CHAPTER 11
ADDENDUM E

REPORT DESCRIPTIONS AND EXAMPLES

REPORT CATEGORY:

Set Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SET REPORTS ⇒ **BASIC**

PRINTED REPORT TITLE:

Duplicate Claim System Sets

REPORT DESCRIPTION:

This report provides set-level information regarding all of the sets loaded in the Duplicate Claim System. The fields displayed on the report are: Set Number; Institutional / Non-Institutional Indicator; Status; Set Match Type; Owner FI; Region; Load Date; Last Update Date; Multi-Contractor Set? (Y / N); Adjustments? (Y / N); Total Amount Identified For Recoupment; Total Amount Actually Recouped; and Total HCSR Adjustment Allowed Amount.

REPORT PARAMETER OPTIONS:

Users may Customize the report by selecting: all sets, a range of sets, or a single set; status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is set level data.

08/30/96

DUPLICATE CLAIM SYSTEM SETS

Page 1

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = 38
Region Code = ALL
Set Range = >=1,<=300

Palmetto GBA

Undetermined Region

NON-INSTITUTIONAL

SET #	STATUS	MATCH TYPE	MULTI FI?	OWNER FI	REGION	LOAD DATE	LAST UPDATE DATE	ADJ?	ID RECOUP	ACTUAL RECOUP	ADJUSTMENT AMOUNT
282	V	E	Y	38		07/01/1996	07/01/1996	N	$500.00	$0.00	$0.00

Mid-Atl.-88D0006

INSTITUTIONAL

SET #	STATUS	MATCH TYPE	MULTI FI?	OWNER FI	REGION	LOAD DATE	LAST UPDATE DATE	ADJ?	ID RECOUP	ACTUAL RECOUP	ADJUSTMENT AMOUNT
32	P	E	N	38	88D0006	05/22/1996	08/06/1996	Y	$445.91	$0.00	$1,463.54
76	O	D	N	38	88D0006	03/12/1996	03/12/1996	N	$0.00	$0.00	$0.00

NON-INSTITUTIONAL

SET #	STATUS	MATCH TYPE	MULTI FI?	OWNER FI	REGION	LOAD DATE	LAST UPDATE DATE	ADJ?	ID RECOUP	ACTUAL RECOUP	ADJUSTMENT AMOUNT
66	O	O	N	38	88D0006	03/12/1996	03/12/1996	N	$0.00	$0.00	$0.00

Western

INSTITUTIONAL

SET #	STATUS	MATCH TYPE	MULTI FI?	OWNER FI	REGION	LOAD DATE	LAST UPDATE DATE	ADJ?	ID RECOUP	ACTUAL RECOUP	ADJUSTMENT AMOUNT
2	O	O	N	38	89D0002	03/12/1996	08/14/1996	N	$10.15	$5,000.00	$0.00
3	C	E	N	38	89D0002	03/12/1996	08/21/1996	Y	$1,214.81	$1,214.81	$1,214.81
4	O	O	N	38	89D0002	03/12/1996	03/24/1996	N	$0.00	$0.00	$0.00

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Set Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SET REPORTS ⇒ **USER LOG REPORT**

PRINTED REPORT TITLE:

User Log Grouped By Set Number

REPORT DESCRIPTION:

This report identifies the users who made changes to a set and the dates on which the changes occurred. The fields displayed on the report are: Set Number; Status; Owner FI; Region; Load Date; Update Date; User ID; Total Amount Identified For Recoupment; Total Amount Actually Recouped; and Total HCSR Adjustment Allowed Amount. The report will identify all of the sets meeting the criteria selected on the report parameter screen and list all of the changes made to those sets along with the associated User Ids. The system detects changes to: the status of a set; the Owner FI; the Region; and the three total dollar amount fields. Whenever a change to one or more of these fields occurs, a “log” record is created and will appear on this report along with the User ID associated with the change(s). The report will not show log entries generated as a result of: sets created during the monthly load process; sets to which claims have been added during the monthly load process; or sets that have been archived out of the active database to history. Users may see entries with an “SA” or “DBO” as the User ID. “SA” stands for System Administrator and “DBO” stands for Database Owner. These User Ids may appear when the system makes a change to a set. The report groups the data by Set Number in ascending order.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: all sets, a range of sets, or a single set; all User Ids or a single User ID; status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is set level data. Data used by this report format is: first, identified by the criteria selected on the Report Parameter Screen; second, by any set number range indicated on the User ID / Set Number Parameter Screen; and third, by any User ID indicated on the User ID / Set Number Parameter Screen.

Friday, August 30, 1996

USER LOG GROUPED BY SET NUMBER
(TRANSACTION HISTORY)

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Duplicate Type = ALL
FI Code = 38
Region Code = ALL
User ID = ALL
Set Number Range = ALL

Set Number	Status	Owner FI	Region	Load Date	Update Date	User_Id	Total Amount Ident Recoup	Total Amount Actual Recoup	Total Allowed HCSR Adj
2	O	38	Undetermined	05/28/1996	03/13/1996	dbo	$0.00	$0.00	$0.00
2	O	38	Undetermined	05/28/1996	03/13/1996	dbo	$0.00	$0.00	$0.00
2	O	38	Undetermined	05/28/1996	03/13/1996	dbo	$0.00	$0.00	$0.00
2	P	38	Undetermined	05/28/1996	03/13/1996	dbo	$510.00	$0.00	$0.00
2	O	38	Undetermined	05/28/1996	03/13/1996	dbo	$0.00	$0.00	$0.00
2	O	38	Undetermined	05/28/1996	03/13/1996	dbo	$0.00	$0.00	$0.00
2	O	38	Undetermined	05/28/1996	04/03/1996	dbo	$0.00	$0.00	$0.00
2	O	38	Undetermined	05/28/1996	04/04/1996	dbo	$0.00	$0.00	$0.00
2	O	38	Undetermined	05/28/1996	04/04/1996	dbo	$0.00	$0.00	$0.00
2	O	38	Undetermined	05/28/1996	04/04/1996	dbo	$0.00	$0.00	$0.00
2	P	38	Undetermined	05/28/1996	05/24/1996	KOS	$300.00	$0.00	$0.00
2	O	38	Undetermined	05/28/1996	05/24/1996	KOS	$0.00	$0.00	$0.00
2	O	38	Western	03/12/1996	05/29/1996	BCSC	$10.00	$0.00	$0.00
2	O	38	Western	03/12/1996	05/31/1996	BCSC	$50.00	$0.00	$0.00
2	O	38	Western	03/12/1996	06/05/1996	BCSC	$0.00	$0.00	$0.00
2	O	38	Western	03/12/1996	07/01/1996	REP	$50.00	$0.00	$0.00
2	P	38	Western	03/12/1996	07/01/1996	REP	$50.00	$0.00	$0.00
2	O	38	Western	03/12/1996	07/01/1996	REP	$0.00	$0.00	$0.00
2	O	38	Western	03/12/1996	08/14/1996	REP	$10.00	$0.00	$0.00
2	O	38	Western	03/12/1996	08/14/1996	REP	$10.15	$560.00	$0.00
2	O	38	Western	03/12/1996	08/14/1996	REP	$10.15	$5,000.00	$0.00
3	P	38	Undetermined	05/28/1996	03/20/1996	kostep	$1,214.81	$0.00	$0.00
3	P	38	Undetermined	05/28/1996	03/20/1996	kostep	$1,214.81	$1,214.81	$0.00
3	P	38	Undetermined	05/28/1996	03/20/1996	kostep	$1,214.81	$1,214.81	$0.00
3	C	38	Undetermined	05/28/1996	03/20/1996	kostep	$1,214.81	$1,214.81	$0.00
3	O	38	Undetermined	05/28/1996	03/24/1996	fosters	$0.00	$1,214.81	$0.00
3	P	38	Undetermined	05/28/1996	03/25/1996	fosters	$155.00	$0.00	$0.00
3	C	38	Undetermined	05/28/1996	03/25/1996	fosters	$342.51	$342.51	$0.00
3	C	38	Undetermined	05/28/1996	04/081996	kostep	$342.51	$342.51	$0.00
3	C	38	Western	03/12/1996	05/28/1996	ALL	$342.51	$342.51	$1,214.81
3	P	38	Western	03/12/1996	05/29/1996	ALL	$342.51	$342.51	$1,214.81

REPORT CATEGORY:

Set Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SET REPORTS ⇒ EXPLANATION REPORT ⇒ **VALIDATE**

PRINTED REPORT TITLE:

Validate Status Explanations

REPORT DESCRIPTION:

This report provides a listing of the explanations entered when sets are resolved to a VALIDATE status. The Duplicate Claims System requires that an explanation be entered when a set is resolved to a VALIDATE status. One of the required Validate explanations describes why the amount actually recouped and the allowed amount of the HCSR adjustments submitted do not equal the amount identified for recoupment. The other required Validate explanation describes why all of the line-items of a non-institutional actual duplicate claim have not been adjusted. The fields displayed on this report are: Set Number; Status; Match Type; Owner FI; Region; Load Date; and Validate Explanations.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: all sets, a range of sets, or a single set; only sets which have adjustments associated; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is set level data.

Friday, August 30, 1996

VALIDATE STATUS EXPLANATIONS

Page 1

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Duplicate Type = ALL
FI Code = ALL
Region Code = ALL
Set Number Range = ALL

Foundation Health Federal Services

Region 11

Set Number	Status	Match Type	Load Date
18599	V	N	05/21/1996

1 no money

Unisys HIMSC

Northern-93D0004

Set Number	Status	Match Type	Load Date
349	V	C	03/12/1996

1 vcauseerq erwerqrqwerwe erqwer wer

Set Number	Status	Match Type	Load Date
2336	V	E	03/12/1996

1 this is a example and today is 6/26/96

Palmetto GBA

Undetermined

Set Number	Status	Match Type	Load Date
282	V	E	07/01/1996

1 llkkhj

Set Number	Status	Match Type	Load Date
1664	V	O	08/29/1996

1
2 gggggggggggggggggggggg
3 testing

REPORT CATEGORY:

Set Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SET REPORTS ⇒ EXPLANATION REPORT ⇒ **MODIFY**

PRINTED REPORT TITLE:

Multi-Contractor Sets
Modify FI Explanations

REPORT DESCRIPTION:

This report provides a listing of the explanations entered when the Owner FI is changed on multi-contractor sets. The Duplicate Claims System requires that an explanation be entered when ownership of a multi-contractor set is changed from one contractor to another. The explanation entered should indicate who changed set ownership, who the change was discussed with at the receiving contractor, the date the discussions and the change took place, and why ownership was changed. The fields displayed on the report are: Set Number; Status; Match Type; Owner FI; Region; Load Date; and Modify FI Explanations.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: all sets, a range of sets, or a single set; status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is set level data.

