



# **Electronic Claims Tracking (ECT)**

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**INTRODUCTION**

Electronic Claims Tracking (ECT) is designed to give you information about claims sent beyond what you find in the Message Center reports. ECT is a web-based query of your electronic and paper claims sent through the Health-E Network Services. ECT allows you to quickly search any claims you have sent by various parameters.

**ACCESS**

Begin by going to the site: <http://www.enshealth.com/> , Selecting Client Access Login and log in.

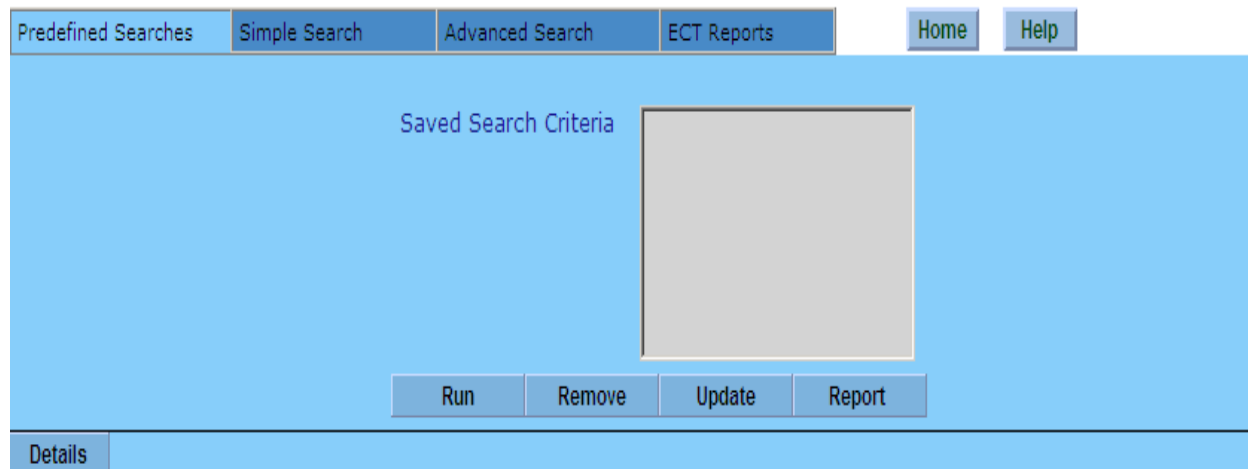
Select **Electronic Claims Tracking (ECT)**

**ECT FUNCTIONS**

With ECT you can:

- Display the history of selected claims using the Simple Search. This requires the ECT #, which is located on the ENS Level 2 report that is found in the Message Center
- Save search parameters and reuse them under the Predefined Search option
- Track claims and generate reports using options under the Advanced Search
- View in CMS HCFA1500 format any claim you have sent, using the Details option
- View totals by month or by payer in the ECT reports section.

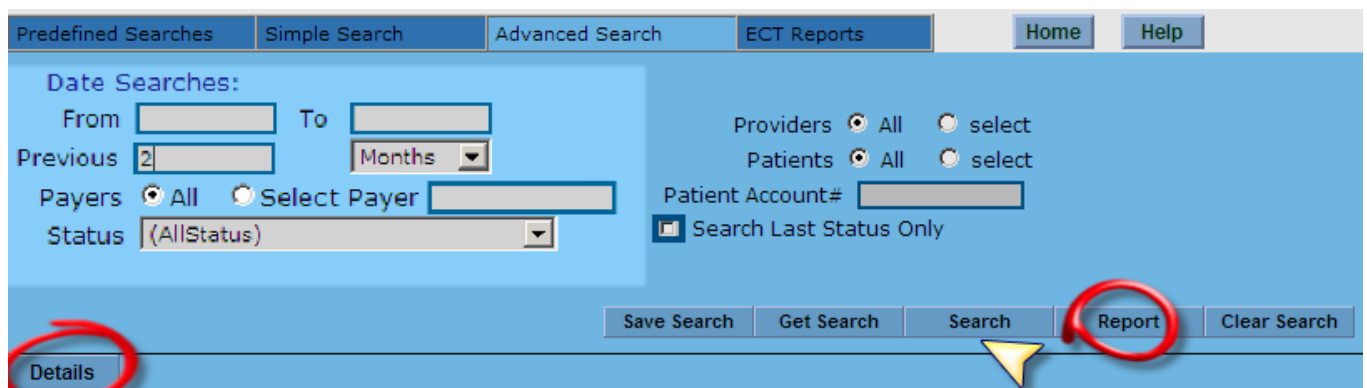
Tabs along the top (seen here the tabs are a darker blue) allow different search options.



