REPORT DESCRIPTIONS AND EXAMPLES

REPORT CATEGORY:	Set Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SET REPORTS ⇒**BASIC**
PRINTED REPORT TITLE:	Duplicate Claim System Sets Grouped by Set Number
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: Institutional/Non-Institutional Indicator; Set Number; Status; Set Match Type; Multi-Contractor Set? (Y/N); Owner FI; Region; Initial Load Date; Current Load Date; Last Update Date; Adjustments? (Y/N); Total Amount Identified For Recoupment; Total Amount Actually Recouped; Total HCSR Adjustment Amount; and Set Level User Defined Code.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Set Level User Defined Codes.
REPORT NOTES:	The data used by this report format is set level data.

Status Code = All
Set User Codes = All
Adjust Type = All
Owner Type = All
Claim Type = Institutional
Match Type = All
Owner FI = 50
Owner Region = All
Set Number = All

Date: 8/24/2007

DUPLICATE CLAIM SYSTEM SETS
GROUPED BY SET NUMBER

50 - Acme Claims Processing

Area 1

INSTITUTIONAL

SET #	STATUS	MATCH TYPE	MULTI FI?	OWNER FI	REGION	INITIAL LOAD DATE	CURRENT LOAD DATE	LAST UPDATE DATE	ADJ?	ID RECOUP	ACTUAL RECOUP	ADJUSTMENT AMOUNT	SET USER CODE
6	O	D	N	50	50C0004	09/24/1996	12/16/1996	12/31/1996	N	$0.00	$0.00	$0.00	2C
15	O	N	N	50	50C0004	09/24/1996	09/24/1996	10/01/1996	Y	$0.00	$0.00	$0.00	
22	V	D	N	50	50C0004	09/24/1996	09/24/1996	06/11/2007	Y	$2,000.00	$1,115.44	$1,115.44	
3411	O	D	N	50	50C0004	09/24/1996	09/24/1996	10/23/1996	Y	$0.00	$0.00	$0.00	
7187	O	D	N	50	50C0004	09/24/1996	12/16/1996	12/16/1996	N	$0.00	$0.00	$0.00	
7240	O	N	Y	50	50C0004	09/24/1996	12/30/1996	02/12/1997	Y	$0.00	$0.00	$0.00	
19025	O	E	Y	50	50C0004	09/24/1996	12/16/1996	12/16/1996	Y	$0.00	$0.00	$0.00	
40803	O	D	N	50	50C0004	09/24/1996	10/24/1996	10/25/1996	Y	$0.00	$0.00	$0.00	
46549	O	D	Y	50	50C0004	09/24/1996	12/16/1996	12/16/1996	Y	$0.00	$0.00	$0.00	
66811	O	E	N	50	50C0004	09/24/1996	10/31/1996	11/01/1996	Y	$0.00	$0.00	$0.00	
							INSTITUTIONAL TOTAL			$2,000.00	$1,115.44	$1,115.44	
						Area 1 TOTAL				$2,000.00	$1,115.44	$1,115.44	
					50 - Acme Claims Processing TOTAL					$2,000.00	$1,115.44	$1,115.44	
				REPORT TOTAL						**$2,000.00**	**$1,115.44**	**$1,115.44**	

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REPORT CATEGORY:	Set Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SET REPORTS ⇒**BASIC BY USER CODE**
PRINTED REPORT TITLE:	Duplicate Claim System Sets Grouped by User Code
REPORT DESCRIPTION:	This report provides set-level information regarding all of the sets loaded in the Duplicate Claim System grouped by Set Level User Defined Codes. The fields displayed on the report are: Institutional/Non-Institutional Indicator; Set Number; Status; Set Match Type; Multi-Contractor Set? (Y/N); Owner FI; Region; Initial Load Date; Current Load Date; Last Update Date; Adjustments? (Y/N); Total Amount Identified For Recoupment; Total Amount Actually Recouped; Total HCSR Adjustment Amount; and Set Level User Defined Code.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Set Level User Defined Codes.
REPORT NOTES:	The data used by this report format is set level data.

Status Code = All
Adjust Type = All
Owner Type = All
Claim Type = Institutional
Match Type = All
Owner FI = 50
Owner Region = All
Set Number = All
Set User Codes = All

Date: 8/24/2007

DUPLICATE CLAIM SYSTEM SETS GROUPED BY USER CODE

50 - Acme Claims Processing

Area 1

Blank User Code

INSTITUTIONAL

SET #	STAT	MATCH TYPE	MULTI FI?	OWNER FI	REGION	INITIAL LOAD DATE	CURRENT LOAD DATE	LAST UPDATE DATE	ADJ?	ID RECOUP	ACTUAL RECOUP	ADJUSTMENT AMOUNT	USER CODE
6	O	D	N	50	50C0004	09/24/1996	12/16/1996	12/31/1996	N	$0.00	$0.00	$0.00	2C
15	O	N	N	50	50C0004	09/24/1996	09/24/1996	10/01/1996	Y	$0.00	$0.00	$0.00	
22	V	D	N	50	50C0004	09/24/1996	09/24/1996	06/11/2007	Y	$2,000.00	$1,115.44	$1,115.44	
3411	O	D	N	50	50C0004	09/24/1996	09/24/1996	10/23/1996	Y	$0.00	$0.00	$0.00	
7187	O	D	N	50	50C0004	09/24/1996	12/16/1996	12/16/1996	N	$0.00	$0.00	$0.00	
7240	O	N	Y	50	50C0004	09/24/1996	12/30/1996	02/12/1997	Y	$0.00	$0.00	$0.00	
19025	O	E	Y	50	50C0004	09/24/1996	12/16/1996	12/16/1996	Y	$0.00	$0.00	$0.00	
40803	O	D	N	50	50C0004	09/24/1996	10/24/1996	10/25/1996	Y	$0.00	$0.00	$0.00	
46549	O	D	Y	50	50C0004	09/24/1996	12/16/1996	12/16/1996	Y	$0.00	$0.00	$0.00	
66811	O	E	N	50	50C0004	09/24/1996	10/31/1996	11/01/1996	Y	$0.00	$0.00	$0.00	

INSTITUTIONAL TOTAL	$2,000.00	$1,115.44	$1,115.44
Blank User Code TOTAL	$2,000.00	$1,115.44	$1,115.44
Area 1 TOTAL	$2,000.00	$1,115.44	$1,115.44
50 - Acme Claims Processing TOTAL	$2,000.00	$1,115.44	$1,115.44

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REPORT CATEGORY:	Set Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SET REPORTS ⇒**USER LOG REPORT**
PRINTED REPORT TITLE:	User Log Grouped By Set Number (Transaction History)
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; Initial Load Date; Current Load Date; Transaction Date; User ID; Total Amount Identified For Recoupment; Total Amount Actually Recouped; and Total HCSR Adjustment 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 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 "System" or "CLAIMADD" as the User ID. These two User IDs are used by the DCS for set management purposes. 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 "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus User IDs
REPORT NOTES:	The data used by this report format is set level data.

Status Code = All
Adjust Type = All
Owner Type = All
Claim Type = All
Match Type = All
1750 >= Set Number <= 1800
Owner FI = 50
Owner Region = All

Date: 9/13/02007

USER LOG GROUPED BY SET NUMBER (TRANSACTION HISTORY)

Set Number	Stat	Owner FI	Region	Initial Load Date	Current Load Date	Transaction Date	User Id	Total Amount Ident Recoup	Total Amount Actual Recoup	Total Allowed HCSR Adj
1765	O	45	Undetermined Region		04/14/1997	04/14/1997	CLAIMADD	$0.00	$0.00	$0.00
	O	03	Region 3, 4		04/14/1997	04/14/1997	SYSTEM	$0.00	$0.00	$0.00
	P	03	Region 3, 4		04/14/1997	02/22/1999	HMSPOOLE	$187.50	$0.00	$0.00
1770	O	13	Undetermined Region		04/14/1997	04/14/1997	CLAIMADD	$0.00	$0.00	$0.00
	P	13	Undetermined Region		04/14/1997	01/23/1998	UNICOLE	$143.20	$0.00	$0.00
	P	25	Region 2, 5		09/06/1998	09/06/1998	SYSTEM	$143.20	$0.00	$0.00
1776	O	57	Undetermined Region		04/14/1997	04/14/1997	CLAIMADD	$0.00	$0.00	$0.00
	O	06	Region 6		04/14/1997	04/14/1997	SYSTEM	$0.00	$0.00	$0.00
	P	06	Region 6		04/14/1997	06/30/1998	WPSWALS	$89.92	$0.00	$0.00
	P	06	Region 6		04/14/1997	04/01/1999	SYSTEM	$89.92	$0.00	$0.00
	P	06	Region 6		04/14/1997	04/14/1999	WPSWALS	$89.92	$50.92	$67.90
1778	O	53	Undetermined Region		04/14/1997	04/14/1997	CLAIMADD	$0.00	$0.00	$0.00
	O	99	Inactive - CA/HI 88C		04/14/1997	01/23/1998	SYSTEM	$0.00	$0.00	$0.00
	C	99	Inactive - CA/HI 88C	04/14/1997	04/14/1997	08/03/2004	REP	$0.00	$0.00	$0.00
1781	O	13	Undetermined Region		04/14/1997	04/14/1997	CLAIMADD	$0.00	$0.00	$0.00
	O	38	Undetermined Region		04/14/1997	01/23/1998	SYSTEM	$0.00	$0.00	$0.00
	P	38	Undetermined Region		04/14/1997	03/19/1998	PGBTHOMP	$54.40	$0.00	$0.00
	P	25	Region 2, 5		09/03/1998	09/03/1998	SYSTEM	$54.40	$0.00	$0.00
1789	O	13	Undetermined Region		04/14/1997	04/14/1997	CLAIMADD	$0.00	$0.00	$0.00
	P	13	Undetermined Region		04/14/1997	01/26/1998	UNICOLE	$188.50	$0.00	$0.00
	P	13	Undetermined Region		04/14/1997	03/31/1998	UNICOLE	$62.83	$0.00	$0.00
	P	25	Region 2, 5		09/06/1998	09/06/1998	SYSTEM	$62.83	$0.00	$0.00

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REPORT CATEGORY:	Set Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SET REPORTS ⇒EXPLANATION REPORT ⇒ **NOTEPAD**
PRINTED REPORT TITLE:	Notepad
REPORT DESCRIPTION:	This report provides a listing of the notepad entries made on selected sets. The fields displayed on this report are: Set Number; Status; Match Type; Owner FI; Region; Initial Load Date; Current Load Date; and Notepad Entries.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type. Set Range, FI, Region).
REPORT NOTES:	The data used by this report format is set level data.

Status Code = All
Adjust Type = All
Owner Type = All
Claim Type = All
Match Type = All
Owner FI = All
Owner Region = All
Set Number = All

Date: 8/24/2007

NOTEPAD

50 - Acme Claims Processing

Area 1

Set Number	Status	Match Type	Initial Load Date	Current Load Date
28	O	O	9/24/1996	1/24/1997

This is test #1 for notepad functionality.

Set Number	Status	Match Type	Initial Load Date	Current Load Date
73472	O	E	9/24/1996	1/24/1997

This is test #2 for notepad functionality.

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REPORT CATEGORY:	Set Report
REPORT MENU HIERARCHY 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; Initial Load Date; Current Load Date; and Validate Explanations.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters minus Claim Set Status (Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus the Solicited Indicator.
REPORT NOTES:	The data used by this report format is set level data.

Adjust Type = All
Owner Type = All
Claim Type = All
Match Type = All
Owner FI = All
Owner Region = All
Set Number = All

Date: 8/24/2007

VALIDATE STATUS EXPLANATIONS

50 - Acme Claims Processing

Area 1

Set Number	Status	Match Type	Initial Load Date	Current Load Date
22	V	D	9/24/1996	9/24/1996

Incorrect ID Recoup////

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REPORT CATEGORY:	Set Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SET REPORTS ⇒EXPLANATION REPORT ⇒ **MODIFY**
PRINTED REPORT TITLE:	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; Initial Load Date; Current Load Date; and the Modify FI Explanations.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters minus Owner Type (Claim Set Status; Adjustments, Claim Type, Match Type, Date Type, Set Range, FI, Region).
REPORT NOTES:	The data used by this report format is set level data.

