

# Claim Status Report Job Aid

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## Overview

The State Adjudication Report is a document that allows providers to obtain information regarding their claim. This report provides detailed claim information for each service within Sage as the claim moves through the claiming cycle, from initial submission all the way through State adjudication. Use of this report will allow providers to get claim status information throughout the process and the metadata associated with each claim.

## How to Import State Adjudication Report

The report will be uploaded to the SFTP every month along with the Split CSV Tool and an email notification. Providers may import the report from \*.csv to Excel or Access. Some files may be too large to import directly onto Excel or Access. In this case Providers can use Split CSV Tool. The tool is designed to help providers split larger \*.csv files into multiple smaller files.

To import into Excel (use the Desktop app, importing is unavailable through Office.com):

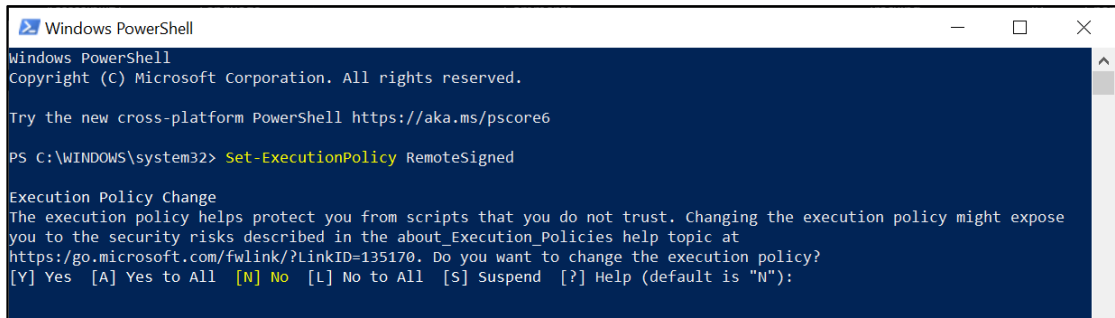
- Open **Excel**
- Click **New**, then click **Blank workbook**
- Click **Data** in the menu bar, click **Get Data**, select **From File**, then click **From Text/CSV**
- Select the \*.csv file saved from the SFTP, click **Import**
- A preview of the \*.csv file will appear, click **Load**

To import into Access (use the Desktop app, importing is unavailable through Office.com):

- Open **Access**
- Click **New**, then double-click on **Blank Database**. Click **File** on the menu bar, then click **Save As**
- Under **Save Database As**, select the **Access Database** option, then click **Save As** (if prompted with, "Do you want Microsoft Access to close the objects?", click **Yes**)
- Create a **File name**, then click **Save**
- Click **External Data** in the menu bar, then click **New Data Source**, select **From File**, then click **Text File**
- Click **Browse...** and select the \*.csv file saved from the SFTP, click **Open**, then click **OK**
- The **Import Text Wizard** will appear:
  - Select **Delimited** for the format, then click **Next**
  - Under **Choose the delimiter that separates your fields** select **Comma**, click **Next**
  - Highlight the column headings for the field options and change the heading names, if applicable. Then click **Next**
  - Then, select the option **Let Access Add Primary Key** or **Choose my own primary key** to assign one of the fields in your \*.csv file as the primary key. Click **Next**
- Under **Import to Table** field, name the table, click **Finish**, then click **Close**

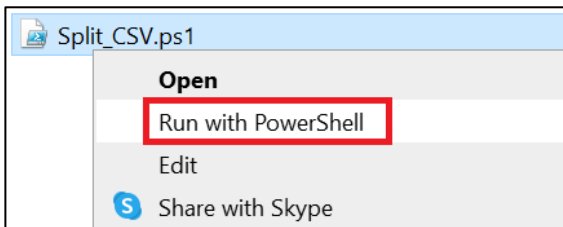
To use the Split CSV Tool:

- Click the Windows button + R to open the run dialog box and type PowerShell into the text box
- Click **OK** or hit Enter and a PowerShell window will open
- Run the following command: `Set-ExecutionPolicy RemoteSigned`
- When asked “Do you want to change the execution policy?” Click **Y** and Enter

