File Upload ANSI/837

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Introduction

- You must have your assigned User ID, Password and Organization ID
  - Delivered to you via….
  - Or, call 866-367-9778
- What is an **ANSI 837/NSF File**
  - An ANSI 837/NSF File is an industry standard claim file format used by ENS to submit electronic claims for payment
- This lesson will show you how to
  - Find the Home Page
  - Login to the Medical Claims Center
  - Upload Claims Files (you must know the location of the claim file to be uploaded)
  - View Reports
- Read the instructions in the gray boxes in this lesson
- Questions or problems can be reported to Technical Support at:
  - Email: tsupport@ENShealth.com
  - Or phone: 1-866-367-9778

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Let's Get Started

From a web browser, locate the Main Home Page at: http:// www.enshealth.com
Helpful hint: once you are at theHome Page, save it as a favorite for future use

Click on "Client Access"

Logging In

Enter your User ID, Password and Organization ID

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Login
to Medical Claims Center

Login

Username:

Password:

Organization ID:

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File Upload

to upload a claim file, click on *File Upload*
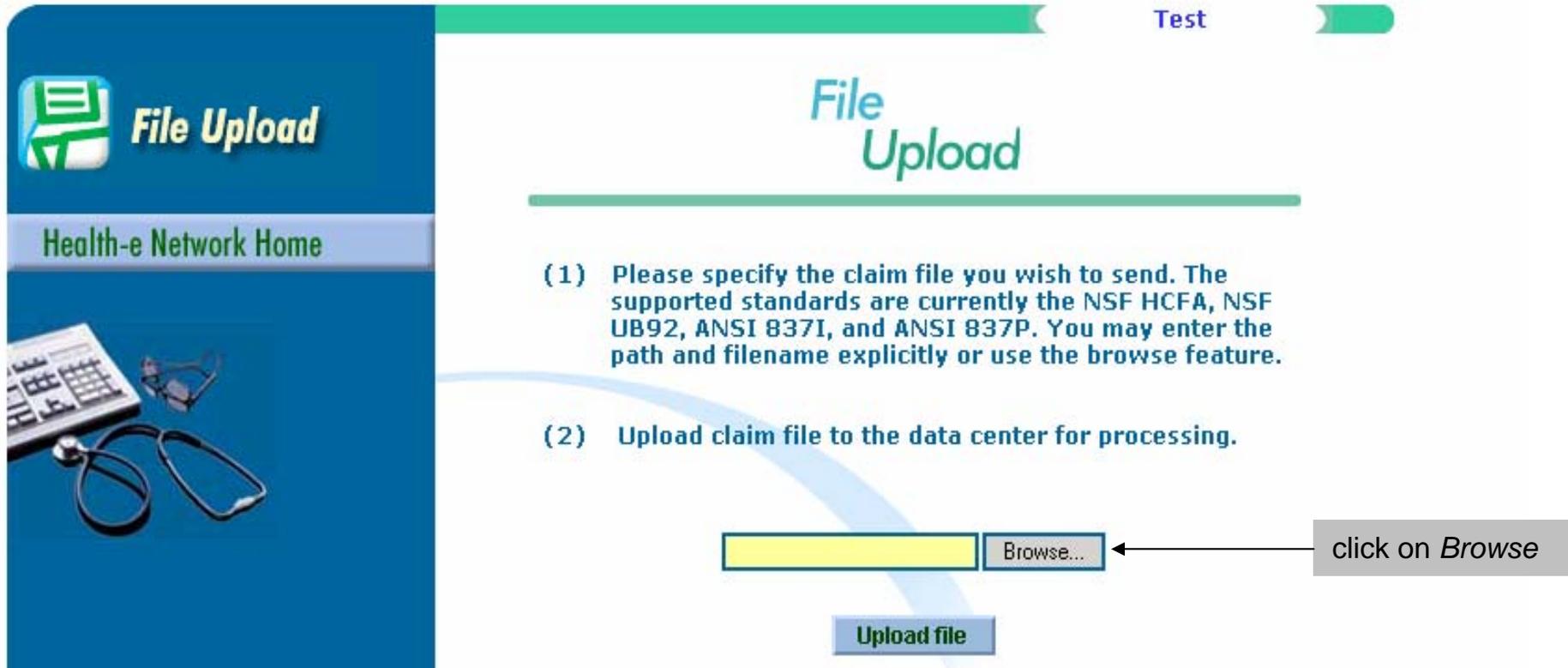
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File Upload, Cont.

click on *Browse*

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File Upload, Cont.