Status Codes = ALL
Adjusted Type = Adjusted Only
Set Owner Type = ALL
Claim Type = Institutional
Duplicate Type = ALL
FI Code = 06
Region Code = ALL
Set Number Range=ALL

VALIDATE STATUS EXPLANATIONS

05/15/2006
Page 1

06 - Health Net Federal Services

Region 6

Set Number	Status	Match Type	Initial Load Date	Current Load Date
241017	V	N	05/01/2001	12/16/1996

"joe doe=8/22/01. remaining amount is a write-off //// money collected by aim collections"

Set Number	Status	Match Type	Initial Load Date	Current Load Date
266007	V	E	12/03/2001	12/03/2001

"Money received back in the amount of our allowed amount rather than the amount paid SaraE 032502"

Set Number	Status	Match Type	Initial Load Date	Current Load Date
303530	V	E	04/03/2002	04/03/2002

"Ruth Stoltz 04-01-2003 Credit received through AIM, no further credit."

Set Number	Status	Match Type	Initial Load Date	Current Load Date
303622	V	N	04/03/2002	04/03/2002

"Ruth Stoltz 08-22-2002 Payment recouped through AIM."

Set Number	Status	Match Type	Initial Load Date	Current Load Date
303664	V	N	04/03/2002	04/03/2002

"Ruth Stoltz 03-25-2003 Claim is recouped through AIM. No more credit will be applied to this account."

Set Number	Status	Match Type	Initial Load Date	Current Load Date
319708	V	E	05/09/2002	05/09/2002

"Ruth Stoltz 04-01-2003 Credit received through AIM, no further credit."

Set Number	Status	Match Type	Initial Load Date	Current Load Date
319743	V	N	05/09/2002	05/09/2002

"Ruth Stoltz 04-01-2003 Credit received through AIM, no further credit."

Set Number	Status	Match Type	Initial Load Date	Current Load Date
319764	V	N	05/09/2002	05/09/2002

"Ruth Stoltz 08-22-2002 Payment recouped through AIM."

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REPORT CATEGORY:	Set Report
REPORT MENU HIERARCHY 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 contract7or 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; Initial Load Date; Current Load Date; and Owner FI.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters minus Owner Type and Set Range (Claim Set Status; Adjustments, Claim Type, Match Type, Date Type, FI, Region).
REPORT NOTES:	The data used by this report format is set level data.

Status Code = All
Adjust Type = Adjusted Only
Claim Type = Institutional
Match Type = All
Owner FI = 50
Owner Region = All
Set Number = All
Set User Codes = All

Date: 9/17/2007

MULTI-CONTRACTOR SETS REGION MISSING

11 - Health Net Federal Services

Set Number	Owner FI	Status	Initial Load Date	Current Load Date
703064	11	C	3/3/2003	7/28/2007
714986	11	O	3/3/2003	8/26/2004
858859	11	O	7/1/2003	8/27/2004
886816	11	O	8/4/2003	8/12/2004
920516	11	O	9/2/2003	8/17/2004
978552	11	P	12/1/2003	4/22/2004
991239	11	O	12/1/2003	9/21/2004
992497	11	P	12/1/2003	3/18/2004
1048862	11	P	2/2/2004	3/29/2004
1050346	11	O	2/2/2004	10/5/2004
1077959	11	P	3/1/2004	3/6/2004
1080157	11	P	3/1/2004	3/29/2004
1137686	11	P	5/3/2004	5/13/2004
1151465	11	P	5/3/2004	5/25/2004
1224955	11	O	8/2/2004	8/24/2004
1224961	11	O	8/2/2004	8/24/2004

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REPORT CATEGORY:	Set Report
REPORT MENU HIERARCHY 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: All "Standard" parameters minus Match Type and Set Range (Claim Set Status; Adjustments, Claim Type, Date Type, FI, Region) plus Set Level User Defined Codes.
REPORT NOTES:	The data used by this report format is set level data.

Status Code = All
Adjust Type = All
Owner Type = All
Claim Type = All
Owner FI = 50
Owner Region = All
Set User Codes = All

Date: 9/14/2007

SET COUNTS BY REGION

50 - Acme Claims Processing

Area 1

Match Type	# of Sets	% of Total	# of Adjusted Sets	% Adjusted
CPT-4	4	3.6%	4	100.0%
Date Overlap	25	22.3%	19	76.0%
Exact	35	31.3%	33	94.3%
Near	29	27.7%	21	72.4%
Other	17	15.2%	10	58.8%
Region Totals	**110**	**100.0 %**	**87**	**79.1%**
FI Totals	**110**	**100.0%**	**87**	**79.1%**

51 - Claims 'R' Us

Area 51

Match Type	# of Sets	% of Total	# of Adjusted Sets	% Adjusted
Near	1	100.0%	0	0.0%
Region Totals	**1**	**100.0%**	**0**	**0.0%**
FI Totals	**1**	**100.0%**	**0**	**0.0%**

99 - Inactive Contractor

Inactive - CA/HI 93C

Match Type	# of Sets	% of Total	# of Adjusted Sets	% Adjusted
Near	1	100.0%	0	0.0%
Region Totals	**1**	**100.0%**	**0**	**0.0%**

Inactive - CA/HI 88C

Match Type	# of Sets	% of Total	# of Adjusted Sets	% Adjusted
Near	1	100.0%	1	100.0%
Region Totals	**1**	**100.0%**	**1**	**100.0%**
FI Totals	**2**	**100.0%**	**1**	**50.0%**
Grand Totals	**114**	**100.0%**	**88**	**77.20%**

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REPORT CATEGORY:	Set Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SET REPORTS ⇒**SET LEVEL USER CODES**
PRINTED REPORT TITLE:	Set Level User Defined Field Definitions
REPORT DESCRIPTION:	This report displays the Owner FI; the Set Level User Defined Codes; their definitions, and whether they are active or inactive.
REPORT PARAMETER OPTIONS:	Users may not customize this report.
REPORT NOTES:	The data used by this report format is set level data.

9/14/2007

SET LEVEL USER DEFINED FIELD DEFINITIONS

Owner FI	Contract #	Code	Description	Active ?
50	50C0004	86	testing 12	Y
50	50C0004	TT	TEST FI 50	Y

Owner FI	Contract #	Code	Description	Active ?
52	52C0005	45	TEST modify	Y

Owner FI	Contract #	Code	Description	Active ?
63	63D0004	2L	Test	Y
63	63D0004	88	testing	Y
63	63D0004	1A	Testy - 1A	Y
63	63D0004	2B	TEST - 2B	Y
63	63D0004	2E	Test	Y
63	63D0004	55	Tesyting	Y
63	63D0004	56	testing	Y
63	63D0004	44	testing	Y

Owner FI	Contract #	Code	Description	Active ?
73	73D0001	2G	TEST	Y
73	73D0006	2F	Tst	Y
73	73D0002	2G	TEST2g	N

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒CLAIM REPORTS ⇒**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: Owner FI; ICN; HCSR Suffix; Claim Level User Defined Code; Solicited Indicator; 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 "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator; Solicited Indicator; Exclude Base; PTC Date; Set Level User Defined Codes; Claim Level User Defined Codes; Responsible FI and Region.
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.

Status Code = All
Adjust Type = All
Owner Type = All
Claim Type = All
Match Type = All
Owner FI = 50
Owner Region = All
Resp FI = All
Resp Region = All
Dupe Flag = All
250 >= Set Number <= 350
Set User Codes = All
Exclude Base Claims = No
Solicited = All
Claim User Codes = All
Enroll Codes = All

Date: 9/14/2007

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

50 - Acme Claims Processing

ICN	SFX	USR CD	S ?	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
19940462508505	A			251	N	BASE	3/10/1994	50	999999999	SMITH, JANE, X	20	555555555	0000	$2,175.00	$1,244.50	$0.00	$0.00
				LI#	M Type		CPT-4	POS	TOS	Care Begin	Care End	Amt Billed CPT-4		Amt Allowed CPT-4			
				4	C		99221	21	11	7/20/1992	7/20/1992	$150.00		$90.70			
19940462508505	A			252	N	BASE	3/10/1994	50	999999999	SMITH, JANE, X	20	555555555	0000	$2,175.00	$1,244.50	$0.00	$0.00
				LI#	M Type		CPT-4	POS	TOS	Care Begin	Care End	Amt Billed CPT-4		Amt Allowed CPT-4			
				3	E		99232	21	11	7/21/1992	7/24/1992	$450.00		$385.20			
19942022508010	A			254			8/04/1994	50	999999999	SMITH, JANE, X	20	555555555	0000	$2,175.00	$1,255.90	$0.00	$0.00
				LI#	M Type		CPT-4	POS	TOS	Care Begin	Care End	Amt Billed CPT-4		Amt Allowed CPT-4			
				2	N		45378	21	I2	7/27/1992	7/27/1992	$1000.00		$406.20			
19942273733672	A			268			10/21/1994	50	999999999	SMITH, JANE, X	04	555555555	A001	$1,073.13	$705.35	$0.00	$0.00
				LI#	M Type		CPT-4	POS	TOS	Care Begin	Care End	Amt Billed CPT-4		Amt Allowed CPT-4			
				2	N		93307	11	O1	11/12/1993	11/12/1993	$206.00		$204.10			
				3	O		93325	11	O1	11/12/1993	11/12/1993	$85.00		$85.00			
				4	O		71010	11	O4	11/12/1993	11/12/1993	$42.00		$24.80			
				5	O		73120	11	O4	11/12/1993	11/12/1993	$33.00		$32.30			

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒CLAIM REPORTS ⇒**BASIC BY SET**
PRINTED REPORT TITLE:	Basic Duplicate Claim Report By Set 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 set 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: Owner FI; ICN; HCSR Suffix; Claim Level User Defined Code; Solicited Indicator; 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 "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator; Solicited Indicator; Exclude Base; PTC Date; Set Level User Defined Codes; Claim Level User Defined Codes; Responsible FI and Region.
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.

Status Code = All
Adjust Type = All
Owner Type = All
Claim Type = All
Match Type = All
Owner FI = 50
Owner Region = All
Resp FI = All
Resp Region = All
Dupe Flag = All
250 >= Set Number <= 350
Set User Codes = All
Exclude Base Claims = No
Solicited = All
Claim User Codes = All
Enroll Codes = All

Date: 9/14/2007

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

50 - Acme Claims Processing

SET#	ICN	SFX	USR CD	S?	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
251	19940462508505	A			N	BASE	03/10/1994	50	999999999	SMITH, JANE, X	20	555555555	0000	$2,175.00	$1,244.50	$0.00	$0.00
			LI#		M Type		CPT-4	POS	TOS	Care Begin		Care End	Amt. Billed CPT-4		Amt. Allowed CPT-4		
			4		C		99221	21	I1	07/20/1992		07/20/1992	$150.00		$90.70		
252	19940462508505	A			N	BASE	03/10/1994	50	999999999	SMITH, JANE, X	20	555555555	0000	$2,175.00	$1,244.50	$0.00	$0.00
			LI#		M Type		CPT-4	POS	TOS	Care Begin		Care End	Amt. Billed CPT-4		Amt. Allowed CPT-4		
			3		E		99232	21	I1	07/21/1992		07/24/1992	$450.00		$385.20		
254	19942022508010	A					08/04/1994	50	999999999	SMITH, JANE, X	20	555555555	0000	$2,175.00	$1,244.50	$0.00	$0.00
			LI#		M Type		CPT-4	POS	TOS	Care Begin		Care End	Amt. Billed CPT-4		Amt. Allowed CPT-4		
			2		N		45378	21	I1	07/27/1992		07/27/1992	$1000.00		$406.20.20		
268	19442273733672	A					10/21/1994	50	999999999	SMITH, JANE, X	04	555555555	A001	$1,073.13	$705.35	$0.00	$0.00
			LI#		M Type		CPT-4	POS	TOS	Care Begin		Care End	Amt. Billed CPT-4		Amt. Allowed CPT-4		
			2		N		93307	11	O1	11/12/1993		11/12/1993	$206.00		$204.10		
			3		O		93325	11	O1	11/12/1993		11/12/1993	$85.00		$85.00		
			4		O		71010	11	O4	11/12/1993		11/12/1993	$42.00		$24.80		
			5		O		73120	11	O4	11/12/1993		11/12/1993	$33.00		$32.30		

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY 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: Owner FI; Institutional Indicator; Status Code; Set Number; ICN; HCSR Suffix (S); Claim Level User Defined Code; Solicited Indicator; Dupe Flag Indicator; 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 "Standard" parameters minus Claim Type (Claim Set Status, Adjustments, Set Owner Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator; Solicited Indicator; Exclude Base; PTC Date; Care Dates; Set Level User Defined Codes; Claim Level User Defined Codes; Responsible FI; and Region.
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.