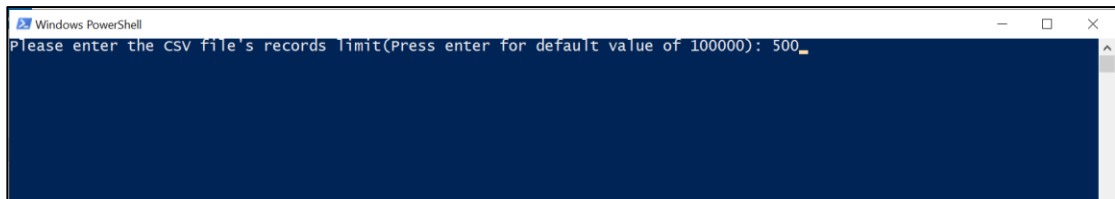


- This command will change the system’s execution policy to allow the running of scripts that are downloaded from the SFTP, but that have been signed by a trusted publisher and the tool may now be run with no issues
- Note: If the Execution Policy Change says denied, continue with the following step. If **Run with PowerShell** does not pop up on the menu, contact your network administrator to request the necessary permissions to execute the PowerShell script
- Right-click on the Split CSV Tool

Select **Run with PowerShell** from the menu

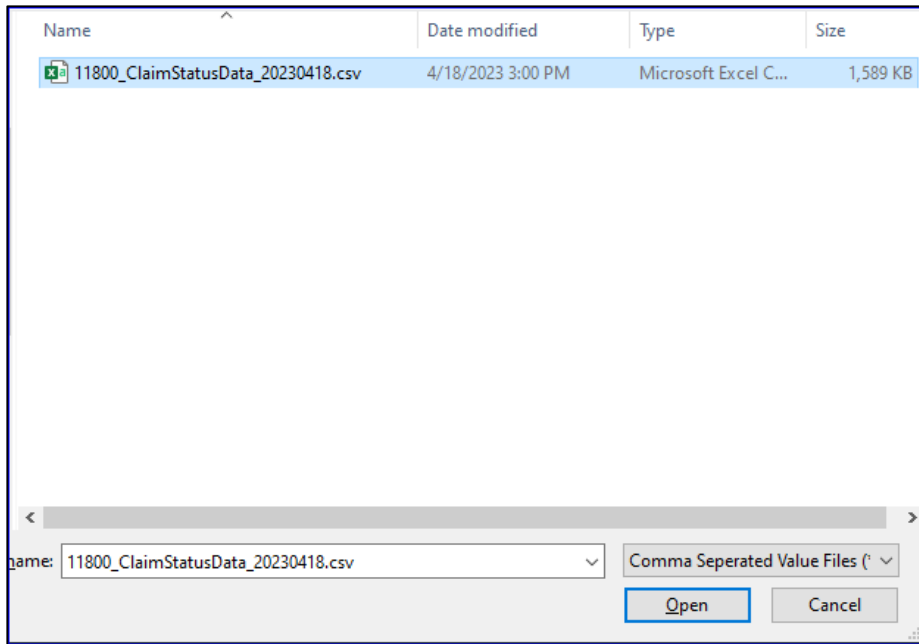


- Once PowerShell opens, parameters may be adjusted to customize the output. Enter how many records each file should be split into.



- Once the record count has been set, click Enter
- Select the .csv file to split

- Click **Open**



- Script will run, once successful, PowerShell will prompt **Press any key to continue**
- Navigate back to the .csv file, the file will be split into smaller files

A screenshot of a Windows File Explorer window showing a directory with several CSV files. The window title is not visible. The main area shows a table with columns: Name, Date modified, Type, and Size. There are six files listed, all of which are Microsoft Excel Comma Separated Value Files.

Name	Date modified	Type	Size
11800_ClaimStatusData_20230418.csv	4/18/2023 3:00 PM	Microsoft Excel Com...	1,589 KB
11800_ClaimStatusData_20230418_P1.csv	5/2/2023 1:54 PM	Microsoft Excel Com...	340 KB
11800_ClaimStatusData_20230418_P2.csv	5/2/2023 1:54 PM	Microsoft Excel Com...	368 KB
11800_ClaimStatusData_20230418_P3.csv	5/2/2023 1:54 PM	Microsoft Excel Com...	397 KB
11800_ClaimStatusData_20230418_P4.csv	5/2/2023 1:54 PM	Microsoft Excel Com...	409 KB
11800_ClaimStatusData_20230418_P5.csv	5/2/2023 1:54 PM	Microsoft Excel Com...	82 KB

## Claim Status Report fields

Below is a list of the columns found in the report along with their description and what they mean.

