Regulatory Reporting Tool (RRT)

Overview

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Assurance Reimbursement Management™

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Overview

Certain state agencies require all hospital facilities to report patient and medical service data (encounter data) related to inpatient discharges on a monthly or quarterly basis. These agencies use the data to review service utilization, clinical information, and patient demographics for state planning purposes. There may be financial penalties or other penalties for healthcare providers who fail to comply. To help you meet these requirements, Assurance Reimbursement Management™ (Assurance) offers the Regulatory Reporting Tool (RRT) feature.

With this feature, Assurance automates the creation of RRT encounter claims separate from the claims sent to the payer for adjudication. The system creates zipped files with batches of these RRT claims in the 5010 837 format accepted by the state agency.

Benefits

- RRT creates the 837 files you need for state agency reporting. Download and submit them directly to the state agency without depending on a third-party.
- The system does not apply state agency edits to your payer claims. You can send your payer claims for adjudication without needing to clear up state agency errors that do not affect payment.
- Find and work errors on RRT claims just like you do for payer claims. There is an RRT filter that helps you find rejected RRT claims, and then you can use the same claim view and toolbar buttons to find and fix errors.
- You can create sample 837 files for testing with a state agency.

Basic RRT workflow



If you bridge special self-pay and/or state files into the system to create all your RRT claims, you work the RRT claims with errors as you would work payer claims with errors. The system builds the necessary 837 file based on your schedule. You can download the files and prepare them for submission directly to the agency.



If you need Assurance to create RRT claims by copying your bridged primary payer claims, there is an added workflow step at the beginning. First, you should work the source primary payer claims to acceptance before you work your RRT claim copies. The source payer claims are initially linked to the RRT claim copies created during the bridging process. The system uses this link to automatically update the RRT claim with changes to the source payer claim, as long as the RRT claim has not been manually updated separately or already included in an 837 file. Users can validate the RRT claims through the menu option without breaking the link.

The link to the source payer claim is broken when a user validates the displayed RRT claim using the toolbar button, edits the RRT claim, or the system includes the RRT claim in an 837 file. The system does

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not apply any additional payer claim changes to the RRT claim. Note that this link only works in one direction to update the linked RRT claims. The system does not apply RRT claim changes to the source payer claims.

If the state agency rejects a claim for some reason, you can correct it in Assurance. You can also decide whether to regenerate the entire original 837 file with the updated claim(s) for submission or include the updated claim(s) in the next 837 file creation.

Fundamental facts

Item	Description
Locations	1. To work RRT claims Claims → Regulatory Reporting → View/Modify Claims Claims → Regulatory Reporting → Validate Claims Claims → Regulatory Reporting → Delete Claims 2. To access RRT 837 files and reports: Reports → View Reports Note: Auto Agent can pick up files and reports to save on your system. 3. To manually create RRT 837 files and reports: Reports à Create Reports, Custom category
Group rights	1. RRT: Profile Edit Allows the user to set up or edit the Regulatory Reporting Profiles the system uses to create a state agency's 837 files. 2. RRT: Profile View Allows the user to see the saved Regulatory Reporting Profiles. 3. RRT:Validate Claims Allows user to check RRT encounter claims against state agency edits. 4. Edit Claims; View Claims (Existing) Allows the user to see and edit RRT claims. These are the same functions that control the ability to see and edit payer claims. 5. Create Custom Reports; View Custom Reports; Delete Custom Reports (Existing) Users need these functions to be able to manually create or download/ delete any 837 files and related reports. Remove the View function from a group to restrict access to 837 files. 6. Delete Unreleased Claim; Deleted Single Unreleased Claim (Existing) The user can delete a batch of unsent RRT claims through the menu option or delete a single unsent RRT claim while viewing it. These are the same functions that control the ability to delete payer claims.
Help topics, Contents tab	• Reference Materials, Regulatory Reporting Tool Overview (PDF) • Claims, 5)Enhance Productivity, Regulatory Reporting • Reports, Regulatory Custom Reports • Maintenance, Master Setup, Regulatory Reporting Profile • Sample Reports, Custom Reports See Regulatory Claim Status and Regulatory File Report samples.
Local status codes	500: State claim deleted because Source claim deleted 501: State claim sent, but its Source claim is now deleted 502: State claim created from Source claim by Bridge 503: State claim created by Bridge (Self Pay)

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Item	Description
	504: State claim created by Bridge 505: State claim included in Regulatory File zip file name.zip 837 file name.837 506: State claim included in Regulatory File zip file name.zip 837 file name.837 Source claim is unreleased 507: Source claim changes not applied ++ claims no longer in synch 508: State claim marked for resubmission 509: Source claim failed to make a State claim copy 510: Both Source claim and State claim have been undeleted 511: Source Claim has been undeleted 512: State Claim manually marked as Sent 513: State Claim manually marked as Not Sent 514: Met Duplicate Claim Criteria; Not Included in File Note: 514 applies only to the special Duplicate Claim checking for Idaho, Illinois, Indiana, Iowa, Montana, Nebraska, and Wisconsin. 515: Source claim copied to State claim (Posted to the source payer claim) 516: State claim included in Regulatory File (Posted to the source payer claim)

The system does not post any other status codes such as 135 for a released claim since these codes only apply to payer claims. The system also does not post any payment data to the RRT claims.

Set up RRT

Implementation or Support must enable the RRT feature for you. You need to determine how you want the system to create your RRT claims. Some of the creation methods require the setup of a special **Bridge Master**. There are new claim fields in the 5.1 release to support state agency requirements, and these fields may require updates to your claim submission files, bridge tables, and bridge routines.

You need to create profiles for your state agencies. A **Regulatory Reporting Profile** captures your information needed to build the proper 837 file output (e.g., contact information, required claim types). You need at least one profile for each state reporting agency where you send service information.

Finally, set up the required auto processes so the system automatically builds the 837 file and report according to state agency requirements and expected frequency.

RRT claim creation

How will your site create the RRT claims in Assurance?

- **Copy Payer Claims (No State Only Submission Files)**

  This creates an RRT copy of all bridged primary payer claims that were not discarded. There are no special claim submission files.

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- **Self Pay File**

  This creates an RRT copy of all bridged primary payer claims that were not discarded. In addition, your site bridges separate files with self-pay claim data. A **Self Pay** bridge master entry must be set up.

- **State Only File**

  This bridges separate files with all of your encounter data for the state. The system will not copy any payer claims for RRT. A **State Claim** bridge master entry must be set up.

- **Both Self Pay and State**

  This bridges special files of self-pay claim data in addition to separate files of other state-only claim data. **Self Pay** and **State Claim** bridge master entries must be set up.

During bridging, the system posts the applicable creation local status code of 502, 503, or 504. The system also adds S999 as the edit master, and then determines the CPID field value as SRxx where xx is the service state.