Friday, August 30, 1996

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Duplicate Type = ALL
FI Code = ALL
Region Code = ALL
Set Number Range = ALL

MULTI-CONTRACTOR SETS
MODIFY FI EXPLANATIONS

Page 1

Foundation Health Federal Services

Region 6

Set Number	Status	Match Type	Load Date
32061	P	E	07/16/1996
1	testing dcperf chgs		
2	testing dcperf chgs 2		
3	testing dcperf chgs 3		
4	testdcperf ghgs		
5	test dcperf chgs		
6	testing dcperf chgs		
7	testing		
8	testing		
9	tetsing		
10	testing		
11	testing again		
12	testing still		
13	still		
14	again		
15	dfghjk		

Unisys HIMSC

Undetermined

Set Number	Status	Match Type	Load Date
433	O	O	05/31/1996
1	cause		
2	testing		

Northern-93D0004

Set Number	Status	Match Type	Load Date
437	O	N	03/12/1996
1	kjhkjhkj		
2	lku		

REPORT CATEGORY:

Set Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SET REPORTS ⇒ **REGION UNASSIGNED**

PRINTED REPORT TITLE:

Multi-Contractor Sets
Region Missing

REPORT DESCRIPTION:

This report provides a listing of the multi-contractor sets in the Duplicate Claims System for which a region has not been assigned. All sets are assigned a region when they are loaded into the system and when mass changes occur. When ownership of a multi-contractor set is changed from one contractor to another, the receiving contractor must assign the applicable region to the set. If the receiving contractor does not assign a region, the set cannot be associated with a particular contract. This report will provide receiving contractors with a listing of the sets which have not had regions assigned. The fields displayed on the report are: Set Number; Status; Load Date; and Owner FI.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs.

REPORT NOTES:

The data used by this report format is set level data.

08/30/96

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL

MULTI-CONTRACTOR SETS: REGION MISSING

Page 1

Set Number	Owner FI	Status	Load Date
AdminaStar Defense Services			
433	13	O	05/31/1996
Palmetto GBA			
282	38	V	07/01/1996
1664	38	V	08/29/1996
14637	38	P	08/28/1996
Wisconsin Physicians Services			
268	45	O	05/22/1996
394	45	P	05/31/1996
407	45	P	05/22/1996
2657	45	O	03/12/1996
3478	45	O	07/03/1996
13624	45	O	08/09/1996
27076	45	V	03/12/1996
32382	45	O	07/16/1996
33327	45	O	07/16/1996
Foundation Health Federal Services			
120	53	P	03/12/1996
476	53	O	03/12/1996
587	53	V	03/12/1996
741	53	P	03/12/1996
2588	53	O	06/20/1996
Aetna Government Health Plans, Inc.			
63	59	O	03/12/1996
100	59	P	06/27/1996
275	59	P	07/01/1996
353	59	C	03/12/1996
1435	59	O	06/05/1996
1632	59	O	06/05/1996
1633	59	O	06/05/1996
1634	59	O	06/05/1996
2196	59	O	06/13/1996
7997	59	O	08/01/1996
8036	59	O	03/12/1996
15001	59	P	06/25/1996
36862	59	O	06/05/1996

REPORT CATEGORY:

Set Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SET REPORTS ⇒ **SET COUNTS BY REGION**

PRINTED REPORT TITLE:

Set Counts By Region

REPORT DESCRIPTION:

This report provides the numbers of sets of each match type by contract region. The report shows the number of sets of each match type, the percentage each match type represents of the total number of sets for the region, the number of sets for each match type which have associated adjustments, and the percentage of each match type which have been adjusted. This report will show the distribution of sets for a region across match types. It will also show the user how many sets in a given match type category have associated adjustments and the percentage of that match type category which have adjustments. This report can serve as a tool for contractors to help diagnose causes for duplicate payments and to help determine workload and needed resources.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: status (All, Open, Pending, Closed, Validate); multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is set level data.

01/30/97

SET COUNTS BY REGION

Page 1

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL

03 - Humana MHS (Foreign)

Region 3, 4 Foreign

Match Type	# of Sets	% of Total	# of Adjusted Sets	% Adjusted
CPT-4 Code	55	1.5%	17	30.9%
Date Overlap	77	2.1%	12	15.6%
Exact	1,757	47%	1,357	77.2%
Near	474	12.7%	125	26.4%
Other	1,378	36.8%	182	13.2%
Region Totals	3,741	100%	1,693	45.3%
FI Totals	**3,741**	**100%**	**1,693**	**45.3%**

45 - Wisconsin Physicians Service

Southcentral

Match Type	# of Sets	% of Total	# of Adjusted Sets	% Adjusted
CPT-4 Code	315	10.9%	62	19.7%
Date Overlap	16	0.6%	3	18.8%
Exact	858	29.6%	317	36.9%
Near	501	17.3%	107	21.4%
Other	1,206	41.6%	95	7.9%
Region Totals	**2,896**	**100%**	**584**	**20.2%**

Southeastern

Match Type	# of Sets	% of Total	# of Adjusted Sets	% Adjusted
CPT-4 Code	19	5.7%	2	10.5%
Date Overlap	1	0.3%	1	100%
Exact	145	43.8%	28	19.3%
Near	54	16.3%	6	11.1%
Other	112	33.8%	14	12.5%
Region Totals	**331**	**100%**	**51**	**15.4%**
FI Totals	**3,227**	**100%**	**635**	**19.7%**

REPORT CATEGORY:

Claim Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ CLAIM REPORTS ⇒ **CLAIM BASIC**

PRINTED REPORT TITLE:

Basic Duplicate Claim Report
Institutional and Non-Institutional
Claim and Line Item Level Data

REPORT DESCRIPTION:

This report lists all of the claims loaded in the system grouped by claim number. The report will show institutional and non-institutional claims. This report format will allow the user to select by Duplicate Flag values. The fields displayed on the report are: ICN; HCSR Suffix; HCSR Time Stamp; Set Number; Duplicate Flag Value; Reason Code; Processed-To-Completion Date; Responsible FI Number; Sponsor Social Security Number; Patient Name, DEERS Dependent Suffix; Provider Tax ID; Provider Sub-ID; Amount Billed; Amount Allowed; Amount Identified For Recoupment; Amount Actually Recouped. For Non-Institutional claims, line item data will also be displayed. The line item fields displayed include: Line Item Number, Line Item Match Type; Procedure Code; Place of Service; Type of Service; Care Begin Date, Care End Date; Line Item Amount Billed for the Procedure; and Amount Allowed for the Procedure. The report identifies and prints all of the claims occurring in sets meeting the criteria selected on the report parameter screen.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: all sets, a range of sets, or a single set; status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs. Users may also choose claims with ‘Blank’, ‘Y’, ‘N’, All, or a combination of Duplicate Flag Values.

REPORT NOTES:

The data used by this report format is claim level and line item level data. If a non-institutional claim exists in more than one set, it will print for each set in which it exists. Each instance of these non-institutional claims existing in multiple sets will contain a different set number on the report.

08/30/96

Status Codes = C
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Dupe Flag = ALL
Set Range = >=1,<=37000

BASIC DUPLICATE CLAIM REPORT
INSTITUTIONAL AND NON-INSTITUTIONAL
CLAIM & LINE ITEM LEVEL DATA

Foundation Health Federal Services

ICN	S	TIME	SET#	DUP FLG	RSN CODE	PTC DATE	RESP FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	AMT ID RECOUP	AMT ACTUAL RECOUP
1995072530	A	175665	18261	Y	D200	03/24/95	11		,CYNTHIA,A	30		A002	$119.34	$93.66	$93.66	$93.66
		LI	M Type	CPT-4		POS	TOS	Care Begin	Care End	Amt Billed CPT-4		Amt Allowed CPT-4				
		1	N	99232		21	11	03/02/95	03/05/95	$119.34		$93.66				
1995092530	A	580250	18261	N	BASE	05/11/95	11		,CYNTHIA,A	30		A002	$119.34	$93.66	$0.00	$0.00
		LI	M Type	CPT-4		POS	TOS	Care Begin	Care End	Amt Billed CPT-4		Amt Allowed CPT-4				
		1	N	99232		11	O1	03/02/95	03/05/95	$119.34		$93.66				
1995100410	A	000673	18462	N	BASE	04/21/95	11		,ROBIN	20		A002	$75.00	$53.67	$0.00	$0.00
		LI	M Type	CPT-4		POS	TOS	Care Begin	Care End	Amt Billed CPT-4		Amt Allowed CPT-4				
		1	E	99214		11	O1	03/28/95	03/28/95	$75.00		$53.67				
1995103530	A	524449	17591	N	BASE	05/02/95	11		BABYMALE	04		A003	$227.09	$141.30	$0.00	$0.00
		LI	M Type	CPT-4		POS	TOS	Care Begin	Care End	Amt Billed CPT-4		Amt Allowed CPT-4				
		1	N	99431		11	O1	04/05/95	04/05/95	$160.00		$86.23				
1995121410	A	154478	18462	Y	D100	05/16/95	11		,ROBIN	20		A002	$75.00	$53.67	$50.00	$50.00
		LI	M Type	CPT-4		POS	TOS	Care Begin	Care End	Amt Billed CPT-4		Amt Allowed CPT-4				
		1	E	99214		11	O1	03/28/95	03/28/95	$75.00		$53.67				

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Claim Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ CLAIM REPORTS ⇒ **INSTITUTIONAL**

PRINTED REPORT TITLE:

Institutional Claims

REPORT DESCRIPTION:

This report lists institutional claims grouped by current set status. This report lists institutional claims within their respective sets. The fields displayed on the report are: Set Number; ICN; HCSR Suffix (S); HCSR Time Stamp; Processed to Completion Date; Responsible FI Number; Sponsor Social Security Number; Patient Name, DEERS Dependent Suffix; Date of Birth; Provider Tax ID; Provider Sub-ID; Amount Billed; Amount Allowed; and Net Government Paid Amount. The report identifies and prints all of the sets meeting the criteria selected on the report parameter screen. The report groups the claims in ascending set number order.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: all sets, a range of sets, or a single set; status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; a single last update date or a range of last update dates; a single beginning date of care or a range of beginning care dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is claim level data. The billed, allowed and net Government paid amounts are claim level dollar amounts.

08/30/96 INSTITUTIONAL CLAIMS **Page 1**

Status Codes = C
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = Institutional
Match Type = ALL
FI Code = ALL
Region Code = ALL
Set Range = ALL

Unisys HIMSC

INSTITUTIONAL
Status Code: C

SET #	ICN	S	TIME	DUP FLG	PTC DATE	RS FI	SPON SSAN	PATIENT NAME	DD	DOB	PROVIDE TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT
19	1994179420	A	000000	Y	07/21/94	13		,TRACY	30	02/06/70		0000	$14,168.15	$3,089.05	$3,051.85
19	1994277420	A	000000	N	10/09/94	13		,TRACY	30	02/06/70		0000	$14,168.15	$3,089.05	$3,051.85
2322	1994069360	A	000000	N	05/03/94	13		,JOHNAT	02	01/28/94		0000	$5,673.53	$6,399.02	$6,333.92
2322	1994298360	A	000000	Y	11/07/94	13		,JOHNAT	02	01/28/94		0000	$5,673.53	$6,399.02	$6,333.92

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Claim Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ CLAIM REPORTS ⇒ NON-INSTITUTIONAL ⇒ **BY CLAIM**

PRINTED REPORT TITLE:

Non-Institutional Claims

REPORT DESCRIPTION:

This report lists non-institutional claims grouped by current set status. This report lists non-institutional claims within their respective sets. The fields displayed on the report are: Set Number; ICN; HCSR Suffix (S); HCSR Time Stamp; Processed to Completion Date; Responsible FI; Sponsor Social Security Number; Patient Name, DEERS Dependent Suffix; Date of Birth; Provider Tax ID; Provider Sub-ID; Amount Billed; Amount Allowed; and Net Government Paid Amount. The report identifies and prints all of the sets meeting the criteria selected on the report parameter screen. The report groups the claims in ascending set number order.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: all sets, a range of sets, or a single set; status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is claim level data. The billed, allowed and net Government paid amounts are claim level not line-item level dollar amounts.

