



SSI Claims Clearinghouse Overview

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Agenda



- What is SSI?
- Getting Access to SSI
- Claim Transmission Process
- Claim Status and Billed Status Definitions
- Provider Enrollment
- SSI Billing Application
 - Claim List
 - Saving Queries
 - Resolving Claim Errors
 - Quick Fix Page
- Reporting in SSI
- SSI Resources



SSI Clearinghouse Overview



What is SSI?



- SSI is a claims clearinghouse that facilitates the electronic transmission of medical claims (837 files) from the Revenue Cycle – Cerner Patient Accounting (CPA) billing system to health insurance plans.
- It also facilitates the electronic transmission of remittances (835 files) from the payers back into the Revenue Cycle system.



SSI Access



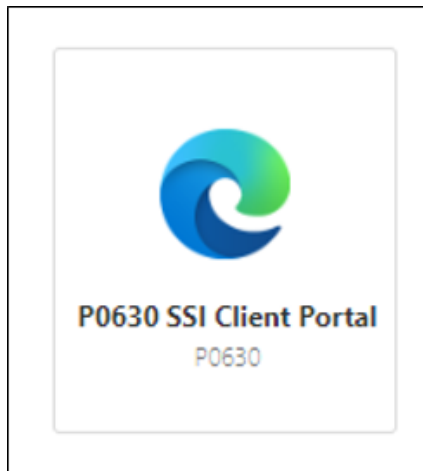
- The access request form for MHS Genesis includes access to the following applications
 - RevenueCycle
 - Powerchart, Experian
 - Dentrax
 - HealtheAnalytics
 - Discern
 - SSI
- Work with your local Training Roles Manager (TRM) to open a request for SSI access if needed
- Log in to your SSI account regularly
- Reset password every 90 day



Logging in to SSI



- Access SSI Icon from the Citrix Storefront and login



SSI
Client Portal

Email

Password

☐ Remember Me [Forgot Your Password?](#)

Login

For locked accounts or password issues, contact your local SSI Administrator.
Product Support available 24 hours, 7 days a week! Call: 1-800-820-4774



Claim Transmission Process

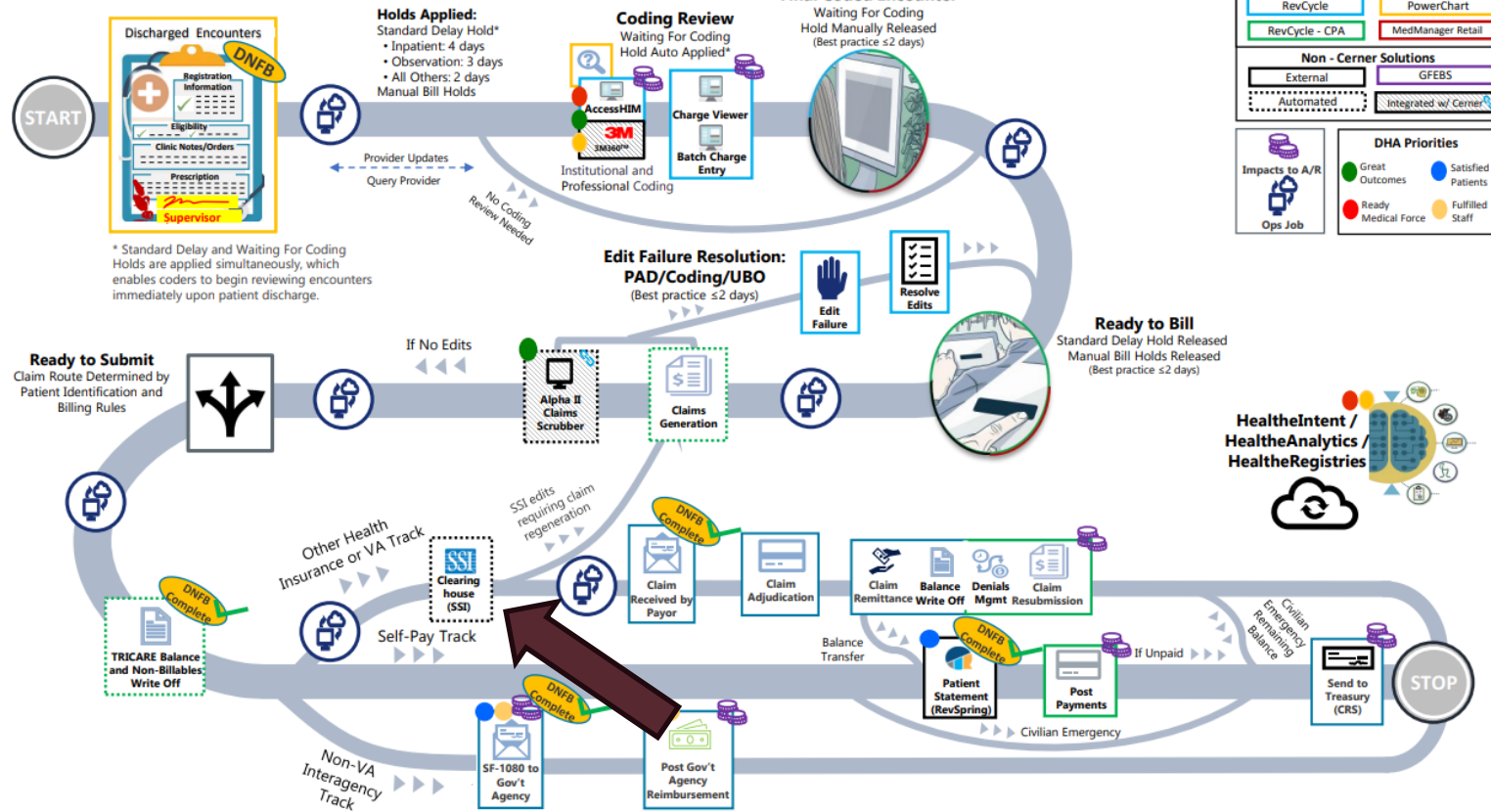
- Once a claim is generated in Revenue Cycle and passes Alpha II claim scrubbing, the claim is submitted automatically to SSI.
- Clean claims (claims that do not have any errors or edits needing resolution) are sent from SSI to the payer.
- Once sent to the payer, a transmit date is sent from SSI to Revenue Cycle in a bill date post file.
- Once the payer has received and adjudicated the claim, the remittance is transmitted from the payer back to SSI.
- The remittance is then transmitted from SSI into Revenue Cycle and can be viewed in the Remittances tab.



