

**ForwardHealth Provider Portal
Comma-Separated Values
Remittance Advice**

October 14, 2016

User Guide

Table of Contents

1 Introduction.....	1
2 Download Remittance Advices in a Comma-Separated Values Report Format	2
2.1 Format the Comma-Separated Values File.....	10
2.2 Reading the Imported File.....	15
2.2.1 Section 010 – Payment Information.....	16
2.2.2 Section 020 – Payment Hold Information.....	17
2.2.3 Section 030 – Service Codes and Descriptions	18
2.2.4 Sections 040 – 120	18
Example of a Paid Claim	21
Example of a Claim Adjustment.....	22
Field Labels	23
Section 040 – Inpatient Claims.....	23
Section 050 – Outpatient Claims.....	25
Section 060 – Professional Service Claims.....	26
Section 070 – Medicare Crossover – Professional Service Claims	28
Section 080 – Medicare Crossover – Institutional Claims.....	30
Section 090 – Compound Drug Claims	32
Section 100 – Drug Claims.....	34
Section 110 – Dental Claims	37
Section 120 – Long Term Care Claims.....	38
2.2.5 Sections 130 – 220	40
3 Split Window and Freeze Panes	41
4 Configure Web Browser.....	45
4.1 Allow Pop-ups from ForwardHealth	45
4.2 Add ForwardHealth as a Trusted Site	49
4.3 Change Security Level.....	53

1 Introduction

A Comma-Separated Values (CSV), also called Comma Delimited, file is a specially formatted plain text file which stores information in a format that can be easily imported into a spreadsheet or database regardless of the file type.

Downloadable CSV-formatted Remittance Advices (RA) allow users the benefits of building a customized RA specific to their use and the ability to save the file to their computer. A CSV file appears as linear text separated by commas until it is downloaded into a compatible software program. Once downloaded, the file may be saved and the data manipulated as desired.

A CSV file may be downloaded into a Microsoft® Office Excel spreadsheet or into another compatible software program, such as Microsoft® Office Access or OpenOffice 2.2.1. OpenOffice is a free software program obtainable from the Internet. Google Docs and ZDNet also offer free spreadsheet applications.

Note: The examples in this user guide use Microsoft® Office Excel 2007. For maximum file capabilities when downloading the CSV file, it is recommended that you use the 1995 Office Excel for Windows (Version 7.0) included in Office 95 or a newer version. Earlier versions of Microsoft® Office Excel will work with the CSV file; however, files exceeding 65,000 lines may need to be split into smaller files when downloading. If you are using another program, consult the Help function of your specific program for instructions on how to import the file.

2 Download Remittance Advices in a Comma-Separated Values Report Format

1. Access the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>.

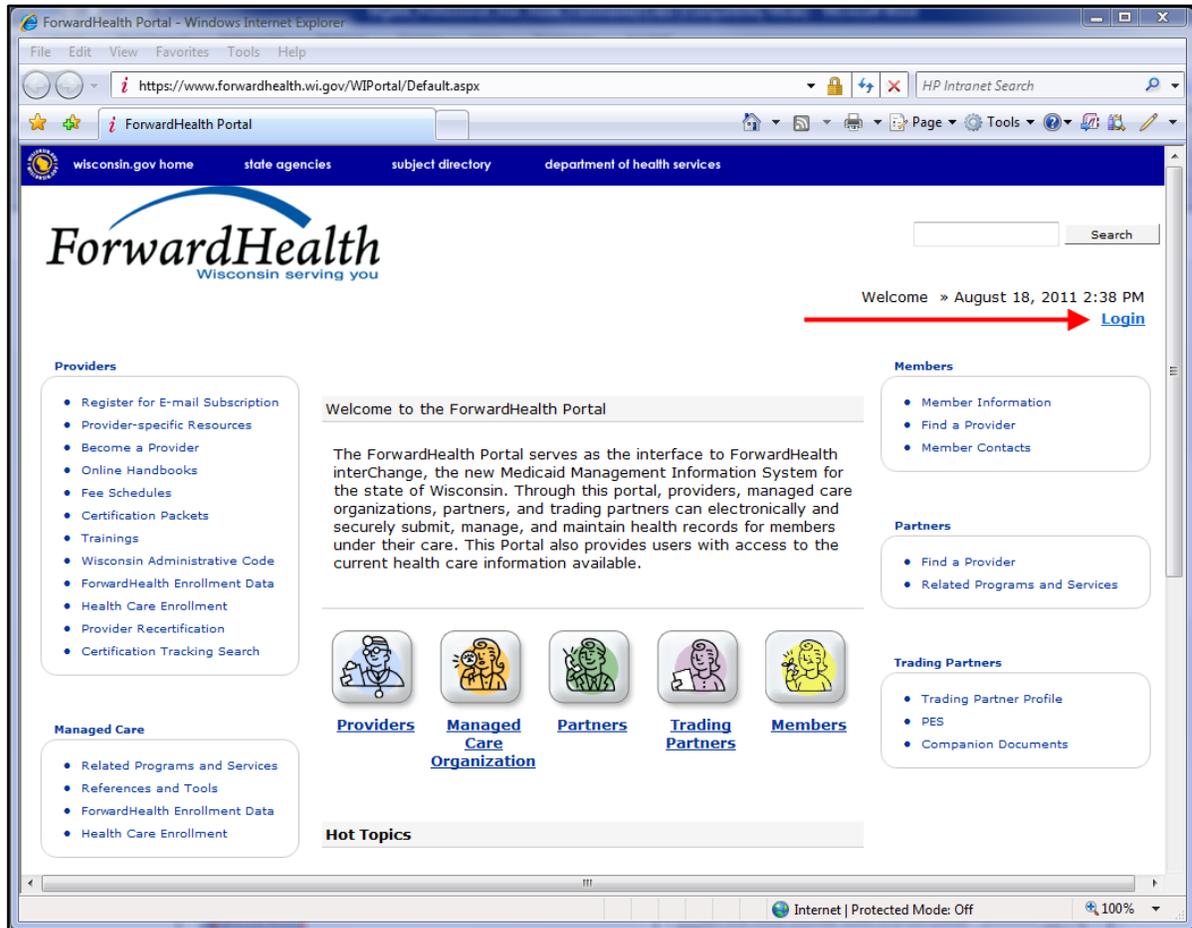
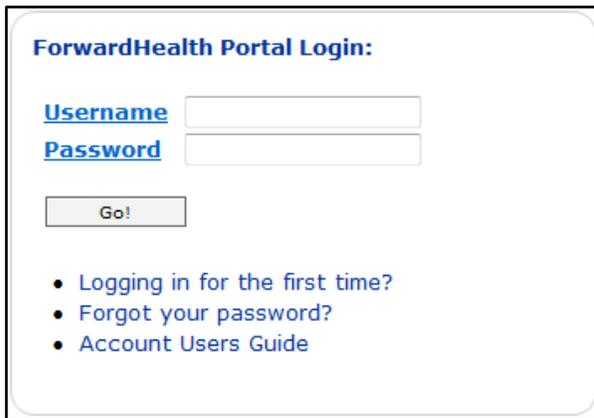


Figure 1 ForwardHealth Portal Page

2. Click **Login**. The ForwardHealth Portal Login box will be displayed.



ForwardHealth Portal Login:

[Username](#)

[Password](#)

- [Logging in for the first time?](#)
- [Forgot your password?](#)
- [Account Users Guide](#)

Figure 2 ForwardHealth Portal Login

3. Enter your username.
4. Enter your password.

- Click **Go!** The secure Provider page will be displayed.

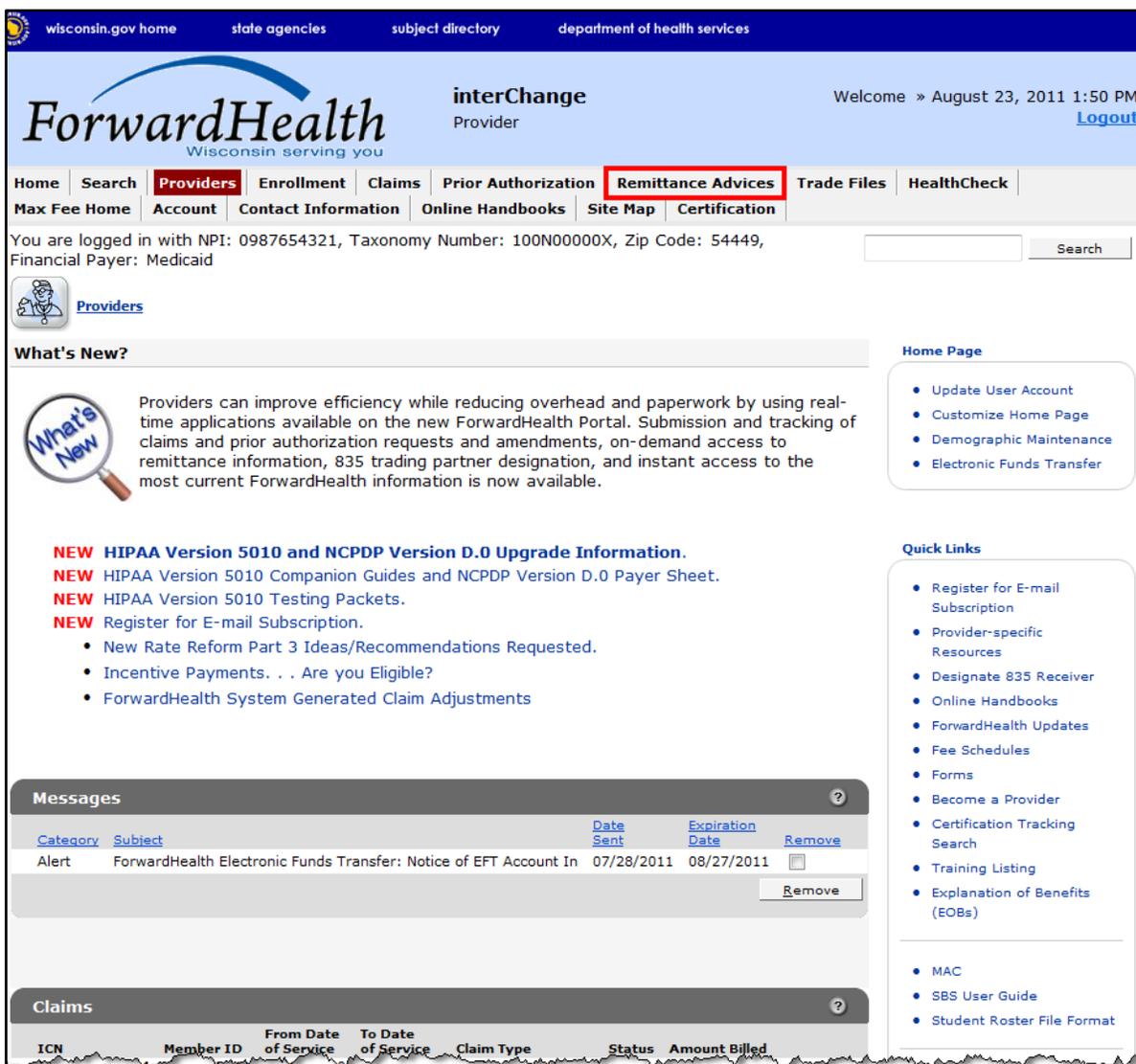


Figure 3 Secure Provider Page

- Click **Remittance Advices** on the main menu at the top of the page. The Remittance Advices page will be displayed.

The Remittance Advices option is displayed for administrative accounts or for clerk accounts that have been assigned the Remittance Advice role. For information about assigning clerk roles, refer to the [ForwardHealth Provider Portal Account User Guide](#), which is located on the Portal User Guides page of the ForwardHealth Portal.

Remittance Advices

ForwardHealth offers providers and MCOs two different options for obtaining their remittance advices electronically. From this page, users will be able to select the electronic RA format that best suits their needs.

Text Report Format (.txt)

Use the following link to access remittance advices in text format. Users will be able to select which specific RA they would like to download or view. Text report formatted remittances are available for the past 121 days.

- [Download or view remittance advices in a text \(.txt\) report format](#)

Comma-Separated-Values Format (.csv)

Use the following links to access remittance advices in CSV format. Users will be able to select which specific RA they would like to download. Users will also be able to choose which sections of the RA they would like to include in the download file. A provider or MCOs last 10 remittance advices will be available in CSV format.

- [Download remittance advices in a CSV \(.csv\) report format](#)
- [View the RA User Guide](#)
- [View the CSV file User Guide](#)
- [View EOB codes and descriptions](#)

The official version of the remittance advices will continue to be maintained within the ForwardHealth databases.

Figure 4 Remittance Advices Page

- In the “Comma-Separated-Values Format (.csv)” section, click **Download remittance advices in a CSV (.csv) report format**. The Download RA page will be displayed.

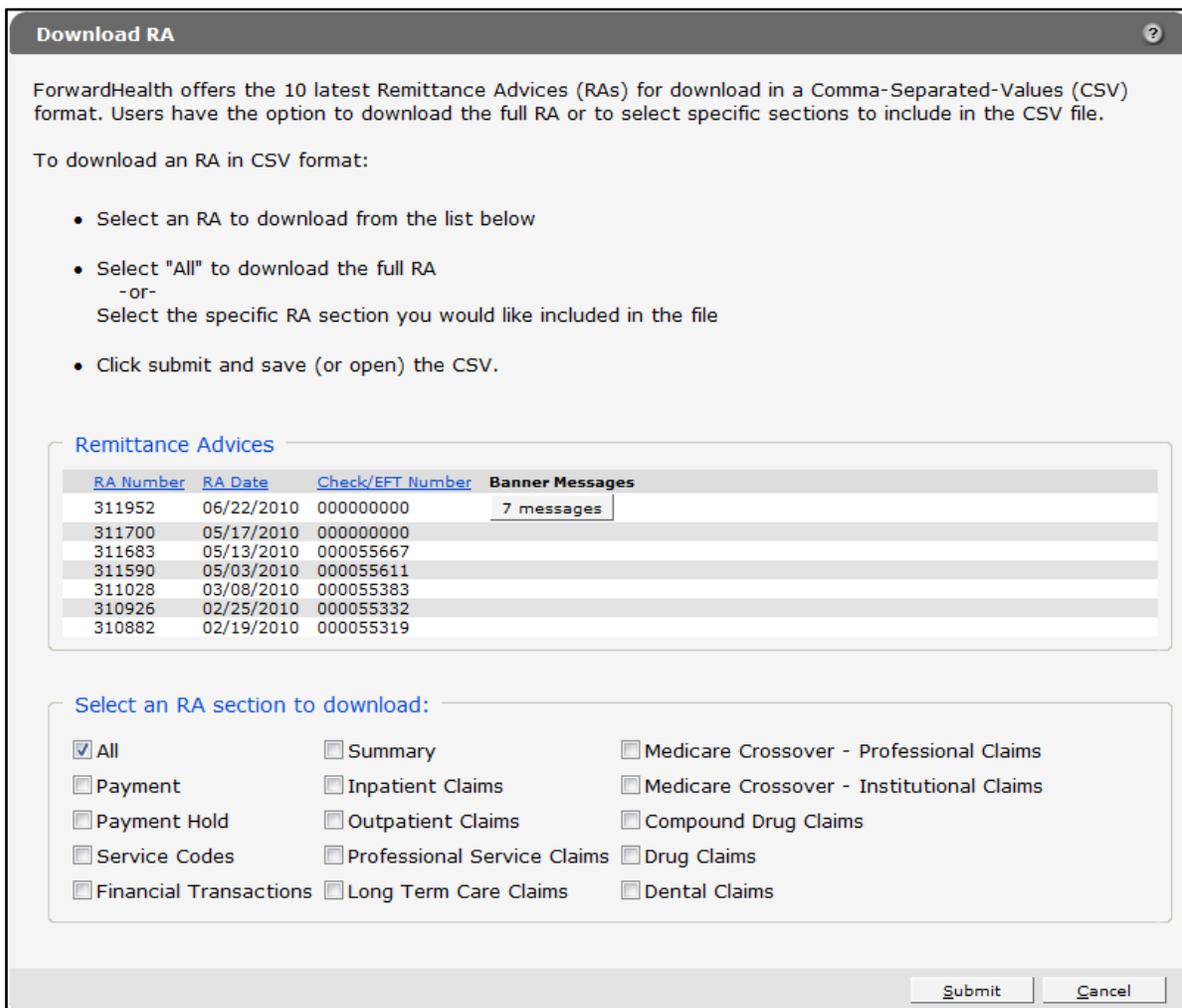


Figure 5 Download RA Page

On the Download RA page, users can choose to download their 10 latest RAs.

If there is a banner message(s) for an RA, users can click the button in the Banner Messages column to view the message(s).

