

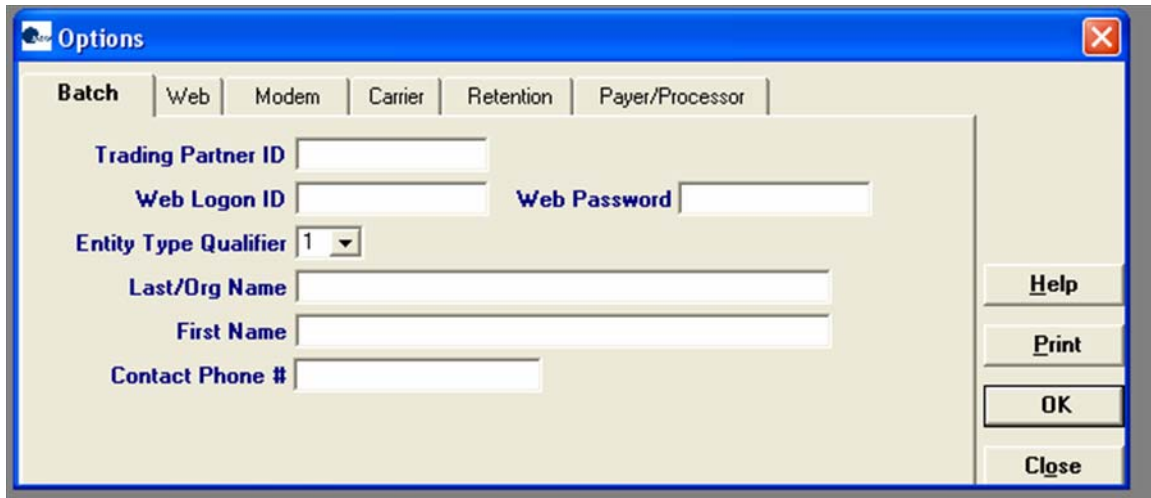
PROVIDER

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SOFTWARE



Sample Options Tabs



The screenshot shows a window titled "Options" with a blue header and a close button (X) in the top right corner. Below the header is a tabbed interface with the following tabs: "Batch", "Web", "Modem", "Carrier", "Retention", and "Payer/Processor". The "Batch" tab is currently selected. The main area contains several input fields and a dropdown menu:

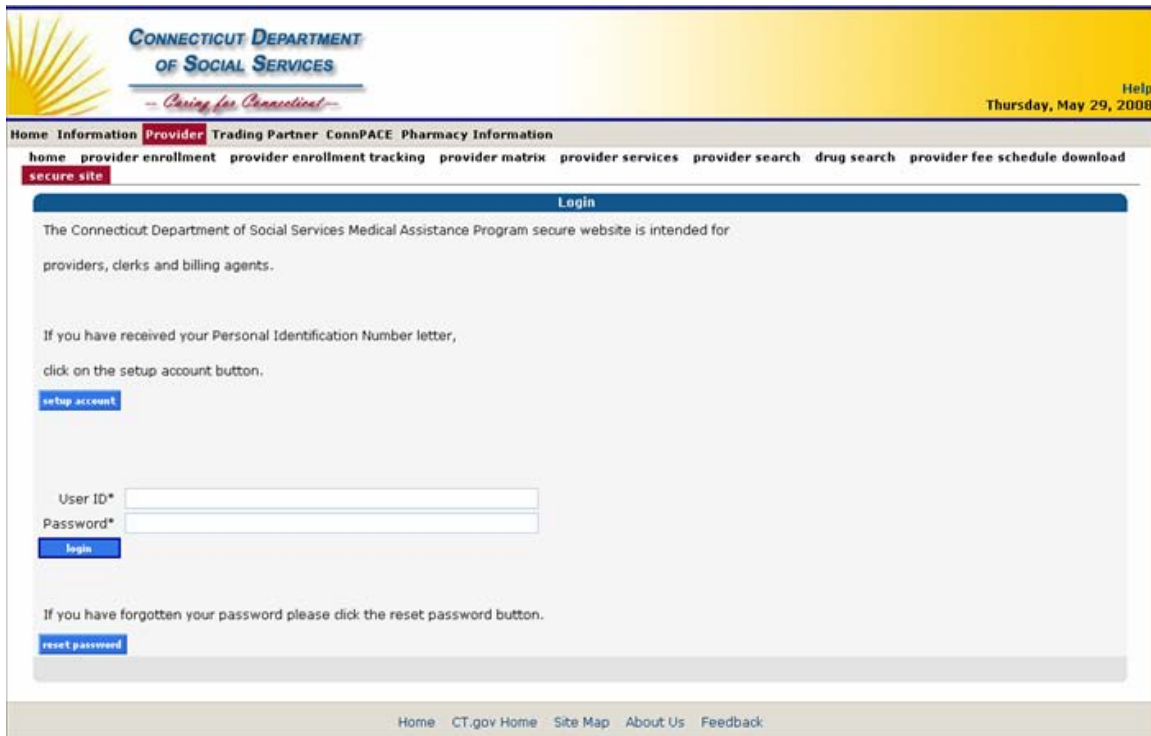
- Trading Partner ID:
- Web Logon ID: Web Password:
- Entity Type Qualifier:
- Last/Org Name:
- First Name:
- Contact Phone #:

On the right side of the window, there are four buttons: "Help", "Print", "OK", and "Close".

The options tabs must be completed in order to submit test claims to EDS. Instructions on completing these tabs will be sent to you by EDS once a completed Trading Partner Agreement has been received.

Every 60 days you will be required to change your web password. To change your web password go to → www.ctdssmap.com.

Sample Log in Screen



The screenshot shows the login screen for the Connecticut Department of Social Services. The header features the department's logo and name, "CONNECTICUT DEPARTMENT OF SOCIAL SERVICES", with the tagline "— Caring for Connecticut —". The date "Thursday, May 29, 2008" is displayed in the top right corner. Below the header is a navigation menu with links: "Home", "Information", "Provider", "Trading Partner", "ConnPACE", and "Pharmacy Information". The "Provider" link is highlighted. Below the navigation menu is a "Login" section with the following text:

The Connecticut Department of Social Services Medical Assistance Program secure website is intended for providers, clerks and billing agents.

If you have received your Personal Identification Number letter, click on the setup account button.

[setup account](#)

User ID*
Password*

[login](#)

If you have forgotten your password please click the reset password button.

[reset password](#)

At the bottom of the page, there is a footer with links: "Home", "CT.gov Home", "Site Map", "About Us", and "Feedback".

User ID = TPA with associated password for HIPAA transactions (when changing web password associated with your TPA must also change password in the Provider Electronic Solutions “Batch” Option Tab.)

Note:

Once you have changed your password on the web, go back to the Provider Electronic Solutions Software and change your web password by clicking → Tools → Options → Batch Tab.

To change your web password prior to your password expiring, from the window, indicated above, click on Profile→

CREATING LISTS

WITH

PROVIDER ELECTRONIC SOLUTIONS

SOFTWARE

CLAIMS BILLING INSTRUCTIONS

Provider Electronic Solutions contains reference lists of information that you commonly use when you enter and edit screens. For example, you can enter lists of common diagnosis codes, procedure codes, type of bill and admission source and type. All of the lists are available from the data entry section as a drop down list where you can select previously entered data to speed the data entry process and help ensure accuracy of the form.