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NON-INSTITUTIONAL CLAIMS

Page 1

Status Codes = C
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = NonInstitutional
Match Type = ALL
FI Code = 38
Region Code = ALL
Set Range = ALL

Palmetto GBA
NON-INSTITUTIONAL
Status Code: C

SET #	ICN	S	TIME	DUP FLG	PTC DATE	RS FI	SPON SSAN	PATIENT NAME	DD	DOB	PROVIDE TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT
388	1994269512	A	000000	N	10/04/94	38		LINDA,	30	02/15/57		A001	$260.00	$166.21	$141.28
388	1994269512	A	000000	N	10/07/94	38		LINDA,	30	02/15/57		A001	$70.00	$67.00	$56.95
518	1994125452	A	000000	N	05/12/94	13		LINDA,B	30	09/07/58		A001	$155.00	$101.88	$81.50
518	1994291454	A	000000	N	10/24/94	13		LINDA,B	30	09/07/58		A001	$155.00	$101.88	$81.50
532	1994285518	A	000000	N	10/14/94	38		ANTHONY,	74	01/08/94		A003	$70.52	$67.14	$67.14
532	1994285518	A	000000	N	10/14/94	38		CATHERIN,	74	01/08/94		A003	$70.52	$67.14	$67.14
4294	1994286324	A	000000	N	10/13/94	59		OLEN,	20	07/15/33		B001	$95.00	$95.00	$71.25
4294	1994318324	A	000000	Y	11/18/94	38		OLEN,R	20	07/15/33		B001	$95.00	$95.00	$71.25
27155	1995135028	A	575020	N	07/21/95	38		,LARRY,	01	03/08/77		C007	$275.52	$119.40	$119.40
27155	1995158024	A	521353	N	07/18/95	38		,LARRY,	01	03/08/77		C007	$45.92	$45.92	$45.92
36875	1995283080	A	093360	N	10/27/95	38		,JOE,	20	06/18/53		A001	$650.00	$118.91	$30.86
36875	1995283080	A	093360	N	10/27/95	38		,JOE,	20	06/18/53		A001	$650.00	$118.91	$30.86

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Claim Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ CLAIM REPORTS ⇒ NON-INSTITUTIONAL ⇒ **BY LINE ITEM**

PRINTED REPORT TITLE:

Non-Institutional Claims By Line Item

REPORT DESCRIPTION:

This report lists non-institutional claims grouped by current set status. This report displays line-item data. The fields displayed on the report are: Set Number; ICN; HCSR Suffix (S); HCSR Time Stamp; Responsible FI; Sponsor Social Security Number; Patient Name, DEERS Dependent Suffix; Provider Tax ID; Provider Sub-ID; Line Item Number; CPT-4 Code; Care Begin Date; Care End Date; and Amount Allowed CPT-4 Code. The report identifies and prints all of the sets meeting the criteria selected on the report parameter screen. The report groups the claims in ascending set number order.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: all sets, a range of sets, or a single set; status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; a single last update date or a range of last update dates; a single beginning date of care or a range of beginning care dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is line item level data. The allowed amounts are line item level dollar amounts.

08/30/96

NON-INSTITUTIONAL CLAIMS BY LINE ITEM

Page 1

Status Codes = C
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = NonInstitutional
Match Type = ALL
FI Code = 38
Region Code = ALL
Set Range = ALL

Palmetto GBA

NON-INSTITUTIONAL
Status Code: C

SET #	ICN	S	TIME	RESP FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	LI	CPT-4 CODE	CARE BEGIN	CARE END	AMT ALLOWED CPT-4 CODE
388	1994269512	A	000000	38		LINDA,	30		A001	6	80007	09/19/94	09/19/94	$35.00
388	1994269512	A	000000	38		LINDA,	30		A001	1	80058	09/19/94	09/19/94	$32.00
388	1994269512	A	000000	38		LINDA,	30		A001	2	80091	09/19/94	09/19/94	$35.00
518	1994125452	A	000000	38		LINDA,B	30		A001	1	70486	03/30/94	03/30/94	$101.88
518	1994291454	A	000000	38		LINDA,B	30		A001	1	70486	03/30/94	03/30/94	$101.88
532	1994285518	A	000000	38		ANTHONY,	74		A003	1	99204	10/11/94	10/11/94	$67.14
532	1994318324	A	000000	38		CATHERIN,	74		A003	1	99204	10/11/94	10/11/94	$67.14
4294	1994286324	A	000000	59		OLEN,	20		B001	1	93880	06/06/94	06/06/94	$95.00
4294	1994318324	A	000000	38		OLEN,R	20		B001	1	93880	06/06/94	06/06/94	$95.00
5113	1994292061	A	000000	59		JOHN,R	20		0000	1	06879	05/12/94	05/12/94	$295.00
5113	1994292061	A	000000	59		JOHN,R	20		0000	2	06879	05/12/94	05/12/94	$72.00
5113	1994315040	A	000000	38		JOHN,R	20		0000	1	06879	05/12/94	05/12/94	$295.00
5113	1994315040	A	000000	38		JOHN,R	20		0000	2	06879	05/12/94	05/12/94	$72.00
27155	1995135028	A	575020	38		,LARRY,	01		C007	1	90853	01/18/95	01/25/95	$59.70
27155	1995158024	A	521353	38		,LARRY,	01		C007	1	90853	01/18/95	01/18/95	$45.92
36875	1995283080	A	093360	38		,JOE,	20		A001	1	47000	09/21/95	09/21/95	$118.91
36875	1995348084	A	234402	38		,JOE,	20		A001	1	47000	09/21/95	09/21/95	$118.91

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Claim Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ CLAIM REPORTS ⇒ **COVERED/RISK**

PRINTED REPORT TITLE:

Covered / Risk Report
(Dependent on Covered and Risk Indicators Selected)

REPORT DESCRIPTION:

This report provides a listing of claims based on the Covered and Risk Indicator values selected by the user. The Covered Indicator assigned to each claim identifies it as Network, Non-Network, Residual, or a Standard FI claim. The Risk Indicator identifies the claim as either At-Risk or Not At-Risk. The claims are grouped by claim number. The report can show both institutional and non-institutional claims. This report format will also allow the user to select by Duplicate Flag Values. The fields displayed on the report are: Set Number; Duplicate Flag Value; ICN; HCSR Suffix (S); HCSR Time Stamp; Processed-To-Completion Date; Responsible FI Number; Covered Indicator (CVR); Risk Indicator (R); Sponsor Social Security Number; Patient Name, DEERS Dependent Suffix; Provider Tax ID; Provider Sub-ID; Amount Billed; and Net Government Paid Amount. This report can be useful during transitions where certain claims will be retained by the out-going contractor and others transferred to the incoming contractor based on their Network / Non-Network and Risk / Not At-Risk status.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs. Users may choose claims with ‘Blank’, ‘Y’, ‘N’, All, or a combination of Duplicate Flag Values. Also, users may select claims by choosing combinations of Covered Indicator and Risk Indicator values.

REPORT NOTES:

The data used by this report format is claim level data. For non-institutional claims, the billed, allowed and net Government paid amounts are claim level not line-item level dollar amounts.

08/30/96

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = 38
Region Code = ALL
Dupe Flag = ALL

COVERED / RISK REPORT

Page 1

COVERED INDICATOR = F OR I OR R. RISK INDICATOR = A

Palmetto GBA

ICN	S	TIME	SET#	DUP FLG	COV IND	RISK ID	PTC DATE	RESP FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED
1994186227	B	000000	8954		I	A	12/06/96	57			20		A004	$9,350.00	$180.00
1994332062	A	000000	9625		8	A	01/30/95	59			20		0000	$10,419.00	$10,419.00
1995004392	A	051861	25384	N	I	A	01/31/95	59			02		0000	$170.00	$161.04
1995012041	A	000000	11882	N	I	A	01/23/95	59			20		B001	$376.00	$192.71
1995038488	A	073487	3509		I	A	02/10/95	57			30		A002	$480.00	$316.53
1995079414	A	491759	14637	N	I	A	04/07/95	59			30		0001	$4,879.64	$1,157.19
1995123060	A	492891	21036	N	I	A	05/11/95	59			01		A001	$318.00	$201.54
1995123060	A	492891	21037	N	I	A	05/11/95	59			01		A001	$318.00	$201.54
1995130530	A	191700	28259	N	I	A	07/18/95	11			30		0000	$271.05	$249.90
1995130530	A	191700	28260	N	I	A	07/18/95	11			30		0000	$271.05	$249.90
1995178513	A	481845	27690	N	I	A	07/19/95	72			30		A005	$115.00	$75.00
1995180513	A	023557	25897	N	I	A	07/25/95	72			01		0000	$180.00	$69.00
1995182510	A	324800	34998	N	I	A	07/14/95	72			03		B020	$80.00	$78.00
1995182513	A	393722	28923	N	I	A	08/21/95	72			02		B007	$135.00	$82.00
1995183513	A	022720	29883	N	I	A	07/25/95	72			30		A005	$80.00	$69.00
1995192513	A	063211	28382	N	I	A	07/31/95	72			30		A002	$160.00	$69.00
1995193510	A	224552	27663	N	I	A	08/07/95	72			31		A015	$80.00	$69.00
1995193510	A	261165	27662	N	I	A	08/07/95	72			31		A015	$80.00	$69.00
1995226530	A	535690	29694	N	I	A	08/19/95	11			30		0000	$271.00	$182.60
1995241167	A	523963	32765	N	I	A	09/07/95	11			30		A002	$65.00	$65.00
1995241167	A	523950	35270	N	I	A	09/07/95	11			30		A002	$65.00	$65.00
1995241410	A	235313	31536	N	I	A	09/12/95	11			01		0000	$1,245.00	$424.03
1995278042	A	520087	34523	N	I	A	10/16/95	59			02		0000	$221.46	$196.95

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Claim Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ CLAIM REPORTS ⇒ PROVIDER ⇒ **CLAIM COUNTS**

PRINTED REPORT TITLE:

Provider Claim Count Report
Grouped By Provider Number and Sub-ID

REPORT DESCRIPTION:

This report provides a total count by Provider Tax ID and Provider Sub-ID of all claims associated with selected providers. The fields displayed are: Provider Tax ID; Provider Sub-ID; and Total Number of Claims.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: All claims or actual duplicate claims only (to be counted as an actual duplicate claim, it must have a "Y" Duplicate Flag value and be in a PENDING, VALIDATE, or CLOSED set); status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; one or all FIs; one, several or all regions within selected FIs. Users may also select one, several or all Provider Tax ID numbers to be included in the report.

REPORT NOTES:

The data used by this report format is claim level data.