- Click the row of the RA you wish to download.

In the “Select an RA section to download” section, the All box is checked by default. When this option is checked, the entire RA will be downloaded.

9. To download specific sections of the RA, uncheck the **All** box and select the sections of the RA you wish to download.

Remittance Advices

RA Number	RA Date	Check/EFT Number	Banner Messages
311952	06/22/2010	000000000	7 messages
311700	05/17/2010	000000000	
311683	05/13/2010	000055667	
311590	05/03/2010	000055611	
311028	03/08/2010	000055383	
310926	02/25/2010	000055332	
310882	02/19/2010	000055319	

Select an RA section to download:

All
 Payment
 Payment Hold
 Service Codes
 Financial Transactions

Summary
 Inpatient Claims
 Outpatient Claims
 Professional Service Claims
 Long Term Care Claims

Medicare Crossover - Professional Claims
 Medicare Crossover - Institutional Claims
 Compound Drug Claims
 Drug Claims
 Dental Claims

Submit Cancel

Figure 6 Remittance Advices and Select an RA Section to Download Sections

10. Click **Submit**. The File Download window will be displayed.

Note: If you receive an error message or are otherwise unable to access the report, refer to [Section 4 Configure Web Browser](#) for instructions on setting up your browser.

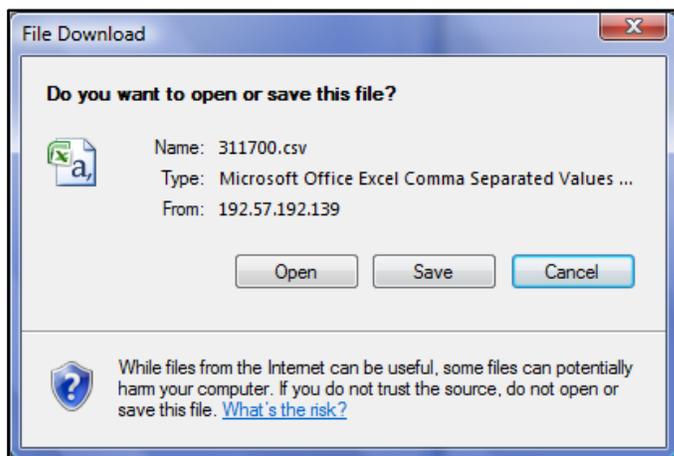


Figure 7 File Download Window

11. Click **Save**. The Save As window will be displayed.

Note: You *must* first save the CSV text file to properly download and format the data content as a spreadsheet document.

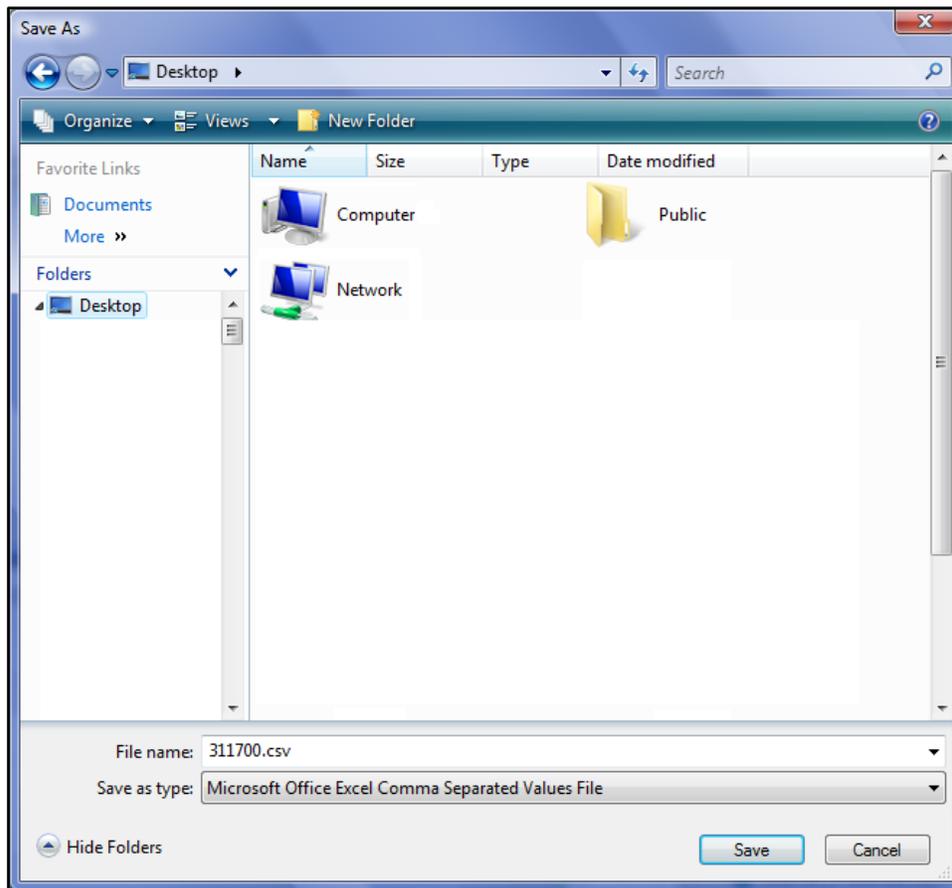


Figure 8 Save As Window

12. Choose a location on your computer or network to save the RA CSV text file.

13. Click **Save**. Once the file is downloaded, the Download complete window will be displayed.

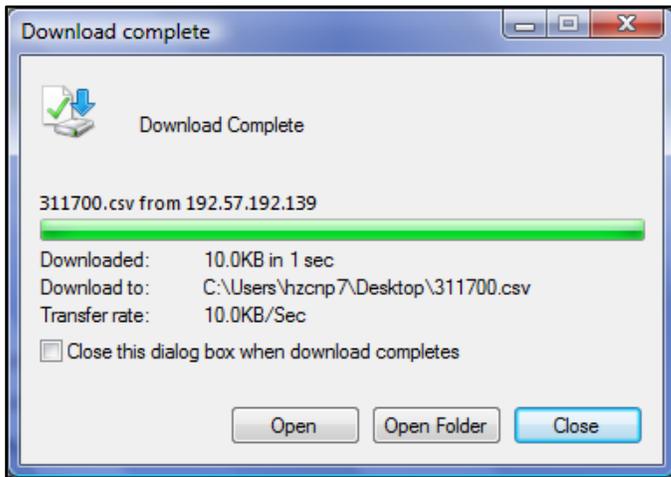


Figure 9 Download Complete Window

14. Click **Open**. The CSV file will open in your computer’s default spreadsheet program.

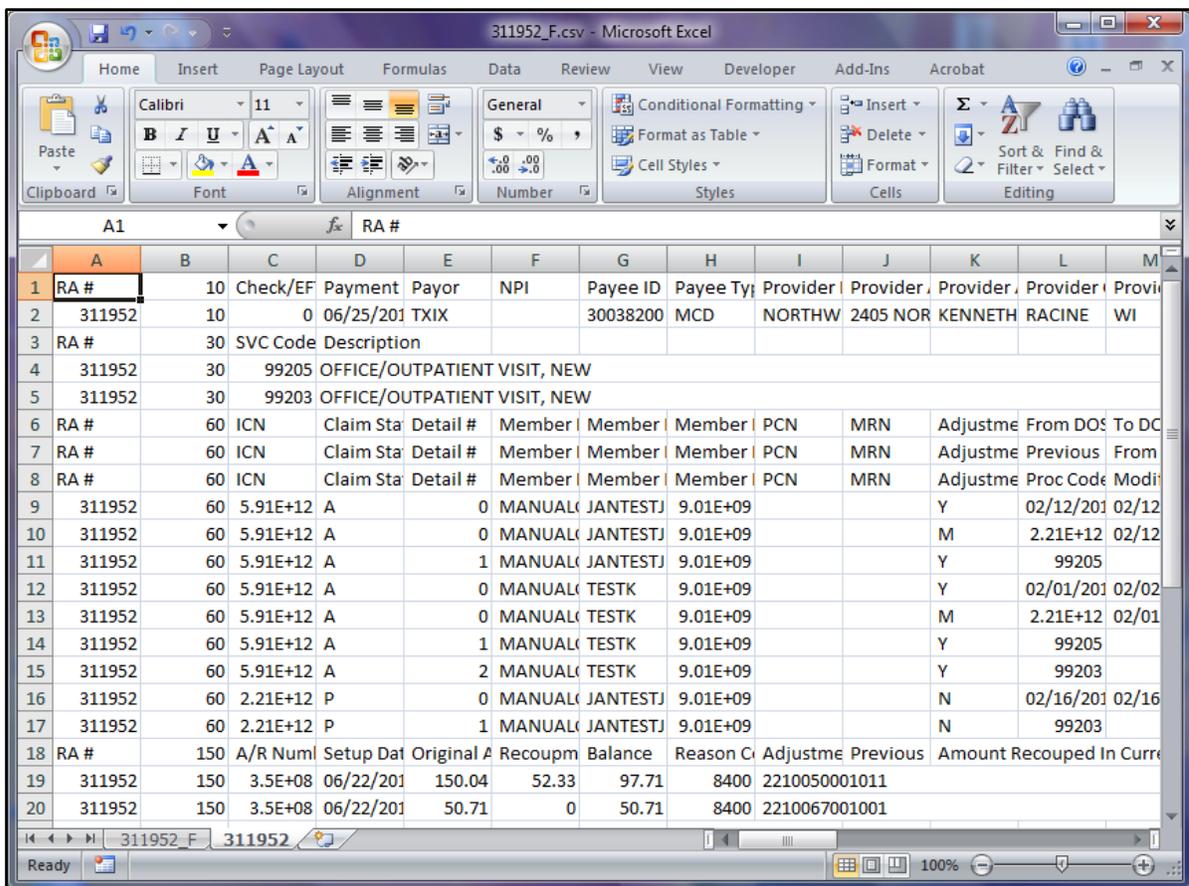


Figure 10 CSV File

2.1 Format the Comma-Separated Values File

To properly read the CSV text file after it has been saved, you will need to first import the text file into a spreadsheet or database program and then format it.

1. Open a blank spreadsheet.
2. In the menu bar at the top of the screen, click **Data**. The Data menu will be displayed.

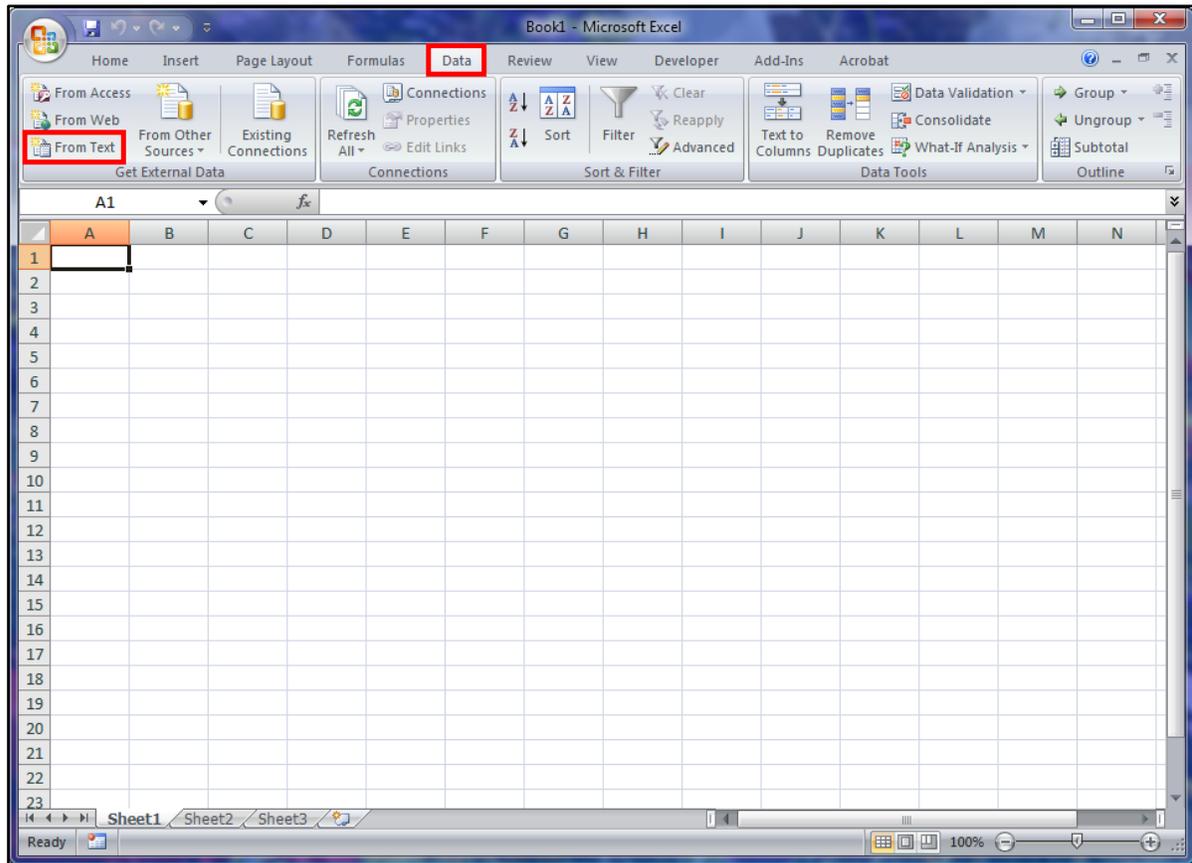


Figure 11 Blank Spreadsheet

3. Click **From Text** located on the left of the Data menu. The Import Text File window will open.

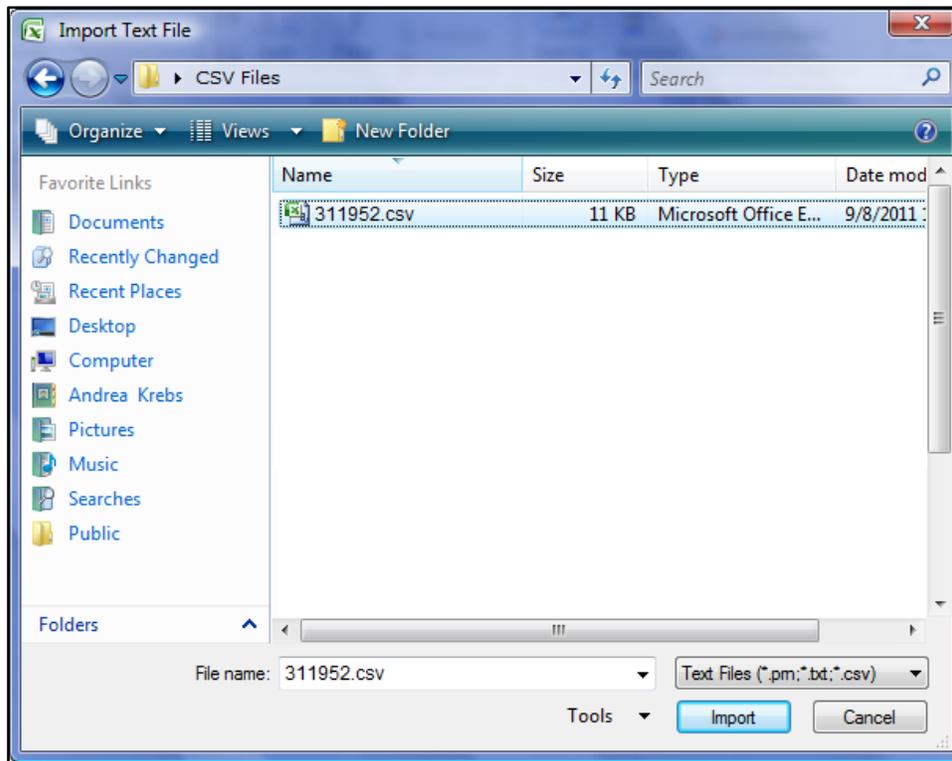


Figure 12 Import Text File Window

4. Navigate to the location where you saved the CSV file and select the file.

5. Click **Import**. The Text Import Wizard — Step 1 of 3 window will be displayed.

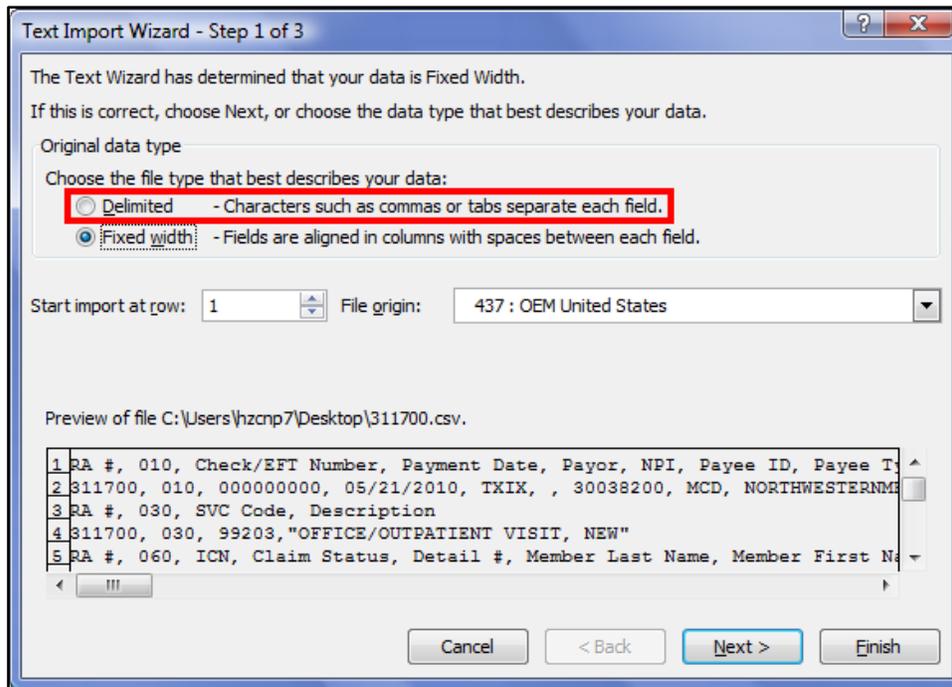


Figure 13 Text Import Wizard — Step 1 of 3 Window

6. In the “Original data type” section, click **Delimited**.
7. Click **Next**. The Text Import Wizard — Step 2 of 3 window will be displayed.

