



SSI Clearinghouse & Electronic Claim Attachments

August 2026



Agenda



- SSI Overview
- Claim Statuses
- Claim List
- Errors
- SSI Claim Attachments
- Resources



SSI Clearinghouse Overview



- SSI is a claims clearinghouse that facilitates the electronic transmission of medical claims from the Revenue Cycle Cerner Patient Accounting (CPA) billing system to third-party insurance payers.
- It also facilitates the electronic transmission of remittances from the payers back into the Revenue Cycle system.

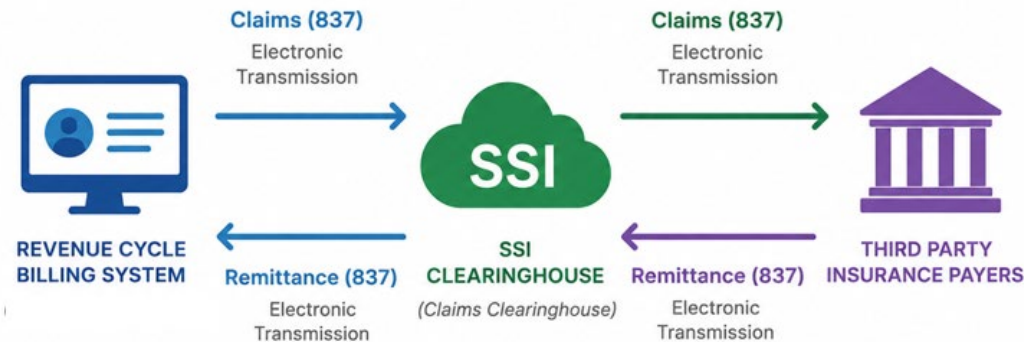




SSI Clearinghouse



- Once a claim is generated in Revenue Cycle and passes Alpha II scrubbing, the claim is submitted automatically to SSI.
- Clean claims (claims that do not have any errors or edits needing resolution) are sent from SSI to the payer through an 837 file.
- Once sent to the payer, a transmit date is sent from SSI to Revenue Cycle in a bill date post file.
- Once the payer has received and adjudicated the claim, the remittance is transmitted from the payer back to SSI through an 835 file.
- The remittance is then transmitted from SSI into Revenue Cycle and can be viewed in the Remittances tab.





SSI Clearinghouse Overview



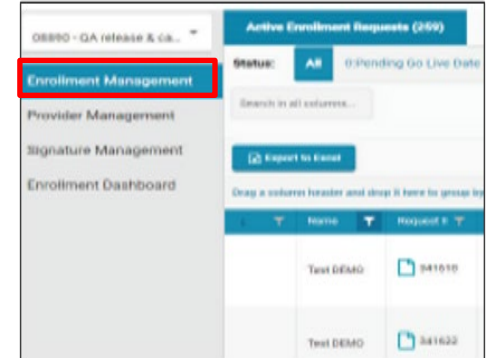
- Claims that get billed through SSI:
 - Other Health Insurance (OHI) Claims
 - DOD-VA Sharing Claims
- MTF UBO staff/TPC Vendor staff are responsible monitoring queues in Revenue Cycle as well as errors in SSI to ensure appropriate steps are taken to resolve claim errors and denials.
- SSI Errors should be resolved within 5-10 business days in SSI and/or Revenue Cycle.



Provider Enrollment



- All MTFs must be enrolled with payers in SSI, for both 837s and 835s, in order to bill claims electronically and receive electronic remittances.
 - Enrollments are completed & managed through the **Provider Enrollment Portal** in SSI.
 - ✓ If you do not have access to the Provider Enrollment Portal on your SSI home page, please post in the [SSI channel](#) in the DHA UBO Open Forum Teams Group for assistance.
 - The **Enrollment Management** page allows you to review the status of all enrollment requests.





837 & 835 Definitions



- **837 Definition:**
 - Electronic claim that is sent to the third party payer (insurance company or VA)
 - 837P – Professional Claims (physician/provider services)
 - 837I – Institutional Claims (hospital/facility services)
- **835 Definition:**
 - Electronic remittance advice (ERA) that the payer sends back to us after processing the claim
 - **Note:** *The 835 is not the actual payment itself. It is the electronic explanation of the payment/remittance. The actual funds may arrive separately through an EFT (electronic funds transfer) or check.*

A diagram of a claim form. It features a blue header with a white cross icon and the word "CLAIM". Below the header is a form with several input fields and a table with three columns and three rows.

A diagram of a remittance form. It features a green header with a white building icon and the word "REMITTANCE". Below the header is a form with several input fields and a table with five columns and three rows. The table is titled "CLAIM SUMMARY" and "CLAIM DETAILS".

CLAIM SUMMARY				
Total Billed	Total Allowed	Total Deductible	Total Copay	Total Coinsurance
\$0,000.00	\$0,000.00	\$0,000.00	\$0,000.00	\$0,000.00

CLAIM DETAILS					
Patient Account #	Patient Name	Service Date(s)	Billed Amount	Allowed Amount	Paid Amount
			\$000.00	\$000.00	\$000.00
			\$000.00	\$000.00	\$000.00
			\$000.00	\$000.00	\$000.00
			\$000.00	\$000.00	\$000.00



Claim State



- The **Claim State** in Revenue Cycle is an overall representation of where the claim is within the submission process.





Revenue Cycle Claim Status



- The **Claim Status** in Revenue Cycle provides additional detail about the current status of the claim within the processing cycle. Below are the various Claim Statuses that display in Revenue Cycle – Patient Account Perspective – Claims Tab or Balance Tab.