Revenue Cycle Snake Chart



Post-Encounter Discharge in a Clinically Driven Revenue Cycle

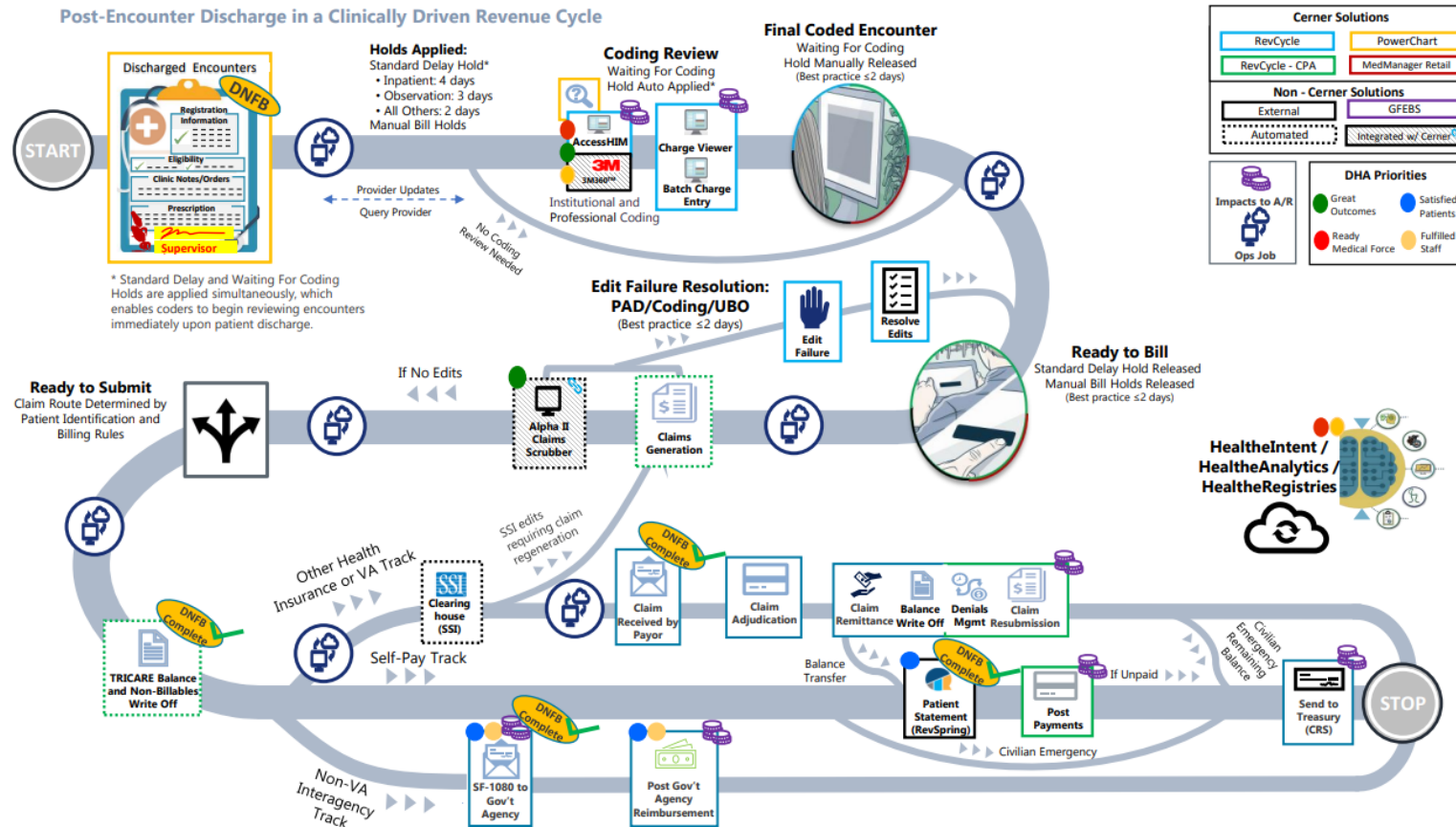




Revenue Cycle Snake Chart (2)



Post-Encounter Discharge in a Clinically Driven Revenue Cycle





Claim State in RevenueCycle



- The **Claim State** (*Generated, Submitted, Transmitted*) is an overall representation of where the claim is within the submission process. The graphic on the next slide illustrates the different states of the claim as it progresses through the processing cycle.



Claim State in RevenueCycle (2)



Generated

Claim has been generated in RevenueCycle



Submitted

Claim has been submitted to SSI



Transmitted

Claim has been sent to the Payer



RevenueCycle Claim Status



- The **Claim Status** provides additional detail about the current status of the claim within the processing cycle. Below are the various Claim Statuses that display in Revenue Cycle – Patient Account Perspective – Claims Tab or Balance Tab.

Claim Status in Revenue Cycle	Definition
<i>Canceled</i>	Claim was canceled. Claims can be cancelled by a user or by the system due to rules within Revenue Cycle.
<i>Denied</i>	Denial was received. Once a technical denial is reviewed and worked by billing staff, users will mark the claim as denied.
<i>Denied Pending Review</i>	Denial was received, technical denial review is needed. An 835/remittance file was received and posted in CPA, and the claim moves to a Technical Denial queue in Revenue Cycle for review.
<i>Pending</i>	Correction is required, claim stuck in Edit Failure Work Item queue
<i>Ready to Submit</i>	Claim is awaiting Ops Job submit to batch
<i>Transmitted by Crossover</i>	Claim was transmitted to secondary payer by the primary payer
<i>Submitted</i>	Claim has been submitted to SSI from Revenue Cycle through an 837 file. Once submitted, claims move to the Pending Edit Claim queue in Revenue Cycle.
<i>Transmitted</i>	Claim has been sent to the payer



SSI Claim Statuses



- The **Claim Status** in SSI indicates the overall status of the claim within the SSI system. This table outlines the various Claim Statuses that display in the SSI portal.

Claim Status in SSI	Definition
<i>Error</i>	Claim has at least one validation error preventing it from being processed. Based on a defined set of claim edits.
<i>Valid</i>	Claims without validation errors recognizable by the system are considered valid. These claims are available for immediate billing.
<i>Paid</i>	If the payer has designated the claim as paid in the Explanation of Benefits, then claims can be automatically assigned a status of Paid following the Upload Remits function. Users can also assign a status of Paid to a claim.
<i>Hold</i>	The claim was placed on hold manually, possibly due to pending information, documentation issues, or further review requirements. Valid claims cannot be put on Hold but must move to Wait status instead.
<i>Wait</i>	Valid claims that are identified as requiring further review. Valid claims can be assigned to a Wait status from the Claim menu in the Claim List. Putting Valid claims into Wait status allows you to return them to Valid status without having to revalidate the claim.
<i>Add</i>	Claims that are added to the Billing database manually using the Add function, accessed from the List menu option within the Claim List. The Add status is temporarily assigned to the claim until another function, such as Validation, is performed. After the Add claim is validated, it is assigned the status associated with the process performed, such as Valid or Billed.
<i>Billed</i>	The claim has been billed, and the claim is now in the process of being reviewed or processed for payment.
<i>Translate</i>	Claims that have been translated but not validated have a Translate status. These claims exist only if there is an interruption between the Translation and Validation functions during the Claims Translation process. Check your print image for issues if this happens, then delete the claims and re-translate.
<i>Deleted</i>	Claims that have been removed from the Billing database using the Delete function and accessed from the Claim menu within the Claim List. These claims are still in the database, and they can be viewed or undeleted until a purge is performed.