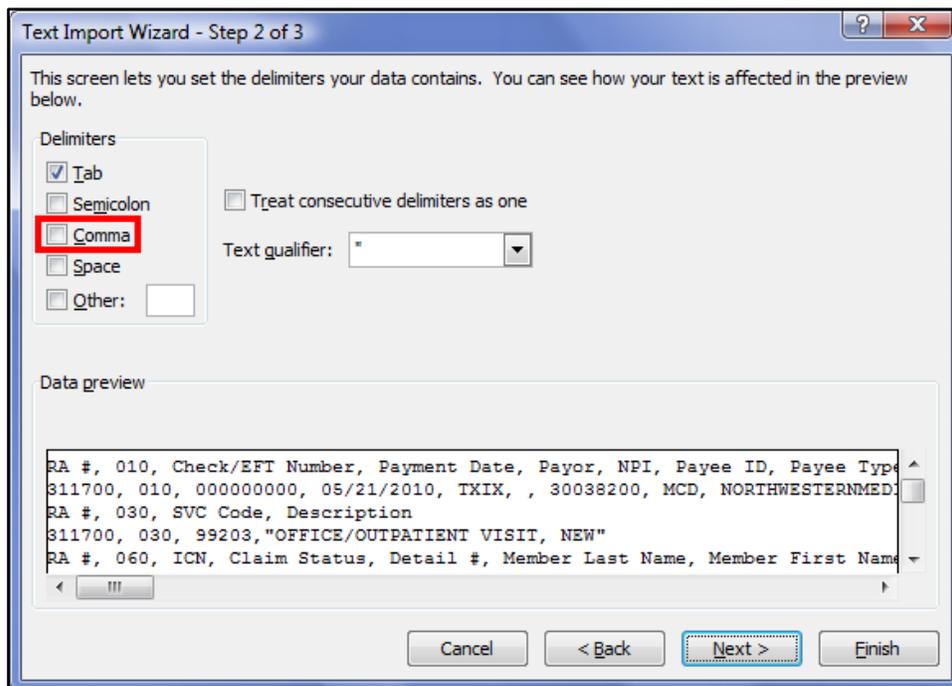


Figure 14 Text Import Wizard — Step 2 of 3 Window

8. Check the **Comma** box.
9. Clear any additional boxes that are checked.
10. Click **Next**. The Text Import Wizard — Step 3 of 3 window will be displayed.

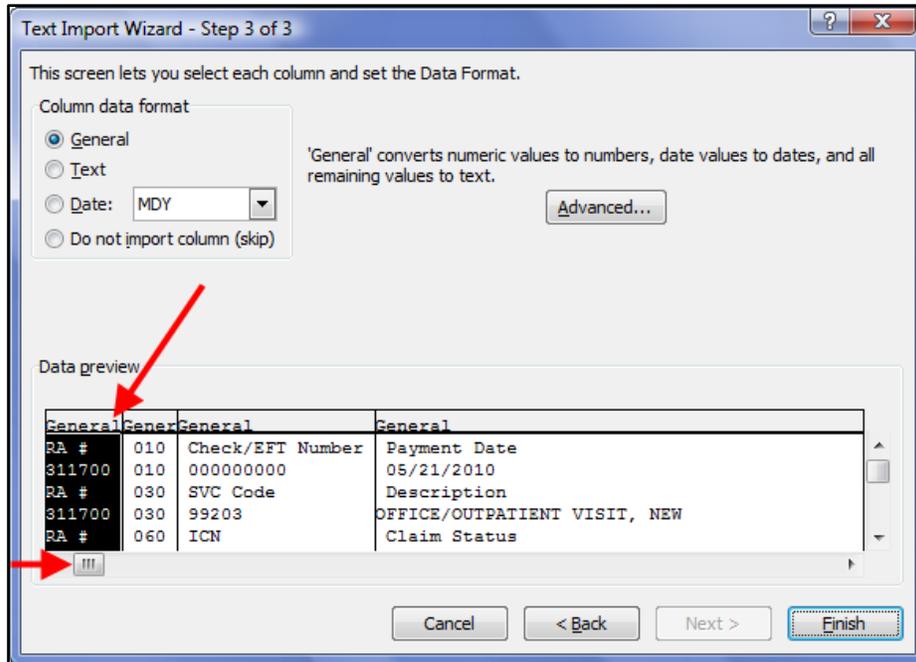


Figure 15 Text Import Wizard — Step 3 of 3 Window

11. Click the first column on the left in the “Data preview” section.
12. Hold down the Shift key.

13. While holding down the Shift key, scroll to the last column.
14. Click the last column. All the columns should be selected (highlighted).

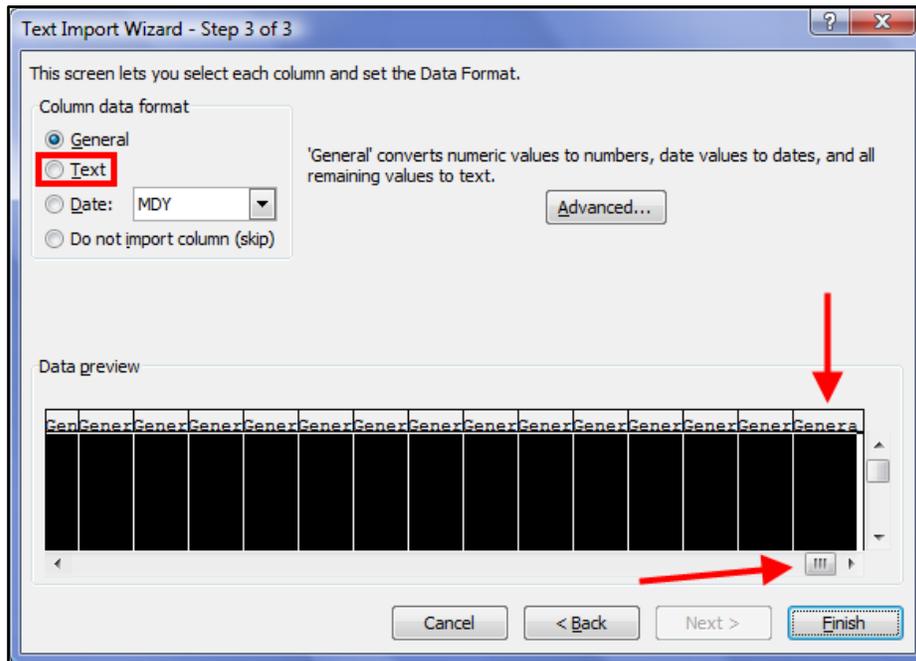


Figure 16 Text Import Wizard - Step 3 of 3 Window with All Columns Selected

15. Select **Text** in the “Column data format” section.
16. Click **Finish**. The Import Data window will be displayed.

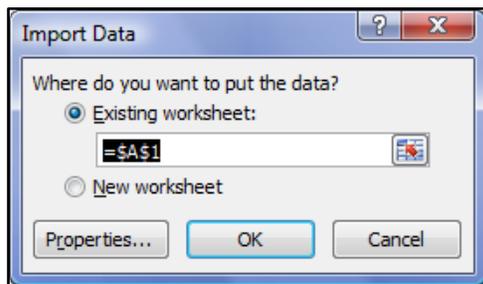


Figure 17 Import Data Window

17. Click **Existing worksheet** or **New worksheet**.
18. Click **OK**. The RA information will be displayed in the chosen worksheet.

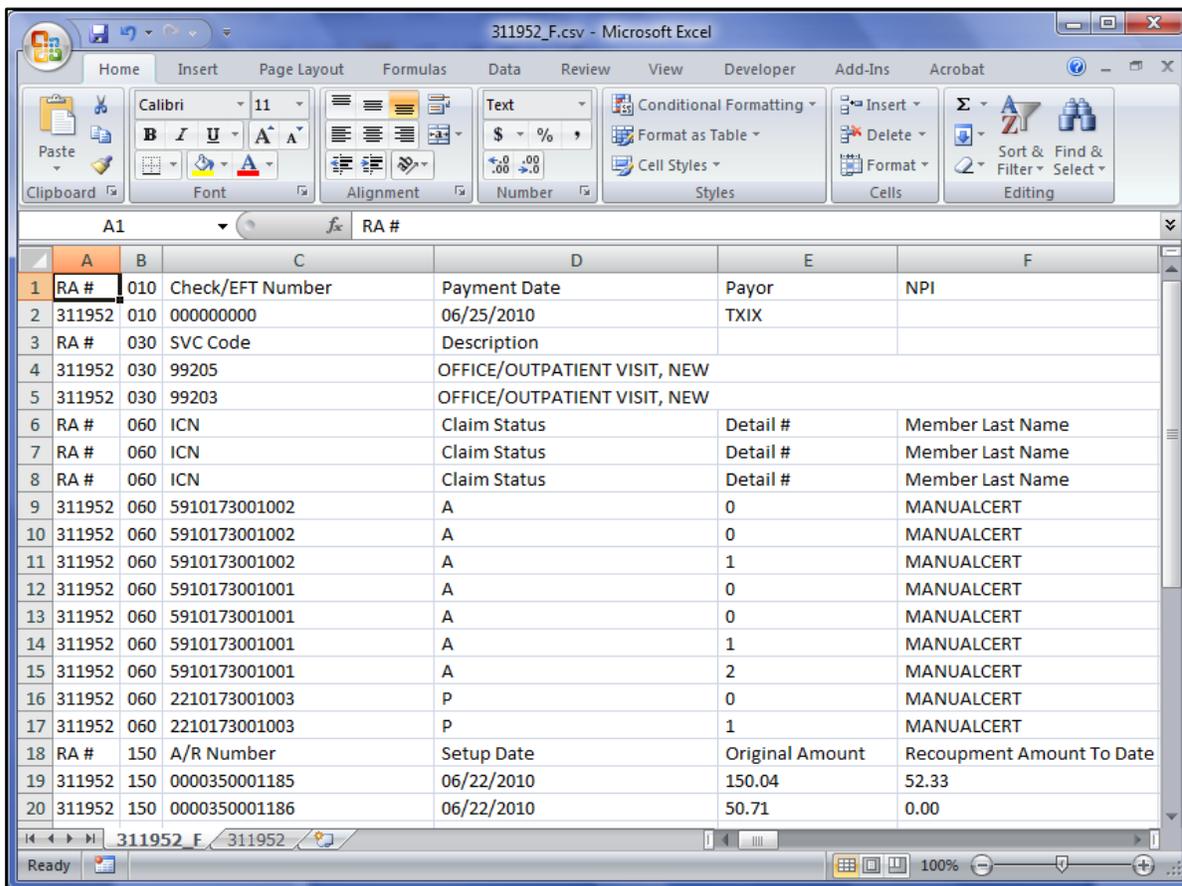


Figure 18 RA in CSV Report Format

19. Once the CSV file has been imported and formatted, save the formatted file before making any changes to avoid having to convert the CSV file again should you encounter problems while working with the data.

2.2 Reading the Imported File

Note: References to row numbers and column letters pertain to the examples used in this user guide. Actual rows and columns will differ for each downloaded RA file.

Once your CSV file is imported into Excel, the information will be easier to read and understand. The first column (column A) of the imported data displays the RA number.

The RA is divided into sections, with each section containing a number that represents a specific area within the RA. The second column (column B) displays the section number for the specific sections of the RA you chose to download.

2.2.1 Section 010 – Payment Information

Section 010 contains payment information such as the check or electronic funds transfer (EFT) trace number, the payment date, the provider’s National Provider Identifier (NPI).

1	RA #	010	Check/EFT Number	Payment Date	Payor	NPI
2	311952	010	000000000	06/25/2010	TXIX	
3	RA #	030	SVC Code	Description		
4	311952	030	99205	OFFICE/OUTPATIENT VISIT, NEW		
5	311952	030	99203	OFFICE/OUTPATIENT VISIT, NEW		
6	RA #	060	ICN	Claim Status	Detail #	Member Last Name
7	RA #	060	ICN	Claim Status	Detail #	Member Last Name
8	RA #	060	ICN	Claim Status	Detail #	Member Last Name
9	311952	060	5910173001002	A	0	MANUALCERT
10	311952	060	5910173001002	A	0	MANUALCERT
11	311952	060	5910173001002	A	1	MANUALCERT
12	311952	060	5910173001001	A	0	MANUALCERT
13	311952	060	5910173001001	A	0	MANUALCERT
14	311952	060	5910173001001	A	1	MANUALCERT
15	311952	060	5910173001001	A	2	MANUALCERT
16	311952	060	2210173001003	P	0	MANUALCERT
17	311952	060	2210173001003	P	1	MANUALCERT
18	RA #	150	A/R Number	Setup Date	Original Amount	Recoupment Amount To Date
19	311952	150	0000350001185	06/22/2010	150.04	52.33
20	311952	150	0000350001186	06/22/2010	50.71	0.00
21	RA #	160	Net Payment (Current Amt)	Net Payment (MTD)	Net Payment (YTD)	Net Earnings (Current Amt)
22	311952	160	0.00	0.00	945.62	0.00

Figure 19 Section 010

The top row of each section contains the field labels for that section. The field label row indicates what data is included in each column. For example, in section 010, the field label for row 1 shows that column C contains the Check/EFT Number. In row 2, the actual check or EFT number will be displayed.

2.2.2 Section 020 – Payment Hold Information

Some sections may contain more than one row of field labels as seen in section 020.

1	RA #	010	Check/EFT Number	Payment Date	Payor	NPI	Payee ID	Payee Type
2	504194	010	000000000	09/23/2011	TXIX	1548345150	11000600	MCD
3	RA#	020	Reference #	Total Amount Held	Hold Reason			
4	RA#	020	Reference #	Transaction Type	ICN	Amount Held		
5	504194	020	212134638	200000098.01	Missing Payment from transaction 439504449			
6	504194	020	212134638	Outpat Claim	2209351001003	200000098.01		
7	504194	020	232246587	25.00	Late Payment	5.00		
8	504194	020	232246587	Inpat Claim	2209322002001	25.00		
9	RA #	050	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No
10	RA #	050	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No
11	RA #	050	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No
12	504194	050	2211259001045	D	0	MEMBER	TEST	9010008003
13	504194	050	2211259001045	D	1	MEMBER	TEST	9010008003
14	504194	050	2211259001045	D	2	MEMBER	TEST	9010008003
15	504194	050	2211259001046	D	0	MEMBER	TEST	9010008003

Figure 20 Section 020

Section 020 contains information about any payment holds issued for that RA period. The two field label rows displayed for this section (rows 3 and 4 in the example above) indicate that there are two lines of information for each payment hold.

Example: The example above contains two payment holds: Reference #212134638 and Reference #232246587. There are two lines of information for each hold.

The first line of each payment hold (rows 5 and 7) displays the Total Amount Held (column D) and the Hold Reason (column E).

The second line of each hold (rows 6 and 8) displays the Transaction Type (column D), the Hold Reason, (column E), and the Amount Held (column F).

