLK
                    *** CASH RECEIPTS LINE INQUIRY SCREEN ***
 KEY IS TRANS CODE, CR NUMBER, LINE
 TRANS CODE: CR CR NUMBER: 555K4A000C
 01-
                        LINE: 001                BFYS: 04            FUND: 528704
          STATION/SAT: 555            FCP/PRJ:                            JOB NO:
         COST CTR/SUB:                BOC/SUB:                          REPT CATG:
         REV SRCE/SUB: 8NZZ         CLSD BFYS:                          CLSD FUND:
           GL ACCOUNT:             TRANS TYPE: 23                      TRAVEL TYPE:
 VENDOR/PROVIDER: MCCFVALUE                  UNAPPLIED DEPOSIT NO:
                  AMOUNT:                1,480.00                      CHECK NUMBER:
                  REF TC:              REF DOC NO:                         REF LINE:
                     ADV:              ADVANCE NO:                          ADV IND:
        AGREEMENT NO:                                                    ACTION OUT:
           DESCRIPTION:
```

View the GLDB table to see all deposits into the GL ACCT and RSC for approximately 2 months. For this table, select the FY, BFY, FUND, GL ACCT, AD/OF, STN, and RSC.

```
 ACTION: R TABLEID: GLDB USERID: S570 SLK
              *** GENERAL LEDGER DETAIL BALANCE INQUIRY SCREEN ***
 FY      BFY     FUND    GL ACCT   AD/OF    STN     COST CTR    FCP/PRJ     BOC/REV
SRCE    TYPE
 --     -----   ------   -------   ----    -------  --------   ---------    ---------
---    ----
 04      04     528704   1029         10        570                              8NZZ
01
   TRANS ID    DATE    FM     REF DOCUMENT     VENDOR            VENDOR INV #
AMT
 ----------    ------  --     -------------    -------           -----------------
----------
 CR555K4A000C  031003  01                                        MCCFVALUE

1,480.00
 CR555K4A000H  031004  01                                        MCCFVALUE

428.34
 CR555K4A000Q  031007  01                                        MCCFVALUE

37.64
 CR555K4A0001  031002  01                                        MCCFVALUE

1,084.95
```

NOTE: *All transfers in from CR Documents will show up under GL ACCT 1029. All transfers, from the TR documents will show up on this table under the GL ACCT 1030.*

Table 12: Key

Field	Description
FY	Fiscal Year
BFY	Budget Fiscal Year
FUND	Fund
GL ACCT	General Ledger Acct
AD/OF	Administrative Office
STN	Station
BOC/REV SRCE	Revenue Source Code

5. NPI

The facility and providers NPI can be found within the ERA by viewing the ERA details. This was an added function by Patch.

```
     EDI LOCKBOX WORKLIST - ERA DETAIL                10/10/03       Page: 2
=========================================================================
PATIENT: IBpatient,One A/5555          CLAIM #: XXX-KXXXXXX
**EOB PROVIDER(S)/NPI                 CLAIM PROVIDER(S)/NPI**
---------------------                 -----------------------
```

```
BILLING: /XXXXXXXXXX                    XXXXXXXX VAMC/XXXXXXXXXX
RENDERING:                              Ibclerk,One/XXXXXXXXXX
EOB GENERAL INFORMATION:
 Type        : NORMAL EOB                EOB Paid DT  : 02/07/07
 Entry Dt/Tm :02/09/07 4:32 pm           Claim Status : PROCESSED
 Entry Dt/Tm :02/09/07 4:32 pm           Review Status: ACCEPTED-COMPLETE EOB
 Entered By  :                           Insurance Seq: PRIMARY
 Last Edited : 02/09/07 6:50 pm          Last Edit By : POSTMASTER
 Patient Name: IBpatient,One A           Pt. Relation : PATIENT
 Insured Name: IBpatient,One A           Insured ID   : XXXXXXXXX
 Claim Rec'd Date     :
 Other Subscriber Name: XXXXX,XXXX X
Enter RETURN to continue or '^' to exit:
```

6. Additional Functionality

6.1. Auto–Audit

New functionality is included with the 3rd Party EDI Lockbox patch. It allows EDI claims to automatically be audited and assigned an active status. Integrated Billing was modified to update AR whenever an EDI electronic status message is received for a bill that corresponds to one of these statuses:

- A3 = CLAIM SENT FOR ALL PAYER ROUTING
- AC = CLAIM FORWARDED TO PRINT CENTER
- A7 = CLAIM SENT TO PAYER, NO FURTHER UPDATES TO FOLLOW
- A8 = CLAIM SENT TO PAYER
- AA = CLAIM RECEIVED, PRINTED AND MAILED BY PRINT CENTER
- 2P = CLAIM ACCEPTED BY CLEARINGHOUSE- NO FURTHER UPDATES TO FOLLOW
- 10 = Claim sent to Payer
- 11 = Claim sent to Payer

The auto-audit function must be made active by using the **Update Rate Types For Auto-audit** option located in the Supervisor's AR Menu. Once the rate type is selected, answer YES to the prompt AUTO-AUDIT? Then enter the appropriate Bill Resulting From reason must be selected. This reason will be assigned to every EDI claim for this rate type that is auto-audited by the system. To turn off auto-audit for a rate type, select the option, enter the rate type, and answer NO to the prompt AUTO-AUDIT?. This deletes the Bill Resulting From field from for the rate type selected and from that point on, no more bills having that rate type will be auto-audited.

NOTE: *Any claims that have claim rejects on the Claims Status Awaiting Resolution (CSA) worklist will not be auto-audited.*

6.1.1. Update Rate Types for Auto-Audit

To activate auto-audit for EDI claims within a particular rate type proceed with the following selections:

```
Select Supervisor's AR Menu Option: Update Rate Types For Auto-audit
Select RATE TYPE NAME: ??
   Choose from:
   1            CRIME VICTIM  Who's Responsible: INSURER
   2            DENTAL  Who's Responsible: PATIENT
   3            HUMANITARIAN  Who's Responsible: PATIENT
   4            INTERAGENCY  Who's Responsible: INSURER
   5            MEANS TEST  Who's Responsible: PATIENT
   6            MEDICARE ESRD  Who's Responsible: OTHER (INSTITUTION)
   7            NO FAULT INS . Who's Responsible: INSURER
   8            REIMBURSABLE INS . Who's Responsible: INSURER
   9            SHARING AGREEMENT  Who's Responsible: OTHER (INSTITUTION)
   10           TORT FEASOR  Who's Responsible: INSURER
   11           WORKERS' COMP . Who's Responsible: INSURER
   12           CHAMPVA REIMB.INS . Who's Responsible: INSURER
Select RATE TYPE NAME: REIMBURSABLE INS  .  Who's Responsible: INSURER
AUTO-AUDIT?: NO//  YES
BILL RESULTING FROM: HI       HEALTH INSURANCE 3RD PARTY BILLING
         ...OK? Yes//  <RET>
```

6.1.2. Process Open Bills / Paper Claims

The system, as part of the current nightly processing, automatically runs through open bills / paper claims with a status of NEW BILL in AR File #430.

NOTE: *A "Paper Claim" is identified by looking at the "Force To Print?."*

Parameter:

MEDICAL Paper Claim = "FORCE LOCAL PRINT"

PHARMACY Paper Claim = "NOT APPLICABLE – NOT TRANSMITTABLE"

6.1.3. Validate Bill Data and Status

The system identifies which bills have bill type = "Reimbursable", "NEW BILL" status, and have been created / completed in the billing package and signed off by a biller (i.e., which bills have all of the necessary information within patient info, insurance company, subscriber info, codes). Specifically, the data elements that must be present include Patient IEN, Debtor, Subscriber IEN, Group Name and Group Number.

6.1.4. Process AR Entry

If all of the necessary information is in the AR file #430, the process updates the AR entry to contain the Category of REIMBURSABLE INSURANCE, HI (HEALTH INSURANCE 3RD PARTY BILLING) in the 'Bill Resulting From' field.

For records updated during this process, the system updates the status to ACTIVE in AR File #430.

6.1.5. Required Security Key

The system utilizes the security key RCDPE AUTO DEC that is NOT automatically assigned to any user.

6.2. Automatic Match EFTs to ERAs Acronym: MA

This option manually starts the routine that runs as part of the normal nightly processing. Only select this option if the user needs to initiate the process of matching the 3rd Party Lockbox EFT records that have not yet been matched to the electronic ERAs currently on file. The process must be queued and only one of these processes can be running at any given time.

6.3. EFT Manual Match Acronym: MM

This option allows the user to manually match an EFT detail record and an ERA record and will mark the two records as matched. Use this option *only* if the automatic matching function is not able to make the match.

The EFT and ERA selected must both be unmatched, and the ERA must not be associated with a receipt. This action may be necessary if the Trace Numbers or Insurance Company IDs do not match on the two records, but the payer has confirmed they are indeed supposed to be matched. To make matching easier, the system allows a partial match on trace number and leading zeroes are ignored. A date range filter can narrow the options for selection. This option allows the user to manually have the ERA re-evaluated for Auto-Posting to determine if the ERA can be marked for auto-post.

```
Select EDI Lockbox (ePayments) <TEST ACCOUNT> Option:  EFT Manual Match
THIS OPTION WILL ALLOW YOU TO MANUALLY MATCH AN EFT DETAIL RECORD
WITH AN ERA RECORD.
Select by date Range? (Y/N) NO//

SELECT THE UNMATCHED EFT TO MATCH TO AN ERA: 1176       TT8104351   09-15-2015
EFT TRANSACTION: 1176                    PAYER NAME: AETNA
  PAYER ID: 1066033492                   TRACE #: ABC6381043449
  TAX ID CORRECTION: NO CHANGE           AMOUNT OF PAYMENT: 2202.50
  MATCH STATUS: UNMATCHED                RECEIPT #: E15091502
  EFT RECORDED AT SITE: YES              DATE CLAIMS PAID: SEP 15, 2015
  DATE RECEIVED: SEP 15, 2015            TRANSACTION #: 1
  DEPOSIT NUMBER: T649697                DEPOSIT DATE: SEP 25, 2018
ARE YOU SURE THIS IS THE EFT YOU WANT TO MATCH?: YES//
SELECT THE UNMATCHED ERA TO MATCH TO EFT #3055: 43563   ABC6381045098  09-15-15
  2202.50  AETNA  UNMATCHED
ENTRY: 43563                             TRACE NUMBER: ABC6381043449
  INSURANCE CO ID: 1066014321            ERA DATE: SEP 15, 2015
  TOTAL AMOUNT PAID: 2202.50             PAYMENT FROM: AETNA
  FILE DATE/TIME: SEP 15, 2015@12:31:42
  EFT MATCH STATUS: UNMATCHED            ERA TYPE: ERA
  INDIVIDUAL EOB COUNT: 1                MAIL MESSAGE: 218296
  ERA DETAIL POST STATUS: NOT POSTED     EXPECTED PAYMENT METHOD CODE: ACH
ARE YOU SURE THIS IS THE CORRECT ERA TO MATCH TO?: YES//
EFT #3055 WAS SUCCESSFULLY MATCHED TO ERA #43563
Do you wish to mark this entry for Auto Posting (Y/N)?
```

If the system determines that the ERA is NOT an auto-post candidate, one of the following error messages is displayed:

```
ERA was NOT Marked as an Auto-Post CANDIDATE - Already marked for Auto-Posting
ERA was NOT Marked as an Auto-Post CANDIDATE - Already partially Auto-Posted
ERA was NOT Marked as an Auto-Post CANDIDATE - Already completely Auto-Posted
ERA was NOT Marked as an Auto-Post CANDIDATE - ERA not matched
ERA was NOT Marked as an Auto-Post CANDIDATE - Zero value ERA
ERA was NOT Marked as an Auto-Post CANDIDATE - Medical auto-posting off
ERA was NOT Marked as an Auto-Post CANDIDATE - Pharmacy auto-posting off
ERA was NOT Marked as an Auto-Post CANDIDATE - Medical payer excluded
ERA was NOT Marked as an Auto-Post CANDIDATE - Pharmacy payer excluded
ERA was NOT Marked as an Auto-Post CANDIDATE - Invalid Bill Number Exception(s)
ERA was NOT Marked as an Auto-Post CANDIDATE - ERA level Adjustment(s)
ERA was NOT Marked as an Auto-Post CANDIDATE - ERA has a receipt
ERA was NOT Marked as an Auto-Post CANDIDATE - Unable to create scratchpad
ERA was NOT Marked as an Auto-Post CANDIDATE - Claim Level Adjustments w/o payment
ERA was NOT Marked as an Auto-Post CANDIDATE - +/- pairs do not balance
```

6.4. Mark Ø-Balance EFT Matched Acronym: ZB

There may be times when an EFT is received with a zero payment and has a paper EEOB associated with it. This option allows the user to select an EFT detail record and mark it as matched to a paper EEOB. This removes it from the EFT UNMATCHED AGING REPORT.

6.5. Unmatch an ERA Acronym: UN

If an ERA has been marked with a match status in error, this option allows it to be marked as unmatched again. Only select an ERA that was previously marked as matched and that has had no receipt created for it yet. If the Scratchpad entry has been created, it will need to be deleted before the unmatch can occur. If the ERA was matched to an EFT, the EFT will be remarked as unmatched, and returned to the EFT Unmatched Aging Report.

6.6. Update ERA Posted using Paper EOB Acronym: UP

When Payers first come on-line with the 3rd Party EDI Lockbox functions it is possible for a facility to receive both EEOB data and paper EOBs at the same time. As a result, there may be times when the EOB data gets posted from the paper EOB to AR and FMS without referencing the ERA. In this situation, the ERA will indicate it is unposted. Use this option to mark the ERA as POSTED. It requires entering the receipt # used to post the paper EOB information.

The existing functionality of the Update ERA Posted Using Paper EOB option is extended to include an automatic system search of an existing receipt when associating payments to the ERA. The automatic search for receipts to post requires the user to enter an ERA number to be updated to initiate automatic system search for associated receipt. The AR application will collect only those receipts that have an FMS DOC STATUS of “ACCEPTED BY FMS” as indicated in the following options:

- Receipt Processing [RCDP RECEIPT PROCESSING]
- List Of Receipts Report [RCDP LIST OF RECEIPTS REPORT]

1. System will display specific payment details associated with the ERA for validation by the user prior to updating the ERA.
    - Patient Name / Last 4 of SSN
    - Bill Number
    - Check number
    - Trace number
    - Date of Service
    - AR Transaction Amount
    - Receipt Number
    - Date of Receipt
2. A new audit report will display or print data to identify usage of the Update ERA Posted to EOB option.

```
                    ERAs Posted with Paper EOB - Audit Report      Page: 1
                            Run Date: 11/27/11@21:05:06
                                    DIVISIONS: ALL
                Date Range: 8/19/11 - 11/27/11 (DATE ERA UPDATED)
                        Date/Time         User Who        EFT Match Status
ERA #      Receipt #   ERA Updated       Updated             Detail Post Status
==============================================================================
14201      2362006     9/12/11@14:03:33  User, One       MATCHED TO PAPER CHECK
                                                             MANUALLY POSTED
13877      13398756    10/10/11@16:31:09 User, Two       MATCHED TO PAPER CHECK
                                                             MANUALLY POSTED
14150      E06111505   10/14/11@13:23:52 User, One       MATCHED TO PAPER CHECK
                                                             MANUALLY POSTED
14151      13805055    10/14/11@14:29:30 User, One       MATCHED TO PAPER CHECK
                                                             MANUALLY POSTED
14232      13805672    10/14/11@14:40:26 User, One       MATCHED TO PAPER CHECK
```

The option now includes the capability of an automatic system search of an existing receipt when associating payments to the ERA.

```
Select EDI Lockbox Option: up    Update ERA Posted Using Paper EOB
     Select one of the following:
          M         Manually select receipt to post
          A         Automatic search for receipt to post
Select type of receipt to ERA link: M// a  Automatic search for receipt to post
Select ELECTRONIC REMITTANCE ADVICE ENTRY: 14124    0039693212  02-20-07  398.07
  GREAT-WEST LIFE  UNMATCHED
PATIENT: Patient,Test A/3738
Bill number: K700UHD
Check #: 2398902
Trace #: 120199719GH0428
DOS: Nov 21, 2006
AR Transaction amount: 8
```

6.7. Remove ERA from Active Worklist Acronym: REM

This option allows the user to remove an unmatched ERA from the active Worklist. Use this option only if the deposit has not been made. The Remove ERA from Active Worklist option should always be used cautiously.

Here are some common scenarios: the user received a duplicate ERA; the ERA doesn't belong to the station, the Update an ERA Posted using a paper EOB is not feasible or there is no other way to process the ERA (i.e., Receipts are purged from system). This marks the POSTED status of the ERA as NOT POSTED-REMOVED; and the EFT MATCH STATUS of the ERA is updated to REMOVED FROM WORKLIST.

This option has been enhanced to require the user to have the security key RCDPE MARK ERA and requires that a comment is entered that will represent the reason the ERA was removed from the Worklist.

If user tries to use the Remove ERA from Active Worklist option without having the RCDPE MARK ERA security key assigned, the user will receive the following error message (refer to sample screen shot below):

```
   EXC    EDI Lockbox 3rd Party Exceptions
   WL     ERA Worklist
   APAR   Auto-Post Awaiting Resolution
   MA     Automatic Match EFTs to ERAs
   MCR    EEOB Move/Copy/Remove
   MM     EFT Manual Match
   OEFT   Unposted EFT Override
   REFT   Remove Duplicate EFT Deposits
   REM    Remove ERA from Active Worklist
   REP    EDI Lockbox (ePayments) Reports Menu ...
   UN     Unmatch An ERA
   UP     Update ERA Posted Using Paper EOB
   ZB     Mark 0-Balance EFT Matched
Select EDI Lockbox Option: REM   Remove ERA from Active Worklist
SORRY, YOU ARE NOT AUTHORIZED TO USE THIS OPTION
This option is locked with RCDPE MARK ERA key.
Enter RETURN to continue or '^' to exit:
```

6.8. EEOB Move / Copy / Remove Acronym: MCR

The EEOB Move / Copy / Remove option was added to the EDI Lockbox Menu that provides the capability to move or copy an EEOB to the correct patient account to ensure Protected Health Information (PHI) is not compromised.

This option has the following features:

- Ability to select an EEOB and move or copy it to the appropriate claim(s) or remove it from the claim.
- The move, copy, or removal of an EEOB is captured and can be viewed with a new audit report.

The remove option is locked with security key RCDPE REMOVE EEOB to restrict usage of removing EEOBs from claims.

An example of the MOVE function:

```
Select EDI Lockbox Option: mcr  EEOB Move/Copy/Remove
   Select one of the following:
     M Move EEOB to different claim
     C Copy EEOB to multiple claims
     R Remove EEOB from claim
Select action: M// ove EEOB to different claim
```

```
Select EXPLANATION OF BENEFIT (EEOB) to MOVE: K400M44       ARPatient,One
    12-01-03     Inpatient     REIMBURSABLE INS      PRNT/TX
AETNA US HEALTHCARE (PRIMARY)
Select A/R Bill to MOVE to: K400M42  442-K400M42     REIMBURS.HEALTH INS      01
-12-04    AETNA US HEALTHCARE     COLLECTED/CLOSED  $0.00
Move EEOB from claim K400M44 to claim K400M42 ? YES//
Enter JUSTIFICATION COMMENT: Moving EEOB to correct claim number
EEOB Update Complete
```

NOTE: *For audit purposes, a justification is required to move an EEOB.*

An example of the COPY function:

```
Select EDI Lockbox Option: mcr EEOB Move/Copy/Remove
   Select one of the following:
     M     Move EEOB to different claim
     C     Copy EEOB to multiple claims
     R     Remove EEOB from claim
Select action: M// c Copy EEOB to multiple claims
Select EXPLANATION OF BENEFIT (EEOB) to COPY: K301XF4     User,Test
07-24-03     Outpatient     REIMBURSABLE INS      PRNT/TX
AETNA US HEALTHCARE (PRIMARY)
Select A/R Bill to COPY to: K301SHC  442-K301SHC     REIMBURS.HEALTH INS      07
-18-03    AETNA US HEALTHCARE     COLLECTED/CLOSED  $0.00
Select another A/R Bill to COPY to: K301SI9  442-K301SI9     REIMBURS.HEALTH INS
     07-18-03     AETNA US HEALTHCARE     COLLECTED/CLOSED  $0.00
Select another A/R Bill to COPY to:
Copy EEOB from claim K301XF4 to claim(s) K301SHC, K301SI9 ? YES//
Enter JUSTIFICATION COMMENT: Copying EEOB information to additional claim K123456.
EEOB Update Complete
```

NOTE: *A justification comment is required to copy an EEOB to another claim.*

An example of the REMOVE function:

```
Select EDI Lockbox Option: mcr  EEOB Move/Copy/Remove
   Select one of the following:
     M     Move EEOB to different claim
     C     Copy EEOB to multiple claims
     R     Remove EEOB from claim
Select action: M// R  Remove EEOB from claim
Select EXPLANATION OF BENEFIT (EEOB) to REMOVE: K301XF4     User,Test
07-24-03     Outpatient     REIMBURSABLE INS      PRNT/TX
AETNA US HEALTHCARE (PRIMARY)
Are you sure you want to remove EEOB from claim K301XF4 (Y/N)?? YES//
Enter JUSTIFICATION COMMENT: Removing EEOB information for test.
EEOB Update Complete
```

NOTE: *A justification comment is required to remove an EEOB. Also, the remove action is locked with security key RCDPE REMOVE EEOB.*

6.9. Remove Duplicate EFT Deposits Acronym: REFT

The Remove Duplicate EFT Deposits option was added to the EDI Lockbox Menu that provides the capability to remove a duplicate EFT from the EFT Unmatched Aging report.

EFTs marked as duplicates are displayed on the EFT Daily Activity report with a new display field that indicates the justification for the removal and the user that removed the EFT.

```
Select EDI Lockbox (ePayments) <TEST ACCOUNT> Option: REFT  Remove Duplicate EFT
 Deposits
          WARNING: Removing an EFT is **NOT** reversible.
  Use this option only if you are sure you want to remove this EFT.
 Please be aware that once an EFT is removed - it cannot be restored.
Are you sure you want to continue? NO// YES
This will mark EFT # 2250.1 as removed.
Are you sure you want to continue? NO// YES
EFT REMOVAL REASON: FOR TESTING PURPOSES  Replace
REMOVAL TYPE: ?
     Please enter 'D' for Duplicate EFT or 'M' for Millenium EFT
     Choose from:
       D        DUPLICATE EFT
       M        MILLENIUM EFT
REMOVAL TYPE: D  DUPLICATE EFT
EFT # 2252.1 has been marked as removed.
Press return to continue:
```

```
EDI LOCKBOX EFT DAILY ACTIVITY DETAIL REPORT       Page: 1
                          RUN DATE: 11/30/16@11:12:12
                                 DIVISIONS: ALL
                                  PAYERS: ALL
               DATE RANGE: 1/1/00 - 11/30/16 (Date Deposit Added)
DEP #      DEPOSIT DT   DATE PD     DEP AMOUNT          FMS DEPOSIT STAT
   EFT #          MATCHED DT  PAYMENT AMOUNT  ERA MATCH STATUS
          EFT PAYER TRACE #  CR #
              PAYMENT FROM
TR #
                                     DEP RECEIPT #  DEP RECEIPT STATUS
==============================================================================
                       DATE EFT DEPOSIT RECEIVED: 1/14/04
469082     1/7/04     1/7/04             136.49              NO FMS DOC
   1                    1/7/04    10.80           MATCHED/ERA #10
          803365450000024 1234567890
              AETNA LIFE INS/1066033492
   1234567890, 1234567890, 1234567890, 1234567890, 1234567890, 1234567890,
1234567890, 1234567890, 1234567890, 1234567890, 1234567890, 1234567890, 1234567890,
1234567890, 1234567890, 1234567890, 1234567890
                                            E16xxxxxB          QUEUED
```

The Duplicate EFT Audit Report was created to list all the EFT deposits that were removed from the EFT Unmatched Aging Report also referred to as the EFT Worklist. This report is found in the EDI Lockbox (ePayments) Reports Menu.

The new option is locked with a new security key RCDPE REMOVE DUPLICATES to restrict usage of removing EFTs from the EFT Unmatched Aging Report. Appropriate personnel, such as: managers, supervisors and leads should be assigned this security key.