Claim Status in Revenue Cycle	Definition
<i>Canceled</i>	Claim was canceled. Claims can be cancelled by a user or by the system due to rules within Revenue Cycle.
<i>Denied</i>	Denial was received. Once a technical denial is reviewed and worked by billing staff, users will mark the claim as denied.
<i>Denied Pending Review</i>	Denial was received, technical denial review is needed. An 835/remittance file was received and posted in CPA, and the claim moves to a Technical Denial queue in Revenue Cycle for review.
<i>Pending</i>	Correction is required, claim stuck in Edit Failure Work Item queue
<i>Ready to Submit</i>	Claim is awaiting Ops Job submit to batch
<i>Transmitted by Crossover</i>	Claim was transmitted to secondary payer by the primary payer
<i>Submitted</i>	Claim has been submitted to SSI from Revenue Cycle through an 837 file. Once submitted, claims move to the Pending Edit Claim queue in Revenue Cycle.
<i>Transmitted</i>	Claim has been sent to the payer



SSI Claim Statuses



- The **Claim Status** in SSI indicates the overall status of the claim within the SSI system. This table outlines the various Claim Statuses that display in the SSI portal.

Claim Status in SSI	Definition
<i>Error</i>	Claim has at least one validation error preventing it from being processed. Based on a defined set of claim edits.
<i>Valid</i>	Claims without validation errors recognizable by the system are considered valid. There claims are available for immediate billing.
<i>Paid</i>	If the payer has designated the claim as paid in the Explanation of Benefits, then claims can be automatically assigned a status of Paid following the Upload Remits function. Users can also assign a status of Paid to a claim.
<i>Hold</i>	The claim was placed on hold manually, possibly due to pending information, documentation issues, or further review requirements. Valid claims cannot be put on Hold but must move to Wait status instead.
<i>Wait</i>	Valid claims that are identified as requiring further review. Valid claims can be assigned to a Wait status from the Claim menu in the Claim List. Putting Valid claims into Wait status allows you to return them to Valid status without having to revalidate the claim.
<i>Add</i>	Claims that are added to the Billing database manually using the Add function, accessed from the List menu option within the Claim List. The Add status is temporarily assigned to the claim until another function, such as Validation, is performed. After the Add claim is validated, it is assigned the status associated with the process performed, such as Valid or Billed
<i>Billed</i>	The claim has been billed, and the claim is now in the process of being reviewed or processed for payment.
<i>Translate</i>	Claims that have been translated but not validated have a Translate status. These claims exist only if there is an interruption between the Translation and Validation functions during the Claims Translation process. Check your print image for issues if this happens, then delete the claims and re-translate.
<i>Deleted</i>	Claims that have been removed from the Billing database using the Delete function and accessed from the Claim menu within the Claim List. These claims are still in the database, and they can be viewed or undeleted until a purge is performed



SSI Billed Statuses



- Below are the various Billed Statuses that display in the SSI portal.

Billed Status in SSI	Description
<i>SSI CH Rejected</i>	Claim was rejected. Billed with incorrect Payer ID/SubID
<i>SSI CH Accepted</i>	Claim was accepted
<i>SSI CH Forwarded</i>	Claim was forwarded to Payer
<i>SSI CH Held</i>	Payer unknown to SSI, Payer ID issues present
<i>Payer Rejected File</i>	Payer rejected the entire batch of claims sent; SSI will modify the batch and resend the claims. No action is required by the provider unless SSI reaches out with other details
<i>Payer Accepted File</i>	The payer has accepted the file
<i>Payer Processing Claim</i>	The payer is processing the claim
<i>Payer Finalized Claim</i>	Claim has been finalized by the payer
<i>Payer Rejected Claim</i>	The payer has rejected the file. 277 status code available.
<i>Payer 277 RPT Denied Claim</i>	Payer denied claim
<i>Payer Pending: Information Requested</i>	Claim denied pending further information
<i>Payer Partial Rejection</i>	The claim has been partially rejected



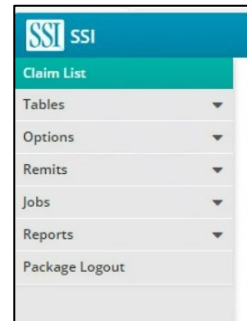
Searching Claims in SSI



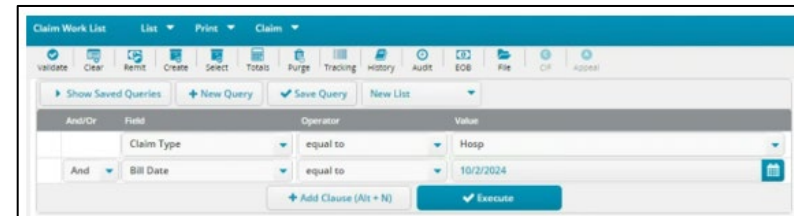
- The Claim List function in SSI can be used to search for a specific claim, search for any claims with errors, obtain a list of all claims with a specific type of error, and a variety of other search parameters.



Select the Billing application within SSI Client Portal



Select Claim List



Edit the query fields and select Execute to search



Save Claim List Queries



- If you'd like to save a query that you have built/ often search by, you can do so by building the query first, then navigating to the Save Query option.

The screenshot shows the 'Claim Work List' interface. At the top, there are tabs for 'List', 'Print', and 'Claim'. Below these are various action buttons like 'Validate', 'Clear', 'Refresh', 'Create', 'Select', 'Totals', 'Purge', 'Tracking', 'History', 'Audit', 'EOB', 'File', 'C/F', and 'Access'. A 'Show Saved Queries' button is on the left, and a 'New Query' button is in the center. The 'Save Query' button is highlighted with a red circle. Below these buttons is a table with columns 'And/Or', 'Field', 'Operator', and 'Value'. The table contains three rows: 'Claim Type' equal to 'Hosp', 'Patient Account' equal to a redacted value, and 'Is Deleted Claim' equal to 'True'. At the bottom right, there is an 'Execute' button and a 'Total: \$120.00' label.

- You will be prompted to enter a title for your query. Once a title is entered, click the Check Mark to Save the query. The Saved Claim List Query will now appear under Saved Queries when accessing claim lists

The screenshot shows the 'Claim Work List' interface with the 'Save Query' dialog box open. The dialog box has a title bar 'Save Query' and a text input field containing 'Deleted Claims'. There are checkmark and X buttons next to the input field. Below the input field is a 'Save Query' button. The background shows the same query table as the previous screenshot, but the 'Save Query' button is now disabled.