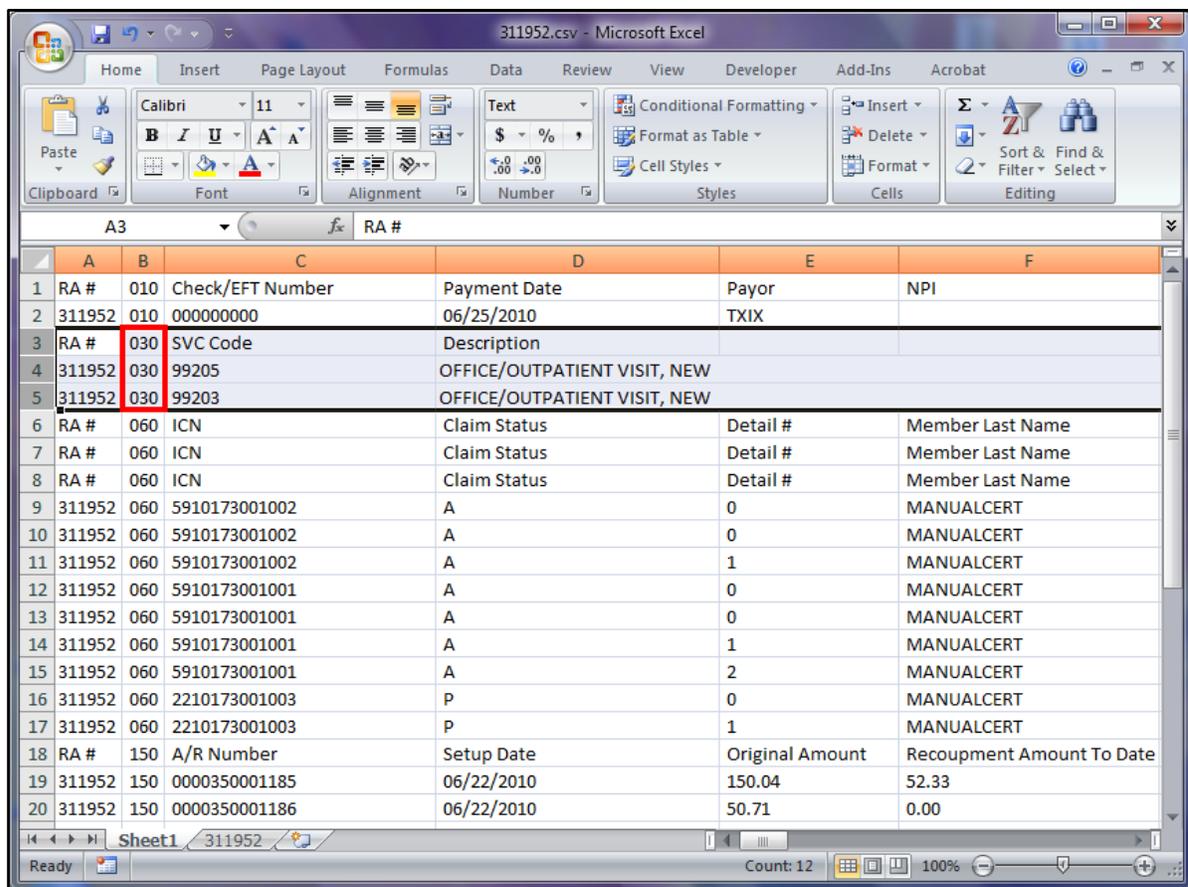
- The Total Amount Held represents the total amount withheld from this particular payment.

- The Amount Held represents the particular claim or transaction amount that was withheld within the total payment amount.

Example: A total payment hold could be \$100. Within that payment hold, there could be four separate claims/transactions held, each with an amount held of \$25. All the transactions added together will add up to the total amount held.

2.2.3 Section 030 – Service Codes and Descriptions

Section 030 contains the service code and description for the service code(s) covered in the RA.



	A	B	C	D	E	F
1	RA #	010	Check/EFT Number	Payment Date	Payor	NPI
2	311952	010	000000000	06/25/2010	TXIX	
3	RA #	030	SVC Code	Description		
4	311952	030	99205	OFFICE/OUTPATIENT VISIT, NEW		
5	311952	030	99203	OFFICE/OUTPATIENT VISIT, NEW		
6	RA #	060	ICN	Claim Status	Detail #	Member Last Name
7	RA #	060	ICN	Claim Status	Detail #	Member Last Name
8	RA #	060	ICN	Claim Status	Detail #	Member Last Name
9	311952	060	5910173001002	A	0	MANUALCERT
10	311952	060	5910173001002	A	0	MANUALCERT
11	311952	060	5910173001002	A	1	MANUALCERT
12	311952	060	5910173001001	A	0	MANUALCERT
13	311952	060	5910173001001	A	0	MANUALCERT
14	311952	060	5910173001001	A	1	MANUALCERT
15	311952	060	5910173001001	A	2	MANUALCERT
16	311952	060	2210173001003	P	0	MANUALCERT
17	311952	060	2210173001003	P	1	MANUALCERT
18	RA #	150	A/R Number	Setup Date	Original Amount	Recoupment Amount To Date
19	311952	150	0000350001185	06/22/2010	150.04	52.33
20	311952	150	0000350001186	06/22/2010	50.71	0.00

Figure 21 Section 030

2.2.4 Sections 040 – 120

Note: For the claims sections of the RA spreadsheet, it is helpful to split the window and freeze the panes in your spreadsheet so that you can retain the field labels in place while you scroll through the claim detail. For information about splitting a window and freezing panes, refer to [Section 3 Split Window and Freeze Panes](#).

Sections 040–120 contain information about the individual claims. The section numbers describe the type of claim for which the information is displayed in the RA. The following is a list of section numbers and their corresponding claim types:

- 040 Inpatient Claims
- 050 Outpatient Claims
- 060 Professional Service Claims
- 070 Medicare Crossover — Professional Service Claims
- 080 Medicare Crossover — Institutional Claims
- 090 Compound Drug Claims
- 100 Drug Claims
- 110 Dental Claims
- 120 Long Term Care Claims

Each section will first list three rows of field labels that providers are to use to interpret the data that follows.

A	B	C	D	E	F	
1	RA #	010	Check/EFT Number	Payment Date	Payor	NPI
2	311952	010	000000000	06/25/2010	TXIX	
3	RA #	030	SVC Code	Description		
4	311952	030	99205	OFFICE/OUTPATIENT VISIT, NEW		
5	311952	030	99203	OFFICE/OUTPATIENT VISIT, NEW		
6	RA #	060	ICN	Claim Status	Detail #	Member Last Name
7	RA #	060	ICN	Claim Status	Detail #	Member Last Name
8	RA #	060	ICN	Claim Status	Detail #	Member Last Name
9	311952	060	5910173001002	A	0	MANUALCERT
10	311952	060	5910173001002	A	0	MANUALCERT
11	311952	060	5910173001002	A	1	MANUALCERT
12	311952	060	5910173001001	A	0	MANUALCERT
13	311952	060	5910173001001	A	0	MANUALCERT
14	311952	060	5910173001001	A	1	MANUALCERT
15	311952	060	5910173001001	A	2	MANUALCERT
16	311952	060	2210173001003	P	0	MANUALCERT
17	311952	060	2210173001003	P	1	MANUALCERT
18	RA #	150	A/R Number	Setup Date	Original Ar	Recoupment Amount To Date
19	311952	150	0000350001185	06/22/2010	150.04	52.33
20	311952	150	0000350001186	06/22/2010	50.71	0.00

Figure 22 Claim Section Field Labels

- Top row: Non-adjusted Claim/Adjustments — the top row contains field labels for the standard header information from a non-adjusted claim or an adjusted claim.
- Middle row: Adjusted Claim — the middle row contains field labels for the header information from a claim that is being adjusted (adjusted claim), when applicable. The

header information displayed will be taken from the original claim before the adjustment changes are made. If there has been no adjustment, there will be no middle row.

- Bottom row: Claim Details — the bottom row contains field labels for the claim details for non-adjusted claims and adjustments (the top row). There can be anywhere from 1-999 claim details listed. Details will not be displayed for an adjusted claim (the middle row).

To determine which row(s) of field headers to use, refer to the Claim Status column (column D):

- For claims with a claim status of *P* (paid), *D* (denied), or *S* (in progress), use the top row of field labels for header information and the bottom row for the claim's detail information.

These claims will always have an *N* (non-adjusted) in the Adjustment Indicator column.

- For claims with a claim status of *A* (Adjusted), refer to the Adjustment Indicator column to determine which row of field labels to use.
 - *Y* (adjustment) — Use the top row of field labels for the adjusted claim's header information and the bottom row for its detail information.
 - *M* (adjusted claim) — Use the middle row of field labels for the adjusted claim's header information. There are no claim details displayed for adjusted claims.

Example of a Paid Claim

The following example shows information for a paid claim (claim status of P).

5	RA #	40	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No	PCN	MRN	Adjustment Indicator	Billed Amt	Allowed Amt
6	RA #	40	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No	PCN	MRN	Adjustment Indicator	DRG code	Billed Amt
7	RA #	40	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No	PCN	MRN	Adjustment Indicator	Billed Amt	Allowed Amt
8	340656	40	1.01033E+12	P	0	JACKSON SEVEN		9010008977	36084	36084	N	6300	6008.4
9	340656	40	1.01033E+12	P	1	JACKSON SEVEN		9010008977	36084	36084	N	6000	6008.4
10	340656	40	1.01033E+12	P	2	JACKSON SEVEN		9010008977	36084	36084	N	300	0

Figure 23 Example of a Paid Claim

The row containing Detail #0 (row 8; highlighted in blue) is the *header* information for the claim. Use the top row of field labels (row 5; highlighted in blue) to read the header information for the claim.

The middle row of field labels (highlighted in green) is not used because this is a non-adjusted claim (refer to the Adjustment Indicator column [column K]).

The rows containing Detail# 1-2 (rows 9 and 10; highlighted in purple) are the *details* for the claim. Use the third row of field labels (row 7; highlighted in purple) to read the detail information.

Example: The Billed Amt (Amount) (column Q) for the entire claim is \$6,300.00 (row 8; highlighted in blue). The billed amount for Detail 1 is \$6,000.00 (row 9; highlighted in purple). The billed amount for Detail 2 is \$300.00 (row 10; highlighted in purple).

Example of a Claim Adjustment

The following example shows information for a claim adjustment (claim status of A).

6	RA #	060	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Adjustment Indicator	From DOS	To DOS	Billed Amt	Allowed Amt
7	RA #	060	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Adjustment Indicator	Previous ICN	From DOS	To DOS	Billed Amt
8	RA #	060	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Adjustment Indicator	Proc Code	Modifier		
9	311952	060	5910173001002	A	0	MANUAL CERT	JANTEST J	Y	02/12/2010	02/12/2010	50.00	50
10	311952	060	5910173001002	A	0	MANUAL CERT	JANTEST J	M	2210067001001	02/12/2010	02/12/2010	-200
11	311952	060	5910173001002	A	1	MANUAL CERT	JANTEST J	Y	99205			

Figure 24 Example of a Claim Adjustment

The row containing Detail # 0 and Adjustment Indicator Y (row 9; highlighted in blue) is the *header* information for the claim adjustment. Use the *top row* of field labels (row 6; highlighted in blue) to read the header information for the adjusted claim.

The row containing Detail # 0 and Adjustment Indicator M (row 10; highlighted in green) refers to the original claim to which the adjustment was made. Use the *middle row* of field labels (row 7; highlighted in green) to read the information about the original claim. No detail information is shown for the original claim.

The row containing Detail # 1 and Adjustment Indicator Y (row 11; highlighted in purple) is the detail information for the adjusted claim. Use the *bottom row* of field labels (row 8; highlighted in purple) to read the detail information for the adjusted claim.

Example: The From DOS (Date of Service) (column L) for the adjusted claim (row 9; highlighted in blue) is 02/12/2010.

The Previous ICN (internal control number) (column L) for the original claim (row 10; highlighted in green) is 2210067001001.

The Proc (procedure) Code (column L) for Detail 1 of the adjusted claim (row 11; highlighted in purple) is 99205.

Field Labels

Field labels vary depending on claim type, header or detail information, and claim status (paid, denied, adjusted). The following tables display all the fields that *could* be populated for each claim type. Not every field will be populated for every claim.

Section 040 – Inpatient Claims

Inpatient Claims			
Denied		Paid	
Header	Detail	Header	Detail
RA #	RA#	RA #	RA#
040	040	040	040
ICN	ICN	ICN	ICN
Claim Status	Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name	Member First Name
Member No	Member No	Member No	Member No
PCN	PCN	PCN	PCN
MRN	MRN	MRN	MRN
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
From DOS	Rev Code	From DOS	Rev Code
To DOS	From DOS	To DOS	From DOS
Covered Days	To DOS	Covered Days	To DOS
Admit Date	Allowed Units	Admit Date	Allowed Units
Billed Amt	PA Number	Billed Amt	PA Number
Other Ins Amt	Billed Amt	Allowed Amt	Billed Amt
Spenddown Amt	Detail EOBS	Other Ins Amt	Allowed Amt
Outlier Amt		Spenddown Amt	Paid Amt
DRG Code		Copay Amt	Detail EOBS
SOI		Co-Ins CB	
Surgical		Outlier Amt	
Diagnosis		Inpat Ded	
Header EOBS		Paid Amt	
		DRG code	
		SOI	
		Surgical	
		Diagnosis	

Inpatient Claims			
Denied		Paid	
Header	Detail	Header	Detail
		Header EOBS	

Inpatient Claims		
Adjustments		
Adjustment	Original Claim	Adjustment Details
RA #	RA #	RA #
040	040	040
ICN	ICN	ICN
Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name
Member No	Member No	Member No
PCN	PCN	PCN
MRN	MRN	MRN
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
From DOS	Previous ICN	Rev Code
To DOS	From DOS	From DOS
Covered Days	To DOS	To DOS
Admit Date	Covered Days	Allowed Units
Billed Amt	Admit Date	PA Number
Allowed Amt	Billed Amt	Billed Amt
Other Ins Amt	Allowed Amt	Allowed Amt
Spenddown Amt	Other Ins Amt	Paid Amt
Copay Amt	Spenddown Amt	Detail EOBS
Co-Ins CB	Copay Amt	
Outlier Amt	Co-Ins CB	
DRG Code	Outlier Amt	
SOI	DRG Code	
Inpat Ded	SOI	
Paid Amt	Inpat Ded	
Surgical	Paid Amt	
Diagnosis	Surgical	
	Diagnosis	
	Additional Payment	
	Overpayment To Be Withheld	

Inpatient Claims		
Adjustments		
Adjustment	Original Claim	Adjustment Details
	Refund Amount Applied	
	Adjustment EOB	

Section 050 – Outpatient Claims

Outpatient Claims					
In Process		Denied		Paid	
Header	Detail	Header	Detail	Header	Detail
RA #	RA #	RA #	RA #	RA #	RA #
050	050	050	050	050	050
ICN	ICN	ICN	ICN	ICN	ICN
Claim Status	Claim Status	Claim Status	Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #	Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name	Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name	Member First Name	Member First Name	Member First Name
Member No	Member No	Member No	Member No	Member No	Member No
PCN	PCN	PCN	PCN	PCN	PCN
MRN	MRN	MRN	MRN	MRN	MRN
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
From DOS	Proc Code	From DOS	Rev Code	From DOS	Rev Code
To DOS	Modifiers	To DOS	Proc Code	To DOS	Proc Code
Billed Amt	Service Date	Billed Amt	Modifiers	Billed Amt	Modifiers
Other Ins Amt	Allowed Units	Allowed Amt	Service Date	Allowed Amt	Service Date
Header EOBS	Rendering Provider ID Type	Other Ins Amt	Allowed Units	Other Ins Amt	Allowed Units
	Rendering Provider ID	Spenddown Amt	PA Number	Spenddown Amt	PA Number
	Billed Amt	Copay Amt	Billed Amt	Copay Amt	Billed Amt
	Detail EOBS	Co-Ins CB	Detail EOBS	Co-Ins CB	Allowed Amt
		Outpat Ded		Outpat Ded	Copay Amt
		Paid Amt		Paid Amt	Paid Amt
		Header EOBS		Header EOBS	Detail EOBS

Outpatient Claims Adjustments		
Adjustment	Original Claim	Adjustment Details
RA #	RA #	RA #
050	050	050
ICN	ICN	ICN
Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name
Member No	Member No	Member No
PCN	PCN	PCN
MRN	MRN	MRN
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
From DOS	Previous ICN	Rev Code
To DOS	From DOS	Proc Code
Billed Amt	To DOS	Modifiers
Allowed Amt	Billed Amt	Service Date
Other Ins Amt	Allowed Amt	Allowed Units
Spenddown Amt	Other Ins Amt	PA Number
Copay Amt	Spenddown Amt	Billed Amt
Co-Ins CB	Copay Amt	Allowed Amt
Outpat Ded	Co-Ins CB	Copay Amt
Paid Amt	Outpat Ded	Paid Amt
	Paid Amt	Detail EOBS
	Additional Payment	
	Overpayment To Be Withheld	
	Refund Amount Applied	
	Adjustment EOB	