502: State claim created from Source claim by Bridge

503: State claim created by Bridge (Self Pay)

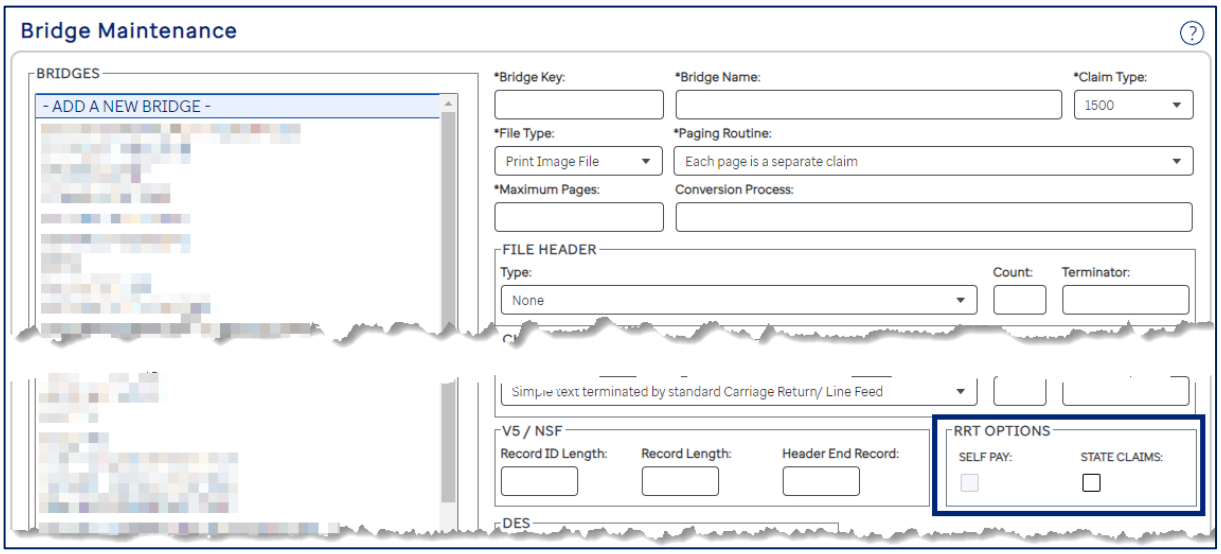
504: State claim created by Bridge

Copying occurs after an action (e.g., bridge routine) that would change the claim. The system creates a link between the source payer claim and the state RRT copy. The system also creates copies and links for primary claims created during bridging by splitting claims.

If you manually split a primary payer claim in Assurance, a new RRT claim **is not created**. Also, there is no link to an RRT claim if you duplicate the source claim, create a spin-off claim, or create a secondary claim. Additionally, if you copy source payer claims to Test Mode, the system does not include the link to the production RRT claim.

Bridge master

To submit special State Only or Self Pay files to Assurance for RRT, you need special bridge master entries. Bridge routines will run on Self Pay and State Only claim files.



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The Bridge Master report captures any set State Only or Self Pay entries:

BRIDGE KEY:	UB04PI	**DESCRIPTION:**	UB04 PRINT IMAGE
DATA FORM:	UB	**PAGING ROUTINE:**	Accumulate pages (Patient Control Number, Patient Birth Date, and UTIL1)
MAX PAGES:	20	**STATE REPORTING:**	None

SECTION	TYPE	COUNT	STRING
FILE HEADER:	None	0	
CLAIM HEADER:	None	0	
CLAIM BODY:	Fixed Length Claim of COUNT lines	64	\f
LINE FORMAT:	Simple text terminated by standard Carriage Return/Line Feed	250	

BRIDGE KEY:	UB04SO	**DESCRIPTION:**	UB04 SELF PAY PRINT IMAGE
DATA FORM:	UB	**PAGING ROUTINE:**	Accumulate pages (Patient Control Number, Patient Birth Date, and UTIL1)
MAX PAGES:	20	**STATE REPORTING:**	Self Pay File

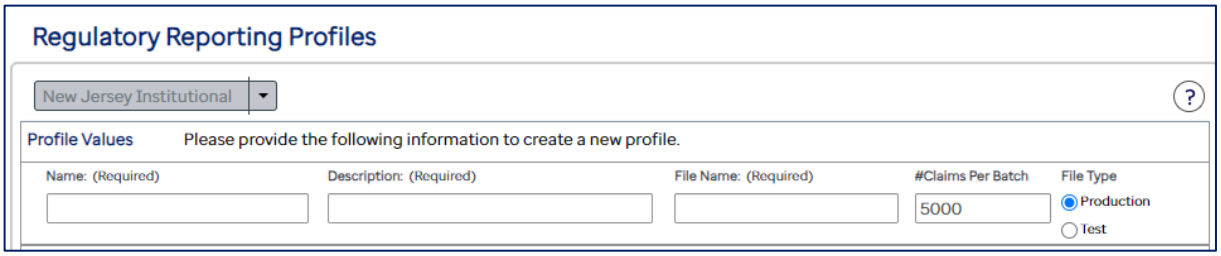
SECTION	TYPE	COUNT	STRING
FILE HEADER:	None	0	
CLAIM HEADER:	None	0	
CLAIM BODY:	Fixed Length Claim of COUNT lines	64	\f
LINE FORMAT:	Simple text terminated by standard Carriage Return/Line Feed	250	

Regulatory reporting profiles

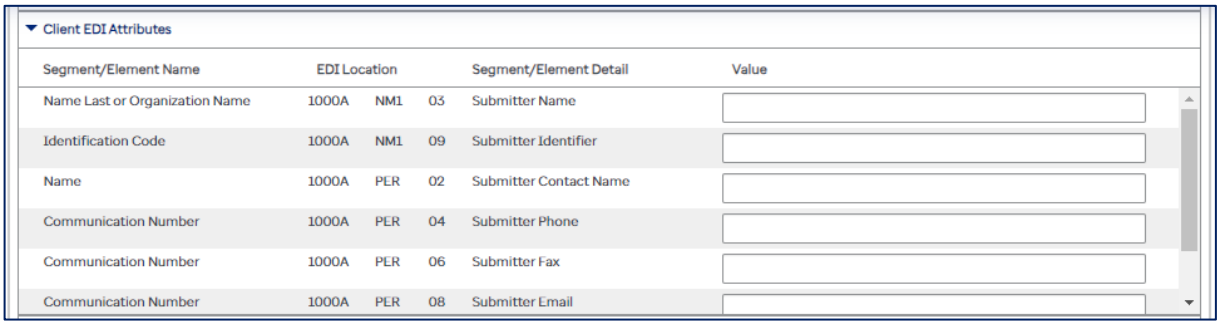
Regulatory Reporting Profiles capture information needed to build the proper 837 file output. You will need at least one profile for each state reporting agency where you send service information. The option is only visible if the feature is enabled for your site and you have the appropriate assigned **RRT:Profile View** right in Group Master. You also need the **RRT:Profile Edit** right to create, modify, or delete profiles.

