



Message Center Training Document

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INTRODUCTION

The Message Center is a vital tool for tracking the progress of claims from the time you send them until they reach the payers. Therefore, it is *important* to view reports in the Message Center each time you log on to send claims. The additional search features provide quick and efficient report retrieval.

ADOBE READER

All reports are in Adobe Acrobat (PDF format). Adobe Reader **MUST** be installed to view, print and collaborate on PDF files. Adobe Reader is free on the Internet at: get.adobe.com/reader/

ACCESS

Begin by going to the site: <http://www.enshealth.com/> and log in.

Select: Message Center

MESSAGE CENTER

The Daily reports tab is like an inbox. An example is on the next page. When entering the Message Center you will see a list of dates on which there are unread reports in the past 30 days.

To view all reports un-check Show only unread box. Enter Date Range or select from the dropdown for a number of days.

Date Range: From: To: - or - Show only unread

DAILY REPORTS

The Daily reports tab.

[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 archived.

Date Range: From: To: - or - Show only unread

Date	View Report
02/03/2012 (2 unread)	<input type="checkbox"/> All <input type="text" value="Report Name"/>
02/02/2012 (1 unread)	
02/01/2012 (4 unread)	
01/31/2012 (2 unread)	
01/30/2012 (5 unread)	
01/27/2012 (2 unread)	
01/25/2012 (4 unread)	
01/18/2012 (2 unread)	
01/10/2012 (2 unread)	
01/09/2012 (1 unread)	

DAILY REVIEW

Carefully read the reports in the Message Center. It is vital to the billing process to track and resolve rejections as they occur. Please note that a rejected claim must be corrected within your billing software (or online if you are a Web entry submitter) and then resent with your next batch of claims.

UNREAD REPORTS

Select the date (for the unread) message to view.

Date
01/17/2012 (2 unread)
01/11/2012 (2 unread)
01/10/2012 (2 unread)

VIEW UNREAD REPORTS

The list of reports for the Report Date displays on the page.

[View Batch Responses](#) [Home](#)

Reports older than twelve months within the Message Center will be purged and no longer available**

30 days Show only unread

Report Date: 02/03/2012 - Report Details

<input type="checkbox"/> All	Report Name	Report Load Time	Read
<input type="checkbox"/>	Provider Announcement	02/03/2012 02:49 PM	
<input type="checkbox"/>	Provider Announcement	02/03/2012 09:22 AM	