Status Code = All
Adjust Type = All
Owner Type = All
Match Type = E,
Owner FI = 50
Owner Region = All
Resp FI = All
Resp Region = All
Dupe Flag = All
Set Number = All
Set User Codes = All
Exclude Base Claims = No
Solicited = All
Claim User Codes = All
Enroll Codes = All

Date: 9/14/2007

INSTITUTIONAL CLAIMS

50 - Acme Claims Processing

INSTITUTIONAL
STATUS CODE : O

SET #	ICN	SFX	USR CD	S ?	DUP FLG	RSN CODE	PTC DATE	RS FI	SPON SSAN	PATIENT NAME	DDS	DOB	PROVIDER TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT
7207	19942832105001	A			N	BASE	10/13/1994	50	999999999	SMITH, JANE, X	01	4/30/1987	555555555	0005	$3,009.03	$1,935.02	$1,226.37
7207	19943082108001	A					11/14/1994	50	999999999	SMITH, JANE, X	01	4/30/1987	555555555	0005	$3,009.03	$1,935.02	$1,226.37
26697	19951374876332	A			N	BASE	5/31/1995	50	999999999	SMITH, JANE, X	20	7/06/1932	555555555	0000	$14,851.75	$6,156.84	$4,332.84
26697	19951374876332	B					7/18/1995	50	999999999	SMITH, JANE, X	20	7/06/1932	555555555	0000	$14,851.75	$6,156.84	$4,332.84
26697	19952504804675	A					9/14/1995	50	999999999	SMITH, JANE, X	20	7/06/1932	555555555	0000	$14,580.75	$6,156.84	$4,332.84
74409	19962565171004	A			N	BASE	9/24/1996	50	999999999	SMITH, JANE, X	31	9/23/1957	555555555	0000	$2,056.26	$1,045.74	$522.87
74409	19962565171004	A					9/24/1996	50	999999999	SMITH, JANE, X	31	9/23/1957	555555555	0000	$2,056.26	$1,045.74	$1,045.74
															$54,414.83		$17,019.87
													Status Totals			$23,397.49	
													Contractor Totals		$54,414.83		$17,019.87
																$23,397.49	
													Grand Totals		$54,414.83		$17,019.87
																$23,397.49	

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY 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: Owner FI; Region; Set Status Code; ICN; HCSR Suffix; Claim Level User Defined Code; Solicited Indicator; Set Number; Dupe Flag Indicator; 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 "Standard" parameters minus Claim Type (Claim Set Status, Adjustments, Set Owner Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator, Solicited Indicator, Exclude Base, Processed To Completion date, Care dates, Set Level User Defined Codes, Claim Level User Defined Codes, Responsible FI, and Region.
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.

Status Code = All
Adjust Type = All
Owner Type = All
Exclude Base Claims = No
Match Type = E,
Dupe Flag = All
Solicited = All
Set Number = All
Owner FI = 50
Owner Region = All
Resp FI = All
Resp Region = All
Set User Codes = All
Claim User Codes = All
Enroll Codes = All

Date: 9/14/2007

NON-INSTITUTIONAL CLAIMS

50 - Acme Claims Processing

Area 1

STATUS CODE : C

ICN	SFX	USR CD	S ?	DUP FLG	SET#	PTC DATE	RESP FI	SPON SSAN	PATIENT NAME	DDS	DOB	PROVIDER TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT
19941925400374	A			N	123	7/25/1994	50	999999999	SMITH, JANE X	30	9/28/1899	555555555	0000	$455.00	$307.10	$230.32
19942065400200	A				123	8/10/1994	99	999999999	SMITH, JANE X	30	9/28/1899	555555555	0000	$455.00	$307.10	$230.32
												Status Totals		$910.00	$614.20	$460.64

STATUS CODE : O

ICN	SFX	USR CD	S ?	DUP FLG	SET#	PTC DATE	RESP FI	SPON SSAN	PATIENT NAME	DDS	DOB	PROVIDER TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT
19950031241906	D			N	20000	1/12/1995	50	999999999	SMITH, JANE X	20	2/16/1930	555555555	A212	$572.00	$54.71	$41.03
19950031241906	F				20000	4/03/1995	50	999999999	SMITH, JANE X	20	2/16/1930	555555555	A212	$197.00	$86.19	$64.64
												Status Totals		$769.00	$140.90	$105.67
												Region Totals		$1,679.00	$755.10	$566.31
												Contractor Totals		$1,679.00	$755.10	$566.31
												Grand Total		**$1,679.00**	**$755.10**	**$566.31**

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY 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: Owner FI; Region; Set Status Code; ICN; HCSR Suffix; Claim Level User Defined Code; Solicited Indicator; Set Number; 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 "Standard" parameters minus Claim Type (Claim Set Status, Adjustments, Set Owner Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator, Solicited Indicator, Exclude Base, PTC Date; Care Dates; Set Level User Defined Codes; Claim Level User Defined Codes; Responsible FI; and Region.
REPORT NOTES:	The data used by this report format is line item level data. The allowed amounts are line item level dollar amounts.

Status Code = All
Adjust Type = All
Owner Type = All
Exclude Base Claims = No
Match Type = All
Dupe Flag = All
Solicited = All
Set Number = All
Owner FI = 51
Owner Region = All
Resp FI = All
Resp Region = All
Set User Codes = All
Claim User Codes = All
Enroll Codes = All

Date: 9/14/2007

NON-INSTITUTIONAL CLAIMS BY LINE ITEM

51 - Claims 'R' Us

Area 51

STATUS CODE : O

ICN	SFX	USR CD	S ?	SET #	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
19952861212951	A			41049	51	999999999	SMITH,LESLIE,X	30	555555555	0000	1	88235	8/18/1995	8/18/1995	$169.05
19952861212951	A			41049	51	999999999	SMITH,LESLIE,X	30	555555555	0000	2	88267	8/18/1995	8/18/1995	$459.00
19952861212951	A			41049	51	999999999	SMITH,LESLIE,X	30	555555555	0000	3	88280	8/18/1995	8/18/1995	$42.50
19952861212951	A			41049	51	999999999	SMITH,LESLIE,X	30	555555555	0000	4	82106	8/18/1995	8/18/1995	$28.70
19952890404473	A			41049	73	999999999	SMITH,LESLIE,X	30	555555555	0000	1	82106	8/18/1995	8/18/1995	$45.00
19952994209053	A			41049	50	999999999	SMITH,LESLIE,X	30	555555555	0000	1	88235	8/18/1995	8/18/1995	$169.05
19952994209053	B			41049	50	999999999	SMITH,LESLIE,X	30	555555555	0000	1	88267	8/18/1995	8/18/1995	$507.15
19952994209053	B			41049	50	999999999	SMITH,LESLIE,X	30	555555555	0000	2	88280	8/18/1995	8/18/1995	$76.50
														Status Totals	$1,496.95
														Regions Totals	$1,496.95
														Contractor Totals	$1,496.95
														Grand Total	$1,496.95

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒CLAIM REPORTS ⇒RISK ⇒**RISK BASIC**
PRINTED REPORT TITLE:	Risk Report By ICN
REPORT DESCRIPTION:	This report provides a listing of claims based on the Risk Indicator values selected by the user. The Risk Indicator identifies the claim as either Financially Underwritten or Non-Financially Underwritten. The claims are grouped by claim number. The report can show both institutional and non- institutional claims. The fields displayed on the report are: Owner FI; Region; ICN; HCSR Suffix; Claim Level User Defined Code; Solicited Indicator; Set Number; Duplicate Flag Value; Risk Indicator; Responsible FI; Sponsor Social Security Account Number; Patient Name; DEERS Dependent Suffix; Provider Tax ID; Provider Sub-ID; Amount Billed; Amount Allowed; Government Paid Amount; Amount Identified For Recoupment; Amount Actually Recouped; Adjustment Amount.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator, Solicited Indicator, Exclude Base, PTC Dates, Care Dates, Set Level User Defined Codes, Claim Level User Defined Codes, Responsible FI, Region, and Risk Indicator.
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.

Status Code = All
Enroll Codes = All
Owner Type = All
Claim Type = All
Adjust Type = All
Match Type = All
Exclude Base Claims = No
Owner FI = All
Owner Region = All
Resp Region = All
Resp FI = All
100 >= Set Number <= 300
Set User Codes = All
Claim User Codes = All
Solicited = All
Dupe Flag = All
Risk Ind = All

Date: 9/14/2007

RISK REPORT BY ICN

99 - Acme Claims Processing

Area 1

ICN	SFX	USR CD	S?	SET#	DUP FLG	COV IND	RISK IND	RESP FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	GOV PAID	ID RECOUP	ACTUAL RECOUP	ADJ AMOUNT
19931725370509	A			104	N	F	N	50	999999999	SMITH, JANE	31	555555555	0000	$3,604.00	$2,645.96	$2,618.06	$0.00	$0.00	$0.00
19931725370509	B			104		F	N	50	999999999	SMITH, JANE	31	555555555	0000	$3,604.00	$2,253.18	$2,225.28	$0.00	$0.00	$0.00
19941925400374	A			121	N	D	N	50	999999999	SMITH, JANE	30	555555555	0000	$455.00	$307.10	$230.32	$0.00	$0.00	$0.00
19941925400374	A			122	N	D	N	50	999999999	SMITH, JANE	30	555555555	0000	$455.00	$307.10	$230.32	$0.00	$0.00	$0.00
19941925400374	A			123	N	D	N	50	999999999	SMITH, JANE	30	555555555	0000	$455.00	$307.10	$230.32	$0.00	$0.00	$0.00
19942065400200	A			121		F	N	50	999999999	SMITH, JANE	30	555555555	0000	$455.00	$307.10	$230.32	$0.00	$0.00	$0.00
19942065400200	A			122		F	N	50	999999999	SMITH, JANE	30	555555555	0000	$455.00	$307.10	$230.32	$0.00	$0.00	$0.00
19942065400200	A			123		F	N	50	999999999	SMITH, JANE	30	555555555	0000	$455.00	$307.10	$230.32	$0.00	$0.00	$0.00
										Region Total				$9,938.00	$6,741.74	$6,225.26	$0.00	$0.00	$0.00
										Contractor Total				$9,938.00	$6,741.74	$6,225.26	$0.00	$0.00	$0.00
										Report Total				$9,938.00	$6,741.74	$6,225.26	$0.00	$0.00	$0.00

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒CLAIM REPORTS ⇒RISK ⇒**RISK BY SET**
PRINTED REPORT TITLE:	Risk Report By Set Number
REPORT DESCRIPTION:	This report provides a listing of claims based on the Risk Indicator values selected by the user. The Risk Indicator identifies the claim as either Financially Underwritten or Non-Financially Underwritten. The claims are grouped by set number. The report can show both institutional and non- institutional claims. The fields displayed on the report are: Owner FI; Region; Set Number; ICN; HCSR Suffix; Claim Level User Defined Code; Solicited Indicator; Duplicate Flag Value; Risk Indicator; Responsible FI; Sponsor Social Security Account Number; Patient Name; DEERS Dependent Suffix; Provider Tax ID; Provider Sub-ID; Amount Billed; Amount Allowed; Government Paid Amount; Amount Identified For Recoupment; Amount Actually Recouped; Adjustment Amount.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator, Solicited Indicator, Exclude Base, PTC Dates, Care Dates, Set Level User Defined Codes, Claim Level User Defined Codes, Responsible FI, Region, and Risk Indicator.
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.