The system includes a library of approved templates for state reporting agencies, and these templates provide the foundation for any profile. Each profile has four sections:

1. Enter **Profile Values** like the profile name and description.



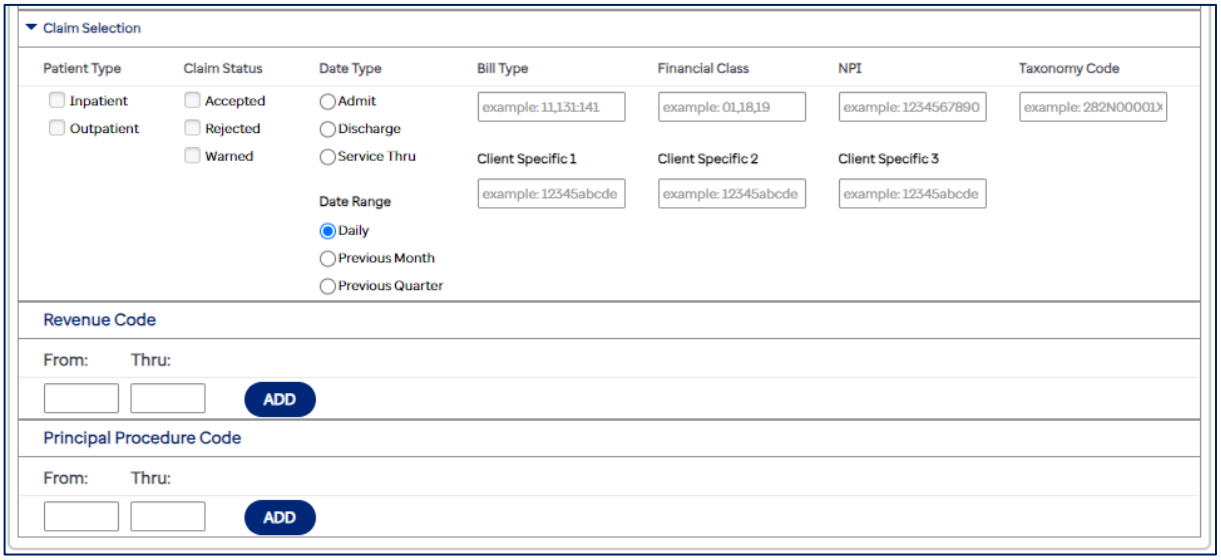
2. Enter the **Client EDI Attributes** needed to build an 837 claim file for the electronic data interchange (EDI) with the state. These fields include your contact information and any other values required by the state.



3. The **Master EDI Attributes** section is read-only and contains information from the approved template. Expand the section for reference, if needed.

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4. Enter information into the **Claim Selection** section to specify which claims Assurance should target when it uses the profile to build your 837 files. For example, you may want inpatient claims with an admission date during the previous month.



Follow these steps to create your first profile:

1. Navigate to **Maintenance** > **Master Setup** > **Regulatory Reporting Profile**.
2. Select an approved state agency template from the **Select a State** dropdown list.
3. Click **New**.
4. Complete the **Profile Values** section:
   - Type a profile **Name**.
   - Type a **Description** to be used in the report that accompanies the 837 files.
   - Type the **File Name** to be used as part of the 837 file.
   - Enter the total **Number of Claims per Batch**, if different from the default value.
   - Change the **File Type** to Test, if needed.
5. Complete the **Client EDI Attributes** section. Fields in this section can vary by state requirements.
6. Complete the **Claim Selection** section. Refer to the help system topic about profiles for more details about these fields.
7. Click **Save Profile**. The system adds the item to the **Profile Name** list.

Auto process

Use auto processes to create the RRT 837 files and manifest report. The Auto Agent can download these items and save them to your system. You can also access them from **View Reports**.

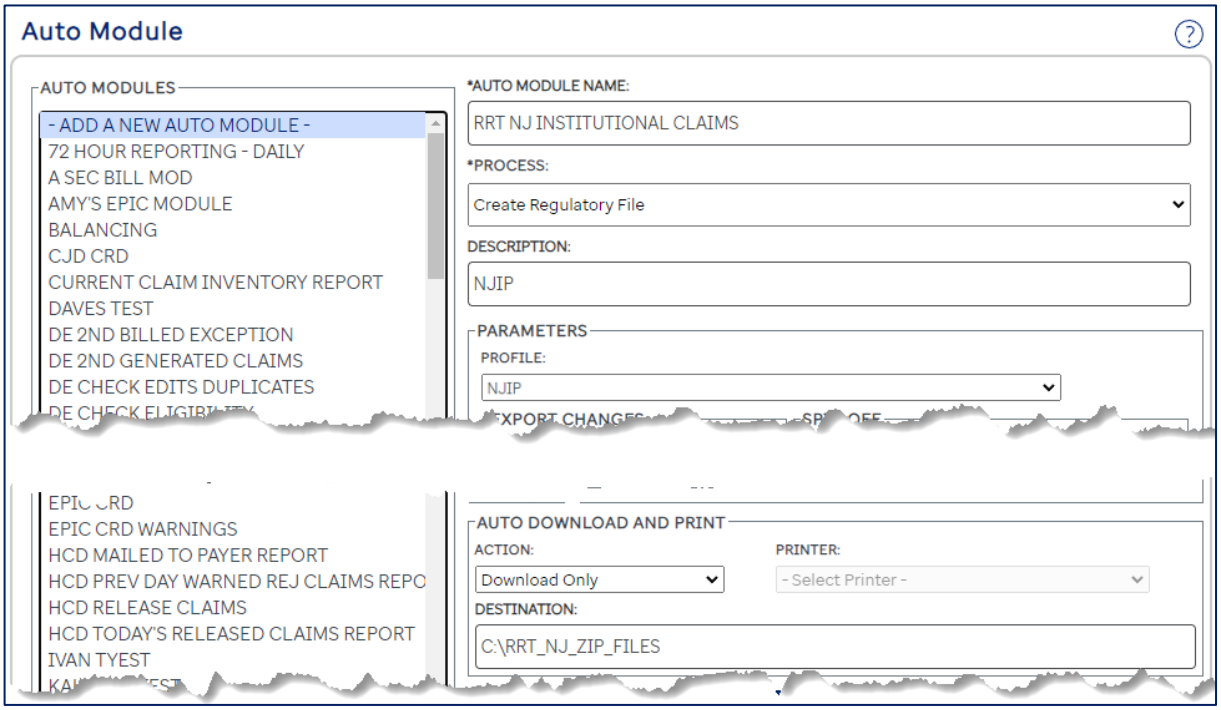
Set up auto modules

Follow these steps to create an auto module that builds a zipped file of 837 claim batches:

1. Navigate to **Maintenance > Auto Process > Auto Module**.
2. Select **ADD A NEW AUTO MODULE** from the Auto Modules panel.
3. Type a **name** for the module such as *RRT NJ Institutional Claims*.

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4. Select **Create Regulatory File** from the **Process** field.
5. Select the appropriate **Profile** within the **Parameters** panel.
6. Select the **Download Only** action within the **Auto Download & Print** panel, if you want Auto Agent to download the zip files to your system. Enter the **Destination**.
7. Click **Add**.
8. Click **OK**.