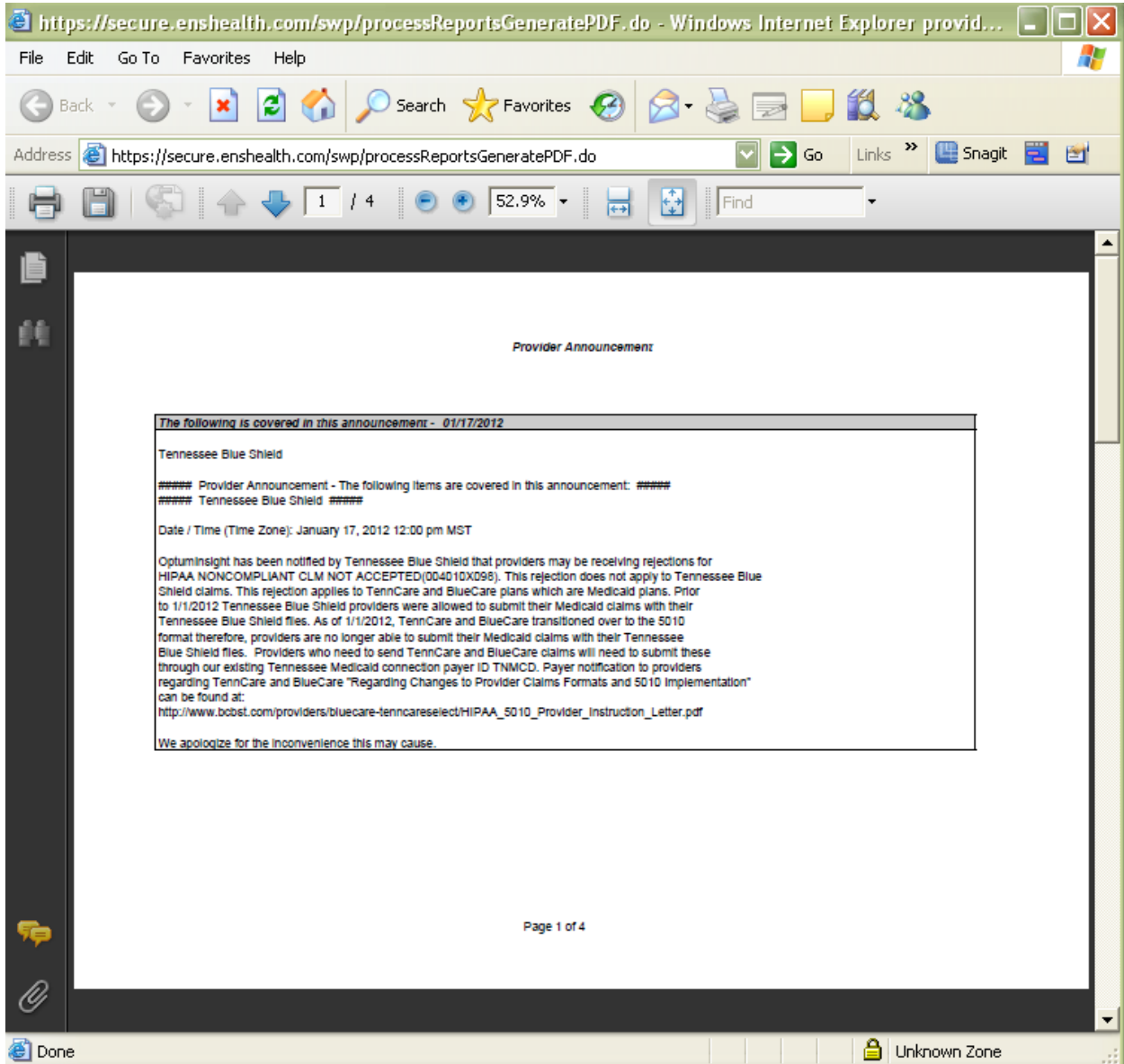
VIEW REPORT

Check the box for a report or check **All** and select **View Report**.

<input checked="" type="checkbox"/> All	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

REPORT FILE

The report opens as a PDF file. This is an example of the report window that opens.



Each report can be saved to a file on your computer or printed.

Use the Print or Save  buttons.

MESSAGE CENTER REPORT TYPES

The report types you will see are:

- Provider Announcements
- ENS Level One Reports
- ENS Level Two Reports
- ENS / Ingenix, EDIS Claim Status reports
- “Payer” Claim Status reports
- Gateway Edits or West Coast Claims Processing Center reports

PROVIDER ANNOUNCEMENT

The Provider Announcement is a general notice that goes out to all clients. Review carefully for impacts to the payers handling your claims for example slow system, known problems, holidays, etc.

Provider Announcement

The following is covered in this announcement: 01/12/2012 09:50 AM

OptumInsight will closed January 16, 2012 - Martin Luther King Jr. Day

OptumInsight will be closed on Monday, January 16, 2012 in observance of Martin Luther King Jr. Day. ENS/OptumInsight will continue to accept claim files but they will not be processed to the payers until Tuesday, January 17, 2012. Service tickets may be opened online and will be worked in the order received when we return on Tuesday, January 17, 2012.

LEVEL ONE REPORT

The ENS Level 1 – Claim Receipt Summary is a simple acknowledgement from OptumInsight verifying claims received. This verification is usually posted within a few hours after claims are received but does not verify acceptance. Detailed information appears on the Level 2 report.

ENS Level 1 - Claim Receipt Summary

Organization:	[REDACTED]	
Receipt Date:	01/25/2012	
Receipt Time:	08:38:01 AM	
# of Claims:	25	
Dollar Amount:	\$ 2465.04	
System:	T1	
Tax ID	# of Claims	Dollar Amount
470836443	25	\$ 2465.04
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		

LEVEL TWO REPORTS

A unique Electronic Claims Tracking (ECT) number is assigned to each claim. The ECT number is shown on the Level 2 report, along with details for the received claims. Reports are arranged alphabetically by payer.

If any of these reports contain rejections, you should be able to determine the reasons for the rejections by reading the status line under the listing of each claim. If you still have questions after carefully reading the information in the status line, please contact our Support Department.

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)		Payer Name	Patient Name	Provider Name	Insured Name	Claim Value
						From	To					
01/25/2012	[REDACTED]	007UQ4	[REDACTED]	RENJE001	[REDACTED]	01/16/2012	01/16/2012	UNITED HEALTHCARE	[REDACTED]	[REDACTED]	[REDACTED]	\$130.00
Status - ACCEPTED - ECT #: 201201253357958Y000001 T1X-->UNITED HEALTHCARE Submitter Trace #E2D1040000000000105												

REPORT COLUMNS

Every report has the columns shown below:

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)		Payer Name	Patient Name	Provider Name	Insured Name	Claim Value
						From	To					

An explanation for each column follows.

