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.

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DUPLICATE CLAIM SYSTEM SETS
GROUPED BY SET NUMBER

Status Codes = ALL
Adjust Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = 0
Region Code = ALL
Set Range = >=1,<=300
Set User Code = ALL

Region

INSTITUTIONAL

SET #	STATUS	MATCH TYPE	MULTI FI?	OWNER FI	REGION	INITIAL DATE	CURRENT DATE	LAST UPDATE	ADJ?	ID RECOUP	ACTUAL RECOUP	ADJUSTMENT AMOUNT	SET USER CODE
46	C	D	N	06	95C0005	04/14/1997	04/15/1997	08/17/2000	Y	$2,451.00	$2,451.00	$2,451.00	
65	V	N	N	06	95C0005	04/14/1997	04/14/1997	02/18/1998	N	$1,002.00	$0.00	$0.00	
77	P	O	N	06	95C0005	04/14/1997	04/14/1997	11/06/1998	N	$5,730.00	$5,730.00	$0.00	
							INSTITUTIONAL TOTAL			$9,183.60	$8,181.00	$2,451.00	

NON-INSTITUTIONAL

SET #	STATUS	MATCH TYPE	MULTI FI?	OWNER FI	REGION	INITIAL DATE	CURRENT DATE	LAST UPDATE	ADJ?	ID RECOUP	ACTUAL RECOUP	ADJUSTMENT AMOUNT	SET USER CODE
146	P	E	N	06	95C0005	04/14/1997	04/14/1997	11/03/1997	N	$585.12	$585.12	$0.00	
255	P	E	N	06	95C0005	04/14/1997	04/14/1997	06/02/1998	N	$124.35	$0.00	$0.00	
266	P	N	N	06	95C0005	04/14/1997	04/14/1997	11/05/1997	N	$620.70	$620.70	$0.00	
282	V	E	N	06	95C0005	04/14/1997	04/14/1997	12/03/1998	N	$875.50	$0.00	$0.00	
283	V	E	N	06	95C0005	04/14/1997	04/14/1997	10/17/1997	N	$297.60	$0.00	$0.00	
284	V	E	N	06	95C0005	04/14/1997	04/14/1997	09/30/1997	N	$289.90	$0.00	$0.00	
								INSTITUTIONAL TOTAL		$2,792.27	$1,205.82	$0.00	
								Region 6 TOTAL		$11,975.87	$9,386.82	$2,451.00	
								06 TOTAL		$11,975.87	$9,386.82	$2,451.00	

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.

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DUPLICATE CLAIM SYSTEM SETS GROUPED BY USER CODE

Status Codes = ALL
Adjust Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = 06
Region Code = ALL
Set Range = >=1,<=300
Set User Code = ALL

Region

Blank User Code

INSTITUTIONAL

SET #	STATUS	MATCH TYPE	MULTI FI?	OWNER FI	REGION	INITIAL DATE	CURRENT DATE	LAST UPDATE	ADJ?	ID RECOUP	ACTUAL RECOUP	ADJUSTMENT AMOUNT	SET USER CODE
46	C	D	N		95C000	04/14/1997	04/15/1997	08/17/2000	Y	$2,451.00	$2,451.00	$2,451.00	
65	V	N	N		95C000	04/14/1997	04/14/1997	02/18/1998	N	$1,002.00	$0.00	$0.00	
77	P	O	N		95C000	04/14/1997	04/14/1997	11/06/1998	N	$5,730.00	$5,730.00	$0.00	
								INSTITUTIONAL TOTAL		$9,183.60	$8,181.00	$2,451.00	

NON-INSTITUTIONAL

SET #	STATUS	MATCH TYPE	MULTI FI?	OWNER FI	REGION	INITIAL DATE	CURRENT DATE	LAST UPDATE	ADJ?	ID RECOUP	ACTUAL RECOUP	ADJUSTMENT AMOUNT	SET USER CODE
146	P	E	N		95C000	04/14/1997	04/14/1997	11/03/1997	N	$585.12	$585.12	$0.00	
255	P	E	N		95C000	04/14/1997	04/14/1997	06/02/1998	N	$124.35	$0.00	$0.00	
266	P	N	N		95C000	04/14/1997	04/14/1997	11/05/1997	N	$620.70	$620.70	$0.00	
282	V	E	N		95C000	04/14/1997	04/14/1997	12/03/1998	N	$875.50	$0.00	$0.00	
283	V	E	N		95C000	04/14/1997	04/14/1997	10/17/1997	N	$297.60	$0.00	$0.00	
284	V	E	N		95C000	04/14/1997	04/14/1997	09/30/1997	N	$289.90	$0.00	$0.00	
								NON-INSTITUTIONAL TOTAL		$2,792.27	$1,205.82	$0.00	
								Blank User Code TOTAL		$11,975.87	$9,386.82	$2,451.00	
								Region 6 TOTAL		$11,975.87	$9,386.82	$2,451.00	
								06 TOTAL		$11,975.87	$9,386.82	$2,451.00	

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

REPORT CATEGORY:	Set Report
REPORT MENU 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.

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USER LOG GROUPED BY SET NUMBER
(TRANSACTION HISTORY)

Status Codes = ALL
Adjusted Sets Only = No
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = 0
Region Code = ALL
Set Range = >=1,<=1000
Set User Code = ALL

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
129	O				04/14/1997	04/14/1997	CLAIMADD	$0.00	$0.00	$0.00
129	O				04/14/1997	04/23/1997	SYSTEM	$0.00	$0.00	$0.00
129	P				04/23/1997	10/30/1997	PGBLITT	$58.28	$0.00	$0.00
129	O				04/23/1997	12/17/1999	PGBSTET	$58.28	$0.00	$0.00
129	P				04/23/1997	12/17/1999	PGBSTET	$58.28	$0.00	$0.00
354	O				04/14/1997	04/14/1997	CLAIMADD	$0.00	$0.00	$0.00
354	O				04/14/1997	04/14/1997	SYSTEM	$0.00	$0.00	$0.00
354	O				12/30/1997	12/30/1997	SYSTEM	$0.00	$0.00	$0.00
354	P				12/30/1997	02/23/1998	PGBLITT	$110.00	$0.00	$0.00
354	P				12/30/1997	05/13/1998	PGBGAND	$110.00	$110.00	$0.00
355	O				04/14/1997	04/14/1997	CLAIMADD	$0.00	$0.00	$0.00
355	O				04/14/1997	04/14/1997	SYSTEM	$0.00	$0.00	$0.00
355	O				12/30/1997	12/30/1997	SYSTEM	$0.00	$0.00	$0.00
355	P				12/30/1997	02/23/1998	PGBLITT	$220.00	$0.00	$0.00
355	P				12/30/1997	05/13/1998	PGBGAND	$220.00	$220.00	$0.00
356	O				04/14/1997	04/14/1997	CLAIMADD	$0.00	$0.00	$0.00
356	O				04/14/1997	04/14/1997	SYSTEM	$0.00	$0.00	$0.00
356	O				12/30/1997	12/30/1997	SYSTEM	$0.00	$0.00	$0.00
356	P				12/30/1997	02/23/1998	PGBLITT	$110.00	$0.00	$0.00
356	P				12/30/1997	05/13/1998	PGBGAND	$110.00	$110.00	$0.00
491	O				04/14/1997	04/14/1997	CLAIMADD	$0.00	$0.00	$0.00
491	O				04/14/1997	04/14/1997	SYSTEM	$0.00	$0.00	$0.00
491	O				12/30/1997	12/30/1997	SYSTEM	$0.00	$0.00	$0.00
491	P				12/30/1997	02/23/1998	PGBLITT	$40.29	$0.00	$0.00
521	O				04/14/1997	04/14/1997	CLAIMADD	$0.00	$0.00	$0.00
521	O				04/14/1997	04/14/1997	SYSTEM	$0.00	$0.00	$0.00
521	O				12/30/1997	12/30/1997	SYSTEM	$0.00	$0.00	$0.00
521	P				12/30/1997	02/23/1998	PGBLITT	$945.40	$0.00	$0.00
521	P				12/30/1997	04/02/1998	PGBLITT	$876.55	$0.00	$0.00

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

REPORT CATEGORY:	Set Report
REPORT MENU 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.

03/08/2002 **NOTEPAD** Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Duplicate Type = ALL
FI Code = ALL
Region Code = ALL
Set Number Range = >=1,<=500

Region

Set Number	Status	Match Type	Initial Load Date	Current Load Date
199	C	O	04/14/1997	04/14/1997

""

Region

Set Number	Status	Match Type	Initial Load Date	Current Load Date
46	C	D	04/14/1997	04/15/1997

"Unable to close, unsure why. Adjustment amount matches recoup amount, though system states it doesn't."

Region

Set Number	Status	Match Type	Initial Load Date	Current Load Date
344	P	N		09/07/1998

"Residual OOJ claim."

Region

Set Number	Status	Match Type	Initial Load Date	Current Load Date
157	c	o	04/14/1997	04/14/1997

"4-7-00 See new claims/INFO entry from John Doe regarding this set. Anesthesia charges were incorrectly processed as surgery. SS"

99 - Inactive Contractor

Inactive -

Set Number	Status	Match Type	Initial Load Date	Current Load Date
20	O	N	04/14/1997	04/14/1997

"testing notepad report"

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

REPORT CATEGORY:	Set Report
REPORT MENU 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.

03/08/2002 **VALIDATE STATUS EXPLANATIONS** Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Duplicate Type = ALL
FI Code = ALL
Region Code = ALL
Set Number Range = >=1,<=1000

Region

Set Number	Status	Match Type	Initial Load Date	Current Load Date
200	V	O	04/14/1997	04/14/1997

""

Set Number	Status	Match Type	Initial Load Date	Current Load Date
544	V	N	04/14/1997	05/05/1998

"clm is under $////
under 30"

Set Number	Status	Match Type	Initial Load Date	Current Load Date
817	V	O	04/14/1997	04/14/1997

"30.00"

Set Number	Status	Match Type	Initial Load Date	Current Load Date
873	V	E	04/14/1997	04/14/1997

"under 30"

Set Number	Status	Match Type	Initial Load Date	Current Load Date
914	V	C	04/14/1997	04/14/1997

"under 300"

Region

Set Number	Status	Match Type	Initial Load Date	Current Load Date
65	V	N	04/14/1997	04/14/1997

$102 received, the remainder transferred over to OCHAMPUS 09/26/94. John Doe 02/18/98

Set Number	Status	Match Type	Initial Load Date	Current Load Date
282	V	E	04/14/1997	04/14/1997

case transferred to och 7-11-97

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

REPORT CATEGORY:	Set Report
REPORT MENU 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.