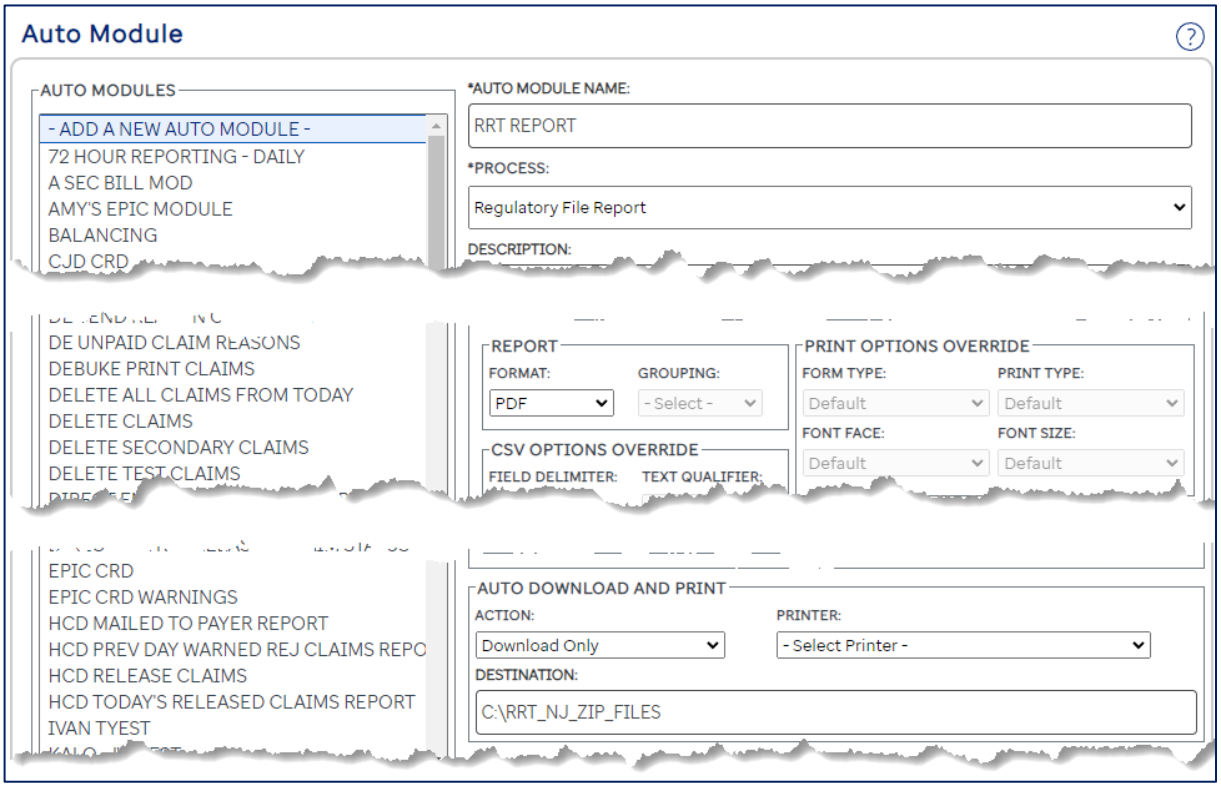


Follow these steps to create an auto module for the Regulatory File Report, a manifest of the 837 zip file.

1. Select **ADD A NEW AUTO MODULE** from the Auto Modules panel.
2. Type a **Name** for the module such as *RRT Report*.
3. Select **Regulatory File Report** in the “Reports – Custom” list from the **Process** field.
4. Select the report **Format** (PDF or CSV).
5. Select the **Download Only** action within the **Auto Download & Print** panel, if you want Auto Agent to download the report to your system. Enter the **Destination**.
6. Click **Add**.

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7. Click **OK**.



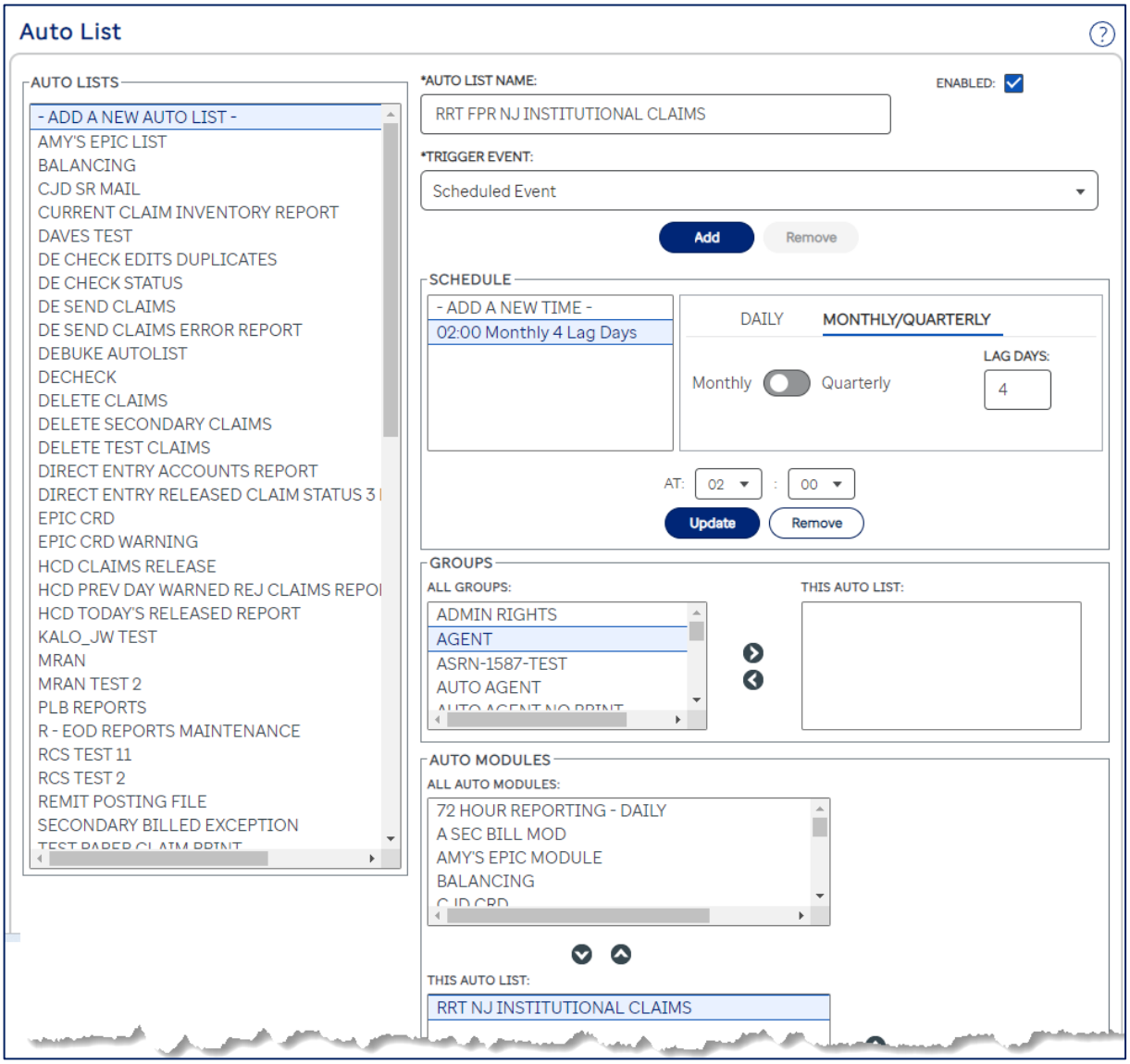
Set up auto lists

You will need separate auto lists for the 837 zip file and the report because they use different triggers. Follow these steps to set up an auto list to create the 837 zip file:

1. Navigate to **Maintenance > Auto Process > Auto List**.
2. Select **ADD A NEW AUTO LIST** from the Auto Lists panel.
3. Type an **Auto List Name** for the module such as *RRT For NJ Institutional Claims*.
4. Select **Scheduled Event** as the Trigger Event.
5. Click **Add**.
6. Set the schedule according to the agency reporting frequency requirements. **ADD A NEW TIME** should be highlighted within the **Schedule** panel.
   - Use the Daily tab to create a file every day. Set the time in hours and minutes when the auto list should start.
   - Use the Monthly/Quarterly tab to create a file on a less frequent but regular basis. Click the Monthly or Quarterly radio button. Set the Lag Days and timeframe.
   - Lag Days: This number tells the system when to run the list during the month or calendar quarter. The first day of the month/quarter is the starting point of zero (0). To run an auto list on the first day of the month or quarter, enter '0' in Lag Days. To run an auto list on the fifth day of every month or quarter, enter '4' in Lag Days.
7. Click **Add**.
8. Select the 837 file module from the **All Auto Modules** list and use the up/down arrow buttons to move it to **This Auto List**.

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9. Click **OK**.

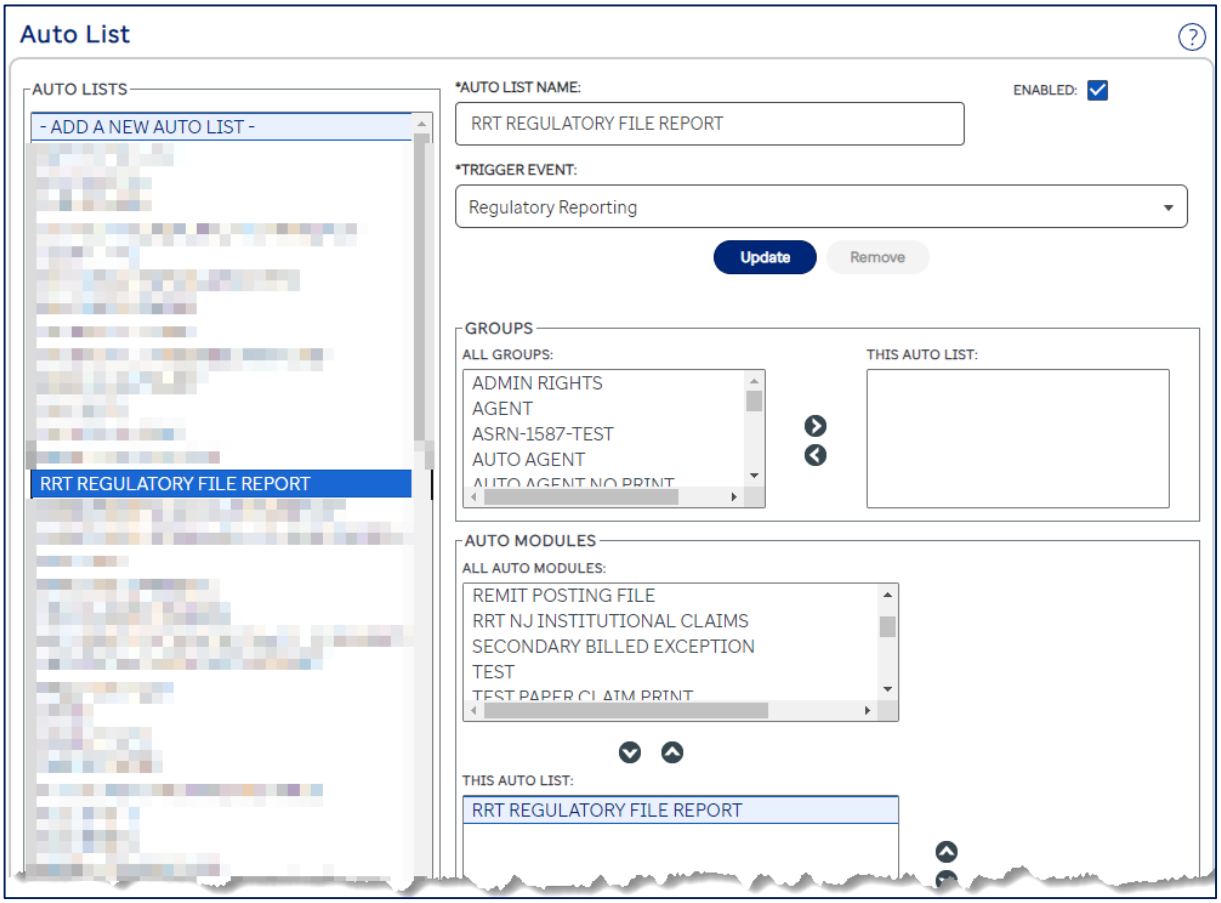


Follow these steps to set up an auto list to create the Regulatory File Report (2501) every time the system generates a zip file of 837 claims:

1. Navigate to **Maintenance > Auto Process > Auto List**.
2. Select **ADD A NEW AUTO LIST** from the Auto Lists panel.
3. Type an **Auto List Name** for the module such as *RRT Regulatory File Report*.
4. Select **Regulatory Reporting** as the Trigger Event.
5. Click **Add**.
6. Select the report module from the **All Auto Modules** list and use the up/down arrow buttons to move it to **This Auto List**.

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7. Click **OK**.



Using this new trigger, the auto list will generate the Regulatory File Report whenever the system finishes creating a zip file of 837 claims, regardless of how the file was created.

Working RRT claims

Submission Summary report

Use the Submission Summary Report to verify the expected volume of created RRT claims through the submission process. It now includes RRT claim counts.

RRT count of State Only/ Self Pay →

RRT count of copied primary payer claims →

	COUNT	CLAIM AMOUNT
ACCEPTED CLAIMS:	93	170,000.02
REJECTED CLAIMS:	7	1,568.80
WARNED CLAIMS:	0	0
REJECTED HELD CLAIMS:	9	6,897.00
TOTAL CLAIMS:	109	178,465.82
DISCARDED CLAIMS:	2	22,999,999.77
CLAIMS FOR STATE REPORTING ONLY:	0	0.00
FINAL TOTAL CLAIMS:	111	23,178,465.59
CLAIMS FROM DOWNLOAD:	109	178,465.82
CLAIMS CREATED BY SPLITTING:	0	0
TOTAL CLAIMS:	111	23,178,465.59
TOTAL PAGES IN THIS DOWNLOAD FILE:		111
ACCEPTANCE RATE FROM HIS:		85.32%
ACCEPTANCE RATE (EXCLUDING HELD):		93.58%
CLAIMS COPIED FOR STATE REPORTING:	60	