SSI Billed Statuses



- Below are the various Billed Statuses that display in the SSI portal.

Billed Status in SSI	Description
<i>SSI CH Rejected</i>	Claim was rejected. Billed with incorrect Payer ID/SubID
<i>SSI CH Accepted</i>	Claim was accepted
<i>SSI CH Forwarded</i>	Claim was forwarded to Payer
<i>SSI CH Held</i>	Payer unknown to SSI, Payer ID issues present
<i>Payer Rejected File</i>	Payer rejected the entire batch of claims sent; SSI will modify the batch and resend the claims. No action is required by the provider unless SSI reaches out with other details
<i>Payer Accepted File</i>	The payer has accepted the file
<i>Payer Processing Claim</i>	The payer is processing the claim
<i>Payer Finalized Claim</i>	Claim has been finalized by the payer
<i>Payer Rejected Claim</i>	The payer has rejected the file. 277 status code available.
<i>Payer 277 RPT Denied Claim</i>	Payer denied claim
<i>Payer Pending: Information Requested</i>	Claim denied pending further information
<i>Payer Partial Rejection</i>	The claim has been partially rejected

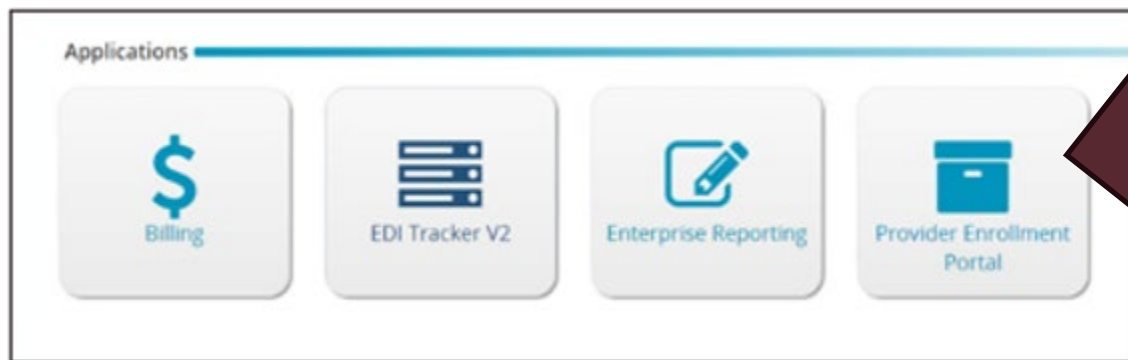


SSI Provider Enrollment



SSI Provider Enrollment (2)

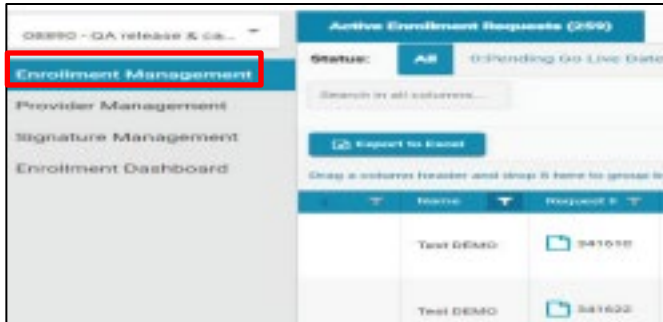
- SSI enrollment needs to be completed by each MTF through the SSI Client Portal
- Provider enrollment is completed for individual payers
- **MTFs need to enroll for both 835s and 837s in order to electronically transmit claims and receive remittances from that payer**
- Refer to the [SSI Provider Enrollment User Guide](#) for detailed enrollment instructions.





SSI Provider Enrollment (3)

- When you access Provider Enrollment through the Client Portal, select Enrollment Management in the menu on the left side of the screen to view the Enrollment Management page.
- The Enrollment management page can be used to review active, completed, and cancelled enrollments.



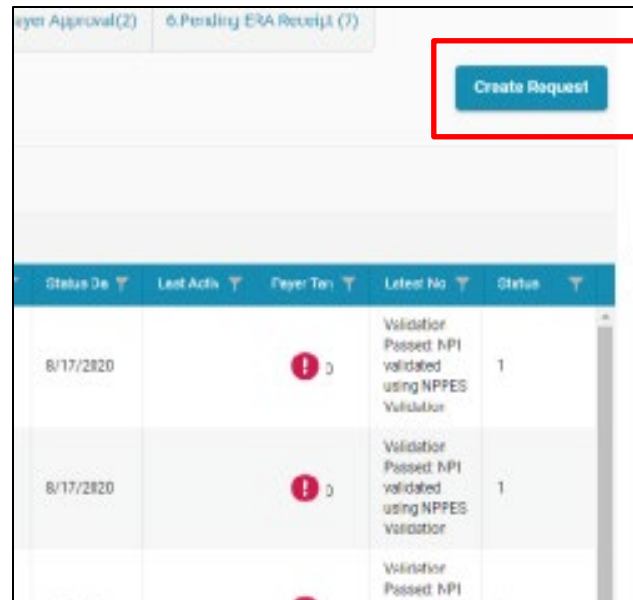
Active Enrollment Requests (209)													
Completed Enrollments (76)													
Cancelled Enrollments (76)													
Status: All													
Search in all columns													
Create from Filter													
Select a filter													
Clear Filters													
Export to Excel													
Drag a column header and drop it here to group by that column													
Vendor	Request ID	TRN	SN	PIAN	Type	Field	Plan ID	Health Plan	TermStart	Request Date	Status Date	Last Activity	Page Tot
Test DEMO	34910	123456789	000000000		HOSP	AL DMC CROSS	3999-0000	805	8/7/2022	8/11/2020			1
Test DEMO	34922	123456789	000000000		HOSP	BLUC 07000 COMMUN. OPIONS	3999-0000	806	8/7/2022	8/11/2020			1
WAF (SAR)	34917	123456789	000000000		HOSP	NC BLUE CROSS BLUE SHIELD	3999-0000	807	8/7/2022	8/11/2020			1
Test DEMO	34915	123456789	000000000		HOSP	NC BLUE CROSS BLUE SHIELD	3999-0000	805	8/7/2022	8/11/2020			1
Test DEMO	34916	123456789	000000000		HOSP	NC BLUE CROSS BLUE SHIELD	3999-0000	807	8/7/2022	8/11/2020			1



SSI Provider Enrollment Status



- On the Active Enrollments tab in the Enrollment Management page, the Status column indicates the current status of the enrollment. The list can be filtered by Status by clicking on the column header.
- Regularly monitor and review enrollments from the Enrollment Management page and the Active Enrollments tab, and take any necessary steps to ensure enrollments are in place.