## ADVANCED SEARCH

Advanced Search is the most widely used option. It allows a search for and displays the history of claims up to a year using the following choices, or any combination of these choices:

- Date claim was sent
- All claims in a specified previous number of days or months
- Payer choice
- Status (see drop-down list, including rejected claims)
- Provider
- Patient (by patient account number – this is the number that appears in box 26 on a HCFA claim)



Select **Search** to view the claims specified by the search selections. View individual claims in HCFA1500 format by selecting **Details** on the very left. The report of claims selected can also be listed in printable format (10 to a page) by selecting **Report** to the right of the **Search** button in the middle of the page.

### ADVANCED SEARCH DISPLAY

The below view of the displayed claims is broken in half *here* for easier reading and explanation.

The results from the search populate a window. This is the left side view.

Details					Displayed Claim Range 1 - 35 of 35				
Claim ID	Provider Name	NPI/Tax ID	Payer	Pat Account#	Action Date	Status			
201112204032372X000001	DR. JAMES W. BARR	1206070000	CO BLUE SHIELD	PADRE000	12/20/2011 01:21:11	Accepted by ENS	Moved to production file		
201112204032372Y000001	DR. JAMES W. BARR	1206070000	CO BLUE SHIELD	PADRE000					
201112204032374Y000001	DR. JAMES W. BARR	1206070000	CO BLUE SHIELD	PADRE000					
201112204032374Z000001	DR. JAMES W. BARR	1206070000	CO BLUE SHIELD	PADRE000					
201112204032375Y000001	DR. JAMES W. BARR	1206070000	CO MEDICARE	PADRE000					
201112204032375Z000001	DR. JAMES W. BARR	1206070000	CO BLUE SHIELD	PADRE000					
201112204032377Y000001	DR. JAMES W. BARR	1206070000	CO MEDICARE	PADRE000					

Use the horizontal scroll bar in the window to view the right side of the window.

Highlight a claim and select Details

Displayed Claim Range 1 - 35 of 35						Previous	Next
Payer	Pat Account#	Patient Name	Claim Total	Service Date Range	Comments		
CO BLUE SHIELD	PADRE000	DR. JAMES W. BARR	\$65.00	12/13/2011 - 12/13/2011			
CO BLUE SHIELD	PADRE000	DR. JAMES W. BARR	\$75.00	12/13/2011 - 12/13/2011			
CO BLUE SHIELD	PADRE000	DR. JAMES W. BARR	\$675.00	11/23/2011 - 11/23/2011			
CO BLUE SHIELD	PADRE000	DR. JAMES W. BARR	\$675.00	12/09/2011 - 12/09/2011			
CO MEDICARE	PADRE000	DR. JAMES W. BARR	\$59.00	11/30/2011 - 11/30/2011			
CO BLUE SHIELD	PADRE000	DR. JAMES W. BARR	\$38.00	12/12/2011 - 12/12/2011			
CO MEDICARE	PADRE000	DR. JAMES W. BARR	\$75.00	12/08/2011 - 12/08/2011			


  

Action Date	Status	Comments
12/20/2011 01:21:11	Accepted by ENS	Moved to production file

