SSI Claims Clearinghouse Overview

Ms. Miryea Bartosz and Ms. Julie Zemault

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Agenda

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- Claim Status and Billed Status Definitions
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  - Resolving Claim Errors
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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.
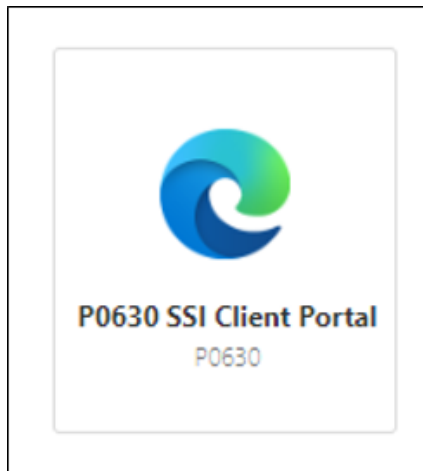
SSI Access

- The access request form for MHS Genesis includes access to the following applications
  - RevenueCycle
  - Powerchart, Experian
  - 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
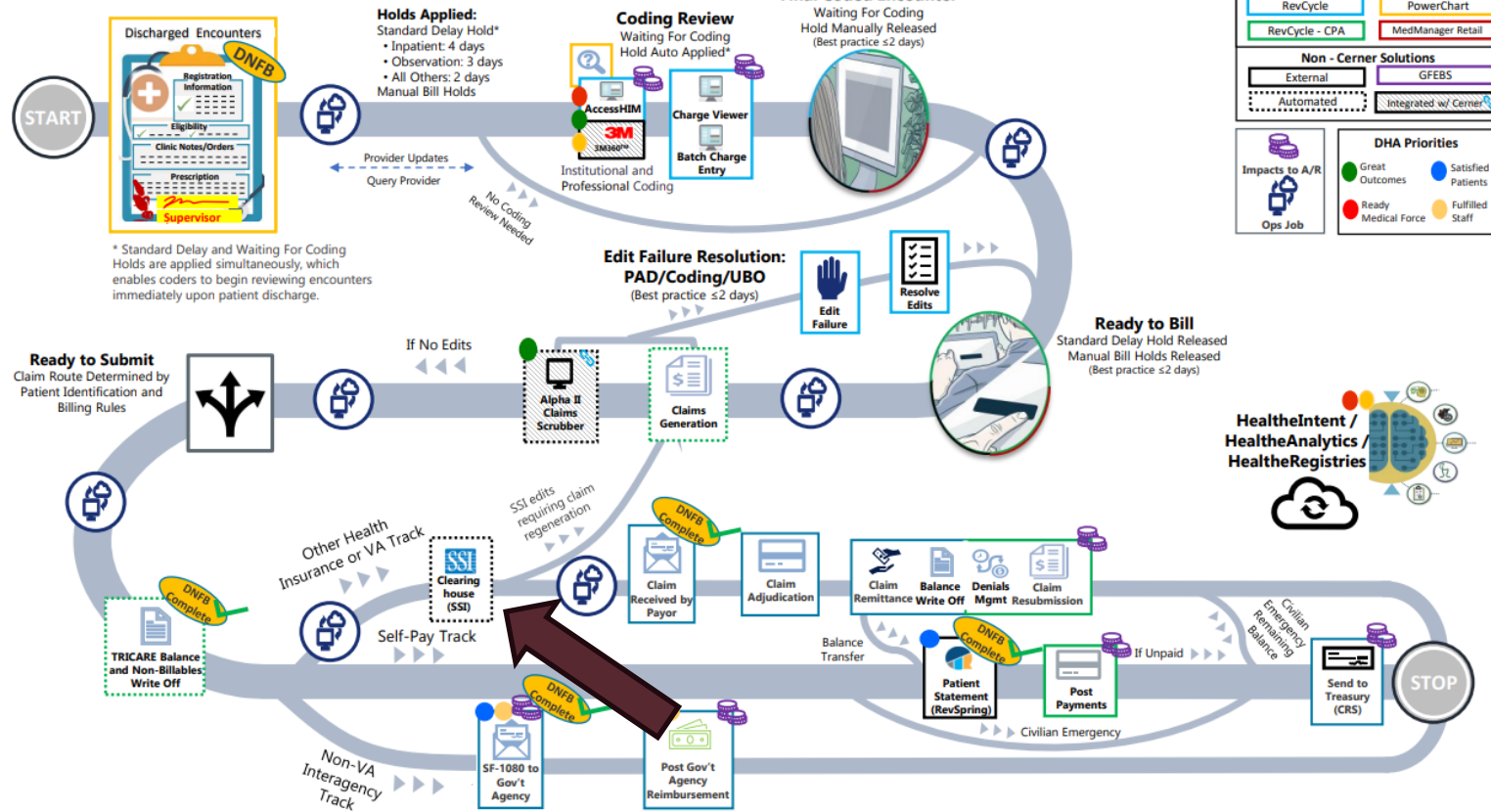
Claim Transmission Process