08/30/96

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PROVIDER CLAIM COUNT REPORT
GROUPED BY PROVIDER NUMBER AND SUB ID

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Actual Dupes Only = No

		# Claims
Tax ID: **123456789**		
Sub ID : **0000**		
	Sub ID Totals	**298**
Sub ID : **0001**		
	Sub ID Totals	**20**
	Tax ID Totals	**318**

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Claim Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ CLAIM REPORTS ⇒ PROVIDER ⇒ **CLAIM DETAIL**

PRINTED REPORT TITLE:

Provider Claim Detail Report
Grouped By Provider Number And Sub-ID

REPORT DESCRIPTION:

This report provides a listing of claims grouped by Provider Tax ID and Sub-ID, associated with selected providers. The fields displayed are: Set #; Duplicate Flag Value; ICN; Suffix (S); Time Stamp; Processed to Completion Date; Responsible FI; Sponsor SSAN; Patient Name; DEERS Dependent Suffix; Provider Tax ID; Provider Sub-ID; Amount Allowed; Total number of claims and total Allowed Amounts by Provider Sub-ID; and Total number of claims and total Allowed Amounts by Provider Tax-ID.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: All claims or actual duplicate claims only (to be counted as an actual duplicate claim, it must have a “Y” Duplicate Flag value and be in a PENDING, VALIDATE, or CLOSED set); status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; one or all FIs; one, several or all regions within selected FIs. Users may also select one, several or all Provider Tax ID numbers to be included in the report.

REPORT NOTES:

The data used by this report format is claim level data.

09/06/96

PROVIDER CLAIM DETAIL REPORT

GROUPED BY PROVIDER NUMBER AND SUB ID

Page 1

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Actual Dupes Only = ALL

SET #	DUP FLG	ICN	SUFFIX	TIME	SPON SSAN	PATIENT NAME	DDS	AMT ALLOWED	PTC DATE	RESP FI
Tax ID :										
	Sub ID : **0000**									
268	N	199409813	A	000000			30	$91.50	04/13/94	45
268	Y	199426451	A	000000			30	$71.37	09/27/94	38
407	N	199406613	A	000000			30	$77.00	03/11/94	45
407	Y	199428451	A	000000			30	$61.00	10/25/94	38
650	N	199426926	A	000000			30	$136.02	10/06/94	13
650		199426926	A	000000			30	$120.22	10/09/94	13
1259	N	199420039	A	000000			30	$85.00	07/28/94	13
1259		199426639	A	000000			30	$85.00	10/06/94	13
1863	N	199426348	A	000000			03	$86.25	09.30/94	57
1863		199427148	A	000000			03	$86.25	10/10/94	59
2283	N	199427212	A	000000			30	$205.34	10/05/94	45
2283		199428012	A	000000			30	$60.20	10/26/94	45
2657	N	199427612	B	000000			30	$121.20	10/11/94	45
2657		199429836	A	000000			30	$107.60	11/08/94	13
2898	N	199409142	A	000000			30	$95.00	04/27/94	13
2898		199432442	A	000000			30	$173.50	11/21/94	13
2948	N	199430013	B	000000			31	$33.25	11/03/94	45
2948		199431151	A	000000			31	$42.00	11/22/94	38
2964		199429051	A	000000			30	$189.97	11/04/94	38
2964	N	199429713	A	000000			30	$141.60	10/31/94	45
2984		199430406	A	000000			30	$325.05	11/23/94	59
2984	N	199431106	A	000000			30	$198.00	11/14/94	59
3248	N	199421313	A	000000			31	$169.20	08/16/94	45
3248		199423651	A	000000			31	$254.97	11/11/94	38
3454	N	199336112	A	000000			30	$83.00	10/20/94	45
3454		199430712	A	000000			30	$91.50	11/14/94	45
3478	N	199429713	A	000000			30	$91.50	10/31/94	45
3478		199430651	A	000000			30	$98.00	11/18/94	38

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Claim Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ CLAIM REPORTS ⇒ PROVIDER ⇒ **CPT-4**

PRINTED REPORT TITLE:

Provider CPT-4 Report
Grouped By Provider Tax-ID and Sub-ID
(CPT-4 Claim Level Match Types Only)

REPORT DESCRIPTION:

This report shows line items which appear on non-institutional **claims** which carry a CPT-4 match type ('C') at the claim level (see REPORT NOTES below). Due to the way the Duplicate Claims System assigns match types to claims and sets, this report must be used very carefully. Users have the option in this report of selecting actual duplicate claims only. The user may think that the report is showing only actual duplicate line items identified by the CPT-4 match type criteria. In fact, the report is showing the line-items of actual ('Y') non-institutional duplicate claims which have been assigned a match type of CPT-4 (see REPORT NOTES below). As a result, line items identified using the OTHER match type may appear on this report along with the line items identified under the CPT-4 criteria which caused the claim to be assigned the match type of CPT-4. This report will not show any line items identified under the EXACT or NEAR match criteria since line items identified using the EXACT and NEAR match would force the claim(s) to be assigned a higher level match type than CPT-4. This report looks for only those actual duplicate non-institutional **claims** with a match type of CPT-4 and then lists the line items on those claims.

This report can be used by Program Integrity staff to obtain a listing of the claims carrying a match type of CPT-4 and their associated line items. Using the Provider Claim Count Report, users can identify the provider numbers associated with high volumes of non-institutional claims involving line items whose last two digits of the procedure code have been changed. Then using the Provider CPT-4 Report and entering those provider numbers identified, the user can generate a listing of the non-institutional claims with line item details associated with those provider numbers.

The fields displayed on this report are: Set #; Duplicate Flag Value; ICN; Suffix (S); Time Stamp; Processed to Completion Date; Responsible FI; Sponsor SSAN; Patient Name; DEERS Dependent Suffix; Line Item Number; CPT-4 Code; Line Item Match Type; and Amount Allowed CPT-4. The report is grouped by Provider Number and Sub-ID and provides sub-totals for each provider Sub-ID and grand totals for each provider Tax-ID. The sub-totals and grand totals sum the number of line items and the total Allowed dollars.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: All claims or actual duplicate claims only (to be counted as an actual duplicate claim, it must have a "Y" Duplicate Flag value and be in a PENDING, VALIDATE, or CLOSED set); status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; **set** match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; one or all FIs; one, several or all regions within selected FIs. Users may also select one, several or all Provider Tax ID numbers to be included in the report.

REPORT NOTES:

Match types are applied at the line-item, claim, and set levels based on a hierarchy. The most stringent match type applicable is assigned at each level. The hierarchy for institutional claims is as follows: Exact, Near, Date Overlap and Other. For non-institutional claims, the hierarchy is as follows: Exact, Near, CPT-4, and Other. For both claim types, Exact Match criteria is the most stringent with Near Match next. Other Match is the least stringent. When the Duplicate Claims System identifies non-institutional potential duplicates, it is doing so at a **line item** level. When a line item is identified as a potential duplicate, the system labels the **line item** with the Match Type used to identify it as a potential duplicate. If a non-institutional **claim** contains line items identified as potential duplicates using more than one match type criteria (one line item identified under Exact Match criteria and another line item under CPT-4 criteria), the system uses the match type hierarchy and labels the **claim** with the most stringent match type appearing on the line items. If the **set** contains **claims** labeled with different match types (one claim labeled 'Near' and another labeled 'CPT-4'), the system uses the match type hierarchy and labels the **set** with the most stringent match type appearing on the claims.

09/06/96

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PROVIDER CPT-4 REPORT
GROUPED BY PROVIDER TAX ID AND SUBID
(CPT-4 CLAIM LEVEL MATCH TYPES ONLY)

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = NonInstitutional
Match Type = ALL
FI Code = ALL
Region Code = ALL
Actual Dupes Only = No

SET #	DUP FLG	ICN	SUFFIX	TIME	SPON SSAN	PATIENT NAME	DDS	LI Match	LINE ITEM #	CPT-4 CODE	AMT ALLOWED CPT-4 CODE	PTC DATE	RESP FI
Tax ID:123456789													
Sub ID : **0000**													
650	N	199426926	A	000000			30	C	1	86295	$34.02	10/06/94	13
650		199426926	A	000000			30	C	6	86293	$34.02	10/09/94	13
2984		199430406	A	000000			30	C	2	82088	$150.00	11/23/94	59
2984	N	199431106	A	000000			30	C	1	82024	$84.00	11/14/94	59
9868	N	199426229	B	000000			30	C	2	80006	$41.00	09/29/94	45
9868		199427829	B	000000			30	C	2	80019	$41.00	01/17/95	45
11827	N	199425653	A	000000			30	C	1	80050	$36.00	10/01/94	38
11827		199500653	B	314246			30	C	1	80019	$36.00	02/15/95	38
15007	N	199434742	C	373322			30	C	3	80012	$50.00	03/02/95	13
15007		199505342	A	194329			30	C	3	80019	$59.54	03/25/95	13
23819	N	199509306	A	201900			01	C	1	82627	$82.88	04/20/95	59
23819		199517706	A	132473			01	C	1	82672	$51.00	07/03/95	59
26156	N	199521513	A	272000			30	C	5	83735	$16.49	08/07/95	45
26156	N	199521513	A	272000			30	C	6	83540	$16.49	08/07/95	45
26156		199521513	A	272000			30	C	1	83550	$16.49	08/08/95	45
26156		199521513	A	272000			30	C	3	83718	$16.49	08/08/95	45
30256	N	199527751	A	015415			30	C	5	80091	$44.75	10/10/95	38
30256		199527751	A	355849			30	C	1	80018	$44.75	10/13/95	38
33878	N	199523306	A	262618			20	C	2	86688	$60.00	08/31/95	59
33878		199523306	A	504868			20	C	2	86677	$75.00	11/02/95	59

	# Line Items	Allowed $
Sub ID Totals	**20**	**$989.92**
Prov ID Totals	**20**	**$989.92**

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Claim Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ CLAIM REPORTS ⇒ **REASON CODE EXPLANATIONS**

PRINTED REPORT TITLE:

Reason Code Explanation Report

REPORT DESCRIPTION:

This report provides a listing of the explanations associated with reason codes. The Duplicate Claims System requires that an explanation be entered when certain reason codes are used to describe why a claim is or is not a duplicate claim. This report prints the reason code explanation associated with a claim. Individual claim data is grouped within their respective sets. The fields displayed on this report are: Set Number; Set Status; Duplicate Flag Value; Reason Code; ICN; Suffix (S); Time stamp; Processed To Completion Date; Responsible FI; Owner FI; Region; Load Date; and Reason Code Explanations.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: set status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs. A secondary report parameter screen enables users to select one or more reason codes, and beginning and ending set numbers. Users also can include/exclude BASE claims. “All” is the default for reason code selection, resulting in a selection of all claims meeting the selection criteria, including claims with “blank” reason codes and/or “blank” explanation fields.

REPORT NOTES:

The data used by this report format is claim level data.