03/08/2002 **MODIFY FI EXPLANATIONS** Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = Multi FI
Claim Type = ALL
Duplicate Type = ALL
FI Code = ALL
Region Code = ALL
Set Number Range = >=1,<=5000

Region

Set Number	Status	Match Type	Initial Load Date	Current Load Date
544	V	N	04/14/1997	05/05/1998

Services were rendered in NY. Bene lives NY. Per phone conversation with Jane Doe. ok to transfer set.
John Smith 5/5/98.
"clm is under $30////
under 30"

Set Number	Status	Match Type	Initial Load Date	Current Load Date
2204	V	N	04/14/1997	03/01/1999

"Per conversation with Jane Doe 04/14/98. Claim copy sent. Bill Brown////
03/01/99-Doe per info. provider belong to region 3/4 at time of service..recoupment should be from your ent."////
Patient zip of 71459 was in the New Orleans Coordinated Care Standard CHAMPUS Program (See enrolled indicator of "Q") administered by XXXX. This should not have been processed as FI. Patient zip codes are not consistent, but a great deal of claims history exists for this patient for these D.O.S. in R6. Bill Brown 03/01/99
"we have researched all avenues for claim cannot locate cart are frame for claim per Joe Johnson."

Set Number	Status	Match Type	Initial Load Date	Current Load Date
3059	P	N	04/14/1997	02/12/2001

"At the time of service the patient lived in Region 2/5. Per John Doe the zip code belong to region 2/5."

Set Number	Status	Match Type	Initial Load Date	Current Load Date
1757	P	N	04/14/1997	10/01/1998

10098-bene resided in standard region & services rendered in tricare region at time of services.

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

REPORT CATEGORY:	Set Report
REPORT MENU 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.

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MULTI-CONTRACTOR SETS
REGION MISSING

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL

Set Number	Owner FI	Status	Initial Load Date	Current Load Date
62256		P	04/18/1997	09/08/1999
74650		P	04/21/1997	10/22/1999
74651		P	04/21/1997	10/22/1999
83131		P	04/23/1997	08/09/1999
83649		V	04/23/1997	12/02/1999
84229		O	04/23/1997	02/27/2002
85884		P	04/23/1997	12/02/1999
92223		P	06/30/1997	08/05/1999
96477		P	07/30/1997	12/02/1999
97663		P	08/22/1997	12/02/1999
97798		P	08/22/1997	08/09/1999
97992		P	08/22/1997	12/02/1999
98117		P	08/22/1997	12/02/1999
98493		C	08/22/1997	12/02/1999
98534		V	08/22/1997	08/31/1999
98677		P	08/22/1997	12/02/1999
99090		P	08/22/1997	12/07/1999
99091		P	08/22/1997	12/07/1999
99771		P	08/22/1997	08/05/1999
99772		P	08/22/1997	08/05/1999
100244		P	09/08/1997	08/09/1999
100245		P	09/08/1997	08/09/1999
100246		P	09/08/1997	08/09/1999
100247		P	09/08/1997	08/09/1999
100413		P	09/08/1997	12/02/1999
101996		P	09/08/1997	12/02/1999
102716		P	10/02/1997	12/02/1999
103160		V	10/02/1997	12/02/1999
103254		P	10/02/1997	12/02/1999
103255		P	10/02/1997	12/02/1999
103609		V	10/02/1997	12/02/1999
105024		P	11/05/1997	12/02/1999
105181		C	11/05/1997	12/02/1999
105182		P	11/05/1997	12/02/1999
105853		P	11/05/1997	08/31/1999
106529		P	11/05/1997	12/02/1999
107927		C	12/17/1997	12/02/1999
109014		C	12/17/1997	12/02/1999
109015		C	12/17/1997	12/02/1999
109016		C	12/17/1997	12/02/1999

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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.

03/08/2002 **SET COUNTS BY REGION** Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code =
Region Code = ALL
Set User Code = ALL

Undetermined Region

Match Type	# of Sets	% of Total	# of Adjusted Sets	% Adjusted
Exact	4	26.7 %	3	75 %
Near	7	46.7 %	1	14.3 %
Other	4	26.7 %	1	25 %
Region Totals	**15**	**100 %**	**5**	**33.3 %**

Match Type	# of Sets	% of Total	# of Adjusted Sets	% Adjusted
CPT-4	1,874	9.8 %	733	39.1 %
Date Overlap	212	1.1 %	133	62.7 %
Exact	5,859	30.7 %	2,873	49 %
Near	5,122	26.8 %	2,414	47.1 %
Other	6,033	31.6 %	1,385	23 %
Region Totals	**19,115**	**100 %**	**7,543**	**39.5 %**
FI Totals	**19,115**	**100 %**	**7,543**	**39.5 %**

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

REPORT CATEGORY:	Set Report
REPORT MENU 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.

SET LEVEL USER DEFINED FIELD DEFINITIONS

Owner FI	Contract #	Code	Description	Active ?
	96C000	CE	check, eob	Y
	96C000	CL	claim only	Y
	96C000	DC	check only	Y
	96C000	DE	eob only	Y
	96C000	DN	claim, check and eob	Y

Owner FI	Contract #	Code	Description	Active ?
	95C000	CH	No check was generated/System	Y
	95C000	ER	Emergency Room charges	Y
	95C000	RI	SHCP/TPR wrong risk indicator	Y
	95C000	TL	TFL Claim	Y

Owner FI	Contract #	Code	Description	Active ?
	94C000	CH	No check was generated/System	Y
	94C000	ER	Emergency Room charges	Y
	94C000	RI	SHCP/TPR wrong risk indicator	Y
	94C000	TL	TFL Claim	Y

Owner FI	Contract #	Code	Description	Active ?
	96C	TL	TFL Claim	Y

Owner FI	Contract #	Code	Description	Active ?
	95C000	01	Pod 1 Errors	Y
	95C000	02	Pod 2 Errors	Y
	95C000	03	Pod 3 Errors	Y
	95C000	04	Pod 4 Errors	Y
	95C000	05	Pod 5 Errors	Y
	95C000	06	Pod 6 Errors	Y
	95C000	07	Pod 7 Errors	Y
	95C000	09	Pod 9 Errors	Y
	95C000	10	Pod 10 Errors	Y
	95C000	11	Pod 11 Errors	Y
	95C000	12	Pod 12 Errors	Y
	95C000	13	Pod 13 Errors	Y
	95C000	14	Pod 14 Errors	Y
	95C000	AD	Active Duty	Y
	95C000	HC	HCSR Error (?)	Y

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

REPORT CATEGORY:	Claim Report
REPORT MENU 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.

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

Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Dupe Flag = ALL
Set Range = >=1,<=100
Set User Code = ALL
Exclude Base = No
Solicited = ALL
Claim User Code = ALL

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
19941121298252	A		94	N	N900	10/13/1994				02		0001	$1,045.27	$510.00	$0.00	$0.00
19942291298092	A		17	N	BASE	08/18/1994				01		0000	$554.00	$320.00	$0.00	$0.00
19942311298375	A		17	N	N105	10/03/1994				01		0000	$8,038.00	$4,480.00	$0.00	$0.00
19942341216190	A		94	N	BASE	09/01/1994				02		0001	$14,482.23	$11,280.00	$0.00	$0.00
19942434706972	A	N	58	Y	D100	10/20/1994				01		0000	$40,677.28	$8,404.00	$8,404.00	$0.00

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

REPORT CATEGORY:	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.

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Page 1

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

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Dupe Flag = ALL
Set Range = >=1,<=100
Set User Code = ALL
Exclude Base = No
Solicited = ALL
Claim User Code = ALL

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
17	19942291298092	A			N	BASE	08/18/1994				01		0000	$554.00	$320.00	$0.00	$0.00
17	19942311298375	A			N	N105	10/03/1994				01		0000	$8,038.00	$4,480.00	$0.00	$0.00
58	19942434706972	A	N		Y	D100	10/20/1994				01		0000	$40,677.28	$8,404.00	$8,404.00	$0.00
58	19942454797399	A			N	BASE	09/12/1994				01		0000	$4,433.54	$3,438.00	$0.00	$0.00
94	19941121298252	A			N	N900	10/13/1994				02		0001	$1,045.27	$510.00	$0.00	$0.00

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

REPORT CATEGORY:	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.

03/09/2002 **INSTITUTIONAL CLAIMS** Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Dupe Flag = ALL
Set Range = >=1,<=100
Set User Code = ALL
Exclude Base = No
Solicited = ALL
Claim User Code = ALL

INSTITUTIONAL
Status Code : C

SET #	ICN	SFX	USR CD	S ?	DUP FLG	PTC DATE	RS FI	SPON SSAN	PATIENT NAME	DDS	DOB	PROVIDER TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT
17	19942291298092	A			N	08/18/94				01	02/06/1977		0000	$554.00	$320.00	$272.00
17	19942311298375	A			N	10/03/94				01	02/06/1977		0000	$8,038.00	$4,480.00	$3,808.00
94	19941121298252	A			N	10/03/94				02	05/31/1977		0001	$1,045.27	$510.00	$510.00
94	19942341216190	A			N	09/01/94				02	05/31/1977		0001	$14,482.23	$11,280.00	$6,953.86
														$24,199.50		$11,543.86
												Status Totals			$16,590.00	

Status Code : P

SET #	ICN	SFX	USR CD	S ?	DUP FLG	PTC DATE	RS FI	SPON SSAN	PATIENT NAME	DDS	DOB	PROVIDER TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT
58	19942434706972	A		N	Y	10/20/94				01	01/28/1979		0000	$40,677.28	$8,404.00	$8,404.00
58	19942454797399	A			N	09/12/94				01	01/28/1979		0000	$4,433.54	$3,438.00	$3,438.00
														$45,110.82		$11,842.00
												Status Totals			$11,842.00	
												Contractor Totals		$69,230.32		$23,385.86
															$28,432.00	

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

REPORT CATEGORY:	Claim Report
REPORT MENU 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.

