

This document explains the purpose and functionality of the Portal Claims Dump. It is important to understand this data dump is not intended for reporting purposes, but to easily research what happened to each and every claim submitted regardless of adjudication reason status. It is also imperative to understand that this is an ongoing dump that is updated every morning to list the status of every claim submitted for the past 6 months (this was changed from a year on 5/5/2014). With that being said, if there is a denial on the list it will continue to remain on the list regardless if a rebill or replacement claim was submitted and approved.

To download your claims dump file: click **Menu > Download Q**

Depending on if your provider is EDI certified will determine what files are in the queue. If you are EDI certified and submit your own 837s, then your 999 and response files will be available here as well. (If a clearing house submits your 837s, then you will only have the 3 dump files).

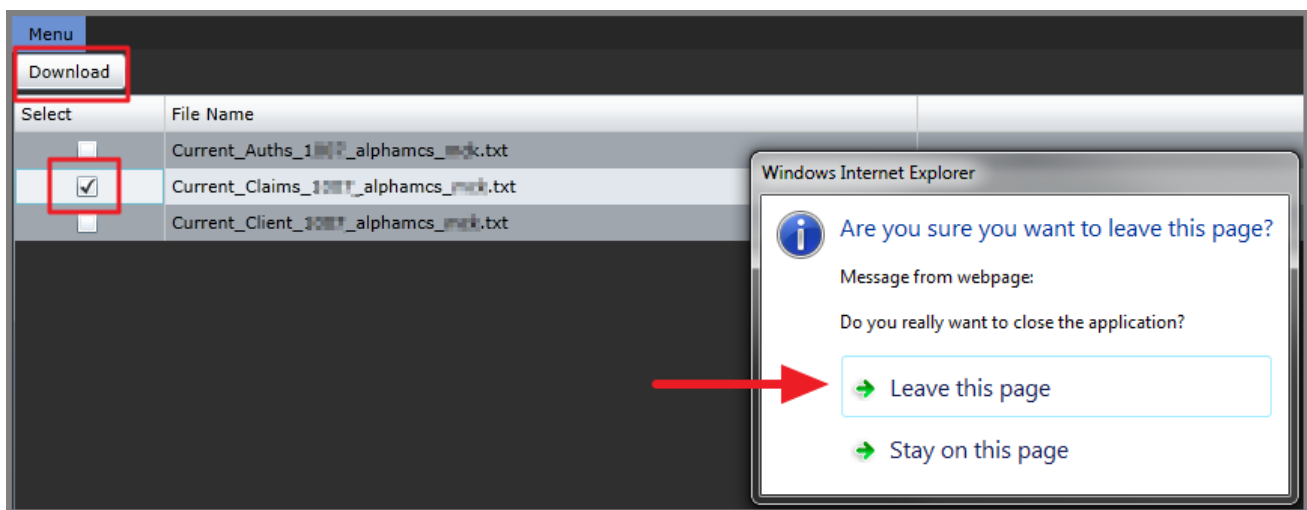
Everyone receives a Claims, Authorization and Consumer Dump file in this repository.

Locate the file named **Current_Claims_####_alphamcs_###.txt**

1st set of #### - is your unique provider ID for the MCO

2nd set of ### - is the MCO acronym for where the dump file came from. For providers that bill to multiple MCOs, this is what you reference to determine which MCO you're investigating.

Click the checkbox next to the file you want to download and choose the **Download** button. You will be asked to leave page or stay on page. Choose Leave page (you will not actually be navigated away from the Download Q module).



Opening the Claims file

It's slightly different depending on what browser you use but the options are the same. You will be given the option **Open**, **Save** or **Save As**.

It is suggested to choose **Save As** and save it where you can easily access it. Opening it as is will open the dump file in a NotePad or EditPad that will display *jumbled* information where it is basically illegible.

Therefore, you will want to open it in **Excel** so you can format the file in the appropriate columns. There are a few ways to do this but the below explains one method.

After you have saved the file to your local machine or network drive, launch your MS Excel program. With Excel program opened, you will now want to Choose **File > Open** which will open your Windows Explorer to navigate to the file you wish to open.

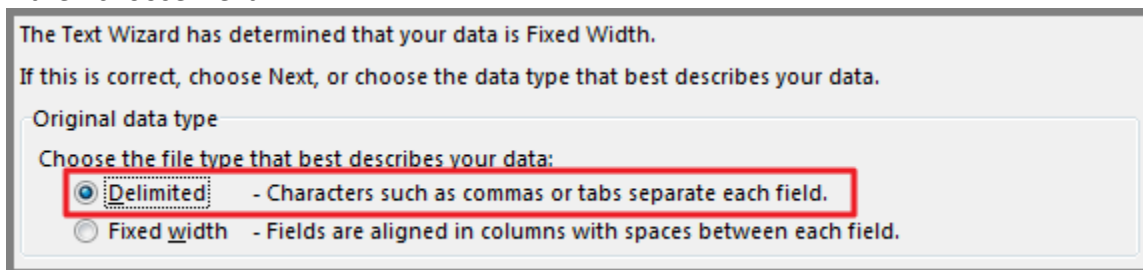
First, you will want to change the file type from ALL Excel Files **to ALL Files** so you will see the .txt file you recently downloaded and saved.