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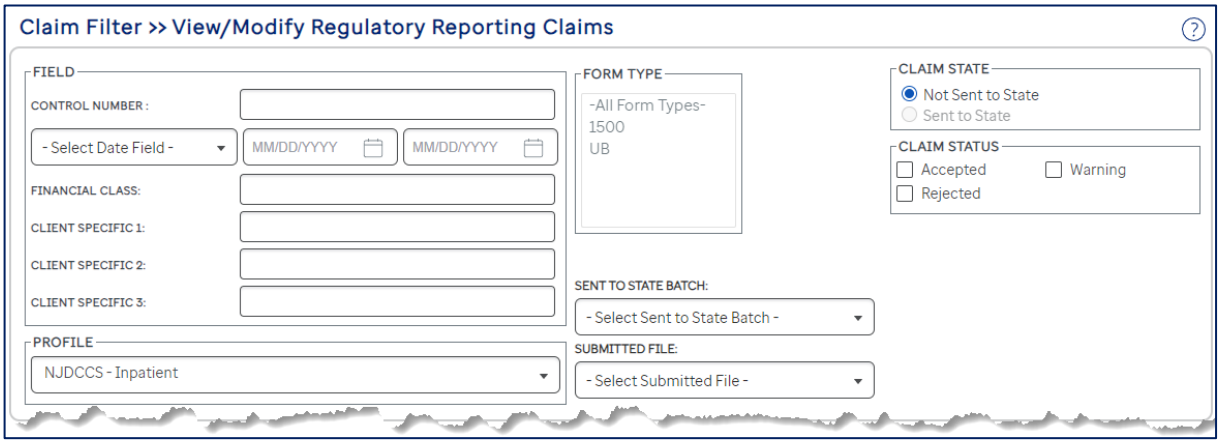
Find and fix your RRT claims

If your site creates any RRT claims by copying primary payer claims, Optum recommends working all the payer claims first before switching to the RRT claim copies. The source payer claims are initially linked to the RRT claim copies, and the system uses this link to automatically update the RRT claim with changes from the source payer claim. The system will also re-validate these modified RRT claims against the RRT edits.

You can use the **Validate Claims** option to check RRT claims against state edits (**Claims** > **Regulatory Reporting** > **Validate Claims**). This does not break adjudication claim links.

The system only breaks the link between the RRT claim and payer claim if the user validates the displayed RRT claim using the toolbar button (), the RRT claim is updated independently, or the RRT claim is included in an 837 file for submission to the state. Once broken, the system does not apply any additional payer claim changes to the RRT claim. This link only works in one direction to update the linked RRT claims. The system does not apply RRT claim changes to the source payer claims.

When you are ready to work RRT claims, use the Regulatory Reporting Claims filter to target the RRT claims that need updates. Navigate to **Claims** > **Regulatory Reporting > View/Modify Claims**.



Item	Description
CONTROL NUMBER:	Enter the patient control number value or range of values for the RRT claims you need.
Select Date field	Choose from five options: *Admission Date, Discharge Date, Statement From Date, Statement Through Date*, or *Submit Date*.
FINANCIAL CLASS:	Target RRT claims based on financial class values.
CLIENT SPECIFIC 1-3	Target RRT claims based on information in the STSPC_1, STSPC_2, and/or STSPC_3 fields.
PROFILE	Select a saved Regulatory Reporting Profile from the list. When selected, the system uses the profile criteria to target claims for a specific state agency with the exception of the **Claim Status** (Accepted / Warned / Rejected). RRT filter settings override the profile's set **Claim Status**. You cannot specify the **Form Type** or **Claim State** in the filter when selecting a **Profile**.
FORM TYPE	Choose professional (1500) or institutional (UB) claims. This option is unavailable if you specify a **Profile**.

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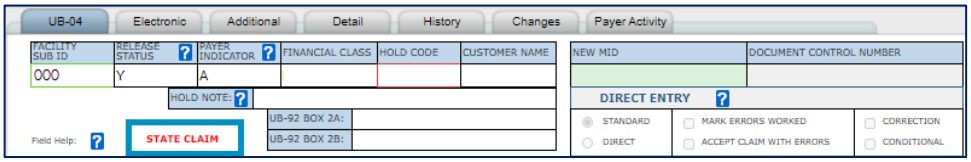
Item	Description
SENT TO STATE BATCH:	Choose from a list of created RRT zip files to target claims.
SUBMITTED FILE:	Depending on how your site creates RRT claims, you can choose from a list of payer claim files, state only files, and/or self pay files to target RRT claims.
CLAIM STATE	Target RRT claims that have not been included in an 837 file (Not Sent to State) or RRT claims that have been included in an 837 file (Sent to State). This option is unavailable if you specify a **Profile**.
CLAIM STATUS	Target RRT claims based on the error status of *Accepted, Rejected*, or *Warned*. This filter field overrides any **Profile** settings when a **Profile** is selected.

Here are some different ways to use this new filter to find RRT claims:

- Select *Not Sent to State* with a **Claim Status** of *Rejected* or *Warning* to target RRT claims that have errors.
- Select a **Profile** and *Not Sent to State* to find all RRT claims that have not been included in an 837 file regardless of the **Claim Status**.
- You must use one of the date fields to target claims already included in an 837 file (*Sent to State*). The system defaults to using a *Discharge Date* of today.

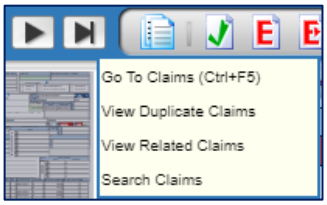
If your site uses the Restrict User Access profile feature (**Maintenance > Security Setup > Restrict User Access**), note that the settings only apply to the standard claim filter for payer claims, not to the RRT claim filter.

When you view claims in CFI, RRT claims have a **STATE CLAIM** stamp in red text near the top of the main UB or CMS form tab.



Navigation

Navigate the RRT claim fields and errors the same way you do for payer claims. Use the **Claim Review** feature to navigate:



Note: You can also navigate to possible duplicate RRT claims in your system from another RRT claim, if your site has set the criteria for duplicates set in the **Maintenance** > **Claim Options** > **Duplicate Claims** tab.

The system will not mark any payer claims as duplicates of your RRT claims, nor will it mark any RRT claims as duplicates of payer claims. Note that the **Related Claims** navigation is not available for RRT claims.

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Validation

The system determines the payer name, sets the SOP value, assigns the edit master (S999), and assigns the CPID value as appropriate for RRT claims. The CPID is SRxx where “xx” is the service state abbreviation. The system runs edits that help it build a valid 837 file. It does not apply legacy SDR edits, CCI edits, Medical Necessity edits, Audit 72-Hour checks, or paper claim edits.

To determine the service state, the system reviews the claim fields in this order for a value: SVC_ST, PR_STATE, and then FAC_STATE. If the state is undetermined, then the system places an error on the PR_STATE field.

If the site creates RRT claims by copying all primary payer claims during submission, then updating the unreleased primary source claims will also update the unsent linked RRT claims. The system will also automatically re-validate RRT claims changed by an update to the linked source payer claim. In addition, you can run the validate process by using the **Claims** menu, **Regulatory Reporting**, **Validate Claims** option.

Deleting unsent RRT claims

Users must have the Delete Unreleased Claims right and/or the Delete Single Unreleased Claim right assigned in Group Master to delete RRT claims that have not been included in an 837 file (not sent). Users can manually delete unsent RRT claims in two ways:

1. In a batch - From the **Claims** menu, choose **Regulatory Reporting**, and then **Delete Claims**. Use the RRT filter to refine the list and select the desired unsent RRT claims.
2. One at a time - When the claim is displayed in CFI, click **Delete** from the toolbar.

