1242 and 1442 – Eligibility Response Status Summary Report

The *Eligibility Response Status Summary* report shows the five response status categories on the Eligibility tab of the Claim filter plus a line for claims for which a valid benefits code was the final response. This report includes only responses that are attached to claims. The code that is reported on is the most recent response code on the claim. Claims in the first six lines are claims for which a *reject code* was received (no benefits information has been received). Claims in the last line are the claims for which the response returned a valid benefits code.

If the *Eligibility Response Status Detail* and this Summary report are created using the same filter, the Details report provides the details about which claims contain the codes shown in the Summary report.

- The last three categories on the filter are not on this report because they are Request categories: No Request Initiated, Request Pending, and Request Failed.
- Each line shows Response Count and Volume. Volume is the percentage of the total Response Count on this report.
- Each line shows Claim Amount Count and Volume. Volume is the percentage of the total Value on this report.
- The last section of the report shows all claims whose current eligibility status is an eligibility response that contains a benefits status instead of a reject code.
  (Note: a claim with a benefits status does not necessarily mean that the patient is covered by the payer. It means that the patient was successfully located in the payer system and information on the benefits was returned.)
- The second section of the report provides error detail in the form of individual codes, descriptions, count, and amount for each code included on the report.

September 14, VVYY
12:54:40AM

PAGE NO 1

CLIENT 9999
USERID buser1

ELIGIBILITY RESPONSE STATUS SUMMARY REPORT

271 Status Category	Response		Claim Amount	
	Count	Volume	Value	Volume
Duplicate ID (68, 76)	10	2%	13,456.00	2%
Inv/Missing Info (43, 45, 47, 48, 52, 54, 55, 58, 64, 65, 66, 69, 72, 73, 74)	. . .	. . .	. . .	. . .
Pat/Ins Match (67, 71, 75, 77, 78)	. . .	. . .	. . .	. . .
Service Date (52, 56, 57, 60, 61, 62, 63)	. . .	. . .	. . .	. . .
Provider (49, 51)	. . .	. . .	. . .	. . .
Request Failed (15, 42)	. . .	. . .	. . .	. . .
Benefits Information Returned (all codes)	500	62.5%	623,987.00	83.2%
TOTALS	800		749,234.00	

ERROR

Reject Code	Description	Claim	
		Count	Amount
68	Duplicate Patient ID Number	4	4,234.00
76	Duplicate Subscriber/Insured ID Number	6	9,222.00
ETC	One line for each Reject code		
OK	Benefits Information Returned (all codes)	500	623,987.00