```
   EXC    EDI Lockbox 3rd Party Exceptions
   WL     ERA Worklist
   APAR   Auto-Post Awaiting Resolution
   MA     Automatic Match EFTs to ERAs
```

```
   MCR    EEOB Move/Copy/Remove
   MM     EFT Manual Match
   OEFT   Unposted EFT Override
   REFT   Remove Duplicate EFT Deposits
   REM    Remove ERA from Active Worklist
   REP    EDI Lockbox (ePayments) Reports Menu ...
   UN     Unmatch An ERA
   UP     Update ERA Posted Using Paper EOB
   ZB     Mark 0-Balance EFT Matched
Select EDI Lockbox Option: reft  Remove Duplicate EFT Deposits
SORRY, YOU ARE NOT AUTHORIZED TO USE THIS OPTION
```

The removed EFT will no longer display on the EFT Unmatched Aging Report.

```
                          EFT UNMATCHED AGING REPORT          Page: 1
                         RUN DATE: 11/27/11@15:27:12
                                   PAYERS: ALL
                DATE RANGE: 11/27/11 - 11/27/11 (DATE EFT FILED)
AGED
DAYS  TRACE #
          DEPOSIT FROM/ID                                          DEP DATE
      FILE DATE     DEPOSIT AMOUNT  DEP#/EFT#    DEPOSIT POST STATUS
==============================================================================
TOTALS:
 NUMBER AGED ELECTRONIC EFT MESSAGES FOUND: 0
 AMOUNT AGED ELECTRONIC EFT MESSAGES FOUND: $0.00
==============================================================================
*** END OF REPORT ***
```

6.10. EEOB Indicator

The following reports and screens display an EEOB indicator, the "%" character, next to the third-party accounts claim number when an EEOB has been received in the system for the claim.

- Brief Account Profile [PRCAY ACCOUNT PROFILE]
- Full Account Profile [PRCAY FULL ACCOUNT PROFILE]
- List All Bills [PRCA LIST ALL BILLS]
- Bill Profile [RCDP BILL PROFILE]
- Bill Transactions [RCDP BILL TRANSACTIONS]
- Claims Matching Report [RCDP CLAIMS MATCH]
- List all Bills for a Patient [IB LIST ALL BILLS FOR PAT]
- Insurance Payment Trend Report [IB OUTPUT TREND REPORT]
- BILL CHARGES screen of Third-Party Joint Inquiry [IBJ THIRD PARTY JOINT INQUIRY]
- Third Party Active Bills screen of Third-Party Joint Inquiry [IBJ THIRD PARTY JOINT INQUIRY]
- Third Party Inactive Bills screen of Third-Party Joint Inquiry [IBJ THIRD PARTY JOINT INQUIRY]
- Third party Follow-Up Report [IBJD FOLLOW-UP THIRD PARTY]

The following reports and screens display the EEOB indicator next to the first party claim number when a match can be made to an associated third-party claim that has received an EEOB.

- Brief Account Profile [PRCAY ACCOUNT PROFILE]
- Full Account Profile [PRCAY FULL ACCOUNT PROFILE]
- First Party Follow-Up Report [IBJD FOLLOW-UP FIRST PARTY]
- List all Bills for a Patient [IB LIST ALL BILLS FOR PAT]
- List All Bills [PRCA LIST ALL BILLS]
- Bill Profile [RCDP BILL PROFILE]
- Bill Transactions [RCDP BILL TRANSACTIONS]

An example of the EEOB indicator, the "%" character, appearing before a claim number.

```
500-92004A    03/01/11  XRAY CORP              ACTIVE      127        62.00
%500-92005A   03/01/11  PRUDENTIAL             ACTIVE      127        55.00
%500-92055A   01/06/11  AETNA                  NEW BILL    -31       -31.00
```

6.11. Receipt Processing

The RECEIPT PROCESSING option generates a new warning message that will alert the user that the receipt cannot be processed when a claim on the ERA Worklist would result in a negative balance if the decrease adjustment is allowed against the claim.

Receipt Processing – Warning Message:

```
Receipt Profile                May 15, 2017@15:57:59          Page:    1 of    1
   Receipt #: E17051500                Type of Payment: CHECK/MO PAYMENT
   Deposit #:                           Receipt Status: OPEN
   ERA #: xxxxxxxxxx  ERA TTL: xxxxxx.xx    FMS Document: NOTSENT
   EFT #: xxxxxxxxxx  EFT TTL: xxxxxx.xx  FMS Doc Status: NOT ENTERED
 #    Account                     Pay Date  Open By  Edit By  Pay Amt  Proc Amt
1     442-K405IET                 05/15/17  CM                   4.38      0.00
                                                             --------  --------
      TOTAL DOLLARS FOR RECEIPT                                   4.38      0.00
+         Enter ?? for more actions
NP New Payment            AP Account Profile        PR Process Receipt
EP Edit Payment           RR Reprint Receipt        21 (215 Report)
CP Cancel Payment         WL Worklist (ERA)         EA Exit Action
MP Move Payment           CU Customize              CR Entered Online
                          ER Edit Receipt
Select Action: Next Screen// PR   Process Receipt
This option will process the payments for the receipt updating the AR
Package and generate the transfer receipt document to FMS. Any decrease
adjustments entered via the EDI Lockbox Worklist will also be generated.
Once a receipt has been processed, the receipt status will change to closed
and no further processing of the receipt can occur. If the FMS transfer
 receipt document rejects, you can use this same option to reprocess the
receipt.
Generating automatic decrease adjustments from EDI Lbox Worklist
ARE YOU SURE YOU WANT TO CONTINUE?: YES// YES
  Could not perform automatic decrease adj from ERA Worklist for
    bill # 442-K700WEI for amount of -6.55
```

```
WARNING:  Receipt cannot be processed.
Processing this receipt will cause this bill to have a negative balance
which is outside the scope of VA Accounting regulations.
Correct the error and reprocess this receipt .
```

NOTE: *This new message is generated only when the decrease adjustment would have caused a negative claim balance.*

6.12. Unposted EFT Override Acronym: OEFT

The Unposted EFT Override option displays current warning messages or error messages for third party medical claims and pharmacy claims. A user can select either Medical or Pharmacy claims to file an override. A comment must be entered to explain why the override is occurring. An override allows unrestricted scratchpad creation for the day the override is filed.

NOTE: *The Unposted EFT Override option is locked with the security key, RCDPE AGED PMT.*

The menu option to override unposted EFT posting prevention requires the user to hold security key RCDPE AUTO DEC.

6.13. Identify Payers Acronym: IDP

The Identify Payers option allows all users to see a list of all payer names and if they have been identified as Tricare and / or Pharmacy only payers.

If the user has the RCDPE PAYER IDENTIFY security key they can set the Tricare and Pharmacy indicators for payers.

Prompts:

```
Select EDI Lockbox (ePayments) <TEST ACCOUNT> Option: IDP Identify Payers
Filter by Date Added? NO//
Select payers to show. (A)ll, (P)harmacy, (T)ricare, (M)edical: A// ll
Payer List
Payer Pharmacy/Tricare        Oct 10, 2017@13:04:57          Page:    1 of   16
Current Filter: ALL Payers
 #   PAYER                                                   TIN         Rx  TR
 1   AETNA                                                   10XXXXXX92      Y
 2   AETNA -CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD   16XXXXXX09
 3   AETNA AMERICAN CONTINENTAL INSURANCE COMPANY             12XXXXXX54
 4   AETNA GENWORTH LIFE AND ANNUITY INSURANCE                12XXXXXX54
 5   ALLEGIANCE BENEFIT PLAN MANAGEMENT                       18XXXXXX50  Y
 6   ALTIUS HEALTH PLANS A COVENTRY HEALTH CARE PLAN          18XXXXXX31
 7   AMERICAN FAMILY LIFE ASSURANCE COMPANY                   15XXXXXX85
 8   AMERICAN FAMILY MUTUAL INSURANCE                         13XXXXXX10  Y   Y
 9   AMERICAN NAT'L INS CO OF TEXAS                           17XXXXXX94
+         Enter ?? for more actions                                        >>>
ED  Edit Flags            PH  Flag Pharmacy         Q   Quit
FI  Filter                TR  Flag Tricare
Select Action:Next Screen//
```

The Edit Flags, Flag Pharmacy, and Flag Tricare actions will only be accessible to those with the RCDPE PAYER IDENTIFY security key.

7. EDI Lockbox (ePayments) Reports Menu Acronym: REP

The EDI Lockbox (ePayments) Reports Menu lists the available EDI Lockbox Reports.

```
   EXC    EDI Lockbox 3rd Party Exceptions
   WL     ERA Worklist
   APAR   Auto-Post Awaiting Resolution
   MA     Automatic Match EFTs to ERAs
   MCR    EEOB Move/Copy/Remove
   MM     EFT Manual Match
   OEFT   Unposted EFT Override
   DUP    Duplicate ERA Worklist
   REFT   Remove Duplicate EFT Deposits
   REM    Remove ERA from Active Worklist
   REP    EDI Lockbox (ePayments) Reports Menu
   UN     Unmatch An ERA
   UP     Update ERA Posted Using Paper EOB
   ZB     Mark 0-Balance EFT Matched
   IDP    Identify Payers
Select EDI Lockbox (ePayments) Option:
```

The sub-menus for the EDI Lockbox Reports are listed here and display after REP is entered above.

```
   WORK   Workload Reports ...
   ADJR   Adjustment Code Reports ...
   RESR   Additional Research Reports ...
   AUDR   Audit Reports ...
   VP     View/Print ERA
Select EDI Lockbox (ePayments) Reports Menu Option:
```

The sub-menu ‘WORK’ for the EDI Lockbox Reports lists the following Workload Reports:

```
   DA     EFT Daily Activity Report
   EFT    EFT Unmatched Aging Report
   ERA    ERA Unmatched Aging Report
   PEO    Pending EFT Override Report
   UN     Unapplied EFT Deposits Report
Select Workload Reports <TEST ACCOUNT> Option:
```

The sub-menu ‘ADJR’ for the EDI Lockbox Reports lists the following Adjustment Code Reports:

```
   CR     835 CARC Data Report
   PLB    Provider Level Adjustments (PLB) Report
   QS     CARC/RARC Quick Search
   TB     CARC/RARC Table Data Report
Select Adjustment Code Reports <TEST ACCOUNT> Option:
```

The sub-menu ‘RESR’ for the EDI Lockbox Reports lists the following Additional Research Reports:

```
   ETR    EFT/ERA TRENDING Report
   AB     Active Bills With EEOB Report
Select Additional Research Reports <TEST ACCOUNT> Option:
```

The sub-menu 'AUDR' for the EDI Lockbox Reports lists the following Audit Reports:

```
   AD Auto-Decrease Adjustment Report
   FAD       First Party COPAY Auto-Decrease Report
   FAM       First Party COPAY Manual vs Auto-Decrease Report
   AP        Auto-Post Report
   APR       Auto-Posted Receipt Report
   APH       Auto Parameter History Report
   DUPR      Duplicate EFT Deposits Audit Report
   ESC       ERA Status Change Audit Report
   ETA       EFT Transaction Audit Report
   EUO       EFT Unlock Lockout Override Report
   MCR       EEOB Move/Copy/Remove Audit Report
   EMA       EEOBs Marked for Auto-Post Audit Report
   POSR      ERAs Posted with Paper EOB Audit Report
   PX        Payer Implementation Report
   REMR      Remove ERA from Active Worklist Audit Report
Select Audit Reports <TEST ACCOUNT> Option:
```

The sub-menu 'VP' for the EDI Lockbox Reports contains only the View / Print ERA option.

7.1. EFT Daily Activity Report Acronym: DA

The Summary EFT Daily Activity Report provides total data on all EFT deposits. The report can be run on-demand with detail by date or just the summary data for the date range. Detail format provides a detailed list of all EFT deposits received within the selected date range and the corresponding EFT payments from the payers comprising each deposit.

The following information appears on the EFT Daily Activity Statement.

- Deposit Ticket Information – including deposit number, date received, trace #, which payment was from, CR document number, and TR document number(s).
- EFT's that have been matched to an ERA.
- Accepted EFT's represent total dollars posted to FUND 52870404 / Revenue Source Code 8NZZ.
- A flag to indicate if an EFT is a debit received by the payer, resulting in a debit voucher.

7.1.1. When to Run this Report

Review the EFT Daily Activity Report on an as-needed basis to monitor electronic funds deposited to the US Treasury that are associated with the site.

When reviewed monthly, the user can ensure all deposits are in an 'accepted' status or in an appropriate 'transmitted' status. ALL deposits in a 'rejected' status must be corrected, in order to process the payments OR get collection credit for the funds.

7.1.2. How to Run this Report

To run the EFT Daily Activity Report in detail, proceed through the following steps:

```
Select EDI Lockbox (ePayments) Reports Menu Option -  DA  EFT Daily Activity Report
Select division: ALL//
(S)UMMARY OR (D)ETAIL?: D// DETAIL AND TOTALS
START DATE: 3/1/2017  (MAR 01, 2017)
END DATE: MAR 01, 2017// T  (APR 14, 2017)
```

```
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/
RUN REPORT FOR (A)LL, (S)PECIFIC, OR (R)ANGE OF INSURANCE COMPANIES?: ALL//
Show EFTs with debits only? NO// YES
DISPLAY IN LISTMANAGER FORMAT (Y/N): NO//
DEVICE: HOME//   TELNET TERMINAL
            EDI LOCKBOX EFT DAILY ACTIVITY DETAIL REPORT       Page: 1
                         RUN DATE: 04/30/17@16:56:14
                                DIVISIONS: ALL
PAYERS: SELECTED                              MEDICAL/PHARMACY/TRICARE:TRICARE
DATE RANGE: 03/01/17 - 03/01/17 (DATE DEPOSIT ADDED)        DEBIT ONLY EFTs: NO
DEP #      DEPOSIT DT   DATE PD           DEP AMOUNT          FMS DEPOSIT STAT
  EFT #          MATCHED DT   PAYMENT AMOUNT  ERA MATCH STATUS
    EFT PAYER TRACE #                                CR #
      PAYMENT FROM
   TR #
                                   DEBIT   DEP RECEIPT #  DEP RECEIPT STATUS
==============================================================================
                     DATE EFT DEPOSIT RECEIVED: 03/01/17
T331543    03/01/17   03/01/17            737.58              ACCEPTED
  2100.01          03/01/17  737.58          MATCHED/ERA #92594
    ABC6434331449                                CR-442K5A0A64
      FEDERAL EMPLOYEES HEALTH BENEFIT A COVENTRY HEALTH CARE PLAN/1066033492
   TR-442K5A0A65
                                                E17030100      ACCEPTED
```

To run the EFT Daily Activity Report in summary, proceed through the following steps:

```
Select division: ALL//
(S)UMMARY OR (D)ETAIL?: D// SUMMARY TOTALS ONLY
START DATE: 3/1/2017  (MAR 01, 2017)
END DATE: MAR 1,2017//   (MAR 01, 2017)
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/
RUN REPORT FOR (A)LL, (S)PECIFIC, OR (R)ANGE OF INSURANCE COMPANIES?: ALL//
Display in List Manager format? (Y/N): NO//
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//
                EDI LOCKBOX EFT DAILY ACTIVITY SUMMARY REPORT       Page: 1
                         RUN DATE: 04/30/17@17:10:48
                                DIVISIONS: ALL
PAYERS: SELECTED                              MEDICAL/PHARMACY/TRICARE:TRICARE
DATE RANGE: 03/01/17 - 03/01/17 (Date Deposit Added)        DEBIT ONLY EFTs: NO
==============================================================================
**TOTALS FOR DATE: 03/01/17      # OF DEPOSIT TICKETS RECEIVED: 1
                            TOTAL AMOUNT OF DEPOSITS RECEIVED: $737.58
                    DEPOSIT AMOUNTS SENT TO FMS:
                                       ACCEPTED: $737.58
                                         QUEUED: $0.00
                                   ERROR/REJECT: $0.00
                                     NOT IN FMS: $0.00
                                 DEBIT VOUCHERS: $0
                          # EFT DEBIT VOUCHERS: 0
                          # EFT PAYMENT RECORDS: 1
                         # EFT PAYMENTS MATCHED: 1

**** TOTALS FOR DATE RANGE:      # OF DEPOSIT TICKETS RECEIVED: 1
                            TOTAL AMOUNT OF DEPOSITS RECEIVED: $737.58
                    DEPOSIT AMOUNTS SENT TO FMS:
                                       ACCEPTED: $737.58
                                         QUEUED: $0.00
                                   ERROR/REJECT: $0.00
                                     NOT IN FMS: $0.00
```

```
                          DEBIT VOUCHERS: $0
                          # EFT DEBIT VOUCHERS: 0
                          # EFT PAYMENT RECORDS: 1
                         # EFT PAYMENTS MATCHED: 1
                           ***** END OF REPORT *****
Enter RETURN to continue or '^' to exit:
```

7.2. EFT Unmatched Aging Report Acronym: EFT

The EFT Unmatched Aging Report contains a list of all Electronic Funds Transfer (EFT) records that have not been successfully matched to ERAs or to paper EOBs within the user-specified number of days. Within EDI Lockbox Site Parameters, each site can set the number of days an EFT should wait before appearing on this report. The default parameter is set at 5 days.

7.2.1. When to Run this Report

Review the EFT Unmatched Aging Report on a regular basis, as determined by the site, to monitor outstanding electronic funds requiring a match to an ERA or even a paper EEOB.

7.2.2. How to Run this Report

To run the summary EFT Unmatched Aging Report, proceed with the following selections.

```
Select EDI Lockbox Reports Menu Option: EFT  EFT Unmatched Aging Report
Start date: T-1000  (AUG 07, 2014)
  End date: AUG 7,2014// T  (MAY 03, 2017)
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/
RUN REPORT FOR (A)LL, (S)PECIFIC, OR (R)ANGE OF INSURANCE COMPANIES?: ALL//SPECIFIC
Select Insurance Company Name: TRICARE WEST   1860813402
Export the report to Microsoft Excel? (Y/N): NO//
Display in List Manager format? (Y/N): NO//
DEVICE: HOME//   TELNET TERMINAL
                   EFT UNMATCHED AGING REPORT     Page: 1
                           RUN DATE: 5/3/17@15:21:37
PAYERS: SELECTED                                MEDICAL/PHARMACY/TRICARE:TRICARE DATE
RANGE: 8/7/14 - 5/3/17 (DATE EFT FILED)
AGED
DAYS  TRACE #                                                          DEP DATE
    DEPOSIT FROM/ID
      FILE DATE     DEPOSIT AMOUNT  DEP#/EFT#   DEPOSIT POST STATUS
================================================================================
Totals:
 Number Aged Electronic EFT Messages Found: 1
 Amount Aged Electronic EFT Messages Found: $66.76
================================================================================
 637  68127436                                                         3/18/15
    FEDERAL EMPLOYEES HEALTH BENEFIT A COVENTRY HEALTH CARE PLAN/1470246511
      8/5/15                 66.76  569469949/2101.2   Posted to 8NZZ 8/6/15
                           ***** END OF REPORT *****
```

7.3. ERA Unmatched Aging Report Acronym: ERA

This option produces the ERA aging report containing a list of all Electronic Remittance Advice (ERA) records that have not been successfully matched to electronic EFTs within the user-specified number of days. Within EDI Lockbox Site Parameters, each site can set the number of days an ERA should wait before appearing on this report. An indicator of “x” displays before the Aged Days if an exception exists for the ERA.

7.3.1. When to Run this Report

Review the ERA Unmatched Aging Report on a regular basis, as determined by the site, to monitor outstanding electronic remittance advices requiring a match to an EFT or paper check.

7.3.2. How to Run this Report

To run the summary ERA Unmatched Aging Report, proceed with the following selections:

```
Select EDI Lockbox Reports Menu Option: ERA  ERA Unmatched Aging Report
Select division: ALL//
START DATE: 1/1/2005  (JAN 01, 2005)
END DATE: JAN 1,2005// T  (SEP 20, 2011)
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/
RUN REPORT FOR (A)LL, (S)PECIFIC, OR (R)ANGE OF INSURANCE COMPANIES?: ALL//
Include Zero payment amounts? (Y/N): YES//
Export the report to Microsoft Excel? (Y/N): NO// EXPORT THE REPORT TO Microsoft
Excel (Y/N): ? NO//
Display in List Manager format? (Y/N): NO//
DEVICE: HOME//   TELNET TERMINAL
ERA UNMATCHED AGING REPORT          Page: 1
RUN DATE/TIME: 9/20/11@14:44:15
DIVISIONS: ALL
PAYERS: SELECTED                              MEDICAL/PHARMACY/TRICARE:TRICAREDATE
RANGE: 1/1/05 - 9/20/11 (ERA FILE DATE)
AGED
DAYS  TRACE #
          PAYMENT FROM/ID                                            ERA DATE
                FILE DATE      AMOUNT PAID  EEOB CNT   ERA #
==============================================================================
TOTALS:
 NUMBER AGED ELECTRONIC ERA MESSAGES FOUND: 155
 AMOUNT AGED ELECTRONIC ERA MESSAGES FOUND: $55,599.63
==============================================================================
1672  0003214829
          FIRST HEALTH/1364072377                                    2/17/07
                2/21/07             10.56  1          14102
        EEOB Seq #: 1  EEOB on file for K700XL8  10.56
x1672 2013140051
          MAIL HANDLERS BENEFIT PLAN/1382242132                      2/17/07
                2/21/07             18.53  1          14106
Enter RETURN to continue or '^' to exit:
```

7.4. Pending EFT Override Report Acronym: PEO

This option produces the Pending EFT Override Report containing all EFTs creating the EFT locks up, including an automatic list when the EFT locks up override option was used and includes the EFT override comments.

7.4.1. When to Run this Report

Review the Pending EFT Override Report whenever locked reports are encountered to help troubleshoot and resolve locked reports.

7.4.2. How to Run this Report

To run the summary Pending EFT Override Report proceed with the following selections:

```
Select Workload Reports Option: PEO  Pending EFT Override Report
Medical Override not active for today's date
Aged EFT days before Medical posting prevented = 30
List the report in Microsoft Excel format? NO//
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//
Pending EFT Override Report - Page 1             Run Date: Dec 07, 2018@09:06:08
Sorted by Aged Days, Comment: testing
Medical Override Date: OCT 31, 2018@07:04:46                 User: USER,ONE
Number of Days (Age) of Unposted EFTs to prevent posting: 30
EFT    Trace#
 ERA     Match Status        EFT Received    Aged       Amount
==============================================================================
Total Number of Unposted EFTs: 68
Total Amount of Unposted EFTs: $251,726.33
==============================================================================
2089.7   1QG06355544
 92116    MATCHED             Jul 29, 2015   1227      $16,582.33
2094.13  9165357725
 92492    MATCHED             Aug 05, 2015   1220      $1,514.70
2094.24  68127436
 None     PAPER EOB MATCH     Aug 05, 2015   1220      $66.76
2095.3   5640317212WR5
 92434    MATCHED             Aug 06, 2015   1219      $131.57
Press ENTER to continue, '^' to exit:
```

7.5. EFT / ERA Trending Report Acronym: ETR

The ERA / EFT TRENDING Report is used to display metrics on #ERAs, #EEOBs, #EFTs with #days between ERA and EFT transactions. The report can be run for ALL payers or selected payer(s).

This report can also be found under the EDI Diagnostics Measures Reports menu.

7.5.1. When to Run this Report

Run this report on an as-needed basis.

7.5.2. How to Run this Report

To run the ERA/EFT TRENDING Report, proceed with the following selections:

Prompts

```
EFT/ERA TRENDING Report

Select division: ALL//
(A)UTO-POSTED, (M)MANUALLY POSTED, (B)OTH: BOTH// ?