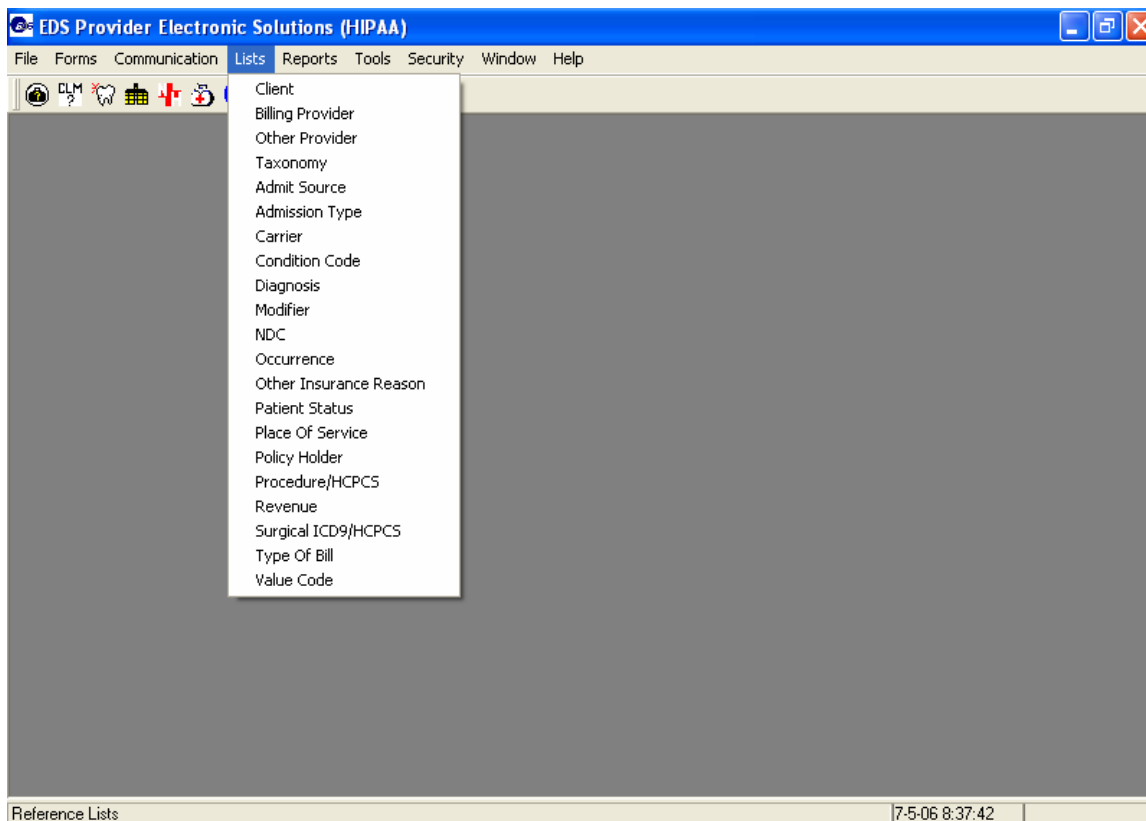
There are several lists that you are required to complete prior to entering a transaction. Because this software uses the HIPAA compliant transaction format, there is certain information which is required for each transaction. To assist you in making sure that all required information is included and save time entering your information, some of the lists are required. These lists are:

- Client
- Provider
- Other Provider
- Taxonomy
- Policy Holder

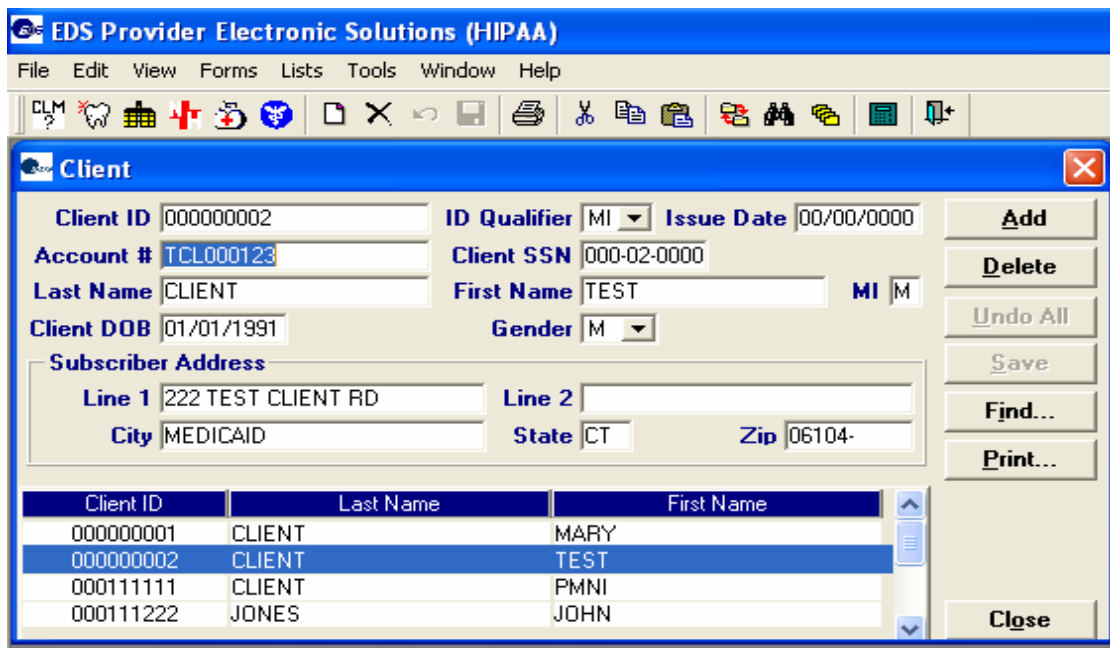
If these lists are not completed prior to keying your transaction, the list will open in the transaction form.

Some of the lists contain preloaded information that is available for auto-plugging as soon as you install Provider Electronic Solutions. Other lists require you to enter the information you will use for auto-plugging. You should enter your data in these lists soon after you set up Provider Electronic Solutions to take advantage of the auto-plug feature. To create or edit a list, select List from the Main Menu and then select the appropriate item.

LIST MENU



SAMPLE OF "LIST" DATA ENTERED FOR CLIENT



Note: Click field → Help for field description and data entry requirements

Client

Client ID 000000002 ID Qualifier MI Issue Date 00/00/0000 Add
 Account # TCL000123 Client SSN 000-02-0000 Delete
 Last Name CLIENT First Name TEST MI M Undo All
 Client DOB 01/01/1991 Gender M Save
 Subscriber Address
 Line 1 222 TEST CLIENT RD Line 2 Find...
 City MEDICAID State CT Zip 06104 Print...

EDS Provider Electronic Solutions

File Edit Bookmark Options Help
 Contents Index Back Print << >>

Account #

The account number is the unique number assigned by a medical facility to identify a client.

The field length is 38 for all forms.

Only numeric characters 0-9 and alphabetic characters A-Z are accepted. Lower case letters are automatically converted to upper case.

The Client list requires you to collect detailed information about your clients, which are then automatically entered into forms. All of the fields are required except Issue Date, Middle Initial and Subscriber Address Line 2.

SAMPLE OF "LIST" DATA ENTERED FOR BILLING PROVIDER

Billing Provider

Provider ID 1919191919 Provider ID Code Qualifier XX Add
 Taxonomy Code 314000000X Entity Type Qualifier 1 Delete
 Last/Org Name LAST First Name FIRST Undo All
 SSN / Tax ID 450000000 SSN / Tax ID Qualifier 24 Save
 Provider Address
 Line 1 123 ANY ST Line 2 APT Z Find...
 City HARTFORD State CT Zip 06601 Print...

Sample Edit for Invalid Data Entry

The screenshot shows a 'Billing Provider' form with the following fields: Provider ID (1919191919), Taxonomy Code (31400000), Last/Org Name (LAST), SSN / Tax ID (450000000), Provider ID Code Qualifier (XX), Entity Type Qualifier (1), First Name (FIRST), and SSN / Tax ID Qualifier (24). A modal dialog box titled 'Application' is displayed in the foreground with a yellow warning icon and the message: 'Taxonomy Code must be 10 character(s) in length.' The dialog has an 'OK' button. On the right side of the form, there are buttons for 'Add', 'Delete', 'Undo All', 'Save', 'Find...', and 'Print...'.

Sample Edit for Missing Information

The screenshot shows the 'Billing Provider' form with additional address fields: Line 1 (123 ANY ST), Line 2 (APT Z), City (HARTFORD), State (CT), and Zip (.). The Taxonomy Code field contains '314000000X'. A modal dialog box titled 'Application' is displayed with a yellow warning icon and the message: 'Zip is a required field.' The dialog has an 'OK' button. On the right side, there are buttons for 'Add', 'Delete', 'Undo All', 'Save', 'Find...', 'Print...', and 'Close'. At the bottom left, a table lists provider IDs:

Provider ID
1932103694
1932144714
1992750855
369369369
1919191919

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SAMPLE PROF CLAIM HEADER 1 TAB

Total Charge	.00	OI Amount	.00	Billed Amount	.00	Services	1
Header 1	Header 2	Header 3	Service 1	Service 2	Service 3		
Claim Frequency	Original Claim #						
Provider ID	8888888888	Taxonomy Code	314000000X				
Last/Org Name	DOCTOR	First Name	FIRST				
Client ID	321654987	Account #	SPACE				
Last Name	LAST NAME	First Name	FIRST	MI			
Medical Record #	Patient Signature		B				
Release of Medical Data	Y	Benefits Assignment	Y	Report Type Code			
Report Transmission Code	Attachment Ctl						

