

## **Direct Data Entry (DDE) Users - Using Fiscal Intermediary Standard System (FISS) On Line Reports To Help Manage Your Medicare Claims**

The 201 Report is a weekly report created at the end of each week with a cycle date on the report of Friday. The report lists claims that are pending, processed and returned to the provider (RTP) for the week ending with the cycle date.

DDE users may access the report on line via Option 4 (On Line Reports View) from the FISS main menu screen. Choose R1, Summary of Reports to get a list of on line reports, then enter S on the 201 Report to select it. Verify on the next screen that you have selected the 201 Report, the frequency value should be W for weekly with your provider number, then hit enter.

The 201 Report is sorted first by pended claims, then within pended by type of claim, inpatient, outpatient, SNF etc. and then alpha by the last name of the beneficiary. All pended claims are in one of five locations within pending: CWF (regular), CWF (delayed), Medical (MED), MSP (MSP) and Suspense (SUSP). At the end of the pended claim section for each bill type you will find a summary claim count by location. At the end of the pended claims section is a summary of claims by type of bill. These summary counts should account for all claims in the pended category by location as well as by bill type. Providers cannot work claims in the pended section. Providers may want to review pended claims with a last transaction date over 21 days old by contacting the customer service line.

Processed claims are the next major section on the report. All claims processed (paid, rejected or denied) during the week ending with the cycle date will appear in this section of the report. Claims are again sorted by type of claim and then alpha by the last name of the beneficiary. Processed claims are totaled by paid and rejected (rejected or denied) and then summarized by type of claim. Rejected or denied claims display the reason code(s) explaining the action. The paid date field shows the date paid or rejected.

Returned claims which are in a returned to provider (RTP) location status TB9997 are found in the last section of the 201 Report. Returned claims are also sorted by type of claim and then alpha by the last name of the beneficiary. Each claim type has a subtotal count of claims for that claim type as well as a total summary count for all returned claims. The report carries up to 10 reason codes which explain the reason(s) for returning the claim and the RTP date (the date the claim was returned to the provider).

The 201 Report has a final section containing claim summary totals by each of the three sections, pended, processed and returned claims broken down by claim type.

For more detailed information of all the fields on the report, providers should refer to the FISS DDE manual, Chapter 6, On Line Reports View. If you do not have this manual, you may download a copy from the Direct Data Entry section of our Web page, DDE Manual, at [www.wpsmedicare.com](http://www.wpsmedicare.com)