

### 359 Report – Monthly Aging Report (A/R Report)

This report runs at the first of the month and has invoicing information through the end of the previous month. You should only have Medicaid payors on this report – with the exception of Contracts, payor code 8. This report shows invoices that are unresolved and are listed on the A/R screen (PARI screen). These invoices can range from current to over 90 days old. The current invoices do not need to be researched. Any invoice 30 days old or more needs to be examined.

If the claim’s date of service is **over one year** old (12 months), write it off. However, first verify the claim(s) **will not be paid** due to a large-scale claim issue (e.g. incorrect denials, errors) with the payor.

**Check the Medicaid/MCO Denied Reports (578, 678, etc.)** to see if the problem has already been addressed. **Check KY HealthNet and the MCO provider portal to determine if coverage was valid for date of service (DOS).** If coverage was valid for DOS, the invoice needs to be re-billed. If coverage was invalid for DOS, you will need to correct the coverage (if it exists with another Medicaid payor) and re-bill or take the necessary steps to write off.

In many instances, the problem will have already been addressed under the Medicaid/MCO Denied Reports.

P	C	INVOICE NUMBER	PEF NUMBER	SERVICE DATE	OPEN AMOUNT	CURRENT	30	60	90
2	1	0	1	7 04-10-09	7.58		7.58		
2	1	7	1	4 05-29-09	33.63	33.63			
					41.21	33.63	7.58		
2	1	1	1	4 03-20-09	42.88		42.88		
2	1	8	1	6 05-28-09	33.63	33.63			
2	1	9	1	0 05-18-09	33.63	33.63			
2	1	8	1	1 05-01-09	33.63	33.63			
2	1	0	1	2 05-18-09	33.63	33.63			
2	1	1	1	0 05-19-09	33.63	33.63			
2	1	2	1	6 05-20-09	33.63	33.63			
2	1	3	1	3 05-21-09	33.63	33.63			
2	1	4	1	7 05-22-09	33.63	33.63			
2	1	9	1	9 05-26-09	33.63	33.63			
2	1	0	1	3 05-27-09	33.63	33.63			
2	1	1	1	1 05-28-09	33.63	33.63			
2	1	2	1	8 05-29-09	33.63	33.63			
					302.67	302.67			
2	1	9	1	9 08-11-08	7.58		7.58		
2	1	5	1	4 05-18-09	55.44	55.44			
2	1	6	1	9 05-19-09	33.63	33.63			



**578, 678, 878 etc. Medicaid Claims Denied (Weekly Report)**

Medicaid/MCO remittance reports run on Monday nights. This report should be available on Tuesday mornings. This report shows all information concerning the service and invoice and the reason for denial. It also shows the ICN number that will match up to remittance reports. The reason for denials should be researched. **If invoice is actually invalid and the claim will not pay (i.e. invalid Medicaid coverage, duplicate billing) you will take the necessary steps to write it off.** If the claim needs corrections, make them and re-bill. Corrections and re-bills can do done through CDP's system or on payor portals when available.

009 01:33:20 MEDICAID CLAIMS DENIED ON 05-22-2009  
 CLIENT - 30 - COMMONWEALTH OF KENTUCKY  
 PROVIDER # - [REDACTED] - COUNTY - [REDACTED]

PAT NAME	DATE OF SERVICE	AMOUNT BILLED	A/R AMOUNT	EOB
SRV EMP #	QTY			
[REDACTED]	09-23-2008	55.44	.00	200 [REDACTED] 59
	1	55.44	55.44	.00 18 [REDACTED]
[REDACTED]	05-01-2008	55.44	.00	200 [REDACTED] 42
	1	.00	.00	.00 29 [REDACTED]
	1	55.44	55.44	.00 29 [REDACTED]
[REDACTED]	08-13-2008	55.44	.00	200 [REDACTED] 27
	1	.00	.00	.00 45 [REDACTED]
	1	55.44	55.44	.00 45 [REDACTED]
[REDACTED]	10-22-2008	55.44	.00	200 [REDACTED] 20
	1	.00	.00	.00 45 [REDACTED]
	1	55.44	55.44	.00 45 [REDACTED]
[REDACTED]	04-24-2009	33.63	.00	200 [REDACTED] 37
	1	.00	.00	.00 45 [REDACTED]
	1	33.63	33.63	.00 45 [REDACTED]
TOTAL CLAIMS DENIED -			5	

### 306 Report – Medicaid Billing Error Listing (Rejected claims from CDP)

Medicaid billing runs on Sunday nights and this report should be available on Monday mornings. **This report lists services that CDP was unable to send to Medicaid because of errors.** The rejection reason needs to be researched and corrected. Once the correction is made, the service will be picked up by CDP and sent to Medicaid for processing. The rejection will stay on this report until it is corrected.