① Browse to the claim file to be uploaded, select it, then click on Open

The name and location of your file will be displayed in the yellow text box. This is the file that you will upload ②
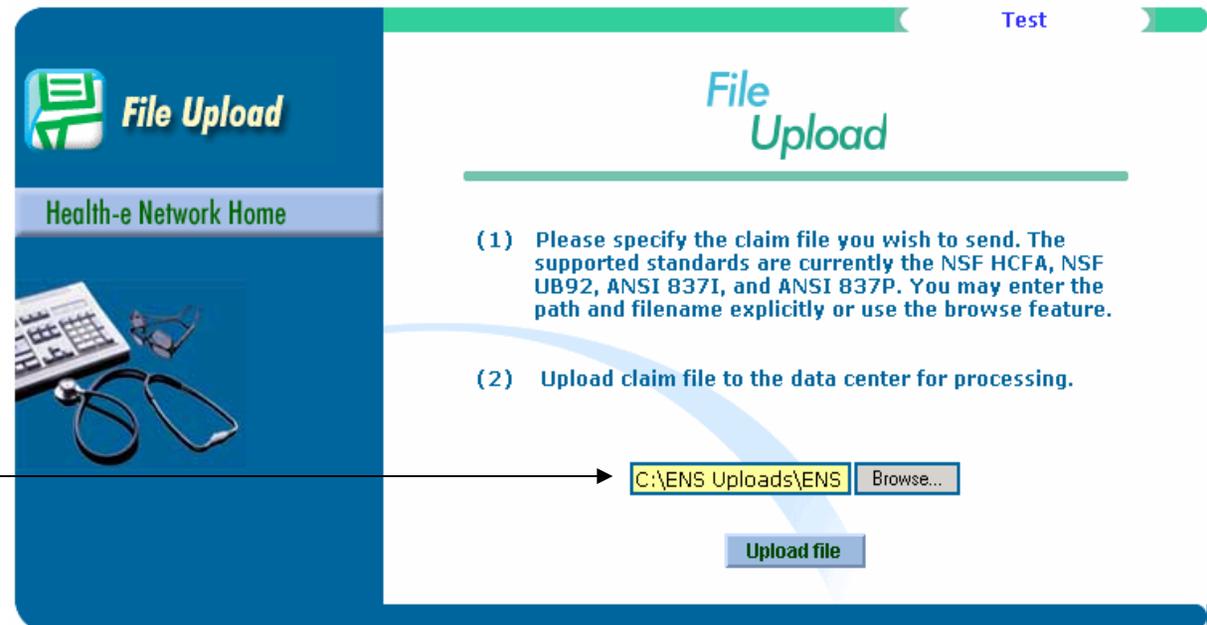
File Upload, Cont.

File Upload

Health-e Network Home

File Upload

Test

(1) Please specify the claim file you wish to send. The supported standards are currently the NSF HCFA, NSF UB92, ANSI 837I, and ANSI 837P. You may enter the path and filename explicitly or use the browse feature.

(2)   Upload claim file to the data center for processing.

C:\ENS Uploads\ENS   Browse...

Upload file

① Click on Upload File, to upload the file for processing

Once the file has finished uploading, you will receive a message stating "File was successfully uploaded". This is your confirmation that your file has been uploaded for processing

②

File Upload

Health-e Network Home

File Upload

Test

File was successfully uploaded

File Upload Request

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File Upload, Cont.

If your file was not successfully loaded, you will see this message. The file you selected was not in the correct format – try again or contact Technical Support