- 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

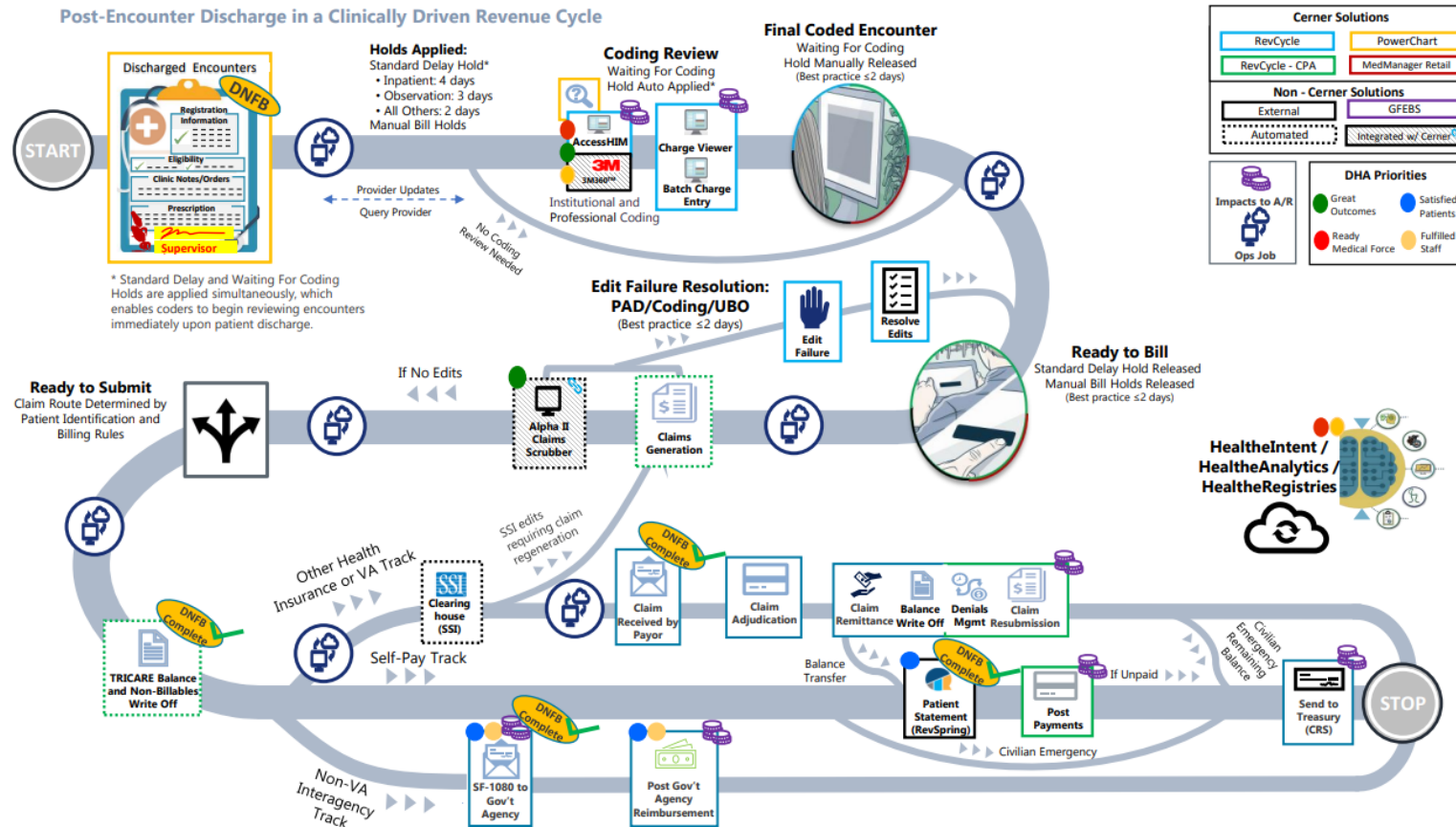Post-Encounter Discharge in a Clinically Driven Revenue Cycle