03/09/2002 **NON-INSTITUTIONAL CLAIMS** Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = NonInstitutional
Match Type = ALL
FI Code = ALL
Region Code = ALL
Dupe Flag = ALL
Exclude Base = No
Solicited = ALL
Set Range = >=500,<=600
Set User Code = ALL
Claim User Code = ALL

Region

Status Code : C

ICN	SFX	USR CD	S ?	SET #	DUP FLG	PTC DATE	RS FI	SPON SSAN	PATIENT NAME	DDS	DOB	PROVIDER TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT
19942491246269	A			549	N	10/18/94				01	09/12/83		A008	$260.00	$199.35	$159.48
19942691244498	A			549	N	10/12/94				01	09/12/83		A008	$175.00	$132.90	$106.32
19942561211458	A			563	N	09/16/94				30	08/13/72		0000	$42.00	$42.00	$33.60
19942691202556	A			563	N	10/04/94				30	08/13/72		0000	$42.00	$42.00	$33.60
19923562212301	A			576	N	11/10/93				02	01/27/83		H286	$180.00	$54.40	$40.80
19942762276579	A			576	N	10/24/94				02	12/27/83		H286	$270.00	$134.10	$100.57
19942161211118	A			583	N	09/02/94				30	08/08/1933		A002	$1,434.00	$1,265.79	$59.91
19942301211640	A			583	N	09/22/94				30	08/08/1933		A002	$1,225.00	$1,103.19	$47.42
19942621211159	A			583	N	10/10/94				30	08/08/1933		A002	$1,146.00	$1,108.20	$377.25
19941611203636	A			584	N	06/20/94				30	02/23/1939		A009	$110.00	$70.72	$70.72
19942901200432	A			584	N	10/20/94				30	02/23/1939		A009	$465.00	$189.92	$189.92
														$5,349.00		$1,219.59
												Status Totals			$4,342.57	

Status Code : P

ICN	SFX	USR CD	S ?	SET #	DUP FLG	PTC DATE	RS FI	SPON SSAN	PATIENT NAME	DDS	DOB	PROVIDER TAX ID	PROV SUB-ID	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT
19942691240550	A			519	N	09/29/94				20	06/01/1930		A001	$230.00	$111.70	$83.77
19942691244412	A		Y	519	N	10/08/94				20	06/01/1930		A001	$260.00	$132.24	$99.18
														$490.00		$182.95
												Status Totals			$243.94	

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

REPORT CATEGORY:	Claim Report
REPORT MENU 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.

03/09/2002 **NON-INSTITUTIONAL CLAIMS BY LINE ITEM** Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Dupe Flag = ALL
Exclude Base = No
Solicited = ALL
Set Range = >=500,<=600
Set User Code = ALL
Claim User Code = ALL

Region
Status Code : C

ICN	SFX	USR CD	S ?	SET #	RESP FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	LI	CPT-4 CODE[1]	CARE BEGIN	CARE END	AMT ALLOWED CPT-4 CODE
19942491246269	A			549				01		A008	1	90830	08/24/94	08/24/94	$199.35
19942691244498	A			549				01		A008	1	90830	08/24/94	08/24/94	$132.90
19942561211458	A			563				30		0000	1	06902	04/15/94	04/15/94	$42.00
19942691202556	A			563				30		0000	1	06902	04/15/94	04/15/94	$42.00
19923562212301	A			576				02		H286	1	88304	11/18/92	11/18/92	$27.20
19923562212301	A			576				02		H286	2	88304	11/18/92	11/18/92	$27.20
19942762276579	A			576				02		H286	1	88304	11/18/92	11/18/92	$44.70
19942762276579	A			576				02		H286	2	88304	11/18/92	11/18/92	$44.70
19942762276579	A			576				02		H286	3	88304	11/18/92	11/18/92	$44.70
19942161211118	A			583				30		A002	8	96545	07/01/94	07/01/94	$758.00
19942301211640	A			583				30		A002	6	96545	07/01/94	07/20/94	$670.00
19942621211159	A			583				30		A002	2	96545	07/01/94	07/01/94	$376.00
19941611203636	A			584				30		A009	1	99233	08/01/93	08/01/93	$70.72
19942901200432	A			584				30		A009	2	99233	08/01/93	08/01/93	$70.72
													Status Totals		$2,550.19

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

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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.

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RISK REPORT BY ICN

Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Dupe Flag = ALL
Exclude Base = No
Solicited = ALL
Set Range = >=1,<=100
Set User Code = ALL
Claim User Code = ALL

ICN	SFX	USR CD	S ?	SET#	DUP FLG	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
Region																		
19941121298252	A			94	N	N				02		0001	$1,045.27	$510.00	$510.00	$0.00	$0.00	$0.00
19942291298092	A			17	N	N				01		0000	$554.00	$320.00	$272.00	$0.00	$0.00	$0.00
19942311298375	A			17	N	N				01		0000	$8,038.00	$4,480.00	$3,808.00	$0.00	$0.00	$0.00
19942341216190	A			94	N	N				02		0001	$14,482.23	$11,280.00	$6,953.86	$0.00	$0.00	$0.00
19942434706972	A		N	58	Y	N				01		0000	$40,677.28	$8,404.00	$8,404.00	$8,404.00	$0.00	$0.00
19942454797399	A			58	N	N				01		0000	$4,33.54	$3,438.00	$3,438.00	$0.00	$0.00	$0.00
										Region Total			$69,230.32	$28,432.00	$23,385.86	$8,404.00	$0.00	$0.00
									Contractor Total				$69,230.32	$28,432.00	$23,385.86	$8,404.00	$0.00	$0.00

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

REPORT CATEGORY:	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.

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RISK REPORT BY SET NUMBER

Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Dupe Flag = ALL
Exclude Base = No
Solicited = ALL
Set Range = >=1,<=100
Set User Code = ALL
Claim User Code = ALL

SET#	ICN	SFX	USR CD	S ?	DUP FLG	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
Region																		
17	19942291298092	A			N	N				01		0000	$554.00	$320.00	$272.00	$0.00	$0.00	$0.00
17	19942311298375	A			N	N				01		0000	$8,038.00	$4,480.00	$3,808.00	$0.00	$0.00	$0.00
58	19942434706972	A		N	Y	N				01		0000	$40,677.28	$8,404.00	$8,404.00	$8,404.00	$0.00	$0.00
58	19942454797399	A			N	N				01		0000	$4,33.54	$3,438.00	$3,438.00	$0.00	$0.00	$0.00
94	19941121298252	A			N	N				02		0001	$1,045.27	$510.00	$510.00	$0.00	$0.00	$0.00
94	19942341216190	A			N	N				02		0001	$14,482.23	$11,280.00	$6,953.86	$0.00	$0.00	$0.00
										Region Total			$69,230.32	$28,432.00	$23,385.86	$8,404.00	$0.00	$0.00
									Contractor Total				$69,230.32	$28,432.00	$23,385.86	$8,404.00	$0.00	$0.00

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

REPORT CATEGORY:	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.

03/09/2002 **RISK SUMMARY REPORT** Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Dupe Flag = ALL
Exclude Base = No
Solicited = ALL
Set Range = >=1,<=100
Set User Code = ALL
Claim User Code = ALL

	AMT BILLED	AMT ALLOWED	GOV PAID	ID RECOUP	ACTUAL RECOUP	ADJ AMOUNT
Region	$69,230.32	$28,432.00	$23,385.86	$8,404.00	$0.00	$0.00
Contractor Total	$69,230.32	$28,432.00	$23,385.86	$8,404.00	$0.00	$0.00

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

REPORT CATEGORY:	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.

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PROVIDER CLAIM COUNT REPORT
GROUPED BY PROVIDER NUMBER AND SUB ID

Page 1

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

Tax ID : **# Claims**

Sub ID: **0001**

Sub ID Totals	**2**
Tax ID Totals	**2**

Tax ID : **# Claims**

Sub ID: **0000**

Sub ID Totals	**2**
Tax ID Totals	**2**

Tax ID : **# Claims**

Sub ID: **0000**

Sub ID Totals	**2**
Tax ID Totals	**2**

Tax ID : **# Claims**

Sub ID: **0000**

Sub ID Totals	**2**
Tax ID Totals	**2**

Tax ID : **# Claims**

Sub ID: **0001**

Sub ID Totals	**3**

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

REPORT CATEGORY:	Claim Report
REPORT MENU 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.

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PROVIDER CLAIM DETAIL REPORT
GROUPED BY PROVIDER NUMBER AND SUB ID

Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = Institutional
Match Type = ALL
FI Code =
Region Code = ALL
Actual Dupes Only = ALL
Exclude Base = No
Solicited = ALL
Claim User Code = ALL

ICN	TIME	SUFFIX	USER CODE	S ?	SET #	DUP FLG	SPON SSAN	PATIENT NAME	DDS	AMT ALLOWED	PTC DATE	RESP FI
Tax ID:												
Sub ID: **0001**												
19992002542689	593167	A			205135	N			02	$55,866.44	07/27/99	25
20000072517134	432008	A			205135	Y			02	$30,038.92	01/18/00	06
								# Claims		**Allowed $**		
							Sub ID Totals	**2**		**$85,905.36**		
							Tax ID Totals	**2**		**$85,905.36**		
Tax ID:												
Sub ID: **0000**												
19983624405210	303971	A			163682	N			30	$3,473.64	04/07/99	26
19991124416098	301684	A			163682	Y			30	$3,473.63	06/09/99	06
								# Claims		**Allowed $**		
							Sub ID Totals	**2**		**$6,947.27**		
							Tax ID Totals	**2**		**$6,947.27**		
Tax ID:												
Sub ID: **0000**												
20000243612556	385454	A		Y	205078	Y			20	$949.10	02/01/00	06
20001303601812	410600	A			205078	N			20	$949.10	05/10/00	3F
								# Claims		**Allowed $**		
							Sub ID Totals	**2**		**$1,898.20**		
							Tax ID Totals	**2**		**$1,898.20**		

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

REPORT CATEGORY:	Claim Report
REPORT MENU 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.