Enter 'A' to include only auto-posted entries
      'M' to include only manually posted entries
      'B' to include both

     Select one of the following:
```

```
          A         AUTO-POSTED
          M         MANUALLY POSTED
          B         BOTH

(A)UTO-POSTED, (M)ANUALLY POSTED, (B)OTH: BOTH//
(M)EDICAL, (P)HARMACY, (T)RICARE or (A)LL: ALL//
Select Insurance Companies by NAME or TIN: TIN//

RUN REPORT FOR (A)LL OR (S)PECIFIC INSURANCE COMPANIES?: ALL//
Select RATE TYPE NAME: 8  REIMBURSABLE INS.  Who's Responsible: INSURER
Print (M)AIN Report, (S)UMMARY by Payer or (G)RAND TOTALS ONLY: G// MAIN
Start with DATE: T-100  (AUG 25, 2018)
Go to DATE: 12/3/18// T  (DEC 03, 2018)
Export the report to Microsoft Excel? (Y/N): NO//
```

Header and Sub-header

```
EFT/ERA TRENDING REPORT
                                          PAGE     1
 ALL DIVISIONS           ALL TINS             MEDICAL/PHARMACY/TRICARE: ALL
MANUAL/AUTOPOST: BOTH   Claims: CLOSED
     DATE RANGE: 8/26/18 - 12/4/18                 RUN DATE: 12/4/18@08:35:04
-------------------------------------------------------------------------------
---------------------------------------------
PAYER NAME/TIN
 AETNA -CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD/1621181209
-------------------------------------------------------------------------------
---------------------------------------------
*******************     ERA MATCHED TO AN EFT - AUTOPOST     *******************
-------------------------------------------------------------------------------
---------------------------------------------
CLAIM#               DOS      AMT BILLED AMT PAID   BILLED   ERA/EOB REC'D EFT/PMT
REC'D POSTED   TRACE #    AUTOPOST/MANUAL
     ETRANS TYPE ERA#       #EEOBS     EFT#       #DAYS:(BILL/ERA) #DAYS:(ERA/EFT)
#DAYS:(ERA+EFT/POSTED) TOTAL #DAYS(BILL/POSTED)
-------------------------------------------------------------------------------
---------------------------------------------
K3000H2              8/6/02       199.67     199.67 10/2/02  11/13/18      11/13/18
11/13/18 6496529979 AUTOPOST
     ERA/EFT     92744           1     13823          5886                0
0                   5886
K4052HS              4/29/14       22.36      22.36 6/18/14  8/29/18       8/29/18
8/29/18  6488933947 AUTOPOST
     ERA/EFT     92699           1     13781          1533                0
0                   1533
K4057ZI              5/29/14      201.81     201.81 10/22/14 11/9/18       11/9/18
11/9/18  ABCDEFGHIJ AUTOPOST
     ERA/EFT     92740           1     13820          1479                0
0                   1479
-------------------------------------------------------------------------------
---------------------------------------------
*******************     ERA MATCHED TO AN EFT - MANUAL     *******************
-------------------------------------------------------------------------------
---------------------------------------------
CLAIM#               DOS      AMT BILLED AMT PAID   BILLED   ERA/EOB REC'D EFT/PMT
REC'D POSTED   TRACE #    AUTOPOST/MANUAL
     ETRANS TYPE ERA#       #EEOBS     EFT#       #DAYS:(BILL/ERA) #DAYS:(ERA/EFT)
#DAYS:(ERA+EFT/POSTED) TOTAL #DAYS(BILL/POSTED)
-------------------------------------------------------------------------------
---------------------------------------------
K3000H2              8/6/02       199.67     199.67 10/2/02  11/13/18      11/13/18
11/13/18 6496529979 MANUAL
```

```
     ERA/EFT     92744           1     13823          5886                0
0                   5886
K4052HS              4/29/14       22.36      22.36 6/18/14  8/29/18       8/29/18
8/29/18  6488933947 MANUAL
     ERA/EFT     92699           1     13781          1533                0
0                   1533
K4057ZI              5/29/14      201.81     201.81 10/22/14 11/9/18       11/9/18
11/9/18  ABCDEFGHIJ MANUAL
     ERA/EFT     92740           1     13820          1479                0
0                   1479
-------------------------------------------------------------------------------------
---------------------------------------------
*******************     ERA MATCHED TO A PAPER CHECK - MANUAL     *******************
-------------------------------------------------------------------------------------
---------------------------------------------
CLAIM#               DOS      AMT BILLED AMT PAID   BILLED   ERA/EOB REC'D EFT/PMT
REC'D POSTED   TRACE #    AUTOPOST/MANUAL
     ETRANS TYPE ERA#       #EEOBS     EFT#       #DAYS:(BILL/ERA) #DAYS:(ERA/EFT)
#DAYS:(ERA+EFT/POSTED) TOTAL #DAYS(BILL/POSTED)
-------------------------------------------------------------------------------------
---------------------------------------------
*******************     PAPER EOB MATCHED TO AN EFT - MANUAL     *******************
-------------------------------------------------------------------------------------
---------------------------------------------
CLAIM#               DOS      AMT BILLED AMT PAID   BILLED   ERA/EOB REC'D EFT/PMT
REC'D POSTED   TRACE #    AUTOPOST/MANUAL
     ETRANS TYPE ERA#       #EEOBS     EFT#       #DAYS:(BILL/ERA) #DAYS:(ERA/EFT)
#DAYS:(ERA+EFT/POSTED) TOTAL #DAYS(BILL/POSTED)
-------------------------------------------------------------------------------------
---------------------------------------------
-------------------------------------------------------------------------------------
---------------------------------------------
Type <Enter> to continue or '^' to exit:
```

Report Totals (Summary)

```
---------------------------------------------
*******************     ERA MATCHED TO AN EFT - AUTOPOST     *******************
-------------------------------------------------------------------------------------
---------------------------------------------
TOTAL NUMBER OF CLAIMS                                                     54
TOTAL AMOUNT BILLED                                                  17743.46
TOTAL AMOUNT PAID                                                    17647.57
PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                             99%

AVG #DAYS BETWEEN BILLED/ERA                                            2535
AVG #DAYS BETWEEN ERA/EFT                                                  0
AVG #DAYS BETWEEN ERA+EFT REC'D/PMT POSTED                                 0
AVG #DAYS BETWEEN BILLED/PMT POSTED                                     2535

TOTAL NUMBER OF ERAs                                                       50
TOTAL NUMBER OF EEOBs                                                      61

TOTAL NUMBER OF EFTs                                                       50
TOTAL AMOUNT COLLECTED                                               19639.61
TOTAL DIFFERENCE BETWEEN ERAs (PAID) - EFTs (COLLECTED):             -1992.04
-------------------------------------------------------------------------------------
---------------------------------------------

*******************     ERA MATCHED TO AN EFT - MANUAL     *******************
-------------------------------------------------------------------------------------
---------------------------------------------
```

```
TOTAL NUMBER OF CLAIMS                                                    9
TOTAL AMOUNT BILLED                                                2239.53
TOTAL AMOUNT PAID                                                  2194.04
PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                           97%

AVG #DAYS BETWEEN BILLED/ERA                                          1563
AVG #DAYS BETWEEN ERA/EFT                                                0
AVG #DAYS BETWEEN ERA+EFT REC'D/PMT POSTED                               0
AVG #DAYS BETWEEN BILLED/PMT POSTED                                   1563

TOTAL NUMBER OF ERAs                                                     5
TOTAL NUMBER OF EEOBs                                                   13

TOTAL NUMBER OF EFTs                                                     5
TOTAL AMOUNT COLLECTED                                             3578.30
TOTAL DIFFERENCE BETWEEN ERAs (PAID) - EFTs (COLLECTED):          -1384.2
-------------------------------------------------------------------------------------
---------------------------------------------

*******************     ERA MATCHED TO A PAPER CHECK - MANUAL     *******************
-------------------------------------------------------------------------------------
---------------------------------------------
TOTAL NUMBER OF CLAIMS                                                   0
TOTAL AMOUNT BILLED                                                   0.00
TOTAL AMOUNT PAID                                                     0.00
PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                            0%

AVG #DAYS BETWEEN BILLED/ERA                                             0
AVG #DAYS BETWEEN ERA/CHK                                                0
AVG #DAYS BETWEEN ERA+CHK REC'D/PMT POSTED                               0
AVG #DAYS BETWEEN BILLED/PMT POSTED                                      0

TOTAL NUMBER OF ERAs                                                     0
TOTAL NUMBER OF EEOBs                                                    0

TOTAL NUMBER OF EFTs                                                     0
TOTAL AMOUNT COLLECTED                                                0.00
-------------------------------------------------------------------------------------
---------------------------------------------

*******************     PAPER EOB MATCHED TO AN EFT - MANUAL     *******************
-------------------------------------------------------------------------------------
---------------------------------------------
TOTAL NUMBER OF CLAIMS                                                   0
TOTAL AMOUNT BILLED                                                   0.00
TOTAL AMOUNT PAID                                                     0.00
PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                            0%

AVG #DAYS BETWEEN BILLED/EOB                                             0
AVG #DAYS BETWEEN EOB/EFT                                                0
AVG #DAYS BETWEEN EOB+EFT REC'D/PMT POSTED                               0
AVG #DAYS BETWEEN BILLED/PMT POSTED                                      0

TOTAL NUMBER OF ERAs                                                     0
TOTAL NUMBER OF EEOBs                                                    0

TOTAL NUMBER OF EFTs                                                     0
TOTAL AMOUNT COLLECTED                                                0.00
```

Report Totals (Grand Totals):

```
DATE RANGE: 8/25/18 - 12/3/18                RUN DATE: 12/3/18@14:31:54
-------------------------------------------------------------------------------------
---------------------------------------------
*******************     ERA MATCHED TO AN EFT - TOTAL     *******************
-------------------------------------------------------------------------------------
---------------------------------------------
TOTAL NUMBER OF CLAIMS                                                     63
TOTAL AMOUNT BILLED                                                 19982.99
TOTAL AMOUNT PAID                                                   19841.61
PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                             99%

AVG #DAYS BETWEEN BILLED/ERA                                             2396
AVG #DAYS BETWEEN ERA/EFT                                                   0
AVG #DAYS BETWEEN ERA+EFT REC'D/PMT POSTED                                  0
AVG #DAYS BETWEEN BILLED/PMT POSTED                                      2396

TOTAL NUMBER OF ERAs                                                       52
TOTAL NUMBER OF EEOBs                                                      63

TOTAL NUMBER OF EFTs                                                       52
TOTAL AMOUNT COLLECTED                                              19841.61
TOTAL DIFFERENCE BETWEEN ERAs (PAID) - EFTs (COLLECTED):                0.00
-------------------------------------------------------------------------------------
---------------------------------------------

*******************     ERA MATCHED TO A PAPER CHECK - TOTAL     *******************
-------------------------------------------------------------------------------------
---------------------------------------------
TOTAL NUMBER OF CLAIMS                                                      0
TOTAL AMOUNT BILLED                                                      0.00
TOTAL AMOUNT PAID                                                        0.00
PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                               0%

AVG #DAYS BETWEEN BILLED/ERA                                                0
AVG #DAYS BETWEEN ERA/CHK                                                   0
AVG #DAYS BETWEEN ERA+CHK REC'D/PMT POSTED                                  0
AVG #DAYS BETWEEN BILLED/PMT POSTED                                         0

TOTAL NUMBER OF ERAs                                                        0
TOTAL NUMBER OF EEOBs                                                       0

TOTAL NUMBER OF EFTs                                                        0
TOTAL AMOUNT COLLECTED                                                   0.00
```

7.6. Unapplied EFT Deposits Report Acronym: UN

This option produces a list of EFT deposits that have EFT detail records whose funds have not been applied to bills in A/R. These funds remain in FUND 5287.4, RSC 8NZZ. Only those EFTs that have either not been matched to an ERA or have been matched to an ERA, but the payment receipt has not been posted to FMS, will appear on this report.

EFT's posted using a paper EOB will continue to show on this report. This will be updated with a future enhancement.

7.6.1. When to Run this Report

The user will run the Unapplied EFT Deposits Report on a regular basis, as determined by the facility, to monitor funds outstanding in FUND 5287.4, REVENUE SOURCE CODE 8NZZ.

7.6.2. How to Run this Report

To run the Unapplied EFT Deposits Report, proceed with the following selections:

```
Unapplied EFT Deposits Report     Page: 2
         Run Date: 12/12/16@16:42:39  MEDICAL/PHARMACY/TRICARE:TRICARE
                 Date Range: 7/28/89 - 12/12/16 (Deposit Date)
                     TOTAL NUMBER OF UNAPPLIED DEPOSITS: 13
                 TOTAL AMOUNT OF UNAPPLIED DEPOSITS: $8,274.78
DEPOSIT#/EFT#      DEPOSIT DATE      TOT AMT OF DEPOSIT    TOT AMT UNPOSTED
 PAYER/ID
  TRACE #                                            PAYMENT AMT  RECEIPT #
    ERA MATCHED                                 FMS DOC #/STATUS
==============================================================================
569836         3/4/11            1345.68               1345.68
 FEDERAL EMPLOYEES HEALTH BENEFIT A COVENTRY HEALTH CARE PLAN/1362739571
  1044620067/2119.1                                   880.98       E11030800
    MATCHED TO ERA #: 43349                   TR-442K1A03DK  - TRANSMITTED
Press enter to continue, '^' to exit:
```

7.7. Active Bills with EEOB Report Acronym: AB

This report was created to enable one to manage ACTIVE third-party insurance claims that have an EDI Lockbox EEOB, but have a balance remaining. All active bills that have EEOBs associated, and have a balance >0, will be displayed, sorted by insurance company.

7.7.1. When to Run this Report

Run this report on a routine basis, as determined by the site, to identify any payments that have been posted to accounts without any contractual adjustments and analysis having been performed. This report is a very useful tool for keeping Account Receivables from becoming aged.

The ERA Unmatched Aging report should be current before working this report.

NOTE: *It is recommended that the report is queued, since it will take a while to print.*

7.7.2. How to Run this Report

To run the Active Bills with an EEOB > 0 report, proceed with the following steps:

```
Select EDI Lockbox Reports Menu Option: AB  Active Bills With EEOB Report
Select division: ALL//
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/ <=new prompt/Default=ALL
RUN REPORT FOR (A)LL, (S)PECIFIC, OR (R)ANGE OF INSURANCE COMPANIES?: ALL//
RUN REPORT FOR (P)AYMENT EEOBs or (Z)ERO PAYMENT EEOBs or (A)LL: ALL//
WITHIN INS CO, SORT BY (P)ATIENT NAME OR (L)AST 4 OF SSN?: PATIENT NAME//
SORT PATIENT NAME (F)IRST TO LAST OR (L)AST TO FIRST?: FIRST TO LAST//
START DATE (RECEIVED): t-30  (DEC 03, 2014)
END DATE (RECEIVED): DEC 3,2014// t  (JAN 02, 2015
Export the report to Microsoft Excel? (Y/N): NO//
Display in List Manager format? (Y/N): NO//
```

```
DEVICE: HOME//   VIRTUAL TELNET    Right Margin: 80//
               EDI LOCKBOX ACTIVE BILLS W/EEOB REPORT     Page: 1
                           RUN DATE: 1/2/15@08:39:45
                                 DIVISIONS: ALL
PAYERS: SELECTED                              MEDICAL/PHARMACY/TRICARE:TRICARE
 DATE RANGE: 12/03/14 - 01/02/15              PAYMENT TYPE:TRICARE
PATIENT NAME               SSN    BILL#
INS CO NAME                        BALANCE   AMT BILLED        AMT PAID
   TRACE#                                                DT REC'D  DT POST
================================================================================
XXXXXXXXXXXXXXXXXX         2335   626KXXXXXX
AETNA*                               14.53        14.53            0.00
   8132X65800XX230                                   9/16/13   9/25/13
XXXXXXXXXXXXXXXXXXX        9633   626KXXXXXX
AETNA*                               53.66        53.66            0.00
   8141X55200XX932                                   7/9/14    7/14/14
XXXXXXXXXXXXXXXXXXX        9633   626KXXXXXX
AETNA*                               46.31        46.31            0.00
   8141X95800XX893                                   7/21/14   8/5/14
```

7.8. Auto Decrease Adjustment Report Acronym: AD

This report was created to monitor EEOBs that have been automatically decreased to a zero balance by the system.

7.8.1. When to Run this Report

Run this report on a routine basis, as determined by the site, to identify any EEOB with a contractual decrease adjustment performed automatically by the system.

7.9. Auto-Post Report Acronym: AP

This report was created to monitor EEOBs that have been automatically processed by the nightly job to create and process a receipt. This report has filter questions for Medical, Pharmacy, TRICARE, or ALL claim types and allows the user to filter and sort by Insurance Company Name or TIN.

7.9.1. When to Run this Report

Run this report on a routine basis, as determined by the site, to identify any EEOB that has a processed receipt resulting from the nightly auto-posting job.

7.9.2. How to Run this Report

To run the Auto-Posted Report proceed through the following steps:

Auto-Post Report (Detail)

```
EDI LOCKBOX AUTO-POST REPORT - DETAIL
Print Date: 11/26/18@13:21:03    Page: 1
DIVISIONS:  ALL
CLAIM TYPE: ALL                                        SORTED BY: PAYER TIN
TINS : ALL
AUTOPOST POSTING RESULTS FOR DATE RANGE: 08/18/18 - 11/26/18
=================================================================================
============
PATIENT NAME/SSN              ERA#   DT REC'D   DT POST    BILL#       AMT BILLED
AMT PAID   BALANCE  %COLL
```

```
==========================================================================================
============
DIVISION: ANYTOWN VAMROC/999
------------------------------------------------------------------------------------------
---------------------------------------------
PAYER: 1066033492/AETNA
------------------------------------------------------------------------------------------
---------------------------------------------
PATIENT,NUMBER ONEONE/4064            93313  09/18/18   09/18/18   K505XHQ
14.84      568.01     46.83  3827.56%
        DEP#:123456789   EFT#:002212.99   RECEIPT#: E18092104999
TRACE#:ABC456789012345678901234567890123456789012345678901234567890
```

Auto-Post Report (Summary)

```
EDI LOCKBOX AUTO-POST REPORT - SUMMARY
Print Date: 11/26/18@08:20:07    Page: 1
DIVISIONS:  ALL
CLAIM TYPE: ALL                                          SORTED BY: PAYER TIN
TINS : ALL
AUTOPOST POSTING RESULTS FOR DATE RANGE: 08/18/18 - 11/26/18
==========================================================================================
================================
PATIENT NAME/SSN               ERA#   DT REC'D   DT POST      BILL#       AMT BILLED
AMT PAID   BALANCE  %COLL
==========================================================================================
================================
DIVISION: GREELEY/442GD
------------------------------------------------------------------------------------------
---------------------------------------------
SUBTOTALS FOR PAYER: 1202901054/AETNA GENWORTH LIFE AND ANNUITY INSURANCE
605.19   4022.26 653956.45   664.63%
        COUNT
3         3         3
        MEAN
201.73   1340.75 217985.48
```

7.10. Auto-Posted Receipt Report Acronym: APR

7.10.1. When to Run this Report

Review this report on a regular basis, as determined by the site, to display all auto-posted receipts to ensure payments are posted to patient's 3rd party claims.

If payments are 'hung up' and not processed timely, veterans' copayments are not credited in a timely fashion.

7.10.2. How to Run this Report

To run the Auto-Posted Receipt Report proceed through the following steps:

```
Select EDI Lockbox Reports Menu Option -  APR  AUTO-POSTED RECEIPT REPORT
Select division: ALL//
(A)uto-Post Date or (E)RA Date Received? (A/E): A//
START DATE: 3/1/2017  (MAR 01, 2017)
END DATE: MAR 01, 2017// T  (MAY 01, 2017)
Select ERAs to be Displayed: Both// ??
Enter 1 to only display Posted Receipts.
Enter 2 to only display ERAs with missing receipts.
Enter 3 to display all receipts.
```

```
     Select one of the following:
          1         Posted/Completed Receipts
          2         Missing Receipts
          3         Both
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/
Run Report for (A)LL, (S)PECIFIC, or (R)ANGE of Insurance Companies?: ALL//
Sort by (D)ate or (M)issing Receipts: D//
Display in List Manager format? (Y/N): NO//
Export the report to Microsoft Excel? NO//
DEVICE: HOME//
AUTO-POSTED RECEIPT REPORT             May 01, 2017@13:08:17           Page:   1
 FILTERS: All Divs; Selected Payers;TRICARE Auto-Post Date 03/01/17-05/01/17
 ERA: All Receipts                     SORT: Auto-Post Date
        DATE      DATE
        RECEIVED  POSTED     RECEIPT      USER         AMOUNT   FMS DOC
-------------------------------------------------------------------------------
Payer: AETNA
ERA: 92594         ERA Total:        737.58
               Receipt Total:       737.58
                     Trace #: ABC6434331449
        03/01/17  03/01/17   E17030101             737.58   TR-442K5A0A65
ERA: 92595         ERA Total:        371.72         * Missing Receipts *
               Receipt Total:       177.72
                     Trace #: ABC6435956395
        03/17/17             * Missing *  POST         194.00
        03/17/17  03/17/17   E17031701A   POST         177.72   TR-442K5A0A67
                        ***** END OF REPORT *****
```

7.11. Auto Parameter History Report Acronym: APH

7.11.1. When to Run this Report

The Auto Parameter History Report shows the Date / Time, User, Parameter, Old Value, and New Value of any Auto-Activity Parameter changes. Use this report to identify the historical changes and / or trends related to any Auto-Activity Parameter. The report can be filtered by Start / End Date.

7.11.2. How to Run this Report

To run the Auto Parameter History Report, proceed through the following steps:

```
Auto Parameter History Report
Start Date: T// t-10  (NOV 10, 2018)
End Date: T// t  (NOV 20, 2018)
Display in List Manager format? (Y/N): NO//

DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//

                         Auto Parameter History Report                 Page: 1
                          RUN DATE: 11/20/18@11:43:25
                        DATE RANGE: 11/10/18 - 11/20/18

Date/Time Edited   User                                                Values
  Parameter                                                         Old      New
================================================================================
11/13/18@09:56:37  PATIENT,ONE
  TRICARE FLAG (TRICARE WEST)                                        NO      YES
11/15/18@11:04:21  PATIENT,ONE
  AUTO-POST RX CLAIMS ENABLED                                        NO      YES
11/15/18@11:18:49  PATIENT,ONE
```

```
  TRICARE EFT POST PREVENT DAYS                                      14       30
11/15/18@11:19:14  PATIENT,ONE
  TRICARE EFT POST PREVENT DAYS                                      30       14
11/15/18@11:19:31  PATIENT,ONE
  AUTO-POST RX CLAIMS ENABLED                                       YES       NO
11/16/18@12:51:02  PATIENT,ONE
  AUTO-POST RX CLAIMS ENABLED                                        NO      YES
  AUTO-DECREASE RX CLAIMS ENABLED                                    NO      YES
  AUTO-DECREASE RX AMT DEFAULT                                   250.00 7,000.00
Press enter to continue, '^' to exit:

                         Auto Parameter History Report                Page: 2
                          RUN DATE: 11/20/18@11:43:25
                        DATE RANGE: 11/10/18 - 11/20/18