Status Code = All
Adjust Type = All
Owner Type = All
Exclude Base Claims = No
Claim Type = All
Match Type = All
Dupe Flag = All
100 >= Set Number <= 500
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
Set User Codes = All
Claim User Codes = All
Risk Ind = All
Solicited = All
Enroll Codes = All

Date: 9/14/2007

RISK REPORT BY SET NUMBER

50 - Acme Claims Processing

Area 1

SET#	ICN	SFX	USR CD	S ?	DUP FLG	COV IND	RISK IND	RESP FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	GOV PAID	ID RECOUP	ACTUAL RECOUP	ADJ AMOUNT
104	19931725370509	A			N	F	N	50	999999999	SMITH, JANE	31	555555555	0000	$3,604.00	$2,645.96	$2,618.06	$0.00	$0.00	$0.00
104	19931725370509	B				F	N	50	999999999	SMITH, JANE	31	555555555	0000	$3,604.00	$2,253.18	$2,225.28	$0.00	$0.00	$0.00
										Region Totals				$7,208.00		$4,843.34		$0.00	
															$4,899.14		$0.00		$0.00
										Contractor Totals				$7,208.00		$4,843.34		$0.00	
															$4,899.14		$0.00		$0.00

55 - East West Claims

Undetermined Region

SET#	ICN	SFX	USR CD	S ?	DUP FLG	COV IND	RISK IND	RESP FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	GOV PAID	ID RECOUP	ACTUAL RECOUP	ADJ AMOUNT
371	19941585303498	A				F	N	50	999999999	SMITH, JANE	30	555555555	A001	$55.00	$32.82	$24.62	$0.00	$0.00	$0.00
										Region Totals				$55.00		$24.62		$0.00	
															$32.82		$0.00		$0.00
										Contractor Totals				$55.00		$24.62		$0.00	
															$32.82		$0.00		$0.00
										Grand Totals				$7,263.00		$4,867.96		$0.00	
															$4,931.96		$0.00		$0.00

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒CLAIM REPORTS ⇒RISK ⇒**RISK SUMMARY**
PRINTED REPORT TITLE:	Risk Summary Report
REPORT DESCRIPTION:	This report summarizes by Region the amounts billed, allowed and Government paid amounts, as well as the amounts identified for recoupment, amounts actually recouped, and adjustment amounts. The fields displayed on the report are: Region; Amount Billed; Amount Allowed; Government Paid Amount; Amount Identified for Recoupment; Amount Actually Recouped; and Adjustment Amount.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator, Solicited Indicator, Exclude Base, PTC Dates, Care Dates, Set Level User Defined Codes, Claim Level User Defined Codes, Responsible FI, Region, and Risk Indicator.
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.

Status Code = All
Adjust Type = All
Owner Type = All
Exclude Base Claims = No
Claim Type = All
Match Type = All
Dupe Flag = All
Set Number = All
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
Risk Ind = All
Solicited = All
Set User Codes = All
Claim User Codes = All
Enroll Codes = All

Date: 9/14/2007

RISK SUMMARY REPORT

	50 - Acme Claims Processing					
	Amt Billed	Amt Allowed	Gov Paid	ID Recoup	Actual Recoup	Adj Amount
Area 1	$1,652,372.16	$1,065,849.99	$928,759.46	$2,000.00	$1,115.44	$1,115.44
Contractor Totals	$1,652,372.16	$1,065,849.99	$928,759.46	$2,000.00	$1,115.44	$1,115.44
Grand Totals	$1,652,372.16	$1,065,849.99	$928,759.46	$2,000.00	$1,115.44	$1,115.44

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY 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 "Standard" parameters minus Last (update) Date, Set Range (Claim Set Status; Adjustments, Set Owner Type; Claim Type, Match Type, Date Type, FI, Region) plus Dupe Flag Indicator, PTC Dates, Responsible FI, Region, and Provider Tax IDs.
REPORT NOTES:	The data used by this report format is claim level data.

Status Code = All
Adjust Type = All
Owner Type = All
Claim Type = All
Match Type = All
Dupe Flag = All
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
Provider Tax Codes = All
Enroll Codes = All

Date: 9/14/2007

PROVIDER CLAIM COUNT REPORT
GROUPED BY PROVIDER NUMBER AND SUB ID

Tax ID : 555555555		# Claims
Sub ID : 0000		
	Sub Id Totals	171
Sub ID : 0001		
	Sub Id Totals	23
Sub ID : 0002		
	Sub Id Totals	9
Sub ID : 0003		
	Sub Id Totals	4
Sub ID : 0004		
	Sub Id Totals	2
Sub ID : 0005		
	Sub Id Totals	2
Sub ID : 0008		
	Sub Id Totals	2
Sub ID : A001		
	Sub Id Totals	18
Sub ID : A002		
	Sub Id Totals	6
Sub ID : A003		
	Sub Id Totals	8
Sub ID : A004		
	Sub Id Totals	2
Sub ID : A006		
	Sub Id Totals	3
Sub ID : A009		
	Sub Id Totals	2
	Tax Id Totals	252

Tax ID : 751680173		# Claims
Sub ID : A015		
	Sub Id Totals	2
	Tax Id Totals	2

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY 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: Provider Tax ID; Provider Sub-ID; ICN; HCSR Time Stamp; HCSR Suffix; Claim Level User Defined Code; Solicited Indicator; Set #; Duplicate Flag Indicator; Sponsor SSAN; Patient Name; DEERS Dependent Suffix; Amount Allowed; PTC Date; Responsible FI; 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 "Standard" parameters minus Last (update) Dates, Set Range (Owner Type, Claim Set Status; Adjustments, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator, Solicited Indicator, PTC Dates, Responsible FI, Region, Set Level User Defined Codes, Claim Level User Defined Codes, and Provider Tax IDs.
REPORT NOTES:	The data used by this report format is claim level data.

Status Code = All
Adjust Type = All
Claim Type = All
Owner Type = All
Match Type = All
Dupe Flag = All
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
Provider Tax Codes = All
Solicited = All
Set User Codes = All
Claim User Codes = All
Enroll Codes = All

Date: 9/14/2007

PROVIDR CLAIM DETAIL REPORT
GROUPED BY PROVIDER NUMBER AND SUB ID

ICN	TIME	SFX	USER CODE	S ?	SET#	DUP FLG	SPON SSAN	PATIENT NAME	DDS	AMT ALLOWED	PTC DATE	RESP FI
Tax ID: 555555555												
Sub ID: 0000												
19952861212951	271100	A			41049		999999999	SMITH,JANE	30	$699.25	11/06/1995	51
19952890404473	115546	A			41049	N	999999999	SMITH,JANE	30	$45.00	10/24/1995	73
19952994209053	340242	A			41049		999999999	SMITH,JANE	30	$169.05	12/19/1995	50
19952994209053	340242	B			41049		999999999	SMITH,JANE	30	$583.65	12/19/1995	50
								#Claims		Allowed $		
						Sub ID Totals		4		$1,496.95		
						Tax ID Totals		4		$1,496.95		

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY 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: ICN; HCSR Timestamp; HCSR Suffix; Claim Level User Defined Code; Solicited Indicator; Set #; Duplicate Flag Indicator; Sponsor SSAN; Patient Name; DEERS Dependent Suffix; Line Item Match Type; Line Item Number; CPT-4 Code; Amount Allowed CPT-4; PTC Date; and Responsible FI. 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 "Standard" parameters minus Match Type, Claim Type, Last Dates; Set Range (Set Owner Type, Claim Set Status; Adjustments, Date Type, FI, Region) plus Dupe Flag Indicator, Solicited Indicator, PTC Dates, Responsible FI, Region, Set Level User Defined Codes, Claim Level User Defined Codes, and Provider Tax ID. 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 that 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.

Status Code = All
Adjust Type = All
Owner Type = All
Dupe Flag = All
Match Type = All
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
Provider Tax Codes = All
Set User Codes = All
Solicited = All
Claim User Codes = All

Date: 9/14/2007

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

ICN	TIME	SFX	USER CODE	S ?	SET#	DUP FLG	SPON SSAN	PATIENT NAME	DDS	LI Match	LI #	CPT-4 Code	AMT ALLOWED	PTC DATE	RESP FI
Tax ID: 555555555															
Sub ID: 0000															
19940462508505	000000	A			251	N	999999999	SMITH,JANE	20	C	4	99221	$90.70	3/10/1994	50
19942022508010	000000	A			251		999999999	SMITH,JANE	20	C	4	99291	$150.00	8/04/1994	50
19941640617670	000000	A			4899	N	999999999	SMITH,JANE	30	C	1	98330	$366.80	8/04/1994	50
19941640617670	000000	A			4899	N	999999999	SMITH,JANE	30	C	2	98335	$133.00	8/04/1994	50
19942340621783	000000	A			4899		999999999	SMITH,JANE	30	C	1	98310	$183.50	11/14/1194	99
19942340621783	000000	A			4899		999999999	SMITH,JANE	30	C	2	98315	$133.00	11/14/1194	99
									#Line Items				Allowed $		
								Sub ID Totals	6				$1,057.00		
Sub ID: A003															
19941362501086	000000	A			226		999999999	SMITH,JANE	20	C	1	90812	$90.00	10/13/1194	50
19942692501409	000000	A			226	N	999999999	SMITH,JANE	20	C	1	90844	$80.11	10/09/1994	50
19941362501086	000000	A			227		999999999	SMITH,JANE	20	C	2	90812	$90.00	10/13/1994	50
19942692501409	000000	A			226	N	999999999	SMITH,JANE	20	C	2	90844	$80.11	10/09/1994	50
									#Line Items				Allowed $		
								Sub ID Total	6				$1,057.00		
								Prov ID Totals	10				$1,397.22		

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒CLAIM REPORTS ⇒REASON CODE EXPLANATION ⇒**INDIVIDUAL CLAIMS**
PRINTED REPORT TITLE:	Reason Code Explanation Report Individual Claims
REPORT DESCRIPTION:	This report provides a listing of the explanations associated with reason codes on individual claims. 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: Owner FI; Region; Set Number; Set Status; Initial Load Date; ICN; HCSR Suffix; HCSR Time Stamp; Responsible FI; PTC Date; Dupe Flag Indicator; Reason Code; and Reason Code Explanation.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Responsible FI, Region, and Reason Codes.
REPORT NOTES:	The data used by this report format is claim level data.

Status Code = All
Owner Type = All
Claim Type = All
Adjust Type = All
Match Type = All
Reason Codes = All
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
Set Number = All

Date: 9/14/2007

REASON CODE EXPLANATION REPORT
INDIVIDUAL CLAIMS

50 - Acme Claims Processing
Inactive - CA/HI 93C

SET #	STATUS	LOAD DATE	ICN	S	TIME	RESP FI	PTC DATE	DUP FLG	RSN CODE	REASON CODE EXPLANATION
22	V	09/24/1996	19933335170207	A	000000	50	12/07/1993	Y	D900	Test to Send to Pending

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒CLAIM REPORTS ⇒**REASON CODE EXPLANATION ⇒ENTIRE SET**
PRINTED REPORT TITLE:	Reason Code Explanation Report Entire Set
REPORT DESCRIPTION:	This report provides a listing of the explanations associated with reason codes by set number. 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 explanations associated with the claims in a set. Individual claim data is grouped within their respective sets. The fields displayed on this report are: Owner FI; Region; Set Number; Set Status; Initial Load Date; ICN; HCSR Suffix; HCSR Time Stamp; Responsible FI; PTC Date; Dupe Flag Indicator; Reason Code; and Reason Code Explanation.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Responsible FI, Region, and Reason Codes.
REPORT NOTES:	The data used by this report format is claim level data.

