

DUPLICATE CLAIMS SYSTEM DATA FIELDS

HCSR DATA ELEMENTS	
FIELD NAME	DESCRIPTION
Sponsor SSAN	Sponsor Social Security Number
DOB	Patient Date Of Birth
DDS	DEERS Dependent Suffix Code (DDS)
PROGIND	Program Indicator Code
Provider Tax ID	Provider Taxpayer Number
Provider Sub ID	Multiple Provider ID
LINEPROC	Procedure Code
Diagnosis	Principle Treatment Diagnosis Code
DRG	Diagnosis Related Group Number
ADMIT	Admission Date
Inst Care Begin Date	Institutional Care Begin Date; Blank For Non-Institutional
Non-Inst Care Begin Date	Non-Institutional Care Begin Date
Inst Care End Date	Institutional Care End Date; Blank For Non-Institutional
Non-Inst Care End Date	Non-Institutional Care End Date
Billing Freq	Billing Frequency Code (1 = Complete, 2 = Initial, 3 = Interim, 4 = Final)
Billed Amount (Total)	Amount Billed Total
Billed Amount (Line)	Non-Institutional Line Item Amount Billed Total
Allowed Amount (Total)	Amount Allowed
Allowed Amount (Line)	Non-Institutional Line Item Amount Allowed
Place Serv	Place Of Service
Type Serv	Type Of Service
RECTYPE	1 = Institutional; 2 = Non-Institutional
PTC Date	Processed To Completion Date
ICN	Internal Control Number
SUFFIX	Control Number Suffix

HCSR DATA ELEMENTS (CONTINUED)	
FIELD NAME	DESCRIPTION
Time Stamp	System time assigned when issuing an initial HCSR
PROC FI	HCSR FI Contractor Number
PROCCONT	Contract Number
Batch Sequence #	Batch Sequence Number
Voucher Sequence #	Voucher Sequence Number
Cycle Number	TMA Processing Cycle (Year, Month, Cycle Number)
NAME	Patient Name
AGE	Patient Age
ENROLLED	Enrollment Status
PNTZIP	Patient Zip Code
Provider Zip Code	Provider Zip Code
Provider Affiliation	Provider Contract Affiliation Code
PROVSPEC	Provider Specialty Code
TYPE Institution	Type Of Institution Code
DISP	Discharge Disposition
Govt Pd Amount	Amount Paid By Government Contractor
LINENUM	Claim Line Item Number
HCSR Line #	Non-Inst Adjustment Line Item Number; For Inst = 00
Adjust Date	Adjustment Date
Allowed Amount	Claim Level Adjustment Allowed Amount for Institutional Claim Line Item Level Adjustment Allowed Amount for Non-Institutional Claim
Proced Code	Non-Inst Procedure Code; Blank For INST
Care Begin	Non-Inst Care Begin Date; Blank For INST

GENERATED DATA ELEMENTS	
FIELD NAME	DESCRIPTION
CLAIMSET	Extract claim set control number. A unique reference to tie together a set of potential duplicate claims.
Match Type	Claim set match criteria category: EXACT MATCH, NEAR MATCH, DATE OVERLAP, CPT-4, CODE, OTHER. Determined during the initial extract and set construction.
Claim Match	Claim match criteria category. Same as claim set categories.
M (match type code for line item)	Line item match criteria category. Same as claim set categories.
MULTIOWN	Indicator stating whether claims within the set have been submitted by more than one responsible FI/Contractor.
COVERED	Network, non-network, residual indicator for claim.
RISK	At -risk, not-at-risk indicator for claim.
Mass Change Level	The latest MASS CHANGE cluster rule applied to the claim.
PNTREG	Patient health service region code.
Provider Region	Provider health service region code.
PNTAREA	Patient type of DMIS area: non-catchment = 1, catchment = 2, BRAC = 3.
PROVAREA	Provider type of DMIS area: non-catchment = 1, catchment = 2, BRAC = 3.
Owner FI	OWNERFI represents, for the claim set, the contractor that has been assigned responsibility for resolving particular potential duplicate claim sets. Typically, all claims within a set will have the same responsible FI/Contractor (RESPFI), in which case the OWNERFI will be the same as the responsible FI/Contractor. However, for "multi-contractor" claim sets where the responsible FI/Contractors are not the same for all claims within the set, an OWNERFI is assigned by the system to be the responsible FI/Contractor from the claim within the set having the latest processed-to-completion date.
Resp FI	RESPFI represents, for the claim, the contractor that is currently responsible for administering the claim. When the claim is initially extracted from HCSR, the RESPFI is identical to the PROCFI (Processing FI). However, contract awarding and transitions may require claim administration by a new contractor, in which case the system will assign a new RESPFI for the claim.