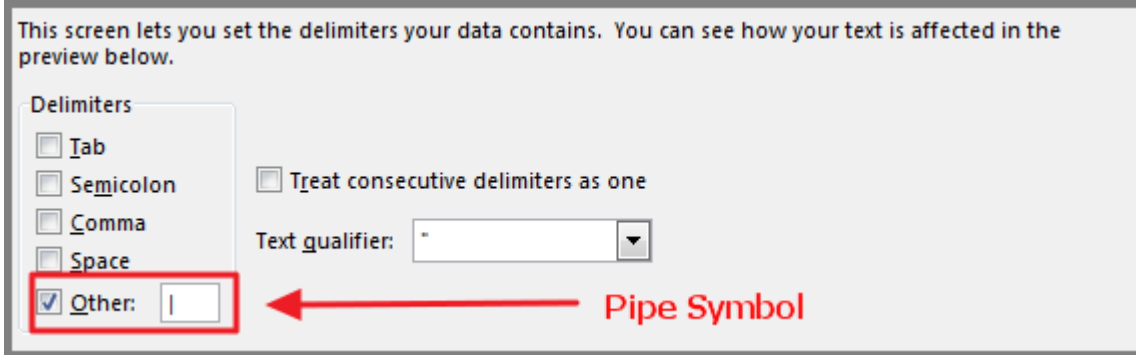
Once you find the dump file you saved, **open** the file.

When the file attempts to open, you will be presented with 3 steps in a dialog box asking you how you would want to separate columns and read the file

1. The first option asks if this document is Fixed or Delimited, you will need to click Delimited then choose Next.



- The 2nd screen is asking how the columns are split in the file, we use the pipe character '|' This is not an option by default so you will have to choose "Other" and manually type in the pipe symbol in the available type field. Choose Next



- The 3rd and last step asks you how you would like the numbers in the dump file formatted. The default selection of General is what we need, so leave as is and choose finish.

Now the document is nicely displayed in MS Excel for you. Now you can use your Excel skills to freeze panes, add filters, sort by, pivot tables etc.

NOTE: You may have to format any date columns to display the dates correctly.

Key Column Headings Defined:

Prov_id:	Indicates the provider id
Provider_name:	Indicates the provider name
Billing_NPI:	Indicates the providers NPI
Patient_ID:	Is the consumer ID at the MCO and not your internal or EHR ID
Patient_first_name:	Indicates the first name for the patient from the claim
Patient_last_name:	Indicates the last name for the patient from the claim
Line_ctrl_number:	Internal control number submitted by the provider for referencing the claim.
Received_dt:	the day the DDE claim or 837 batch of claims was received by the MCO
Rev_code:	Indicates the revenue code submitted on the claim (Institutional claims only)
Proc_code:	Indicates the procedure code submitted on the claim
Mod1:	Indicates the first modifier associated with the procedure code
Mod2:	Indicates the second modifier associated with the procedure code
Mod3:	Indicates the third modifier associated with the procedure code
Mod4:	Indicates the fourth modifier associated with the procedure code
DOS:	Indicates the Date of service from the claim
Received_dt:	Indicates the date the claim was received
Claim_header_id:	Indicates the claim header of the claim
Claim_adj:	Indicates the claim_adj_id for the claim line on the claim
Claim_amt:	the monetary amount on the claim that you have sent to be reimbursed.
Approved_amt:	the amount approved out of the claimed amount
Adjusted_amt:	the amount denied out of the claimed amount
Units:	Indicates the units submitted for the procedure code on the claim
Adjudication_date:	the date the claim was adjudicated to render results. This is performed the evening the claim was received unless the claim requires manual review or is pending for other reasons.
Status:	either denied or approved. Note that claims can be in the approved status even if not all of claimed amount was approved.
Reason_cd:	identifies the HIPAA denial reason code
Funding:	Indicates what insurance the claim is being billed to (State, Medicaid)
Capitated_amt:	if a capitated claim, the approved amount will display here.
Paid_amt:	Indicates the amount that has been paid to the provider for this claim
Check_number1:	display the EFT check number of the first check the claim paid on
Check_amt1:	displays the amount of Check_number1
Applied_amt1:	the monetary amount from the claim applied to Check_number1.
Check_dt1:	the date EFT deposited into your agencies account.
Check_number2:	display the EFT check number of the 2nd check the claim paid on
Check_amt2:	displays the amount of Check_number2
Applied_amt2:	the monetary amount from the claim applied to Check_number2
Check_dt2:	the date EFT deposited into your agencies account.
MCO:	Indicates which MCO the claim was sent to for payment

Internal_reason_cd: this is the MCO denial reason (not HIPAA) to assist in why the claim denied. This is what you would use to refer to the Denials Guide available on the MCS University.

Memo_apply_amt: if the claim has a credit memo applied, this field will display how much of the approved amount is covering the credit memo.

Dup_exist: This indicates if a duplicate claim exists. 1 = yes, a duplicate exists. 2 – No, a duplicate does not exist

Pat_ctrl_num: Indicates the providers internal patient id

Pat_ssn: Indicates the patient ssn submitted on the claim

Claim_type: Indicates how a claim was submitted.
837-P – Submitted on 837P file
837-I – Submitted on 837I file
Portal CMS1500 – Submitted on CMS1500 in MCS
Portal UB04 – Submitted on UB04 in MCS

DX_desc: Indicates the description of the dx code submitted on the claim