08/30/96 REASON CODE EXPLANATION REPORT **Page 1**

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = 38
Region Code = ALL
Set Number Range = >=1,<=15000

Palmetto GBA

Undetermined Region

SET #	STATUS	LOAD DATE	ICN	S	TIME	RESP FI	PTC DATE	DUP FLG	RSN CODE	REASON CODE EXPLANATION
1664	V	08/29/1996	1994088080	A	000000	38	04/12/1994	N	BASE	testing
1664	V	08/29/1996	1994256081	A	000000	59	10/17/1994	N	N200	testing
14637	P	08/28/1996	1994305414	A	000000	38	11/11/1994	Y	D101	testing

Mid-Atl.-88D0006

SET #	STATUS	LOAD DATE	ICN	S	TIME	RESP FI	PTC DATE	DUP FLG	RSN CODE	REASON CODE EXPLANATION
701	P	03/12/1996	1993235452	A	000000	38	06/14/1994	Y	D200	testing

Western

SET #	STATUS	LOAD DATE	ICN	S	TIME	RESP FI	PTC DATE	DUP FLG	RSN CODE	REASON CODE EXPLANATION
3	C	03/12/1996	1994111490	A	000000	38	04/26/1994	Y	D100	testing
8	P	03/12/1996	1994012046	A	000000	38	02/01/1994	Y	D101	testing
1257	P	05/19/1996	1993308381	C	000000	38	10/21/1994	Y	D200	klhjpol-po]\
5352	C	03/12/1996	1994322046	A	000000	38	12/13/1994	Y	D200	It just did.
7668	P	03/12/1996	1994332413	A	000000	38	12/09/1994	Y	D200	testing

Mid-Atl.-94D0001

SET #	STATUS	LOAD DATE	ICN	S	TIME	RESP FI	PTC DATE	DUP FLG	RSN CODE	REASON CODE EXPLANATION
2343	C	03/12/1996	1994138242	A	000000	38	05/24/1994	Y	D204	testing

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Claim Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ CLAIM REPORTS ⇒ **ADJUSTMENTS**

PRINTED REPORT TITLE:

Claims With Associated Adjustments

REPORT DESCRIPTION:

This report provides a listing of claims, grouped in their respective sets, and any associated adjustment claims which have been submitted. Only sets which contain one or more claims which have associated adjustments will be listed. The fields displayed on the report are: Set Number, Duplicate Flag Value; Reason Code; ICN; HCSR Suffix (S); HCSR Time Stamp; Responsible FI; Sponsor Social Security Number; Patient Name; DEERS Dependent Suffix; Provider Tax ID; Provider Sub-ID; Claim Level Allowed; Line Item Number; Line Item Allowed Amount; Adjustment Flag; Adjustment Line Item; and Adjustment Allowed Amount.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: all sets, a range of sets, or a single set; status (All, Open, Pending, Closed, Validate); multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is claim and line item level data.

08/30/96

CLAIMS WITH ASSOCIATED ADJUSTMENTS

Page 1

Status Codes = C
Adjusted Sets Only = Yes
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = 38
Region Code = ALL
Dupe Flag = ALL
Set Range = ALL

Palmetto GBA

SET#	ICN	S	TIME	DUP FLG	RSN CODE	RESP FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	AMT ALLOWED	LINE ITEM	AMT ALLOWED CPT4
3	1994111490	A	000000	Y	D100	38			30		0000	$1,214.81		
				Adjust Flag		Adjust Line Item		Adjustment Allowed Amount						
				Y		0		($1,214.81)						
3	1994111490	B	000000	N	BASE	38			30		0000	$1,214.81		
8	1994012046	A	000000	Y	D101	38			30		0000	$1,665.44		
				Adjust Flag		Adjust Line Item		Adjustment Allowed Amount						
				Y		0		($1,665.44)						
8	1994012046	B	000000	N	BASE	38			30		0000	$1,943.52		
15	1994188242	A	000000	Y	D100	38			20		0000	$431.50		
				Adjust Flag		Adjust Line Item		Adjustment Allowed Amount						
				Y		0		($431.50)						
15	1994188242	B	000000	N	BASE	38			20		0000	$8,353.93		
21	1994076512	A	000000	N	BASE	38			02		0000	$9,016.35		

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Claim Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ CLAIMS ⇒ WORKSHEETS ⇒ **INSTITUTIONAL**

PRINTED REPORT TITLE:

Institutional Claims Worksheet

REPORT DESCRIPTION:

This report resembles the paper duplicate claims reports provided to contractors in the past. This report lists institutional claim sets in OPEN status and provides space for entering by hand: 1) a "Y" or an "N" to indicate if the claim has been determined to be a duplicate or not; 2) a reason code for why the claim is or is not a duplicate; and 3) a recoupment or refund amount. This report provides the contractor with the ability to distribute the claim sets requiring research and duplicate determinations among several personnel. Once completed, these reports can be returned to the system operator for data entry. This report is limited to only institutional claims. The fields displayed on the report are: Set Number; ICN; HCSR Suffix (S); HCSR Time Stamp; Responsible FI Number; Sponsor Social Security Number; Patient Name, DEERS Dependent Suffix; Date of Birth; Provider Tax ID; Provider Sub-ID; Diagnosis; DRG Number; Amount Billed; Net Government Paid Amount; "Dupe? (Y / N)"; Reason Code (Rsn CD); and Recoup or Refund Amount. The report identifies and prints all of the sets meeting the criteria selected on the report parameter screen. The report groups the claims in ascending set number order.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: all sets, a range of sets, or a single set; only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; a single last update date or a range of last update dates; a single beginning date of care or a range of beginning care dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is claim level data.

08/30/96

INSTITUTIONAL CLAIMS WORKSHEET

Page 1

Status Codes = O
Adjusted Sets Only = Yes
Set Owner Type = ALL
Claim Type = Institutional
Match Type = E
FI Code = 38
Region Code = ALL
Set Range = >=1,<=12000

Palmetto GBA

Western

SET #	ICN	S	TIME	PTC DATE	RS FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	DIAG	DRG	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT	DUPE? (Y/N)	RSN CD	RECOUP/ RFND AMT
5370	1994278411	A	000000	11/04/94	38			01		0000	7706	630	$3,873.46	$524.49	$253.49	------	----	----------
5370	1994278411	B	000000	12/02/94	38			01		0000	7706	630	$3,873.46	$524.49	$499.49	------	----	----------

Mid-Atl.-94D0001

SET #	ICN	S	TIME	PTC DATE	RS FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	DIAG	DRG	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT	DUPE? (Y/N)	RSN CD	RECOUP/ RFND AMT
30	1993323516	A	000000	12/07/93	38			30		0000	66011	371	$6,025.40	$2,249.47	$2,221.57	------	----	----------
30	1993323516	B	000000	10/25/94	38			30		0000	66011	371	$6,025.40	$2,249.47	$2,221.57	------	----	----------
111	1994066242	A	000000	03/15/94	38			30		0000	64241	000	$3,484.82	$3,484.82	$3,459.82	------	----	----------
111	1994066242	B	000000	10/11/94	38			30		0000	64241	000	$3,484.82	$3,484.82	$3,459.82	------	----	----------
2315	1993308243	A	000000	11/16/93	38			30		0000	650	000	$1,573.70	$1,570.70	$316.53	------	----	----------
2315	1993308243	B	000000	11/22/94	38			30		0000	650	000	$1,573.70	$1,570.70	$3.00	------	----	----------
5379	1994299510	A	000000	11/29/94	38			01		0000	29620	000	$11,376.00	$7,320.00	$7,233.40	------	----	----------
5379	1994308510	A	000000	12/20/94	38			01		0000	29620	000	$11,376.00	$7,320.00	$7,233.40	------	----	----------
10420	1994335240	A	000000	12/13/94	38			31		0000	56211	000	$6,756.86	$6,744.86	$456.33	------	----	----------
10420	1944341240	A	000000	12/16/94	38			31		0000	56211	000	$6,756.86	$6,744.86	$456.33	------	----	----------

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Claim Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ CLAIMS ⇒ WORKSHEETS ⇒ **NON-INSTITUTIONAL**

PRINTED REPORT TITLE:

Non-Institutional Claims Worksheet

REPORT DESCRIPTION:

This report resembles the paper duplicate claims reports provided to contractors in the past. This report lists the sets of non-institutional line items in OPEN status and provides space for entering by hand: 1) a "Y" or an "N" to indicate if the claim has been determined to be a duplicate or not; 2) a reason code for why the claim is or is not a duplicate; and 3) a recoupment or refund amount. This report provides the contractor with the ability to distribute the claim sets requiring research and duplicate determinations among several personnel. Once completed, these reports can be returned to the system operator for data entry. This report is limited to only non-institutional claims. The fields displayed on the report are: Set Number; ICN; HCSR Suffix (S); HCSR Time Stamp; Responsible FI Number; Sponsor Social Security Number; Patient Name, DEERS Dependent Suffix; Provider Tax ID; Provider Sub-ID; Diagnosis; Line Item Number; CPT-4 Code; Line Item Amount Billed; Line Item Allowed Amount; "Dupe? (Y/N)"; Reason Code (Rsn CD); and Recoup or Refund Amount. The report identifies and prints all of the sets meeting the criteria selected on the report parameter screen. The report groups the claims in ascending set number order.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: all sets, a range of sets, or a single set; only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; a single last update date or a range of last update dates; a single beginning date of care or a range of beginning care dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is line item level data.

08/30/96

NON-INSTITUTIONAL CLAIMS WORKSHEET

Page 1

Status Codes = O
Adjusted Sets Only = Yes
Set Owner Type = Multi FI
Claim Type = NonInstitutional
Match Type = E
FI Code = 38
Region Code = ALL
Set Range = >=1,<=10000

Palmetto GBA

Western

SET #	ICN	S	TIME	RE FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	DIAG	LI	CPT-4 CODE	AMT BILLED CPT-4 CD	AMT ALD CPT-4 CD	DUPE? (Y/N)	RSN CD	RECOUP/ RFND AMT
4292	199428632	A	000000	59			20		A095	7802	1	93307	$200.00	$84.83	------	----	----------
4292	199428632	A	000000	59			20		A095	7802	2	93320	$250.00	$53.05	------	----	----------
4292	199431832	A	000000	38			20		A095	7802	1	93307	$200.00	$84.83	------	----	----------
4292	199431832	A	000000	38			20		A095	7802	1	93320	$250.00	$53.05	------	----	----------
4293	199428632	A	000000	59			20		B001	7802	1	70470	$209.00	$140.55	------	----	----------
4293	199428632	A	000000	59			20		B001	7802	2	71010	$23.00	$10.74	------	----	----------
4293	199431832	A	000000	38			20		B001	7802	1	70470	$209.00	$140.55	------	----	----------
4293	199431832	A	000000	38			20		B001	7802	2	71010	$23.00	$10.74	------	----	----------
7669	199427841	A	000000	59			02		A001	3829	1	99282	$49.55	$43.00	------	----	----------
7669	199433241	A	000000	38			02		A001	3829	1	99282	$49.55	$43.00	------	----	----------
7669	199502341	A	000000	38			02		A001	3829	1	99282	$49.55	$43.00	------	----	----------

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979.

REPORT CATEGORY:

Summary / Management

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SUMMARY / MANAGEMENT REPORTS ⇒ **INST BY DUPLICATE TYPE**

PRINTED REPORT TITLE:

Institutional Summary Report
Potentials / Actuals / Non-Duplicates
By Contractor
(grouped by Region)

REPORT DESCRIPTION:

This summary / management report shows the total number of institutional potential duplicates, actual duplicates, non-duplicates, and those not yet worked by the contractor for the load date or load date range specified by the user. The report lists the number of claims and the amount paid by match type. The report also shows the number of actual duplicates, non-duplicates, and potential duplicate claims as a percentage of the total number of potential duplicates loaded. For this report, potential duplicates are the universe of all non-base claims. Actual duplicates are those claims with a "Y" dupe flag in pending, validate or closed status. Non-duplicates are those non-base claims with an "N" dupe flag in pending, validate or closed status. Potential duplicates not worked are non-base claims in open status irrespective of any dupe flag value. The dollar totals on the report are for non-base claims only.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; a single load date or a range of load dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is claim level data.