Fields	Description
UniqueRowID	Unique ID given to each row service for the spreadsheet
LegalEntityNumber	Provider ID
LegalEntityName	Provider Name
BillingProviderID	Provider Site ID
BillingProviderName	Provider Site Name
ClientID	Patient ID in SAGE
SSN	Patient Social Security Number
BirthDate	Patient Birth Date pulled from Current Demographics. Format is MM/DD/YYYY in Excel and YYYY-MM-DD in Access
Age	Patient Age at the Date of Service
AgeGroup	Can have 4 different AgeGroups <b>A: 00-15 Child</b> <b>A: 16-25 TAY: Transition Age Youth</b> <b>A: 26-59 Adult</b> <b>A: 60 + Older Adult</b>
OBClaimSubID	Claim ID based on the Claim Number in MSO system
Gender	Patient Gender is pulled from the patient demographics, values are: <b>F:</b> Female <b>FTM:</b> Female to Male <b>M:</b> Male <b>MTF:</b> Male to Female <b>U:</b> Unknown
MEDSDOB	Patient's Date of Birth from the MEDS Eligibility History Record. The format is YYYY-MM-DD
MEDSGENDER	Similar to Gender Field but the value from MEDS Eligibility list: <b>F:</b> Female <b>M:</b> Male <b>U:</b> Unknown
MEDSCIN	Beneficiary's Client Identification Number from the MEDS file on file with DHCS. If the field is blank, there is no CIN number provided in the

	MEDS file and/or unable to verify a CIN against PATID in SAGE
LocalClaimNumber	Internal Claim Number generated by SAGE for the inbound claim submitted by the provider
ClaimSubmittersIdentifier	SAGE generated ID Number for Primary Sage Users. Secondary Sage Users submit this number on the 837 file in Loop and Segment 2010BB, CLM01
StateClaimNumber	Internal Claim Number generated by SAGE for the outbound claims submitted to the State. If field is blank, an 837 has not be created or transferred from MSO to PM
ServiceDateBegin	Date of Service
ServiceDateEnd	Date of Service
ProcedureID	Sage Unique ID given to the Service
ProcedureCode	Service billing code. This field shows HCPCS, revenue, and CPT codes
RenderingProviderName	Rendering Provider (Practitioner) Name
RenderingProviderID	NPI Number for Performing Provider (Practitioner)
RenderingProviderTaxonomy	Performing Provider Taxonomy (Category of Service). If field is blank, contact helpdesk to provide a taxonomy code
ServiceUnitCount	Unit of Service
DiagnosisCode	All ICD10 or if not available, ICD9 diagnosis codes for the patient. If multiple diagnosis codes, they will be in alphanumeric order separated by commas
DiagnosisType	ICD10 or ICD9 Diagnosis type
AuthorizationNumber	Authorization Number provided
EOBID	Explanation of Benefits Document ID
TotalClaimChargeAmount	If column (R) State Claim Number is blank, then the Total Claim Charge Amount is what the provider billed SAPC, if there is a State Claim Number, then Total Claim Charge Amount is what SAPC billed the State
ContractedRate	Rate from the local contracted rate
ClientPaidAmount	The dollar amount the client paid, if any, such as a deductible
PrivateInsuranceAmount	The Amount paid by the Private Insurance. If field is blank, no OHC information is entered

LocalClaimAdjudicationStatus	Local claim status by SAPC. If there is a replacement claim, it will have its own entry
ClaimPaymentAmt	Sum of all the transaction amounts- if a service is paid but then rebilled to get the higher rate, it will be the summation of the original amount minus the rebilled amount. If the field is blank, the claim was never submitted to the state. It will also be blank if a claim was billed to State 700 days after the date of service and not having an 835
DenySource	Possible values include: <b>Local Level I:</b> Denied by SAGE <b>State Level II:</b> Denied by State
RetroAmount	Amount that is retro adjudicated
RetroEOBID	EOBID generated after the claim has been retro adjudicated, either via provider voiding or State denial
ClaimStatus	Here are the possible values for this column: <b>Locally Denied:</b> Claim is denied by SAGE based on local adjudication rules <b>Claim submitted:</b> Claim is created in SAGE by 837 P/I or ProviderConnect <b>Check number issued:</b> Check number is issued for the original EOBID <b>Claim updated:</b> Internal SAGE processing stage <b>State adjudication received:</b> State returned an adjudication for the claim <b>Service retro-adjudicated:</b> Claim is retroed. Includes contractor void and state denial take backs <b>Claim voided or replaced:</b> Claim is voided or replaced <b>Unknown:</b> Reserved for unknown statuses, if it does not fall under any other statuses <b>State Approved:</b> State approved and paid the claim in full <b>State Pending:</b> the claim is sent to State but no 835 has been issued for the claim by State <b>State Fully Denied:</b> State denied the claim and paid \$0 <b>State Partial Denied:</b> State denied full amount but has partially paid the requested amount and