- Claim errors (edits) prevent the claim from being transmitted to the payer. Once the error (edit) is successfully resolved, the claim will be transmitted to the payer electronically.
- Claims with an error requiring review will have a Claim Status of “Error”.
- Locate claims with errors in SSI by using the Claim List
- When viewing a specific claim, the number of errors will appear on the top right of your screen. Click on the red circle to view which errors are present.

Primary: DOD-VA SHARING AGREEMENT LOCAL Secondary: N/A

 Claim Date: 10/3/2024 Bill Date: N/A

Dev: E Bill Type: N/A Billed Status: Claim Status: Error

File Print Navigation Claim Charges Hot Keys

Form

Claim Information

Payer Information

DOD-VA SHARING AGREEMENT
 UNK ORFS/OFFSPANSE

Errors List (0/1 = 0)



Claim Errors in SSI (Cont.)



- After clicking on the red circle, the following Claim Errors List will display a description of the errors on the claim.
- Double click on an edit to review.

Claim Errors List		
Claim Errors: 2		
View Printable Version Copy to Clipboard		
Description	Edit	Message
ID (CHG)	152547	If The Service Facility Npi Exists In The Ids Table (Charge) With An Id Type Identifier = 77 Or Fa (Note: Ssi Will Convert Fa To 77), Id Qualifier = Xx And Id = Npi, Then It Cannot Be The Same As The Billing Provider Npi. - 2420c Nm109 - *** Hipaa Ansi Generic Edit *** [Version 06/20/2023] Source = Wpc 837p 5010 Implementation Guide
PROVIDER ADDRESS 1 (CHG)	152525	If The Service Facility Exists (Provider Type (Chg) = '77', 'Fa', 'Li', 'Ti') Then The Service Facility Address 1 (Associated Provider Address 1), Service Facility Address 2 (Associated Provider Address 2), Service Facility City (Associated Provider City), Service Facility State (Associated Provider State), And Service Facility Zip (Associated Provider Zip) Cannot Be The Same As The Billing Provider Reported On The Provider Screen (Cim001) Provider Address Line 1, Provider Address Line 2, City, State And Zip. Note: Per The 5010 Ig, The Service Facility Loop Is Required When The Location Of The Health Care Service Is Different Than That Carried In Loop 2010aa Billing Provider. - 2420c - *** Hipaa Ansi Generic Edit *** [Version 04/17/2019] Source = Wpc 837p 5010 Implementation Guide



Claim Errors in SSI (Cont. 2)



- A red box will indicate the field on the claim that is associated with the error. Review the text in the red box for additional information and update the field appropriately.

- Once the fields with errors have been updated, select Validate. If the error has been successfully resolved, the frowny face will update to a green smiley face. Click Save.





Quick Fix Page



- The Quick Fix page is a single display of all fields with an error. It also shows the edit number and field description. All fields with errors can be resolved from the Quick Fix page.

Category	Action	Edit Help	Field Value	Edit Number	Field Description
				1000	PROCEDURE TAGLINE NUMBER
	System		000000	471	PROCEDURE CODE



Accessing Quick Fix Page



-
- Select Main Menu > Claim List
 - Execute a query to populate the claim list
 - Open a claim

- Perform one of the following:
 - Click Quick Fix
 - Select Claim > Quick Fix
 - Press Alt + Q on your keyboard
- Place your cursor in the Field Data field. The edit is displayed at the bottom.



Patient Name & Record LASTNAME, FIRST MI DEDUCTIBLE
DOB 01/01/2000
SSN N/A
Primary BLUE FEDERAL EMPLOYEE PROG
Secondary N/A
Tertiary N/A
Race F
DOB Type TFF
Other Data

File • **Print** • **Close** • **Tools** **SEND** **HELP** **LAT PAGES** **Quick PM** **ERRORS**

Forms **400 OF 18219** **CLAIM STATUS ERROR** **Log Print Groups**

Claim Information **Quick Fix**

Payment Information

Lookup	System	SAB Usage	Fund Code	Code Number	Fund Description
				72004	PROVIDER TELEPHONE NUMBER
				4011	PROCEDURE CODE

Remits

Custom Claim Data

Associated Claims

Total Errors: 2

WARNING! 100025 6-02-08 AM 001770064 - (B/FraudPhone)

ALL THE PROVIDER TELEPHONE NUMBER IS REQUIRED AND MUST CONTAIN 10 DIGITS. CARRA CODE AND PHONE NUMBER, CANNOT CONTAIN A SPACE, DASH, SPECIAL CHARACTER, PARENTHESIS, AND CANNOT BE ALL ZEROS.
 : LOOP DEBARA FOR OR : ***K2PAA ABLE GENERAL BOST *** [REASON 06/06/2001]
 SOURCE = UPC 817 400870064 [NOT/TOTAL] IMPLEMENTATION BLOCK



Reminders



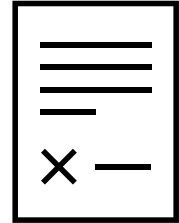
- Best practice is for claim errors to be resolved in Revenue Cycle when applicable.
- When correcting an SSI edit in Revenue Cycle, be sure to delete the claim in SSI.
 - If the claim is not deleted in SSI, this may cause a duplicate claim submission to the payer.



SSI Claim Attachments



- The SSI Attachment Processing solution allows you to upload and attach required documentation to claims for electronic transmission.
 - If a claim requires supporting documentation, retrieve the necessary records from *PowerChart* and attach them directly to the claim in SSI.





SSI Claim Attachments (Cont.)



- There are two primary use cases for this function:
 - **Scenario 1: Proactive Claim Attachments** 
 - ✓ SSI claim rules will automatically identify and hold claims that meet specific criteria (ex: high-dollar inpatient claims), flagging them with an edit similar to existing SSI claim edits. When opening the claim, users will have the option to attach medical record documents if necessary. Once the claim is validated and the edit is resolved, the claim and its attachment will be transmitted to the payer.
 - **Scenario 2: Attachments for Denied Claims** 
 - ✓ If a claim denial is received, users may download medical documentation to submit along with a replacement claim from Revenue Cycle. Users can now add a note within the NTE segment of the replacement claim that will trigger a hold once it reaches SSI. This action allows medical documentation to be uploaded into SSI and attached to the claim for electronic transmission to the payer.