Revenue Cycle Snake Chart (2)

Post-Encounter Discharge in a Clinically Driven Revenue Cycle

Discharged Encounters
DNFB
- Registration Information
- Eligibility
- Clinic Notes/Orders
- Prescription
- Supervisor

* Standard Delay and Waiting For Coding Holds are applied simultaneously, which enables coders to begin reviewing encounters immediately upon patient discharge.

Holds Applied:
Standard Delay Hold*
- Inpatient: 4 days
- Observation: 3 days
- All Others: 2 days
Manual Bill Holds

Provider Updates
Query Provider

No Coding Review Needed

Coding Review
Waiting For Coding
Hold Auto Applied*

AccessHIM
3M
3M360™
Institutional and Professional Coding

Charge Viewer
Batch Charge Entry

Final Coded Encounter
Waiting For Coding
Hold Manually Released
(Best practice ≤2 days)

Edit Failure Resolution:
PAD/Coding/UBO
(Best practice ≤2 days)

Edit Failure
Resolve Edits

Ready to Bill
Standard Delay Hold Released
Manual Bill Holds Released
(Best practice ≤2 days)

Ready to Submit
Claim Route Determined by Patient Identification and Billing Rules

If No Edits

Alpha II Claims Scrubber
Claims Generation

HealtheIntent / HealtheAnalytics / HealtheRegistries

Other Health Insurance or VA Track

SSI edits requiring claim regeneration

Clearing house (SSI)

Self-Pay Track

DNFB Complete

Claim Received by Payor
Claim Adjudication

Claim Remittance
Balance Write Off
Denials Mgmt
Claim Resubmission

Balance Transfer

DNFB Complete
TRICARE Balance and Non-Billables Write Off

DNFB Complete
Patient Statement (RevSpring)

If Unpaid
Post Payments

Civilian Emergency Remaining Balance

Send to Treasury (CRS)

STOP

Non-VA Interagency Track

DNFB Complete
SF-1080 to Gov't Agency

Post Gov't Agency Reimbursement

Civilian Emergency

START

Cerner Solutions	
RevCycle	PowerChart
RevCycle - CPA	MedManager Retail

Non - Cerner Solutions	
External	GFEBS
Automated	Integrated w/ Cerner

Impacts to A/R
Ops Job

DHA Priorities
- Great Outcomes
- Satisfied Patients
- Ready Medical Force
- Fulfilled Staff

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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
Canceled	Claim was canceled. Claims can be cancelled by a user or by the system due to rules within Revenue Cycle.
Denied	Denial was received. Once a technical denial is reviewed and worked by billing staff, users will mark the claim as denied.
Denied Pending Review	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.
Pending	Correction is required, claim stuck in Edit Failure Work Item queue
Ready to Submit	Claim is awaiting Ops Job submit to batch
Transmitted by Crossover	Claim was transmitted to secondary payer by the primary payer
Submitted	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.
Transmitted	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. There 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.