## CLAIM DETAIL VIEW

The Claim Detail view


Claim Detail	Claim Adjustment	Line Adjustment	Provider Detail											
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;">Create Secondary Claim</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p><b>PAYER ID - COBLS</b></p> <p><b>Claim Detail Report</b></p> </div> <div style="text-align: center;"> <p>CO BLUE SHIELD P O BOX 5747 DENVER, CO 80217</p> <p>Claim ID: 2012012200000000000001</p> </div> </div>														
1. Insurance Program: BLUE CROSS/BLUE SHIELD		1a. Insured's ID Number: [REDACTED]												
2. Patient's Name (Last, First, MI): WOODS, [REDACTED]		3. Patient Birth Date Sex: 09/02/1988 F												
4. Insured's Name (Last, First, MI): WOODS, [REDACTED]		5. Patient's Address (Number, Street): 1432 WILD WOOD RD [REDACTED] City: FORT COLLINS State: CO Zip Code: 80504 Telephone: [REDACTED]												
6. Patient's Relationship to Insured: SELF		7. Insured's Address (Number, Street): 1432 WILD WOOD RD [REDACTED] City: FORT COLLINS State: CO Zip Code: 80504 Telephone: [REDACTED]												
8. Patient Status: Marital: [REDACTED] Employment: [REDACTED] Student: [REDACTED]		9. Other Insured's Name (Last, First, MI): [REDACTED] a. Other Insured's Policy or Group #: [REDACTED] b. Other Insured's Birthdate: Sex: [REDACTED] c. Employer's Name or School Name: [REDACTED] d. Insurance Plan Name or Program Name: [REDACTED]												
10. Is Patient's Condition Related To: a. Employment? [REDACTED] b. Auto Accident? State: [REDACTED] c. Other Accident? [REDACTED] 10d. Reserved for Local Use? [REDACTED]		11. Insured's Policy Group or FECA #: 999999 a. Insured's Birthdate: Sex: 09/02/1988 F b. Employer's Name or School Name: [REDACTED] c. Insurance Plan Name or Program Name: [REDACTED] d. Is There Another Health Benefit Plan? [REDACTED] (If yes, complete item 9a-d.)												
12. Patient's or Authorized Person's Signature: Signed: SIGNATURE ON FILE Date: [REDACTED]		13. Insured's or Authorized Person's Signature: Signed: SIGNATURE ON FILE												
14. Date of Current Illness (First Symptom) or Injury (Accident) or Pregnancy (LMP): [REDACTED]		15. If Patient Has Had Same or Similar Illness Give First Date: [REDACTED]												
16. Dates Patient Unable to Work: From [REDACTED] To [REDACTED]		17. Name of Referring Physician or Other Source (Last, First, MI): [REDACTED] 17a. [REDACTED] 17b. NPI [REDACTED]												
18. Hospitalization Dates for Current Services: From [REDACTED] To [REDACTED]		19. Reserved for Local Use: [REDACTED]												
20. Outside Lab?: Charges: NO \$ [REDACTED]		21. Diagnosis or Nature of Illness or Injury (Relate Items 1, 2, 3 or 4 to Item 24E by Line): 1. 36803 3. [REDACTED] 2. [REDACTED] 4. [REDACTED]												
22. Medicaid Resubmission: Code: Original Ref. Number: 1 [REDACTED]		23. Prior Authorization Number: [REDACTED]												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">24.</td> <td style="width: 25%;">A</td> <td style="width: 25%;">B</td> <td style="width: 25%;">C</td> <td style="width: 25%;">D</td> <td style="width: 25%;">E</td> <td style="width: 25%;">F</td> <td style="width: 25%;">G</td> <td style="width: 25%;">H</td> <td style="width: 25%;">I</td> <td style="width: 25%;">J</td> </tr> </table>				24.	A	B	C	D	E	F	G	H	I	J
24.	A	B	C	D	E	F	G	H	I	J				

Hover (place the cursor over) the  at the very bottom. The boxes enlarge.