Section 060 – Professional Service Claims

Professional Service Claims					
In Process		Denied		Paid	
Header	Detail	Header	Detail	Header	Detail
RA#	RA#	RA#	RA#	RA#	RA#
060	060	060	060	060	060
ICN	ICN	ICN	ICN	ICN	ICN
Claim Status	Claim Status	Claim Status	Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #	Detail #	Detail #	Detail #

Professional Service Claims					
In Process		Denied		Paid	
Header	Detail	Header	Detail	Header	Detail
Member Last Name	Member Last Name	Member Last Name	Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name	Member First Name	Member First Name	Member First Name
Member No	Member No	Member No	Member No	Member No	Member No
PCN	PCN	PCN	PCN	PCN	PCN
MRN	MRN	MRN	MRN	MRN	MRN
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
From DOS	Proc Code	From DOS	Proc Code	From DOS	Proc Code
To DOS	Modifiers	To DOS	Modifiers	To DOS	Modifiers
Billed Amt	From DOS	Billed Amt	From DOS	Billed Amt	From DOS
Other Ins Amt	To DOS	Other Ins Amt	To DOS	Allowed Amt	To DOS
Header EOBS	Allowed Units	Spenddown Amt	Allowed Units	Other Ins Amt	Allowed Units
	Rendering Provider ID Type	Header EOBS	Rendering Provider ID Type	Spenddown Amt	Rendering Provider ID Type
	Rendering Provider ID		Rendering Provider ID	Copay Amt	Rendering Provider ID
	Billed Amt		PA Number	Co-Ins CB	PA Number
	Detail EOBS		Billed Amt	Outpat Ded	Billed Amt
			Detail EOBS	Paid Amt	Copay Amt
				Header EOBS	Allowed Amt
					Paid Amt
					Detail EOBS

Professional Service Claims		
Adjustments		
Adjustment	Original Claim	Adjustment Details
RA#	RA#	RA#
060	060	060
ICN	ICN	ICN
Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name
Member No	Member No	Member No
PCN	PCN	PCN
MRN	MRN	MRN
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
From DOS	Previous ICN	Proc Code
To DOS	From DOS	Modifiers
Billed Amt	To DOS	From DOS
Allowed Amt	Billed Amt	To DOS
Other Ins Amt	Allowed Amt	Allowed Units
Spenddown Amt	Other Ins Amt	Rendering Provider ID Type
Copay Amt	Spenddown Amt	Rendering Provider ID
Co-Ins CB	Copay Amt	PA Number
Outpat Ded	Co-Ins CB	Billed Amt
Paid Amt	Outpat Ded	Copay Amt
	Paid Amt	Allowed Amt
	Additional Payment	Paid Amt
	Overpayment To Be Withheld	Detail EOBS
	Refund Amount Applied	
	Adjustment EOB	

Section 070 – Medicare Crossover – Professional Service Claims

Medicare Crossover – Professional Claims			
Denied		Paid	
Header	Detail	Header	Detail
RA#	RA#	RA#	RA#
070	070	070	070
ICN	ICN	ICN	ICN
Claim Status	Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #	Detail #

Medicare Crossover – Professional Claims			
Denied		Paid	
Header	Detail	Header	Detail
Member Last Name	Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name	Member First Name
Member No	Member No	Member No	Member No
PCN	PCN	PCN	PCN
MRN	MRN	MRN	MRN
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
From DOS	Rev Code	From DOS	Rev Code
To DOS	Proc Code	To DOS	Proc Code
Billed Amt	Modifiers	Billed Amt	Modifiers
Other Ins Amt	From DOS	Other Ins Amt	From DOS
Spenddown	To DOS	Spenddown	To DOS
Copay Amt	Allowed Units	Copay Amt	Allowed Units
Medicare Copay	Rendering Provider ID Type	Co-Ins CB	Rendering Provider ID Type
Medicare Co-Ins	Rendering Provider ID	Outpat Ded	Rendering Provider ID
Medicare Deduct	PA Number	Paid Amt	PA Number
Medicare Allowed	Billed Amt	Medicare Copay	Billed Amt
Medicare Psych Co-Ins	Spenddown	Medicare Co-Ins	Spenddown
Medicare Paid Amt	Detail EOBS	Medicare Deduct	Allowed Amt
Header EOBS		Medicare Allowed	Copay Amt
		Medicare Psych Co-Ins	Paid Amt
		Medicare Paid Amt	Detail EOBS
		Header EOBS	

Medicare Crossover – Professional Claims		
Adjustments		
Adjustment	Original Claim	Adjustment Details
RA#	RA#	RA#
070	070	070
ICN	ICN	ICN
Claim Status	Claim Status	Claim Status

Medicare Crossover – Professional Claims		
Adjustments		
Adjustment	Original Claim	Adjustment Details
Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name
Member No	Member No	Member No
PCN	PCN	PCN
MRN	MRN	MRN
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
From DOS	Previous ICN	Rev Code
To DOS	From DOS	Proc Code
Billed Amt	To DOS	Modifiers
Other Ins Amt	Billed Amt	From DOS
Spenddown	Other Ins Amt	To DOS
Copay Amt	Spenddown	Allowed Units
Co-Ins CB	Copay Amt	Rendering Provider ID Type
Output Ded	Co-Ins CB	Rendering Provider ID
Paid Amt	Output Ded	PA Number
Medicare Copay	Paid Amt	Billed Amt
Medicare Co-Ins	Medicare Copay	Spenddown
Medicare Deduct	Medicare Co-Ins	Allowed Amt
Medicare Allowed	Medicare Deduct	Copay Amt
Medicare Psych Co-Ins	Medicare Allowed	Paid Amt
Medicare Paid Amt	Medicare Psych Co-Ins	Detail EOBS
	Medicare Paid Amt	
	Additional Payment	
	Overpayment To Be Withheld	
	Refund Amount Applied	
	Adjustment EOB	

Section 080 – Medicare Crossover – Institutional Claims

Medicare Crossover – Institutional Claims			
Denied		Paid	
Header	Detail	Header	Detail
RA#	RA#	RA#	RA#
080	080	080	080
ICN	ICN	ICN	ICN
Claim Status	Claim Status	Claim Status	Claim Status

Medicare Crossover – Institutional Claims			
Denied		Paid	
Header	Detail	Header	Detail
Detail #	Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name	Member First Name
Member No	Member No	Member No	Member No
PCN	PCN	PCN	PCN
MRN	MRN	MRN	MRN
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
From DOS	Rev Code	From DOS	Rev Code
To DOS	Proc Code	To DOS	Proc Code
Admit Date	Modifiers	Admit Date	Modifiers
Days	From DOS	Days	From DOS
Billed Amt	To DOS	Billed Amt	To DOS
Other Ins Amt	Allowed Units	Other Ins Amt	Allowed Units
Spenddown	Rendering Provider ID Type	Spenddown	Rendering Provider ID Type
Copay Amt	Rendering Provider ID	Copay Amt	Rendering Provider ID
Patient Liab	PA Number	Co-Ins CB	PA Number
Medicare Copay	Billed Amt	Patient Liab	Billed Amt
Medicare Co-Ins	Spenddown	Inpat/Outpat Deduct	Allowed Amt
Medicare Deduct	Detail EOBS	Paid Amt	Spenddown
Medicare Blood Deduct		Medicare Copay	Copay Amt
Medicare Paid Amt		Medicare Co-Ins	Paid Amt
Header EOBS		Medicare Deduct	Detail EOBS
		Medicare Blood Deduct	
		Medicare Paid Amt	
		Header EOBS	

Medicare Crossover – Institutional Claims		
Adjustments		
Adjustment	Original Claim	Adjustment Details
RA#	RA#	RA#
080	080	080
ICN	ICN	ICN
Claim Status	Claim Status	Claim Status

Medicare Crossover – Institutional Claims		
Adjustments		
Adjustment	Original Claim	Adjustment Details
Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name
Member No	Member No	Member No
PCN	PCN	PCN
MRN	MRN	MRN
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
From DOS	Previous ICN	Rev Code
To DOS	From DOS	Proc Code
Admit Date	To DOS	Modifiers
Days	Admit Date	From DOS
Billed Amt	Days	To DOS
Other Ins Amt	Billed Amt	Allowed Units
Spenddown	Other Ins Amt	Rendering Provider ID Type
Copay Amt	Spenddown	Rendering Provider ID
Co-Ins CB	Copay Amt	PA Number
Patient Liab	Co-Ins CB	Billed Amt
Inpat/Outpat Deduct	Patient Liab	Allowed Amt
Paid Amt	Inpat/Outpat Deduct	Spenddown
Medicare Copay	Paid Amt	Copay Amt
Medicare Co-Ins	Medicare Copay	Paid Amt
Medicare Deduct	Medicare Co-Ins	Detail EOBS
Medicare Blood Deduct	Medicare Deduct	
Medicare Paid Amt	Medicare Blood Deduct	
	Medicare Paid Amt	
	Additional Payment	
	Overpayment To Be Withheld	
	Refund Amount Applied	
	Adjustment EOB	

Section 090 – Compound Drug Claims

Compound Drug Claims			
Denied		Paid	
Header	Detail	Header	Detail
RA#	RA#	RA#	RA#
090	090	090	090
ICN	ICN	ICN	ICN

Compound Drug Claims			
Denied		Paid	
Header	Detail	Header	Detail
Claim Status	Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name	Member First Name
Member No	Member No	Member No	Member No
Rx Number	Rx Number	Rx Number	Rx Number
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
Prescribing Provider ID Type	National Drug Code (NDC)	Prescribing Provider ID Type	National Drug Code (NDC)
Prescribing Provider ID	NDC Description	Prescribing Provider ID	NDC Description
Unit Dose (UD)	Metric Qty	Unit Dose (UD)	Metric Qty
Dispense As Written (DAW)	PA Number	Dispense As Written (DAW)	PA Number
Submission Clarification Code (SUB)	Billed Amt	Submission Clarification Code (SUB)	Billed Amt
Level of Effort (LVL Eff)	Detail EOBS	Level of Effort (LVL Eff)	Allowed Amt
Service Date		Service Date	Paid Amt
Quantity		Quantity	Detail EOBS
Billed Amt		Billed Amt	
Other Ins Amt		Other Ins Amt	
Spenddown		Spenddown	
Header EOBS		Copay Amt	
		Ingredient Allow Amt	
		Dispensing Fee (Disp Allowed)	
		Deductible Amt	
		Paid Amt	
		Header EOBS	

Compound Drug Claims		
Adjustments		
Adjustment	Original Claim	Adjustment Details
RA#	RA#	RA#
090	090	090
ICN	ICN	ICN
Claim Status	Claim Status	Claim Status

Compound Drug Claims		
Adjustments		
Adjustment	Original Claim	Adjustment Details
Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name
Member No	Member No	Member No
Rx Number	Rx Number	Rx Number
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
Prescribing Provider ID Type	Previous ICN	National Drug Code (NDC)
Prescribing Provider ID	Prescribing Provider ID Type	NDC Description
Unit Dose (UD)	Prescribing Provider ID	Metric Qty
Dispense As Written (DAW)	Unit Dose (UD)	PA Number
Submission Clarification Code (SUB)	Dispense As Written (DAW)	Billed Amt
Level of Effort (LVL Eff)	Submission Clarification Code (SUB)	Allowed Amt
Service Date	Level of Effort (LVL Eff)	Paid Amt
Quantity	Service Date	Detail EOBS
Billed Amt	Quantity	
Other Ins Amt	Billed Amt	
Spenddown	Other Ins Amt	
Copay Amt	Spenddown	
Ingredient Allow Amt	Copay Amt	
Dispensing Fee (Disp Allowed)	Ingredient Allow Amt	
Deductible Amt	Dispensing Fee (Disp Allowed)	
Paid Amt	Deductible Amt	
	Paid Amt	
	Additional Payment	
	Overpayment To Be Withheld	
	Refund Amount Applied	
	Adjustment EOB	

Section 100 – Drug Claims

Drug Claims			
Denied		Paid	
Header	Detail	Header	Detail
RA#	RA#	RA#	RA#
100	100	100	100
ICN	ICN	ICN	ICN

Drug Claims			
Denied		Paid	
Header	Detail	Header	Detail
Claim Status	Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name	Member First Name
Member No	Member No	Member No	Member No
Rx Number	Rx Number	Rx Number	Rx Number
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
Prescribing Provider ID Type	Detail EOBS	Prescribing Provider ID Type	Detail EOBS
Prescribing Provider ID		Prescribing Provider ID	
National Drug Code (NDC)		National Drug Code (NDC)	
NDC Description		NDC Description	
Service Date		Service Date	
Unit Dose (UD)		Unit Dose (UD)	
Dispense As Written (DAW)		Dispense As Written (DAW)	
Submission Clarification Code (SUB)		Submission Clarification Code (SUB)	
Quantity		Quantity	
PA Number		PA Number	
Billed Amt		Billed Amt	
Other Ins Amt		Other Ins Amt	
Spenddown		Spenddown	
Dur Reject		Copay Amt	
Header EOBS		Co-Ins CB	
		Ingredient Allow Amt	
		Dispensing Fee (Disp Allow)	
		Deductible	
		Paid Amt	
		Dur Reject	
		Header EOBS	

Drug Claims		
Adjustments		
Adjustment	Original Claim	Adjustment Details
RA#	RA#	RA#
100	100	100
ICN	ICN	ICN
Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name
Member No	Member No	Member No
Rx Number	Rx Number	Rx Number
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
Prescribing Provider ID Type	Previous ICN	Detail EOBS
Prescribing Provider ID	Prescribing Provider ID Type	
National Drug Code (NDC)	Prescribing Provider ID	
NDC Description	National Drug Code (NDC)	
Service Date	NDC Description	
Unit Dose (UD)	Service Date	
Dispense As Written (DAW)	Unit Dose (UD)	
Submission Clarification Code (SUB)	Dispense As Written (DAW)	
Quantity	Submission Clarification Code (SUB)	
PA Number	Quantity	
Billed Amt	PA Number	
Other Ins Amt	Billed Amt	
Spenddown	Other Ins Amt	
Copay Amt	Spenddown	
Co-Ins CB	Copay Amt	
Ingredient Allow Amt	Co-Ins CB	
Dispensing Fee (Disp Allow)	Ingredient Allow Amt	
Deductible	Dispensing Fee (Disp Allow)	
Paid Amt	Deductible	
	Paid Amt	
	Additional Payment	
	Overpayment To Be Withheld	
	Refund Amount Applied	
	Adjustment EOB	

Section 110 – Dental Claims

Dental Claims			
Denied		Paid	
Header	Detail	Header	Detail
RA#	RA#	RA#	RA#
110	110	110	110
ICN	ICN	ICN	ICN
Claim Status	Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name	Member First Name
Member No	Member No	Member No	Member No
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
Rendering Provider ID Type	Proc Code	Rendering Provider ID Type	Proc Code
Rendering Provider ID	Tooth	Rendering Provider ID	Tooth
From DOS	Surface	From DOS	Surface
To DOS	Area of Oral Cavity	To DOS	Area of Oral Cavity
Billed Amt	Service Date	Billed Amt	Service Date
Other Ins Amt	PA Number	Allowed Amt	PA Number
Spenddown Amt	Billed Amt	Other Ins Amt	Billed Amt
Header EOBS	Detail EOBS	Spenddown Amt	Allowed Amt
		Copay Amt	Copay Amt
		Co-Ins CB	Paid Amt
		Paid Amt	Detail EOBS
		Header EOBS	

Dental Claims		
Adjustments		
Adjustment	Original Claim	Adjustment Details
RA#	RA#	RA#
110	110	110
ICN	ICN	ICN
Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name
Member No	Member No	Member No
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator

Dental Claims Adjustments		
Adjustment	Original Claim	Adjustment Details
Rendering Provider ID Type	Previous ICN	Proc Code
Rendering Provider ID	Rendering Provider ID Type	Tooth
From DOS	Rendering Provider ID	Surface
To DOS	From DOS	Area of Oral Cavity
Billed Amt	To DOS	Service Date
Allowed Amt	Billed Amt	PA Number
Other Ins Amt	Allowed Amt	Billed Amt
Spenddown Amt	Other Ins Amt	Allowed Amt
Copay Amt	Spenddown Amt	Copay Amt
Co-Ins CB	Copay Amt	Paid Amt
Paid Amt	Co-Ins CB	Detail EOBS
	Paid Amt	
	Additional Payment	
	Overpayment To Be Withheld	
	Refund Amount Applied	
	Adjustment EOB	
	Header EOBS	