SSI Claim Attachment Edits



Edit Number	Claim Type	Criteria Detail	Edit Description
215584	837i	When type of bill (bill type) ends with 7, this edit populates for review	Type of bill XX7 or claim frequency code 07 indicates this is a replacement claim, please review the original claim details or payer response and attach documentation if necessary.
215587	837P	When claim frequency field is 7, this edit populates for review.	Type of bill XX7 or claim frequency code 07 indicates this is a replacement claim, please review the original claim details or payer response and attach documentation if necessary.
215580	837i	When the bill type begins with 11, and the claim amount is greater or equal to \$25,000, this edit populates for review.	Inpatient Medicare claims typically require medical documentation to be attached. Please attach documentation.
215583	837i	When an inpatient claim amount totals over \$40,000, this edit populates for review.	High-dollar claims typically require medical documentation to be attached. Please attach documentation.
215586	837i	When the revenue code is 636, and the associated charge on that line exceeds or equals \$20,000, this edit populates for review.	High-dollar claims with revenue code 636 typically require medical documentation to be attached. Please attach documentation.
215663	837i	When 2300 NTE 01 = UPI, this edit populates for review. (This is SSI Billing's Note Code (CLM) field).	This claim may require medical documentation to be attached. Please review and attach documentation.
215661	837P	When 2300 NTE 02 is populated with anything, this edit populates for review.	This claim may require medical documentation to be attached. Please review and attach documentation.



Scenario 1: Proactive Claim Attachments



- SSI claim rules will automatically identify and hold claims that meet specific criteria (ex: high-dollar inpatient claims), flagging them with an edit in SSI.



Scenario 1: Proactive Claim Attachments



- To locate claims in SSI that may require attachments, navigate to the Claim List.
 - Filter the claim list by Error Status, or by a specific Edit Number.
 - The image on the right shows the Claim Errors List box on a specific claim with edit 215580 present.
 - If you decide you do not need to add an attachment, the edit can be bypassed.

Claim Errors List		
Claim Errors: 4		
View Printable Version Copy to Clipboard		
Description	Edit	Message
STATEMENT COVERS PERIOD THRU	59961	Warning 1 - For Inpatient Claims With Bill Types 11x, 18x Or 21x ("X" Equals 1 Or 2) Admission/Start Of Care Thru Statement Through Days (1) Must Equal Total Accommodation Units (Rev Codes 10x-16x, 18x - 21x, Including 17x When Patients Age Is Under 6) (0). Inclusive Count If Patient Status Is Equal To 30. *** Generic Edit *** [Version 11/18/2025] Source = Ssi Internal Testing/Revision Source: Nubc Ub04/Cms Minse1117.
POLICY NUMBER A	179570	Medicare Policy Numbers Must Be In The Mbi Format. Medicare Beneficiary Identifier (Mbi): 11 Alphanumeric Characters. - Characters 1, 4, 7, 10 And 11 Must Be Numeric. - Character 2, 5, 8 And 9 Must Be Alpha - Characters 3 And 6 May Be Alpha Or Numeric. Note: The Medicare Beneficiary Identifier (Mbi) Number May Not Contain: - More Than 2 Consecutive Numbers - More Than 2 Consecutive Alphabetic Characters - Alphabetic Characters S, L, O, I, B Or Z - Lowercase Letters - Any Special Characters (Including Hyphens Or Spaces) First Position Cannot Be Zero - Loop 2010ba Nm108 - MI (Member Identification Number) *** Medicare Edit *** [Version 04/09/2024] Source: https://www.cms.gov/Medicare/New-Medicare-Card/Index.Html
BILL TYPE	215580	Warning: Inpatient Medicare Claims Typically Require Medical Documentation To Be Attached. Please Attach Documentation. Loop 2300*Pwk ** Provider Carrier Edit ** [Version 03/12/2026] Source: Department Of Defense Attachment Requirements
ID (CLM)	79897	If Id Type Identifier Code (Clim) Exists Then Associated Id (Clim) Must Also Exist. Loop Nm109*Ref02 * Hipaa Ansi Generic Edit * Version 07/07/2025 Source: Wpc 837 4010a1/5010 Institutional Implementation Guide



Downloading Medical Documentation

- To add an attachment to a claim in SSI, the appropriate documentation must first be downloaded from PowerChart.
 - Open PowerChart from the Citrix Storefront.



P0630 PowerChart

- Navigate to the patient chart.



Downloading Medical Documentation

- From the Menu table of contents, select **Documentation**.
- Locate the appropriate document(s) and select **Print**.

02/05/2... 24 years Male
UIC: Attending: PCM: [Emergency] - Reg Dt: 05/29/2...
Isolation Status: Resuscitation Status:
Loc: 0005A-EM-ER; ECC-01; A Allergies: Lipitor, ibuprofen

Full screen **Print** 0 minutes

Menu

- Orders + Add
- Results Review
- Notes
- Form Browser
- Allergies + Add
- Diagnosis & Problems
- Demographics
- Chart Summary Screen
- MAR
- MAR Summary
- Discern Report
- Advanced Graphing
- Medication List + Add
- Documentation + Add**
- Discern Report
- Flowsheet

Documentation

Add Sign Forward Provider Letter Modify In Error Preview

List

Display: All Advanced Filters Previous Note Next Note

Service Date/Ti...	Subject	Type
03/06/26 06:43:00 EST	Acupuncture Consultation	Acupuncture Consultation
03/04/26 09:56:00 EST		XR Chest 2 Views
08/12/25 09:18:53 EDT	ED/UC Provider Note Resident	Primary Care Note
08/07/25 12:16:27 EDT	ED/UC Provider Note - DoD	ED/UC Note Provider
08/07/25 12:15:27 EDT	ED/UC Resident Test One/Save	ED/UC Note Provider
08/07/25 12:14:00 EDT		XR Chest 2 Views
08/07/25 12:10:00 EDT	Allergy Rule	Allergy Rule - Text
06/11/25 12:02:00 EDT	Allergy Rule	Allergy Rule - Text
05/29/25 14:12:56 EDT	Discharge Summary	Discharge Summary
05/15/25 22:15:00 EDT	0073 IntraOperative Record - OR	Main OR IntraOperative Record
05/15/25 11:25:00 EDT	Op Note	Operative Report
05/07/25 14:09:00 EDT	Coding Summary	Coding Summary
05/07/25 09:26:00 EDT	Allergy Rule	Allergy Rule - Text