The system removes any link to a source payer claim, if the deleted unsent RRT claim was created by copying a bridged primary payer claim. Check the Job Queue or home page messages for job status information about deleted unsent RRT claims.

Deleting and undeleting primary source claims

If you delete the source payer claim, the system deletes the RRT claim unless it was already included in an 837 file. The system posts either local status code 500 or 501. If the source claim is later undeleted, the system undeletes the RRT claim and adds 510 or 511.

- 500: State claim deleted because Source claim deleted
- 501: State claim sent, but its Source claim is now deleted
- 510: Both Source claim and State claim have been undeleted
- 511: Source Claim has been undeleted

Other claim actions

You can duplicate an RRT claim in the system. You cannot rebill, print, spin, or manually split an RRT claim. You also cannot create a secondary claim from an RRT claim.

RRT 837 files and reports

When the system builds the RRT zip file based on state agency requirements, it sends a **message to the home page** to indicate the success or failure of the job, as well as whether the file is for test or production purposes.

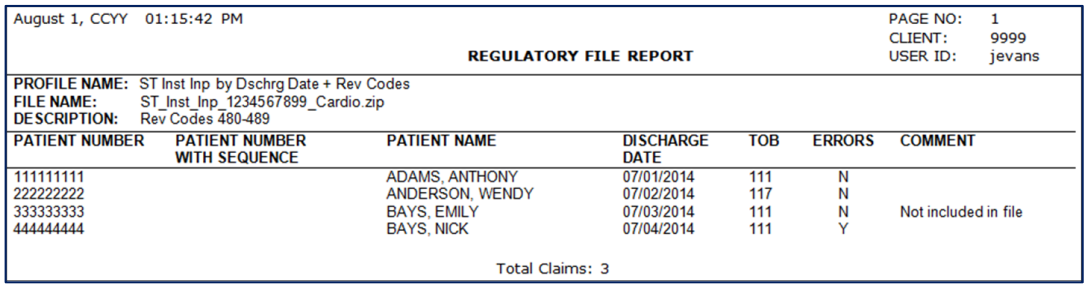
You can also access and download the file and report from **Reports > View Reports**. Look for the **Regulatory Reporting File – Profile [*your profile name*]** for the zip file of 837 claims. Look for the

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Regulatory File Report for the accompanying PDF or CSV report. Alternatively, you can use the Auto Agent to download these items to your system.

Regulatory File Report (2501)

With each RRT 837 file, the system also creates an RRT report to provide a record of the claims included in the file. The report is classified as a Custom type.



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REGULATORY FILE REPORT

PROFILE NAME: ST Inst Inp by Dschrg Date + Rev Codes
FILE NAME: ST_Inst_Inp_1234567899_Cardio.zip
DESCRIPTION: Rev Codes 480-489

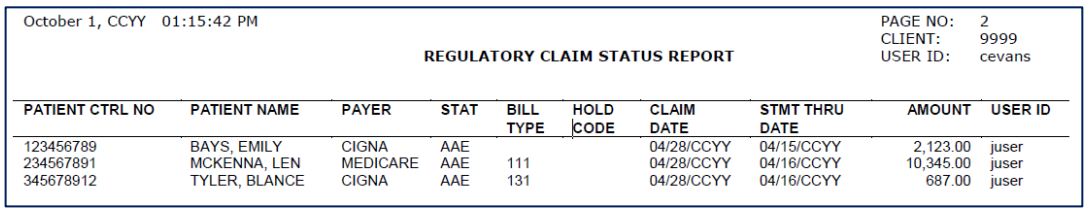
PATIENT NUMBER	PATIENT NUMBER WITH SEQUENCE	PATIENT NAME	DISCHARGE DATE	TOB	ERRORS	COMMENT
111111111		ADAMS, ANTHONY	07/01/2014	111	N	
222222222		ANDERSON, WENDY	07/02/2014	117	N	
333333333		BAYS, EMILY	07/03/2014	111	N	Not included in file
444444444		BAYS, NICK	07/04/2014	111	Y	

Total Claims: 3

Item	Description
Patient Number	Lists the patient control number on the RRT claim.
PATIENT NUMBER WITH SEQUENCE	This column contains the patient number with an added sequence number, if you are using the special duplicate claim check setting within the profile for an approved Iowa state template.
PATIENT NAME	Lists the patient's name on the RRT claim.
DISCHARGE DATE	Lists the discharge date from the RRT claim.
TOB	Lists the type of bill for the RRT claim.
ERRORS	This column indicates whether the RRT claim in the file had any overridden RRT errors.
COMMENT	This column indicates whether an RRT claim targeted by the profile was not included in the file. For example, an RRT claim may be skipped if it meets certain state duplicate criteria for Iowa, Illinois, Montana, or Wisconsin.
Total Claims	The report ends with a total of all included RRT claims in the resulting 837 file.

Regulatory Claim Status Report (2505)

Run this report for a one-line summary of each RRT claim that meets the RRT filter criteria. The report is also classified as a Custom type.



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REGULATORY CLAIM STATUS REPORT

PATIENT CTRL NO	PATIENT NAME	PAYER	STAT	BILL TYPE	HOLD CODE	CLAIM DATE	STMT THRU DATE	AMOUNT	USER ID
123456789	BAYS, EMILY	CIGNA	AAE			04/28/CCYY	04/15/CCYY	2,123.00	juser
234567891	MCKENNA, LEN	MEDICARE	AAE	111		04/28/CCYY	04/16/CCYY	10,345.00	juser
345678912	TYLER, BLANCE	CIGNA	AAE	131		04/28/CCYY	04/16/CCYY	687.00	juser

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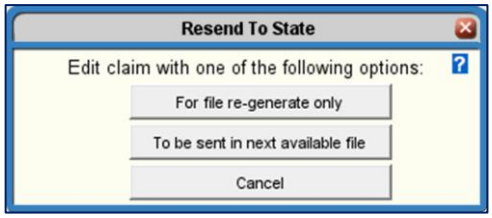
Correct and resend sent RRT claims

You may need to correct a sent RRT claim. Follow these steps to use the **Resend State Data** button to correct a sent claim:

1. Navigate to **Claims** > **View/Modify Claims** > **Regulatory Reporting Claims**.
2. Use the filter to locate the sent RRT claim you need.
3. Click the Resend State Data button.



4. The system displays the Resend to State dialog box.



5. Choose the desired option:
   - Click **For file re-generate only** if you need to update the claim and then regenerate the entire original submission file for the state.
   - Click **To be sent in next available file** if you want to edit the claim and let the system pick it up in the next new 837 file created for the state.
   - **Cancel** - Select this option to stop the process without any claim changes.

For file re-generate only

When you click this option, the system validates the RRT claim and then updates the claim status to rejected, if new errors are identified. You can change any claim field as needed. The system adds a local status code in the claim history (508, state claim marked for resubmission). The system still treats the RRT claim as a sent claim, and you must correct any new errors to save the claim before you can move on. If you try to move away from the claim without saving it, the system displays a warning to work the claim to acceptance. If you cannot fix the new errors, then you can click the **Reload** button to restore the original sent RRT claim data. In this case, the system does not save any changes, and there is no new entry in the status history.