Billed Status in SSI	Description
SSI CH Rejected	Claim was rejected. Billed with incorrect Payer ID/SubID
SSI CH Accepted	Claim was accepted
SSI CH Forwarded	Claim was forwarded to Payer
SSI CH Held	Payer unknown to SSI, Payer ID issues present
Payer Rejected File	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
Payer Accepted File	The payer has accepted the file
Payer Processing Claim	The payer is processing the claim
Payer Finalized Claim	Claim has been finalized by the payer
Payer Rejected Claim	The payer has rejected the file. 277 status code available.
Payer 277 RPT Denied Claim	Payer denied claim
Payer Pending: Information Requested	Claim denied pending further information
Payer Partial Rejection	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.

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 clocking 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.

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.

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

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.

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.

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

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

Claim List (2)

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

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.

- 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
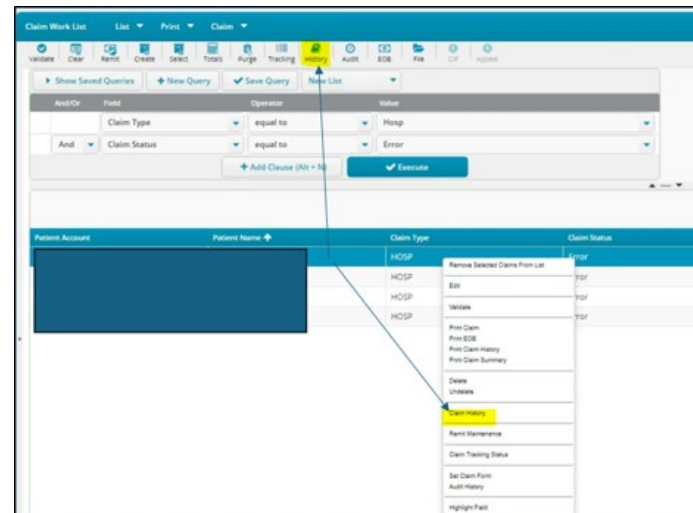
Viewing Claim History

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)

- 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

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.

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.

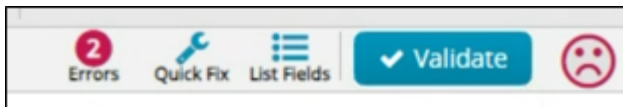- The Claim Errors List will display a description of the errors on the claim. Double click on the error to resolve.
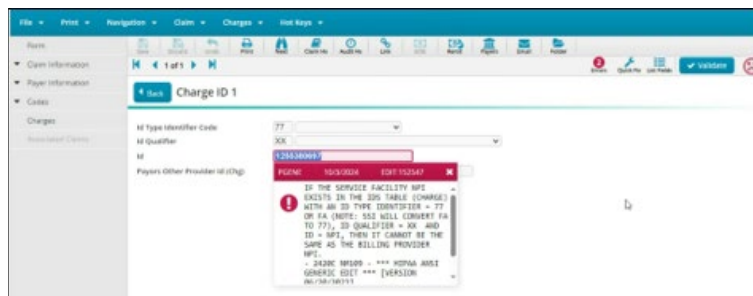
Resolving Claim Errors

- 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.
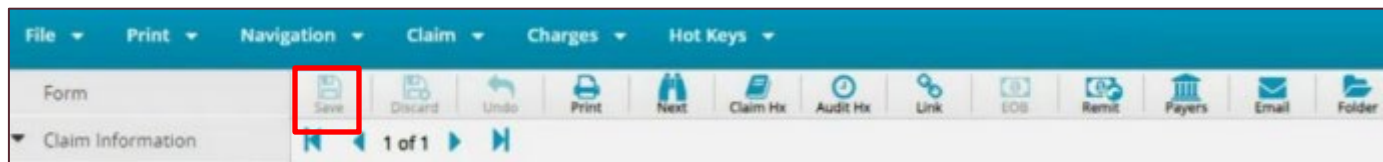
Resolving Claim Errors

- 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.