Result Type: Operative Report
Result Date: May 15, 2025 11:25 EDT
Result Status: Auth (Verified)
Result: Op Note
Title/Subject: Lovell, Amanda, (CERNER) on May 16, 2025
Performed: 13:01 CDT
By/Author: Lovell, Amanda, (CERNER) on May 16, 2025
Verified By: 13:01 CDT
Encounter info: 110747872, 0073A, Day Surgery, 05/15/2025 - 05/15/2025

*** Final Report ***

Preoperative Diagnosis
appendicitis



Downloading Medical Documentation



- Click **Preview**.
 - PowerChart displays the Medical Record Request dialog box open to the Submitted Requests tab.
- Continue to click the **Refresh** button until PowerChart updates the Request Status to Archived.
- Right-click the request.
- Select **Display Report**.
 - The report will be displayed as a PDF file.

Medical Record Request - ZZZTEST, LPEONE - 72536704000001 - Op Note

Medical Record Request Submitted Requests (1)

Last Refresh: 3/31/2026 America/New_York Display: Last 24 hours

Request Status	Fax Status	Requested Date/Time	Person Name	FIN	Report Request ID	Output Device	P
✓ Archived	N/A	3/31/2026 3:10 PM America/New_York			621696332	N/A	2

Display Report



Downloading Medical Documentation



- Click **Save As** on the top right.
- Per your local MTF process, save the PDF file to your local/shared drive.

0073A 301 Fisher St 8007008603
Keesler AFB, MS 39534-2115

Patient Information

Patient Name:	Sex: Male
Home Address:	DOB: 02/05/2002
	Age: 24 Years
Home Phone:	Religion:
US Govt Agency:	SSN: XXX-XX-9419; XXX-XX-9419

Guarantor Information

Guarantor Name:	Sex: Male
Patient's Reltn:	DOB: 02/05/2002



Adding the Documents in SSI



- When you have the specific claim open in SSI, expand the Claim Information form on the left side.
- Select **Attachments**.
- Click **Add Attachment**.

The screenshot displays the SSI Claim Information form. The top header shows 'Patient Name & Account', 'Claim Date 4/2/2026', 'Bill Date N/A', and 'Primary BCBS CONNECTICUT ANTHEM PPO'. Below the header is a toolbar with icons for File, Print, Claim, Save, Discard, Undo, Print, Claim Hx, Audit Hx, EOB, Payers, Email, and Folder. The left sidebar lists the form sections: Claim Information, Patient, Provider, Additional Providers, Responsible Party, Authorization, Locators, Notes, Additional Notes, and Attachments. The 'Attachments' section is highlighted with a red box. The main content area shows the 'Claim Attachment List' with a table header containing 'Control Number', 'Description', and 'Transmission Code'. A red box highlights the '+ Add Attachment' button in the top left of the attachment list area.



Adding the Documents in SSI



Attachment Type: OZ | OZ Support Data for Claim

Attachment Transmission Code: EL | EL Electronic Only

Attachment Control Number:

Attachment Loinc Code: Medical Records

Attachment Instructions:

Return supporting documentation for claim

Attachment Status: Pending Transmission

Attachment Description:

Doc ID: NO DOCUMENT ATTACHED

Payer Destination: JOPARI

Payer Status Code/Description: 0

Attachment Route ID: 27

- Expand the Attachment Type list.
 - The most common Attachment Type is **“OZ Support Data for Claim”**
 - Ensure to only attach a PDF file type
 - ✓ If a payer requests/requires more than ten attachments, combine them so the total attachments do not exceed ten.
 - Expand the Attachment Transmission Code list
 - ✓ Select **EL Electronic Only**
 - Expand the Attachment Description list
 - ✓ Select an **Attachment Description**
 - Click **Import**



Adding the Documents in SSI



- From the Import Attachment Dialog box, click **Select files**.



- From the local file directory window, select the PDF file to attach to the claim.



Adding the Documents in SSI



- In the Claim Attachment page, SSI auto-populates other necessary information (Ex: Attachment Control Number, Doc ID)
- Click **Back**.

← Back Claim Attachment 1

Attachment Type OZ Support Data for Claim

Attachment Transmission Code EL Electronic Only

Attachment Control Number

Attachment Loinc Code

Attachment Instructions

Attachment Status

Attachment Description

Doc ID

Payer Destination

Payer Status Code/Description

Attachment Route ID



Adding the Documents in SSI



- SSI displays the Claim Attachment List page with the claim attachment that was selected.

	Control Number	Description	Transmission Code	Payer Description	Payer Status Id	Is Solicited	LOINC	Doc Exists
1	99003-000001790		EL	JOPARI	0	False		True

- Work any additional claim errors that are present. Always click the **Save** button on the top right of the screen when done.
- A green smiley face and a Valid status indicates all errors have been resolved.





Scenario 2: Attachments for Denied Claims



- If a claim denial is received, users may download medical documentation to submit along with a replacement claim from Revenue Cycle.
- Users can now add a note within the **NTE segment** of the replacement claim in Revenue Cycle, which will trigger a hold once it reaches SSI. This action allows medical documentation to be uploaded into SSI and attached to the claim for electronic transmission to the payer.



Manually Place a Hold



- In Revenue Cycle, open the appropriate patient encounter and click the **Claims** tab.
- Right click the appropriate claim and select **Open Claim**.

The screenshot shows a software interface with a 'Claims' tab selected. The interface displays a table of claims for an encounter dated 03/23/2026 - 03/24/2026. The table has columns for #, Health Plan, Status, Claim, Total Charges, Payments, and Adjustments. A right-click context menu is open over the second row, which is a 'Pending' claim. The 'Open Claim' option is highlighted in the menu.