Add

Copy

Delete

Undo All

Save

SAMPLE PROF CLAIM HEADER 2 TAB

837 Professional								
Total Charge	.00	OI Amount	.00	Billed Amount	.00	Services	1	
Header 1	Header 2	Header 3	Service 1	Service 2	Service 3			
Diagnosis Codes								<p>Add</p> <p>Copy</p> <p>Delete</p> <p>Undo All</p> <p>Save</p>
1	0310	2		3		4		
5		6		7		8		
Referring Provider								
Provider ID	8888888888	Taxonomy Code	314000000X					
Last/Org Name	DOCTOR	First Name	FIRST					
Place Of Service		Onset of Current Illness Date	00/00/0000					
Delay Reason Code		Facility ID						
Admission Date	00/00/0000	Initial Treatment Date	00/00/0000					

SAMPLE PROF CLAIM HEADER 3 TAB

Total Charge	.00	OI Amount	.00	Billed Amount	.00	Services	1
Header 1	Header 2	Header 3	OI	Service 1	Service 2	Service 3	
Accident							
Indicator: Employment	N	Other	N	Auto	N		
Date	00/00/0000	State		Country			
Ambulance							
Transport Code		Transport Reason Code		Transport Distance	0		
Condition Codes: 1		2	3				
4		5					
EPSDT Referral							
Certification Condition Ind	N	Condition Ind: 1	NU	2	3		
Other Insurance Indicator		Crossover Indicator	N				

Add

Copy

Delete

Undo All

Save

SAMPLE PROF OTHER INSURANCE (OI) TAB

837 Professional

Total Charge 57.00 OI Amount 7.00 Billed Amount 50.00 Services 1

Header 1 | Header 2 | Header 3 | **OI** | Service 1 | Service 2 | Service 3

Release of Medical Data Y Benefits Assignment Y Patient Signature B
 Claim Filing Ind Code CI Adjustment Group Cd CO
 Reason Codes/Amts:1 D19 50.00 2 .00
 Paid Date/Amount 11/20/2007 7.00 3 .00

Policy Holder
 Group # ASG123 Group Name GRPNUM1 Carrier Code 001
 Last Name TEST First Name CASE

Srv #	Carrier Code	Group #	Group Name	Last Name
1	001	ASG123	GRPNUM1	TEST

Add OI Copy OI Delete OI

SAMPLE PROF CLAIM SERVICE 1 TAB

837 Professional

Total Charge 219.57 OI Amount .00 Billed Amount 219.57 Services 6

Header 1 | Header 2 | Header 3 | Crossover | **Service 1** | Service 2 | Service 3

Diagnosis Codes: 1 V604 2 3 4
 From DOS 05/24/2006 To DOS 05/24/2006 Emergency Ind N Place Of Service 13
 Procedure 1434Z Modifiers: 1 2 3 4
 EPSDT N Diag Ptr 1 CLIA Number Units 1.0
 Family Planning Ind N Billed Amount 4.24 Basis of Measurement UN
 Prior Authorization

Srv #	From DOS	To DOS	POS	Procedure	Units	Billed Amount
1	05/24/2006	05/24/2006	13	1434Z	1.0	4.24
2	05/24/2006	05/24/2006	13	1433Z	1.0	68.95
3	05/25/2006	05/25/2006	13	1434Z	1.0	4.24

Add Srv Copy Srv Delete Srv

SAMPLE PROF CLAIM SERVICE 2 TAB

837 Professional

Total Charge 219.57 OI Amount .00 Billed Amount 219.57 Services 6

Header 1 | Header 2 | Header 3 | Crossover | Service 1 | **Service 2** | Service 3

Ambulance
 Transport Code [] Transport Reason Code [] Transport Distance [0]
 Condition Codes: 1 [] 2 [] 3 []
 4 [] 5 []

Rendering Provider
 SSN / Tax ID 123456789 Taxonomy Code 306SF00000
 Last/Org Name OTHER SPACE PROVIDER First Name OTHER

Srv #	From DOS	To DOS	POS	Procedure	Units	Billed Amount
1	05/24/2006	05/24/2006	13	1434Z	1.0	4.24
2	05/24/2006	05/24/2006	13	1433Z	1.0	68.95
3	05/25/2006	05/25/2006	13	1434Z	1.0	4.24

Add
Copy
Delete
Undo All
Save

SAMPLE PROF CROSSOVER TAB

837 Professional

Total Charge 219.57 OI Amount .00 Billed Amount 219.57 Services 6

Header 1 | Header 2 | Header 3 | **Crossover** | Service 1 | Service 2 | Service 3

Release of Medical Data [Y] Benefits Assignment [Y] Patient Signature [B]

Medicare Providers
 Referring ID [] Last/Org Name []
 Rendering ID [] Last/Org Name []

Medicare ICN 12345678912345 Paid Date 01/01/2000

Policy Holder
 Carrier Code []
 Last Name POLICY First Name MINE

Add
Copy
Delete
Undo All
Save

SAMPLE PROF CLAIM SERVICE 3 TAB

837 Professional

Total Charge 219.57 OI Amount .00 Billed Amount 219.57 Services 6

Header 1 | Header 2 | Header 3 | Crossover | Service 1 | Service 2 | **Service 3**

Pharmaceutical

NDC Code 12345678977 Units .200
 Basis for Measurement GR Unit Price 50.00

Medicare Amount

Allowed 20.00 Paid 5.00
 Deductible 170.00 Coinsurance 10.00

Srv #	From DOS	To DOS	POS	Procedure	Units	Billed Amount
1	05/24/2006	05/24/2006	13	1434Z	1.0	4.24
2	05/24/2006	05/24/2006	13	1433Z	1.0	68.95
3	05/25/2006	05/25/2006	13	1434Z	1.0	4.24

Add
Copy
Delete
Undo All
Save

Sample Error Edit List When Saving Claim Data

837 Professional

Total Charge 57.00 OI Amount 7.00 Billed Amount 50.00 Services 1

Header 1 | Header 2 | Header 3 | OI | **Service 1** | Service 2 | Service 3

Diagnosis Codes: 1 [] 2 [] 3 [] 4 []