Accessing Quick Fix Page

- Select Main Menu > Claim List

- Execute a query to populate the claim list

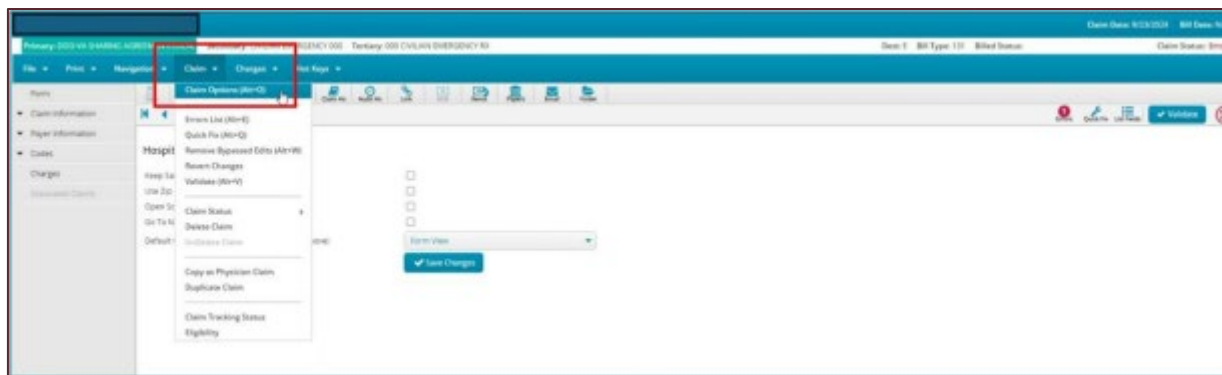- Open a claim

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.

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.

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.
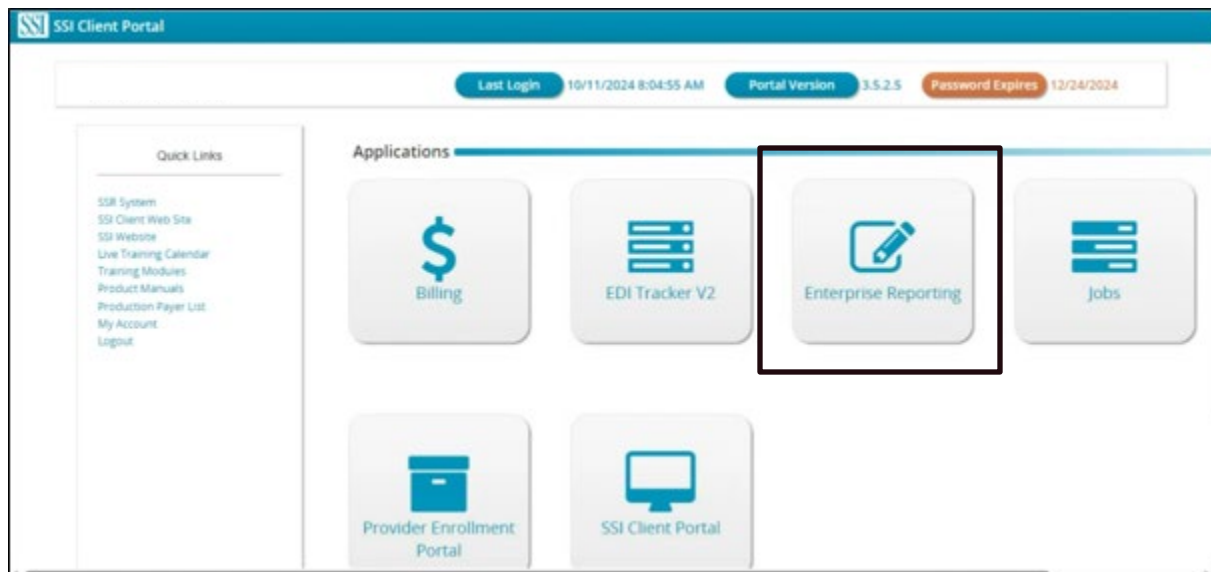
Reporting in SSI

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.

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."

▶	Edit Tracking Detail Entries
▶ 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

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](#)