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PROVIDER CPT-4 REPORT

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

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type' = ALL
FI Code =
Region Code = ALL
Actual Dupes Only = No
Exclude Base = ALL
Solicited = ALL
Claim User Code = ALL

ICN	TIME	SFX	USR CD	S ?	SET #	DUP FLG	SPON SSAN	PATIENT NAME	DDS	LI MATCH	LINE ITEM #	CPT-4 CODE[1]	AMT ALLOWED CPT-4 CODE	PTC DATE	RESP FI
Tax ID: Sub ID: **0001**															
19991443312368	413957	A			163810	N			02	C	2	99282	$75.00	05/28/99	06
19991653313204	521965	A			163810	Y			02	C	2	99283	$75.00	06/18/99	06
								# Line Items					**Allowed $**		
								Sub ID Totals			**2**		**$150.00**		
								Prov ID Totals			**2**		**$150.00**		
Tax ID: Sub ID: **A002**															
20011492546319	285262	B			248566	N			30	C	2	93555	$180.00	06/05/01	06
20011492549773	214907	A			248566	N			30	C	1	93556	$180.00	06/05/01	06
								# Line Items					**Allowed $**		
								Sub ID Totals			**2**		**$360.00**		
								Prov ID Totals			**2**		**$360.00**		
Tax ID: Sub ID: **0000**															
20002132551521	291356	A			215290	N			30	O	2	83891	$10.01	08/03/00	06
20002132551521	291356	A			215290	N			30	O	3	83898	$28.85	08/03/00	06
20002132551521	291356	A			215290	N			30	O	5	83912	$29.40	08/03/00	06
20002272545854	114374	A			215290	N			30	O	1	83891	$10.01	08/17/00	06
20002272545854	114374	A			215290	N			30	O	2	83891	$10.01	08/17/00	06
20002272545854	114374	A			215290	N			30	C	3	83892	$12.01	08/17/00	06
20002272545854	114374	A			215290	N			30	C	4	83892	$12.01	08/17/00	06
20002272545854	114374	A			215290	N			30	C	5	83894	$8.49	08/17/00	06
20002272545854	114374	A			215290	N			30	C	6	83894	$8.49	08/17/00	06

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

[1] CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

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.

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REASON CODE EXPLANATION REPORT
INDIVIDUAL CLAIMS

Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Set Number Range = >=1,<=500

Region

SET #	STATUS	LOAD DATE	ICN	S	TIME	RESP FI	PTC DATE	DUP FLG	RSN CODE	REASON CODE EXPLANATION
17	C	04/14/1997	19942311298375	A	000000		10/03/1994	N	N105	
58	P	04/14/1997	19942434706972	A	000000		10/20/1994	Y	D100	
94	C	04/14/1997	19941121298252	A	000000		10/13/1994	N	N900	differ dos
199	C	04/14/1997	19942131201553	B	000000		10/18/1994	N	N900	prior to contractor's data retrieval <$50
200	V	04/14/1997	19942731208602	A	000000		10/13/1994	Y	D207	under 30.00
225	C	04/14/1997	19942721300319	A	000000		10/04/1994	N	N113	
408	C	04/30/1997	19942362205271	A	000000		10/17/1994	N	N101	
424	C	04/14/1997	19942421311452	A	000000		10/03/1994	N	N101	
424	C	04/14/1997	19942761316148	A	000000		10/05/1994	N	N101	
483	C	04/14/1997	19941781216845	A	000000		10/14/1994	N	N112	cpts not the same

Region

SET #	STATUS	LOAD DATE	ICN	S	TIME	RESP FI	PTC DATE	DUP FLG	RSN CODE	REASON CODE EXPLANATION
46	C	04/15/1997	19902294803615	A	000000		08/15/1994	N	N112	Overlapping dates of service
46	C	04/15/1997	19921124800478	A	000000		08/17/1994	Y	D900	overlapping DOS. Dup services refunded.
65	V	04/14/1997	09933052237875	B	000000		01/21/1994	Y	D102	
77	P	04/14/1997	19941514876029	A	000000		08/09/1994	Y	D200	Over lapping DOS
146	P	04/14/1997	19940104802915	A	000000		04/14/1994	Y	D900	ORIGINAL PAYMENT RETURNED, REISSUE WAS DONE WITH CORRECT OHI PAYMENT
255	P	04/14/1997	19942804884281	A	000000		10/21/1994	Y	D100	
266	P	04/14/1997	19941034805455	A	000000		07/26/1994	Y	D200	SAME DME ALLOWED ON BOTH CLAIMS
282	V	04/14/1997	19940272281651	B	000000		05/04/1994	Y	D102	

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

REPORT CATEGORY:	Claim Report
REPORT MENU 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.

03/09/2002

REASON CODE EXPLANATION REPORT
ENTIRE SET

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Set Number Range = >=1,<=500
Reason Codes = ALL

Region

SET#	STATUS	LOAD DATE
17	C	04/14/1997

ICN	S	TIME	RESP FI	PTC DATE	DUPE FLAG	RSN CODE	REASON CODE
19942291298092	A	000000		08/18/1994	N	BASE	
19942311298375	A	000000		10/03/1994	N	N105	

SET#	STATUS	LOAD DATE
58	P	04/14/1997

ICN	S	TIME	RESP FI	PTC DATE	DUPE FLAG	RSN CODE	REASON CODE
19942434706972	A	000000		10/20/1994	Y	D100	
19942454797399	A	000000		09/12/1994	N	BASE	

SET#	STATUS	LOAD DATE
94	C	04/14/1997

ICN	S	TIME	RESP FI	PTC DATE	DUPE FLAG	RSN CODE	REASON CODE
19941121298252	A	000000		10/13/1994	N	N900	differ dos
19942341216190	A	000000		09/01/1994	N	BASE	

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

REPORT CATEGORY:	Claim Report
REPORT MENU 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.

03/09/2002 **CLAIMS WITH ASSOCIATED ADJUSTMENTS** Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Dupe Flag = ALL
Set Range = >=1,<=500
Set User Code = ALL

SET#	ICN	S	TIME	DUP FLG	RSN CODE	RESP FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	AMT ALLOWED	LINE ITEM	AMT ALLOWED CPT4
17	19942291298092	A	000000	N	BASE				01		0000	$320.00		
17	19942311298375	A	000000	N	N105				01		0000	$4,480.00		
				Adjust Flag			Adjust Line Item	Adjustment Allowed Amt						
				N			0	$748.00						
58	19942434706972	A	000000	Y	D100				01		0000	$8,404.00		
				Adjust Flag			Adjust Line Item	Adjustment Allowed Amt						
							0	$7,479.00						
							0	$11,460.00						
58	19942454797399	A	000000	N	BASE				01		0000	$3,438.00		
94	19941121298252	A	000000	N	N900				02		0001	$510.00		
94	19942341216190	A	000000	N	BASE				02		0001	$11,280.00		
199	19942131201553	B	000000	N	N900				30		A001	$392.08	3	$320.00

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

REPORT CATEGORY:	Claim Report
REPORT MENU 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.

03/09/2002 **INSTITUTIONAL CLAIMS WORKSHEET** Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Set Range = >=1,<=100
Solicited = ALL

Region

ICN	S FX	USR	S ?	SET #	PTC DATE	RE FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	DIAG[1]	DRG	AMT BILLED	AMT ALLOWED	NET GOVT PAID AMT	DUPE? (Y/N)	RSN CD	RECOUP/ RFND AMT
9942291298092	A			17	08/18/94				01		0000	29633	000	$554.00	$320.00	$272.00	-----	-----	---------
9942311298375	A			17	10/03/94				01		0000	29633	000	$8,038.00	$4,480.00	$3,808.00	-----	-----	---------
9942434706972	A			58	10/20/94				01		0000	311	000	$40,677.28	$8,404.00	$8,404.00	-----	-----	---------
9942454797399	A			58	09/12/94				01		0000	29620	000	$4,433.54	$3,438.00	$3,438.00	-----	-----	---------
9941121298252	A			94	10/13/94				02		0001	31381	000	$1,045.27	$510.00	$510.00	-----	-----	---------
9942341216190	A			94	09/01/94				01		0001	31381	000	$14,482.23	$11,280.00	$6,953.86	-----	-----	---------

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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.

03/09/2002 **NON-INSTITUTIONAL CLAIMS WORKSHEET** Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Set Range = >=500,<=800
Solicited = ALL

99 -

Inactive -

ICN	S FX	USR CD	S ?	SET #	RESP FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	DIAG[1]	LI	CPT-4 CODE[1]	AMT BILLED CPT-4 CD	AMT ALD CPT-4 CD	DUPE? (Y/N)	RSN CD	RECOUP/ RFND AMT
19942450610144	B			546	99			03		A033	31400	1	90844	$280.00	$216.80	-----	-----	---------
19942510640309	B			546	99			03		A033	30723	1	90844	$560.00	$433.60	-----	-----	---------
19940830610180	A			547	99			03		A033	31400	3	90844	$280.00	$216.80	-----	-----	---------
19942510640309	B			547	99			03		A033	30723	4	90844	$840.00	$650.40	-----	-----	---------
19940940616755	A			548	99			03		A033	30723	1	99232	$90.00	$61.40	-----	-----	---------
19942510640309	B			548	99			03		A033	30723	7	99232	$90.00	$61.40	-----	-----	---------
19941740613080	A			566	99			03		0000	27700	3	06879	$65.00	$65.00	-----	-----	---------
19941740613080	A			566	99			03		0000	27700	4	06877	$97.25	$88.41	-----	-----	---------
19941820615030	A			566	99			03		0000	27700	1	06870	$65.00	$65.00	-----	-----	---------
19941820615030	A			566	99			03		0000	27700	2	06876	$97.25	$97.25	-----	-----	---------

Inactive - CA/HI 88C

ICN	S FX	USR CD	S ?	SET #	RESP FI	SPON SSAN	PATIENT NAME	DDS	PROVIDER TAX ID	PROV SUB-ID	DIAG[1]	LI	CPT-4 CODE[1]	AMT BILLED CPT-4 CD	AMT ALD CPT-4 CD	DUPE? (Y/N)	RSN CD	RECOUP/ RFND AMT
19941920640028	A			531	99			30		0000	4111	1	33533	$2,100.00	$490.70	-----	-----	---------
19941920640028	A			531	99			30		0000	4111	2	36489	$240.00	$240.00	-----	-----	---------
19941920640028	A			531	99			30		0000	4111	3	36620	$180.00	$180.00	-----	-----	---------
19941920640028	B			531	99			30		0000	4111	1	33533	$2,100.00	$2,100.00	-----	-----	---------
19941920640028	B			531	99			30		0000	4111	2	36489	$240.00	$240.00	-----	-----	---------
19941920640028	B			531	99			30		0000	4111	3	36620	$180.00	$180.00	-----	-----	---------

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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.

