



# SSI Claims Clearinghouse Overview

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April 28, 2025



# Agenda

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- What is SSI?
- Getting Access to SSI
- Claim Transmission Process
- Claim Status and Billed Status Definitions
- Provider Enrollment
- SSI Billing Application
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  - Saving Queries
  - Resolving Claim Errors
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# SSI Clearinghouse Overview



# What is SSI?

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- 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

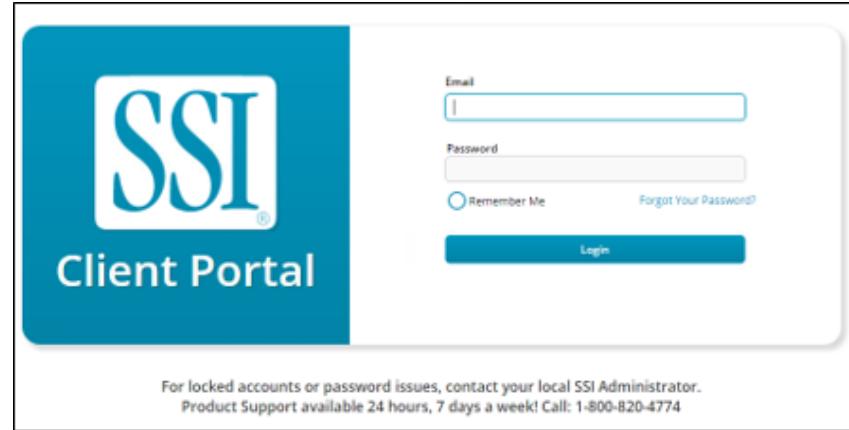
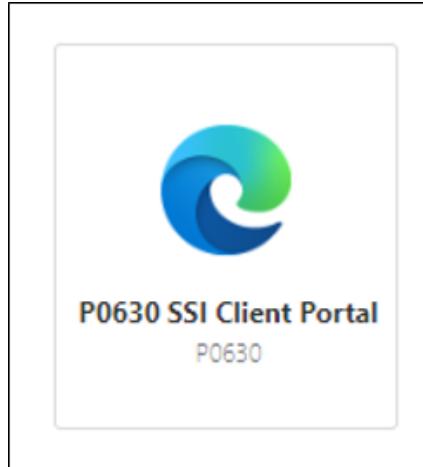
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- The access request form for MHS Genesis includes access to the following applications
  - RevenueCycle
  - Powerchart, Experian
  - Dentrix
  - HealtheAnalytics
  - Discern
  - SSI
- Work with your local Training Roles Manager (TRM) to open a request 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