As Of	Date of processing
PFTN	Provider Federal tax ID#
Provider Sub Id	A unique number/letter combination created by OptumInsight for each provider.
ENS ID	Your user ID#
Patient Acct #	The number/letters that would appear in box 26 on a printed HCFA claim
Insured ID#	The number that would appear in box 1a on a printed HCFA claim
Service Dates	Claims date(s) of service
Payer name	The payer to which this claim is being sent
Patient name	From the claim
Provider name	From the claim
Insured name	From the claim
Claim value	Total dollar amount of the claim

ENS / INGENIX, EDIS CLAIM STATUS REPORTS

This report is received if claims are sent to any of the United Healthcare plans. It displays an additional edit that we perform for this group of payers and appears very similar to the Level Two report.

**ENS / INGENIX, EDIS
CLAIM STATUS REPORT**

As Of	PFTN	Provider Sub Id	ENS ID	Patient Acct #	Insured ID #	Service Date(s)		Payer Name	Patient Name	Provider Name	Insured Name	Claim Value
						From	To					
01/26/2012		007UQ4		RENJE001		01/16/2012	01/16/2012	UNITED HEALTHCARE				\$130.00
Status - CLAIM ACCEPTED BY ENS Submitter Trace #E2D1040000000000105 ENS ECT #201201253357958Y000001 Claim accepted for processing, forwarded to payer												

PAYER CLAIM STATUS REPORTS

A claim status report from the payer named. The report lists the claims received and the accepted or rejected status from the payer.

**UNITED HEALTH CARE
CLAIM STATUS REPORT**

As Of	PFTN	Provider Sub Id	ENS ID	Patient Acct #	Insured ID #	Service Date(s)		Payer Name	Patient Name	Provider Name	Insured Name	Claim Value
						From	To					
01/27/2012		007UQ4		RENJE001		01/16/2012	01/16/2012	UNITED HEALTHCARE				\$130.00
Status - CLAIM ACCEPTED BY UnitedHealthcare Submitter Trace #E2D1040000000000105 ENS ECT #201201253357958Y000001 Payer Trace #982120263542200 UnitedHealthcare STATUS CODE: A1:19:PR:65, Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication. Entity acknowledges receipt of claim/encounter.												

GATEWAY EDITS OR WEST COAST CLAIMS PROCESSING CENTER REPORTS

If reports with these titles are received then the claim has gone through another clearinghouse on its way to the payer. These partners help provide the widest variety of payers. A report is sent from the intermediate clearinghouse when the claim is sent to the payer. A report is sent from the intermediate clearinghouse when the payer responds (reports back) on the claim.

COMMERCIAL GATEWAY EDITS
FILE DETAIL SUMMARY REPORT
CLEARING HOUSE MRR

As Of	PFTN	Provider Sub Id	ENS ID	Patient Acct #	Insured ID #	Service Date(s)		Payer Name	Patient Name	Provider Name	Insured Name	Claim Value
						From	To					
12/30/2011		KEVSAD				11/28/2011		DETROIT MEDICAL C				\$177.00
Status - Accepted Claim sent out electronically Submitter Trace #NOTRACE ECT #201112292874073C000001												

HANDLING REJECTIONS

The Status line shows the reason for any claim rejected during edits. **The name at the top of each report shows whether the claim was rejected by the payer or by the clearinghouse.** If the report shows “ENS” at the top of the page, the rejection is from OptumInsight. Otherwise, it will show a payer name or the name of an intermediate clearinghouse. Review each rejected claim and correct the issues in your billing software or online for Web entry senders. Then, you must resubmit a **NEW** claim. If rejections continue or you do not understand the reasons for the rejections, please contact the payer for further explanation or open an online support ticket with OptumInsight.

Note that many Medicare payers do not send back detailed listings of claims received, only summary reports, as shown below.

COLORADO MEDICARE
CLAIM STATUS REPORT

Summary for: 12/14/2011			
Payer:	CO MEDICARE		
Tax ID:			
Date:	12/14/2011		
	Submitted	Accepted	Rejected
Claims:	1	1	0
Charges:	\$675.00	\$675.00	\$0.00
Percentage:		100%	0%

ADVANCED CLAIM SEARCH

Use the Advanced Claim Search tab to review specific data on prior reports. This option can save valuable research time. Example: For all reports for John Smith for the past 90 days: Set Date Range by selecting 90 days, type smith in Last Name and john in First Name and select *Search*.