Section 120 – Long Term Care Claims

Long Term Care Claims			
Denied		Paid	
Header	Detail	Header	Detail
RA#	RA#	RA#	RA#
120	120	120	120
ICN	ICN	ICN	ICN
Claim Status	Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name	Member First Name
Member No	Member No	Member No	Member No
PCN	PCN	PCN	PCN
MRN	MRN	MRN	MRN
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
From DOS	Rev Code	From DOS	Rev Code
To DOS	Proc Code	To DOS	Proc Code
Days	From DOS	Days	From DOS
Condition Code	To DOS	Condition Code	To DOS

Long Term Care Claims			
Denied		Paid	
Header	Detail	Header	Detail
Billed Amt	Allowed Units	Billed Amt	Allowed Units
Other Ins Amt	PA Number	Allowed Amt	PA Number
Header EOBS	Billed Amt	Other Ins Amt	Billed Amt
	Detail EOBS	Patient Liab	Allowed Amt
		Paid Amt	Paid Amt
		Header EOBS	Detail EOBS

Long Term Care Claims		
Adjustments		
Adjustment	Original Claim	Adjustment Details
RA#	RA#	RA#
120	120	120
ICN	ICN	ICN
Claim Status	Claim Status	Claim Status
Detail #	Detail #	Detail #
Member Last Name	Member Last Name	Member Last Name
Member First Name	Member First Name	Member First Name
Member No	Member No	Member No
PCN	PCN	PCN
MRN	MRN	MRN
Adjustment Indicator	Adjustment Indicator	Adjustment Indicator
From DOS	Previous ICN	Rev Code
To DOS	From DOS	Proc Code
Days	To DOS	From DOS
Condition Code	Days	To DOS
Billed Amt	Condition Code	Allowed Units
Allowed Amt	Billed Amt	PA Number
Other Ins Amt	Allowed Amt	Billed Amt
Patient Liab	Other Ins Amt	Allowed Amt
Paid Amt	Patient Liab	Paid Amt
	Paid Amt	Detail EOBS
	Additional Payment	
	Overpayment To Be Withheld	
	Refund Amount Applied	
	Adjustment EOB	
	Header EOBS	

2.2.5 Sections 130 – 220

Sections 130 – 220 contain the following information:

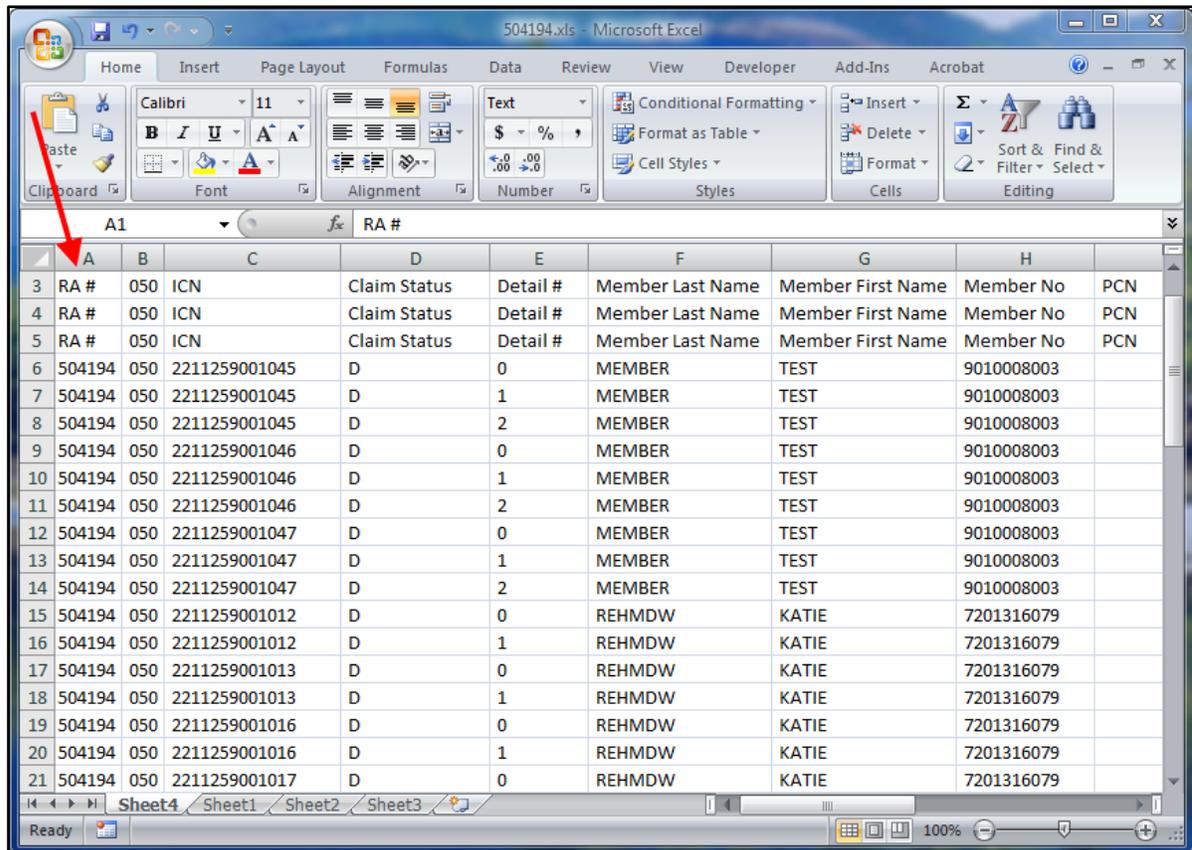
- 130 Financial Transactions — Non-Claim Specific Payouts to Payee
- 140 Financial Transactions — Non-Claim Specific Refunds From Payee
- 150 Financial Transactions — Accounts Receivable
- 160 Summary — Net Payments
- 170 Summary — Claims Data
- 180 Summary — Earnings Data Payments
- 190 Summary — Earnings Data Refunds
- 200 Summary — Earnings Data Other Financial
- 210 Summary — Outstanding Checks
- 220 Summary — Payments to Lien Holders

RA #	Transaction Number	Payout Amount	Reason Code	Service From	Service Thru
422805	130 200583	2000.00	0786	00/00/0000	00/00/0000
RA #	Transaction Number	Refund Amount	Reason Code	Check/EFT Number	Receipt Date
422805	140 3269849	2000.00	0804	43214	08/01/2011
RA #	Net Payment (Current Amt)	Net Payment (MTD)	Net Payment (YTD)	Net Earnings (Current Amt)	Net Earnings (MTD)
422805	160 2000.00	2000.00	2038.70	0.00	0.00
RA #	Claims Paid (Current No)	Claims Paid (Current Amt)	Claims Paid (MTD No)	Claims Paid (MTD Amt)	Claims Paid (YTD)
422805	170 0	0.00	0	0.00	7
RA #	Claims Payments (Current Amt)	Claims Payments (MTD Amt)	Claims Payments (YTD Amt)	Capitation Payment (Current Amt)	Capitation Payment (YTD)
422805	180 0.00	0.00	54.28	0.00	0.00
RA #	Claim Specific Adjustment Refunds (Current Amt)	Claim Specific Adjustment Refunds (MTD Amt)	Claim Specific Adjustment Refunds (YTD Amt)	Non-Claim Specific Refunds (Current Amt)	Non-Claim Specific Refunds (YTD)
422805	190 -0.00	-0.00	-0.00	-2000.00	-2000.00
RA #	Voids (Current Amt)	Voids (MTD Amt)	Voids (YTD Amt)		
422805	200 -0.00	-0.00	-0.00		

Figure 25 Example of Sections 130-220

3 Split Window and Freeze Panes

The example below shows that the field labels (rows 3-5) for Section 050 would scroll off the top of the screen if you were to scroll down to view more claims. To avoid this, you can freeze the field labels in place so that you can retain them at the top of the screen when viewing the claims in that section.



	A	B	C	D	E	F	G	H	I
3	RA #	050	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No	PCN
4	RA #	050	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No	PCN
5	RA #	050	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No	PCN
6	504194	050	2211259001045	D	0	MEMBER	TEST	9010008003	
7	504194	050	2211259001045	D	1	MEMBER	TEST	9010008003	
8	504194	050	2211259001045	D	2	MEMBER	TEST	9010008003	
9	504194	050	2211259001046	D	0	MEMBER	TEST	9010008003	
10	504194	050	2211259001046	D	1	MEMBER	TEST	9010008003	
11	504194	050	2211259001046	D	2	MEMBER	TEST	9010008003	
12	504194	050	2211259001047	D	0	MEMBER	TEST	9010008003	
13	504194	050	2211259001047	D	1	MEMBER	TEST	9010008003	
14	504194	050	2211259001047	D	2	MEMBER	TEST	9010008003	
15	504194	050	2211259001012	D	0	REHMDW	KATIE	7201316079	
16	504194	050	2211259001012	D	1	REHMDW	KATIE	7201316079	
17	504194	050	2211259001013	D	0	REHMDW	KATIE	7201316079	
18	504194	050	2211259001013	D	1	REHMDW	KATIE	7201316079	
19	504194	050	2211259001016	D	0	REHMDW	KATIE	7201316079	
20	504194	050	2211259001016	D	1	REHMDW	KATIE	7201316079	
21	504194	050	2211259001017	D	0	REHMDW	KATIE	7201316079	

Figure 26 Example of Field Labels to Be Frozen

1. In the menu bar at the top of the screen, click **View**. The View menu will be displayed.

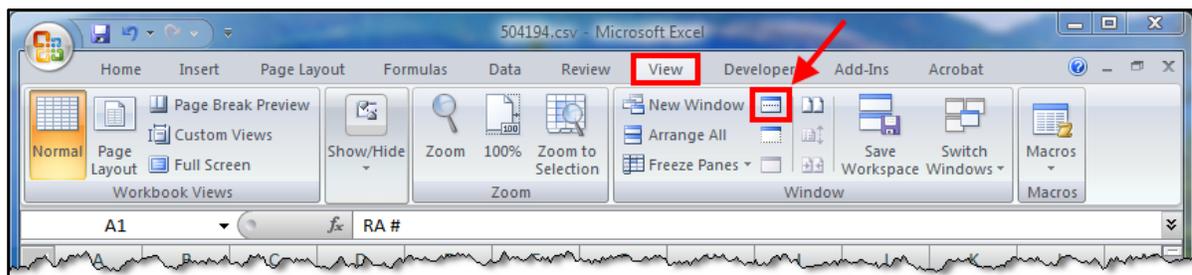


Figure 27 View Menu

- Click the **Split** icon located in the Window section of the menu. A horizontal and vertical line will appear on your spreadsheet.

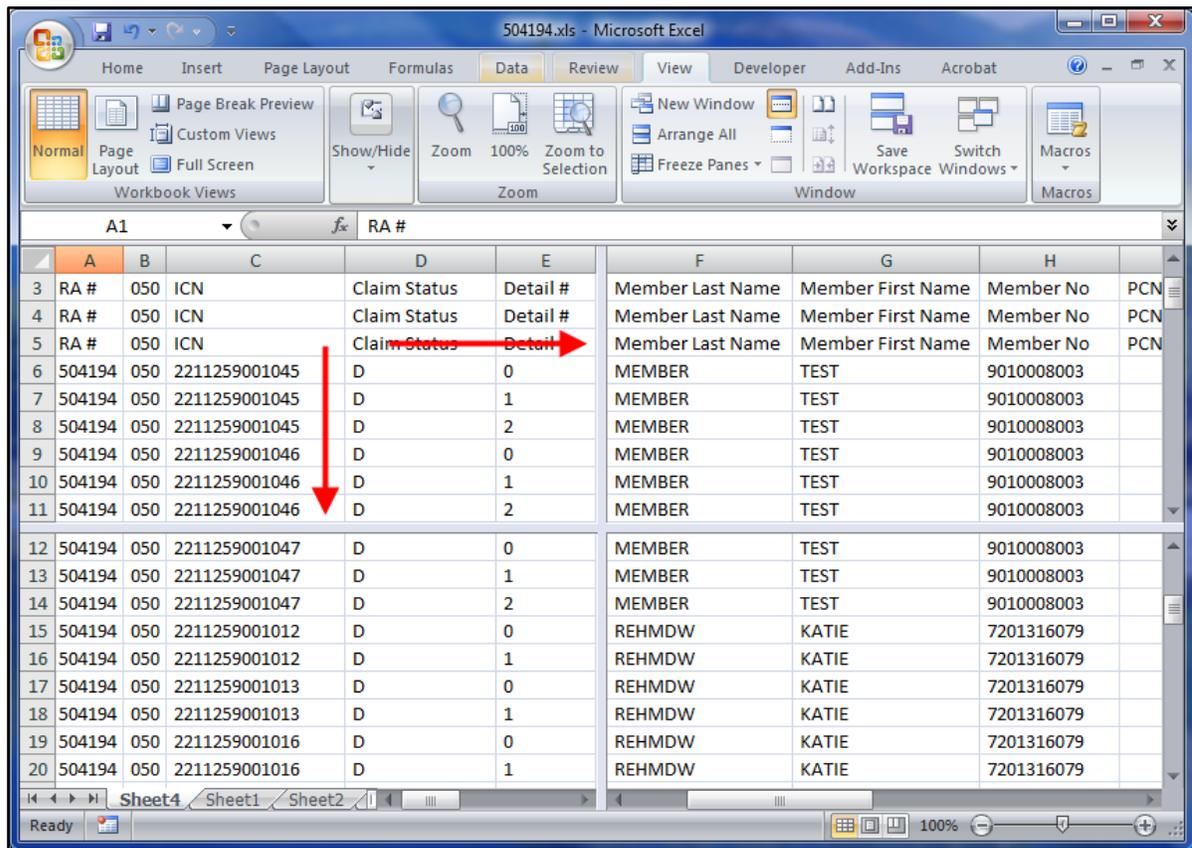


Figure 28 Split Window Lines

- Click and drag the lines to where you want to split the screen into individual panes.
In the example below, the horizontal line has been dragged to the bottom row of field labels.

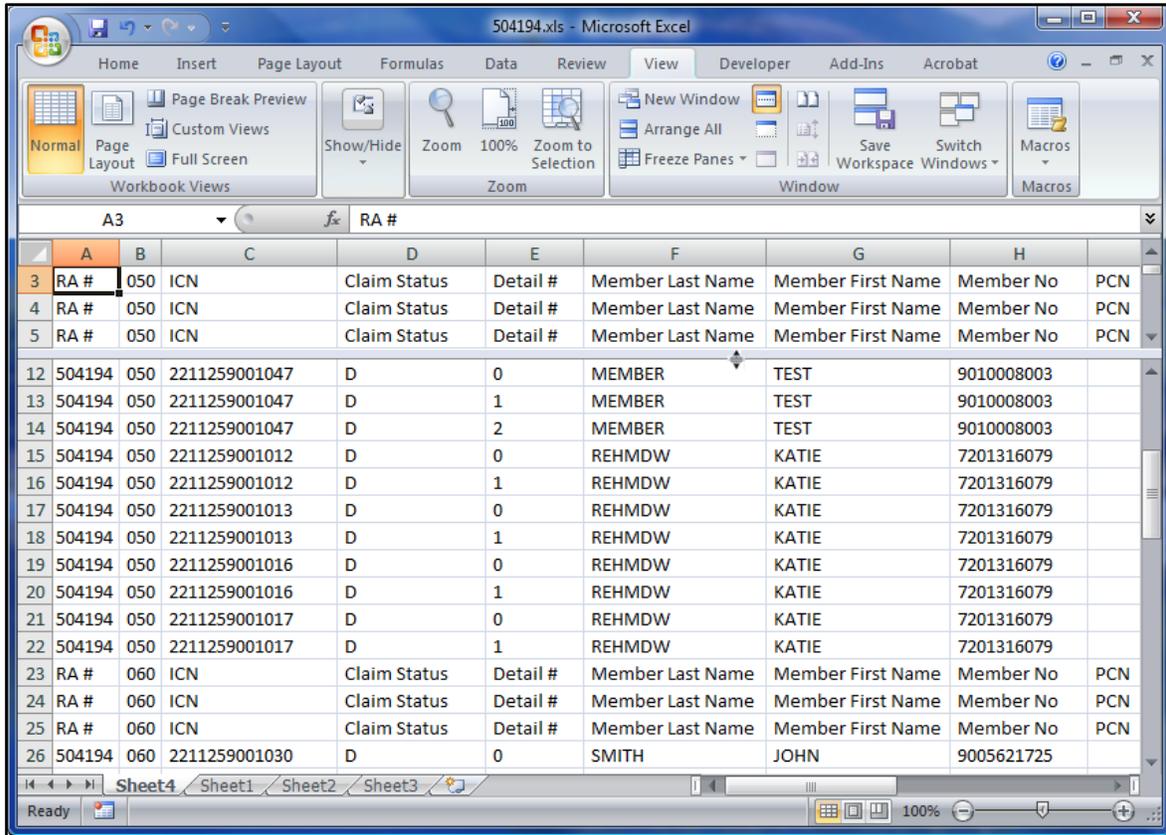


Figure 29 Drag Split Window Lines

You can drag the vertical line to split columns, or you can drag the vertical line to the right of the screen to remove the line from the screen.