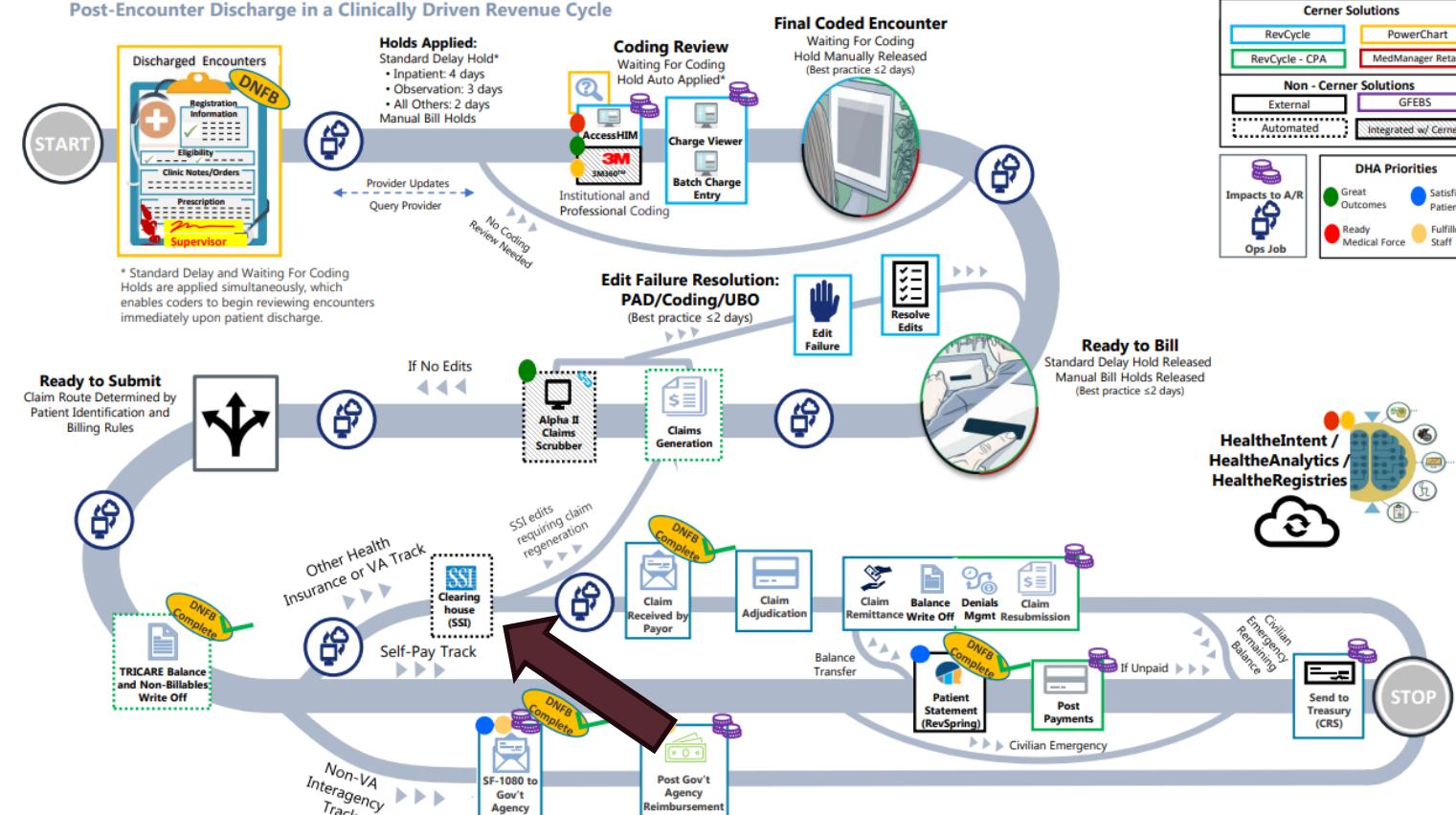
# Claim Transmission Process

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- 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.

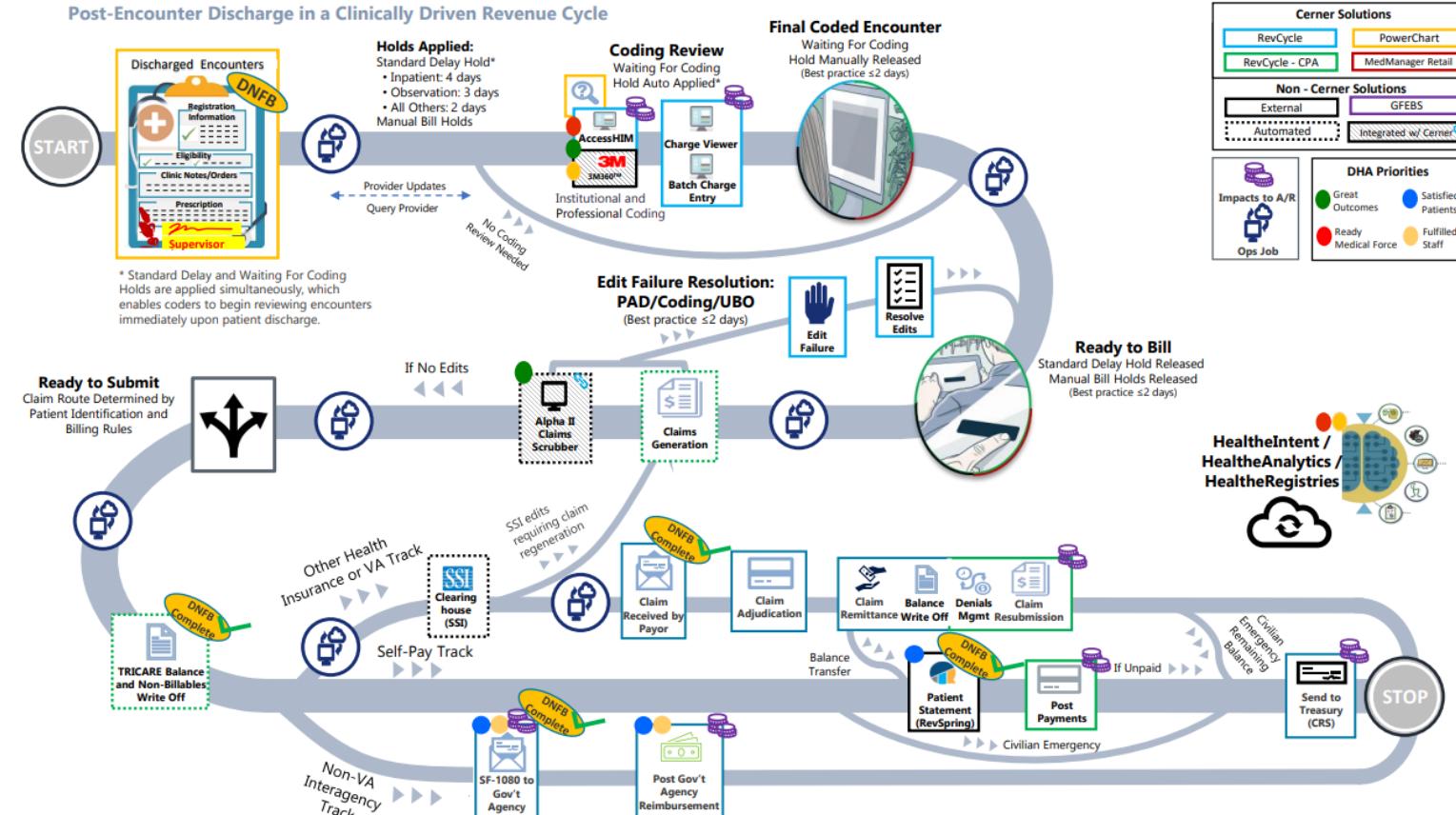


# Revenue Cycle Snake Chart





# Revenue Cycle Snake Chart (2)





# Claim State in RevenueCycle

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- 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
Error	Claim has at least one validation error preventing it from being processed. Based on a defined set of claim edits.
Valid	Claims without validation errors recognizable by the system are considered valid. These claims are available for immediate billing.
Paid	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.
Hold	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.
Wait	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.
Add	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.
Billed	The claim has been billed, and the claim is now in the process of being reviewed or processed for payment.
Translate	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.
Deleted	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.