24.	A	B	C	D	E	F	G	H	I	J
Date(s) of Service From To	Place of Service	EMG	Procedures, Services or Supplies CPT/HCPCS	Modifier	Diagnosis Pointer	\$ Charges	Days or Units	EPSDT Family Plan	ID Qual.	Rendering Provider ID. #
01/08/2012		11	92004		1	130 . 00	1		NPI	
25. Primary ID Number:			26. Patient's Account Number:			28. Total Charge:		29. Amount Paid:		
1 NPI			00			\$ 130 . 00		\$ 0 . 00		
31. Provider Signature:			27. Accept Assignment?:			30. Balance Due:				
Date:			A			\$ 130 . 00				
32. Name of Facility Where Services Were Rendered:			33. Physician's, Supplier's Billing Name, Address, Zip Code and Phone Number							
LIA ST			LIA ST			FORT COLLINS, CO 80524				
FORT COLLINS, CO 80524			FORT COLLINS, CO 80524							
a. NPI		b. EI		a. NPI		b. EI		a. NPI		b. EI

Minimize, Maximize, and Close buttons. These buttons hide the window, enlarge it to fill the whole screen, and close it, respectively

Minimize button 

Maximize button 

Restore button 

Close button 

## ECT SEARCH REPORTS

Back at the list of displayed claims the results from the Advanced Search select

**Report** to for this view of ECT Search Results. This view allows printing with 10 claims to a page.

ECT Search Results

Previous Range Displayed Claim Range 1 - 75 of 75 Next Range

Page 1 of 8

Results 1 to 10 of 75 Totaling: \$859.00

Result # 1

Details	Claim ID	Provider Name	NPI/Tax ID	Payer
	201-000001	WOODS EYE CARE		CO BLUE SHIELD
Pat. Account#	Patient Name	Claim Total	Service Data Range	
WC	WOODS	\$130.00	01/06/2012 - 01/06/2012	
Action Date	Status	Comments		
01/23/2012 06:27:50	Accepted by ENS	Moved to production file		
01/24/2012 05:13:41	Prepared for Transmission by ENS			

Result # 2

Details	Claim ID	Provider Name	NPI/Tax ID	Payer
	201-000001	WOODS EYE CARE		CO BLUE SHIELD
Pat. Account#	Patient Name	Claim Total	Service Data Range	
WOOD	WOODS	\$130.00	01/06/2012 - 01/06/2012	
Action Date	Status	Comments		
01/23/2012 06:27:50	Accepted by ENS	Moved to production file		
01/24/2012 05:13:41	Prepared for Transmission by ENS			

Result # 3

Details	Claim ID	Provider Name	NPI/Tax ID	Payer
	201-000001	STON EYE CARE		CO BLUE SHIELD
Pat. Account#	Patient Name	Claim Total	Service Data Range	
STC	STON	\$64.00	01/04/2012 - 01/04/2012	
Action Date	Status	Comments		
01/23/2012 06:27:50	Accepted by ENS	Moved to production file		
01/24/2012 05:13:41	Prepared for Transmission by ENS			

Result # 4

Details	Claim ID	Provider Name	NPI/Tax ID	Payer
	201-01	WOODS EYE CARE		CO BLUE SHIELD
Pat. Account#	Patient Name	Claim Total	Service Data Range	



Below shows a closer view of a record on the bottom of a page. Select **Details** for the claim details report.

Result # 10

Details	Claim ID	Provider Name	NPI/Tax ID	Payer
	201	EYE CARE		CO MEDICARE
Pat. Account#	Patient Name	Claim Total	Service Data Range	
CU	CU	\$99.00	01/04/2012 - 01/04/2012	
Action Date	Status	Comments		
01/23/2012 06:27:49	Accepted by ENS	Moved to production file		
01/24/2012 03:21:13	Prepared for Transmission by ENS			