It should be noted that the total number of claims and percentages shown on this report may differ from that shown on the "Actual vs. Potential" graph report. Any discrepancy will be due to the fact that this report will count a claim more than once if it appears in two or more sets owned by the same region but which have different match types. The graph, alternatively, will not count a claim more than once if it appears in two or more sets owned by the same region.

08/30/96
Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = Institutional
Match Type = ALL
FI Code = 38
Region Code = ALL

INSTITUTIONAL SUMMARY REPORT
POTENTIALS/ACTUALS/NON-DUPLICATES
BY CONTRACTOR
(GROUPED BY REGION)

FI: 38

Undetermined Region

Total Number of Potential Dupes:

Set Match Type	Number of Claims	Amount Paid Govt Contr
Date Overlap:	0	$0.00
Exact:	1	$1,119.99
Near:	0	$0.00
Other:	0	$0.00
	1	$1,119.99

Total Number of Actual Dupes:

Set Match Type	Number of Claims	% of Potential	Amount Paid Govt Contr
Date Overlap:	0	0.0 %	$0.00
Exact:	1	100.0 %	$1,119.99
Near:	0	0.0 %	$0.00
Other:	0	0.0 %	$0.00
	1	100 %	$1,119.99

Total Number of Non-Dupes:

Set Match Type	Number of Claims	% of Potential	Amount Paid Govt Contr
Date Overlap:	0	0.0 %	$0.00
Exact:	0	0.0 %	$0.00
Near:	0	0.0 %	$0.00
Other:	0	0.0 %	$0.00
	0	0 %	$0.00

Total Number of Potential Not Worked:

Set Match Type	Number of Claims	% of Potential	Amount Paid Govt Contr
Date Overlap:	0	0.0 %	$0.00
Exact:	0	0.0 %	$0.00
Near:	0	0.0 %	$0.00
Other:	0	0.0 %	$0.00
	0	0 %	$0.00

Note: These are counts of individual non-base claims.
These dollar totals do not include base claims.

REPORT CATEGORY:

Summary / Management

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SUMMARY / MANAGEMENT REPORTS ⇒ **NONINST BY DUPLICATE TYPE**

PRINTED REPORT TITLE:

Non-Institutional Summary Report
Potentials / Actuals / Non-Duplicate
By Contractor
(grouped by Region)

REPORT DESCRIPTION:

This summary / management report shows the total number of non-institutional potential duplicates, actual duplicates, non-duplicates, and those not yet worked by the contractor for the load date or load date range specified by the user. The report lists the number of claims and the allowed amounts paid by match type. The report also shows the number of actual duplicates, non-duplicates, and potential duplicate claims as a percentage of the total number of potential duplicates loaded.

This report differs from the institutional report in significant ways due to the following: 1) non-institutional claims involve line-items where institutional claims do not; and 2) non-institutional line-items on the HCSRs do not carry amounts paid but only allowed amounts. In the Automated TRICARE Duplicate Claims System institutional claims will never appear in more than one set. Non-institutional **claims** may appear in more than one set since the system is identifying potential duplicates at a line-item level and not at a claim level as it does for institutional claims. The system creates non-institutional claim sets based on the dates of service of the line-items in question. By grouping potential duplicate non-institutional line items into sets based on the dates of service of the line items in question, the system avoids identifying two office visits for the same beneficiary occurring on different dates of service as potential duplicates. However, by grouping line items into sets based on dates of service, the possibility exists that a claim containing line items with different dates of service will appear in more than one set (the claim with the line item with one date of service appearing in one set and the same claim with the line item with the other date of service appearing in another).

This report does not count unique claims but rather all non-base claims appearing in sets with a particular match type, i.e., the total number of non-base claims appearing in CPT-4, Exact, Near, and Other match type sets. Since a non-institutional **claim** may appear in more than one set, the counts of the **claims** appearing on this report may be inflated. The dollars shown on this report, however, are not inflated since a line-item will never appear in more than one set. As a result, the dollars appearing on this report are the allowed amounts for the line items appearing in the sets in which their host claim appears. While the host claim may

be counted more than once, the dollar amounts associated with the line items will not be counted more than once.

For this report, potential duplicates are the universe of all non-base claims. Actual duplicates are those claims with a "Y" dupe flag in pending, validate or closed status. Non-duplicates are those non-base claims with an "N" dupe flag in pending, validate or closed status. Potential duplicates not worked are non-base claims in open status irrespective of any dupe flag value. The dollar totals on the report are for non-base claims only.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; a single load date or a range of load dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is claim level and line-item data.

It should be noted that the total number of claims and percentages shown on this report may differ from that shown on the "Actual vs. Potential" graph report. Any discrepancy will be due to the fact that this report will count a claim more than once if it appears in two or more sets owned by the same region but which have different match types. The graph, alternatively, will not count a claim more than once if it appears in two or more sets owned by the same region.

08/30/96
Status Codes = ALL
Adjusted Sets Only = Yes
Set Owner Type = ALL
Claim Type = NonInstitutional
Match Type = ALL
FI Code = 38
Region Code = ALL

NON-INSTITUTIONAL SUMMARY REPORT
POTENTIALS/ACTUALS/NON-DUPLICATES
BY CONTRACTOR
(GROUPED BY REGION)

FI: 38

Undetermined Region

Total Number of Potential Dupes:

Set Match Type	Number of Claims	Amount Allowed Procedure Code
CPT-4:	0	$0.00
Exact:	0	$0.00
Near:	0	$0.00
Other:	2	$2,640.68
	2	$2,640.68

Total Number of Actual Dupes:

Set Match Type	Number of Claims	% of Potential	Amount Allowed Procedure Code
CPT-4:	0	0.0 %	$0.00
Exact:	0	0.0 %	$0.00
Near:	0	0.0 %	$0.00
Other:	1	50.0 %	$1,315.83
	1	50 %	$1,315.83

Total Number of Non-Dupes:

Set Match Type	Number of Claims	% of Potential	Amount Allowed Procedure Code
CPT-4:	0	0.0 %	$0.00
Exact:	0	0.0 %	$0.00
Near:	0	0.0 %	$0.00
Other:	1	50.0 %	$1,324.85
	1	50 %	$1,324.85

Total Number of Potential Not Worked:

Set Match Type	Number of Claims	% of Potential	Amount Allowed Procedure Code
CPT-4	0	0.0 %	$0.00
Exact:	0	0.0 %	$0.00
Near:	0	0.0 %	$0.00
Other:	0	0.0 %	$0.00
	0	0 %	$0.00

Note: These are counts of individual non-base claims.
These dollar totals do not include base claims.

REPORT CATEGORY:

Summary / Management Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SUMMARY / MANAGEMENT REPORTS ⇒ **SET AGING REPORT**

PRINTED REPORT TITLE:

Set Aging Report

REPORT DESCRIPTION:

This report provides the total number of sets in Open, Pending, Validate, and Closed Status grouped by region and load date as of the date the report is run. The report also shows the percentage each total represents of the total number of sets counted. The fields displayed on the report are: Load Date; Number and Percentage of Open Sets; Number and Percentage of Pending Sets; Number and Percentage of Validate Sets; Number and Percentage of Closed Sets; and the Total Number of Sets. The report provides sub-totals for each contract region and grand totals for each contractor.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single load date or a range of load dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is set level data.

08/30/96

SET AGING REPORT

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = 38
Region Code = ALL

Load Date	Open Sets		Pending Sets		Validate Sets		Closed Sets		Total Sets
Undetermined Region									
7/96	0	0 %	0	0 %	2	100 %	0	0 %	2
8/89	0	0%	2	40%	3	60%	0	0%	5
Sub Total	**0**	0 %	**2**	28.6 %	**5**	71.4 %	**0**	0 %	**7**
Palmetto GBA									
Mid-Atl.-88D0006									
3/96	122	96.8 %	4	3.2%	0	0 %	0	0 %	126
5/96	0	0 %	2	50 %	2	50 %	0	0 %	4
Sub Total	**122**	93.8 %	**6**	4.6 %	**2**	1.5 %	**0**	0 %	**130**
Palmetto GBA									
Western									
3/96	7832	99.6 %	9	0.1 %	6	0.1%	18	0.2 %	7865
5/96	0	0%	4	100%	0	0%	0	0%	4
Sub Total	**7832**	99.5 %	**13**	0.2 %	**6**	0.1 %	**18**	0.2 %	**7869**
Palmetto GBA									
Mid-Atl.-94D0001									
3/96	10098	99.7 %	12	0.1 %	11	0.1 %	6	0.1 %	10127
5/96	4	20 %	6	30 %	4	20 %	6	30 %	20
Sub Total	**10102**	99.6 %	**18**	0.2 %	**15**	0.1 %	**12**	0.1 %	**10147**
Palmetto GBA									
6 State Northern									
3/96	1633	99.9 %	2	0.1 %	0	0 %	0	0 %	1635
5/96	0	0%	2	100%	0	0%	0	0%	2
Sub Total	**1633**	99.8 %	**4**	**0.2 %**	**0**	**0 %**	**8**	**0 %**	**1637**

REPORT CATEGORY:

Summary / Management Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SUMMARY / MANAGEMENT REPORTS ⇒ **CLAIM AGING REPORT**

PRINTED REPORT TITLE:

Claim Aging Report

REPORT DESCRIPTION:

This report provides the total number of non-base claims in Open Status (Not Worked), the total number of actual duplicate claims ('Y' Duplicate Flag Value in Pending, Validate and Closed status) and the total number of non-duplicate claims ('N' Duplicate Flag Value in Pending, Validate and Closed status) as of the date the report is run. The report also provides the total allowed amounts of the non-base claims in Open Status (Not Worked), the total amounts identified for recoupment and actually recouped of the actual duplicate claims, and the total allowed amounts of the non-duplicate claims. The report shows claim counts but for non-institutional claims the allowed amount totals are the sum of the line-item allowed amounts in the system. The report is grouped by load date and region and provides sub-totals by region and grand totals by contractor.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single load date or a range of load dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is claim level data.