When you are ready, regenerate the original RRT 837 file for submission to the state agency.

To be sent in next available file

When you click this option, the system validates the RRT claim and then updates the claim status to rejected, if new errors are identified. The system adds a local status code in the claim history (508, state claim marked for resubmission). The system also changes the RRT claim state to "not sent." You can save the claim with errors to fix them later, or you can click the **Reload** button to restore the original RRT claim data. Once the claim is accepted, the system will add it to the next file for state submission.

Regenerate an 837 File

You can rebuild a zip file of 837 claims for a state agency through a special custom report in the **Create Reports** feature. Through this process, the system rebuilds the selected zip file of 837 claims, including

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changes to any sent RRT claims that were marked for inclusion in a regenerated file through the resend to state process. To rebuild an 837 zip file, follow these steps:

1. Navigate to **Reports** > **Create Reports**.
2. Select **Custom** from the **Type** dropdown list.
3. Locate the **Regenerate Regulatory File** option and click the **ZIP** format checkbox.
4. Click **OK**.
5. Choose the zip file to rebuild from the **Files** dropdown field in the **Regulatory Report Regenerate** page. By default, you can select from files created within the last 30 days.
6. Click **OK**.

Use the **Date** fields in the **Regulatory Report Regenerate** page to choose a file from up to one year ago. Choose the desired date range and click **Load** to see the related list in the **Files** dropdown field.

Create an unscheduled (ad hoc) 837 file

You can create an unscheduled (ad hoc) brand new zip file of 837 claims through a special custom report. To create a **Regulatory Ad Hoc File**, follow these steps:

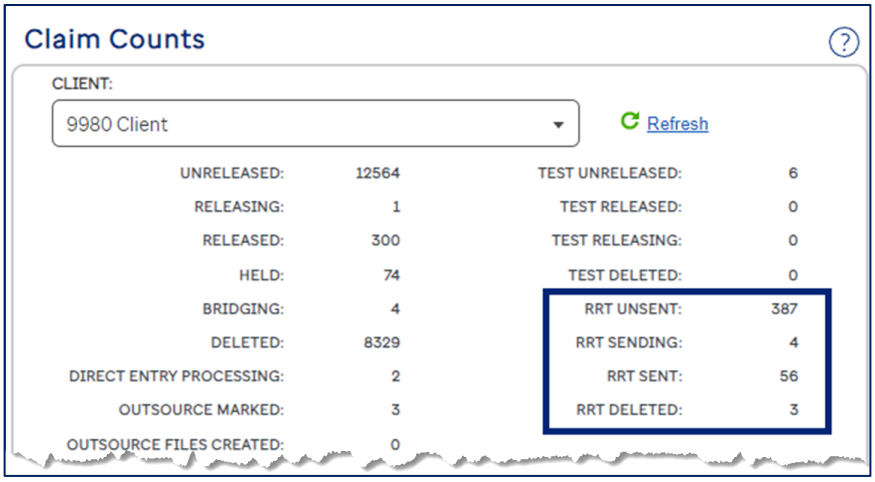
1. Navigate to **Reports** > **Create Reports**.
2. Select Custom from the Type dropdown list.
3. Locate the Regulatory Ad Hoc File option and click the ZIP format checkbox.
4. Click OK.
5. On the **Regulatory Ad Hoc Reporting** page:
   - Select the profile you need from the list. (The system displays the associated file name, description, and date type.)
   - Change the **Report File Name**, if needed to override the profile file name.
   - Change the **Report Description**, if needed to override the profile description.
   - Select the targeted **Date Range** for including claims in the zip file. The date type from the profile is listed in parentheses ( ) for reference.
   - Click a radio button in **Include in Scheduled File** to tell the system how to handle the selected claims in the future:
     - Click **Yes** to have the system include all targeted claims in the ad hoc zip file AND in the next applicable scheduled zip file.
     - Click **No** to have the system include the targeted claims in ONLY the ad hoc file. The next scheduled file will skip these claims.
6. Click **Create File**.

You can access the file from the home page async messages or from **View Reports**. The Auto Agent can also pick up these files and download them to your system.

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Claim counts

You can check the **Claim Counts** feature for a system status snapshot of all the claims within your site, including your RRT claims. Navigate to **Claims** > **Claim Counts**. Note that the grayed-out **State Reporting Only** line item relates to the original **State Data Reporting (SDR)** feature which is mutually exclusive from RRT.



Item	Description
RRT UNSENT:	RRT claims that have not been included in an 837 file for submission to the state agency.
RRT SENDING:	RRT claims that are in the process of being included in an 837 file. This number should be 0 unless your site is actively creating RRT 837 claim files when the **Claim Counts** feature is open.
RRT SENT:	RRT claims that have been included in an 837 file for submission to a state agency.
RRT DELETED:	These are RRT claims that you deleted from your site and no longer need to see.

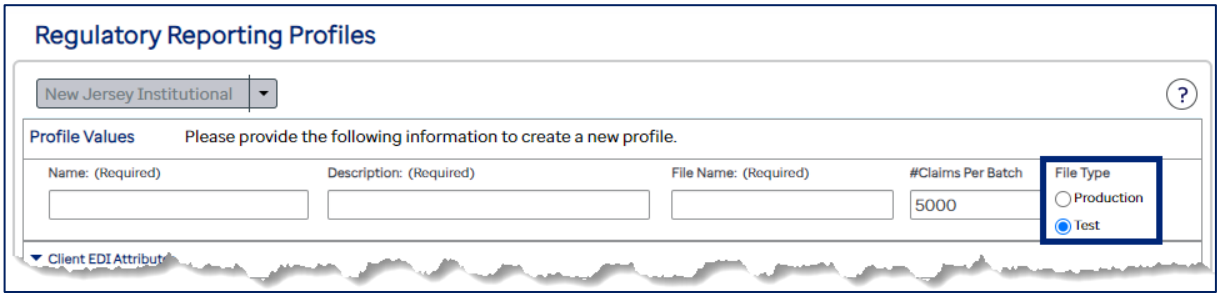
If you notice RRT claims in the RRT Sending category, check the Job Queue to see if there are any RRT auto lists in progress or if there are failed RRT auto lists. In either case, contact Support to reset the stuck RRT claims.

Test 837 files

Optum will build and test templates for 837 file creation. Once a state agency template is approved, it becomes available to you. You can use the template to build a profile to create test 837 claim files before you start sending production files to the state. Select the **Test** indicator in the **File Type** field of the profile to

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create the test files. This action affects the ISA segment to include a test indicator when building the 837 file. Also, the system does not mark the included claims as sent to the state when the test indicator is active.



Notes

- Both the Operations Dashboard and the Reconciliation Manager Dashboard exclude RRT claims. RRT claims are also excluded from Acuity Revenue Cycle Analytics™ data feeds and reports.
- The Manage Claim Assignment feature is dedicated to payer claims. This feature does not handle assignment of RRT claims.
- The standing Assurance reports such as Claim Status or Field Error do not pick up any RRT claims.

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