03/09/2002

CLAIM LEVEL USER DEFINED FIELD DEFINITIONS

Owner FI	Contract #	Code	Description	Active ?
	96C0	H	HCSR Dupe - Adjustment Needed	Y
	96C0	P	PRIOR HCSR DUPE 07/01/1996	Y

Owner FI	Contract #	Code	Description	Active ?
	95C0	CH	No check was generated/System	Y
	95C0	ER	Emergency Room charges	Y
	95C0	OC	Turned over to TMA	Y
	95C0	RI	SHCP/TPR wrong risk indicator	Y
	95C0	TL	TFL Claim	Y

Owner FI	Contract #	Code	Description	Active ?
07	96C	20	Tracking for PODS employee	Y
07	96C	21	Tracking for PODS employee	Y
07	96C	22	Tracking for PODS employee	Y
07	96C	25	Tracking for PODS employee	Y
07	96C	27	Tracking for PODS employee	Y
07	96C	76	incorrect use of 76 modifier	Y
07	96C	97	Facility fees/invalid modifier	Y
07	96C	AD	Active Duty	Y
07	96C	AR	To floor for correction/Recoup	Y
07	96C	C1	Provider is on watch	Y
07	96C	C3	Recoupment under $30	Y
07	96C	C5	billed with 59 modifier	Y
07	96C	CL	rebundled	Y
07	96C	CM	Case Management Bene	Y
07	96C	H2	Special handling of 2-no check	Y
07	96C	JM	Josie Moore	Y
07	96C	LC	Late charges received	Y
07	96C	M3	multi sets some < 30	Y
07	96C	RJ	Reject but check cut	Y
07	96C	RS	Resource Sharing	Y
07	96C	SP	TRICARE Senior Prime	Y
07	96C	TF	TRICARE for Life Claim	Y
07	96C	XX	duplicate claim#/same patient	Y

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

REPORT CATEGORY:	Summary/Management
REPORT MENU 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.

03/09/2002

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code =
Region Code = ALL

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

FI :

Undetermined Region

Total Number of Potential Dupes:

Set Match Type	Number of Claims	Amount Paid Govt Contr
Date Overlap:	0	$0.00
Exact:	0	$0.00
Near:	1	$237.11
Other:	0	$0.00
	1	$237.11

Total Number of Actual Dupes:

Set Match Type	Number of Claims	% of Potential	Amount Paid Govt Contr
Date Overlap:	0	000.0 %	$0.00
Exact:	0	000.0 %	$0.00
Near:	1	100.0 %	$237.11
Other:	0	000.0 %	$0.00
	1	100 %	$237.11

Total Number of Non-Dupes:

Set Match Type	Number of Claims	% of Potential	Amount Paid Govt Contr
Date Overlap:	0	000.0 %	$0.00
Exact:	0	000.0 %	$0.00
Near:	0	000.0 %	$0.00
Other:	0	000.0 %	$0.00
	0	00 %	$0.00

Total Number of Potential Not Worked:

Set Match Type	Number of Claims	% of Potential	Amount Paid Govt Contr
Date Overlap:	0	000.0 %	$0.00
Exact:	0	000.0 %	$0.00
Near:	0	000.0 %	$0.00
Other:	0	000.0 %	$0.00
	0	00 %	$0.00

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

REPORT CATEGORY:	Summary/Management
REPORT MENU 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.

03/09/2002

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code =
Region Code = ALL

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

FI :

Total Number of Potential Dupes:

Set Match Type	Number of Claims	Amount Paid Govt Contr
CPT-4	1,920	$417,638.81
Exact:	5,811	1,936,553.92
Near:	4,886	1,549,943.16
Other:	6,043	2,720,647.50
	18,660	$6,624,783.39

Total Number of Actual Dupes:

Set Match Type	Number of Claims	% of Potential	Amount Paid Govt Contr
CPT-4	1,093	56.9 %	$241,349.60
Exact:	4,368	75.2 %	$1,490,013.09
Near:	3,278	67.1 %	$1,013,418.63
Other:	2,096	34.7 %	$935,767.95
	10,835	58.1 %	$3,680,549.27

Total Number of Non-Dupes:

Set Match Type	Number of Claims	% of Potential	Amount Paid Govt Contr
CPT-4	697	36.3 %	$145,455.86
Exact:	1,025	17.6 %	$309,990.08
Near:	952	19.5 %	$322,421.75
Other:	2,503	41.4 %	$1,193,419.90
	5,177	27.7 %	$1,971.277.59

Total Number of Potential Not Worked:

Set Match Type	Number of Claims	% of Potential	Amount Paid Govt Contr
CPT-4	130	6.8 %	$30,843.35
Exact:	418	7.2 %	$136,550.75
Near:	656	13.4 %	$214,102.78
Other:	1,444	23.9 %	$591.459.65
	2,648	14.2 %	$972,956.53

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

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 Status 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.

03/11/2002 **SET AGING REPORT** Page 2

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code =
Region Code = ALL

Load Date	Open Sets		Pending Sets		Validate Sets		Closed Sets		Total Sets
Undetermined Region									
5/01	0	00 %	20	90.9 %	2	9.1 %	0	00 %	22
6/01	0	00 %	16	88.9 %	2	11.1 %	0	00 %	18
7/01	0	00 %	9	75 %	3	25 %	0	00 %	12
8/01	1	16.7 %	4	66.7 %	1	16.7 %	0	00 %	6
9/01	1	11.1 %	8	88.9 %	0	00 %	0	00 %	9
10/01	0	00 %	5	100 %	0	00 %	0	00 %	5
11/01	1	16.7 %	4	66.7 %	1	16.7 %	0	00 %	6
12/01	2	66.7 %	0	00 %	0	00 %	1	33.3 %	3
1/02	3	75 %	0	00 %	1	25 %	0	00 %	4
2/02	20	100 %	0	00 %	0	00 %	0	00 %	20
3/02	2	100 %	0	00 %	0	00 %	0	00 %	2
Sub Total	**31**	6.6 %	**333**	71.3 %	**62**	13.3 %	**41**	8.8 %	**467**
Region									
4/97	1	0 %	1775	64.3 %	878	31.8 %	106	3.8 %	2760
6/97	0	00 %	75	67.6 %	30	27 %	6	5.4 %	111
7/97	0	00 %	38	65.5 %	20	34.5 %	0	00 %	58
8/97	0	00 %	35	70 %	13	26 %	2	4 %	50
9/97	0	00 %	55	64 %	25	29.1 %	6	7 %	86
10/97	0	00 %	31	55.4 %	19	33.9 %	6	10.7 %	56
11/97	0	00 %	48	62.3 %	24	31.2 %	5	6.5 %	77
12/97	0	00 %	28	77.8 %	8	22.2 %	0	00 %	36
1/98	0	00 %	37	59.7 %	21	33.9 %	4	6.5 %	62
2/98	0	00 %	45	56.3 %	22	27.5 %	13	16.3 %	80
3/98	0	00 %	36	58.1 %	24	38.7 %	2	3.2 %	62
4/98	0	00 %	77	64.2 %	34	28.3 %	9	7.5 %	80
5/98	0	00 %	89	66.9 %	27	20.3 %	17	12.8 %	133
6/98	0	00 %	109	47.4 %	37	16.1 %	84	36.5 %	230
7/98	0	00 %	74	27.2 %	17	6.3 %	181	66.5 %	272
8/98	0	00 %	229	22.2 %	71	6.9 %	733	71 %	1033
9/98	0	00 %	195	31.9 %	53	8.7 %	364	59.5 %	612
10/98	0	00 %	121	28.8 %	25	6 %	274	65.2 %	420
11/98	0	00 %	346	39.1 %	31	3.5 %	507	57.4 %	884
12/98	0	00 %	79	32.9 %	15	6.3 %	146	60.8 %	240
01/99	0	00 %	193	36.3 %	26	4.9 %	312	58.8 %	531
02/99	0	00 %	301	44.7 %	47	7 %	325	48.3 %	673

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

REPORT CATEGORY:	Summary/Management Report
REPORT MENU 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.