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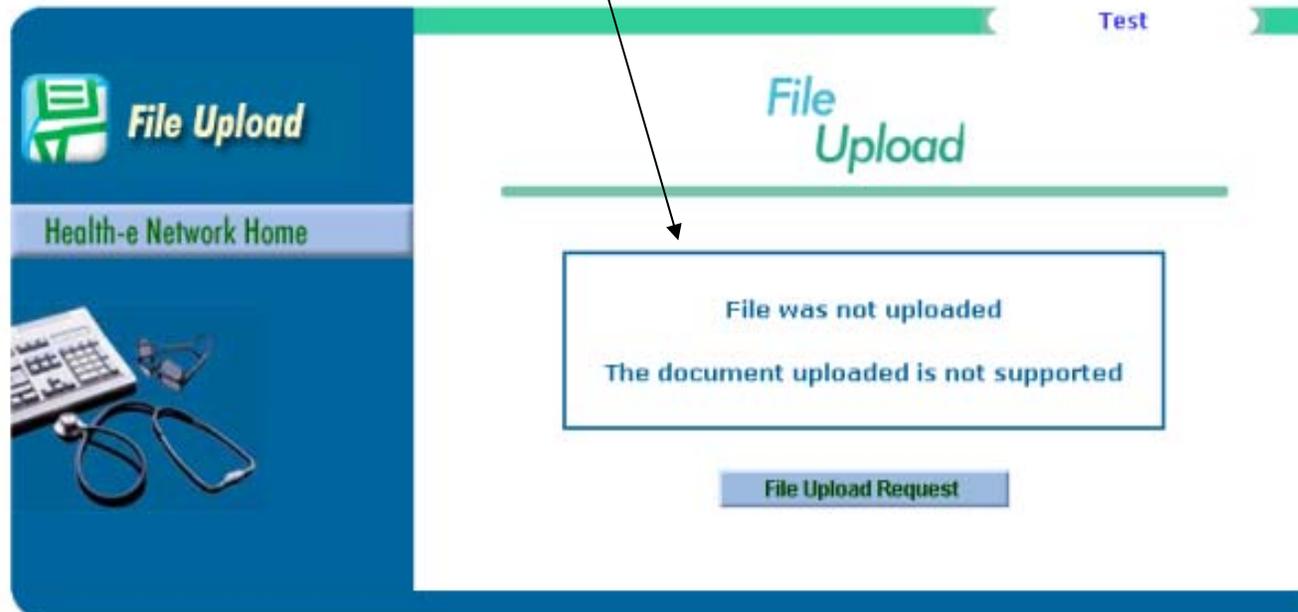
Reports

Reports allow you to check the status of your submitted claims
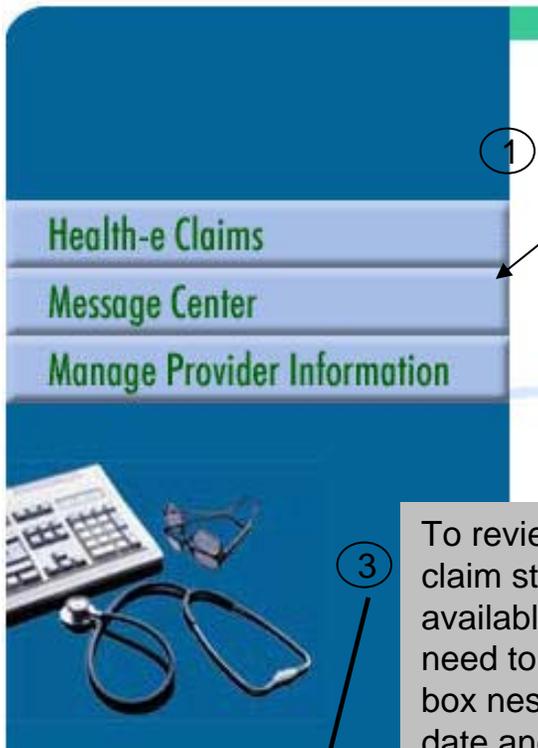
After logging in to "Client Access", click on *Message Center*

①

To review the report available, you will need to click on the date.

②

To review the claim status report available, you will need to click on box nest to the date and time and click view report

③

Health-e Claims

Message Center

Manage Provider Information

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Daily Reports | Advanced Claim Search | Summary Search | Payer Batch Responses | Home

Please note that all reports older than twelve months within the Message Center will be purged and no longer available

Date Range: From: [ ] To: [ ] - or - [30 days ▼] ☑ Show only unread   Search

Date	View Report		Report Date:		
	☐ All	Report Name	⬍	Report Load Time	⬍	Read
06/03/2010 (1 unread)					
05/26/2010 (1 unread)		No Results			
05/25/2010 (2 unread)					

View Report	Report Date: 06/05/2010 - Report Details		
☐ All	Report Name ⬍	Report Load Time ⬍	Read ⬍
☐	Claim Status / Ack Reports	06/05/2010 12:01 PM	
☐	Claim Status / Ack Reports	06/05/2010 06:50 AM	
☐	Claim Status / Ack Reports	06/05/2010 04:02 AM	
☒	Claim Status / Ack Reports	06/05/2010 03:00 AM	

