1940/1950/1960 – Payer Response Status Summary Report

The Payer Response Status Summary reports provide information on the *most recent* response information returned by payers for the selected claims. Each one can be automated:

- 1940, **Payer Response Status Summary** report: Lists the most recent 277 claim status response and/or portal payer response, if your site has the Status Amplifier add-on option. A claim can be listed multiple times if there is both a 277 and portal status entry.
- 1950, **Payer Response Status Summary (277)** report: Lists the most recent payer status response from a 277 transaction for the claims.
- 1960, **Payer Response Status Summary (Portal)** report: Lists the most recent payer status from a portal transaction, if your site has the Status Amplifier add-on option.

If any claim's most recent response contains multiple code sets, the count of responses will not match the count of unique claims.

- The report begins with Unique Claims and Claim Value to provide a reference for the actual count and amount of claims on the report.
- The Category Description section displays responses organized into groups of related codes. You can read the count and value of responses in the selected group of claims. Volume is the percent of the total for the section, not the percent of the unique claims. Portal responses are categorized as Payer Specific Responses.
- Each subsection shows the category and status codes with descriptions as well as occurrence counts and claim amounts.



Unique Claims: 76
Claim Value: $1, 980,000.00
Claims that contain multiple category codes will appear multiple times in this report.
Percentage totals are +/- .05%

Category Description	RESPONSE		CLAIM AMOUNT	
	Count	Volume	Value	Volume
Error (E0-E2)	10	10%	250,000.00	10%
Forwarded to Another Entity (A0)				
Acknowledged Receipt (A1)	10	10%	400,600.00	16%
Accepted for Processing (A2, A5)	39	39%	1,200,000.00	48%
Acknowledged and Returned (A3)	1	1%	35.00	--%
Claim Not Found (A4, D0)				
Pending (P0-P4)	10	10%	200,565.00	08%
Finalized / Payment (F1)				
Finalized / Denied (F2)	10	10%	70,800.00	03%
Finalized / Other (F0/F3/F3F/F3N/F4)	10	10%	128,000.00	05%
Request for Additional Information (R0-RQ)				
Payer Specific Responses	10	10%	250,000.00	10%
RESPONSE TOTALS	100	99.9%	2,500,000.00	100.0%

ERROR

CATEGORY CODE	DESCRIPTION	STATUS CODE	DESCRIPTION	RESPONSE COUNT	RESPONSE AMOUNT
E0	Response not possible - error on submitted request data	31	Subscriber and policyholder name mismatched.	5	$150,000.00
E0	Response not possible - error on submitted request data	33	Subscriber and subscriber id not found.	15	$350,000.00

ACKNOWLEDGED RECEIPT

A1	Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.	19	Entity acknowledges receipt of claim/encounter.	10	$ 400,600.00

ACCEPTED FOR PROCESSING

A2	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.	20	Accepted for processing.	38	$ 1,100,000.00
A5	Acknowledgement/Split Claim-The claim/encounter has been split upon acceptance into the adjudication system.	20	Accepted for processing.	1	$ 100,000.00

etc.