SERVICE DT	SRV CD	REJECTION
09/14/07	w9214	PATIENT DOESN'T HAVE MDCD #
09/17/07	w9214	PATIENT DOESN'T HAVE MDCD #
09/18/07	w9212	PATIENT DOESN'T HAVE MDCD #
09/20/07	w9213	PATIENT DOESN'T HAVE MDCD #
10/01/07	w9214	PATIENT DOESN'T HAVE MDCD #
10/05/07	w9213	PATIENT DOESN'T HAVE MDCD #
10/22/07	w9201	PATIENT DOESN'T HAVE MDCD #
12/03/07	w9213	PATIENT DOESN'T HAVE MDCD #
12/12/07	w9213	PATIENT DOESN'T HAVE MDCD #
01/02/08	w9213	PATIENT DOESN'T HAVE MDCD #
01/03/08	w9213	PATIENT DOESN'T HAVE MDCD #
01/03/08	w9213	PATIENT DOESN'T HAVE MDCD #
01/24/08	w9213	PATIENT DOESN'T HAVE MDCD #
02/07/08	w9213	PATIENT DOESN'T HAVE MDCD #
03/20/08	w9212	PATIENT DOESN'T HAVE MDCD #

**277 Clearing House Rejects and Acceptance Report – Rejected and Accepted Claims by Payor.** These reports need to be reviewed and rejected claims need to be addressed.



# CDP E-Reports

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STATUS CODE DEFINITIONS

RUN DATE/TIME: 10/24/18 01:28:31  
PSB277

CLAIMS STATUS AS OF 10/23/2018  
RECEIVER-ID - [REDACTED] - EMDEON  
HID-LOC-SITE [REDACTED] - COUNTY HEALTH DEPT  
NPI [REDACTED]

SITE: 1 PAGE: 1  
RPT: 277

**Payer Information:**

Payer Contact:  
Name :

File Information:  
CDP Control Number: [REDACTED]  
Received Date: 10/23/2018

Provider Information:  
CUSTOM DATA PROCESSI

**\*\* BATCH REJECTION INFO\*\***

Trace Number: [REDACTED]  
File Status Indicators: A1 - Acknowledgement/Receipt-The claim/encounter has been received. This  
19 - Entity acknowledges receipt of claim/encounter.  
File Action Code: \*\*ACCEPTED\*\*

Client Name	Member Id HID/LOC/SITE Group/Policy	Client Control# Service Date	Status	Action	Amt Billed	Claim Number
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[REDACTED]	[REDACTED]	[REDACTED] 10/18/2018	A1:16:	ACCEPTED	\$150.65	EP16
[REDACTED]	[REDACTED]	[REDACTED] 10/16/2018	A1:16:	ACCEPTED	\$215.27	EP16
[REDACTED]	[REDACTED]	[REDACTED] 10/17/2018	A1:16:	ACCEPTED	\$215.27	EP16
[REDACTED]	[REDACTED]	[REDACTED] 10/16/2018	A1:16:	ACCEPTED	\$215.27	EP16

Total Claims = 4      Total Amount Billed = \$796.46  
Accepted = 4  
Rejected =

**Status Code Definitions**

A1 - Acknowledgement/Receipt-The claim/encounter has been received. This  
does not mean that the claim has been accepted for adjudication.  
16 - Claim/encounter has been forwarded to entity.

**432 Report – Medicaid Claims Paid (Weekly Report)**

Medicaid remittance reports run on Monday nights. This report should be available on Tuesday mornings. The report shows the amount billed and the amount paid. If only part of an invoice was paid, the reason code is listed.

**If non-payment or denial is legitimate then write off the open amount.** If you feel you received an erroneous denial or under-payment, make corrections and rebill. If you feel no corrections are necessary and it is an error on the payor’s part, contact your MCO provider representative. If the MCO provider’s response/resolution is not satisfactory, contact Local Health Operations to see if further assistance is available. **If paid claims are not auto-posted by CDP they will need to be posted manually.**

RPT-0432\_MDCD\_CLAI... - [Report]

09 01:14:53 MEDICAID CLAIMS PAID ON 05-15-2009  
 CLIENT - 30 - COMMONWEALTH OF KENTUCKY  
 PROVIDER # - COUNTY - H

PAT NAME	DATE OF SERVICE	AMOUNT BILLED	AMOUNT NOT PAID	AMOUNT FROM OTHER SRCS	AMOUNT PAID	EOB	IC
V	05-08-2009	33.63			33.63		20
EMP #	1	33.63			33.63		
	05-04-2009	33.63			33.63		20
	1	33.63			33.63		
	05-05-2009	33.63			33.63		20
	1	33.63			33.63		
	05-06-2009	33.63			33.63		20
	1	33.63			33.63		
	05-07-2009	33.63			33.63		20
	1	33.63			33.63		
	05-04-2009	33.63			33.63		20
	1	33.63			33.63		
	05-05-2009	33.63			33.63		20
	1	33.63			33.63		
	05-06-2009	33.63			33.63		20
	1	33.63			33.63		
	05-07-2009	33.63			33.63		20
	1	33.63			33.63		

### 319 Report – Patient Encounters Entered Daily (PEFs)

This report shows what PEFs were entered into the system the previous day. To work this report, match the previous day’s PEFs to the names on the report to determine that all PEFs have been entered.