08/30/96
Status Codes = ALL
Adjusted Sets Only = Yes
Set Owner Type = ALL
Claim Type = ALL
Match Type = E
FI Code = 38
Region Code = ALL

CLAIM AGING REPORT

Load Date	Not Worked		Actual Dupes			Non Dupes	
	# Claims	Allowed Amount	# Claims	ID Recoup	Actual Recoup	# Claims	Allowed Amount
Undetermined Region							
3/96	0	$0.00	1	$1.00	$0.00	0	$0.00
Sub Total	0	$0.00	1	$1.00	$0.00	0	$0.00
FI Total	0	$0.00	1	$1.00	$0.00	0	$0.00
Palmetto GBA							
Mid-Atl.-88D0006							
3/96	10	$382.20	0	$0.00	$0.00	0	$0.00
4/96	0	$0.00	1	$445.91	$0.00	0	$0.00
Sub Total	10	$382.20	1	$445.91	$0.00	0	$0.00
Western							
3/96	311	$37,773.85	7	$9,736.56	$9,736.56	1	$43.00
4/96	8	$226.71	7	$9,736.56	$9,736.56	1	$43.00
5/96	4	$223.88	7	$9,736.56	$9,736.56	1	$43.00
Sub Total	323	$38,224.44	21	$29,209.68	$29,209.68	3	$129.00
Mid-Atl.-94D0001							
3/96	439	$158,564.60	3	$1,219.00	$4,369.00	0	$0.00
4/96	0	$0.00	3	$1,219.00	$4,369.00	0	$0.00
5/96	1	$2,249.47	0	$0.00	$0.00	1	$101.88
6/96	0	$0.00	0	$0.00	$0.00	1	$101.88
Sub Total	440	$160,814.07	6	$2,438.00	$8,738.00	2	$203.76
6 State Northern							
3/96	40	$31,220.43	0	$0.00	$0.00	0	$0.00
Sub Total	40	$31,220.43	0	$0.00	$0.00	0	$0.00
FI Total	813	$230,641.14	28	$32,093.59	$37,947.68	5	$332.76

REPORT CATEGORY:

Summary / Management Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SUMMARY / MANAGEMENT REPORTS ⇒ **REASON CODE REPORT**

PRINTED REPORT TITLE:

Reason Code Report by Load Date

REPORT DESCRIPTION:

This report provides a list of actual duplicate and non-duplicate reason codes and the total number claims assigned to each code listed. The report counts actual duplicate claims ('Y' Duplicate Flag value) and non-duplicate claims ('N' Duplicate Flag value) in Pending, Validate and Closed sets. The report is grouped by Load Date.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is claim level data.

08/30/96

REASON CODE REPORT BY LOAD DATE

Page 1

Status Codes = P or C or V
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL

Load Date
3/96

Reason Code		Number of Claims
		0
BASE	Initial submission	74
D100	Erroneous dupe edit override	28
D101	Adjustment error	3
D102	Assignment of benefits error	4
D200	System failed to detect and suspend as a potential duplicate	9
D201	Data conversion problem	5
D202	Claims processed on same day/in same batch	4
D203	Claims submitted by beneficiary and provider	3
D204	Claims show different place of service	5
D205	Claims show different type of service	1
D206	Claims show different first names	1
D208	Paid wrong provider	1
D300	Jurisdictional error - (Multi-contractor set)	7
D900	Other	2
N102	Same procedure(s)/service(s) but different encounters	2
N103	Same condition but different equipment/supplies	1
N104	Different psychological tests billed under same procedure	2
N105	Additional services not previously billed	2
N106	Same procedures - Different providers assistant services	4

5/96

Reason Code		Number of Claims
		0
BASE	Initial submission	25
D100	Erroneous dupe edit override	12
D101	Adjustment error	2
D102	Assignment of benefits error	1
D200	System failed to detect and suspend as a potential duplicate	6
D204	Claims show different place of service	2
D300	Jurisdictional error - (Multi-contractor set)	1
N100	Twins	1

REPORT CATEGORY:

Summary / Management Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SUMMARY / MANAGEMENT REPORTS ⇒ **MODIFY FI**

PRINTED REPORT TITLE:

Changed Owner FI Sets

REPORT DESCRIPTION:

This report identifies multi-contractor sets which have had their ownership changed through the use of the "Modify FI" function on the system menu bar. It does not show multi-contractor sets which have had their ownership changed by the mass change process. The fields displayed on the report are: Set Number; Contractor; Changed Date; and User. The report shows each instance ownership of a multi-contractor set was changed; the name of the new owner contractor, the date ownership was changed, and the application User ID of the user who made the change. The first record listed for each set on the report shows the User as 'INITLOAD.' This means that the set was initially loaded by the system.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated with them; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single processed-to-completion date or a range of processed-to-completion dates; a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is set level data.

Single-line entries with "INITLOAD" as the user may appear on this report. These single-line entries will appear for sets where a user has begun the process of changing (modifying) ownership of the multi-contractor set, enters the reason for making the change, presses the UPDATE CHANGES button, but decides to "rollback" the changes, i.e., does not complete changing the set's ownership. Such sets will be listed on this report as a single-line entry with "INITLOAD" as the user.

08/30/96

CHANGED OWNER FI SETS

Page 1

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = Multi FI
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL

Set Number	Contractor	Changed Date	User
63	Aetna Government Health Plans, Inc.	03/12/1996	INITLOAD
63	Foundation Health Federal Services	03/13/1996	dbo
63	Aetna Government Health Plans, Inc.	03/25/1996	fosters
63	Foundation Health Federal Services	03/27/1996	dbo
63	Aetna Government Health Plans, Inc.	03/27/1996	dbo
100	Aetna Government Health Plans, Inc.	03/12/1996	INITLOAD
100	Foundation Health Federal Services	03/13/1996	dbo
100	Aetna Government Health Plans, Inc.	03/28/1996	dbo
100	Foundation Health Federal Services	05/02/1996	dbo
100	Aetna Government Health Plans, Inc.	05/13/1996	dbo
100	Foundation Health Federal Services	05/13/1996	dbo
100	Aetna Government Health Plans, Inc.	06/27/1996	REP
120	Foundation Health Federal Services	03/12/1996	INITLOAD
120	Aetna Government Health Plans, Inc.	03/25/1996	fosters
120	Foundation Health Federal Services	03/28/1996	dbo
173	AdminaStar Defense Services	03/12/1996	INITLOAD
173	Foundation Health Federal Services	07/08/1996	REP
268	Palmetto GBA	03/12/1996	INITLOAD
268	Wisconsin Physicians Services	05/22/1996	fosters
275	Aetna Government Health Plans, Inc.	03/12/1996	INITLOAD
275	Foundation Health Federal Services	03/13/1996	dbo
275	Aetna Government Health Plans, Inc.	07/01/1996	FOS
282	Palmetto GBA	03/12/1996	INITLOAD
282	Aetna Government Health Plans, Inc.	05/31/1996	BCSC
282	Palmetto GBA	07/01/1996	FOS
291	Aetna Government Health Plans, Inc.	03/12/1996	INITLOAD
353	Aetna Government Health Plans, Inc.	03/12/1996	INITLOAD
382	Aetna Government Health Plans, Inc.	03/12/1996	INITLOAD
394	AdminaStar Defense Services	03/12/1996	INITLOAD

REPORT CATEGORY:

Summary / Management Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SUMMARY / MANAGEMENT REPORTS ⇒ **SET STATUS COUNT HISTORY**

PRINTED REPORT TITLE:

Set Status Count History

REPORT DESCRIPTION:

This report provides a count and percentage of sets within each status as of a date or range of dates grouped by contract.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: a single “as of” date or a range of “as of” dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is set level data.

08/30/96

SET STATUS COUNT HISTORY

Page 1

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = 38
Region Code = ALL
As of = >=8/22/96,<=8/30/96

FI : 38

Undetermined Region

ON	OPEN SETS	%	PENDING SETS	%	VALIDATE SETS	%	CLOSED SETS	%	TOTAL	%
08/22/1996	0	0 %	0	0 %	1	100 %	0	0 %	1	100 %
08/23/1996	0	0 %	0	0 %	1	100 %	0	0 %	1	100 %
08/24/1996	0	0 %	0	0 %	1	100 %	0	0 %	1	100 %
08/25/1996	0	0 %	0	0 %	1	100 %	0	0 %	1	100 %
08/26/1996	0	0 %	0	0 %	1	100 %	0	0 %	1	100 %
08/27/1996	0	0 %	0	0 %	1	100 %	0	0 %	1	100 %
08/28/1996	0	0 %	1	50 %	1	50 %	0	0 %	2	100 %
08/29/1996	0	0 %	1	33.3 %	2	66.7 %	0	0 %	3	100 %

Mid-Atl.-88D0006

ON	OPEN SETS	%	PENDING SETS	%	VALIDATE SETS	%	CLOSED SETS	%	TOTAL	%
08/22/1996	60	93.8 %	3	4.7 %	1	1.6 %	0	0 %	64	100 %
08/23/1996	60	93.8 %	3	4.7 %	1	1.6 %	0	0 %	64	100 %
08/24/1996	60	93.8 %	3	4.7 %	1	1.6 %	0	0 %	64	100 %
08/25/1996	60	93.8 %	3	4.7 %	1	1.6 %	0	0 %	64	100 %
08/26/1996	60	93.8 %	3	4.7 %	1	1.6 %	0	0 %	64	100 %
08/27/1996	60	93.8 %	3	4.7 %	1	1.6 %	0	0 %	64	100 %
08/28/1996	60	93.8 %	3	4.7 %	1	1.6 %	0	0 %	64	100 %
08/29/1996	60	93.8 %	3	4.7 %	1	1.6 %	0	0 %	64	100 %

Western

ON	OPEN SETS	%	PENDING SETS	%	VALIDATE SETS	%	CLOSED SETS	%	TOTAL	%
08/22/1996	3786	99.5 %	6	0.2 %	3	0.1 %	9	0.2 %	3804	100 %
08/23/1996	3786	99.5 %	6	0.2 %	3	0.1 %	9	0.2 %	3804	100 %
08/24/1996	3786	99.5 %	6	0.2 %	3	0.1 %	9	0.2 %	3804	100 %
08/25/1996	3786	99.5 %	6	0.2 %	3	0.1 %	9	0.2 %	3804	100 %
08/26/1996	3786	99.5 %	6	0.2 %	3	0.1 %	9	0.2 %	3804	100 %
08/27/1996	3786	99.5 %	6	0.2 %	3	0.1 %	9	0.2 %	3804	100 %
08/28/1996	3786	99.5 %	6	0.2 %	3	0.1 %	9	0.2 %	3804	100 %
08/29/1996	3786	99.5 %	6	0.2 %	3	0.1 %	9	0.2 %	3804	100 %

Mid-Atl.-94D0001

ON	OPEN SETS	%	PENDING SETS	%	VALIDATE SETS	%	CLOSED SETS	%	TOTAL	%
08/22/1996	4928	99.6 %	9	0.2 %	7	0.1 %	6	0.1 %	4950	100 %
08/23/1996	4928	99.6 %	9	0.2 %	7	0.1 %	6	0.1 %	4950	100 %
08/24/1996	4928	99.6 %	9	0.2 %	7	0.1 %	6	0.1 %	4950	100 %
08/25/1996	4928	99.6 %	9	0.2 %	7	0.1 %	6	0.1 %	4950	100 %
08/26/1996	4928	99.6 %	9	0.2 %	7	0.1 %	6	0.1 %	4950	100 %
08/27/1996	4928	99.6 %	9	0.2 %	7	0.1 %	6	0.1 %	4950	100 %

REPORT CATEGORY:

Summary / Management Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SUMMARY / MANAGEMENT REPORTS ⇒ **PERFORMANCE STANDARD**

PRINTED REPORT TITLE:

Performance Standard Report

REPORT DESCRIPTION:

This report will be used to measure contractor compliance with the performance standard. The performance standard requires that no more than 10 percent of the sets remaining in OPEN status at the end of a month shall have load dates over 30 days old. The report shows the Reporting Month; Beginning Inventory; Receipts; Monthly Inventory; the total number of sets "Moved" during the reporting month; the total number of sets Moved within 30 days of set load dates; Ending Inventory; the total number of sets in Ending Inventory Over 30 Days old; the Percent Moved Within 30 Days; and the Percent Remaining Over 30 Days. The data is grouped by contract.