4. On the View menu, click **Freeze Panes**. The Freeze Panes drop-down menu will be displayed.

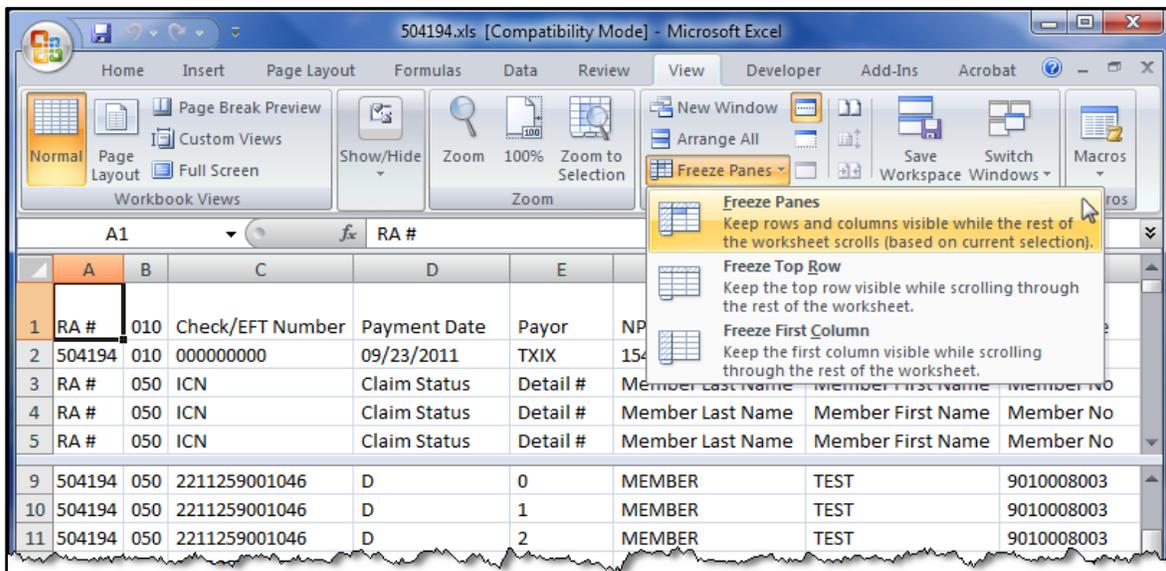


Figure 30 Freeze Panes Drop-down Menu

5. Select **Freeze Panes**. The gray split window horizontal line will change to a small black line. The rows above the line will “freeze” in place while you scroll through the rows below.

In the example below, rows 3-5 will stay at the top of the window while you scroll through the rows below row 5.

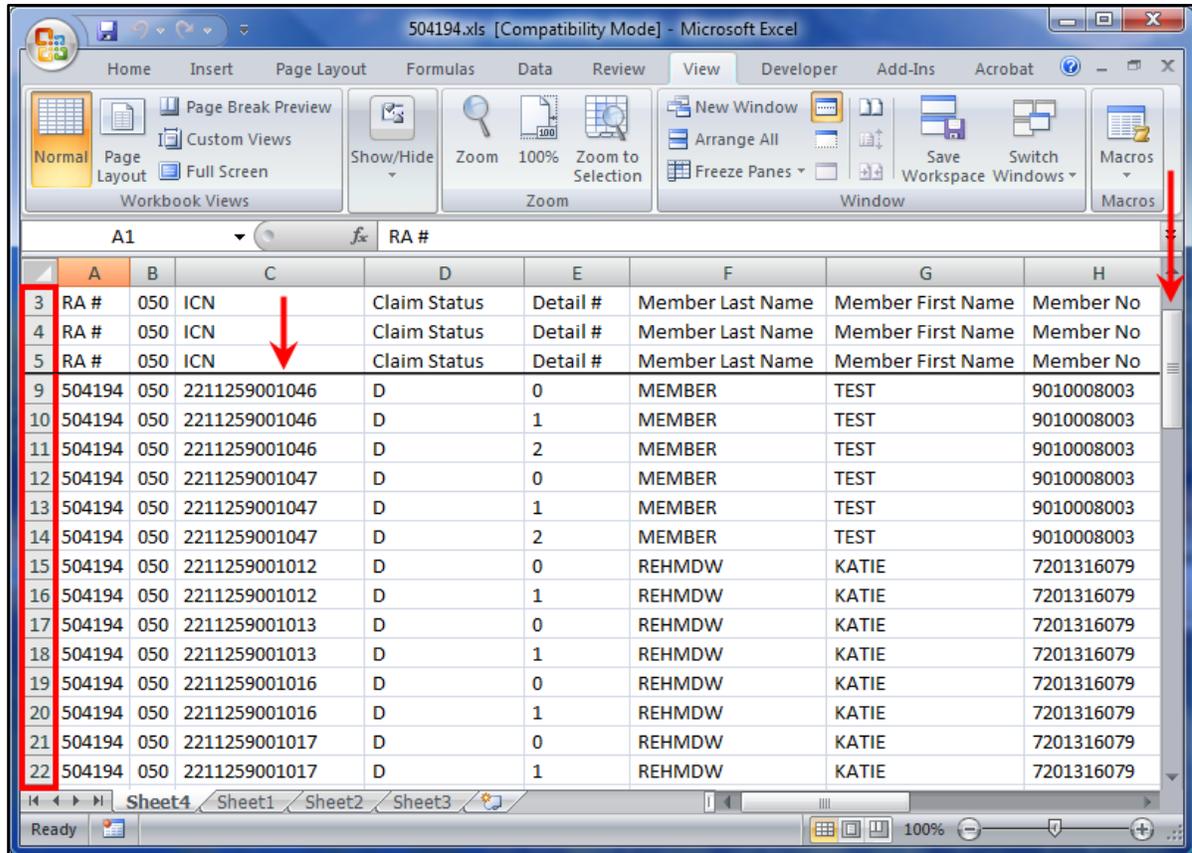


Figure 31 Example of a Frozen Pane

4 Configure Web Browser

Note: The examples in this user guide use Internet Explorer™. If you use a different web browser, the options or settings may appear slightly different. Consult the Help function of your specific browser for configuration information.

You must have Internet Explorer™ 6.0 or later to access reports. If you receive an error message or are unable to access a report, you may need to change some of your Internet Explorer™ settings.

4.1 Allow Pop-ups from ForwardHealth

1. Click **Tools** on the Internet browser's menu bar. A drop-down menu will be displayed.

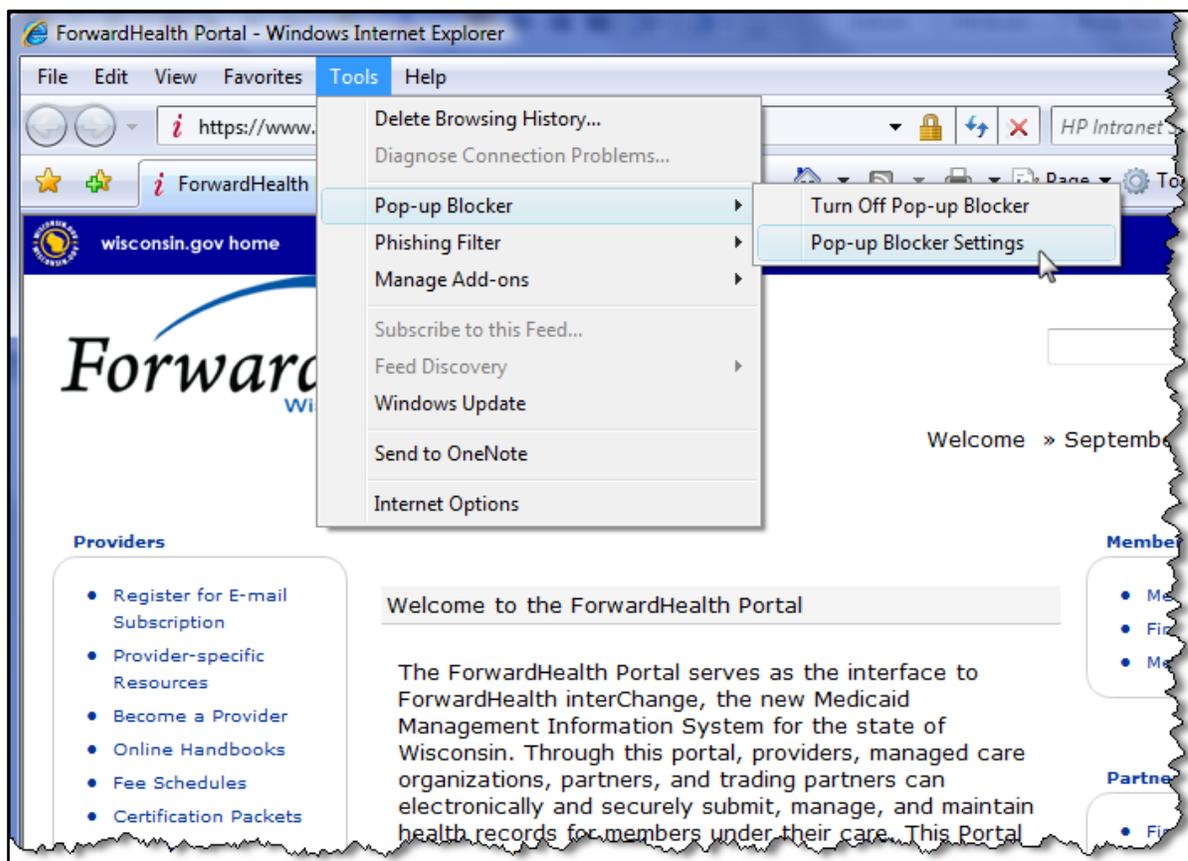


Figure 32 Tools Drop-down Menu

- From the Pop-up Blocker menu, select **Pop-up Blocker Settings**. The Pop-up Blocker Settings window will be displayed.

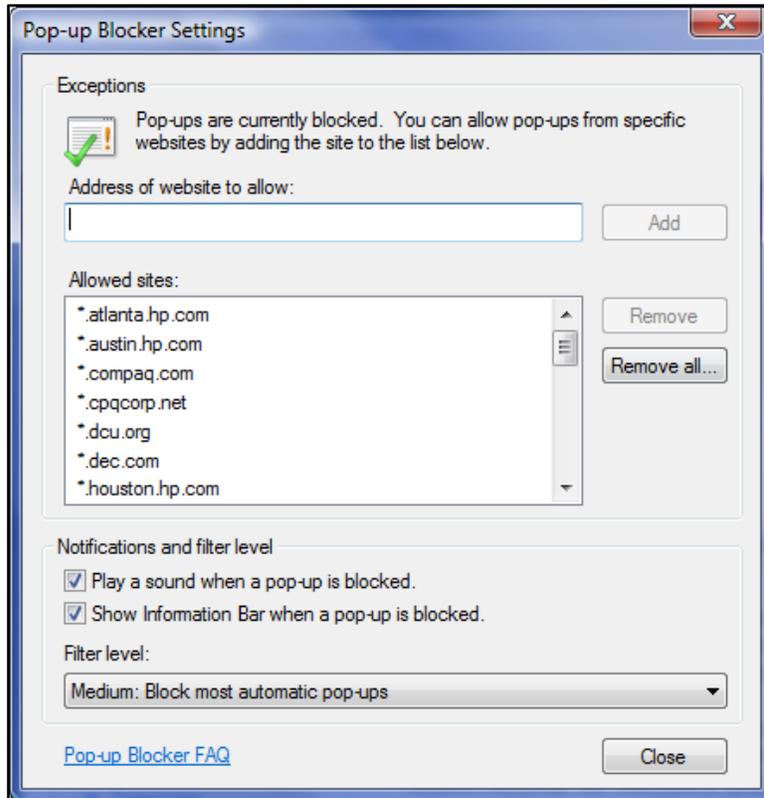


Figure 33 Pop-up Blocker Settings Window

- In the Address of website to allow: field, type *www.forwardhealth.wi.gov*.
- Click **Add**.

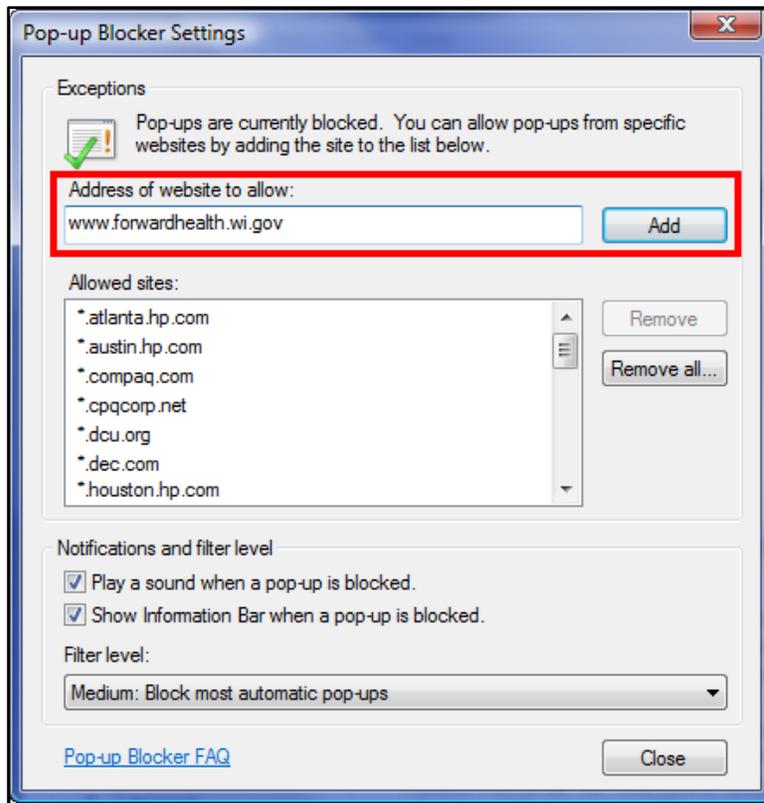


Figure 34 Pop-up Blocker Settings Window

The ForwardHealth Web address will be alphabetically added to the Allowed sites box.