Status Da	Last Acti	Filter Ten	Latest No	Status
6/17/2020		Validation Passed: NPI validated using NPPES Validation	1	
6/17/2020		Validation Passed: NPI validated using NPPES Validation	1	
		Validation Passed: NPI		



SSI Provider Enrollment Status Definitions



Portal Status (Displayed)	Portal Mouse Over Content	Enrollment Status
0 = Pending Go Live Date	Initial Enrollment Request has been Received	2 = Not Enrolled
1 = Under Initial Review	Initial Enrollment Request has been Received	2 = Not Enrolled
2 = Awaiting Client Approval for Submission	Awaiting Client to complete Payers On-Line portion or Form review	2 = Not Enrolled
3 = Awaiting SSI Approval for Submission	SSI is reviewing form for quality assurance prior to release to payer	2 = Not Enrolled
4 = Submitted to Payer	Submitted to Payer	2 = Not Enrolled
5 = Awaiting Payer Approval	Awaiting Approval from Payer	2 = Not Enrolled
6 = Pending ERA Receipt	Pending ERA Receipt	2 = Not Enrolled
7 = Completed	Payer Transaction Confirmed	1 = Enrolled
8= Canceled by Provider	Canceled by Provider	2 = Not Enrolled
9 = Invalid or Duplicate Request	Invalid or Duplicate Request	2 = Not Enrolled
10 = Payer Rejected	Payer Rejected	2 = Not Enrolled
11 = No Active Transactions	No Active Transactions	2 = Not Enrolled
12 = Expired Requests/ Canceled by SSI	Expired Requests/Canceled by SSI	2 = Not Enrolled



Creating a New Enrollment Request



- To create a new enrollment request, select Create Request at the top right of the Enrollment Management page.

Active Enrollment Requests (259)													
Completed Enrollments (78)													
Canceled Enrollments (76)													
Status: All													
0 Pending Go Live Date (7) 1 Under Initial Review (125) 2 Awaiting Client Approval (86) 3 Awaiting SSI Approval (25) 4 Submitted to Payor (7) 5 Awaiting Payor Approval (2) 6 Pending ERA Receipt (7)													
<div> <div>Search in all columns...</div> <div>Create New Filter</div> <div>+</div> <div>Select a filter</div> <div>Clear Filters</div> </div>													
<div>Export to Excel</div>													
Drag a column header and drop it here to group by that column													
Name	Request ID	CTN	NEY	ETAN	Type	Plan	Payor ID	Health ID	Transaction	Request Date	Status Date	Last Action	Payor Ten
Test DEMO	341610	123456789	0000000000		HOSP	AL BLUE CROSS	99999-0009		835	8/17/2020	8/17/2020	Validator Passed NPI validated using NPDES Validator	1
Test DEMO	341622	123456789	0000000000		HOSP	BLUE CROSS COMMUN. OPTIONS	99999-0A6F	MC0IL	835	8/17/2020	8/17/2020	Validator Passed NPI validated using NPDES Validator	1
Test DEMO	341617	123456789	0000000000		HOSP	IA BLUE CROSS	99999-0134	999990134	837	8/17/2020	8/17/2020	Validator Passed NPI validated using NPDES Validator	1
Test DEMO	341615	123456789	0000000000		HOSP	NC BLUE CROSS BLUE SHIELD	99999-0034		835	8/17/2020	8/17/2020	Validator Passed NPI validated using NPDES Validator	1
Test DEMO	341616	123456789	0000000000		HOSP	MS BLUE CROSS	99999-0077	999990077	837	8/17/2020	8/17/2020	Validator Passed NPI validated using NPDES Validator	1



Creating a New Enrollment Request (2)

- The Create Enrollment Request window is displayed.
- Select the facilities you would like to enroll (if applicable)
- Click Next

Create Enrollment Request

1 Select Facilities to Enroll

2 Payers

3 Review

Search in all columns...

Create New Group

+

Select a group

+

-

Clear Group

drag a column header and drop it here to group by that column

	Street Address	Name	PTN	NPI	Status	Expiry Date
<input type="checkbox"/>	321 main st	TEST 20200616	123456778	1234567890	Active	4/10/2020
<input type="checkbox"/>	Test Street Address 7	Test DEA Name	123456789	2345678901	Active	3/31/2021

1 - 2 of 2 items

Cancel

Next



Creating a New Enrollment Request (3)

- The Create Enrollment Request window is displayed with a list of available payers. Select the payers you would like to enroll and click Next.

Create Enrollment Request

Facilities **Select Payers to Enroll** Review

Default All Payers

Search in all columns... Create New Group + Select a group Clear Group

Drag a column header and drop it here to group by that column

	Id	Health Plan ID	Name	Transaction	Type	Enrollment Type	Automated	SCP
<input type="checkbox"/>	99999-0000	999990000	HOSPITAL PAPER CLAIMS	837	INSTITUTIONAL	Enroll Not Required	No	COMMERCIAL
<input type="checkbox"/>	99999-0002	00590	FL BLUE CROSS BLUE SHIELD	835	INSTITUTIONAL	Form / No Signature	No	BLUE CROSS / BLUE SHIELD
<input type="checkbox"/>	99999-0003	05901	WPS MEDICARE	835	INSTITUTIONAL	Form / No Signature	Yes	MEDICARE
<input type="checkbox"/>	99999-0003	05901	WPS MEDICARE	837	INSTITUTIONAL	Online	No	MEDICARE
<input type="checkbox"/>	99999-0006	77027	FL MEDICAID	835	INSTITUTIONAL	Online	No	MEDICAID
<input type="checkbox"/>	99999-0006	77027	FL MEDICAID	837	INSTITUTIONAL	Online	No	MEDICAID
<input type="checkbox"/>	99999-0496	00130	ANTHEM BOSS INDIANA (MEDICAID RECLAMATION)	837	INSTITUTIONAL	Enroll Not Required	No	BLUE CROSS / BLUE SHIELD
<input type="checkbox"/>	47198-0000	47198	ANTHEM CA BLUE CROSS	837	INSTITUTIONAL	Enroll Not Required	No	BLUE CROSS / BLUE SHIELD

Page 1 of 7 10 Items per page 1 - 10 of 69 Items

Back Cancel Next



Creating a New Enrollment Request (4)

- The window will list the requests you are creating. Each request has an expansion option that allows you to display additional information about the request.
- Click Submit.