From DOS 10/01/2007 To DOS 10/01/2006 Emergency Ind N Place Of Service 22

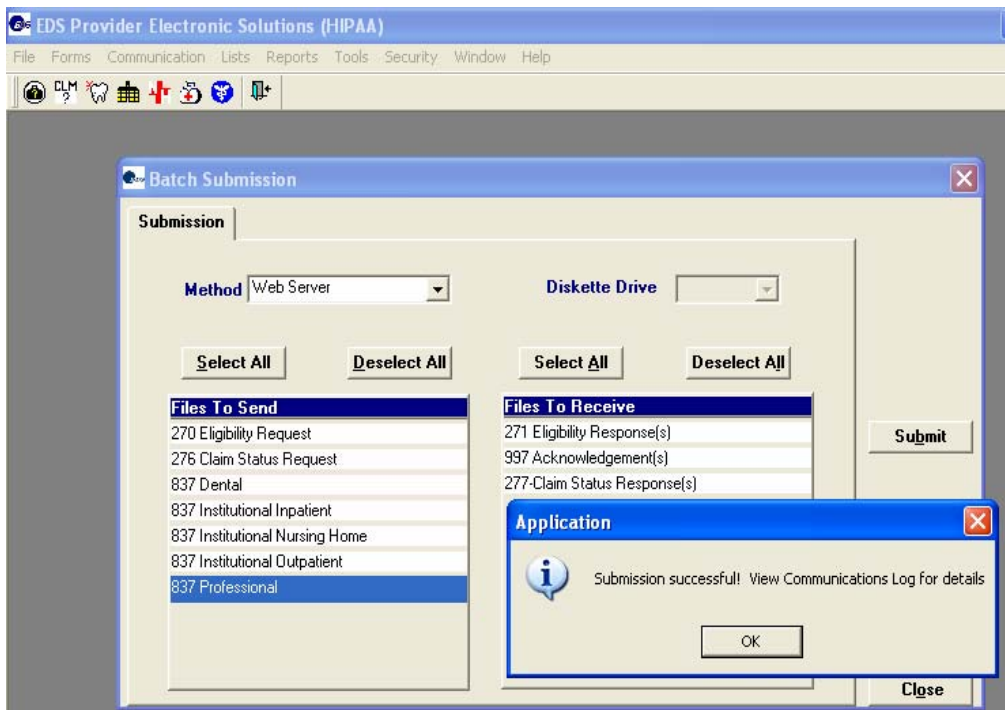
Add
Copy

Error Listing

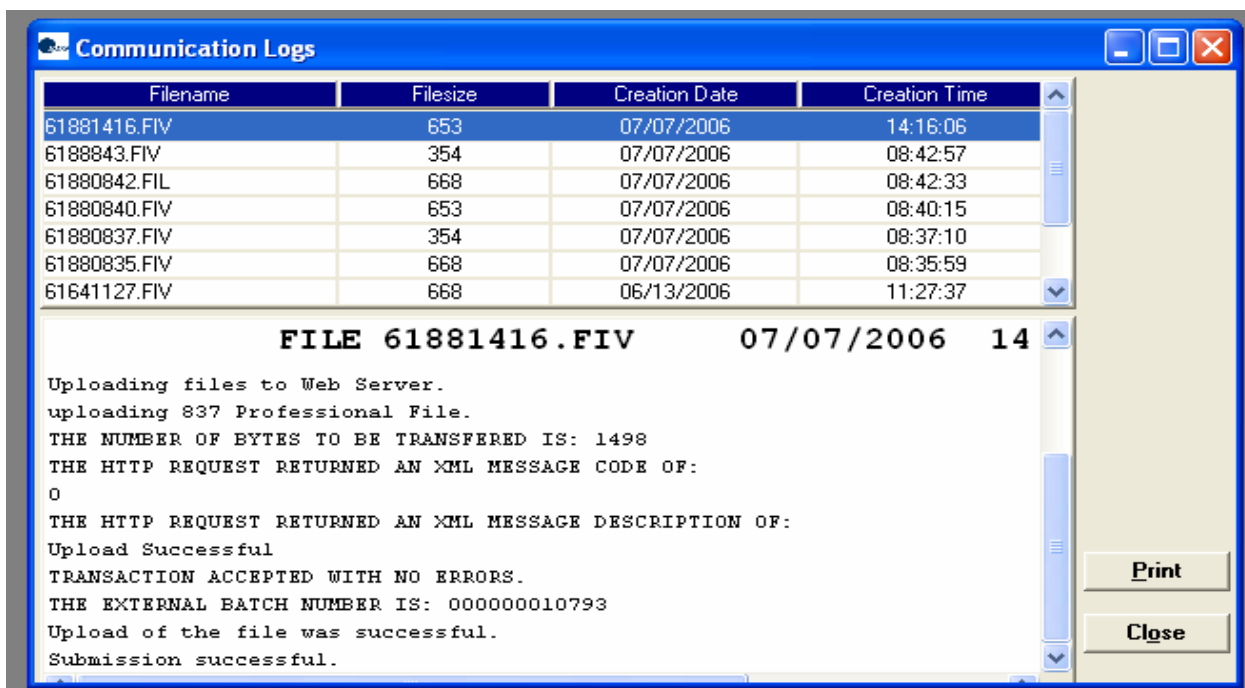
Error Message

To DOS must be greater than or equal to From DOS on Service 1.

Sample Successful Transmission of Professional Claim File

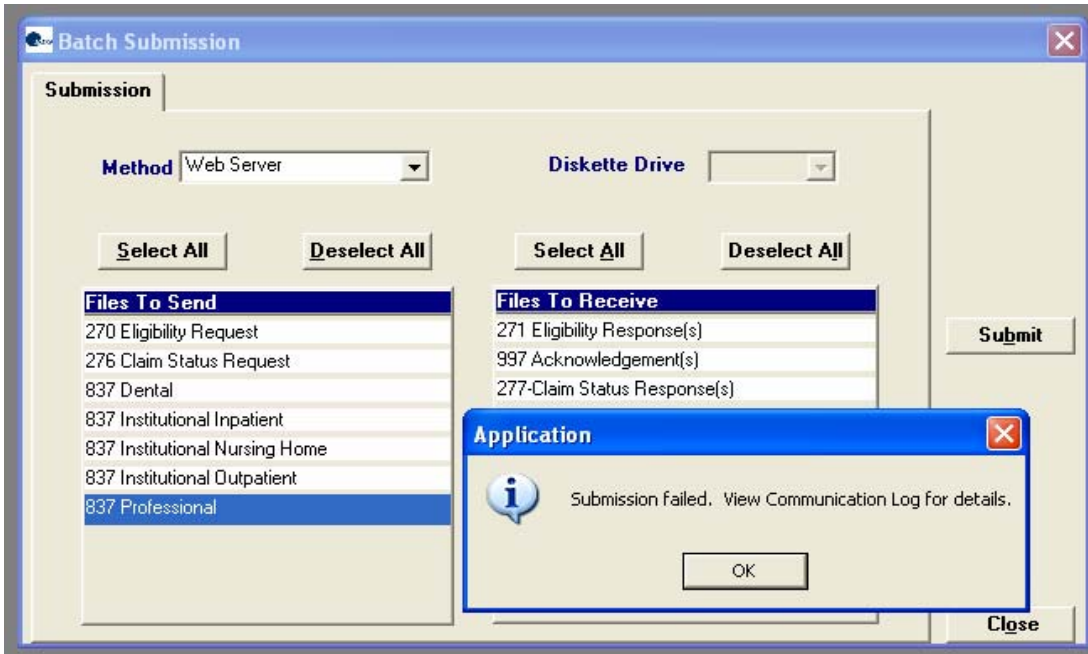


Sample View Communications Log – Submission Successful



Note: The external batch number should be available to provide EDS in the event of a claim inquiry which necessitates access to your electronic file.

Sample Failed Submission of Professional Claim File



Sample View Communications Log – Submission Failed

The screenshot shows a window titled "Communication Logs" with a table of log entries. The table has four columns: "Filename", "Filesize", "Creation Date", and "Creation Time". The entry for "81651440.FIV" is highlighted in blue. Below the table, a detailed view of this entry is shown, including the filename, date, and time, followed by a series of status messages indicating a failed submission due to an invalid ID or password.

Filename	Filesize	Creation Date	Creation Time
81821528.FIV	471	06/30/2008	15:28:34
81821518.FIV	471	06/30/2008	15:18:18
81720857.FIV	495	06/20/2008	08:57:37
81700932.FIV	459	06/18/2008	09:32:55
81651440.FIV	482	06/13/2008	14:40:12
8158824.FIV	557	06/06/2008	08:22:56
8158823.FIV	367	06/06/2008	08:22:40

FILE 81651440.FIV 06/13/2008 14:4

Starting Submission Process.
Getting web submission options.
Formatting 837 Institutional Inpatient batch.
Sending/Receiving batch transactions in progress.
CONNECTION USING WEB-SERVER ON 6/13/2008 AT 14:40:11.
Using MS Internet Explorer settings to connect to internet.
Uploading files to Web Server.
THE HTTP REQUEST RETURNED AN XML MESSAGE DESCRIPTION OF:
Invalid ID/password. Please try again.
Login to web server failed. Please try later.
Upload of files failed.

Print
Close

Note: The communication log shows there is an invalid ID or Password. Go to options “Batch” Tab to ensure the Web Logon ID and Password are correct.

Communications → View Batch Response → To Review the 997 Functional Acknowledgement

Sample 997 Functional Acknowledgement Retrieved from Provider Electronic Solutions

The screenshot shows a software window titled "EDS Provider Electronic Solutions (HIPAA)". The menu bar includes "File", "Forms", "Lists", "Reports", "Tools", "Window", and "Help". The toolbar contains icons for home, help, CLM, a tooth, a building, a red cross, a person, a blue shield, a printer, and a refresh icon.

The main window is titled "View Batch Response" and contains a table with the following data:

Filename	Filesize	Creation Date	Creation Time
000000010638.060606000000.0	250	06/06/2006	15:49:52

Below the table, the text "HIPAA - Batch Response" is displayed. The response content is as follows:

```
-----beginning-of-997-dump-----  
ISA*00*          *00*          *ZZ*745698167      *ZZ*501000033  
8*U*00401*000000001*0*T*:~GS*FA*745698167*501000033*20060606*15484  
T*997*1001~AK1*HC*56~AK2*837*000000001~AK5*A~AK9*A*1*1*1~SE*6*1001  
000000001~  
-----end-of-997-dump-----
```

On the right side of the window, there are buttons for "Find", "Print", and "Close". A scrollbar is visible at the bottom of the text area.