<b>Billed Status in SSI</b>	<b>Description</b>
<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



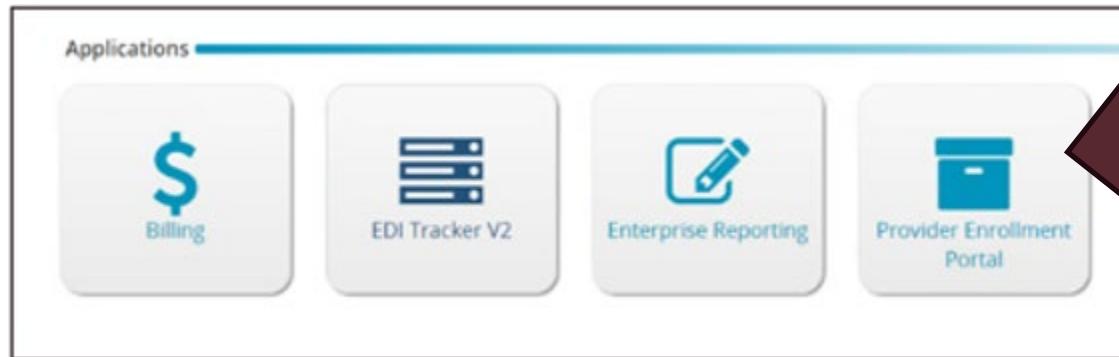
# SSI Provider Enrollment



## SSI Provider Enrollment (2)

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- 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.

The screenshot shows the 'Enrollment Management' menu item highlighted with a red box. The page displays 'Active Enrollment Requests (0/0)' and a table with columns: Name, Request ID, CTN, NPI, PTIN, Tax, Plan, Provider ID, Health Plan, Network, Request Date, Last Active, Payor ID, Edited At, and Status.

The screenshot shows the 'Completed Enrollments (7)' and 'Cancelled Enrollments (0)' buttons highlighted with a red box. The table displays the same columns as the previous screenshot, with 7 completed enrollment entries listed.

Name	Request ID	CTN	NPI	PTIN	Tax	Plan	Provider ID	Health Plan	Network	Request Date	Last Active	Payor ID	Edited At	Status
Test DEMO	341810	123456789	000111111111		HOSP	ALM12345	9999-0000		815	8/7/2020	8/17/2020		1	Validator: Passed NPI validation using NPES Validator
Test DEMO	341822	123456789	000444444444		HOSP	BLU12345 COMMNL. OPTONS	9999-1111	W001	815	8/7/2020	8/17/2020		1	Validator: Passed NPI validation using NPES Validator
HR (HR)	341817	123456789	000111111111		HOSP	HR12345 CROSS	9999-0000		817	8/7/2020	8/17/2020		1	Validator: Passed NPI validation using NPES Validator
Test DEMO	341818	123456789	000111111111		HOSP	MC BLUE CROSS BLUE	9999-0034		815	8/7/2020	8/17/2020		1	Validator: Passed NPI validation using NPES Validator
Test DEMO	341819	123456789	000444444444		HOSP	NP BLU CROSS	9999-0073	99990077	817	8/7/2020	8/17/2020		1	Validator: Passed NPI validation using NPES Validator
														1 - 10 of 14 items



# 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.

Active Approval (2)		Pending ERA Review (7)		
Status Date	Last Activity	Filer ID	Lastest No	Status
8/17/2020		! 0	Validation Passed: NPI validated using NPPES Validation	1
8/17/2020		! 0	Validation Passed: NPI validated using NPPES Validation	1
			Validation Passed: NPI	2



# 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)		Cancelled 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)											
Search in all columns...	Create New Filter		Select a filter													
<a href="#">Create Request</a>																
<a href="#">Export to Excel</a>																
Drag a column header and drop it here to group by that column																
Name	Request ID	FTN	NPI	PTAN	Type	Payer	Payer ID	Health Plan	Transact	Requester	Status	Last Action	Payer Tax ID	Updated On	Status	
Test DEMO	341610	123456789	0000000000		HOSP	AL BLUE CROSS	99999-0009		835	8/17/2020	8/17/2020			0	Validation Passed. NPI validated using NPES Validator	1
Test DEMO	341622	123456789	0300000000		HOSP	BLUE CROSS COMMUN. OPTIONS	99999-1A&F	MCDIL	835	8/17/2020	8/17/2020			0	Validation Passed. NPI validated using NPES Validator	1
Test DEMO	341617	123456789	0300000000		HOSP	IA BLUE CROSS	99999-0134	999990134	837	8/17/2020	8/17/2020			0	Validation Passed. NPI validated using NPES Validator	1
Test DEMO	341615	123456789	0000000000		HOSP	NC BLUE CROSS BLUE SHIELD	99999-0034		835	8/17/2020	8/17/2020			0	Validation Passed. NPI validated using NPES Validator	1
Test DEMO	341616	123456789	0300000000		HOSP	HI BLUE CROSS	99999-0077	999990077	837	8/17/2020	8/17/2020			0	Validation Passed. NPI validated using NPES 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 Players      3 Review