03/11/2002 **CLAIM AGING REPORT** Page 2

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code =
Region Code = ALL

Load Date	Not Worked		Actual Dupes			Non Dupes	
	# Claims	Allowed Amount	# Claims	ID Recoup	Actual Recoup	# Claims	Allowed Amount
3/01	0	$0.00	26	$14,316.34	$169.94	24	$32,425.10
4/01	0	$0.00	42	$230,687.18	$6,588.00	41	$189,877.00
5/01	0	$0.00	28	$31,560.32	$4,158.24	26	$29,950.37
6/01	0	$0.00	31	$31,408.90	$537.52	30	$7,691.67
7/01	0	$0.00	31	$2,089.47	$231.37	30	$2,737.69
8/01	0	$0.00	15	$6,999.47	$2,821.75	14	$3,891.50
9/01	36	$7,937.18	6	$2,731.71	$0.00	6	$1,968.86
10/01	12	$1,017.54	13	$2,399.71	$844.82	13	$4,555.73
11/01	6	$811.75	1	$4.68	$0.00	1	$72.80
12/01	0	$0.00	30	$8,735.29	$299.51	28	$7,141.33
01/02	34	$5,531.50	15	$4,118.23	$193.47	16	$5,788.98
02/02	10	3,185.11	18	$2,522.91	$162.00	16	$3,150.06
03/02	2	$530.09	6	$542.34	$0.00	6	$1,372.60
Sub Total	100	$19,013.17	584	$453,621.50	$83,391.60	570	$430,548.86
Region							
4/97	0	$0.00	1767	$427,808.04	$212,282.59	1711	$537,212.60
6/97	0	$0.00	68	$20,729.76	$8,413.46	67	$31,561.76
7/97	0	$0.00	20	$2,6.23.94	$985.40	20	$4,567.86
8/97	0	$0.00	27	$2,958.76	$688.23	28	$4,141.05
9/97	0	$0.00	12	$2,168.48	$180.53	13	4,587.63
10/97	0	$0.00	15	$3,661.52	$954.90	15	$4,367.22
11/97	0	$0.00	17	$3,364.29	$990.84	17	$4,983.80
12/97	0	$0.00	45	$11,486.51	$2,093.35	44	$8,989.16
1/98	0	$0.00	43	$15,353.38	$1,596.71	43	$23,223.54
2/98	0	$0.00	57	$28,540.11	$17,775.83	58	$30,210.54
3/98	0	$0.00	67	$97,489.86	$71,005.03	67	$72,594.30
4/98	0	$0.00	41	$23,016.00	$4,599.77	43	$25,529.03
5/98	0	$0.00	81	$24,988.84	$1,449.77	79	$24,833.18
6/98	0	$0.00	58	$47,825.37	$42,777.06	55	$64,435.61
7/98	0	$0.00	33	$3,948.96	$1,972.62	36	$7,549.48
8/98	0	$0.00	43	$10,499.09	$4,049.96	45	$18,256.71
9/98	0	$0.00	49	$17,161.86	$9,048.84	47	$21,615.50
10/98	0	$0.00	28	$11,084.28	$8,544.03	30	$10,281.84
11/98	0	$0.00	28	$12,495.53	$7,220.19	29	$18,505.71

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

REPORT CATEGORY:	Summary/Management Report
REPORT MENU 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.

03/11/2002 **ARCHIVED SET REPORT** Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code =
Region Code = ALL

Initial Load Date	Open Sets		Pending Sets		Validate Sets		Closed Sets		Total Sets
Undetermined Region									
5/98	0	00 %	0	00 %	0	00 %	1	100 %	1
1/99	0	00 %	0	00 %	0	00 %	2	100 %	2
2/99	0	00 %	0	00 %	0	00 %	5	100 %	5
3/99	0	00 %	0	00 %	0	00 %	1	100 %	1
4/99	0	00 %	0	00 %	0	00 %	1	100 %	1
Sub Total	**0**	00 %	**0**	00 %	**0**	00 %	**10**	100 %	**10**
Region									
4/97	0	00 %	0	00 %	0	00 %	7556	100 %	7556
6/97	0	00 %	0	00 %	0	00 %	282	100 %	282
7/97	0	00 %	0	00 %	0	00 %	191	100 %	191
8/97	0	00 %	0	00 %	0	00 %	170	100 %	170
9/97	0	00 %	0	00 %	0	00 %	215	100 %	215
10/97	0	00 %	0	00 %	0	00 %	150	100 %	150
11/97	0	00 %	0	00 %	0	00 %	197	100 %	197
12/97	0	00 %	0	00 %	0	00 %	193	100 %	193
1/98	0	00 %	0	00 %	0	00 %	169	100 %	169
2/98	0	00 %	0	00 %	0	00 %	205	100 %	205
3/98	0	00 %	0	00 %	0	00 %	139	100 %	139
4/98	0	00 %	0	00 %	0	00 %	202	100 %	202
5/98	0	00 %	0	00 %	0	00 %	112	100 %	112
6/98	0	00 %	0	00 %	0	00 %	208	100 %	208
7/98	0	00 %	0	00 %	0	00 %	141	100 %	141
8/98	0	00 %	0	00 %	0	00 %	133	100 %	133
9/98	0	00 %	0	00 %	0	00 %	114	100 %	114
10/98	0	00 %	0	00 %	0	00 %	130	100 %	130
11/98	0	00 %	0	00 %	0	00 %	145	100 %	145
12/98	0	00 %	0	00 %	0	00 %	145	100 %	145
1/99	0	00 %	0	00 %	0	00 %	273	100 %	273
2/99	0	00 %	0	00 %	0	00 %	204	100 %	204
3/99	0	00 %	0	00 %	0	00 %	172	100 %	172
4/99	0	00 %	0	00 %	0	00 %	168	100 %	168
5/99	0	00 %	0	00 %	0	00 %	354	100 %	354
7/99	0	00 %	0	00 %	0	00 %	176	100 %	176
8/99	0	00 %	0	00 %	0	00 %	107	100 %	107
9/99	0	00 %	0	00 %	0	00 %	224	100 %	224

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

REPORT CATEGORY:	Summary/Management Report
REPORT MENU 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.

03/11/2002 **REASON CODE REPORT** Page 1

Status Codes	=	P or V or C
Adjusted Type	=	ALL
Set Owner Type	=	ALL
Claim Type	=	ALL
Match Type	=	ALL
FI Code	=	ALL
Region Code	=	ALL
Dupe Flag	=	ALL
Set Range	=	>=1,<=500
Set User Code	=	ALL
Exclude Base	=	No
Solicited	=	ALL
Claim User Code	=	ALL
Covered Ind Code	=	ALL
Risk Ind Code	=	ALL

BASE	Initial submission	106
D100	Erroneous dupe edit override	54
D101	Adjustment error	1
D102	Assignment of benefits error	9
D104	Stop Pay - Reissue	4
D200	System failed to detect and suspend as a potential duplicate	12
D201	Data conversion problem	1
D203	Claims submitted by beneficiary and provider	1
D204	Claims show different place of service	1
D207	Multi-suffix claim - Suffix contains a duplicate payment	1
D300	Jurisdictional error - (Multi-contractor set)	6
D900	Other	10
N101	Ambulance service - Separate transport	3
N105	Additional services not previously billed	2
N108	Technical or Facility component/Professional component	1
N112	Multiple services rendered on the same day/same date range	2
N113	Incorrect DEERS Dependent Suffix	1
N900	Other	2

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

REPORT CATEGORY:	Summary/Management Report
REPORT MENU 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.

03/11/2002 **REASON CODE REPORT BY INITIAL LOAD DATE** Page 1

Status Codes	=	P or V or C
Adjusted Type	=	ALL
Set Owner Type	=	ALL
Claim Type	=	ALL
Match Type	=	ALL
FI Code	=	ALL
Region Code	=	ALL
Dupe Flag	=	ALL
Set Range	=	>=1,<=500
Set User Code	=	ALL
Exclude Base	=	No
Solicited	=	ALL
Claim User Code	=	ALL
Covered Ind Code	=	ALL
Risk Ind Code	=	ALL

Initial Load Date
04/1997

Reason Code		Number of Claims
BASE	Initial submission	106
D100	Erroneous dupe edit override	vb54
D101	Adjustment error	1
D102	Assignment of benefits error	9
D104	Stop Pay - Reissue	4
D200	System failed to detect and suspend as a potential duplicate	12
D201	Data conversion problem	1
D203	Claims submitted by beneficiary and provider	1
D204	Claims show different place of service	1
D207	Multi-suffix claim - Suffix contains a duplicate payment	1
D300	Jurisdictional error - (Multi-contractor set)	6
D900	Other	10
N101	Ambulance service - Separate transport	3
N105	Additional services not previously billed	2
N108	Technical or Facility component/Professional component	1
N112	Multiple services rendered on the same day/same date range	2
N113	Incorrect DEERS Dependent Suffix	1
N900	Other	2
	Total	217
	Grand Total	217

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

REPORT CATEGORY:	Summary/Management Report
REPORT MENU 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.

03/11/2002

CHANGED OWNER FI SETS

FOR PERIOD FROM POTENTIAL DUPLICATE SETS TO

Page 1

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Set Range = ALL

Set Number	FI/Contractor	Changed Date	User
544		04/14/1997	INITLOAD
544		05/05/1998	OOD
1757		04/14/1997	INITLOAD
1757		04/14/1997	SYSTEM
1757		04/14/1997	SYSTEM
1757		10/01/1998	ROS
2204		04/14/1997	INITLOAD
2204		04/14/1997	SYSTEM
2204		04/14/1997	SYSTEM
2204		01/14/1998	NER
2204		03/01/1999	OLE
2204		03/01/1999	NER
2352		04/14/1997	INITLOAD
2352		09/30/1998	SYSTEM
2352		08/30/1999	HAR
2353		04/14/1997	INITLOAD
2353		09/30/1998	SYSTEM
2353		08/30/1999	HAR
2354		04/14/1997	INITLOAD
2354		09/30/1998	SYSTEM
2354		08/30/1999	HAR
2355		04/14/1997	INITLOAD
2355		09/30/1998	SYSTEM
2355		08/30/1999	HAR
2356		04/14/1997	INITLOAD
2356		09/30/1998	SYSTEM
2356		08/30/1999	HAR

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

REPORT CATEGORY:	Summary/Management Report
REPORT MENU 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.