Create Enrollment Request (Total Requests: 10)

Patients: Pages: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068 1069 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1080 1081 1082 1083 1084 1085 1086 1087 1088 1089 1090 1091 1092 1093 1094 1095 1096 1097 1098 1099 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1110 1111 1112 1113 1114 1115 1116 1117 1118 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1130 1131 1132 1133 1134 1135 1136 1137 1138 1139 1140 1141 1142 1143 1144 1145 1146 1147 1148 1149 1150 1151 1152 1153 1154 1155 1156 1157 1158 1159 1160 1161 1162 1163 1164 1165 1166 1167 1168 1169 1170 1171 1172 1173 1174 1175 1176 1177 1178 1179 1180 1181 1182 1183 1184 1185 1186 1187 1188 1189 1190 1191 1192 1193 1194 1195 1196 1197 1198 1199 1200 1201 1202 1203 1204 1205 1206 1207 1208 1209 1210 1211 1212 1213 1214 1215 1216 1217 1218 1219 1220 1221 1222 1223 1224 1225 1226 1227 1228 1229 1230 1231 1232 1233 1234 1235 1236 1237 1238 1239 1240 1241 1242 1243 1244 1245 1246 1247 1248 1249 1250 1251 1252 1253 1254 1255 1256 1257 1258 1259 1260 1261 1262 1263 1264 1265 1266 1267 1268 1269 1270 1271 1272 1273 1274 1275 1276 1277 1278 1279 1280 1281 1282 1283 1284 1285 1286 1287 1288 1289 1290 1291 1292 1293 1294 1295 1296 1297 1298 1299 1300 1301 1302 1303 1304 1305 1306 1307 1308 1309 1310 1311 1312 1313 1314 1315 1316 1317 1318 1319 1



Creating a New Enrollment Request (5)

- The Review Submission Results window will display.
- Click ok to close.



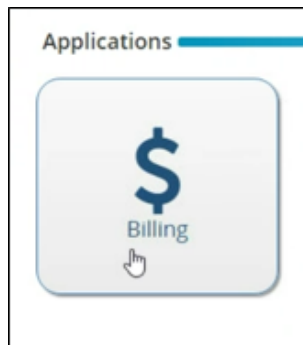


Searching for Claims in SSI

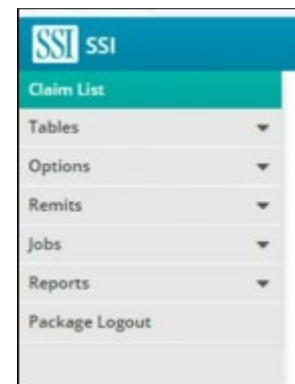


Searching for Claims in SSI (2)

- Enter the Billing module in SSI
- Select Package for Site (if multiple sites are assigned)
 - **Note:** The Package refers to the specific MTF you are assigned to. For sites with only one SSI Package, you will not need to complete this step, and you will be brought directly to the portal. The screenshot below will appear if multiple Packages (Site Number) assigned.
- Navigate to Claim List



	Organization	Package Number	Package Name	Billing Version
Select	US Department of Defense Military Health System	12000	Naval Hospital Bremerton	4.7.2.0
Select	US Department of Defense Military Health System	12000	US Department of Defense Military Health System - Clear	4.7.2.0
Select	US Department of Defense Military Health System	13008	NH Beaufort 0104	4.7.2.0
Select	US Department of Defense Military Health System	13000	628th Medical Group - Charleston 0256	4.7.2.0
Select	US Department of Defense Military Health System	13062	AWC Moncrief/Jackson 0103	4.7.2.0
Select	US Department of Defense Military Health System	13064	14th Medical Group - Columbus AFB 0076	4.7.2.0
Select	US Department of Defense Military Health System	13008	90th Medical Group - Eglin AFB 0642	4.7.2.0
Select	US Department of Defense Military Health System	13008	ACH Martin - Ft. Benning 0048	4.7.2.0
Select	US Department of Defense Military Health System	13070	AWC Williams Beaumont - Ft. Bliss 0108	4.7.2.0





Claim List



- The search parameters in the Claim List can be customized based on what you are looking for
- A clause can be added for:
 - Claim Type (Hospital or Physician)
 - Patient Account
 - Claim Status
 - Bill Date
 - and more

The screenshot displays the 'Claim Work List' interface. At the top, there is a toolbar with various actions like 'Validate', 'Clear', 'Remit', 'Create', 'Select', 'Totals', 'Purge', 'Tracking', 'History', 'Audit', 'EOB', 'File', 'CP', and 'Address'. Below this is a section for 'Show Saved Queries', 'New Query', 'Save Query', and 'New List'. A search filter is applied: 'Claim Type' is set to 'equal to' 'Hosp'. Another filter for 'Patient Account' is partially visible. A red box highlights the 'Add Clause (Alt + N)' button and the 'Execute' button. Below the filters, a summary bar shows 'Total: \$120.86' and '1 - 1 of 1 items'. At the bottom, a table lists the results:

Patient Account	Patient Name	Claim Type	Claim Status	Claim Total	Accessid	User Id
[REDACTED]	[REDACTED]	HOSP	Billed	\$120.86	NHB	JOBSUBMIT



Claim List (2)



- Once the search parameters are entered, select Execute to generate a claim list

Claim Work List List ▼ Print ▼ Claims ▼

Validate Clear Remit Create Select Totals Purge Tracing History Audit EOB File CP Appeal

Show Saved Queries + New Query ✓ Save Query New List ▼

And/Or	Field	Operator	Value
	Claim Type	equal to	Hosp
And	Bill Date	equal to	10/20/2024

+ Add Clause (Alt + N) **Execute**

Total: \$963.58 1 - 8 of 8 items Column Options Remove Sorting

Patient Account	Patient Name ↑	Claim Type	Claim Status	Claim Total	Accession	User Id
		HOSP	Billed	\$120.86	NHB	JOBSUBMIT
		HOSP	Billed	\$172.80	NHB	JOBSUBMIT
		HOSP	Billed	\$120.86	NHB	JOBSUBMIT
		HOSP	Billed	\$120.86	NHB	JOBSUBMIT
		HOSP	Billed	\$120.86	NHB	JOBSUBMIT
		HOSP	Billed	\$120.86	NHB	JOBSUBMIT
		HOSP	Billed	\$120.86	NHB	JOBSUBMIT



Save Claim List Queries



- If you'd like to save a query that you have built/ often search by, you can do so by building the query first, then navigating to the Save Query option.