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

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

	Street Address	Name	FTN	NPI	Status	To Live Date
<input type="checkbox"/>	321 main st.	TEST 20200615	123456778	1234567890	Active	4/10/2020
<input type="checkbox"/>	Test Street Address 7	Test DBA Name	123456655	12345678901	Active	3/31/2021

Page 1 of 1      10      Items per page

1 - 2 of 2 Items



# 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      2 Select Payers to Enroll      3 Review

Default      All Payers

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

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

	H	Health Plan ID	Name	Transaction	Type	Enrollment Type	Automated	SOP
<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"/>	99999-0005	77027	FL MEDICAID	835	INSTITUTIONAL	Online	No	MEDICAID
<input type="checkbox"/>	99999-0006	77027	FL MEDICAID	837	INSTITUTIONAL	Online	No	MEDICAID
<input type="checkbox"/>	99999-0006	00130	ANTHEM BOBS INDIANA (MEDICAID RECLAMATION)	837	INSTITUTIONAL	Enroll Not Required	No	BLUE CROSS / BLUE SHIELD
<input type="checkbox"/>	47198-NOD	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



# 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: 18)													
Facilities			Projects			Review Pending Requests							
There are 18 unenrolled patient PTAN values.													
Click the Provider PTAN cells to provide a PTAN value of the ones that indicate PTAN required.													
Drag a patient header row and drop it here to provide by batch updates.													
ID#	PT	PT#	Encounter Date	PT#	Payer Name	Provider Tax#	Provider PTAN						
1234567890	1234567890	001	2023-01-01	0000000001	HOSPITAL PAYOR CLAIMS	INSTITUTIONAL							
1234567890	1234567890	002	2023-01-01	0000000002	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	003	2023-01-01	0000000003	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	004	2023-01-01	0000000004	HOSPITAL PAYOR CLAIMS	INSTITUTIONAL							
1234567890	1234567890	005	2023-01-01	0000000005	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	006	2023-01-01	0000000006	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	007	2023-01-01	0000000007	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	008	2023-01-01	0000000008	HOSPITAL PAYOR CLAIMS	INSTITUTIONAL							
1234567890	1234567890	009	2023-01-01	0000000009	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	010	2023-01-01	0000000010	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	011	2023-01-01	0000000011	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	012	2023-01-01	0000000012	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	013	2023-01-01	0000000013	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	014	2023-01-01	0000000014	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	015	2023-01-01	0000000015	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	016	2023-01-01	0000000016	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	017	2023-01-01	0000000017	HPS MEDICARE	INSTITUTIONAL							
1234567890	1234567890	018	2023-01-01	0000000018	HPS MEDICARE	INSTITUTIONAL							
1 - 18 of 18 items													
<a href="#">Edit Previous Step</a>					<a href="#">Finish</a>								



# Creating a New Enrollment Request (5)

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



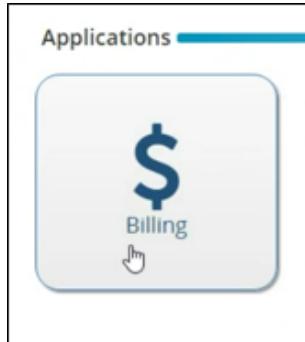


# Searching for Claims in SSI

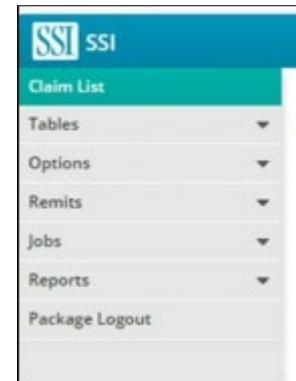


## Searching for Claims in SSI (2)

- 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	12800	Naval Hospital Bremerton	4.7.0
Select	12900	US Department of Defense Military Health System - Okan...	4.7.0
Select	13000	NH Beaufort 0104	4.7.0
Select	13000	628th Medical Group - Charleston 0356	4.7.0
Select	13002	AHC Moncrief/Jackson 0105	4.7.0
Select	13004	14th Medical Group - Columbus AFB 0074	4.7.0
Select	13006	98th Medical Group - Eglin AFB 0642	4.7.0
Select	13008	AHC Martin - Pt. Banning 0048	4.7.0
Select	13010	AHC William Beaumont - Pt. Bliss 0108	4.7.0