03/11/2002 **SET STATUS COUNT HISTORY** 9

FOR PERIOD FROM 1/1/2001 TO 12/31/2001

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code =
Region Code = ALL
As of = ALL

FI :

Undetermined Region

ON	OPEN SETS	%	PENDING SETS	%	VALIDATE SETS	%	CLOSED SETS	%	TOTAL	%
12/30/2001	2	0.9 %	58	27 %	33	15.3 %	122	56.7 %	215	100 %
12/30/2001	2	0.9 %	58	27 %	33	15.3 %	122	56.7 %	215	100 %

Region

ON	OPEN SETS	%	PENDING SETS	%	VALIDATE SETS	%	CLOSED SETS	%	TOTAL	%
01/01/2001	0	00 %	8277	27.4 %	2532	8.4 %	19420	64.2 %	30229	100 %
01/02/2001	0	00 %	8277	27.4 %	2532	8.4 %	19420	64.2 %	30229	100 %
01/03/2001	0	00 %	8277	27.4 %	2532	8.4 %	19420	64.2 %	30229	100 %
01/04/2001	744	2.5 %	8271	27.6 %	2529	8.4 %	18466	61.5 %	30010	100 %
01/05/2001	746	2.5 %	8273	27.6 %	2530	8.4 %	18468	61.5 %	30017	100 %
01/06/2001	743	2.5 %	8273	27.6 %	2530	8.4 %	18468	61.5 %	30014	100 %
01/07/2001	743	2.5 %	8273	27.6 %	2530	8.4 %	18468	61.5 %	30014	100 %
01/08/2001	743	2.5 %	8273	27.6 %	2530	8.4 %	18468	61.5 %	30014	100 %
01/09/2001	743	2.5 %	8273	27.6 %	2530	8.4 %	18468	61.5 %	30014	100 %
01/10/2001	743	2.5 %	8273	27.6 %	2530	8.4 %	18468	61.5 %	30014	100 %
01/11/2001	584	1.9 %	8340	27.8 %	2539	8.5 %	18557	61.8 %	30020	100 %
01/12/2001	565	1.9 %	8349	27.8 %	2539	8.5 %	18567	61.8 %	30020	100 %
01/13/2001	565	1.9 %	8346	27.8 %	2539	8.5 %	18571	61.9 %	30021	100 %
01/14/2001	565	1.9 %	8346	27.8 %	2539	8.5 %	18571	61.9 %	30021	100 %
01/15/2001	565	1.9 %	8346	27.8 %	2539	8.5 %	18571	61.9 %	30021	100 %
01/16/2001	565	1.9 %	8346	27.8 %	2539	8.5 %	18571	61.9 %	30021	100 %
01/17/2001	555	1.8 %	8351	27.8 %	2539	8.5 %	18574	61.9 %	30019	100 %
01/18/2001	392	1.3 %	8397	28 %	2551	8.5 %	18579	62.2 %	30019	100 %
01/19/2001	273	0.9 %	8451	28.2 %	2561	8.5 %	18733	62.4 %	30018	100 %
01/20/2001	52	0.2 %	8650	28.8 %	2563	8.5 %	18753	62.5 %	30018	100 %
01/11/2001	52	0.2 %	8650	28.8 %	2563	8.5 %	18753	62.5 %	30018	100 %
01/22/2001	52	0.2 %	8650	28.8 %	2563	8.5 %	18753	62.5 %	30018	100 %
01/23/2001	22	0.1 %	8669	28.9 %	2564	8.5 %	18766	62.5 %	30021	100 %
01/24/2001	17	0.1 %	8672	28.9 %	2564	8.5 %	18767	62.5 %	30020	100 %
01/25/2001	16	0.1 %	8673	28.9 %	2564	8.5 %	18767	62.5 %	30020	100 %
01/26/2001	16	0.1 %	8673	28.9 %	2564	8.5 %	18767	62.5 %	30020	100 %
01/27/2001	16	0.1 %	8652	28.8 %	2567	8.6 %	18785	62.6 %	30020	100 %
01/28/2001	16	0.1 %	8652	28.8 %	2567	8.6 %	18785	62.6 %	30020	100 %
01/29/2001	16	0.1 %	8652	28.8 %	2567	8.6 %	18785	62.6 %	30020	100 %
01/30/2001	16	0.1 %	8615	28.7 %	2569	8.6 %	18820	62.7 %	30020	100 %
01/31/2001	15	0 %	8607	28.7 %	2570	8.6 %	18837	62.7 %	30029	100 %
02/01/2001	15	0 %	8607	28.7 %	2570	8.6 %	18837	62.7 %	30029	100 %
02/02/2001	17	0.1 %	8498	28.3 %	2570	8.6 %	18944	63.1 %	30029	100 %
02/03/2001	675	2.3 %	8458	28.9 %	2573	8.8 %	17537	60 %	29243	100 %
02/04/2001	675	2.3 %	8458	28.9 %	2573	8.8 %	17537	60 %	29243	100 %
02/05/2001	675	2.3 %	8458	28.9 %	2573	8.8 %	17537	60 %	29243	100 %
02/06/2001	675	2.3 %	8438	28.9 %	2574	8.8 %	17556	60 %	29243	100 %
02/07/2001	672	2.3 %	8424	28.8 %	2575	8.8 %	17579	60.1 %	29250	100 %

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

REPORT CATEGORY:	Summary/Management Report
REPORT MENU 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 percent of the sets remaining in OPEN status at the end of a month shall have load dates over 30 days old. The report shows the Reporting Month; Beginning Inventory; Receipts; Monthly Inventory; the total number of sets "Moved" during the reporting month; the total number of sets Moved within 30 days of set load dates; Ending Inventory; the total number of sets in Ending Inventory Over 30 Days old; the Percent Moved Within 30 Days; and the Percent Remaining Over 30 Days. The data is grouped by contract.

FIELD 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.

03/11/2002

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PERFORMANCE STANDARD

Refer to report description in TRICARE Systems Manual for field definitions)

FOR PERIOD FROM 01/2001 TO 12/2001

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code =
Region Code = ALL

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**
01/2001	15	23	38	29	21	9	8	72.4 %	**88.9 %**
02/2001	9	16	25	10	10	15	0	100.0 %	**00.0 %**
03/2001	15	30	45	45	34	0	0	75.6 %	**000.0 %**
04/2001	0	23	23	6	6	17	0	100.0 %	**00.0 %**
05/2001	17	26	43	39	38	4	1	97.4 %	**25.0 %**
06/2001	4	31	35	35	35	0	0	100.0 %	**000.0 %**
07/2001	0	2	2	1	1	1	0	100.0 %	**00.0 %**
08/2001	1	6	7	5	5	2	2	100.0 %	**100.0 %**
09/2001	2	17	19	19	19	0	0	100.0 %	**000.0 %**
10/2001	0	5	5	5	5	0	0	100.0 %	**000.0 %**
11/2001	0	7	7	2	2	5	0	100.0 %	**00.0 %**
12/2001	5	11	16	5	5	11	0	100.0 %	**00.0 %**

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**
01/2001	203	609	812	620	438	192	16	70.6 %	**8.3 %**
02/2001	192	562	754	304	206	450	19	67.8 %	**4.2 %**
03/2001	450	587	1037	625	484	399	15	77.4 %	**3.8 %**
04/2001	399	585	984	836	796	148	0	95.2 %	**00.0 %**
05/2001	148	680	828	826	793	2	0	96.0 %	**00.0 %**
06/2001	2	711	713	365	364	348	0	99.7 %	**00.0 %**
07/2001	348	693	1041	1017	925	24	4	91.0 %	**16.7 %**
08/2001	24	586	610	606	588	4	1	97.0 %	**25.0 %**
09/2001	4	687	691	657	654	34	1	99.5 %	**2.9 %**

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

REPORT CATEGORY:	Summary/Management Report
REPORT MENU 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.

03/11/2002 **DOLLAR TOTALS** Page 1

Status Codes = P or V or C
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code = ALL
Region Code = ALL
Set Range = >=1,<=500
Set User Code = ALL

	Total Amount Identified for Recoupment	Total Amount Actually Recouped	Total Allowed Amount of the Associated Adjustments
Region	$8,431.50	$0.00	$0.00
Totals	$8,431.50	$0.00	$0.00

	Total Amount Identified for Recoupment	Total Amount Actually Recouped	Total Allowed Amount of the Associated Adjustments
Region	$12,505.21	$9,386.82	$2,451.00
Totals	$12,505.21	$9,386.82	$2,451.00

	Total Amount Identified for Recoupment	Total Amount Actually Recouped	Total Allowed Amount of the Associated Adjustments
Region	$538.57	$440.00	$0.00
Totals	$538.57	$440.00	$0.00

	Total Amount Identified for Recoupment	Total Amount Actually Recouped	Total Allowed Amount of the Associated Adjustments
Region	$877.07	$0.00	$296.00
Totals	$877.07	$0.00	$296.00

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

REPORT CATEGORY:	Summary/Management Report
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.

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INITIAL LOAD DATE REPORT

Status Codes = ALL
Adjusted Type = ALL
Set Owner Type = ALL
Claim Type = ALL
Match Type = ALL
FI Code =
Region Code = ALL

Undetermined Region

Initial Load Date	Number of Sets
11/10/1998	1
08/31/2000	1
06/06/2001	1
08/02/2001	1
12/03/2001	1
02/12/2002	1
03/04/2002	1
Region Total	7

Initial Load Date	Number of Sets
04/14/1997	2
04/15/1997	3
04/16/1997	15
04/17/1997	12
04/18/1997	18
04/21/1997	4
04/23/1997	10
06/05/1997	28
06/30/1997	41
07/30/1997	62
08/22/1997	72
09/08/1997	67
10/02/1997	72
11/05/1997	47
12/17/1997	41
01/02/1998	42
02/03/1998	30
03/02/1998	53
04/03/1998	35
05/04/1998	53
06/03/1998	58
07/02/1998	47
08/06/1998	64
09/08/1998	75
10/05/1998	84
11/10/1998	71
12/14/1998	55
01/06/1999	100
02/01/1999	114
03/02/1999	52

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

REPORT CATEGORY:	Summary/Management Report
REPORT MENU 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.

03/11/2002

Set Range = >=1,<=500
User Id's =

USER ACTIVITY DETAIL REPORT

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SET #	STAT	FI	REGION	INIT LOAD DATE	TRANSACTION DATE/TIME	USER	ID'D RECOUP	ACTUAL RECOUP	ADJUSTED AMOUNT
17	O				4/14/97 04:35:52 PM	CLAIMADD	$0.00	$0.00	$0.00
17	O				4/14/97 04:35:52 PM	CLAIMADD	$0.00	$0.00	$0.00
17	O		Region		4/14/97 04:57:51 PM	SYSTEM	$0.00	$0.00	$0.00
17	O		Region		10/27/97 01:26:01 PM	AIT	$0.00	$0.00	($748.00)
17	O		Region		2/9/98 09:39:39 AM	OLE	$0.00	$0.00	$0.00
17	O		Region		6/24/97 08:35:08 AM	OBB	$0.00	$0.00	($748.00)
17	O		Region		8/4/98 05:00:59 AM	OLE	$0.00	$0.00	$0.00
17	P		Region		11/5/98 07:42:45 AM	OLE	$100.00	$10.01	$0.00
17	O		Region		11/5/98 08:44:41 AM	OLE	$0.00	$0.00	$0.00
17	P		Region		11/9/98 08:21:16 AM	KOS	$50.00	$0.00	$0.00
17	O		Region		11/9/98 08:21:46 AM	KOS	$0.00	$0.00	$0.00
17	P		Region		2/8/99 08:01:42 AM	OLE	$3,808.00	$0.00	$0.00
17	O		Region		6/21/99 12:28:08 PM	OBB	$3,808.00	$0.00	$0.00
17	P		Region		6/21/99 02:43:55 PM	LAC	$3,808.00	$0.00	$0.00
17	P		Region		10/26/99 12:50:35 PM	OBB	$3,808.00	$0.00	($748.00)
17	P		Region		11/1/99 08:05:08 AM	OBB	$3,808.00	$0.00	$0.00
17	O		Region		11/19/99 07:08:02 AM	DAM	$3,808.00	$0.00	$0.00
17	P		Region		11/29/99 09:00:04 AM	LAC	$3,808.00	$0.00	$0.00
17	C		Region		4/2/01 07:16:23 AM	OBB	$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.