Claim Work List

Validate Clear Refresh Create Select Open Purge Tracing History Audit EOB File PDF Upload

Show Saved Queries New Query Save Query New List

And/Or	Field	Operator	Value
	Claim Type	equal to	Hosp
And	Patient Account	equal to	[redacted]
And	Is Deleted Claim	equal to	True

Add Clause (Alt + N) Execute

Total: \$120.86 1-

- You will be prompted to enter a title for your query. Once a title is entered, click the Check Mark to Save the query. The Saved Claim List Query will now appear under Saved Queries when accessing claim lists

Claim Work List

Validate Clear Refresh Create Select Open Purge Tracing History Audit EOB File PDF Upload

Saved Queries

Deleted Claim [checkmark] [X]

Show Saved Queries New Query Save Query New List

And/Or	Field	Operator	Value
	Claim Type	equal to	Hosp
And	Patient Account	equal to	[redacted]
And	Is Deleted Claim	equal to	True

Add Clause (Alt + N) Execute

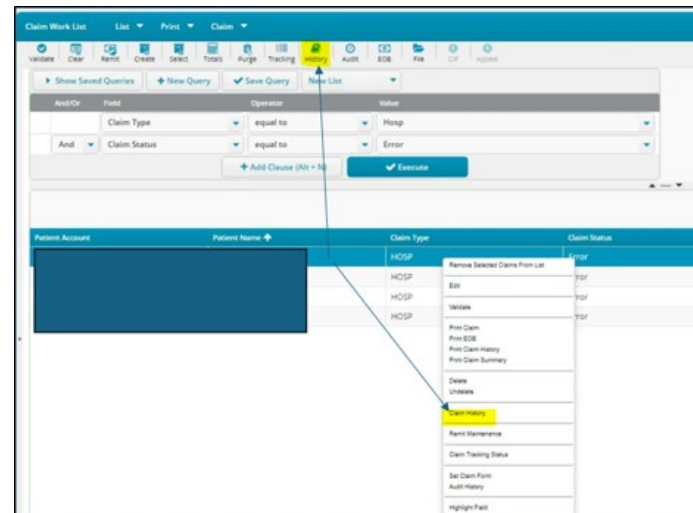


Viewing Claim History



The **Claim History** can be used to determine the different actions that have taken place in SSI on a particular claim/patient account. Reviewing the Claim History can be particularly beneficial when reviewing edit failures to determine the actions, including previous corrections or updates that have been made to the claim. The following information can also be found within the claim history:

- The Billed Date, which indicates the date the claim was sent to the payer. (This date should match the transmitted date in Revenue Cycle).
- The Translation date, which indicates the date the claim was submitted to SSI from Revenue Cycle. (This date should match the Submitted date in Revenue Cycle)
- Any manual actions that have been taken by users
- The date the claim was paid
- Payer status updates
- The date that claim errors were resolved





Viewing Claim History (2)



Date/Time	Batch	User	Event	Description
6/15/2024 11:38 AM	0	automated csf	billedstatus	payer 1 billed status changed to payer processing claim
6/15/2024 8:25 AM	0	automated csf	billedstatus	payer 1 billed status changed to payer processing claim
6/15/2024 8:24 AM	0	automated csf	billedstatus	payer 1 billed status changed to payer processing claim
6/15/2024 8:18 AM	0	automated csf	billedstatus	payer 1 billed status changed to payer processing claim
6/15/2024 8:06 AM	0	automated csf	billedstatus	payer 1 billed status changed to payer processing claim
6/14/2024 6:00 PM	0	automated csf	billedstatus	payer 1 billed status changed to payer processing claim
6/14/2024 3:23 PM	0	automated csf	billedstatus	payer 1 billed status changed to payer processing claim
6/14/2024 1:23 PM	0	automated csf	billedstatus	payer 1 billed status changed to payer processing claim
6/13/2024 9:29 PM	0	automated csf	billedstatus	payer 1 billed status changed to payer processing claim
6/13/2024 9:28 PM	0	automated csf	billedstatus	payer 1 billed status changed to payer processing claim
6/13/2024 2:29 PM	0	automated csf	billedstatus	payer 1 billed status changed to csm dde paid
6/13/2024 8:18 AM	0	automated csf	billedstatus	payer 1 billed status changed to ssi ch accepted
6/13/2024 8:04 AM	37473	jobsubmit	create	bill date file created
6/13/2024 8:04 AM	37473	jobsubmit	bill elec	bill electronic primary
6/13/2024 7:31 AM	37469	jobsubmit	validate	validation - 0 errors
6/13/2024 7:31 AM	37469	jobsubmit	translate	claim translated

1 - 16 of 16 items

Print

- Notice the headers under claim history:
 - **Date/Time** – The date and time the action took place on the claim.
 - **Batch** – Automated processes that run in SSI to update claim statuses are updated via jobs. Upon running, the jobs assign a unique batch number in the system.
 - **User** – Who took the action on the claim.
 - **Event** – The event that took place.
 - **Description** – Detailed description of the action.



Resolving Errors in SSI



Resolving Errors in SSI (2)

- Claim errors (edits) prevent the claim from being transmitted to the payer. Once the error (edit) is successfully resolved, the claim will be transmitted to the payer electronically. Claims with an error requiring review in SSI will have a Claim Status of "Error".
- There are three locations where edit failures are located:
 - **Validation Edits** -Live in the Edit Failure state-based queue and will fire on both billable and nonbillable claims. These edits are maintained in Profit Claim Manager with the rest of the claim rules. These are built and maintained by Oracle. Edit Failure State-Based Queue
 - **Alpha II Edit Failures** - Broken by work item but will also populate the in state-based queue. Only OHI are scrubbed by embedded Alpha II and will qualify for the work items. These work items are maintained in Profit Business Manager, along with the rest of the work items we use. Edit Failure Work Items; Edit Failure State-Based Queue
 - **SSI** - Claims that have been validated successfully by Alpha II and validation edits, or manually submitted to batch can trigger edits in SSI. These claims are marked as "Error" in the claim status section. Pending Edit Claim queue; DNFB Status - Held In Scrubber

- To search for claims with a status of Error, search for Claim Status equal to Error in the Claim List query. Select Execute.
- Double-click on a claim to view the claim details.

The screenshot shows the 'Claim Work List' application. At the top, there's a teal header bar with the title 'Claim Work List' and several icons for actions like 'Validate', 'Clear', 'Reset', 'Create', 'Select', 'Totals', 'Purge', 'Tracking', 'History', 'Audit', 'BOB', 'File', 'CR', and 'Appeal'. Below the header, there's a toolbar with buttons for 'Show Saved Queries', 'New Query', 'Save Query', and 'New List'. The main area is a query builder table with columns: 'And/Or', 'Field', 'Operator', and 'Value'. The first row has 'And' in the 'And/Or' column, 'Claim Type' in the 'Field' column, 'equal to' in the 'Operator' column, and 'All' in the 'Value' column. The second row has 'And' in the 'And/Or' column, 'Claim Status' in the 'Field' column, 'equal to' in the 'Operator' column, and 'Error' in the 'Value' column. At the bottom, there are two buttons: 'Add Clause (Alt + N)' and 'Execute'.

And/Or	Field	Operator	Value
	Claim Type	equal to	All
And	Claim Status	equal to	Error

Buttons: + Add Clause (Alt + N), Execute

[illegible]



Reviewing Claim Errors



- A red icon indicating the number of errors will display in the top right corner of the page. Click on the Errors icon to view details.

- The Claim Errors List will display a description of the errors on the claim. Double click on the error to resolve.