Date/Time Edited   User                                                Values
  Parameter                                                         Old      New
==============================================================================
11/16/18@12:51:02  PATIENT,ONE
  AUTO-POST TRICARE CLAIMS ENABLED                                    NO      YES
  AUTO-DECREASE TRICARE CLAIMS ENABLED                                NO      YES
  AUTO-DECREASE TRICARE AMT DEFAULT                              250.00 7,000.00
11/16/18@12:51:02  PATIENT,ONE
  AUTO-POST NOPAY TRICARE CLAIMS ENABLED                              NO      YES
  AUTO-DECREASE NOPAY TRICARE CLAIMS ENABLED                          NO      YES
  AUTO-DECREASE NOPAY TRICARE AMT DEFAULT                        250.00 7,000.00
11/16/18@13:51:24  PATIENT,ONE
  AUTO-DECREASE AMT DEFAULT                                      250.00 7,000.00
  CARC AUTO DECREASE NO-PAY (45)                                      NO      YES
  CARC DECREASE AMOUNT NO-PAY (45)                                  1.00 7,000.00
Press enter to continue, '^' to exit:
```

7.12. 835 CARC Data Report Acronym: CR

7.12.1. When to Run this Report

Run this report on a routine basis, as determined by the site, to determine any CARC codes returned on 835 forms by payers.

7.12.2. How to Run this Report

To run the 8335 CARC Data report, proceed with the following steps:

```
Select EDI Lockbox Reports Menu Option: CR  835 CARC Data Report
Select Division: ALL//
(S)UMMARY or (D)ETAIL FORMAT: SUMMARY//                      <=Defaults to SUMMARY
SELECT (C)ARC, (R)ANGE of CARCs or (A)LL: ALL//
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/
Run Report for (A)LL,(S)PECIFIC,or (R)ANGE of Insurance Companies?: ALL//SPECIFIC
Select Insurance Company NAME: TRICARE WEST    1860813402
SORT BY (C)ARC or (P)AYER?: CARC//                        <=Defaults to CARC
START DATE: T//090115
END DATE: T//091615
DEVICE: HOME//   UCX/TELNET    Right Margin: 80//
```

7.13. Duplicate EFT Audit report Acronym: DUPR

7.13.1. When to Run this Report

Review the Duplicate EFT Audit Report on a regular basis, as determined by the site, to monitor usage of the Remove Duplicate EFT Deposits option.

7.13.2. How to Run this Report

To run the Duplicate EFT Audit report, proceed with the following selections:

```
Select EDI Lockbox Reports Menu Option: dupr  Duplicate EFT Deposits Audit Report
START DATE: t-60  (NOV 06, 2020)
END DATE: JAN 05,2021// t  (JAN 05, 2021)
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/
EXPORT THE REPORT TO Microsoft Excel (Y/N): ? NO//
Display in List Manager format? (Y/N): NO//
DEVICE: HOME//   TELNET TERMINAL
                     Duplicate EFT Deposits - Audit Report            Page: 1
    RUN DATE: 1/5/21@13:40:20                MEDICAL/PHARMACY/TRICARE: ALL
               Date Range: 11/06/20 - 01/05/21 (DATE EFT REMOVAL)
 Deposit#/EFT#      Trace #
      Payer Name            Date/Time             User Who
                Amount      Removed               Removed           Removal Type
================================================================================
 TXXXXXX/XXXX.X     XXXXXXXXXXXXX
      THE MEGA LIFE AND HEALTH INSURANCE XXXXXXXXXXXXXXXXXXXXXXXXX DUPLICATE EFT
                194.00      11/24/20@09:12:49     ARClerk,One
 Justification Comments:  OK
 TXXXXXX/XXXX.X     XXXXXXXXXXXXX
      AETNA -CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD       MILLENIUM EFT
                186.66      11/24/20@14:43:37     ARClerk,One
 Justification Comments:  DUPLICATE EFT
 Total number of duplicates removed: 2
                          ***** END OF REPORT *****
```

7.14. ERA Status Change Audit Report Acronym: ESC

7.14.1. When to Run this Report

Run this report on a routine basis, as determined by the site, to display a detailed audit trail listing of ERA AUTO POST STATUS changes.

The report allows the user to run an audit for a single ERA or ALL ERAs for a date range. Report will be sorted by ERA then by date / time. Specific data elements shall include: Date / Time, User, ERA#, STATUS (old / new) and Reason text.

The Reason text will be a summary of the “process” that caused the ERA Status to be changed along with the “outcome” of the change.

Example Reason text messages are listed below with some of these messaged displayed in the report mockup.

```
Auto Matching: Marked as Auto-Post Candidate
Auto Posting: Removed from Auto Posting-Unable to create scratchpad
Auto Posting: Removed from Auto Posting-ERA level Adjustment(s)
Auto Posting: Removed from Auto Posting-+/- pairs do not balance
Auto Posting: Removed from Auto Posting-Unable to create receipt
```

```
Auto Posting: Removed from Auto Posting-Error in receipt processing
Auto Posting: ERA posted successfully
Auto Posting: Some of the ERA lines went to APAR
Auto Posting: Previously processed ERA posting attempt
Exceptions: Marked as Auto-Post Candidate
Exceptions: Not Marked as Auto-Post Candidate-<Reasons listed in section 2.9.1.2>
Worklist: Marked as Auto-Post Candidate
Worklist: Not Marked as Auto-Post Candidate-<Reasons listed in section 2.9.1.2>
Manual Match: Marked as Auto-Post Candidate
Manual Match: Not Marked as Auto-Post Candidate-<Reasons listed in section 2.9.1.2>
Unmatch: Removed as Auto-Post Candidate
```

7.14.2. How to Run this Report

To run the ERA Status Change Audit report, proceed with the following steps:

```
Select EDI Lockbox (ePayments) Reports Menu <TEST ACCOUNT> Option:  ERA Status C
hange Audit Report
SELECT (S)ingle ERA or (A)LL: ALL//
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/
START DATE: T//   (DEC 03, 2015)
END DATE: T//   (DEC 03, 2015)
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//
```

The ERA Status Change Audit report will display as follows:

```
                    EDI Lockbox ERA Status Change Audit Report           Page: 1
       RUN DATE: DEC 03, 2015@14:39:45   MEDICAL/PHARMACY/TRICARE:TRICARE
                       DATE RANGE: 12/03/2015 - 12/03/2015
ERA#           Date/Time Edited       Status (Old/New)         User
   Reason Text
--------------------------------------------------------------------------------
43522          12/03/15@01:54:13      NULL       UNPOSTED      POSTMASTER
   Auto Matching: Marked as Auto-Post Candidate
43566          12/03/15@01:55:18      NULL       NULL          POSTMASTER
   Auto Posting: Removed from Auto Posting-ERA level Adjustment(s)
44448          12/03/15@01:56:22      UNPOSTED   PARTIAL       POSTMASTER
   Auto Posting: Some of the ERA lines went to APAR
44467          12/03/15@01:58:16      UNPOSTED   COMPLETE      POSTMASTER
   Auto Posting: ERA posted successfully
44699          12/03/15@01:59:44      PARTIAL    COMPLETE      POSTMASTER
   Auto Posting: ERA posted successfully
46777          12/03/15@12:10:12      NULL       NULL          SMITH,JOE
   Exceptions: Not Marked as Auto-Post Candidate-ERA not matched
46784          12/03/15@12:22:47      NULL       NULL          SMITH,JOE
   Exceptions: Not Marked as Auto-Post Candidate-Invalid Bill Number Exception(s)
46799          12/03/15@12:31:22      NULL       UNPOSTED      SMITH,JOE
   Exceptions: Marked as Auto-Post Candidate
47786          12/03/15@12:40:47      NULL       UNPOSTED      SMITH,JOE
   Worklist: Marked as Auto-Post Candidate
48422          12/03/15@13:11:33      COMPLETE   COMPLETE      SMITH,JOE
   Worklist: Not Marked as Auto-Post Candidate-Already completely Auto-Posted
48687          12/03/15@13:44:44      NULL       UNPOSTED      SMITH,JOE
   Manual Match: Marked as Auto-Post Candidate
48696          12/03/15@13:55:55      NULL       NULL          SMITH,JOE
   Manual Match: Not Marked as Auto-Post Candidate-+/- pairs do not balance
48777          12/03/15@14:12:22      UNPOSTED   NULL          SMITH,JOE
   Unmatch: Removed as Auto-Post Candidate
```

7.15. EFT Transaction Audit Report Acronym: ETA

7.15.1. When to Run this Report

Run this report on a routine basis, as determined by the site, to list all actions taken place for a single EFT.

For example: If a user matched the EFT to a paper EOB, the report would list the date, user, and deposit ticket number. If another user unmatched / matched the EFT to an ERA, this data would also be displayed on the report. This report also identifies which EFTs are ready to lock up the system.

7.15.2. How to Run this Report

The EFT Transaction Audit Report allows the user to generate SUMMARY or DETAIL EFT Data as described below.

To run the EFT Transaction Audit report, proceed with the following steps:

Summary Report

```
Select EDI Lockbox (ePayments) Reports Menu <TEST ACCOUNT> Option:  EFT Transact
ion Audit Report
(S)ummary or (D)etail Report format? SUMMARY//   Summary Information Only
Start Date: T// 090115  (SEP 01, 2015)
End Date: T//   (SEP 17, 2015)
Do you want to capture report data for an Excel document? NO//
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//
               EFT TRANSACTION AUDIT REPORT - SUMMARY     Page: 1
                            RUN DATE: 9/17/15@11:21:24
               DATE RANGE: 9/1/15 - 9/17/15 (DATE DEPOSIT ADDED)
EFT#        DATE RECVD   DEPOSIT#    EFT TOTAL AMT    DATE MATCHED   DATE POSTED
    TRACE #
           PAYER NAME/ID
-------------------------------------------------------------------------------
**3052.1    09/01/15     TT7964771         2727.50    09/01/15       09/01/15
    ABC637964X7703
           AETNA/10660X33492
*3053.1     09/08/15     TT8035484         9000.00    09/09/15       09/08/15
    ABC638035X4846
           AETNA/10660X33492
*3054.1     09/15/15     TT8104218         2202.50    09/15/15       09/15/15
    ABC638104X2181
           AETNA/10660X33492
3055.1      09/15/15     TT8104351         2202.50    <No History>   09/15/15
    ABC638104X3449
           AETNA/10660X33492
3056.1      09/15/15     TT8104351         2202.50    <No History>   09/15/15
    ABC638104X3480
           AETNA/10660X33492
Enter RETURN to continue or '^' to exit:
```

Detail Report

The user had the ability to look up a single EFT by Deposit#, Deposit Date, Receipt# or Trace#.

Search for EFT# by:

1. Deposit (N)umber
2. Deposit (D)ate
3. (R)eceipt#
4. (T)race#

Search for EFT# by://

All selection options include logic to assist the user in selecting a single EFT as follows:

1. Deposit (N)umber:

   If the user chooses to find a SINGLE EFT by Deposit#, the selection list displays as follows:

```
Select DEPOSIT: 569601
     1   569601  by: ARUSER,ONE   on: 03/31/10  amt: $   148.17    CONFIRMED
     2   569601  by: ARUSER,TWO   on: 08/21/15   amt: $     0.00    OPEN
     3   569601  by: ARUSER,TWO   on: 09/02/15   amt: $     0.00    OPEN
CHOOSE 1-3: 1
```

2. Deposit (D)ate:

   Once the **DEPOSIT** is selected, the system displays all EFTs on that Deposit for the user to select a SINGLE EFT.

```
Select DEPOSIT DATE: T// 032410  (MAR 24, 2010)
Select single EFT:
  1. 819    AETNA LIFE INS    8100X775500X01276    144.61    569597    03/24/10
  2. 819    AETNA LIFE INS    8100X773700X01185    87.20    569597    03/24/10
  3. 819    AETNA LIFE INS    8100X775400X01163    88.00    569597    03/24/10
  4. 819    UNITEDHEALTHCARE    10319X01081    3545.01    569597    03/24/10
  5. 819    UNITEDHEALTHCARE    10319X01083    20.88    569597    03/24/10
```

3. (R)eceipt#:

   If the user chooses to find a SINGLE EFT by Receipt#, the selection list will display as follows:

```
Select RECEIPT: e10040
     1   E10040101  by: ARUSER,ONE   on: 04/01/10 EDI LOCKBOX       CLOSED
     2   E10040200  by: ARUSER,TWO   on: 04/02/10 EDI LOCKBOX       CLOSED
     3   E10040201  by: ARUSER,TWO   on: 04/02/10 EDI LOCKBOX       CLOSED
     4   E10040202  by: ARUSER,TWO   on: 04/02/10 EDI LOCKBOX       CLOSED
     5   E10040203  by: ARUSER,TWO   on: 04/02/10 EDI LOCKBOX       CLOSED
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1
```

   Once the **RECEIPT** is selected, the system displays all EFTs on that Receipt for the user to select a SINGLE EFT. This display is as follows:

```
Select RECEIPT: e10040101
Select single EFT:
  1. 824    SF MUTUAL    12051X8936GH0330    2.14    569603    04/01/10
  2. 824    SF MUTUAL    12051X8937GH0330    8.59    569603    04/01/10
  3. 824    UNITEDHEALTHCARE    10321X87875    0.02    569603    04/01/10
```

4. (T)race#:

   Once the Trace# is entered, if there is only ONE EFT that matches the entered Trace#, the EFT Audit Report will display for the selected SINGLE EFT. If there are multiple EFTs that match the entered Trace#, the user is given the following display to select a SINGLE EFT for the Audit Report.

```
Select TRACE: ABC6369
     1   ABC63692X49313            1052 AETNA                   385.40 05/20/15
     2   ABC63692X49473            1053 AETNA                   385.40 05/20/15
     3   ABC63692X51402            1054 AETNA                   550.55 05/20/15
     4   ABC63692X52144            1055 AETNA                  1345.01 05/20/15
     5   ABC63692X53837            1056 AETNA                  2202.50 05/20/15
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5:
```

   Once a single EFT is selected, the EFT Transaction Audit Report displays the entire EFT history.

7.16. First Party COPAY Auto-Decrease Report Acronym: FAD

This report was created to display the Auto-Decrease Adjustments for First Party claims with residual balances for which decrease adjustments have been automatically applied by the nightly process.

7.16.1. When to Run this Report

NOTE: *Run this report on an "as needed" basis.*

7.16.2. How to Run this Report

To run the First Party Auto-Decrease Adjustment Report, proceed through the following steps, selecting either All Patients or a Single Patient:

First Party COPAY Auto-Decrease Report (ALL PATIENTS)

```
Select division: ALL//
Select (P)ATIENT or (A)LL?: ALL//
Sort by (C)LAIM # or PATIENT (N)AME?: CLAIM//
Sort CLAIM (F)IRST TO LAST or (L)AST TO FIRST?: FIRST TO LAST//
Start Date: 1/10  (JAN 10, 2019)
End Date: JAN 10,2019// T  (JAN 15, 2019)
Display in List Manager format? (Y/N): NO//
Export the report to Microsoft Excel? NO//
DEVICE: HOME//   HOME (TERMINAL)    Right Margin: 80//
             First Party COPAY Auto-Decrease Report   Page: 1
                        Run Date: 01/15/19@07:43:03
                              Divisions: ALL
               Date Range: 01/10/19 - 01/15/19 (Date Decrease Applied)
                    Sorted By: Claim - First to Last
                                 Copay  Decrease
Patient Name/SSN                  Amt     Amt      Bill #     3rd Party  Date
-------------------------------------------------------------------------------
PATIENT, ONE TWO/6332       50.00   23.88  NNN-K900I9  442-K5060D  01/10/19
CLIENT, THREE FOUR/2529          50.00   50.00  NNN-K900TZ  442-K50603  01/10/19
**Totals for Date: 01/10/19           # of Decrease Adjustments: 2
```

```
                            Total Amount of Decrease Adjustments: $73.88
**** Totals for Date Range:           # of Decrease Adjustments: 2
                            Total Amount of Decrease Adjustments: $73.88
                            ***** END OF REPORT *****
```

First Party COPAY Auto-Decrease Report (SINGLE PATIENT)

```
Select division: ALL//
Select (P)ATIENT or (A)LL?: ALL// PATIENT
Select Patient: USER
     1   USER,ONE T       *SENSITIVE*    *SENSITIVE*     NO     TRICARE
     2   USER,ONE U       *SENSITIVE*    *SENSITIVE*     NO     EMPLOYEE
     3   USER,TWO A        *SENSITIVE*    *SENSITIVE*     NO     TRICARE      C
     4   USER,TWO B        *SENSITIVE*    *SENSITIVE*     NO     ACTIVE DUTY    C
     5   USER,TWO C        *SENSITIVE*    *SENSITIVE*     NO     NSC VETERAN      C
     6   USER,THREE A       *SENSITIVE*    *SENSITIVE*     YES     SC VETERAN      CD
     7   USER,THREE B        *SENSITIVE*    *SENSITIVE*     NO     NSC VETERAN
CD
     8   USER,THREE C       *SENSITIVE*    *SENSITIVE*     NO     NSC VETERAN      C
     9   USER,THREE D        *SENSITIVE*    *SENSITIVE*     NO     ACTIVE DUTY      C
     10  USER,THREE E        *SENSITIVE*    *SENSITIVE*     YES     SC VETERAN
CD
Press <Enter> to see more, '^' to exit this list,  OR
CHOOSE 1-10: 8  USER,THREE C      *SENSITIVE*    *SENSITIVE*     NO     NSC VETERAN
C
Sort by (C)LAIM # or PATIENT (N)AME?: CLAIM//
Sort CLAIM (F)IRST TO LAST or (L)AST TO FIRST?: FIRST TO LAST//
Start Date: 1/10  (JAN 10, 2019)
End Date: JAN 10,2019// T  (JAN 15, 2019)
Display in List Manager format? (Y/N): NO//
Export the report to Microsoft Excel? NO//
DEVICE: HOME//   HOME (TERMINAL)    Right Margin: 80//
             First Party COPAY Auto-Decrease Report   Page: 1
                        Run Date: 01/15/19@07:43:41
                              Divisions: ALL
               Date Range: 01/10/19 - 01/15/19 (Date Decrease Applied)
                    Sorted By: Claim - First to Last
                                  Copay  Decrease
Patient Name/SSN                   Amt     Amt      Bill #     3rd Party  Date
-------------------------------------------------------------------------------
USER,THREE C 6332       50.00   23.88  442-K900I9  442-K5060D  01/10/19
**Totals for Date: 01/10/19           # of Decrease Adjustments: 1
                            Total Amount of Decrease Adjustments: $23.88
**** Totals for Date Range:           # of Decrease Adjustments: 1
                            Total Amount of Decrease Adjustments: $23.88
                            ***** END OF REPORT *****
```

7.17. First Party COPAY Manual vs Auto-Decrease Report Acronym: FAM

This report was created to show the number of first party claims auto-released from hold versus the total auto-decreased. There are both summary and detail views.

7.17.1. When to Run this Report

Run this report on an “as needed” basis.

7.17.2. How to Run this Report

To run the First Party COPAY Manual vs Auto-Decrease Report, proceed through the following steps, selecting either Summary or Detail Format:

First Party COPAY Manual vs Auto-Decrease Report Prompts

```
Select division: ALL//
Display (S)UMMARY or (D)ETAIL Format?: DETAIL//
Sort CLAIM (F)IRST TO LAST or (L)AST TO FIRST?: FIRST TO LAST//
Include first party bills where the latest decrease falls within the following
date range:
Start Date: 1/10  (JAN 10, 2019)
End Date: JAN 10,2019// T  (JAN 15, 2019)
Display in List Manager format? (Y/N): NO//
Export the report to Microsoft Excel? NO//
DEVICE: HOME//   HOME (TERMINAL)    Right Margin: 80//
```

First Party COPAY Manual vs Auto-Decrease Report Detail

```
                 First Party COPAY Release Report   Page: 1
                        Run Date: 02/28/19@14:13:20
                              Divisions: ALL
               Date Range: 11/20/18 - 02/28/19 (Date of Latest Decrease)
                  Sorted By: Claim - First to Last  Display: DETAIL
               3rd Party              Copay   Auto-Decr  Manual Decr  Total Decr
COPAY Bill #     Bill #       Date      Amt      Amt         Amt          Amt
RH
-------------------------------------------------------------------------------
-
442-K4042I9   442-K405BLE  02/12/19   15.00      6.75        0.00        6.75       *
442-K405TBF                02/12/19   15.00                 15.00       15.00
**Totals for Date 02/12/19:          30.00      6.75       15.00       21.75       1
 Percent for Date 02/12/19:                    22.50%      50.00%      72.50%     50%
**** Totals for Date Range:          30.00      6.75       15.00       21.75
    Percent for Date Range:                    22.50%      50.00%      72.50%
                           ***** END OF REPORT *****
Type <Enter> to continue or '^' to exit:
```

First Party COPAY Manual vs Auto-Decrease Report Summary

```
                 First Party COPAY Release Report   Page: 1
                        Run Date: 02/28/19@14:13:20
                              Divisions: ALL
               Date Range: 11/20/18 - 02/28/19 (Date of Latest Decrease)
                  Sorted By: Claim - First to Last  Display: SUMMARY
                                     Copay   Auto-Decr  Manual Decr  Total Decr
                                      Amt      Amt         Amt          Amt        RH
-------------------------------------------------------------------------------
**Totals for Date 02/12/19:          30.00      6.75       15.00       21.75       1
 Percent for Date 02/12/19:                    22.50%      50.00%      72.50%     50%
**** Totals for Date Range:          30.00      6.75       15.00       21.75
    Percent for Date Range:                    22.50%      50.00%      72.50%
                           ***** END OF REPORT *****
Type <Enter> to continue or '^' to exit:
```

7.18. EEOB Move / Copy / Remove Audit Report Acronym: MCR

7.18.1. When to Run this Report

Review the EEOB Move / Copy / Remove Audit Report on a regular basis, as determined by the site, to monitor EEOBs moved or copied from one claim to another

7.18.2. How to Run this Report

To run the report EEOB Move / Copy / Remove Audit Report, proceed with the following selections:

```
Select division: ALL//
START DATE: 05/28/14  (MAY 28, 2014)
END DATE: MAY 28, 2014// T  (FEB 21, 2017)
Move/Copy/Remove or All (M/C/R/A): All//
Select division: ALL//
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/
Export the report to Microsoft Excel? NO//
Display in List Manager format? (Y/N): NO//
DEVICE: HOME//   TELNET TERMINAL
EEOB Move/Copy/Remove - Audit Report          Page: 1
                        Run Date/Time: 2/21/17@14:18:42
                                  Divisions: ALL
      Date Range: 05/28/14 - 02/21/17 (Date EEOB was Moved/Copied/Removed)
                        MEDICAL/PHARMACY/TRICARE:TRICARE
                             Action(s) Selected: ALL
Orig Bill#          Trace #
                                 Moved/Copied/   Total Amt  User Who Moved/
     ERA #     Date/Time         Removed         Paid       Copied/Removed
==============================================================================
999K222ZZZ         00629417
      78862    7/31/14@07:26:16    MOVED          $163.00     Patient, One
New Bill: KZZZ123        Other Bill Number(s): NONE
 Justification Comments:  EEOB moved from Claim K222ZZZ
                        Automatically by AUTOPOST
999K999BBB          02164161
      77032    6/6/14@08:27:15     REMOVED        $1122.41    Patient, One
New Bill: K999ABC        Other Bill Number(s): NONE
 Justification Comments:  EEOB removed from claim K999BBB
                        Automatically by AUTOPOST
999K222XXX          1157381779
      85552    2/2/15@07:37:50     COPIED         $48.15      Patient, Two
New Bill: K111ZZZ         Other Bill Number(s):  K111AAA
 Justification Comments:  EEOB from claim K222XXX copied to claim(s)
                          K000XXX, K999YYY by automatically by AUTOPOST
                           ***** END OF REPORT *****
```

7.19. EEOBs Marked for Auto-Post Audit Report Acronym: EMA

7.19.1. When to Run this Report

Review the EEOBs Marked for Auto-Post Audit Report to determine the user who marked an EEOB for auto-post. Lines included in the report are based on filter criteria selected at run time by the end user.

7.19.2. How to Run this Report

To run the EEOBs Marked for Auto-Post Audit Report, proceed with the following selections:

```
Select Audit Reports Option: EMA  EEOBs Marked for Auto-Post Audit Report
Select division: ALL//
Start Date: T-10  (NOV 27, 2018)
End Date: NOV 27,2018// T  (DEC 07, 2018)
(M)EDICAL, (P)HARMACY, (T)RICARE or (A)LL: ALL//
RUN REPORT FOR (A)LL, (S)PECIFIC, OR (R)ANGE OF INSURANCE COMPANIES?: ALL//
Run Report for (S)pecific or (A)ll Users: A// ll
Sort by Insurance Company (N)ame or (U)ser: N// ame
Display in List Manager format? (Y/N): NO//
Export the report to Microsoft Excel? NO//
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//
EEOBs Marked for Auto-Post Audit Report  Dec 07, 2018@09:25:16      Page:   1
Divs : All
M/P/T: All -  All Payers               Auto-Post Date: 11/27/18-12/07/18
Users: All                                   Sort: Payer Name
ERA #       Claim #     Trace #
-------------------------------------------------------------------------------
Auto-Post Date: 12/04/18
  Payer: 1621181209/AETNA -CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD
    User: USER,ONE
92747.1     442K4059Z9  OU ABC6498633710
92747.2     442K4059WK  OU ABC6498633710
92748.1     442K405AG0  OU ABC6498635583
                           ***** END OF REPORT *****
```

7.20. Provider Level Adjustments (PLB) Report Acronym: PLB

7.20.1. When to Run this Report

Run the PLB Report regularly, as determined by the site, to extract report data, as well as view and manage refund requests, for all PLB adjustment codes (FB, WO, 72, IR, J1, L6, CS, WU, etc.)

7.20.2. How to Run this Report

To run the PLB Report, proceed with the following selections:

```
Select EDI Lockbox Reports Menu Option: PL  Provider Level Adjustments (PLB) Report
Select Division: ALL//
(S)UMMARY or (D)ETAIL FORMAT: SUMMARY//                      <=Defaults to SUMMARY
SELECT (C)ODE, (R)ANGE of CODEs or (A)LL: ALL//
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/
Select Insurance Company by NAME or TIN:TIN//NAME
RUN REPORT FOR (A)LL,(S)SPECIFIC, OR (R)ANGE OF INSURANCE COMPANIES?:ALL//SPECIFIC
Select Insurance Company NAME:  TRICARE WEST     8169029303
SORT BY (C)ODE or (P)AYER?: CODE//                           <=Defaults to CODE
START DATE: 08/10/15
END DATE: 8/17/15
DEVICE: HOME//   UCX/TELNET    Right Margin: 80//
```

PLB Report – Summary

```
    EDI LOCKBOX 835 PROVIDER LEVEL ADJUSTMENT (PLB) REPORT - SUMMARY    Page: 1
           SORT by PLB CODES  REPORT RUN DATE: Sep 17, 2015@10:16:15
                              DIVISION: ALL Codes: ALL
   835 PAYERS: ALL 835 PAYER TINs: SELECTED MEDICAL/PHARMACY/TRICARE:TRICARE
                     EOB PAID DATE RANGE: 08/10/15 - 08/17/15
==============================================================================
GRAND TOTALS FOR ALL PLB CODES & PAYERS ON REPORT
   TOTAL #ERAs:       5  ADJ:  -5% [TOT AMT ADJUSTED / TOT AMT BILLED]
   AMT ADJUST: $    -960.55  AMT BILLED: $   21154.95  AMT PAID: $   19895.76
==============================================================================
ADJ CODE: 50  # ERAs:     1  ADJ:  -1% [TOT AMT ADJUSTED / TOT AMT BILLED]
   AMT ADJUST:   -50.00  AMT BILLED:   6102.20  AMT PAID:   6064.70
ADJ CODE TEXT: Late Charge
------------------------------------------------------------------------------
  PAYER NAME/TIN: AETNA/10660X33492
  #ERAs:    1  ADJ:  -1% [ADJ:   -50.00/ BILLED:   6102.20] PAID:   6064.70
------------------------------------------------------------------------------
ADJ CODE: 51  # ERAs:     1  ADJ:   0% [TOT AMT ADJUSTED / TOT AMT BILLED]
   AMT ADJUST:   -15.00  AMT BILLED:   6102.20  AMT PAID:   6067.20
ADJ CODE TEXT: Interest Penalty Charge
------------------------------------------------------------------------------
  PAYER NAME/TIN: AETNA/10660X33492
  #ERAs:    1  ADJ:   0% [ADJ:   -15.00/ BILLED:   6102.20] PAID:   6067.20
------------------------------------------------------------------------------
ADJ CODE: J1  # ERAs:     2  ADJ:  -1% [TOT AMT ADJUSTED / TOT AMT BILLED]
   AMT ADJUST:  -101.55  AMT BILLED:   7450.00  AMT PAID:   7013.31
ADJ CODE TEXT: Nonreimbursable
------------------------------------------------------------------------------
  PAYER NAME/TIN: AETNA/10660X33492
  #ERAs:    2  ADJ:  -1% [ADJ:  -101.55/ BILLED:   7450.00] PAID:   7013.31
------------------------------------------------------------------------------
ADJ CODE: WO  # ERAs:     1  ADJ: -33% [TOT AMT ADJUSTED / TOT AMT BILLED]
   AMT ADJUST:  -500.00  AMT BILLED:   1500.55  AMT PAID:    750.55
ADJ CODE TEXT: Overpayment Recovery
------------------------------------------------------------------------------
  PAYER NAME/TIN: AETNA/10660X33492
  #ERAs:    1  ADJ: -33% [ADJ:  -500.00/ BILLED:   1500.55] PAID:    750.55
------------------------------------------------------------------------------
ADJ CODE: WU  # ERAs:     2  ADJ:  -7% [TOT AMT ADJUSTED / TOT AMT BILLED]
   AMT ADJUST:  -294.00  AMT BILLED:   3950.55  AMT PAID:   2955.85
ADJ CODE TEXT: Unspecified Recovery
------------------------------------------------------------------------------
  PAYER NAME/TIN: AETNA/10660X33492
  #ERAs:    2  ADJ:  -7% [ADJ:  -294.00/ BILLED:   3950.55] PAID:   2955.85
------------------------------------------------------------------------------
```

PLB Report – Detailed

```
    EDI LOCKBOX 835 PROVIDER LEVEL ADJUSTMENT (PLB) REPORT - DETAIL     Page: 1
           SORT by PLB CODES  REPORT RUN DATE: Sep 17, 2015@10:18:20
                              DIVISION: ALL Codes: ALL
     835 PAYERS: ALL 835 PAYER TINs: SELECTED MEDICAL/PHARMACY/TRICARE:TRICARE
                     EOB PAID DATE RANGE: 08/10/15 - 08/17/15
==============================================================================
GRAND TOTALS FOR ALL PLB CODES & PAYERS ON REPORT
   TOTAL #ERAs:       5  ADJ:  -5% [TOT AMT ADJUSTED / TOT AMT BILLED]
   AMT ADJUST: $    -960.55  AMT BILLED: $   21154.95  AMT PAID: $   19895.76
==============================================================================
ADJ CODE: 50  # ERAs:     1  ADJ:  -1% [TOT AMT ADJUSTED / TOT AMT BILLED]
   AMT ADJUST:   -50.00  AMT BILLED:   6102.20  AMT PAID:   6064.70
ADJ CODE TEXT: Late Charge
```

```
--------------------------------------------------------------------------------
  PAYER NAME/TIN: AETNA/10660X33492
  #ERAs:    1  ADJ:  -1% [ADJ:   -50.00/ BILLED:   6102.20] PAID:   6064.70
  ------------------------------------------------------------------------------
  #ERA        DATE     %ADJ    ADJUST       BILLED       PAID      CHECK#
     TRACE#
     REFERENCE#
    43551   08/14/15     0      -50.00      6102.20     6064.70
         ABC63778X42734
         PATIENT CHECK BOUNCED
--------------------------------------------------------------------------------
ADJ CODE: 51  # ERAs:     1  ADJ:   0% [TOT AMT ADJUSTED / TOT AMT BILLED]
   AMT ADJUST:   -15.00  AMT BILLED:   6102.20  AMT PAID:   6067.20
ADJ CODE TEXT: Interest Penalty Charge
--------------------------------------------------------------------------------
  PAYER NAME/TIN: AETNA/10660X33492
  #ERAs:    1  ADJ:   0% [ADJ:   -15.00/ BILLED:   6102.20] PAID:   6067.20
  ------------------------------------------------------------------------------
  #ERA        DATE     %ADJ    ADJUST       BILLED       PAID      CHECK#
     TRACE#
     REFERENCE#
    43552   08/17/15     0      -15.00      6102.20     6067.20
         ABC63781X39044
         INTEREST CHARGE
--------------------------------------------------------------------------------
ADJ CODE: J1  # ERAs:     2  ADJ:  -1% [TOT AMT ADJUSTED / TOT AMT BILLED]
   AMT ADJUST:  -101.55  AMT BILLED:   7450.00  AMT PAID:   7013.31
ADJ CODE TEXT: Nonreimbursable
--------------------------------------------------------------------------------
  PAYER NAME/TIN: AETNA/10660X33492
  #ERAs:    2  ADJ:  -1% [ADJ:  -101.55/ BILLED:   7450.00] PAID:   7013.31
  ------------------------------------------------------------------------------
  #ERA        DATE     %ADJ    ADJUST       BILLED       PAID      CHECK#
     TRACE#
     REFERENCE#
    43543   08/10/15     0      -55.00      2450.00     2205.30
         ABC637746X7154
         notes here on J1 PLB Adjustment - TW
    43544   08/10/15     0      -46.55      5000.00     4808.01
         ABC637746X7490
         TW entered comments for J1 PLB adjustment
--------------------------------------------------------------------------------
ADJ CODE: WO  # ERAs:     1  ADJ: -33% [TOT AMT ADJUSTED / TOT AMT BILLED]
   AMT ADJUST:  -500.00  AMT BILLED:   1500.55  AMT PAID:    750.55
ADJ CODE TEXT: Overpayment Recovery
--------------------------------------------------------------------------------
  PAYER NAME/TIN: AETNA/10660X33492
  #ERAs:    1  ADJ: -33% [ADJ:  -500.00/ BILLED:   1500.55] PAID:    750.55
  ------------------------------------------------------------------------------
  #ERA        DATE     %ADJ    ADJUST       BILLED       PAID      CHECK#
     TRACE#
     REFERENCE#
    43540   08/10/15   -33     -500.00      1500.55      750.55
         ABC637746X5961
         User entered comments here.... TW
--------------------------------------------------------------------------------
ADJ CODE: WU  # ERAs:     2  ADJ:  -7% [TOT AMT ADJUSTED / TOT AMT BILLED]
   AMT ADJUST:  -294.00  AMT BILLED:   3950.55  AMT PAID:   2955.85
ADJ CODE TEXT: Unspecified Recovery
--------------------------------------------------------------------------------
  PAYER NAME/TIN: AETNA/10660X33492
  #ERAs:    2  ADJ:  -7% [ADJ:  -294.00/ BILLED:   3950.55] PAID:   2955.85
  ------------------------------------------------------------------------------
```

```
  #ERA        DATE     %ADJ    ADJUST       BILLED       PAID      CHECK#
     TRACE#
     REFERENCE#
    43540   08/10/15   -17     -250.00      1500.55      750.55
         ABC637746X5961
         wu comments --- TW
    43543   08/10/15     0      -44.00      2450.00     2205.30
         ABC637746X7154
         user comment entered here - TW
-------------------------------------------------------------------------------
```

7.21. ERAs Posted with Paper EOB Audit Report Acronym: POSR

7.21.1. When to Run this Report

Review the ERAs Posted with Paper EOB Audit Report on a regular basis, as determined by the site, to identify usage of the Update ERA Posted to EOB option.

7.21.2. How to Run this Report

To run the ERAs Posted with Paper EOB Audit Report, proceed with the following selections:

```
Select EDI Lockbox Reports Menu Option:  ERAs Posted with Paper EOB Audit Report
Select division: ALL//
START DATE: 1/1/2011  (JAN 01, 2011)
END DATE: JAN 1,2011// T  (SEP 20, 2011)
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/
Export the report to Microsoft Excel? NO//
Display in List Manager format? (Y/N): NO//
DEVICE: HOME//   TELNET TERMINAL
ERAs Posted with Paper EOB - Audit Report          Page: 1
Run Date: 9/20/11@16:04:34
DIVISIONS: ALL
Date Range: 1/1/11 - 9/20/11 (DATE ERA UPDATED)
MEDICAL/PHARMACY/TRICARE:TRICARE
                        Date/Time         User Who        EFT Match Status
ERA #      Receipt #    ERA Updated       Updated             Detail Post Status
==============================================================================
14083      1012006      7/27/11@16:19:11  User,Five   MATCHED TO PAPER CHECK
                                                              MANUALLY POSTED
14094      E11020100    7/29/11@17:50:43  User,Four   MATCHED TO PAPER CHECK
                                                              MANUALLY POSTED
14201      2362006      9/12/11@14:03:33  User,Four   MATCHED TO PAPER CHECK
                                                              MANUALLY POSTED
14124      13804836     9/16/11@07:31:28  User,One   MATCHED TO PAPER CHECK
                                                              MANUALLY POSTED
******** END OF REPORT ********
```

7.22. Payer Implementation Report Acronym: PX

7.22.1. When to Run this Report

Review this report on a regular basis, as determined by the site, to identify all payers that have been associated with ERAs in the system. This report will show all payers, regardless of whether the payer is, or is not, excluded from auto-posting or auto-decreasing.

7.22.2. How to Run this Report

To run this report, select an output device.

To run the report, proceed with the following selections:

```
Select EDI Lockbox Reports Menu <TEST ACCOUNT> Option: PX  Payer Implementation
Report
DEVICE: HOME//   UCX/TELNET    Right Margin: 80//
                           PAYER IMPLEMENTATION REPORT                Page: 1
                           RUN DATE: 6/10/14@08:15:01
PAYER ID                PAYER NAME                                   DATE ADDED
==============================================================================
12345678999             INSURANCE PAYER NAME 1                         02/03/04
12345678988             INSURANCE PAYER NAME 2                         09/01/10
12345678977             INSURANCE PAYER NAME 3                         09/29/10
Press enter to continue, '^' to exit:
```

7.23. CARC / RARC Quick Search Acronym: QS

7.23.1. When to Run this Report

Run the CARC / RARC Quick Search regularly, as determined by the site, to display all data associated with the entered code.

The CARC / RARC Quick Search displays as follows:

```
                        EDI LOCKBOX CARC/RARC QUICK SEARCH                Page: 1
                      REPORT RUN DATE: Sep 17, 2015@10:04:11
CODE   START DATE   STOP DATE   DATE MODIFIED   CARC/RARC   LAST VISTA UPDATE
    CODE DESCRIPTION
================================================================================
   9    01/01/95                   09/20/09        CARC         09/10/15
     The diagnosis is inconsistent with the patient"s age. Note: Refer to the
     835 Healthcare Policy Identification Segment (loop 2110 Service Payment
     Information REF), if present.
```

7.24. Remove ERA from Active Worklist Audit Report Acronym: REMR

7.24.1. When to Run this Report

Review this report on a regular basis, as determined by the site, to identify all ERAs that have been removed from the Worklist.

7.24.2. How to Run this Report

To run the report, proceed with the following selections:

```
Remove ERA from Active Worklist Audit Report
Select Start Date:  (W/R/B): Both Dates
START DATE: T-100  (OCT 19, 2011)
END DATE: OCT 19,2011// T  (JAN 27, 2012)
(M)EDICAL,(P)HARMACY,(T)RICARE,(A)LL: ALL/
Select division: ALL//
EXPORT THE REPORT TO Microsoft Excel (Y/N): ? NO//
Display in List Manager format? (Y/N): NO//
DEVICE: HOME//   TELNET TERMINAL
```

```
ERAs Removed from Active Worklist - Audit Report            Page 6
                    Run Date/Time:  1/27/12@10:39:49
              DATE RANGE: 10/19/11 - 1/27/12 (Received & Removed)
                              DIVISIONS: ALL
                        MEDICAL/PHARMACY/TRICARE: TRICARE
ERA#           Payer Name
    Date/Time                 Date ERA         Total Amt   User Who
    Removed                   Received         Paid        Removed
==============================================================================
14215          PRINCIPAL FINANCIAL GROUP
     1/19/12@12:04:04         2/26/07          34.85       User,One
Removed Reason:  ERA does not belong; check returned to payer
14241          BANKERS LIFE & CASUALTY
     1/18/12@14:35:41         2/26/07          4.66        User,Four
Removed Reason:  check was returned to payer before deposited
14244          BANKERS LIFE & CASUALTY
     1/27/12@10:11:46         2/26/07          14.07       User,Four
Removed Reason:  ERA belongs to another site; check returned to payer
******** END OF REPORT ********
```

7.25. Link Payment Tracking Report Acronym: SR

7.25.1. When to Run this Report

Review this report on a regular basis, as determined by the site, to identify all entries going in and out of Suspense including information on where the payment was dispersed by the user via the Link Payment option.

The LINK PAYMENT TRACKING REPORT displays as follows:

```
LINK PAYMENT TRACKING REPORT                      NOV 20, 2017@15:59:29  PAGE 1
  FOR THE DATE RANGE:                                 RECEIPT#: E17112005
RECEIPT#       TRANS# DATE          AMOUNT CLAIM   USER DISPOSITION
     REASON       CLAIMS
-------------------------------------------------------------------------------
E17112005             11/20/17       38.92         PH   In Suspense
     Multi-Trans Split
                  K100015     $15.00
                  K100007     $23.92
E17112005      1      11/20/17       15.00 K100015 PH   Paid
E17112005      2      11/20/17       23.92 K100007 PH   Paid
                           ***** END OF REPORT *****
```

7.26. CARC / RARC Table Data Report Acronym: TB

7.26.1. When to Run this Report

Review this report on a regular basis, as determined by the site, to display all CARC / RARC data that has been transferred from FSC, stored in VistA and available for use.

7.26.2. How to Run this Report

To run the report, proceed with the following selections:

```
Select EDI Lockbox Reports Menu Option: TB  CARC/RARC Table Data Report
SELECT (N)O CARCS OR (A)LL CARCS: ALL//                      <=Defaults to ALL
SELECT (N)O RARCS OR (A)LL RARCS: ALL//                      <=Defaults to ALL
Include (A)ctive codes, (I)nactive codes or (B)OTH?:  ACTIVE//<=Default ACTIVE
REPORT DATE: T//                                             <=Defaults to T (today)
DEVICE: HOME//   UCX/TELNET    Right Margin: 80//
```

7.27. View / Print ERA Acronym: VP

This option allows the user to select an ERA and print or view its contents.

7.27.1. When to Run this Report

This option is used on an “as needed” basis.

7.27.2. How to Run this Report

To run the View / Print Report proceed with the following selections:

```
Select EDI Lockbox Reports Menu Option: VP  View/Print ERA
Select ELECTRONIC REMITTANCE ADVICE ENTRY: 123456TN 03-10-03  704.03
  IBinsurance Company One MATCHED
DO YOU WANT TO INCLUDE EXPANDED EEOB DETAIL?: NO// YES <RET>
Display in List Manager format? (Y/N): YES//
View/Print ERA - Expanded Detail     EDI LOCKBOX WORKLIST - ERA DETAIL
8/7/19         Page: 1
===============================================================================
  **ERA SUMMARY DATA**
ENTRY: 92737                            TRACE NUMBER: TP ABC6496135298
INSURANCE CO ID: 1621181209             ERA DATE: NOV 09, 2018
TOTAL AMOUNT PAID: 1878.97
PAYMENT FROM: AETNA -CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD
FILE DATE/TIME: NOV 09, 2018@09:48:50    RECEIPT: E18110903
EFT MATCH STATUS: MATCHED TO PAPER CHECK
ERA TYPE: ERA                           INDIVIDUAL EOB COUNT: 1
MAIL MESSAGE: 309660                    CHECK #: TP ABC6496135298
ERA DETAIL POST STATUS: NOT POSTED      EXPECTED PAYMENT METHOD CODE: CHK
DATE CHECK MATCHED: NOV 09, 2018        CHECK MATCHED USER: REDACTED
  **EEOB DETAIL DATA**
SEQUENCE #: 1                           EOB DETAIL: K40581F
AMOUNT PAID: 1878.97                    INSURANCE COMPANY ON BILL: BCBS WY*
FREE TEXT PATIENT NAME: PATIENT, F A
ORIGINAL PATIENT NAME: CLERK, A B
BILLING PROVIDER NPI: 1164471991        RECEIPT:
BILL REFERENCE NUMBER: 442-K40581F
Type <Enter> to continue or '^' to exit:
EDI LOCKBOX WORKLIST - ERA DETAIL                8/7/19         Page: 2
===============================================================================
PATIENT: PATIENT, F A /8101        CLAIM #: 442-K40581F
**EOB PROVIDER(S)/NPI                  CLAIM PROVIDER(S)/NPI**
---------------------                  ------------------------
ATTENDING:                             DOE, JOHN /1518050301
BILLING: /1164471991                   XYZ VAMC/1164471991
RENDERING:
  **EXCEPTION RESOLUTION LOG DATA**
EOB GENERAL INFORMATION:
 Type        : NORMAL EOB               EOB Paid DT  : 11/09/18
```

```
 Entry Dt/Tm :11/09/18 9:48 am          Claim Status : PROCESSED
 Entry Dt/Tm :11/09/18 9:48 am          Review Status: ACCEPTED-COMPLETE EOB
 Entered By  :                          Insurance Seq: SECONDARY
 Last Edited : 11/09/18 9:48 am         Last Edit By : POSTMASTER
 Patient Name: PATIENT, F A Pt. Relation : PATIENT
 Insured ID  : SUBSC ID 1947268
Type <Enter> to continue or '^' to exit:
EDI LOCKBOX WORKLIST - ERA DETAIL                 8/7/19         Page: 3
================================================================================
 Claim Rec'd Date     :
 Other Subscriber Name:
PAYER INFORMATION:
 Payer Name   : BCBS WY*
 Payer Id     : 1621181209
 ICN          : 14705500441
CLAIM LEVEL PAY STATUS:
 Tot Submitted Chrg:    1878.97         Covered Amt       :    1878.97
 Payer Paid Amt    :    1878.97         Patient Resp. Amt :       0.00
CLAIM LEVEL ADJUSTMENTS:
 NONE
MEDICARE INFORMATION:
 NONE
LINE LEVEL ADJUSTMENTS:
  #   SV DT   REVCD  PROC  MOD  UNITS  BILLED  DEDUCT  COINS    ALLOW     PYMT
Type <Enter> to continue or '^' to exit:
     EDI LOCKBOX WORKLIST - ERA DETAIL                 8/7/19         Page: 4
================================================================================
  1 06/02/14    324 71020          1   300.66    0.00   0.00     0.00   300.66
  #   SV DT   REVCD  PROC  MOD  UNITS  BILLED  DEDUCT  COINS    ALLOW     PYMT
  2 06/02/14    450 99284  25      1  1442.60    0.00   0.00     0.00  1442.60
  #   SV DT   REVCD  PROC  MOD  UNITS  BILLED  DEDUCT  COINS    ALLOW     PYMT
  3 06/02/14    730 93005          1   135.71    0.00   0.00     0.00   135.71
 Type <Enter> to continue or '^' to exit:
```

7.28. EFT Deposit Reconciliation Report Acronym: DEP

The EFT Deposit Reconciliation Report has been removed from the EDI Lockbox Reports Menu tree.

7.29. EFT Unlock Lockout Override Report Acronym: EUO

7.29.1. When to Run this Report

This option is used on an “as needed” basis.

7.29.2. How to Run this Report

To run the report, proceed with the following steps:

```
(M)EDICAL, (P)HARMACY, (T)RICARE or (A)LL: ALL//
Start Date: t-10  (MAR 19, 2019)
  End Date: MAR 19,2019//
Export the report to Microsoft Excel? NO//
Display in List Manager format? (Y/N): NO//
DEVICE: HOME//   HOME (TERMINAL)    Right Margin: 80//


             EFT Unlock Lockout Override Report                      Page: 1
   Date Range: 03/03/19 - o4/01/19        Run Date: 03/29/19@07:43:03
   Medical/Pharmacy/TRICARE: ALL
```

```
Date       User    Comment                                          Type    # Days
-----------------------------------------------------------------------------
03/19/19   ALTM,F  THIS IS THE COMMENT                               M         30
03/20/19   JONE,J  THIS IS ANOTHER OVERRIDE COMMENT                  P         30

                                        Total # of Medical Overrides:       1
                                        Total # of Pharmacy Overrides:      1
                                        Total # of TRICARE Overrides:       0
                                        Total # of EFT Overrides:           2

                            ***** END OF REPORT *****
```

8. National Reports for ePayments Data

The EDI Diagnostic Measures Reports menu is located under the Finance AR Manager Menu:

```
     Clerk's AR Menu ...
     Supervisor's AR Menu ...
      EDI Diagnostic Measures Reports…
Select Finance AR Manager Menu Option:
```

There are 2 EDI Diagnostic Measure reports plus the Extracts submenu to choose from:

```
   VS EDI VOLUME STATISTICS Report
   TD ERA/EFT TRENDING Report
   EX EDI Diagnostic Measures Extracts Menu…
Select EDI Diagnostic Measures Reports Option:
```

8.1. EDI VOLUME STATISTICS Report

The EDI VOLUME STATISTICS Report to display metrics on #837s / NCPDP claims and 835s with #days between the claim and payment transactions. The report can be run for ALL payers or selected payer(s).