# 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 shows the 'Claim Work List' interface. At the top, there is a toolbar with various buttons: Validate, Clear, Remit, Create, Select, Totals, Purge, Tracking, History, Audit, EOB, File, CII, and Audit. Below the toolbar, a search bar contains the text 'Hosp'. The search parameters are displayed in a table with columns for 'And/Or', 'Field', 'Operator', and 'Value'. The first row shows 'And/Or' as 'And', 'Field' as 'Claim Type', 'Operator' as 'equal to', and 'Value' as 'Hosp'. The second row shows 'And/Or' as 'And', 'Field' as 'Patient Account', 'Operator' as 'equal to', and 'Value' as ' '. Below the table are two buttons: '+ Add Clause (Alt + N)' and 'Execute'. A red box highlights the search parameters table and the 'Execute' button. A blue arrow points from the bottom left towards the results table. The results table has columns: Patient Account, Patient Name, Claim Type, Claim Status, Claim Total, AccessId, and User Id. The first row of the table shows 'HOSP' in the Patient Account column, 'Billed' in the Claim Status column, '\$120.86' in the Claim Total column, and 'NHB' in the AccessId column. The User Id column shows 'JOBSUBMIT'.

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



## Claim List (2)

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

The screenshot shows the 'Claim Work List' interface. At the top, there are buttons for Validate, Clear, Remit, Create, Select, Totals, Purge, Tracking, History, Audit, EOB, File, C/P, and Audit. Below these are buttons for Show Saved Queries, + New Query, ✓ Save Query, New List, and a dropdown menu. The main search area has 'And/Or' dropdowns, 'Field' dropdowns (Claim Type: HOSP, Bill Date: 10/2/2024), 'Operator' dropdowns (equal to, equal to), and a 'Value' dropdown. A red box highlights the 'Execute' button. Below the search area, the message 'Total: \$963.58 1 - 8 of 8 Items' is displayed, along with 'Column Options' and 'Remove Sorting' buttons. The data table has columns: Patient Account, Patient Name, Claim Type, Claim Status, Claim Total, AccessId, and User Id. The data is as follows:

Patient Account	Patient Name	Claim Type	Claim Status	Claim Total	AccessId	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.

The screenshot shows the 'Claim Work List' interface. At the top, there are buttons for Validate, Clear, Revert, Create, Select, and Tools. Below that is a toolbar with Purge, History, Audit, EOB, File, and other options. The main area is a search builder with a table for 'And/Or' clauses. The first clause is 'Claim Type equal to Hosp'. The second clause is 'Patient Account equal to'. The third clause is 'Is Deleted Claim equal to True'. At the bottom right of the search builder is a 'Execute' button. To the right of the search builder, the text 'Total: \$120.86 1-' is displayed. The 'Save Query' button in the toolbar is highlighted with a red arrow.

- 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

The screenshot shows the 'Claim Work List' interface with the 'Saved Queries' section visible. On the left, there is a dropdown menu with 'Deleted Claims' selected. The main search builder area is identical to the previous screenshot, showing the same search criteria: 'Claim Type equal to Hosp', 'Patient Account equal to', and 'Is Deleted Claim equal to True'. The 'Execute' button is at the bottom right.



# 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

The screenshot shows a software interface titled 'Claim Work List'. At the top, there is a toolbar with various icons and a search bar. Below the toolbar, a query builder section is visible, showing a search query for 'Claim Type: Hosp' and 'Claim Status: Error'. The main area displays a table with columns for 'Patient Account', 'Patient Name', 'Claim Type', and 'Claim Status'. A context menu is open over a row in the table, with the 'History' option highlighted in yellow. The menu also includes other options like 'Remove Selected Claims From List', 'Edit', 'Values', 'Print Claim', 'Print Bill', 'Print Claim History', 'Print Claim Summary', 'Delete', and 'Unlink'.



# 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 claim due 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

- 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)

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- 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



# Locating Claims with Errors in SSI

- 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 displays two windows of the 'Claim Work List' application.

**Top Window (Search Query):**

- Header: 'Claim Work List' with 'List', 'Print', and 'Claim' dropdowns.
- Toolbar: 'Validate', 'Clear', 'Print', 'Create', 'Select', 'Totals', 'Purge', 'Tracing', 'History', 'Audit', 'EDB', 'File', 'CR', and 'Appeal' buttons.
- Buttons: 'Show Saved Queries', 'New Query', 'Save Query', 'New List'.
- Search Criteria:
  - And/Or: 'And'
  - Field: 'Claim Type'
  - Operator: 'equal to'
  - Value: 'All'
  - Field: 'Claim Status'
  - Operator: 'equal to'
  - Value: 'Error'
- Buttons: '+ Add Clause (Alt + N)', 'Execute' (highlighted with a blue border).

