

DUPLICATE CLAIMS SYSTEM DISPLAYED DATA FIELDS

HCSR DATA ELEMENTS	
FIELD NAME	DESCRIPTION
Sponsor SSAN	Sponsor Social Security Number
DOB	Patient Date Of Birth
DDS	DEERS Dependent Suffix Code (DDS)
Program Ind	Program Indicator Code
Provider Tax ID	Provider Taxpayer Number
Provider Sub ID	Multiple Provider ID
Proc Code/Proced Code	Procedure Code
Diagnosis	Principle Treatment Diagnosis Code
DRG	Diagnosis Related Group Number
Inst Admit Date	Admission Date
Inst Care Begin Date	Institutional Care Begin Date; Blank For Non-Institutional
Non-Inst Care Begin Date	Non-Institutional Care Begin Date
Inst Care End Date	Institutional Care End Date; Blank For Non-Institutional
Non-Inst Care End Date	Non-Institutional Care End Date
Billing Freq	Billing Frequency Code (1 = Complete, 2 = Initial, 3 = Interim, 4 = Final)
Billed Amount (Total)	Amount Billed Total
Billed Amount (Line)	Non-Institutional Line Item Amount Billed Total
Allowed Amount (Total)	Amount Allowed
Allowed Amount (Line)	Non-Institutional Line Item Amount Allowed
Place Serv	Place Of Service
Type Serv	Type Of Service
PTC Date	Processed To Completion Date
HCSR ICN	Internal Control Number
Suffix/SFX/S	Control Number Suffix
Time Stamp	System time assigned when issuing an initial HCSR
Proc FI	HCSR FI Contractor Number

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HCSR DATA ELEMENTS (CONTINUED)	
FIELD NAME	DESCRIPTION
Processing Contract	Contract Number
Batch Sequence #	Batch Sequence Number
Voucher Sequence #	Voucher Sequence Number
Cycle Number	TMA Processing Cycle (Year, Month, Cycle Number)
Name	Patient Name
Age	Patient Age
Enrolled	Enrollment Status
Patient Zip Code	Patient Zip Code
Provider Zip Code	Provider Zip Code
Provider Affiliation	Provider Contract Affiliation Code
Provider Specialty	Provider Specialty Code
Type Institution	Type Of Institution Code
Disp	Discharge Disposition
Govt Pd Amount	Amount Paid By Government Contractor
L	Claim Line Item Number
HCSR Line #	Non-Inst Adjustment Line Item Number; For Inst = 00
Adjust PTC Date	Adjustment Processed to Completion Date
Allowed Amount	Claim Level Adjustment Allowed Amount for Institutional Claim Line Item Level Adjustment Allowed Amount for Non-Institutional Claim
Special Processing Code 1	First Special Processing Code
Special Processing Code 2	Second Special Processing Code
Special Processing Code 3	Third Special Processing Code
Special Rate Code	Special Rate Code
Pricing Code	Pricing Code On Non-Institutional Line Item
CPT-4 Modifier 1	
CPT-4 Modifier 2	

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GENERATED DATA ELEMENTS	
FIELD NAME	DESCRIPTION
Set #	Extract claim set control number. A unique reference to tie together a set of potential duplicate claims.
Match Type	Claim set match criteria category: EXACT MATCH, NEAR MATCH, DATE OVERLAP, CPT-4, CODE, OTHER. Determined during the initial extract and set construction.
Claim Match	Claim match criteria category. Same as claim set categories.
M (match type code for line item)	Line item match criteria category. Same as claim set categories.
Risk	Financially underwritten, non-financially underwritten indicator for claim. <i>Please note that for the purposes of this system: Financially underwritten = Risk Non-financially underwritten = Not-at-risk.</i>
Mass Change Level	The latest MASS CHANGE cluster rule applied to the claim.
Patient Region	Patient health service region code.
Provider Region	Provider health service region code.
Owner FI	Owner FI represents, for the claim set, the contractor that has been assigned responsibility for resolving particular potential duplicate claim sets. Typically, all claims within a set will have the same responsible FI/Contractor (Resp FI), in which case the Owner FI will be the same as the responsible FI/Contractor. However, for "multi-contractor" claim sets where the responsible FI/Contractors are not the same for all claims within the set, an Owner FI is originally assigned by the system to be the responsible FI/Contractor from the claim within the set having the latest processed-to-completion date.
Resp FI / Rsp FI	Resp FI or Rsp FI represents, for the claim, the contractor that is currently responsible for administering the claim. When the claim is initially extracted from HCSR, the Resp FI is identical to the Proc FI (Processing FI). However, contract awarding and transitions may require claim administration by a new contractor, in which case the system will assign a new Resp FI for the claim.