Status Code = All
Owner Type = All
Claim Type = All
Adjust Type = All
Match Type = All
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
100 >= Set Number <= 500
Reason Codes = All

Date: 9/14/2007

REASON CODE EXPLANATION REPORT
ENTIRE SET

50 - Acme Claims Processing

Area 1

SET#	STATUS	LOAD DATE
511	O	12/16/1996

ICN	S	TIME	RESP FI	PTC DATE	DUPE FLAG	RSN CODE	REASON CODE
19942132278483	A	000000	50	8/15/1994	N	BASE	
19942282275147	A	000000	50	8/26/1994			
19942562275780	A	000000	50	10/10/1994			

55 - East West Claims

Undetermined Region

SET#	STATUS	LOAD DATE
371	O	8/24/2007

ICN	S	TIME	RESP FI	PTC DATE	DUPE FLAG	RSN CODE	REASON CODE
19941585303498	A	000000	50	9/27/1994			
19942165305253	A	000000	55	9/29/1994	N	BASE	

73 - HAL Systems Inc

Area 73D

SET#	STATUS	LOAD DATE
578	O	1/28/1997

ICN	S	TIME	RESP FI	PTC DATE	DUPE FLAG	RSN CODE	REASON CODE
19941510414565	A	000000	50	7/11/1994	N	BASE	
19941510414566	A	000000	50	7/14/1994			
19942550410610	A	000000	73	10/7/1994			
19942550410611	A	000000	73	10/7/1994			

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY 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, with any associated adjustment claims which have been submitted. Only sets which contain one or more claims that have associated adjustments will be listed. The fields displayed on the report are: Set Number; ICN; HCSR Suffix; HCSR Time Stamp; Dupe Flag Indicator; Reason Code; Responsible FI; Sponsor SSAN; 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 "Standard" parameters minus Adjustments (Claim Set Status, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus PTC Dates, Responsible FI, Region, Claim Level User Defined Codes.
REPORT NOTES:	The data used by this report format is claim and line item level data.

Status Code = All
Owner Type = All
Claim Type = All
Match Type = All
100 >= Set Number <= 300
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
Claim User Codes = All

Date: 9/14/2007

CLAIMS WITH ASSOCIATED ADJUSTMENTS

Set#	ICN	Sfx	Hcsr Time	Dup ?	RSN Code	Resp FI	Spon Ssan	Patient Name	DDS Code	Prov ID	Prov Sub Id	Amt Allowed	Line Item	Amt Allowed CPT4
50 - Acme Claims Processing														
121	19942065400200	A	000000			50	999999999	SMITH,LESLIE,X	30	555555555	0000	307.10	1	13.04
										Adjust Flag	**Adjust Line Item**		**Adjustment Allowed Amount**	
											1		($13.04)	
											2		($117.08)	
121	19942065400200	A	000000			50	999999999	SMITH,LESLIE,X	30	555555555	0000	307.10	2	117.08
										Adjust Flag	**Adjust Line Item**		**Adjustment Allowed Amount**	
											1		($13.04)	
											2		($117.08)	
122	19942065400200	A	000000			50	999999999	SMITH,LESLIE,X	30	555555555	0000	307.10	3	125.08
										Adjust Flag	**Adjust Line Item**		**Adjustment Allowed Amount**	
											3		($125.08)	
123	19942065400200	A	000000			50	999999999	SMITH,LESLIE,X	30	555555555	0000	307.10	4	51.90
										Adjust Flag	**Adjust Line Item**		**Adjustment Allowed Amount**	
											4		($51.90)	

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒CLAIMS ⇒WORK SHEETS ⇒**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: Owner FI; Region; ICN; HCSR Suffix; Set Level User Defined Code; Solicited Indicator; Set Number; PTC Date; Responsible FI; Sponsor SSAN; Patient Name; DEERS Dependent Suffix; Provider Tax ID; Provider Sub-ID; Diagnosis; DRG; Amount Billed; Amount Allowed; Government Paid Amount; Dupe Flag?; Reason Code; ID Recoupment 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 "Standard" parameters minus Adjustments (Claim Set Status, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator; PTC Dates; Responsible FI; and Region.
REPORT NOTES:	The data used by this report format is claim level data.

Adjust Type = All
Owner Type = All
Match Type = All
Solicited = All
100 >= Set Number <= 4500
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All

Date: 9/14/2007

INSTITUTIONAL CLAIMS WORKSHEET

50 - Acme Claims Processing

Area 1

ICN	S FX	USR CD	S?	SET#	PTC DATE	RS FI	SPON SSAN	PATIENT NAME	DDS	PROV TAX ID	PROV SUBID	DIAG	DRG	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT	DUPE ? (Y/N)	RSN CD	RECOUP/ RFND AMT
19931725370509	A			104	10/26/1993	50	999999999	SMITH, JANE	31	555555555	0000	65421	371	$3,604.00	$2,645.96	$2,618.06	-----	-----	---------
19931725370509	B			104	10/18/1994	50	999999999	SMITH, JANE	31	555555555	0000	65421	374	$3,604.00	$2,253.18	$2,225.28	-----	-----	---------
19942451009748	A			3411	11/06/1994	50	999999999	SMITH, JANE	01	555555555	0000	311	000	$5,998.44	$3,808.00	$2,752.00	-----	-----	---------
19943071008101	A			3411	11/10/1994	50	999999999	SMITH, JANE	01	555555555	0000	311	426	$3,605.00	$3,332.00	$2,430.75	-----	-----	---------
19940474270059	A			3461	03/04/1994	73	999999999	SMITH, JANE	04	555555555	0000	76510	000	$28,859.00	$28,859.00	$28,803.20	-----	-----	---------
19942844200023	A			3461	11/08/1994	50	999999999	SMITH, JANE	04	555555555	0000	V3000	607	$30,340.20	$12,295.96	$12,295.96	-----	-----	---------
19950334208001	A			3461	02/20/1995	50	999999999	SMITH, JANE	04	555555555	0000	V3000	607	$30,340.20	$12,295.96	$12,295.96	-----	-----	---------

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY 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: Owner FI; Region; ICN; HCSR Suffix; Claim Level User Defined Code; Solicited Indicator; Set Number; Responsible FI; Sponsor SSAN; 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; and Identified Recoupment 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 "Standard" parameters minus Status, Claim Type (Adjustments, Set Owner Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator, PTC Dates, Responsible FI, and Region.
REPORT NOTES:	The data used by this report format is line item level data.

Adjust Type = All
Owner Type = All
Match Type = All
Solicited = All
100 >= Set Number <= 600
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All

Date: 9/14/2007

NON-INSTITUTIONAL CLAIMS WORKSHEET

50 - Acme Claims Processing

Area 1

ICN	S FX	USR	S ?	SET #	RS 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
19941925400374	A			122	50	999999999	SMITH, JANE	30	555555555	0000	486	2	99231	$200.00	$125.08	-----	-----	---------
19942065400200	A			122	50	999999999	SMITH, JANE	30	555555555	0000	486	3	99231	$200.00	$125.08	-----	-----	---------

55 - East West Claims

Undetermined Region

ICN	S FX	USR	S ?	SET #	RS 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
19941585303498	A			371	50	999999999	SMITH, JANE	30	555555555	A001	6800	1	99213	$55.00	$32.82	-----	-----	---------
19942165305253	A			371	55	999999999	SMITH, JANE	30	555555555	A001	6800	1	99213	$55.00	$32.82	-----	-----	---------

73 - HAL Systems Inc

Area 73D

ICN	S FX	USR	S ?	SET #	RS 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
19942550410611	A			578	73	999999999	SMITH, JANE	30	555555555	0000	V242	1	86430	$28.73	$22.70	-----	-----	---------
19942550410611	A			578	73	999999999	SMITH, JANE	30	555555555	0000	V242	2	86038	$47.25	$34.00	-----	-----	---------
19942550410611	A			578	73	999999999	SMITH, JANE	30	555555555	0000	V242	3	85651	$16.00	$10.00	-----	-----	---------
19942550410611	A			578	73	999999999	SMITH, JANE	30	555555555	0000	V242	4	84550	$17.50	$17.40	-----	-----	---------
19942550410611	A			578	73	999999999	SMITH, JANE	30	555555555	0000	V242	5	84436	$30.00	$24.00	-----	-----	---------

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REPORT CATEGORY:	Claim Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒CLAIM REPORTS ⇒**CLAIM LEVEL USER CODES**
PRINTED REPORT TITLE:	Claim Level User Defined Field Definitions
REPORT DESCRIPTION:	This report displays the Owner FI; Contract Number; the Claim Level User Defined Codes; their definitions, and whether they are active or inactive.
REPORT PARAMETER OPTIONS:	Users may not customize this report.
REPORT NOTES:	The data used by this report format is claim level data.

9/14/2007

CLAIM LEVEL USER DEFINED FIELD DEFINITIONS

Owner FI	Contract #	Code	Description	Active ?
50	50C0004	2B	Testing - 2B	Y

Owner FI	Contract #	Code	Description	Active ?
63	63D0004	2B	Tesing	Y
63	63D0004	88	t	Y

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REPORT CATEGORY:	Summary/Management
REPORT MENU HIERARCHY 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 initial or current load date selected 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: All "Standard" parameters minus Claim Set Status; Claim Types; Match Types; Last Dates; Set Range (Adjustments, Set Owner Type, Date Type, Set Range, FI, Region) plus Responsible FI, and Region, and Risk Indicator.
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.

Adjust Type = All
Owner Type = All
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
Risk Ind = All

Date: 9/17/2007

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

Set Match Type	Number of Potential Dupes	Potential Dupes $	Number of Actual Dupes	Actual Dupes % of Potential	Actual Dupes Amount Paid Govt Contr	Number of Non-Dupe Claims	Non -Dupes % of Potential	Non Dupes Amount Paid Govt Contr	Number of Potential Not Worked Claims	Not Worked % of Potential	Potential Not Worked Amount Paid Govt Contr
50 - Acme Claims Processing											
Area 1											
Date Overlap	29	$355,935.01	1	3.4%	$1,090.44	0	0.0%	$0.00	28	96.6%	$354,844.57
Exact	14	$81,515.72	0	0.0%	$0.00	0	0.0%	$0.00	14	100.0%	$81,515.72
Near	16	$123,404.94	0	0.0%	$0.00	0	0.0%	$0.00	16	100.0%	$123,404.94
Other	4	$10,755.95	0	0.0%	$0.00	0	0.0%	$0.00	4	100.0%	$10,755.95
Region	63		1	1.6%		0	0.0%		62	98.4%	
Totals		$571,611.62			$1,090.44			$0.00			$570,521.18
99 - Inactive Contractor											
Inactive - CA/HI 88C											
Near	0	$0.00	0	0.0%	$0.00	0	0.0%	$0.00	0	0.0%	$0.00
Region	0		0	0.0%		0	0.0%		0	0.0%	
Totals		$0.00			$0.00			$0.00			$0.00

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

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REPORT CATEGORY:	Summary/Management
REPORT MENU HIERARCHY 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 initial or current load dates selected 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).

REPORT DESCRIPTION: (CONTINUED)	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: All "Standard" parameters minus Claim Set Status, Claim Types, Match Types, Last Dates, Set Range (Adjustments, Set Owner Type, Date Type, Set Range, FI, Region) plus Responsible FI, Region, and Risk Indicator.
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.

Adjust Type = All
Owner Type = All
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
Risk Ind = All

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

Date: 9/17/2007

Set Match Type	Number of Potential Dupes	Potential Dupes $	Number of Actual Dupes	Actual Dupes % of Potential	Actual Dupes Amount Paid Govt Contr	Number of Non-Dupe Claims	Non -Dupes % of Potential	Non Dupes Amount Paid Govt Contr	Number of Potential Not Worked Claims	Not Worked % of Potential	Potential Not Worked Amount Paid Govt Contr
50 - Acme Claims Processing											
Area 1											
CPT-4	3	$566.50	0	0.0%	$0.00	0	0.0%	$0.00	3	100.0%	$556.50
Exact	21	$6,903.04	0	0.0%	$0.00	0	0.0%	$0.00	21	100.0%	$6,903.04
Near	18	$6,215.42	0	0.0%	$0.00	0	0.0%	$0.00	18	100.0%	$6,215.42
Other	8	$6,313.92	0	0.0%	$0.00	0	0.0%	$0.00	8	100.0%	$6,313.92
Region	50		0	0.0%		0	0.0%		50	100.0%	
Totals		$19,988.88			$0.00			$0.00			$19,988.88
51 - Claims 'R' Us											
Area 51											
Near	2	$1,451.95	0	0.0%	$0.00	0	0.0%	$0.00	2	100.0%	$1,451.95
Region	2		0	0.0%		0	0.0%		2	100.0%	
Totals		$1,451.95			$0.00			$0.00			$1,451.95
55 - East West Claims											
Undetermined Region											
Exact	1	$32.82	0	0.0%	$0.00	0	0.0%	$0.00	1	100.0%	$32.82
Region	1		0	0.0%		0	0.0%		1	100.0%	
Totals		$32.82			$0.00			$0.00			$32.82

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

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REPORT CATEGORY:	Summary/Management Report
REPORT MENU HIERARCHY 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 s*tatus grouped by region and either initial or current load date (depending on which is selected) 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: Owner FI; Region; Initial or Current 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: All "Standard" parameters minus Status, Last Dates, Set Range (Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, FI, Region).
REPORT NOTES:	The data used by this report format is set level data.