#	Health Plan	Status	Claim	Total Charges	Payments	Adjustments
1	UNITED HEALTHCAR...	Submitted		\$38,819.70	\$0.00	\$0.00
1	UNITED HEALTHCAR...	Pending		\$10,401.82	\$0.00	\$0.00
1	UNITED HEALTHCAR...	Pending			\$0.00	\$0.00
1	UNITED HEALTHCAR...	Canceled				

Context Menu Options:

- Apply Action Code
- Apply Adjustment
- Apply Comment
- Apply Remark
- Cancel Claim
- Deny Claim
- Identify Work Item
- Manage Images
- Mark as Transmitted
- Open Claim**
- Print Claim



Manually Place a Hold



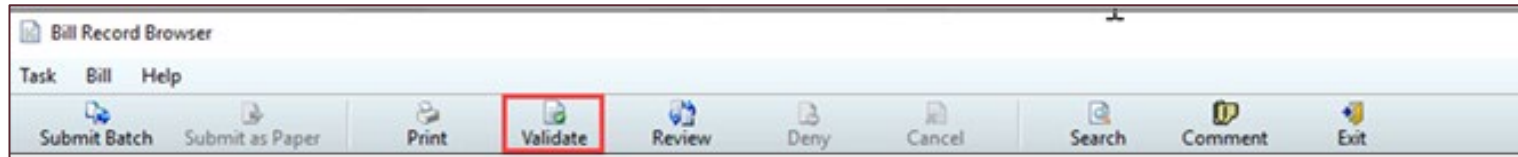
- Note: You can only edit claims in a PENDING status. If the claim is not in a Pending status, follow the steps below:
 - Right-click the claim and select **Cancel Claim**.
 - Click the **Balance tab**.
 - Right-click the item and select **Generate Claim**.
 - Click **OK**.



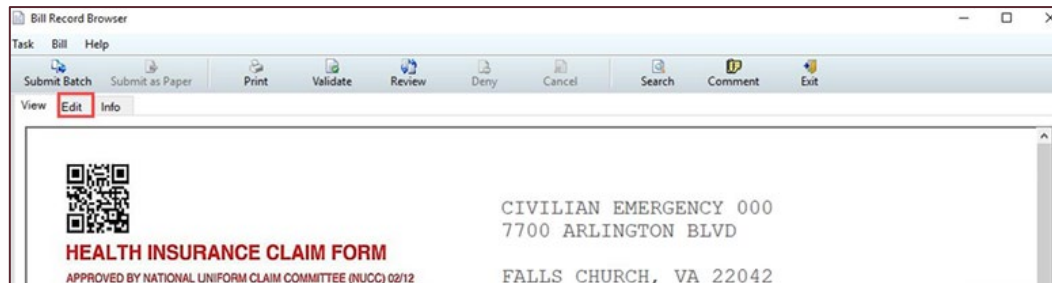
Manually Place a Hold



- Click **Validate** in the Bill Record Browser window.



- Correct any listed claim issues.
- Click the **Edit** tab.

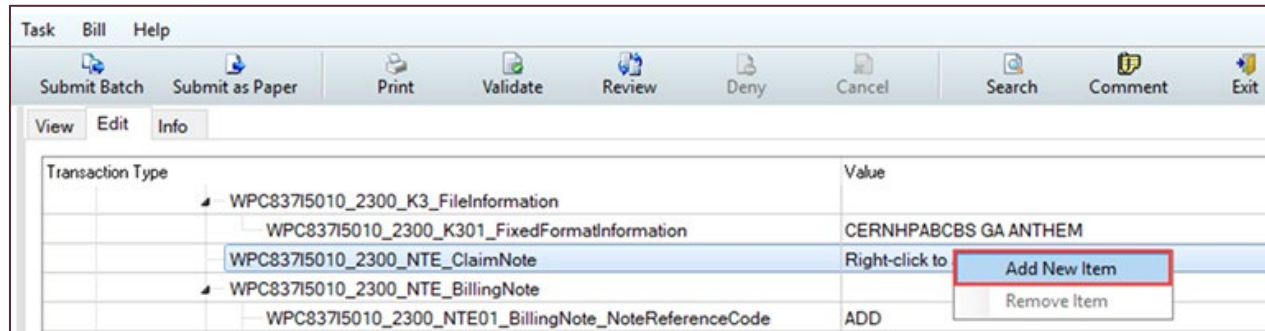




Manually Place a Hold



- Revenue Cycle displays a list of Transaction Types and their Values.
 - Right-click on **2300_NTE_ClaimNote**
 - Select **Add New Item**
 - ✓ Revenue Cycle displays the 2300_NTE_ClaimNote list.





Manually Place a Hold



- To expand the NTE01 Value list, click in the **NTE01 Value** cell.
 - Select the appropriate NTE01 Value.
 - ✓ Facility claims = UPI
 - ✓ Professional claims = ADD
 - In the NTE02 Value cell, enter **Add Documentation**.

Task Bill Help	
Submit Batch Submit as Paper Print Validate Review Deny Cancel Search Comment	
View Edit Info	
Transaction Type	Value
WPC83715010_2300_K3_FileInformation	
WPC83715010_2300_K301_FixedFormatInformation	CERNHPABCBS GA ANTHEM
WPC83715010_2300_NTE_ClaimNote	
WPC83715010_2300_NTE01_ClaimNote_NoteReferenceCode	UPI
WPC83715010_2300_NTE02_ClaimNoteText	Add Documentation
WPC83715010_2300_NTE_BillingNote	



Manually Place a Hold



- Click Submit Batch.
 - Revenue Cycle places the claim in a Ready to Submit status and processes it with the nightly ops job.
 - The following day, the claim is available in SSI in Error Status awaiting documentation.