GENERATED DATA ELEMENTS (CONTINUED)	
FIELD NAME	DESCRIPTION
Owner Region	OWNERCONT represents, for the claim set, the owner FI/ Contractor contract number. Typically, all claims within a set will have the same RESPCONT (responsible contract), in which case the OWNERCONT will be the same as the RESPCONT. However, for multi-contractor or multi-contract claim sets where the contractors or contract numbers are not the same for all claims within the set, an OWNERCONT is assigned by the system to be the RESPCONT from the claim within the set having the latest processed-to-completion date. The initial assignment is done in tandem with the assignment of OWNERFI.
Responsible Contract	RESPCONT represents, for the claim, the contract number under which the claim is currently administered. When the claim is initially extracted from HCSR, the RESPCONT is identical to the PROCCONT (Processing Contract). However, contract awarding and transitions may require claim administration under a new contract, in which case the system will assign a new RESPCONT for the claim.
Dupe ?	<p>DUPFLAG is an indicator to describe whether or not the claim is a duplicate. During the extract processes DUPFLAG will be set to "N" (no) for the base claim within a set and will be set to blank for the remaining claims. [Also, as is noted in this section, the set status will be OPEN, as some claims within the set have not been marked as duplicates or non-duplicates.]</p> <p>As the user determines whether claims are duplicates, the DUPFLAG for the remaining claims will be set to "Y" (yes) for duplicates or "N" for non-duplicates; the base claim designation may be changed if appropriate. [After all claims within the set have been marked and an amount identified for recoupment has been entered (when appropriate), the system will change the status to PENDING.]</p>
REASON	REASON is a code used for each claim within a set to designate why the claim in the set is or is not a duplicate. During the initial loading of a set into the system, the base claim within a set will be assigned (in conjunction with dupeflag being set to "N") a reason code representing initial submission. The system will provide an option list of valid codes intended to cover the majority of possible conditions and a code for an "other" option for the occasions when the condition cannot be classified. Some REASON code selections will require an additional field, NARRATIVE, to be completed for further elaboration.

GENERATED DATA ELEMENTS (CONTINUED)	
FIELD NAME	DESCRIPTION
HCSR Adjust ?	ADJFLAG is a flag for the user to designate which adjustment or cancellation corrects the duplicate condition. All adjustments and cancellations that apply are checked "Y" (yes), and those that do not apply can be left blank or checked "N" (no). The RECOVADJ field is the sum (for the claim) of allowed dollar amounts for those that apply. Display screens enable ADJFLAG to be checked for any institutional claim and any non-institutional line item.
NARRATE	NARRATE is a free form text field enabling the user to elaborate on specific reason codes selected for a claim.
STATUS	STATUS indicates the claim set life cycle phase from initial system loading to final purging. STATUS is set by the system as a consequence of specific user actions or periodic system functions.
Identified Recoup	RECOVID is a dollar amount that is entered by the user upon initial determination that a claim is a duplicate. It represents the amount of overpayment for the claim that has been identified for recoupment.
Actual Recoup	RECOVACT is a dollar amount that is entered by the user upon completion of recoupment for a duplicate claim. It represents the amount of overpayment for the claim that has actually been recouped.
HCSR Adjustment	RECOVADJ is a dollar amount that is maintained by the system (not by the user) to accumulate HCSR adjustments or cancellations made during resolution of a duplicate claim. It is calculated as the sum of all adjustment and cancellation allowed amounts (ADJALLOW) that have been flagged by the user as being associated with correcting the duplicate. This is the sum of claim header level allowed amounts for institutional claims and line item allowed amounts for non-institutional claims.
Total Amt Ident Recoup	TOTRECID is a dollar amount calculated by the system as the sum of RECOVID amounts for all claims within a set. It represents the total amount of overpayment for the claim set that has been identified for recoupment.
Total Amt Actual Recoup	TOTRECACT is a dollar amount calculated by the system as the sum of RECOVACT amounts for all claims within a set. It represents the total amount of overpayment for the set that has actually been recouped.

GENERATED DATA ELEMENTS (CONTINUED)	
FIELD NAME	DESCRIPTION
Total Allowed HCSR Adj	TOTRECADJ is a dollar amount calculated by the system as the sum of RECOVADJ amounts for all claims within a set. It represents the total amount of adjustments and cancellations that have been flagged by the user as being associated with correcting all duplicate claims within the set.
EXPLAIN	EXPLAIN is a free form text field for user commentary on a claim set. It is required when the user modifies the OWNER FI. It is also required when the user attempts to resolve a set for completion without satisfying all the closing criteria. During recoupment efforts, a contractor may find that the total actual recoupment amount is different than the total identified amount, or that the (positive-valued) total HCSR adjustment amount is different from the total actual or total identified amounts. At this time, should the user assess that recoupment is sufficient and the claim set can be resolved for completion, the system will present a "pop-up" screen requiring the user to provide an explanation for the discrepancies. The system will assign a status of VALIDATE to these sets.
LOADDATE LASTDATE	LOADDATE and LASTDATE are not part of the log record but behave similarly to the LOGDATE field. The LOADDATE represents the date the claim set was initially loaded into the system, or the date set ownership changed, or the date a new claim was appended to the set, whichever is the latest date. The LASTDATE reflects the most recent claim set update date - for specific types of updates.