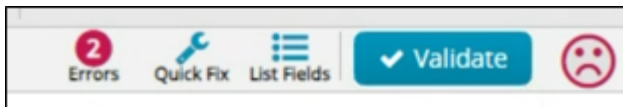
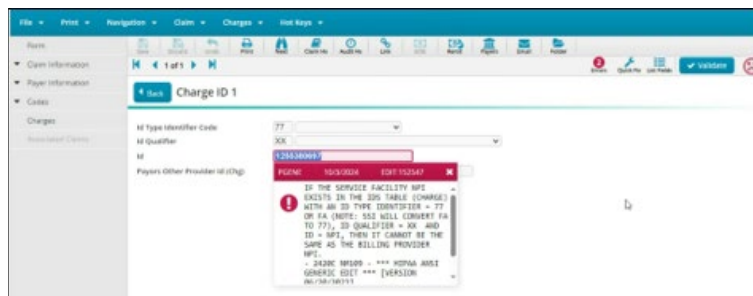
Claim Errors: 2		
Description	Edit	Message
ID (CHG)	152547	If The Service Facility Npi Exists In The Idn Table (Charged With An Id Type Identifier = 77 Or Fa (Note: Ss) Will Convert Fa To 77). Id Qualifier = Rr And Id = Npi, Then It Cannot Be The Same As The Billing Provider Npi. - 2420c Non109 - *** Hqaa Anti Generic Edit *** (Version 06/20/2023) Source = Wpr 837p 5010 Implementation Guide
PROVIDER ADDRESS 1 (CHG)	152525	If The Service Facility Exists (Provider Type (Chg) = 77, Fa (J/, T)) Then The Service Facility Address 1 (Associated Provider Address 1), Service Facility Address 2 (Associated Provider Address 2), Service Facility City (Associated Provider City), Service Facility State (Associated Provider State), And Service Facility Zip (Associated Provider Zip) Cannot Be The Same As The Billing Provider Reported On The Provider Screen (Cm001) Provider Address Line 1, Provider Address Line 2, City, State And Zip. Note: Per The 5010 Ig, The Service Facility Loop Is Required When The Location Of The Health Care Service Is Different Than That Carried In Loop 2010aa Billing Provider. - 2420c - *** Hqaa Anti Generic Edit *** (Version 06/17/2019) Source = Wpr 837p 5010 Implementation Guide



Resolving Claim Errors



- A red box will indicate the field on the claim that is associated with the error. Review the text in the red box for additional information. Update the field appropriately.
- Once the field has been updated, select Validate. If the error has been successfully resolved, the red frowny face will update to a green smiley face. The claim will now be transmitted to the payer.

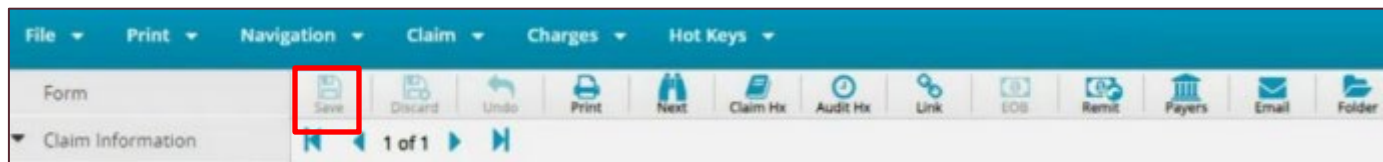




Resolving Claim Errors



- Click Save



Quick Fix Page

- The Quick Fix page is a single display of all fields with an error. It also shows the edit number and field description. All fields with errors can be resolved from the Quick Fix page.

[illegible]



Accessing Quick Fix Page



- Select Main Menu > Claim List
- Execute a query to populate the claim list
- Open a claim

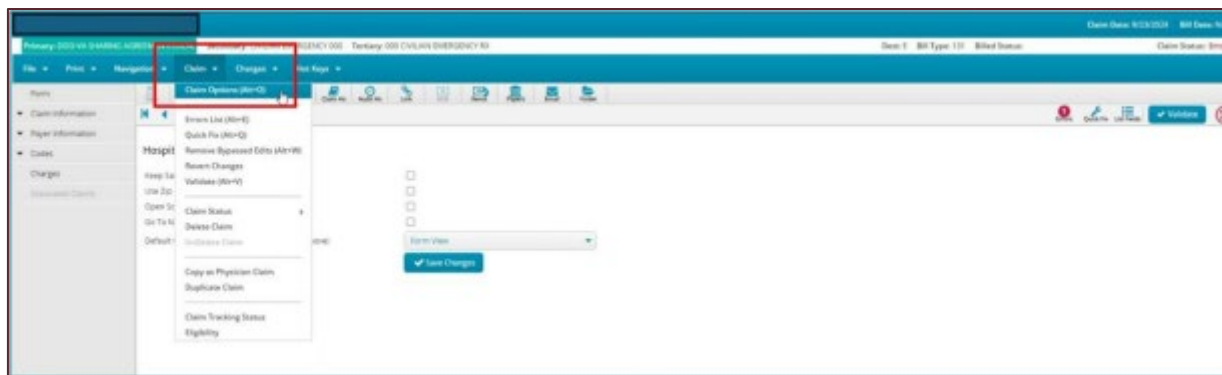
- Perform one of the following:
 - Click Quick Fix
 - Select Claim > Quick Fix
 - Press Alt + Q on your keyboard
- Place your cursor in the Field Data field. The edit is displayed at the bottom.

[illegible]



Updating Preferences for Claim Edits

- By utilizing the Claim Options, users can update and save preferences for working claim errors.
- After selecting a claim within the claim list, select Claim in the top menu bar and select Claim Options.





Updating Preferences for Claim Edits (2)

- The Claim Options will display. Please note that the preferences will need to be updated for Hospital claims and Physician claims separately. The type of Claim Options that display depends on the type of claim you are in.

Primary: 0000 0000000000000000 Secondary: 0000000000000000 Tertiary: 0000000000000000

Claims Date: 9/12/2024 Bill Date: 9/12

Screen: 0 Bill Type: 100 Bill Status: Claim Status: Error

File Print Navigation Claims Charges Next Steps

Forms

- Claim Information
- Payer Information
- Codes
- Charges
- Associated Claims

Hospital Claim Options

Keep Same Screen Changing Claims ☐

Use Zip Hints ☐

Open Screen On First Error ☐

Go To Next Claim On Valid ☐

Default Operating Screen (Can Be Overridden Above)

Form Hops

Save Changes



Updating Preferences for Claim Edits (3)

- If the Go to Next Claim on Valid box is selected, when working claim edits, you will automatically be brought to the next claim in the list after clicking Validate in the top right corner of the screen. This eliminates the need to click Save after correcting the claim and brings you directly to the next claim.
- If the Default Opening Screen is Billing Quick Fix, when a new claim is selected, you will be brought directly into the quick fix screen that identifies what the error is and which field needs to be corrected.