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

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FIELD NAME	DESCRIPTION
HCSR Adjust?	HCSR Adjust? is a flag for the user to designate which adjustment or cancellation corrects the duplicate condition. All adjustments and cancellations that apply are checked "Y" (yes), and those that do not apply can be left blank or checked "N" (no). The HCSR Adjustment field is the sum (for the claim) of allowed dollar amounts for those that apply. Display screens enable HCSR Adjust? to be checked for any institutional claim and any non-institutional line item.
Status	Status indicates the claim set life cycle phase from initial system loading to final purging. Status is set by the system as a consequence of specific user actions or periodic system functions.
Identified Recoup	Identified Recoup is a dollar amount that is entered by the user upon initial determination that a claim is a duplicate. It represents the amount of overpayment for the claim that has been identified for recoupment.
Actual Recoup	Actual Recoup is a dollar amount that is entered by the user upon completion of recoupment for a duplicate claim. It represents the amount of overpayment for the claim that has actually been recouped.
HCSR Adjustment	HCSR Adjustment is a dollar amount that is maintained by the system (not by the user) to accumulate HCSR adjustments or cancellations made during resolution of a duplicate claim. It is calculated as the sum of all adjustment and cancellation allowed amounts (Allowed Amount) that have been flagged by the user as being associated with correcting the duplicate. This is the sum of claim level allowed amounts for institutional claims and line item allowed amounts for non-institutional claims.
ID Recoup	ID Recoup is a dollar amount calculated by the system as the sum of Identified Recoup amounts for all claims within a set. It represents the total amount of overpayment for the claim set that has been identified for recoupment.
Actual Recoup	Actual Recoup is a dollar amount calculated by the system as the sum of claim level actual recoupment amounts for all claims within a set. It represents the total amount of overpayment for the set that has actually been recouped.
Adjust Amount	Adjustment Amount is a dollar amount calculated by the system as the sum of HCSR Adjustment amounts for all claims within a set. It represents the total amount of adjustments and cancellations that have been flagged by the user as being associated with correcting all duplicate claims within the set.

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GENERATED DATA ELEMENTS (CONTINUED)	
FIELD NAME	DESCRIPTION
Initial Load Date	Initial Load Date represents the date the claim set was initially loaded into the system. The LASTDATE reflects the most recent claim set update date - for specific types of updates.
Current Load Date	Current Load Date represents the date the claim set was initially loaded into the system or the date set ownership changed, or the date a new claim was appended to the set, whichever is the latest date.
Last Update Date	Last Update Date represents the most recent date a claim set was updated. Changes to the following will change the Last Update Date : Status, Match Type, Multi-FI Indicator, Owner FI, Owner Region, ID Recoup, Actual Recoup, Set Adjustment Amount, and Adjust Indicator. The Last Update Date will not change solely due to a change to: User Defined Codes, Dupe? field, Solicited (S?) Indicator, HCSR Adjust?, Reason Code, Reason Code Explanation, or Notepad.
S?	S? is the Solicited Indicator. See Section 5 for definition.
Set Level User Defined Code	See Section 5 for definition.