Payer Statuses (277)

- When claims are billed to payers electronically, the payer automatically sends a claim Status response via a 277 transaction.
- 277 transactions include industry-standard Category and Status Codes, which describe how the payer processes the claim and integrates into SSI's Billed Status functionality.
 - Standard 277 Category and Status Codes reference websites:
 - ✓ <https://x12.org/codes/claim-status-category-codes>
 - ✓ <https://x12.org/codes/claim-status-codes>



Payer Statuses (277)



- When insurance payers receive a claim without attachments, they do not consistently return the same 277 codes.
 - Some payers may return documentation-specific codes, while others could return more general rejection codes.
 - It is important to review claim Status responses carefully.



Attachment Error Report Email



- Errors related to a claim that contains a corrupt or password-protected attachment prevent the recipient from opening the attachment.
 - If a claim contains this error type, SSI sends an **Attachment Error Report email** with error correction instructions to the end user who imported the attachment, and to all designated facility contacts.
 - If the Attachments Needing Correction Report displays a claim with an attachment, SSI does not hold the claim. SSI sends it to the payer. The payer may hold the claim for a few days while they wait for the attachment, but that may not always occur based on the payer.

SSI - Attachments Needing Correction Report

Note: Once the corrective action is taken on the Attachment it will be removed from this report.

Batch Date Error Date Days In Error Batch Id Payer Route Id Doc Id ACN Claims Link (click to view) Account User

Corrupted PDF uploaded - Verified - Provider Action: Attach the good PDF in Billing (see detailed instructions below)

Instructions to correct issues

Issue	Instructions	Detailed Instructions
Corrupted PDF uploaded - Verified	Provider Action: Attach the good PDF in Billing	***Important - The ACN must remain the same*** 1) Locate the Claim in SSI Billing 2) Navigate to the Attachments list 3) Double click to open the Attachment record with the bad Attachment 4) Verify the ACN is the one that is bad (do not delete the ACN value) 5) Select Import or Scan as normal 6) Verify the ACN did not change 7) Verify the Doc ID was incremented 8) Save the changes 9) *** VERIFY the document can be opened without error using the [VIEW] button *** Note: Once the attachment is updated it will be forwarded to the payer and will automatically remove from this report.

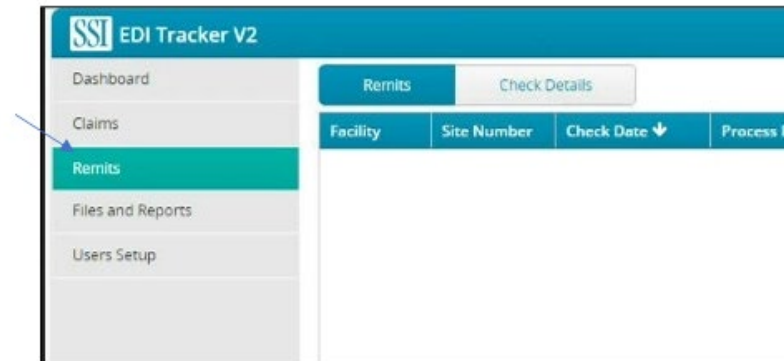
Printed: 4/8/2024 6:00:06 AM SSI Attachments Page: 1 of 1



Locating Remittances in SSI



- Copies of remittances/EOBs can be found in SSI for up to 90 days.
 - Navigate to the EDI Tracker on the SSI home page.
 - Select Remits





Locating Remittances in SSI



- Select Advanced Filters
 - Enter your site number, check number, and any other relevant information
 - ✓ Check number can be located within the remittance in Revenue Cycle

The screenshot displays the SSI EDI Tracker V2 application interface. The main window shows a 'Remits' tab with a table that currently has 'No data for selected filter'. A sidebar on the left contains navigation links: Dashboard, Claims, Remits, Files and Reports, and Users Setup. A right-hand panel titled 'Managed Saved Filters' is open, showing a list of 'Advanced Filters'. The filters listed are: Remit ID, Facility, Site Number, Check Date, Process Date, Post Date, Check Number, Check Total, Remit Count, and Billing NPI. The 'Site Number', 'Process Date', and 'Check Number' filters are highlighted with red boxes. The 'Site Number' filter is set to '13306'. The 'Process Date' filter is set to '10/5/2024'. The 'Check Number' filter is set to 'CK073301465925342740'. The 'Add Request' button at the top right of the filter panel is also highlighted with a red box.



Locating Remittances in SSI



- If the remittance is available in SSI, results will populate below.

EDI Tracker V2 Products ▾

Dashboard
Claims
Remits
Files and Reports

Remits Check Details

Add Request Advanced Filters (3) Manage Layout Export to Excel Refresh

Fr...	Site Number	Check Date ▾	Process Date	Post Date	Ch...	Ch...	Re...	Bill...	Pa...	Fe...	Pa...	Pa...	File...	D...	ZP...	Downloaded
99...	13336	10/08/2024	10/07/2024	10/07/2024	CK...	51...	2	11...	UMR	68...	ACH	39...	24...	24...	13...	

1 - 1 of 1 items

Selected Check Number:

Remit Details Check Details Provider Level Adjustments Associated Files

Remit Details

Check Date: 10-08-2024 1:00 AM
Process Date: 10-07-2024 5:31 AM
Post Date: 10-07-2024 6:52 AM
Check Total: 152.76
Check
Number:
Remit Count: 220163411
Payment Type: ACH
File Name:

Provider Details

Facility: 99th Medical Group -
Neils AFB 0079
Site: 13336
Provider Name: 99th Medical Group -
Neils AFB 0079
Billing NPI: 1154393759
Provider FTN: 880060272

Payer Details

Name: UMR
ID: 39026-NOCD
Remote ID: 00693

Default Packages Set
Set Default Packages



SSI – Resources



- For detailed instructions on SSI Provider Enrollment, please refer to the resources below:
 - [SSI Provider Enrollment User Guide](#)
 - [DHA UBO Program Office Open Forum/Targeted Topic: SSI Provider Enrollment Recording](#)
- [UBO Helpful Handouts](#)
 - UBO Helpful Handout SSI Guide
- [Archived Webinars](#)
 - SSI Claims Clearinghouse – April 2025
- For SSI password reset or locked accounts, please post in the following Teams channel:
 - [Billing – SSI Password – Locked Reset](#)
- [SSI Advanced Billing Resource Guide](#)
- SSI Claim Attachment Training:
 - [SSI Application Add-On Page](#)