CREATING
A
CLAIM
STATUS INQUIRY
WITH
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SAMPLE CLAIM STATUS INQUIRY HEADER 1 TAB

Note: Click field → Help for field description and data entry requirements

EDS Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

276 Claim Status Request

Header 1 | Header 2

Provider ID: 0040000002 Provider ID Qualifier: SV

Last/Org Name: PROVIDERLCSW First Name: MEDICAID

Client ID: 000000002

Last Name: CLIENT First Name: TEST MI M

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
000000002	CLIENT	TEST	100.00		R

Buttons: Add, Copy, Delete, Undo All, Save, Find..., Print, Close

SAMPLE CLAIM STATUS INQUIRY HEADER 2 TAB

Note: Click field → Help for field description and data entry requirements

EDS Provider Electronic Solutions (HIPAA)

File Edit View Forms Tools Window Help

276 Claim Status Request

Header 1 | Header 2

From DOS: 03/01/2006 To DOS: 03/01/2006

Type Of Bill: 331 Billed Amount: 100.00

Medical Record #: [Empty]

Patient Account #: TCL000123

Transaction Control Number: [Empty]

Service Qualifier: HC Product/Service: 90806 Revenue Code: [Empty]

NDC: [Empty] Line Item Charge Amount: 100.00

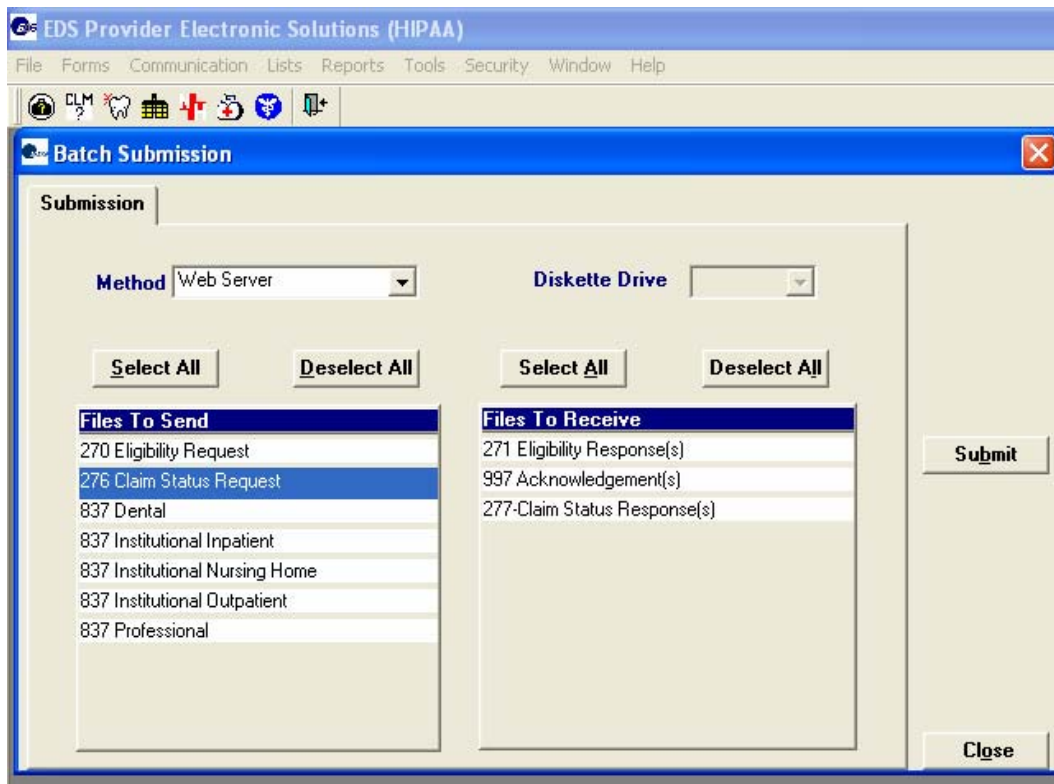
Line Item Ctl: [Empty]

Service From Date: 03/01/2006 Service To Date: 03/01/2006

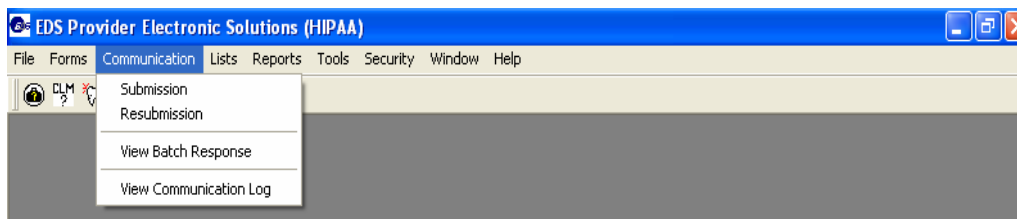
Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
000000002	CLIENT	TEST	100.00		R

Buttons: Add, Copy, Delete, Undo All, Save, Find..., Print, Close

To submit claim status request →Communication →Submission →276 Claim Status Request →Submit →Close



View the Communications Log to Determine if your Transmission Successfully Uploaded to the Web via...Communication →View Communication Log →Click file you wish to view



View of Communication Log after Claim Status Request (276)

Transmission

The screenshot shows a window titled "Communication Logs" with a table of log entries. The table has four columns: "Filename", "Filesize", "Creation Date", and "Creation Time". The entry for "61941546.FIV" is highlighted. Below the table, the details for this file are shown, including the date and time, and a series of status messages indicating a successful upload.

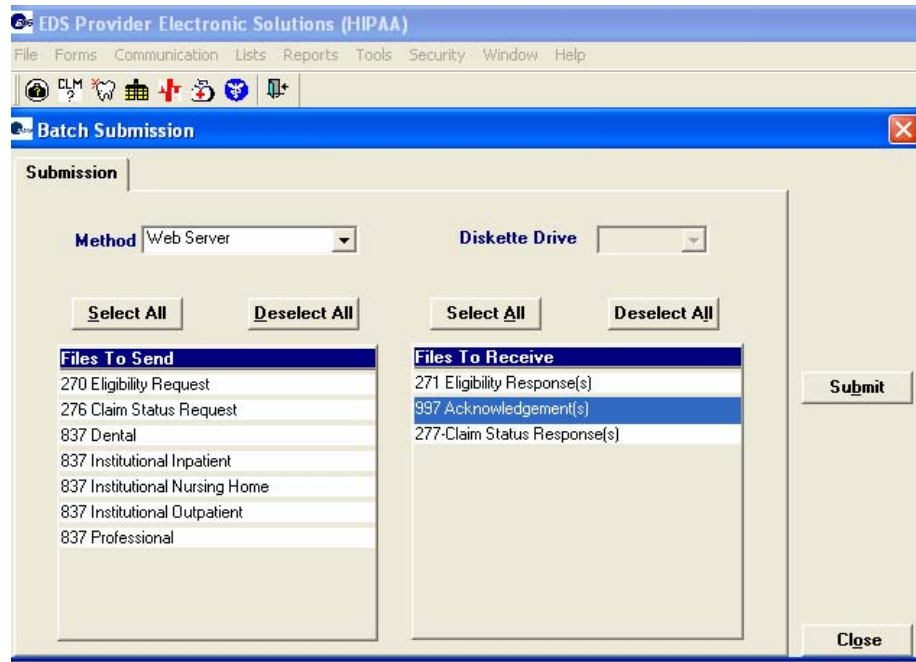
Filename	Filesize	Creation Date	Creation Time
61941608.FIV	406	07/13/2006	16:08:13
61941546.FIV	669	07/13/2006	15:46:06
61941251.FIL	667	07/13/2006	12:51:02
61941248.FIV	654	07/13/2006	12:48:39
61941146.FIL	668	07/13/2006	11:45:19
61941145.FIL	362	07/13/2006	11:45:06
61941144.FIV	716	07/13/2006	11:44:13