**Bottom Window (Results Grid):**

- Header: 'Claim Work List' with 'List', 'Print', and 'Claim' dropdowns.
- Toolbar: 'Validate', 'Clear', 'Print', 'Create', 'Select', 'Totals', 'Purge', 'Tracing', 'History', 'Audit', 'EDB', 'File', 'CR', and 'Appeal' buttons.
- Buttons: 'Show Saved Queries', 'New Query', 'Save Query', 'New List'.
- Search Criteria:
  - And/Or: 'And'
  - Field: 'Claim Type'
  - Operator: 'equal to'
  - Value: 'All'
- Buttons: '+ Add Clause (Alt + N)', 'Execute'.
- Table:
  - Header: 'Object Name', 'Parent Name', 'User Type', 'User Status', 'User Total', 'Accessed', 'User ID', 'Alt Name'.
  - Data: A grid of 15 rows, each representing a claim. The 'Alt Name' column for the 15th row is highlighted in blue.
- Table Summary: 'Total: 390,275.00' and '1 - 20 of 390000 Items'.
- Buttons: 'Column Options' and 'Remove Sorting'.

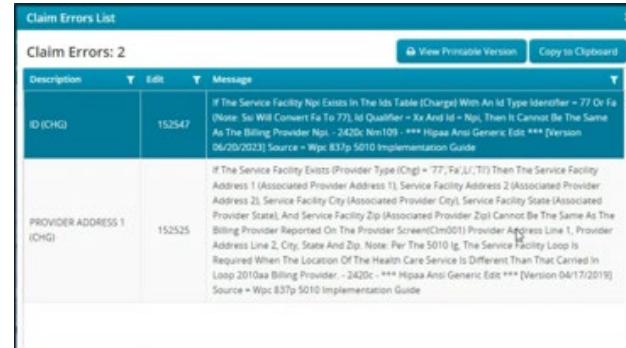


# Reviewing Claim Errors

- 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.



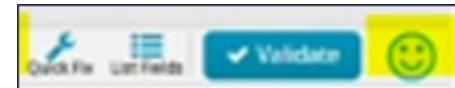
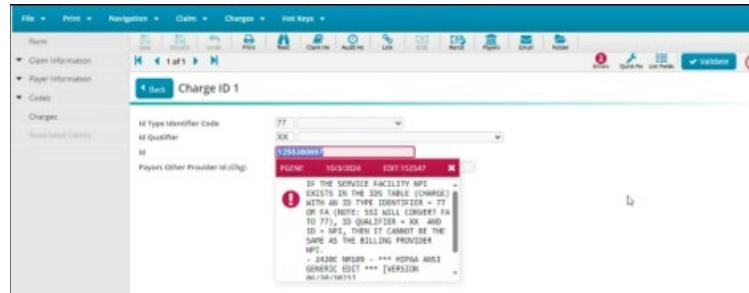
- The Claim Errors List will display a description of the errors on the claim. Double click on the error to resolve.





# Resolving Claim Errors

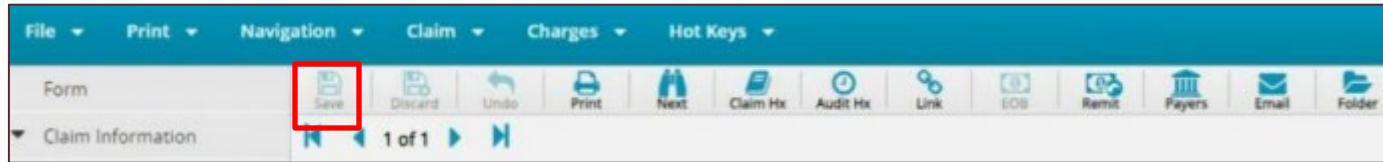
- A red box will indicate the field on the claim that is associated with the error. Review the text in the red box for additional information. Update the field appropriately.
- Once the field has been updated, select Validate. If the error has been successfully resolved, the red frowny face will update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

Group	Name	Edit Help	Edit Data	Edit Number	Field Description
			12345	1004	Mobile Telephone Number
			4711	4711	Procedure Code



# Accessing Quick Fix Page

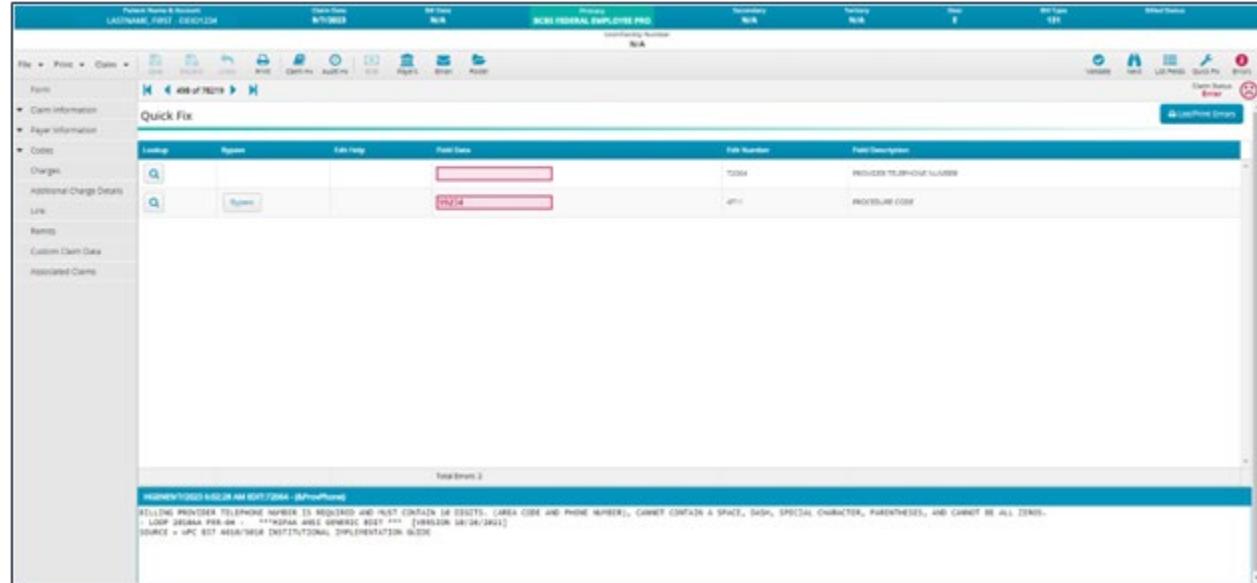
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- Select Main Menu > Claim List
- Execute a query to populate the claim list
- Open a claim