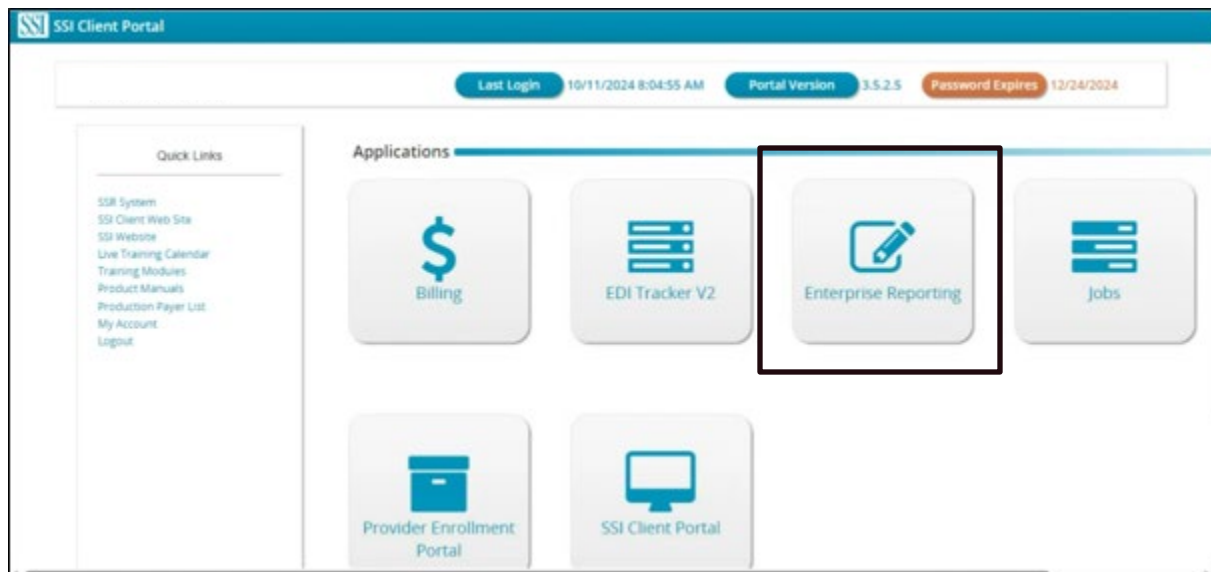
Reporting in SSI



Reporting in SSI (2)



- Various reports can be found in the Enterprise Reporting module in SSI





Reporting in SSI (3)



- The Enterprise Reporting page will display a list of reports within SSI. Select All on the left side of the screen to view all available reports.

https://ssi.cerhgt.cerhms.net/EnterpriseReporting

Data Extracts			
Name	Description	Keywords	Select
Audit Detail Extract	Extract saved off of the Audit Detail Package Report.		Select
Billing Dashboard Extract	This extract provides the Billing Reconciliation Dashboard within Reports in Billing while being able to choose dates specified over more than the past 7 days. It is preferred not to run for Current Day as the data will not reflect accurately due to real time changes.		Select
Charge Level Basic - Hospital	A less granular version of the Charge Level Hosp Extract. CPT is a registered trademark of the American Medical Association.		Select
Charge Level Basic - Physician	A less granular version of the Charge Level Physician Extract. CPT is a registered trademark of the American Medical Association.		Select
Charge Level Output - Hospital	Hospital Only - This data source allows one to query the Billing database(s) using many claim and charge level fields. This data source always displays separate records for each charge line existing on a claim. NOTE - Even if only claim level fields are included as Selected Columns, this data source still displays one record for every charge line. CPT is a registered trademark of the American Medical Association.		Select
Charge Level Output - Physician	Physician Only - This data source allows one to query the Billing database(s) using many claim and charge level fields. This data source always displays separate records for each charge line existing on a claim. NOTE - Even if only claim level fields are included as Selected Columns, this data source still displays one record for every charge line. CPT is a registered trademark of the American Medical Association.		Select
Claim History Output	This data source allows one to query the Billing database(s) using Claim History information.		Select
Claim Level Basic - Hospital	Less Granular version of the Claim Level Output - Hosp extract.	Claims, Hospital	Select
Claim Level Basic - Physician	Less granular version of the Claim Level Output - Physician.		Select
Claim Level Output - Basic	Hospital and Physician - This data source contains basic claim information with the most used data elements for finding claims by Patient Information, Claim Status, Billed Status, Bill Dates and other useful information.		Select
Claim Level Output - Hospital	Hospital Only - This data source allows one to query the Billing database(s) using many claim and charge level fields. This data source always displays data at claim level, one record per claim.		Select
Claim Level Output - Physician	Physician Only - This data source allows one to query the Billing database(s) using many claim and charge level fields. This data source always displays data at claim level, one record per claim.		Select
Claim List Output	Claim Level extract with additional columns added, including: Cdt77, Std777, Timely Filing Date, and Billed Status. Ability to filter by Claim Type. CPT is a registered trademark of the American Medical Association.		Select
Claim Tracking Status Detail Output	Provides the ability to track top rejections.		Select
COVID-19 Charge Output - Physician	Gives the ability to pull phys claims related to COVID-19. CPT is a registered trademark of the American Medical Association.		Select



Helpful Reports



- **The Error Detail Live Report**

- Compiles all SSI errors (claim edits) on claims in an Error or Deleted status.
- Billed claims with errors that have been previously fixed will not appear on this report.
- Claims in a Submitted status, that have not been Transmitted may appear in this report.
- The Pending Edit Claim Work Queue in Revenue Cycle aligns to this report, as well as the DNFB Status on encounters “Held in Scrubber.”

▶ Errors Detail Live	Errors Detail Live Output shows same data as Errors Detail (Live) - Package Report (shows details of edits on claims that are not yet in a billed status) while giving the ability to select a delimiter. CPT is a registered trademark of the American Medical Association
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Helpful Reports



- **Claim Tracking Status Detail Output**
 - This report provides the ability to monitor and track top payer rejections.
 - The Claim Tracking Status Detail Output reports billed claims in a Rejection status for monitoring of all payer rejections, including the EDI 277 Claim Status Response:
 - The EDI 277 Health Care Claim Status Response transaction set is used by healthcare payers (insurance companies, Medicare, etc.) to report on the status of claims (837 transactions) previously submitted by providers.
 - Information provided in a 277 transaction generally indicates where the claim is in process, either as Pending or Finalized.
 - If finalized, the transaction indicates the disposition of the claim – rejected, denied, approved for payment or paid.
 - The EDI Claim Acknowledgement Work Item Queue populates in Revenue Cycle with these claims that were not accepted by the payer and aligns to this report.

		registered trademark of the American Medical Association		
	► Claim Tracking Status Detail Output	Provides the ability to track top rejections.		Select
		Gives the ability to pull phys claims related to COVID-19. CPT is a registered		



SSI Resources



- [SSI Provider Enrollment Guide](#)
- [SSI Overview Document](#)
- DHA UBO Program Office Open Forum Teams Group
 - Trainings and Recordings Channel > [SSI Provider Enrollment Training February 2025](#)