Adjust Type = All
Claim Type = All
Owner Type = All
Match Type = All
Owner FI = All
Owner Region = All

Date: 9/17/2007

SET AGING REPORT

Initial Load Date	Open Sets		Pending Sets		Validate Sets		Closed Sets		Total Sets
50 - Acme Claims Processing									
Area 1									
09/1996	103	93.6%	0	0.0%	1	0.9%	6	5.5%	110
Sub Total	103	93.6%	0	0.0%	1	0.9%	6	5.5%	110
FI Total	103	93.6%	0	0.0%	1	0.9%	6	5.5%	110
51 - Claims 'R' Us									
Area 51									
09/1996	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
Sub Total	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
FI Total	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
55 - East West Claims									
Undetermined Region									
09/1996	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
Sub Total	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
FI Total	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
73 - HAL Systems Inc									
Area 73D									
09/1996	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
Sub Total	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
FI Total	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
99 - Inactive Contractor									
Inactive - CA/HI 93C									
09/1996	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
Sub Total	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
Inactive - CA/HI 88C									
09/1996	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1
Sub Total	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1
FI Total	1	50.0%	0	0.0%	0	0.0%	1	50.0%	2
Grand Total	107	93.0%	0	0.0%	1	0.9%	7	6.1%	115

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REPORT CATEGORY:	Summary/Management Report
REPORT MENU HIERARCHY 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 Initial or Current Load Date (depending on which is selected) and region and provides sub-totals by region and grand totals by contractor.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters minus Status; Last Dates; Set Range (Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, FI, Region) plus Responsible FI and Region.
REPORT NOTES:	The data used by this report format is claim level data.

Adjust Type = All
Claim Type = All
Owner Type = All
Match Type = All
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All

Date: 9/17/2007

CLAIM AGING REPORT

Initial Load Date	Not Worked #Claims	Not Worked Allowed Amount	Actual Dupes #Claims	Actual Dupes ID Recoup	Actual Dupes Actual Recoup	Non Dupes #Claims	Not Dupes Allowed Amount
50 - Acme Claims Processing							
Area 1							
09/1996	120	$627,003.22	1	$2,000.00	$1,115.44	0	$0.00
Sub Totals	120	$627,003.22	1	$2,000.00	$1,115.44	0	$0.00
FI Totals	120	$627,003.22	1	$2,000.00	$1,115.44	0	$0.00
51 - Claims 'R' Us							
Area 51							
09/1996	2	$1,451.95	0	$0.00	$0.00	0	$0.00
Sub Totals	2	$1,451.95	0	$0.00	$0.00	0	$0.00
FI Totals	2	$1,451.95	0	$0.00	$0.00	0	$0.00
55 - East West Claims							
Undetermined Region							
09/1996	1	$32.82	0	$0.00	$0.00	0	$0.00
Sub Totals	1	$32.82	0	$0.00	$0.00	0	$0.00
FI Totals	1	$32.82	0	$0.00	$0.00	0	$0.00
99 - Inactive Contractor							
Inactive - CA/HI 88C							
09/1996	0	$0.00	0	$0.00	$0.00	0	$0.00
Sub Totals	0	$0.00	0	$0.00	$0.00	0	$0.00
Inactive - CA/HI 93C							
09/1996	2	$951.41	0	$0.00	$0.00	0	$0.00
Sub Totals	2	$951.41	0	$0.00	$0.00	0	$0.00
FI Totals	2	$951.41	0	$0.00	$0.00	0	$0.00
Grand Totals	125	$629,439.40	1	$2,000.00	$1,115.44	0	$0.00

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REPORT CATEGORY:	Summary/Management Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SUMMARY/MANAGEMENT REPORTS ⇒ **ARCHIVED SET REPORT**
PRINTED REPORT TITLE:	Archived Set Report
REPORT DESCRIPTION:	This report provides the total number of sets in the History Database in *Validate* and *Closed* Status grouped by region and Initial Load Date as of the date the report is run. While the report contains columns for *Open* status and *Pending* status, these will always be 0% since sets in *Open* and *Pending* status are never archived to the History Database. The report also shows the percentage each total represents of the total number of sets counted. The fields displayed on the report are: Owner FI; Region; Initial 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: All "Standard" parameters minus Status, Last Dates, Current Load Dates, Set Range (Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, FI, Region).
REPORT NOTES:	The data used by this report format is set level data.

Adjust Type = All
Owner Type = All
Claim Type = All
Match Type = All
Owner FI = 03
Owner Region = All

ARCHIVED SET REPORT

Date: 9/17/2007

Initial Load Date	Validate Sets		Closed Sets		Total Sets
03 - Humana MHS					
Undetermined Region					
4/97	1	100.0%	0	0.0%	1
6/97	0	0.0%	1	100.0%	1
7/97	0	0.0%	1	100.0%	1
8/97	1	50.0%	1	50.0%	2
9/97	0	0.0%	2	100.0%	2
10/97	2	66.7%	1	33.3%	3
11/97	0	0.0%	1	100.0%	1
12/97	0	0.0%	8	100.0%	8
1/98	0	0.0%	2	100.0%	2
2/98	2	33.3%	4	66.7%	6
3/98	1	50.0%	1	50.0%	2
4/98	0	0.0%	1	100.0%	1
5/98	5	71.4%	2	28.6%	7
6/98	0	0.0%	3	100.0%	3
7/98	0	0.0%	2	100.0%	2
8/98	2	28.6%	5	71.4%	7
Sub Total	**14**	28.6%	**35**	71.4%	**49**
Region 3, 4					
4/97	1418	8.1%	16187	91.9%	17605
6/97	45	2.8%	1565	97.2%	1610
7/97	9	1.1%	784	98.9%	793
8/97	13	1.3%	968	98.7%	981
9/97	6	0.8%	773	99.2%	779
10/97	5	1.0%	515	99.0%	520
11/97	3	0.5%	663	99.5%	666
12/97	10	1.3%	767	98.7%	777
1/98	4	0.7%	564	99.3%	568
2/98	12	1.8%	650	98.2%	662
3/98	13	1.5%	853	98.5%	866
4/98	5	0.6%	781	99.4%	786
5/98	4	0.7%	609	99.3%	613
6/98	11	1.7%	642	98.3%	653
7/98	4	0.6%	668	99.4%	672
8/98	53	5.5%	914	94.5%	967
Sub Total	**1615**	5.5%	**27903**	94.5%	**29518**
FI Total	**1629**	5.5%	**27938**	94.5%	**29567**

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REPORT CATEGORY:	Summary/Management Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SUMMARY/MANAGEMENT REPORTS ⇒**REASON CODE REPORT**
PRINTED REPORT TITLE:	Reason Code Report
REPORT DESCRIPTION:	This report provides a list of actual duplicate and non-duplicate reason codes and the total number claims to which each code was assigned. The report counts actual duplicate claims ('Y' Duplicate Flag value) and non-duplicate claims ('N' Duplicate Flag value) in Pending, Validate and Closed sets.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters minus Claim Set Status (Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Indicator, Solicited Indicator, Exclude Base, PTC Dates, Set Level User Defined Code, Claim Level User Defined Code, Responsible FI, Region, and Risk Indicator.
REPORT NOTES:	The data used by this report format is claim level data.

Status Codes = P or V or C
Adjust Type = All
Owner Type = All
Claim Type = All
Match Type = All
Dupe Flag = All
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
Set Number = All
Exclude Base Claims = No
Solicited = All
Set User Codes = All
Claim User Codes = All
Risk Ind = All

Date: 9/17/2007

REASON CODE REPORT

Reason Code		Number of Claims
BASE	Initial submission	8
D300	Other	1
	Total:	**9**

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REPORT CATEGORY:	Summary/Management Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SUMMARY/MANAGEMENT REPORTS ⇒**REASON CODE BY INIT LOAD DATE**
PRINTED REPORT TITLE:	Reason Code Report by Initial Load Date
REPORT DESCRIPTION:	This report provides a list of actual duplicate and non-duplicate reason codes and the total number claims to which each code was assigned. 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 Initial Load Date.
REPORT PARAMETER OPTIONS:	This report provides a list of actual duplicate and non-duplicate reason codes and the total number claims to which each code was assigned. 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 Initial Load Date.
REPORT NOTES:	Users may customize the report by selecting: All "Standard" parameters minus Claim Set Status (Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus Dupe Flag Indicator, Solicited Indicator, Exclude Base, PTC Dates, Set and Claim Level User Defined Codes, Responsible FI, and Region.

Status Codes = P or V or C
Adjust Type = All
Owner Type = All
Exclude Base Claims = No
Claim Type = All
Match Type = All
Dupe Flag = All
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
Set Number = All
Solicited = All
Set User Codes = All
Claim User Codes = All
Risk Ind = All

Date: 9/17/2007

REASON CODE REPORT
BY INITIAL LOAD DATE

Initial Load Date
09/1996

Reason Code		Number of Claims
BASE	Initial submission	8
D300	Other	1
	Total:	**9**
	Grand Total	**9**

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REPORT CATEGORY:	Summary/Management Report
REPORT MENU HIERARCHY 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: All "Standard" parameters minus Set Owner Type and Last Date (Claim Set Status Adjustments, Claim Type, Match Type, Date Type, Set Range, FI, Region) plus PTC Dates, Exclude Base, and Set Range.
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.

Status Code = All
Adjust Type = All
Claim Type = All
Match Type = All
2000 >= Set Number <= 3000
Owner FI = 03
Owner Region = All

Date: 9/17/2007

CHANGED OWNER FI SETS

Set Number	FI/Contractor	Changed Date	User
2204		04/14/1997	INITLOAD
2204		04/14/1997	SYSTEM
2204	06 - Health Net Federal Services	04/14/1997	SYSTEM
2204	03 - Humana MHS	01/14/1998	WPSHUNER
2204	06 - Health Net Federal Services	03/01/1999	HMSPOOLE
2204	03 - Humana MHS	03/01/1999	WPSHUNER
2645		04/14/1997	INITLOAD
2645	03 - Humana MHS	04/14/1997	SYSTEM
2645	25 - Humana MHS	08/07/2006	mshapiro
2645	03 - Humana MHS	02/26/2007	cnolan
2645	25 - Humana MHS	03/12/2007	pprsqt07
2645	03 - Humana MHS	03/12/2007	pprsqt09

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REPORT CATEGORY:	Summary/Management Report
REPORT MENU HIERARCHY 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: Responsible FI, Region, and As of Dates.
REPORT NOTES:	The data used by this report format is set level data.