FILE 61941546.FIV 07/13/2006 15

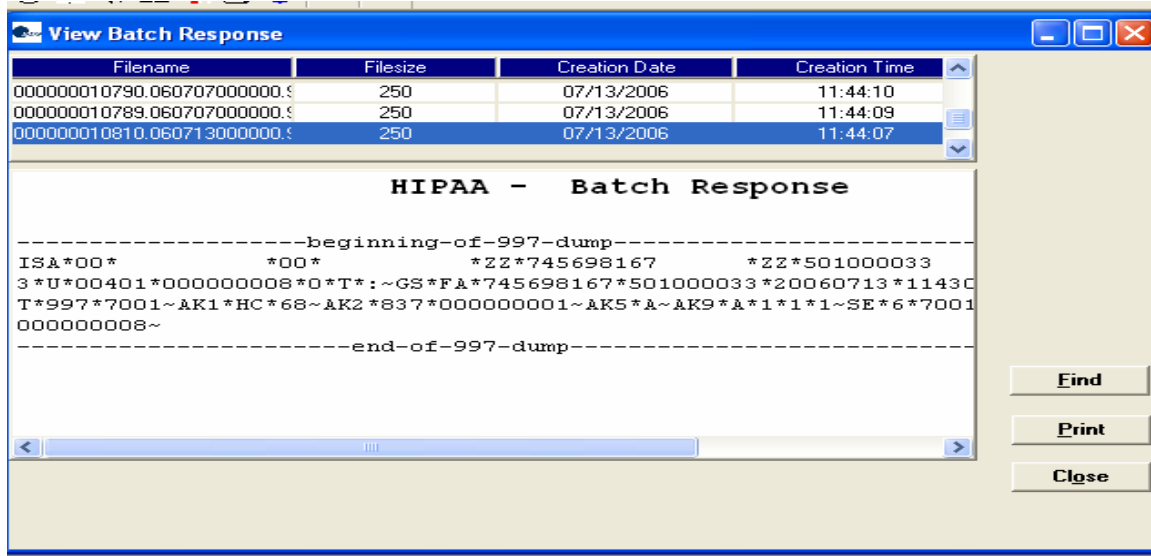
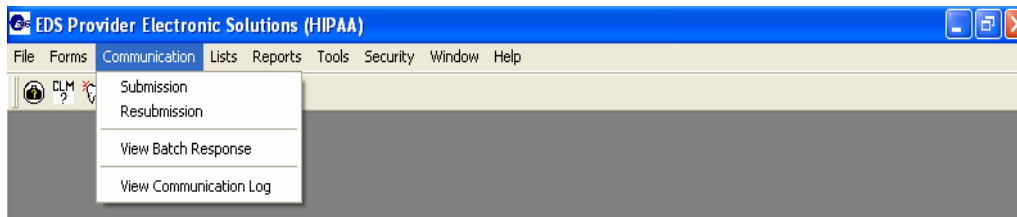
Formatting 276 Claim Status Request batch.
Sending/Receiving batch transactions in progress.
CONNECTION USING WEB-SERVER ON 7/13/2006 AT 15:46:05.
Using MS Internet Explorer settings to connect to internet.
Uploading files to Web Server.
uploading 276 Claim Status Request File.
THE NUMBER OF BYTES TO BE TRANSFERRED IS: 812
THE HTTP REQUEST RETURNED AN XML MESSAGE CODE OF:
0
THE HTTP REQUEST RETURNED AN XML MESSAGE DESCRIPTION OF:
Upload Successful
TRANSACTION ACCEPTED WITH NO ERRORS.
THE EXTERNAL BATCH NUMBER IS: 000000010858
Upload of the file was successful.
Submission successful.

Print
Close

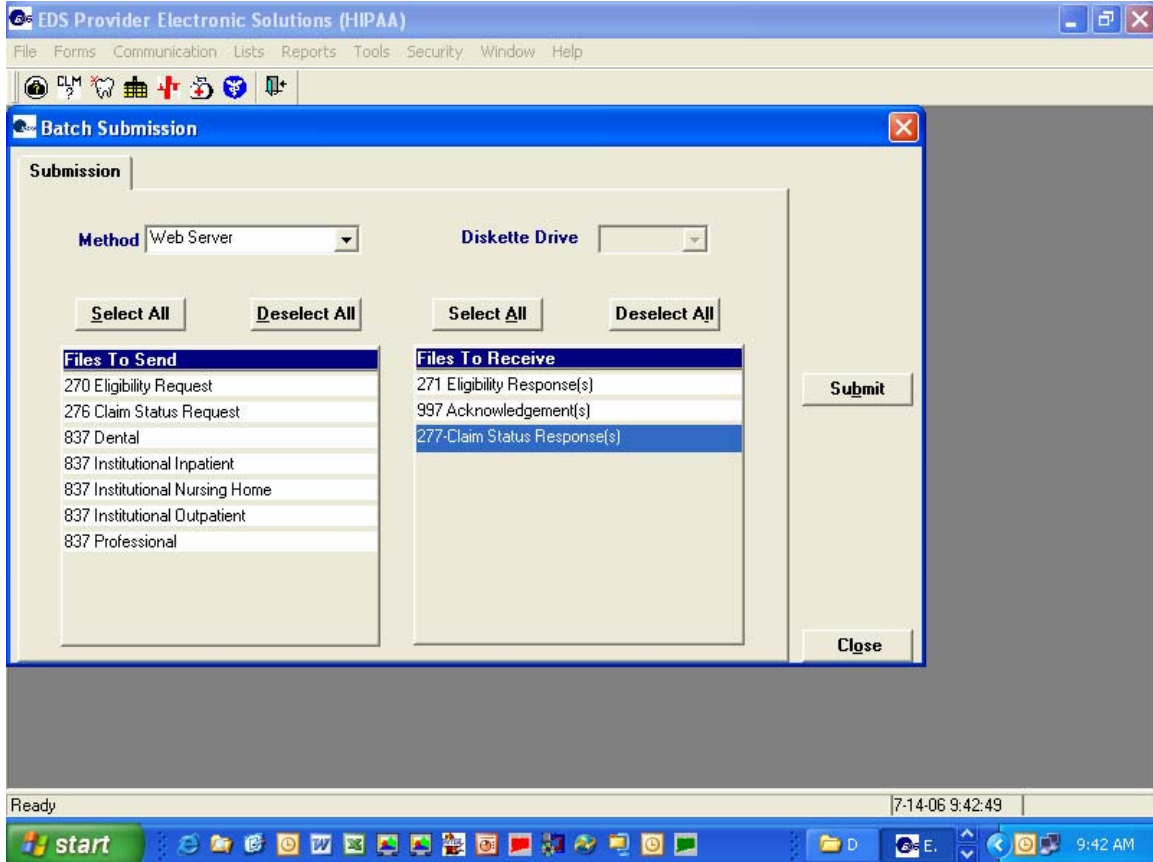
Retrieve 997 to determine if transmission accepted by EDS via...Communication → Files to Receive → 997 Acknowledgement(s) → Submit → Close



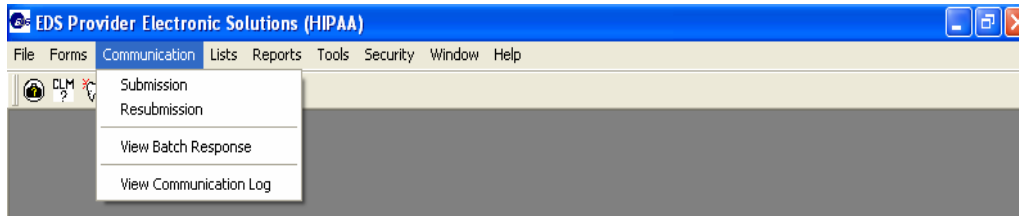
View 997 to determine if accepted or rejected via → Communication → View batch response



To retrieve a Claim Status Response → Submission → Files to Receive → 277 Claim Status Response



To view a claim status response... Communications → View Batch Response → Click the batch claim status responses you wish to view



Click the batch claim status responses you wish to view

EDS Provider Electronic Solutions (HIPAA)			
Forms Lists Reports Tools Window Help			
View Batch Response			
Filename	Filesize	Creation Date	Creation Time
000001026262.060713000000.S	716	07/13/2006	16:08:13
00000010680.060613000000.S	250	07/13/2006	11:44:13
00000010793.060707000000.S	250	07/13/2006	11:44:12

Claim Status Batch Response

Creation Date: 07/13/2006

***** INFORMATION SOURCE *****

Payer Name: CT Medical Assistance Program
Payer Identifier: 061274678
Payer Contact Name: EDS PROVIDER ASSISTANCE CENTER
Payer Communication #: 8008428440

***** RECEIVING PROVIDER INFORMATION *****

Provider Last/Org Name: CTDSSMMISCONTRACTADMINISTRATOR
Provider First Name:
ETIN: 501000033

***** SERVICE PROVIDER INFORMATION *****

Provider Last/Org Name: PROVIDERLCSW
Provider First Name: MEDICAID
Provider Number: 004000002

***** CLIENT INFORMATION *****

Client DOB: 01/01/1991
Client Gender: M
Client Last Name: CLIENT
Client First Name: TEST
MID: 000000002

***** SERVICE LINE INFORMATION *****

Transaction Reference #: TCLO00123
Claim Status Category: EO
Claim Status Code: 0
Processed Date: 07/13/2006
Total Billed Amount: 100.00
Paid Amount: 0.00
Paid Date:
Check Issue/EFT Date:
Internal Check Number: 0