	denied amount may be recouped from provided or covered by SAPC as part of county match
VoidStatus	The possible values for this column are: <b>Void:</b> The Claim is void/retro-adjudicated by SAPC <b>Replacement:</b> Claim is replaced by another claim <b>Contractor Void:</b> Provider voided the claim
SubmitDate	First Data Entry Date in the SAGE system for the claim from the provider into SAGE
Cost	Cost outside of SAPC, what the provider charged SAPC after deducting other forms of payment such as private insurance or Medicare
SvcMo	Month of Service Displayed as calendar month number 01-12, (January – 1 to December – 12)
SvcYear	Year of Service
FY	Fiscal Year of the date of service
EpisodeReptUnit	An ID assigned to a program for a specific provider. This field is only for secondary providers and will be blank for primary.
EpisodeSeqNumber	Episode number within sage.
ClaimType	The possible values for this column are: <b>Non-Drug Medi-Cal</b> <b>Drug Medi-Cal</b> These fields are determined by Non-Drug Medi-Cal having no DMC guarantor or NONDMC not reimbursable and Drug Medi-Cal having DMC guarantor
FacilityCodeValue	Location/Place of Service Code listed on the 837 file from the provider. This does not apply to claims submitted through PCONN- primary provider will see blank
ServiceLocationProviderID	Providers Facility ID code, this is the site NPI
InsuranceClaim	If the claim has a payment from 3rd party payer the value Can be 1 or TRUE. If they don't, it will be 0 or FALSE. If blank, there is no OHC information
AccountCode	Contract Number
EOBDate	Date EOB created
CheckDate	Original check issue date, not impacted by retroEOB
BatchID	Sage assigned number when claims are received.



Inbound837Filename	Provider 837 File Name(Only for secondary providers)
OBFileName	Outbound 837 filename submitted to the State
MCalStatus	The possible values for this column are: <b>State Approved:</b> State approved and paid the claim in full <b>State Pending:</b> the claim is sent to state but no 835 has been issued for the claim by State. <b>State Fully Denied:</b> State denied the claim and paid \$0 <b>State Partial Denied:</b> State denied full amount but has partially paid the requested amount and denied amount may be recouped from provided or covered by SAPC as part of county
MedicarePaidAmount	Once provider bills OHC, amount paid by MediCare
FFP	Amount paid by Federal Financial Participation program. If claim didn't qualify for FFP or haven't received anything from state- then field will be blank
SGF	Amount paid by State General Fund program. If claim didn't qualify for SGF or haven't received anything from state- then field will be blank
LocalMatch	Amount paid by funds other than SGF and FFP programs. Payment is deferred, payment is being transferred that is on the 835 which indicates what isn't covered by SGF and FFP
CVStatus	Indicates that claims are processed by Avatar Value is always "SAGE Claim"
MediCalClaim	Value of TRUE indicating whether a claim is Drug MediCal or FALSE indicating whether it is a NonDrug MediCal claim
MediCareClaim	Value of TRUE or FALSE indicating whether a claim is a MediCare claim or not. If the field is blank, no MediCare information was entered
ChargeConv	Total Disbursement Amount SAPC has paid the provider
MCApproved	Total amount paid by state includes rebill payment.
FinRptAgeGroup	These are all available values based on Patient Age <b>Under 21</b> <b>21 and Over</b>

	<b>Unknown:</b> If a claim has a missing Birthdate or Service date value
ApprvAidCode	Patient Associated Aid Code related to month of service used by CA State to adjudicate claims
IB835FileName	State 835 File Name
DateUpdated	Date a claim status last updated in SAGE
Source	Source values- how the claim came into the system: <b>837 Health Care Claim Professional</b> <b>837 Health Care Claim Institutional</b> <b>ProviderConnect</b>
PayerClaimControlNumber	State PCCN Number
OB_ClaimSubIDVoid	Latest Rebilled Claim Number submitted to the State
OB837File_nameVoid	The outbound 837 file name submitted to the State for the Latest Rebilled Claim
DateBilledToTheState	Date original claim was billed to state
Practitioner_Category_Value	This is the billing category for the performing provider on the service