**If a PEF on the report was not entered, it needs to be entered using the correct date of service.** In order to ensure timely filing per payor guidelines, be sure to enter patient encounter data timely into the system.

DocuAnalyzer - RPT-0319\_DAILY\_PEF... - [Report]

File Edit Template Options Window Help

Lucida Console 10

PSDA01 PATI SYSTEM ON 05-05-2009  
 SITE RPT 319 HID/LOC/S SCHOOL

PEF #	PATIENT NAME	PATIENT ID	SERV DATE	SR XC	DOB	GV EL	# HS	ANN INC	OPER	CTY RES	AMOUNT PAID
			0505	MW		X	4				
			0505	MW			5	44798			
			0505	FW		X	4				
			0505	MW		X	5				
			0505	MW		X	5				
			0504	MW		X	5				
			0504	FW		X	4				
			0422	MW			3				
			0430	MW			3				
			0504	MW			3				
			0505	MW			3				
			0504	MW			5				
			0505	FW			4				
			0505	MW		X	5				
			0505	MW		X	3	36816			
			0505	MW			5				
			0505	MW		X	3	22686			
BATCH NUMBER : M00279											
TOTAL PAID 0.00											
TOTAL DONATED 0.00											
TOTAL CO-INS 0.00											
TOTAL CASH 0.00											
TOTAL DOCUMENTS 17			SERVICES 17			WIC ONLY ENCOUNTERS					
NET ENCOUNTERS 17											
MEDICAD			MEDICARE			INSURANCE			OTHER		MDCD

### 850 Report – Outstanding PEF Report (Daily, if applicable)

This report shows open and voided PEFs. If the status says “open”, it means a PEF label was made but the PEF was not entered or voided. You must determine what occurred with the PEF – if it needs to be entered or voided. The voided PEF is just for your records. That information will be deleted from the next report.

This report is cumulative for open PEFs. The PEF information will remain on this report until it is cleared up.

PSOPEF RUN 05/21/09 21:58:42 LISTING OF DOCUMENT NUMBERS ASSIGNED, NOT ENTERED

REPORT 850 SITE  HID/LOC/SITE:  SCHOOL

PEF #	PEF ASSIGN DATE	EMP REG	STAT	PAT ID	CHART #	PATIENT NAME	RACE	H	X	MCD	MCR	INS	AF
1	052109	H	OPEN	4	0								Y

TOTAL ASSIGNED PEF'S NOT ENTERED = 1

\*\* RACE CODES: W=WHITE B=BLACK N=NATIVE AMER/ALASKAN A=ASIAN H=HAWAIIAN



**308 Weekly Medicaid Invoice Register** – There will be another number at the end of 308\_ to represent the designated Medicaid/MCO payor number (e.g., 2, 3, etc.).



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RUN DATE/TIME 10/20/2018 02:26:25      MEDICAID INVOICE REGISTER      SITE -       PAGE 215

PSB292      MEDICAID MCO # 03 - PASSPORT HEALTH PLAN      RPT - 3083  
 CLIENT - 30 - COMMONWEALTH OF KENTUCKY  
 HID/LOC/SITE -  HEALTH DEPT  
 NPI

PATIENT NAME/ MEDICAID #	PATIENT ID	INVOICE NUMBER	REF NUMBER	DATE OF SERVICE	INVOICE DATE	EXPECTED AMOUNT	TOTAL CHARGES	CPT	CLS	CNT	AMT	CPT	CLS	CNT	AMT
		27	62	56	10-18-18	150.65	150.65	90632	30	810	117.25	90471	30	810	33.40
		27	63	65	10-16-18	215.27	215.27	90632	30	810	117.25	90688	30	810	31.22
								90471	30	810	66.80				
		27	64	10	10-17-18	215.27	215.27	90632	30	810	117.25	90688	30	810	31.22
								90471	30	810	66.80				
		27	65	64	10-16-18	215.27	215.27	90632	30	810	117.25	90688	30	810	31.22
								90471	30	810	66.80				
*** MEDICAID TOTALS ***		NUMBER OF INVOICES -		4		796.46		EXP AMT			796.46				
*** HID/LOC/S TOTALS ***		NUMBER OF INVOICES -		4		796.46		EXP AMT			796.46				