Type Of Bill: 331
Medical Record Number:
From/To Date of Service: 03/01/2006-03/01/2006

***** DETAIL INFORMATION *****

Product/Service ID: 90806
Charge Amount: 100.00
Paid Amount: 0.00
Quantity/Units: 0
Status Category: EO
Claim Status: 0

Status Effective Date: 07/13/2006

CREATING
A
CLIENT
ELIGIBILITY
VERIFICATION INQUIRY
WITH
PROVIDER ELECTRONIC SOLUTIONS
SOFTWARE



SAMPLE CLIENT ELIGIBILITY VERIFICATION INQUIRY – HEADER TAB 1

270 Eligibility Request

Header 1 | Header 2

Information Receiver Name

Provider ID: 004000002 Provider ID Code Qualifier: SV
 Taxonomy Code: 104100000X Provider Code: BI
 Last/Org Name: PROVIDERLCSW First Name: MEDICAID

Subscriber Name

Client ID: 000000002 Card Issue Date: 00/00/0000 Client SSN: 000-02-0000
 Client DOB: 01/01/1991 Account #: TCL000123
 Last Name: CLIENT First Name: TEST MI: M

Client ID	SSN	Last Name	First Name	From DOS	To DOS	Status
000000002	000-02-0000	CLIENT	TEST	07/05/2006	07/05/2006	R
000000003	- -	CLIENT	JOE	01/01/2006	01/01/2006	R
000000003	- -	CLIENT	JOE	01/01/2006	01/01/2006	R
000000003	- -	CLIENT	JOE	01/01/2006	01/01/2006	R
000000003	- -	CLIENT	JOE	01/01/2006	01/01/2006	R

Buttons: Add, Copy, Delete, Undo All, Save, Send, Edit All, Find..., Print, Close

SAMPLE CLIENT ELIGIBILITY VERIFICATION INQUIRY – HEADER TAB 2

270 Eligibility Request

Header 1 | Header 2

From DOS: 07/05/2006 To DOS: 07/05/2006

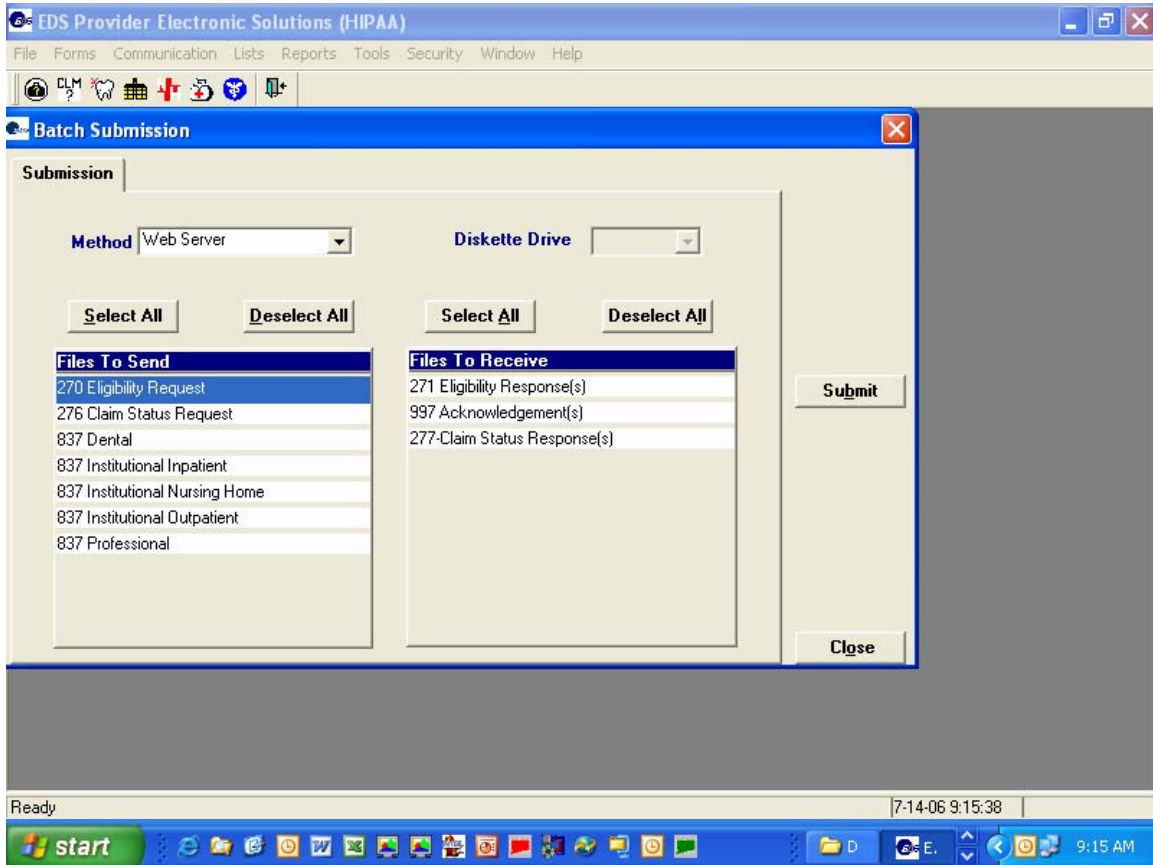
Trace Assigning Additional ID: _____

Trace #/Transaction Reference #: 517

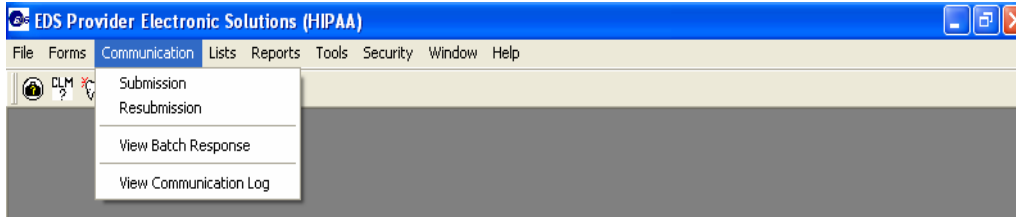
Client ID	SSN	Last Name	First Name	From DOS	To DOS	Status
000000002	000-02-0000	CLIENT	TEST	07/05/2006	07/05/2006	R
000000003	- -	CLIENT	JOE	01/01/2006	01/01/2006	R
000000003	- -	CLIENT	JOE	01/01/2006	01/01/2006	R
000000003	- -	CLIENT	JOE	01/01/2006	01/01/2006	R
000000003	- -	CLIENT	JOE	01/01/2006	01/01/2006	R

Buttons: Add, Copy, Delete, Undo All, Save, Send, Edit All, Find..., Print, Close

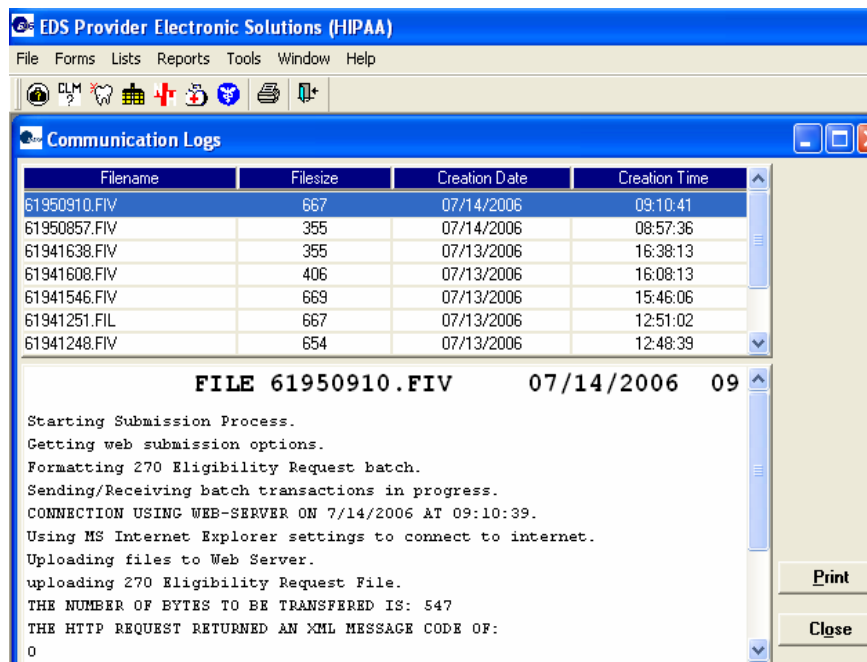
*To submit eligibility verification request →Communication →Submission →270
Eligibility Request →Submit →Close*