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Set Range = >=1,<=500
User Id's =

USER ACTIVITY SUMMARY REPORT

USER	TOTAL UPDATES	SETS UPDATED	NET CHANGE IN STATUS FROM:					
			O-P	O-V	O-C	P-C	P-V	V-C
	1	1						
GUI	2	1	0					
DAM	1	1	-1					
AIT	1	1						
LAC	4	3	2			2		
OBE	15	7	-2		1	4	1	
OLE	14	9	9					
KOS	21	4	0			0		
NDE	1	1						
RKO	4	4	4					
OYD	8	6	0				1	
AND	3	3						
ARD	9	3	3					
ITT	5	5	5					
CAL	4	3	2					
CCA	4	2	-1					
UTL	4	1	0					
AMS	2	2	-2					
AMU	1	1						
HAR	2	2	2					
MIT	10	9	9			1		
TET	2	1	0					
HOM	8	6	5		1	-1		
REP	111	4	3	-1	-1	1	1	
ELD	53	46	28	18				
EAT	7	5	4				1	
OOD	3	3						
EWN	14	12					2	
ARS	1	1						
ORN	1	1		1				
UNE	17	7	4	1			-2	
MIL	1	1						
NAT	4	3	2		1		1	

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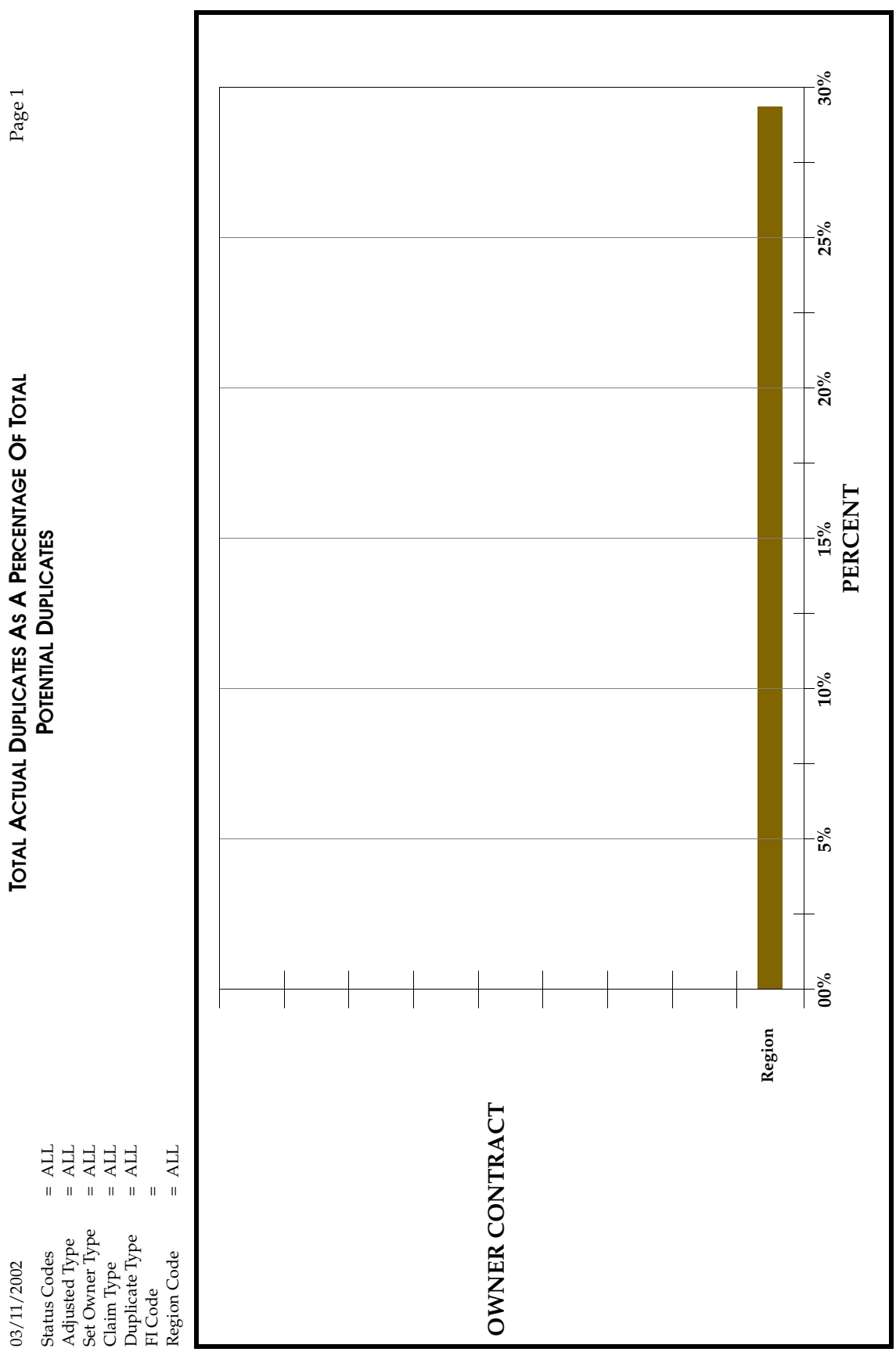
REPORT CATEGORY:	Graphs
REPORT MENU HIERARCHY AND FORMAT NAME:	REPORT ⇒ GRAPHS ⇒ **ACTUAL VS. POTENTIAL**
PRINTED REPORT TITLE:	Total Actual Duplicates as a Percentage of Total Potential Duplicates
REPORT DESCRIPTION:	This report provides the user with a graph which shows the total number of distinct 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.



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

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.

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USER ACTIVITY

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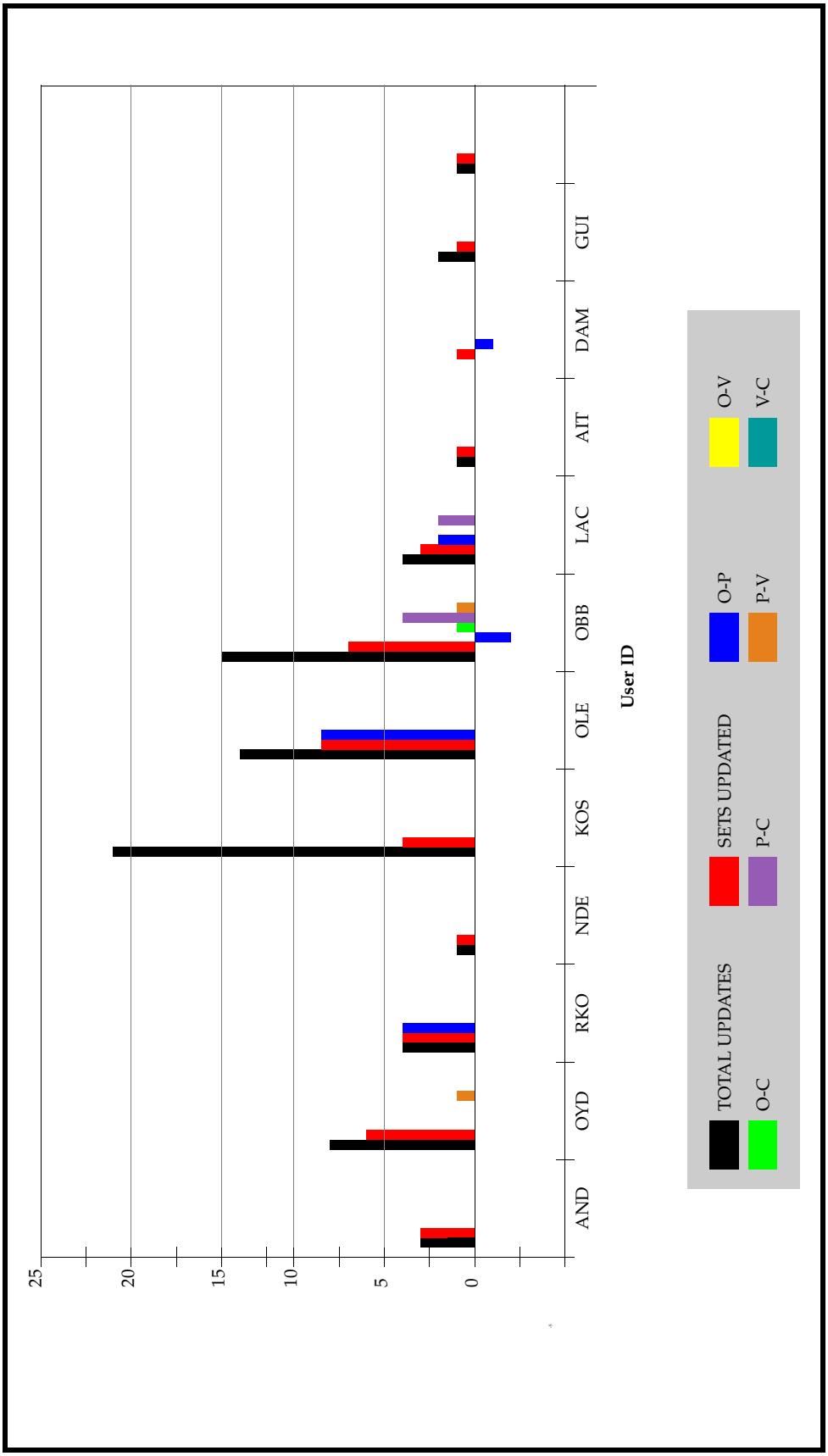
Set Range = >=1,<=500
User Id's =



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