SET STATUS COUNT HISTORY

Date: 9/17/2007

FOR PERIOD FROM 01/01/2001 TO 02/10/2004

Owner FI = 03

Owner Region = All

0 - Humana MHS

Undetermined Region

ON	OPEN SETS	%	PENDING SETS	%	VALIDATE SETS	%	CLOSED SETS	%	TOTAL	%
01/01/2004	1516	86.0%	100	5.7%	51	2.9%	96	5.4%	1763	100.0%
01/02/2004	1516	86.0%	100	5.7%	51	2.9%	96	5.4%	1763	100.0%
01/03/2004	1519	86.0%	100	5.7%	51	2.9%	96	5.4%	1766	100.0%
01/04/2004	1521	86.0%	100	5.7%	51	2.9%	96	5.4%	1768	100.0%
01/05/2004	1521	86.0%	100	5.7%	51	2.9%	96	5.4%	1768	100.0%
01/06/2004	1520	85.9%	102	5.8%	51	2.9%	96	5.4%	1769	100.0%
01/07/2004	1520	85.9%	102	5.8%	51	2.9%	96	5.4%	1769	100.0%
01/08/2004	1520	85.9%	102	5.8%	51	2.9%	96	5.4%	1769	100.0%
01/09/2004	1516	86.0%	99	5.6%	51	2.9%	96	5.4%	1763	100.0%
01/10/2004	1525	86.1%	99	5.6%	51	2.9%	96	5.4%	1771	100.0%
01/11/2004	1527	86.1%	99	5.6%	51	2.9%	96	5.4%	1773	100.0%
01/12/2004	1527	86.1%	99	5.6%	51	2.9%	96	5.4%	1773	100.0%
01/13/2004	1532	86.2%	99	5.6%	51	2.9%	96	5.4%	1778	100.0%
01/14/2004	1535	86.2%	99	5.6%	51	2.9%	96	5.4%	1781	100.0%
01/15/2004	1537	86.2%	99	5.6%	51	2.9%	96	5.4%	1783	100.0%
01/16/2004	1543	86.2%	99	5.5%	51	2.9%	96	5.4%	1789	100.0%
01/17/2004	1549	86.3%	99	5.5%	51	2.8%	96	5.3%	1795	100.0%

Region 3,4

ON	OPEN SETS	%	PENDING SETS	%	VALIDATE SETS	%	CLOSED SETS	%	TOTAL	%
01/01/2004	53835	25.5%	22153	10.5%	15992	7.6%	118941	56.4%	210921	100.0%
01/02/2004	53835	25.5%	22153	10.5%	15992	7.6%	118941	56.4%	210921	100.0%
01/03/2004	53805	25.5%	22159	10.5%	15995	7.6%	118941	56.4%	210921	100.0%
01/04/2004	53805	25.5%	22159	10.5%	15995	7.6%	118941	56.4%	210921	100.0%
01/05/2004	53805	25.5%	22159	10.5%	15995	7.6%	118941	56.4%	210921	100.0%
01/06/2004	52954	25.1%	22481	10.7%	16048	7.6%	119428	56.6%	210911	100.0%
01/07/2004	51787	24.6%	22575	10.7%	16293	7.7%	120250	57.0%	210905	100.0%
01/08/2004	51056	24.2%	22697	10.8%	16511	7.8%	120624	57.2%	210888	100.0%
01/09/2004	49954	23.7%	22951	10.9%	16640	7.9%	121345	57.5%	210890	100.0%
01/10/2004	58732	26.7%	23084	10.5%	16687	7.6%	121634	55.3%	220137	100.0%
01/11/2004	58732	26.8%	23084	10.5%	16504	7.5%	120759	55.1%	219079	100.0%
01/12/2004	58732	26.8%	23084	10.5%	16504	7.5%	120759	55.1%	219079	100.0%
01/13/2004	58341	26.6%	23306	10.6%	16504	7.5%	120898	55.2%	219072	100.0%
01/14/2004	58264	26.6%	23343	10.7%	16538	7.5%	120927	55.2%	219072	100.0%
01/15/2004	58061	26.5%	23382	10.7%	16542	7.5%	121082	55.3%	219067	100.0%
01/16/2004	57359	26.2%	23442	10.7%	16691	7.6%	121573	55.5%	219065	100.0%
01/17/2004	56957	26.0%	23532	10.7%	16726	7.6%	121841	55.6%	219056	100.0%

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REPORT CATEGORY:	Summary/Management Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SUMMARY/MANAGEMENT REPORTS ⇒ **PERFORMANCE STANDARD**
PRINTED REPORT TITLE:	Performance Standard
REPORT DESCRIPTION:	This report will be used to measure contractor compliance with the performance standard. The performance standard requires that no more than 10% 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 DESCRIPTIONS

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.
% 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.

PERFORMANCE STANDARD

Date: 9/17/2007

Owner FI = 03

(Refer to report description in TRICARE Operations Manual for field definitions)

Owner Region = All

Per Period From 1/2004 To 05/2004

03 - Humana MHS

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**
01/2004	1516	133	1649	352	28	1297	1181	8.0%	**91.1%**
02/2004	1297	70	1367	574	28	793	731	4.9%	**92.2%**
03/2004	793	115	908	688	44	220	131	6.4%	**59.5%**
04/2004	220	173	393	299	169	94	1	56.5	**1.1%**
05/2004	94	110	204	119	94	85	1	79.0%	**1.2%**

Region 3, 4

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**
01/2004	53835	9353	63188	13693	929	49495	40960	6.8%	**82.8%**
02/2004	49495	7534	57029	22491	2030	34538	28906	9.0%	**83.7%**
03/2004	34538	8765	43303	28539	3603	14764	9308	12.6%	**63.0%**
04/2004	14764	10612	25376	18110	4061	7266	678	22.4%	**9.3%**
05/2004	7266	9941	17207	5957	1327	11250	2593	22.3%	**23.0%**

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REPORT CATEGORY:	Summary/Management Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SUMMARY/MANAGEMENT REPORTS ⇒**DOLLAR TOTALS**
PRINTED REPORT TITLE:	Dollar Totals
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 "Standard" parameters minus Claim Set Status and Claim Type (Adjustments, Set Owner Type, Match Type, Date Type, Set Range, FI, Region) plus Set Range, Set and Claim Level User Defined Codes, Responsible FI and Region.
REPORT NOTES:	The data used by this report format is set level data.

Status Codes = P or V or C
Adjust Type = All
Owner Type = All
Claim Type = All
Match Type = All
Set Number = All
Owner FI = All
Owner Region = All
Resp FI = All
Resp Region = All
Set User Codes = All
Claim User Codes = All
Enroll Codes = All

Date: 9/17/2007

DOLLAR TOTALS

50 - Acme Claims Processing

	Total Amount Identified For Recoupment	Total Amount Actually Recouped	Total Allowed Amount of the Associated Adjustments
Area 1	$2,000.00	$1,115.44	$1,115.44
Totals	$2,000.00	$1,115.44	$1,115.44

99 - Inactive Contractor

	Total Amount Identified For Recoupment	Total Amount Actually Recouped	Total Allowed Amount of the Associated Adjustments
Inactive - CA/HI 88C	$0.00	$0.00	$0.00
Totals	$0.00	$0.00	$0.00

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REPORT CATEGORY:	Summary/Management Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SUMMARY/MANAGEMENT REPORTS ⇒**LOAD DATE REPORT**
PRINTED REPORT TITLE:	Initial Load Date Report
REPORT DESCRIPTION:	This report provides a listing of set initial load dates grouped by contract.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: All "Standard" parameters minus Set Range (Claim Set Status, Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, FI, Region).
REPORT NOTES:	The data used by this report format is set level data.

Status Code = All
Adjust Type = All
Owner Type = All
Match Type = All
Claim Type = All
Owner FI = All
Owner Region = All
Enroll Codes = All

Date: 9/17/2007

INITIAL LOAD DATE REPORT

50 - Acme Claims Processing

Undetermined Region	Initial Load Date	Number of Sets
	9/24/1996	110
	Region Totals	110
	FI Totals	110

51 - Claims 'R' Us

Area 51	Initial Load Date	Number of Sets
	9/24/1996	1
	Region Totals	1
	FI Totals	1

55 - East West Claims

Undetermined Region	Initial Load Date	Number of Sets
	9/24/1996	1
	Region Totals	1
	FI Totals	1

73 - HAL Systems Inc

Undetermined Region	Initial Load Date	Number of Sets
	9/24/1996	1
	Region Totals	1
	FI Totals	1

99 - Inactive Contractor

Inactive - CA/HI 93C	Initial Load Date	Number of Sets
	9/24/1996	1
	Region Totals	1

Inactive - CA/HI 88C	Initial Load Date	Number of Sets
	9/24/1996	1
	Region Totals	1
	FI Totals	2
	Grand Totals	115

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REPORT CATEGORY:	Summary/Management Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SUMMARY/MANAGEMENT REPORTS ⇒**USER ACTIVITY DETAIL**
PRINTED REPORT TITLE:	User Activity Detail Report
REPORT DESCRIPTION:	This report provides a listing of transaction dates and times and associated User IDs grouped by set number. The report shows changes in Set Status; FI; User ID; Amount Identified For Recoupment; Amount Actually Recouped; and the Adjustment Amount.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: Set Range, Transaction Dates, and User IDs.
REPORT NOTES:	The data used by this report format is set level data.

User ID = All

Date: 9/17/2007

USER ACTIVITY DETAIL REPORT

Transact Date = All

100 >= Set Number <= 110

Set #	Stat	FI	Region	Init Load Dt	Trans Date Time	User	ID'D Recoup Amt	Actual Recoup Amt	Adjusted Amt
101	O	59			4/14/1997 04:35PM	CLAIMADD	0.00	0.00	0.00
101	O	59			4/14/1997 04:35PM	CLAIMADD	0.00	0.00	0.00
101	O	99	Inactive - CA/HI 93C		4/14/1997 04:56PM	SYSTEM	0.00	0.00	0.00
101	C	99	Inactive - CA/HI 93C	4/14/1997	3/16/2004 01:13PM	REP	0.00	0.00	0.00

Set #	Stat	FI	Region	Init Load Dt	Trans Date Time	User	ID'D Recoup Amt	Actual Recoup Amt	Adjusted Amt
103	O	45			4/14/1997 04:35PM	CLAIMADD	0.00	0.00	0.00
103	O	45			4/14/1997 04:35PM	CLAIMADD	0.00	0.00	0.00
103	O	3F	Region 3, 4 Foreign		4/14/1997 04:57PM	SYSTEM	0.00	0.00	0.00
103	P	3F	Region 3, 4 Foreign		12/12/1997 08:36AM	WPSSTOL	158.03	158.03	0.00

Set #	Stat	FI	Region	Init Load Dt	Trans Date Time	User	ID'D Recoup Amt	Actual Recoup Amt	Adjusted Amt
107	O	53			4/14/1997 04:35PM	CLAIMADD	0.00	0.00	0.00
107	O	53			4/14/1997 04:35PM	CLAIMADD	0.00	0.00	0.00
107	O	99	Inactive - CA/HI 93C		4/14/1997 04:59PM	SYSTEM	0.00	0.00	0.00
107	C	99	Inactive - CA/HI 93C	4/14/1997	3/16/2004 01:15PM	REP	0.00	0.00	0.00

Set #	Stat	FI	Region	Init Load Dt	Trans Date Time	User	ID'D Recoup Amt	Actual Recoup Amt	Adjusted Amt
109	O	45			4/14/1997 04:35PM	CLAIMADD	0.00	0.00	0.00
109	O	45			4/14/1997 04:35PM	CLAIMADD	0.00	0.00	0.00
109	O	45			4/14/1997 04:35PM	CLAIMADD	0.00	0.00	0.00
109	O	3F	Region 3, 4 Foreign		4/14/1997 04:57PM	SYSTEM	0.00	0.00	0.00
109	P	3F	Region 3, 4 Foreign		12/12/1997 08:38AM	WPSSTOL	1585.15	1585.15	0.00

Set #	Stat	FI	Region	Init Load Dt	Trans Date Time	User	ID'D Recoup Amt	Actual Recoup Amt	Adjusted Amt
110	O	53			4/14/1997 04:35PM	CLAIMADD	0.00	0.00	0.00
110	O	53			4/14/1997 04:35PM	CLAIMADD	0.00	0.00	0.00
110	O	53			4/14/1997 04:35PM	CLAIMADD	0.00	0.00	0.00
110	O	99	Inactive - CA/HI 93C		4/14/1997 04:59PM	SYSTEM	0.00	0.00	0.00
110	C	99	Inactive - CA/HI 93C	4/14/1997	3/16/2004 01:15PM	REP	0.00	0.00	0.00

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REPORT CATEGORY:	Summary/Management Report
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒SUMMARY/MANAGEMENT REPORTS ⇒**USER ACTIVITY SUMMARY**
PRINTED REPORT TITLE:	User Activity Summary Report
REPORT DESCRIPTION:	This report provides a summary of the transactions performed by individual user ID. The report provides the total number of updates performed by a USER ID, the total number of sets updated by that USER ID, and the net change in status in the following categories: sets moved from *Open* to *Pending* and *Pending* to *Open*; *Open* to *Validate* and *Validate* to *Open*; *Open* to *Closed* and *Closed* to *Open*; *Pending* to *Closed* and *Closed* to *Pending*; *Pending* to *Validate* and *Validate* to *Pending*; and *Validate* to *Closed* and *Closed* to *Validate*. This report can provide management with a summary view of user activity by individual USER ID.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: Set Range, Transaction Dates, and User IDs.
REPORT NOTES:	The data used by this report format is set level data.