Sample Reports – Level 1 Report

The level 1 Report is a claim receipt summary. It will contain 3 sections of information, the **Tax ID** number the claims were sent under, the **# of claims** and the total **Dollar Amount**. Within one hour after you send your claims the Level 1 report will be available for download. This report is used to verify that we have received the submitted claims. If you notice claims missing from the report that you expected to be there contact Technical Support

ENS Level 1 - Claim Receipt Summary

Organization:	
Receipt Date:	05/25/2010
Receipt Time:	02:40:26 PM
# of Claims:	1
Dollar Amount:	$ 270.00
System:	T1X

Tax ID	# of Claims	Dollar Amount
	1	$ 270.00

NOTE: To guarantee the receipt of claims by ENS - You must verify each claim on the Level 2 - ENS Claim Acknowledgement Report - to be delivered within 1 business day of receipt of the claims

Organization:	
Receipt Date:	05/25/2010
Receipt Time:	02:40:26 PM
# of Claims:	2
Dollar Amount:	$ 300.00
System:	T1X

Tax ID	# of Claims	Dollar Amount
	2	$ 300.00

NOTE: To guarantee the receipt of claims by ENS - You must verify each claim on the Level 2 - ENS Claim Acknowledgement Report - to be delivered within 1 business day of receipt of the claims

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Sample Reports – Level 2 Report

The Level 2 report will be delivered within one business day after you receive your Level 1 report. The Level 2 report is used to verify the receipt of claims that were listed on the Level 1 report. The Level 2 report will provide specific details like, Patients Names, Provider Names, Insured ID Numbers, Patient Account Numbers, Claim Status, etc. Each claim will have a status of ACCEPTED or REJECTED. If you signed up for Electronic Claims Tracking (ECT), the ECT number for each claim is shown on the report. This number can be used to search for a claims status in the Electronic Claims Tracking System. If you notice claims missing from the report that you expected to be there contact Technical Support.

LEVEL 2 - ENS CLAIM ACKNOWLEDGEMENT REPORT
CLAIMS RECEIVED BY ENS FOR PROCESSING

As Of	PFTN	Provider Sub Id	ENS ID	Patient Acct #	Insured ID #	Service Date(s) From	Service Date(s) To	Payer Name	Patient Name	Provider Name	Insured Name	Claim Value
05/12/2010	0436675	LHMD				04/01/2010	04/01/2010	CIGNA HEALTHCARE				$86.27
Status - ACCEPTED - ECT #: 2010051240701 Submitter Trace #142				T1X--->CIGNA HEALTHCARE PPO/POS/EPO								
05/12/2010	0436675	LHMD				05/11/2010	05/11/2010	CIGNA HEALTHCARE				$95.00
Status - ACCEPTED - ECT #: 2010051240701 Submitter Trace #142				T1X--->CIGNA HEALTHCARE PPO/POS/EPO								
05/12/2010	0436675	LHMD				05/11/2010	05/11/2010	CIGNA HEALTHCARE				$385.00
Status - ACCEPTED - ECT #: 201005124070 Submitter Trace #142				T1X--->CIGNA HEALTHCARE PPO/POS/EPO								

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Once claims are transmitted to the payer(s), the IS system is updated based on information received from the payer(s). This information may differ slightly in each report, depending on what is provided by the payer. The Payer report is used to verify that the Payer has received the claims and accepted them into their system for adjudication. If the payer rejects the claim, they will provide a reason for the rejection. The claim must be corrected and resubmitted to them, through ENS .

CIGNA

CLAIM STATUS REPORT

As Of	PFTN	Provider Sub Id	ENS ID	Patient Acct #	Insured ID #	Service Date(s) From	Service Date(s) To	Payer Name	Patient Name	Provider Name	Insured Name	Claim Value
05/12/2010	123	A.A.A	ZZZ123	ABCDEFG	1234567	05/04/2010	05/04/2010	CIGNA	Doe. John	Doctor Pepper	Doe. John	$90.00

Status - CLAIM ACCEPTED BY CIGNA
    Submitter Trace #
    ENS ECT #2010050
    Payer Trace #
    CLAIM ACCEPTED BY PAYER

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Congratulations!

- You have now completed File Upload for ANSI 837 File self-service training
- Questions or issues can be reported in one of two ways
  - Email Technical Support at tsupport@ENShealth.com
  - Or, call at 1-866-367-9778
- We appreciate your business!