```
Select EDI Reports Option: VS  EDI VOLUME STATISTICS Report
Select Division: ALL//
SELECT (A)LL PAYERS, RANGE of PAYER NAMES: ALL//
(S)UMMARY by Payer or (G)RAND TOTALS ONLY; G//
Start with DATE:
Go to DATE:
DEVICE: HOME//   UCX/TELNET    Right Margin: 80//
             EDI VOLUME STATISTICS REPORT                              Page: 1
   ALL DIVISIONS            PAYERS:AETNA-1 - AETNA-2
   DATE RANGE: 01/01/14 - 01/31/15                  RUN DATE: 02/07/15@15:30:14
-------------------------------------------------------------------------------
PAYER NAME: AETNA-1 INSURANCE
-------------------------------------------------------------------------------
NUMBER OF 837s TRANSMITTED TO MEDICAL PAYERS                              12345
NUMBER OF NCPDP CLAIMS TRANSMITTED TO PHARMACY PBMs                       54321
NUMBER OF 835s RECEIVED FROM MEDICAL PAYERS                               10000
NUMBER OF 835s RECEIVED FROM PHARMACY PBMs                                 1323
NUMBER OF 837 WITH CORRESPONDING 835 (MRA Excluded)                        2921
NUMBER OF NCPDP CLAIM WITH CORRESPONDING 835                                610
AVG #DAYS BETWEEN 837 TRANSMIT AND 835 RECEIVED                             9.0
AVG #DAYS BETWEEN NCPDP CLAIM TRANSMIT AND 835 RCVD                        14.5
-------------------------------------------------------------------------------
PAYER NAME: AETNA-2 INSURANCE
-------------------------------------------------------------------------------
NUMBER OF 837s TRANSMITTED TO MEDICAL PAYERS                                100
NUMBER OF NCPDP CLAIMS TRANSMITTED TO PHARMACY PBMs                         100
```

```
NUMBER OF 835s RECEIVED FROM MEDICAL PAYERS                                  100
NUMBER OF 835s RECEIVED FROM PHARMACY PBMs                                   100
NUMBER OF 837 WITH CORRESPONDING 835 (MRA Excluded)                          100
NUMBER OF NCPDP CLAIM WITH CORRESPONDING 835                                 100
AVG #DAYS BETWEEN 837 TRANSMIT AND 835 RECEIVED                              9.0
AVG #DAYS BETWEEN NCPDP CLAIM TRANSMIT AND 835 RCVD                         14.5
-------------------------------------------------------------------------------
GRAND TOTAL ALL PAYERS
-------------------------------------------------------------------------------
NUMBER OF 837s TRANSMITTED TO MEDICAL PAYERS                               12445
NUMBER OF NCPDP CLAIMS TRANSMITTED TO PHARMACY PBMs                        54421
NUMBER OF 835s RECEIVED FROM MEDICAL PAYERS                                10100
NUMBER OF 835s RECEIVED FROM PHARMACY PBMs                                  1423
NUMBER OF 837 WITH CORRESPONDING 835 (MRA Excluded)                         3021
NUMBER OF NCPDP CLAIM WITH CORRESPONDING 835                                 710
AVG #DAYS BETWEEN 837 TRANSMIT AND 835 RECEIVED                              9.0
AVG #DAYS BETWEEN NCPDP CLAIM TRANSMIT AND 835 RCVD                         14.5
Enter RETURN to continue or '^' to exit:
```

8.2. ERA / EFT TRENDING Report

The ERA / EFT TRENDING Report to display metrics on #ERAs, #EEOBs, #EFTs with #days between ERA and EFT transactions. The report can be run for ALL payers or selected payer(s).

```
Select Division: ALL//
SELECT (A)LL PAYERS, (R)ANGE of PAYER NAMES: ALL//
SELECT (A)LL PAYER TINs, (R)ANGE of PAYER TINs: ALL//
Select RATE TYPE NAME: 8  REIMBURSABLE INS. Who's Responsible: INSURER
Print (M)AIN Report, (S)UMMARY by Payer or (G)RAND TOTALS ONLY: GRAND//    <=default
Start with DATE:
Go to DATE:
EXPORT THE REPORT TO Microsoft Excel (Y/N): ? NO//  <= MAIN Report format only
DEVICE: HOME//   UCX/TELNET    Right Margin: 80//
ERA/EFT TRENDING Report                                            Page:   1
     ALL DIVISIONS         ALL PAYERS                ALL PAYER TINs
     DATE RANGE: 01/01/14 - 01/31/15              RUN DATE: 02/07/15@15:30:14
-------------------------------------------------------------------------------
***************************   ERA MATCHED TO an EFT   *************************
-------------------------------------------------------------------------------
 TOTAL NUMBER OF CLAIMS                                                     4
 TOTAL AMOUNT BILLED                                                  2212.50
 TOTAL AMOUNT PAID                                                    2212.50
 PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                            100%
 AVG #DAYS BETWEEN BILLED/ERA                                             6.5
 AVG #DAYS BETWEEN ERA/EFT                                                1.8
 AVG #DAYS BETWEEN ERA+EFT REC'D/PMT POSTED                               4.5
 AVG #DAYS BETWEEN BILLED/PMT POSTED                                     13.0
 TOTAL NUMBER OF ERAs                                                       2
 TOTAL NUMBER OF EEOBs                                                    214
 TOTAL NUMBER OF EFTs                                                       2
 TOTAL AMOUNT COLLECTED                                               2112.50
 TOTAL DIFFERENCE BETWEEN ERAs (PAID) - EFTs (COLLECTED):              100.00
-------------------------------------------------------------------------------
***************************   ERA MATCHED TO a PAPER CHECK  *******************
-------------------------------------------------------------------------------
 TOTAL NUMBER OF CLAIMS                                                     3
 TOTAL AMOUNT BILLED                                                  4190.00
 TOTAL AMOUNT PAID                                                    4190.00
 PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                            100%
 AVG #DAYS BETWEEN BILLED/ERA                                             5.3
 AVG #DAYS BETWEEN ERA/CHK                                                6.3
 AVG #DAYS BETWEEN ERA+CHK REC'D/PMT POSTED                               5.7
```

```
 AVG #DAYS BETWEEN BILLED/PMT POSTED                                 17.0
 TOTAL NUMBER OF ERAs                                                   3
 TOTAL NUMBER OF EEOBs                                                147
 TOTAL NUMBER OF EFTs                                                   0
 TOTAL AMOUNT COLLECTED                                               0.0
-------------------------------------------------------------------------------
****************************   PAPER EOB MATCHED TO an EFT   ********************
-------------------------------------------------------------------------------
 TOTAL NUMBER OF CLAIMS                                                 2
 TOTAL AMOUNT BILLED                                                90.00
 TOTAL AMOUNT PAID                                                  90.00
 PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                          0%
 AVG #DAYS BETWEEN BILLED/EOB                                        16.0
 AVG #DAYS BETWEEN EOB/EFT                                           -3.0
 AVG #DAYS BETWEEN EOB+EFT REC'D/PMT POSTED                           4.0
 AVG #DAYS BETWEEN BILLED/PMT POSTED                                 20.0
 TOTAL NUMBER OF ERAs                                                   0
 TOTAL NUMBER OF EEOBs                                                  0
 TOTAL NUMBER OF EFTs                                                   1
 TOTAL AMOUNT COLLECTED                                             90.00
```

ERA / EFT Trending Report by PAYER / TIN displays as follows:

```
     ERA/EFT TRENDING Report
Page:  1
     ALL DIVISIONS             PAYERS:AETNA-1 - AETNA-2                                                ALL PAYER TINs
    DATE RANGE: 01/01/14 - 01/31/15                                          RUN DATE: 02/07/15@15:30:14
-------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------
PAYER NAME/TIN: AETNA-1 INSURANCE/9999X99966X99
-------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------
  ****************************************************   ERA MATCHED TO an EFT
*****************************************************
  -----------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------
  CLAIM#           DOS           AMT BILLED        AMT PAID           BILLED        ERA/EOB REC'D    EFT/PMT REC'D
POSTED              TRACE#              AUTOPOST/MANUAL
     ETRANS TYPE    ERA#    #EEOBs     EFT#   #DAYS:(BILL/ERA)    #DAYS:(ERA/EFT)      #DAYS:(ERA+EFT REC'D/PMT
POSTED)     TOTAL #DAYS(BILLED/PMT POSTED)
  -----------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------
  K999991      01/15/15             1200.00            1200.00         01/30/15          02/04/15             02/07/15
02/10/15            123xxx7890                    AUTOPOST
      ERA/EFT            123456      20      555001                     5                            3
3                                                              11
  K999992      01/15/15               300.00             300.00          01/30/15          02/04/15
02/07/15              02/17/15             123xxx7890                   MANUAL
      ERA/EFT            123456      66      555001                     5                            3
10                                                              18
  K999994      01/15/15               200.00             200.00          01/30/15          02/06/15
02/05/15              02/10/15             123xxx7890                   AUTOPOST
       ERA/EFT           123458      51      555000                     7                           -1
4                                                              11
   K999997      01/15/15               512.50             512.50          01/30/15          02/08/15
02/10/15              02/11/15             123xxx7890                   AUTOPOST
        ERA/EFT          123458      77      555000                     9                            2
1                                                              12
  -----------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------
  ***************************************************   ERA MATCHED TO a PAPER CHECK
****************************************************
  -----------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------
```

```
  CLAIM#           DOS           AMT BILLED        AMT PAID           BILLED        ERA/EOB REC'D    EFT/PMT REC'D
POSTED              TRACE#              AUTOPOST/MANUAL
     ETRANS TYPE    ERA#    #EEOBs     EFT#   #DAYS:(BILL/ERA)    #DAYS:(ERA/EFT)      #DAYS:(ERA+EFT REC'D/PMT
POSTED)     TOTAL #DAYS(BILLED/PMT POSTED)
  ---------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------
  K999993      01/15/15                550.00             550.00          01/30/15          02/04/15
02/10/15               02/13/15            123xxx7890                 AUTOPOST
        ERA/PAPER    123500      81      N/A                          5                              6
3                                                                  14
  K999995      01/15/15              3340.00           3340.00         01/30/15           02/03/15            02/11/15
02/21/15             123xxx7890                 MANUAL
        ERA/PAPER   123501       22      N/A                          4                              8
10                                                                  22
  K999996      01/15/15                300.00              300.00        01/30/15            02/05/15
02/10/15               02/14/15            123xxx7890                 AUTOPOST
        ERA/PAPER   123504       44      N/A                          6                              5
4                                                                  15
  ---------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------
  ***************************************************   PAPER EOB MATCHED TO an EFT
***************************************************
  ---------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------
  CLAIM#           DOS           AMT BILLED        AMT PAID           BILLED        ERA/EOB REC'D    EFT/PMT REC'D
POSTED              TRACE#              AUTOPOST/MANUAL
     ETRANS TYPE    ERA#    #EEOBs     EFT#   #DAYS:(BILL/ERA)    #DAYS:(ERA/EFT)      #DAYS:(ERA+EFT REC'D/PMT
POSTED)     TOTAL #DAYS(BILLED/PMT POSTED)
  ---------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------
  K999998      01/15/15                  30.00                30.00        01/30/15             02/15/15
02/12/15              02/22/15             123xxx7890                 MANUAL
       PAPER/EFT      N/A         N/A      55700                     16                             -3
7                                                                  23
    K999999     01/15/15                  60.00                60.00        01/30/15             02/15/15
02/12/15              02/16/15             123xxx7890                 AUTOPOST
       PAPER/EFT     N/A          N/A      55700                     16                             -3
1                                                                  17
 ---------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------
PAYER NAME/TIN: AETNA-1 INSURANCE/9999X99966X99
---------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------
```

```
    ****************************************************   ERA MATCHED TO an EFT
*****************************************************
  ---------------------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------------
  TOTAL NUMBER OF CLAIMS                                                    4
  TOTAL AMOUNT BILLED                                                                                          2212.50
  TOTAL AMOUNT PAID
2212.50
  PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                              100%
  AVG #DAYS BETWEEN BILLED/ERA                                                                                   6.5
  AVG #DAYS BETWEEN ERA/EFT                                                                                      1.8
  AVG #DAYS BETWEEN ERA+EFT REC'D/PMT POSTED                            4.5
  AVG #DAYS BETWEEN BILLED/PMT POSTED                                                   13.0
  TOTAL NUMBER OF ERAs                                                                                   2
  TOTAL NUMBER OF EEOBs                                                                            214
  TOTAL NUMBER OF EFTs                                                                                   2
  TOTAL AMOUNT COLLECTED                                                                                        2212.50
  TOTAL DIFFERENCE BETWEEN ERAs (PAID) - EFTs (COLLECTED):                                                       100.00
  ---------------------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------------
  ***************************************************   ERA MATCHED TO a PAPER CHECK
************************************************
  ---------------------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------------
  TOTAL NUMBER OF CLAIMS                                                    3
  TOTAL AMOUNT BILLED                                                                                          4190.00
  TOTAL AMOUNT PAID
4190.00
  PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                              100%
  AVG #DAYS BETWEEN BILLED/ERA                                                                                   5.3
  AVG #DAYS BETWEEN ERA/CHK                                                                                      6.3
  AVG #DAYS BETWEEN ERA+CHK REC'D/PMT POSTED                            5.7
  AVG #DAYS BETWEEN BILLED/PMT POSTED                                                    17.0
  TOTAL NUMBER OF ERAs                                                                                   3
  TOTAL NUMBER OF EEOBs                                                                            147
  TOTAL NUMBER OF EFTs                                                                                   0
  TOTAL AMOUNT COLLECTED                                                                                            0.00
  ---------------------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------------
  ***************************************************   PAPER EOB MATCHED TO an EFT
************************************************
  ---------------------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------------
  TOTAL NUMBER OF CLAIMS                                                    2
  TOTAL AMOUNT BILLED                                                                                                90.00
```

```
  TOTAL AMOUNT PAID
90.00
  PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                          100%
  AVG #DAYS BETWEEN BILLED/EOB                                                                          16.0
  AVG #DAYS BETWEEN EOB/EFT                                                                    -3.0
  AVG #DAYS BETWEEN EOB+EFT REC'D/PMT POSTED                        4.0
  AVG #DAYS BETWEEN BILLED/PMT POSTED                                           20.0
  TOTAL NUMBER OF ERAs                                                                   0
  TOTAL NUMBER OF EEOBs                                                                  0
  TOTAL NUMBER OF EFTs                                                                   1
  TOTAL AMOUNT COLLECTED                                                                                 90.00
-------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------
PAYER NAME/TIN: AETNA-2 INSURANCE/9999X99966X88
-------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------
    ****************************************************   ERA MATCHED TO an EFT
*****************************************************
  -------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------
           Claim line items here…..
  -------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------
  ***************************************************   ERA MATCHED TO a PAPER CHECK
**************************************************
  -------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------
           Claim line items listed here…
  -------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------
  ***************************************************   PAPER EOB MATCHED TO an EFT
**************************************************
  -------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------
          Claim line items listed here…
-------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------
PAYER NAME/TIN: AETNA-2 INSURANCE/9999X99966X88
-------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------
         TOTALS BY CATEGORY listed here…..
  ---------------------------------------------------------------------------------
     Etc…..
     Etc…..
```

```
-----------------------------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------------------------
GRAND TOTALS ALL PAYERS
-----------------------------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------------------------
    ****************************************************   ERA MATCHED TO an EFT
*****************************************************
  -----------------------------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------------------------
  TOTAL NUMBER OF CLAIMS                                                    4
  TOTAL AMOUNT BILLED                                                                                                   2212.50
  TOTAL AMOUNT PAID
2212.50
  PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                              100%
  AVG #DAYS BETWEEN BILLED/ERA                                                                                            6.5
  AVG #DAYS BETWEEN ERA/EFT                                                                                               1.8
  AVG #DAYS BETWEEN ERA+EFT REC'D/PMT POSTED                            4.5
  AVG #DAYS BETWEEN BILLED/PMT POSTED                                                   13.0
  TOTAL NUMBER OF ERAs                                                                                    2
  TOTAL NUMBER OF EEOBs                                                                             214
  TOTAL NUMBER OF EFTs                                                                                    2
  TOTAL AMOUNT COLLECTED                                                                                                2212.50
  TOTAL DIFFERENCE BETWEEN ERAs (PAID) - EFTs (COLLECTED):                                                               100.00
  -----------------------------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------------------------
  ************************************************   ERA MATCHED TO a PAPER CHECK
************************************************
  -----------------------------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------------------------
  TOTAL NUMBER OF CLAIMS                                                    3
  TOTAL AMOUNT BILLED                                                                                                   4190.00
  TOTAL AMOUNT PAID
4190.00
  PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                              100%
  AVG #DAYS BETWEEN BILLED/ERA                                                                                            5.3
  AVG #DAYS BETWEEN ERA/CHK                                                                                               6.3
  AVG #DAYS BETWEEN ERA+CHK REC'D/PMT POSTED                            5.7
  AVG #DAYS BETWEEN BILLED/PMT POSTED                                                   17.0
  TOTAL NUMBER OF ERAs                                                                                    3
  TOTAL NUMBER OF EEOBs                                                                             147
  TOTAL NUMBER OF EFTs                                                                                    0
  TOTAL AMOUNT COLLECTED                                                                                                     0.00
```

```
  ------------------------------------------------------------------------------------------------------------------------------------
------------------------------------------------------------------------------------------------------------------------
  ************************************************   PAPER EOB MATCHED TO an EFT
*************************************************
  ------------------------------------------------------------------------------------------------------------------------------------
------------------------------------------------------------------------------------------------------------------------
  TOTAL NUMBER OF CLAIMS                                                    2
  TOTAL AMOUNT BILLED                                                                                                    90.00
  TOTAL AMOUNT PAID
90.00
  PERCENTAGE AMOUNT PAID: (%Total Paid/Billed)                              100%
  AVG #DAYS BETWEEN BILLED/EOB                                                                                          16.0
  AVG #DAYS BETWEEN EOB/EFT                                                                                        -3.0
  AVG #DAYS BETWEEN EOB+EFT REC'D/PMT POSTED                            4.0
  AVG #DAYS BETWEEN BILLED/PMT POSTED                                                   20.0
  TOTAL NUMBER OF ERAs                                                                                   0
  TOTAL NUMBER OF EEOBs                                                                                  0
  TOTAL NUMBER OF EFTs                                                                                   1
  TOTAL AMOUNT COLLECTED                                                                                                 90.00
```

8.3. EDI Diagnostic Measures Extracts Menu

The only option listed on the EDI Diagnostic Measures Extract Menu that is not locked with the security key 'PRCFA SUPERVISOR' is View / Print Extracted Reports.

```
   DE     Disable-Enable DM Background Job/Reports
   VP     View/Print Extracted Reports
   MN     Manually Start DM Extract
   TR     Manually Transmit DM Extract
Select EDI Diagnostic Measures Extracts Menu Option:
```

8.3.1. Report Results Imported into Excel

Except for the Daily Activity Report and the 835 CARC Data Report Filters, the software has been modified to allow the user to export the report from VistA to a text file to be imported into Microsoft Excel.

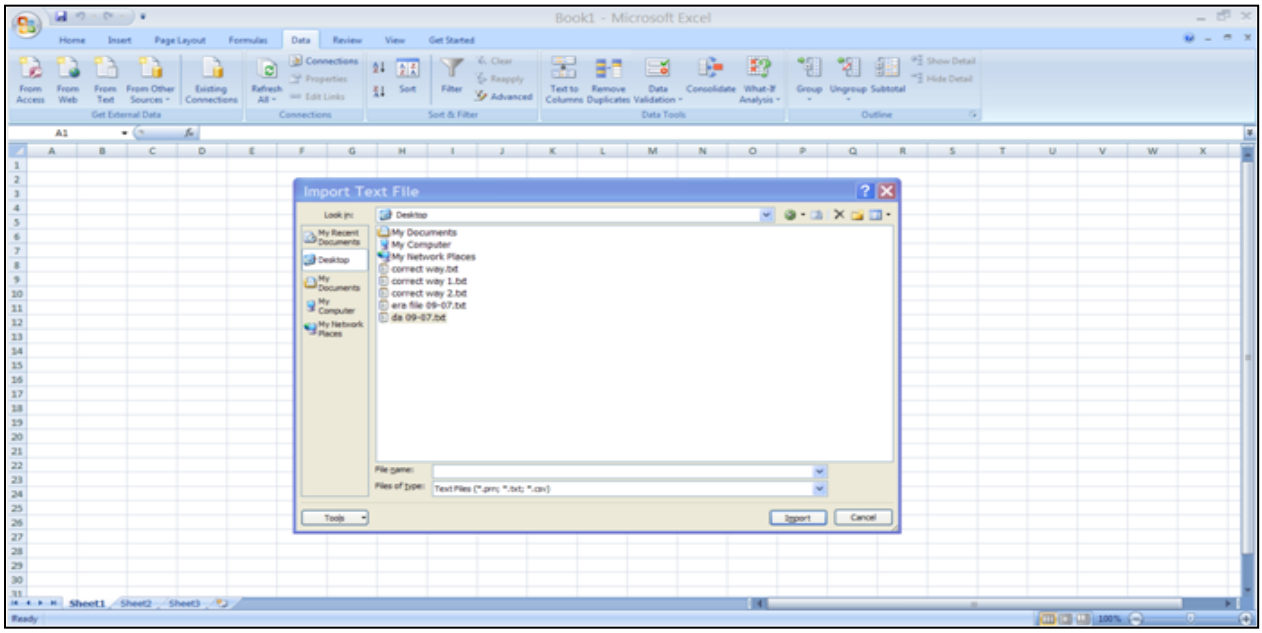
8.3.2. Downloading Reports to Excel

1. Choose report to print to Excel and enter '0;256;999' at the device prompt.
2. Capture report into a text file.