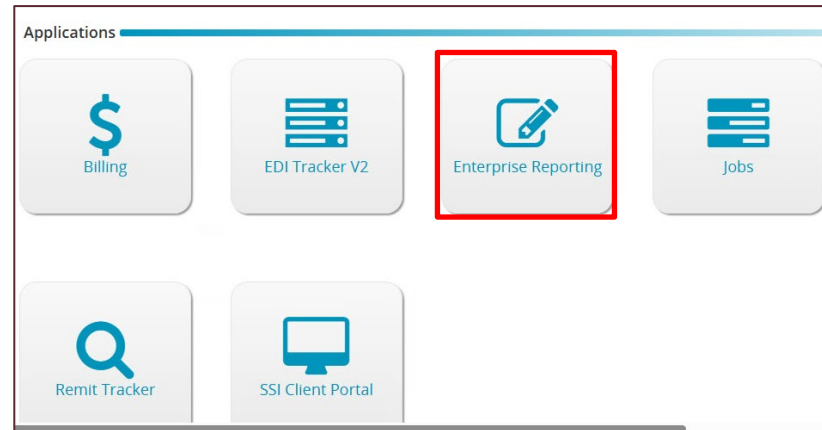
Questions



Reports in SSI



- Reports in SSI can be found in the Enterprise Reporting module





Reporting in SSI

- The Enterprise Reporting page will display a list of reports within SSI. Select All on the left side of the screen to view all available reports.

The screenshot shows the SSI Enterprise Reporting interface. On the left, a sidebar contains a 'Data Extracts' menu with 'All' highlighted in a red box. The main content area is titled 'Data Extracts' and displays a table with the following columns: Name, Description, and Keywords. The table lists various reports, each with a 'Select' button in the rightmost column.

Name	Description	Keywords	Select
Audit Detail Extract	Extract saved off of the Audit Detail Package Report.		Select
Billing Dashboard Extract	This extract provides the Billing Reconciliation Dashboard within Reports in Billing while being able to choose dates specified over more than the past 7 days. It is preferred not to run for Current Day as the data will not reflect accurately due to real time changes.		Select
Charge Level Basic - Hospital	A less granular version of the Charge Level Hosp Extract. CPT is a registered trademark of the American Medical Association		Select
Charge Level Basic - Physician	A less granular version of the Charge Level Physician Extract. CPT is a registered trademark of the American Medical Association		Select
Charge Level Output - Hospital	Hospital Only - This data source allows one to query the Billing database(s) using many claim and charge level fields. This data source always displays separate records for each charge line existing on a claim. NOTE - Even if only claim level fields are included as Selected Columns, this data source still displays one record for every charge line. CPT is a registered trademark of the American Medical Association		Select
Charge Level Output - Physician	Physician Only - This data source allows one to query the Billing database(s) using many claim and charge level fields. This data source always displays separate records for each charge line existing on a claim. NOTE - Even if only claim level fields are included as Selected Columns, this data source still displays one record for every charge line. CPT is a registered trademark of the American Medical Association		Select
Claim History Output	This data source allows one to query the Billing database(s) using Claim History information.		Select
Claim Level Basic - Hospital	Less Granular version of the Claim Level Output - Hosp extract.	Claim, Hospital	Select
Claim Level Basic - Physician	Less granular version of the Claim Level Output - Physician.		Select
Claim Level Output - Basic	Hospital and Physician - This data source contains basic claim information with the most used data elements for finding claims by Patient Information, Claim Status, Billed Status, Bill Dates and other useful information.		Select
Claim Level Output - Hospital	Hospital Only - This data source allows one to query the Billing database(s) using many claim and charge level fields. This data source always displays data at claim level, one record per claim.		Select
Claim Level Output - Physician	Physician Only - This data source allows one to query the Billing database(s) using many claim and charge level fields. This data source always displays data at claim level, one record per claim.		Select
Claim List Output	Claim Level extract with additional columns added, including: Cdz77, Std777, Timely Filing Date, and Billed Status. Ability to filter by Claim Type. CPT is a registered trademark of the American Medical Association		Select
Claim Tracking Status Detail Output	Provides the ability to track top rejections.		Select
COVID-19 Charge Output - Physician	Gives the ability to pull any claims related to COVID-19. CPT is a registered trademark of the American Medical Association		Select



Helpful Reports



- **The Error Detail Live Report**
 - Compiles all SSI errors (claim edits) on claims in an Error or Deleted status.
 - Billed claims with errors that have been previously fixed will not appear on this report.
 - Claims in a Submitted status, that have not been Transmitted may appear in this report.
 - The Pending Edit Claim Work Queue in Revenue Cycle aligns to this report, as well as the DNFB Status on encounters “Held in Scrubber.”

Errors Detail Live	Errors Detail Live Output shows same data as Errors Detail (Live) - Package Report (shows details of edits on claims that are not yet in a billed status) while giving the ability to select a delimiter. CPT is a registered trademark of the American Medical Association
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Helpful Reports (Cont.)



- **Claim Tracking Status Detail Output**
 - This report provides the ability to monitor and track top payer rejections.
 - The Claim Tracking Status Detail Output reports billed claims in a Rejection status for monitoring of all payer rejections, including the EDI 277 Claim Status Response:
 - The EDI 277 Health Care Claim Status Response transaction set is used by healthcare payers (insurance companies, Medicare, etc.) to report on the status of claims (837 transactions) previously submitted by providers.
 - Information provided in a 277 transaction generally indicates where the claim is in process, either as Pending or Finalized.
 - If finalized, the transaction indicates the disposition of the claim – rejected, denied, approved for payment or paid.
 - The EDI Claim Acknowledgement Work Item Queue populates in Revenue Cycle with these claims that were not accepted by the payer and aligns to this report.

	registered trademark of the American Medical Association		
▶ Claim Tracking Status Detail Output	Provides the ability to track top rejections.		Select
	Gives the ability to pull phys claims related to COVID-19. CPT is a registered		