# Accessing Quick Fix Page (2)

- 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.

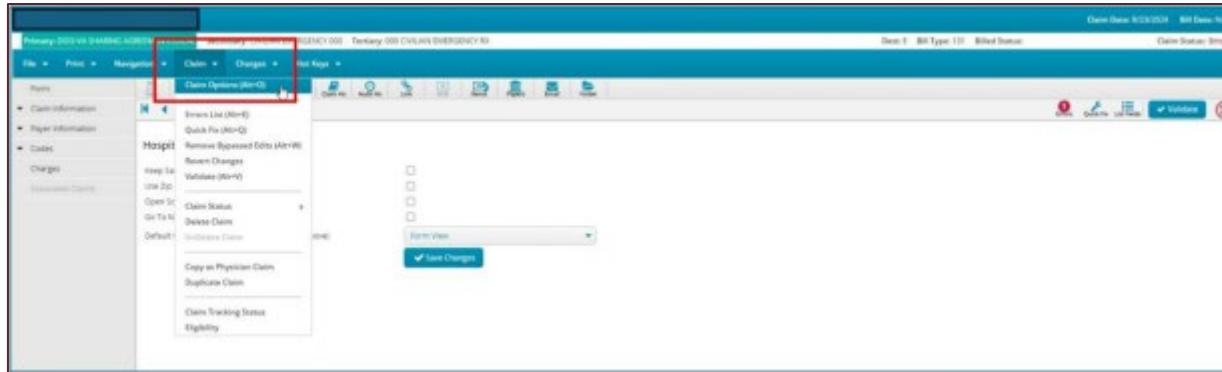


The screenshot shows the BCBS Federal Employee PRO software interface. The main title bar reads "Patient Name & Number: LASTNAME, FIRST, MIDDLE, MI" and "Claim Date: 01/01/2024". The "Primary" section shows "BCBS FEDERAL EMPLOYEE PRO" and "Coordinator Number: N/A". The "Secondary" section shows "N/A". The "Tertiary" section shows "N/A". The "Other" section shows "E" and "001 Name: ESS". The "Other Details" section shows "N/A". The "Actions" bar includes icons for Print, Save, Undo, Redo, Copy, Paste, Cut, Paste, and Print. The left sidebar has a "Quick Fix" button. The main content area is titled "Quick Fix" and shows a table with columns "Lookup", "Status", "Edit Value", "Field Name", "Field Number", and "Field Description". The table has two rows: one for "70204" (Provider Telephone Number) and one for "4011" (Procedure Code). The bottom of the screen shows a status bar with "Total Errors: 2" and a detailed error message: "REASON: PROVIDER TELEPHONE NUMBER IS REQUIRED AND MUST CONTAIN 10 DIGITS. (AREA CODE AND PHONE NUMBER), CANNOT CONTAIN A SPACE, DASH, SPECIAL CHARACTER, PARENTHESIS, AND CANNOT BE ALL ZEROS. LINE: PROVIDER TELEPHONE NUMBER IS REQUIRED AND MUST CONTAIN 10 DIGITS. (AREA CODE AND PHONE NUMBER), CANNOT CONTAIN A SPACE, DASH, SPECIAL CHARACTER, PARENTHESIS, AND CANNOT BE ALL ZEROS. LINE: 4011 IS A GENERIC CPT-4 CODE. [VERSION: 00/04/2023] SOURCE = HPC 001 4011/4011 EXISTENTIAL IMPLEMENTATION 00/04/2023".