1 2 3 4 5 6 7 8 Next

## ECT REPORTS

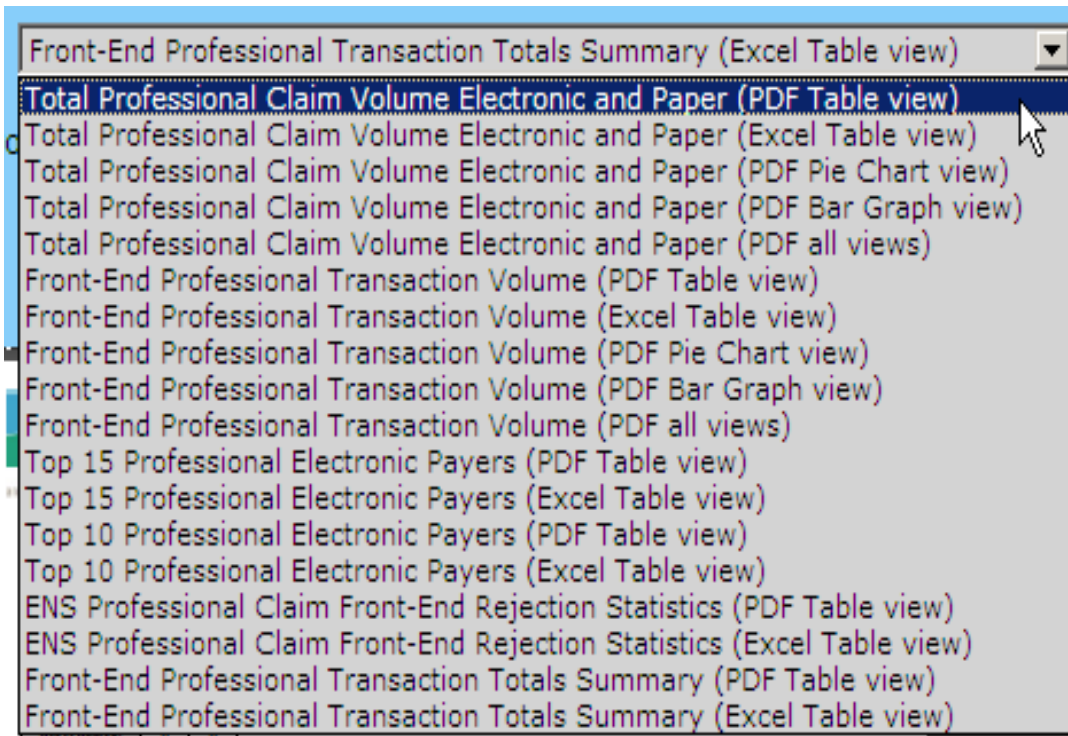
ECT reports provide totals by month or by payer. Enter a date range and select the report type.

Predefined Searches	Simple Search	Advanced Search	ECT Reports	Home	Help
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Report Type

From Date  To Date

The reports can be generated in the formats found in the Report Type pull down.



Select **Get Report** to generate the report. Reports can be saved or printed. These are examples of the PDF table view for each report type.



01-18-2012 to 01-25-2012

**Total Professional Claim Volume Electronic and Paper**

	Electronic Claims	Paper Claims	Total
12-Jan	75	0	75
<b>Total</b>	75	0	75



~~REPORT~~ 01-18-2012 to 01-25-2012  
**Front-End Professional Transaction Volume**

	Electronic Primary	Total
12-Jan	75	75
<b>Total</b>	<b>75</b>	<b>75</b>



~~REPORT~~ 01-18-2012 to 01-25-2012  
**Top 15 Professional Electronic Payers**

Payer Name	Payer ID	Total Claims	Average Amount Per Claim	Total Billed Charges
CO MEDICARE	COMCR	39	\$ 98.73	\$ 3,850.53
HUMANA CLAIMS	61101	15	\$ 71.90	\$ 1,078.59
UNITED HEALTHCARE	87728	6	\$ 145.00	\$ 870.00
CO BLUE SHIELD	COBLS	6	\$ 97.00	\$ 582.00
GREAT WEST CARE	80705	6	\$ 84.00	\$ 504.00
WPS TRIWEST	WESTR	3	\$ 170.00	\$ 510.00

**OPTION PACKED ECT**

You will find that Electronic Claims Tracking can provide extremely useful information as you process claims. Please take the time to try its options!