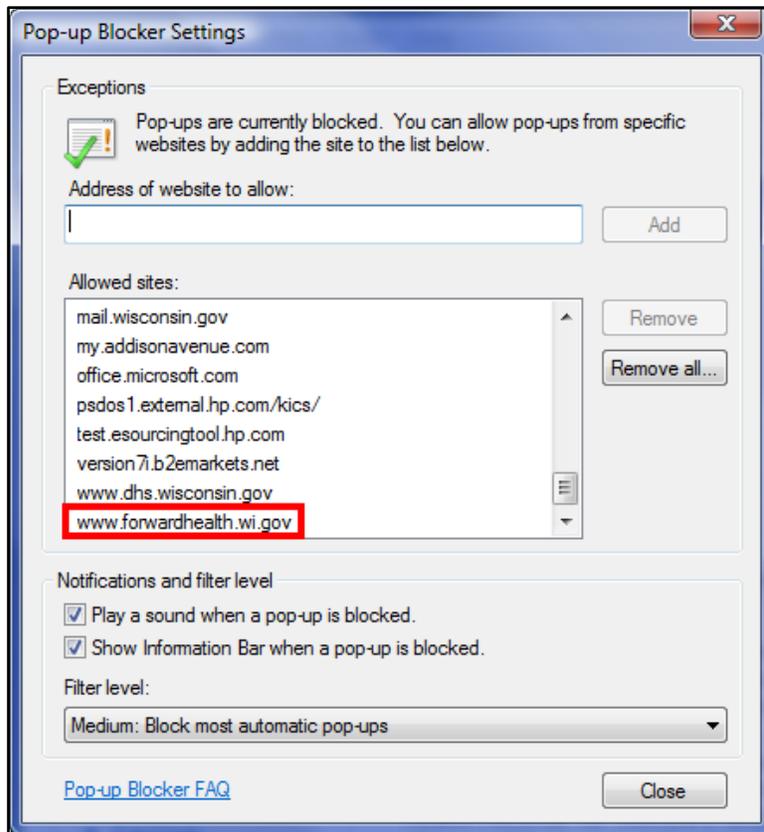


Figure 35 Pop-up Blocker Settings Window With Added Web Site

5. Click **Close**.

4.2 Add ForwardHealth as a Trusted Site

1. Click **Tools** on the Internet browser's menu bar. A drop-down menu will be displayed.

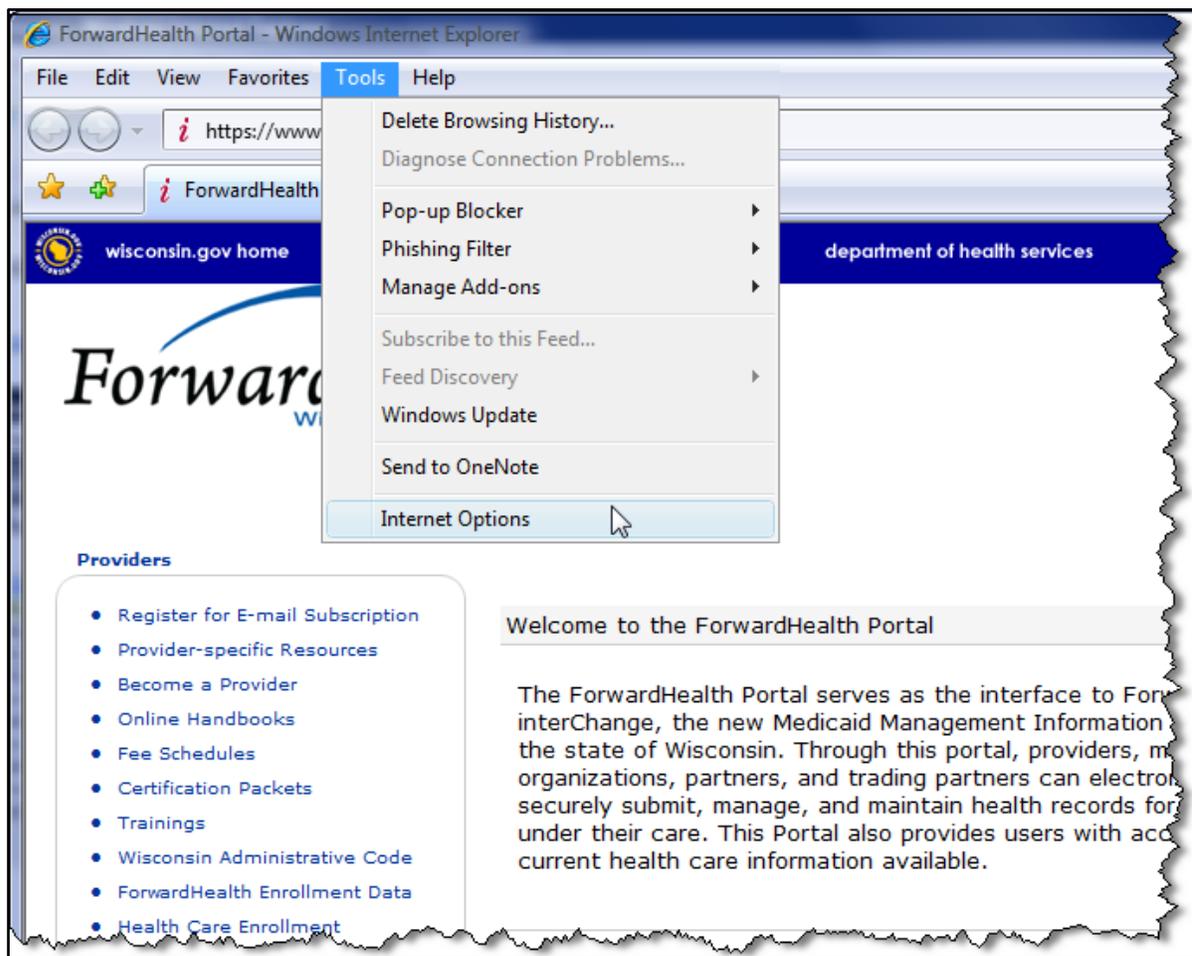


Figure 36 Tools Drop-down Menu

2. Select **Internet Options**. The Internet Options window will be displayed.

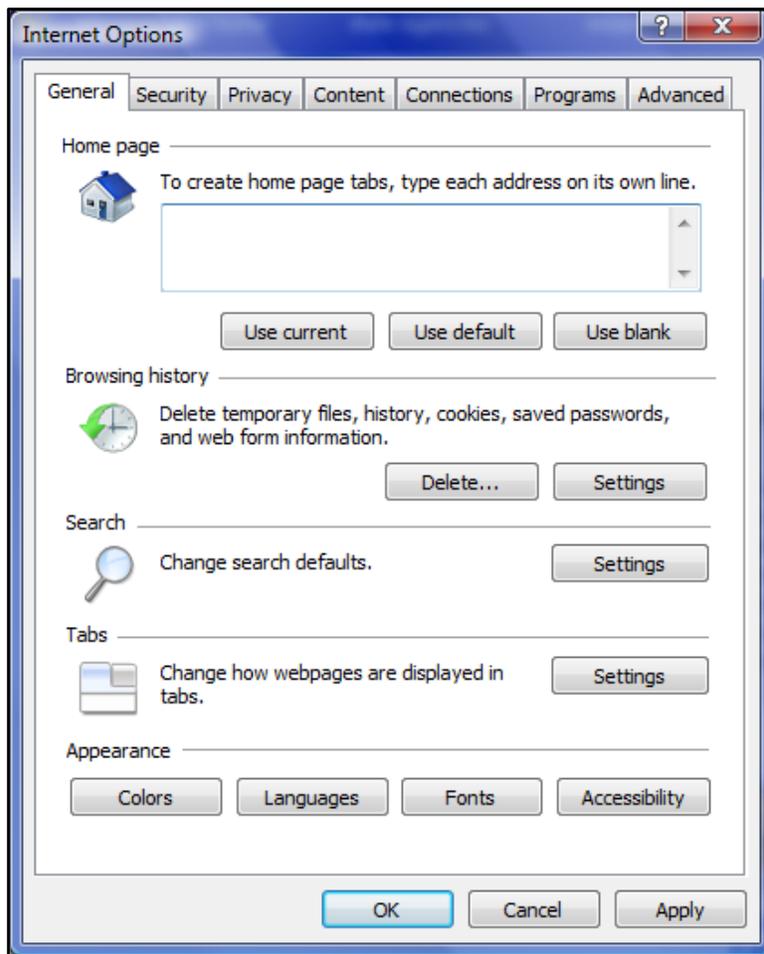


Figure 37 Internet Options Window

3. Click the **Security** tab at the top of the window.

- Under the “Select a zone to view or change security settings” section, click **Trusted sites**.

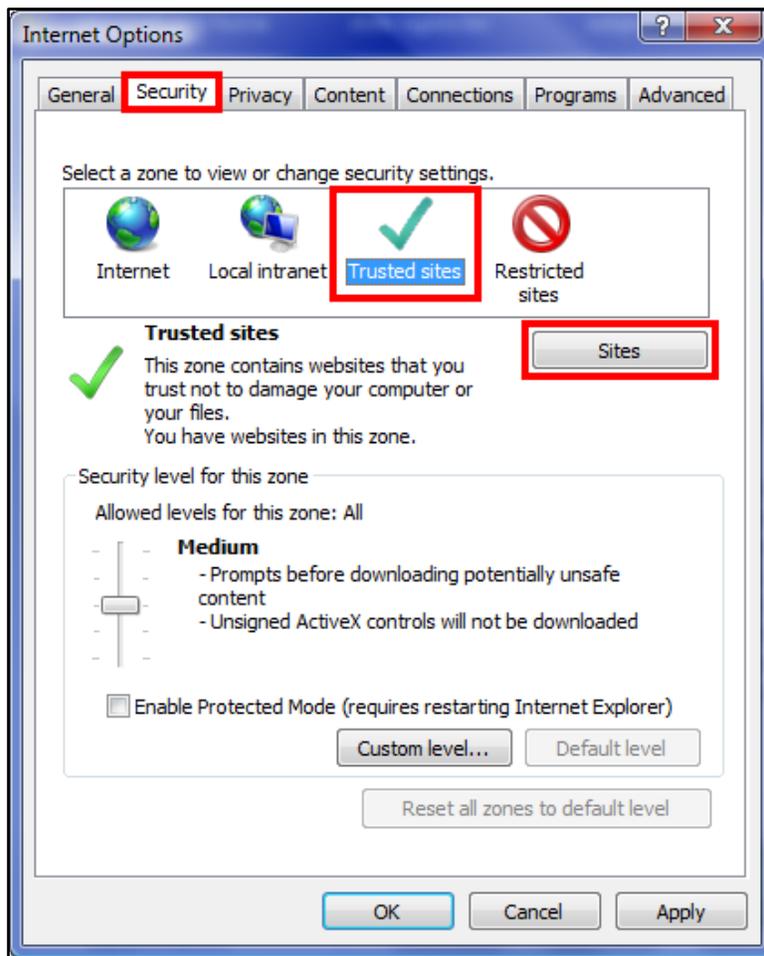


Figure 38 Internet Options Window

5. Click **Sites**. The Trusted sites window will be displayed.

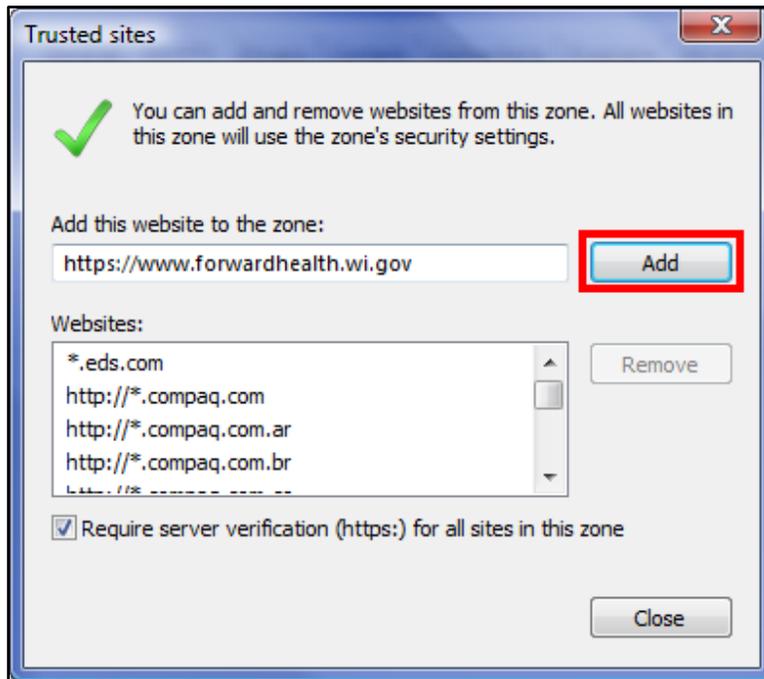


Figure 39 Trusted Sites Window

The Web site that you currently have open will automatically be populated in the “Add this website to the zone:” section. If this is not the ForwardHealth Web site, type *www.forwardhealth.wi.gov* in the field instead.

6. Click **Add**. The ForwardHealth Web address will be alphabetically added to the Websites box.

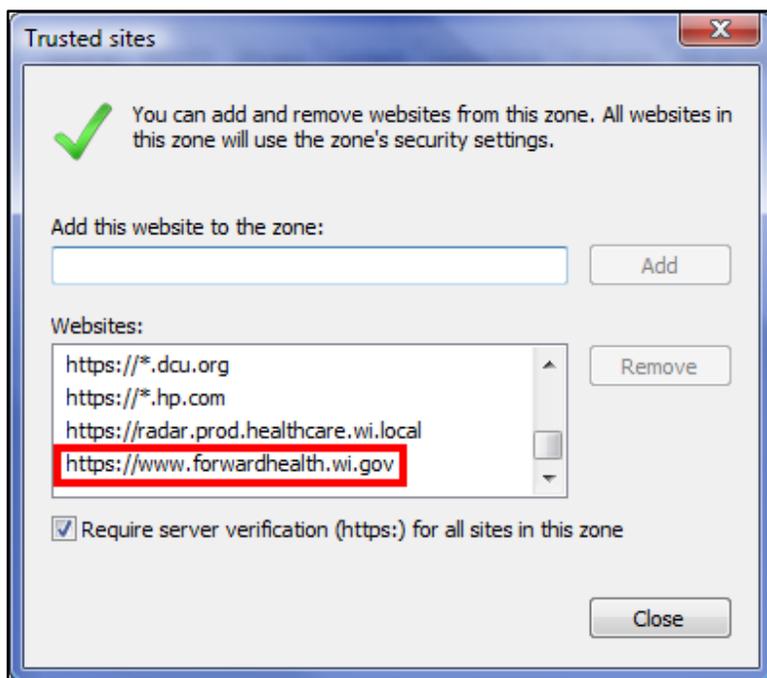


Figure 40 Trusted Sites Window With Added Web Site

7. Click **Close**.
8. Click **OK** to close the Internet Options window and to apply the selected settings.

4.3 Change Security Level

1. Click **Tools** on the Internet browser's menu bar.
2. Select **Internet Options** from the drop-down menu. The Internet Options window will be displayed.
3. Click the **Security** tab at the top of the window.

- Under the “Select a zone to view or change security settings” section, click **Trusted sites**.
- Click **Default level**.

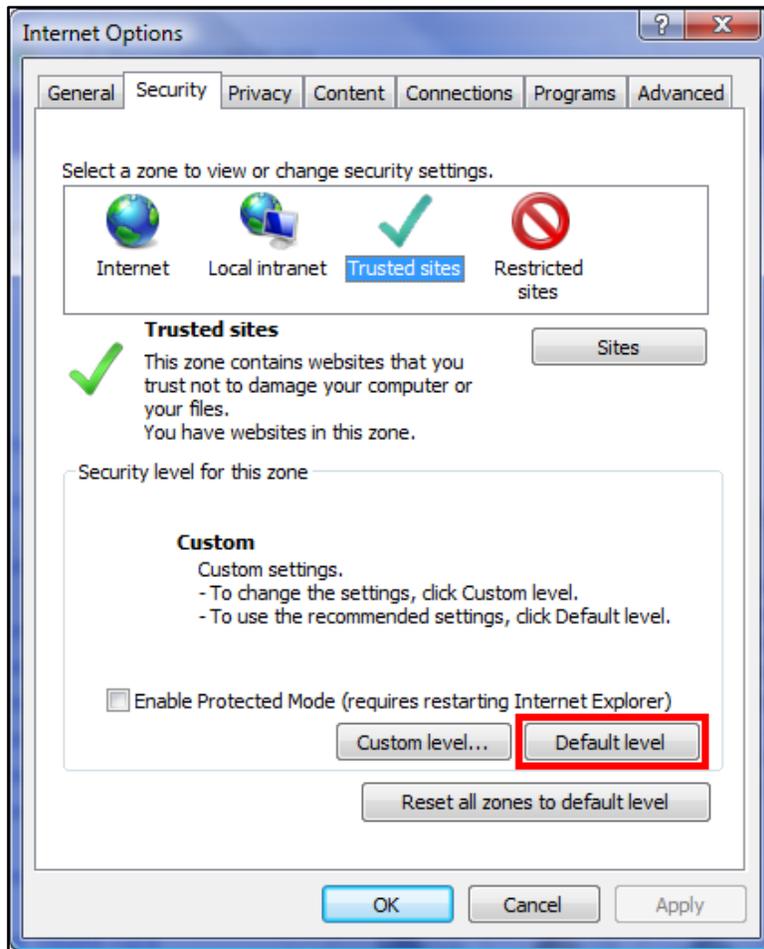


Figure 41 Internet Options Window

The “Security level for this zone” section will change to the default level.

- Move the security level slider to **Medium-low**.

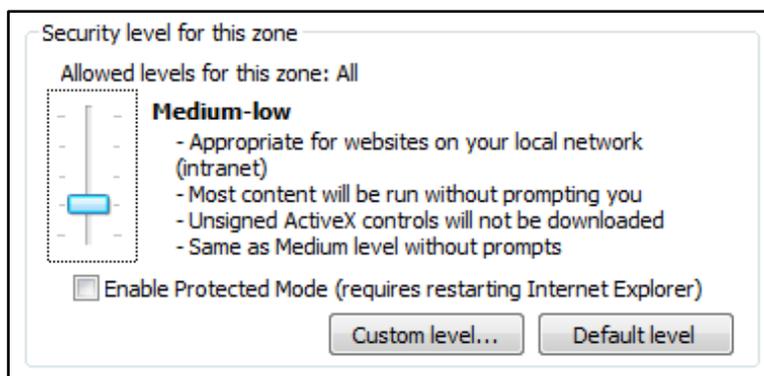


Figure 42 Security Level for This Zone Section

7. Click **OK** to close the Internet Options window and to apply the selected settings.