FIELD DEFINITIONS:

FIELD NAME	DEFINITION
Reporting Month:	The month and year for which the statistics are applicable.
Beginning Inventory:	The total number of sets in OPEN status at the beginning of the reporting month.
Receipts:	The total number of new sets loaded or the number of sets which changed to OPEN status during the reporting month.
Monthly Inventory:	The sum of the Beginning Inventory and Receipts.
Moved:	The total number of sets moved for OPEN status to PENDING, VALIDATE, or CLOSED status during the reporting month.
Moved Within 30 Days:	Of those sets moved during the reporting month, the number moved within 30 days of their load date.
Ending Inventory:	The Monthly Inventory minus the number Moved. The result is the total number of remaining sets in OPEN status.
Ending Inventory Over 30 Days:	The total number of claim sets remaining in OPEN status with load dates over 30 days old.
% Moved In 30 Days:	Of those sets moved, the percentage moved within 30 days of their load date.

FIELD NAME	DEFINITION
% Remaining Over 30 Days:	The percentage of claim sets remaining in OPEN status with load dates over 30 days old.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: a single reporting month or a range of reporting months; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is set level data.

09/06/96

Status Codes = 0
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = 38
Region Code = ALL

PERFORMANCE STANDARD
(REFER TO REPORT DESCRIPTION IN ADP MANUAL FOR FIELD DEFINITIONS)
FOR PERIOD FROM 07/96 TO 09/96

Palmetto GBA

Undetermined Region

Reporting Month	Beginning Inventory	Receipts	Monthly Inventory	Moved	Moved within 30 Days	Ending Inventory	Ending Inventory Over 30 Days	% Moved in 30 Days	**% Remaining Over 30 Days**
07 / 1996	0	1	1	1	0	0	0	0.0 %	**0.0 %**
08 / 1996	0	3	3	3	3	0	0	100.0 %	**0.0 %**
09 / 1996	0	0	0	0	0	0	0	0.0 %	**0.0 %**

Mid-Atl. - 88D0006

Reporting Month	Beginning Inventory	Receipts	Monthly Inventory	Moved	Moved within 30 Days	Ending Inventory	Ending Inventory Over 30 Days	% Moved in 30 Days	**% Remaining Over 30 Days**
07 / 1996	63	0	63	0	0	63	63	0.0 %	**100.0 %**
08 / 1996	63	0	63	3	0	60	60	0.0 %	**100.0 %**
09 / 1996	60	0	60	0	0	60	60	0.0 %	**100.0 %**

Western

Reporting Month	Beginning Inventory	Receipts	Monthly Inventory	Moved	Moved within 30 Days	Ending Inventory	Ending Inventory Over 30 Days	% Moved in 30 Days	**% Remaining Over 30 Days**
07 / 1996	3798	4	3802	5	0	3797	3793	0.0 %	**99.9 %**
08 / 1996	3797	3	3800	16	0	3784	3781	0.0 %	**99.9%**
09 / 1996	3784	0	3784	0	0	3784	3784	0.0 %	**100.0 %**

Mid-Atl. - 94D0001

Reporting Month	Beginning Inventory	Receipts	Monthly Inventory	Moved	Moved within 30 Days	Ending Inventory	Ending Inventory Over 30 Days	% Moved in 30 Days	**% Remaining Over 30 Days**
07 / 1996	4941	1	4942	3	0	4939	4938	0.0 %	**100.0 %**
08 / 1996	4939	1	4940	12	0	4928	4927	0.0 %	**100.0 %**
09 / 1996	4928	0	4928	0	0	4928	4928	0.0 %	**100.0 %**

NOTICE: All data appearing in this system is subject to the privacy act of 1974 and Public Law 93-979

REPORT CATEGORY:

Summary / Management Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SUMMARY / MANAGEMENT REPORTS ⇒ **DOLLAR TOTALS**

PRINTED REPORT TITLE:

Dollar Summary Report

REPORT DESCRIPTION:

This report summarizes the total dollars identified for recoupment and actually recouped, as well as the total allowed amount of the applicable adjustments by Regional contract. The report reflects the total dollars on the system at the time the report is run. The fields displayed on the report are: Owner FI; Region; Total Amount Identified For Recoupment; Total Amount Actually Recouped; and the Total Allowed Amount of the Associated Adjustments. The totals reflect only those sets in Pending, Validate, or Closed status.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: all sets, a range of sets, or a single set; only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is set level data.

08/30/96

DOLLAR TOTALS

Page 1

Status Codes = P or C or V
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = 38
Region Code = ALL
Set Range = >=1, <=12000

Palmetto GBA

	Total Amount Identified for Recoupment	Total Amount Actually Recouped	Total Allowed Amount of the Associated Adjustments
Undetermined Region	$552.03	$41.03	$1,208.22
Mid-Atl. - 88D0006	$1,370.49	$568.00	$2,244.12
Western	$14,356.27	$1,996.31	$11,256.92
Mid-Atl. - 94D0001	$17,552.63	$13,333.02	$59,366.12
6 State Northern	$576.13	$500.00	$0.00
Totals	$34,407.55	$16,438.36	$74,075.38

REPORT CATEGORY:

Summary / Management Report

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ SUMMARY / MANAGEMENT REPORTS ⇒ **LOAD DATE REPORT**

PRINTED REPORT TITLE:

Load Date Report

REPORT DESCRIPTION:

This report provides a listing of set load dates grouped by contract.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: status (All, Open, Pending, Closed, Validate); only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs.

REPORT NOTES:

The data used by this report format is set level data.

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL

LOAD DATE REPORT

Foundation Health Federal Services

Region 6

Load Date	Number of Sets
03/21/1996	2
07/16/1996	1

Foundation Health Federal Services

Region 11

Load Date	Number of Sets
03/12/1996	289
03/15/1996	211
03/20/1996	188
03/21/1996	390
05/21/1996	1

Unisys HIMSC

Undetermined Region

Load Date	Number of Sets
05/31/1996	1

Northern-88D0004

Load Date	Number of Sets
03/12/1996	1

Northern-93D0004

Load Date	Number of Sets
03/12/1996	587
03/15/1996	379
03/20/1996	332
03/21/1996	416
05/19/1996	1
05/23/1996	1

Palmetto GBA

Undetermined Region

Load Date	Number of Sets
07/01/1996	1
08/28/1996	1
08/29/1996	1

REPORT CATEGORY:

Graphs

REPORT MENU HEIRARCHY AND FORMAT NAME:

REPORT ⇒ GRAPHS ⇒ **ACTUAL VS. POTENTIAL**

PRINTED REPORT TITLE:

Total Actual Duplicates as a Percentage of Total Potential Duplicates

REPORT DESCRIPTION:

This report provides the user with a graph which shows the total number of distinct actual duplicate claims ('Y' Duplicate Flag values in Pending, Validate, or Closed status) as a percentage of the total number of distinct potential duplicates in the system (all non-base claims). The data displayed is grouped by region.

REPORT PARAMETER OPTIONS:

Users may customize the report by selecting: only sets which have adjustments associated with them; multi-FI sets, single FI sets, or both; institutional sets, non-institutional sets, or both; match type (All, Exact, Near, Date Overlap, CPT-4, Other); a single load date or a range of load dates; a single last update date or a range of last update dates; one or all FIs; one, several or all regions within selected FIs.

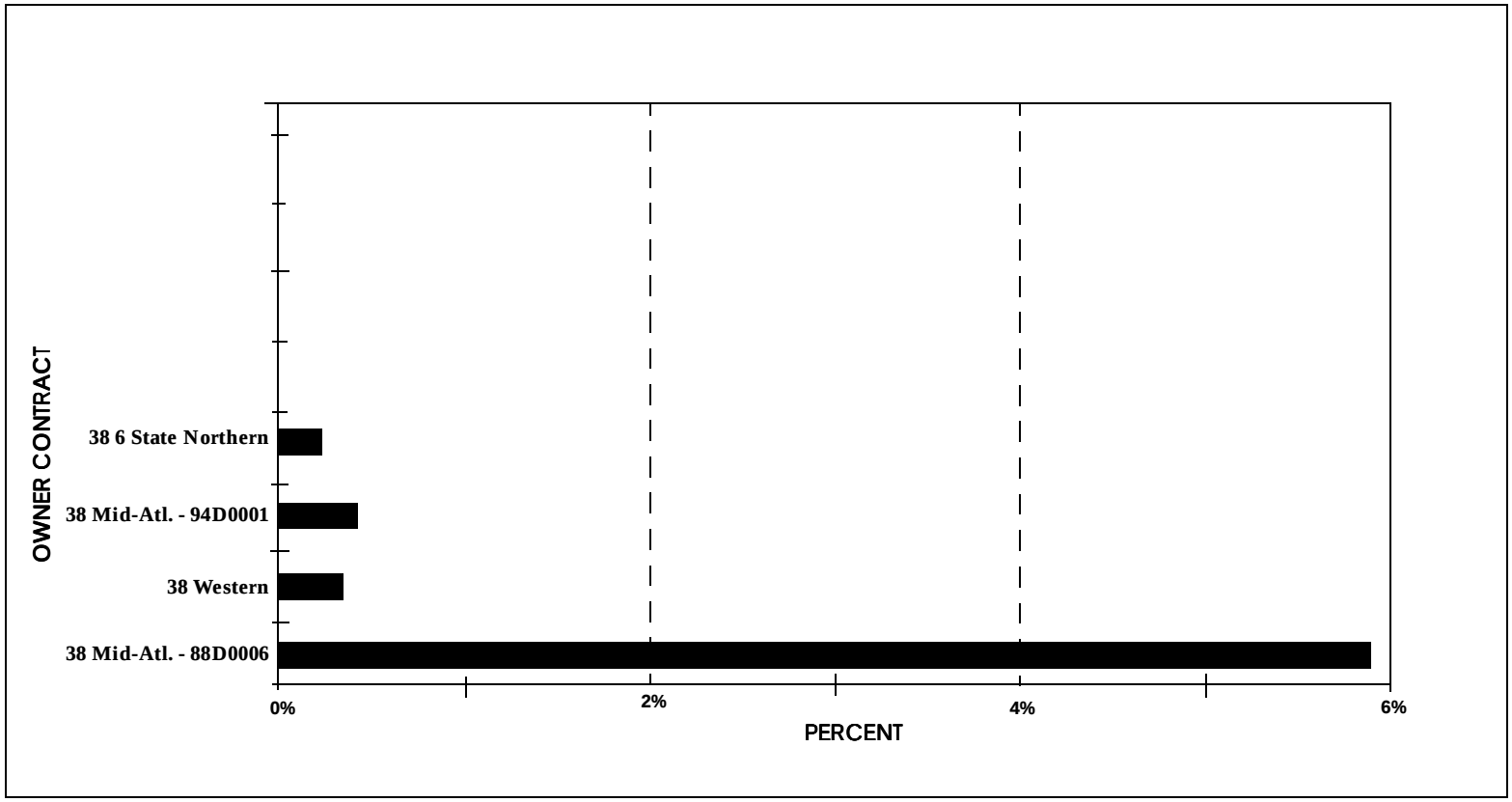
REPORT NOTES:

The data used by this report format is set level data.

If a claim appears in more than on set and the sets are owned by different regions, the claim will be counted once for each region.

08/30/96

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Duplicate Type = ALL
FI Code = 38
Region Code = ALL

TOTAL ACTUAL DUPLICATES AS A PERCENTAGE OF TOTAL POTENTIAL DUPLICATES

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