```
Select EDI Lockbox Reports Menu Option: MCR  EEOB Move/Copy/Remove Audit Report
START DATE: 010106  (JAN 01, 2006)
END DATE: JAN 1,2006// t  (AUG 29, 2011)
Move/Copy/Remove or All (M/C/R/A): All//
Select division: ALL//
Export the report to Microsoft Excel? NO// y  YES
          Before continuing, please set up your terminal to capture the
          report data as this report may take a while to run.
          To avoid  undesired  wrapping of the data  saved to the
          file, please enter '0;256;999' at the 'DEVICE:' prompt.
          It may be necessary to set up the terminal display width
          to 256 characters which can be performed by selecting the
          Display option located within the 'Setup' menu on the
          tool bar of the terminal emulation software (e.g. KEA,
          Reflections or Smarterm).
DEVICE: HOME// 0;256;999
```

3. Once the user has captured the report data onto a text file, open an Excel document.
4. Click on **Data** tab.
5. Choose **From Text** button located in the **Get External Data** group.

Figure 10: Data Tab

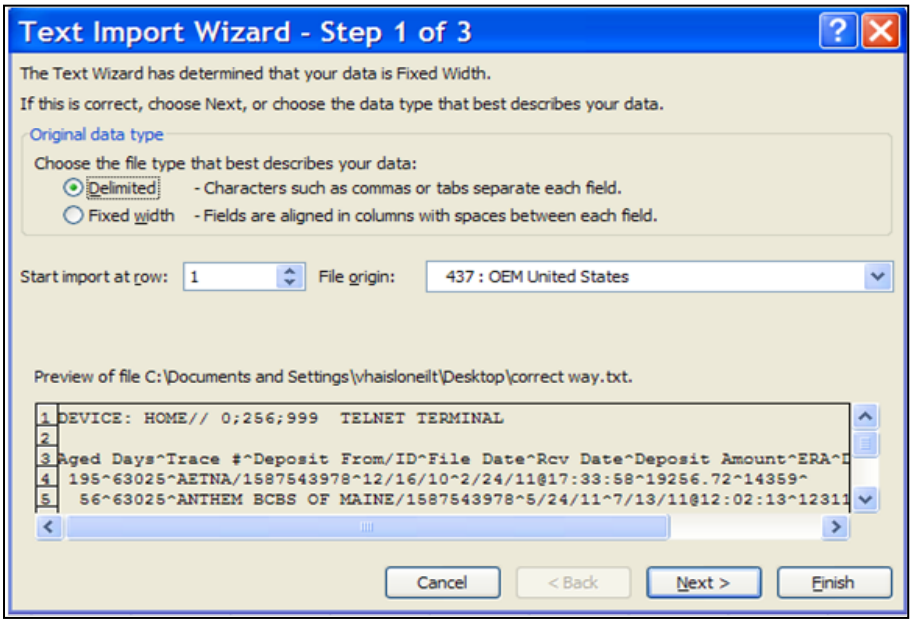


The dialogue box will pop up that will allow the user to browse for the text file to cut and past the data from the VistA session.

NOTE: *Using a text file with word wrap "off" is recommended.*

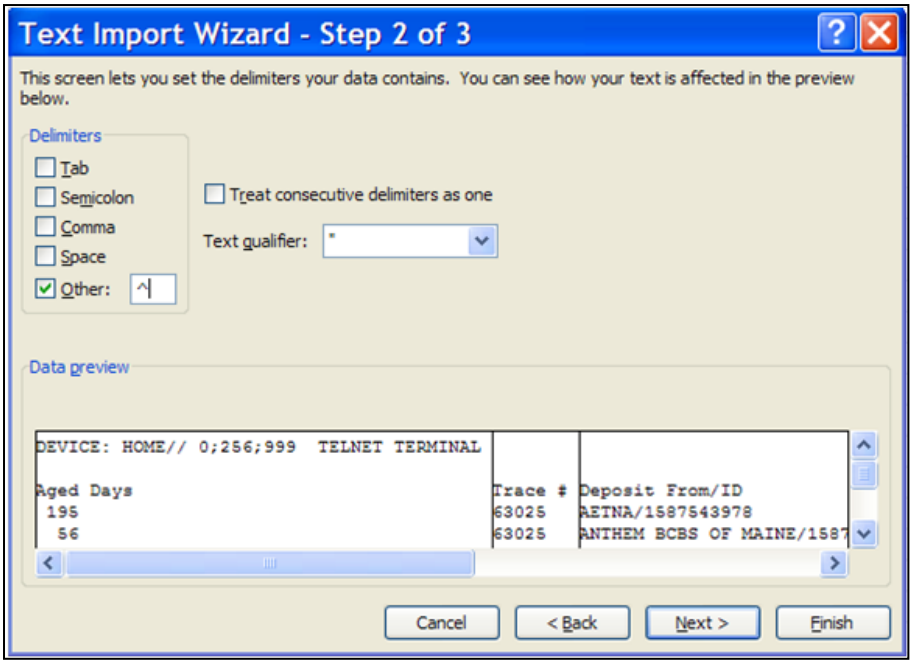
6. Click on the **import** button once the text file has been selected.
7. The Text Import Wizard box comes up. Select **delimited** radio button and click **Next**.

Figure 11: Text Import Wizard Part #1



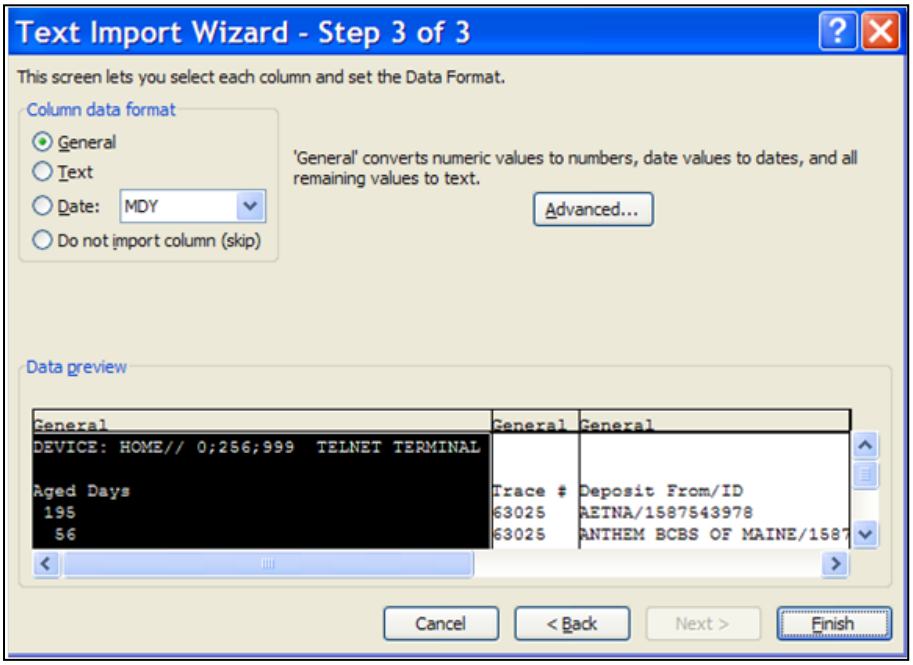
8. Select **Other** from the list of delimiter choices and enter the "^" character in the space provided.
9. Click **Next**.

Figure 12: Text Import Wizard Part #2



10. Select **General** from the list of data formats.
11. Click **Finish**.

Figure 13: Text Import Wizard Part #3



12. Accept the Existing Worksheet default. Click **Ok**.

Figure 14: Accept Worksheet

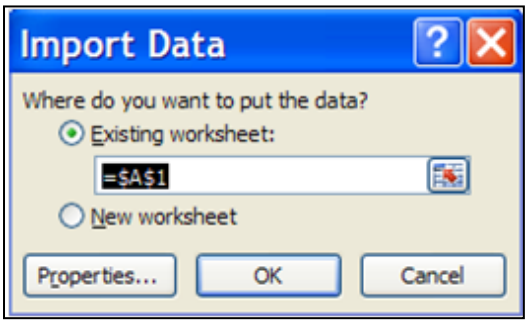
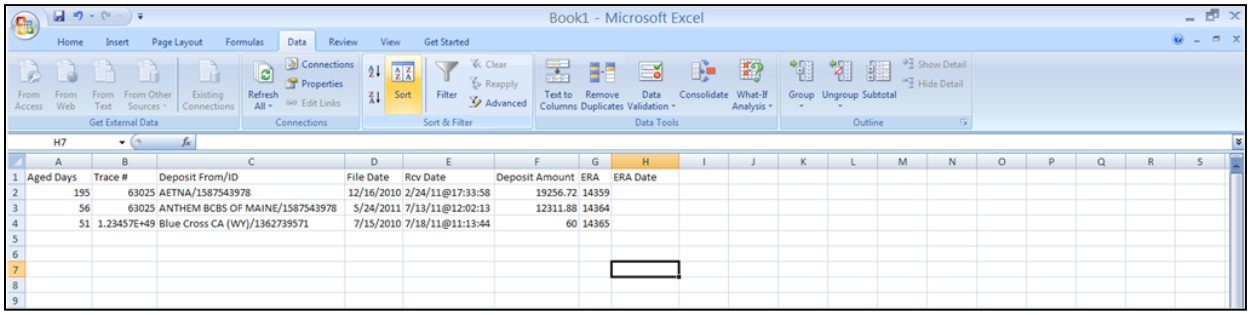


Figure 15: Worksheet



8.3.3. Report Results Displayed in List Manager

Except for the View / Print ERA Report, the software has been modified to allow the user to view the report in a List Manager format.

8.3.4. Display Report in List Manager Format

1. Choose to display the report in a List Manager format.

```
Select OPTION NAME: EFT UNMATCHED AGING REPORT  RCDPE EFT AGING REPORT
EFT Unmatched Aging Report
EFT Unmatched Aging Report
EFT Unmatched Aging
Start date: T-10  (MAY 31, 2014)
  End date: MAY 31,2014// T  (JUN 10, 2014)
RUN REPORT FOR (A)LL, (S)PECIFIC, OR (R)ANGE OF INSURANCE COMPANIES?: ALL//
Export the report to Microsoft Excel? (Y/N): NO//
Display in List Manager format? (Y/N): NO// YES
```

2. The report displays in a List Manager format with default actions.

```
          Enter ?? for more actions
Select Action:Quit//??
The following actions are also available:
+    Next Screen          <    Shift View to Left   PS   Print Screen
-    Previous Screen      FS   First Screen         PL   Print List
UP   Up a Line            LS   Last Screen          SL   Search List
DN   Down a Line          GO   Go to Page           ADPL Auto Display(On/Off)
>    Shift View to Right  RD   Re Display Screen    Q    Quit
Enter RETURN to continue or '^' to exit:
```

9. Enhancements to Non-EDI Lockbox Menus

9.1. Agent Cashier Menu

9.1.1. Extended Check / Trace / Credit Card Search Acronym: EX

The AR option allows a user to perform a check search - either by Check, Credit Card, Trace #, or All. This has been specifically tailored for electronic funds processing. Searches can be made based on Exact Match or Contains (Partial Match):

```
Select Agent Cashier Menu Option:  Extended Check/Trace/Credit Card Search
Extended AR BATCH PAYMENT file search.
Search for Check, Credit Card, Trace #, or All: All//
Enter the check, credit card, or trace number to Search for
in All types: 123
Type of Match: Contains//
Start with RECEIPT Opened Date: DEC 01, 2018//T-1000  (MAR 12, 2016)
  End with RECEIPT Opened Date: DEC 07, 2018//T  (DEC 07, 2018)
     ***  Selected date range from MAR 12, 2016 to DEC 07, 2018  ***
DEVICE: HOME//   HOME  (CRT)
Extended Check #/Trace #/Credit Card Search        Dec 07, 2018@12:27:21 Page: 1
  For the Date Range: Mar 12, 2016  to  Dec 07, 2018
       Searching for: ALL TYPES CONTAINING "123"
Receipt       Open Date  Trans  Account                   Amount
   Any #
================================================================================
1234567        05/09/18    1   REDACTED                $   25.00
   1234567   (Check #)
1010101        05/08/18    1   REDACTED                $    0.01
   12345   (Check #)
1010101        05/08/18    2   REDACTED                $    0.02
   12345   (Check #)
E18022200      02/22/18    2   REDACTED                $   10.00
   12345   (Check #)
E17113006      11/30/17    1   999-3M0178              $   40.00
   1234567890123456789012345678901234567890123456789 0   (Trace #)
E17072800b     08/01/17    1    -                      $   13.87
   LJC123456789   (Trace #)
E17030901      03/09/17    1   999-K404UYB             $  196.43
   TPABCDEFGHIJKLMNOPQRSTUVWXYZ1234567890123456789012   (Trace #)
Total records found: 7
```

9.1.2. Link Payment Acronym: LP

Figure 16: Link Payment

```
Link Payments To Accounts     Aug 09, 2004@14:55:56          Page:    1 of    2
Transactions for ALL Unapplied Payments

     Receipt      Tran   Unapplied Dep  Stat  Pay Date  Type Ck/Tr/Cd# Amt Paid
1    12693167      99    126931670099  CLOS  01/09/03  CHEC 10441820      2.07
                 AcctLU:                CRdoc: CR-603K3A00ME  ACCEPT
2    12693167     100    126931670100  CLOS  01/09/03  CHEC 10441820      4.15
                 AcctLU:                CRdoc: CR-603K3A00ME  ACCEPT
3    12693167     101    126931670101  CLOS  01/09/03  CHEC 10321902      2.16
                 AcctLU:                CRdoc: CR-603K3A00ME  ACCEPT



4    12693191     133    126931910133  CLOS  01/23/03  CHEC 10347256     72.92
                 AcctLU:                CRdoc: CR-603K3A00PN  ACCEPT
5    12496110I    434   12496110I0434  CLOS  02/26/03  CHEC 2628060       6.03
                 AcctLU:                CRdoc: CR-603K3A00UU  ACCEPT
6    12496116I    260   12496116I0260  CLOS  03/04/03  CHEC 10479385    217.56
                 AcctLU:                CRdoc: CR-603K3A00WD  ACCEPT
7    12693260      22    126932600022  OPEN  03/05/03  CHEC 10490903     37.23
                 AcctLU:                CRdoc: NOT SENT       NOT EN
8    12693260      28    126932600028  OPEN  03/05/03  CHEC 10490902     40.98
+         Enter ?? for more actions
S1   Search Check/Trace#  CS   Clear Suspense       AP   Account Profile
S2   Search Credit Card   SR   Suspense Report      RP   Receipt Profile
LP   Link Payment         SP   Show Payment         EA   Exit Action
Enter the e-Payments Trace Number to Search for:
```

Notice the new search options, S1 and S2, under Link Payment.

Figure 17: Search Options

```
S1   Search Check/Trace#  CS   Clear Suspense       AP   Account Profile
S2   Search Credit Card   SR   Suspense Report      RP   Receipt Profile
LP   Link Payment         SP   Show Payment         EA   Exit Action
```

9.1.3. Link Payment to Multiple Claims

The following screen is displayed when the user accesses the Link Payment for further processing of suspense entries.

```
Link Payments To Accounts     Jul 31, 2014@13:11:05          Page:    1 of  129
Transactions for ALL Unapplied Payments
     Receipt      Tran   Unapplied Dep  Stat  Pay Date  Type Ck/Tr/Cd# Amt Paid
1    7080793I      44    7080793I0044  CLOS  03/08/13  CHEC 48363065    963.20
                 AcctLU:                CRdoc: CR-626K3A08CF  ACCEPT
2    7080793I      45    7080793I0045  CLOS  03/08/13  CHEC 48363066    666.00
                 AcctLU:                CRdoc: CR-626K3A08CF  ACCEPT
3    7080793I      46    7080793I0046  CLOS  03/08/13  CHEC 48363067    473.62
                 AcctLU:                CRdoc: CR-626K3A08CF  ACCEPT
4    7080793I      47    7080793I0047  CLOS  03/08/13  CHEC 48363068    138.60
                 AcctLU:                CRdoc: CR-626K3A08CF  ACCEPT
5    7080793I      48    7080793I0048  CLOS  03/08/13  CHEC 48363069     54.49
                 AcctLU:                CRdoc: CR-626K3A08CF  ACCEPT
6    7081260I      94    7081260I0094  CLOS  04/04/13  CHEC 44234      1421.71
                 AcctLU:                CRdoc: CR-626K3A09U6  ACCEPT
7    7081260I      96    7081260I0096  CLOS  04/04/13  CHEC 44234      3444.37
                 AcctLU:                CRdoc: CR-626K3A09U6  ACCEPT
8    7081407I      11    7081407I0011  CLOS  04/11/13  CHEC 40112515    112.08
```

```
+         Enter ?? for more actions
S1   Search Check/Trace#  CS   Clear Suspense       AP   Account Profile
S2   Search Credit Card   SR   Suspense Report      RP   Receipt Profile
LP   Link Payment         SP   Show Payment         EA   Exit Action
```

The user can disperse the payment to a single or multiple claims.

Additional notes:

- The user is required to disperse the ENTIRE payment between multiple claims, or nothing is linked, and the ENTIRE payment remains in Suspense with no audit records generated. Ultimately, when linking / dispersing payment dollars, the ENTIRE payment must be accounted for or the ENTIRE payment remains in Suspense.
- The software prevents the user from posting dollars to a bill that causes the balance to go below zero. If attempted, the user will receive an error message as in the example below.

```
BILL NUMBER: k602vts  TW-RX PAYER 1   ACTIVE   $567.79
Amount to apply to Account:  (0.01-20666.66): 2000
The requested payment is greater than then amount owed please try
again.
Amount to apply to Account:  (0.01-20666.66):
```

- The user is required to enter a Reason text (i.e., Comment) when leaving a portion of the payment in SUSPENSE.

```
COMMENT: ??
Enter a code from the list.
     Select one of the following:
          1         Collected/Closed
          2         Cancelled
          3         Returned refund
          4         Overpayment
          5         Inactive bill
          6         Duplicate payment
          7         Policy termed
          8         Service connected
          9         Other
```

The system automatically captures / stores a Final Disposition as Paid or In Suspense as the user links payments via Link Payment. This disposition will be displayed in the new Link Payment Tracking Report.

The user may choose to restore the removed suspense EEOB to active status and move EEOB detail to the correct claim.

After payment (bill) selection the user will be asked if the payment has an EEOB.

If the response is YES, the following detail will be displayed for the EEOB:

- Claim Number
- Trace Number
- Total Amount Paid
- Removed By
- Justification Comment

Users will be prompted to confirm this is the correct EEOB for this payment. On filing, the EEOB will be moved to the correct claim (if the payment claim number is different from the claim on the EEOB) and the EEOB removed status will be cleared.

When using the Link Payment functionality, the user must know the Account Number and the Amounts to be processed. The Link Payment functionality does NOT allow the user to search for account information.

9.1.4. Deposit Processing Acronym: DP

The Select Deposit prompt allows the user to Select an existing Deposit for review, create a NEW Deposit or Exit.

If there are multiple deposits within the same Deposit ticket# for different dates, the system displays a list of ALL matching Deposit tickets with the Deposit Dates so that the user can select one.

The display and prompt are written as follows when there are multiple dates for a single Deposit ticket#:

```
Select Deposit:  A999999
1  A999999   by: ARUSER,ONE       on: 01/05/12   Amt: $        888.00    CLOSED
2  A999999   by: ARUSER,TWO      on: 12/06/14   Amt: $        725.00    OPEN
 Enter the line# to view an existing deposit or (N) to create a NEW deposit or
e(X)it: //
```

The user can create a NEW Deposit ticket # or view an existing one. The user can only add to the Deposit for Today. Confirm / close the Deposit when appropriate.

NOTE: *The user will be able to add a NEW Deposit (with the same Deposit Ticket#) only if the existing Deposit Ticket(s) are on a different date(s) with status = CONFIRMED.*

Example Scenarios:

- If the user selects a line#, the selected Deposit displays and follows the existing process for displaying / editing information.
- If the user selects NEW and the Deposit ticket number to be created already exists for today (i.e., Deposit Date), the following error message displays:
    - ERROR: Deposit Ticket# already exists for today – Please select the appropriate line # to modify the existing Deposit or e(X)it to enter a different Deposit Ticket#."
- If the user selects NEW and the Deposit ticket number to be created does NOT already exist for today (i.e., Deposit Date) AND the previous deposit equals CONFIRMED, the system prompts the user for confirmation before creating a New Deposit:

  ```
  Add Deposit Ticket# A999999 for today (Y/N)?  NO//        <=default=NO
  ```

    - If the user enters Y, the Deposit Ticket will be created - following existing process for creating the Deposit.
    - If the user enters N, the user will return to the "Select Deposit:" prompt.
- If the user selects e(X)it, the system will return to the "Select Deposit:" prompt.

9.1.5. Receipt# Lookup for Pharmacy Claims

The EDI Lockbox Receipt functionality allows the user to enter ECME# or RX# to get the claim# returned. (i.e., the user must enter ECME# or Rx# in Receipt when posting payments).

- Within ePayments: the lookup is available after the user creates the receipt.
- Outside of ePayments: the lookup is available in Receipt processing: Action Option: New Payment.

9.1.6. Edit a Receipt

The AR option to edit a receipt has been expanded to allow the user to edit the type of payment. This has been specifically tailored for electronic funds processing. The user can change the type of payment to CHECK/MO PAYMENT if the receipt status is open and the current value is EDI LOCKBOX and vice versa.

The user can also change the type of payment from CHECK/MO PAYMENT to EDI LOCKBOX on receipts that have preexisting lines and add / attach a new EFT to the receipt if the user has the RCDPEAR key. The system then marks the EFT as unmatched if appropriate. The RCDPEAR key will allow the user to change the EFT number on receipts when the TYPE OF PAYMENT equals "EDI LOCKBOX."

9.1.7. Auto-Posted Receipt Report Acronym: APR

The APR option allows the user to display all auto-posted receipts to ensure payments are posted to patients' 3rd party claims. Refer to the EDI LOCKBOX (EPAYMENTS) REPORTS MENU section within this document for more information.

10. Security Keys

A unique entry in the Security Key file (^DIC(19.1,) that may prevent access to a specific Option by including the key as part of the options' entry in the Option file (^DIC (19,). Only users entered in the Holder field of the Security Key file may access the option.

10.1. New or Modified Security Keys

10.1.1. RCDPE REMOVE DUPLICATES

New security key RCDPE REMOVE DUPLICATES is utilized to restrict usage of the Remove Duplicate EFT Deposits option.

NOTE: *See Section 6.10 and 6.13 for further information on this security key.*

10.1.2. RCDPE MARK ERA

A new security key restricts usage of the Remove ERA from Active Worklist option.

NOTE: *See Section 6.8 for further information on this security key.*

10.1.3. PRCADJ

The existing security key PRCADJ has been modified to lock the Adjust (Inc / Dec) action of the ERA Worklist Research Menu to restrict its usage. This key should only be given to supervisory personnel.

NOTE: *See Section 3.3.3.1 for further information on this security key.*

10.1.4. RCDPE AGED PMT

New security key RCDPE AGED PMT is utilized to restrict usage of the Unposted EFT Override option.

10.1.5. RCDPE ERA EXCEPT

New security key RCDPE ERA EXCEPT is utilized to restrict usage of the Delete Message action from the EDI Lockbox 3rd Party Transmission Exceptions.

NOTE: *See Section 3.2.1.1 for further information on this security key.*

10.1.6. RCDPE AUTO DEC

New security key RCDPE AUTO DEC is utilized to restrict usage of all options on the EDI Lockbox Parameters menu.

NOTE: *See Section 2.2 for further information on this security key.*

10.1.7. RCDPE REMOVE EEOB

New security key RCDPE REMOVE EEOB is utilized to restrict usage of the Remove option on the new EEOB Move / Copy / Remove option.

NOTE: *See Section 6.9 for further information on this security key.*

10.1.8. RCDPEAR

Security key RCDPEAR is utilized to restrict usage of the Admin Cost Adj and Re-establish Bill actions on both the ERA Worklist Scratch Pad Research Menu and the Auto-Post Awaiting Resolution (APAR) Scratch Pad Research Menu.

NOTE: *See Sections 2.1.2 and 3.5 respectively for further information on this security key.*

Security key RCDPEAR is utilized when editing a receipt to change the TYPE OF PAYMENT from CHECK/MO PAYMENT to EDI LOCKBOX on receipts that have preexisting lines and allow a clerk to add / attach a new EFT to the receipt. It will also allow clerks to change the EFT number on receipts when the TYPE OF PAYMENT equals EDI LOCKBOX.

10.1.9. RCDPEPP

Security key RCDPEPP is utilized to restrict usage of the Mark for Auto Post, Refresh Scratch Pad, Look at Receipt, Verify, and Receipt Processing actions on the ERA Worklist and ERA Worklist Scratch Pad. Also, the security key RCDPEPP is utilized to restrict the usage of the Split / Edit a Line, Mark for Auto Post and Verify actions on the Auto-Post Awaiting Resolution (APAR) Scratch Pad.

NOTE: *See Sections 2.1.1, 2.1.2, and 3.5 respectively for further information on this security key.*

10.1.10. PRCFA SUPERVISOR

The existing security key PRCFA SUPERVISOR has been removed as a lock for the option EDI Diagnostic Measures Reports menu that is located under the Finance AR Manager Menu.

The following options have been modified to be locked with the existing PRCFA SUPERVISOR security key:

- Disable-Enable DM Background Job / Reports
- Manually Start DM Extract
- Manually Transmit DM Extract

10.1.11. RCDPE PAYER IDENTIFY

Security key RCDPE IDENTIFY allows users to identify payers as being Tricare only, Pharmacy only, both or none. This functionality is accessed when choosing the Identify Payers option on the EDI Lockbox menu.

11. Appendix A – Helpful Links

VistaU – Vista University has online training and documentation for a number of Training Initiatives including ePayments.

REDACTED

Revenue Guide - Provides a uniform and standard set of educational and reference materials for the benefit of Revenue Cycle staff and management.

REDACTED

Washington Publishing – Provider of services, publications and products to entities that develop or consume Electronic Data Interchange Standard Transaction.

REDACTED

ePay Rapid Response Team – email group including POC's, ePay team, FSC, and EPS. Provides responses to questions from the field.

REDACTED

TMS VA Talent Management System (Formerly LMS – VA Learning Management System)

REDACTED

12. Appendix B – Claim Level Adjustment Codes

12.1. Claim Adjustment Group Code

Code identifying the general category of payment adjustment 1100.

Table 13: Code Definition

Code	Definition	Description
CO	Contractual Obligations	Used when a joint payer / payee contractual agreement or a regulatory requirement resulted in an adjustment.
CR	Correction and Reversals	Used for corrections and reversals to PRIOR claims
OA	Other adjustments	
PI	Payer Initiated Reductions	Used when, in the opinion of the payer, the adjustment is not the responsibility of the patient, but there is no supporting contract between the provider and the payer (i.e., medical review or professional review organization adjustments).
PR	Patient Responsibility	

13. Appendix C – Provider Level Adjustment Codes

13.1. Provider Level Adjustment Reason Code

Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment.

Table 14: Code & Definition

Code	Definition	Description
50	Late Charge	Code for the Late Claim Filing Penalty or Medicare Late Cost Report Penalty. PLB03-2 identifies the Medicare Late Cost Report Penalty with a code value of LR.
51	Interest Penalty Charge	Code for the interest assessment for late filing. Medicare Part A provides code “IP” in PLB03-2.
72	Authorized Return	Monetary amount is the provider refund adjustment. • This adjustment acknowledges a refund received from a provider for previous overpayment. PLB03-2 should always contain an identifying reference number when the value is used. • PLB04 should contain a negative value. • This adjustment should always be offset by some other PLB adjustment referring to the original refund request or reason. • For balancing purposes, the amount related to this adjustment reason code must be directly offset. Medicare A will provide code “PR” in PLB03-2.
90	Early Payment Allowance	
AM	Applied to Borrower’s Account	See 2.2.10, Capitation and Related Payments or Adjustments, for additional information. Use this monetary amount for the loan repayment amount.
AP	Acceleration of Benefits	Code to reflect accelerated payment amounts or withholdings. Withholding or payment identification is indicated by the sign of the amount in PLB04. • A positive value represents a withholding. • A negative value represents a payment. Medicare Part A will provide code “AP” for accelerated payment amounts and code “AW” for accelerated payment withholdings in PLB03-2.

Code	Definition	Description
B2	Rebate	Code for the refund adjustment. Medicare Part A will provide code “RF” in PLB03-2.
B3	Recovery Allowance	Code is used by Medicare to represent the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. Part A or Part B trust fund for Medicare use is identified in PLB03-2. • “RA” is used for Medicare A. • “RB” is used for Medicare Part B. PLB04 should contain a NEGATIVE value. This adjustment should always be offset by some other PLB adjustment referring to the original refund request or reason. For balancing purposes, the amount related to this adjustment reason code must be directly offset.
BD	Bad Debt Adjustment	Code for the bad debt pass-through. Medicare Part A will provide code “BD” in PLB03-2.
BN	Bonus	See 2.2.10, Capitation and Related Payments or Adjustments, for additional information.
C5	Temporary Allowance	Tentative adjustment. Medicare Part A will provide code “TS” in PLB03-2.
CR	Capitation Interest	See 2.2.10, Capitation and Related Payments or Adjustments, for additional information.
CS	Adjustment	Provide supporting identification information in PLB03-2. • Medicare Part A will provide code “CA” for Manual Claim Adjustment, “AA” for Receivable Today. • Medicare Part A and Part B will provide code “RI” for Reissued Check Amount in PLB03-2.
CT	Capitation Payment	See 2.2.10, Capitation and Related Payments or Adjustments, for additional information.
CV	Capital Passthru	Medicare Part A will provide code “CP” in PLB03-2.
CW	Certified Registered Nurse Anesthetist Passthru	Medicare Part A will provide code “CR” in PLB03-2.
DM	Direct Medical Education Passthru	Medicare Part A will provide code “DM” in PLB03-2.

Code	Definition	Description
E3	Withholding	See 2.2.10, Capitation and Related Payments or Adjustments, for additional information. Medicare Part A will provide code “CW” in PLB03-2.
FB	Forwarding Balance	Monetary amount for the balance forward. A negative value in PLB04 represents a balance moving forward to a future payment advice. • A positive value represents a balance being applied from a previous payment advice. A reference number should be supplied in PLB03-2 for tracking purposes. • Medicare Part A will provide code “BF” for negative values and “CO” for positive values in PLB03-2.
FC	Fund Allocation	See 2.2.10, Capitation and Related Payments or Adjustments, for additional information. The specific fund should be identified in PLB03-2.
GO	Graduate Medical Education Passthru	Medicare Part A will provide code “GM” in PLB03-2.
IP	Incentive Premium Payment	See 2.2.10, Capitation and Related Payments or Adjustments, for additional information.
IR	Internal Revenue Service Withholding	
IS	Interim Settlement	Number for the interim rate lump sum adjustment. Medicare Part A will provide code “IR” in PLB03-2.
J1	Nonreimbursable	Offset claim or service level data that reflects what could be paid if not for demonstration program or other limitation that prevents issuance of payment.
L3	Penalty	Number for the capitation-related penalty, penalty withholding, or penalty release adjustment. Withholding or release is identified by the sign in PLB04. See 2.2.10, Capitation and Related Payments or Adjustments, for additional information. Medicare Part A will provide code “PW” for Penalty Withhold, “RS” for Penalty Release, and “SW” for Settlement Withhold Amount in PLB03-2.
L6	Interest Owed	Monetary amount for the interest paid on claims in this 835. Support the amounts related to this adjustment by 2-062 AMT amounts, where AMT01 is “I.” Medicare Part A will provide code “IN” in PLB03-2.
LE	Levy	IRS Levy

Code	Definition	Description
LS	Lump Sum	Disproportionate share adjustment, indirect medical education pass-through, non-physician pass-through, pass-through lump sum adjustment, or another pass-through amount. The specific type of lump sum adjustment must be identified in PLB03-2. Medicare Part A will provide code: • "DS" for Disproportionate Share Adjustment, • "IM" for Indirect Medical Education Passthrough • "NP" for Non-physician Passthrough • "PS" for Passthrough Lump Sum • "PO" for Other Passthrough in PLB03-2.
OA	Organ Acquisition Passthru	Medicare Part A will provide code "KA" in PLB03-2.
OB	Offset for Affiliated Providers	Part A or Part B trust fund identification for the source of the offset is in PLB03-2. • Use "OA" for the Part A trust fund. • Use "OB" for the Part B trust fund in PLB03-2.
PI	Periodic Interim Payment	Monetary amount for the PIP lump sum, PIP payment, or adjustment after PIP. The sign of the amount in PLB04 determines whether this is a payment (negative) or adjustment (positive). Medicare Part A will provide code: • "PL" for PIP Lump Sum • "PP" for PIP Payment • "PA" for Adjustment After PIP in PLB03-2.
PL	Payment Final	Number for the final settlement. Medicare Part A will provide code "FS" in PLB03-2.
RA	Retro-activity Adjustment	See 2.2.10, Capitation and Related Payments and Adjustments, for additional information. Medicare Part A will provide code "TR" in PLB03-2.
RE	Return on Equity	Medicare Part A will provide code "RE" in PLB03-2.
SL	Student Loan Repayment	
TL	Third Party Liability	See 2.2.10, Capitation and Related Payments or Adjustments, for additional information.

Code	Definition	Description
WO	Overpayment Recovery	Use for the recovery of previous overpayment. An identifying number should be provided in PLB03-2. See the notes on codes 72 and B3 for additional information about balancing against a provider refund. Medicare Part A will provide code “OR” in PLB03-2.

14. Appendix D – Terms & Definitions

The following table provides definitions and explanations for terms and acronyms relevant to the content presented within this document. For additional terms and acronyms, you can include references to other VA acronym and glossary repositories (e.g., VA Acronym Lookup and OIT Master Glossary).

Table 15: Terms

Term	Definitions
835	HIPAA standard terminology for an electronic health care claim payment or remittance advice.
ACH	Automatic Clearing House
AR	Accounts Receivable: The financial computer system used by the Department of Veterans Affairs Medical Centers.
AITC	Austin Information Technology Center (AITC) located in Austin, Texas; responsible for maintaining the hardware that supports the Lockbox system, including FSC servers, the Mailman routing system, and EPHRA database.
APAR List	Auto-Post Awaiting Resolution list of EEOBs that were processed by the auto posting nightly job, but the system was unable to create and process a receipt.
Austin Information Technology Center	Repository for databases located in Austin, Texas. (formerly Austin Automation Center)
Auto-Decrease	VistA runs a nightly job to automatically make a decrease adjustment to a third-party medical, pharmacy or Tricare claims with payments that meet auto-decrease criteria. The automatic decrease is made with a contractual decrease adjustment amount that brings the claim balance to zero.
Auto-Post	VistA runs a nightly job to automatically post third party medical claims by creating and processing receipts for EEOBs that meet auto-posting criteria.
CARC	Claim Adjustment Reason Code
CBO	Chief Business Office
CR	Credit Receipt
CR Document	Credit document; credits funds to site via FMS.
CSA	Claim Status Awaiting Resolution
Data Dictionary	The structure of a file, table, or any group of related information as defined for and by VA FileMan.
ECME	Electronic Claims Management Engine
EDI	Electronic Data Interchange
EEOB	Electronic Explanation Of Benefits

Term	Definitions
EFT	Electronic Funds Transfer: the electronic form of what is currently sent as a paper check.
Electronic Remittance Advice	An electronic record transmitted to the sites with EEOB detail information included. An Electronic Remittance Advice can consist of one or more EEOBs from one payer.
EOB	Explanation Of Benefits
EPHRA	EEOB and Payment Healthcare Resolution Application; Web-based archival repository and research tool; allows user to search for missing EEOBs that are not received due to incorrect routing information; allows Austin FSC 224-unit staff to route unrouteable EEOB data.
ERA	Electronic Remittance Advice; the equivalent to a stack of paper Explanation of Benefits (EOB) statements for many patients from one payer.
Explanation Of Benefits	A document from a payer that details the amount of payment on a claim and if not paid in full, the reasons for it.
Financial Management System	The financial computer system used by the Department of Veterans Affairs.
FMS	Financial Management System. FMS interacts with VistA to manage VHA financial data.
FSC	Financial Services Center; located in Austin, Texas; FSC runs GENTRAN translator software on FSC servers; FSC servers parse incoming EFT and ERA data and routes data to the appropriate VistA AR system based on Provider Tax ID information within each transaction.
GENTRAN	Software used to translate incoming 835 data into VistA readable flat file data; software is loaded onto FSC server.
HIPAA	Health Insurance Portability and Accountability Act of 1996
IB	Integrated Billing Package
ICN	Internal control number. This number is sent by the payer and is unique to each payer and identifies the claim in the payer's system. It can be given by AR to the customer service representative at the payer to help locate the information in the payer's system.
Implementation Manager	The person or group whose function is to field questions and solve problems for the sites that are data or process related to transmissions from EDI Lockbox.
Insurance Company ID	ID associating each transaction with the payer; typically, the payer's tax ID number and is not related to any other Payer ID stored in VistA for other purposes.

Term	Definitions
Integration Agreement	Programming agreements made between two VistA packages enabling the sharing / management of data and or functions.
List Manager Screen	A graphical user interface program used by VistA to present data to the users. From the List Manager Screen, the user can select options programmed and set up for the data displayed.
Mail Group	A VA MailMan structure that defines a subset of VA MailMan users. A Mail Group is used to communicate with a group of users. The Mail Group user subset can easily be modified without having to change software logic.
MailMan Message	The messaging system used to communicate between the users of the VistA software. MailMan messages will be used to process automatic payments and to communicate between the Accounts Receivable software and the users.
Matched	An ERA that has been associated with an EFT, a paper check, or a zero-dollar payment.
MCCF	Medical Care Collection Fund
MLB	This mail group receives all transmission messages relating to EDI Lockbox. These messages contain the detailed transmission data.
NACHA	National Automated Clearinghouse Association
Not matched	An ERA that has not yet been associated with an EFT, a paper check, or a zero-dollar payment; user will always select unmatched when searching for an ERA that should match the paper check received.
Option	A unique method defined in the Option file (^DIC(19,). Options are usually defined as part of a user driven menu system but may be invoked as extensions of other options or VA MailMan messages.
PD	Product Development
PHI	Protected Health Information
PLB	Provider Level Adjustments
POC	Point of Contact. The ePay network includes an ePay POC per VISN.
Posted ERA	Indicates the AR processing is complete.
RARC	Remittance Advice Remark Code
Related SRS Module	The numeric and title of the functionality requested in the SRS, which the SDD is implementing.
Routines	A unique identifiable containment of software pertinent to a computer system function. The routines contain the programming logic to implement the functionality for the EDI Lockbox Project.
RSC	Revenue Source Code

Term	Definitions
Scratchpad	VistA screen containing ERA #, name and ID of payer, amount paid, and the trace number. The scratchpad also contains list manager options that conveniently store frequently used AR / ePay options in one centralized location.
Security Key	A unique entry in the Security Key file (^DIC(19.1,) that may prevent access to a specific Option by including the key as part of the options' entry in the Option file (^DIC(19,). Only users entered in the Holder field of the Security Key file may access the option.
Sequence Number	A sequential number assigned in VistA to each incoming ERA.
Software Requirements Specifications	Document that outlines the functionality requirements for a project.
SSN	Social Security Number
TIN	Tax ID Number
TPJI	Third Party Joint Inquiry
TR Document	Transfer document; transfers funds to appropriate revenue source code.
Trace Number	A number assigned by the insurance company to identify which EFT payment is associated with what ERA; used to re-associate electronic remittance payment with data.
Transaction and code sets	Standard for Electronic transactions set forth by HIPAA. Compliance is mandatory for payers, providers, clearinghouses, or anyone who receives or submits electronic health information.
Unposted ERA	Indicates the AR processing is not complete; an unposted ERA needs to be processed, closed, and posted, just like a paper EOB that must be verified and / or adjusted before closing.
VA	Department of Veterans Affairs
VAMC	Veterans Affairs Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information System and Technology Architecture
VistaU	Vista University has online training and documentation for several Training Initiatives including ePayments.
WL	Work List: A listing of all ERA information sent from payers. It can be viewed by posted or unposted ERA's, specific payers, and matched or not matched ERA's.

15. Appendix E – 3rd Party EDI Lockbox Bulletins

3rd Party EDI Lockbox Bulletins

Table 16: Subject of Bulletin / When it's Generated / How to Resolve

	Generate	Resolve
ERRONEOUS TAX ID ON ERA	Message sent when the payer sends an ERA to the EDI Lockbox bank and they do not include a valid V.A. tax id on the transmission. To correctly route the data to the proper site, the tax id number must be corrected before the data is transmitted to the site by either EPHRA or the EDI Lockbox group in Austin. If this occurs, this bulletin is received by the site to alert that the payer has either omitted or has an erroneous tax id for the site.	What to do: Contact the insurance company and provide the correct tax id for the site.
EDI LOCKBOX SERVER OPTION ERROR	Message sent when the EDI Lockbox system receives a message where: • Message code is invalid for EDI Lockbox. • This message has no ending $ or 99 record. • Message file problem - no message stored. • Message file problem - message partially stored. • Invalid mail group designated for EDI Lockbox errors. • Message header error – the format of the header record on an EFT or ERA was not correct.	What to do: For all situations, contact the IRM as there may be mailman or server problems or EVS if there are software errors.
EDI LBOX ALERT - ERA/EFT NOT FROM AUSTIN	Message sent when an ERA or EFT is received by the EDI Lockbox system and the message did not come from Austin.	What to do: Contact the IRM to report this possible breach of security.
EDI LBOX - EEOB FROM <site name> FOR <payer name>	Message sent when an EEOB is transferred into the site from another site that received it in error.	What to do: In EDI Lockbox Data Exception Processing, find the EEOB and accept it (via file EEOB) or delete it if it does not belong to the user.

	Generate	Resolve
TOTALS MISMATCH ON EFT-ERA MATCH	Message sent when an EFT and an ERA are matched with the same trace number and insurance company id number, but the totals indicated on the two records do not match.	What to do: Contact the payer to determine why this has occurred.
DUPLICATE EFT DEPOSIT RECORD RECEIVED	DUPLICATE EFT DEPOSIT RECORD RECEIVED	What to do: Report this to the IRM and the implementation manager to determine why it happened.
EXCEPTIONS EFT DEPOSIT AND MATCH EFTs TO ERAs <date>	Message sent when exceptions are encountered when the system attempts to post EFT deposits or to match EFTs with ERAs. A Nightly via the EDI Lockbox nightly job that creates and processes the deposit for any EFTs received and not yet posted and that attempts to match unmatched ERA records to unmatched EFT records. If no exceptions are found, this is stated in the bulletin. Exception conditions include: 1. The nightly job to post EFT deposits and match EFTs to ERAs could not be run because another match process was already running. 2. An invalid checksum value was found for an EFT on file and the EFT deposit was not sent to FMS. 3. A deposit or a receipt could not be added for an EFT. The EFT deposit was not sent to FMS.	What to do: Only one process to match ERAs to EFTs may be running at any given time. • If happening on the manual process, try again later. • If on the nightly job or the problem persists, show the bulletin to the IRM as they can research the problem. This indicates the EFT record was modified since it was stored in VistA. IRM should be notified of the problem and the EFT will need to be retransmitted to the site from Austin (the existing record will be overwritten with the retransmitted data. This indicates a data problem with the record or a software problem. Ask Austin to retransmit. If the problem persists, contact the IRM and / or EVS.

	Generate	Resolve
EDI LOCKBOX TOTALS RECORD EXCEPTION	Message sent when the EDI Lockbox server stores an ERA record in different parts. Each EEOB within the ERA is stored in IB in the EXPLANATION OF BENEFITS file. All the detail pertaining to payment made regarding the claim is stored here. The ERA total amount paid and all detail not pertaining to an individual claim is stored in A/R. This exception is received when the ERA totals record cannot be stored in A/R.	What to do: Contact EVS.
AR LOCKBOX ERA UNMATCHED AGING REPORT FOR <date>	When received: Produced by the nightly EDI Lockbox job. It contains an ERA UNMATCHED AGING summary report.	What to do: This is FYI only. No action is needed.
AUTO DAILY ACTIVITY SUMMARY REPORT - <date>	When received: Produced by the nightly EDI Lockbox job. It contains a daily activity report indicating the matches made and the EFT deposits created / posted to FMS.	What to do: This is FYI only. No action is needed.
INVALID EFT DEPOSIT NUMBER	When received: When the EDI Lockbox server receives an EFT whose deposit number does not start with a 469 or HAC.	What to do: Contact the implementation manager.
ELECTRONIC EDI LOCKBOX MESSAGE DELETED	When received: Any time a user uses the delete message action within EDI Lockbox transmission exception processing to delete an exception message.	What to do: FYI – the user might want to follow up to be sure the deletion was justified.
ELECTRONIC EEOB DETAIL EXCEPTION REMOVED	Any time a user uses the delete message action within EDI Lockbox data exception processing to delete an exception message.	What to do: FYI – the user might want to follow up to be sure the exception removal was justified.
LOCKBOX EEOB DETAIL RE-FILE ATTEMPTED TO IB	When received: When an attempt is made to re-file an EEOB that could not be stored in IB due to a data exception by using the FILE EEOB in IB action in EDI Lockbox Data Exception Processing.	What to do: FYI only. No action required.
Unmatched ERAs > 30 days	The listed ERAs were received more than 30 days ago and have not yet been matched.	What to do: Review the ERAs and expedite processing.

	Generate	Resolve
Matched/Not Posted ERAs > 30 days	The listed ERAs were received more than 30 days ago and have been matched but have not been posted	What to do: Review the ERAs and expedite processing.
EFTs greater than 14 days	The listed EFTs were received more than 14 days ago.	What to do: Review the EFTs and expedite processing.
EDI CARC_RARC SERVER OPTION ERROR	When received: Any time an error is found while processing CARC & RARC data from FSC.	What to do: Review the type of errors report and expedite processing with FSC and local IRM.

16. Solving ePayment Problems

16.1. How to Remove Aged EFT's from the EFT Unmatched Aging Report

IRM can use the following process to change the status of an EFT to "PAPER EOB MATCH", which will allow the EFT to fall off the aged EFT report. A complete trace number(s) is needed to complete the process.

Due to database integrity issue, IRM may elect not to do this workaround.

```
VA FileMan Version 22.0
1 Enter or Edit File Entries
2 Print File Entries
3 Search File Entries
5 Inquire to File Entries
8 Data Dictionary Utilities ...
```

Select VA FileMan Option: ENTER or Edit File Entries.

INPUT TO WHAT FILE: (file needed).

EDIT WHICH FIELD: ALL// ??

```
Choose from:
.01 EFT TRANSACTION
.02 PAYER NAME
.03 PAYER ID
.04 TRACE #
.05 PROVIDER TAX ID SENT
.06 TAX ID CORRECTION
.07 AMOUNT OF PAYMENT
.08 MATCH STATUS
.09 RECEIPT #
.1 ERA RECORD
.11 EFT RECORDED AT SITE
.12 DATE CLAIMS PAID
.13 DATE RECEIVED
.14 TRANSACTION #
.15 ACH TRACE #
2 ERROR MESSAGES (word-processing)
```

EDIT WHICH FIELD: ALL// .08 MATCH STATUS.

THEN EDIT FIELD:

```
Select EDI THIRD PARTY EFT DETAIL EFT TRANSACTION: <enter trace number>
MATCH STATUS: UNMATCHED// ?
Enter the status to indicate if the payment has been matched to an ERA.
Choose from:
-1 MATCHED WITH ERRORS
0 UNMATCHED
1 MATCHED
2 PAPER EOB MATCH
MATCH STATUS: MATCHED// 2 PAPER EOB MATCH
```