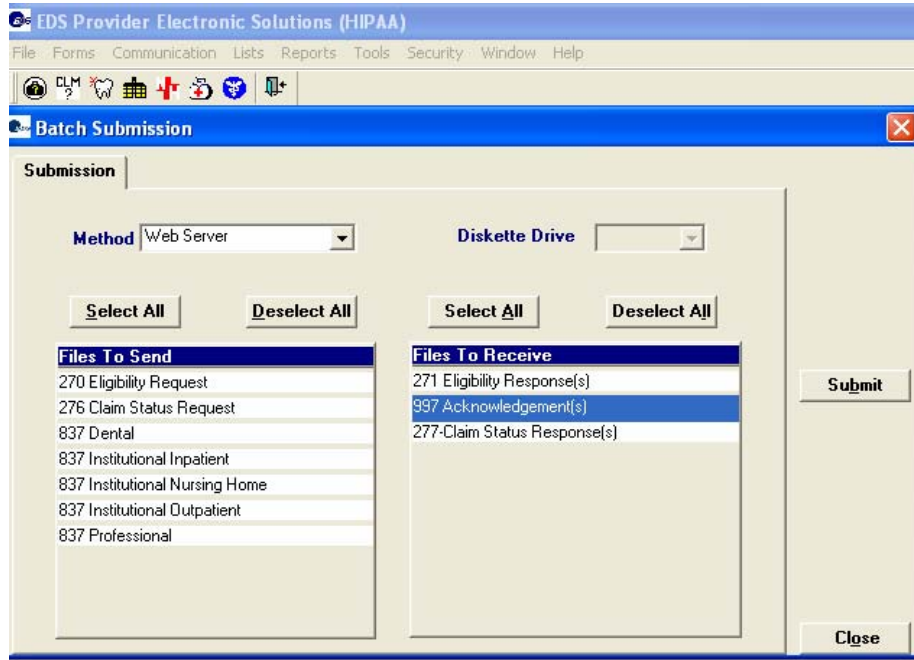
*View the Communications Log to Determine if your Transmission Successfully
 Uploaded to the Web via...Communication → View Communication Log → Click file
 you wish to view*



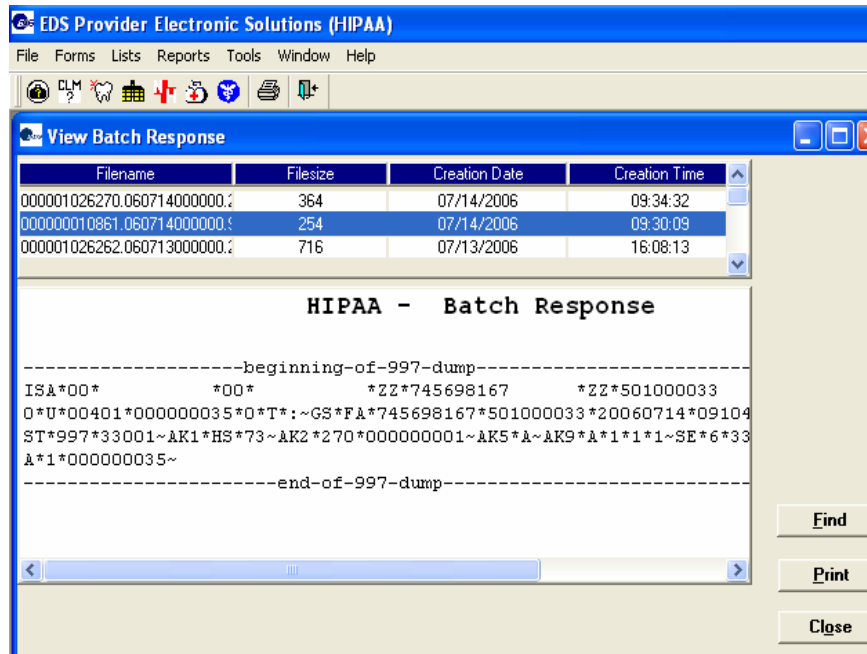
*View of Communication Log after Eligibility Request (270)
 Transmission*



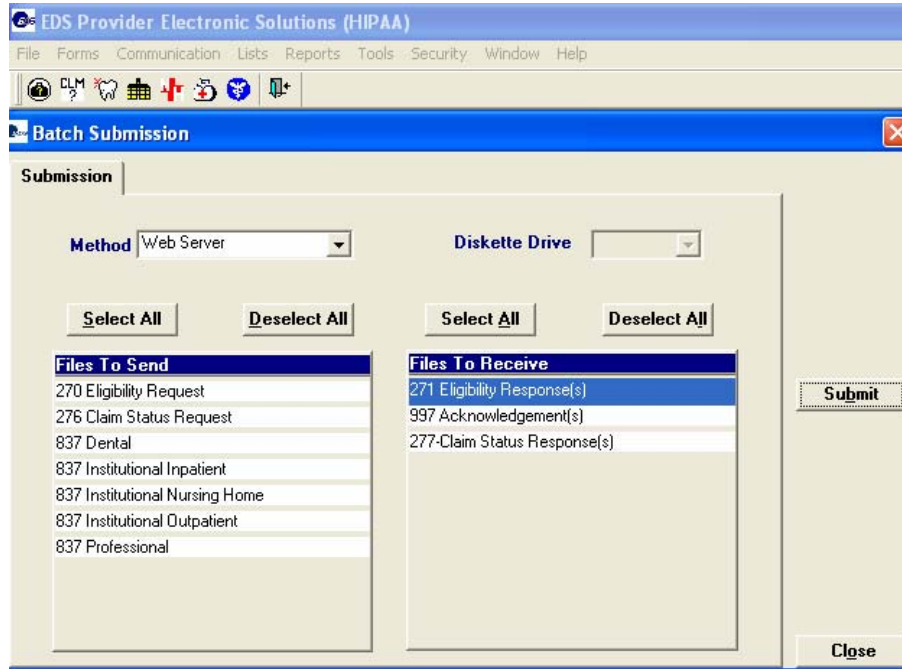
*Retrieve your 997 to determine if transmission accepted by EDS via...Communication
 → Files to Receive → 997 Acknowledgement(s) → Submit → Close*



View 997 to determine if accepted or rejected via → Communication → View batch response



*To retrieve an eligibility response...Communications →Submission →Files to Receive
→271 Eligibility Response (s)*



To view an eligibility response...Communications →View Batch Response →Click the batch eligibility response(s) you wish to view

Filename	Filesize	Creation Date	Creation Time
113162_113159_8AE392C1_27	825	06/06/2008	15:57:51
113162_113159_8AE392C1_27	838	06/04/2008	13:50:01
92069_92064_ABF6D47E_271>	3290	06/04/2008	13:50:00

Eligibility Batch Response

Transaction
Reference Number: 000000001
Submitter
Transaction ID: PES0001093

***** INFORMATION SOURCE *****

Yes/No Condition
or Response:
Reject Reason Code:
Follow-up Action Code:

Information Source
Last/Org Name: EDS/CTHAP
Information Source
Primary ID: 75-2548221

Yes/No Condition
or Response:
Reject Reason Code:
Follow-up Action Code:

***** PROVIDER INFORMATION *****

Provider Last/Org Name: TEST PROVIDER
Provider First Name:
Provider Number: 009999999
Trading Partner ID: 444444444

Yes/No Condition
or Response:
Reject Reason Code:
Follow-up Action Code:

Eligibility Batch Response

***** CLIENT INFORMATION *****

Trace Number: 1093
Trace Assigning
Entity ID: 9EDSPES000
Trace Assigning
Entity Additional ID:

Trace Number: 081420000K
Trace Assigning
Entity ID: 9445498161
Trace Assigning
Entity Additional ID:
Client Last Name: TESTA
Client First Name: CLIENT
Client Middle Initial:
Client ID: 333333333
Client SSN:
Client Account Number: MOCLIENT
Client MID Card Number:
Address Line 1:
Address Line 2:
City:
State:
Zip:
Client Date Of Birth: 01/01/1900
Client Gender: F

Eligibility Batch Response

***** ELIGIBILITY BENEFIT INFORMATION *****

Eligibility or
Benefit Information:
Service Type Code:
Insurance Type Code:
Plan Coverage
Description:
Eligibility or Benefit
Date Time Period: 05/13/2008-05/13/2008

Eligibility or
Benefit Information: 6
Service Type Code: 30
Insurance Type Code:
Plan Coverage
Description:
Eligibility or Benefit
Date Time Period: 05/13/2008-05/13/2008