Daily Reports
Advanced Claim Search
Payer Batch Responses
Home

Date Range: From: To: - or -

Claim: ECT Number: Service Date: - Insured ID:

Patient: Last Name: First Name: Account:

<input type="checkbox"/>	Report Type	Report Name	ECT Number	Report Date	Patient Name	Patient Account	Insured ID	Service Date	Submission Date	Status
No Results										

The search may take longer to compile when adding more search criteria.

ADVANCED CLAIM SEARCH RESULTS

This is the result of the advanced search.

Daily Reports
Advanced Claim Search
Payer Batch Responses
Home

Date Range: From: To: - or -

Claim: ECT Number: Service Date: - Insured ID:

Patient: Last Name: First Name: Account:

<input type="checkbox"/> All	Report Type	Report Name	ECT Number	Report Date	Patient Name	Patient Account	Insured ID	Service Date	Submission Date	Status
<input type="checkbox"/>	CLAIM STATUS REPORT	UNITED HEALTHCARE	201201253357958Y000001	01/26/2012	[REDACTED]	[REDACTED]	[REDACTED]	01/16/2012	01/26/2012	Click to View
<input type="checkbox"/>	CLAIM STATUS REPORT	UNITED HEALTHCARE	201201253357958Z000001	01/26/2012	[REDACTED]	[REDACTED]	[REDACTED]	01/16/2012	01/26/2012	Click to View
<input type="checkbox"/>	CLAIM STATUS REPORT	UNITED HEALTHCARE	201201234404590Y000001	01/25/2012	[REDACTED]	[REDACTED]	[REDACTED]	01/16/2012	01/25/2012	Click to View
<input type="checkbox"/>	CLAIM STATUS REPORT	UNITED HEALTHCARE	201201234404591Y000001	01/25/2012	[REDACTED]	[REDACTED]	[REDACTED]	01/16/2012	01/25/2012	Click to View
<input type="checkbox"/>	CLAIM STATUS REPORT	UNITED HEALTHCARE	201201234404590Z000001	01/25/2012	[REDACTED]	[REDACTED]	[REDACTED]	01/16/2012	01/25/2012	Click to View
<input type="checkbox"/>	CLAIMS RECEIVED BY EINS FOR PROCESSING	CO MEDICARE	201201253357942Y000001	01/25/2012	[REDACTED]	[REDACTED]	[REDACTED]	01/13/2012	01/25/2012	Click to View
<input type="checkbox"/>	CLAIM STATUS REPORT	UNITED HEALTHCARE	201201234404591Z000001	01/25/2012	[REDACTED]	[REDACTED]	[REDACTED]	01/16/2012	01/25/2012	Click to View
<input type="checkbox"/>	CLAIMS RECEIVED BY EINS FOR PROCESSING	CO MEDICARE	201201253357944Z000001	01/25/2012	[REDACTED]	[REDACTED]	[REDACTED]	01/17/2012	01/25/2012	Click to View
<input type="checkbox"/>	CLAIMS RECEIVED BY EINS FOR PROCESSING	CO MEDICARE	201201253357945Z000001	01/25/2012	[REDACTED]	[REDACTED]	[REDACTED]	01/17/2012	01/25/2012	Click to View

Select the report or reports and select View Report.

<input type="checkbox"/> All	
<input checked="" type="checkbox"/>	CL
<input type="checkbox"/>	CL
<input type="checkbox"/>	CL
<input type="checkbox"/>	CL

The selected report(s) open in a separate window.

COLORADO MEDICAID 277CA PROF

CLAIM STATUS REPORT

As Of	PFTN	Provider Sub Id	ENS ID	Patient Acct #	Insured ID #	Service Date(s)		Payer Name	Patient Name	Provider Name	Insured Name	Claim Value
						From	To					
02/08/2012						01/24/2012		CO MEDICAID	BLUNCK, TRENTON			\$100.00
<p>Status - CLAIM ACCEPTED</p> <p>Submitter Trace #2AD50400000000039E2</p> <p>PROVIDER NPI: 1398878328</p> <p>ENS ECT #201202014220097Z000001</p> <p>STATUS CODE: A1:10</p> <p>Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.</p> <p>Entity acknowledges receipt of claim/encounter.</p>												