Date: 9/17/2007

User ID = All

200>= Set Number <= 300

USER ACTIVITY SUMMARY REPORT

Transact Date = All

USER	TOTAL UPDATES	SETS UPDATED	NET CHANGE IN STATUS FROM:					
			O-P	O-V	O-C	P-C	P-V	V-C
cnolan	1	1	0	0	0	0	-1	0
UNIGREAT	1	1	1	0	0	0	0	0
PGBSHAR	1	1	-1	0	0	0	0	0
PGBTURN	1	1	0	1	0	0	0	0
pprsqt09	2	2	-1	0	0	0	0	1
UNIFIELD	6	5	5	0	0	0	0	0
UNINEWM	4	3	0	0	0	0	0	0
UNIPEARS	1	1	0	0	0	0	0	0
HMSPOOLE	1	1	1	0	0	0	0	0
HMSCOBB	1	1	0	0	0	0	1	0
PGBMCAL	1	1	1	0	0	0	0	0
EIDRHHA	1	1	0	0	0	0	0	0
jrusso	2	1	0	0	0	1	0	0
WPSHUNER	1	1	1	0	0	0	0	0
PGBSMIT	2	2	2	0	0	0	0	0
PGBTHOM	1	1	1	0	0	0	0	0
PGBBOYD	1	1	0	0	0	0	0	0
WPSNAV	1	1	1	0	0	0	0	0
PGBMCCA	3	1	0	0	0	0	0	0
Totals	30	27	11	1	0	1	0	1

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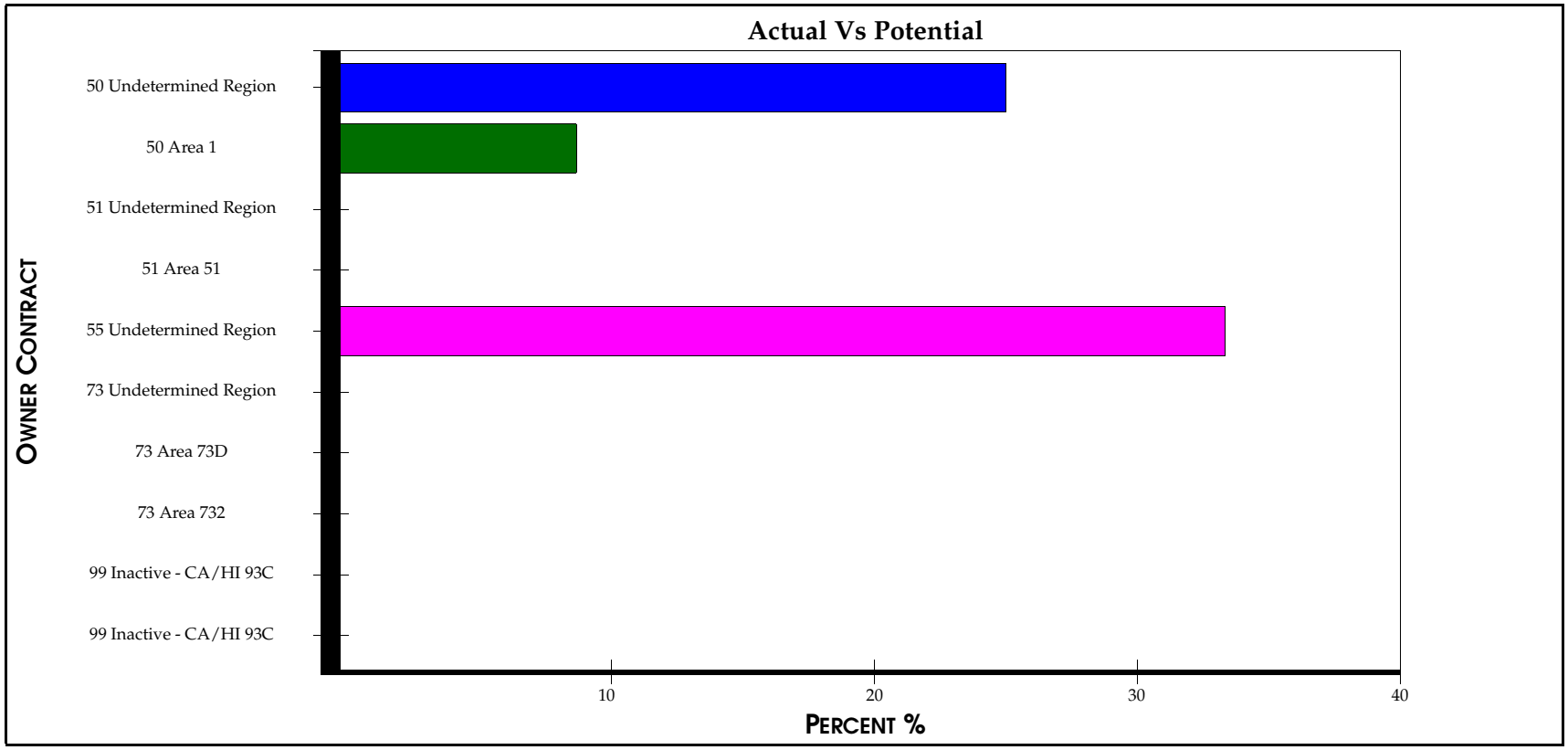
REPORT CATEGORY:	Graphs
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒GRAPHS ⇒**ACTUAL VS. POTENTIAL**
PRINTED REPORT TITLE:	Total Actual Duplicates as a Percentage of Total Potential Duplicates
REPORT DESCRIPTION:	This report provides the user with a graph which shows the total number of distinct actual 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: All "Standard" parameters minus Claim Set Status and Set Range (Adjustments, Set Owner Type, Claim Type, Match Type, Date Type, FI, Region).
REPORT NOTES:	The data used by this report format is set level data. If a claim appears in more than one set and the sets are owned by different regions, the claim will be counted once for each region.

Adjust Type = All
Match Type = All
Owner Type = All
Claim Type = All
Owner FI = All
Owner Region = All

Date: 9/17/2007

TOTAL ACTUAL DUPLICATES AS A PERCENTAGE OF TOTAL POTENTIAL DUPLICATES



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REPORT CATEGORY:	Graphs
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒GRAPHS ⇒**USER ACTIVITY SUMMARY**
PRINTED REPORT TITLE:	User Activity Summary
REPORT DESCRIPTION:	This report provides the user with a graphical representation of the data in the User Activity Detail Report. The graph provides a summary of the transactions performed by individual user ID. The report provides the total number of updates performed by a USER ID, the total number of sets updated by that USER ID, and the net change in status in the following categories: sets moved from *Open* to *Pending* and *Pending* to *Open*; *Open* to *Validate* and *Validate* to *Open*; *Open* to *Closed* and *Closed* to *Open*; *Pending* to *Closed* and *Closed* to *Pending*; *Pending* to *Validate* and *Validate* to *Pending*; and *Validate* to *Closed* and *Closed* to *Validate*. This report can provide management with a summary view of user activity by individual USER ID.
REPORT PARAMETER OPTIONS:	Users may customize the report by selecting: Set Range, Transaction Dates, and User IDs.
REPORT NOTES:	The data used by this report format is set level data. This report is best viewed on screen or printed to a color printer.

Date: 9/17/2007

User ID = All

USER ACTIVITY SUMMARY LIST REPORT

200>= Set Number <= 300

Transact Date = All

USER	TOTAL UPDATES	SETS UPDATED	NET CHANGE IN STATUS FROM:						CHART GROUP
			O-P	O-V	O-C	P-C	P-V	V-C	
PGBSHAR	1	1	-1	0	0	0	0	0	1
PGBTURN	1	1	0	1	0	0	0	0	
pprsqt09	2	2	-1	0	0	0	0	1	
UNIFIELD	6	5	5	0	0	0	0	0	
UNINEWM	4	3	0	0	0	0	0	0	
UNIPEARS	1	1	0	0	0	0	0	0	
HMSPOOLE	1	1	1	0	0	0	0	0	
HMSCOBB	1	1	0	0	0	0	1	0	
cnolan	1	1	0	0	0	0	-1	0	
UNIGREAT	1	1	1	0	0	0	0	0	
jrusso	2	1	0	0	0	1	0	0	2
WPSHUNER	1	1	1	0	0	0	0	0	
PGBSMIT	2	2	2	0	0	0	0	0	
PGBTHOM	1	1	1	0	0	0	0	0	
PGBBOYD	1	1	0	0	0	0	0	0	
PGBMCCA	3	1	0	0	0	0	0	0	
PGBMCAL	1	1	1	0	0	0	0	0	
EIDRHHA	1	1	0	0	0	0	0	0	
WPSNATV	1	1	1	0	0	0	0	0	
Totals	32	27	11	1	0	1	0	1	

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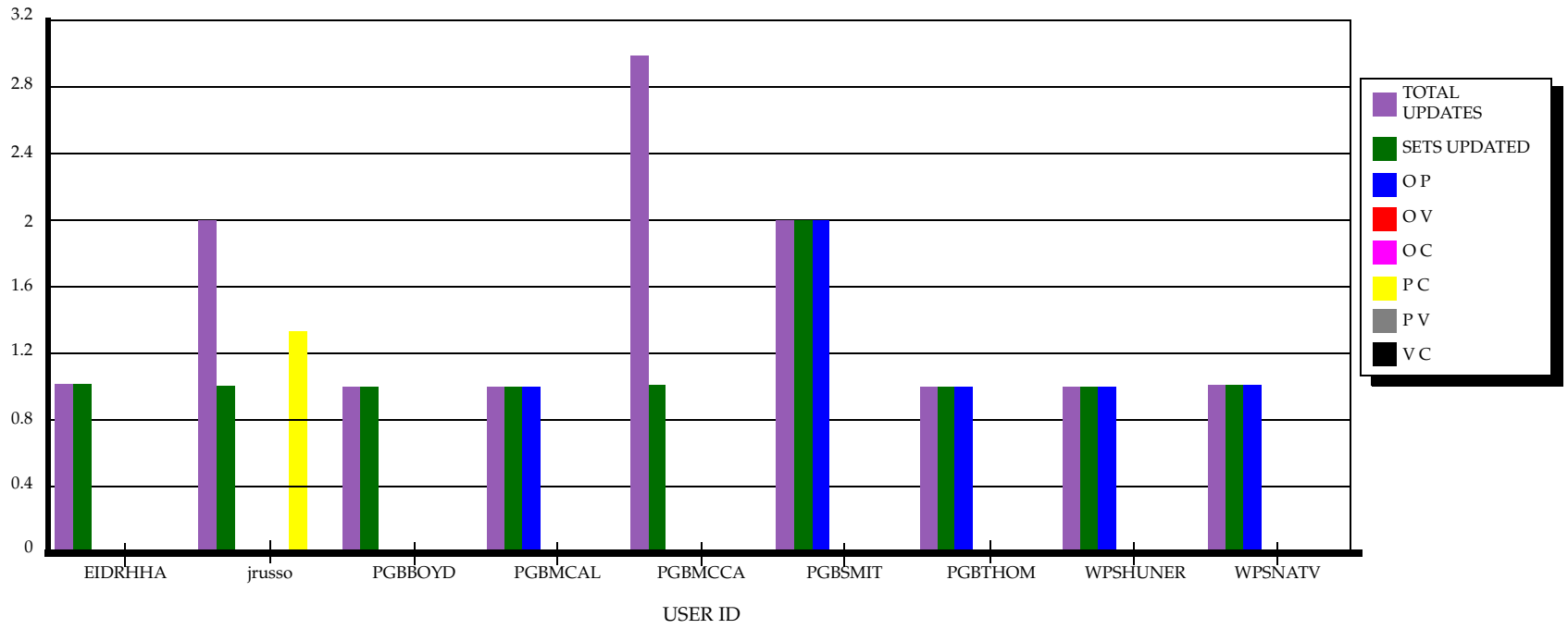
User ID = All

Date: 9/17/2007

200 => Set Number <= 300

Chart Group = 2

USER ACTIVITY SUMMARY GRAPH REPORT



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