# 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.

The screenshot shows a software interface for managing claim preferences. The top navigation bar includes 'File', 'Print', 'Navigation', 'Claim', 'Chargers', and 'Hot Keys'. The top right corner displays 'Claim Date: 01/29/2024', 'Bill Date: N/A', 'Bill ID: 123456789', 'Bill Type: 111', 'Bill Status: Open', and 'Claim Status: Open'. The main content area is titled 'Hospital Claim Options' and contains the following settings:

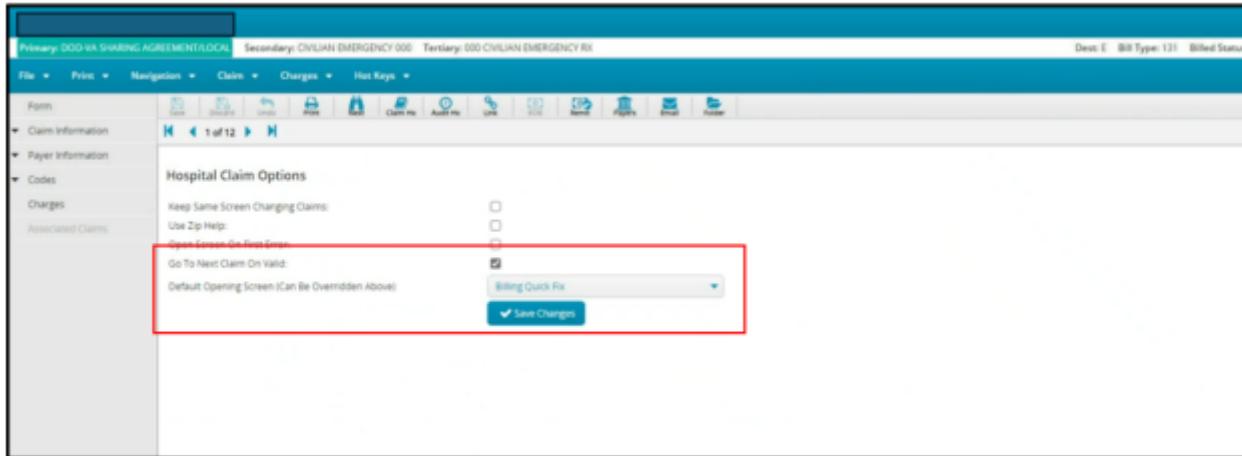
- Keep Same Screen-Changing Claims:
- Use Zip Help:
- Open Screen On First Error:
- Go To Next Claim On Valid:

Below these options is a dropdown menu labeled 'Form View' with a 'Save Changes' button. The left sidebar shows a navigation tree with 'Form' expanded, listing 'Claim Information', 'Patient Information', 'Codes', 'Chargers', and 'Print/Email'.



# 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.



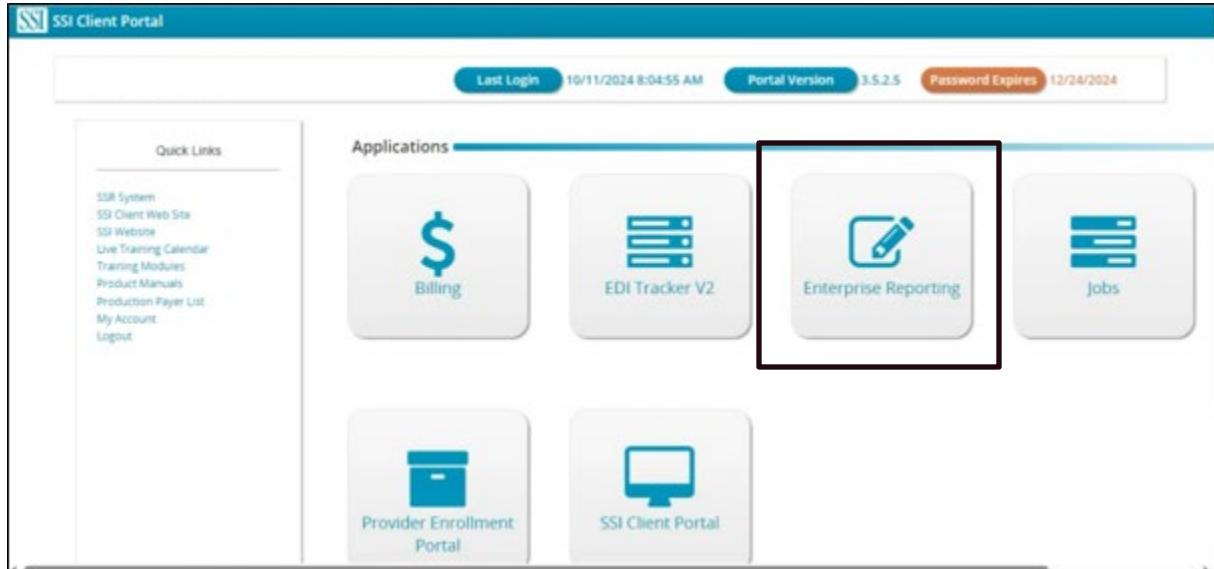


# Reporting in SSI



## 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.

The screenshot shows a web browser window with the URL <https://ssi.cernhtg.cernms.net/EnterpriseReporting>. The page title is "Data Extracts". On the left, there is a sidebar with a "Data Extracts" section containing "All", "Claim", "COVID-19", and "Remit", and a "Package Reports" section containing "All". The main content area displays a table of data extracts, each with a "Name", "Description", and a "Select" button. The table rows are as follows:

Name	Description	Keywords
Audit Detail Extract	Extract based 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.	Claim, Hospital
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 Date 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: Cat277, Stat277, 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

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- **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.”





# Helpful Reports

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- **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.	<a href="#">Select</a>



# SSI Resources

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- [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](#)